

SNF QRP Measure Calculations and Reporting User's Manual V2.0 Change Table

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
1	Title page	n/a	n/a	n/a	Version 1.0	VERSION 2.0	Updated version number on the title page.
2	Title page	n/a	n/a	n/a	Current as of May 22, 2017	Current as of October 1, 2018	Updated to when the manual will be posted.
3	Table of Contents (TOC)	n/a	n/a	n/a	SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM QUALITY MEASURES USER'S MANUAL VERSION 1.0	SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM MEASURE CALCULATIONS AND REPORTING USER'S MANUAL VERSION 2.0	Updated version number on first page of TOC, modified title of TOC.
4	TOC and List of Tables	n/a	n/a	n/a	Table of contents formatting (508 compliant)	Table of contents formatting (508 compliant)	The standards for 508 compliance have changed since last iteration. The formatting styles for the TOC and List of figures look different in V2.0.
5	Footer	n/a	n/a	n/a	SNF QRP Measure Calculations and Reporting User's Manual, V1.0 – Effective May 22, 2017	SNF QRP Measure Calculations and Reporting User's Manual, V2.0 – Effective October 1, 2018	Updated version number and effective date in the footer. This change is reflected throughout the document.
6	Document	n/a	n/a	n/a	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: S001.01)	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: S013.01)	Updated quality measure to correct CMS ID. This change is reflected throughout the document when referring to the falls measure.
7	Document	n/a	n/a	n/a	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: S013.01)	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: S001.02)	Updated quality measure to correct CMS ID. Originally, this was S001.01, but was changed to S001.02 because of the changes to the MDS items

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							used to calculate the measure. This change is reflected throughout the document when referring to the function process measure.
8	Document	n/a	n/a	n/a	Resident stay	Medicare Part A SNF stay	References to 'resident stays' has been updated to 'Medicare Part A SNF stays' throughout the document for clarity and to align with the definitions in Chapter 1.
9	1 – 7	all	n/a	n/a	Section titles use one digit to identify number of section within chapters. Ex. Section 1: Organization (in Chapter 1).	Section titles now use two digits to identify number of section within chapters, using the chapter number as the first digit. Ex. Section 1.1: Organization (in Chapter 1)	Recommended new formatting for V2.0 of the manual for clarity.
10	1, 4, 6, 7	n/a	n/a	n/a	Appendix A	Appendix A and the associated Risk-Adjustment Appendix File.	References to Appendix A have been modified to now include references to the new Risk-Adjustment Appendix File also. The Risk-Adjustment Appendix File is an excel file that contains information on measures that are risk adjusted.
11	1	1.1	1	n/a	Note that the CASPER QM Reports are separated into two reports, one containing measure information at the facility-level and another at the patient-level.	The CASPER Review and Correct Report is a single report that contains facility-level quarterly and cumulative rate and its associated resident-level data. The CASPER QM Report is comprised of two reports, one	Additional language about the CASPER Review and Correct and CASPER Quality Measure reports has been added. This additional text

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						containing facility-level measure information and a second that includes resident-level data for a selected reporting period.	explains what each of the reports contains.
12	1	1.1	2	n/a	n/a	The chapter concludes with the transition from MDS 3.0 V1.15.1 to MDS 3.0 V1.16.0 and the transition of the pressure ulcer quality measures. Data collection for MDS 3.0 V1.16.0 begins October 1, 2018 and will impact certain quality measure specifications.	Added transition statement about changing from MDS 3.0 V1.15.1 to V1.16.0 and transitioning of the PU quality measures.
13	1	1.1	2	n/a	Chapter 5 describes the methods used to calculate the MDS-based measures that are not risk-adjusted, and Chapter 6 describes the methods used to calculate the risk-adjusted MDS-based measures.	Chapter 5 describes the methods used to calculate the MDS-based measures that <i>are not</i> risk-adjusted, and Chapter 6 describes the methods used to calculate the MDS-based measures that <i>are</i> risk-adjusted.	Refined and bolded language to highlight the difference between Chapters 5 and 6 for clarity.
14	1	1.1	2	n/a	Appendix A includes covariate values and means used to calculate the MDS-based risk-adjusted measures.	Appendix A includes the intercept and covariate coefficient values that are used to calculate the assessment-based (MDS) risk-adjusted measures.	Updated language for consistency with the other PAC settings.
15	1	1.2	2	n/a	Section 2: Definitions	Section 1.2: SNF Stay Definitions.	Reorganized definitions for clarity and updated section name.
16	1	1.2	2	n/a	n/a	Added two footnotes	Two footnotes were added to identify what the acronyms "PPS" and "OBRA" stand for.
17	1	1.2	2 – 3	n/a	n/a	Changed ordering of definitions and bolded some language throughout.	These definitions were originally ordered alphabetically. The ordering

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User’s Manual V1.0	SNF QRP Measure Calculations and Reporting User’s Manual V2.0	Description of Change
							of terms was updated for clarity (i.e., some terms must be defined to understand subsequent terms and their definitions). Some of the definitions have also been updated for clarity, but the content has not changed.
18	1	1.2	3	n/a	Matched Stay and Unmatched Stay definitions	Type 1 SNF Stay and Type 2 SNF Stay	Definitions of “matched stays” versus “unmatched stays” were replaced with definitions of “Type 1 SNF Stay” and “Type 2 SNF Stays”.
19	1	1.2	3	n/a	Record Type: A grouping of MDS records with similar content that includes an Entry Tracking Record (A0310F = [01]), Comprehensive assessments, Quarterly assessments, and different types of OBRA assessments (A0310A), PPS assessments (A0310B), Discharge Assessments (A0310F = [10, 11]), and Death-in Facility Tracking Records (A0310F = [12]). The selection criteria/logic for record type is provided in Chapter 3, Section 3.2.	Record Type: A grouping of MDS records with similar content that includes Entry Tracking Records (A0310F = [01]), OBRA assessments (A0310A), PPS assessments (A0310B), Discharge Assessments (A0310F = [10, 11]), and Death-in Facility Tracking Records (A0310F = [12]). The selection criteria/logic for record type is provided in Chapter 3, Section 3.2.	Modified definition of ‘record type’ to provide clarity about the different types of records (MDS assessments).
20	1	1.3	4	n/a	n/a	Added section 1.3 “Measure-Specific Definitions”. Listing of measures (5 total) and two new definitions: incomplete stay	Included to provide definitions for “incomplete stays” and “complete

