

Understanding the Quality Measures



*A Quick Guide to Federal and State
Care Center Quality Measures & Programs*

February 7, 2022

Table of Contents

I. Quality Programs Impacting Payment:	1
A. Federal Programs	1
1. Skilled Nursing Facility Quality Reporting Program (SNF QRP):	1
2. SNF Value-Based Purchasing (SNF VBP):	7
B. State Programs	8
1. Value Based Reimbursement (VBR):	8
2. Quality Improvement Incentive Payments (QIIP):	9
3. Performance-based Incentive Payment Program (PIPP)	10
II. Quality Programs Potentially Impacting Provider/Payer Referrals	11
A. Federal Programs	11
1. 5-Star Quality Rating System:	11
B. State Programs	13
1. MN Nursing Home Report Card	13
III. Quality Programs Potentially Impacting Consumer Confidence:	14
A. Federal Programs	14
1. Nursing Home Compare Quality Measures:.....	14
B. State Programs	14
1. MN Nursing Home Report Card (See above).....	14
Appendix A: Timeline	15
Appendix B: Quality Measures	18
Appendix C: Health Inspection Weighting	21

I. Quality Programs Impacting Payment:

A. Federal Programs

1. Skilled Nursing Facility Quality Reporting Program (SNF QRP):

What do I need to know?

- There is a 2% reduction in a SNF's annual update for failure to accurately submit specific quality data for at least 80% of Minimum Data Set (MDS) assessments.
- There are currently 8 MDS Assessment-Based Measures that are included in this requirement:
 - 1) Percent of Residents Experiencing One of More Falls with Major Injury – Long Stay (NQF# 0674)
 - 2) *Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (this is captured through the GG/Functional Mobility and Goals section of the MDS) (NQF# 2631)

**Providers have been found noncompliant when submitting MDS assessments for this measure with dashes for key components of Section GG and other key MDS Items. Dashes, N/A, or blanks are considered "not reporting." (See Appendix C for Items Necessary to Calculate the SNF QRP Assessment-Based Measures)*
 - 3) Drug Regimen Review Conducted with Follow Up for Identified Issues – Post Acute Care
 - 4) Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (NQF# 0678)
 - 5) Change in Self-Care Score (NQF# 2633)
 - 6) Change in Mobility score (NQF# 2634)
 - 7) Discharge Self-Care Score (NQF# 2635)
 - 8) Discharge Mobility Score (NQF# 2636)
- There are 2 MDS Assessment Measures for which data collection will begin on October 1st of the year that is at least 2 full fiscal years after the end of the COVID-19 public health emergency:
 - 9) Transfer of Health Information to the Provider Post-Acute Care
 - 10) Transfer of Health Information to the Patient Post-Acute Care

- There is 1 measure that is submitted via the CDC’s National Healthcare Safety Network (NHSN):
 - 11) COVID-19 Vaccination Coverage among Healthcare Personnel (Data submission began on October 1, 2021)
- There are 4 Claims-Based Measures that are tracked for the SNF QRP program:
 - 12) Medicare Spending Per Beneficiary – Post-Acute Care
 - 13) Discharge to Community – Post-Acute Care
 - 14) Potentially Preventable 30-Days Post-Discharge Readmissions
 - 15) SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization

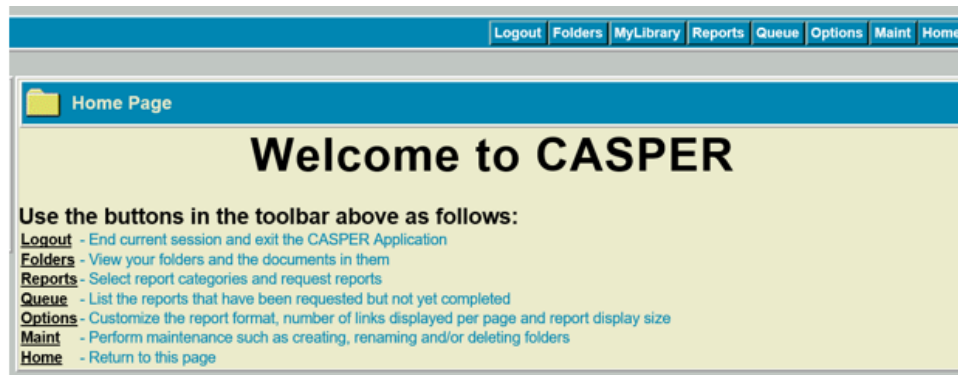
What action do I need to take?

