



Quality Reporting In CMS' Post-Acute Care Quality Reporting Programs

Presenter:

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Post-Acute Care (PAC) Quality Reporting

- DCPAC is the “Business Owner” with oversight responsibilities of 5 Quality Reporting Programs (QRP).

1. [Home Health Agency QRP \(HHA QRP\)](#)
2. [Hospice QRP](#)
3. [Long-term Acute Care Hospital QRP \(LTCH QRP\)](#)
4. [Inpatient Rehabilitation Facility QRP \(IRF QRP\)](#)
5. [Skilled Nursing Facility QRP \(SNF QRP\)](#)

- Each of the 5 quality reporting programs are penalty based programs
- Failure to submit the required data, results in a 2% reduction to the PAC provider’s CY/FY annual payment update (APU)

PAC Providers: General Overview

POST-ACUTE CARE (PAC)

Section 3004 of the Affordable Care Act mandates the establishment of PAC quality reporting programs (QRP) for long-term care hospitals (LTCH), inpatient rehabilitation facilities (IRF), and hospices.

The Improving Medicare Post-Acute Care Transformation Act of 2014 mandates the establishment of QRP for skilled nursing facilities (SNF).

Section 1895 of the Social Security Act mandates the establishment of home health agencies (HHA) QRP.

PAC Settings

HHA



Skilled nursing or therapy services provided to beneficiaries who are homebound.

IRF



Intensive rehabilitation services such as physical and occupational therapy, rehabilitation nursing, speech-language pathology, prosthetic and orthotic devices provided to patients after an illness, injury, or surgery.

HOSPICE



Palliative and support services, including pain management and spiritual counseling.

LTCH



Hospital level of care such as prolonged ventilator support and ventilator weaning, wound care management, pain management, treatment for septicemia, and post-traumatic and postoperative infections provided for extended periods to patients with chronic critical illness—those who exhibit metabolic, endocrine, physiologic, and immunologic abnormalities that result in profound debilitation and often ongoing respiratory failure.

SNF



Short-term skilled nursing and rehabilitation services to individuals whose health problems are too severe or complicated for home care or assisted living.

Facilities¹

Providers Assessment²

Medicare Beneficiaries¹

PAC Medicare Spending¹ (in Billions)

LTCH		411	408 k	118 k	\$5.4
SNF		15,031	20.2 million	1.7 million	\$28.6
IRF		1,177	469 k	339 k	\$7
HHA		12,461	17.3 million	3.4 million	\$17.7
Hospices		4,092	441 k	1.3 million	\$15.1
All PAC Facilities		33,172	38.9 million	6.9 million	\$73.8

Data Sources:

1. Report to Congress: Medicare Payment Policy. Medicare Payment Advisory Commission (MedPAC). Washington, D.C.: MedPAC. March 2016. http://www.medpac.gov/documents/reports/medpac14_andreport.pdf#x=1010

2. CMS, Division of Quality Systems for Assessments and Surveys (DQSAS).

Quality reporting in PAC settings aligns with the CMS National Quality Strategy Goals:



