



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Quarterly MDS Forum

Heather Newton
RAI/MDS Education Coordinator
December 2024



Quality Reporting Program (QRP)



DATA



DEADLINES

QRP Measure Sources

Minimum Data Set (MDS)

Medicare Fee for Service (FFS)

National Healthcare Safety Network (NHSN)

MDS

Assessment-Based Measure

- Functional status outcome: Discharge self-care score ↑
- Functional status outcome: Discharge mobility score ↑
- Transfer of health (TOH) information to the provider ↑
- Transfer of health (TOH) information to the patient ↑
- Discharge function score ↑
- Drug Regimen Review (DRR) ↑
- Pressure ulcer/injury ↓
- Application of falls with major injury ↓
- **COVID-19 vaccine: Percent of patient/residents who are up to date ↑

Elements Used to Construct Records

- Define the target period
- Create unique identifier for each resident, define the record types, and sort assessments
- Determine stay start date and end date and which assessments are associated with each stay and categorize each stay as one or two mutually exclusive stay types

Look-Back Scan Falls with Major Injury

A0310. Type of Assessment

Enter Code

- A. Federal OBRA Reason for Assessment**
- 01. Admission assessment (required by day 14)
 - 02. Quarterly review assessment
 - 03. Annual assessment
 - 04. Significant change in status assessment
 - 05. Significant correction to prior comprehensive assessment
 - 06. Significant correction to prior quarterly assessment
 - 99. None of the above

Enter Code

- B. PPS Assessment**
- PPS Scheduled Assessment for a Medicare Part A Stay
- 01. 5-day scheduled assessment
- PPS Unscheduled Assessment for a Medicare Part A Stay
- 08. IPA - Interim Payment Assessment
- Not PPS Assessment
- 99. None of the above

Enter Code

- F. Entry/discharge reporting**
- 01. Entry tracking record
 - 10. Discharge assessment-return not anticipated
 - 11. Discharge assessment-return anticipated
 - 12. Death in facility tracking record
 - 99. None of the above

Enter Code

- H. Is this a SNF Part A PPS Discharge Assessment?**
- 0. No
 - 1. Yes

Target Period

Target period

- All MDS based quality measures (QM) in the SNF QRP is a 12-month calendar or fiscal year (FY) except for patient/resident COVID-19, which is three months

Target Period

1/1/24

Include all MDS
assessments
with a target
day on or after
Jan. 1, 2024,
and on or
before Dec. 31,
2024, for PPS
D/C

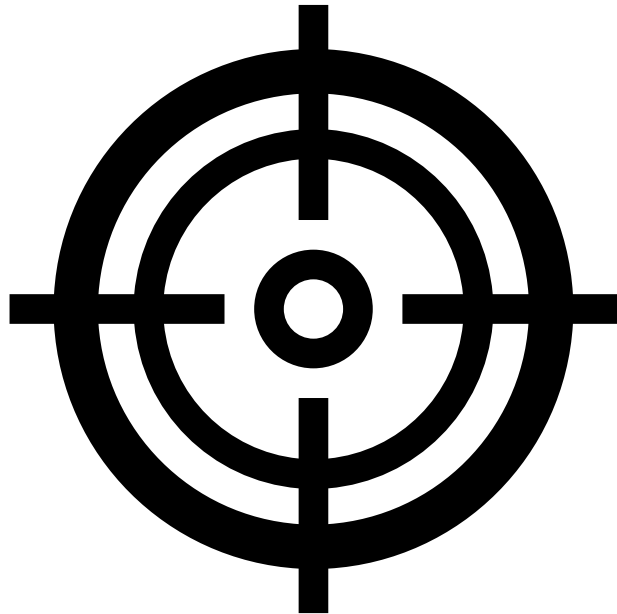
12/31/24

Resident Identifiers

Create a variable that uniquely identifies residents defined as the state ID, facility ID and resident internal ID.



MDS Target Date



Target date

- Entry or re-entry record, A0310F = 01 (A1600)
- OBRA discharge assessment, A0310F = 10, 11 or death, A0310F = 12 (A2000)
- All other types, A0310F = 99 (A2300)

Record Types

Record
types of the
associated
assessments

PPS 5-day, record type = 2

PPS discharge, record type = 3

Death in facility, record type = 4

All else, record type = 1

Identify SNF Stay (Start/End)



Use the target period to determine the **search window** start date and end date for the first iteration



Start date - first day in the target period



End date - last day in target period



Target period is January 1, 2024, through December 31, 2024, the search window for the first iteration is January 1, 2024, through December 31, 2024.

Identify SNF Stay

- Within the search window (January 1, 2024, through December 31, 2024), look for PPS discharge or PPS 5-day with most recent **target date**
- Used to define stay start date and stay end date
 - Start date of most recent Medicare stay (A2400B)
 - End date of most recent Medicare stay (A2400C)
 - Discharge date (A2000)