- Review SNF Review and Correct Report and SNF QRP Provider Threshold Report located in CASPER and correct any issues with the data submitted for the MDS-based measures by following the step-by-step instructions by the deadlines.
- **Have a process in place to check Section GG in MDS submissions for dashes, N/A, or blanks – correct as needed.**

Reports to Review:

A) Provider Preview Reports

- Preview reports to identify and correct any data in the report prior to deadline for displaying on CMS Nursing Home Compare.



How to Access CASPER Reports: <https://www.youtube.com/watch?v=keuDiMKF0eg>

Info:	Click Link to View Report:	Date Requested:	Select:
	SNF QRP Provider Preview Report	11/01/2019 12:08:02	<input checked="" type="checkbox"/>
	Public Reporting Resident Report	10/22/2019 13:47:53	<input checked="" type="checkbox"/>
	5star report131 20191001	10/22/2019 01:46:39	<input checked="" type="checkbox"/>
	Public Reporting Preview	10/18/2019 13:30:29	<input checked="" type="checkbox"/>
	5star report130 20190901	09/17/2019 10:41:46	<input checked="" type="checkbox"/>
	CORRECTED SNFVBP AUG19 SCORE REPORT FY20	08/26/2019 16:22:57	<input checked="" type="checkbox"/>

Pages [1] [2]

B) Review and Correct Report

Report Categories

- MDS 3.0 NH Final Validation
- MDS 3.0 NH Provider
- MDS 3.0 QM Reports
- MDS 3.0 Submitter Validation
- SNF Quality Reporting Program**
- Utility Reports

SNF Quality Reporting Program

- SNF Facility-Level Quality Measure Report
- SNF Provider Threshold Report
- SNF Resident-Level Quality Measure Report
- SNF Review and Correct Report
- SNF Facility-Level Quality Measure Report
- SNF Provider Threshold Report
- SNF Resident-Level Quality Measure Report
- SNF Review and Correct Report

Pages [1]

Report: SNF Review and Correct Report

Begin Date: Q4 2018
End Date: Q3 2019

***Quality Measures:** [Select All](#)
 Pressure Ulcers
 Application of Falls
 Application of Functional Assessment/Care Plan
 DRR
 Pressure Ulcer/Injury
 Discharge Self-Care Score
 Discharge Mobility Score
 Change in Self-Care Score
 Change in Mobility Score
 Include Resident-Level Data
 Generate Resident-Level Data CSV

***Status:** Triggered
 Not Triggered
 Excluded
 Dash

***Reporting Quarter:** Q3 2019
 Q2 2019
 Q1 2019
 Q4 2018

Data Correction Status: Both Open Closed
Primary Sort By: Discharge Date Reverse Default Sort Order



CASPER Report
SNF QRP Review and Correct Report



MDS 3.0 Quality Measure: Pressure Ulcers

Table Legend

Dash (-): Data not available or not applicable
 X: Triggered
 NT: Not Triggered
 E: Excluded from analysis based on quality measure exclusion criteria

Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
10/12/2018	11/02/2018	05/15/2019	Closed	X
12/08/2018	12/19/2018	05/15/2019	Closed	X
10/24/2018	11/20/2018	05/15/2019	Closed	X
04/06/2019	04/10/2019	11/15/2019	Open	X
10/13/2018	12/22/2018	05/15/2019	Closed	X
07/25/2019	08/02/2019	02/15/2020	Open	X
07/16/2019	07/22/2019	02/15/2020	Open	X
06/19/2019	07/08/2019	02/15/2020	Open	X
10/10/2018	10/31/2018	05/15/2019	Closed	X
02/22/2019	03/09/2019	08/15/2019	Closed	X
01/08/2019	02/01/2019	08/15/2019	Closed	NT
11/11/2018	11/17/2018	05/15/2019	Closed	X
06/07/2019	06/13/2019	11/15/2019	Open	X
11/05/2018	12/05/2018	05/15/2019	Closed	X
09/20/2019	09/29/2019	02/15/2020	Open	X
08/31/2019	09/13/2019	02/15/2020	Open	X
10/02/2018	10/16/2018	05/15/2019	Closed	X
09/13/2018	10/04/2018	05/15/2019	Closed	X
10/01/2018	10/11/2018	05/15/2019	Closed	X
07/23/2019	08/21/2019	02/15/2020	Open	NT
07/07/2019	07/18/2019	02/15/2020	Open	X
02/14/2019	03/13/2019	08/15/2019	Closed	X
09/19/2018	10/12/2018	05/15/2019	Closed	X
10/24/2018	11/13/2018	05/15/2019	Closed	X
09/13/2019	09/28/2019	02/15/2020	Open	X
10/29/2018	11/24/2018	05/15/2019	Closed	X