Making Care Safer



Patient and Family Engagement



Effective Prevention & Treatment of Chronic Diseases



Communication & Care Coordination



Best Practice of Healthy Living



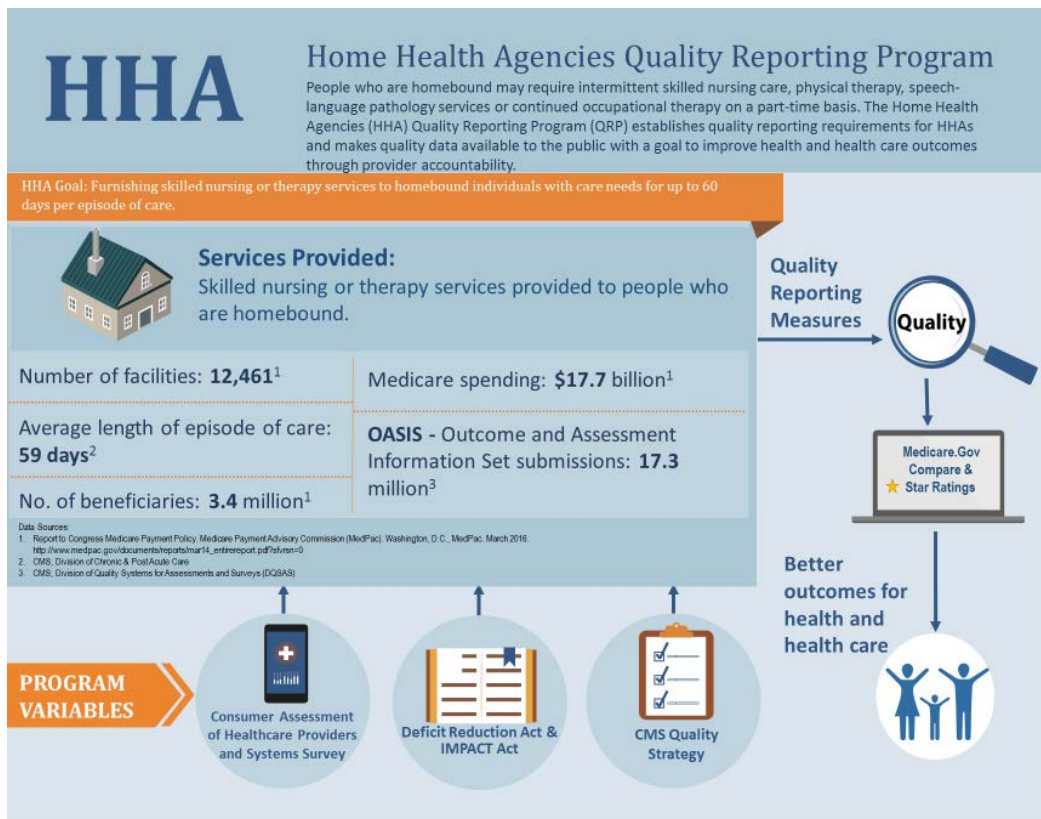
Making Care Affordable

HOW CAN YOU LEARN MORE? VISIT [WWW.CMS.GOV](http://www.cms.gov)

PAC Assessment

- DCPAC leads the development and maintenance of measures for both setting-specific, as well as the cross-setting IMPACT Act measures.
 - **Currently maintaining over 100 measures across its QRPs.**
- 50 measure concepts are either being considered for development or are under development
- All patient assessment measures are collected by our assessment instruments.

