



Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 5.0

Prepared for

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

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Overview

This change table provides quality measure updates to the SNF QRP Measure Calculations and Reporting User's Manual, Version 5.0. This document, titled Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 5.0, provides measure-related changes between Version 5.0 and Version 4.0 of the manual specified in a change table format. Manual updates are provided in the table below in relation to Version 5.0 manual chapter, section, page number, and step indicator. Updates to the manual are indicated with strikeouts of prior language, and a description of the change. When edits are not found in a specific step, respective table cells display "N/A". When the same edit has been made to more than one chapter, section, page, and/or step of the manual, respective cells display "Multiple". When the same edit has been made to every chapter, section, and page of the manual, respective cells display "All".

Measure-related changes delineated in this change table include (i) updating measure specifications with the transition from MDS V1.17.2 to MDS V1.18.11; (ii) incrementing CMS identifiers among measures experiencing measure specification updates (iii) updating the Healthcare Personnel (HCP) COVID-19 measure numerator definition; (iv) updating existing tables and creating new tables in Chapter 1 to provide more details on which measures currently exists in the SNF QRP; (v) transitioning from the Certification and Survey Provider Enhanced Reports (CASPER) Data Selection system to the Internet Quality Improvement and Evaluation System (iQIES); (vi) moving the appendix tables containing coding logic for risk covariates from the manual and into the Risk Adjustment Appendix File; (vii) adding instructions on use of the Imputation File in the appendix of the manual for the Discharge Function Score, and (viii) updating the list of ICD-10-CM used in the functional outcome measure's etiologic diagnosis and/or comorbid conditions table.

SNF QRP Measure Calculations and Reporting User’s Manual V5.0 Change Table

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User’s Manual V5.0	Description of Change
1.	N/A	Title page	i	N/A	Updated the manual effective date of the title: October 1, 2023 2022 .	The title page is updated each iteration to reflect the new effective date.
2.	All	All	All	N/A	Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 4.0 5.0	Reflects the current version of the manual.
3.	All	All	All	N/A	Footer: SNF QRP Measure Calculations and Reporting User’s manual V4.0 V5.0 – Effective October 1, 2022 2023	Updated to reflect the correct manual version number and effective date.
4.	All	All	All	N/A	Manual formatting	Reformatted several of the manual’s features including the table of contents, table of figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, etc.

Manual Version 5.0 is current as of October 1, 2023

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
5.	Multiple	Multiple	Multiple	Multiple	<ul style="list-style-type: none"> Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: S013.02) Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: S001.03) Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02) Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.054) SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.054) SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04) Discharge Function Score (CMS ID: S042.01) 	<p>Removed National Quality Forum (NQF) references from measure lists, tables, and section and table headers throughout the document, due to the consensus-based entity (CBE) transition.</p> <p>Updated measure names to match the names in the FY 2024 SNF PPS final rule (88 FR: 53200-53347) throughout entire manual.</p> <p>Incremented CMS identifiers for the <i>Discharge Self-Care Score</i> and <i>Discharge Mobility Score</i> functional outcome measures as some of the MDS items used in these measures were updated due to the MDS V1.17.12 to V1.18.11 transition. CMS identifiers for the <i>Change in Self-Care Score</i> and <i>Change in Mobility Score</i> measures were not incremented as they were finalized for measure removal in the FY 2024 SNF PPS final rule (88 FR: 53233-53243).</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
6.	Multiple	Multiple	Multiple	Multiple	<ul style="list-style-type: none"> Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S006.01) Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S005.02) Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S004.01) Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalization Quality Measure (CMS ID: S039.01) National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel (CMS ID: S040.02) 	Updated measure names to match the names in the FY 2024 SNF PPS final rule (88 FR: 53200-53347) throughout entire manual.
7.	Multiple	Multiple	Multiple	Multiple	The purpose of this chapter is to present the data selection criteria for the CASPER iQIES Review and Correct Reports and the CASPER iQIES Quality Measure (QM) Reports for quality measures that are included in the SNF QRP and are specific to those quality measures calculated using the MDS.	Updated all references of CASPER to iQIES throughout the manual to reflect the transition of the CASPER legacy system to iQIES.
8.	Multiple	Multiple	Multiple	Multiple	The MDS 3.0 will transition from version 1.17.2 to version 1.18.11 effective October 1, 2023.	Updated to reflect MDS transition from V1.17.2 to V1.18.11 for Version 5.0 of the SNF QM User's Manual throughout the document.
9.	Multiple	Multiple	Multiple	Multiple	Multiple	Replaced broken and/or outdated hyperlinks and updated several footnote citations throughout the manual to improve clarity, accuracy, and consistency with other QM manuals.
10.	Table of Contents	N/A	iii	N/A	Section 1.4 QRP Measures	Created Section 1.4: QRP Measures which includes an updated Table 1-1 and new Tables 1-2 and 1-3.
11.	Table of Contents	N/A	iii	N/A	Section 5.3 Measure Calculations During the Transition from MDS 3.0 V1.17.2 to MDS 3.0 V1.18.11	Added Section 5.3 to discuss certain quality measure specifications changes with the transition of MDS V1.17.2 to MDS V1.18.11.
12.	Table of Contents	N/A	iii	N/A	Section 7.7 Measure Calculation Used in Discharge Function Score Measure (CMS ID: S042.01)	Added section to provide measure calculations for the Discharge Function Score measure.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
13.	Table of Contents	N/A	iii-iv	N/A	Appendix A: Model Parameters Section A.1: Covariate Tables Section A.2: Risk Adjustment Appendix File Overview Section A.3: Risk Adjustment Procedure Appendix A: Measure Specification History Section A.1: CMS ID Update and Manual Version History Tables	<p>Moved Table A-1, A-2, and A-4 in Appendix A of the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File and placed Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously Sections A.1 and A.2 in Appendix A of the QM User's Manual V4.0) in Appendix B of the QM User's Manual V5.0.</p> <p>Added section which contains tables detailing the effective dates corresponding to each CMS ID update for all SNF QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.</p>
14.	Table of Contents	N/A	iv	N/A	Appendix B Risk-Adjustment and Imputation Appendix Files Section B.1 Risk-Adjustment Appendix File Overview Section B.2 Risk-Adjustment Procedure Section B.3 Etiologic Diagnosis or Comorbid Conditions Section B.4 Discharge Function Score Imputation Appendix File Overview Section B.5 Discharge Function Score Imputation Procedure	<p>Created Appendix B to include Risk-Adjustment Appendix File Overview, Risk-Adjustment Procedure, and Etiologic Diagnosis or Comorbid Conditions sections (previously in Appendix A of the QM User's Manual V4.0) and added Discharge Function Score Imputation Appendix File Overview and Discharge Function Score Imputation Appendix File Procedure sections (Sections B.4 and B.5).</p>
15.	List of Tables	N/A	v	N/A	Table 1-1 SNF Assessment Based (MDS) Quality Measure NQF Number, CMS ID, and Measure Reference Name Crosswalk Table 1-1 SNF QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk (See Appendix for full-page excerpt.)	<p>Updated table header to reflect updates implemented in the table, such as inclusion of all SNF QRP quality measures, removal of NQF numbers, and inclusion of CMIT measure ID number.</p>
16.	List of Tables	N/A	v	N/A	Table 1-2 Quality Measures Added to the SNF QRP (See Appendix for full-page excerpt.)	<p>Added Table 1-2 which provides an overview of the quality measures with the FY 2025 SNF QRP.</p>
17.	List of Tables	N/A	v	N/A	Table 1-3 Quality Measures Removed/Retired from the SNF QRP (See Appendix for full-page excerpt.)	<p>Added Table 1-3 which provides an overview of the quality measures removed with the FY 2025 SNF QRP.</p>

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18.	List of Tables	N/A	v	N/A	Table 8-9: Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) (See Appendix for a full-page excerpt.)	Accounts for the addition of the TOH-Provider measure to the SNF QRP through the FY 2020 SNF PPS final rule (84 FR 38755-38762).
19.	List of Tables	N/A	v	N/A	Table 8-10: Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) (See Appendix for a full-page excerpt.)	Accounts for the addition of the TOH-Patient measure to the SNF QRP through the FY 2020 SNF PPS final rule (84 FR 38761-38764). The denominator of this measure was updated in the FY 2021 SNF PPS final rule (86 FR 42489-42491).
20.	List of Tables	N/A	v	N/A	Table 8-11: Discharge Function Score. (See Appendix for full-page excerpt.)	Accounts for the addition of the Discharge Function Score measure to the SNF QRP through the FY 2024 SNF PPS final rule (88 FR: 53233-53243).
21.	List of Tables	N/A	vi	N/A	Table A-1 MDS Quality Measures Requiring National Average Observed Scores and Covariate Values for Risk-Adjustment Table A-2 Risk-Adjustment Covariates for the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) Table A-3 Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days (I8000A through I8000J) -ICD-10CM- Codes Table A-4 Risk-Adjustment Covariates for the Change in Self-Care Score, Change in Mobility Score, Discharge Self-Care Score, and Discharge Mobility Score Measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636)	Moved Table A-1, A-2, and A-4 from the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File.
22.	List of Tables	N/A	vi	N/A	Table A-1 Effective Dates by CMS ID Update for all SNF QRP Quality Measures Table A-2 Effective Dates of SNF Quality Measures User's Manual Versions Table A-3 Table B-1 Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days (I8000A through I8000J) -ICD-10CM- Codes (See Appendix for full page excerpt)	Added tables detailing the effective dates corresponding to each CMS ID update for all SNF QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A. Repurposed Table A-3 to Table B-1 to reflect the new location of the Etiologic Diagnosis or Comorbid Conditions section.

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#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
23.	1	1.1	8	N/A	<p>This manual is organized by eight chapters and two appendices each chapter contains sections that provide additional details. The remainder of this section provides information on the contents of each chapter and an overview of the appendices. Chapter 1 presents the purpose of the manual, explaining how the manual is organized and defining key terms that are used throughout subsequent chapters. The chapter also includes a summary of existing quality measures in the SNF QRP, as well as an overview of the quality measures added to or removed from the SNF QRP, and/or finalized for public reporting display updates with the FY 2025 SNF QRP. Chapters 2 through 5 provide detailed information about the measures and reporting components. Chapters 2 and 3 identify the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network Measures (NHSN) quality measures and the Medicare claims-based measures, respectively. Chapter 4 presents the data selection logic used to construct records and the selection criteria used to create Medicare Part A SNF stays for the assessment-based quality measures that rely on the Minimum Data Set 3.0 (MDS). Chapter 5 describes the two Certification and Survey Provider Enhanced Reports (CASPER) Internet Quality Improvement and Evaluation System (iQIES) for the MDS-based quality measures, consisting of the CASPER-iQIES Review and Correct reports and the CASPER-iQIES Quality Measure (QM) reports. The CASPER-iQIES Review and Correct Report is a single report that contains facility-level quarterly and cumulative rates and its associated resident-level data. The CASPER-iQIES QM Report is comprised of two reports, one containing facility-level measure information and a second that includes resident-level data for a selected reporting period. The chapter concludes with the transition from MDS V1.17.2 to MDS V1.18.11. Data collection for MDS V1.18.11 will begin October 1, 2023 and will impact certain assessment-based (MDS) quality measure specifications.</p>	Updated language to reflect major structural edits to the manual.