C) Provider Threshold Report



CASPER Report FY 2020 SNF QRP Provider Threshold Report

Application of Functional Assessment/Care Plan

Totals by Year and Quarter:

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Percentage of Resident Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Resident Assessments	Number of Resident Assessments Meeting Data Completion Threshold
CY 18 Q1	01/01/2018	03/31/2018	08/15/2018	100%	196	196
CY 18 Q2	04/01/2018	06/30/2018	11/15/2018	100%	162	161
CY 18 Q3	07/01/2018	09/30/2018	02/15/2019	100%	146	145
CY 18 Q4	10/01/2018	12/31/2018	05/15/2019	99%	177	175
Year	01/01/2018	12/31/2018	*	100%	681	677

Totals by Month:

Month	Percentage of Resident Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Resident Assessments	Number of Resident Assessments Meeting Data Completion Threshold
CY 18 January	100%	74	74
CY 18 February	100%	59	59
CY 18 March	100%	63	63
CY 18 April	100%	50	50
CY 18 May	99%	64	63
CY 18 June	100%	48	48
CY 18 July	100%	45	45
CY 18 August	98%	49	48
CY 18 September	100%	52	52
CY 18 October	99%	71	70
CY 18 November	100%	63	63
CY 18 December	98%	43	42

What if I want to know the details?

[QRP User's Manual](#)

SNF Quality Reporting Program Questions: SNFQualityQuestions@cms.hhs.gov

CMS contracts with a company called CORMAC to send quarterly submission deadline reminders to SNFs that are under-reporting if CMS has an email address on file for the SNF. To be added to these communications, email: QRPHelp@cormac-corp.com and provide your CCN and email address. You will only receive these messages if you are not meeting all required thresholds ahead of the submission deadline.

Accessing and Interpreting Reports:

Regularly review progress on quality measures to identify opportunities for improvement and/or progress on improvement activities:

- CASPER Reports can be used to identify specific opportunities for improvement. Facility level reports provide the number of residents that triggered for a specific measure in your MDS. You can then take the next step of using resident level reports to identify specific residents triggering for that measure and further investigate why the resident(s) is triggering and identify opportunities for improvement.

For more detailed information on Using CASPER Reports for Data-Driven QAPI:

- Part 1. Accessing CASPER Reports: <https://www.youtube.com/watch?v=keuDiMKF0eg>
- Part 2: Interpreting the Reports: <https://www.youtube.com/watch?v=wrY29fv4fKA>
- Part 3: Tracking and Trending CASPER Data: <https://www.youtube.com/watch?v=To73QYmGL8s>
- Part 4. Using CASPER Data to Improve Care: <https://www.youtube.com/watch?v=4mmSDVDLPYM>

2. SNF Value-Based Purchasing (SNF VBP):

What do I need to know?

- Under this program, CMS withholds 2% of Medicare Fee-for-Service (FFS) payments annually and pays a portion of that amount back based upon performance on preventing hospital readmissions within the 30 days after a resident is discharged from the hospital.
- SNFs performing well on readmissions can receive rates that exceed what they would otherwise receive; bottom performing SNFs see a reduction of 2% in Medicare FFS payments. SNFs with less than 25 FFS discharges in a year receive no adjustment in rates.
- CMS is considering using an expanded set of measures from Care Compare to determine incentives under this program effective October 1, 2023

What action do I need to take?

