



Reimbursement Day – MDS 3.0 Update

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Our Agenda for Today

- UPL Detail Reports
- SNF Value Based Purchasing (VBP)
- SNF Quality Reporting Program (QRP)
- Indiana Total Quality Score (TQS)
- MDS 3.0 Changes



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UPL Detail Reports

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UPL Detail Reports

- UPL Detail Reports
- Posted Quarterly
- Used to calculate the Federal Per Diem Rate for the Medicare Upper Payment Limit (UPL) for the Supplemental Payment Program
- Represents the Medicare resident classification (RUGS-IV 66 Grouper) and rate for residents indicated as Medicaid status on the Final Time-Weighted Report (TWR) indicated
- The total rate does not include any VBP adjustments or SNF QRP penalties/reductions

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Office of Medicaid Policy and Planning Medicare Upper Payment Limit Analysis Pooled and Quality Supplemental Payments Third Quarter Interim Payment SFY 2025 - Pooled Payment Calculation Facility Specific Detail Report Federal Per Diem Rate 3/1/2024-11/30/2024														
Provider Number	Provider Name	County	CBSA	Resident ID	Resident Medicaid ID	Resident Name	RUG (RUG-IV)	Labor Portion (a)	Average Wage Index (b)	Adjusted Labor Portion (c = a * b)	Non-Labor Portion (d)	Federal Per Diem Rate (a = c + d)	Number of Days (f)	Base Rate Points (g = e * f)
CD1	313.61	0.8657	271.49	121.96	393.45	19	7,475							
CD1	312.61	0.8657	271.49	121.96	393.45	72	26,328							
BA1	199.58	0.8657	172.78	77.61	250.39	26	6,510							
BB1	239.64	0.8657	207.46	93.20	300.66	65	19,543							
PE1	316.69	0.8657	271.49	123.16	397.32	16	12,192							
PE1	316.69	0.8657	274.16	123.16	397.32	73	29,004							
PC1	258.13	0.8657	223.46	100.39	323.85	38	12,306							
RMB	348.93	0.8657	302.07	135.69	437.76	21	9,193							
RMB	348.93	0.8657	302.07	135.69	437.76	32	14,008							
ES1	458.47	0.8657	396.90	178.29	575.19	38	13,857							
PE1	316.69	0.8657	274.16	123.16	397.32	16	6,357							
PA1	184.17	0.8657	159.44	71.62	231.06	40	9,242							
PB1	221.15	0.8657	191.45	86.00	277.45	51	14,150							
PA1	184.17	0.8657	171.44	71.62	231.06	33	7,595							
PA1	184.17	0.8657	159.44	71.62	231.06	58	13,401							
HB1	325.94	0.8657	282.17	126.75	408.92	19	7,769							
HB1	325.94	0.8657	282.17	126.75	408.92	31	12,677							
RMA	292.37	0.8657	257.37	112.92	364.29	11	7,007							
RMA	292.37	0.8657	251.37	112.92	364.29	20	7,266							
PD1	298.20	0.8657	258.15	115.97	374.12	45	16,635							
BB1	239.64	0.8657	207.46	93.20	300.66	11	3,307							
BB1	239.64	0.8657	207.46	93.20	300.66	80	30,003							
HD2	415.32	0.8657	359.54	161.51	521.05	24	12,505							
LD1	325.94	0.8657	282.17	126.75	408.92	14	5,725							
LD1	325.94	0.8657	282.17	126.75	408.92	51	20,655							
PB1	221.15	0.8657	171.44	86.00	277.45	41	7,175							
PB1	221.15	0.8657	191.45	86.00	277.45	50	13,573							
PC1	258.13	0.8657	223.46	100.39	323.85	72	23,317							
RHA	343.19	0.8657	297.10	133.46	430.56	13	5,597							
					378.36	5,006	1,894,053							

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Review of Resident Detail Reports

- Review of Reports
- Download when posted
- Verify residents, assessments and scores from Final TWR
- Requests for reconsideration must be submitted within 30 days of posting date