Home Health Agency (HHA) Quality Reporting Program



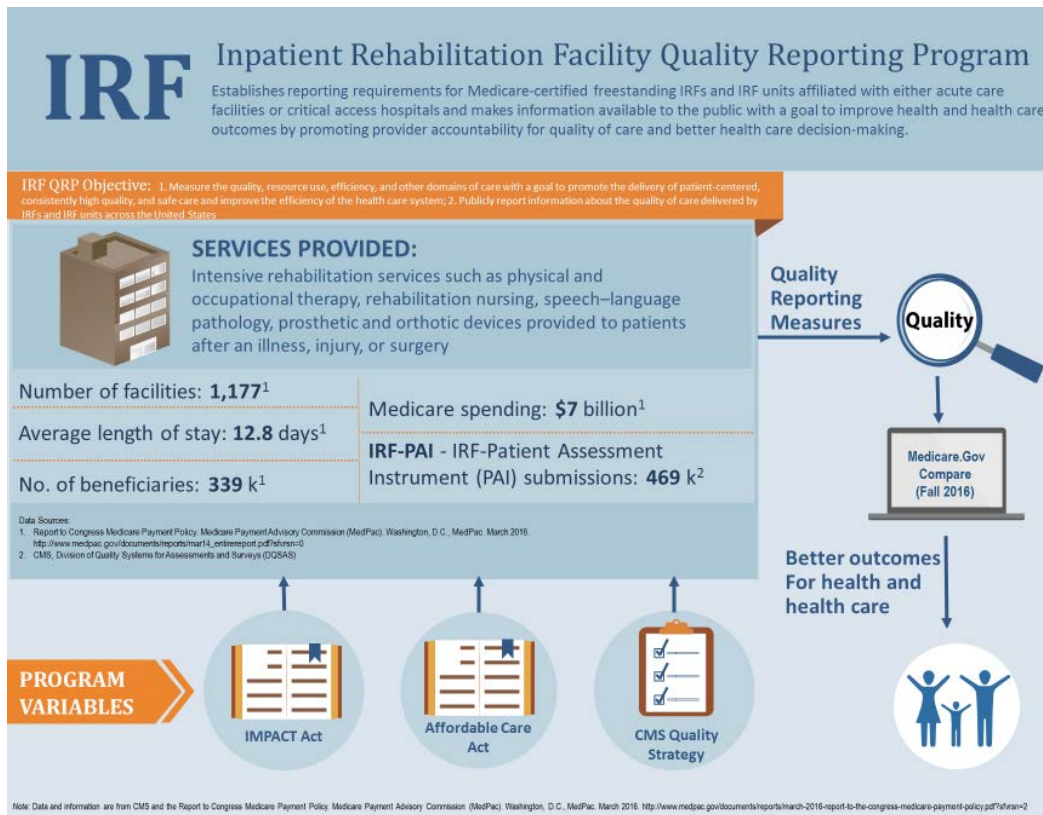
Hospice Quality Reporting Program



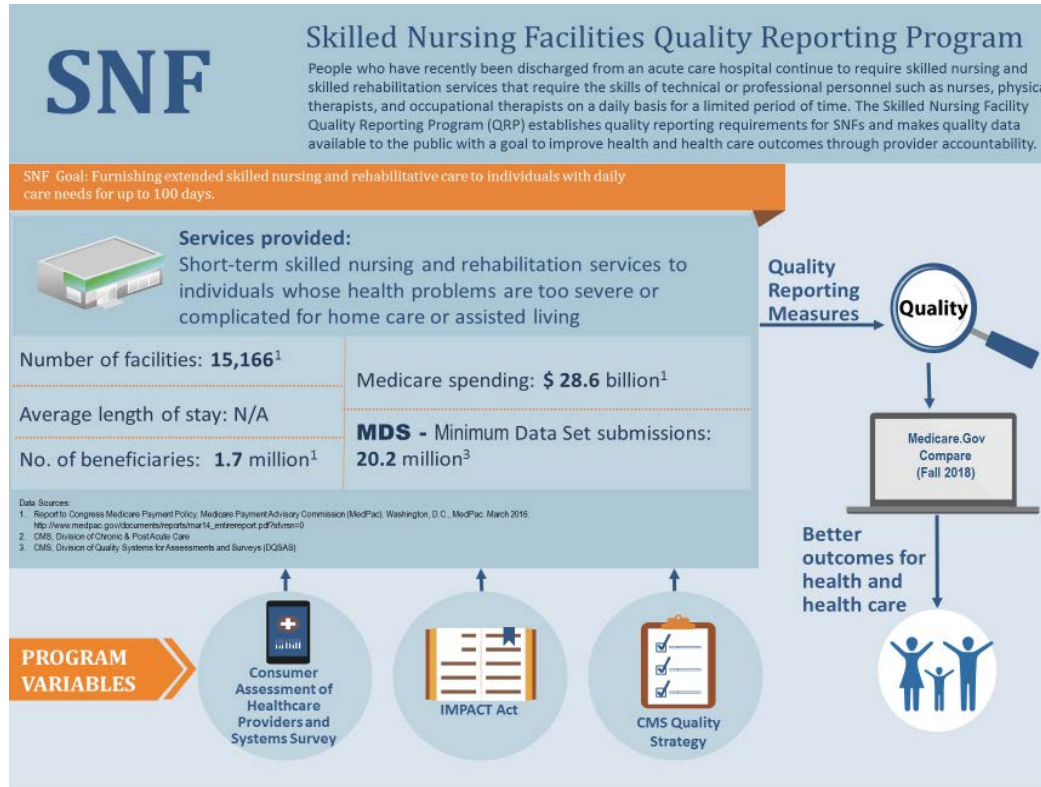
Long-Term Care Hospital (LTCH) Quality Reporting Program



Inpatient Rehabilitation Facility (IRF) Quality Reporting Program



Skilled Nursing Facilities (SNF) Quality Reporting Program



PAC QM vs. Hospital/EP eCQM Processes

- Data Collection:
 - Hospitals and EPs: Clinical data entry in CEHRT (certified EHR technology) software which produces QRDA files
 - Source data must be EHR-generated
 - PAC Settings: Setting-specific assessment instrument completion via vendor software/free CMS software which produces XML submission files
 - Source data can come from a variety of sources including an EHR, but is then abstracted into the vendor or CMS free software
- Data Submission:
 - Hospitals and EPs: CMS reporting portals
 - PAC Settings: ASAP System
- Quality Measure Reporting:
 - Hospitals and EPs: Submission and measure reports via CMS portal
 - PAC Settings: Submission and measure reports via CASPER Reporting System

