

Skilled Nursing Facility Measures

Quality Measures										
Measure Name	Data Source	Measure Type	NQF#	Effective Date	Data Collection Period		CASPER	NHC	Five Star	Provider Preview
Short Stay – <i>Percent of</i> ; Target Period is most recent 6 months, unless otherwise specified; NHC/Five Star updated every 6 months										
Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine	MDS	Process	0680	10/2012	October 1	March 31	No	Yes	No	Yes
Residents Who Received the Seasonal Influenza Vaccine	MDS	Process	0680A	10/2012	October 1	March 31	No	No	No	Yes
Residents Who Were Offered and Declined the Seasonal Influenza Vaccine	MDS	Process	0680B	10/2012	October 1	March 31	No	No	No	Yes
Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine	MDS	Process	0680C	10/2012	October 1	March 31	No	No	No	Yes
Resident’s Assessed and Appropriately Given the Pneumococcal Vaccine	MDS	Process	0682	10/2012	12 month period		No	Yes	No	Yes
Residents Who Received the Pneumococcal Vaccine	MDS	Process	0682A	10/2012	12 month period		No	No	No	Yes
Residents Who Were Offered and Declined the Pneumococcal Vaccine	MDS	Process	0682B	10/2012	12 month period		No	No	No	Yes
Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine	MDS	Process	0682C	10/2012	12 month period		No	No	No	Yes
Residents Who Made Improvements in Function from Admission to Discharge	MDS	Outcome	N/A	4/2016	Per Calendar Quarter		Yes	Yes	Yes*	Yes
Residents Who Newly Received an Antipsychotic Medication	MDS	Outcome	N/A	4/2012	Per Calendar Quarter		Yes	Yes	Yes	Yes
Residents Who Were Re-Hospitalized After a Nursing Home Admission	Claim/MDS	Outcome	N/A	4/2016	12 month period		Yes	Yes	Yes*	Yes
Residents Who Have Had an Outpatient Emergency Department Visit	Claim/MDS	Outcome	N/A	4/2016	12 month period		Yes	Yes	Yes*	Yes
Long Stay – <i>Percent of except where noted</i> ; Target Period is most recent 3 months, unless otherwise specified; NHC/Five Star updated every 6 months										
Residents Experiencing One or More Falls with Major Injury	MDS	Outcome	0674	10/2010	12 month period		Yes	Yes	Yes	Yes
Prevalence of Falls	MDS	Outcome	N/A	10/2010	Per Calendar Quarter		Yes	No	No	No
High-Risk Residents with Pressure Ulcers	MDS	Outcome	0679	10/2010	Per Calendar Quarter		Yes	Yes	Yes*	Yes
Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	MDS	Process	0681	10/2010	October 1	March 31	No	Yes	No	Yes
Residents Who Received the Seasonal Influenza Vaccine	MDS	Process	0681A	10/2010	October 1	March 31	No	No	No	Yes