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24.	1	1.1	9	N/A	Appendix A and the associated Risk Adjustment Appendix File includes intercept and covariate coefficient values that are used to calculate the assessment-based (MDS) risk-adjusted measures provides effective periods for CMS ID updates corresponding to all SNF QRP measures and current and prior versions of this manual. Lastly, Appendix B includes instruction on the use of the associated Risk-Adjustment Appendix File, which includes the covariate definitions and intercept and covariate coefficient values that are used to calculate the assessment-based (MDS) risk-adjusted measures. This appendix also provides ICD-10-CM updates to Primary Medical Condition Category and Active Diagnosis in the Last 7 days used in measure calculations. Additionally, this appendix provides instruction on the use of the associated Discharge Function Score Appendix File, which includes covariate definitions and model threshold and covariate coefficient values that are used to calculate statistically imputed values for use in Discharge Function Score measure calculations.	Updated language to reflect major structural edits to the manual.
25.	1	1.4	12-14	N/A	Table 1-1: SNF Quality Measures: CBE Number, CMS ID, Measure Type, and Measure Reference Name Crosswalk (See Appendix for full-page excerpt.)	Created Section 1.4: QRP Measures to include an updated Table 1-1 and new Tables 1-2 and 1-3. Table 1-1 was updated to include all assessment-based measures included in the SNF QRP (including the Discharge Function Score measure), remove NQF numbers, include the CMIT measure ID number and CBE endorsement status and measure type. Additionally, updated footnotes, including the revision of existing footnotes for clarity and accuracy and the removal of NQF references.
26.	1	1.4	15	N/A	Table 1-2: Quality Measures Added to the SNF QRP Table 1-3: Quality Measures Removed/Retired from the SNF QRP (See Appendix for full-page excerpt.)	Added Table 1-2 and Table 1-3 which provide overviews of the quality measures added and removed with the FY 2025 SNF QRP, respectively. Table 1-2 indicates which new measures were added to the SNF QRP that will be included in the reports and released on Care Compare and the Provider Data Catalog. Table 1-3 indicates which measures were retired from the SNF QRP that will be removed from reporting in the Care Compare and the Provider Data Catalog.

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27.	2	N/A	17	N/A	<ul style="list-style-type: none"> • COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: S040.024) <ul style="list-style-type: none"> ○ This measure identifies the percentage of healthcare personnel (HCP) eligible to work in the SNF setting for at least one day during the reporting period, excluding HCP with contraindications to the COVID-19 vaccine, who are considered up to date who received a complete COVID-19 vaccination course, regardless of clinical responsibility or patient contact. <ul style="list-style-type: none"> ▪ Note: This measure has been updated to replace the term 'complete vaccination course' with 'up to date' in the HCP vaccination definition and to update the numerator to specify the time frames within which an HCP is considered up to date with vaccinations for recommended COVID-19 vaccines, including booster doses. ▪ CDC NHSN: HCP COVID-19 Vaccine <p>Footnote ¹⁹: The updated measure specifications were effective January 2023.</p>	Updated CMS identifier to reflect the modification of the measure's numerator definition. This measure has been updated to account for booster/additional COVID-19 vaccines as finalized in the FY 2024 SNF PPS final rule (88 FR: 53223-53234). Updated hyperlink to direct readers to the updated measure specifications, and added a footnote to include the specification's effective date.
28.	2	N/A	17	N/A	<ul style="list-style-type: none"> • Influenza Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: S041.01) <ul style="list-style-type: none"> ○ This measure identifies the percentage of healthcare personnel who receive the influenza vaccination among the total number of healthcare personnel (HCP) in the facility for at least one working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact. <ul style="list-style-type: none"> ▪ CDC NHSN: HCP Influenza Vaccine 	Add to account for the new HCP Influenza measure for the SNF QRP through the FY 2023 SNF PPS final rule (87 FR 47537-47544).

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29.	3	N/A	19	N/A	CMS utilizes a range of data sources to calculate quality measures. The quality measures listed below were developed using Medicare claims data submitted for Medicare Fee-For-Service residents. Each measure is calculated using unique specifications and methodologies specific to the quality measure. Information regarding measure specifications and reporting details is publicly available and can be accessed on the SNF Quality Reporting Measures Information website . Below are the Medicare claims-based measures included in the SNF QRP and hyperlinks that provide information about each measure, including measure descriptions and definitions, specifications (e.g., numerator, denominator, exclusions, calculations), care setting, and risk-adjustment. Note: as of the manual publication date, an update to the claims-based measures specifications are in progress. An updated claims-based measures specifications document will be posted on the SNF Quality Reporting Measures Information website.	Added note for readers to refer to the claims-based measures specification document posted on the SNF Quality Reporting Measures Information website.
30.	4	4.1.3	26	2.3	2.3. If neither a PPS Discharge Assessment (A0310H = [1]) nor a PPS 5-Day Assessment (A0310B = [01]) is found within the search window, there is no SNF stay in this iteration. Note: If a stay is identified in this iteration, proceed to Step 3 to start the next iteration of search. Otherwise, end the search process.	Clarified stay construction language to notify when the user should move onto the next step of stay construction.
31.	4	4.1.3	27	4	Return to Step 2 . Repeat Steps 2-3 until no additional stay is found from Step 2 or until the last search window starts and ends on the first day of the Target Period.	Further clarified stay construction language.
32.	4	4.2	28-30	3	3. Apply the respective quality measure specifications in Chapter 8 to the eligible resident Medicare Part A SNF stay-level records from the target period. (See Appendix for full-page excerpt.)	Added TOH-Provider measure and TOH-Patient measure to the SNF QRP through the FY 2020 SNF PPS final rule (84 FR 38728-38833). Added Discharge Function Score measure based from the FY 2024 SNF PPS final rule (88 FR: 53233-53243).

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33.	5	N/A	31	N/A	The purpose of this chapter is to present the data selection criteria for the iQIES Review and Correct Reports and the iQIES Quality Measure (QM) Reports CASPER Review and Correct Reports and the CASPER Quality Measure (QM) Reports for quality measures that are included in the SNF QRP and are specific to those quality measures calculated using the MDS. Information about the iQIES CASPER reports can be found on the CMS iQIES Reports website at the following link: CASPER Reports	Updated the chapter introduction to reflect the transition from CASPER to iQIES. Also replaced the CASPER Reports hyperlink with the iQIES Reports hyperlink.
34.	5	N/A	31	N/A	<ul style="list-style-type: none"> • The iQIES QM CASPER Reports are refreshed monthly and separated into two reports: one containing measure information at the facility-level and another at the resident-level, for a single reporting period. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline (“freeze”) dates. <ul style="list-style-type: none"> ○ The assessment-based (MDS) measures are updated monthly, at the facility- and resident-level, as data become available. The performance data contain the current quarter may be partial and the past three quarters. ○ The claims-based measures are updated annually and data are provided at the facility-level only. ○ The HCP COVID-19 Vaccine measure is updated quarterly and the HCP Influenza Vaccine measure is updated annually. The data is provided at the facility level only for these measures. 	Clarified that iQIES QM Reports for claims-based measures are provided at the facility-level only. Provided the frequency of iQIES QM Report updates for the NHSN-based measures.

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35.	5	N/A	30-31	N/A	<ul style="list-style-type: none"> Section 5.1 of this chapter contains data selection for the assessment-based (MDS) quality measures for the iQIES Review and Correct Reports. Section 5.2 of this chapter presents data selection information that can be applied to both the iQIES Resident-level QM Reports and the iQIES Facility-level QM Reports, since the criteria and reporting periods for the iQIES QM Reports are consistent across the resident- and facility-level reports. Section 5.3 of this chapter addresses the transition from MDS 3.0 V1.17.2 to the MDS 3.0 V1.18.11. Data collection for the MDS 3.0 V1.18.11 begins October 1, 2023 and will impact certain quality measure specifications. 	Updated Section 5.2 to account for the transition from CASPER to iQIES. Added Section 5.3 to discuss certain quality measure specification changes with the transition of MDS V1.17.2 to MDS V1.18.11.
36.	5	5.1	32	1	<p>c. Data submission deadline: data must be submitted by 11:59 p.m. ET on the 15th of August, November, February, or May after the end of each respective quarter. However, if the 15th of the month falls on a Friday, weekend, or federal holiday, the data submission deadline is delayed until 11:59 p.m. ET on the next business day</p> <p>i. For example, the data submission deadline for Quarter 4 (October 1 through December 31) Quarter 1 (January 1 through March 31) data collection would normally be 11:59 p.m. ET, August May 15, which is the 15th day of the month, 4.5 months after the end of the data collection period. However, in FY 2021 2022, August May 15th falls fell on a Sunday; therefore, the deadline for this data submission was extended until the next business day which would be was 11:59 p.m. ET on August 16, 2021 May 16, 2022.</p>	Updated the dates of this example. Updates have no effect on data submission deadlines.
37.	5	5.1	34	N/A	<p>Table 5-2 Measure Types by User-Requested Year for all Assessment-Based (MDS) Quality Measures</p> <p>(See Appendix for full-page excerpt).</p>	Updated the user-requested years (i.e., 2023 and 2024), removed NQF references, added the Discharge Function Score measure, and noted which measures will be removed in 2024.

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38.	5	5.1	35-36	N/A	<p>Example of quarterly rates included in the CASPER iQIES Review and Correct Reports for an existing measure: If the requested calendar year quarter end date is Quarter 1, 2020 2024 (end date of March 31st), the four quarters of data that will be provided in this request will include the following: Q2 2019 2023 (April through June), Q3 2019 2023 (July – September), Q4 2019 2023 (October – December), and Q1 2020 2024 (January – March).</p> <p>Example of quarterly rates included in the CASPER iQIES Review and Correct Reports for a new measure: Typically, if the requested calendar year quarter end date is Quarter 1, 2020 2024 (end date of March 31st), the only quarter of data that will be provided in this request will include the following: Q1 2020 2024 (January – March).²⁷</p> <p>Footnote:²⁷ Because the Discharge Function Score measure calculations utilize data that are already being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023 through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. Therefore, if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.</p>	Updated the example measure years to be more current; no effect on calculations. Inserted an additional footnote regarding quarterly rates included in iQIES Review and Correct Reports that is specific to the Discharge Function Score measure.
39.	5	5.3	38	N/A	<p>Section 5.3 Measure Calculations During the Transition from SNF MDS 3.0 V1.17.2 to MDS 3.0 V1.18.11</p> <p>(See Appendix for full-page excerpt).</p>	Added section to describe the impact of the MDS 3.0 V1.17.2 to V1.18.11 transition on certain quality measure specifications. Specifies instructions for measure calculations in which a V1.17.2 MDS assessment is filled out on admission, and a V1.18.11 MDS assessment is filled out on discharge.
40.	7 and 8	Multiple	Multiple	Multiple	Sum the values scores of the discharge self-care items to create a discharge self-care score for each Medicare Part A SNF stay record.	Updated language throughout QM User's Manual to consistently use the terms "score," "code," and "value". "Score" is used for describing the final measure score, expected score, and observed score, "code" is used for describing assessment item code; and "value" is used for describing assessment items codes used in measure calculations (e.g., calculation of observed score).

