

Quality Reporting Program (QRP) Impact on your Facility



CHR

Complete HealthCare Resources EASTERN, INC.
STRATEGIC SOLUTIONS FOR SENIOR CARE PROVIDERS

QRP Impact on your Facility

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Disclosure

- We do not have any financial relationships to disclose
- We do not have any conflicts of interest to disclose
- We will not promote any commercial products or services

QRP a little history

- The IMPACT Act of 2014 mandated the establishment of the SNF QRP. As finalized in the FY 2016 SNF PPS final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY.

QRP Data time frame

- The FY 2020 program year is based on four quarters of data from 1/1/2018 – 12/31/2018. This means that starting on October 1, 2019 (FY 2020) your APU will be updated based on the compliance determination from the data submitted for admissions to the SNF on and after January 1, 2018 and discharges from the SNF up to and including December 31, 2018.

QRP Data Collection Periods

- **DATA COLLECTION PERIOD AND DATA SUBMISSION DEADLINES AFFECTING THE FY 2020 PAYMENT DETERMINATION AND SUBSEQUENT YEARS**

Quarterly review and correction periods and data submission quarterly deadlines for payment determination

- | | |
|---------------------------------|--------------------------|
| • CY Q1—January 1 – March 31 | Q1 Deadline: August 15 |
| • CY Q2— April 1 – June 30 | Q2 Deadline: November 15 |
| • CY Q3— July 1 – September 30 | Q3 Deadline: February 15 |
| • CY Q4—October 1 – December 31 | Q4 Deadline: May 15 |

QRP Old vs. New Measures

- Prior to 10-1-18
- 2% reduction Medicare Market Basket Payment
- **3 Measures MDS Based**
 - Percentage of residents with new or worsened pressure ulcer (Section M)
 - Application of Percentage of residents with one or more falls with major injury (Section J)
 - Application of Percentage of Long Term Care Hospital Patients with an admission and discharge functional assessment and care plan that addresses function (Section GG of the MDS)
 - **3 Claim Based Measures**
 - Discharge to Community
 - Potentially Preventable Post Discharge Readmission Measure
 - Total Estimated Medicare Spending per Beneficiary
- Effective 10-1-18
- 2% reduction Medicare Market Basket Payment
- **Previous 6 measures and 6**
 - **Additional Measures**
 - Change in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (Section M)
 - Drug Regime Review Conducted with Follow Up for Identified Issues (Section N)
 - Application of IRF Function Outcome Measure Change in Self Care for Medical Rehabilitation Patients (Section GG)
 - Application of IRF Function Outcome Measure Change in Mobility Score for Medical Rehabilitation Patients (Section GG)
 - Application of IRF Functional Outcome Measure Discharge Self Care Score for Medical Rehabilitation Patients (Section GG)
 - Application of IRF Functional Outcome Measure Discharge Mobility Score for Medical Rehabilitation Measure (Section GG)

QRP Old vs. New Measure

- What does this mean for you
- Increase in measures focusing on Section GG of the MDS
- MDS version effective 10-1-18 reflects additional questions in Section GG
 - Added questions regarding ability to self care prior to admission to the SNF as well as an additional question regarding the resident's cognition and the affect on self care prior to admission to the SNF
 - QRP Measures are also beginning to compare function recorded on the 5 day PPS assessment to the SNF Part A PPS Discharge assessment

QRP Old vs. New Measures

- In other words:
 - Did your resident improve or decline in function over the course of the stay
 - AND
 - To take this a bit further did the resident reach the goals set with them during the stay

QRP what remains the same

- 2% reduction is applied if less than 80% of data can be calculated
- Reports continue to be available on the Casper System
- Time is given to Review and Correct the report
- Items on the MDS should not be dashed

QRP and the MDS

- Let's take a brief look at the measures that are calculated by the MDS, how this impacts your facility and a few things to think about.