Sorting Assessments

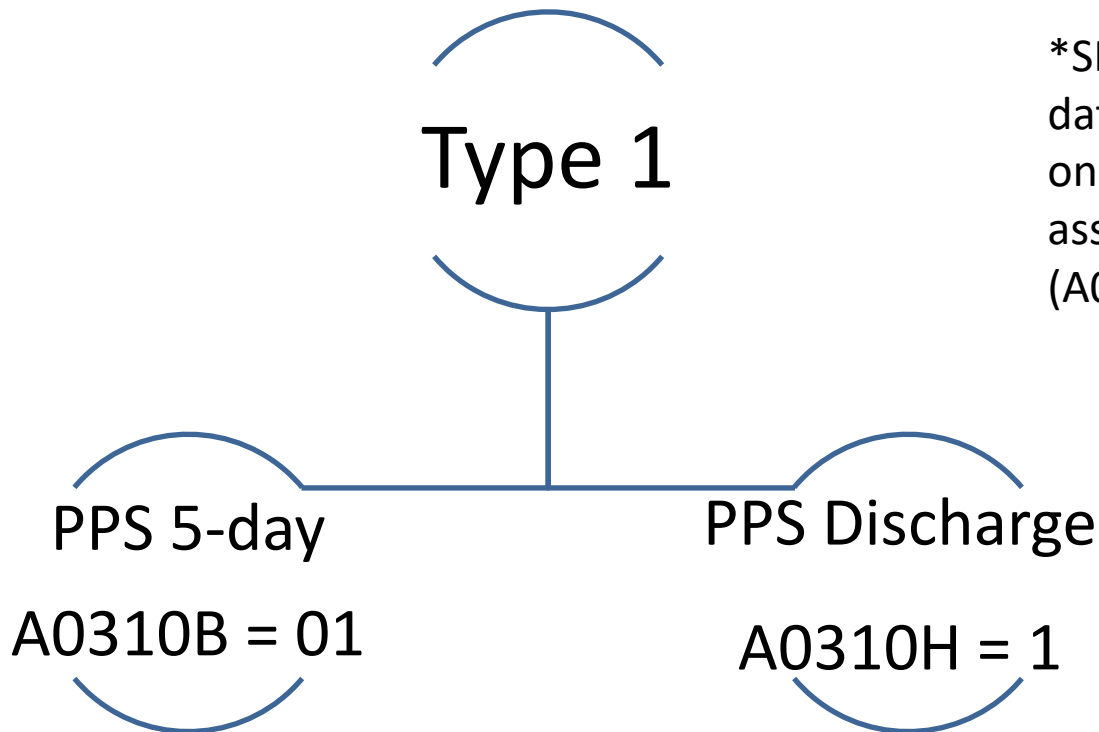
Sort
assessments
in reverse
chronological
order using
the following:

- Unique resident identifier
- Start date of most recent Medicare stay (descending)
- MDS target date (descending)
- Record type (descending)
- Assessment internal ID (descending)

Type of Stay

*SNF stay start date = A2400B on the PPS D/C assessment (A0310H = 1).

*SNF stay end date = A2400C on the PPS D/C assessment (A0310H = 1).



Example Type 1

Target Date	A0310A	A0310B	A0310F	A0310H	A2400B	A2400C
11/5/2024	02	99	99	0	20240228	20240312
8/6/2024	02	99	99	0	20240228	20240312
6/4/2024	02	99	99	0	20240228	20240312
3/12/2024	99	99	99	1	20240228	20240312
3/5/2024	01	01	99	0	20240228	-----
2/28/2024	99	99	01	0	^	^

Target period = Jan. 1, 2024, through Dec. 31, 2024

Exceptions

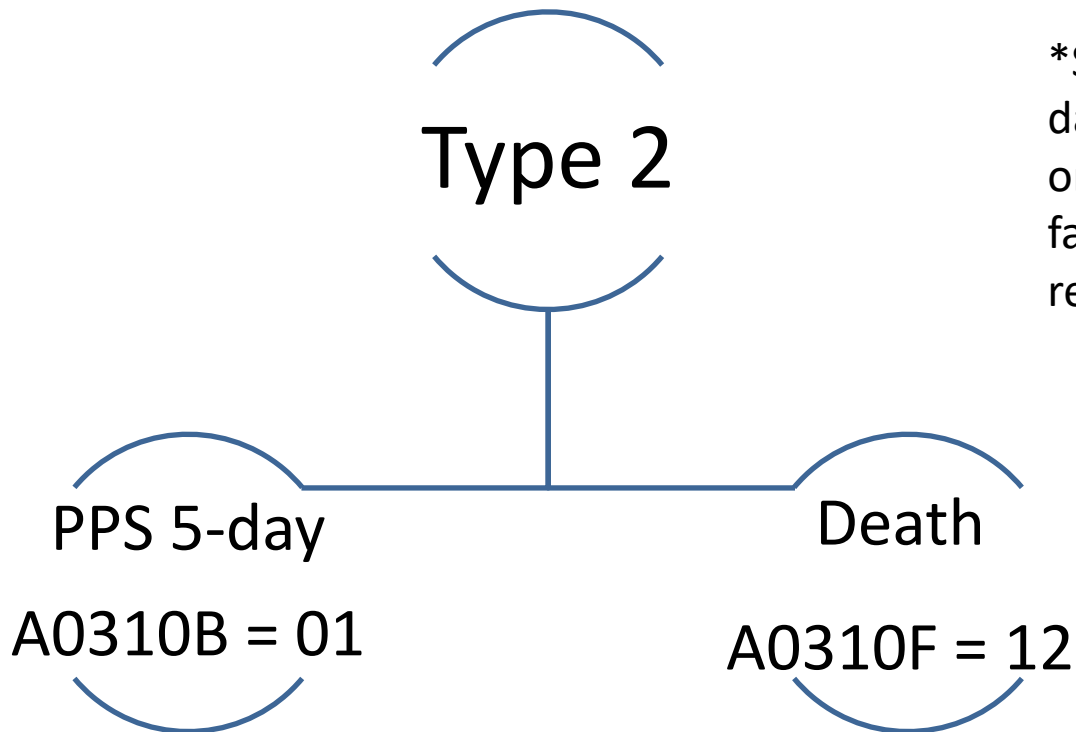
- If no matched PPS 5-day within stay time window, it is excluded in any quality measure
- If neither a PPS discharge nor a PPS 5-day is found within the search window, there is no SNF stay in this iteration



Type of Stay

*SNF stay start date = A2400B on the PPS 5-day assessment.

*SNF stay end date = A2000 on the death in facility tracking record.