- Review your Quarterly Confidential Feedback Report located in CASPER per the schedule to track progress in preventing re-hospitalizations.
- To correct any data included in your feedback report, submit correction requests to the SNF VBP Help Desk and include your CMS Certification Number and reason for requesting the correction.
- Readmissions is measured differently in different federal and state programs. Focused attention on preventing any unplanned hospitalization or ED visit will support improvement across the various readmission measures.

What if I want to know the details?

[CMS VBP Program Site](#)

SNF VBP Help Desk: SNFVBP@rti.org

Accessing and Interpreting Reports:

Accessing Your SNF VBP Confidential Reports Tutorial: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/Downloads/SNF-VBP-Confidential-Feedback-Reports-Tutorial2.pdf>

Reviewing Your SNF VBP Annual Performance Score Report Slides: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/Downloads/SNF-VBP-Annual-Performance-Score-Report-Slides2.pdf>

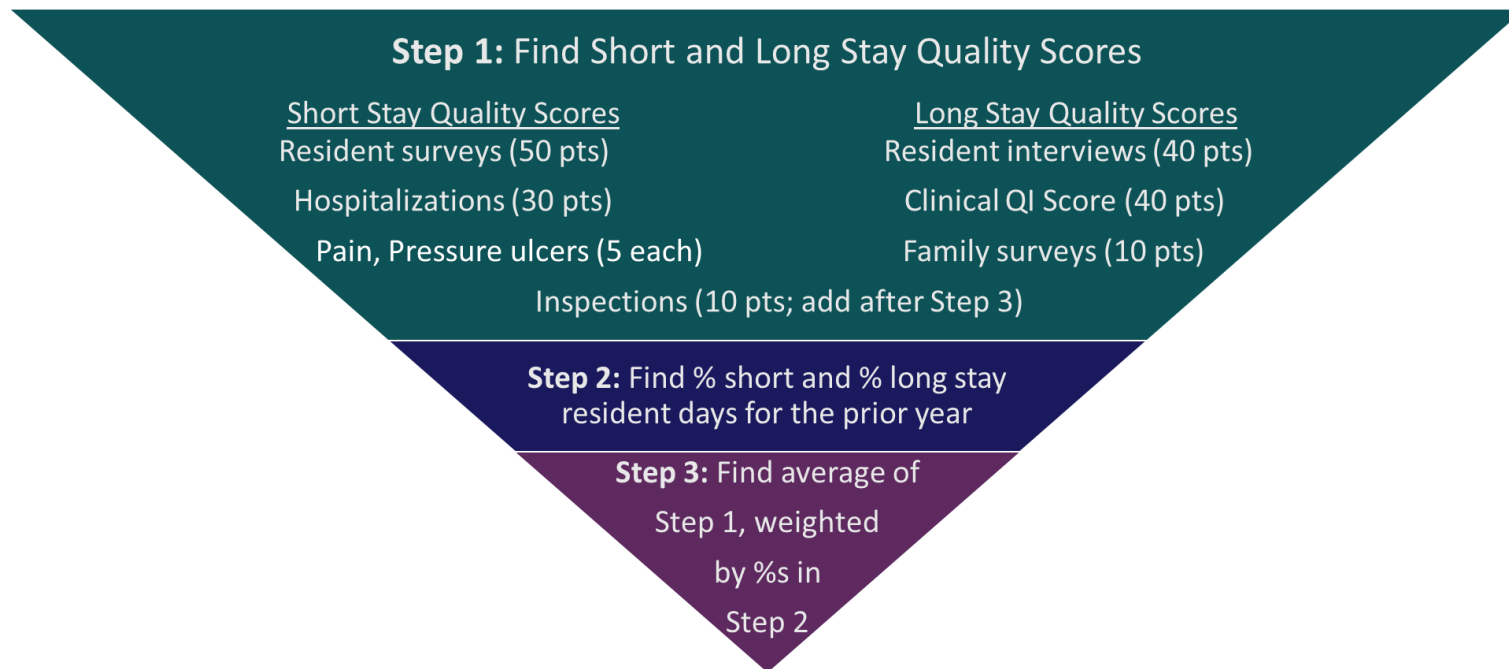
SNF VBP Program Phase One Review and Corrections: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/Downloads/SNF-VBP-Phase-One-Review-and-Correction-Slides2.pdf>

B. State Programs

1. Value Based Reimbursement (VBR):

What do I need to know?