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41.	7	7.1	40	N/A	<p>Section 7.2 to Section 7.4 outline the steps and methods used to calculate the risk-adjusted measure score for Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02). Section 7.5 presents the steps specific to the measure calculations used for SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.045) and SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.045). Section 7.6 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) Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04) and SNF Functional Outcome measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF# 2634) Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04). Section 7.7 presents the steps specific to the measure calculations for the Discharge Function Measure (CMS ID S042.01).</p>	Added subsection roadmap for calculation of the new Discharge Function Score measure.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
42.	7	7.2	41	4	<p>4. Run the Logistic Regressions.</p> <p>a. Input: Medicare Part A SNF stay file.</p> <p>b. Dependent variable: Does the Medicare Part A SNF stay meet the criteria for the measure? (Yes = [1]; No = [0]).</p> <p>c. Predictors: Stay-level covariates.</p> <p>d. Calculation of logistic regressions: (See Section 7.3, "Calculation of the Expected Quality Measure Score" in this chapter).</p> <p>e. Output values: Logistic regression constant term and stay-level covariate coefficients for each of the quality measures. The resulting values are given in Table RA-3 Table A-2 of Appendix A and in the associated Risk-Adjustment Appendix File.</p>	Updated language to reflect the updated reference location and for accuracy.
43.	7	7.2	41-42	6	<p>6. Calculate national average quality measure scores¹. National average observed quality measure scores are needed for calculating the facility-level risk-adjusted quality measure scores below. The national average observed quality measure scores are calculated for each risk-adjusted quality measure:</p> <p>a. Denominator: For each quality measure, count the total number of Medicare Part A SNF stays that don't meet the exclusion criteria.</p> <p>b. Numerator: For each quality measure, from the denominator sample, count the total number of Medicare Part A SNF stays Stays that meet the criteria for numerator inclusion for the quality measure.</p> <p>c. National average observed quality measure score: Divide the numerator by the denominator. The national average observed quality measure scores, required for these calculations, are presented in Table A-1 of Appendix A and Table RA-1 in the associated Risk-Adjustment Appendix File.</p>	Updated language to reflect the updated reference location and for accuracy.

¹ The national average observed scores are calculated using the Medicare Part A SNF stay as the unit of analysis.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
44.	7	7.3	44	2	The equation used for this example (with the parameters from Table A-2 Table RA-3 ²) is:	Updated language to reflect the updated reference location and for accuracy.
45.	7	7.3	44	3	The values for the covariate parameter for each of the k risk-adjustment coefficients (β_k) used for calculating the stay-level expected quality measure scores are presented in Table A-2 of Appendix A and Table RA-3 and Table RA-4 in the associated Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
46.	7	7.4	45	5	<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 Table RA-1 in 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 iQIES 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>	Updated language to reflect the updated reference location and for accuracy.
47.	7	7.4	46	N/A	These risk-adjusted score calculations are applied to quality measures that use expected scores based on stay-level covariates (See Section 7.3 of this chapter). The national average observed quality measure rates, required for these calculations, are presented in Table A-1 of the Appendix A Table RA-1 in the associated Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
48.	7	7.5	46	N/A	Section 7.5 Measure Calculations Used in Discharge Function Self-Care and Mobility Measures	Updated the title of Section 7.5 to clarify that this section is specific to the Discharge Self-Care and Mobility measures rather than the new Discharge Function Score measure.
49.	7	7.5	46	3	β_1 through β_n are the regression coefficients for the covariates (see Risk-Adjustment Appendix File). Note that any expected discharge score greater than the maximum would be recoded to be the maximum score.	Clarified that language is specific to the expected discharge score.

² The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
50.	7	7.5	46-47	3	See Appendix A, Table A-4 the associated Risk-Adjustment Appendix File for the regression intercept and coefficients as well as detailed MDS coding for each risk adjustor (Table RA-5). ³ The regression intercept and regression coefficients are values obtained through Generalized Linear Model regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in Table A-4 Table RA-5 in the associated Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
51.	7	7.6	47	N/A	Section 7.6 Measure Calculations Used in Change Self-Care and Mobility Function Measures	Updated the title of Section 7.6 to clarify that this section is specific to the Change in Self-Care and Mobility measures.
52.	7	7.6	48	7	See Appendix A, Table A-4 , in the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0 the associated Risk-Adjustment Appendix File for the regression intercept and coefficients as well as detailed MDS coding logic for each risk adjustor (Table RA-5). ⁴ The regression intercept and regression coefficients are values obtained through Generalized Linear Model regression analysis. Please note that the CASPER iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in Appendix A, Table A-4 in the associated Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
53.	7	7.6	49	10	Round the risk-adjusted average change in score value to one decimal place.	Added clarification to specify using the risk-adjusted average change in scores for the calculation process.
54.	7	7.7	49-50	Multiple	Section 7.7 Discharge Function Score (CMS ID: S042.01). (See Appendix for full page excerpt).	Added section to provide measure calculations for the Discharge Function Score measure.

³ The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

⁴ The regression constant (intercept) and coefficient values are rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
55.	8	Multiple	Multiple	N/A	Discharge to acute hospital, psychiatric hospital, long-term care hospital, psychiatric hospital indicated by A2100 = [03, 04, 05, 09] A2105 = [04, 05, 07]. [as indicated on an MDS Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. (See Appendix for full-page excerpt).	Updated the MDS item numbers throughout the QM User's Manual for measures due to the transition from MDS V1.17.2 to V1.18.11 for measure S024.05 and S025.05. See Overview of Substantive Changes between MDS V1.17.2 and MDS V1.18.11 Table for more details.
56.	8	Multiple	Multiple	N/A	A2105 (Discharge status) = [09, 10] or O0110K1b (Hospice while a Resident) = [1] A2100 (Discharge status) = [07] or O0110K1b O0100K2 (Hospice while a Resident) = [1] (See Appendix for full-page excerpt).	Updated the MDS item numbers throughout the QM User's Manual due to the transition from MDS V1.17.2 to V1.18.11 for measures S024.05 and S025.05. See Overview of Substantive Changes between MDS V1.17.2 and MDS V1.18.11 Table for more details.
57.	8	N/A	57-58	Table 8-4	Table 8-4 Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) (See Appendix for full-page excerpt)	Revised language to align with language in the Risk-Adjustment Appendix File and added reference location of coding logic language.
58.	8	N/A	59-61	Table 8-5	Table 8-5 SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05) (See Appendix for full-page excerpt)	Revised language to align with language in the Risk-Adjustment Appendix File and added reference location of coding logic language.
59.	8	N/A	62-64	Table 8-6	Table 8-6 SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05) (See Appendix for full-page excerpt)	Revised language to align with language in the Risk-Adjustment Appendix File and added reference location of coding logic language.
60.	8	N/A	65-68	Table 8-7	Table 8-7 SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients-(CMS ID: S022.04) (See Appendix for full-page excerpt)	Revised language to align with language in the QM User's Manual V4.0 and associated Risk-Adjustment Appendix File.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
61.	8	N/A	69-73	Table 8-8	<p>Table 8-8 SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)</p> <p>(See Appendix for full-page excerpt)</p>	Revised language to align with language in the QM User's Manual V4.0 and associated Risk-Adjustment Appendix File.
62.	Appendix A	N/A	80-82	N/A	<p>Appendix A Measure Specification History-Model Parameters</p> <p>Appendix A provides the following information:</p> <ul style="list-style-type: none"> • Tables detailing the effective dates corresponding to each CMS ID update for all SNF QRP quality measures, and the effective dates corresponding to each manual/addendum version (Section A.1). • Tables listing the covariates and associated MDS items used to calculate each covariate for assessment-based quality measures requiring risk adjustment (Section A.1). • Overview of the Risk Adjustment Appendix File for the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual (Risk Adjustment Appendix File) (Section A.2): • Procedure on how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk Adjustment Appendix File information to apply intercept and coefficient values for measure calculations (Section A.3): <p>The risk-adjusted quality measures addressed in this Appendix are listed in Table A-1 below. Note that a "✓" indicates that the national average observed score or covariate values are included in the risk adjustment calculation for that quality measure. An "n/a" indicates that it is not applicable in the risk adjustment calculation for that quality measure.</p>	<p>Moved Table A-1, A-2, and A-4 (previously Section A.1) in Appendix A of the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File, and placed Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously Sections A.2 and A.3 in Appendix A of the QM User's Manual V4.0) in Appendix B of the QM User's Manual V5.0.</p> <p>Added section which contains tables detailing the effective dates corresponding to each CMS ID update for all SNF QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.</p>

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
63.	Appendix B	N/A	83	N/A	<p>Risk-Adjustment Appendix File Overview Appendix B provides the following information:</p> <p>Overview of the Risk-Adjustment Appendix File for the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual (Risk-Adjustment Appendix File) (Section B.1). Procedure on how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficient values for measure calculations (Section B.2). Table listing the ICD-10-CM codes used to calculate Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days (I8000A through I8000J) for the functional outcome measures (Section B.3). Overview of the Discharge Function Score Imputation Appendix File for the Skilled Nursing Facility Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual (Discharge Function Score Imputation Appendix File) (Section B.4). Procedure on how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Discharge Function Score Imputation Appendix File information to apply model threshold and coefficient values for calculating statistically imputed values for GG items with missing codes, for use in Discharge Function Score measure calculations (Section B.5).</p>	<p>Created Appendix B to include Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously Sections A.1 and A.2 in Appendix A of the QM User's Manual V4.0), and added Discharge Function Score Imputation Appendix File Overview and Discharge Function Score Imputation Appendix File Procedure sections (Sections B.3 and B.4).</p> <p>Updated language in Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (Sections B.1 and B.2) to reflect the new location of Table A-1, A-2, and A-4 (previously in Appendix A of the QM User's Manual V4.0) in the Risk-Adjustment Appendix Files and updated structure of these Appendix files and improve language clarity.</p>
64.	Appendix B	B.1	83-84	N/A	<p><u>Section B.1 Risk-Adjustment Appendix File Overview</u></p> <p>(See Appendix for full-page excerpt)</p>	<p>Section A.2 in the QM User's Manual V4.0 has been relabeled as Section B.1 in V5.0. Updated the language for clarity and removed NQF references.</p>
65.	Appendix B	B.2	85-86	1-6	<p><u>Section B.2 Risk-Adjustment Procedure</u></p> <p>(See Appendix for full-page excerpt)</p>	<p>Added Step 2 guiding readers to refer to Section 5.3 of manual to determine which MDS version to use for measure calculation. Updated language in Steps 3-6 to refer to the associated Risk Adjustment Appendix File.</p>

Appendix

This appendix provides excerpts from the SNF QRP Measure Calculations and Reporting User’s Manual, Version 5.0 to contextualize the information that has been substantially changed since Version 4.0 of the manual. Some changes cover multiple pages and sections of the manual; therefore, examples of a substantive change are included in the Appendix.