Example Type 2

Target Date	A0310A	A0310B	A0310F	A0310H	A2400B	A2400C
11/5/2024	02	99	12	0	20240228	20241105
8/6/2024	02	99	99	0	20240228	-----
6/4/2024	02	99	99	0	20240228	-----
3/5/2024	01	01	99	0	20240228	-----
2/28/2024	99	99	01	0	^	^

Target period = Jan. 1, 2024, through Dec. 31, 2024

Example

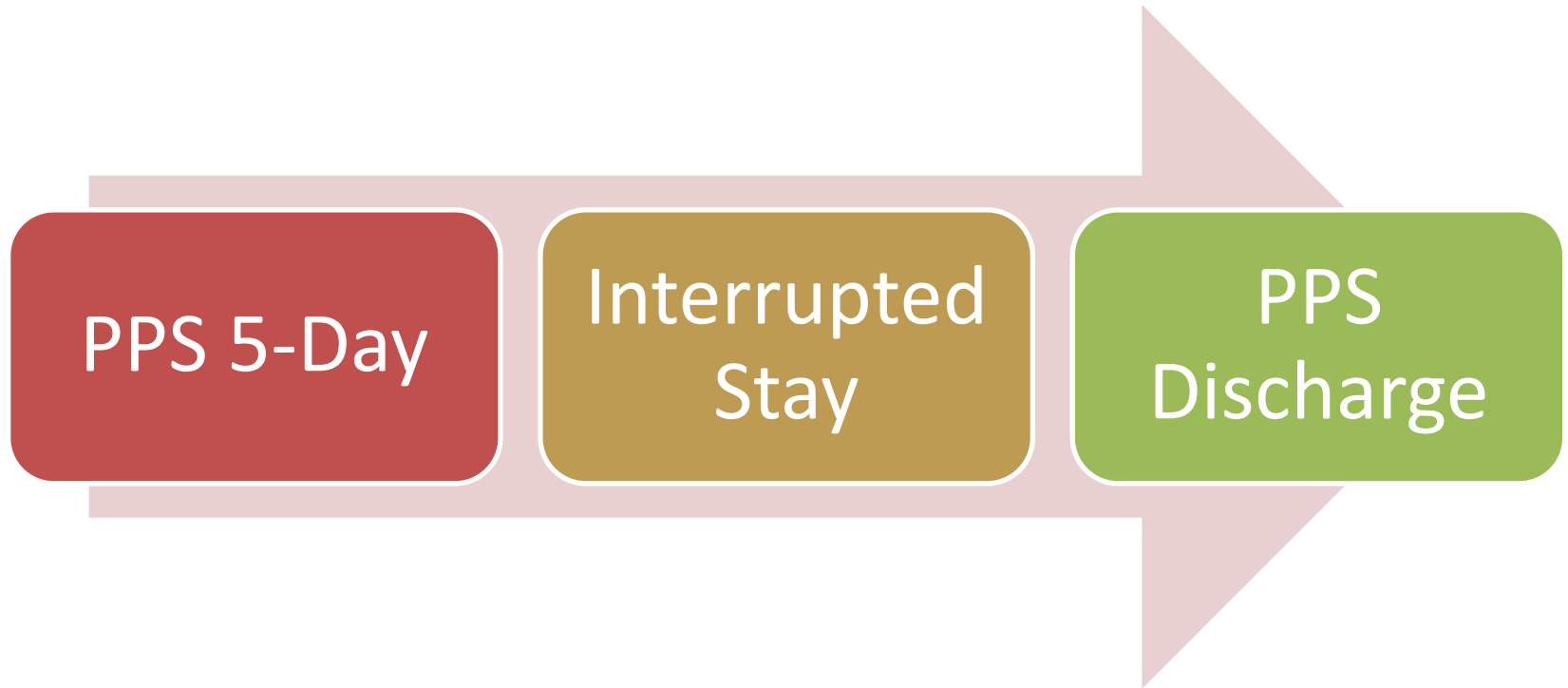
Target Date	A0310A	A0310B	A0310F	A0310H	A2400B	A2400C
11/5/2024	99	99	12	0	20240604	20241105
8/6/2024	02	99	99	0	20240604	-----
6/4/2024	99	01	99	0	20240604	-----
3/12/2024	99	99	99	0	^	^
3/5/2024	01	99	99	0	^	^
2/28/2024	99	99	01	0	^	^

Target period = Jan. 1, 2024, through Dec. 31, 2024

Exceptions

- End date (A2400C) is before discharge date (A2000), not included in QRP
- End date (A2400C) is on or after discharge date (A2000) or is missing, stay is a type 2
- If more recent death in facility meeting criteria is not found, stay is not included

Interrupted Stay



Next Iteration

- Determine search window start date and end date for next iteration
- Start date is always target period start date
- Use the stay start date in the current iteration (A2400B) minus one day as the search window end date in the next iteration

Example Next Iteration

Target Date	A0310A	A0310B	A0310F	A0310H	A2400B	A2400C
11/5/2024	02	99	99	0	20240228	20240312
8/6/2024	02	99	99	0	20240228	20240312
6/4/2024	02	99	99	0	20240228	20240312
3/12/2024	99	99	99	1	20240228	20240312
3/5/2024	01	01	99	0	20240228	-----
2/28/2024	99	99	01	0	^	^

Next Iteration: February 27, 2024 through January 1, 2024



Measure Calculations

1. Identify Med Part A SNF stays*
2. Identify excluded stays
3. Determine the denominator count
4. Determine the numerator count
5. Calculate the facility-level observed score
6. Round the percent value to two decimal places
7. Final facility level output file

Transfer of Health Information to Provider

This measure reports the percentage of **Medicare Part A 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.

Transfer of Health Information to Provider

- **Numerator** = # of Med Part A stays (Type 1) when at the time of discharge, facility provided reconciled med list to subsequent provider (A2121 = 1)
- **Denominator** = Total # of Med Part A stays (Type 1) ending in discharge to short-term general hospital, hospice, ... (A2105 = 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12)

Transfer of Health Information to Provider

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

Complete only if A0310H = 1 and A2105 = 02-12

Enter Code At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?