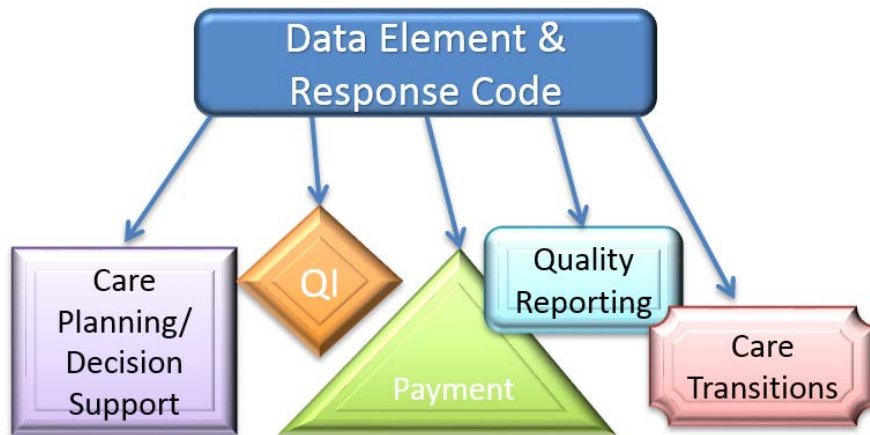
Assessment Data

- Patient level on all patients in LTCHs & Hospices; Medicare in SNFs, Medicare/Medicaid in HHAs, and Medicare and MA in IRFs
- Discrete information, e.g., health assessment such as pressure ulcers, function, vaccination, mental status, etc.
- Specifies timepoints of when/what assessment information can be submitted
- Data is to be verified and attestations to accuracy is required

Assessment Instrument Collection:

One Data Element: Many Uses

GG0160. Functional Mobility (Complete during the 3-day assessment period.)							
Code the patient's usual performance using the 6-point scale below.							
CODING: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Patient completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the task. 07. Patient refused 09. Not applicable If activity was not attempted, code: 88. Not attempted due to medical condition or safety concerns	<div>↓ Enter Codes in Boxes</div> <table border="1"> <tbody> <tr> <td><input type="text"/></td> <td>A. Roll left and right: The ability to roll from lying on back to left and right side, and roll back to back.</td> </tr> <tr> <td><input type="text"/></td> <td>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</td> </tr> <tr> <td><input type="text"/></td> <td>C. Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.</td> </tr> </tbody> </table>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and roll back to back.	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	<input type="text"/>	C. Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.
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Components of the Assessment Instruments

Section

Parent

Question

Response
Option

Definitions

Instructions

Section C

Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

Attempt to conduct interview with all residents

Enter Code

☐

0. No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status

1. Yes → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code

☐

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."

Number of words repeated after first attempt

0. None

1. One

2. Two

3. Three

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

Enter Code

☐

Ask resident: "Please tell me what year it is right now."

A. Able to report correct year

0. Missed by > 5 years or no answer

1. Missed by 2-5 years

2. Missed by 1 year

3. Correct

Data Element Collection for Quality Measures

Section J

Health Conditions

J1800. Any Falls Since Admission

Enter Code

☐

Has the patient **had any falls since admission?**

- 0. **No** → *Skip to M0210. Unhealed Pressure Ulcer(s)*
- 1. **Yes** → *Continue to J1900. Number of Falls Since Admission*

J1900. Number of Falls Since Admission

CODING:

- 0. None
- 1. One
- 2. Two or more



Enter Codes in Boxes

☐

A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall

☐

B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain

☐

C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1800 Coding Instructions

Complete only at the time of discharge.