QRP and the MDS

- All MDS measures are based on the 5 day PPS assessment and the SNF Part A PPS discharge assessment
- Impact Traditional Medicare A only
- Measures are calculated based on the data from MDS assessments submitted to the QIES-ASAP system
- If items are dashed the calculation is not accurate
- If errors are present on the items completed the data is not accurate
- If assessments are completed late or submitted late the data is not accurate

QRP and the MDS Percentage of Patients with Pressure Ulcers that are new or worsened

- Section M of the MDS records pressure ulcers present during the look back period
 - Look back period is counted backwards from midnight of the Assessment Reference Date for a total of 7 days
- 5 day PPS assessment typically has an Assessment Reference Day of **day 8** of the residents stay
- Documentation in the Medical Record must be present to support the coding on the MDS

QRP and the MDS Percentage of Patients with Pressure Ulcers that are new or worsened

- What process is followed to identify skin issues in your facility on admission?
 - Is documentation consistently present for new admissions regarding skin issues?
- What process is followed to care for pressure ulcers to prevent worsening during the stay?
 - Is the impact of BMI (calculated based on height and weight reported in Section K) on the development of pressure ulcers understood?
- *Does your MDS coordinator have the information she/he needs to code this section correctly?*

QRP and the MDS Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

- New measure
 - Section M items
 - Calculated from Discharge Assessment (SNF Part A PPS Discharge Assessment)
- Discharge assessment indicates one or more new or worsened stage 2-4 pressure ulcers, unstageable pressure ulcers, DTI
 - Compares the 5 Day PPS to the Discharge

QRP and the MDS Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

- What Process is followed to ensure that documentation reflects skin integrity on admission and throughout the stay?
- If you have a dedicated skin/wound nurse do they understand the coding for Section M of the MDS?
- What documentation is utilized to report any skin impairment?

QRP and the MDS Application of Percent of Resident's Experiencing one or more falls with Major Injury

- Section J of the MDS
 - Is Major Injury definition followed and understood?
 - Per RAI manual Major Injury is bone fractures, joint dislocation, closed head injury with altered consciousness, subdural hematoma
 - Is the definition of a fall followed and understood?
 - Per RAI manual fall is any unintentional change in position coming to rest on ground, floor or next lower surface
 - Per RAI manual intercepted fall occurs when the resident would have fallen if had not caught themselves or been caught by another person- this is still considered a fall

QRP and the MDS Application of Percent of Resident's Experiencing one or more falls with Major Injury

- Important to Remember:
 - For the MDS if a resident falls and is sent to the hospital without a concrete diagnosis of fracture but it is found later to be present the discharge assessment needs to be modified to show the major injury
- This can impact your QRP

QRP and the MDS Application of Percent of Resident's Experiencing one or more falls with Major Injury

- Miscoding of Section J related to falls with major injury can have a significant impact on this QRP
 - What process is followed to document falls?
- What process is followed to document the injury related to the fall?
 - How is this information communicated to the MDS Coordinator?

QRP and the MDS Drug Regime Review Conducted with Follow UP for Identified Issues

- New Item to the QRP and the MDS 10-1-18 Section N
 - **2 MDS questions on the 5 day admission**
- Did a complete drug regime review identify potential clinically significant medication issues?
- Did the facility contact a physician (or physician-designee) by midnight of the next calendar day **and** complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
- **1 MDS question for the SNF Part A PPS Discharge Assessment**
- Did the facility contact **and** complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day **each time** potential clinically significant medication issues were identified **since admission**

QRP and the MDS Drug Regime Review Conducted with Follow Up for Identified Issues

- **Intent of the Drug Regime Review is not only to be conducted on admission but also throughout the Part A stay**
 - Multiple issues can be identified with this new QRP
- What process is in place to ensure that the drug regime review is being conducted?
 - What process is in place to ensure that if recommendations are present they are followed up by midnight of the next calendar day?
- Are your floor nurse's familiar with this QRP and their impact on the outcome?
 - Are your Physicians aware of this-next calendar day?
 - What role will your Pharmacy play?
- What and where is the documentation in the medical record to support coding of Section N items not only on admission but throughout the Part A stay

QRP and the MDS Drug Regime Review Conducted with Follow Up for Identified Issues

- Drug Regime Review includes all medications
 - Prescribed and over the counter including nutritional supplements, vitamins, homeopathic and herbal products
 - Administered by **any** route
 - Also includes TPN and Oxygen
- Compare pre admission to admission orders
- How do you get the information on what the resident was taking prior to coming into your SNF-not just the hospital records
- Are your orders accurate not only on admission but throughout the stay-red line ? 24 hour checks???

