



Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 6.0

Prepared for

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Quality Measure, Assessment Instrument
Development, Maintenance and Quality
Reporting Program Support for the Long-Term
Care Hospital (LTCH), Inpatient Rehabilitation
Facility (IRF), Skilled Nursing Facility (SNF)
QRPs and Nursing Home Compare (NHC)

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Overview

This change table provides quality measure updates to the SNF QRP Measure Calculations and Reporting User's Manual, Version 6.0. This document, titled Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 6.0, provides measure-related changes between Version 6.0 and Version 5.0 of the manual specified in a change table format. Manual updates are provided in the table below in relation to Version 6.0 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) updating measure specifications with the transition from MDS V1.18.11 to MDS V1.19.1; (ii) removing the Application of Functional Assessment/Care Plan (S001.03), the Change in Self-Care Score (S022.04), and Change in Mobility Score (S023.04) measures from the manual due to their removal from the SNF QRP in the FY2024 SNF PPS Final Rule; (iii) adding the Patient/Resident COVID-19 Vaccine (S045.01) measure due to its addition to the SNF QRP in the FY2024 SNF PPS Final Rule; (iv) removing the no physical or occupational therapy at admission exclusion from the remaining SNF functional outcome measures and adding it to the measures as a covariate; (v) updating covariates across the SNF functional outcome measures; (vi) aligning the use of MDS wheeling items between the Discharge Mobility Score (S025.06) and the Discharge Function Score (S042.02) measures; (vii) updating the denominator specifications of the TOH-Provider (S043.02) measure; (viii) incrementing CMS identifiers among measures experiencing specification updates; (ix) updating and removing existing tables in Chapters 1 and 5, and (x) updating the list of ICD-10-CM used in the SNF functional outcome measure's etiologic diagnosis and/or comorbid conditions table.

SNF QRP Measure Calculations and Reporting User’s Manual V6.0 Change Table

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User’s Manual V6.0	Description of Change
1.	N/A	Title page	i	N/A	Updated the manual effective date of the title: October 1, 2024 2023 .	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 5.0 6.0	Reflects the current version of the manual.
3.	All	All	All	N/A	Footer: SNF QRP Measure Calculations and Reporting User’s manual V5.0 V6.0 – Effective October 1, 2023 2024	Updated to reflect the correct manual version number and effective date.
4.	All	All	All	N/A	Manual formatting and syntax updates	Reformatted several of the manual’s features including the table of contents, tables and figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, syntax, etc.

Manual Version 6.0 is current as of October 1, 2024

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
5.	Multiple	Multiple	Multiple	Multiple	<ul style="list-style-type: none"> • Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: S001.03) • Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05- S024.06) • Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05- S025.06) • Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) • Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04) • Discharge Function Score (CMS ID: S042.01-S042.02) 	<p>Three function measures were removed from the SNF QRP through the FY2024 SNF PPS final rule (88 FR 53200) including, <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i> (S001.03), <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04), and <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04). All references to these measures have been removed from V6.0 of the manual.</p> <p>The CMS identifiers of the remaining SNF functional outcome measures: <i>Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients</i> (CMS ID: S024.06), <i>Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: S025.06), and <i>Discharge Function Score</i> (CMS ID: S042.02) have been incremented by one to account for the removal of the SNF no occupational and physical therapy at the time of admission exclusion. No therapy at the time of admission has been added as a covariate to the functional outcome measures.</p>
6.	Multiple	Multiple	Multiple	Multiple	The MDS 3.0 will transition from version 1.18.11 to version 1.19.1 effective October 1, 2024.	Updated to reflect MDS transition from V1.18.11 to V1.19.1 for Version 6.0 of the SNF QM User's Manual throughout the document.
7.	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.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
8.	1	1.1	7	N/A	This manual is organized by eight chapters and two appendices. The remainder of this section provides information on the contents of each chapter and an overview of the appendices. Chapter 1 presents the purpose of the manual, explaining how the manual is organized and defining key terms that are used throughout subsequent chapters. The chapter also includes a summary of existing quality measures in the SNF QRP, as well as an overview of the quality measures added to or removed from the SNF QRP, and/or finalized for public reporting display updates with the FY 2025 SNF QRP .	Removed outdated language referring to SNF QRP measures finalized for FY 2025 public reporting display updates, as V6.0 of the SNF QRP QM User's Manual, effective October 1, 2025, aligns with the FY 2026 SNF QRP.
9.	1	1.1	7-8	N/A	Chapter 5 describes the Internet Quality Improvement and Evaluation System (iQIES) for the MDS-based quality measures, consisting of the iQIES Review and Correct reports and the iQIES Quality Measure (QM) reports. The iQIES Review and Correct Report is a single report that contains facility-level quarterly and cumulative rates and its associated resident-level data. The iQIES QM Report is comprised of two reports, one containing facility-level measure information and a second that includes resident-level data for a user-selected reporting period. The chapter concludes with the transition from MDS V1.17.2 to MDS V1.18.11. Data collection for MDS V1.18.11 will begin October 1, 2023 and will impact certain assessment-based (MDS) quality measure specifications. 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 V1.18.11 to MDS V1.19.1. Data collection for MDS V1.19.1 begins on October 1, 2024	Restructured language to indicate that Section 5.3 of the SNF QRP QM User's Manual discusses the MDS V1.18.11 to V1.19.1 transition.

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10.	1	1.2	8	N/A	Medicare Part A Discharge Record: A Medicare Part A discharge record is 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 must be combined with an OBRA 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]).	Clarified that V1.18.11 and V1.19.1 of the MDS 3.0 Resident Assessment Instrument (RAI) manual requires Part A PPS Discharge and OBRA Discharge assessments to be combined if a resident is discharged from Part A and leaves the facility without an interrupted stay, and the Part A Stay ends on the day of, or one day before, the resident's Discharge Date (A2000). Made additional edits to improve syntax.
11.	1	1.3	10	N/A	Section 1.3 Measure-Specific Stay Definitions	Clarified that the definitions included in this section are related to stays.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
12.	1	1.4 Table 1-1	11-12	N/A	<p>Section 1.4 QRP Measures</p> <p><i>Table 1-1</i> provides a list of the measures included in the SNF QRP and the corresponding CMS measure ID, measure type, and reference name (short name), and measure type for each measure.</p> <p>Table 1-1 SNF Quality Measures: CBE Number-CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk</p> <p>(See Appendix for a full table excerpt)</p>	<p>Clarified the table title to indicate that content displayed in the table includes CMIT measure IDs rather than CBE endorsement numbers. Updated the CBE endorsement statuses for the <i>COVID-19 Vaccination Coverage among Healthcare Personnel</i> (S040.02) measure as the measure received endorsement with the up to date vaccination definition in the Spring 2023 cycle (#3636). Updated the CBE endorsement status for the <i>SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization</i> (S039.01) measure as it received initial CBE endorsement in the Spring 2023 cycle (#3728). Clarified that the <i>Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)</i> (S013.02) measure is not CBE-endorsed since it is an <i>application of</i> the long-stay version of the measure (CBE #0674) included in the NHQI and SNF VBP programs.</p> <p>Removed the following measures: <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i> (S001.03), <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04), and <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) from the table as they were removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).</p> <p>Added the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (S045.01), measure which was added to the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).</p> <p>Changed the Measure Reference Name for the <i>Discharge Function Score</i> (S042.02) measure from DC Score to Discharge Function Score to align with the measure name used in reports.</p>

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13.	1	1.4	12	N/A	<i>Table 1-2 and Table 1-3 provide an overview of the quality measures added and removed with the FY 2025 SNF QRP, respectively. Table 1-2 shows when new quality measures added to the SNF QRP will be included in reports and released on Care Compare and the Provider Data Catalog. Table 1-3 shows when measures retired from the SNF QRP will be removed from reports and removed on Care Compare and the Provider Data Catalog.</i>	Removed references for Table 1-3: Quality measures Removed/Retired from the SNF QRP, as the table itself was removed. There were no measures removed from the FY2026 SNF QRP.
14.	1	1.4 Table 1-2	12	N/A	Table 1-2 Quality Measures Added to the SNF QRP (See Appendix for full table excerpt)	Updated Table 1-2: Quality Measures Added to the SNF QRP, to reflect the addition of the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (S045.01) measure to the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
15.	1	1.4 Table 1-3	12	N/A	Table 1-3 Quality Measures Removed/Retired from the SNF QRP (See Appendix for full table excerpt)	Removed Table 1-3: Quality Measures Removed/Retired from the SNF QRP, as there were no measures removed from the FY2026 SNF QRP.

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16.	2	N/A	13	N/A	<p>An overview of the NHSN measures and annual reports containing quality measure information can be accessed on the CDC NHSN website. Additionally, quality measure information and quality reporting program details related to the NHSN can be found in the FY 2022 SNF PPS final rule. Below is are the CDC NHSN quality measures included in the SNF QRP as of October 1, 2023 2024 and a hyperlink that provides detailed information about the measure on the CDC website, including measure descriptions and definitions, data collection methods, specifications (e.g., numerator, denominator, Standardized Infection Ratio (SIR) calculations), and reporting requirements:</p> <ul style="list-style-type: none"> • COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: S040.02) <ul style="list-style-type: none"> ○ 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, excluding HCP with contraindications to the COVID-19 vaccine, who are considered up to date, who are considered up to date, regardless of clinical responsibility or patient contact. <ul style="list-style-type: none"> ▪ Note: This measure has been updated to replace the term ‘complete vaccination course’ with ‘up to date’ in the HCP vaccination definition and to update the numerator to specify the time frames within which an HCP is considered up to date with vaccinations for recommended COVID-19 vaccines, including booster doses. ▪ CDC NHSN: HCP COVID-19 Vaccine <p>Footnote ¹⁹: The updated measure specifications were effective January 2023.</p>	Removed the note under the <i>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)</i> (CMS ID: S040.02) measure as this change was implemented to the measure in the FY2024 SNF PPS rule, and no new substantive updates have been made to this measure.

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17.	3	N/A	14	N/A	<p>CMS utilizes uses a range of data sources to calculate quality measures. The quality measures listed below were developed using Medicare claims data submitted for Medicare Fee-For-Service residents. Below are the measure descriptions for the Medicare claims-based measures included in the SNF QRP as of October 1, 2024. Each measure is calculated using unique specifications and methodologies specific to the quality measure. Information regarding measure specifications and reporting details is publicly available and can be accessed on the SNF Quality Reporting Measures Information website. Below are the Medicare claims-based measures included in the SNF QRP and hyperlinks that provide information about each measure, including measure descriptions and definitions, specifications (e.g., numerator, denominator, exclusions, calculations), care setting, and risk-adjustment. Note: as of the manual publication date, an update to the claims-based measures specifications are in progress. An updated claims-based measures specifications document will be posted on the SNF Quality Reporting Measures and Technical Information website. Measure specifications and calculation methods are available in the SNF QRP Claims-Based Measures Specifications Manual and accompanying supplemental files posted on the SNF Quality Reporting Measures and Technical Information website.</p>	Simplified language and added that readers can view specifications for all claims-based measures in one consolidated manual: Skilled Nursing Facility Quality Reporting Program Claims-Based Measures Specifications Manual. This manual was published on the SNF QRP Measures and Technical Information website in December 2023.
18.	3	N/A	14	N/A	<ul style="list-style-type: none"> • Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S004.01) <ul style="list-style-type: none"> ○ This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for residents (Medicare fee-for-service [FFS] beneficiaries) who received services in skilled nursing facilities who are discharged following a skilled nursing facility stay. <ul style="list-style-type: none"> ▪ Medicare Claims Based: Potentially Preventable Readmissions 	<p>Clarified language to indicate that the measure estimates PPRs for residents who are discharged following a SNF stay.</p> <p>Removed the link to the PPR specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule report (published in 2016), as more updated specifications were published in the December 2023 Skilled Nursing Facility Quality Reporting Program Claims-Based Measures Specifications Manual.</p>

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19.	3	N/A	14	N/A	<ul style="list-style-type: none"> • Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S005.02) <ul style="list-style-type: none"> ○ This measure reports a SNF's risk-standardized rate of Medicare FFS residents who are discharged to the community following a SNF stay, and do not have an unplanned readmission to an acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home or self-care, with or without home health services. <ul style="list-style-type: none"> ▪ Note: This measure has been updated to exclude residents who had a long-term nursing facility (NF) stay in the 180 days preceding their hospitalization and SNF stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization. ▪ Medicare Claims-Based: Discharge to Community-Post Acute Care 	<p>Simplified language to clarify that the measure includes residents who were discharged to the community following a SNF stay who do not have an unplanned readmission to an acute care hospital or an LTCH, and who remain alive in the 31 days following their SNF discharge.</p> <p>Removed the note from the measure description as this change was implemented in the FY2020 SNF PPS rule (84 FR 38728), and no new substantive updates (requiring rulemaking) have been made to the measure.</p> <p>Removed the link to the DTC specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule report (published in 2016), as more updated specifications were published in the December 2023 Skilled Nursing Facility Quality Reporting Program Claims-Based Measures Specifications Manual.</p>
20.	3	N/A	14	N/A	<ul style="list-style-type: none"> • Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S006.01) <ul style="list-style-type: none"> ○ This measure evaluates SNF providers' 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, which begins at SNF admission and ends 30 days after SNF discharge. 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. <ul style="list-style-type: none"> ▪ Medicare Claims-Based: Medicare Spending Per Beneficiary 	<p>Clarified MSPB-PAC SNF episodes begins at SNF admission and end 30 days after SNF discharge.</p> <p>Removed the link to the MSPB specifications depicted in the Measure Specifications: Medicare Spending Per Beneficiary – Post-Acute Care Skilled Nursing Facility, Inpatient Rehabilitation Facility, and Long-Term Care Hospital Resource Use Measures report (published in 2016), as more updated specifications were published in the December 2023 Skilled Nursing Facility Quality Reporting Program Claims-Based Measures Specifications Manual.</p>

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21.	3	N/A	14	N/A	<ul style="list-style-type: none"> • SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization (CMS ID: S039.01) <ul style="list-style-type: none"> ○ 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 	Removed link to the SNF HAI specifications depicted in the Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization for the Skilled Nursing Facility Quality Reporting Program Technical Report (published in February 2021), as more updated specifications were published in the December 2023 Skilled Nursing Facility Quality Reporting Program Claims-Based Measures Specifications Manual.
22.	4	4.1.1	15	1	<p>Section 4.1.1 Define the Quality Measure Target Period</p> <p>Define the Quality Measure Target Period that will be used for the quality measure calculations for the SNF QRP.</p> <ol style="list-style-type: none"> 1. Define the Quality Measure Target Period. <p>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), with the exception of the Patient/Resident COVID-19 Vaccine measure which is based on three months (one quarter) of data.</p> <p>Example: The 12-month Quality Measure Target Period for CY2019 CY2024 is January 1, 2019-2024 – December 31, 2019 2024.</p>	<p>Clarified that all MDS-based quality measures in the SNF QRP have a 12-month target period, except the <i>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)</i> (CMS ID: S040.02) measure which is based on three months.</p> <p>Updated the data years in the target period example to be more current.</p>

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23.	4	4.1.1	13	2	<p>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.</p> <p>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.</p> <p>Example: If the Quality Measure Target Period is January 1, 2019-2024 – December 31, 2019-2024, all MDS assessments should be included with a Target Date on or after January 1, 2019-2024 and on or before December 31, 2019-2024, or January 1, 2020-2025 for PPS Discharge Assessments combined with OBRA Discharge Assessments. In the rare scenario where a PPS Discharge Assessment (A0310H = [1]), an OBRA Discharge Assessment (A0310F = [10, 11]), and a PPS 5-Day Assessment (A0310B = [01]) are all combined, and the End of the most recent Medicare Stay (A2400C) falls on December 31, 2024, but the Target Date of this assessment is January 1, 2025, the assessment would be included in the CY2024 Target Period rather than the CY2025 Target Period.</p>	<p>Updated the data years in the target period example to be more current.</p> <p>In relation to the note after Step 2, an example was provided to show which target period a combined PPS 5-Day Assessment (A0310B = [01]), PPS Discharge Assessment (A0310H = [1]), and OBRA Discharge Assessment (A0310F = [10,11]) would be captured in.</p>

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24.	4	4.1.3	17-18	1	<p>Identify SNF Stays. Use date items from the MDS assessment data to determine the SNF Stay Start Date and SNF Stay End Date for each SNF stay. This is an iterative process that will be performed until the SNF Stay Start Dates and End Dates for all SNF stays during the Quality Measure Target Period have been identified.</p> <p>1. Use the Quality Measure Target Period defined above to determine the search window start date and search window end date 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 4.1.3 Step 3.</p> <p>Example: If the Quality Measure Target Period is January 1, 2019 2024 – December 31, 2019 2024, the search window for the first iteration is January 1, 2019 2024 through December 31, 2019 2024, or January 1, 2020 2025 for PPS Discharge Assessments combined with OBRA Discharge Assessments.</p>	Updated the data years in the target period and search window example to be more current.
25.	4	4.1.3	21	3	<p>Note: The search window in the first iteration is always equal to the Quality Measure Target Period and is the same for all resident IDs in the data. The search window end date in the next iteration is determined from the SNF Stay Start Date in the current iteration; therefore, in each subsequent iteration, there will be a different search window end date for each resident ID.</p> <p>Example: If the Target Period is January 1, 2019 2024 – December 31, 2019 2024 and, for the first identified SNF Stay, the SNF Stay Start Date is July 1, 2019 2024, then the search window for the search iteration is January 1, 2019 2024 through June 30, 2019 2024 (i.e., July 1, 2019 2024 minus 1 day).</p>	Updated the data years in the target period and search window example to be more current.

