



Abt Associates Inc.

QUALITY MEASURES FOR NATIONAL PUBLIC REPORTING

USER'S MANUAL

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Quality Measure (QM) User's Manual

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Chapter 1

Introduction and Overview of the QMs for National Public Reporting

This User's Manual contains information on how each quality measure is defined and the criteria for Minimum Data Set (MDS) record selection. A brief introduction to the quality measures calculated for national public reporting as part of the Centers for Medicare and Medicaid Services' (CMS) Nursing Home Quality Initiative follows.

Ten quality measures (QMs) were selected from a longer list of quality measures recommended for use by CMS. These indicators target both the chronic and post-acute care populations served by nursing facilities.

- By "chronic" care, we are referring to those types of patients who enter a nursing facility typically because they are no longer able to care for themselves at home. These patients (or residents) tend to remain in the nursing facility anywhere from several months to several years. For purposes of calculating the National QMs, we calculate a chronic QM on any residents with a full or quarterly MDS in the target quarter (in this case, Quarter 2 of 2002).
- By "post-acute" care (PAC), we are referring to those types of patients who are admitted to a facility and stay less than 30 days or so. These admissions typically follow an acute care hospitalization and involve high-intensity rehabilitation or clinically complex care. For purposes of calculating the National QMs, we calculate a PAC QM on any patients with a 14-day PPS MDS in the last six months.

There are six "chronic" care quality measures to be used for national reporting. These include the following.

- Percent of residents with loss of ability in basic daily tasks
- Percent of residents with infections
- Percent of residents with pain
- Percent of residents with pressure sores
- Percent of residents with pressure sores (with FAP adjustment)
- Percent of residents in physical restraints

There are four "post-acute" care quality measures to be used in the national public reporting. These include the following.

- Percent of short-stay residents with delirium
- Percent of short-stay residents with delirium (with FAP adjustment)
- Percent of short-stay residents with pain
- Percent of short-stay residents who walk as well or better (with FAP adjustment)

The operational definitions for each quality measure are provided in the "Chronic Care (CC) QM Definitions" (Chapter 2) and "Post Acute Care (PAC) QM Definitions" (Chapter 3) sections of this User's Guide. In those sections, numerators, denominators, and exclusion criteria are

Chapter 1: Introduction and Overview of the National QMs

described. In general, we think about the numerator as the count of patients with the condition of interest, and the denominator as the count of patients in the facility or as a group of patients in the facility considered to be “at risk” of the condition of interest.

This User’s Guide also contains the criteria that were used to select MDS records to calculate the chronic and post-acute care QMs (Chapter 4).

QMs were calculated for every facility in the U.S. for which we had MDS data in Quarter 2, 2002 (period ending June 30, 2002). Some QMs are constructed with resident-level covariates and/or a facility admission profile (FAP). The reported quality score for measures with resident-level covariates and/or FAP¹ scores may be thought of as an estimate of the percentage of a facility’s residents that would trigger the QM if the facility had residents with average risk.

¹ The FAP is measured at the facility-level, and once calculated, is the same for every patient/resident in that facility. The FAP reflects the resident population admitted over a 12-month period and is intended to capture the admitting characteristics of individual facilities.

Chapter 2

Chronic Care (CC) QM Definitions

Effective June 30, 2002

This chapter contains a matrix giving the definitions for the Chronic Care QMs used for national reporting. For each QM, the matrix gives the information necessary to calculate the QM and any covariates or facility admission profiles used in the QM calculation.

For each QM, the first column of the matrix provides the following information:

- **QM domain.** The QM domain is in the shaded column heading (e.g., "Physical Functioning").
- **QM description.** The first entry in the column is a brief description of the QM.
- **QM short label.** The short label for the QM is the first entry in parentheses.
- **QM source.** The source for the QM is the second entry in parentheses. The different sources for the measures are CHSRA (Center for Health Systems Research and Analysis of the University of Wisconsin-Madison), and megaQI (referring to indicators developed through the CMS-sponsored "megaQI" project).

The second column gives the information for calculating the QM:

- **Numerator.** The numerator entry gives the logic used to determine whether a resident triggers the QM (if the resident is included in the numerator for the QM rate in the facility).
- **Denominator.** The denominator entry defines whether a resident has the necessary records available to be a candidate for the QM (inclusion of the resident in the denominator for the QM rate for the facility). For the first chronic QM, a resident must have a valid target and a valid prior assessment to be a candidate for the QM.
- **Exclusions.** The exclusions entry provides clinical conditions and missing data conditions that preclude a resident from consideration for the QM. An excluded resident is excluded from both the numerator and denominator for the QM rate for the facility.
- **Technical comments.** Entries here provide additional technical details pertaining to the QM numerator, denominator, and exclusions. Examples of the type of information provided include specific details for calculating scale scores, definition of missing data values for an MDS item, and selection of the value for an MDS item that may come from different assessments for a resident.

The third column gives the information for calculating covariate scores and facility admission profiles when used for a QM:

- **Covariates.** The covariates entry defines the calculation logic for covariates. Covariates are always prevalence indicators with a value of 1 if the condition is present and a value of 0 if the condition is not present.

Chapter 2: Chronic Care (CC) QM Definitions

- **Facility Admission Profile (FAP).** The facility admission profile entry defines the logic for calculating the FAP score for a resident and the logic for when a resident should be excluded from the FAP. Note that the FAP for the one FAP-adjusted chronic QM (pressure ulcers) is a prevalence rate for the facility and the calculation logic for a resident involves numerator and denominator conditions.
- **Technical Comments.** Entries here provide additional technical details pertaining to the covariates and/or the FAP. Examples of the type of information provided include specific details for calculating scale scores, definition of missing data values for an MDS item, and selection of the value for an MDS item that may come from different assessments for a resident.