- 0. **No** → *Skip*
- 1. **Yes** → *Continue*

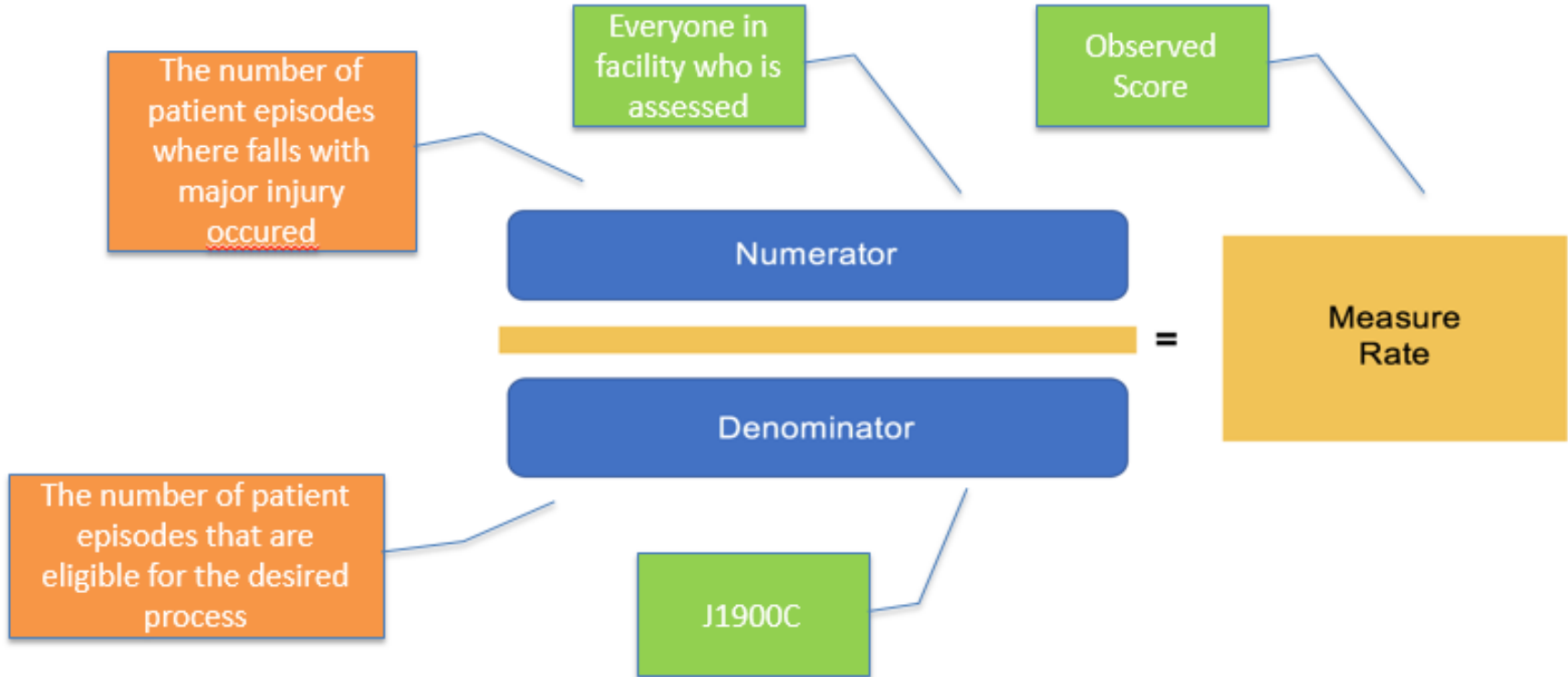
J1800. Any Falls Since Admission	
Enter Code	Has the patient had any falls since admission?
<input type="checkbox"/>	0. No → <i>Skip to M0210. Unhealed Pressure Ulcer(s)</i>
	1. Yes → <i>Continue to J1900. Number of Falls Since Admission</i>

J1900 Coding Instructions

- Complete at the time of discharge.
- Determine the number of falls that occurred since admission.
- Code the level of fall-related injury for each.
- Code each fall only once. If the patient has multiple injuries in a single fall, code the fall for the highest level of injury.

J1900. Number of Falls Since Admission	
CODING: 0. None 1. One 2. Two or more	<div>CODING: 0. None 1. One 2. Two or more</div> <div><input type="checkbox"/> 0. None <input type="checkbox"/> 1. One <input type="checkbox"/> 2. Two or more</div>
	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

