Quality Measures 101: Understanding the Basics to Drive Improvement

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Course Objectives

1. Participants will understand the 18 MDS 3.0 Quality Measures, what triggers the measure and excludes a resident from the measure.

2. Participants will recognize which Quality Measures are included in the 5 star as well as Medicaid.

3. Participants will understand the importance of the iQIES package reports and be able to use the information for quality improvement.

Why are Quality Measures important?

What is Affected:

Impacts quality measure portion of the 5-star rating

Impacts portions of Missouri Medicaid incentives (add-on)

Impacts the Quality Reporting Program (QRP)

Used by consumers on Nursing Home Care Compare

Compares SNF to the State and National benchmarks

Survey Process

Quantifies healthcare processes, outcomes and will reward better care (better the measures)

- iQIES report

Applies to ALL Measures

If an area is dashed it will exclude it from the measure.

Caution: CMS does not expect dashes to be used except in extreme situations

Long Stay Residents (LS)

Short Stay Residents (SS)

Definitions

Target period: The span of time that defines the QM reporting period (e.g., a calendar quarter).

Target date: Equals the ARD of the MDS assessment.

Stay: The period of time between an entry (or admission) AND a d/c, death in facility or end of the target period. May include interrupted stays that apply to Medicare covered stays and pertains to short and long stay episode.

Episodes: A period of time spanning one or more stays. Begins with an admission and ends with a d/c, death in facility or the end of a target period.

Definitions

Admission: An admission entry record (A0310F = [01] ***and*** A1700 = [1]) is required when ***any one*** of the following occurs:

Resident has never been admitted to this facility before; ***or***
Resident has been in this facility previously and was discharged return not anticipated; ***or***
Resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

Reentry: A reentry record (A0310F = [01] and A1700 = [2]) is required when ***all of the following*** occurred prior to this entry; the resident was:

Discharged return anticipated, ***and***
Returned to facility within 30 days of discharge.

Cumulative days in facility (CDIF): Total number of days within an episode while the resident was in the facility. If the resident is sent out to the hospital or has an interrupted stay- only those days while in the facility count.

Definitions

Short stay: An episode CDIF is less or equal to 100 days at the end of the target period. May include interrupted stays.

Long stay: An episode CDIF is 101 days at the end of the target period. May include interrupted stays.

Computing QMs: Uses a short-stay sample and a long-stay sample.

Select all residents whose latest episode either ends during the target period or is ongoing at the end of the target period. This latest episode is selected for QM calculation.

For each episode that is selected, compute the CDIF. Less than or equal to 100 days = the short-stay sample. Greater than or equal to 101 days = the long-stay sample.

If a resident has multiple episodes within the target period, only the latest episode is used. Within each sample, certain key records are identified which are used for calculating individual measures.

Definitions

Target Assessment (short stay)

Most recent 6 months

Look-back scan

Scans all qualifying RFA (Admission, Quarterly, Annual, Significant Change, or Significant Correction to a Comprehensive or Quarterly. Also includes 5 day and D/C return anticipated/not anticipated.

Target Assessment (long stay)

Most recent 3 months

Prior Assessment

Latest Assessment that is 46 to 165 days before the target assessment.

CASPER QM PACKAGE

1. FACILITY CHARACTERISTICS REPORT
2. FACILITY LEVEL QUALITY MEASURE REPORT
3. RESIDENT LEVEL QUALITY MEASURE REPORT

CASPER Report
MDS 3.0 Facility Characteristics Report

Facility ID: [redacted]
CCN: [redacted]
Facility Name: [redacted]
City/State: [redacted]

Report Period: 01/01/2020 - 06/30/2020
Comparison Group: 01/01/2020 - 06/30/2020
Report Run Date: 06/01/2020
Data Calculation Date: 10/02/2020
Report Version Number: 1.01

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	898	1,796	50.0%	50.0%	71.5%
Female	898	1,796	50.0%	50.0%	28.5%
Age					
<25 years old	5	1,796	0.3%	0.3%	2.2%
25-54 years old	12	1,796	0.7%	0.7%	0.2%
55-64 years old	57	1,796	3.2%	3.2%	13.5%
65-74 years old	1,558	1,796	86.7%	86.7%	56.8%
75-84 years old	147	1,796	8.2%	8.2%	27.0%
85+ years old	17	1,796	0.9%	0.9%	0.2%
Diagnostic Characteristics					
Psychiatric diagnosis	6	1,785	0.3%	0.3%	3.0%
Intellectual or Developmental Disability	371	371	100.0%	100.0%	75.0%
Hospice	3	1,788	0.2%	0.2%	0.0%
Prognosis					
Life expectancy of less than 6 months	3	1,788	0.2%	0.2%	0.0%
Discharge Plan					
Not already occurring	0	1,796	0.0%	0.0%	25.0%
Already occurring	1,796	1,796	100.0%	100.0%	75.0%
Referral					
Not needed	0	1,796	0.0%	0.0%	25.0%
Is or may be needed but not yet made	0	1,796	0.0%	0.0%	0.0%
Has been made	1,796	1,796	100.0%	100.0%	75.0%
Type of Entry					
Admission	1,795	1,796	99.9%	99.9%	100.0%
Reentry	1	1,796	0.1%	0.1%	0.0%
Entered Facility From					
Community	1,796	1,796	100.0%	100.0%	89.7%
Another nursing home	0	1,796	0.0%	0.0%	1.5%
Acute Hospital	0	1,796	0.0%	0.0%	0.0%
Psychiatric Hospital	0	1,796	0.0%	0.0%	0.0%
Inpatient Rehabilitation Facility	0	1,796	0.0%	0.0%	0.0%
ID/DD facility	0	1,796	0.0%	0.0%	0.0%
Hospice	0	1,796	0.0%	0.0%	0.0%
Long Term Care Hospital	0	1,796	0.0%	0.0%	8.8%
Other	0	1,796	0.0%	0.0%	0.0%