0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction

1. Yes - Current reconciled medication list provided to the subsequent provider

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

- Enter Code
- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 01. Home/Community (e.g., private home/apt, board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge |
| <input type="checkbox"/> | <input type="checkbox"/> | 02. Nursing Home (long-term care facility) |
| <input type="checkbox"/> | <input type="checkbox"/> | 03. Skilled Nursing Facility (SNF, swing beds) |
| <input type="checkbox"/> | <input type="checkbox"/> | 04. Short-Term General Hospital (acute hospital, IPPS) |
| <input type="checkbox"/> | <input type="checkbox"/> | 05. Long-Term Care Hospital (LTCH) |
| <input type="checkbox"/> | <input type="checkbox"/> | 06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit) |
| <input type="checkbox"/> | <input type="checkbox"/> | 07. Inpatient Psychiatric Facility (psychiatric hospital or unit) |
| <input type="checkbox"/> | <input type="checkbox"/> | 08. Intermediate Care Facility (ID/DD facility) |
| <input type="checkbox"/> | <input type="checkbox"/> | 09. Hospice (home/non-institutional) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Hospice (institutional facility) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Critical Access Hospital (CAH) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Home under care of organized home health service organization |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Deceased |
| <input type="checkbox"/> | <input type="checkbox"/> | 99. Not listed → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge |

Transfer of Health Information to Provider

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average
DRR	01/01/2024 - 12/31/2024	S007.02	01/01/2024 - 12/31/2024	163	163	100.0%	93.5%
TOH - Provider	01/01/2024 - 12/31/2024	S043.01	01/01/2024 - 12/31/2024	74	75	98.7%	93.8%



Drug Regimen Review

If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.

Numerator

The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator meeting each of the following two criteria:

1. The facility conducted a drug regimen review on admission which resulted in one of the three following scenarios:
 - a. No potential or actual clinically significant medication issues were found during the review (N2001 = [0]); OR
 - b. Potential or actual clinically significant medication issues were found during the review (N2001 = [1]) and then a physician (or physician-designee) was contacted and prescribed/recommended actions were completed by midnight of the next calendar day (N2003 = [1]); OR
 - c. The resident was not taking any medications (N2001 = [9]).
2. Appropriate follow-up occurred each time a potential or actual clinically significant medication issue was identified during the stay (N2005 = [1]); or no potential or actual clinically significant medications issues were identified since the admission or resident was not taking any medications (N2005 = [9]).

Drug Regimen Review

Denominator

The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) during the reporting period.

Exclusions

Medicare Part A SNF stays are excluded if:

1. The resident died during the SNF stay (i.e., Type 2 SNF Stays).
 - a. Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).

Drug Regimen Review

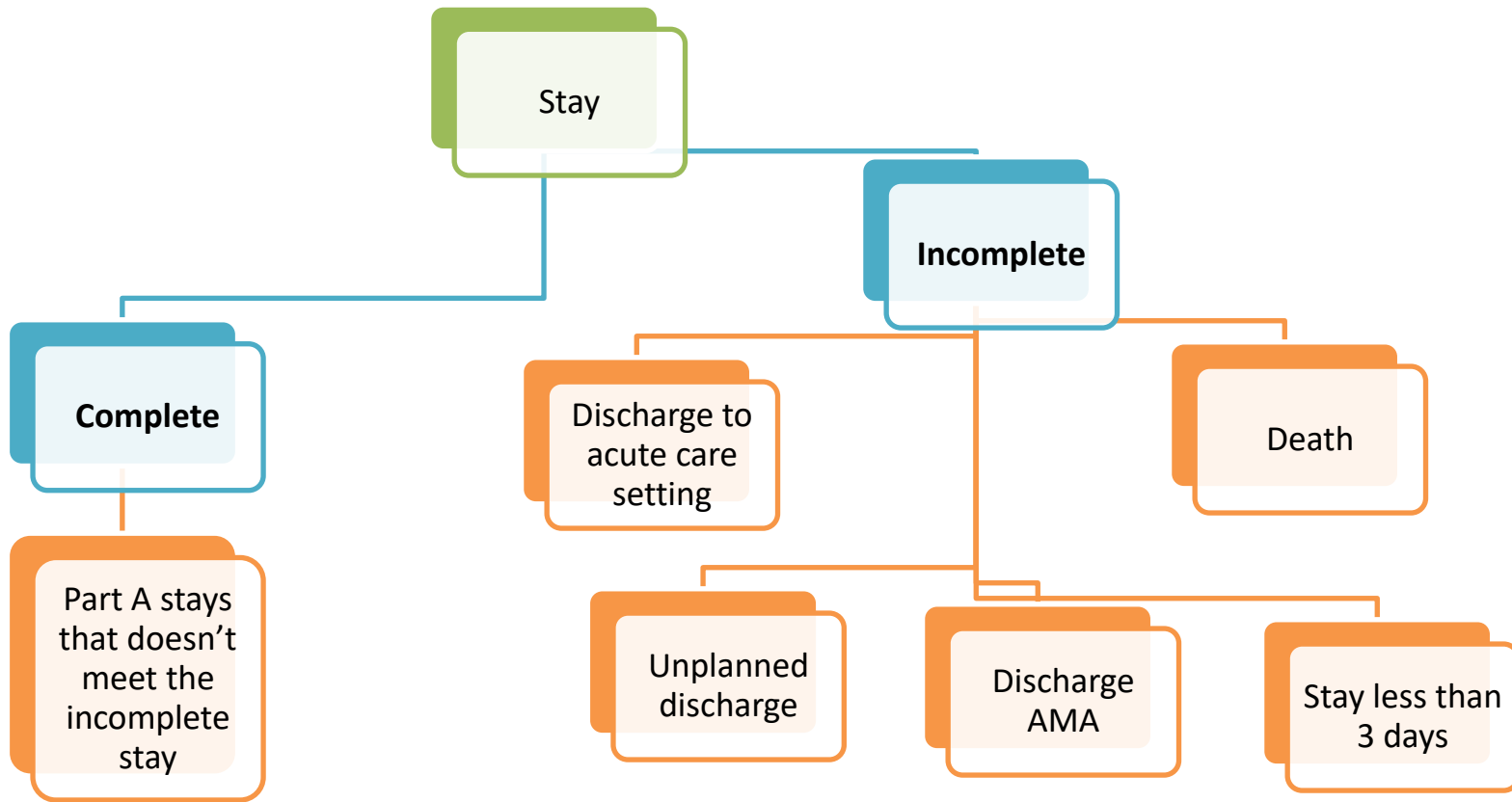
		<i>Undesirable Outcomes</i>		<i>Desirable Outcomes or Processes Performed</i>					
Admission Date	Discharge Date	QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8
10/11/2024	10/24/2024	NT	NT	X	X	X	X	X	E