PDPM HIPPS	INS RUG	State RUG/State HIPPS
MGUF		
RML	ES1	
OGCE	OGCE	
OGXF1	OGXF1	
RMB	RAC	
OGXF	OGXF	

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IGT/UPL Program

NQ/02/99/99	05/20/2024	CE2	06/01/2024		07/03/2024	33	1.39	Medicaid
NQ/02/99/99	07/04/2024	RAE	07/04/2024	A2300	08/04/2024	32	1.65	Medicaid
NQ/02/99/99	08/05/2024	RAE	08/05/2024	A2300	08/31/2024	27	1.65	Medicaid
Total Days 92								
NT/99/99/01	08/20/2024		08/20/2024	A1600	08/20/2024			
NC/01/99/99	08/28/2024	RAD	08/20/2024	A1600	08/31/2024	12	1.58	Other
Total Days 12								
NQ/02/99/99	05/07/2024	RAB	06/01/2024		06/10/2024	10	1.10	Medicaid
NQ/02/99/99	05/07/2024	PB1-(LN)	06/11/2024		08/06/2024	57	0.28	Medicaid
NQ/02/99/99	08/07/2024	PB1-(LN)	08/07/2024	A2300	08/31/2024	25	0.28	Medicaid
Total Days 92								
NT/99/99/01	06/06/2024		06/06/2024	A1600	06/06/2024			
NC/01/99/99	06/13/2024	RAB	06/06/2024	A1600	07/07/2024	32	1.10	Other
ND/99/99/10	07/08/2024		07/08/2024	A2000	07/08/2024			
Total Days 32								
NT/99/99/01	07/05/2024	LC2	07/05/2024	A1600	07/06/2024	2	1.30	Medicaid
ND/99/99/11	07/07/2024		07/07/2024	A2000	07/07/2024			
NT/99/99/01	07/10/2024		07/10/2024	A1600	07/10/2024			
NP/99/01/99	07/17/2024	RAD	07/10/2024	A1600	07/17/2024	8	1.58	Medicare
NC/01/99/99	07/18/2024	RAE	07/18/2024	A2300	07/22/2024	5	1.65	Medicare
NQ/02/99/99	07/23/2024	RAE	07/23/2024	A2300	08/31/2024	40	1.65	Medicaid
Total Days 55								

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2025 Indiana Time-Weighted Monthly Report Calendar								
January 2025								
S	M	T	W	T	F	S		
1	2	3	4	5				
6	7	8	9	10	11	12		
13	14	15	16	17	18	19		
19	20	21	22*	23	24	25		
26	27	28	29	30	31			
February 2025								
S	M	T	W	T	F	S		
						1		
2	3	4	5	6	7	8		
9	10	11	12	13	14	15		
16	17	18	19	20	21	22		
23	24	25	26	27	28			
March 2025								
S	M	T	W	T	F	S		
						1		
2	3	4	5	6	7	8		
9	10	11	12	13	14	15		
16	17	18	19	20	21	22		
23	24	25	26	27	28	29		
30	31							
April 2025								
S	M	T	W	T	F	S		
			1	2	3	4		
6	7	8	9	10	11	12		
13	14	15	16	17	18	19		
20	21	22	23	24	25	26		
27	28	29	30	31				
May 2025								
S	M	T	W	T	F	S		
				1	2	3		
4	5	6	7	8	9	10		
11	12	13	14	15	16	17		
18	19	20	21	22	23	24		
25	26	27	28	29	30	31		
June 2025								
S	M	T	W	T	F	S		
				1	2	3		
1	2	3	4	5	6	7		
8	9	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		
29	30							
July 2025								
S	M	T	W	T	F	S		
			1	2	3	4		
6	7	8	9	10	11	12		
13	14	15	16	17	18	19		
20	21	22	23	24	25	26		
27	28	29	30	31				
August 2025								
S	M	T	W	T	F	S		
				1	2	3		
3	4	5	6	7	8	9		
10	11	12	13	14	15	16		
17	18	19	20	21	22	23		
24	25	26	27	28	29	30		
31								
September 2025								
S	M	T	W	T	F	S		
			1	2	3	4		
7	8	9	10	11	12	13		
14	15	16	17	18	19	20		
21	22	23	24	25	26	27		
28	29	30						
October 2025								
S	M	T	W	T	F	S		
			1	2	3	4		
5	6	7	8	9	10	11		
12	13	14	15	16	17	18		
19	20	21	22	23	24	25		
26	27	28	29	30	31			
November 2025								
S	M	T	W	T	F	S		
			1	2	3	4		
2	3	4	5	6	7	8		
9	10	11	12	13	14	15		
16	17	18	19	20	21	22		
23	24	25	26	27	28	29		
30								
December 2025								
S	M	T	W	T	F	S		
			1	2	3	4		
7	8	9	10	11	12	13		
14	15	16	17	18	19	20		
21	22	23	24	25	26	27		
28	29	30	31					