Appendix Table of Contents

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User’s Manual V5.0 Reference	Description of Change
66	Overview of Substantive Changes between MDS V1.17.2 and MDS V1.18.11	Created a table listing substantive MDS item number changes for certain SNF QRP measure specifications due to the transition from MDS V1.17.2 to V1.18.11
67	Table 1-1	Added claim-based measures and NHSN-based measures to reflect additions to the SNF Quality Measures: Updated CBE Numbers, CMS IDs, Measure Types, and Measure Reference Name Crosswalks for the claims-based and NHSN-based measures.
68	Table 1-2	Table 1-2 provides information on the four new measures added into the SNF User’s Manual, and their planned initial release dates.
69	Table 1-3	Table 1-3 shows the three measures to be removed/retired from the SNF QRP and their planned removal dates.
70	Section 4.2	Updated measure names to match the names in the FY 2024 SNF PPS final rule (88 FR: 53200-53347). Added TOH-Provider measure and TOH-Patient measure to the SNF QRP through the FY 2020 SNF PPS final rule (84 FR 38728-38833). Added Discharge Function Score measure based from the FY 2024 SNF PPS final rule (88 FR: 53233-53243).
71	Table 5-2	Table 5-2 portrays assessment-based measures for SNF QRP. NQF reference numbers were removed with the transition from NQF to CBE. Updated the request years from 2022-2023 to 2023-2024. Summarized measures that will be added to and removed from the SNF QRP in the 2024 user-requested year.

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	Description of Change
72	Section 5.3	Added section to describe the impact of the MDS 3.0 V1.17.2 to V1.18.11 transition on certain quality measure specifications. Specifies instructions for measure calculations in which a V1.17.2 MDS assessment is filled out on admission, and a V1.18.11 MDS assessment is filled out on discharge.
73	Section 7.7	Added Section 7.7: Discharge Function Score (CMS ID: S042.01) detailing measure calculation steps.
74	Table 8-4	Revised language to align with language in the Risk-Adjustment Appendix File and added reference location of coding logic language.
75	Table 8-5	Revised language to align with language in the Risk-Adjustment Appendix File and added reference location of coding logic language.
76	Table 8-6	Revised language to align with language in the Risk-Adjustment Appendix File and added reference location of coding logic language.
77	Overview of Substantive Changes Impacting SNF QRP Measures between MDS V1.17.2 and MDS V1.18.11	Updated the MDS item numbers from A2100 = [03, 04, 05, 09] to A2105 = [04, 05, 07] due to the transition from MDS V1.17.2 to V1.18.11.
78	Overview of Substantive Changes Impacting SNF QRP Measures between MDS V1.17.2 and MDS V1.18.11	Updated the MDS item numbers O0100K2 to O0110K1b due to the transition from MDS V1.17.2 to V1.18.11. Table 8-11 is a new measure, so the item number was not updated from a previous version but rather inputted directly.
79	Table 8-9	Created Table 8-9 to account for the new TOH-Provider measure as part of the FY 2020 SNF PPS final rule (84 FR 38755-38762). See Appendix for table descriptions.
80	Table 8-10	Create Table 8-10 to account for the addition of the TOH-Patient measure as part of the FY 2020 SNF PPS final rule (84 FR 38761-38764). The denominator of this measure was updated in the FY 2021 SNF PPS final rule (86 FR: 42489-42491). See Appendix for table descriptions.

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	Description of Change
81	Table 8-11	Created Table 8-11 to account for the new Discharge Function Measure as part of the SNF PPS FY24 Rule (88 FR: 53233-53243). See Appendix for table descriptions.
82	Table A-1	Table A-1 shows effective dates by CMS ID updates for all SNF QRP quality measures. Included the table to provide clarity on CMS IDs and measure history across all manual versions.
83	Table A-2	Table A-2 shows effective dates of SNF Quality manual versions. Included the table to provide clarity on CMS IDs and measure history across all manual versions
84	Section B.1	Section A.2 in the QM User's Manual V4.0 has been relabeled as Section B.1 in V5.0. Updated the language for clarity and removed NQF references.
85	Section B.2	Added Step 2 guiding readers to refer to Section 5.3 of manual to determine which MDS version to use for measure calculation. Updated language in Steps 3-6 to refer to the associated Risk Adjustment Appendix File.
86	Section B.3	The Etiologic Logic and Comorbidity section of A-1 in the QM User's Manual V4.0 has been relabeled as Section B.3 in V5.0. Table A-3 from the QM User's Manual V4.0 has been relabeled as to Table B-1. Added the following ICD-10 codes to better capture patients experiencing severe brain damage: S06A1XA, S06A1XD, and S06A1XS. Added the following ICD10- codes to better capture tetraplegia – G82.52
87	Section B.4	Added Discharge Function Score Imputation Appendix File Overview section to provide details on the measure's imputation files location.
88	Section B.5	Added Discharge Function Score Imputation Appendix File Procedure section to provide details on the measure's imputation calculations.

Manual Version 5.0 is current as of October 1, 2023

Overview of Substantive Changes Impacting SNF QRP Measures between MDS V1.17.2 and MDS V1.18.11

Assessment Section	Measure Number	Location of Change in V4.0 Manual	Location of Change in V5.0 Manual	V1.17.2 Item Number	V1.18.11 Item Number	Nature of Change
Identification Information	S024.05 S025.05	Table 8-5 Table 8-6	Table 8-5 Table 8-6	A2100	A2105	Change in discharge status item number affects identification of exclusions
Special Treatment, Procedures, and Programs	S024.05 S025.05	Table 8-5 Table 8-6	Table 8-5 Table 8-6	O0100K2	O0110K1b	Change in hospice care item number affects identification of exclusions
Functional Abilities and Goals	S024.05 S024.05	Table A-4	Risk Adjustment Appendix (Function Measure – Cov Defn)	G0600D	GG0120D	Change in limb prosthesis item number affects covariates
Swallowing/ Nutritional Status	S024.05 S024.05	Table A-4	Risk Adjustment Appendix (Function Measure – Cov Defn)	K0510A2	K0520A3	Change in parenteral/IV feeding item number affects covariates
Swallowing/ Nutritional Status	S024.05 S024.05	Table A-4	Risk Adjustment Appendix (Function Measure – Cov Defn)	K0510B2	K0520B3	Change in feeding tube item number affects covariates
Special Treatment, Procedures, and Programs	S024.05 S024.05	Table A-4	Risk Adjustment Appendix (Function Measure – Cov Defn)	O0100J1	O0110J1 O0110J2 O0110J3	Change in dialysis item number affects covariates

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

Quality Measure	CMIT Measure ID # ⁵	CMS ID ⁶	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) ⁷	00180 (not endorsed)	S040.02	Process	HCP COVID-19 Vaccine
Influenza Vaccination Coverage among Healthcare Personnel (HCP)	00390 (CBE-endorsed)	S041.01	Process	HCP Influenza Vaccine
Medicare Claims-based Measures				
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00575 (not endorsed)	S004.01	Outcome	PPR
Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00210 (CBE-endorsed)	S005.02	Outcome	DTC

(continued)

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes

⁵ Refer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (<https://cmit.cms.gov/cmit/#/>) for the CMIT Measure ID, Consensus Based Entity (CBE)-endorsement status, as well as other detailed measure information. CBE-endorsement status is determined by the CMS CBE, which endorses quality measures through a transparent, consensus-based process that incorporates feedback from diverse groups of stakeholders to foster health care quality improvement. The CMS CBE endorses measures only if they pass a set of measure evaluation criteria. For more information, refer to the document titled CMS CBE Endorsement and Maintenance (<https://mmshub.cms.gov/sites/default/files/Blueprint-CMS-CBE-Endorsement-Maintenance.pdf>). ~~NQF: National Quality Forum~~

⁶ Reflects changes in CMS measure identifiers based on updated measure specifications.

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

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

Quality Measure	NQF-CMIT Measure ID # ⁵ **	CMS ID ⁶	Measure Type**	Measure Reference Name
Medicare Claims-based Measures**				
Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00434 (not endorsed)	S006.01	Cost/ Resource	MSPB
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization	00680 (not endorsed)	S039.01	Outcome	HAI
Assessment-based Measure				
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) ⁸	00520 (CBE-endorsed)	S013.02	Outcome	Application of Falls
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function ⁹	00513 (not endorsed)	S001.03	Process	Application of Functional Assessment/Care Plan
Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program	00225 (not endorsed)	S007.02	Process	DRR
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	00121 (not endorsed)	S038.02	Outcome	Pressure Ulcer/Injury
SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients ¹⁰	00404 (not endorsed)	S024.05	Outcome	Discharge Self-Care Score

(continued)

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes

⁸ This measure is ~~NQF CBE-endorsed~~ for long-stay residents in nursing homes (<https://www.qualityforum.org/QPS/0674>) and an application of this quality measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 80\(4 August 2015\): 46440-46444\)](https://www.federalregister.gov/documents/2015/08/04/2015-16444).

⁹ This measure is an application of measure L009.03 and is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 80\(4 August 2015\): 46389-46477\)](https://www.federalregister.gov/documents/2015/08/04/2015-16477). ~~The measure is not NQF-endorsed.~~ This measure is finalized for removal beginning with the FY 2025 SNF QRP.

¹⁰ This measure is ~~NQF CBE-endorsed~~ for use in the IRF setting (<https://www.qualityforum.org/QPS/2635>) and finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](https://www.federalregister.gov/documents/2017/08/04/2017-16636).

