Introduction to Quality Measures

PRESENTED BY

JENNIFER E LABAY RN, RAC-MT, RAC-MTA, CRC

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HEALTH CARE, LLC

Leading You In The Right Direction

SPECIALIZING IN LONG-TERM CARE

Objectives

▶ Identify the different Quality Measures programs used in Long Term Care Setting

▶ Identify how to locate instructions for each program

▶ Understand how to navigate the instructions

Different types of Quality Measures

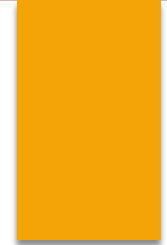| Value Based Purchasing	SNF Quality Reporting Program	MDS 3.0 Quality Measures
Survey Quality Measures	Publicly reported on Nursing Home Compare	5-star Rating

Value Based Purchasing

SNF All Cause Readmission Measure (SNFRM)

SNF VBP Instructions

- Prepared by RTI International (It says draft, but this is what is on CMS.gov)
- https://www.cms.gov/ Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFRM-Technical-Report-3252015.pdf

March 2015

Skilled Nursing Facility Readmission Measure (SNFRM) NQF #2510: All-Cause Risk-Standardized Readmission Measure

Draft Technical Report

Prepared for

Camillus Ezeike, RN, JD, LLM, CHC, CFE, CPHRM
Centers for Medicare & Medicaid Services
Center for Clinical Standards and Quality
7500 Security Boulevard
Baltimore, MD 21244-1850

Where to find more information

- SNF Value Based Purchasing (VBP)
  - **https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/SNF-VBP-Page**
  - SNF VBP Frequently Asked Questions – Updated August 2020 – **Great information here!**
    - **https://www.cms.gov/files/document/snf-vbp-faqs-august-2020.pdf**

Skilled Nursing Facility Value-Based Purchasing Program: Frequently Asked Questions

Updated August 2020

Why is it important?

▶ The SNFRM is the measure used to evaluate SNFs in the SNF VBP Program. The program ties portions of SNFs payments to their performance on this measure, which is calculated by assessing the risk-standardized rate of all-cause, unplanned hospital readmissions for Medicare fee-for-service SNF patients within 30 days of discharge from a prior proximal hospitalization.
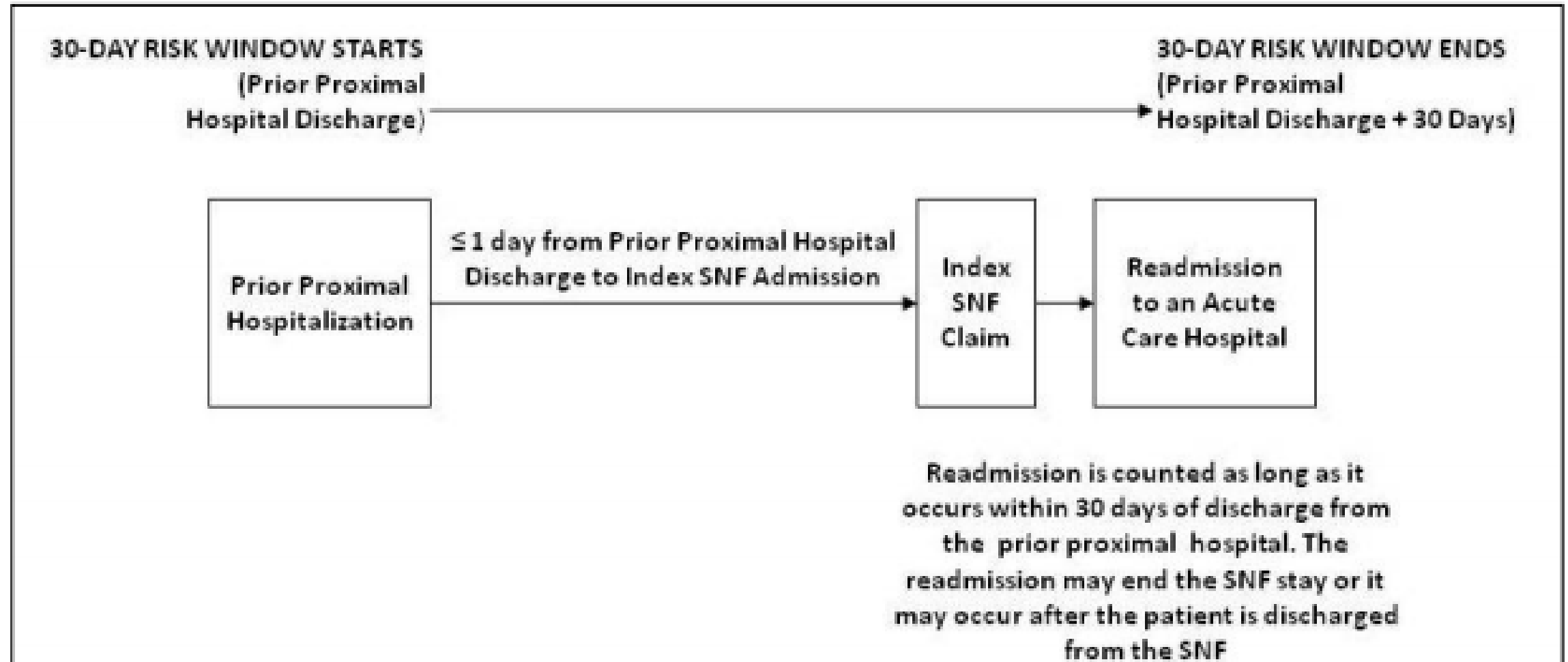
30-day Readmission Window