iQIES Report

MDS 3.0 Facility-Level Quality Measure (QM) Report

Report Period: 01/19/2026 - 01/25/2026
Comparison Group: 05/01/2025 - 10/31/2025

Report Run Date: 01/26/2026
Data Calculation Date: 01/26/2026
Report Version Number: 3.06

Legend

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged

Facility ID: **Facility Name:** **CCN:** **City/State:**

MDS Measures

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Pressure Ulcers (L)	N045.02	C	3	45	6.7%	8.4%	5.4%	5.8%	79*
Phys restraints (L)	N027.02	C	0	48	0.0%	0.0%	0.0%	0.1%	0
Falls (L)	N032.02	C	28	48	58.3%	58.3%	49.8%	44.3%	85*
Falls w/Maj Injury (L)	N013.02	C	2	48	4.2%	4.2%	4.4%	3.4%	67
Antipsych Med (S)	N011.03	C	0	2	0.0%	0.0%	2.5%	1.8%	0

MDS Measures

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Pressure Ulcers (L)	N045.02	C	0	35	0.0%	0.0%	5.3%	5.7%	0
Phys restraints (L)	N027.02	C	0	35	0.0%	0.0%	0.0%	0.1%	0
Falls (L)	N032.02	C	22	35	62.9%	62.9%	49.7%	44.2%	**92***
Falls w/Maj Injury (L)	N013.02	C	1	35	2.9%	2.9%	4.4%	3.4%	49
Antipsych Med (S)	N011.03	C	1	11	9.1%	9.1%	2.2%	1.8%	**96***
Antianxiety/Hypnotic Prev (L)	N033.03	C	3	28	10.7%	10.7%	10.4%	7.4%	**76***
Antianxiety/Hypnotic % (L)	N036.03	C	3	27	11.1%	11.1%	25.8%	19.7%	22
Behav Sx affect Others (L)	N034.02	C	11	34	32.4%	32.4%	18.6%	18.3%	**84***
Depress Sx (L)	N030.03	C	2	33	6.1%	6.1%	18.3%	12.8%	60
UTI (L)	N024.02	C	0	35	0.0%	0.0%	2.4%	1.9%	0
Cath Insert/Left Bladder (L)	N026.03	C	1	34	2.9%	3.4%	1.5%	1.2%	**89***
New or Worsened B/B (L)	N046.02	C	5	33	15.2%	14.1%	18.8%	20.2%	29
Excess Wt Loss (L)	N029.03	C	1	27	3.7%	3.7%	5.4%	5.4%	41
Incr ADL Help (L)	N028.04	C	3	27	11.1%	11.1%	19.0%	15.4%	40
Move Indep Worsens (L)	N035.05	C	0	21	0.0%	0.0%	21.1%	17.9%	0

MDS Hybrid Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	State Average	National Average	National Percentile
Antipsych Med (L)[1]	N047.01	3	18	16.7%	24.9%	16.6%	60

[1] The Percent of Long-Stay Residents Who Received an Antipsychotic Medication measure is based on 3 months of data (07/01/2025 - 09/30/2025) and is calculated using MDS and Medicare/Medicaid claims and encounter data.

SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury[2]	S038.02	0	25	0.0%	0.0%	2.5%

[2] The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (04/01/2025 - 03/31/2026).

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	National Average
Discharge Function Score[3]	S042.02; S042.03	14	21	66.67%	59.47%

[3] The Discharge Function Score measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (04/01/2025 - 03/31/2026).

iQIES Report

MDS 3.0 Resident-Level Quality Measure (QM) Report

Facility ID:
Facility Name:
CCN:
City/State:

Report Period: 01/01/2023 - 06/30/2023
Report Run Date: 07/05/2023
Data Calculation Date: 07/03/2023
Report Version Number: 3.03

Note: S = short stay, L = long stay; **X** = triggered, b = not triggered or excluded,
C = complete; data available for all days selected, I = incomplete; data not available for all days selected

MDS Measures - Active Residents

Reference page 1 of this report to locate the Table Legend

Resident Name	Resident ID	A0310A/B/F	Hi-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Anxiety/Hypnotic Prev (L)	Anxiety/Hypnotic % (L)	Behav Sx affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
John Smith		02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
Mary Smith		02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
		02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	X	b	b	b	b	2
		03/99/99	b	b	b	b	b	b	b	X	b	b	b	b	X	b	b	b	b	2