Residents Who Were Offered and Declined the Seasonal Influenza Vaccine	MDS	Process	0681B	10/2010	October 1	March 31	No	No	No	Yes
Residents Who Did Not Receive, Due to Medical Contraindications, the Seasonal Influenza Vaccine	MDS	Process	0681C	10/2010	October 1	March 31	No	No	No	Yes
Residents Assessed and Appropriately Given the Pneumococcal Vaccine	MDS	Process	0683	10/2010	12 month period		No	Yes	No	Yes
Residents Who Received the Pneumococcal Vaccine	MDS	Process	0683A	10/2010	12 month period		No	No	No	Yes
Residents Who Were Offered and Declined the Pneumococcal Vaccine	MDS	Process	0683B	10/2010	12 month period		No	No	No	Yes
Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine	MDS	Process	0683C	10/2010	12 month period		No	No	No	Yes
Residents with a Urinary Tract Infection	MDS	Outcome	0684	10/2010	Per Calendar Quarter		Yes	Yes	Yes	Yes
Low Risk Residents Who Lose Control of Their Bowels or Bladder (de-endorsed)	MDS	Outcome	0685	10/2010	Per Calendar Quarter		Yes	Yes	No	Yes
Residents Who Have/Had a Catheter Inserted and Left in Their Bladder	MDS	Outcome	0686	10/2010	Per Calendar Quarter		Yes	Yes	Yes*	Yes
Residents Who Were Physically Restrained	MDS	Outcome	0687	10/2010	Per Calendar Quarter		Yes	Yes	No	Yes
Residents Whose Need for Help with Activities of Daily Living Has Increased	MDS	Outcome	0688	10/2010	Per Calendar Quarter		Yes	Yes	Yes	Yes
Residents Whose Ability to Move (locomotion) Independently Worsened	MDS	Outcome	N/A	4/2016	Per Calendar Quarter		Yes	Yes	Yes*	Yes
Residents Who Lose Too Much Weight	MDS	Outcome	0689	10/2010	Per Calendar Quarter		Yes	Yes	No	Yes
Residents Who Have Symptoms of Depression	MDS	Outcome	0690	10/2010	Per Calendar Quarter		Yes	Yes	No	Yes
Residents Who Received an Antipsychotic Medication	MDS	Outcome	N/A	4/2016	Per Calendar Quarter		Yes	Yes	Yes	Yes
Prevalence of Behavior Symptoms Affecting Others	MDS	Outcome	N/A	10/2010	Per Calendar Quarter		Yes	No	No	No
Residents Who Receive Antianxiety or Hypnotic Medication	MDS	Outcome	N/A	4/2016	Per Calendar Quarter		Yes	Yes	No	Yes
Prevalence of Antianxiety or Hypnotic Medication Use	MDS	Outcome	N/A	10/2010	Per Calendar Quarter		Yes	No	No	No
Number of hospitalizations per 1,000 long-stay resident days	Claim/MDS	Outcome	N/A	4/2019	12 month period		Yes	Yes	Yes*	Yes
Number of outpatient emergency department visits per 1,000 long-stay resident days	Claim/MDS	Outcome	N/A	4/2019	12 month period		Yes	Yes	Yes*	Yes