- SNFRM is evaluated on a 1-year cycle.

- SNFRM numerator time window is 30 days after discharge from the prior proximal hospitalization.

- To be included in the denominator, a patient must have a SNF admission within 1 day after being discharged from the prior proximal hospital stay, and that SNF admission must occur within the target 12-month period.

Risk Window for the SNF Readmission Measure

30-DAY RISK WINDOW STARTS
(Prior Proximal
Hospital Discharge)

30-DAY RISK WINDOW ENDS
(Prior Proximal
Hospital Discharge + 30 Days)

Prior Proximal Hospitalization

≤ 1 day from Prior Proximal Hospital Discharge to Index SNF Admission

Index SNF Claim

Readmission to an Acute Care Hospital

Readmission is counted as long as it occurs within 30 days of discharge from the prior proximal hospital. The readmission may end the SNF stay or it may occur after the patient is discharged from the SNF

Difference in Rehospitalization QMs

Value Based Purchasing	SNF Quality Reporting Program
SNF All Cause Readmission Measure	Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP
Looks at hospital Claims to determine all cause hospital readmissions from a SNF within <u>30 days from previous hospitalization when admitted to the SNF no more than 1 day after previous hospitalization</u>	This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for Medicare FFS residents (Medicare fee-for-service [FFS] beneficiaries) who receive services in skilled nursing facilities. Timeframe is <u>30 days from the SNF Discharge</u> (Starts 2 days after DC Date)
Looks at Medicare Fee For Service Hospital claims	Looks at Medicare Fee For Service Hospital claims

Difference in Exclusions in Rehospitalization QMs

- VBP SNFRM looks at all cause readmissions to the hospital within 30 days of the proximal hospitalization,
  - All causes of hospital readmission counted (with some limited exceptions)
- SNF QRP looks at hospitalization that occurs 30 days after DC for a resident who was deemed to be clinically stable enough to be discharged.
  - An acute transfer to the hospital from the SNF is an exclusion because the intent of the SNF QRP measure is to follow patients/residents deemed well enough to be discharged to a less intensive care setting

SNFRM Exclusions

▶ 1. SNF stays where the patient had one or more intervening PAC admissions (IRF or LTCH) that occurred either between the prior proximal hospital discharge and SNF admission or after the SNF discharge within the 30-day risk window. Also excluded are SNF admissions where the patient had multiple SNF admissions after the prior proximal hospitalization within the 30-day risk window.