- Your facility can spend more on care related costs by performing well on key long- and short-stay quality measures. See step-by-step description of the calculation process below:



- The Department of Human Services (DHS), Minnesota’s Medicaid agency, uses the latest quality information available as of September 1st to calculate your VBR Quality Score each fall. DHS uses this score to set your facility’s care related spending limit for the following year.
- Participating in QIIP and/or PIPP (see below) pays your facility for improved scores.

What action do I need to take?

- Review your VBR Quality Score Reports located on the DHS Nursing Facility Provider Portal for details on your facility's latest performance.

Where can I find more details?

VBR quality score and cost limit results: Visit <https://nfportal.dhs.state.mn.us/>. (If you are an Administrator and need your username and password resent please contact Bev Milotzky at bev.milotzky@state.mn.us).

Quality reports: From your Provider Portal home page, browse the quality topic tabs at the top to download and print reports.

Cost limits: Select the Rate Notices tab for the most recent information.

2. Quality Improvement Incentive Payments (QIIP):

What do I need to know?

- Your facility can earn up to \$3.50 per resident per day for a year for any improvement in the DHS designated quality area of your choice during the prior year.
- There is no financial impact if you do not improve.
- Your team can select from a variety of long and short stay focused clinical quality indicators, or from several quality-of-life domains rated by long-stay residents. DHS will be adding new options focused on short stay quality, including short stay experience domains and hospitalizations.
- Choose an area where your facility is particularly challenged to make the most impact for residents (and earn the most).
- You can select the same measure year-to-year if you haven't met your quality goal yet.
- Participation is open to all Medicaid-certified nursing facilities and requires no application or contract.

What action do I need to take?

- Review your facility's quality reports regularly to track progress and decide on your target for improvement each spring.
- Enter your facility's selected quality area on the DHS Provider Portal each year **before the July 1st deadline.**

Where can I find more details?

Measure selection and annual results: <https://nfportal.dhs.state.mn.us/> (if you are an Administrator and need your username and password resent please contact Bev Milotzky at bev.milotzky@state.mn.us). From your Provider Portal home page, click the QIIP tab.

Quality reports: From your Provider Portal home page, browse the quality topic tabs at the top to download and print reports.

3. Performance-based Incentive Payment Program (PIPP)

What do I need to know?

- Your facility can receive additional funds of up to 5% per resident per day and technical support to design and carry out a quality improvement project. If you meet quality goals negotiated with DHS by the end of your project, you keep this full amount.
- You can submit your funded PIPP project to fulfill federal requirements under Quality Assurance & Performance Improvement (QAPI), where appropriate.
- You can choose the same target areas for PIPP and QIIP to take full advantage of improvement.
- PIPP is a competitive process that gives special consideration to funding and/or assisting first-time applicants. For the best chances of success:
 - A) Look at state, federal and/or other quality data to find common concern(s) for your facility or multi-facility collaborative
 - B) Use root cause analysis techniques to ask “why” things are, and to brainstorm ideas for how things could be
 - C) Don’t be afraid to propose creative / innovative strategies!

What action do I need to take?

- Gather input from residents, families, staff, and others early and often to discover areas for improvement. Participate in DHS’ annual PIPP Boot Camp to work on your proposal as a team, before submitting your proposal by the due date in the Spring

Where can I find more details?

Application and reporting materials: <https://nfportal.dhs.state.mn.us/> (no log-in needed)

Past project summaries: <https://mn.gov/dhs/partners-and-providers/grants-rfps/pipp/>

DHS PIPP contact and proposal assistance: Kim Class, Quality Improvement RN, Kimberly.Class@state.mn.us

II. Quality Programs Potentially Impacting Provider/Payer Referrals

A. Federal Programs

1. 5-Star Quality Rating System:

What do I need to know?