Tan Day of the Month

Cut-off date for MDS transmission and entering EOT dates in the Web Portal for the Preliminary Time-Weighted CMI Resident Roster Reports.**

Blue Day of the Month

Posting of Preliminary Time-Weighted CMI Resident Roster Reports. (Located on the Myers and Stauffer MDS Web Portal)

Yellow Day of the Month

Cut-off date for MDS transmission and entering EOT dates in the Web Portal for the Final Time-Weighted CMI Resident Roster Reports.**

Orange Day of the Month

Posting of Final Time-Weighted CMI Resident Roster Reports. (Located on the Myers and Stauffer MDS Web Portal)

Pink Day of the Month

UPL Resident Detail Report posted for Non-State Government Owned facilities (Located on the Myers and Stauffer MDS Web Portal)

*Posting of Normalization Report and Reissues
**Please note that Coordinated Universal Time (UTC) is the primary time standard globally used to regulate clocks and time. This time is used by IQIES to determine the submission date of MDS assessments and is many hours ahead of the local time zones of Eastern Standard Time, Central Standard Time, etc.

MDS Helpdesk - (317) 816-4122
INHelpDesk@mslc.com

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SNF Value Based Purchasing



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SNF Value Based Purchasing (VBP)

- SNF Value Based Purchasing (VBP)
- For FY2025, VBP payment adjustments will be based only on 30-day all-cause re-admission measure only
- Table for inclusion of programs

TABLE 31: SNF VBP Program Measures and Timeline for Inclusion in the Program

Measure	FY 2025 Program Year	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Included	Included	Included	
Skilled Nursing Facility Healthcare Associated Infections Requiring Hospitalization (SNF HAI) measure		Included	Included	Included
Total Nursing Hours per Resident Day (Total Nurse Staffing) measure		Included	Included	Included
Total Nursing Staff Turnover (Nursing Staff Turnover) measure		Included	Included	Included
Discharge to Community – Post-Acute Care Measure for Skilled Nursing Facilities (DTC PAC SNF) measure			Included	Included
Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (Falls with Major Injury (Long Stay)) measure			Included	Included
Discharge Function Score for SNFs (DC Function) measure			Included	Included
Number of Hospitalizations per 1,000 Long Stay Resident Days (Long Stay Hospitalization) measure			Included	Included
Skilled Nursing Facility Within-Stay Potentially Preventable Readmissions (SNF WSPR) measure				Included

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SNF VBP

- First Performance Year for inclusion of new measures

TABLE 15: Currently Adopted and Newly Proposed SNF VBP Measures

Measure Name	Measure Short Name	Measure Status	First Program Year	First Performance Period ^a
SNF 30-Day All-Cause Readmission Measure	SNFRM	Adopted, implemented	FY 2017**	FY 2015
SNF Healthcare-Associated Infections Requiring Hospitalization Measure	SNF HAI Measure	Adopted, not implemented	FY 2026	FY 2024
Total Nurse Staffing Hours per Resident Day Measure	Total Nurse Staffing Measure	Adopted, not implemented	FY 2026	FY 2024
Total Nursing Staff Turnover Measure	Nursing Staff Turnover Measure	Proposed	FY 2026*	FY 2024
Discharge to Community – Post-Acute Care Measure for SNFs	DTC PAC SNF Measure	Adopted, not implemented	FY 2027	FY 2024 and FY 2025
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) Measure	Falls with Major Injury (Long-Stay) Measure	Proposed	FY 2027*	FY 2025
Discharge Function Score for SNFs Measure	DC Function Measure	Proposed	FY 2027*	FY 2025
Number of Hospitalizations per 1,000 Long Stay Resident Days Measure	Long Stay Hospitalization Measure	Proposed	FY 2027*	FY 2025
SNF Within-Stay Potentially Preventable Readmissions Measure	SNF WS PPR Measure	Proposed	FY 2028*	FY 2025 and FY 2026

^aFor each measure, we have adopted a policy to automatically advance the beginning of the performance period by 1-year from the previous program year. We refer readers to section VIII.C.3 of this final rule for additional information.