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26.	4	4.2	21	N/A	<p>This section presents record selection criteria for Medicare Part A SNF stays for quality measure calculations. The measures identified below operate on a 12-month (four quarters) Quality Measure Target Period. Measures included in this section:</p> <ul style="list-style-type: none"> • Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (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 (CMS ID: S001.03) • Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02) • Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) • Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05 S024.06) • Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05 S025.06) • Transfer of Health (TOH) Information to the Provider – PAC (CMS ID: S043.01 S043.02) • Transfer of Health (TOH) Information to the Patient – PAC (CMS ID: S044.01 S044.02) • Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) • Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04) • Discharge Function Score (CMS ID: S042.01 S042.02) • COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01) 	<p>Added the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) to the list as it was adopted into the SNF QRP in the FY2024 SNF PPS Final rule (88 FR 53200), and removed the language indicating that all MDS-based measures operate on a 12-month target period, since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) measure has a three-month (one quarter) target period.</p> <p>Removed the <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i> (S001.03), <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04), and <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) measures as they are no longer a part of the SNF QRP program (88 FR 53200).</p> <p>Added the <i>Transfer of Health (TOH) Information</i> measures (S043.02 and S044.02) to this list to clarify that the selection criteria outlined in Section 4.2 also applies to these measures.</p>

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27.	4	4.2	22	4	<p>4. Refer to the respective tables in Chapter 5 for data included in the iQIES Review and Correct reports and the iQIES QM reports:</p> <p>a. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)</p> <p>i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates</p> <p>ii. iQIES QM reports Table 5-5</p> <p>b. Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function ⁽²⁵⁾ (CMS ID: S001.03)</p> <p>i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates</p> <p>ii. iQIES QM reports Table 5-5</p> <p>c. Drug Regimen Review Conducted With Follow-Up for Identified Issues Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02)</p> <p>i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates</p> <p>ii. iQIES QM reports Table 5-5</p> <p>d. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)</p> <p>i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates</p> <p>ii. iQIES QM reports Table 5-5</p> <p>e. Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05)</p> <p>i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates</p> <p>ii. iQIES QM reports Table 5-5</p>	Removed steps 4-5 from the manual as they are redundant with other sections of the manual, and they are not specifically related to the content displayed in Section 4.2 for selection criteria to create stay-level records.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
28.	4	4.2	22	4-5	f. Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05) i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates ii. iQIES QM reports Table 5-5 g. Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates ii. iQIES QM reports Table 5-5 h. Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04) i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates ii. iQIES QM reports Table 5-5 i. Discharge Function Score (CMS ID S042.01) i. iQIES Review & Correct reports are provided in Table 5-3 for the quarterly rates and Table 5-4 for the cumulative rates ii. iQIES QM reports Table 5-5 5. Round off the percent value to the nearest first decimal. 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. Drop all the digits following the first decimal place.	Removed steps 4-5 from the manual as they are redundant with other sections of the manual, and they are not specifically related to the content displayed in Section 4.2 for selection criteria to create stay-level records.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
29.	5	N/A	23	N/A	<ul style="list-style-type: none"> • The iQIES Review and Correct Reports contain facility-level and resident-level measure information and are updated on a quarterly basis with data refreshed weekly as data become available. <ul style="list-style-type: none"> ○ These reports allow providers to obtain facility-level performance data and its associated resident-level data for the past 12 months (four full quarters) and are restricted to only the assessment-based measures. Note that as the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date quality measure reports only one quarter of data, this measure will have only one quarter of data on the Review and Correct Report. The intent of this report is for providers to have access to reports data prior to the quarterly data submission deadline to ensure accuracy of their data. This also allows providers to track cumulative quarterly data that includes data from quarters after the their respective submission deadlines (“frozen” data). • The iQIES QM Reports are refreshed monthly and separated into two reports: one containing measure information at the facility-level and another at the resident-level, for a single reporting period. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline (“freeze”) dates. <ul style="list-style-type: none"> ○ The assessment-based (MDS) measures are updated monthly, at the facility- and resident-level, as data become available. The performance data contain the current quarter may be partial and the past three quarters. As noted above, the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date quality measure reports only one quarter of data. 	Clarified that since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) measure has a three-month (one quarter) target period, Review and Correct Reports and QM Reports will only report one quarter of data for this measure.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
30.	5	5.1	24	1a-1b	<p>Section 5.1 iQIES Review and Correct Reports</p> <p>Below are the specifications for the iQIES Review and Correct Reports for quality measures presented in Chapter 4, Section 4.2:</p> <ol style="list-style-type: none"> 1. Quarterly reports contain quarterly rates and a cumulative rate. <ol style="list-style-type: none"> a. The quarterly quality measure data will be displayed using up to one quarter of data. b. The cumulative quality measure data will be displayed using all data in the target period. <ol style="list-style-type: none"> i. For all measures, excluding the Change in Self-Care and Change in Mobility measures: the cumulative rate is derived by including all Medicare Part A SNF stays in the numerator for the target period, which do not meet the exclusion criteria, and dividing by all Medicare Part A SNF stays included in the denominator for the target period. ii. For the Change in Self-Care and Change in Mobility measures: the cumulative quality measure score is derived by including all Medicare Part A SNF stays for the target period, which do not meet the exclusion criteria, and calculating the change scores for each Medicare Part A SNF stay. For instructions on calculating the change scores, please see Chapter 7, Section 7.6. 	Removed language related to the <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (S023.04)</i> and the <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (S022.04)</i> measures as they are no longer a part of the SNF QRP program (88 FR 53200).

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
31.	5	5.1	24	1c	<p>c. Data submission deadline: data must be submitted by 11:59 p.m. ET on the 15th of August, November, February, or May, 4.5 months after the end of each respective quarter. However, if the 15th of the month falls on a Friday, weekend, or federal holiday, the data submission deadline is delayed until 11:59 p.m. ET on the next business day.</p> <p>For example, the data submission deadline for Quarter 4 Quarter 3 (October 1 July 1 through December 1-September 30) data collection would normally be 11:59 p.m. ET, May February 15, which is the 15th day of the month, 4.5 months after the end of the data collection period. However, in FY 2022 2025, May February 15th fell falls on a Sunday Saturday and February 17th is a federal holiday; therefore, the deadline for this data submission was is extended until the next business day which was 11:59 p.m. ET on May 16, 2022, is February 18, 2025, at 11:59 p.m. ET.</p>	Updated the dates of this example to be more current and to align the dates with those of the IRF and LTCH QRP QM User's Manuals. Provided an example of when a data submission deadline falls on a federal holiday.
32.	5	5.1	25	N/A	<p><u>Table 5-1</u> defines the discharge dates included for each calendar year quarter. <u>Table 5-2</u> displays whether the quality measure was considered new or existing for iQIES reporting in the user-requested year. For new measures, data is accumulated until 4 quarters have been collected and then rolling quarters occur for subsequent years. For existing measures, data is displayed based on rolling quarters.</p> <p>Table 5-2 Measure Types by User-Requested Year for all Assessment-Based (MDS) Quality Measures</p> <p>(See Appendix for full-page excerpt of table removal)</p>	Removed Table 5-2: Measure Types by User-Requested Year for all Assessment-Based (MDS) Quality Measures, to reduce redundancy, and incremented subsequent Chapter 5 table numbers.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
33.	5	5.1	26	N/A	<p>Table 5-3 Table 5-2 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures. For new measures, data is accumulated until four quarters have been collected and then rolling quarters occur for subsequent years. For existing measures, data is displayed based on rolling quarters.</p> <ul style="list-style-type: none"> Example of quarterly rates included in the iQIES Review and Correct Reports for an <i>existing</i> measure: If the requested calendar year quarter end date is Quarter 1, 2025 (end date of March 31st), the four quarters of data that will be provided in this request will include the following: Q2 2024 (April – June), Q3 2024 (July – September), Q4 2024 (October – December), and Q1 2025 (January – March). Example of quarterly rates included in the iQIES Review and Correct Reports for a <i>new</i> measure: Typically, if the requested calendar year quarter end date is Quarter 1, 2025 (end date of March 31st), the only quarter of data that will be provided in this request will include the following: Q1 2025 (January – March).^{28 18} <p>Footnote: ^{28 18} Because the Discharge Function Score measure calculations utilize data that are already were being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023. through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. Therefore, if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.</p>	<p>Provided introductory language to explain the purpose of Table 5-2: iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date. This table provides examples of quarterly rates included in iQIES Review and Correct Reports for new and existing quality measures.</p> <p>Updated the <i>Discharge Function Score</i> (S042.02) measure footnote to explain that iQIES Review and Correct Reports can capture data beginning in Q1 2023.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
34.	5	5.1	27	N/A	<p>Table 5-3 Table 5-2 iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date</p> <p>(See Appendix for full table excerpt)</p>	<p>Added “Quarter 4” to the <i>Quarter(s) Included from Previous Year</i> column to clarify that for new measures, data is accumulated until four quarters have been collected and then rolling quarters occur for subsequent years. Until four quarters have accumulated, Quarter 4 from the previous year is used in the quarterly rates in user-requested Review and Correct Reports.</p>
35.	5	5.1	28	N/A	<p>Table 5-4 Table 5-3 below displays the quarters of data included in the cumulative rate calculation for new and existing measures, by each requested quarter end date.</p> <p>Footnote: ²² Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the cumulative rate only displays the requested calendar year quarter end date, and is not calculated across quarters. If a user wants to view data from another calendar year quarter, they must request a report with that quarter’s end date.</p> <p>(See Appendix for full table excerpt)</p>	<p>Provided introductory language to explain the purpose of Table 5-3: iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date. This table displays the quarters of data included in the cumulative rate calculation by each requested quarter end date.</p> <p>Added “Quarter 4” to the <i>Data Included from Previous Year</i> column to clarify that Quarter 4 from the previous year is included in cumulative rates for user-requested Review and Correct Reports for new measures, until four quarters of data have been collected.</p> <p>Added a footnote to this table to clarify that since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) has a target period of one quarter, the cumulative rate in iQIES Review and Correct Reports only displays the requested calendar year quarter end date, and is not calculated across quarters.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
36.	5	5.2	29	N/A	<p>Table 5-5 Table 5-4 iQIES QM Reports: Data Included in the Cumulative Rate for Each Requested Report End Dates</p> <p>Footnote: ^a26 YYYY = User-Requested Year</p> <p>Footnote: ^b27 If there is less than 12 months of data as of requested report end date, then use the earliest month of data available. Calendar year prior to the User-Requested Year</p> <p>Footnote: ²⁸ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the cumulative rate only displays the requested calendar year quarter end date, and is not calculated across quarters. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.</p> <p>(See Appendix for full table excerpt)</p>	<p>Added <i>footnote 28</i> to this table to clarify that since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) measure has a target period of one quarter, the cumulative rate in iQIES Review and Correct Reports only displays the requested calendar year quarter end date, and is not calculated across quarters. Removed language from <i>footnote 27</i> (previously <i>footnote b</i>) since the Patient/Resident COVID-19 Vaccine measure has a target period of one quarter rather than one year.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
37.	5	5.3	30	N/A	<p>Section 5.3 Measure Calculations During the Transition from SNF MDS 3.0 V1.17.2 V1.18.11 to MDS 3.0 V1.18.11 V1.19.1</p> <p>The MDS 3.0 will transition from version 1.17.2-1.18.11 to version 1.18.11 1.19.1 effective October 1, 2023 2024 and will impact certain quality measure specifications. Since the MDS has separate SNF stay admission and discharge assessments (i.e., PPS 5-Day and PPS Discharge), matching is required to create Medicare Part A SNF stays used for measure calculations. This presents a unique issue during the time of implementation when the old MDS assessment is filled out on admission and the new MDS assessment is filled out at discharge. The primary item set change that impacts SNF QRP quality measure specifications is the addition of item <i>O0350: Resident's COVID-19 vaccination is up to date</i>. This item is used by the SNF QRP quality measure COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date (CMS ID: S045.01). Specifications of this measure are reflected in Table 8-9.</p> <p>(See Appendix for full-page excerpt)</p>	Added this section to describe the impact of the MDS 3.0 V1.18.11 to V1.19.1 transition on certain quality measure specifications. Did not specify instructions for measure calculations in which a V1.18.11 MDS assessment is filled out on admission, and a V1.19.1 MDS assessment is filled out on discharge, since the only measure that was impacted by the MDS transition is the <i>Percent of Patients/Residents Who are Up to Date</i> (CMS ID: S045.01) measure, which is new to the SNF QRP (88 FR 53200).
38.	6-8	Multiple	Multiple	Multiple	<p>Round the percent value to one two decimal places.</p> <p>If the digit in the second third decimal place is 5 or greater, add 1 to the first second decimal place, otherwise leave the first second decimal place unchanged.</p> <p>Drop all the digits following the first second decimal place.</p>	Claims- and assessment-based measure scores will be reported up to two decimal places in iQIES reports and public reporting on Care Compare/Provider Data Catalog.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
39.	7-8	Multiple	Multiple	Multiple	<p>Currently, five four assessment-based quality measures for the SNF QRP are risk-adjusted using resident-level covariates for public reporting:</p> <ul style="list-style-type: none"> • Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) • Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05 S024.06) • Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMD ID: S025.05 S025.06) • Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) • Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04) • Discharge Function Score (CMS ID: S042.01 S042.02) <p>Detailed specifications for resident-level covariates for the risk-adjusted measures are presented in Chapter 8, Quality Measure Logical Specifications.</p> <p>Section 7.2 to Section 7.4 outline the steps and methods used to calculate the risk-adjusted measure score for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02). Section 7.5 presents the steps specific to the measure calculations used for Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05 S024.06) and Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05 S025.06). Section 7.6 presents the steps specific to the measure calculations for Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) and Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04). Section 7.7</p> <p>(See Appendix for full table excerpt)</p>	<p>Removed the <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04), and <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) references and measure specifications from the entirety of Chapters 7 and 8 (and updated subsequent table and subsection numbers) as they were removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
40.	8	Table 8-1	41	N/A	<p>Table 8-1 Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)</p> <p>Measure Description This quality measure reports the percentage of Medicare Part A SNF stays where one or more falls with major injury (defined as includes bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) were reported during the SNF stay.</p> <p>(See Appendix for a full table excerpt)</p>	Aligned measure description of falls with major injury with the language depicted in V1.19.1 of the Resident Assessment Instrument (RAI) User's Manual, which defines major injury falls as those including bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematoma.
41.	8	Tables 8-4, 8-5, 8-8	46, 49, 55	1b.	<p>Exclusions Medicare Part A SNF stays are excluded if:</p> <ol style="list-style-type: none"> 1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (incomplete = [1]) are identified based on the following criteria using the specified data elements: <ol style="list-style-type: none"> 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, long-term care hospital, psychiatric hospital indicated by A2105 = [04, 05, 07]. [as indicated on an MDS 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)]. <p>(See Appendix for a full table excerpt)</p>	Clarified that the functional outcome measure exclusion criterion which excludes Part A SNF stays in which discharge to an acute hospital, long-term care hospital, or psychiatric hospital occurred, may be found on the OBRA Discharge assessment (RFA: A0310F = [10, 11]).

