Skilled Nursing Facility
Quality Reporting Program Provider Training

SNF QRP Definitions and Assessments

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Objectives

Upon completion of the training, participants will be able to:

- Define the following terms associated with the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP):
  - Numerator
  - Denominator
  - Complete stay
  - Incomplete stay
  - Quality measure (QM) calculation algorithm
  - Risk adjustment

- List assessment types used in SNF QRP

Objectives (continued)

Upon completion of the training, participants will be able to:

- Describe the indication for the Nursing Home Part A PPS Discharge (NPE) Item Set

- Discuss principles of setting the Assessment Reference Date (ARD) of the NPE Item Set

- Outline completion requirements for the NPE Item Set

- Discuss the coding of Item A0310H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment?

SNF QRP: Three QMs Adopted in the FY 2016 Final Rule

- In August 2015, CMS released the *Skilled Nursing Facility Quality Reporting Program – Specifications for the Quality Measures Adopted through the Fiscal Year 2016 Final Rule.*

- In the document, CMS presented specifications for the three Quality Measures (QMs) adopted for the SNF QRP through the Fiscal Year (FY) 2016 SNF Prospective Payment System (PPS) Final Rule.

SNF QRP: Three QMs Adopted in the FY 2016 Final Rule (continued)

- **Process Measure:** Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, Measure Steward: CMS)

- **Outcome Measure:** Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678, Measure Steward: CMS)

- **Outcome Measure:** Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674, Measure Steward: CMS)

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Process and Outcome Measures

- **Process measures** indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition.

- **Outcome measures** reflect the impact of the health care service or intervention on the health status of patients.

Source:
http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html

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SNF QRP – Definitions

The following are detailed in the specifications document and will be defined for each of the three QMs over the course of the two-day SNF QRP Training:

- Numerator
- Denominator
- Complete stay
- Incomplete stay
- QM calculation algorithm
- Risk adjustment

SNF QRP – Definitions (continued)

- **Numerator:** The number in the denominator who received the care process (process measure) or the number of residents who experienced the specified outcome (outcome measure)

- **Denominator:** The number of residents cared for by the SNF during a defined time period who were at risk of or eligible for the numerator event or outcome

SNF QRP – Definitions (continued)

- **Process measures**
  - **Desirable care process**: Larger numerator relative to the denominator indicates higher quality
  - **Undesirable care process**: Smaller numerator relative to the denominator indicates higher quality

- **Outcome measures**
  - **Positive outcome**: Larger numerator relative to the denominator indicates higher quality
  - **Adverse outcome**: Smaller numerator relative to the denominator indicates higher quality

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Numerator and Denominator Example

- There are 10 cookies, three of which are chocolate chip cookies.
- What is the percent of cookies that are chocolate chip?
- Numerator = 3
- Denominator = 10
- Divide the numerator by the denominator (3/10) = 0.3
- Multiply 0.3 by 100
- There are 30 percent chocolate chip cookies.

SNF QRP – Definitions (continued)

- Residents who have **incomplete stays** are defined as those residents:
  - Who are discharged unexpectedly due to a medical emergency,
  - Who leave the SNF against medical advice, or
  - Who die while in the SNF.

- Residents not meeting the criteria for incomplete stays will be considered **complete stays**.

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SNF QRP – Definitions (continued)

- The **Quality Measure Calculation Algorithms** detail the steps that are used to calculate the measures.

- The steps to calculate each of the three new measures will be reviewed throughout the training.

SNF QRP – Definitions (continued)

- Three types of **risk adjustments:**
  - **Exclusions**: Residents whose outcomes are not under SNF control or for whom the outcome may be unavoidable are removed from the calculation.
  - **Stratification**: Residents with similar risks for the outcome based on their clinical characteristics are grouped together, and the measure is calculated separately for each risk group.
  - **Covariates**: Resident characteristics that may affect risk for a certain outcome.