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

Quality Measure	CMIT Measure ID #5**	CMS ID ⁶	Measure Type**	Measure Reference Name
Medicare Claims-based Measures				
SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients ¹¹	00403 (not endorsed)	S025.05	Outcome	Discharge Mobility Score
SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients ¹²	00402 (not endorsed)	S022.04	Outcome	Change in Self-Care Score
SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients ¹³	00401 (not endorsed)	S023.04	Outcome	Change in Mobility Score
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)	00728 (not endorsed)	S043.01	Process	TOH-Provider
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)	00727 (not endorsed)	S044.01	Process	TOH-Patient
Discharge Function Score	01698 (not endorsed)	S042.01	Outcome	DC Score

(continued)

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes

¹¹ This measure is ~~NQF~~ CBE-endorsed for use in the IRF setting (<https://www.qualityforum.org/QPS/2636>) and finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](https://www.federalregister.gov/documents/2017/08/04/2017-15363-snf-qrp).

¹² This measure is ~~NQF~~ CBE-endorsed for use in the IRF setting (<https://www.qualityforum.org/QPS/2633>) and an application of this quality measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](https://www.federalregister.gov/documents/2017/08/04/2017-15363-snf-qrp). This measure is finalized for removal beginning with the FY 2025 SNF QRP.

¹³ This measure is ~~NQF~~ CBE-endorsed for use in the IRF setting (<https://www.qualityforum.org/QPS/2634>) and an application of this quality measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](https://www.federalregister.gov/documents/2017/08/04/2017-15363-snf-qrp). This measure is finalized for removal beginning with the FY 2025 SNF QRP.

Table 1-2
Quality Measures Added to the SNF QRP

Quality Measure	Planned Initial Release Date ¹⁴		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Influenza Vaccination Coverage among Healthcare Personnel (HCP)	n/a ¹⁵	October 2023	October 2023
Discharge Function Score	January 2024	January 2024	October 2024
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)	January 2024	October 2024	October 2025
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)	January 2024	October 2024	October 2025

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

¹⁴ Planned initial release dates are based on the FY 2023 and FY2024 Medicare Skilled Nursing Facility (SNF) Prospective Payment System (PPS) final rules.

¹⁵ Data for this measure is not displayed on the Review & Correct and Patient-Level Quality Measure reports, as this measure is calculated using CDC/NHSN data.

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

Quality Measure	Planned Removal Date ¹⁶		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	January 2024	January 2024	October 2024
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	January 2024	January 2024	October 2024
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	January 2024	January 2024	October 2024

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

¹⁶ Planned removal dates are based on the FY2024 SNF PPS final rule.

Section 4.2 Selection Criteria to Create Medicare Part A SNF Stay-Level Records

3. Apply the respective quality measure specifications in **Chapter 8** to the eligible resident Medicare Part A SNF stay-level records from the target period.
 - a. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (~~NQF #0674~~) (CMS ID: S013.02), [Table 8-1](#)
 - b. Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addressed Function (~~NQF #2631~~) (CMS ID: S001.03), [Table 8-2](#)
 - c. Drug Regimen Review Conducted With Follow-Up for Identified Issues–~~Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program QRP~~ (CMS ID: S007.02), [Table 8-3](#)
 - d. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02), [Table 8-4](#)
 - e. ~~SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635)~~ Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.0405), [Table 8-5](#)
 - f. ~~SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636)~~ Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.0405), [Table 8-6](#)
 - g. ~~SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633)~~ Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04), [Table 8-7](#)
 - h. ~~SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634)~~ Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04), [Table 8-8](#)
 - i. Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) (CMS ID: S043.01), [Table 8-9](#)
 - j. Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) (CMS ID: S044.01), [Table 8-10](#)
 - k. Discharge Function Score (CMS ID: S042.01), [Table 8-11](#)

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

Quality Measures	Measure Type by User- Requested Year	
	2022 2023 **	2023 2024 **
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: S013.02)	Existing	Existing
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (a) (NQF #2631) (CMS ID: S001.03)	Existing	Existing Removed
Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (CMS ID: S007.02)	Existing	Existing
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)	Existing	Existing
SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.05)	Existing	Existing
SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05)	Existing	Existing
SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)	Existing	Existing Removed
SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)	Existing	Existing Removed
Discharge Function Score (CMS ID: S042.01)	--	New

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

** Note that the Measure Type by User-Requested Years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

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

The MDS 3.0 will transition from version 1.17.2 to version 1.18.11 effective October 1, 2023 and will impact certain quality measure specifications. Since the MDS has separate SNF stay admission and discharge assessments (i.e., PPS 5-Day and PPS Discharge), matching is required to create Medicare Part A SNF stays used for measure calculations. This presents a unique issue during the time of implementation when the old MDS assessment is filled out on admission and the new MDS assessment is filled out at discharge.

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

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

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

Section 7.7 Measure Calculation Used in Discharge Function Score Measure (CMS ID: S042.01)

This section presents the steps specific to the measure calculations used for the Discharge Function Score Measure (CMS ID: S042.01).

1. **Identify excluded SNF stays**, as defined in [Table 8-11](#), and **determine the included records**, or the total number of Medicare Part A SNF stays that did not meet the exclusion criteria.
2. **Calculate the observed discharge function score** (discharge function items and valid codes are identified in [Table 8-11](#)) for each stay.
 - 2.1. To obtain the value for items with NA codes (07, 09, 10, 88), dashes, skips, or missing codes, use the statistical imputation procedure (identified in [Table 8-11](#)) to estimate the code for each item and use this code as the value.
 - 2.2. Sum the values of the items to calculate the total observed discharge function score for each Medicare Part A SNF stay record. Scores can range from 10 to 60, with a higher score indicating greater independence.
3. **Calculate the expected discharge function score for each stay.**

For each stay-level record: use the intercept and regression coefficients to calculate the expected discharge function score using the formula below:

$$[1] \text{ Expected discharge function score} = \beta_0 + \beta_1 x_1 + \dots + \beta_n x_n$$

Where:

- **Expected discharge function score** estimates an expected discharge function score.
- β_0 is the regression intercept.
- β_1 through β_n are the regression coefficients for the covariates (see Risk Adjustment Appendix File).
- x_1 – x_n are the risk adjustors.

Note that any expected discharge function score greater than the maximum should be recoded to the maximum score (i.e., 60).

See [Table RA-5](#) and [Table RA-10](#) in the associated Risk-Adjustment Appendix File for the regression intercept and coefficients as well as detailed MDS coding logic for each risk adjustor.¹⁷ The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes, dashes, skips, or missing codes with imputed values.¹⁸ The regression intercept and regression coefficients are values obtained through ordinary least squares linear regression

¹⁷ The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

¹⁸ To calculate imputed values for GG items at admission, repeat Steps 2.4.1-2.4.4, replacing the word “discharge” with the word “admission.”

analysis on all eligible Medicare Part A SNF stays. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period in **Table RA-5** and **Table RA-10** in the associated Risk-Adjustment Appendix File.

4. **Calculate the difference between the observed and expected discharge function scores.** For each Medicare Part A SNF stay record which does not meet the exclusion criteria, compare each stay's observed discharge function score (**Step 2**) and expected discharge function score (**Step 3**) and classify the difference as one of the following:
 - 4.1. Observed discharge score is equal to or greater than the expected discharge score.
 - 4.2. Observed discharge score is less than the expected discharge score.
5. **Determine the denominator count.** Determine the total number of Medicare Part A SNF stays with a MDS in the measure target period, which do not meet the exclusion criteria.
6. **Determine the numerator count.** The numerator for this quality measure is the number of Medicare Part A SNF stays with an observed discharge function score that is the same as or greater than the expected discharge function score (**Step 4.1**).
7. **Calculate the facility-level discharge function percent.** Divide the facility's numerator count (**Step 6**) by its denominator count (**Step 5**), to obtain the facility-level discharge function proportion, then multiply by 100 to obtain a percent value.
8. **Round the percent value to two decimal places.**
 - 8.1. If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
 - 8.2. Drop all digits following the second decimal place.

Table 8-4
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)

Measure Description
<p>This measure reports the percentage of Medicare Part A SNF stays with Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that are new or worsened since admission. The measure is calculated by reviewing a resident's MDS pressure ulcer discharge assessment data for reports of Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that were not present or were at a lesser stage at the time of admission.</p>
Measure Specifications ^a
<p>If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p>Numerator The numerator is the number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, compared to admission.</p> <ol style="list-style-type: none"> 1. Stage 2 (M0300B1) - (M0300B2) > 0, OR 2. Stage 3 (M0300C1) - (M0300C2) > 0, OR 3. Stage 4 (M0300D1) - (M0300D2) > 0, OR 4. Unstageable – Non-removable dressing/device (M0300E1) – (M0300E2) > 0, OR 5. Unstageable – Slough and/or eschar (M0300F1) – (M0300F2) > 0, OR 6. Unstageable – Deep tissue injury (M0300G1) – (M0300G2) > 0 <p>Denominator The denominator is the number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the selected time window for SNF residents ending during the selected time window, except those that meet the exclusion criteria.</p> <p>Exclusions Medicare Part A SNF stays are excluded if:</p> <ol style="list-style-type: none"> 1. Data on new or worsened Stage 2, 3, 4, and unstageable pressure ulcers, including deep tissue injuries, are missing [-] at discharge, i.e.: <ol style="list-style-type: none"> a. (M0300B1 = [-] or M0300B2 = [-]) and (M0300C1 = [-] or M0300C2 = [-]) and (M0300D1 = [-] or M0300D2 = [-]) and (M0300E1 = [-] or M0300E2 = [-]) and (M0300F1 = [-] or M0300F2 = [-]) and (M0300G1 = [-] or M0300G2 = [-]) 2. The resident died during the SNF stay (i.e., Type 2 SNF Stays). <ol style="list-style-type: none"> a. Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).