Chapter 2: Chronic Care (CC) QM Definitions

Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
PHYSICAL FUNCTIONING		
<p>Percent of residents with loss of ability in basic daily tasks (ADL01, CHSRA)</p>	<p>Numerator: Residents with worsening (increasing item score) in Late-Loss ADL self-performance at target relative to prior assessment.</p> <p>Residents meet the definition of Late-Loss ADL worsening when at least two of the following are true:</p> <ol style="list-style-type: none"> 1. $G1a(A)[t]-G1a(A)[t-1] > 0$, or 2. $G1b(A)[t]-G1b(A)[t-1] > 0$, or 3. $G1h(A)[t]-G1h(A)[t-1] > 0$, or 4. $G1i(A)[t]-G1i(A)[t-1] > 0$, <p>OR at least one of the following is true:</p> <ol style="list-style-type: none"> 1. $G1a(A)[t]-G1a(A)[t-1] > 1$, or 2. $G1b(A)[t]-G1b(A)[t-1] > 1$, or 3. $G1h(A)[t]-G1h(A)[t-1] > 1$, or 4. $G1i(A)[t]-G1i(A)[t-1] > 1$. <p>Note: Late-Loss ADL items values of 8 are recoded to 4 for evaluation of change.</p> <p>Denominator: All residents with a valid target and a valid prior assessment.</p> <p>Exclusions: Residents meeting any of the following conditions:</p> <ol style="list-style-type: none"> 1. None of the four Late-Loss ADLs (G1a(A), G1b(A), G1h(A), and G1i(A)) can show decline because each of the four have a value of 4 (total dependence) or a value 8 (activity did not occur) on the prior assessment [t-1]. 2. The QM did not trigger (resident not included in the numerator) AND there is missing data on any one of the four Late-Loss ADLs (G1a(A), G1b(A), G1h(A), or G1i(A)) on the target assessment [t] or prior assessment [t-1]. 3. The resident is comatose (B1 = 1) or comatose status is unknown (B1 = missing) on the target assessment. 	

Items refer to MDS 2.0

[t] indicates target assessment, [t-1] prior assessment, and [t-2] assessment preceding the prior assessment (prior-1 assessment)

Chapter 2: Chronic Care (CC) QM Definitions

Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
PHYSICAL FUNCTIONING		
	<ol style="list-style-type: none"> 4. The resident has end-stage disease (J5c = checked) or end-stage disease status is unknown (J5c = missing) on the target assessment. 5. The resident is receiving hospice care (P1ao = checked) or hospice status is unknown (P1ao = missing) on the target assessment or the most recent full assessment. 6. The resident is in a facility with a Chronic Care Admission Sample size of 0. The Chronic Care Admission Sample is 0 if there are no residents with a non-PPS admission assessment (AA8a=01 and AA8b=blank or 6) over previous 12 months. 	
	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion condition 2: Missing values for G1aA, G1bA, G1hA and G1iA are any values other than 0, 1, 2, 3, 4, and 8. 2. Exclusion conditions 3 and 4. Missing values for B1 and J5c are any values other than 0 and 1. 3. Exclusion condition 5. Missing values for the P1ao item chosen from the target assessment or most recent full assessment (see Technical Comment #4 below) are any values other than 0 and 1. 4. Exclusion condition 5: Use of target assessment versus most recent full assessment. <ol style="list-style-type: none"> 4.1. If the target assessment is a full assessment (AA8a = 01,02,03, or 04), then the P1ao value from the target assessment will be used for the exclusion test. 4.2. If the target assessment is a quarterly assessment (AA8a = 05 or 10) and the P1ao value on that assessment is not out-of-range (* or null), then it is assumed that the item is active on that quarterly and the value from the target assessment will be used for the exclusion test. P1ao will be present (active) on the quarterly assessment in some states. 4.3. If the target assessment is a quarterly assessment (AA8a = 05 or 10) and the P1ao value on that assessment is out-of-range (* or null), then it is assumed that the item is not active on that quarterly. 	

Items refer to MDS 2.0

[t] indicates target assessment, [t-1] prior assessment, and [t-2] assessment preceding the prior assessment (prior-1 assessment)

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Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
PHYSICAL FUNCTIONING		
	<p>In this case, the value from the most recent full assessment (AA8a = 01, 02, 03, or 04) for the resident will be used for the P1ao exclusion test, but only if the most recent full assessment is in the 395 day period (approximately 13 months) preceding the target assessment reference date (A3a).</p> <p>5. The QM score will be set to missing if the case is excluded.</p>	

Chapter 2: Chronic Care (CC) QM Definitions

Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY		
Percent of residents with infections (INF0X, MEGAQI)	<p>Numerator: Residents with any of the following infections or health conditions noted on the target or most recent full assessment (only if the most recent full assessment is a non-admission assessment with AA8a = 02, 03, or 04):</p> <ol style="list-style-type: none"> 1. Pneumonia (I2e=checked) on the target assessment or most recent full assessment (if the most recent full is a non-admission assessment), 2. Respiratory infection (I2f=checked) on the target assessment or most recent full assessment (if the most recent full is a non-admission assessment), 3. Septicemia (I2g=checked) on the target assessment or most recent full assessment (if the most recent full is a non-admission assessment), 4. Urinary tract infection (I2j=checked) on the target assessment only, 5. Viral hepatitis (I2k=checked) on the target assessment or most recent full assessment (if the most recent full is a non-admission assessment), 6. Wound infection (I2l=checked) on the target assessment or most recent full assessment (if the most recent full is a non-admission assessment), 7. Fever (J1h=checked) on the target assessment or most recent full assessment (if the most recent full is a non-admission assessment), 8. Recurrent lung aspiration (J1k=checked) on the target assessment or most recent full assessment (if the most recent full is a non-admission assessment). <p>Denominator: All residents with a valid target assessment.</p> <p>Exclusions: Residents satisfying any of the following conditions:</p> <ol style="list-style-type: none"> 1. The target assessment is an admission (AA8a = 01) assessment. 2. The QM did not trigger (resident is not included in the QM numerator) AND the urinary tract infection item (I2j) is 	

Items refer to MDS 2.0

[t] indicates target assessment, [t-1] prior assessment, and [t-2] assessment preceding the prior assessment (prior-1 assessment)