Denominator Exclusion

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, long-term care hospital, psychiatric hospital indicated by A2105 = [04, 05, 07]. [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
 - 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]).



FFS

Medicare Claims Based Measures

- Potentially preventable 30-day post-discharge readmission measure ↓
- Discharge to community (DTC) ↑
- Medicare spending per beneficiary (MSPB) (ratio)
- SNF healthcare associated infections (HAI) requiring hospitalization ↓

- COVID-19 vaccination coverage among healthcare personnel (HCP) ↑
- Influenza vaccination coverage among healthcare personnel (HCP) ↑



Reports in iQIES

Name of Report	Updated	Refreshed	Data
Review and correct, facility and resident level	Quarterly	Weekly	12 months, except for the COVID-19 which is one quarter of data. MDS data only.
Quality measure (QM) facility level	Monthly (MDS) Annually (Claims) Quarterly (Covid HCP) Annually (Influenza HCP)	Monthly	4 quarters, but current quarter may be a partial, except COVID-19 which is 1 quarter of data.
Quality measure (QM) resident level	Monthly (MDS)	Monthly	Four quarters, but current quarter may be a partial, except COVID-19 which is one quarter of data. MDS data only.

Review and Correct

TOH - Provider

Reference page 1 of this report to locate the Table Legend

FACILITY-LEVEL DATA



Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2024	S043.01	07/01/2024	09/30/2024	02/18/2025	Open	36	36	100.0%
Q2 2024	S043.01	04/01/2024	06/30/2024	11/18/2024	Open	36	36	100.0%
Q1 2024	S043.01	01/01/2024	03/31/2024	08/15/2024	Closed	11	11	100.0%
Q4 2023	S043.01	10/01/2023	12/31/2023	05/15/2024	Closed	10	10	100.0%
Cumulative	-	10/01/2023	09/30/2024	-	-	93	93	100.0%

All MDS measures. Updated weekly. Displays data quarterly.

Review and Correct

Pressure Ulcer/Injury

Reference page 1 of this report to locate the Table Legend

FACILITY-LEVEL DATA

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2024	S038.02	07/01/2024	09/30/2024	02/18/2025	Open	1	7	14.3%
Q2 2024	S038.02	04/01/2024	06/30/2024	11/18/2024	Open	0	10	0.0%
Q1 2024	S038.02	01/01/2024	03/31/2024	08/15/2024	Closed	0	5	0.0%
Q4 2023	S038.02	10/01/2023	12/31/2023	05/15/2024	Closed	0	12	0.0%
Cumulative	-	10/01/2023	09/30/2024	-	-	1	34	2.9%

Review and Correct



Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
08/21/2024	09/25/2024	02/18/2025	Open	NT
08/23/2024	09/07/2024	02/18/2025	Open	NT
08/02/2024	08/17/2024	02/18/2025	Open	X
07/11/2024	07/28/2024	02/18/2025	Open	NT

Facility Level QRP QM's

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
Pressure Ulcer/Injury	10/01/2023 - 09/30/2024	S038.02	10/01/2023 - 09/30/2024	1	173	0.6%	0.6%	2.8%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Average Observed Discharge Score	Average Expected Discharge Score	Numerator	Denominator	Facility Percent	National Average
Functional Status Outcome: Discharge Self-Care Score	10/01/2023 - 09/30/2024	S024.05	10/01/2023 - 09/30/2024	29.2	31.9	37	149	24.8%	48.6%
Functional Status Outcome: Discharge Mobility Score	10/01/2023 - 09/30/2024	S025.05	10/01/2023 - 09/30/2024	52.7	52.1	76	149	51.0%	45.3%
Discharge Function Score	10/01/2023 - 09/30/2024	S042.01	10/01/2023 - 09/30/2024	41.25	46.21	40	149	26.85%	51.80%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average
DRR	10/01/2023 - 09/30/2024	S007.02	10/01/2023 - 09/30/2024	173	173	100.0%	93.5%
TOH - Provider	10/01/2023 - 09/30/2024	S043.01	10/01/2023 - 09/30/2024	87	88	98.9%	93.0%
TOH - Patient	10/01/2023 - 09/30/2024	S044.01	10/01/2023 - 09/30/2024	63	63	100.0%	94.0%

Facility Level QRP QM's

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Discharges To Community	Number of Eligible Stays	Observed Discharge to Community Rate	Risk-Standardized Discharge to Community Rate	95% Confidence Interval [a]	National Observed Discharge to Community Rate	Comparative Performance Category
DTC	10/01/2021 - 09/30/2023	S005.02	10/01/2021 - 09/30/2023	216	290	74.48%	76.05%	(71.02%, 81.00%)	49.90%	Better than the National Rate

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Eligible Episodes	AVERAGE SPENDING PER EPISODE			MSPB AMOUNT		
					Spending During Treatment Period [b]	Spending During Associated Services Period [c]	Total Spending During Episode	Average Risk-Adjusted Spending	National Median	MSPB Score
MSPB (Your Facility)	10/01/2021 - 09/30/2023	S006.01	10/01/2021 - 09/30/2023	267	\$14,575	\$9,238	\$23,813	\$23,416	\$31,136	0.75
MSPB (National)	10/01/2021 - 09/30/2023	S006.01	10/01/2021 - 09/30/2023	1,919,656	\$19,949	\$12,013	\$31,962	\$31,925	\$31,136	1.03