Assessments Used in SNF QRP

- OBRA-required assessments

- Scheduled PPS assessments

- Discharge assessments:
  - Discharge assessment – return not anticipated
  - Discharge assessment – return anticipated
  - Part A PPS Discharge assessment

Three Types of Discharge Assessments

- There are now three types of Discharge assessments required.

- The first two are well-known to providers. These are the OBRA Discharge assessment – return anticipated and return not anticipated types.

- The third type is the Part A PPS Discharge assessment.

Part A PPS Discharge Assessment

- The Part A PPS Discharge assessment is a Discharge assessment developed to inform current and future SNF QRP measures and the calculation of these measures.

- It consists of demographic, administrative, and clinical items.

- The Part A PPS Discharge assessment is completed when a resident's Medicare Part A stay ends, but the resident remains in the facility (i.e., is not physically discharged from the facility).

- If the Medicare Part A stay ends on the day of or one day before the date of physical discharge, the OBRA Discharge assessment and PPS Part A Discharge assessment are both required and may be combined.

Part A PPS Discharge Assessment
(continued)

- For a **standalone** Part A PPS Discharge assessment, **the ARD (Item A2300) is not set prospectively** as with other assessments. **The ARD (Item A2300) for the Part A PPS Discharge assessment is always equal to the End Date of Most Recent Medicare Stay (A2400C).** The ARD may be coded on the assessment any time during the assessment completion period (i.e., End Date of Most Recent Medicare Stay [A2400C] + 14 calendar days).

Part A PPS Discharge Assessment
(continued)

- If the End Date of Most Recent Medicare Stay (A2400C) occurs **on the day of or one day before** the Discharge Date (A2000), the OBRA Discharge assessment and Part A PPS Discharge assessment are both required and may be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be equal to the Discharge Date (A2000).

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Part A PPS Discharge Assessment
(continued)

- The Part A PPS Discharge assessment must be completed (Item Z0500B) within 14 days after the End Date of Most Recent Medicare Stay (A2400C + 14 calendar days).

- The Part A PPS Discharge assessment must be submitted within 14 days after the MDS completion date (Z0500B + 14 calendar days).

- If the resident's Medicare Part A stay ends and the resident subsequently returns to a skilled level of care and Medicare Part A benefits resume, the Medicare schedule starts again with a 5-day PPS assessment.

- If the resident's Medicare Part A stay ends and the resident is physically discharged from the facility, an OBRA Discharge assessment is required.
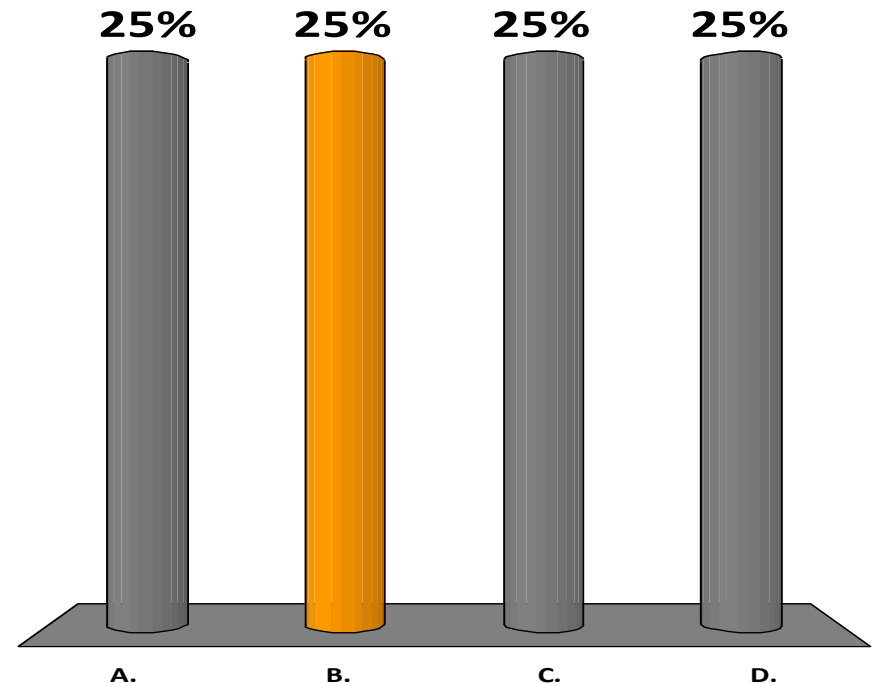
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Polling Question: When is a standalone Part A PPS Discharge assessment required?