** Will be replaced with the SNF WS PPR measure beginning with the FY 2028 program year.

* First program year in which the measure would be included in the Program.

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SNF VBP

- SNF VBP
- Posted on 8-8-24

Table 1. Your SNF's Performance in the FY 2025 SNF VBP Program	
Performance Information	FY 2025
Baseline Period Risk-Standardized Readmission Rate (RSRR) ^{1,2}	18.239%
Performance Period RSRR ²	19.722%
Achievement Score ²	32.16936
Improvement Score ^{1,2}	0.00000
Performance Score ²	32.16936
Program Rank ²	4,529
Incentive Payment Multiplier ²	0.9855155189

For a complete explanation of the variables in this table, please refer to the data dictionary in Tab 3 and the SNF VBP Program PSR User Guide for FY 2025 on the CMS website.

¹ SNFs with fewer than 25 eligible stays during the baseline period (FY 2019) will be scored on achievement only. These SNFs will not receive a baseline period RSRR or improvement score; their PSR will contain a triple dash: "---". CMS will not publicly report the baseline period RSRR or improvement score for these SNFs.

² SNFs that did not satisfy the SNFRM's case minimum (25 or more eligible stays) in the performance period (FY 2023) are excluded from the SNF VBP Program for FY 2025. Payments to these SNFs in FY 2025 will not be affected by the SNF VBP Program; instead, these SNFs will receive their adjusted federal per diem rate. Their PSR will contain a triple dash for all rows: "---". CMS will not publicly report any data for excluded SNFs.

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SNF VBP

- Facility did not meet the minimum (25 or more eligible Part A stays) in performance year of FY2023
- Excluded from SNF VBP program for FY 2025
- Payments to facility will not be affected and no data will be publicly reported

Table 1. Your SNF's Performance in the FY 2025 SNF VBP Program	
Performance Information	FY 2025
Baseline Period Risk-Standardized Readmission Rate (RSRR) ^{1,2}	---
Performance Period RSRR ²	---
Achievement Score ²	---
Improvement Score ^{1,2}	---
Performance Score ²	---
Program Rank ²	---
Incentive Payment Multiplier ²	---

For a complete explanation of the variables in this table, please refer to the data dictionary in Tab 3 and the SNF VBP Program PSR User Guide for FY 2025 on the CMS website.

¹ SNFs with fewer than 25 eligible stays during the baseline period (FY 2019) will be scored on achievement only. These SNFs will not receive a baseline period RSRR or improvement score; their PSR will contain a triple dash: "---". CMS will not publicly report the baseline period RSRR or improvement score for these SNFs.

² SNFs that did not satisfy the SNFMRM's case minimum (25 or more eligible stays) in the performance period (FY 2025) are excluded from the SNF VBP Program for FY 2025. Payments to these SNFs in FY 2025 will not be affected by the SNF VBP Program; instead, these SNFs will receive their adjusted federal per diem rate. Their PSR will contain a triple dash for all rows: "---". CMS will not publicly report any data for excluded SNFs.

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SNF QRP



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SNF QRP Notification

Good morning,

We are reaching out to remind you of the upcoming February 18, 2025, submission deadline for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). SNF Minimum Data Set (MDS) assessment data, and Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) data, for July 1 - September 30 (Q3) of calendar year (CY) 2024 are due with this submission deadline.

All data must be submitted no later than 11:59 p.m. on February 18, 2025.

SNFs must also meet an assessment-based quality data submission requirement compliance threshold of 90%, using data submitted through the MDS.

- As of January 15, 2025, for [REDACTED]
your assessment compliance threshold is 80.00% for data submitted during Q3 of 2024.

If your facility has not yet submitted the required data but would like to, please submit and check the appropriate iQIES/or NHSN analysis reports for errors prior to the submission deadlines, to ensure that all required data is (displayed as acceptable). Detailed guidance on how to run and interpret NHSN analysis reports can be found on the CDC NHSN website at <http://www.cdc.gov/nhsn/cms/index.html>. Resources for how to access and review your SNF reports are available at the CMS QTSO website: <https://qtsos.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>.

There are several tools on the SNF QRP website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview.html> to assist with your submission.