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						and complete stay. The measures that were listed are as follows: Function process (NQF #2631), Discharge Self-Care (NQF #2635), Discharge mobility (NQF #2636), Change in Self-Care (NQF #2633), Change in mobility (NQF #2634).	stays", which are associated with the function process (1 measure) and function outcome measures (4 measures).
21	1	1.3	5	Table 1-1	Table 1-1 for V1.0 included only three measures: PU (NQF #0678); Falls (NQF #0674); and Function process (NQF #2631) measures. Title: SNF Assessment-Based (MDS) Quality Measures Reference	Added six new measures to Table 1-1: DRR, Skin integrity, Discharge Self-Care (NQF #2635), Discharge mobility (NQF #2636), Change in Self-Care (NQF #2633), Change in mobility (NQF #2634). Also updated title to "SNF Assessment-Based (MDS) Quality Measure NQF Number, CMS ID, and Measure Reference Name Crosswalk"	Updated to include new measures to existing measures in table and updated title of table. Footnotes were also added to display measure endorsement information.
22	2	n/a	7	n/a	Below are the Medicare claims-based measures included in the LTCH 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:	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.	Changed "LTCH" to "SNF" to reflect the correct QRP setting.
23	2	n/a	7	n/a	Original description of each of the three Medicare claims-based measures was approximately 2–3 paragraphs	Reduced description to one paragraph for each of the three measures	This is to align with the other PAC settings.
24	3	n/a	9 – 18	all	Original algorithm (specifications) for the stay-file construction to define SNF stays	Added new stay-file construction algorithm for defining SNF stays.	Updated with new SNF stay-file algorithm. This new algorithm provides

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							clarity for identifying the time window and for identifying resident assessments to define SNF stays.
25	3	3.2	14 – 15	n/a	Three measures were listed to display the SNF QRP MDS-based measures	Added six new measures to the list: DRR, Skin integrity, Discharge Self-Care (NQF #2635), Discharge mobility (NQF #2636), Change in Self-Care (NQF #2633), Change in mobility (NQF #2634).	Updated to include new measures to existing measures in list.
26	3	3.2	15	3	n/a	Footer added: Please refer to Chapter 4, Section 4.4 for the effective date for data collection and implementation date for the CASPER reports	This was added for the new Skin Integrity measure. This applies throughout the document and is referenced in the manual four separate times.
27	3	3.2	15 – 16	3	Three measures were listed to display the SNF QRP MDS-based measures and their respective specification tables in Chapter 7	Added six new measures to the list: DRR, Skin integrity, Discharge Self-Care (NQF #2635), Discharge mobility (NQF #2636), Change in Self-Care (NQF #2633), Change in mobility (NQF #2634).	Updated to include new measures to existing measures in list for specification tables.
28	3	3.2	16 – 17	4	Three measures were listed to display the SNF QRP MDS-based measures and their respective CASPER Review and Correct and QM report tables.	Added six new measures to the list: DRR, Skin integrity, Discharge Self-Care (NQF #2635), Discharge mobility (NQF #2636), Change in Self-Care (NQF #2633), Change in mobility (NQF #2634).	Updated to include new measures to existing measures in list for CASPER reporting tables.
29	4	n/a	19	n/a	The purpose of this chapter is to present the data selection criteria for the CASPER Review and Correct Reports and the CASPER Quality Measure (QM) Reports for quality	The purpose of this chapter is to present the data selection criteria for the CASPER Review and Correct Reports and the CASPER Quality Measure (QM) Reports for quality measures that are included in the	Description updated with link to the CMS website for the CASPER reports.

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					measures that are included in the SNF QRP and are specific to those quality measures calculated using the MDS.	SNF QRP and are specific to those quality measures calculated using the MDS. Information about the CASPER reports can be found on the CMS website at the following link: CASPER Reports (link)	
30	4	n/a	19	n/a	<p>The CASPER Review and Correct Reports contain facility-level measure information and are updated on a quarterly basis with data refreshed weekly as data become available.</p> <ul style="list-style-type: none"> • These reports allow providers to obtain facility-level performance data for the past 12 months (four full quarters) and are restricted to only the assessment-based measures. The intent of this report is for providers to access reports 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 submission deadline (“frozen” data). • The CASPER QM Reports are provided monthly and separated into two reports: one containing measure information at the facility-level and another at the resident-level, for a single 	<p>The CASPER 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.</p> <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. The intent of this report is for providers to have access to reports 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 submission deadline (“frozen” data). • The CASPER 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. 	Updated descriptions of the CASPER Review and Correct Reports and the CASPER Quality Measure Reports.

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					reporting period. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline (“freeze”) dates.		
31	4	n/a	20	n/a	n/a	<p>Section 4.3 of this chapter addresses the transition from MDS 3.0 V1.15.1 to the MDS V1.16.0. Data collection for MDS 3.0 V1.16.0 begins October 1, 2018 and will impact certain quality measure specifications.</p> <p>Section 4.4 of this chapter presents information about the transition of the Pressure Ulcer measure (CMS ID: S002.01) to the Pressure Ulcer/Injury measure (CMS ID: S038.01).</p>	Added descriptions of two new sections that are included at the end of Chapter 4. Slight modifications to the descriptions for Section 4.1 and Section 4.2.
32	4	4.1	20	1	<p>a. The quarterly rates will be displayed using up to one quarter of data.</p> <p>b. The cumulative rates will be displayed using all data in the target period.</p> <p>i. For all measures: the cumulative rate is derived by including all stay-level records in the numerator for the target period, which do not meet the exclusion criteria, and dividing by all stay-level records included in the denominator for the target period.</p>	<p>a. The quarterly quality measure data will be displayed using up to one quarter of data.</p> <p>b. The cumulative quality measure data will be displayed using all data in the target period.</p> <p>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.</p>	Updated language for additional clarity and to highlighted important components to differentiate between measures.

