

MDS 3.0 Quality Measures USER'S MANUAL

APPENDIX A

Quality Measure Identification Number by CMS Reporting Module

Effective: October 1, 2020

Quality Measure Identification Number by CMS Reporting Module V1.8

The table below documents CMS quality measures (QM) calculated using MDS 3.0 data and reported in a CMS reporting module. A unique CMS identification number (ID) is specified for each QM. The table serves two purposes:

- The table indicates which QMs are associated with a CMS reporting module.
- The table documents the CMS ID—the link to QM specification detail in the CMS’ *MDS QM User’s Manual*. As various QM specifications are revised, the QM is given a new CMS ID and the older QM logical version (i.e., CMS ID) is retained. This allows for the possibility of a transition period when more than one version of the same QM can be reported simultaneously across reporting modules (e.g., a MDS 3.0 item set update). The National Quality Forum (NQF) identification number is included for reference.

The following CMS reporting modules are included:

CASPER Reporting Quality Measure Reports contain quality measure information at the national, state, facility and resident level for a single reporting period. Users are able to specify the reporting time frame. State and National comparison group data are calculated monthly on the first day of the month. Data calculation is delayed by two months in order to allow for submission of late and corrected assessments. Comparison data are not recalculated if assessments with target dates that fall in periods for which comparison group data were already calculated. Quality Measure data are calculated weekly for the assessments accepted into the national database since the previous week’s data calculation.

Note: Quality measure reports available to facilities through CMS’s CASPER reporting system are also available to State Surveyors.

Nursing Home Compare (NHC), CMS’ website contains quality measure information (as well as other details) for Medicare and Medicaid-certified US nursing homes. (Note: information for those nursing homes reporting less than 20 residents for both short stay and long stay quality measures for the reporting period is not included.). The QM information is updated and posted quarterly. NHC reports the average adjusted QM values across the most recent four quarters.

Five-Star Quality Rating System contains information on health inspections, staffing and quality measures. QMs are updated and posted quarterly. The Five Star module reports the weighted average adjusted QM values across the most recent four quarters.

Facility and Resident Quality Measure Preview Reports, available in the facility’s shared folders on CMS’ QIES website, display the quarterly numerator, denominator and reported percent values for each of the publicly reported MDS 3.0 quality measures and also displays the list of residents who triggered one or more of the publicly reported MDS 3.0 Quality Measures. The preview reports allow the provider to see their measure percent values prior to being posted on the Nursing Home Compare website. The preview reports indicate the

measure values for the most recent quarter (i.e., the QM value is based on a one quarter look back period). The quality measure data correspond with the NHC reporting cycle.

QMs by CMS Reporting Module—Column Headers

Quality Measure Label: A brief definition of the quality measure. The label refers to the one sentence definition of the QM as reported in the MDS 3.0 QM User’s Manual. The QM label wording may not be identical across reporting modules. The User should refer to the CMS ID for QM cross-reference among reporting modules.

Short or Long Stay: Refers to the nursing home (NH) population used to calculate the quality measure. The short stay quality measure specifications are based on NH residents whose episode is less than or equal to 100 cumulative days in the nursing home at the end of the target period. The long stay quality measure specifications are based on NH residents whose episode is greater than or equal to 101 cumulative days in the NH at of the end of the target period.

CMS ID: the unique CMS identification number depicted as

S = provider type (N = Nursing Home)
nnn = three-digit QM ID
vv = logic version number for a QM (e.g., 01, 02, 03)

Examples of incrementing the CMS ID:

N123.01 – first logic version of the nursing home measure 123
N123.02– second logic version of nursing home measure 123

NQF ID: Specifies the National Quality Forum QM identification number for those QM endorsed by NQF. For further details refer to the National Quality Forum website:
<https://www.qualityforum.org/qps/>

Effective Date: Specifies the date the QM was first implemented (i.e., effective).

CASPER: Certification and Survey Provider Enhanced Reports (CASPER) Quality Measure Reports. For further details refer to references and manuals page of the QIES Technical Support Office website: <https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>

NHC: CMS’ Nursing Home Compare website contains detailed information about all Medicare and Medicaid-certified nursing homes in the US, including quality measures. For further details refer to the Nursing Home Compare website:
<https://www.medicare.gov/NursingHomeCompare/search.aspx?bhcp=1>

Five-Star: CMS’ Five-Star Quality Rating System contains information on health inspections, staffing and quality measures. For further details see the Nursing Home Compare Five-Star Quality Rating System Technical Users’ Guide: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/cutpointstable.pdf>

Provider Preview: Facility and Resident Quality Measure Preview Reports. For further details refer to the QIES Technical Support Office website: <https://qtso.cms.gov/>

Specifications for all CMS ID quality measures are contained in Chapter 2 of this user's manual.