Skilled Nursing Facility Measures

Quality Measures impacting the Quality Reporting Program (QRP) – Potential 2% reduction on Annual Percentage Update (APU) if data is not submitted for at least 80% of all MDS assessments; CY – Calendar Year (1/1 to 12/31); CQ – Calendar Quarter (1/1 to 3/31; 4/1 to 6/30; 7/1 to 9/30; 10/1 to 12/31); FY – Fiscal Year (10/1 to 9/30); Payment impacts the FY proceeding the CY (i.e., data collected from CY 2020, which ends 12/31/2020, impacts FY 2022, which starts 10/1/2021)

Measure Name	Data Source	Measure Type	NQF#	Data Collection Start Date	Data Collection Period	Initial Date Payment Affected (FY)	CASPER	NHC	Five Star	Provider Preview
Percent of Residents Experiencing One or More Falls with Major Injury (short stay)	MDS	Outcome	0674	10/1/2016	CY	10/1/2018	Yes	Yes	No	Yes
Percent of patient with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	MDS	Process	2631	10/1/2016	CY	10/1/2018	Yes	Yes	No	Yes
Drug Regimen Review (DRR) Conducted with Follow-Up for Identified Issues	MDS	Process	N/A	10/1/2018	CY	10/1/2019	Yes	Yes	No	Yes
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	MDS	Outcome	N/A	10/1/2018	CY	10/1/2019	Yes	Yes	Yes*	Yes
Change in Self-Care Score for Medical Rehabilitation Patients (Section GG)	MDS	Outcome	2633	10/1/2018	CY	10/1/2019	Yes	Yes	Yes*	Yes
Change in Mobility Score for Medical Rehabilitation Patients (Section GG)	MDS	Outcome	2634	10/1/2018	CY	10/1/2019	Yes	Yes	Yes*	Yes
Discharge Self-Care Score for Medical Rehabilitation Score (Section GG)	MDS	Outcome	2635	10/1/2018	CY	10/1/2019	Yes	Yes	Yes*	Yes
Discharge Mobility Score for Medical Rehabilitation Patients (Section GG)	MDS	Outcome	2636	10/1/2018	CY	10/1/2019	Yes	Yes	Yes*	Yes
Transfer of Health Information to the Provider Post-Acute	MDS	Process	Data collection and submission will begin on October 1 st of the year that is 2 full Fiscal Years (FYs) after the end of the PHE							
Transfer of Health Information to the Patient Post-Acute	MDS	Process								
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)	NHSN	Process	3636	10/1/2021	CQ/CY	10/1/2022	Yes	Yes	No	Yes
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization	Claim	Outcome	N/A	10/1/2018	CY	10/1/2022	Yes	Yes	No	Yes
Medicare Spending Per Beneficiary (MSPB) (Possible increase to 2 years of data)	Claim	Cost/Resource	N/A	N/A	CY	10/1/2018	Yes	Yes	No	Yes
Rate of Successful Return to Home and Community/Discharge to Community	Claim	Outcome	N/A	N/A	CY	10/1/2018	Yes	Yes	Yes	Yes
Potentially Preventable (PPR) 30-day Post Discharge Readmission Measure	Claim	Outcome	N/A	N/A	CY	10/1/2018	Yes	Yes	No	Yes

➤ Normal reporting of 4 quarters of MDS Assessment data resumed in April 2022 and normal reporting of 8 quarters of Claims Based data will resume in October 2023 (currently reporting 6 quarters of data)

▪ For **Five Star** - measures noted as a **Yes** impact the calculation and * indicates item is Risk Adjusted

Value Based Purchasing (VBP): +/- 2% withheld to fund incentive payments with 60% distributed back during impacted FY based on Performance Score; Performance Score is the higher of the Achievement Score (facility's rate compared with national scores for all facilities during the baseline period) and the Improvement Score (facility's performance versus baseline period); Bottom 40% receive less

Measure Name	Data Source	Measure Type	NQF#	Baseline Period		Performance Period		Fiscal Year (FY) Impacted	CASPER
				Start Date	End Date	Start Date	End Date		
SNF 30-Day All-Cause Readmission Measure (SNFRM)	Claim	Outcome	2510	10/1/2016	9/30/2017	10/1/2018	9/30/2019	2021	Yes
				10/1/2017	9/30/2018	4/1/2019	12/1/2019*	2022	
				10/1/2018	9/30/2019	10/1/2020	9/30/2021	2023	
SNF 30-Day Potentially Preventable Readmission Measure (SNFPPR)	Claim	Outcome	To replace 2510	N/A	N/A	N/A	N/A	N/A	N/A

*Excluding qualifying claims for Q1 and Q2 2020 based on the Extraordinary Circumstances Exception Policy secondary to PHE/2019 Novel Coronavirus pandemic

Resource Measure – Potential penalties if not reported or reported with significant discrepancies between hours reported and hours verified (including 7 or more days in a quarter without RN staffing); + 1 star in staffing domain with 1 star drop overall per quarter

Measure Name	Data Source	Measure Type	Effective Date	Data Collection	Submission Due	CASPER	NHC	Five Star	Provider Preview
Payroll Based Journal (PBJ)	Provider Submission	Resource	7/2016	FY Quarter	45 days from end of quarter	Yes	Yes	Yes	Yes

2% Sequestration – Initiated as part of the Budget Control Act of 2011; Extended by Bipartisan Budget Act of 2015 (Effective 4/1/2013 and continued through 3/31/2025) and CARES Act (continues through 2030) – **Resumed July 2022**

To search for further information regarding the National Quality Forum (NQF) and specific measures, please go to: http://www.qualityforum.org/Measures_Reports_Tools.aspx and cmit.cms.gov