SNFRM Exclusions

▶ 2. SNF stays with a gap of greater than 1 day between discharge from the prior proximal hospitalization and the SNF admission.

▶ 3. SNF stays where the patient did not have at least 12 months of FFS Part A Medicare enrollment before the proximal hospital discharge (measured as enrollment during the month of proximal hospital discharge and the 11 months before that month).

SNFRM Exclusions

▶ 4. SNF stays in which the patient did not have FFS Part A Medicare enrollment for the entire risk period (measured as enrollment during the month of proximal hospital discharge and the month after the month of discharge).

▶ 5. SNF stays in which the principal diagnosis for the prior proximal hospitalization was for the medical treatment of cancer.

SNFRM Exclusions

- 6. SNF stays where the patient was discharged from the SNF against medical advice.

  - This is identified by a Status code of 07 of the Final SNF Claim

- 7. SNF stays in which the principal diagnosis for the prior proximal hospitalization was for "rehabilitation care; fitting of prostheses and for the adjustment of devices."

- 8. stays in which the prior proximal hospitalization was for pregnancy.

- 9. SNF stays in which data were missing on any covariate or variable used in the SNFRM construction

Review and Corrections

▶ If SNFs would like to correct the data included in their confidential feedback reports, they must submit correction requests to the SNF VBP Help Desk at SNFVBP@rti.org.

▶ The request must contain the SNF's CMS Certification Number (CCN) and reason for requesting the correction. If applicable, SNFs should also submit the line number (located in the leftmost column of the Eligible Stays tab of the report) of the stay in question.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/Confidential-Feedback-Reporting-and-Review-and-Corrections-

Preventing Rehospitalization

Ask These Questions ...

In the pre-admission process:

- Do you have a listing of services/capabilities to ensure your facility meets the specific acuity level of the resident?
- Are the hospital discharge instructions complete and include advance directives?
- Does your facility have a process in place to ensure readiness for admissions?

In the post-admission process:

- Are you doing quality rounding for at least the first 7 days? Is upper management involved?
- Are nurses proficient in clinical assessment skills? How do you educate your staff members?
- Are you using Situation, Background, Assessment, Recommendation (SBAR) or an equivalent system to ensure proper/informed communication?

In the discharge planning process:

- Are you starting the discharge process upon admission? Is it interdisciplinary?
- Are you properly discharging residents with clear/concise instructions?
- Is social services completing a post-discharge follow-up to ensure resident well-being?

Should I reference the INTERACT program to help me address these questions?
INTERACT is a quality improvement program that focuses on the management of acute change in resident condition. It includes clinical and educational tools and strategies for use in every day practice in long-term care facilities.

COVID-19 and SNFVBP

▶ Will the COVID-19 public health emergency (PHE) impact SNF VBP Program policies?

▶ On March 27, 2020, CMS announced a nationwide extraordinary circumstance exception (ECE) policy in which qualifying claims from January 1, 2020, through June 30, 2020, will be excluded from the claims-based SNFRM calculations. This policy will automatically apply to all SNFs, and no action is required on the part of SNF providers. SNFs do not need to submit an ECE form in order to qualify for this blanket ECE.