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					<p>c. The data will be frozen 4.5 months after the end of each quarter (data submission deadline).</p> <p>d. The measure calculations for the quarterly rates and the cumulative rates are refreshed weekly.</p>	<p>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 6, Section 6.6.</p> <p>c. The data will be frozen 4.5 months (15th day of the 5th month) after the end of each quarter (data submission deadline).</p> <p>i. e.g., Data will be frozen on August 15th for Quarter 1 (January 1 through March 31) data collection.</p> <p>d. The measure calculations for the quarterly rates and the cumulative rates are refreshed weekly.</p>	
33	4	4.1	20 – 21	4	Three measures were listed to display the SNF QRP MDS-based measures and the respective CASPER Review and Correct report tables.	Added six new measures: DRR, Skin integrity, Discharge Self-Care (NQF #2635), Discharge mobility (NQF #2636), Change in Self-Care (NQF #2633), Change in mobility (NQF #2634).	Updated to include new measures to existing measures in list for CASPER Review and Correct reporting tables.
34	4	4.1	21	Table 4-1	Table 4-1 Data Included in the Quarterly Rates for the CASPER Review and Correct Reports for Assessment-Based (MDS) Quality Measures	Table 4-1. Discharge Dates for Each Quarter Defined by Calendar Year	New Table. In version 1.0, Table 4-1 referred to the quarterly rate for the CASPER Review and Correct Reports. This new table (Table 4-1) was added, in addition to Table 4-2

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							(below), and shifted the remaining table numbers in Chapter 4.
35	4	4.1	22	Table 4-2	Table 4-2 Data Included in the Cumulative Rate for the CASPER Review and Correct Reports for Assessment-Based (MDS) Quality Measures	Table 4-2. Measure Types by User-Requested Year for all Assessment-Based (MDS) Quality Measures	New Table. In version 1.0, Table 4-2 referred to the cumulative rate for the CASPER Review and Correct Reports. This new table (Table 4-2) was added, in addition to Table 4-1 (above), and shifted the remaining table numbers in Chapter 4.
36	4	4.1	23	Table 4-3	Table 4-3 Data Included in the CASPER QM Reports for MDS Quality Measures	Table 4-3. CASPER Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date	This table was previously Table 4-1 in V1.0. New information was also added to differentiate the data that is included for the new measures versus the existing measures.
37	4	4.1	24	n/a	n/a	<ul style="list-style-type: none"> Example of quarterly rates included in the CASPER Review and Correct Reports for an <i>existing</i> measure: If the requested calendar year quarter end date is Quarter 1, 2019 (end date of March 31st), the four quarters of data that will be provided in this request will include the following: Q2 2018 (April through June), Q3 2018 (July – September), Q4 2018 (October – December), and Q1 2019 (January – March). 	Examples of quarterly rates that are included in the CASPER Review and Correct Reports has been provided for new and existing measures. These examples are compliments to Table 4-3.

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						<ul style="list-style-type: none"> Example of quarterly rates included in the CASPER Review and Correct Reports for a new measure: If the requested calendar year quarter end date is Quarter 1, 2019 (end date of March 31st), the only quarter of data that will be provided in this request will include the following: Q1 2019 (January – March). 	
38	4	4.1	24	Table 4-4	n/a	Table 4-4. CASPER Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date	This table was previously Table 4-2 in V1.0. New information was also added to differentiate the data that is included for the new measures versus the existing measures.
39	4	4.2	25	2	Three measures were listed to display the SNF QRP MDS-based measures and the respective CASPER QM report tables.	Added six new measures: DRR, Skin integrity, Discharge Self-Care (NQF #2635), Discharge mobility (NQF #2636), Change in Self-Care (NQF #2633), Change in mobility (NQF #2634).	Updated to include new measures to existing measures in list for CASPER Quality Measure reporting tables.
40	4	4.2	26	Table 4-5	n/a	Table 4-5. CASPER QM Reports: Data Included in the Cumulative Rate for Each Requested Report End Dates	This table was previously Table 4-3 in V1.0. New information was also added to differentiate the data that is included from the previous year and by quarter.
41	4	4.3	26 – 27	n/a	n/a	Section 4.3: Measure Calculations During the Transition from MDS 3.0 V1.15.1 to MDS 3.0 V1.16.0	New section added to explain the transition from MDS 3.0 V1.15.11 to MDS