QRP and the MDS Drug Regime Review Conducted with Follow Up for Identified Issues

- **Important**- definition of clinically significant means effects, results or consequences that materially affect or are likely to affect an individuals mental, physical or **psychosocial** well-being either **Positively** by preventing a condition or reducing a risk or
 - **Negatively** by exacerbating, causing or contributing to a symptom, illness or decline in status
 - **Clinically Significant issues can include:**
- Dose,frequency,route,duration not consistent with condition of resident, manufacturer's instructions or applicable standards of practice
- Use without evidence of adequate indication for use-off label?
 - Presence of a condition that may warrant medication
 - Omissions
 - nonadherence

QRP and the MDS Drug Regime Review Conducted with Follow Up for Identified Issues

- Remember the **and** and **both** in this QRP
- Did the facility contact a physician (or physician-designee) by midnight of the next calendar day **and** complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
 - If a potential clinically significant medication issue was identified **both** contact with the physician (or physician-designee) **and** the follow up to any recommendations need to be completed by midnight of the next calendar day
 - For the Discharge Assessment question has this been done **throughout the entire stay** each time a potentially significant medication issue was identified.

QRP and the MDS Section GG

- Saving all the best for last
 - Impacts 5 of the QRP measures
- Information for Section GG is gathered on the 5 day PPS and the SNF Part A PPS Discharge assessments
- On the 5 day PPS the look back period is the first 3 days of the stay
- On the SNF Part A PPS Discharge assessment it is the last 3 days of the stay
- Coding is the resident's usual status-not the best and not the worst
 - Information used to code these items is gathered from resident, resident family/significant other, nursing staff and therapy-these are not just therapy or just nursing items to code.
- 4 of the measures compare what was coded on the 5 day to what is coded on the SNF Part A PPS Discharge assessment

QRP and the MDS Section GG

- Data elements for the QRP's that address function are collected in Section GG of the MDS
 - 5 day PPS assessment requires Section GG Admission Performance and Discharge Goal (at least 1) be completed
- Discharge goals are not required if the stay is incomplete- less than 3 days, unplanned discharge or death
- End of Medicare PPS stay Discharge assessment requires Discharge Performance to be completed.

QRP and the MDS-Section GG

- Hurdles that MDS Coordinators continue to face regarding Section GG
- Codes used in Section GG are different than those used in Section G
- Determining usual function is not typical for how items on the MDS are coded
 - How is the information gathered for this Section

QRP and the MDS Application of Percentage of Long Term Care Hospital Residents with an Admission and Discharge Functional Assessment and a Care Plan that addresses Function

- Section GG
- This QRP measures: have the required MDS items been completed
 - Items to review:
- What type of documentation is being used to support the answers?
 - Has a goal been identified on the MDS?
 - Is there a care plan in place to address the goal
- **No Dashes in Section GG**

QRP and the MDS Application of Percentage of Long Term Care Hospital Residents with an Admission and Discharge Functional Assessment and a Care Plan that addresses Function

- This QRP on face value looks very simple
- Complete the Section GG questions, select a discharge goal and place the goal on a care plan,
 - Issues have been identified with:
 - Not selecting a goal
 - Not placing the goal on a care plan
- Not completing all required elements in Section GG- On the 5 Day PPS assessment and the SNF Part A PPS Discharge Assessment
- Submitting Medicare Advantage Plan MDS's (Section GG not required with these assessments)

QRP and the MDS Application of Percentage of Long Term Care Hospital Residents with an Admission and Discharge Functional Assessment and a Care Plan that addresses Function

- Is there a system to collect the data needed to complete Section GG?
- Is there documentation of the data used to complete the MDS?
- Is the data collected from multiple sources-C.N.A., Nursing, Therapy, resident, family?
 - Is the impact of Section GG understood?

QRP and the MDS Section GG new Measures-4

- Application of IRF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients
- Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
- Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
- Application of IRF Functional Outcome Measure: Discharge Mobility Score fore Medical Rehabilitation Patients

QRP and the MDS Section GG new Measures-4

- With the introduction of the new Measures new items were added to the MDS Section GG
- With the introduction of the new Measures new codes were introduced to be used to complete Section GG items
- Remember: difficulties have been identified with the completion of the current GG section. It is anticipated that the new items may increase the already existing issues

QRP and the MDS: Application of IRF Functional Outcome Measure: Change In Self-Care for Medical Rehabilitation Patients

- Items that impact this measure are gathered on both the 5 day PPS assessment and the SNF Part A discharge assessment
- Self Care Items utilized include:
 - Eating
 - Oral Hygiene
 - Toileting Hygiene
 - Shower/Bathe Self
 - Upper Body Dressing
 - Lower Body Dressing
- Putting on taking off footwear

QRP and the MDS: Application of IRF Functional Outcome Measure: Change In Self-Care for Medical Rehabilitation Patients

- All items are coded on the 5 day PPS assessment under admission performance
- And the End of PPS Stay Discharge assessment under discharge performance
- Measure compares the coding from the 5 day to the End of PPS stay Discharge assessment

QRP and the MDS: Application of IRF Functional Outcome Measure: Change In Self-Care for Medical Rehabilitation Patients

- Measure is pretty simple
 - Is there a change?
- But let's think about this for a minute:
 - Can the change be explained?
- What does your documentation reflect about the residents self care status?
 - Who is documenting about this type of activity-C.N.A.?
Therapy? Both or none?
 - Can your nursing documentation support the changes?