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Eligible Stays	Observed HAI Rate	Observed Number of HAIs	Risk Standardized HAI Rate	95% Confidence Interval [a]	Observed National Average	Comparative Performance Category
SNF HAI	10/01/2022 - 09/30/2023	S039.01	10/01/2022 - 09/30/2023	164	6.10%	10	6.92%	(4.47%, 10.75%)	7.05%	No Different than National Rate

Facility Level QRP QM's

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Readmissions	Number of Eligible Stays	Observed Readmission Rate	Risk-Standardized Readmission Rate (RSRR)	95% Confidence Interval [a]	National Observed Readmission Rate	Comparative Performance Category
PPR	10/01/2021 - 09/30/2023	S004.01	10/01/2021 - 09/30/2023	20	293	6.83%	8.57%	(6.50%, 11.25%)	10.51%	No Different than National Rate

Facility Level QRP QM's

Measure Name [d]	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average
HCP Influenza Vaccine	10/01/2023 - 03/31/2024	S041.01	10/01/2023 - 03/31/2024	510	528	96.6%	45.0%
HCP COVID-19 Vaccine	10/01/2023 - 12/31/2023	S040.01	10/01/2023 - 12/31/2023	2	387	0.5%	7.2%

Resident Level QRP QM's



QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	Undesirable Outcomes	10/01/2023 - 09/30/2024	S038.02	10/01/2023 - 09/30/2024
2	Application of Falls	Undesirable Outcomes	10/01/2023 - 09/30/2024	S013.02	10/01/2023 - 09/30/2024
3	Functional Status Outcome: Discharge Self-Care Score	Desirable Outcomes or Processes Performed	10/01/2023 - 09/30/2024	S024.05	10/01/2023 - 09/30/2024
4	Functional Status Outcome: Discharge Mobility Score	Desirable Outcomes or Processes Performed	10/01/2023 - 09/30/2024	S025.05	10/01/2023 - 09/30/2024
5	Discharge Function Score	Desirable Outcomes or Processes Performed	10/01/2023 - 09/30/2024	S042.01	10/01/2023 - 09/30/2024
6	DRR	Desirable Outcomes or Processes Performed	10/01/2023 - 09/30/2024	S007.02	10/01/2023 - 09/30/2024
7	TOH - Provider	Desirable Outcomes or Processes Performed	10/01/2023 - 09/30/2024	S043.01	10/01/2023 - 09/30/2024
8	TOH - Patient	Desirable Outcomes or Processes Performed	10/01/2023 - 09/30/2024	S044.01	10/01/2023 - 09/30/2024

Resident Level QRP QM's

		<i>Undesirable Outcomes</i>		<i>Desirable Outcomes or Processes Performed</i>					
Admission Date	Discharge Date	QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8
09/04/2024	09/19/2024	NT	NT	NT	NT	NT	X	X	E
09/05/2024	09/17/2024	NT	NT	NT	X	NT	X	X	E
09/03/2024	09/16/2024	NT	NT	NT	NT	NT	X	X	E
08/23/2024	09/13/2024	NT	NT	X	NT	NT	X	E	X
08/23/2024	09/13/2024	NT	NT	NT	X	NT	X	X	E
07/22/2024	09/12/2024	NT	NT	NT	X	X	X	X	E
09/03/2024	09/11/2024	NT	NT	NT	NT	NT	X	X	E
08/21/2024	09/11/2024	NT	NT	NT	X	NT	X	X	E

Care Compare

Quality measures rating



Above average

Medicare assigns the star rating based on data from a select set of clinical data measures. More stars means better performance in certain areas of care.

Care Compare

- Discharge to community
 - Potentially preventable 30-day post-discharge readmission measure
 - Medicare spending per beneficiary
 - Healthcare-associated infections requiring hospitalization
 - HCP that received their influenza and COVID
- 10/1/21 to 9/30/23
- 10/1/23 to 3/31/24
- 10/1/23 to 12/31/23
-

Care Compare

- Discharge self-care score
- Discharge mobility score
- Discharge function score
- Drug regimen review (DRR)
- Pressure ulcer/injury
- Falls with major injury
- Starting October 2025, COVID resident, TOH to provider, and TOH to patient

1/1/23 to
12/21/23

Annual Payment Update (APU)



Compliant Requirements

1. 100% of the required quality measures data and standardized patient assessment data **collected** using the MDS on at least 90% of all assessments **submitted**.
2. 100% of the data collected and submitted using the CDC NHSN.
3. 100% of records selected for the data validation process (begins FY27)

Compliance Requirements

MDS Data Elements Used for FY 2026 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2024)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2024 MDS 3.0 Version 1.18.11	Q4 2024 MDS 3.0 Version 1.19.1
A1005*	Ethnicity	X		X	X
A1010*	Race	X		X	X
A1110A	Language: What is your preferred language?	X		X	X
A1110B	Language: Need or want an interpreter to communicate with a doctor or health care staff?	X		X	X
A1250	Transportation	X	X	X	X
A2105*	Discharge Status		X	X	X
A2121*	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		X	X	X
A2122*	Route of Current Reconciled Medication List Transmission to Subsequent Provider		X	X	X
A2123*	Provision of Current Reconciled Medication List to Resident at Discharge		X	X	X
A2124*	Route of Current Reconciled Medication List Transmission to Patient		X	X	X

Data Collection and Final Submission Deadlines FY26

Measure Name	Data Collection Time Frame	Final Submission Deadlines
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) [CMIT Measure ID #00728 (not-endorsed)]	January 1, 2024 – December 31, 2024	
	January 1 – March 31, 2024	August 15, 2024
	April 1 – June 30, 2024	November 18, 2024
	July 1 – September 30, 2024	February 18, 2025
	October 1 – December 31, 2024	May 15, 2025