A. When a resident leaves the facility for a leave of absence (LOA)

B. When a resident's Medicare Part A stay ends and they are remaining in the facility

C. When a resident goes to the emergency room

D. Any time a resident is physically discharged from the facility

Polling Question: When is a standalone Part A PPS Discharge assessment required?

A. When a resident leaves the facility for a leave of absence (LOA)

✓ B. When a resident's Medicare Part A stay ends and they are remaining in the facility

C. When a resident goes to the emergency room

D. Any time a resident is physically discharged from the facility

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A.   B.   C.   D.

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A0310H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment?

H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment?

A0310. Type of Assessment - Continued

Enter Code | **F. Entry/discharge reporting**
01. **Entry** tracking record
10. **Discharge** assessment-return not ~~ted~~

Enter Code | **H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment?**
0. **No**
1. **Yes**

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Coding Instructions – A0310H

- **Code 0, no:** if this is not a Part A PPS Discharge assessment.

- **Code 1, yes:** if this is a Part A PPS Discharge assessment.

A2000 – Discharge Date Coding Tips

- A **standalone Part A PPS Discharge assessment** (NPE Item Set) is required under the SNF QRP **when the resident's Medicare Part A stay ends (as documented in A2400C, End Date of Most Recent Medicare Stay) but the resident remains in the facility.**

- If a resident receiving services under SNF Part A PPS has a Discharge Date (A2000) that occurs **on the day of or one day after** the End Date of Most Recent Medicare Stay (A2400C), then both an OBRA Discharge assessment and a Part A PPS Discharge assessment are required, but these two assessments can be combined. **When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be the same as the Discharge Date (A2000).**

A2400C – End of Medicare Stay

C. **End date of most recent Medicare stay** - Enter dashes if stay is ongoing:
Month — Day — Year

A2400. **Medicare Stay**

Enter Code

A. **Has the resident had a Medica...**
0. **No** → Skip to B0100, Com...
1. **Yes** → Continue to A2400...

B. **Start date of most recent Medicare stay:**
Month — Day — Year

Coding Instructions – A2400C, End of Most Recent Medicare Stay

- The end of Medicare date (A2400C) is coded as follows, whichever occurs first:

  - Date SNF benefit exhausts (i.e., the 100th day of the benefit); or

  - Date of last day covered as recorded on the effective date from the Notice of Medicare Non-Coverage (NOMNC); or

  - The last paid day of Medicare A when payer source changes to another payer (regardless if the resident was moved to another bed or not); or

  - Date the resident was discharged from the facility (see Item A2000, Discharge Date).

New Coding Tips – A2400C, End of Most Recent Medicare Stay

- The End Date of Most Recent Medicare Stay (A2400C) may be **earlier** than the actual Discharge Date (A2000) from the facility. If this occurs, the Part A PPS Discharge assessment is required. If the resident subsequently physically leaves the facility, the OBRA Discharge assessment would be required.

- If the End Date of Most Recent Medicare Stay (A2400C) **occurs on the day of or one day before** the Discharge Date (A2000), the OBRA Discharge assessment and Part A PPS Discharge assessment are both required and may be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be equal to the Discharge Date (A2000).