Table A-1: Quality Measures (QMs) by CMS Reporting Module – Short Stay

Quality Measure (QM) Label	CMS ID	NQF ID	Effective Date	CASPER ²⁹	NHC	Five-Star	Provider Preview
SHORT STAY QMs							
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	S038.02	NA	10/1/20	YES	YES	YES	YES
Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine	N003.03	0680	10/1/12	NO	YES	NO	YES
Percent of Residents Who Received the Seasonal Influenza Vaccine	N004.03	0680A	10/1/12	NO	NO	NO	YES
Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine	N005.03	0680B	10/1/12	NO	NO	NO	YES
Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine	N006.03	0680C	10/1/12	NO	NO	NO	YES
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine	N007.02	0682 (with-drawn)	10/1/12	NO	YES	NO	YES
Percent of Residents Who Received the Pneumococcal Vaccine	N008.02	0682A (with-drawn)	10/1/12	NO	NO	NO	YES

²⁹ The quality measure reports available to facilities through CASPER are also available to State Surveyors.

Quality Measure (QM) Label	CMS ID	NQF ID	Effective Date	CASPER²⁹	NHC	Five-Star	Provider Preview
SHORT STAY QMs							
Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine	N009.02	0682B (with-drawn)	10/1/12	NO	NO	NO	YES
Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine	N010.02	0682C (with-drawn)	10/1/12	NO	NO	NO	YES
Percent of Residents Who Newly Received an Antipsychotic Medication	N011.02	NA	4/1/12	YES	YES	YES	YES
Percentage of Residents Who Made Improvements in Function	N037.03	NA	10/1/16	YES	YES	YES	YES

Table A-2: Quality Measures (QMs) by CMS Reporting Module – Long Stay

Quality Measure (QM) Label	CMS ID	NQF ID	Effective Date	CASPER³⁰	NHC	Five-Star	Provider Preview
LONG STAY QMs							
Percent of Residents Experiencing One or More Falls with Major Injury	N013.02	0674	10/1/10	YES	YES	YES	YES
Percent of High-Risk Residents with Pressure Ulcers	N015.03	0679	10/1/18	YES	YES	YES	YES
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	N016.03	0681	10/1/10	NO	YES	NO	YES
Percent of Residents Who Received the Seasonal Influenza Vaccine	N017.03	0681A	10/1/10	NO	NO	NO	YES
Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine	N018.03	0681B	10/1/10	NO	NO	NO	YES
Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine	N019.03	0681C	10/1/10	NO	NO	NO	YES
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine	N020.02	0683 (with-drawn)	10/1/10	NO	YES	NO	YES

³⁰ The quality measure reports available to facilities through CASPER are also available to State Surveyors.

Quality Measure (QM) Label	CMS ID	NQF ID	Effective Date	CASPER ³⁰	NHC	Five-Star	Provider Preview
LONG STAY QMs							
Percent of Residents Who Received the Pneumococcal Vaccine	N021.02	0683A (with-drawn)	10/1/10	NO	NO	NO	YES
Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine	N022.02	0683B (with-drawn)	10/1/10	NO	NO	NO	YES
Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine	N023.02	0683C (with-drawn)	10/1/10	NO	NO	NO	YES
Percent of Residents with a Urinary Tract Infection	N024.02	0684	10/1/10	YES	YES	YES	YES
Percent of Low Risk Residents Who Lose Control of Their Bowels or Bladder	N025.02	0685 (with-drawn)	10/1/10	YES	YES	NO	YES
Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder	N026.03	0686	10/1/10	YES	YES	YES	YES
Percent of Residents Who Were Physically Restrained	N027.02	0687	10/1/10	YES	YES	NO	YES
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased	N028.02	0688	10/1/10	YES	YES	YES	YES
Percent of Residents Who Lose Too Much Weight	N029.02	0689	10/1/10	YES	YES	NO	YES

Quality Measure (QM) Label	CMS ID	NQF ID	Effective Date	CASPER³⁰	NHC	Five-Star	Provider Preview
LONG STAY QMs							
Percent of Residents Who Have Depressive Symptoms	N030.02	0690 (with-drawn)	10/1/10	YES	YES	NO	YES
Percent of Residents Who Received an Antipsychotic Medication	N031.03	NA	4/1/12	YES	YES	YES	YES
Percent of Residents Who Have Had a Fall	N032.02	NA	10/1/10	YES	NO	NO	NO
Percent of residents who used Antianxiety or Hypnotic Medication without a Psychotic or Related Condition	N033.02	NA	10/1/10	YES	NO	NO	NO
Percent of Residents Who Have Behavior Symptoms Affecting Others	N034.02	NA	10/1/10	YES	NO	NO	NO
Percent of Residents Whose Ability to Move Independently Worsened	N035.03	NA	10/1/16	YES	YES	YES	YES
Percent of Residents Who Used Antianxiety or Hypnotic Medication	N036.02	NA	4/27/16	YES	YES	NO	YES