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
42.	8	Tables 8-4, 8-5, 8-8	46, 50, 56	4a – 4b, 5	<p>4. The resident is discharged to hospice or received hospice while a resident:</p> <p>a. A2105 (Discharge status) = [09, 10], as indicated on an OBRA Discharge (RFA: A0310F = [10, 11] that has a discharge date (A2000) on the same day or the day after the End of the Most Recent Medicare Stay (A2400C) or</p> <p>b. O0110K1b (Hospice while a Resident) = [1], as indicated at the time of admission (i.e., on the PPS 5-Day Assessment)</p> <p>5. The resident did not receive physical or occupational therapy services at the time of admission (i.e., on the 5-Day PPS assessment):</p> <p>a. (Sum of O0400B1 + O0400B2 + O0400B3 = {0}) and (sum of O0400C1 + O0400C2 + O0400C3 = {0})</p> <p>(See Appendix for a full table excerpt)</p>	<p>Clarified which MDS assessments are used to identify items A2105 and O0110K1b for the hospice exclusion.</p> <p>Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
43.	8	Table 8-4	47	N/A	<p>Covariates</p> <p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stay.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission self-care – continuous form 3. Admission self-care – squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission self-care 6. Prior surgery 7. Prior functioning: self-care 8. Prior functioning: indoor mobility (ambulation) 9. Prior mobility device use 10. Stage 2 pressure ulcer 11. Stage 3, 4, or unstageable pressure ulcer/injury 12. Cognitive abilities 13. Communication Impairment 14. Urinary Continence 15. Bowel Continence 16. Tube feeding or total parenteral nutrition 17. Comorbidities 18. No physical or occupational therapy at admission <p>See covariate details in Table RA-5 and Table RA-6 Table RA-8 in the associated Risk-Adjustment Appendix File.</p> <p>(See Appendix for a full table excerpt)</p>	Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
44.	8	Table 8-5	48	N/A	<p>Measure Specifications^{b57} If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p>Mobility items and Rating scale: The Mobility assessment items used for discharge Mobility score calculations are:</p> <ul style="list-style-type: none"> • GG0170A3. Roll left and right • GG0170B3. Sit to lying • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170G3. Car transfer • GG0170I3. Walk 10 feet* • GG0170J3. Walk 50 feet with two turns* • GG0170K3. Walk 150 feet* • GG0170L3. Walking 10 feet on uneven surfaces* • GG0170M3. 1 step (curb) • GG0170N3. 4 steps • GG0170O3. 12 steps • GG0170P3. Picking up object • GG0170R3. Wheel 50 feet with 2 turns* • GG0170S3. Wheel 150 feet* <p>* Count the Wheel 50 feet with 2 turns (GG0170R) and the Wheel 150 feet (GG0170S) values twice to calculate the observed discharge mobility score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 01 and 06 at either admission or at discharge. The remaining residents use Walk 10 feet (GG0170I) + Walk 50 feet with two turns (GG0170J) + Walk 150 feet (GG0170K) + Walking 10 feet on uneven surfaces (GG0170L) to calculate the total observed discharge mobility score. In either case, 15 items are used to calculate a resident's observed mobility score and scores range from 15 – 90.</p> <p>(See Appendix for a full table excerpt)</p>	<p>Made updates to reflect the <i>Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: S025.06) measure refinement to align the use of wheeling items with those of the <i>Discharge Function Score</i> (CMS ID: S042.02) measure in admission and discharge mobility measure elements. This refinement appropriately determines and sets expectations for the functional improvement of wheelchair users. It more accurately measures provider performance with regard to care provided for this population.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
45.	8	Table 8-5	50	N/A	<p>Covariates</p> <p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission mobility – continuous form 3. Admission mobility – squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission mobility 6. Prior surgery 7. Prior functioning: indoor mobility (ambulation) 8. Prior functioning: stairs 9. Prior functioning: functional cognition 10. Prior mobility device use 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. Cognitive abilities 14. Communication impairment 15. Urinary Continence 16. Bowel Continence 17. History of falls 18. Tube feeding or total parenteral nutrition 19. Comorbidities 20. No physical or occupational therapy at admission <p>See covariate details in Table RA-5 and Table RA-7 Table RA-9 in the associated Risk-Adjustment Appendix File.</p> <p>(See Appendix for a full table excerpt)</p>	Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
46.	8	Table 8-6	51	N/A	<p>Table 8-6 Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) (CMS ID: S043-01 S043.02)⁵³</p> <p>Measure Description This measure reports the percentage of Medicare Part A SNF stays indicating a current reconciled medication list was transferred to the subsequent provider at the time of discharge. For residents with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.</p> <p>Measure Specifications The measure is calculated by reviewing a resident's MDS items for provision of a current reconciled medication list to the subsequent provider at the time of discharge.</p> <p>Numerator The numerator is the number of Medicare Part A stays (Type 1 SNF Stays only) for which the MDS 3.0 indicated that the following is true: At the time of discharge, the facility provided a current reconciled medication list to the subsequent provider (A2121 = [1]).</p> <p>Denominator The denominator is the total number of Medicare Part A SNF stays (Type 1 SNF Stays only) with a discharge date in the measure target period, ending in discharge to short-term general hospital, another SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, a swing bed, an IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital. Discharge to one of these providers is based on response to the discharge item A2105, of the MDS assessment: (A2105 = [02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12] or (A0310F = [99] and A0310H = [1])).</p> <p>(See Appendix for a full table excerpt)</p>	<p>Clarified that the measure uses Medicare Part A SNF stays.</p> <p>Updated denominator language to align closer to the TOH-Provider (CMS ID S043.02) specifications outlined in the July 2019 Final Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements (SPADEs) report.</p> <p>Removed “or A0310F = [99] and A0310H = [1]” indicating the end of a SNF PPS Part A stay without physical discharge from the facility, from the denominator specifications. MDS item A2121, used in the measure numerator, will only be completed when the resident physically leaves the facility and MDS item A2105 is active. Item A2105 is only active when A0310F = [10, 11, 12]. To account for this denominator specification change, the CMS identifier of this measure was incremented by one throughout the manual.</p>