- SNF Quality Reporting Program
- Claims Based
- Publicly Reported/5 star
- MDS 3.0 / Survey

Quality Measures

Where to find the instructions

▶ MDS 3.0, Survey Quality Measures, SNF QRP Quality Measures, Claims Based Quality Measures

▶ **https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures**

Scroll down to the bottom of the page

Downloads

Users-Manuals-Updated-01-21-2020.zip (ZIP)

Quality-Measure-Identification-Number-by-CMS-Reporting-Module-Table-V1.8.pdf (PDF)

Zip file will download these 4 files

NHC Claims Based → APPENDIX - Claims-based measures Technical Specifications

MDS-3.0-QM-Users-Manual-v13.0 ← **MDS 3.0 and Survey**

NHC Claims Based → Nursing Home Compare Claims-based Measures Tech Specs

SNF-Measure-Calculations-and-Reporting-Users-Manual-V30_FINAL_508C_081419-002

SNF QRP

SNF Quality Reporting Program

- RTI International was the contracted organization

Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual

Version 3.0

Prepared for

Centers for Medicare & Medicaid Services
Contract No. HHSM-500- 2013-13015I
Measures and Instrument Development & Support (MIDS)

Prepared by

RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709

Current as of October 1, 2019

Contents

➢ It is important to understand what is in this manual in order to understand calculation of the SNF QRP Quality Measures accurately

SNF QRP -Why is it important?

▶ Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).

▶ The IMPACT Act requires the submission of standardized data by Long-Term Care Hospitals (LTCHs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs). The IMPACT Act establishes a quality reporting program (QRP) for SNFs.

What if a facility is out of compliance?

▶ The IMPACT Act also amends section 1886(e)(6) of the Act, requiring that, beginning fiscal year (FY) 2018 and each subsequent rate year, if a SNF fails to submit the required quality data, the SNF will be subject to a two percentage (2%) point reduction in the Annual Payment Update.

Skilled Nursing Facility Quality Reporting Program
Data Collection & Final Submission Deadlines for the FY 2022 SNF QRP*

This table provides the data collection time frames and final submission deadlines for the Fiscal Year (FY) 2022 Skilled Nursing Facility Quality Reporting Program (SNF QRP). The first column displays the measure name, the second column displays the data collection time frame, and the third column displays the final data submission deadlines.

Measure Name	Data Collection Time Frame	Final Submission Deadlines
Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury	**January 1, 2020 – December 31, 2020**	
	January 1 – March 31, 2020**	August 17, 2020**
	April 1 – June 30, 2020**	November 16, 2020**
	July 1 – September 30, 2020	February 15, 2021
	October 1 – December 31, 2020	May 17, 2021
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (NQF #0674)	**January 1, 2020 – December 31, 2020**	
	January 1 – March 31, 2020**	August 17, 2020**
	April 1 – June 30, 2020**	November 16, 2020**
	July 1 – September 30, 2020	February 15, 2021

SNF QRP FAQ

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Help Desk
Questions and Answers (Q+As)
and Quarterly Updates

August 2019

The Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) was implemented on October 1, 2016. This document is intended to provide guidance on questions that were received by the SNF QRP Help Desk from April 2019–June 2019 (Section 1). This document also contains quarterly updates and events from April 2019–June 2019 (Section 2) as well as upcoming updates for the next quarter, from July 2019–September 2019 (Section 3). Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.

▶ Another Great Frequently Asked Question Document – Last updated August 2019

SNF QRP Training

Medicare | **Medicaid/CHIP** | **Medicare-Medicaid Coordination** | **Private Insurance** | **Innovation Center** | **Regulations & Guidance** | **Research, Statistics, Data & Systems** | **Outreach & Education**

Home > Medicare > Nursing Home Quality Initiative > SNF Quality Reporting Program > SNF Quality Reporting Program Training

SNF Quality Reporting Program

SNF Quality Reporting Program Spotlights & Announcements

SNF Quality Reporting Program Measures and Technical Information

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training

The purpose of this page is to provide information about SNF QRP trainings including provider training materials and resources. Training announcements, reminders, and other updates are organized by date and added to this web page materials become available.

Updates

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training

▶ Lots of great training materials available on this page including this web-based intro

   ▶ **https://pac.training/courses/SNF_QRP_Intro/#/**

What QMs Calculate SNF QRP?