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Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY		
	<p>missing on the target assessment.</p> <ol style="list-style-type: none"> 3. The QM did not trigger and the value of any of the other infections or health conditions (I2e, I2f, I2g, I2k, I2l, J1h, or J1k) selected from the target assessments or most recent full assessment is missing. 4. The resident has end-stage disease (J5c = checked) or status is unknown (J5c = missing) on the target assessment. 5. The resident is receiving hospice care (P1ao = checked) or hospice status is unknown (P1ao = missing) on the target assessment or the most recent full assessment. 6. The resident is in a facility with a Chronic Care Admission Sample size of 0. The Chronic Care Admission Sample is 0 if there are no residents with a non-PPS admission assessment (AA8a=01 and AA8b=blank or 6) over previous 12 months. 	
	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Numerator inclusion: Use of target assessment versus most recent full assessment for items I2e, I2f, I2g, I2k, I2l, J1h, and J1k. <ol style="list-style-type: none"> 1.1. If the target assessment is a full non-admission assessment (AA8a = 02,03, or 04), then the I2e, I2f, I2g, I2k, I2l, J1h, and J1k values from the target assessment will be used. If the target assessment is an admission assessment (AA8a = 01), then the resident will be excluded (Exclusion condition #1). 1.2. If the target assessment is a quarterly assessment (AA8a = 05 or 10) and the value for one of these items (I2e, I2f, I2g, I2k, I2l, J1h, or J1k) on that assessment is not out-of-range (* or null), then it is assumed that the item is active on that quarterly and the value for that item from the target assessment will be used. I2e, I2f, I2g, I2k, I2l, J1h, and J1k will be present (active) on the quarterly assessment in some states. 1.3. If the target assessment is a quarterly assessment (AA8a = 05 or 10) and the value for one of these 	

Items refer to MDS 2.0

[t] indicates target assessment, [t-1] prior assessment, and [t-2] assessment preceding the prior assessment (prior-1 assessment)

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Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY	<p>items (I2e, I2f, I2g, I2k, I2l, J1h, and J1k) on that assessment is out-of-range (* or null), then it is assumed that the item is not active on that quarterly. When one of these items is inactive on the quarterly, then the most recent full assessment for the resident will be considered for that item as follows:</p> <p>1.3.1. If the most recent full is an annual (AA8a = 02), significant change (AA8a = 03), or significant correction of prior full (AA8a = 04) AND this most recent full has a reference date (A3a) in the 395 day period (approximately 13 months) preceding the target assessment reference date, then the value of the item from this most recent full assessment will be used.</p> <p>1.3.2. If the most recent full is an admission (AA8a = 01), then the value of the item from this most recent full will NOT be used. The value for the item will remain out-of-range (*, null) and this will be treated as a missing value (see technical comment #2 below).</p> <p>2. Exclusion Conditions 2 and 3. Missing values for I2e, I2f, I2g, I2j, I2k, I2l, J1h, and J1k are any values other than 0 and 1.</p> <p>3. Exclusion condition 4. Missing values on J5c are any values other than 0 and 1.</p> <p>4. Exclusion condition 5. Missing values for the P1ao item chosen from the target assessment or most recent full assessment (see Technical Comment #5 below) are any values other than 0 and 1.</p> <p>5. Exclusion condition 5: Use of target assessment versus most recent full assessment for the resident.</p> <p>5.1. If the target assessment is a full assessment (AA8a = 01,02,03, or 04), then the P1ao value from the target assessment will be used for the exclusion test.</p> <p>5.2. If the target assessment is a quarterly assessment (AA8a = 05 or 10) and the P1ao value on that assessment is not out-of-range (* or null), then it is</p>	

Items refer to MDS 2.0

[t] indicates target assessment, [t-1] prior assessment, and [t-2] assessment preceding the prior assessment (prior-1 assessment)

Chapter 2: Chronic Care (CC) QM Definitions

Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY	<p>assumed that the item is active on that quarterly and the value from the target assessment will be used for the exclusion test. P1ao will be present (active) on the quarterly assessment in some states.</p> <p>5.3. If the target assessment is a quarterly assessment (AA8a = 05 or 10) and the P1ao value on that assessment is out-of-range (* or null), then it is assumed that the item is not active on that quarterly. In this case, the value from the most recent full assessment (AA8a = 01,02,03, or 04) for the resident will be used for the exclusion test, but only if the most recent full assessment is in the 395 day period (approximately 13 months) preceding the target assessment reference date (A3a).</p> <p>6. The QM score will be set to missing if the case is excluded.</p>	

Chapter 2: Chronic Care (CC) QM Definitions

Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY		
Percent of residents with pain (PAI0X, MEGAQI)	<p>Numerator: Residents with moderate pain at least daily (J2a=2 AND J2b=2) OR horrible/excruciating pain at any frequency (J2b=3) on the target assessment.</p> <p>Denominator: All residents with a valid target assessment.</p> <p>Exclusions: Residents satisfying any of the following conditions:</p> <ol style="list-style-type: none"> 1. The target assessment is an admission (AA8a = 01) assessment. 2. Either J2a or J2b is missing on the target assessment. 3. The values of J2a and J2b are inconsistent on the target assessment. 4. The resident is in a facility with a Chronic Care Admission Sample size of 0. The Chronic Care Admission Sample is 0 if there are no residents with a non-PPS admission assessment (AA8a=01 and AA8b=blank or 6) over previous 12 months. 	<p>Covariates:</p> <ol style="list-style-type: none"> 1. Indicator of independence or modified independence in daily decision making on the prior assessment: Covariate = 1 if B4 = 0 or 1. Covariate = 0 if B4 = 2 or 3.
	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion Condition 2. Missing values for J2a are any values other than 0 through 2; missing values for J2b are any values other than 1, 2, 3, and blank. 2. Exclusion Condition 3: The values of J2a and J2b are inconsistent in the following 2 cases: 2.1. J2a is 0 and J2b is a value of 1 through 3. 2.2. J2a > 0 and J2b is a value other than 1 through 3. 3. The QM score will be set to missing if the case is excluded. 4. The QM score will be set to missing if the covariate has a missing value. 	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. A predicted QM score is calculated for the resident based on a logistic regression model using the covariate. The predicted score will be set to missing if the QM score is missing OR the covariate has a missing value. <ol style="list-style-type: none"> 1.1. The covariate will have a missing value if the covariate is NOT = 1 or 0 according to the conditions above. <ol style="list-style-type: none"> 1.1.1. Covariate 1 has a missing value if B4 is missing on the prior assessment. Missing values on B4 are any values other than 0 through 3.