47.	8	Table 8-7	52	N/A	<p>Table 8-7 Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) (CMS ID: S044.01 S044.02)⁵⁵</p> <p>Measure Description This measure reports the percentage of Medicare Part A SNF stays indicating a current reconciled medication list was transferred to the resident, family, and/or caregiver at the time of discharge. For residents with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.</p> <p>Measure Specifications</p> <p>Numerator The numerator is the number of Medicare Part A SNF stays (Type 1 SNF Stays only) for which the MDS 3.0 indicated that the following is true:</p> <p>At the time of discharge, the facility provided a current reconciled medication list to the resident, family, and/or caregiver (A2123 = [1]).</p> <p>Denominator The denominator is the total number of Medicare Part A SNF stays (Type 1 SNF Stays only) with a discharge date in the measure target period, ending in discharge to Home (e.g., private home/apartment, board/care, assisted living, group home or transitional living or other residential care arrangements). Discharge to one of these locations is based on response to the discharge item A2105 of the MDS assessment: (A2105= [01, 99]).</p> <p>(See Appendix for a full table excerpt)</p>	<p>Clarified that the measure uses Medicare Part A SNF stays.</p> <p>Although there was no <i>TOH-Patient</i> (CMS ID S044.02) specification change between Version 5.0 and Version 6.0 of the SNF QRP QM User’s manual, the CMS identifier was incremented by one to account for a specification change that occurred between the FY2020 (84 FR 38728) and FY2022 (86 FR 42424) SNF PPS Final Rules, before the measure was inaugurally published in the SNF QRP QM User’s Manual. When the measure was originally specified in the FY2020 SNF PPS Final Rule, it included residents who were discharged home under the care of an organized home health service organization or hospice. The FY2022 SNF PPS Final Rule finalized the removal of this discharge location from the measure denominator. As such, the denominator only captures discharges to a private home/apartment, board/care home, assisted living, group home, or transitional living. This change was made to align the measure with the IRF QRP, LTCH QRP, and HH QRP and to avoid counting the resident in both TOH measures in the SNF QRP. Although this specification change occurred before the measure was inaugurally included in Version 5.0 of the SNF QRP QM User’s manual, the CMS identifier is being changed to signify (i) the specification change between the FY2020 and FY2022 SNF PPS final rules, and (ii) to align with the CMS identifiers of the IRF and LTCH QRP <i>TOH-Patient</i> measures which were inaugurally displayed in manuals and reports as CMS Identifier .02.</p> <p>Updated denominator language (this change does not impact measure specifications) to align closer to the <i>TOH-Patient</i> (CMS ID S044.02) language outlined in the July 2019 Final Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements (SPADEs) report.</p>
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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
48.	8	Table 8-8	56-57	N/A	<p>Covariates</p> <p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF Stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission function – continuous form^{e75} 3. Admission function – squared form^{e75} 4. Primary medical condition category 5. Interaction between admission function and primary medical condition category 6. Prior surgery 7. Prior functioning: self-care 8. Prior functioning: indoor mobility (ambulation) 9. Prior functioning: stairs 10. Prior functioning: functional cognition 11. Prior mobility device use 12. Stage 2 pressure ulcer/injury 13. Stage 3, 4, or unstageable pressure ulcer/injury 14. Cognitive abilities 15. Communication impairment 16. Urinary Continence 17. Bowel Continence 18. History of falls 19. Nutritional approaches 20. High BMI 21. Low BMI 22. Comorbidities 23. No physical or occupational therapy at the time of admission <p>See covariate details in <u>Table RA-5</u> and <u>Table RA-8 Table RA-10</u> in the associated Risk-Adjustment Appendix File.</p> <p>(See Appendix for a full table excerpt)</p>	Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
49.	8	Table 8-9	58	N/A	Table 8-9 COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date (CMS ID: S045.01) (See Appendix for a full table excerpt)	Added specifications for the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) measure as it was adopted into the SNF QRP in the FY2024 SNF PPS Final rule (88 FR 53200).
50.	8	N/A (Table 8-2 in V5.0)	N/A	N/A	Table 8-2 Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: S001.03) (See Appendix for a full table excerpt of measure removal)	Removed the <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i> (S001.03) measure specification table (previously listed as Table 8-2 in Version 5.0 of the manual) as it was removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
51.	8	N/A (Table 8-7 in V5.0)	N/A	N/A	Table 8-7 Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) (See Appendix for a full table excerpt of measure removal)	Removed the <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) measure specification table (previously listed as Table 8-7 in Version 5.0 of the manual) as it was removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
52.	8	N/A (Table 8-8 in V5.0)	N/A	N/A	Table 8-8 Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04) (See Appendix for a full table excerpt of measure removal)	Removed the <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04) measure specification table (previously listed as Table 8-8 in Version 5.0 of the manual) as it was removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
53.	Appendix A	A.1 Table A-1	59-60	N/A	Table A-1 Effective Dates by CMS ID Update for all SNF QRP Quality Measures (See Appendix for a full table excerpt)	Added Measure ID Update .06 to reflect quality measure whose CMS ID logic number was incremented by 1 to indicate a specification change. Measure IDs incremented to .06 include the <i>Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: S025.06) and the <i>Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients</i> (CMS ID: S024.06) measures.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
54.	Appendix A	A.1 Table A-2	60	N/A	<p>Table A-2 Effective Dates of SNF Quality Manual Versions</p> <p>(See Appendix for a full table excerpt)</p>	Updated the effective dates of Version 5.0 of the manual (10/01/2023 – 9/30/2024), and Version 6.0 of the manual (10/01/2024 – Present).
55.	Appendix B	N/A	61	N/A	<p>Appendix B Risk-Adjustment and Imputation Appendix Files</p> <p>Appendix B provides the following information:</p> <ul style="list-style-type: none"> • Overview of the Risk-Adjustment Appendix File for the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual (Risk-Adjustment Appendix File) (Section B.1). • Procedure on how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficient values for measure calculations (Section B.2). • Table listing the This section contains a list of ICD-10-CM codes used to calculate related to the Primary Medical Condition Category (I0020B) and Active Diagnosis Diagnoses in the Last 7 days (I8000A through I8000J) which are used to identify exclusions for the functional outcome measures (Section B.3). 	Clarified language to indicate that Appendix B contains a list of ICD-10-CM codes used to identify exclusions for the functional outcome measures.
56.	Appendix B	B.1	61	N/A	<p>Section B.1 Risk-Adjustment Appendix File Overview</p> <p>The intercept and coefficient values for each of the covariates used in assessment-based quality measures requiring risk-adjustment are available in the Risk-Adjustment Appendix File, which can be accessed on the SNF Quality Reporting Measures and Technical Information website. This Risk-Adjustment Appendix File, which is used alongside this appendix, contains current and historical intercept and coefficient values, the risk-adjustment schedule including applicable discharge dates assessment dates (based on Target Date) for each update to the intercept and coefficient values, and covariate definitions.</p>	Clarified that the target date is the event date for an MDS record for SNF QRP quality measures, in alignment with Section 1.2 SNF Stay Definitions.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
57.	Appendix B	B.1	61-62	N/A	<p data-bbox="770 165 1421 191"><u>Excel Worksheets in the Risk Adjustment Appendix File:</u></p> <p data-bbox="770 228 1421 254"><u>Overview:</u> Brief description of the document and its content.</p> <p data-bbox="770 290 1421 345"><u>Schedule:</u> The risk-adjustment schedule for each quality measure.</p> <ul data-bbox="785 350 1421 1045" style="list-style-type: none"> <li data-bbox="785 350 1421 467">• <i>Quality Measure Name:</i> Full measure name as referenced throughout the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V5.0 V6.0. <li data-bbox="785 472 1421 527">• <i>Measure Reference Name:</i> Abbreviated name for the quality measure. <li data-bbox="785 532 1421 649">• <i>Risk-Adjustment Update ID:</i> Number assigned to the initial and subsequent updates of the coefficient and intercept values for a unique risk-adjusted quality measure. <li data-bbox="785 654 1421 807">• <i>QM User's Manual Specification Version:</i> Number assigned to the initial and subsequent versions of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page. <li data-bbox="785 812 1421 964">• <i>QM User's Manual Specification Posting Date:</i> Month and year of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the SNF Quality Reporting Measures Information website. <li data-bbox="785 969 1421 1045">• <i>Measure Calculation Application Dates:</i> Discharge dates Target Dates associated with the intercept and coefficient values for each Risk-Adjustment Update ID. 	<p data-bbox="1438 165 2020 253">Clarified that the target date is the event date for an MDS record for SNF QRP quality measures, in alignment with Section 1.2 SNF Stay Definitions.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
58.	Appendix B	B.1	62	N/A	<p><u>National Average</u>: 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 iQIES 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.</p> <p><u>Quality Measure Specific Covariate Definition Tabs</u>: Lists each covariate and its coding definition. Note that information on these tabs were previously included as covariate definition tables in Appendix A of this manual.</p> <p><u>Quality Measure Specific Coefficient Tabs</u>: Lists each covariate and its associated coefficient value for each risk-adjustment update ID.</p>	Removing this note as it is outdated, and reflects changes between Version 4.0 and Version 5.0 of the manuals.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
59.	Appendix B	B.2	63	2 and 5	<p>Section B.2 Risk-Adjustment Procedure</p> <p>Below is the procedure on how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficients values to calculate the risk-adjusted scores. Steps to calculate the risk-adjusted quality measures may vary by each measure. The following procedure contains the general steps:</p> <ol style="list-style-type: none"> 1. Utilize the record selection guidance as listed in Chapter 4 Record Selection for Assessment-Based (MDS) Quality Measures in this manual. 2. Follow the guidance for the version or versions of the MDS applicable to the assessment dates (based on discharge-date Target Date) required for your calculation found in Chapter 5, Section 5.3: Measure Calculations During the Transition from MDS 3.0 V1.17.2 to MDS 3.0 V1.18.11 MDS 3.0 V1.18.11 to MDS 3.0 V1.19.1 3. Use the specific calculation steps provided in Chapter 7 Calculations for Assessment- Based (MDS) Measures That Are Risk-Adjusted. <ol style="list-style-type: none"> a. Refer to the covariate definition table for the applicable quality measure in the Risk-Adjustment Appendix File on details to calculate the covariates for each quality measure. 4. Refer to the Risk-Adjustment Appendix File, Overview tab, for information on how to apply intercept and coefficient values to measure calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure. 5. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates Target Period then identify the Risk-Adjustment Update ID associated with those discharge dates the Target Period. 	<p>Clarified that the target date is the event date for an MDS record for SNF QRP quality measures, in alignment with Section 1.2 SNF Stay Definitions.</p> <p>Clarified that Chapter 5, Section 5.3 was updated to reflect changes between the MDS 3.0 V1.18.11 and V1.19.1.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
60.	Appendix B	B.2	63-64	N/A	<p><u>Example (Steps 3-5):</u> Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury</p> <ul style="list-style-type: none"> • MDS record had a discharge date of 06/15/2019 SNF stay had an Admission assessment (PPS 5-Day) Target Date of 06/15/2025 and a Discharge assessment (PPS Discharge) Target Date of 6/22/2025 • In the Schedule tab of the Risk-Adjustment Appendix File, refer to the Pressure Ulcer measure. <ul style="list-style-type: none"> ○ The discharge date of 06/15/2019 Admission assessment (PPS 5-Day) Target Date 06/15/2019 06/15/2025 and Discharge assessment (PPS Discharge) Target Date of 6/22/2025 is within the discharge date range Target Period for Risk-Adjustment Update ID 1 Update ID 6 (10/01/2018 – 09/30/2019 10/01/2024 – 09/30/2025). Therefore, the user should use the information provided in the Risk-Adjustment Update ID 1 Update ID 6 column. • Select the Pressure Ulcer tab and apply the intercept and coefficient values in the Risk-Adjustment Update ID 1 Update ID 6 column for each covariate. • Select the National Average tab and use the Risk-Adjustment Update ID 1 Update ID 6 column for the Pressure Ulcer national average observed score. 	<p>Updated all Risk Adjustment Appendix File references of Update ID 1 to Update ID 6 to align with the most recent coefficient used for measure calculation.</p> <p>Clarified that MDS assessments are included in measure calculations if their target dates fall within the target period.</p> <p>Updated all target date examples to be more current.</p>
61.	Appendix B	B.3 Table B-1	64	N/A	<p>Section B.3 Etiologic Diagnosis or Comorbid Conditions</p> <p>This section contains ICD-10-CM codes used to calculate related to Primary Medical Condition Category (I0020B) and Active Diagnosis Diagnoses in the Last 7 days (I8000A through I8000J) used to identify exclusions for the functional outcome measures.</p> <p>Table B-1 Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days Days (I8000A through I8000J) – ICD-10-CM Codes</p> <p>(See Appendix for a full table excerpt)</p>	<p>Clarified language to indicate that Appendix B contains a list of ICD-10-CM codes used to identify exclusions for the functional outcome measures.</p> <p>Updated the ICD-10-CM codes presented in Table B-1. Removed ICD-10-CM code G93.9, previously indicating severe brain damage, as the code lacks specificity. ICD-10-CM sequela codes were also removed. Sequela conditions occur as a consequence of a previous disease or injury. Since a resident's condition may have changed since the sequela diagnosis, sequela codes may not reflect the resident's current conditions.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
62.	Appendix B	B.4	64	N/A	<p>Section B.4 Discharge Function Score Imputation Appendix File Overview</p> <p>The model thresholds and coefficient values for each of the covariates used in the imputation models for the Discharge Function Score measure are available in the Discharge Function Score Imputation Appendix File, which can be accessed on the SNF Quality Reporting Measures and Technical Information website. This Discharge Function Score Imputation Appendix File, which is used alongside this appendix, contains model thresholds and coefficient values, the imputation schedule including applicable discharge dates assessment dates (based on Target Date) for each update to the model threshold and coefficient values, and covariate definitions.</p>	Clarified that the target date is the event date for an MDS record for SNF QRP quality measures, in alignment with Section 1.2 SNF Stay Definitions.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
63.	Appendix B	B.4	64-65	N/A	<p><u>Excel Worksheets in the Discharge Function Score Imputation Appendix File:</u></p> <p><u>Overview:</u> Brief description of the document file and its content.</p> <p><u>Schedule:</u> The imputation schedule for the Discharge Function Score measure.</p> <ul style="list-style-type: none"> • <i>Quality Measure Name:</i> Full measure name as referenced throughout the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V5.0 V6.0. • <i>Measure Reference Name:</i> Abbreviated name for the Discharge Function Score measure. • <i>Imputation Update ID:</i> Number assigned to the initial and subsequent updates of the coefficient and model threshold values for the Discharge Function Score measure. • <i>QM User's Manual Specification Version:</i> Number assigned to the initial and subsequent versions of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page. • <i>QM User's Manual Specification Posting Date:</i> Month and year of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the SNF Quality Reporting Measures Information website. • <i>Measure Calculation Application Dates:</i> Discharge dates Target Date associated with the model threshold and coefficient values for each Imputation Update ID. 	Clarified that the target date is the event date for an MDS record for SNF QRP quality measures, in alignment with Section 1.2 SNF Stay Definitions.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
64.	Appendix B	B.5	65-66	1 and 3	<p>Section B.5 Discharge Function Score Imputation Procedure</p> <p>Below is the procedure for how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Discharge Function Score Imputation Appendix File information to apply coefficient and model threshold values to calculate the statistically imputed item value. The following procedure contains the general steps:</p> <ol style="list-style-type: none"> 1. Use the specific calculation steps of Step #2.1 provided in Section 7.7 Section 7.6: Discharge Function Score of Chapter 7 Measure Calculations for Assessment-Based Quality Measures (MDS) That Are Risk-Adjusted. <ol style="list-style-type: none"> a. Refer to the covariate definition table in the Discharge Function Score Imputation Appendix File for details to calculate the covariates. 2. Refer to the Discharge Function Score Imputation Appendix File, Overview tab, for information on how to apply coefficient and model threshold values to imputation calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure. 3. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates Target Dates then identify the Imputation Update ID associated with those discharge dates Target Dates. 4. Select the coefficients tab corresponding to the GG item model (Admission/Discharge) and Update ID, and then use the applicable Imputation Values GG item model column. Apply the coefficient values for each covariate and the model threshold values. 	<p>Adjusted measure section numbers due to the removal of the <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04) and the <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) measures from the manual.</p> <p>Clarified that the target date is the event date for an MDS record for SNF QRP quality measures, in alignment with Section 1.2 SNF Stay Definitions.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
65.	Appendix B	B.5	66	N/A	<p><u>Example (Steps 2–4):</u></p> <ul style="list-style-type: none"> • MDS assessment had a discharge date of 06/15/2023 SNF stay had an Admission assessment (PPS 5-Day) Target Date of 06/15/2025 and a Discharge assessment (PPS Discharge) Target Date of 6/22/25 and a “Not Attempted” value coded for GG0130A1 (Eating at Admission). • In the Schedule tab of the Discharge Function Score Imputation Appendix File, refer to the Discharge Function Score measure. <ul style="list-style-type: none"> ○ The discharge date of 06/15/2023 Admission assessment (PPS 5-Day) Target Date of 06/15/2025 and Discharge assessment (PPS Discharge) Target Date of 6/22/2025 is within the discharge date range Target Period for Imputation Update ID 1 (10/01/2022-9/30/2023) Update ID 2 (10/01/2024-09/30/2025). Therefore, the user should use the information provided in the Imputation Update ID 1 Update ID 2 column. • Select the Coefficients – Admissions tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 1 Update ID 2, GG0130A1 column. 	<p>Clarified that MDS assessments are included in measure calculations if their target dates fall within the target period.</p> <p>Updated all target date examples to be more current.</p>

Appendix

This appendix provides excerpts from the SNF QRP Measure Calculations and Reporting User's Manual, Version 6.0 to contextualize the information that has been substantially changed since Version 5.0 of the manual. Some changes cover multiple pages and sections of the manual; therefore, examples of a substantive change are included in the Appendix. Please note, the footnote numbering included in the Appendix differs from the footnote numbering in Version 6.0 of the manual.

Appendix Table of Contents

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Description of Change
6, 37	Overview of Substantive Changes between MDS V1.18.11 and MDS V1.19.1	Overview of Substantive Changes between MDS V1.18.11 and MDS V1.19.1	Created a table listing substantive MDS item number changes for certain SNF QRP measure specifications due to the transition from MDS V1.18.11 to V1.19.1

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Description of Change
12	Table 1-1	Table 1-1	<p>Clarified the table title to indicate that content displayed in the table includes CMIT measure IDs rather than CBE endorsement numbers. Updated the CBE endorsement statuses for the <i>COVID-19 Vaccination Coverage among Healthcare Personnel</i> (S040.02) measure as the measure received endorsement with the up to date vaccination definition in the Spring 2023 cycle (#3636). Updated the CBE endorsement status for the <i>SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization</i> (S039.01) measure as it received initial CBE endorsement in the Spring 2023 cycle (#3728). Clarified that the <i>Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)</i> (S013.02) measure is not CBE-endorsed since it is an <i>application of</i> the long-stay version of the measure (CBE #0674) included in the NHQI and SNF VBP programs.</p> <p>Removed the following measures: <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i> (S001.03), <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04), and <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) from the table as they were removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).</p> <p>Added the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (S045.01), measure which was added to the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).</p> <p>Changed the Measure Reference Name for the <i>Discharge Function Score</i> (S042.02) measure from DC Score to Discharge Function Score to align with the measure name used in reports.</p>
14	Table 1-2	Table 1-2	Updated Table 1-2: Quality Measures Added to the SNF QRP, to reflect the addition of the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (S045.01) measure in the FY2024 SNF PPS final rule (88 FR 53200).
15	Table 1-3	N/A	Removed Table 1-3: Quality Measures Removed/Retired from the SNF QRP, as there were no measures removed from the FY2026 SNF QRP.
32	Table 5-2	N/A	Removed Table 5-2: Measure Types by User-Requested Year for all Assessment-Based (MDS) Quality Measures, to reduce redundancy, and incremented subsequent Chapter 5 table numbers.

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Description of Change
34	Table 5-3	Table 5-2	Added "Quarter 4" to the <i>Quarter(s) Included from Previous Year</i> column to clarify that for new measures, data is accumulated until four quarters have been collected and then rolling quarters occur for subsequent years. Until four quarters have accumulated, Quarter 4 from the previous year is used in the quarterly rates in user-requested Review and Correct Reports.
35	Table 5-4	Table 5-3	<p>Provided introductory language to explain the purpose of Table 5-3: iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date. This table displays the quarters of data included in the cumulative rate calculation by each requested quarter end date.</p> <p>Added "Quarter 4" to the <i>Data Included from Previous Year</i> column to clarify that Quarter 4 from the previous year is included in cumulative rates for user-requested Review and Correct Reports for new measures, until four quarters of data have been collected.</p> <p>Added a footnote to this table to clarify that since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) has a target period of one quarter, the cumulative rate in iQIES Review and Correct Reports only displays the requested calendar year quarter end date, and is not calculated across quarters.</p>
36	Table 5-5	Table 5-4	Added <i>footnote 28</i> to this table to clarify that since the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) measure has a target period of one quarter, the cumulative rate in iQIES Review and Correct Reports only displays the requested calendar year quarter end date, and is not calculated across quarters. Removed language from <i>footnote 27</i> (previously <i>footnote b</i>) since the Patient/Resident COVID-19 Vaccine measure has a target period of one quarter rather than one year.
37	Section 5.3	Section 5.3	Added this section to describe the impact of the MDS 3.0 V1.18.11 to V1.19.1 transition on certain quality measure specifications. Did not specify instructions for measure calculations in which a V1.18.11 MDS assessment is filled out on admission, and a V1.19.1 MDS assessment is filled out on discharge, since the only measure that was impacted by the MDS transition is the <i>Percent of Patients/Residents Who are Up to Date</i> (CMS ID: S045.01) measure, which is new to the SNF QRP (88 FR 53200).

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Description of Change
39	Section 7.6	N/A	Removed the <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04), and <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) references and measure specifications from the entirety of Chapters 7 and 8 (and updated subsequent table and sub-section numbers) as they were removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
40	Table 8-1	Table 8-1	Aligned measure description of falls with major injury with the language depicted in V1.19.1 of the Resident Assessment Instrument (RAI) User's Manual, which defines major injury falls as those including bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematoma.
41	Tables 8-5, 8-6, 8-11	Tables 8-4, 8-5, 8-8	Clarified that the functional outcome measure exclusion criterion which excludes Part A SNF stays in which discharge to an acute hospital, long-term care hospital, or psychiatric hospital occurred, may be found on the OBRA Discharge assessment (RFA: A0310F = [10, 11]).
42	Tables 8-5, 8-6, 8-11	Tables 8-4, 8-5, 8-8	Clarified which MDS assessments are used to identify items A2105 and O0110K1b for the hospice exclusion. Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.
43	Table 8-5	Table 8-4	Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.
44	Table 8-6	Table 8-5	Made updates to reflect the <i>Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: S025.06) measure refinement to align the use of wheeling items with those of the <i>Discharge Function Score</i> (CMS ID: S042.02) measure in admission and discharge mobility measure elements. This refinement appropriately determines and sets expectations for the functional improvement of wheelchair users. It more accurately measures provider performance with regard to care provided for this population.