(continued)

Table 8-4 (continued)
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)

Covariates	
1.	<p>Functional Mobility Admission Performance: Coding of dependent or substantial/maximal assistance for the functional mobility item Lying to Sitting on Side of Bed at admission:</p> <p>a. Covariate = [1] (yes) if GG0170C1 = [01, 02, 07, 09, 10, 88] ([01] = Dependent, [02] = Substantial/maximal assistance, [07] = Resident refused, [09] = Not applicable, [10] = Not attempted due to environmental limitations, [88] = Not attempted due to medical condition or safety concerns)</p> <p>b. Covariate = [0] (no) if GG0170C1 = [03, 04, 05, 06, -] ([03] = Partial/moderate assistance, [04] = Supervision or touching assistance, [05] = Setup or clean-up assistance, [06] = Independent, [-] = No response available)</p>
2.	<p>Bowel Incontinence: Bowel Continence (H0400) at admission</p> <p>a. Covariate = [1] (yes) if H0400 = [1, 2, 3] ([1] = Occasionally incontinent, [2] = Frequently incontinent, [3] = Always incontinent)</p> <p>b. Covariate = [0] (no) if H0400 = [0, 9, -] ([0] = Always continent, [9] = Not rated, [-] = Not assessed/no information)</p>
3.	<p>Peripheral Vascular Disease / Peripheral Arterial Disease or Diabetes Mellitus:</p> <p>a. Covariate = [1] (yes) if any of the following are true:</p> <p>i. Active Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) in the last 7 days (I0900 = [1] (checked))</p> <p>ii. Active Diabetes Mellitus (DM) in the last 7 days (I2900 = [1] (checked))</p> <p>b. Covariate = [0] (no) if I0900 = [0, -] AND I2900 = [0, -] ([0] = No, [-] = No response available)</p>
4.	<p>Low body mass index (BMI), based on height (K0200A) and weight (K0200B):</p> <p>a. Covariate = [1] (yes) if BMI \geq [12.0] AND \leq [19.0]</p> <p>b. Covariate = [0] (no) if BMI $<$ [12.0] OR BMI $>$ [19.0]</p> <p>c. Covariate = [0] (no) if K0200A = [0, 00, -] OR K0200B = [-] ([-] = not assessed/no information)</p> <p>Where: BMI = (weight * 703 / height²) = ([K0200B] * 703) / (K0200A²) and the resulting value is rounded to one decimal place^b.</p>
<p>See covariate details in Appendix A, Table A-4 and Table RA-3 and Table RA-4 in the associated Risk-Adjustment Appendix File.</p>	

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

^bTo round off the percent value to one decimal place, if the digit in the second decimal place is greater than 5, add 1 to the digit in the first decimal place, otherwise leave the digit in the first decimal place unchanged. Drop all the digits following the digit in the first decimal place.

Table 8-5

SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.04 S024.05)^a

Measure Description
This measure estimates the percentage of Medicare Part A SNF Stays that meet or exceed an expected discharge self-care score.
Measure Specifications ^b
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
<i>Self-Care items and Rating scale:</i> The Self-Care assessment items used for discharge Self-Care score calculations are:
<ul style="list-style-type: none">• GG0130A3. Eating• GG0130B3. Oral hygiene• GG0130C3. Toileting hygiene• GG0130E3. Shower/bathe self• GG0130F3. Upper body dressing• GG0130G3. Lower body dressing• GG0130H3. Putting on/taking off footwear
Valid codes and code definitions for the coding of the discharge Self-Care items are:
<ul style="list-style-type: none">• 06 – Independent• 05 – Setup or clean-up assistance• 04 – Supervision or touching assistance• 03 – Partial/moderate assistance• 02 – Substantial/maximal assistance• 01 – Dependent• 07 – Resident refused• 09 – Not applicable• 10 – Not attempted due to environmental limitations• 88 – Not attempted due to medical condition or safety concerns• ^ – Skip pattern• - Not assessed/no information
To obtain the discharge self-care score, use the following procedure:
<ul style="list-style-type: none">• If code is between 01 and 06, then use code as the value score.• If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value score.• If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the value score.
Sum the values scores of the discharge self-care items to create a discharge self-care score for each Medicare Part A SNF stay record. Scores can range from 7 to 42, with a higher score indicating greater independence.

(continued)

Table 8-5 (continued)

SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.04 S024.05)^a

Measure Specifications ^b
<p>Numerator The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score.</p> <p>Denominator The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.</p> <p>Exclusions Medicare Part A SNF stays are excluded if:</p> <ol style="list-style-type: none"> 1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements: <ol style="list-style-type: none"> a. Unplanned discharge, which would include discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. OR b. Discharge to acute hospital, psychiatric hospital long-term care hospital, psychiatric hospital indicated by A2100 = [03, 04, 05, 09] A2105 = [04, 05, 07]. [as indicated on an MDS Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. OR c. SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days) OR d. The resident died during the SNF stay (i.e., Type 2 SNF Stays). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]). 2. The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none"> a. Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see Appendix A, Table A-3 Appendix B, Table B-1). 3. The resident is younger than age 18: <ol style="list-style-type: none"> a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years. b. Age is calculated in years based on the truncated difference between entry admission date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number 4. The resident is discharged to hospice or received hospice while a resident: <ol style="list-style-type: none"> a. A2105 (Discharge status) = [09, 10] or O0110K1b (Hospice while a Resident) = [1] A2100 (Discharge status) = [07] or O0110K1b O0100K2 (Hospice while a Resident) = [1] 5. The resident did not receive physical or occupational therapy services at the time of admission (i.e., on the 5- Day PPS assessment): <ol style="list-style-type: none"> a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0])

(continued)

Table 8-5 (continued)

SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.04 S024.05)^a

Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stay.</i></p> <ol style="list-style-type: none">1. Age group2. Admission self-care score – continuous score form3. Admission self-care score – squared form4. Primary medical condition category5. Interaction between primary medical condition category and admission self-care score6. Prior surgery7. Prior functioning: self-care8. Prior functioning: indoor mobility (ambulation)9. Prior mobility device use10. Stage 2 pressure ulcer11. Stage 3, 4, or unstageable pressure ulcer/injury12. Cognitive abilities13. Communication Impairment14. Urinary Continence15. Bowel Continence16. Tube feeding or total parenteral nutrition17. Comorbidities <p>See covariate details in Appendix A, Table A-4 and Table RA-5 and Table RA-8 in the associated Risk-Adjustment Appendix File.</p>

^a This measure was is NQF endorsed for use in the IRF setting (<https://www.qualityforum.org/QPS/2635>) finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

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

Table 8-6
~~SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.04)~~ Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05)^a

Measure Description
This measure estimates the percentage of Medicare Part A SNF Stays that meet or exceed an expected discharge mobility score.
Measure Specifications ^b
<p>If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p><i>Mobility items and Rating scale:</i> The Mobility assessment items used for discharge Mobility score calculations are:</p> <ul style="list-style-type: none"> • GG0170A3. Roll left and right • GG0170B3. Sit to lying • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170G3. Car transfer • GG0170I3. Walk 10 feet • GG0170J3. Walk 50 feet with two turns • GG0170K3. Walk 150 feet • GG0170L3. Walking 10 feet on uneven surfaces • GG0170M3. 1 step (curb) • GG0170N3. 4 steps • GG0170O3. 12 steps • GG0170P3. Picking up object <p>Valid codes and code definitions for the coding of the discharge Mobility items are:</p> <ul style="list-style-type: none"> • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Resident refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern • - – Not assessed/no information

(continued)

Table 8-6 (continued)

~~SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.04)~~ Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05)^a

Measure Specifications ^b
<p>To obtain the discharge mobility score, use the following procedure</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use code as the score. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score. • If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the score. <p>Sum the scores of the discharge mobility items to create a discharge mobility score for each Medicare Part A SNF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.</p> <p>Numerator The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only) in the denominator, except those that meet the exclusion criteria, with a discharge mobility score that is equal to or higher than the calculated expected discharge mobility score.</p> <p>Denominator The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only), except those that meet the exclusion criteria.</p> <p>Exclusions Medicare Part A SNF Stays are excluded if:</p> <ol style="list-style-type: none"> 1. The Medicare Part A SNF Stay is an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements: <ol style="list-style-type: none"> a. Unplanned discharge, which would include discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. OR b. Discharge to acute hospital, long-term care hospital, psychiatric hospital indicated by A2100 = [03, 04, 09] A2105 = [04, 05, 07]. [as indicated on an MDS Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. OR c. SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days) OR d. The resident died during the SNF stay (i.e., <u>Type 2 SNF Stays</u>). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]). 2. The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none"> a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see Appendix A, Table A-3) (see Appendix B, Table B-1). 3. The resident is younger than age 18: <ol style="list-style-type: none"> a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years. b. Age is calculated in years based on the truncated difference between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number

(continued)

Table 8-6 (continued)

~~SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.04)~~ Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.05)^a

Measure Specifications ^b
<p>4. The resident is discharged to hospice or received hospice while a resident:</p> <p>a. A2105 (Discharge status) = [09, 10] or O0110K1b (Hospice while a Resident) = [1].</p> <p>5. The resident did not receive physical or occupational therapy services at the time of admission (i.e., on the 5- Day PPS assessment):</p> <p>a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3=[0])</p>
Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission mobility score – continuous form score 3. Admission mobility score – squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission mobility 6. Prior surgery 7. Prior functioning: indoor mobility (ambulation) 8. Prior functioning: stairs 9. Prior functioning: functional cognition 10. Prior mobility device use 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. Cognitive abilities 14. Communication impairment 15. Urinary Continence 16. Bowel Continence 17. History of falls 18. Tube feeding or total parenteral nutrition 19. Comorbidities <p>See covariate details in Appendix A, Table A-4, Table RA-5 and Table RA-9 in the associated Risk-Adjustment Appendix File.</p>

^a This measure was ~~is NQF endorsed for use in the IRF setting~~ (<https://www.qualityforum.org/QPS/2636>) finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

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

Table 8-7

SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)^a

Measure Description
This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Medicare Part A SNF Stays.
Measure Specifications ^b
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
Self-Care items and Rating scale: The Self-Care assessment items used for admission Self-Care score calculations are:
<ul style="list-style-type: none">• GG0130A1. Eating• GG0130B1. Oral hygiene• GG0130C1. Toileting hygiene• GG0130E1. Shower/bathe self• GG0130F1. Upper body dressing• GG0130G1. Lower body dressing• GG0130H1. Putting on/taking off footwear
Valid codes and code definitions for the coding of the admission Self-Care items are:
<ul style="list-style-type: none">• 06 – Independent• 05 – Setup or clean-up assistance• 04 – Supervision or touching assistance• 03 – Partial/moderate assistance• 02 – Substantial/maximal assistance• 01 – Dependent• 07 – Resident refused• 09 – Not applicable• 10 – Not attempted due to environmental limitations• 88 – Not attempted due to medical condition or safety concerns• - – Not assessed/no information
To obtain the admission self-care score, use the following procedure:
<ul style="list-style-type: none">• If code is between 01 and 06, then use the code as the value score.• If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value score.• If the self-care item is dashed (-) or missing, recode to 01 and use this code as the value score.
Sum the values scores of the admission self-care items to create an admission self-care score for each stay-level record. Scores can range from 7 to 42, with a higher score indicating greater independence.

(continued)

Table 8-7 (continued)

SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)^a

Measure Specifications^b

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

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

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

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

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

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

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

Numerator

The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in self-care score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in self-care score is calculated as the difference between the discharge self-care score and the admission self-care score.