Chapter 2: Chronic Care (CC) QM Definitions

Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY		
Percent of residents with pressure sores (PRU01, CHSRA)	<p>Numerator: Residents with pressure ulcers (Stage 1-4) on target assessment (M2a >0 OR I3a-e = 707.0)</p> <p>Denominator: All residents with a valid target assessment.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> 1. The target assessment is an admission (AA8a = 01) assessment. 2. The QM did not trigger (resident is not included in the QM numerator) AND the value of M2a is missing on the target assessment. 3. The resident is in a facility with a Chronic Care Admission Sample size of 0. The Chronic Care Admission Sample is 0 if there are no residents with a non-PPS admission assessment (AA8a=01 and AA8b=blank or 6) over previous 12 months. 	
	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion condition 2: Missing values on M2a are any values other than 0 through 4. 2. The QM score will be set to missing if the case is excluded. 	

Chapter 2: Chronic Care (CC) QM Definitions

Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY		
Percent of residents with pressure sores (FAP-adjusted) (PRU01, CHSRA)	<p>Numerator: Residents with pressure ulcers (Stage 1-4) on target assessment (M2a >0 OR I3a-e = 707.0)</p> <p>Denominator: All residents with a valid target assessment.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> 1. The target assessment is an admission (AA8a = 01) assessment. 2. The QM did not trigger (resident is not included in the QM numerator) AND the value of M2a is missing on the target assessment. 3. The resident is in a facility with a Chronic Care Admission Sample size of 0. The Chronic Care Admission Sample is 0 if there are no residents with a non-PPS admission assessment (AA8a=01 and AA8b=blank or 6) over previous 12 months. 	<p>Facility admission profile FAP_PRU01: prevalence of stage1-4 pressure ulcers (M2a >0 OR I3a-e = 707.0) among non-PPS admissions (AA8a = 01 and AA8b = 6 or blank) occurring over previous 12 months.</p> <p>Numerator: Non-PPS admission assessments (AA8a = 01 and AA8b = 6 or blank) with M2a > 0 OR I3a-e = 707.0.</p> <p>Denominator: All non-PPS admission assessments (AA8a = 01 and AA8b = 6 or blank).</p> <p>Exclusions: Non-PPS admission assessments (AA8a = 01 and AA8b = 6 or blank) that do not satisfy the numerator condition AND that have missing data on M2a.</p>
	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion condition 2: Missing values on M2a are any values other than 0 through 4. 2. The QM score will be set to missing if the case is excluded. 	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Admission assessments that do not meet the numerator qualification and have a missing value on M2a are excluded from FAP_PRU01. Missing values on M2a are any values other than 0 through 4. 2. A predicted QM score is calculated for the resident based on a logistic regression model using FAP_PRU01. The predicted score will be set to missing if the QM score is missing OR FAP_PRU01 is missing (facility-wide denominator = 0).

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Chronic QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
CLINICAL COMPLEXITY		
Percent of residents in physical restraints (RES01, CHSRA)	<p>Numerator: Residents who were physically restrained daily (P4c or P4d or P4e = 2) on target assessment.</p> <p>Denominator: All residents with a valid target assessment.</p> <p>Exclusions: Residents satisfying the following condition:</p> <ol style="list-style-type: none"> 1. The target assessment is an admission (AA8a = 01) assessment. 2. The QM is not triggered (numerator condition not satisfied) AND P4c, P4d, or P4e has a missing value. 3. The resident is in a facility with a Chronic Care Admission Sample size of 0. The Chronic Care Admission Sample is 0 if there are no residents with a non-PPS admission assessment (AA8a=01 and AA8b=blank or 6) over previous 12 months. 	
	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion Condition 2. Missing values for P4c, P4d, and P4e are any values other than 0 through 2. 2. The QM score will be set to missing if the case is excluded. 	

Chapter 3

Post Acute Care (PAC) QM Definitions

Effective June 30, 2002

This chapter contains a matrix giving the definitions for the Post Acute Care QMs used for national public reporting. For each QM, the matrix gives the information necessary to calculate the QM and any covariates or facility admission profiles used in the QM calculation.

For each QM, the first column of the matrix provides the following information:

- **QM domain.** The QM domain is in the shaded column heading (e.g., "Post Acute Care").
- **QM description.** The first entry in the column is a brief description of the QM.
- **QM short label.** The short label for the QM is the first entry in parentheses.
- **QM source.** The source for the QMs is the second entry in parentheses. The different sources for the measures are CHSRA (Center for Health Systems Research and Analysis of the University of Wisconsin-Madison), and megaQI (referring to indicators developed through the CMS-sponsored "megaQI" project).

The second column gives the information for calculating the QM:

- **Numerator.** The numerator entry gives the logic used to determine whether a resident triggers the QM (if the resident is included in the numerator for the QM rate in the facility).
- **Denominator.** The denominator entry defines whether a resident has the necessary records available to be a candidate for the QM (inclusion of the resident in the denominator for the QM rate for the facility). For the first QM, a resident must have a valid 14-day PPS assessment to be a candidate for the QM.
- **Exclusions.** The exclusions entry provides clinical conditions and missing data conditions that preclude a resident from consideration for the QM. An excluded resident is excluded from both the numerator and denominator for the QM rate for the facility.
- **Technical comments.** Entries here provide additional technical details pertaining to the QM numerator, denominator, and exclusions. Examples of the type of information provided include specific details for calculating scale scores, definition of missing data values for an MDS item, and selection of the value for an MDS item that may come from different assessments for a resident.

Chapter 3: Post Acute Care (PAC) QM Definitions

The third column gives the information for calculating covariate scores and facility admission profiles when used for a QM:

- **Covariates.** The covariates entry defines the calculation logic for covariates. Covariates are always prevalence indicators with a value of 1 if the condition is present and a value of 0 if the condition is not present.
- **Facility Admission Profile (FAP).** The facility admission profile entry defines the logic for calculating the FAP score for a resident and the logic for when a resident should be excluded from the FAP. Note that the FAP for PAC QMs may be a prevalence rate or a mean score for the facility and the calculation logic for a resident involves numerator and denominator conditions.
- **Technical Comments.** Entries here provide additional technical details pertaining to the covariates and or the FAP. Examples of the type of information provided include specific details for calculating scale scores, definition of missing data values for an MDS item, and selection of the value for an MDS item that may come from different assessments for a resident.