- 1) The 5-Star Quality Rating System is comprised of 3 Parts:
 - 1) **Health Inspections:** Based on citations from the 3 most recent standard health inspections and complaint investigations over the last 36 months, the facility receives 1-5 stars. This number of stars serves as the base for the overall star rating with staffing and quality measure rating impacting the final overall star rating. Recent surveys are weighted more heavily than earlier survey – most recent survey weighting factor = 1/2; previous period = 1/3; and second prior survey weighting = 1/6. Points are assigned to individual survey deficiencies based on scope and severity.
 - 2) **Staffing:** (*submitted through the Payroll-Based Journal – PBJ System*): Based on RN hours and total nursing staff hours (RN, LPN or LVN, Nurse Aides) per resident per day, a facility receives a 1-5 Star Staffing Rating. If facility receives 4-5 Stars for Staffing (and the star rating is higher than the health inspection rating), 1 star is added to overall star rating. If facility receives 1 Star for Staffing, 1 star is subtracted from overall star rating. Providers receive a 1-star rating if data indicates there were 4 or more days in the quarter with no RN staffing hours on days when there were 1 or more residents in the nursing home.
 - 3) **Quality Measures:** A sub-set of 10 MDS-based QMs and 5 Claims-based QMs are used to calculate a facility's quality measure star rating; this quality score can impact overall 5-Star rating by + or – one star. Most nursing homes will have an overall QM rating, a long-stay QM rating, and a short-stay QM rating. If the quality star rating is 5 stars, 1 star is added to the overall star rating; 1 star is subtracted if quality star rating is 1 star.

Note: If the health inspection rating is 1 star, the overall rating cannot be upgraded by more than 1 star based on the staffing and quality ratings.

- 2) The 5-Star Rating is not tied to revenue or payment (although some managed care contracts may tie payment to 5-Star ratings) but 5-Star performance is increasingly impacting future referrals and admissions from providers/payers.

What action do I need to take?

- Review quarterly 5-Star Reports distributed by LeadingAge Minnesota to help prioritize improvement opportunities for measures that are identified as at risk for losing a star or have good potential for gaining a star.

What if I want to know the details?

CMS Five-Star Quality Rating System Technical User's Guide: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/Five-Star-Users-Guide-April-2019.pdf>.

Webinar Recording – [“Understanding the CMS 5-Star Analysis Report to Guide Quality Improvement”](#) with Susan Chenail, RN, CCM, RAC-CT, Senior Quality Analyst from LeadingAge New York.

Accessing and Interpreting Reports:

LeadingAge Minnesota distributes quarterly 5-Star Reports to each member facility. If you do not currently receive these reports and are interested in being included on the distribution list, contact [Jeff Bostic](#), Director of Data and Financial Policy.

B. State Programs

1. MN Nursing Home Report Card

What do I need to know?

- The Minnesota Nursing Home Report Card allows consumers to find and compare nursing homes certified by Medicaid. It includes facility ratings by long stay residents, short stay residents, and families, as well as quality of care, inspection results, staff retention and staffing levels, and private room availability. The site also shows daily prices for private pay/Medicaid.
- The Minnesota state legislature established the Report Card in the late 1990s. Nursing home providers have been extensively involved in its development and improvement over time.
- In-depth quality reports are available on the [DHS Provider Portal](#). DHS uses the same quality measures on the Report Card, in the VBR Quality Score, and as outcome choices for QIIP and PIPP.
- You can download results in Excel through the Report Card site for more analysis of your facility, groups of facilities or the state as a whole.

What action do I need to take?

- Regularly check your Report Card to compare your quality trends to other facilities in your organization or your area. If a star rating or score does not look correct, please contact DHS staff.

Where can I find more details?

Minnesota Nursing Home Report Card: <http://nhreportcard.dhs.mn.gov/>

Fact Sheet: <http://nhreportcard.dhs.mn.gov/nhreportcardfactsheet.pdf>

Technical Guide: <http://nhreportcard.dhs.mn.gov/technicaluserguide.pdf>

DHS Nursing Home Report Card contact: Teresa Lewis, LTC Senior Research Associate, Teresa.Lewis@state.mn.us

III. Quality Programs Potentially Impacting Consumer Confidence:

A. Federal Programs

1. Nursing Home Compare Quality Measures:

What do I need to know?

- 3) Nursing Home Compare allows consumers to find and compare nursing homes certified by Medicare and Medicaid. Ratings are included for inspection results, staffing levels, and quality of care.

What action do I need to take?

- Review pre-release data prior to public release through QIES; Contact CMS if errors

What if I want to know the details?