New Coding Tips – A2400C, End of Most Recent Medicare Stay (continued)

- If the End Date of Most Recent Medicare Stay (A2400C) **occurs on the same day** that the resident dies, a Death in Facility Tracking Record is completed, with the Discharge Date (A2000) equal to the date the resident died. In this case, a Part A PPS Discharge assessment is **not** required.

- For a **standalone** Part A PPS Discharge assessment, the End Date of the Most Recent Medicare Stay (A2400C) and the ARD (A2300) must be the same.

Polling Scenario

Mrs. G began receiving services under Medicare Part A on October 14, 2016. Due to her stable condition and ability to manage her medications and dressing changes, the facility determined that she no longer qualified for Part A SNF coverage and issued an Advanced Beneficiary Notice (ABN) and a Notice of Medicare Non-Coverage (NOMNC) with the last day of coverage as November 23, 2016. Mrs. G was discharged from the facility on November 24, 2016.
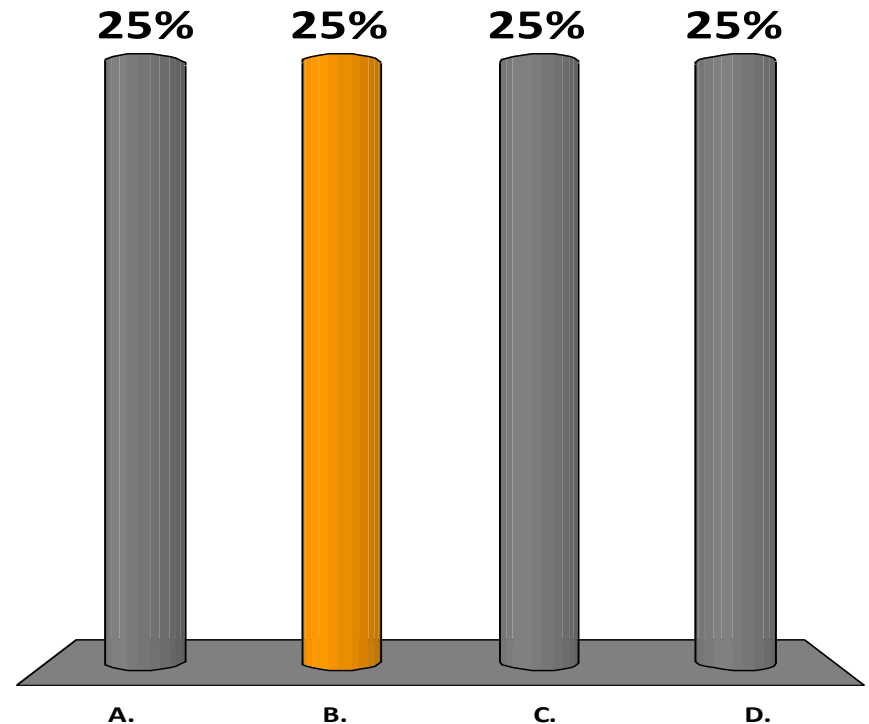
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Polling Question: What Discharge assessment type should be completed?

A. Part A PPS Discharge assessment combined with OBRA Discharge assessment – return anticipated

B. Part A PPS Discharge assessment combined with OBRA Discharge assessment – return not anticipated

C. Standalone Part A PPS Discharge assessment

D. Standalone OBRA Discharge assessment – return not anticipated

Polling Question: What Discharge assessment type should be completed?

A. Part A PPS Discharge assessment combined with OBRA Discharge assessment – return anticipated

✓ B. Part A PPS Discharge assessment combined with OBRA Discharge assessment – return not anticipated

C. Standalone Part A PPS Discharge assessment

D. Standalone OBRA Discharge assessment – return not anticipated

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A. B. C. D.