Chapter 3: Post Acute Care (PAC) QM Definitions

PAC QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE		
Percent of short-stay residents with delirium (PAC_DELOX, MEGAQI)	<p>Numerator: Patients at SNF PPS 14-day assessment with at least one symptom of delirium that represents a departure from usual functioning (at least one B5a through B5f = 2).</p> <p>Denominator: All patients with a valid SNF PPS 14-day assessment (AA8b = 7).</p> <p>Exclusions: Patients satisfying any of the following conditions:</p> <ol style="list-style-type: none"> 1. Comatose (B1=1) or comatose status unknown (B1 = missing) on the SNF PPS 14-day assessment. 2. Patients with end-stage disease (J5c=checked (value 1)) or end-stage disease status unknown (J5c = missing) on the SNF PPS 14-day assessment. 3. The resident is receiving hospice care (P1ao = checked) or hospice status is unknown (P1ao = missing) on the SNF PPS 14-day assessment. 4. The QM did not trigger (patient not included in the numerator) and there is a missing value on any of the items B5a through B5f on the SNF PPS 14-day assessment. 5. The patient is in a facility with a Post Acute Care Admission Sample size of 0. The Post Acute Care Admission Sample is 0 if there are no residents with a SNF PPS 5-day assessment (AA8b=1) over previous 12 months. <p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion conditions 1, 2 and 3 missing values: Missing values on B1, J5c and P1ao are any values other than 0 and 1. 2. Exclusion condition 4 missing values: Missing values on B5a through B5f are any values other than 0 through 2. 3. The QM score will be set to missing if the case is excluded. 4. The QM score will be set to missing if the covariate has a missing value. 	<p>Covariates:</p> <ol style="list-style-type: none"> 1. Indicator of prior residential history preceding the current SNF stay for the patient: Covariate = 1 if there is NO prior residential history indicated by the following condition being satisfied: <ol style="list-style-type: none"> 1) There is a recent admission assessment (AA8a = 01) available for the patient AND AB5a through AB5e are not checked (value 0) AND AB5f is checked (value 1) on that assessment. Covariate = 0 if there is prior residential history indicated by either of the following conditions being satisfied: <ol style="list-style-type: none"> 1) There is a recent admission assessment (AA8a = 01) AND any of the items AB5a through AB5e are checked (value 1) OR AB5f is not checked (value 0) on that assessment. 2) There is no recent admission assessment (AA8a = 01). <p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Covariate 1 selection of a recent admission assessment: To qualify as a recent admission assessment (AA8a = 01), the admission assessment reference date (A3a) must be in the 50-day period ending with the 14-day assessment reference date (A3a). <ol style="list-style-type: none"> 1.1. If there is more than one admission assessment in the 50-day period, then the most recent one is selected. 1.2. The selected recent admission assessment can be the same as the 5-day or 14-day assessment. 2. Covariate 1 value when no recent admission assessment

Items refer to MDS 2.0.

[t] indicates SNF PPS 14-day assessment and [t-1] SNF PPS 5-day assessment

Chapter 3: Post Acute Care (PAC) QM Definitions

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Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE		<p>found: If there is no recent admission assessment within the 50 day period ending with the 14-day assessment, then it is assumed that the patient was a resident in the facility prior to the SNF stay and this indicates prior residential history. In this case the covariate is set to 0.</p> <p>3. A predicted QM score is calculated for the resident based on a logistic regression model using the covariate. The predicted score will be set to missing if the QM score is missing OR the covariate has a missing value.</p> <p>3.1. The covariate will have a missing value if the covariate is NOT = 1 or 0 according to the conditions above.</p> <p>3.1.1. The covariate will have a missing value if one or more of the AB5a through AB5f items from the recent admission assessment is missing. Missing values on AB5a through AB5f are any values other than 0 and 1.</p>

Chapter 3: Post Acute Care (PAC) QM Definitions

PAC QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE		
Percent of short-stay residents with delirium (FAP-adjusted) (PAC_DELOX, MEGAQI)	<p>Numerator: Patients at SNF PPS 14-day assessment with at least one symptom of delirium that represents a departure from usual functioning (at least one B5a through B5f = 2).</p> <p>Denominator: All patients with a valid SNF PPS 14-day assessment (AA8b = 7).</p> <p>Exclusions: Patients satisfying any of the following conditions:</p> <ol style="list-style-type: none"> 1. Comatose (B1=1) or comatose status unknown (B1 = missing) on the SNF PPS 14-day assessment. 2. Patients with end-stage disease (J5c=checked (value 1)) or end-stage disease status unknown (J5c = missing) on the SNF PPS 14-day assessment. 3. The resident is receiving hospice care (P1ao = checked) or hospice status is unknown (P1ao = missing) on the SNF PPS 14-day assessment. 4. The QM did not trigger (patient not included in the numerator) and there is a missing value on any of the items B5a through B5f on the SNF PPS 14-day assessment. 5. The patient is in a facility with a Post Acute Care Admission Sample size of 0. The Post Acute Care Admission Sample is 0 if there are no residents with a SNF PPS 5-day assessment (AA8b=1) over previous 12 months. 	<p>Facility admission (5-day) profile FAP_PAC_DELOX: Proportion of residents with at least one symptom of delirium that represents a departure from normal functioning demonstrated on SNF PPS 5-day assessments (AA8b = 1) over previous 12 months (one or more of the items B5a through B5f = 2).</p> <p style="padding-left: 20px;">Numerator: SNF PPS 5-day assessments (AA8b = 1) with at least one B5a through B5f = 2.</p> <p style="padding-left: 20px;">Denominator: All SNF PPS 5-day assessments (AA8b = 1).</p> <p style="padding-left: 20px;">Exclusion: SNF PPS 5-day assessments (AA8b = 1) that do not satisfy the numerator condition AND that have missing data on any item B5a through B5f.</p> <p>Covariates:</p> <ol style="list-style-type: none"> 1. Indicator of prior residential history preceding the current SNF stay for the patient: <ul style="list-style-type: none"> Covariate = 1 if there is NO prior residential history indicated by the following condition being satisfied: <ol style="list-style-type: none"> 1) There is a recent admission assessment (AA8a = 01) available for the patient AND AB5a through AB5e are not checked (value 0) AND AB5f is checked (value 1) on that assessment. Covariate = 0 if there is prior residential history indicated by either of the following conditions being satisfied: <ol style="list-style-type: none"> 1) There is a recent admission assessment (AA8a = 01) AND any of the items AB5a through AB5e are checked (value 1) OR AB5f is not checked (value 0) on that assessment. 2) There is no recent admission assessment (AA8a = 01).

Items refer to MDS 2.0.