Swingtech is contracted by CMS to provide outreach and share important reminders with providers for the IRF, LTCH, SNF, and Hospice Quality Reporting Programs.

Thank you,
The Swingtech Help Desk Team
Work performed under CMS Contract #47QRAD20D8156

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SNF QRP Notification

- Deadlines for submission of data for SNF QRP are 4.5 months after the end of data collection period (quarter)
- Compliance is now 90%
- Data must be submitted/corrected by the Final Submission Date:

Data Source	Data Collection Time Frame	Final Submission Deadline
Assessment-Based QMs	January 1 – March 31	August 15
	April 1 – June 30	November 15
	July 1 – September 30	February 15
	October 1 – December 31	May 15
Claims-Based QMs	No additional data submission required by SNFs	

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SNF QRP Notification

- SNF QRP Provider Threshold Report

iQIES Report



FY 2026 SNF QRP Provider Threshold Report

CCN
Facility Name
City/State

Report Run Date
08/05/2024
Data Collection Start Date
01/01/2024
Data Collection End Date
12/31/2024

of MDS 3.0 Assessments Submitted: 34
of MDS 3.0 Assessments Submitted Complete: 23
% of MDS 3.0 Assessments Submitted Complete: 68%*

* FY 2026 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.



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SNF QRP Notification

- MDS 3.0 Final Validation Report
 - Payment Reduction Warnings

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Record: 1                                         Accepted
Asmt_ID: [REDACTED]                               Name: [REDACTED]
Res_Int_ID: [REDACTED]                             SSN: [REDACTED]
A0200: 1                                         Medicare Num: [REDACTED]
A0300A: 0                                         A0300B: [REDACTED]
A0310A: 01                                       A0310B: 01
A0310C: [REDACTED]                               A0310D: [REDACTED]
A0310E: 1                                         A0310F: 99
A0310G: ^                                         A0310H: 0
Item Subset Code: NC                            Data Spec Version #: 3.00
XML File Name: [REDACTED]                         MDS30_env_3_2901_24828.xml

MDS 3.0 Item(s):
Item Values:
Message Number:
Message:
K0200B
-
-3897      WARNING
Payment Reduction Warning: If A0310B
equals 01 or 08, then a dash (-)
submitted in this quality measure item
may result in a payment reduction for
your facility of two percentage points
for the affected payment determination.

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SNF QRP Notification

- MDS 3.0 Final Validation Report
 - Payment Reduction Warnings
- MDS 3.0 NH Error Detail Report
 - Error Numbers indicating a “Payment Reduction Warning”
 - 3891 – Discharge Goal not Identified on 5-day assessment
 - 3897 – Payment Reduction Warning indicating a dash in required areas on the MDS for 5-day PPS assessments
 - 3908 – Payment Reduction Warning indicating a dash in required areas on a PPS Discharge assessment

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SNF QRP Notification

- MDS 3.0 NH Detail Error Report
 - Payment Reduction Warnings

MDS 3.0 NH Error Detail Report

iQIES Report

Error Number	Error Type	Error Message
-3897	Warning	Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.
02/15/2024	315801152	B0200, B1000, B1300, C0100, C0200, C0290A, C0300A, C0300C, C0500, C1310A, C1310B, C1310C, C1310D, D0150A1, D0150B1, D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0150I1, D0700, GG0170G1, J0510, J0520, J0530
02/15/2024	315801250	O0110H10A
03/21/2024	317746351	B0200, B1000, B1300, C0100, C0200, C0300A, C0300B, C0300C, C0500, C1310A, C1310B, C1310C, C1310D, D0150A1, D0150B1, D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0700, GG0170G1, GG0170H1, GG0170J1, GG0170K1, GG0170L1, GG0170M1, GG0170N1, GG0170O1, J0510, J0520, J0530
07/09/2024	323760517	C0100, C0200, C0300A, C0300B, C0300C, C0500, C1310A, C1310B, C1310D, D0150A1, D0150B1, D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0700, J0510, J0520, J0530
07/09/2024	323760543	C0100, C0200, C0300A, C0300B, C0300C, C0500, D0150A1, D0150B1, D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, GG0170A1, GG0170B1, GG0170C1, GG0170D1, GG0170G1, GG0170H1, GG0170I1, GG0170J1, GG0170K1, GG0170L1, GG0170M1, GG0170N1, GG0170O1, GG0170P1, J0510, J0520, M0300B1, M0300C1, M0300D1, M0300E1, M0300F1, M0300G1