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Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?
  - A0310F, Entry/discharge reporting
  - A0310G, Type of discharge
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment?
  - A2000, Discharge Date
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?
    - A0310F, Entry/discharge reporting = 10, Discharge assessment, return not anticipated
    - A0310G, Type of discharge
    - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment?
    - A2000, Discharge Date
    - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
    - A2400B, Start of most recent Medicare stay
    - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?
  - A0310F, Entry/discharge reporting = 10, Discharge assessment, return not anticipated
  - A0310G, Type of discharge = 1, Planned
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment?
  - A2000, Discharge Date
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?
  - A0310F, Entry/discharge reporting = 10, Discharge assessment, return not anticipated
  - A0310G, Type of discharge = 1, Planned
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
  - A2000, Discharge Date
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?
  - A0310F, Entry/discharge reporting = 10, Discharge assessment, return not anticipated
  - A0310G, Type of discharge = 1, Planned
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
  - A2000, Discharge Date = 11-24-2016
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?
  - A0310F, Entry/discharge reporting = 10, Discharge assessment, return not anticipated
  - A0310G, Type of discharge = 1, Planned
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
  - A2000, Discharge Date = 11-24-2016
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry? = 1, Yes
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?

  - A0310F, Entry/discharge reporting = 10, Discharge assessment, return not anticipated

  - A0310G, Type of discharge = 1, Planned

  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes

  - A2000, Discharge Date = 11-24-2016

  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry? = 1, Yes

  - A2400B, Start of most recent Medicare stay = 10-14-2016

  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment be coded for the following items?
  - A0310F, Entry/discharge reporting = 10, Discharge assessment, return not anticipated
  - A0310G, Type of discharge = 1, Planned
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
  - A2000, Discharge Date = 11-24-2016
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry? = 1, Yes
  - A2400B, Start of most recent Medicare stay = 10-14-2016
  - A2400C, End date of most recent Medicare stay = 11-23-2016

Polling Scenario

Mrs. K began receiving services under Medicare Part A on October 4, 2016. She was discharged from Medicare Part A services on December 17, 2016. She and her family had already decided that Mrs. K would remain in the facility for long-term care services, and she was moved to a certified bed in a private room on December 18, 2016.
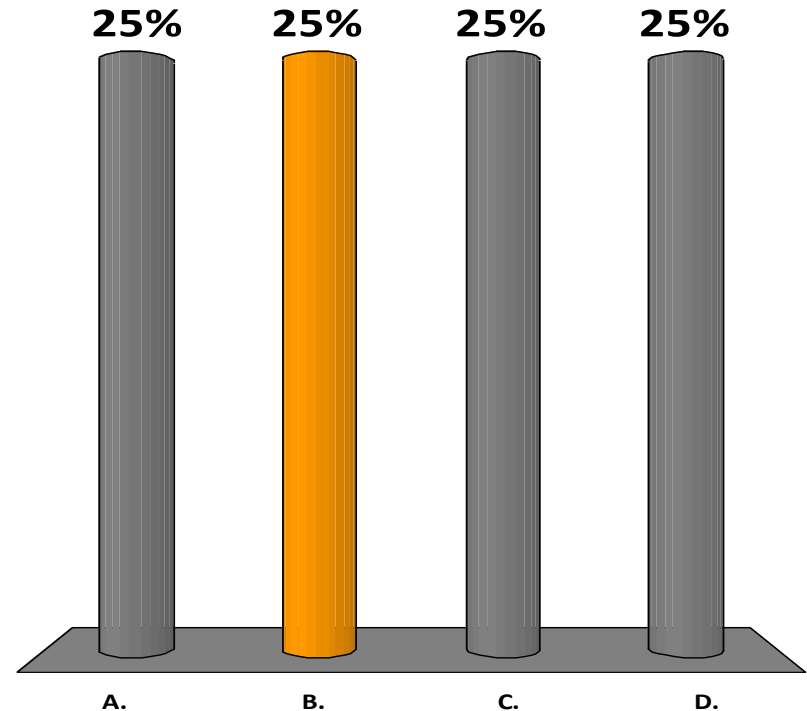
Polling Question: What Discharge assessment type should be completed?