[t] indicates SNF PPS 14-day assessment and [t-1] SNF PPS 5-day assessment

Chapter 3: Post Acute Care (PAC) QM Definitions

PAC QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion conditions 1, 2 and 3 missing values: Missing values on B1, J5c and P1ao are any values other than 0 and 1. 2. Exclusion condition 4 missing values: Missing values on B5a through B5f are any values other than 0 through 2. 3. The QM score will be set to missing if the case is excluded. 4. The QM score will be set to missing if the covariate has a missing value. 	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. SNF PPS 5-day assessments with no delirium item B2a through B2f = 2 and with a missing value on any item B5a through B5f are excluded from FAP_PAC_DELOX. Missing values on B5a through B5f are any values other than 0 through 2. 2. Covariate 1 selection of a recent admission assessment: To qualify as a recent admission assessment (AA8a = 01), the admission assessment reference date (A3a) must be in the 50-day period ending with the 14-day assessment reference date (A3a). <ol style="list-style-type: none"> 2.1. If there is more than one admission assessment in the 50-day period, then the most recent one is selected. 2.2. The selected recent admission assessment can be the same as the 5-day or 14-day assessment. 3. Covariate 1 value when no recent admission assessment found: If there is no recent admission assessment within the 50 day period ending with the 14-day assessment, then it is assumed that the patient was a resident in the facility prior to the SNF stay and this indicates prior residential history. In this case the covariate is set to 0. 4. A predicted QM score is calculated for the resident based on a logistic regression model using FAP_PAC_DELOX and the covariate. The predicted score will be set to missing if the QM score is missing OR FAP_PAC_DELOX is missing (facility-wide denominator = 0) OR the covariate has a missing value. <ol style="list-style-type: none"> 4.1. The covariate will have a missing value if the covariate is NOT = 1 or 0 according to the conditions above. <ol style="list-style-type: none"> 4.1.1. The covariate will have a missing value if one or more of the AB5a through AB5f items from the recent admission assessment is missing. Missing values on AB5a through AB5f are any values other

Items refer to MDS 2.0.

[t] indicates SNF PPS 14-day assessment and [t-1] SNF PPS 5-day assessment

Chapter 3: Post Acute Care (PAC) QM Definitions

PAC QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE		than 0 and 1.

Chapter 3: Post Acute Care (PAC) QM Definitions

PAC QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE		
Percent of short-stay residents with pain (PAC_PA10X, MEGAQI)	<p>Numerator: Patients at SNF PPS 14-day assessment with moderate pain at least daily (J2a=2 and J2b=2) OR horrible/excruciating pain at any frequency (J2b=3).</p> <p>Denominator: All patients with a valid SNF PPS 14-day assessment (AA8b = 7).</p> <p>Exclusions: Patients satisfying any of the following conditions:</p> <ol style="list-style-type: none"> 1. Either J2a or J2b is missing on the 14-day assessment. 2. The values of J2a and J2b are inconsistent on the 14-day assessment. 3. The patient is in a facility with a Post Acute Care Admission Sample size of 0. The Post Acute Care Admission Sample is 0 if there are no residents with a SNF PPS 5-day assessment (AA8b=1) over previous 12 months. 	
	<p>Technical Comments:</p> <ol style="list-style-type: none"> 1. Exclusion Condition 1. Missing values for J2a are any values other than 0 through 2; missing values for J2b are any values other than 1, 2, 3, and blank. 2. Exclusion Condition 2: The values of J2a and J2b are inconsistent in the following 2 cases: <ol style="list-style-type: none"> 2.1. J2a is 0 and J2b is a value of 1 through 3. 2.2. J2a > 0 and J2b is a value other than 1 through 3. 3. The QM score will be set to missing if the case is excluded. 	

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Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE		
<p>Percent of short-stay residents who walk as well or better (FAP-adjusted)</p> <p>(PAC_WAL0X, MEGAQI)</p> <p><i>Note: This is a 'good' QM. Higher values on this QM imply good quality of care relative to ADL improvement. This is different from most other QMs, where a high value implies the possibility of poorer care in that specific area.</i></p>	<p>Numerator: SNF PPS patients who satisfy either of the following conditions:</p> <ol style="list-style-type: none"> 1. Independence in walking is maintained from the SNF PPS 5-day assessment to the SNF PPS 14-day assessment: $(G1c(A)[t-1]=0 \text{ AND } G1d(A)[t-1]=0) \text{ AND } (G1c(A)[t]=0 \text{ AND } G1d(A)[t]=0)$. 2. Improvement in walking ability is evidenced from the SNF PPS 5-day assessment to the SNF PPS 14-day assessment: $(G1c(A)[t-1] + G1d(A)[t-1]) > (G1c(A)[t] + G1d(A)[t])$. Note: Convert 8's (activity did not occur) to 4's (total dependence) on G1d(A) and G1c(A) for this comparison. <p>Denominator: All patients with a valid SNF PPS 14-day assessment (AA8b = 7) and a valid preceding SNF PPS 5-day assessment (AA8b = 1).</p> <p>Exclusions: Patients satisfying any of the following conditions:</p> <ol style="list-style-type: none"> 1. Comatose (B1=1) or comatose status unknown (B1 = missing) on the SNF PPS 14-day assessment. 2. End-stage disease (J5c=checked (value 1)) or end-stage disease status unknown (J5c = missing) on the SNF PPS 14-day assessment. 3. The resident is receiving hospice care (P1ao = checked) or hospice status is unknown (P1ao = missing) on the SNF PPS 14-day assessment. 4. Ventilator dependent (P1al checked (value 1)) or ventilator status is unknown (P1al = missing) on the SNF PPS 14-day assessment. 5. Quadriplegic (I1z = checked (value 1)) or quadriplegic status is unknown (I1z = missing) on the SNF PPS 14-day assessment. 6. Paraplegic (I1x = checked (value 1)) or paraplegic status is unknown (I1x = missing) on the SNF PPS 14-day 	<p>Facility admission profile FAP_PAC_WAL0X: mean sum of walking in room (G1c(A)) and walking in corridor (G1d(A)) among SNF PPS 5-day assessments (AA8b = 1) over previous 12 months.</p> <p>Note: Convert 8's (activity did not occur) to 4's (total dependence) on G1d(A) and G1c(A) before summing these items.</p> <p>Exclusions: SNF PPS 5-day assessments (AA8b = 1) with a missing value on G1c(A) or G1d(A).</p>

Items refer to MDS 2.0.