8 MDS Based

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

- Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (section GG)

- Drug Regimen Review Conducted with Follow-Up for Identified Issues

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

- Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients

- Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients

- Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients

- Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients

What QMs calculate SNF QRP?

3 Claims Based

▶ Medicare Spending Per Beneficiary – Post-Acute Care (PAC) SNF QRP

▶ Discharge to Community - PAC SNF QRP

▶ Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP

SNF QRP Data Submission Deadlines FY 2022 and COVID PHE

▶ SNFs—Skilled Nursing Facility QRP

   ▶ October 1, 2019–December 31, 2019 (Q4 2019) - Optional

   ▶ January 1, 2020–March 31, 2020 (Q1 2020) - Excepted

   ▶ April 1, 2020–June 30, 2020 (Q2 2020) - Excepted

SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM (SNF QRP)

COVID-19 Public Reporting Tip Sheet

The purpose of the tip sheet is to help providers understand the Centers for Medicare & Medicaid Services' (CMS) public reporting strategy for the SNF QRP to account for CMS quality data submissions that were optional and excepted from public reporting due to the COVID-19 public health emergency (PHE). The impact on CMS' Nursing Home Compare website refreshes will also be outlined. This tip sheet serves as a companion document to the SNF COVID-19 PHE Tip Sheet published in July 2020, which provided practical guidance to address SNF quality data submissions after July 1, 2020, once the temporary SNF QRP exceptions from the COVID-19 PHE ended.

SNF QRP and Public Reporting on Nursing Home Compare

The SNF QRP was established under the Improving Medicare Post-Acute Care Transformation Act of 2014, which requires the Secretary to publicly report, on a CMS website, quality measures that relate to the care provided by SNFs across the country. The data for the quality of patient care measures is derived from two sources:

https://www.cms.gov/files/document/snfqrp-pr-tip-sheet081320final-cx-508.pdf

COVID Impact of SNF QRP Provider Preview Reports

▶ Provider Preview Reports:

  ▶ The purpose of these reports is to give providers the opportunity to preview their MDS quality measure results prior to public display on Nursing Home Compare.

  ▶ Subsequent to the October 2020 refresh, CMS will not issue provider preview reports for those refreshes that continue to display the constant data.

COVID Impact of SNF QRP Review and Correct Reports

▶ Review and Correct Report: - The purpose of this report is for providers have access to quality measure data prior to the data correction deadline for public reporting. It includes data from the most current quarter "open" for data correction and data from the previous three quarters "closed" for data correction (frozen data).

   ▶ There will be no data available (open) to correct for Q1 2020 and Q2 2020.

When will the data return to normal?
The SNF QRP data on NH Compare site data will go back to its expected quarters of data displayed in April 2022.

MDS 3.0 Quality Measures User Manual

➢ This will be your most frequently accessed and needed manual

➢ Version 13.0 is most recent

➢ Effective January 1, 2020

Contents

▶It is important to understand what is in this manual in order to understand calculation of the MDS 3.0 and Survey Quality Measures accurately

MDS 3.0 / Survey Quality Measures – Why is it important?

▶ **Nursing home quality measures have four intended purposes:**

- To give you information about the quality of care at nursing homes in order to help you choose a nursing home for yourself or others;

- To give you information about the care at nursing homes where you or family members already live;

- To give you information to facilitate your discussions with the nursing home staff regarding the quality of care; and

- To give data to the nursing home to help them in their quality improvement efforts.

What are the MDS 3.0 QM's used for?

▶ In addition to the publicly reported information these QMs can be used as a tool in the facility to evaluate the care being provided in the facility

  ▶ Can be a starting point for QAPI

  ▶ Can be a starting point for MDS auditing

▶ Is starting point for the standard survey process.

Where to find?

- These are the quality measures calculated from the CASPER site

  - Can be a computer preset 6-month Reporting period or you can user define the reporting period

- These are the definitions and instructions that affect the majority of the publicly reported and Five Star QM's

  - Although reporting periods are different

Don't forget to tune into the Deep dive into QM webinar in November!