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							3.0 V1.16.0 in October 2018.
42	4	4.4	27 – 29	n/a	n/a	Section 4.4: Transition of the Pressure Ulcer Quality Measures	New section added to explain the transition to the new Skin Integrity (pressure ulcer) measure.
43	4	4.4	28	Table 4-6	n/a	Table 4-6. Data Collection and CASPER Report Display Schedule for the Pressure Ulcer Measures	New table added to display the current versus proposed pressure ulcer measures as they relate to the CASPER reports.
44	5	n/a	31	n/a	Chapter 5 Calculations for Assessment-Based (MDS) Measures That Are Not Risk-Adjusted	Chapter 5 Calculations for Unadjusted Observed Scores on Assessment-Based (MDS) Measures	Chapter 5 title change for clarity.
45	5	5.1	31	n/a	<p>This chapter presents technical details regarding the unadjusted calculation of the SNF QRP quality measures and is applicable to the quality measures that are calculated based on a Medicare Part A Stay as a unit of analysis.</p> <p>The quality measures are created from counts of SNF Medicare Part A Stays who meet certain criteria (e.g., falls resulting in major injury, new or worsened pressure ulcers). For example, SNF-level scores for the Falls With Major Injury quality measure are computed by: 1) counting residents with a Medicare Part A Stay in the facility who had a</p>	<p>For the Review and Correct Reports, only the facility-level observed score is computed; the facility's risk-adjusted score is not reported. This chapter presents technical details regarding the calculation of the unadjusted scores on the MDS-based SNF QRP quality measures. The detailed quality measure logical specifications are presented in Chapter 7 of this manual. Prior to the measure specification steps presented in Chapter 7, please refer to Chapter 3 on instructions to define the Medicare Part A SNF stays for the QM sample and for the record selection criteria.</p>	Updated information in introduction section to provide more clarity about what information is presented in the chapter.

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					fall resulting in major injury during that stay and 2) computing the percent of residents in the facility who had valid MDS data and who experienced such a fall. The detailed logic for defining the resident-level outcomes for each quality measure is presented in Chapters 3 and 4 , and in the Quality Measure Logical Specifications (Chapter 6) of this manual. This logic is listed under the "Numerator" entry for each quality measure.		
46	5	5.2	31	n/a	This section outlines the steps used to calculate the SNF QRP quality measures. The examples in the steps below use Q3 2015 as the last quarter in the target period. The dates associated with these steps would be updated, as appropriate, for subsequent quarterly releases of the quality measures.	This section outlines the steps used to calculate the observed facility-level scores on MDS-based quality measures.	The specification steps were updated (below). Removed language to reflect the new specification steps included in Chapter 5.
47	5	5.2	31	1	MDS Selection. All MDS records for SNFs in Q4 2014 through Q3 2015 were selected.	Medicare Part A SNF Stay File Creation. Using the methodology described in Chapter 3 , identify Medicare Part A SNF Stays and create the SNF stay file.	Updated the description to create a file that identifies all the different SNF stay types. These new steps were created to provide clarity and to eliminate redundancies in the manual. This new format takes on a more efficient approach of aligning with

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							the new SNF Stay file construction steps presented in Chapter 3 and the measure-specific specifications presented in Chapter 7.
48	5	5.2	31	2	Medicare Part A Stay Creation. Using the methodology described in Chapter 3 , Medicare Part A Stays in SNFs were created from the available data. All Medicare Part A Stays with Medicare Part A end dates (as indicated in A2400C, End Date of Most Recent Medicare Stay) within the target period were retained.	Identify Excluded Medicare Part A SNF Stays. For each quality measure with exclusions, Medicare Part A SNF stays are excluded if the measure exclusion criteria are met.	Updated the description to clearly identify criteria for excluding SNF stays from the file above, based on exclusion criteria specific to each measure. These new steps were created to provide clarity and to eliminate redundancies in the manual. This new format takes on a more efficient approach of aligning with the new SNF Stay file construction steps presented in Chapter 3 and the measure-specific specifications presented in Chapter 7.
49	5	5.2	31	3	Medicare Part A Stay Sampling. The measure sample is defined to provide data for SNF QRP quality measure calculations. a. "Current Period" Medicare Part A Stay Sample: Resident Medicare Part A Stays were included in this sample if they had a Medicare Part	Determine the denominator count. For each quality measure, count the total number of Medicare Part A SNF Stays that don't meet the exclusion criteria for each facility.	Updated the description of the denominator to clearly identify all eligible SNF stays. These new steps were created to provide clarity and to eliminate redundancies in the manual. This new format

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					<p>A Stay that ended within the target 12 months (4 quarters) of the target period (i.e., Q4 2014 and Q3 2015).</p> <p>b. "Current Year" Medicare Part A Stay Sample: The current year is the same as the current period for the Medicare Part A Stay sample.</p>		takes on a more efficient approach of aligning with the new SNF Stay file construction steps presented in Chapter 3 and the measure-specific specifications presented in Chapter 7.
50	5	5.2	31	4	<p>Resident-level Quality Measure Calculation Files. At this point, Medicare Part A Stay-level quality measure calculation files were created, separately for each resident Medicare Part A Stay sample, using the specified assessments for each resident Medicare Part A Stay as appropriate.</p> <p>NOTE: The selection process used to identify complete and incomplete Medicare Part A Stays is discussed in Chapter 3, Sections 2 and 3. This approach was used for the measure <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 (NQF #2631) (CMS ID: S013.01)</i>.</p>	<p>Determine the numerator count. For each quality measure, among the Medicare Part A SNF stays in the denominator, count the total number of Medicare Part A SNF Stays that meet the criteria for the measure numerator in each facility.</p>	Updated the description to identify SNF stays that qualify for the numerator, which is specific to each measure. These new steps were created to provide clarity and to eliminate redundancies in the manual. This new format takes on a more efficient approach of aligning with the new SNF Stay file construction steps presented in Chapter 3 and the measure-specific specifications presented in Chapter 7.
51	5	5.2	31	5	<p>Resident-level Quality Measure Score Calculation. Next, Medicare Part A Stay-level quality measure scores were calculated separately for</p>	<p>Calculate the facility-level observed score. Divide the numerator by the denominator for each quality measure and each SNF. Multiply by 100 to obtain a percent value.</p>	Updated the description to identify how to calculate the facility-level observed score. These new steps

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SNF QRP Measure Calculations and Reporting User's Manual V2.0 Change Table - Cont'd