Medicaid Quality Measures

Long stay:

- Pressure ulcers
- Falls with major injury
- Antipsychotic medications
- Urinary tract infections
- Catheter inserted and left in bladder
- Increased assistance with ADLs
- Moving independently has worsened

Medicaid Quality Measures Threshold

QM Performance	Threshold	Per Diem Adjustment
Decline in Late-Loss ADLs(Percentage of long-stay residents whose need for help with daily activities has increased)	< or = 10.0%	$3.42
Decline in Mobility on Unit(Percentage of long-stay residents whose ability to walk independently worsened)	< or = 8.0%	$3.42
Percent of residents with Pressure Ulcers (long-stay)	< or = 2.7%	$3.42
Anti-Psychotic Medications(Percentage of long-stay residents who received an antipsychotic medication)	< or = 6.8%	$3.42
Falls w/ Major Injury(Percentage of long-stay residents experiencing one or more falls with major injury)	< or = 1.3%	$3.42
In-Dwelling Catheter(Percentage of long-stay residents with a catheter inserted and left in their bladder)	< or = 1.1%	$3.42
Urinary Tract Infection(Percentage of long-stay residents with a urinary tract infection) < or	< or = 1.9%	$3.42

Five Star Rating Quality Measures

Long-stay
Percentage of residents whose ability to walk independently worsened
Percentage of residents whose need for help with daily activities has increased
Percentage of residents with pressure ulcers
Percentages of residents who have/had a catheter inserted and left in their bladder
Percentage of residents with a urinary tract infection
Percentage of residents experiencing one or more falls with major injury
Percentage of residents who got an antipsychotic medication

Short Stay
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge (replaced Percentage of Residents Who made improvement in function/ DC function score)
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened
Percentage of resident's who antipsychotic medication for the first time.

Long-Stay Claim Data
Number of hospitalizations per 1,000 long-stay resident days
Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days

Short-Stay Claim Data
Percentage of short-stay residents who were re-hospitalized after a nursing home admission
Percentage of short-stay residents who have had an outpatient emergency department (ED) visit
Rate of successful return to home and community from a SNF

Percent of Residents With Pressure Ulcers

Long Stay

This measure captures the percentage of long-stay residents with Stage 2-4 or unstageable pressure ulcers

Numerator:

Stage II-IV or unstageable pressure ulcers

Denominator:

All long stay residents with a selected target assessment (except those with exclusions)

Exclusions:
Target assessment is an OBRA Admission assessment or a 5-day assessment
Numerator items are dashed

Percent of Residents With Pressure Ulcers

Covariates- risk adjust measure

Impaired Functional Mobility (Lying to Sitting on Side of Bed) Dependent/Substantial/Refused/NA/Not attempted versus Partial/Supervision/Set-up/Independent or dashed

Bowel incontinence

Occasional/Frequent/Always versus Always/Not Rated/Dashed

DM, PVD, PAD

Indicator of low BMI based on height & weight

BMI between 12.0 to 19.0 versus > 19.0

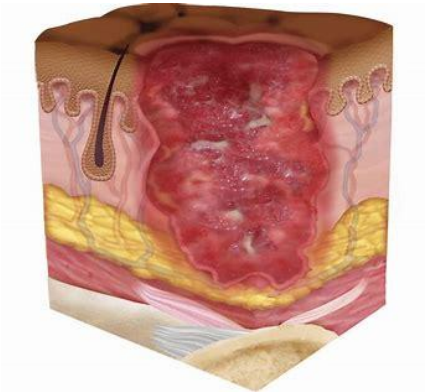
Malnutrition or at risk for Malnutrition

Dehydration

Infections: Septicemia, Pneumonia, UTI, or Multidrug-Resistant Organism

MASD

Hospice



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Percent of Residents With Pressure Ulcers

What can we do to improve this measure?

Admission Assessment (identifying and prevention)
Utilizing Risk Assessments (Braden, Norton)
Education for CNA/Nurse regarding ADLs
Wound Nurse is trained for identifying different types of wounds, pressure injury, diabetic, venous, arterial, MASD
MDS Coordinators trained on GG coding of the MDS
*Restorative Programming
Therapy: Part A/B, quarterly therapy screens
Dietary/Dietician assessment
Weight management program
Prevention of Pressure Ulcers

*Passive ROM & Active ROM, Bed mobility & Walking

Percent of Residents Who Were Physically Restrained

Long Stay

Percent of long-stay residents who are physically restrained on a daily basis

Numerator:

Trunk restraint used in bed, used in chair or out of bed
Limb restraint used in bed, used in chair or out of bed
Chair prevents rising used in chair or out of bed

Denominator:

All long stay resident with target Ax except those with exceptions

Exclusions:
Restraints dashed

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Percent of Residents Who Were Physically Restrained

What can we do to improve this measure?

Person-centered activities
Individualized assessment for restraints
IDT Care Planning
Behavioral training
Alternate options verses restraints
Non-pharmacological interventions
Individual Restraint reduction

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Prevalence of Falls

Long Stay

Percentage of long-stay residents who have had a fall during their episode of care

Numerator:
Long stay resident with an occurrence of a fall

Denominator:
Long stay residents with one or more falls except those with exclusions

Exclusions:
Falls are dashed

Percent of Residents Experiencing One or More Falls with Major Injury Long Stay

Long stay residents who have experienced one or more falls with major injury.