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Description of Change
45	Table 8-6	Table 8-5	Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.
46	Table 8-9	Table 8-6	<p>Clarified that the measure uses Medicare Part A SNF stays.</p> <p>Updated denominator language to align closer to the <i>TOH-Provider</i> (CMS ID S043.02) specifications outlined in the July 2019 Final Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements (SPADEs) report.</p> <p>Removed “or A0310F = [99] and A0310H = [1]” indicating the end of a SNF PPS Part A stay without physical discharge from the facility, from the denominator specifications. MDS item A2121, used in the measure numerator, will only be completed when the resident physically leaves the facility and MDS item A2105 is active. Item A2105 is only active when A0310F = [10, 11, 12]. To account for this denominator specification change, the CMS identifier of this measure was incremented by one throughout the manual.</p>

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Description of Change
47	Table 8-10	Table 8-7	<p>Clarified that the measure uses Medicare Part A SNF stays.</p> <p>Although there was no <i>TOH-Patient</i> (CMS ID S044.02) specification change between Version 5.0 and Version 6.0 of the SNF QRP QM User's manual, the CMS identifier was incremented by one to account for a specification change that occurred between the FY2020 (84 FR 38728) and FY2022 (86 FR 42424) SNF PPS Final Rules, before the measure was inaugurally published in the SNF QRP QM User's Manual. When the measure was originally specified in the FY2020 SNF PPS Final Rule, it included residents who were discharged home under the care of an organized home health service organization or hospice. The FY2022 SNF PPS Final Rule finalized the removal of this discharge location from the measure denominator. As such, the denominator only captures discharges to a private home/apartment, board/care home, assisted living, group home, or transitional living. This change was made to align the measure with the IRF QRP, LTCH QRP, and HH QRP and to avoid counting the resident in both TOH measures in the SNF QRP. Although this specification change occurred before the measure was inaugurally included in Version 5.0 of the SNF QRP QM User's manual, the CMS identifier is being changed to signify (i) the specification change between the FY2020 and FY2022 SNF PPS final rules, and (ii) to align with the CMS identifiers of the IRF and LTCH QRP <i>TOH-Patient</i> measures which were inaugurally displayed in manuals and reports as CMS Identifier .02.</p> <p>Updated denominator language (this change does not impact measure specifications) to align closer to the <i>TOH-Patient</i> (CMS ID S044.02) language outlined in the July 2019 Final Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements (SPADEs) report.</p>
48	Table 8-11	Table 8-8	<p>Removed the SNF no occupational and physical therapy at the time of admission exclusion. Removal of this exclusion increases measure reportability and holds providers accountable for the functional improvement/maintenance of residents who do not receive physical and/or occupational therapy. No therapy at the time of admission has been added as a covariate to the functional outcome measures.</p>
49	N/A	Table 8-9	<p>Added specifications for the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (CMS ID: S045.01) measure as it was adopted into the SNF QRP in the FY2024 SNF PPS Final rule (88 FR 53200).</p>

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Description of Change
50	Table 8-2	N/A	Removed the <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i> (S001.03) measure specification table (previously listed as Table 8-2 in Version 5.0 of the manual) as it was removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
51	Table 8-7	N/A	Removed the <i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i> (S022.04) measure specification table (previously listed as Table 8-7 in Version 5.0 of the manual) as it was removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
52	Table 8-8	N/A	Removed the <i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i> (S023.04) measure specification table (previously listed as Table 8-8 in Version 5.0 of the manual) as it was removed from the SNF QRP in the FY2024 SNF PPS final rule (88 FR 53200).
53	Table A-1	Table A-1	Added Measure ID Update .06 to reflect quality measure whose CMS ID logic number was incremented by 1 to indicate a specification change. Measure IDs incremented to .06 include the <i>Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: S025.06) and the <i>Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients</i> (CMS ID: S024.06) measures.
54	Table A-2	Table A-2	Updated the effective dates of Version 5.0 of the manual (10/01/2023 – 9/30/2024), and Version 6.0 of the manual (10/01/2024 – Present).
61	Table B-1	Table B-1	Clarified language to indicate that Appendix B contains a list of ICD-10-CM codes used to identify exclusions for the functional outcome measures. Updated the ICD-10-CM codes presented in Table B-1. Removed ICD-10-CM code G93.9, previously indicating severe brain damage, as the code lacks specificity. ICD-10-CM sequela codes were also removed. Sequela conditions occur as a consequence of a previous disease or injury. Since a resident's condition may have changed since the sequela diagnosis, sequela codes may not reflect the resident's current conditions.

Overview of Substantive Changes Impacting SNF QRP Measures between MDS V1.18.11 and MDS V1.19.1

Assessment Section	Measure Number	Location of Change in V5.0 Manual	Location of Change in V6.0 Manual	V1.18.11 Item Number	V1.19.1 Item Number	Nature of Change
Special Treatments, Procedures, and Programs	S045.01	N/A	Table 8-9	N/A	O0350	Added item to indicate resident's status on whether COVID-19 vaccination is up to date

Table 1-1
SNF Quality Measures: ~~CBE Number~~ CMIT Measure ID, CMS ID, Measure Type, and
Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID # ¹	CMS ID ²	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
COVID-19 Vaccination Coverage among Healthcare Personnel ³	00180 (not endorsed) (CBE-endorsed)	S040.02	Process	HCP COVID-19 Vaccine
Influenza Vaccination Coverage among Healthcare Personnel (HCP)	00390 (CBE-endorsed)	S041.01	Process	HCP Influenza Vaccine
Medicare Claims-based Measures				
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00575 (not endorsed)	S004.01	Outcome	PPR
Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00210 (CBE-endorsed)	S005.02	Outcome	DTC
Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00434 (not endorsed)	S006.01	Cost/ Resource	MSPB
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization	00680 (not endorsed) (CBE-endorsed)	S039.01	Outcome	SNF HAI
Assessment-based Measures				
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) ⁴	00520 (CBE-endorsed) (not endorsed)	S013.02	Outcome	Application of Falls

(continued)

¹ Refer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (<https://cmit.cms.gov/cmit/#/>) for the CMIT Measure ID, Consensus Based Entity (CBE)-endorsement status, as well as other detailed measure information. CBE-endorsement status is determined by the CMS CBE, which endorses quality measures through a transparent, consensus-based process that incorporates feedback from diverse groups of stakeholders to foster health care quality improvement. The CMS CBE endorses measures only if they pass a set of measure evaluation criteria. For more information, refer to the document titled CMS CBE Endorsement and Maintenance (<https://mmshub.cms.gov/sites/default/files/Blueprint-CMS-CBE-Endorsement-Maintenance.pdf>).

² Reflects changes in CMS measure identifiers based on updated measure specifications.

³ ~~This measure, “Quarterly Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel,” received CBE-endorsed on July 26, 2022, based on its specifications depicted under SNF QRP (Federal Register 86(4 August 2021): 42480-42489). This endorsed version of the measure does not capture information about whether HCP are up to date with their COVID-19 vaccinations, including booster doses. This measure was replaced by the COVID-19 Vaccination Coverage Among Healthcare Personnel effective October 1, 2023 SNF QRP (Federal Register 88(7 August 2023): 53223-53234). The CDC will pursue CBE endorsement for this modified version of the measure.~~

⁴ This measure is CBE-endorsed for long-stay residents in nursing homes (<https://www.qualityforum.org/QPS/0674>) (<https://p4qm.org/measures/0674>) and an application of this quality measure is finalized for reporting by SNFs under the SNF QRP (Federal Register 80(4 August 2015): 46440-46444).

Table 1-1 (continued)
SNF Quality Measures: ~~CBE Number~~ CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Assessment-based Measure				
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function⁵	00513 (not endorsed)	S001.03	Process	Application of Functional Assessment/Care Plan
Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00225 (not endorsed)	S007.02	Process	DRR
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	00121 (not endorsed)	S038.02	Outcome	Pressure Ulcer/Injury
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients ⁶	00404 (not endorsed)	S024.05 S024.06	Outcome	Discharge Self-Care Score
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients ⁷	00403 (not endorsed)	S025.05 S025.06	Outcome	Discharge Mobility Score
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients⁸	00402 (not endorsed)	S022.04	Outcome	Change in Self-Care Score
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients⁹	00401 (not endorsed)	S023.04	Outcome	Change in Mobility Score

⁵ This measure is an application of measure L009.03 and is finalized for reporting by SNFs under the SNF QRP (Federal Register 80(4 August 2015): 46389-46477). This measure is finalized for removal beginning with the FY 2025 SNF QRP.

⁶ This measure is CBE-endorsed for use in the IRF setting (<https://www.qualityforum.org/QPS/2635>) (<https://p4qm.org/measures/2635>) and finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

⁷ This measure is CBE-endorsed for use in the IRF setting (<https://www.qualityforum.org/QPS/2636>) (<https://p4qm.org/measures/2636>) and finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

⁸ This measure is CBE-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). This measure is finalized for removal beginning with the FY 2025 SNF QRP.

⁹ This measure is CBE-endorsed for use in the IRF setting (<https://www.qualityforum.org/QPS/2634>) 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). This measure is finalized for removal beginning with the FY 2025 SNF QRP.

Table 1-1 (continued)
SNF Quality Measures: ~~CBE Number~~ CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Assessment-based Measure				
Transfer of Health (TOH) Information to the Provider – Post-Acute Care (PAC)	00728 (not endorsed)	S043.01 S043.02	Process	TOH-Provider
Transfer of Health (TOH) Information to the Patient – Post-Acute Care (PAC)	00727 (not endorsed)	S044.01 S044.02	Process	TOH-Patient
Discharge Function Score	01698 (not endorsed)	S042.01 S042.02	Outcome	DC Score Discharge Function Score
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	01699 (not endorsed)	S045.01	Process	Patient/Resident COVID-19 Vaccine

**Table 1-2
Quality Measures Added to the SNF QRP**

Quality Measure	Planned Initial Release Date ¹⁰		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	January 2025	October 2025	October 2025
Influenza Vaccination Coverage among Healthcare Personnel (HCP)	n/a ¹¹	October 2023	October 2023
Discharge Function Score	January 2024	January 2024	October 2024
Transfer of Health (TOH) Information to the Provider—Post Acute Care (PAC)	January 2024	October 2024	October 2025
Transfer of Health (TOH) Information to the Patient—Post Acute Care (PAC)	January 2024	October 2024	October 2025

¹⁰ Planned initial release dates are based on the [FY 2023 and FY2024 Medicare Skilled Nursing Facility \(SNF\) Prospective Payment System \(PPS\) final rules](#).

¹¹ Data for this measure is not displayed on the Review & Correct and Patient-Level Quality Measure reports, as this measure is calculated using CDC/NHSN data.

Table 1-3
Quality Measures Removed/Retired from the SNF QRP

Quality Measure	Planned Removal Date ¹²		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	January 2024	January 2024	October 2024
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	January 2024	January 2024	October 2024
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	January 2024	January 2024	October 2024

¹²Planned removal dates are based on the FY2024 SNF PPS final rule.

**Table 5-2
Measure Types by User-Requested Year for all Assessment-Based (MDS) Quality Measures**

Quality Measures	Measure Type by User-Requested Year	
	2023	2024
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)	Existing	Existing
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function ^(a) (CMS ID: S001.03)	Existing	Removed
Drug Regimen Review Conducted With Follow-Up for Identified Issues – Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality	Existing	Existing
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)	Existing	Existing
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05)	Existing	Existing
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05)	Existing	Existing
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)	Existing	Removed
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)	Existing	Removed
Discharge Function Score (CMS ID: S042.01)	--	New

^a This measure (S001.03) is an application of measure L009.03 and is not CBE endorsed.

Table 5-3 Table 5-2

iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date^{a-13}

Requested Calendar Year Quarter End Date ^{b14}	Measure Type	Quarter(s) Included from Previous Year ^{e15}	Quarter(s) Included from User-Requested Year ¹⁶
Quarter 1, YYYY	New	- Quarter 4	Quarter 1
	Existing	Quarter 2 Quarter 3 Quarter 4	Quarter 1
Quarter 2, YYYY	New	- Quarter 4	Quarter 1 Quarter 2
	Existing	Quarter 3 Quarter 4	Quarter 1 Quarter 2
Quarter 3, YYYY	New	- Quarter 4	Quarter 1 Quarter 2 Quarter 3
	Existing	Quarter 4	Quarter 1 Quarter 2 Quarter 3
Quarter 4, YYYY	New	-	Quarter 1 Quarter 2 Quarter 3 Quarter 4
	Existing	-	Quarter 1 Quarter 2 Quarter 3 Quarter 4

^a See **Table 5-1** discharge dates included for each quarter and **Table 5-2** to determine the measure type for each quality measure.

^b YYYY = User-Requested Year

^e Calendar year prior to the User-Requested Year

¹³ See **Table 5-1** for discharge dates included for each quarter.

¹⁴ YYYY = User-Requested Year

¹⁵ Calendar year prior to the User-Requested Year

¹⁶ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct reports will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter’s end date.

Table 5-3 below displays the quarters of data included in the cumulative rate calculation for new and existing measures, by each requested quarter end date.