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					<p>each resident Medicare Part A Stay.</p> <p>a. Resident Medicare Part A Stay-level quality measure calculation (all quality measures):</p> <p>i. Exclusions: For each quality measure with exclusions, excluded resident Medicare Part A Stays were assigned a missing value for that quality measure.</p> <p>ii. Quality measure values: Does the resident Medicare Part A Stay meet the criteria for the quality measure numerator?</p> <p>1. If "Yes", then store a value of [1] for that quality measure in the resident Medicare Part A Stay-level quality measure calculation record appropriate to that resident for a sample.</p> <p>2. If "No", then store a value of [0] for that quality measure in the resident Medicare Part A Stay-level quality measure calculation record appropriate to that resident for a sample.</p>		were created to provide clarity and to eliminate redundancies in the manual. This new format takes on a more efficient approach of aligning with the new SNF Stay file construction steps presented in Chapter 3 and the measure-specific specifications presented in Chapter 7.
52	5	5.2	31	6	Facility-level Observed Quality Measures Scores. For all quality measures, the facility-level observed	Final Facility-level output File. The final facility-level output files contain the following:	Updated the description to obtain the file for the unadjusted observed

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SNF QRP Measure Calculations and Reporting User's Manual V2.0 Change Table - Cont'd

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
					<p>quality measure scores were calculated for the Current Period Medicare Part A Stay sample. These are the measures reported via CASPER that are not risk-adjusted.</p> <p>a. Numerator: For each quality measure, count the total number of resident Medicare Part A Stays that met the criteria for the QM numerator in each facility and sum for the SNF.</p> <p>b. Denominator: For each quality measure, count the total number of residents Medicare Part A Stays retained after applying exclusions for each facility and sum for the SNF.</p> <p>c. Facility-level observed quality measure scores: Divide the numerator by the denominator for each quality measure and nursing facility. Multiply by 100 to obtain a percent value.</p>	<p>a. Facility denominator count for each quality measure</p> <p>b. Facility numerator count for each quality measure</p> <p>c. Facility-level observed quality measure score</p>	<p>component (scores) of the measures. These new steps were created to provide clarity and to eliminate redundancies in the manual. This new format takes on a more efficient approach of aligning with the new SNF Stay file construction steps presented in Chapter 3 and the measure-specific specifications presented in Chapter 7.</p>
53	5	5.2	31	7	<p>Final Facility-level Output File. The final facility-level output files for the Current Period Medicare Part A Stay quality measures contain the following:</p> <p>a. Facility numerator counts</p> <p>b. Facility denominator counts</p> <p>c. Facility-level observed quality measure scores (reported for the</p>	n/a	<p>Chapter 5 of Version 1.0 of the SNF QRP manual contained 7 steps. The updated version, V2.0, contains only 6 steps in Chapter 5.</p>

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User’s Manual V1.0	SNF QRP Measure Calculations and Reporting User’s Manual V2.0	Description of Change
					unadjusted quality measures)		
54	6	6.1	33	n/a	<p>This chapter presents technical details regarding the risk-adjusted calculation of the SNF QRP quality measures (QMs) and is applicable to the QMs that are calculated based on a Medicare Part A Stay, as a unit of analysis.</p> <p>The quality measures are created from counts of SNF residents who meet certain criteria (e.g., falls resulting in major injury, new or worsened pressure ulcers). For example, SNF-level scores for the falls quality measure are computed by: 1) counting residents with a Medicare Part A Stay in the facility who had a fall resulting in major injury during that stay and 2) computing the percent of residents in the facility who had valid MDS data and who experienced such a fall. The detailed logic for defining the resident-level outcomes for each quality measure is presented in Chapters 3 and 4, and in the Quality Measure Logical Specifications (Chapter 6) of this manual. This logic is listed under the "Numerator" entry for each quality measure.</p>	<p>This chapter presents technical details regarding calculating the risk-adjusted scores on the MDS-based SNF QRP quality measures. The detailed quality measure logical specifications are presented in Chapter 7 of this manual.</p> <p>Currently, six 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"> • Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.01) • Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01) • SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.01) • SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMD ID: S025.01) • SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.01) 	<p>New introduction paragraph to the beginning of Chapter 6 has been added to explain what is presented in this Chapter and to identify the six MDS-based measures this chapter applies to. Also, language has been updated to reflect Chapter 7 as the measure specifications chapter.</p>

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SNF QRP Measure Calculations and Reporting User's Manual V2.0 Change Table - Cont'd

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
						<ul style="list-style-type: none"> SNF Functional Outcome measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.01) 	
55	6	6.1	33	n/a	<p>A Note on Risk Adjustment</p> <p>Risk adjustment refines the raw data to better reflect the issues that facilities should be able to address. Two complementary approaches to risk adjustment are applied to the quality measures.</p> <p>One approach involves restricting the denominator to residents based on the presence or absence of certain criteria that are not under nursing facility control (e.g., outcome is evidenced on admission to the facility) or the outcome may be unavoidable (e.g., the resident has end-stage disease or is comatose). For each quality measure, the prevalence of the outcome across all residents in a nursing facility, after exclusions, is the <i>facility-level observed quality measure score</i>.</p>	n/a	The section that presented information about risk-adjustment has been removed.
56	6	6.1	33	n/a	n/a	Detailed specifications for resident-level covariates for the risk-adjusted measures are presented in Chapter 7 , Quality Measure Logical Specifications. Section 6.2 to Section 6.4 outline the steps and methods used to calculate the risk-	The risk-adjustment steps across quality domains differ slightly. Previously, the language discussing the separate sections in the chapter was not included

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						adjusted measure score for Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.01), and Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01). Section 6.5 presents the steps specific to the measure calculations used for SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.01) and SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.01). Section 6.6 presents the steps specific to the measure calculations for SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.01) and SNF Functional Outcome measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.01)	because only the pressure ulcer quality measure was risk adjusted. With the addition of new measures for V2.0, this section was necessary to provide an overview of what each of the new sections presents and which measures each section applies to.
57	6	6.2	34 – 35	1 – 9	<p>Section 2: Steps Used in National QM Calculations</p> <p>This section outlines the steps used to calculate the assessment-based SNF QRP quality measures. The examples in the steps below use Q3 2015 as the last quarter in the target period. The dates associated with these steps would be updated, as</p>	<p>Section 6.2: Steps Used in QM Calculations</p> <p>This section outlines the steps used to calculate the risk-adjusted assessment-based SNF QRP quality measures: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.01), and Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01).</p>	This section was edited to reflect that the steps in Section 6.2 address the risk-adjustment methodology for both pressure ulcer measures. Additionally, some of the steps have been edited for clarity and Section 6.2