Numerator:

Fall that results in a major injury

Denominator:

All long stay residents except those with exclusions

Exclusions:

Falls with major injury was dashed

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Percent of Residents Experiencing One or More Falls with Major Injury

What can we do to improve the fall measures?

Education for the MDS Coordinator regarding major injury Includes, but is not limited to, traumatic bone fractures, joint dislocations/ subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries.

Fall programming (root cause analysis)
Nursing Assessments of resident's fall risk
Nursing Assessment of resident's clinical condition
Care Plan process, interventions, evaluating changes
Increased rounding with All staff rounds
Restorative Programs/Walk to dine programs
Toileting programs
Person- Centered Activities Program
Antipsychotic/Psychotropic medication reduction
Medication review
Therapy screenings/ treatment

Percent of Residents Who Newly Received an Antipsychotic Medication

Short Stay

Percent of short stay residents who are receiving an antipsychotic medication but not on their initial assessment

Numerator:
Antipsychotic Medication Received
(Look at resident with target Ax AND has an initial Admission Ax and the target Ax is NOT the same as the initial assessment)

Denominator:
Resident had a target assessment AND initial assessment, but the target assessment is not the same as the initial assessment.

Exclusions:
Schizophrenia
Tourette's
Huntington's
Initial Ax indicates antipsychotic medication use or is unknown

Antipsychotic

What can we do to improve this measure?

Assure antipsychotic medications are coded appropriately
    Code according to therapeutic/pharmacological classification

Assure physicians are diagnosing residents appropriately for use of antipsychotic medications with appropriate indication for use

Gradual dose reductions

Non-pharmacological interventions before antipsychotic medications are introduced

Non-pharmacological interventions once established resident, and caregivers to know triggers for behaviors

Meet unmet needs

Prevalence of Antianxiety/Hypnotic Use

Long Stay

Percentage of long stay residents who received antianxiety or hypnotic medications without psychotic or related conditions

Numerator:
Antianxiety or Hypnotic medications received

Denominator:
All long-stay residents except those with exclusions

Exclusions:
Schizophrenia
Psychotic disorders
Bipolar disorder
Tourette's
Huntington's
Hallucinations
Delusions
Anxiety disorders
Post-traumatic stress disorder
Post-traumatic stress disorder (on the prior Ax if not marked active on the target Ax and if a prior Ax is available)
Tourette's syndrome (on the prior Ax if not marked active on the target Ax and if a prior Ax is available)

Percent of Residents Who Used Antianxiety or Hypnotic Medications

Long stay

Numerator:
Measures the prevalence of antianxiety or hypnotic medication. Resident who took a antianxiety or hypnotic medication.

Denominator:
Long stay residents with a selected target Ax except those with exclusions

Exclusions:
Life expectancy of less than 6 months
Hospice care while a resident
Dashed areas

Antianxiety or Hypnotic Use

What can we do to improve this measure?

Indication of use/Appropriate diagnosis

Accurate MDS coding of exclusions Hospice/Less than 6 months to life & diagnosis

Person-Centered Activities

Non-pharmacological interventions

Assess for PTSD that may cause anxiety or difficulty sleeping

Environmental triggers

Psychological Services

Unmet needs

Prevalence of Behavior Symptoms Affecting Others

Long Stay

Percentage of long stay residents who have behaviors symptoms that affect others

Numerator:
Presence of physical behavioral symptoms directed towards others
Presence of verbal behavioral symptoms directed towards others
Presence of other behavioral symptoms NOT directed towards others
Rejection of care
Wandering

Denominator:
All residents with targeted Ax except with exclusions

Exclusions:
The target assessment is a discharge
Areas above are dashed

Behavior Symptoms Affecting Others

What can we do to improve this measure?

Person-Centered Activities

Non-pharmacological interventions

Psychological Services

Unmet needs

Behavioral documentation

Refusals verses preference/choice

Assess past behaviors, history and interventions

MDS training for coding of the MDS

Involve Family if appropriate

Percent of Residents Who Have Depressive Symptoms

Long Stay

Percentage of long stay residents who have had symptoms of depression during the 2 weeks period preceding the MDS target Ax

Numerator:

Condition A (Mood interview or Staff assessment: Part 1 & 2 must be met):

Part 1: Little interest or pleasure in doing things half or more of the days over the last 2 weeks OR Feeling down, depressed, or hopeless half or more of the days over the last 2 weeks

OR

Part 2: Severity Score indicates the presence of depression (score greater than 10)

Denominator:
Target Ax except those with exclusions

Exclusions:
Comatose
Did not meet the criteria under the numerator

*See Behaviors for interventions to help this measure

Percent of Residents with a Urinary Tract Infection

Long Stay

Percentage of long stay residents who have a UTI

Numerator:

UTI within the last 30 days

Denominator:

All long-stay residents with a target Ax, except those with exclusions

Exclusions:

Target Assessment is an Admission AX or a PPS 5-Day Assessment
UTI is dashed or blank

What can we do to improve this measure?