**Table 5-4 Table 5-3
iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date**

Requested Calendar Year Quarter End Date ^{a-17}	Measure Type	Data Included from Previous Year ^{b18}	Data Included from User-Requested Year ¹⁹
Quarter 1, YYYY	New	- Quarter 4	Quarter 1
	Existing	Quarter 2 through Quarter 4	Quarter 1
Quarter 2, YYYY	New	- Quarter 4	Quarter 1 through Quarter 2
	Existing	Quarter 3 through Quarter 4	Quarter 1 through Quarter 2
Quarter 3, YYYY	New	- Quarter 4	Quarter 1 through Quarter 3
	Existing	Quarter 4	Quarter 1 through Quarter 3
Quarter 4, YYYY	New	-	Quarter 1 through Quarter 4
	Existing	-	Quarter 1 through Quarter 4

^a YYYY = User-Requested Year

^b Calendar year prior to the User-Requested Year

¹⁷ YYYY = User-Requested Year

¹⁸ Calendar year prior to the User-Requested Year

¹⁹ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the cumulative rate only displays the requested calendar year quarter end date, and is not calculated across quarters. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

Table 5-5 Table 5-4

iQIES QM Reports: Data Included in the Cumulative Rate for Each Requested Report End Dates

Requested Report End Date ^{a20}	iQIES QM Report Calculation Month	Data Included from Previous Year ^{e-21}	Data Included from User-Requested Year ²²
03/31/YYYY (Quarter 1, YYYY)	February	April through December	January
	March	April through December	January through February
	April	April through December	January through March
06/30/YYYY (Quarter 2, YYYY)	May	July through December	January through April
	June	July through December	January through May
	July	July through December	January through June
09/30/YYYY (Quarter 3, YYYY)	August	October through December	January through July
	September	October through December	January through August
	October	October through December	January through September
12/31/YYYY (Quarter 4, YYYY)	November	–	January through October
	December	–	January through November
	January	–	January through December

^a YYYY = User-Requested Year

^b If there is less than 12 months of data as of requested report end date, then use the earliest month of data available. ^c Calendar year prior to the User-Requested Year

²⁰ YYYY = User-Requested Year

²¹ Calendar year prior to the User-Requested Year

²² Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the cumulative rate only displays the requested calendar year quarter end date, and is not calculated across quarters. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

Section 5.3 Measure Calculations During the Transition from MDS 3.0 ~~V1.17.2 V1.18.11~~ to MDS 3.0 ~~V1.18.11 V1.19.1~~

The MDS 3.0 will transition from ~~version 1.17.2~~ version 1.18.11 to ~~version 1.18.11~~ version 1.19.1 effective October 1, 2023 2024 and will impact certain quality measure specifications. The primary item set change that impacts SNF QRP quality measure specifications is the addition of item *O0350: Resident's COVID-19 vaccination is up to date*. This item is used by the SNF QRP quality measure COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date (CMS ID: S045.01). Specifications of this measure are reflected in **Table 8-9**. ~~Since the MDS has separate SNF stay admission and discharge assessments (i.e., PPS 5-Day and PPS Discharge), matching is required to create Medicare Part A SNF stays used for measure calculations. This presents a unique issue during the time of implementation when the old MDS assessment is filled out on admission and the new MDS assessment is filled out at discharge.~~

~~For Medicare Part A SNF stays with an admission prior to the implementation date of October 1, 2023 and discharges on or after October 1, 2023, the measure calculations will use the old measure specifications regarding items related to the admission assessment and the new measure specifications regarding items related to the discharge assessment. Two examples below illustrate this instruction:~~

- ~~● Resident admitted to the SNF on September 15, 2023 and discharged on October 15, 2023
 - ~~○ Admission assessment (PPS 5-Day) would use MDS 3.0 V1.17.2 (old)~~
 - ~~○ Discharge assessment (PPS Discharge) would use MDS 3.0 V1.18.11 (new)
 - ~~■ Specifications would be based on QM specifications in both the SNF QRP QM User's Manual V4.0 for references to the admission assessment and the SNF QRP QM User's Manual V5.0 for references to the discharge assessment.
 - ~~● Rationale: The resident was admitted before October 1 using MDS 4.0 V1.17.2, which is associated with the SNF QRP QM User's Manual V4.0 instructions.~~~~~~~~
- ~~● Resident admitted to the SNF on October 1, 2023 and discharged on October 30, 2023
 - ~~○ Admission assessment (PPS 5-Day) would use MDS 3.0 V1.18.11 (new)~~
 - ~~○ Discharge assessment (PPS Discharge) would use MDS 3.0 V1.18.11 (new)~~
 - ~~○ Specifications would be based on QM specifications in the SNF QRP QM User's Manual V5.0
 - ~~■ Rationale: Both the admission and discharge assessments use MDS 3.0 V1.18.11 and the specifications refer to SNF QRP QM User's Manual V5.0.~~~~~~

~~For the iQIES reports, measure calculations are based on the discharge date. In the two examples above, both Medicare Part A SNF stays would be included in Quarter 4, 2023 since the discharge dates are between October 1 and December 31.~~

Section 7.6 Measure Calculations Used in Change in Self-Care and Mobility Measures

This section presents the steps specific to the measure calculations for Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) and Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04).

1. ~~Calculate the observed scores (admission and discharge)~~ items and valid codes are identified in Table 8-7 and Table 8-8:
 - 1.1. To obtain the score, use the recoding procedure (identified in Table 8-7 and Table 8-8).
 - 1.2. Sum the values of the items to create a score for each Medicare Part A SNF stay record.
2. ~~Identify excluded stays~~, as defined in Table 8-7 and Table 8-8
3. ~~Determine the included records~~. Determine the total number of Medicare Part A SNF stays that did not meet the exclusion criteria. Note that this measure does not have a simple form for the numerator and denominator.
4. ~~Calculate the observed change in scores for each stay-level record~~. For each stay-level record included, calculate the difference between the admission score and the discharge score. If a stay's score decreased from admission to discharge, the difference will be a negative value.
5. ~~Calculate the facility-level average observed change in score~~. Calculate an average observed change in score for each SNF as the mean of the observed change in scores for all stays in the facility that are not excluded (Step 4).
6. ~~Calculate the national average change in score~~²³ as the mean of the observed change in scores for all Medicare Part A SNF stays calculated from Steps 1-4 in Chapter 7, Section 7.6. This will be used in Step 9 to calculate the risk-adjusted average change in score.
7. ~~Calculate the expected change in score~~:
 - 7.1. For each stay-level record, use the intercept and regression coefficients to calculate the expected change in score using the formula below:

$$[1] \text{Expected change score} = \beta_0 + \beta_1(COV_1) + \dots + \beta_n(COV_n)$$

Where:

- *Expected change in score* identifies the expected change in score for each SNF stay.
- β_0 is the regression intercept.
- β_1 through β_n are the regression coefficients for the covariates (see Risk-Adjustment Appendix File).

²³The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

See **Appendix A, Table A-4**, in the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0 and the associated Risk Adjustment Appendix File for the regression intercept and coefficients as well as detailed MDS coding logic for each risk adjuster.²⁴ The regression intercept and regression coefficients are values obtained through Generalized Linear Model regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in **Appendix A, Table A-4** and the associated Risk Adjustment Appendix File.

8. Calculate the facility level average expected change in score. Calculate an average expected change in score for each SNF as the mean of the expected change in scores for all stays in the facility.

9. Calculate the risk-adjusted average change score.

9.1. Calculate the difference between the facility level observed change in score (**Step 5**) and the facility level expected change in score (**Step 8**) to create an observed minus expected difference.

- A value that is 0 indicates the observed score and expected score are equal.
- A value that is greater than 0 indicates that the observed change in score is higher (better) than the expected score.
- A value that is less than 0 indicates that the observed change in score is lower (worse) than the expected score.

9.2. Add each SNF's difference value (**Step 9.1**) to the national average change in score (**Step 6**). This is the SNF's risk-adjusted mean change in score.

10. Round the risk-adjusted average change in score to one decimal place.

10.1. 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.

10.2. Drop all the digits following the first decimal place.

²⁴The regression constant (intercept) and coefficient values are rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

Table 8-1
Application of Percent of Residents Experiencing One or More Falls with Major Injury
(Long Stay) (CMS ID: S013.02)²⁵

Measure Description
<p>This quality measure reports the percentage of Medicare Part A SNF stays where one or more falls with major injury (defined as includes bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) were reported during the SNF stay.</p>
Measure Specifications ^{a26}
<p>If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p>Numerator The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]).</p> <p>Denominator The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) with one or more assessments that are eligible for a look-back scan ^{b27} (except those with exclusions).</p> <p>Exclusions Medicare Part A SNF stays are excluded if:</p> <ol style="list-style-type: none"> 1. The number of falls with major injury was not coded; i.e., J1900C (Falls with Major Injury) = [-]. 2. The resident died during the SNF stay (i.e., Type 2 SNF Stays). <ol style="list-style-type: none"> a. 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]).
Covariates
<p>None.</p>

^aThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

^bPlease refer to **Chapter 1, Section 1.2** for a list of assessments that are included in the look-back scan.

²⁵ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 80 (4 August 2015): 46440-46444).

²⁶ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

²⁷ Please refer to **Chapter 1, Section 1.2** for a list of assessments that are included in the look-back scan.

Table 8-5 Table 8-4

Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: **S024.05 S024.06)^{a28}**

Measure Description
This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge self-care score.
Measure Specifications ^{b29}
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
<i>Self-Care items and Rating scale:</i> The Self-Care assessment items used for discharge Self-Care score calculations are:
<ul style="list-style-type: none">• 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:
<ul style="list-style-type: none">• 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:
<ul style="list-style-type: none">• If code is between 01 and 06, then use code as the value.• If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.• If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the value.
Sum the values 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.
<i>Numerator</i> The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only) in the denominator, except those that meet the exclusion criteria, with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score.

(continued)

²⁸ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

²⁹ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-5 Table 8-4 (continued)

Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: ~~S024.05~~ S024.06)^{a30}

Measure Specifications³¹

Denominator

The total number of Medicare Part A SNF stays ([Type 1 SNF Stays](#) only), except those that meet the exclusion criteria.

Exclusions

Medicare Part A SNF stays are excluded if:

1. The Medicare Part A SNF stay is 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, long-term care hospital, psychiatric hospital indicated by A2105 = [04, 05, 07]. [as indicated on an **MDS 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
 - 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 has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment):
 - a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, 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 B, Table B-1**).
3. 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 entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number
4. The resident is discharged to hospice or received hospice while a resident:
 - a. A2105 (Discharge status) = [09, 10], **as indicated on an OBRA Discharge (RFA: A0310F = [10, 11] that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)**
OR
 - b. O0110K1b (Hospice while a Resident) = [1], **as indicated at the time of admission (i.e., on the PPS 5-Day Assessment)**
- ~~5. The resident did not receive physical or occupational therapy services at the time of admission (i.e., on the 5-Day PPS assessment):~~
 - a. ~~(Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 =~~

³⁰ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

³¹ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-5 Table 8-4 (continued)
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05 S024.06)^{a32}

Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stay.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission self-care – continuous form 3. Admission self-care – squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission self-care 6. Prior surgery 7. Prior functioning: self-care 8. Prior functioning: indoor mobility (ambulation) 9. Prior mobility device use 10. Stage 2 pressure ulcer 11. Stage 3, 4, or unstageable pressure ulcer/injury 12. Cognitive abilities 13. Communication Impairment 14. Urinary Continence 15. Bowel Continence 16. Tube feeding or total parenteral nutrition 17. Comorbidities 18. No physical or occupational therapy at admission <p>See covariate details in <u>Table RA-5</u> and <u>Table RA-8</u> <u>Table RA-6</u> in the associated Risk-Adjustment Appendix File.</p>

^aThis measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

³² This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).
Manual Version 6.0 is current as of October 1, 2024

Table 8-6 Table 8-5

Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: ~~S025.05~~ S025.06)^{a33}

Measure Description
This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge mobility score.
Measure Specifications ^{b34}
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
<i>Mobility items and Rating scale:</i> The Mobility assessment items used for discharge Mobility score calculations are:
<ul style="list-style-type: none">• GG0170A3. Roll left and right• GG0170B3. Sit to lying• GG0170C3. Lying to sitting on side of bed• GG0170D3. Sit to stand• GG0170E3. Chair/bed-to-chair transfer• GG0170F3. Toilet transfer• GG0170G3. Car transfer• GG0170I3. Walk 10 feet*• GG0170J3. Walk 50 feet with two turns*• GG0170K3. Walk 150 feet*• GG0170L3. Walking 10 feet on uneven surfaces*• GG0170M3. 1 step (curb)• GG0170N3. 4 steps• GG0170O3. 12 steps• GG0170P3. Picking up object• GG0170R3. Wheel 50 feet with 2 turns*• GG0170S3. Wheel 150 feet*
* Count the Wheel 50 feet with 2 turns (GG0170R) and the Wheel 150 feet (GG0170S) values twice to calculate the observed discharge mobility score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 01 and 06 at either admission or at discharge. The remaining residents use Walk 10 feet (GG0170I) + Walk 50 feet with two turns (GG0170J) + Walk 150 feet (GG0170K) + Walking 10 feet on uneven surfaces (GG0170L) to calculate the total observed discharge mobility score. In either case, 15 items are used to calculate a resident's observed mobility score and scores range from 15 – 90.
Valid codes and code definitions for the coding of the discharge Mobility items are:
<ul style="list-style-type: none">• 06 – Independent• 05 – Setup or clean-up assistance• 04 – Supervision or touching assistance• 03 – Partial/moderate assistance• 02 – Substantial/maximal assistance• 01 – Dependent

(continued)

³³ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

³⁴ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-6 Table 8-4 (continued)
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: ~~S025.05~~ S025.06)^{a35}

Measure Specifications ^{b36}
<p>Valid codes and code definitions for the coding of the discharge Mobility items are (continued):</p> <ul style="list-style-type: none"> • 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 <p>To obtain the discharge mobility score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use code as the value. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value. • If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value. <p>Sum the values of the discharge mobility items to create a discharge mobility score for each Medicare Part A SNF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.</p> <p>Numerator The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge mobility score that is equal to or higher than the calculated expected discharge mobility score.</p> <p>Denominator The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.</p> <p>Exclusions Medicare Part A SNF stays are excluded if:</p> <ol style="list-style-type: none"> 1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements: <ol style="list-style-type: none"> 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, long-term care hospital, psychiatric hospital indicated by A2105 = [04, 05, 07]. [as indicated on an MDS 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 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]).

(continued)

³⁵ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

³⁶ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-6 Table 8-5 (continued)
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: ~~S025.05~~ S025.06) ^{a37}

Measure Specifications ^{b38}	
<ol style="list-style-type: none"> 2. The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none"> a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, 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 B, Table B-1). 3. The resident is younger than age 18: <ol style="list-style-type: none"> a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years. b. Age is calculated in years based on the truncated difference between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number. 4. The resident is discharged to hospice or received hospice while a resident: <ol style="list-style-type: none"> a. A2105 (Discharge status) = [09, 10], as indicated on an OBRA Discharge (RFA: A0310F = [10, 11] that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C) OR b. O0110K1b (Hospice while a Resident) = [1], as indicated at the time of admission (i.e., on the PPS 5-Day Assessment) 5. The resident did not receive physical or occupational therapy services at the time of admission (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none"> a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0]) 	
Covariates	
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission mobility – continuous form 3. Admission mobility – squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission mobility 6. Prior surgery 7. Prior functioning: indoor mobility (ambulation) 8. Prior functioning: stairs 9. Prior functioning: functional cognition 10. Prior mobility device use 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. Cognitive abilities 14. Communication impairment 15. Urinary Continence 	

³⁷ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

³⁸ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-6 Table 8-6 (continued)
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: ~~S025.05~~ S025.06) ^{a39}

Covariates
<p>16. Bowel Continence</p> <p>17. History of falls</p> <p>18. Tube feeding or total parenteral nutrition</p> <p>19. Comorbidities</p> <p>20. No physical or occupational therapy at admission</p> <p>See covariate details in <u>Table RA-5</u> and <u>Table RA-9</u> <u>Table RA-7</u> in the associated Risk-Adjustment Appendix File.</p>

~~^aThis measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).~~

~~^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.~~

³⁹ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).
Manual Version 6.0 is current as of October 1, 2024

Table 8-11 Table 8-8
Discharge Function Score (CMS ID: ~~S042.01~~ S042.02)^{a40}

Measure Description
This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
Measure Specifications ^{b41}
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
<i>Function items and Rating scale:</i> The function assessment items used for discharge function score calculations are: <ul style="list-style-type: none"> • GG0130A3. Eating • GG0130B3. Oral hygiene • GG0130C3. Toileting hygiene • GG0170A3. Roll left and right • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170I3. Walk 10 feet* • GG0170J3. Walk 50 feet with 2 turns* • GG0170R3. Wheel 50 feet with 2 turns* <p>* Count Wheel 50 feet with 2 turns (GG0170R) value twice to calculate the total observed discharge function score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with 2 turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 01 and 06 at either at admission or at discharge. The remaining stays use Walk 10 feet (GG0170I) + Walk 50 feet with 2 turns (GG0170J) to calculate the total observed discharge function score.</p> <p>In either case, 10 items are used to calculate a resident’s total observed discharge score and scores range from 10 – 60.</p> Valid codes and their definitions for the discharge function items are: <ul style="list-style-type: none"> • 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

(continued)

⁴⁰ This measure is finalized for reporting by SNFs under the SNF QRP (Federal Register 88 (7 August 2023): 53233-53243).