A. No Discharge assessment is needed

B. Part A PPS Discharge assessment

C. OBRA Discharge assessment – return anticipated

D. OBRA Discharge assessment – return not anticipated

Polling Question: What Discharge assessment type should be completed?

A. No Discharge assessment is needed

✓ B. Part A PPS Discharge assessment

C. OBRA Discharge assessment – return anticipated

D. OBRA Discharge assessment – return not anticipated

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A.   B.   C.   D.

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Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment for Mrs. K be coded?
  - A0310F, Entry/discharge reporting
  - A0310G, Type of discharge (no response needed)
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment?
  - A2000, Discharge Date (no response needed)
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment for Mrs. K be coded?
  - A0310F, Entry/discharge reporting = 99
  - A0310G, Type of discharge (no response needed)
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment?
  - A2000, Discharge Date (no response needed)
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment for Mrs. K be coded?
  - A0310F, Entry/discharge reporting = 99
  - A0310G, Type of discharge (no response needed)
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
  - A2000, Discharge Date (no response needed)
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry?
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment for Mrs. K be coded?
  - A0310F, Entry/discharge reporting = 99
  - A0310G, Type of discharge (no response needed)
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
  - A2000, Discharge Date (no response needed)
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry? = 1, Yes
  - A2400B, Start of most recent Medicare stay
  - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment for Mrs. K be coded?
    - A0310F, Entry/discharge reporting = 99
    - A0310G, Type of discharge (no response needed)
    - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
    - A2000, Discharge Date (no response needed)
    - A2400A, Has the resident had a Medicare-covered stay since the most recent entry? = 1, Yes
    - A2400B, Start of most recent Medicare stay = 10-04-2016
    - A2400C, End date of most recent Medicare stay

Scenario Group Discussion

- Based on the scenario, how should the Discharge assessment for Mrs. K be coded?
  - A0310F, Entry/discharge reporting = 99
  - A0310G, Type of discharge (no response needed)
  - A0310H, Is this a SNF Part A PPS Discharge (End of Stay) Assessment? = 1, Yes
  - A2000, Discharge Date (no response needed)
  - A2400A, Has the resident had a Medicare-covered stay since the most recent entry? = 1, Yes
  - A2400B, Start of most recent Medicare stay = 10-04-2016
  - A2400C, End date of most recent Medicare stay = 12-17-2016

Special Instructions
Change of Therapy (COT) Other Medicare-Required Assessment (OMRA)

- In cases where the last day of the Medicare Part A benefit (the date used to code A2400C on the MDS) **is prior to** Day 7 of the COT observation period, no COT OMRA is required.

- If the date listed in A2400C **is on or after** Day 7 of the COT observation period, then a COT OMRA would be required if all other conditions are met.

- If the date listed in A2400C **is on Day 7** of the COT observation period, **then the SNF must complete both the COT OMRA and the Part A PPS Discharge assessment separately**.

Special Instructions – Combining Assessments

When combining Medicare scheduled or unscheduled assessments with the Part A PPS Discharge assessment:

- The ARD (Item A2300) must be set for the last day of the Medicare Part A Stay (A2400C)

  AND

- The Medicare Part A stay must fall within the allowed window of the Medicare scheduled assessment, or must fall within the parameters allowed for the Medicare unscheduled assessment being completed.

Summary of the Part A PPS Discharge Assessment

- Part A PPS Discharge assessment is a new Discharge assessment type.

- It is required under the IMPACT Act for the purposes of collecting standardized data on admission and discharge for quality measure reporting in the SNF QRP.

- The Part A PPS Discharge assessment is completed as a standalone assessment when a person's Medicare Part A stay is ending but he/she is planning to remain in the facility as a long-term care resident.

- When a resident discharges from the facility within one day of the Medicare Part A stay, the Part A PPS Discharge may be combined with the OBRA Discharge assessment.

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Questions and Answers