MDS Coordinator understands section I (particularly coding UTI appropriately)
Evidence Base Criteria: McGeer's, Loeb's, NHSN
Handwashing Audits/Check offs
Peri care Audits/Check offs
Documentation of Signs and Symptoms of UTI
Infection Preventionist training/tracking
Nursing Assessment training for observation/Assessments
Assessing toileting abilities
Individual toileting program
Foods that have high water content: melons, lettuce, berries, grapes
Proactive actions: increase fluids, IV fluids, cranberry, fluid rounds etc..
Antibiotic Stewardship

Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

Long Stay

Percentage of residents who have had an indwelling catheter in the last 7 days

Numerator:
Long Stay residents with use of an indwelling catheter

Denominator:
All long stay residents except exclusions

Exclusions:
Target Ax is an Admission Ax or a 5-day assessment
Neurogenic bladder
Obstructive uropathy

Covariates:
Frequently/Always bowel incontinence verse Always continent/Occasionally/Not rated
Pressure ulcers stage 2,3,4 verse no pressure ulcers
No prior assessment is available

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Catheter Inserted and Left in Their Bladder

What can we do to improve this measure?

Verify diagnosis of obstructive uropathy and neurogenic bladder
Education in appropriate uses for catheters
Open discussions with physician/ family regarding risks for catheter without dx
Verify coding of catheter, diagnosis, and covariates on the MDS (pressure injury and urinary continence status)
Diagnostic testing for reason for indwelling catheter need or opportunity for discontinuation of catheter (Bladder scan for retention or urodynamic testing)
Upon admission, obtain records related to catheter use. Identify ASAP and pull as soon as possible (before it must be coded on the MDS)
Restorative toileting program
Medications Review (may cause retention)

Percent of Residents with New or Worsened Bowel or Bladder Incontinence Long Stay

Percent of residents with new or worsened bowel or bladder incontinence

Numerator:
Long stay residents that indicates frequently or always incontinence of the bladder (prior Ax compared to current assessment).

A: A new case of bowel incontinence increased in one or more coding points from always continent to either occasionally, frequently or always incontinent.

B: Worsened bowel incontinence increase in one or two coding points from occasionally incontinent to frequently or always incontinent or from frequently incontinent to always incontinent.

C: A new case of bladder incontinence increased in one or more coding points from always continent or occasional incontinent to frequently or always incontinent.

D: Worsened bladder incontinence increase in one coding point on the bladder continence from frequently incontinent to always incontinent.

Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Continued)

Denominator:
Selected target Ax, except those with exclusions

Exclusions:
Target Ax is an admission Ax or 5-day assessment
Bowel & Bladder are dashed
Comatose
Indwelling catheter
Ostomy
No prior assessment is available to assess prior B&B function
Dashes

Covariates:
Severe cognitive impairment-
BIMS summary score is equal or less than 7 or decisions regarding tasks of daily life is severely impaired AND has short term memory **versus**
BIMS summary score is greater than 7, 99 or dashed AND decisions regarding tasks of daily life is independent, modified, or moderately impaired or short term memory is ok or dashed.

Covariates- continued next page

Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Continued)

Covariates:

*Sit to Lying on prior assessment is dependent, Refused, N/A, N/A due to environment or medical condition/safety verses substantial/max assist, partial/mod assist, supervision/touching, setup/clean-up, independent or dashed.

*Sit to Stand on prior assessment is dependent, Refused, N/A, N/A due to environment or medical condition/safety verses substantial/max assist, partial/mod assist, supervision/touching, setup/clean-up, independent or dashed.

Walk 10 Feet or Wheel 50 feet with two turns on prior assessment, depending on resident's w/c use:

For residents who do not use a w/c

Does the resident use a w/c and/or scooter? No or dashed AND walking is dependent/refused/NA,/not attempted versus No or dashed AND walking is substantial/partial/supervision/setup/Independent or dashed.

For residents who use a w/c.

Does the resident use a w/c and/or scooter? Yes AND wheeled 50 feet 2 turns was dependent/ refused/ NA/Not attempted versus Yes AND wheeled 50 feet 2 turns was Substantial/Partial/ Supervision/Setup/Independent/dashed

Does the resident use a w/c and/or scooter? yes AND GG0170R (wheel 50 feet with 2 turns) is dependent, refused, N/A, N/A due to environment or medical/safety concerns VERSUS yes AND (wheel 50 feet with 2 turns) substantial/max, partial/mod, supervision/touching, setup/cleanup, independent or dashed.

Percent of Residents with New or Worsened Bowel or Bladder Incontinence

What can we do to improve this measure?

Toileting Program
Restorative Program (mobility, transfers, toileting, etc…)
Education on documentation for Bowel & Bladder continence vs. incontinence
Encourage assistive device use
OT quarterly screening (prn also)
Root cause for worsening Bowel & Bladder
Diagnostic testing when decline first noted
Medication evaluation (laxatives, stool softeners, diuretics, muscle relaxants, HTN meds etc…)

Percent of Residents Who Lose Too Much Weight

Long Stay

Percentage of long stay resident who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen

Numerator:

Percentage of long stay resident who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen

Denominator:

Long stay resident with selected target Ax except those with exclusions

Exclusions:

Target Ax is an Admission Ax or 5-Day Ax
Prognosis of life expectancy is less than 6 months
Hospice Care
Dash

Percent of Residents Who Lose Too Much Weight

What can we do to improve this measure?