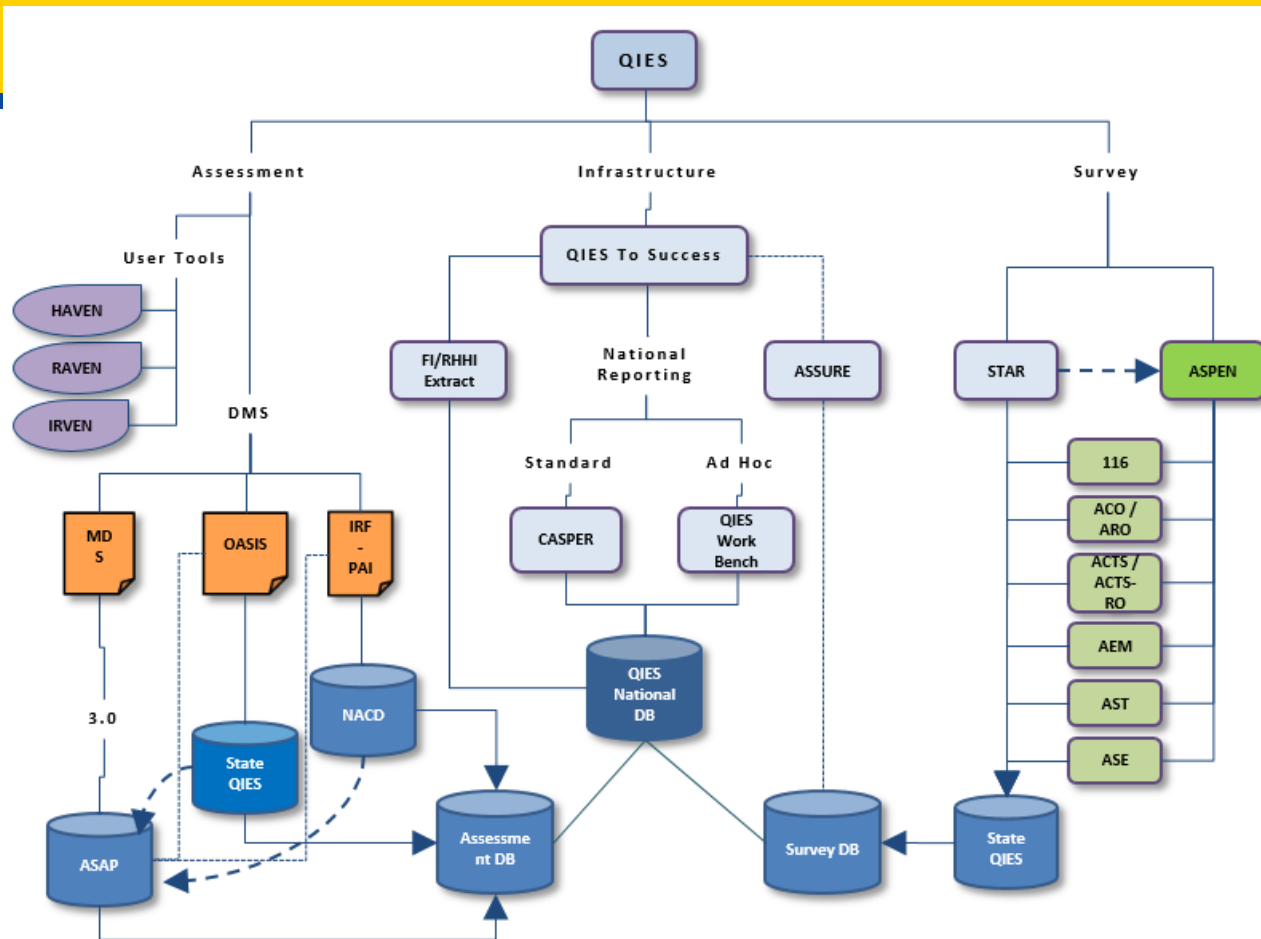
Using Data Elements to Calculate Quality Measures



PAC Data Submission and Reporting

- PAC setting collects assessment data and uses ASAP system to submit data to QIES National database
- Quality measure data is calculated and stored in the QIES National database
- User-requested and auto-generated Quality Measure reports available to providers via the CASPER Reporting system
 - Provider-Level QM Reports
 - Patient-Level QM Reports
 - Preview Reports (providers preview data prior to public reporting)