Nursing Home Compare: <https://www.medicare.gov/NursingHomeCompare/About/nhcinformation.html>

CMS Quality Measures: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

B. State Programs

1. MN Nursing Home Report Card (See above)

Appendix A: Timeline

	Federal Programs			State Programs <i>(Note: COVID-19, and future pandemics, may affect availability of interview/survey results)</i>	
	SNF Value-Based Payment program (VBP)	SNF Quality Reporting Program (QRP)	Nursing Home Compare (5-Star)	Pay for Performance	Nursing Home Report Card & Facility Quality Reports
January			MDS-Based QMS, Claims-Based Hospitalizations; ED Visit Measures & QM Rating Updated	Jan 1st: Selected PIPP projects and rate increases begin for current year.	Jan: Family satisfaction preliminary survey results in the Nursing Facility Provider Portal
February		Feb 15: Reporting deadline to submit MDS-based data for admissions/ discharges between 7/1/XX - 9/30/XX	Feb 14: Deadline to report PBJ data for 10/1/XX -12/31/XX		<p>Feb: MN quality indicator, hospitalization, and community discharge reports for year ending 12/31 in the Nursing Facility Provider Portal</p> <p>Feb: Long stay resident quality of life final interview results for prior Fall in the Nursing Facility Provider Portal</p>
March	March 31: Phase One review deadline. Opportunity for SNFs to review and submit correction requests to quality measure information. Submit correction requests to SNF VBP Help Desk: SNFVBP@rti.org			<p>Spring TBD: PIPP Boot Camp. Participate as a team and work with state staff to develop a proposal. One day, several locations statewide or live webinar. Proposal assistance available via email anytime</p> <p>Begin selection and work on long-stay resident quality of life topic for this fall's QIIP (if desired)</p>	<p>Mar: 2nd preliminary family satisfaction survey results in the Nursing Facility Provider Portal</p> <p>Mar; 2nd Thursday (approx.): Nursing Home Report Card update (quality indicators, resident quality of life, short stay experience, state inspections, single beds)</p>

April			MDS-Based QMS, Claims-Based Hospitalizations; ED Visit Measures & QM Rating Updated		<p>Apr: Family satisfaction survey final results for prior Winter in the Nursing Facility Provider Portal</p> <p>Apr: Short stay experience survey final results for prior year in the Nursing Facility Provider Portal</p>
May		May 15: Reporting deadline to submit MDS-based data for admissions/discharges between 10/1/XX - 12/31/XX	May 15: Deadline to report PBJ data for 1/1/XX – 3/31/XX	May/June TBD: Deadline to submit PIPP quality improvement proposal for following year. Application and materials in the Nursing Facility Provider Portal (no login needed)	May: MN quality indicator, hospitalization, and community discharge reports for year ending 3/31 in the Nursing Facility Provider Portal
June				Jun: DHS alerts all PIPP applicants of their status and begins contract negotiations with selected projects.	<p>Jun: Short stay experience survey preliminary results in the Nursing Facility Provider Portal</p> <p>Jun; 2nd Thursday (approx.): Nursing Home Report Card update (quality indicators, family satisfaction, state inspections, staffing, staff retention, temp use, single beds)</p>
July			MDS-Based QMS, Claims-Based Hospitalizations; ED Visit Measures & QM Rating Updated	Jul 1: Deadline to select QIIP quality topic and improvement work begins for the year. Instructions and submission form in the Nursing Facility Provider Portal	

August	August 31: Phase two review deadline. Opportunity for SNFs to review and submit correction requests to their performance score and rank.	August 15: Reporting deadline to submit MDS-based data for admissions/discharges between 1/1/XX - 3/31/XX	August 14: Deadline to report PBJ data for 4/1/XX - 6/30/XX		Aug: MN quality indicator, hospitalization, and community discharge reports for year ending 6/30 in the Nursing Facility Provider Portal
September					Sep; 2nd Thursday (approx.): Nursing Home Report Card update (quality indicators, state inspections, single beds)
October			MDS-Based QMS, Claims-Based Hospitalizations; ED Visit Measures & QM Rating Updated		
November		November 15: Reporting deadline to submit MDS-based data for admissions/discharges between 4/1/XX - 6/30/XX	November 14: Deadline to report PBJ data for 7/1/XX - 9/30/XX		Nov: Long stay resident quality of life preliminary interview results at https://nfportal.dhs.state.mn.us/ Nov: MN quality indicator, hospitalization, and community discharge reports for year ending 9/30 in the Nursing Facility Provider Portal
December					Dec: Long stay resident quality of life 2 nd preliminary interview results in the Nursing Facility Provider Portal Dec; 2nd Thursday (approx.): Nursing Home Report Card update (quality indicators, state inspections, single beds)