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					appropriate, for subsequent quarterly releases of the quality measures.		contains 9 total steps. Previously, in V1.0, Section 2 contained 12 steps before presenting the steps to obtain the expected quality measure score.
58	6	6.3	35 – 37	n/a	<p>Section 3: Calculation of the Expected Quality Measure Score</p> <p>The resident-level expected score for a quality measure is an estimate of the likelihood that a resident will meet the criteria for the quality measure. This estimate is based on consideration of the resident-level covariates associated with the quality measure.</p>	<p>Section 6.3: Calculation of the Expected Quality Measure Score</p> <p>This section outlines the steps used to calculate the risk-adjusted assessment-based SNF QRP quality measures: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.01), and Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01). The resident-level expected score for a quality measure is an estimate of the likelihood that a resident will meet the criteria for the quality measure. This estimate is based on consideration of the resident-level covariates associated with the quality measure.</p>	This section was edited to reflect that the steps in Section 6.3 are specific to the pressure ulcer measures. Also, some steps in Section 6.3 have been edited for clarity but the content itself has not changed.
59	6	6.4	37 – 38	n/a	<p>Section 4: Calculation of the Risk-Adjusted Quality Measure Score</p> <p>The risk-adjusted quality measure score is a facility-level quality measure score adjusted for the specific risk for that quality measure in the SNF. The risk-adjusted quality measure score can be thought of as an estimate of what the SNF’s quality</p>	<p>Section 6.4: Calculation of the Risk-Adjusted Quality Measure Score</p> <p>This section outlines the steps used to calculate the risk-adjusted assessment-based SNF QRP quality measures: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.01), and Changes in Skin Integrity Post-Acute Care:</p>	This section was edited to reflect that the steps in Section 6.4 are specific to the pressure ulcer measures. Also, some steps in Section 6.4 have been edited for clarity but the content itself has not changed.

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					measure rate would be if the facility had residents with average risk.	Pressure Ulcer/Injury (CMS ID: S038.01). The risk-adjusted quality measure score is a facility-level quality measure score adjusted for the specific risk for that quality measure in the SNF. The risk-adjusted quality measure score can be thought of as an estimate of what the SNF’s quality measure rate would be if the facility had residents who were of average risk.	
60	6	6.4	38	n/a	n/a	<i>Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table A-1 of Appendix A and the associated Risk-Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the CASPER QM Report, Provider Preview Report, and on public display on the Compare Website may vary from the national average observed score provided in these documents.</i>	Added language to reflect that the national observed QM mean provided is a static calculation of the measure and that the mean value is not updated in real time. Instead of providing the national average for the pressure ulcer measure, readers are referred to the table in the Appendix (this is beneficial for future measures and is in the same format across measures).
61	6	6.5	38 – 40	n/a	n/a	Section 6.5: Measure Calculations Used in Discharge Function Measures This section presents the steps specific to the measure calculations used for SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.01)	Two function measures that measure resident functioning at discharge (NQF #2635 and NQF #2636) were added to the SNF QRP manual V2.0. Section 6.5 was added to

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						and SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMD ID: S025.01)	Chapter 6 to explain the risk-adjustment calculation steps specific to these two measures. Section 6.5 includes the technical equation and presents 8 steps that are used to obtain the facility-level score for the two measures.
62	6	6.6	40 – 42	n/a	n/a	Section 6.6: Measure Calculations Used in Change Function Measures This section presents the steps specific to the measure calculations for SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.01) and SNF Functional Outcome measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.01)	Two function measures that measure the change in resident functioning (NQF #2633 and NQF #2634) were added to the SNF QRP manual V2.0. Section 6.6 was added to Chapter 6 to explain the risk-adjustment calculation steps specific to these two measures. This section includes the technical equation and presents 10 steps that are used to obtain the facility-level score for the two measures.
63	7	n/a	44 – 51	Tables 7-1 – 7-3	(stay type = 1)	Type 1 SNF Stays or Type 2 SNF Stays (hyperlinked)	Measure specification tables now include the type of SNF stays (i.e., Type 1 SNF Stay or Type 2 SNF Stay) that are included in each of the measure

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							calculations. The new tables in Chapter 7 (6 total new tables) also include this SNF stay-identifying language. These references have been hyperlinked to Chapter 1 for a quick review of the definitions of the different types of SNF stays.
64	7	n/a	44 – 68	Tables 7-1 –7-9	n/a	Reformatted and new language added	Chapter 7 tables were reformatted, and new language was added. These edits were included for consistency across measure tables. The edits applied were for formatting only; the context of the measures did not change.
65	7	n/a	45	Table 7-1	<p>Exclusions</p> <p>Medicare Part A SNF Stays are excluded if:</p> <p>1. Data on new or worsened Stage 2, 3, and 4 pressure ulcers are missing at discharge, i.e.:</p> <p>a. Stage 2 (M0300B1= [-] or (M0300B2= [-]), AND</p> <p>b. Stage 3 (M0300C1= [-] or (M0300C2= [-]), AND</p> <p>c. Stage 4 (M0300D1= [-] or (M0300D2= [-])</p>	<p>Exclusions</p> <p>Medicare Part A SNF Stays are excluded if:</p> <p>1. Data on new or worsened Stage 2, 3, and 4 pressure ulcers are missing at discharge, i.e.:</p> <p>a. Stage 2 (M0300B1= [-] or (M0300B2= [-]), AND</p> <p>b. Stage 3 (M0300C1= [-] or (M0300C2= [-]), AND</p> <p>c. Stage 4 (M0300D1= [-] or (M0300D2= [-])</p>	Included clarifying language under the exclusion criteria to specify that Type 2 SNF Stays are not included in the measure calculation. In addition, the covariate values for height (K0200A and weight (K0200B) have been updated to align with the submission specifications.