PAC QIES Data Infrastructure



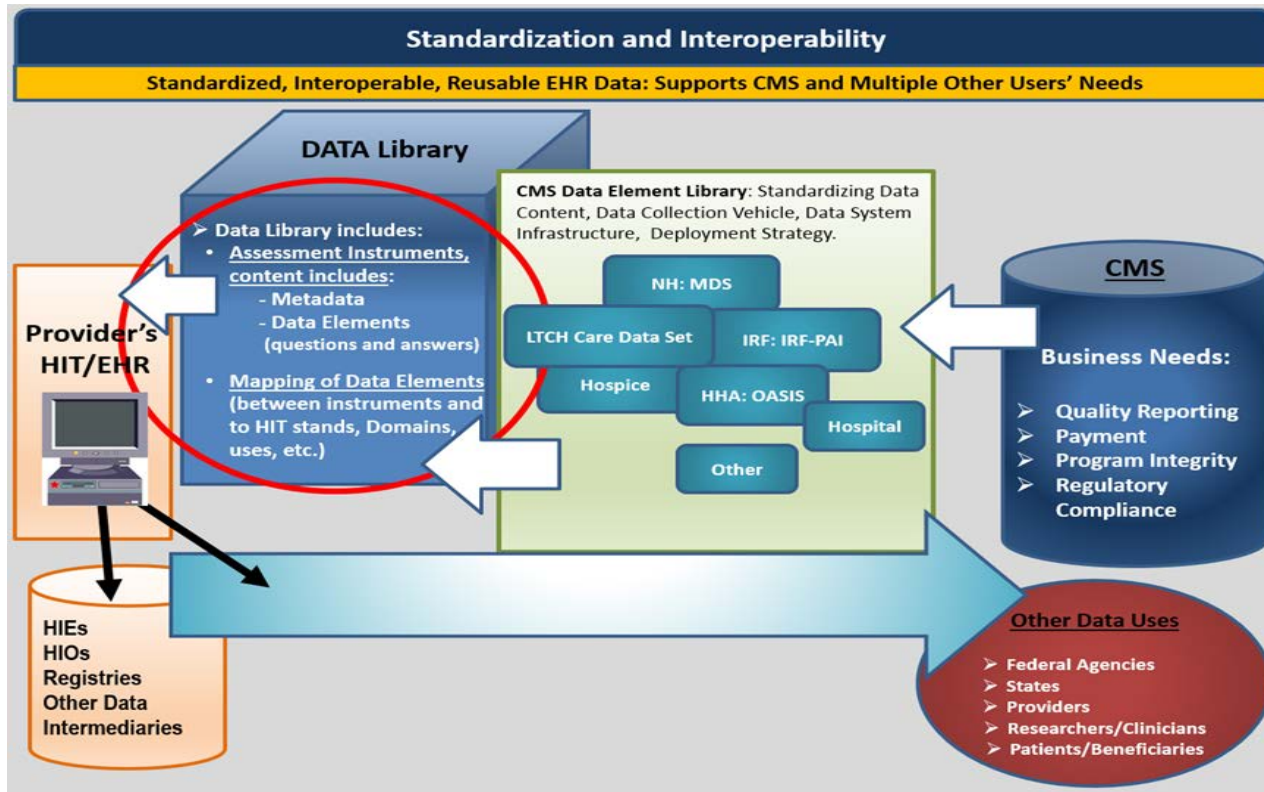
Assessment Data Submission, Flow, and Sharing

Data Submission	Data Flow	Data Sharing
<ul style="list-style-type: none"> Provider <ul style="list-style-type: none"> - Logs into CMSNet - User id and password - Submits file containing patient level assessments (submission file) to CMS systems via the Assessment Submission and Processing (ASAP) system - MDS 3.0, OASIS-C2, IRF-PAI, LTCH, and Hospice 	<ul style="list-style-type: none"> CMS systems <ul style="list-style-type: none"> - Send data to QIES national database - Verify submission file is accepted -> Submission validation report - Edit each record – passes edits -> final validation report (FVR) <ul style="list-style-type: none"> - Fatal record - Error messages 	<ul style="list-style-type: none"> Files can be placed on mainframe Files can be sent to a requestor Users access <ul style="list-style-type: none"> - QIES Extracts for Medicare Administrative Contractors - QIES Workbench

Assessment Data Uses and Users

Care Planning	Quality Measures	Survey	Other
<ul style="list-style-type: none">• Providers• State & RO S&C• OIG• Ombudsmen	<ul style="list-style-type: none">• CCSQ, S&C• QIOs• State Agencies• Providers• Public Reporting<ul style="list-style-type: none">- 5 Star- Nursing Home Compare, Home Health Compare, IRF Compare, LTCH Compare, and Hospice Data Directory• CMS website	<ul style="list-style-type: none">• CMS CO S&C• State and RO S&C• OIG• Public reporting• Researchers	<ul style="list-style-type: none">• Payment• SSA• ORDI - research (CCW)• CMS contractors• State Agencies (Title II)• CDC• Researchers

The CMS Data Element Library (DEL)



Thank You!

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