Appendix B: Quality Measures

Quick Guide to the Quality Measures

Federal Program SNF QRP Measures (Medicare Part A)

MDS-Based
Falls with Major Injury (Long-Stay)
Admission/Discharge Functional Assessment & Care Plan
Pressure Ulcer/Injury
Change in Self-Care Score
Change in Mobility Score
Discharge Self-Care Score
Discharge Mobility Score
Drug Regimen Review
NHSN-Based
COVID-19 Vaccination Coverage among HCP
Claims-Based
Discharge to Community
Medicare Spending Per Beneficiary
Potentially Preventable 30-Day Readmission
SNF HAI Requiring Hospitalization

Long-Stay Measures

MDS-Based	Federal Programs				State Programs	
	VBP	CASPER QM	5-Star	NH Compare	VBR	Report Card
Falls with Major Injury		√	√	√	√	√
Falls		√				
Pressure Ulcer/Injury		√	√	√	√	√
Moderate to Severe Pain					√	√
Influenza Vaccine				√		
Pneumococcal Vaccine				√		
Physical Restraints				√	√	√
UTI*		√	√	√	√	√
Bowel/Bladder Control		√		√	√	√
Indwelling Catheter		√	√	√	√	√
Increased help with ADLs		√	√	√	√	√
Weight Loss		√		√	√	√
Depressive Symptoms		√		√	√	√
Antipsychotic Medications		√	√	√	√	√
Decreased Ability to Move Independently**		√	√	√	√	√
Antianxiety/Hypnotic Medications		√		√		
Behavior Symptoms Affecting Others		√			√	√
Claims-Based						
Hospitalizations per 1000 Days (Claims)***		√	√	√	√	
ED Visits per 1000 Days (Claims)		√	√	√		

Short-Stay Measures

	Federal Programs				State Programs	
MDS-Based	VBP	CASPER QM	5-Star	NH Compare	Pay for Performance	Report Card
Potentially Preventable 30-Day Readmission (Claims)		√				
Falls with Major Injury (MDS)		√		√		
Moderate to Severe Pain (MDS)					√	√
Pressure Ulcer/Injury (MDS)		√	√	√	√	√
Newly Received Antipsychotic Medication (MDS)		√	√	√		
Improvement in Function (MDS)		√	√	√		
Influenza Vaccine (MDS)		√		√		
Pneumococcal Vaccine (MDS)		√		√		
Functional abilities assessed and goals included in treatment plan		√		√		
	Federal Programs				State Programs	
Claims-Based	VBP	QM	5-Star	Nursing Home Compare	Pay for Performance	Report Card
30-Day All-Cause Readmissions (Claims)***	√				√	√
Re-hospitalization after nursing home admission (Claims)***		√	√	√	√	√
Outpatient ED Visit (Claims)		√	√	√		
Successful Return to Home and Community (Claims)***		√	√	√	√	√
Medicare Spending Per Beneficiary (Claims)		√		√		

* State programs include a separate measure for other infections.

**State programs include a separate measure for maintained or improved walking ability.

*** The State version of these measures differ from the Federal versions and are defined using the MDS (see <https://nfportal.dhs.state.mn.us/>)

Appendix C: Health Inspection Weighting

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.

Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care. See the Electronic Code of Federal Regulations (https://www.ecfr.gov/cji-bin/text-idx?SID=9c4d022241818fef427dc79565aba4b5&mc=true&node=pt42.5.488&rgn=div5#se42.5.488_1301) for a definition of substandard quality of care.

* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a 'G-level' deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

Table 2
Weights for Repeat Revisits

Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

Note: The health inspection score includes points from deficiencies cited on the standard health inspection and complaint inspections during a given survey cycle.