QRP and the MDS: Application of IRF Functional Outcome Measure: Change In Mobility Score for Medical Rehabilitation Patients

- Items that impact this measure are gathered on both the 5 day PPS assessment and the SNF Part A discharge assessment
- Items included in the measure:
 - Rolling left and right
 - Sit to lying
 - Lying to sitting
 - Chair/bed to chair transfer
 - Toilet Transfer
 - Car transfer
 - Walk 10 ft.
 - Walk 50 ft. with 2 turns
 - Walk 150 ft.

QRP and the MDS: Application of IRF Functional Outcome Measure: Change In Mobility Score for Medical Rehabilitation Patients

- Items included in the measure:
 - Walk 10 feet on uneven surfaces
 - 1 step (curb)
 - 4 steps
 - 12 steps
 - Picking up objects-small object
 - Does the resident use a wheelchair and/or scooter
 - Wheel 50 feet with 2 turns
 - Wheel 150 ft.

QRP and the MDS: Application of IRF Functional Outcome Measure: Change In Mobility Score for Medical Rehabilitation Patients

- Many items make up this measure
- Questions to think about:
 - Who documents on these items?
 - Some of these items are specific to therapy services
 - Curb, uneven surfaces, stairs? 12 steps?
 - Can you explain the change?
 - What does your Nursing documentation reflect?

QRP and the MDS: Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients

- Item Measure is the Discharge Self-Care Score present
 - SNF Part A End of PPS assessment
- Self Care Items utilized include:
 - Eating
 - Oral Hygiene
 - Toileting Hygiene
 - Shower/Bathe Self
 - Upper Body Dressing
 - Lower Body Dressing
 - Putting on taking off footwear

QRP and the MDS: Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients

- If the items are not answered –dashed-
- If the items are not correct
 - Impact is on **2** measures
 - Change in Self-Care Score and
 - Discharge Self-Care Score

QRP and the MDS: Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients

- Items included in the measure:
 - Rolling left and right
 - Sit to lying
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QRP and the MDS: Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients

- If the items are not answered –dashed-
- If the items are not correct
 - Impact is on **2** measures
 - Change in Mobility Score and
 - Mobility Score

QRP: Preparation for the changes

- All but 3 of the measures are based on MDS data
- Discuss with your MDS coordinator/RNAC how is this data gathered?
- What sources are utilized?
- Is there communication and collaboration with the therapy department?
- Determine how and where is this information documented?
- If there is a change in self care/mobility what steps are taken especially if there is a decline to attempt improvement? **AND** who is aware there is a change during the stay and not just on discharge?

QRP: Preparation for the changes

- Are your floor staff (Nurse's) aware of the drug regime review and their role in this?
- How is the communication with your Physician's? 24 hr turn around
- How is the documentation regarding skin issues completed in your facility? When are skin issues documented on?
- Does your dedicated skin/wound nurse complete Section M and is she/he aware of the changes in the QRP and Section M of the MDS?

QRP: Preparation for the changes

- Are your MDS assessments accurate and completed per regulation?
- Are your MDS assessments submitted per regulation?
- If not is there a plan in place to correct those issues?
- Are the review and correct reports accessed routinely and if needed are corrections being done within the time frame specified?

QRP: Preparation for the changes

- If there are issues noted with the QRP MDS based measures is this a part of your QAPI?

QRP: Resources

- www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHOMEQUALITYINITS/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Help.html
- SNF QRP help desk email SNFQualityQuestions@cms.hhs.gov
- SNF QRP Public reporting email
 - SNFQRPPRQuestions@cms.hhs.gov
- SNF QRP Reconsideration Process email
 - SNFQRPreconsiderations@cms.hhs.gov
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QRP: Additional Resources

- Nursing Home Compare Help Desk email
 - BetterCare@cms.hhs.gov
- SNF VPB help desk email
 - SNFVBPIquiries@cms.hhs.gov
- Staffing Data submission PBJ help desk email
 - NHStaffing@cms.hhs.gov

QRP: Impact on your Facility

