



As of April, CMS has implemented important modifications for the Quality Reporting Program (QRP) and Quality Measures (QMs) that may have significant fiscal, clinical, and compliance implications as well. Not only will these changes enable CMS to better monitor SNF outcomes, the modifications raise the bar on performance measures and will challenge SNFs to drive care differently.

What should SNFs know? HealthPRO® Heritage offers guidance.

Highlights Regarding QRPs and QMs

Quality Measures continue to roll up to your 5 Star Rating, AND...

- **CMS has raised the bar** by making changes to the point calculation system with higher thresholds now in place
- **Will inform CMS RE: significant utilization changes** in the New World of PDPM. SNFs should be aware that – as they try to strike a balance between overutilization and underutilization of therapy services – deteriorating QMs may be a compliance risk and trigger an audit.

Quality Reporting Programs, which DO NOT roll up to your 5 Star Rating, BUT...

- Are now publicly reported on the Nursing Home Compare website
- Facilities will be measured using a scoring system and can either lose or receive +/- 2% APU
- The CMS designed scoring system for the QRP requires providers to:

- Review the baseline performance coded in Section GG upon admission
- Report on all GG items as the measures are dependent on thorough GG coding and outcomes
- QRP measures include comparison of admission scores to discharge scores in Section GG
 - What was the overall improvement based on the patient's outcome upon discharge?
 - Did the patient meet the expected goals at discharge as coded in Section GG upon admission?
- The former skin QM is being retired and reworked for incorporation into the QRP
 - This measure will now be stated as Changes in Skin integrity – pressure ulcer/injury.

The key to successfully navigating these changes will be consistent communication and processes that support collaboration for the IDT. HealthPRO® Heritage recommends the IDT must:

- Realize coding in Section GG impacts two areas of the QRP measures
 - Review and confirm accuracy of the baseline scores
 - Review and confirm accuracy of the discharge performance scores
- Every item in Section GG should be scored on the MDS assessment for all Medicare Part A admissions
- Also, review the MDS for coded areas that serve as exclusions and covariates. (Each measure has its own list of either excluded or covariate influences.) Examples include patients coded with a coma, on hospice as well as dependent with specific functional performance areas (e.g.: eating, transfers, etc.)
- Establish a well-defined process for completing / transmitting MDS assessments
 - Whether the QM will be calculated accurately depends on your site's ability to accurately track assessments (admissions and discharge), because the system relies on the:
 - Start date
 - End date
 - Type of stay
 - Most accurately represent the care being provided
 - Impact your facility's publicly reported measures and your APU
- Continue to leverage positive QMs and QRPs to fortify partnerships with upstream referral sources, follow a Strategic Work Plan to solidify a successful transition to PDPM, and stay aligned with all CMS initiatives
- Education for documentation to support all MDS coding areas

- Process Redesign (communication, meetings, staffing)
- QAPI solutions
- Rehospitalization prevention programs
- Stay vigilant RE: Phase 3 ROP requirements (effective November 2019)
- Stay informed

Updated manual links below to QRP updated materials and SNF QM manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

SNF QM Manual <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqqualitymeasures.html>

HealthPRO® Heritage asks:

Who on your leadership team will pull these reports regularly? How will your interdisciplinary team make the necessary changes to ensure your facility is meeting/exceeding new benchmarks? Need help deciphering CMS' modifications and what they mean for the future of your SNF? HealthPRO® Heritage is a trusted, consultative partner leading the industry in PDPM readiness. Our deliverables: strategy, education, and execution on key clinical competencies that are crucial to PDPM success. Contact us today for support: info@healthpro-heritage.com