Denominator

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

Exclusions

Medicare Part A SNF stays are excluded if:

(continued)

Table 8-7 (continued)

~~SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633)~~ Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)^a

Measure Specifications ^b	
1.	The Medicare Part A SNF Stay was an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements: <ol style="list-style-type: none">Unplanned discharge, which would include discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. ORDischarge to acute hospital, psychiatric hospital, long-term care hospital indicated by A2100 = [03, 04, 09]. [as indicated on an MDS Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. ORSNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days) ORThe resident died during the SNF stay (i.e., Type 2 SNF Stays). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).
2.	The resident is independent with all self-care activities at the time of admission (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none">Items used to identify these resident records are as follows: Eating (Item GG0130A1), Oral hygiene (Item GG0130B1), Toileting hygiene (Item GG0130C1), Shower/Bathe self (Item GG0130E1), Upper body dressing (Item GG0130F1), Lower body dressing (Item GG0130G1), Putting on/taking off footwear (Item GG0130H1).All seven self-care items must = [6] on the 5-day PPS assessment for this exclusion to apply
3.	The resident has the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none">Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see Appendix A, Table A-3 Table A-4 in the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0).
4.	The resident is younger than age 18: <ol style="list-style-type: none">A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years.Age is calculated in years based on the truncated difference between admission entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number
5.	The resident is discharged to hospice or received hospice while a resident: <ol style="list-style-type: none">A2100 (Discharge status) = [07] or O0100K2 (Hospice while a Resident) = [1].
6.	The resident did not receive physical or occupational therapy services (i.e., on the 5-Day PPS assessment): <ol style="list-style-type: none">(Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0])

(continued)

Table 8-7 (continued)

SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: S022.04)^a

Covariates
<i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays.</i>
<ol style="list-style-type: none">1. Age group2. Admission self-care score – continuous form score3. Admission self-care score – squared form-score4. Primary medical condition category5. Interaction between primary medical condition category and admission self-care6. Prior surgery7. Prior functioning: self-care8. Prior functioning: indoor mobility (ambulation)9. Prior mobility device use10. Stage 2 pressure ulcer11. Stage 3, 4, or unstageable pressure ulcer/injury12. Cognitive abilities13. Communication impairment14. Urinary Continence15. Bowel Continence16. Tube feeding or total parenteral nutrition17. Comorbidities
See covariate details in Appendix A, Table A-4 in Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 4.0 and the associated Risk-Adjustment Appendix File. ^{d, e}

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

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

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

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

Table 8-8

SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF: #2634) Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)^a

Measure Description
This measure estimates the risk-adjusted mean change in mobility score between admission and discharge for Medicare Part A SNF Stays.
Measure Specifications ^b
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
Mobility items and Rating scale: The Mobility assessment items used for admission Mobility score calculations are:
<ul style="list-style-type: none">• GG0170A1. Roll left and right• GG0170B1. Sit to lying• GG0170C1. Lying to sitting on side of bed• GG0170D1. Sit to stand• GG0170E1. Chair/bed-to-chair transfer• GG0170F1. Toilet transfer• GG0170G1. Car transfer• GG0170I1. Walk 10 feet• GG0170J1. Walk 50 feet with two turns• GG0170K1. Walk 150 feet• GG0170L1. Walking 10 feet on uneven surfaces• GG0170M1. 1 step (curb)• GG0170N1. 4 steps<input type="checkbox"/> GG0170O1. 12 steps.• GG0170P1. Picking up object
Valid codes and code definitions for the coding of the admission Mobility items are:
<ul style="list-style-type: none">• 06 – Independent• 05 – Setup or clean-up assistance• 04 – Supervision or touching assistance• 03 – Partial/moderate assistance• 02 – Substantial/maximal assistance• 01 – Dependent• 07 – Resident refused• 09 – Not applicable• 10 – Not attempted due to environmental limitations• 88 – Not attempted due to medical condition or safety concerns• ^ – Skip pattern: only valid for items GG0170J1 through GG0170L1; GG0170N1, GG0170O1• - – Not assessed/no information

(continued)

Table 8-8 (continued)

~~SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents~~ Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients CMS ID: S023.04)^a

Measure Specifications^b

To obtain the admission mobility score, use the following procedure

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

Sum the **values scores** of the admission mobility items to create an admission mobility score for each Medicare Part A SNF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.

The Mobility assessment items used for discharge Mobility score calculations are:

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer
- GG0170I3. Walk 10 feet
- GG0170J3. Walk 50 feet with two turns
- GG0170K3. Walk 150 feet
- GG0170L3. Walking 10 feet on uneven surfaces
- GG0170M3. 1 step (curb)
- GG0170N3 4 steps
- GG0170O3 12 steps
- GG0170P3. Picking up object

Valid codes and code definitions for the coding of the discharge Mobility items are:

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

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

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

(continued)

Table 8-8 (continued)

SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)^a

Measure Specifications^b

Sum the **values scores** of the discharge mobility items to create a discharge mobility score for each Medicare Part A SNF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.

Numerator

The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in mobility score between admission and discharge among Medicare Part A SNF stays, except those that meet the exclusion criteria. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.

Denominator

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

Exclusions

Medicare Part A SNF stays are excluded if:

1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (*incomplete = [1]*) are identified based on the following criteria using the specified data elements:
 - a. Unplanned discharge, which would include discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)].
OR
 - b. Discharge to acute hospital, psychiatric hospital, long-term care hospital indicated by A2100 = [03, 04, 09]. [as indicated on an MDS Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)].
OR
 - c. SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days)
OR
 - d. The resident died during the SNF stay (i.e., **Type 2 SNF Stays**). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).
2. The resident is independent on all mobility activities at the time of the admission (i.e., on the 5-Day PPS assessment): Items used to identify these resident records are as follows: Roll left and right (Item GG0170A1), Sit to lying (Item GG0170B1), Lying to sitting on side of bed (Item GG0170C1), Sit to stand (Item GG0170D1), Chair/bed-to-chair transfer (Item GG0170E1), Toilet transfer (Item GG0170F1), Car transfer (Item GG0170G1), Walk 10 feet (Item GG0170I1), Walk 50 feet with two turns (Item GG0170J1), Walk 150 feet (Item GG0170K1), Walking 10 feet on uneven surfaces (Item GG0170L1), 1 step (curb) (Item GG0170M1), 4 steps (Item GG0170N1), 12 steps (Item GG0170O1), Picking up object (GG0170P1).
 - a. All fifteen mobility items must = [6] on the 5-day PPS assessment for this exclusion to apply.
3. The resident has **any** of the following medical conditions at the time of the admission (i.e., on the 5-Day PPS assessment):
 - a. Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see **Table A-4 Appendix A, Table A-4** in Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0).^c

(continued)

Table 8-8 (continued)

~~SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents~~ Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: S023.04)^a

Measure Specifications ^b
<ol style="list-style-type: none">4. The resident is younger than age 18:<ol style="list-style-type: none">a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years.b. Age is calculated in years based on the truncated difference between admission entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number5. The resident is discharged to hospice or received hospice while a resident:<ol style="list-style-type: none">a. A2100 (Discharge status) = [07] or O0100K2 (Hospice while a Resident) = [1].6. The resident did not receive physical or occupational therapy services at the time of the admission (i.e., on the 5-Day PPS assessment):<ol style="list-style-type: none">a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3=[0])
Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays.</i></p> <ol style="list-style-type: none">1. Age group2. Admission mobility score – continuous form score3. Admission mobility score – squared form4. Primary medical condition category5. Interaction between primary medical condition category and admission mobility score6. Prior surgery7. Prior functioning: indoor mobility (ambulation)8. Prior functioning: stairs9. Prior functioning: functional cognition10. Prior mobility device use11. Stage 2 pressure ulcer12. Stage 3, 4, or unstageable pressure ulcer/injury13. Cognitive abilities14. Communication impairment15. Urinary Continence16. Bowel Continence17. History of falls18. Tube feeding or total parenteral nutrition19. History of falls19. Comorbidities <p>See covariate details in Appendix A, Table A-4 in Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0 and the associated Risk-Adjustment Appendix File.^{d, e}</p>

^a This measure is ~~NQF endorsed for use in the IRF setting~~ (<https://www.qualityforum.org/QPS/2634>) and an **application of this quality measure** was finalized for reporting by SNFs under the **SNF QRP (Federal Register 82 (4 August 2017): 36530-36636)**.

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

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

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

Table 8-9
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) (CMS ID: S043.01) ^a

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

^a This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 84 \(7 August 2019\): 38755-38762\)](#).

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

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

Table 8-10
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) (CMS ID: S044.01)

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

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

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

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

Table 8-11
Discharge Function Score (CMS ID: S042.01)^a

Measure Description
<p>This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.</p>
Measure Specifications ^b
<p>If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.</p> <p>Function items and Rating scale: The function assessment items used for discharge function score calculations are:</p> <ul style="list-style-type: none"> • GG0130A3. Eating • GG0130B3. Oral hygiene • GG0130C3. Toileting hygiene • GG0170A3. Roll left and right • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170I3: Walk 10 Feet* • GG0170J3: Walk 50 Feet with 2 Turns* • GG0170R3. Wheel 50 feet with 2 Turns* <p>* Count Wheel 50 Feet with 2 Turns (GG0170R) score twice to calculate the total observed discharge function score for stays where (i) Walk 10 Feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 Feet with 2 Turns (GG0170R) or Wheel 150 Feet (GG0170S) has a code between 1 and 6 at either at admission or at discharge. The remaining stays use Walk 10 Feet (GG0170I) + Walk 50 Feet with 2 Turns (GG0170J) to calculate the total observed discharge function score.</p> <p>In either case, 10 items are used to calculate a resident’s total observed discharge score and score values range from 10 – 60.</p> <p>Valid codes and their definitions for the discharge function items are:</p> <ul style="list-style-type: none"> • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Resident refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skippattern • - – Not assessed/no information <p>To obtain the discharge function score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, use the code as the value. • If code is 07, 09, 10, 88, dashed (-), then use statistical imputation to estimate the item value for that item and use this code as the value. • If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.

(continued)

Table 8-11 (continued)
Discharge Function Score (CMS ID: S042.01)^a

Measure Specifications^b

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

Statistical Imputation

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

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

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

Where:

- γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0130A discharge model (See Discharge Function Score Appendix File). Note that the coefficients used in this calculation do not include the thresholds described in Step 2.4.2.)
 - x_1 – x_m are the imputation risk adjustors specific to the GG0130A discharge model.
2. Calculate the probability for each possible value, had the GG item been assessed, using z (Step 1) and the equations below.

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

Where:

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

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

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

(continued)

Table 8-11 (continued)
Discharge Function Score (CMS ID: S042.01)^a

Measure Specifications^b

See [Table IA-1](#), [Table IA-2](#), and [Table IA-3](#) in the associated Discharge Function Score Imputation Appendix File for the imputation coefficients and thresholds, as well as detailed MDS coding for each risk adjustor.¹⁹ The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible Medicare Part A SNF stays where the item value is not missing (i.e., had a value 01-06) at discharge, and covariates include the predictors used in risk adjustment and values on all GG items available in MDS. The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values.²⁰ Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in [Table IA-1](#), [Table IA-2](#), and [Table IA-3](#) in the Discharge Function Score Imputation Appendix File.