Routine Dietician visits
Consistent weighing program including heights annually
Re-weights (sooner versus later)
Tracking system for weights
Weekly weight review for high-risk residents not just those that have weight loss
    History of weight loss, hospice, difficulty swallowing/chewing, SLP tx
Assess for poor fitting dentures, mouth pain and swallowing/chewing difficulty
Mechanical altered diet/Liquids
Eating with adaptive equipment
Lists of likes and dislikes
Snack availability and access
Activities with food/drink items
Preventative measures with enhanced supplements and foods of choice

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increase

Long Stay

Percent of long stay resident whose need for help with late loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment. The four late-loss ADL items are Sit to Lying, Sit to Stand, Eating, Toilet Transfer.

Numerator:
*An increase in need for help is defined as a decrease in two or more coding points in one late-loss ADL item or one point decrease in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [07, 09, 10, 88] on either the target or prior assessment, then recode the item to equal [01] to allow appropriate comparison.

At least two are true compared to the prior assessment:
Sit to Lying, Sit to Stand, Eating, Toilet Transfer (one functional level)

At least one is true compared to the prior assessment:
Sit to Lying, Sit to Stand, Eating, Toilet Transfer (by more than one functional level)

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increase

Denominator

All long stay residents with a target and prior assessment except those with exclusions.

Exclusions

All four late-loss ADL on prior assessment were coded dependent or activity was not attempted.
Three of the four late-loss ADLs on the prior assessment was coded depended or N/A and the fourth ADL was substantial/max assistance.
Comatose
Prognosis of life expectancy is less than 6 months
Hospice care
Dashed items
No prior assessment to compare to assess for prior function

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increase

What can we do to improve this measure?

Education for the MDS Coordinator for the coding of section GG for Sit to Lying, Sit to Stand, Eating, Toilet Transfer
Education for the MDS Coordinators on the exclusions
Capturing improvements on the MDS post therapy interventions
Front line staff education on coding of section GG for Sit to Lying, Sit to Stand, Eating, Toilet Transfer
Documentation/chart audits
Presence of documentation & coding accurate
Restorative Programs: Bed mobility, Transfers, Eating, Toileting, ROM
Assistive device needs
Therapy Screens
Process for identifying change in condition

Percent of Residents Whose Ability to Walk Independently Worsened

Long Stay

Long stay residents who experienced a decline in ability to walk independently

Numerator:
Compares prior Ax to current Ax:

Walk 10 feet- a decrease of one or more points

Denominator:
Long-stay resident who have target Ax and at least 1 qualifying prior Ax except those with exclusions.

Exclusion and Covariates (next 2 slide)

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)
Long Stay

Exclusion:
Comatose
Prognosis of less than 6 months
Hospice
Not end of end-of-life or hospice on prior assessment AND either are dashed
*Dependent or activity not attempted during locomotion (walk 10 feet) on prior assessment.
Walking 10 feet (Locomotion) dashed
Prior assessment is a discharge with or without return anticipated
No prior assessment to assess locomotion (walk 10 feet)
Admission assessment, 5-day or the first assessment since admission

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)

From prior assessment

Eating/Toilet Transfer/Sit to Stand:

Needs Help (1)- Substantial/Max, Partial/Mod, Sup/touching assist AND (0) Dashed, Dependent, Setup/Cleanup, Independent, Refused, N/A, N/A due to environment/medical/safety.

Dependence (1)- Dependent, Refused, N/A, N/A due to environment/medical/safety AND (0) dashed, Sub/Max, Partial/Mod, Sup/touching assist, Independent.

Walk 10 feet

Independence (1)-Independent, Setup/cleanup AND (0) dash, dependent, Sub/Max, Partial/mod, Sup/touching, refused, N/A, N/A environmental/medical/safety.

Some Help (1)-Partial/mod, Sup/touching AND (0) dash, , dependent, Sub/Max independent, refused, N/A, N/A environmental/medical/safety.

Needs More Help-(1) Sub/Max AND (0) dash, dependent, Partial/mod, Sup/touching, Setup/Cleanup, Independent, refused, N/A, N/A environmental/medical/safety.

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)
Prior assessment

Severe cognitive impairment

(1) Make decision regarding task of daily life = Severely impaired AND Short-term memory OR BIMS summary score is =<7

(0) Make decision regarding task of daily life =Independent, Modified or Moderately impaired or Short-term memory is intact or dashed and BIMS summary is >7, dashed or N/A.

OR

BIMS is >7 and made decisions regarding tasks of daily life is independent, modified, or moderately impaired or Short-term memory is intact, dashed or N/A.

If none of the severe cognitive impairment apply then the Covariate will be 0.