[t] indicates SNF PPS 14-day assessment and [t-1] SNF PPS 5-day assessment

Chapter 3: Post Acute Care (PAC) QM Definitions

PAC QM Definitions Effective June 30, 2002 (v1.1)		
Indicator	Numerator & Denominator Definition(s), Exclusions and Technical Comments	Covariate(s)
POST ACUTE CARE		
	<p>assessment.</p> <p>7. G1c(A) or G1d(A) is missing on either the 5-day or 14-day assessment.</p> <p>8. The patient is in a facility with a Post Acute Care Admission Sample size of 0. The Post Acute Care Admission Sample is 0 if there are no residents with a SNF PPS 5-day assessment (AA8b=1) over previous 12 months.</p>	
	<p>Technical Comments:</p> <p>1. Exclusion Conditions 1 through 6. Missing values on the relevant items (B1, J5c, P1ao, P1al, I1z, and I1x) are any values other than 1 and 0.</p> <p>2. Exclusion Condition 7: Missing values on G1c(A) and G1d(A) are any values other than 0, 1, 2, 3, 4, and 8.</p> <p>3. The QM score will be set to missing if the case is excluded.</p>	<p>Technical Comments:</p> <p>1. SNF PPS 5-day assessments that have a missing value on G1c(A) or G1d(A) are excluded from FAP_PAC_WAL0X. Missing values on the G1c(A) and G1d(A) are any values other than 0, 1, 2, 3, 4, and 8.</p> <p>2. A predicted QM score is calculated for the resident based on a logistic regression model using FAP_PAC_WAL0X. The predicted score will be set to missing if the QM score is missing OR FAP_PAC_WAL0X is missing (no SNF PPS 5-day assessment (AA8b = 1) over the previous 12 months with both G1c(A) and G1d(A) not missing).</p>

Chapter 4: QM Record Selection Methodology for National Public Reporting

Effective June 30, 2002

Chronic Care QM Calculation Sample

The chronic care QM calculation sample involves selection of residents with a target assessment in the target quarter. For a selected resident, 4 different assessment records are then selected: target assessment, prior assessment, prior minus 1 assessment, and most recent full assessment.

Assessment Selected	Selection Specifications	
Target Assessment	Selection period	Most recent 3 months (target quarter)
	Qualifying Reasons for Assessment (AA8a/AA8b)	01/*, 02/*, 03/*, 04/*, 05/*, 10/* (* indicates any value accepted)
	Selection Logic	Latest assessment with qualifying reasons for assessment and assessment reference date (A3a) within selection period.
	Rationale	<ul style="list-style-type: none"> ▪ Select a normal (OBRA) assessment from the target quarter. ▪ Normal OBRA assessments that are coupled with a PPS assessment (item AA8b = 1,2,3,4,5,7, or 8) are still selected. Selection ignores whether an assessment is also a PPS assessment or not.
Prior Assessment	Selection period	46 to 165 days before the target assessment
	Qualifying Reasons for Assessment (AA8a/AA8b)	01/*, 02/*, 03/*, 04/*, 05/*, 10/* (* indicates any value accepted)
	Selection Logic	Latest assessment with qualifying reasons for assessment and assessment reference date (A3a) in the window of 46 days to 165 days preceding the target assessment reference date (A3a).
	Rationale	<ul style="list-style-type: none"> ▪ Select a normal (OBRA) assessment in the 4-month window ending 46 days before the target assessment. This window insures that the gap between the prior and target assessment will not be small (gaps of 45 days or less are excluded). ▪ A 4-month window is employed to allow sufficient time to find an OBRA assessment. OBRA assessments are required every 3 months. A grace month has been added to yield a window of 4 months to account for late assessments. In the last half of 2000, scheduled OBRA assessments were late about 8% of the time. ▪ A relative window based on the assessment reference date (A3a) of the target assessment is used to accommodate cases in which scheduled assessments are performed early or a significant change occurs. ▪ Normal OBRA assessments that are coupled with a PPS assessment (item AA8b = 1,2,3,4,5,7, or 8) are still selected. Selection ignores whether an assessment is also a PPS assessment or not.

Chapter 4: QM Record Selection Methodology for National Public Reporting

Chronic Care QM Calculation Sample (continued)

Assessment Selected	Selection Specifications	
Prior Minus 1 Assessment	Selection period	46 to 165 days before the prior assessment
	Qualifying Reasons for Assessment (AA8a/AA8b)	01/*, 02/*, 03/*, 04/*, 05/*, 10/* (* indicates any value accepted)
	Selection Logic	Latest assessment with qualifying reasons for assessment and assessment reference date (A3a) in the window of 46 days to 165 days preceding the prior assessment reference date (A3a).
	Rationale	<ul style="list-style-type: none"> ▪ Select a normal (OBRA) assessment in the 4-month window ending 46 days before the prior assessment. This window insures that the gap between the prior-1 and prior assessment will not be small (gaps of 45 days or less are excluded). ▪ A 4-month window is employed to allow sufficient time to find an OBRA assessment. OBRA assessments are required every 3 months. A grace month has been added to yield a window of 4 months to account for late assessments. In the last half of 2000, scheduled OBRA assessments were late about 8% of the time. ▪ A relative window based on the assessment reference date (A3a) of the prior assessment is used to accommodate cases in which scheduled assessments are performed early or a significant change occurs. ▪ Normal OBRA assessments that are coupled with a PPS assessment (item AA8b = 1,2,3,4,5,7, or 8) are still selected. Selection ignores whether an assessment is also a PPS assessment or not.