Numerator

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

Denominator

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

Exclusions

Medicare Part A SNF stays are excluded if:

1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (*incomplete = [1]*) are identified based on the following criteria using the specified data elements:
 - a. Unplanned discharge, which includes discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)].
OR
 - b. Discharge to acute hospital, psychiatric hospital, long-term care hospital indicated by A2100 = [03, 04, 09]. [as indicated on an MDS Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)].
OR
 - c. SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days)
OR
 - d. The resident died during the SNF stay (i.e., **Type 2 SNF Stays**). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).
2. The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment):
 - a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see **Appendix B, Table B-1**).

(continued)

¹⁹ The imputation coefficient and threshold values have been rounded to four decimal places. When applying these values to the equation to calculate imputed item values, these coefficient and threshold values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

²⁰ To calculate imputed values for GG items at admission, repeat Steps 1-4, replacing the word “discharge” with the word “admission.”

Table 8-11 (continued)
Discharge Function Score (CMS ID: S042.01)^a

Measure Specifications ^b
<p>3. The resident is younger than age 18:</p> <p>a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years.</p> <p>b. Age is calculated in years based on the truncated difference between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number</p> <p>4. The resident is discharged to hospice or received hospice while a resident:</p> <p>a. A2105 (Discharge status) = [09, 10] or O0110K1b (Hospice while a Resident) = [1].</p> <p>5. The resident did not receive physical or occupational therapy services at the time of admission (i.e., on the 5- Day PPS assessment):</p> <p>a. (Sum of O0400B1 + O0400B2 + O0400B3 = [0]) and (sum of O0400C1 + O0400C2 + O0400C3 = [0])</p>
Covariates
<p><i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF Stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission function score – continuous form^c 3. Admission function score – squared form^c 4. Primary medical condition category 5. Interaction between admission function score and primary medical condition category 6. Prior surgery 7. Prior functioning: self-care 8. Prior functioning: indoor mobility (ambulation) 9. Prior functioning: stairs 10. Prior functioning: functional cognition 11. Prior mobility device use 12. Stage 2 pressure ulcer/injury 13. Stage 3, 4, or unstageable pressure ulcer/injury 14. Cognitive abilities 15. Communication impairment 16. Urinary Continence 17. Bowel Continence 18. History of falls 19. Nutritional approaches 20. High BMI 21. Low BMI 22. Comorbidities <p>See covariate details in Table RA-5 and Table RA-10 in the associated Risk-Adjustment Appendix File.</p>

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

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

^c Admission function score is the sum of admission values for function items included in the discharge score. NAs in admission item coding are treated the same way as NAs in the discharge item coding, with NAs replaced with

imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

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

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

(continued)

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

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

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

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

Table A-2
Effective Dates of SNF Quality Manual Versions

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

** Note that the headers are new along with the table. Header text in this table is kept as white text, rather than red, to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

Section B.1 Risk-Adjustment Appendix File Overview

The intercept and coefficient values for each of the covariates ~~used in assessment-based quality measures requiring risk-adjustment listed by quality measure in Section A-1~~ are available in the Risk-Adjustment Appendix File, which can be accessed on the [SNF Quality Reporting Measures Information website](#). This Risk-Adjustment Appendix File, which is used alongside this appendix, contains current and historical intercept and coefficient values, ~~and~~ the risk-adjustment schedule including applicable discharge dates for each update to the intercept and coefficient values, ~~and~~ covariate definitions.

Excel Worksheets in the Risk-Adjustment Appendix File:

Overview: Brief description of the document and its content.

Schedule: The risk-adjustment schedule for each quality measure.

- *Quality Measure Name:* Full measure name as referenced throughout the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V5.0. ~~A National Quality Forum (NQF) identification number is provided with the quality measure name, as applicable.~~
- *Measure Reference Name:* Abbreviated name for the quality measure.
- *Risk-Adjustment Update ID:* Number assigned to the initial and subsequent updates of the coefficient and intercept values for a unique risk-adjusted quality measure.
- *QM User's Manual Specification Version:* Number assigned to the initial and subsequent versions of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.
- *QM User's Manual Specification Posting Date:* Month and year of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the [SNF Quality Reporting Measures Information website](#).
- *Measure Calculation Application Dates:* Discharge dates associated with the intercept and coefficient values for each Risk-Adjustment Update ID.

National Average: This tab provides a national average observed score for each Risk-Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the **CASPER iQIES** QM Reports, Provider Preview Reports, and on public display on the Compare Website may vary from the national average observed score provided by the Risk-Adjustment Appendix File.

Quality Measure Specific Covariate Definition Tabs: Lists each covariate and its coding definition. Note that information on these tabs were previously included as covariate definition tables in Appendix A of this manual.

Quality Measure Specific Coefficient Tabs: Lists each covariate and its associated coefficient value for each risk-adjustment update ID.

Section B.2 Risk-Adjustment Procedure

Below is the procedure on how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficients values to calculate the risk-adjusted scores. Steps to calculate the risk-adjusted quality measures may vary by each measure. The following procedure contains the general steps:

1. Utilize the record selection guidance as listed in **Chapter 4** Record Selection for Assessment-Based (MDS) Quality Measures in this manual.
2. Follow the guidance for the version or versions of the MDS applicable to the assessment dates (based on discharge date) required for your calculation found in **Chapter 5, Section 5.3: Measure Calculations During the Transition from MDS 3.0 V1.17.2 to MDS 3.0 V1.18.11**.
3. Use the specific calculation steps provided in Chapter 7 Calculations for Assessment-Based (MDS) Measures That Are Risk-Adjusted.
 - a. Refer to the **covariate definition table for the applicable quality measure in the Risk-Adjustment Appendix File Appendix A** on details to calculate the covariates for each quality measure.
4. Refer to the Risk-Adjustment Appendix File, **Overview tab**, for information on how to apply intercept and coefficient values to measure calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure.
5. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Risk-Adjustment Update ID associated with those discharge dates.
6. Select the **coefficients tab corresponding to the applicable quality measure, and then tab then** use the applicable Risk-Adjustment Values Update ID column. Apply the intercept and coefficient values for each covariate.
 - a. For quality measures using the national average observed score in the measure calculation, select the National Average tab and use the national average observed score that corresponds to the Risk-Adjustment Values Update ID column used.

Example (Steps 3-5): Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

- MDS record had a discharge date of 06/15/2019
- In the Schedule tab of the **Risk-Adjustment Appendix File**, refer to the Pressure Ulcer measure.
 - The discharge date of 06/15/2019 is within the discharge date range for Risk-Adjustment Update ID 1 (10/01/2018– 09/30/2019). Therefore, the user should use the information provided in the Risk-Adjustment ID 1 column.

- Select the Pressure Ulcer tab and apply the intercept and coefficient values in the Risk-Adjustment ID 1 column for each covariate.
- Select the National Average tab and use the Risk-Adjustment Update ID 1 column for the Pressure Ulcer national average observed score.

Section B.3 Etiologic Diagnosis or Comorbid Conditions

This section contains ICD-10-CM codes used to calculate Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days (I8000A through I8000J) for the functional outcome measures.

Table A-3 B-1
Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days (I8000A through I8000J) – ICD-10-CM Codes

Primary Medical Condition Category (Item I0020B and I8000A through I8000J)	ICD-10-CM Codes			
Severe brain damage	G93.9 S06A1XA S06A1XD S06A1XS			
Complete tetraplegia	G82.51, G82.52, G82.53, S14.111A, S14.111D, S14.111S, S14.112A, S14.112D, S14.112S,	S14.113A, S14.113D, S14.113S, S14.114A, S14.114D, S14.114S, S14.115A, S14.115D,	S14.115S, S14.116A, S14.116D, S14.116S, S14.117A, S14.117D, S14.117S,	S14.118A, S14.118D, S14.118S, S14.119A, S14.119D, S14.119S
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1, G93.5, G93.6			

Section B.4 Discharge Function Score Imputation Appendix File Overview

The model thresholds and coefficient values for each of the covariates used in the imputation models for the Discharge Function Score measure are available in the Discharge Function Score Imputation Appendix File, which can be accessed on the [SNF Quality Reporting Measures Information website](#). This Discharge Function Score Imputation Appendix File, which is used alongside this appendix, contains model thresholds and coefficient values, the imputation schedule including applicable discharge dates for each update to the model threshold and coefficient values, and covariate definitions.

Excel Worksheets in the Discharge Function Score Imputation Appendix File:

Overview: Brief description of the document and its content.

Schedule: The imputation schedule for the Discharge Function Score measure.

- *Quality Measure Name:* Full measure name as referenced throughout the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V5.0.
- *Measure Reference Name:* Abbreviated name for the Discharge Function Score measure.
- *Imputation Update ID:* Number assigned to the initial and subsequent updates of the coefficient and model threshold values for the Discharge Function Score measure.
- *QM User's Manual Specification Version:* Number assigned to the initial and subsequent versions of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.
- *QM User's Manual Specification Posting Date:* Month and year of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the [SNF Quality Reporting Measures Information website](#).
- *Measure Calculation Application Dates:* Discharge dates associated with the model threshold and coefficient values for each Imputation Update ID.

Covariate Definitions Tab: Lists the model thresholds and each covariate and its coding definition, and indicates thresholds and covariates used in each of the imputation models.

Coefficients – Admission Tab: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG admission item imputation model.

Coefficients – Discharge Tab: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG discharge item imputation model.

Section B.5 Discharge Function Score Imputation Procedure

Below is the procedure for how to use the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Discharge Function Score Imputation Appendix File information to apply coefficient and model threshold values to calculate the statistically imputed item value. The following procedure contains the general steps:

1. Use the specific calculation steps of Step #2.1 provided in **Section 7.7: Discharge Function Score** of Chapter 7 Measure Calculations for Assessment-Based Quality Measures (MDS).
 - a. Refer to the covariate definition table in the **Discharge Function Score Imputation Appendix File** for details to calculate the covariates.
2. Refer to the **Discharge Function Score Imputation Appendix File**, Overview tab, for information on how to apply coefficient and model threshold values to imputation calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure.
3. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Imputation Update ID associated with those discharge dates.
4. Select the coefficients tab corresponding to the GG item model (Admission/Discharge) and Update ID, and then use the applicable Imputation Values GG item model column. Apply the coefficient values for each covariate and the model threshold values.

Example (Steps 2–4):

- MDS assessment had a discharge date of 06/15/2023 and a "Not Attempted" value coded for GG0130A1 (Eating at Admission).
- In the Schedule tab of the **Discharge Function Score Imputation Appendix File**, refer to the Discharge Function Score measure.
 - The discharge date of 06/15/2023 is within the discharge date range for Imputation Update ID 1 (10/01/2022-09/30/2023). Therefore, the user should use the information provided in the Imputation Update ID 1 column.
- Select the Coefficients – Admissions tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 1, GG0130A1 column.