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)

Linear Age

If (MONTH ARD) > MONTH(DOB)) or (MONTH(ARD) = MONTH(DOB) and DAY(ARD) >= DAY(DOB)) then Linear Age = YEAR(ARD)-YEAR(DOB), else Linear Age = YEAR(ARD)-YEAR(DOB)-1

Gender

(1) Female
(0) Male

Vision

(1) Ability to see in adequate light change score greater than 0 and no change from prior assessment.
(0) If either are true:
Ability to see in adequate light change score has not changed from prior assessment.
Ability to see in adequate light is not dashed on the prior assessment but is missing on the current assessment and no intermediate assessment has a dash.
If it is not set at 1 or 0 then covariate is 0.

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)

Oxygen Use

(1) Prior assessment was no, current yes
(0) Current assessment is no
If not yes or no defaults to 0

All covariates are missing if no prior assessment is available.

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

What Can We Do to Improve this Measure?

MDS Coordinator to know coding for walking 10 feet

Front line staff to know coding for walking 10 feet

Education/documentation regarding the covariates and exclusions

Restorative program: ROM, Ambulation (walk to dine)

Therapy screens

Encourage use of assistive devices for safe ambulation verse no ambulation

Reminding staff to allow resident to walk even short distance (f/u with w/c after walking as needed)

Fall Program (root cause of falls when resident is walking)

Percent of Residents Who Received an Antipsychotic Medication

Long Stay

Long stay resident who are receiving antipsychotic drugs

Numerator:

Use of an antipsychotic medication

Condition A: An assessment with the ARD in the target period

Condition B: A CLAIM/Encounter: Medicaid Rx (Pharmacy) or Medicare D claim for antipsychotic medication during the NH stay. OR has a Medicaid Other services/Outpatient or physician/carrier (OT/OP/PB) claim/encounter record for physician administered antipsychotic medications with service date during the NH stay.

Denominator:

Long stay residents with target Ax except with exclusions

https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures

Percent of Residents Who Received an Antipsychotic Medication

Exclusions:

Resident is not continuously enrolled in Medicare A/B/D or Medicare Part C/D Fee-For-Service or Medicare Advantage with Part D OR Medicaid during each month from the beginning of the target period until the end of the episode.

Resident is not continuously enrolled in Medicare A/B, Medicare Part C or Fee for Service/Medicare Advantage or Medicaid during the month of the measure exclusion look-back window. Measure exclusion lookback window is defined as the same date one year prior to the target date until the target date.

The resident is aged 65 or older at admission and is admitted within one year prior to the end of the target period but is not continuously enrolled in either Medicare A/B or Medicare C Fee for service or Advantage or Medicaid only in each month of the pre-admission lookback window. Pre-admission lookback window is defined as same date one year prior to the day before admission date, until one day before admission date.
Resident age at admission is calculated using the admission date minus the resident's birth date from Medicare enrollment data for Medicare-enrolled resident or from Medicaid eligibility data for only resident.

Percent of Residents Who Received an Antipsychotic Medication

Exclusions:

Schizophrenia_on current or prior assessment AND Schizophrenia is coded on the Medicare/Medicaid claims/encounter data with claim thru date/ending service date occurring during the one-year pre-admission lookback window.

All residents who were admitted more than one year prior to the end of the target period: Schizophrenia on target assessment or the prior assessment AND Schizophrenia is coded on the Medicare/Medicaid claims/encounter data with claim thru date/ending service date occurring during the one-year measure exclusion lookback window.

Tourette's syndrome & Huntington's disease on target or prior assessment.

Dx code in Medicare/Medicaid claims/encounter data with claim through date/ending service date during the one-year measure exclusion look-back window.

Percent of Residents Who Received an Antipsychotic Medication

Exclusions:

Resident receives Medicare A/Medicaid covered hospice services or is enrolled in hospice during any month between the beginning of the target period and the end of the episode

OR

Resident has at least one Medicare Part A Hospice claim with a claim from date or through date overlapping with the period between the beginning of the target period and the end of the episode

OR

Resident has at least one Medicaid hospice claim/encounter record where the beginning service date and ending service date overlaps with the period from the beginning of the target period to the end of the episode

OR

Resident has a hospice eligibility group code (44: "individuals receiving hospice care") in Medicaid eligibility data for at least one month from the beginning of the target period to the end of the episode.

Percent of Residents Who Received an Antipsychotic Medication

What Can We Do to Improve this Measure?

See New Antipsychotic Improvement Slide in addition to the following

Communication with Providers (Pharmacy, Physicians, Hospital, ER transfers, Psychiatrists)

Review Providers visit notes for medications and diagnoses

Assessing for change in condition and intervening to prevent hospitalization/ER visits

Root causes of hospitalization/ER visits

Proactive communication with provider's pre-visit about documentation needs

Communicate with resident & family about prior events over the past year

Query Providers for appropriate diagnoses and supportive documentation

Know how the SNF claims import diagnoses from MDS or software

Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury

Percentage of Med A residents with Stage 2-4 PU, or unstageable due to slough/eschar, non-removable dressing/device or DTI that are new or worsened since admission. This information is pulled from the discharge assessment that were not present or were at a lesser stage at the time of admission.

This looks at all stays in a target 12-month period.