COVID-19 Vaccine: Patients/Residents Who Are Up To Date [CMIT Measure ID #01699 (not-endorsed)]	October 1 – December 31, 2024	May 15, 2025
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Data Collection and Final Submission Deadlines FY26

COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) [CMIT Measure ID #00180 (CBE-endorsed)]^	January 1, 2024 – December 31, 2024	
	January 1 – March 31, 2024	August 15, 2024
	April 1 – June 30, 2024	November 18, 2024
	July 1 – September 30, 2024	February 18, 2025
	October 1 – December 31, 2024	May 15, 2025
Influenza Vaccination Coverage among Healthcare Personnel [CMIT Measure ID #00390 (CBE-endorsed)] ^	October 1, 2024 – March 31, 2025	May 15, 2025

Data Collection and Final Submission Deadlines FY26

Potentially Preventable 30-Day Post-Discharge Readmission Measure Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) [CMIT Measure ID #00575 (not endorsed)]	-	Claims-based measure – No additional data submission required by SNFs
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**Completed Data +
Deadlines
= Compliance**

Compliance Requirements

CDC NHSN

- Covid-19 vaccine coverage among HCP
 - Submit vaccination data for eligible HCP one week out of every month to the NHSN long term care facility component
- Influenza vaccination coverage among HCP
 - Submit a single vaccination summary report at the conclusion of the reporting period to the NHSN personal safety component

Compliance Requirements

Data validation

- 1,500 SNFs that submit at least one MDS record in the fiscal year (FY) two years prior to the applicable FY SNF QRP
- SNF will be required to submit once in a FY for a maximum of 10 records

Reports in iQIES

Name of Report	Updated	Data
Provider threshold	Real time once the submissions are processed and accepted. Quarterly (COVID HCP) 2x/year (Influenza)	MDS assessment data
NH error detail		Identify a list of assessments that encountered an error, including APU errors during a period of providers choosing
Final validation report	Within 24 hours of assessment submission	All assessments submitted into iQIES indicating if they were accepted or rejected. Displays warnings and fatal errors.
QRP resident and facility level		

FY26 Provider Threshold

Report Run Date	11/18/2024
Data Collection Start Date	01/01/2024
Data Collection End Date	12/31/2024

# of MDS 3.0 Assessments Submitted:	61	←
# of MDS 3.0 Assessments Submitted Complete:	57	←
% of MDS 3.0 Assessments Submitted Complete:	93%*	

FY26 Provider Threshold

HCP COVID-19 Vaccine

CDC Data Reported to CMS: 08/16/2024

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Month 1	Month 2	Month 3
CY 2024 Q1	01/01/2024	03/31/2024	08/15/2024	Yes	Yes	Yes
CY 2024 Q2	04/01/2024	06/30/2024	11/18/2024	Yes	Yes	Yes
CY 2024 Q3	07/01/2024	09/30/2024	02/18/2025	No	N/A	N/A
CY 2024 Q4	10/01/2024	12/31/2024	05/15/2025	N/A	N/A	N/A

HCP Influenza Vaccine

CDC Data Reported to CMS: N/A

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Submission Status
2024-2025	10/01/2024	03/31/2025	05/15/2025	N/A

Error Detail Report

Warning Message	Error Code
Payment reduction	3897, 3908
Assessment completed late	1038, 1040, 3749a, 3749d
Care plan completed late	3749b, 3749c, 3749e
Record submitted late	3810a, 3810b, 3810c, 3810d, and 3810e

Final Validation

- Rejected/accepted
- Warnings (late/dashed)

Error Number	Error Type	Error Message
-3908	Warning	Payment Reduction Warning: If A0310H equals 1, a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.

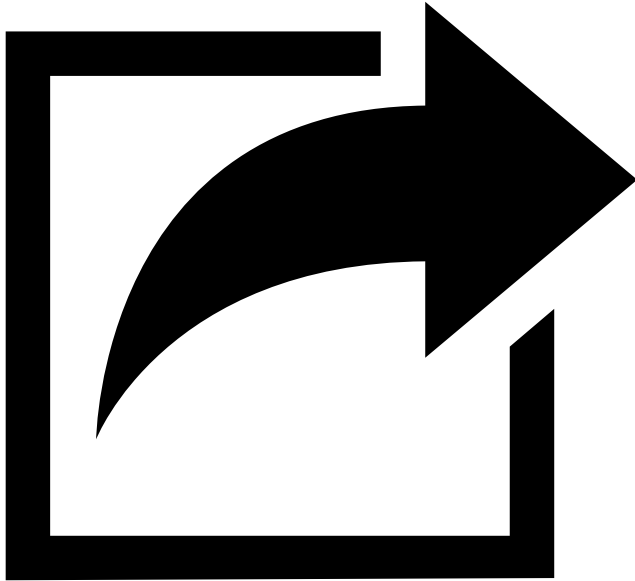
MDS 3.0 Item(s):	J0510, J0520, J0530
Item Values:	-, -, -
Message Number:	-3897
Message Type:	Warning
Message:	Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.

Non-Compliance Letter

We are reaching out to remind you of the upcoming November 18, 2024, submission deadline for the SNF QRP. SNF MDS assessment data, and CDC NHSN COVID-19 Vaccination Coverage among HCP data, for April 1 - June 30 (Q2) of CY 2024 are due with this submission deadline.