MDS 3.0 Quality Measures

▶ These are the QM's that can be found on the CASPER report

▶ The New/Worse Pressure ulcer QM is separate because this uses the SNF QRP QM definition

Measure Description	CMS ID
Hi-risk/Unstageable Pres Ulcer (L)	N015.03
Phys restraints (L)	N027.02
Falls (L)	N032.02
Falls w/Maj Injury (L)	N013.02
Antipsych Med (S)	N011.02
Antipsych Med (L)	N031.03
Antianxiety/Hypnotic Prev (L)	N033.02
Antianxiety/Hypnotic % (L)	N036.02
Behav Sx affect Others (L)	N034.02
Depress Sx (L)	N030.02
UTI (L)	N024.02
Cath Insert/Left Bladder (L)	N026.03
Lo-Risk Lose B/B Con (L)	N025.02
Excess Wt Loss (L)	N029.02
Incr ADL Help (L)	N028.02
Move Indep Worsens (L)	N035.03
Improvement in Function (S)	N037.03

Measure Description	CMS ID
New/worse Pres Ulcer (S)[1]	S002.02

Survey Measures

▶ These are the measures surveyors use in their offsite prep for the standard survey process

  ▶ Note the Antianxiety / hypnotic QM is not the same one in the MDS 3.0 definitions

  ▶ Appendix E of the Manual provides the definitions for three survey only QM's

Table E1: Measures Listed on CASPER QM Reports

Measure Label	Short/Long Stay	CMS ID	NQF ID	Specs Definition
Hi-risk Pres Ulcer (L)	Long	N015.03	0679	Above
New/worse Pres Ulcer (S)	Short	S002.02		Above
Phys restraints (L)	Long	N027.02	0687	Above
Falls (L)	Long	N032.02		Appendix E
Falls w/Maj Injury (L)	Long	N013.02	0674	Above
Antipsych Med (S)	Short	N011.02		Above
Antipsych Med (L)	Long	N031.03		Above
Antianxiety/Hypnotic (L)	Long	N033.02		Appendix E
BehavSx affect Others (L)	Long	N034.02		Appendix E
Depress Sx (L)	Long	N030.02	0690	Above
UTI (L)	Long	N024.02	0684	Above
Cath Insert/Left Bladder (L)	Long	N026.03	0686	Above
Lo-Risk Lose B/B Con (L)	Long	N025.02	0685	Above
Excess Wt Loss (L)	Long	N029.02	0689	Above
Incr ADL Help (L)	Long	N028.02		Above

Publicly Reported / 5-star Rating

https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/fsqrs

Design for *Nursing Home Compare*
Five-Star Quality Rating System:

Technical Users' Guide

July 2020

Nursing Home Compare Claims Based Quality Measures

▶ Two Downloads – One is the technical specs (The Manual) and the second is the Appendices

▶ Both are from Contracted Agency Abt Associates who completed the study to create the Claims based measures

Final

Why is it important?

▶ Created to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.

▶ The Nursing Home Compare Web site features a quality rating system that gives each nursing home a rating of between 1 and 5 stars.

▶ There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

  ▶ Health Inspection
  ▶ Staffing
  ▶ Quality Measures

https://www.medicare.gov/nursinghomecompare/search.html?

5 star Quality Measures

▶ The quality measure rating has information on 15 different physical and clinical measures for nursing home residents. The QMs offer information about how well nursing homes are caring for their residents' physical and clinical needs.

Publicly Reported Quality Measures

▶ 28 MDS and Claims based Short and Long Stay Quality Measures are posted on the Nursing Home Compare Website

Medicare.gov | Nursing Home Compare
The Official U.S. Government Site for Medicare

About Nursing Home Compare

How can Nursing Home Compare help you?

» **What information can you get about nursing homes?**

About the data

Resources

Help

What information can you get about nursing homes?