⁴¹ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-11 Table 8-8 (continued)
Discharge Function Score (S042.01 S042.02)^{a43}

Measure Specifications^{b42}

To obtain the discharge function score, use the following procedure:

- If code is between 01 and 06, use the code as the value.
- If code is 07, 09, 10, 88, dashed (-), then use statistical imputation to estimate the item value for that item and use this code as the value.
- If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.

Sum the values of the discharge function items to calculate the observed discharge function score for each Medicare Part A SNF stay. Scores can range from 10 to 60, with a higher score indicating greater independence.

Statistical Imputation

To calculate the imputed values for items with NA codes, use the procedure below. (Note that these steps first describe imputing the value for a single item at discharge and then describe the relevant modifications for the other items.)

1. Start with Eating (GG0130A). For each SNF stay where the item has a NA code at discharge, calculate z , a continuous variable that represents a patient's underlying degree of independence on this item, using the imputation coefficients specific to the GG0130A discharge model:

$$[1] \quad z = \gamma_1 x_1 + \dots + \gamma_m x_m$$

Where:

- γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0130A discharge model (See Discharge Function Score Appendix File. Note that the coefficients used in this calculation do not include the thresholds described in Step 2.)
 - x_1 – x_m are the imputation risk adjustors specific to the GG0130A discharge model.
2. Calculate the probability for each possible value, had the GG item been assessed, using z (Step 1) and the equations below.

$$[2] \quad \begin{aligned} \Pr(z \leq \alpha_1) &= \Phi(\alpha_1 - z), \\ \Pr(\alpha_1 < z \leq \alpha_2) &= \Phi(\alpha_2 - z) - \Phi(\alpha_1 - z), \\ \Pr(\alpha_2 < z \leq \alpha_3) &= \Phi(\alpha_3 - z) - \Phi(\alpha_2 - z), \\ \Pr(\alpha_3 < z \leq \alpha_4) &= \Phi(\alpha_4 - z) - \Phi(\alpha_3 - z), \\ \Pr(\alpha_4 < z \leq \alpha_5) &= \Phi(\alpha_5 - z) - \Phi(\alpha_4 - z), \\ \Pr(z > \alpha_5) &= 1 - \Phi(\alpha_5 - z), \end{aligned}$$

Where:

- $\Phi(\cdot)$ is the standard normal cumulative distribution function.
 - $\alpha_1 \dots \alpha_5$ represent thresholds of levels of independence that are used to assign a value of 1-6 based on z for the GG0130A discharge model (see Discharge Function Score Appendix File).
3. Compute the imputed value of the GG item using the six probabilities determined in Step 2 and the equation below.

$$[3] \quad \text{Imputed value of GG item} = \Pr(z \leq \alpha_1) + 2 * \Pr(\alpha_1 < z \leq \alpha_2) + 3 * \Pr(\alpha_2 < z \leq \alpha_3) + 4 * \Pr(\alpha_3 < z \leq \alpha_4) + 5 * \Pr(\alpha_4 < z \leq \alpha_5) + 6 * \Pr(z > \alpha_5)$$

4. Repeat Steps 1-3 to calculate imputed values for each GG item included in the observed discharge function score that was coded as NA, replacing the Eating (GG0130A) item with each applicable GG item.

(continued)

⁴² The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

⁴³ This measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 88 \(7 August 2023\): 53233-53243\)](#).

Table 8-11 Table 8-8 (continued)
Discharge Function Score (~~S042.01~~ S042.02)^{a44}

Measure Specifications^{b45}

See [Table IA-1](#), [Table IA-2](#), [Table IA-4](#), and [Table IA-3](#) [Table IA-5](#) in the associated Discharge Function Score Imputation Appendix File for the imputation coefficients and thresholds, as well as detailed MDS coding for each risk adjuster. The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible Medicare Part A SNF stays where the item value is not missing (i.e., had a value 01-06) at discharge, and covariates include the predictors used in risk adjustment and values on all GG items available in MDS. The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values. Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in [Table IA-1](#), [Table IA-2](#), [Table IA-4](#), and [Table IA-3](#) [Table IA-5](#) in the Discharge Function Score Imputation Appendix File.

Numerator

The total number of Medicare Part A SNF stays ([Type 1 SNF Stays](#) only) in the denominator, except those that meet the exclusion criteria, with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.

Denominator

The total number of Medicare Part A SNF stays ([Type 1 SNF Stays](#) only), except those that meet the exclusion criteria.

Exclusions

Medicare Part A SNF stays are excluded if:

1. The Medicare Part A SNF stay is 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 includes 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) 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 A2105 = [04, 05, 07]. [as indicated on an ~~MDS~~ 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)].
 - 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 has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment):
 - a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, 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 B](#), [Table B-1](#)).

(continued)

⁴⁴ This measure is finalized for reporting by SNFs under the SNF QRP (Federal Register 88 (7 August 2023): 53233-53243).

⁴⁵ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-7 Table 8-8 (continued)
Discharge Function Score (CMS ID: ~~S042.01~~ S042.02)^{a46}

Measure Specifications ^{b47}
<p>3. The resident is younger than age 18:</p> <p>a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years.</p> <p>b. Age is calculated in years based on the truncated differences between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number</p> <p>4. The resident is discharged to hospice or received hospice while a resident:</p> <p>a. A2105 (Discharge status) = [09, 10], as indicated on an OBRA Discharge (RFA: A0310F = [10, 11] that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C) OR</p> <p>b. O0110K1b (Hospice while a Resident) = [1], as indicated at the time of admission (i.e., on the PPS 5-Day Assessment)</p> <p>5. The resident did not receive physical or occupational therapy services at the time of admission (i.e., on the 5-Day PPS assessment):</p> <p>a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0])</p>
Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF Stays.</i></p> <ol style="list-style-type: none"> Age group Admission function – continuous form^{e48} Admission function – squared form^{e49} Primary medical condition category Interaction between admission function and primary medical condition category Prior surgery Prior functioning: self-care Prior functioning: indoor mobility (ambulation) Prior functioning: stairs Prior functioning: functional cognition Prior mobility device use Stage 2 pressure ulcer/injury Stage 3, 4, or unstageable pressure ulcer/injury Cognitive abilities Communication impairment Urinary Continence Bowel Continence History of falls

⁴⁶ This measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 88 \(7 August 2023\): 53233-53243\)](#).

⁴⁷ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

⁴⁸ Admission function score is the sum of admission values for function items included in the discharge score. NAs coded on admission items are treated the same way as NAs coded on discharge items, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

⁴⁹ Admission function score is the sum of admission values for function items included in the discharge score. NAs coded on admission items are treated the same way as NAs coded on discharge items, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

Table 8-11 Table 8-8 (continued)
Discharge Function Score (CMS ID: ~~S042.01~~ S042.02)^{a50}

Covariates
19. Nutritional approaches
20. High BMI
21. Low BMI
22. Comorbidities
23. No physical or occupational therapy at the time of admission

^aThis measure is finalized for reporting by SNFs under the SNF QRP (Federal Register 88 (7 August 2023): 53233-53243).

^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

^cAdmission function score is the sum of admission values for function items included in the discharge score. NAs coded on admission items are treated the same way as NAs coded on discharge items, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

⁵⁰ This measure is finalized for reporting by SNFs under the SNF QRP (Federal Register 88 (7 August 2023): 53233-53243).
Manual Version 6.0 is current as of October 1, 2024

Table 8-9 Table 8-8

Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) (CMS ID: S043.01-S043.02)^{a51}

Measure Description
<p>This measure reports the percentage of Medicare Part A SNF stays indicating a current reconciled medication list was transferred to the subsequent provider at the time of discharge. For residents with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.</p>
Measure Specifications ^{b52}
<p>The measure is calculated by reviewing a resident’s MDS items for provision of a current reconciled medication list to the subsequent provider at the time of discharge.</p> <p>Numerator</p> <p>The numerator is the number of Medicare Part A stays (Type 1 SNF Stays only) for which the MDS 3.0 indicated that the following is true:</p> <p>At the time of discharge, the facility provided a current reconciled medication list to the subsequent provider (A2121 = [1]).</p> <p>Denominator</p> <p>The denominator is the total number of Medicare Part A SNF stays (Type 1 SNF Stays only) with a discharge date in the measure target period, ending in discharge to short-term general hospital, another SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, a swing bed, an IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital. Discharge to one of these providers is based on response to the discharge item A2105, of the MDS assessment: (A2105 = [02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12] or (A0310F = [99] and A0310H = [1])).</p> <p>Exclusions</p> <p>There are no denominator exclusions for this measure.</p>
Covariates
<p>No covariates.</p>

~~^aThis measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 84 (7 August 2019): 38755-38762).~~

~~^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.~~

⁵¹ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 84 (7 August 2019): 38755-38762).

⁵² The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-10 Table 8-7

Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) (CMS ID: S044.01 S044.02)⁵³

Measure Description
This measure reports the percentage of Medicare Part A SNF stays indicating a current reconciled medication list was transferred to the resident, family, and/or caregiver at the time of discharge. For residents with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.
Measure Specification ⁵⁴
The measure is calculated by reviewing a resident's MDS discharge assessment items for provision of a current reconciled medication list to the resident, family, and/or caregiver at the time of discharge.
Numerator
The numerator is the number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only) for which the MDS 3.0 indicated that the following is true: At the time of discharge, the facility provided a current reconciled medication list to the resident, family, and/or caregiver (A2123 = [1]).
Denominator
The denominator is the total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only) with a discharge date in the measure target period , ending in discharge to Home (e.g., private home/apartment, board/care, assisted living, group home or transitional living or other residential care arrangements). Discharge to one of these locations is based on response to the discharge item A2105 of the MDS assessment: (A2105= [01, 99]).
Exclusions
There are no denominator exclusions for this measure.
Covariates
No covariates.

^aThis measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 84 (7 August 2019): 38761-38764). An update to the denominator for the TOH to Patient measure was finalized in the SNF QRP (Federal Register 86 (4 August 2021) 42489-42491).

^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

⁵³ This measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 84 (7 August 2019): 38761-38764). An update to the denominator for the TOH to Patient measure was finalized in the SNF QRP (Federal Register 86 (4 August 2021) 42489-42491).

⁵⁴ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-9
COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date (CMS ID: S045.01)

Measure Description ⁵⁵
This measure reports the percentage of Medicare Part A SNF stays in which residents are “up to date” with their COVID-19 vaccinations per the CDC’s latest guidance. The definition of “up to date” may change based on the CDC’s latest guidance. ⁵⁶
Measure Specifications ⁵⁷
<p><i>Numerator</i> The total number of Medicare Part A covered SNF stays in the denominator that meet either of the following criteria:</p> <ol style="list-style-type: none"> 1. For <u>Type 1 SNF Stays</u>, the resident is up to date with the COVID-19 vaccine (O0350=[1]), as indicated at discharge. 2. For <u>Type 2 SNF Stays</u>, the resident is up to date with the COVID-19 vaccine (O0350=[1]), as indicated at the time of admission (i.e., on the 5-day PPS assessment). <p><i>Denominator</i> The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> and <u>Type 2 SNF Stays</u>) with a Medicare Part A SNF Stay End Date (A2400C) during the measure target period.</p> <p><i>Exclusions</i> There are no denominator exclusions for this measure.</p>

⁵⁵ This measure was finalized for reporting in the SNF QRP (Federal Register 88(7 August 2023): 53265.

⁵⁶ The definition of “up to date” may change based on the CDC’s latest guidance, and can be found on the CDC webpage “Staying Up to Date with COVID-19 Vaccines,” https://www.cdc.gov/covid/vaccines/stay-up-to-date.html?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html (last accessed 8/1/2024).

⁵⁷ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-2
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: S001.03)^a

Measure Description
This quality measure reports the percentage of Medicare Part A SNF stays with an admission and discharge functional assessment and a care plan that addresses function.
Measure Specifications ^b
<p>If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p><i>Incomplete and Complete Medicare Part A SNF stays (Type 1 SNF Stays or Type 2 SNF Stays):</i> Incomplete SNF Medicare Part A SNF Stays: Residents with incomplete stays (<i>incomplete</i> = [1]) are identified based on the following criteria using the specified data elements:</p> <ol style="list-style-type: none"> 1.—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]) at the end of the SNF stay 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 2.—Discharge to acute hospital, long-term care hospital, psychiatric 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 3.—SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days) OR 4.—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]). <p>Complete Medicare Part A SNF Stays: Medicare Part A SNF stays not meeting the definition of incomplete stays are considered complete Medicare Part A SNF stays (<i>incomplete</i> = [0]).</p> <p>Numerator: For complete Medicare Part A SNF stays (<i>incomplete</i> = [0]) in the denominator, three criteria are required for inclusion in the numerator: (i) complete admission functional assessment data on the PPS 5-Day assessment, and (ii) a discharge goal for at least one self-care or mobility item on the PPS 5-Day assessment, and (iii) complete discharge functional assessment data on the Part A PPS Discharge Assessment.</p> <p>For incomplete Medicare Part A SNF stays (<i>incomplete</i> = [1]) in the denominator, collection of discharge functional status might not be feasible. Therefore, two criteria are required for inclusion in the numerator: (i) complete admission functional assessment data on the PPS 5-Day assessment, and (ii) a discharge goal for at least one self-care or mobility item on the PPS 5-Day assessment.</p>

(continued)

Table 8-2 (continued)
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: S001.03)^a

Measure Specifications ^b
<p><i>Specifications for complete admission functional assessment data:</i></p> <p>For admission functional assessment data to be complete, each condition listed below must be met.</p> <ol style="list-style-type: none"> 1. GG0130A1. Eating = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 2. GG0130B1. Oral hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 3. GG0130C1. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 4. GG0170B1. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 5. GG0170C1. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 6. GG0170D1. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 7. GG0170E1. Chair/bed-to-chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 8. GG0170F1. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and 9. GG0170H1. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and <p><i>For residents who are walking as indicated by a valid functional code [01, 02, 03, 04, 05, 06] for GG0170H1, include items:</i></p> <ol style="list-style-type: none"> 10. GG0170J1. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and 11. GG0170K1. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] <p><i>For residents who are not walking as indicated by GG0170H1 = 07, 09, 10, or 88, GG0170J1 and GG0170K1 are skipped (^).</i></p> <p><i>For residents who use a wheelchair as indicated by GG170Q1=1, include items:</i></p> <ol style="list-style-type: none"> 12. GG0170R1. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and 13. GG0170RR1. Indicate the type of wheelchair or scooter used = [1, 2] and 14. GG0170S1. Wheel 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and 15. GG0170SS1. Indicate the type of wheelchair or scooter used = [1, 2] <p><i>For residents who do not use a wheelchair as indicated by GG0170Q1=0, GG0170R1, GG0170RR1, GG0170S1, and GG0170SS1 are skipped (^).</i></p> <p><i>Specifications for a discharge goal (documenting a care plan that includes function):</i></p> <p>For the discharge goal, at least one of the items listed below must have a valid code as specified.</p> <ol style="list-style-type: none"> 1. GG0130A2. Eating = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 2. GG0130B2. Oral hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 3. GG0130C2. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 4. GG0130E2. Shower/bathe self = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 5. GG0130F2. Upper body dressing = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 6. GG0130G2. Lower body dressing = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 7. GG0130H2. Putting on/taking off footwear = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 8. GG0170A2. Roll left and right = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 9. GG0170B2. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or 10. GG0170C2. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or

(continued)

Table 8-2 (continued)
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: S001.03)^a

Measure Specifications ^b
11. GG0170D2. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
12. GG0170E2. Chair/bed to chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
13. GG0170F2. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
14. GG0170G2. Car transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
15. GG-0170I2. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
16. GG0170J2. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
17. GG0170K2. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
18. GG0170L2. Walking 10 feet on uneven surfaces = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
19. GG0170M2. 1 step (curb) = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
20. GG0170N2. 4 steps = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
21. GG0170O2. 12 steps = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
22. GG0170P2. Picking up object = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
23. GG0170R2. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or
24. GG0170S2. Wheel 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88].
<i>Specifications for complete discharge functional assessment data:</i>
For discharge functional assessment data to be complete, each condition listed below must be met. This only applies to residents with complete stays (discharge functional assessment data is not required for incomplete stays):
1. GG0130A3. Eating = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
2. GG0130B3. Oral hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
3. GG0130C3. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
4. GG0170B3. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
5. GG0170C3. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
6. GG0170D3. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
7. GG0170E3. Chair/bed to chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
8. GG0170F3. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
9. GG0170I3. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
<i>For residents who are walking as indicated by a valid functional code [01, 02, 03, 04, 05, 06] for GG0170I3, include items:</i>
10. GG0170J3. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and
11. GG0170K3. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88].
<i>For residents who are not walking, as indicated by GG0170I3=07, 09, 10, or 88, GG0170J3 and GG0170K3 are skipped (^).</i>
<i>For residents who use a wheelchair as indicated by GG170Q3=1, include items:</i>
12. GG0170R3. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and
13. GG0170RR3. Indicate the type of wheelchair or scooter used = [1, 2] and
14. GG0170S3. Wheel 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and
15. GG0170SS3. Indicate the type of wheelchair or scooter used = [1, 2].