- All data must be submitted no later than 11:59 p.m. on November 18, 2024.*
- SNFs must also meet an assessment-based quality data submission requirement compliance threshold of 90%, using data submitted through the MDS.*
- As of October 15, 2024, for Nursing Home, your assessment compliance threshold is 87.50% for data submitted during Q2 of 2024.*

Reconsideration



- Non-compliant with the SNF QRP requirements
- Letter of notification from the Medicare Administrative Contractor (MAC)
- File for reconsideration within 30 days of letter

Life Cycle



Life Cycle

Data Collection
and Submission
CY2024

Medicare fee for service claims-based measures

- No submission deadlines



Life Cycle

Data Collection
and Submission
CY2024

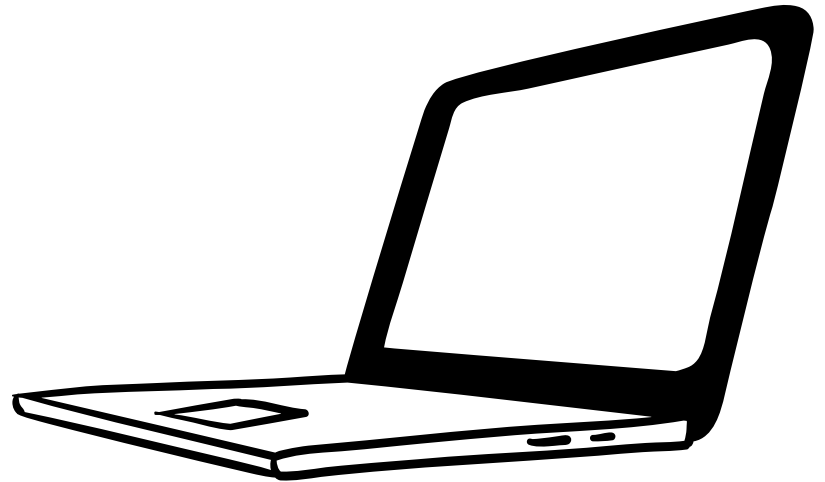
- MDS assessment-based items
 - CY24 by quarter with submission 4.5 months later
 - Covid-19 for residents
 - Q4 2024 with submission by May 15, 2025
- NHSN measures
 - Covid-19 for HCP
 - CY24 by quarter with submission 4.5 months later
 - Influenza for HCP
 - Q4 2024 and Q1 2025 with submission by May 15, 2025

No Dashes

Demo

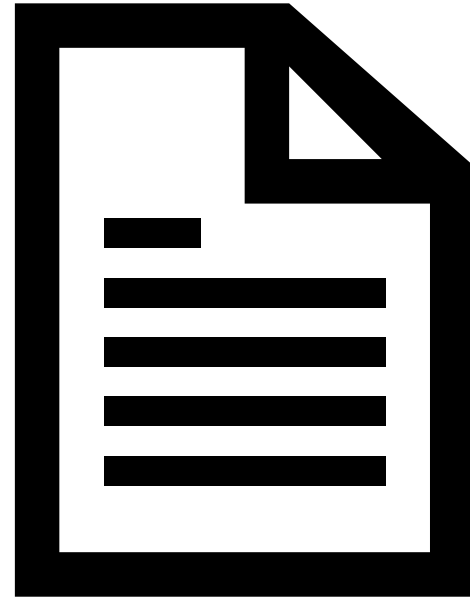
Login into [iQIES training](#)

- Locate assessments
- Review dashboard
- Find reports



Medicare Audits

- 5 claim probe and educate review program
- Targeted probe and educate (TPE)



Medicare Audits

5 claim probe and educate review program

Lower improper payment rate

MAC will review five claims from each SNF

MAC will complete one round of probe and educate for each SNF

Individualized education will be offered

Medicare Audits

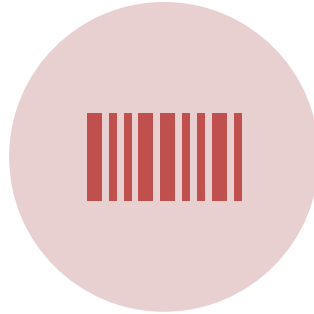
Targeted probe and educate (TPE)

- Increase accuracy in very specific areas
- Letter from MAC, MAC will review 20-40 claims and supporting medical records
- If some denied, you will be invited to a one-on-one education session
- Given a 45-day period to make changes and improve

Coding Diagnoses



I0020 PRIMARY MEDICAL
CONDITION CATEGORY



I0020B ICD-10-CM CODE



I0100 – I8000 ACTIVE
DIAGNOSES

Primary Medical Condition Category

I0020: Indicate the resident's primary medical condition category



I0020. Indicate the resident's primary medical condition category

Complete only if A0310B = 01 or if state requires completion with an OBRA assessment

Indicate the resident's primary medical condition category that best describes the primary reason for admission

Enter Code

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD Code

ICD-10-CM

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

About Preface Guidelines Help Guide Print Questions?

National Center for Health Statistics – ICD-10-CM

Fiscal Year: FY2025 - October 1, 2024

Enter Search Term(s):

Find code in Tabular:

Disease Index **0** External Causes **0** Drugs **0** Neoplasms **0**

U.S. Department of Health & Human Services Privacy Vulnerability Disclosure Policy USA.gov Source: CDC National Center for Health Statistics

API Version: 1.0.0
Client Version: 2.1.0

<https://icd10cmtool.cdc.gov/?fy=FY2025>

Active Diagnoses

- Identifies active diseases and infections that drive the current plan of care
- **Physician-documented** diagnoses in last 60 days
- Direct relationship to the resident's status during the last 7-day look-back (except UTI)



Heather Newton
RAI/MDS and OASIS Education Coordinator
920-360-6102

Heathera.newton@dhs.Wisconsin.gov

Emily Virnig
RAI/MDS and OASIS Automation Coordinator
608-266-1718

emily.virnig@dhs.wisconsin.gov

<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>

References/ Resources

- iQIES [Reports Manual](#)
- SNF QM Calculations and Reporting [Users Manual V6.0](#)
- SNF QRP Measure Calculations and Reporting [User's Manual Change Table V6.0](#)
- [FY2026 SNF QRP APU Table for Reporting Measures and Data](#)
- [SNF QRP Data Collection Submission Deadlines for FY2026](#)
- [Medicare Fee-for-Service Compliance Programs](#)
- [CMS ICD-10-CM](#)
- [Claims-Based Measures Specifications Manual](#)