Chapter 4: QM Record Selection Methodology for National Public Reporting

Chronic Care QM Calculation Sample (continued)

Assessment Selected	Selection Specifications	
Most Recent Full Assessment	Selection period	Most recent 17 months preceding target assessment
	Qualifying Reasons for Assessment (AA8a/AA8b)	01/*, 02/*, 03/*, 04/* (* indicates any value accepted)
	Selection Logic	Latest assessment with qualifying reasons for assessment and assessment reference date (A3a) in the 17-month period preceding the target assessment reference date (A3a).
	Rationale	<ul style="list-style-type: none"> ▪ Select a normal (OBRA) full assessment. ▪ Normal OBRA full assessments that are coupled with a PPS assessment (item AA8b = 1,2,3,4,5,7, or 8) are still selected. Selection ignores whether a full assessment is also a PPS assessment or not. ▪ If the target assessment is a quarterly assessment, it will at times be necessary to carry-forward items (not available on the quarterly assessment) from the most recent full assessment to that target assessment. The most recent full assessment will be used to carryforward values to a target quarterly assessment, but only if the most recent full assessment is in the 395 day period (approximately 13 months) preceding the target assessment reference date (A3a). A 13-month look-back period is employed to allow sufficient time to find an earlier OBRA full assessment. OBRA full assessments are required every 12 months. A grace month has been added to yield a look-back period of 13 months to account for late full assessments. ▪ If the prior assessment is a quarterly assessment, it will at times be necessary to carry-forward items (not available on the quarterly assessment) from the most recent full assessment from the most recent full assessment to that prior assessment. The most recent full assessment will be used to carryforward values to a prior quarterly assessment, but only if the most recent full assessment is in the 395 day period (approximately 13 months) preceding the prior assessment reference date (A3a). A 13-month look-back period is employed to allow sufficient time to find an earlier OBRA full assessment. OBRA full assessments are required every 12 months. A grace month has been added to yield a look-back period of 13 months to account for late full assessments.

Chapter 4: QM Record Selection Methodology for National Public Reporting

Chronic Care Facility Admission Profile (FAP) Sample

The chronic care FAP sample involves selection of residents with an admission assessment in the year ending with the target quarter. For each selected resident, the latest admission assessment in that year is selected.

Assessment Selected	Selection Specifications	
FAP Assessment	Selection period	Most recent 12 months
	Qualifying Reasons for Assessment (AA8a/AA8b)	01/blank, 01/6
	Selection Logic	Latest assessment with qualifying reasons for assessment and assessment reference date (A3a) within selection period.
	Rationale	<ul style="list-style-type: none"> ▪ Select a normal (OBRA) admission assessment that is NOT also a PPS assessment. A non-PPS admission assessment will have AA8b values of 6 (other state required assessment) and blank (neither PPS or other state required assessment). If the admission assessment has AA8b = 1,2,3,4,5,7, or 8, then it is also a PPS assessment and will not be selected in the Chronic Care FAP sample. ▪ If a resident has multiple qualifying admission assessments in the year ending with the target quarter, then only the most recent is selected. If multiple admissions were selected for a resident, then this would over represent those residents in the FAP sample and cause bias in that sample.

Chapter 4: QM Record Selection Methodology for National Public Reporting

Post-Acute Care QM Calculation Sample

The post-acute QM calculation sample involves selection of residents with a 14-day SNF PPS assessment in the standard 6-month post-acute care target period. If a resident has more than one 14-day assessment in the 6-month post acute care target period, then the latest 14-day assessment is selected. The appropriate 5-day assessment preceding the 14-day assessment is also selected, if available. One additional record is also selected, that record being the most recent admission assessment on the same date or before the selected 14-day assessment.

Assessment Selected		Selection Specifications
14-day PPS Assessment	Selection period	Most recent 6 months (target period)
	Qualifying Reasons for Assessment (AA8a/AA8b)	*/7 (*indicates any value accepted)
	Selection Logic	Select the latest 14-day assessment (*/7) with assessment reference date (A3a) in the selection period
	Rationale	<ul style="list-style-type: none"> ▪ If there are multiple qualifying assessments, the latest assessment is selected.
5-Day PPS Assessment	Selection period	The interval from 3 to 18 days before the selected 14-day assessment.
	Qualifying Reasons for Assessment (AA8a/AA8b)	*/1 (* indicates any value accepted)
	Selection Logic	Latest 5-day assessment with assessment reference date (A3a) in the selection period for the same resident and facility.
	Rationale	<ul style="list-style-type: none"> ▪ Select a 5-day assessment (AA8b = 1) in the selection window preceding the selected 14-day assessment. ▪ The selection window (3 to 18 days prior to the 14-day assessment) allows for the 5-day to be completed on day 1 through day 8 of the stay and the 14-day to be completed on day 11 through 19 of the stay, according to the SNF PPS assessment requirements. These requirements indicate that the gap between the 2 assessments should have a minimum of 3 and a maximum of 18 days. ▪ If there is more than one qualifying 5-day assessment in the selection window, then select the latest one.

Chapter 4: QM Record Selection Methodology for National Public Reporting

Post-Acute Care QM Calculation Sample (continued)

Assessment Selected	Selection Specifications	
Recent MDS Admission Assessment	Selection period	50-day period ending with the date of the selected 14-day assessment.
	Qualifying Reasons for Assessment (AA8a/AA8b)	01/* (* indicates any value accepted)
	Selection Logic	Select the latest admission assessment with assessment reference date (A3a) in the selection period.
	Rationale	<ul style="list-style-type: none"> ▪ This admission assessment is needed to capture the facesheet item AB5 (prior institutional history). The facesheet must be completed on an admission assessment. ▪ If no facesheet record is found in the selection period, then assume that AB5a = 1, indicating residence in this facility prior to the SNF stay. ▪ The selection period allows sufficient look back to encounter a new resident's admission associated with the SNF covered stay. A SNF covered stay must begin within 30 days of the end of a qualifying hospitalization and the 14-day assessment must be performed by day 19 of the stay. This yields a look back period of 30 days plus 19 days, and this was rounded up 1 day to 50.

Chapter 4: QM Record Selection Methodology for National Public Reporting

Post-Acute Care Facility Admission Profile (FAP) Sample

The post-acute care FAP sample involves selection of residents with a 5-day PPS assessment in the 12-month period ending with the target quarter. For each selected resident, the latest 5-day PPS assessment in that period is selected.

Assessment Selected	Selection Specifications	
FAP Assessment	Selection period	Most recent 12 months
	Qualifying Reasons for Assessment (AA8a/AA8b)	*/1 (* indicates any value accepted)
	Selection Logic	Latest assessment with qualifying reasons for assessment and assessment reference date (A3a) within the selection period.
	Rationale	<ul style="list-style-type: none"> ▪ Select a 5-day PPS assessment. ▪ If a resident has multiple 5-day PPS assessments in the selection period, then only the most recent is selected. If multiple 5-day PPS assessments were selected for a resident, then this would over represent those residents in the FAP sample and cause bias in that sample.