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						2. The resident died during the SNF stay (i.e. Type 2 SNF Stays). 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]).	
66	7	n/a	47	Table 7-2	n/a	Footnote 38: Please refer to Chapter 1, Section 1.2 for a list of assessments that are included in the look-back scan.	Added footnote to refer readers back to Chapter 1 for the definition of the look-back scan.
67	7	n/a	47	Table 7-2	Exclusions A resident Medicare Part A Stay is excluded if none of the assessments that are included in the look-back scan has a usable response for items indicating the presence of a fall with major injury during the selected time window (i.e., the occurrence of falls was not assessed; i.e., J1800 = [-] The assessment indicated that a fall occurred; i.e., J1800 = [1] AND the number of falls with major injury was not assessed; i.e., J1900C = [-].	Exclusions Medicare Part A SNF Stays are excluded if: 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). 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]).	Updated exclusion criteria based on missing data analyses for the SNF falls measure. Only J1900C is used to calculate the measure and J1900C is now the only exclusion criterion for the falls measure. In addition, clarifying language was included under the exclusion criteria to specify that Type 2 SNF Stays are not included in the measure calculation.
68	7	n/a	48 – 51	Table 7-3	For admission functional assessment data to be complete, each condition listed below must be met. 1. GG0130A1. Eating = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and 2. GG0130B1. Oral hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and	For admission functional assessment data to be complete, each condition listed below must be met. 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	Updated to reflect the new MDS item-set changes to the GG items. The items can take on additional values, which are now reflected as valid codes. These new items pertain to

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					<p>3. GG0130C1. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 88]; <i>and</i></p> <p>4. GG0170B1. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 88]; <i>and</i></p> <p>5. GG0170C1. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 88]; <i>and</i></p> <p>6. GG0170D1. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 88]; <i>and</i></p> <p>7. GG0170E1. Chair/bed-to-chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 88]; <i>and</i></p> <p>8. GG0170F1. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 88]; <i>and</i></p> <p><i>For residents who are walking as indicated by GG0170H1=2, include items:</i></p> <p>9. GG0170J1. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 88] <i>and</i></p> <p>GG0170K1. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 88]</p> <p><i>For residents who use a wheelchair as indicated by GG170Q1=1, include items:</i></p> <p>10. GG0170R1. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 88] <i>and</i></p> <p>GG0170RR1. Indicate the type of wheelchair/scooter used = [1, 2]</p>	<p>3. GG0130C1. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; <i>and</i></p> <p>4. GG0170B1. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; <i>and</i></p> <p>5. GG0170C1. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; <i>and</i></p> <p>6. GG0170D1. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; <i>and</i></p> <p>7. GG0170E1. Chair/bed-to-chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; <i>and</i></p> <p>8. GG0170F1. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; <i>and</i></p> <p>9. GG0170I1. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; <i>and</i></p> <p><i>For residents who are walking as indicated by a valid functional code [01, 02, 03, 04, 05, 06] for GG0170I1, include items:</i></p> <p>10. GG0170J1. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] <i>and</i></p> <p>11. GG0170K1. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]</p> <p><i>For residents who are not walking as indicated by GG0170I1 = 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> <p>12. GG0170R1. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] <i>and</i></p>	<p>the admission performance, discharge goals, and discharge performance items. Also, provided specifications for the new GG items that are used to calculate the measure. New items are updated and the values for these items are also provided. These edits are effective 10/1/18 when MDS 3.0 V1.16.0 becomes effective.</p>

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
					<p>and GG0170S1. Wheel 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 88] and GG0170SS1. Indicate the type of wheelchair/scooter used = [1, 2]</p> <p><i>Specifications for a discharge goal (documenting a care plan that includes function):</i> 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]; or 2. GG0130B2. Oral hygiene = [01, 02, 03, 04, 05, 06]; or 3. GG0130C2. Toileting hygiene = [01, 02, 03, 04, 05, 06]; or 4. GG0170B2. Sit to lying = [01, 02, 03, 04, 05, 06]; or 5. GG0170C2. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06]; or 6. GG0170D2. Sit to stand = [01, 02, 03, 04, 05, 06]; or 7. GG0170E2. Chair/bed-to-chair transfer = [01, 02, 03, 04, 05, 06]; or 8. GG0170F2. Toilet transfer = [01, 02, 03, 04, 05, 06]; or 9. GG0170J2. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06]; or 10. GG0170K2. Walk 150 feet = [01, 	<ol style="list-style-type: none"> 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> 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 	

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
					<p>02, 03, 04, 05, 06]; or</p> <p>11. GG0170R2. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06]; or</p> <p>12. GG0170S2. Wheel 150 feet = [01, 02, 03, 04, 05, 06].</p> <p><i>Specifications for complete discharge functional assessment data:</i></p> <p>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).</p> <p>1. GG0130A3. Eating = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and</p> <p>2. GG0130B3. Oral hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and</p> <p>3. GG0130C3. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and</p> <p>4. GG0170B3. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and</p> <p>5. GG0170C3. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and</p> <p>6. GG0170D3. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and</p> <p>7. GG0170E3. Chair/bed-to-chair</p>	<p>8. GG0170A2 Roll left and right = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>9. GG0170B2. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>10. GG0170C2. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>11. GG0170D2. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>12. GG0170E2. Chair/bed-to-chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>13. GG0170F2. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>14. GG0170G2 Car transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>15. GG 0170I2 walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>16. GG0170J2. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>17. GG0170K2. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>18. GG0170L2. Walking 10 feet on uneven surfaces = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>19. GG0170M2. 1 step (curb) = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>20. GG0170N2. 4 steps = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>21. GG0170O2. 12 steps = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p>	