(continued)

Table 8-2 (continued)
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function CMS ID: S001.03)^a

Measure Specifications ^b
<p><i>For residents who do not use a wheelchair as indicated by GG0170Q3=0, GG0170R3, GG0170RR3, GG0170S3, and GG0170SS3 are skipped (^).</i></p> <p><i>Denominator</i> The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> and <u>Type 2 SNF Stays</u>) with a Medicare Part A SNF Stay End Date (A2400C) during the measure target period.</p> <p><i>Exclusions</i> There are no denominator exclusions for this measure.</p>
Covariates
None.

^aThis measure is an application of measure L009.03 and is finalized for reporting by SNFs under the SNF QRP (Federal Register 80(4 August 2015): 46389-46477).

^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-7
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for
Medical Rehabilitation Patients (CMS ID: S022.04)*

Measure Description
<p>This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Medicare Part A SNF Stays.</p>
Measure Specifications ^b
<p>If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p><i>Self-Care items and Rating scale:</i> The Self-Care assessment items used for admission Self-Care score calculations are:</p> <ul style="list-style-type: none"> ● GG0130A1. Eating ● GG0130B1. Oral hygiene ● GG0130C1. Toileting hygiene ● GG0130E1. Shower/bathe self ● GG0130F1. Upper body dressing ● GG0130G1. Lower body dressing ● GG0130H1. Putting on/taking off footwear <p>Valid codes and code definitions for the coding of the admission Self-Care items are:</p> <ul style="list-style-type: none"> ● 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 ● — Not assessed/no information <p>To obtain the admission self-care score, use the following procedure:</p> <ul style="list-style-type: none"> ● If code is between 01 and 06, then use the code as the value. ● If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value. ● If the self-care item is dashed (-) or missing, recode to 01 and use this code as the value. <p>Sum the values of the admission self-care items to create an admission self-care score for each stay-level record. Scores can range from 7 to 42, with a higher score indicating greater independence.</p>

(continued)

Table 8-7 (continued)
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)*

Measure Specifications ^b
<p>The Self-Care assessment items used for discharge Self-Care score calculations are:</p> <ul style="list-style-type: none"> ● 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 <p>Valid codes and code definitions for the coding of the discharge Self-Care items are:</p> <ul style="list-style-type: none"> ● 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 <p>To obtain the discharge self-care score, use the following procedure:</p> <ul style="list-style-type: none"> ● If code is between 01 and 06, then use code as the value. ● If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value. ● If the self-care item is skipped (^), dashed (—), or missing, recode to 01 and use this code as the value. <p>Sum the values of the discharge self-care items to create a discharge self-care score for each stay-level record. Scores can range from 7 to 42, with a higher score indicating greater independence.</p> <p><i>Numerator</i> The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in self-care score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in self-care score is calculated as the difference between the discharge self-care score and the admission self-care score.</p> <p><i>Denominator</i> The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only), except those that meet the exclusion criteria.</p> <p><i>Exclusions</i> Medicare Part A SNF stays are excluded if:</p>

(continued)

Table 8-7 (continued)
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)*

Measure Specifications ^b	
1.	<p>The Medicare Part A SNF stay was an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements:</p> <ul style="list-style-type: none"> 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.	<p>The resident is independent with all self-care activities at the time of admission (i.e., on the 5-Day PPS assessment):</p> <ul style="list-style-type: none"> 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.	<p>The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment):</p> <ul style="list-style-type: none"> 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-4 in the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0).^e
4.	<p>The resident is younger than age 18:</p> <ul style="list-style-type: none"> a. A1600 (Entry Date) - A0900 (Birth Date) is less than 18 years. b. Age is calculated in years based on the truncated difference between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number
5.	<p>The resident is discharged to hospice or received hospice while a resident:</p> <ul style="list-style-type: none"> a. A2100 (Discharge status) = [07] or O0100K2 (Hospice while a Resident) = [1].
6.	<p>The resident did not receive physical or occupational therapy services (i.e., on the 5-Day PPS assessment):</p> <ul style="list-style-type: none"> a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0])

(continued)

Table 8-7 (continued)
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)^a

Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission self-care—continuous form 3. Admission self-care—squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission self-care 6. Prior surgery 7. Prior functioning: self-care 8. Prior functioning: indoor mobility (ambulation) 9. Prior mobility device use 10. Stage 2 pressure ulcer 11. Stage 3, 4, or unstageable pressure ulcer/injury 12. Cognitive abilities 13. Communication impairment 14. Urinary Continence 15. Bowel Continence 16. Tube feeding or total parenteral nutrition 17. Comorbidities <p>See covariate details in Appendix A, Table A-4 in Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0 and the associated Risk Adjustment Appendix File.^{d,e}</p>

^aThis measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

^{c,d}Refer to the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0 (<https://www.cms.gov/files/document/snf-quality-measure-calculations-and-reporting-users-manual-v40.pdf>).

^eRefer to the Risk Adjustment Appendix File for the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual 4.0 (<https://www.cms.gov/files/document/risk-adjustment-appendix-file-snf-effective-10-1-2022.xlsx>).

Table 8-8
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)^a

Measure Description
This measure estimates the risk-adjusted mean change in mobility score between admission and discharge for Medicare Part A SNF Stays.
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.
<p><i>Mobility items and Rating scale:</i> The Mobility assessment items used for admission Mobility score calculations are:</p> <ul style="list-style-type: none"> ● GG0170A1. Roll left and right ● GG0170B1. Sit to lying ● GG0170C1. Lying to sitting on side of bed ● GG0170D1. Sit to stand ● GG0170E1. Chair/bed to chair transfer ● GG0170F1. Toilet transfer ● GG0170G1. Car transfer ● GG0170H1. Walk 10 feet ● GG0170J1. Walk 50 feet with two turns ● GG0170K1. Walk 150 feet ● GG0170L1. Walking 10 feet on uneven surfaces ● GG0170M1. 1 step (curb) ● GG0170N1. 4 steps ● GG0170O1. 12 steps ● GG0170P1. Picking up object <p>Valid codes and code definitions for the coding of the admission Mobility items are:</p> <ul style="list-style-type: none"> ● 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: only valid for items GG0170J1 through GG0170L1; GG0170N1, GG0170O1 ● — — Not assessed/no information

(continued)

Table 8-8 (continued)
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)^a

Measure Specifications ^b
<p>To obtain the admission mobility score, use the following procedure</p> <ul style="list-style-type: none"> ● If code is between 01 and 06, then use code as the value. ● If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value. ● If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value. <p>Sum the values of the admission mobility items to create an admission mobility score for each Medicare Part A SNF stay. Scores can range from 15–90, with a higher score indicating greater independence.</p> <p>The Mobility assessment items used for discharge Mobility score calculations are:</p> <ul style="list-style-type: none"> ● GG0170A3. Roll left and right ● GG0170B3. Sit to lying ● GG0170C3. Lying to sitting on side of bed ● GG0170D3. Sit to stand ● GG0170E3. Chair/bed to chair transfer ● GG0170F3. Toilet transfer ● GG0170G3. Car transfer ● GG0170I3. Walk 10 feet ● GG0170J3. Walk 50 feet with two turns ● GG0170K3. Walk 150 feet ● GG0170L3. Walking 10 feet on uneven surfaces ● GG0170M3. 1 step (curb) ● GG0170N3 4 steps ● GG0170O3 12 steps ● GG0170P3. Picking up object <p>Valid codes and code definitions for the coding of the discharge Mobility items are:</p> <ul style="list-style-type: none"> ● 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 <p>To obtain the discharge mobility score, use the following procedure:</p> <ul style="list-style-type: none"> ● If code is between 01 and 06, then use code as the value. ● If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value. ● If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value.

(continued)

Table 8-8 (continued)
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)^a

Measure Specifications ^b
<p>Sum the values of the discharge mobility items to create a discharge mobility score for each Medicare Part A SNF stay. Scores can range from 15–90, with a higher score indicating greater independence.</p> <p>Numerator The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in mobility score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.</p> <p>Denominator The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.</p> <p>Exclusions Medicare Part A SNF stays are excluded if:</p> <ol style="list-style-type: none"> 1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements: <ol style="list-style-type: none"> 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 = [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 on all mobility activities at the time of the admission (i.e., on the 5-Day PPS assessment): Items used to identify these resident records are as follows: Roll left and right (Item GG0170A1), Sit to lying (Item GG0170B1), Lying to sitting on side of bed (Item GG0170C1), Sit to stand (Item GG0170D1), Chair/bed-to-chair transfer (Item GG0170E1), Toilet transfer (Item GG0170F1), Car transfer (Item GG0170G1), Walk 10 feet (Item GG0170H1), Walk 50 feet with two turns (Item GG0170J1), Walk 150 feet (Item GG0170K1), Walking 10 feet on uneven surfaces (Item GG0170L1), 1 step (curb) (Item GG0170M1), 4 steps (Item GG0170N1), 12 steps (Item GG0170O1), Picking up object (GG0170P1). <ol style="list-style-type: none"> a. All fifteen mobility items must = [6] on the 5-day PPS assessment for this exclusion to apply. 3. The resident has any of the following medical conditions at the time of the admission (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none"> 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-4 in Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0).^c

(continued)

Table 8-8 (continued)
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)^a

Measure Specifications^b
<p>4. The resident is younger than age 18:</p> <p>a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years.</p> <p>b. Age is calculated in years based on the truncated difference between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number.</p> <p>5. The resident is discharged to hospice or received hospice while a resident:</p> <p>a. A2100 (Discharge status) = [07] or O0100K2 (Hospice while a Resident) = [1].</p> <p>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):</p> <p>a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0])</p>
Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission mobility—continuous form 3. Admission mobility—squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission mobility 6. Prior surgery 7. Prior functioning: indoor mobility (ambulation) 8. Prior functioning: stairs 9. Prior functioning: functional cognition 10. Prior mobility device use 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. Cognitive abilities 14. Communication impairment 15. Urinary Continence 16. Bowel Continence 17. History of falls 18. Tube feeding or total parenteral nutrition 19. Comorbidities <p>See covariate details in Appendix A, Table A-4 in Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 4.0 and the associated Risk Adjustment Appendix File.^{d,e}</p>

^aThis measure was finalized for reporting by SNFs under the SNF QRP (Federal Register 82 (4 August 2017): 36530-36636).

^bThe national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

~~^{e-d} Refer to the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0 (<https://www.cms.gov/files/document/snf-quality-measure-calculations-and-reporting-users-manual-v40.pdf>).~~

~~^e Refer to the Risk Adjustment Appendix File for the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual 4.0 (<https://www.cms.gov/files/document/risk-adjustment-appendix-file-snf-effective-10-1-2022.xlsx>).~~

**Table A-1
Effective Dates by CMS ID Update for all SNF QRP Quality Measures**

Quality Measure	Measure ID Update					
	.01	.02	.03	.04	.05	.06
NHSN Measures						
COVID-19 Vaccination Coverage among Healthcare Personnel (CMS ID: S040.02)	Inception – 09/30/2023	10/01/2023 – Present	—	—	—	—
Influenza Vaccination Coverage among Healthcare Personnel (CMS ID: S041.01)	Inception – Present	—	—	—	—	—
Medicare Claims-based Measures						
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S004.01)	Inception – Present	—	—	—	—	—
Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S005.02)	Inception – 09/30/2020	10/1/2020 – Present	—	—	—	—
Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S006.01)	Inception – Present	—	—	—	—	—
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization (CMS ID: S039.01)	Inception – Present	—	—	—	—	—

(continued)

Table A-1 (continued)
Effective Dates by CMS ID Update for all SNF QRP Quality Measures

Quality Measure	Measure ID Update					
	.01	.02	.03	.04	.05	.06
Assessment-based Measures						
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)	Inception – 09/30/2019	10/01/2019 – Present	—	—	—	—
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: S001.03)	Inception – 09/30/2018	10/01/2018 – 09/30/2019	10/01/2019 – Present	—	—	
Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02)	Inception – 09/30/2019	10/01/2019 – Present	—	—	—	—
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)	Inception – 09/30/2019	10/01/2019 – Present	—	—	—	—
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05 S024.06)	Inception – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – 09/30/2023	10/01/2023 – Present 09/30/2024	10/01/2024 – Present
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05 S025.06)	Inception – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – 09/30/2023	10/01/2023 – Present 09/30/2024	10/01/2024 – Present
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)	Inception – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – 09/30/2023	—	
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)	Inception – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – 09/30/2023	—	
Transfer of Health (TOH) Information to the Provider – Post Acute Care (PAC) (CMS ID: S043.01 S043.02)	Inception – 09/30/2024 Present	10/01/2024 – Present	—	—	—	—
Transfer of Health (TOH) Information to the Patient – Post Acute Care (PAC) (CMS ID: S044.01 S044.02)	Inception – 09/30/2024 Present	10/01/2024 – Present	—	—	—	—
Discharge Function Score (CMS ID: S042.01 S042.02)	Inception – 09/30/2024 Present	10/01/2024 – Present	—	—	—	—
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01)	Inception – Present					

**Table A-2
Effective Dates of SNF Quality Manual Versions**

Manual Version	Effective Dates
Manual V1.0	05/22/2017 – 09/30/2018
Manual V2.0	10/01/2018 – 09/30/2019
Manual V3.0	10/01/2019 – 09/30/2020
Addendum V3.0.1	10/01/2020 – 09/30/2022
Manual V4.0	10/01/2022 – 09/30/2023
Manual V5.0	10/01/2023 – Present 9/30/2024
Manual V6.0	10/01/2024 – Present

**Table B-1
Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 ~~days~~
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 S06.A1XA S06.A1XD S06.A1XS			
Complete and severe tetraplegia	G82.51, G82.52, 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			

Manual Version 6.0 is current as of October 1, 2024