Nursing Home Compare provides details on nursing homes across the country. This includes nursing home inspection results, staffing levels, penalties that the federal government have taken against the nursing homes and how well nursing home residents were treated in specific areas of care.
Get more information about:

▸ **General information about nursing homes**

▸ **Star ratings**

▸ **Health & fire safety inspections**

▸ **Staffing**

▾ **Quality of resident care**

The nursing homes that the Centers for Medica[...]
report clinical information about each of their res[...]
parts of nursing home care quality, like if resider[...]
one or more falls that resulted in a major injury, [...]
called the "quality of resident care", and Medica[...]
measures on Nursing Home Compare. By comp[...]
may be different from each other.

Nursing Home Compare has two [...] rent types

Quality Measure	What does this show you & why is it important?
Percentage of short-stay residents who were re-hospitalized after a nursing home admission	**What does this show you?** This shows you the percentage of short-stay residents who went to the nursing home from a hospital and then were readmitted to a hospital within 30 days for an unplanned stay. Planned readmissions aren't included. **Lower percentages are better.** **Why is it important?** Nursing homes help residents recover after being in the hospital and keep from going back to the hospital. Sometimes residents have to go back to the hospital. If nursing homes send many residents back to the hospital, it may be because the nursing homes aren't assessing or taking care of their residents well.
Percentage of short-stay residents who had an outpatient emergency department visit	**What does this show you?** This shows you the percentage of short-stay residents who: • Went into or came back to the nursing home from a hospital. • Got care at an emergency department within 30 days of

Scroll down to see table of QM's on NHC

Definitions

▶ A very important area of the instructions to understand is the definitions as there is a slight difference in definitions between SNF QRP QM calculation and MDS 3.0 QM

   ▶ For Example - Let's take a look at the what defines the first assessment in each of the programs
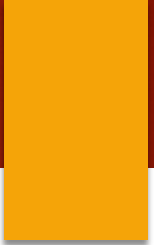
SNF QRP	MDS 3.0 QM
Medicare Part A Admission Record	**Initial Assessment**
The PPS 5-Day assessment is the first Medicare-required assessment to be completed when a resident is first admitted or re-admitted to a facility for a Medicare Part A SNF Stay.	First assessment following the admission entry record at the beginning of the resident's selected episode.
Reason for Assessment (RFA) PPS 5-Day	Reason for assessment (RFA) Admission PPS 5-day DC Return anticipated DC return not anticipated

Know your Definitions and Timeframes for each program

▶ It is important to understand what is in the Manuals and Technical specs

▶ Although some items may look similar, or even have the same definitions, they may be calculated differently depending on the type of QM being calculated

▶ For example –QM Antianxiety /Hypnotic for Survey use has a different exclusion calculation than the MDS 3.0 QM

  ▶ Prevalence (Survey QM) vs Percentage of Residents (MDS 3.0 QM)

QM Reporting Periods

▶ Also timeframes may differ depending on the QM program

  ▶ MDS 3.0 report periods can be user defined in CASPER reporting

  ▶ Publicly reported QMs are calculated based on Calendar quarters.

  ▶ Claims based measures are calculated based on Medicare stays in a 12-month period.

  ▶ 5-star QM star rating looks at a cumulative rating of 4 calendar quarters

Summary

▶ In order to truly understand what how the QM is calculating – you must know the specifics of the technical specs and instructions

   ▶ Where does the data come from?

   ▶ How is it calculated?

   ▶ What is the Reporting period timeframe?

   ▶ Are there risk adjustments or comorbidities that need to be considered?

▶ Don't assume because you know the definitions for one QM program, that they are all the same

Questions??

Jennifer LaBay RN, RAC-MT, RAC-MTA, CRC

Jennifer@triadhc.net

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HEALTH CARE, LLC

Leading You In The Right Direction

SPECIALIZING IN LONG-TERM CARE