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
					<p>transfer = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and</p> <p>8. GG0170F3. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and <i>For residents who are walking as indicated by GG0170H3=2, include items:</i></p> <p>9. GG0170J3. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 88]; and GG0170K3. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 88]. <i>For residents who use a wheelchair as indicated by GG170Q3=1, include items:</i></p> <p>10. GG0170R3. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 88] and GG0170RR3. Indicate the type of wheelchair/scooter used = [1, 2] and GG0170S3. Wheel 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 88]) and GG0170SS3. Indicate the type of wheelchair/scooter used = [1, 2].</p>	<p>22. GG0170P2. Picking up object = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>23. GG0170R2. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; or</p> <p>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).</p> <p>1. GG0130A3. Eating = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>2. GG0130B3. Oral hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>3. GG0130C3. Toileting hygiene = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>4. GG0170B3. Sit to lying = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>5. GG0170C3. Lying to sitting on side of bed = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>6. GG0170D3. Sit to stand = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>7. GG0170E3. Chair/bed-to-chair transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p>	

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User’s Manual V1.0	SNF QRP Measure Calculations and Reporting User’s Manual V2.0	Description of Change
						<p>8. GG0170F3. Toilet transfer = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>9. GG0170I3. Walk 10 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p><i>include items:</i></p> <p>10. GG0170J3. Walk 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]; and</p> <p>11. GG0170K3. Walk 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88].</p> <p><i>For residents who are not walking, as indicated by GG0170I3= 07, 09, 10, or 88, GG0170J3 and GG0170K3 are skipped (^).</i></p> <p><i>For residents who use a wheelchair as indicated by GG170Q3=1, include items:</i></p> <p>12. GG0170R3. Wheel 50 feet with two turns = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88] and</p> <p>13. GG0170RR3. Indicate the type of wheelchair or scooter used = [1, 2] and</p> <p>14. GG0170S3. Wheel 150 feet = [01, 02, 03, 04, 05, 06, 07, 09, 10, 88]) and</p> <p>15. GG0170SS3. Indicate the type of wheelchair or scooter used = [1, 2].</p>	
69	7	n/a	52 – 68	Tables 7-4 – 7-9	n/a	<p>Added six new tables to Chapter 7 as follows:</p> <ul style="list-style-type: none"> • Table 7-4 Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP (CMS ID: S007.01) • Table 7-5 Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS 	<p>Added 6 new tables to the Appendix for the measures that are new to the SNF QRP manual (i.e., new in V2.0 of the manual). These tables were added to display the measure</p>

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
						<p>ID: S038.01)</p> <ul style="list-style-type: none"> Table 7-6 SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.01) Table 7-7 SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.01) Table 7-8 SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.01) Table 7-9 SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.01) 	specifications for these 6 new MDS-based measures. Note, the clarifying language for excluding Type 2 SNF Stays was included in the exclusion criteria for Table 7-5: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01).
70	Appendix	n/a	69	n/a	n/a	Revised Appendix A	Reorganized Appendix A into three sections (A.1 – A.3) to accommodate the Risk-Adjustment Appendix File.
71	Appendix	n/a	69 – 70	Table A-1	Table A-1 Logistic Regression Coefficients for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678) (CMS ID: S002.01)	Table A-1 MDS Quality Measures Requiring National Average Observed Scores and Covariate Values for Risk-Adjustment	The new version of Table A-1 in V2.0 now contains six measures and displays the quality measures that require risk-adjusting.
72	Appendix	A.1	70 – 103	n/a	n/a	Added Section A.1	Added this section to organize all the covariate tables.

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
73	Appendix	A.1	70	Table A-2	Table A-2 National Observed QM Mean (NQF #0678) (CMS ID: S002.01)	Table A-2 Risk-Adjustment Covariates for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.01)	This table was updated to reflect the information needed to calculate the covariates for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).
74	Appendix	A.1	70 – 71	Table A-3	n/a	Added Table A-3 Risk-Adjustment Covariates for Change in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01)	This measure is new to the CASPER reports and requires a table listing the covariates and the associated coefficients and intercept.
75	Appendix	A.1	71	Table A-4	n/a	Table A-4 Primary Medical Condition Category (I0020A) and Active Diagnosis in the Last 7 days (I8000A through I8000J) – ICD-10-CM Codes	In V2.0, the following measures were adopted: Discharge Mobility Score (NQF #2636); Discharge Self-Care Score (NQF #2635); Change in Mobility Score (NQF #2634); and Change in Self-Care Score (NQF #2633). Table A-4 is new to V2.0 and presents the active diagnoses codes, which are used to calculate the four functional outcome measures, listed above.
76	Appendix	A.1	72 – 100	Table A-5	n/a	Added Table A-5 Risk-Adjustment Covariates for the Change in Self-Care	Table A-5 lists the model intercept and risk-adjustor

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V1.0	SNF QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
						Score, Change in Mobility Score, Discharge Self-Care Score, and Discharge Mobility Score Measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636)	covariates, and the specifications for each using items from the MDS, that are used to calculate the risk-adjusted scores for each of the four functional outcome measures that were adopted to V2.0 of the SNF QRP. Text added above Table A-5 to clarify the check marks in the table, and where readers can go to find the intercept and coefficient values as they become available.
77	Appendix	A.2	101 – 102	n/a	n/a	Added Section A.2	Added the overview to the new Risk-Adjustment Appendix File
78	Appendix	A.3	102 – 103	n/a	n/a	Added Section A.3	Added the risk-adjustment procedure for guidance on how to use the QM User's Manual and the associated Risk-Adjustment Appendix File.