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SNF QRP Compliance

- Effective January 1, 2024, facilities have to meet compliance thresholds for 2 measures for Quality Reporting:
 - Annual MDS submission threshold
 - 90% of submitted MDS assessments with 100% of required SNF QRP data elements
 - NHSN data submission requirement for COVID-19 Vaccination
 - Submission of all required data elements for a minimum of one week per month each quarter
 - NHSN compliance rate is 100%

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Indiana Total Quality Score



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Indiana Total Quality Score

- Total Quality Score (TQS) & associated Quality Add-On will be calculated each January 1st and July 1st and remain in effect for the succeeding 6-month rate period.
 - <https://data.cms.gov/provider-data/>
- NO Quality Rate Add-On component in the base rate after July 1, 2027.
 - TQS will be utilized solely for UPL purposes.

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Indiana Total Quality Score

- Total Quality Score
 - For MDS and CMS Measures
 - Four quarter average percentage for each measure
 - For Nursing Staffing Ratio
 - Total reported nurse staffing hours per resident day (RN/LPN/CNA hours)
 - Plus, respiratory therapy hours (PBJ code 24 & 25)
 - Divided by case-mix (expected) total nurse staffing hours per resident day

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Indiana Total Quality Score

TOTAL POSSIBLE POINTS	7/1/2023	7/1/2024
Current Eight Long Stay Measures	60	
Long Stay Measure – High-Risk Pressure Ulcers		100
Long Stay Measure – Falls with Major Injury		100
Long Stay Measure – Hospitalizations		150
Long Stay Measure – Emergency Room Visits		150
Nursing Home Health Survey	25	
PBJ Staffing Nursing Ratio	15	125
Total	100	625

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Indiana Total Quality Score

- MDS Measures will be reflective of a 4-quarter average as reflected on your January 5-Star report
 - 2023 Q4 thru 2024 Q3

MDS Long-Stay Measures	2023Q4	2024Q1	2024Q2	2024Q3	4Q avg	Rating Points
<i>Lower percentages are better.</i>						
Percentage of residents experiencing one or more falls with major injury	0.0%	0.0%	2.3%	2.2%	1.1%	100
Percentage of residents with pressure ulcers	2.2%	5.9%	5.3%	2.1%	3.9%	80

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Indiana Total Quality Score

- Claims-Based Long-Stay Hospitalizations and ED Visits
- Based on dates of July 1, 2023 thru June 30, 2024

Claims-Based Long-Stay Measures	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points
<i>Lower rates are better. The time period for data used in reporting is 7/1/2023 through 6/30/2024.</i>				
Number of hospitalizations per 1,000 long-stay resident days ¹	1.28	2.05	1.11	120
Number of emergency department visits per 1,000 long-stay resident days ¹	1.76	2.08	1.40	75



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Indiana Total Quality Score

- Total Quality Score

Quality Measures	Domain	Percentile Universe	Minimum Performance Percentile	Maximum Performance Percentile	Total Available Points
Percentage of long-stay residents experiencing one or more falls with major injury (MC 410)	MDS	National	0.40	0.90	100.00
Percentage of high risk long-stay residents with pressure ulcers (MC 453)	MDS	National	0.40	0.90	100.00
Number of hospitalizations per 1000 long-stay resident days (MC 551)	Claims	National	0.40	0.90	150.00
Number of outpatient emergency department visits per 1000 long stay residents (MC 552)	Claims	National	0.40	0.90	150.00
Total Nurse Staffing Ratio	Staffing	Indiana	0.40	0.90	125.00

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Total Quality Score 7/1/2024

Quality Measure Cut Point Values							
Quality Metric	Domain	Quality Direction	Percentile Universe	Minimum Performance Percentile	Maximum Performance Percentile	Total Available Points	Statewide Average Measure Points
Percentage of long-stay residents experiencing one or more falls with major injury (Measure Code 410)	MDS Based Measure	Lower	National	3.54331	0.54995	100	23.97967
Percentage of high risk long-stay residents with pressure ulcers (Measure Code 453)	MDS Based Measure	Lower	National	8.28026	2.57682	100	41.72237
Number of hospitalizations per 1000 long-stay resident days (Measure Code 551)	Claims Based Measure	Lower	National	1.99787	0.86764	150	57.86368
Number of outpatient emergency department visits per 1000 long-stay resident days (Measure Code 552)	Claims Based Measure	Lower	National	1.21096	0.40884	150	48.45753
Total nurse staffing ratio	Staffing	Higher	Indiana	0.99688	1.33834	125	
Total Quality Points Available						625	