Denominator:
Medicare Part A SNF stays in the selected time window and ending during the selected time window except those in exclusions

Exclusions:
Section M PU dashed
Resident expired during SNF stay

Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury (SS)

Functional Mobility Admission Performance for Lying to Sitting on Side of Bed (at admission):

Dependent/Substantial/Maximal/Refusal/Not applicable/Not attempted due to environmental limitations or Not attempted due to medical condition or safety concerns verses Partial/moderate/Supervision/touching/Set-up/clean-up/Independent or is dashed

Bowel Incontinence at admission

Occasionally/Frequently/Always incontinent verses Always continent, not rated, dashed

Peripheral Vascular Disease/Peripheral Arterial Disease or Diabetes Mellitus (last 7 days)

Low body mass index (based on HT/WT)

BMI greater than 12 AND less than 19
BMI less than 12 OR BMI greater than 19
No weight or height or is dashed
*round up to one decimal place

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*See What can we do to improve this measure with Percent of Residents With Pressure Ulcers

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Discharge Function Score

Short Stay (QRP measure)

Description

Estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score. If multiple Medicare Part A SNF stays during the target 12 months, all stays are included.

Function items included:

Section GG Eating, Oral hygiene, Toileting hygiene, Roll left and right, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer, Walk 10 ft, Walk 50 feet with 2 turns*, Wheel 50 ft with 2 turns*.

Lots of statistical imputation page 30-31 of the QRP Manual

Discharge Function Score

Short Stay (QRP measure)

* Count Wheel 50 feet with 2 turns (GG0170R) value 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 01 and 06 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. In either case, 10 items are used to calculate a resident's total observed discharge score and scores range from 10 – 60.

For functional items use the 6 point scale as well as 10-Not attempted due to environmental limitations or 88 Not attempted due to medical condition or safety concerns, or dashed-not assessed/no information

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.

Discharge Function Score

Exclusions:

Incomplete stays

- Unplanned discharge (includes AMA)
- Discharge to acute hospital, psychiatric hospital, long-term care hospital
- SNF PPS Part A stay less than 3 days
- Resident died during the SNF stay

Medical Conditions

- Coma
- Persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain (comatose-marked or ICD 10 code)

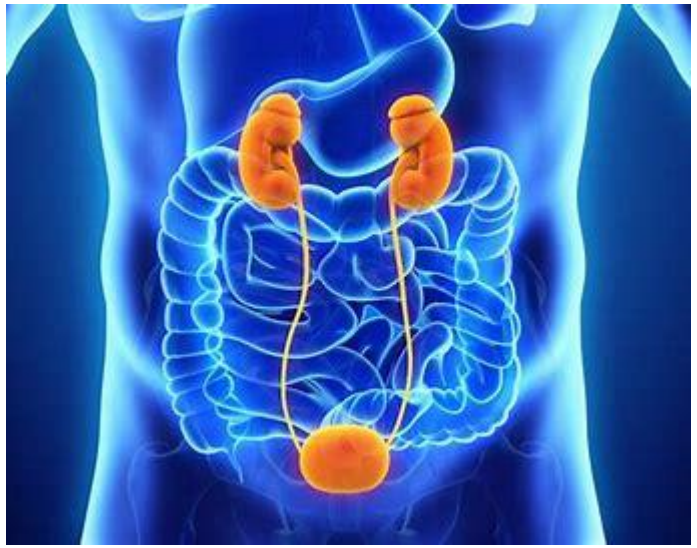
Younger than 18

Discharge to hospice or received hospice while a resident on an OBRA DC (RA or RNA) that has a dc date on the same day or the day after the End Date of Most Recent Medicare Stay. OR Hospice while a resident on the PPS 5 day assessment.

Discharge Function Score

Covariates

Age group
Admission function
Primary medical condition category
Interaction between admission function and primary medical condition category
Prior surgery
Prior function: self care
Prior function: indoor mobility (ambulation)
Prior function: stairs
Prior function: functional cognition
Prior mobility device use
Stage 2, 3,4, or unstageable PI
Cognitive abilities
Communication impairment
Urinary Continence
Bowel Continence
Hx of falls



Nutritional approaches
High BMI
Low BMI
Comorbidities
No PT/OT at the time of discharge

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Discharge Function Score

What Can We Do to Improve this Measure?

Skilled therapy (PT/OT)

Education on section GG coding for MDS Coordinator & front-line staff

Oral hygiene, Toileting hygiene, Roll left and right, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer, Walk 10 ft, Walk 50 feet with 2 turns, Wheel 50 ft with 2 turns

Encourage staff to assist the resident to be as independent as possible

Ensure communication between therapy and nursing about resident's current functional status and progress

Communication with therapy for individual's therapy care, goals, discharge plan

Education on exclusion and covariates

References

QM Measure Manual v 18.0 (01/01/2026)
https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures

SNF QRP QM User Manual v7 (10/1/2025)
snf-qm-calculations-and-reporting-users-manual-v7.0.pdf

5 Star Technical Manual January 2026
https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf

QSO Memo-25-20 NH Revised
https://www.cms.gov/files/document/qso-25-20-nh-revised-2025-09-10.pdf

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