*Published by M&S – 2024-07-01-Nursing Facility Total Quality Score Summary & Support

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MDS 3.0 Changes

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MDS 3.0

- Draft MDS 3.0 Version 1.20.1
- Effective October 1, 2025
- Major changes
 - Section O: Therapy Services
 - Altered to allow for coding of Medicare Part A services
 - Section R: Health Related Social Needs
 - Information to be collected only on 5-day PPS assessments
 - Collection of information on 1 updated and 4 new items beginning October 1, 2025 for FY2027 SNF QRP use addressing:
 - Housing Instability
 - 2 items on food insecurity
 - Utility assistance
 - Transportation

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MDS 3.0 Updates – Section O

- O0390. Therapy Services and O0400. Therapies

Section O - Special Treatments, Procedures, and Programs

O0390. Therapy Services

Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days

↓ Check all that apply

- A. Speech-Language Pathology and Audiology Services
- B. Occupational Therapy
- C. Physical Therapy
- D. Respiratory Therapy
- E. Psychological Therapy
- Z. None of the above

O0400. Therapies

Complete only if O0390D is checked

D. Respiratory Therapy

Enter Number of Days

2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days

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MDS 3.0 Updates – Section O

- O0425 Part A Therapies – Completed with PPS Discharge Assessments
 - Speech-Language and Audiology Services

O0425. Part A Therapies

Complete only if A0310H = 1

Enter Number of Minutes

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Enter Number of Minutes

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Enter Number of Minutes

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A. Speech-Language Pathology and Audiology Services

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy

4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)



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MDS 3.0 Updates – Section O

- O0425 Part A Therapies
 - Occupational Therapy

B. Occupational Therapy

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy

4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)



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MDS 3.0 Updates – Section O

- O0425 Part A Therapies
 - Physical Therapy

C. Physical Therapy

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy

Enter Number of Minutes

Enter Number of Days

4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

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MDS 3.0 Updates – Section O

- O0430. Distinct Calendar Days of Part A Therapy
 - Completed with PPS Discharge Assessments

O0430. Distinct Calendar Days of Part A Therapy

Complete only if A0310H = 1

Enter Number of Days

Record the number of **calendar days** that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

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MDS 3.0 Updates – Section R

- Living Situation
 - R0310 What is your living situation today?

Section R - Health-Related Social Needs

Complete only if A0310B = 01 and A2300 minus A1900 is less than 366 days.

R0310. Living Situation

Enter Code

What is your living situation today?

0. I have a steady place to live
1. I have a place to live today, but *I am worried* about losing it in the future
2. I do not have a steady place to live
7. Resident declines to respond
8. Resident unable to respond

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MDS 3.0 Updates – Section R

- Food
 - R0320A Within the past 12 months, you worried that your food would run out before you got money to buy more.
 - R0320B Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

R0320. Food

Enter Code

A. Within the past 12 months, you worried that your food would run out before you got money to buy more.

0. Often true → Skip to R0330, Utilities
1. Sometimes true → Skip to R0330, Utilities
2. Never true
7. Resident declines to respond
8. Resident unable to respond

Enter Code

B. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

0. Often true
1. Sometimes true
2. Never true
7. Resident declines to respond
8. Resident unable to respond

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MDS 3.0 Updates – Section R

- Utilities

- R0330 In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?

R0330. Utilities

Enter Code

In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

0. Yes
1. No
2. Already shut off
7. Resident declines to respond
8. Resident unable to respond

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MDS 3.0 Updates – Section R

- SNF Quality Reporting Program

- Modification of Transportation Item beginning October 1, 2025
- Removal from Section A
- Revise look-back period and simplification of responses
- R0340 In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

R0340. Transportation

Enter Code

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, or work or from getting things needed for daily living?

0. Yes
1. No
7. Resident declines to respond
8. Resident unable to respond

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Thank You!

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