Managing Reimbursement and Quality Measures
Additional Handouts
September 2025

Table A2
Ranges for Point Values for Staffing Measures[1]

Staffing Measure	Points	Min	Max
Adjusted RN Staffing (Hours per Resident per Day)	**100**	1.202	Or higher
	90	0.934	1.201
	80	0.786	0.933
	70	0.678	0.785
	60	0.591	0.677
	50	0.513	0.590
	40	0.440	0.512
	30	0.368	0.439
	20	0.275	0.367
	10	0.000	0.274
Adjusted Total Nurse Staffing (Hours per Resident per Day)	**100**	5.070	Or higher
5	**90**	4.499	5.069
	80	4.151	4.498
4	**70**	3.910	4.150
	60	3.692	3.909
3	**50**	3.493	3.691
	40	3.293	3.492
2	**30**	3.051	3.292
	20	2.722	3.050
0	**10**	0.000	2.721
Adjusted Total Nurse Staffing on weekends (Hours per Resident per Day)	**50**	4.464	Or higher
	45	3.958	4.463
	40	3.668	3.957
	35	3.429	3.667
	30	3.233	3.428
	25	3.044	3.232
	20	2.862	3.043
	15	2.637	2.861
	10	2.354	2.636
	5	0.000	2.353

Ohio Quality Incentive Program

- 4.499 +
- 3.910 – 4.498
- 3.493 – 3.909
- 3.051 – 3.492
- 3.050 or lower

Staffing Measure	Points	Min	Max
RN Turnover (%)	**50**	0.000	20.000
	45	20.001	28.571
	40	28.572	35.714
	35	35.715	41.667
	30	41.668	44.444
	25	44.445	52.941
	20	52.942	60.000
	15	60.001	66.667
	10	66.668	80.000
	5	80.001	100.000
Total Nurse Turnover (%)	**50**	0.000	31.126
	45	31.127	37.500
	40	37.501	41.739
	35	41.740	45.679
	30	45.680	49.254
	25	49.255	53.425
	20	53.426	57.692
	15	57.693	62.791
	10	62.792	69.792
	5	69.793	100.000
Number of Administrator Departures	**30**	0	0
	25	1	1
	10	2	Or more

[1]Cut points for the staffing level measures were originally set based on deciles of case-mix adjusted staffing for 2022Q1.Cut points for the total nurse and RN turnover measures were originally set based on deciles of turnover levels for calendar year 2021. The cut points were changed in July 2024 to ensure that the distributions by points were not affected by the new staffing case-mix adjustment methodology or the 90-day gap for turnover calculations.

Table A3
Ranges for Point Values for Quality Measures, Using Four Quarter Average Distributions[1]

Quality Measure	Points	Min	Max
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened (short-stay)	**100**	0.0000	0.0000
	80	0.0001	0.0219
	60	0.0220	0.0395
	40	0.0396	0.0647
	20	0.0648	1.0000
Rate of successful return to home and community from a SNF (short-stay)	**150**	0.6336	1.0000
	135	0.5976	0.6335
	120	0.5697	0.5975
	105	0.5453	0.5696
	90	0.5173	0.5452
	75	0.4917	0.5172
	60	0.4609	0.4916
	45	0.4262	0.4608
	30	0.3763	0.4261
	15	0.0000	0.3762
Percentage of residents whose need for help with daily activities has increased (long-stay) Ohio Medicaid Quality Incentive Program	7.5 **150**	0.0000	*0.0662*
	6.75 **135**	*0.0663*	*0.0966*
	6.0 **120**	*0.0967*	*0.1220*
	5.25 **105**	*0.1221*	*0.1463*
	4.5 **90**	*0.1464*	*0.1702*
	3.75 **75**	*0.1703*	*0.1961*
	3.0 **60**	*0.1962*	*0.2245*
	2.25 **45**	*0.2246*	*0.2574*
	1.5 **30**	*0.2575*	*0.3019*
	ϕ **15**	*0.3020*	1.0000
Percentage of residents who have/had a catheter inserted and left in their bladder (long-stay) Ohio Medicaid Quality Incentive Program	5 **100**	0.0000	0.0050
	4 **80**	0.0051	0.0126
	3 **60**	0.0127	0.0217
	2 **40**	0.0218	0.0356
	ϕ **20**	0.0357	1.0000

Quality Measure	Points	Min	Max
Percentage of residents with a urinary tract infection (long-stay) Ohio Medicaid Quality Incentive Program	5 **100**	0.0000	0.0070
	4 **80**	0.0071	0.0160
	3 **60**	0.0161	0.0272
	2 **40**	0.0273	0.0452
	~~0~~ **20**	0.0453	1.0000
Percentage of residents experiencing one or more falls with major injury (long-stay) Ohio Medicaid Quality Incentive Program	5 **100**	0.0000	0.0134
	4 **80**	0.0135	0.0246
	3 **60**	0.0247	0.0356
	2 **40**	0.0357	0.0514
	~~0~~ **20**	0.0515	1.0000
Percentage of residents who got an antipsychotic medication (long-stay) Ohio Medicaid Quality Incentive Program	7.5 **150**	0.0000	0.0478
	6.75 **135**	0.0479	0.0749
	6.0 **120**	0.0750	0.0960
	5.25 **105**	0.0961	0.1137
	4.5 **90**	0.1138	0.1321
	3.75 **75**	0.1322	0.1508
	3.0 **60**	0.1509	0.1746
	2.25 **45**	0.1747	0.2039
	1.5 **30**	0.2040	0.2538
	~~0~~ **15**	0.2539	1.0000
Percentage of residents who got antipsychotic medication for the first time (short-stay)	**100**	0.0000	0.0000
	80	0.0001	0.0096
	60	0.0097	0.0168
	40	0.0169	0.0289
	20	0.0290	1.0000
Percentage of residents whose ability to *walk* independently worsened (long-stay) Ohio Medicaid Quality Incentive Program	7.5 **150**	0.0000	*0.0830*
	6.75 **135**	*0.0831*	*0.1235*
	6.0 **120**	*0.1236*	*0.1559*
	5.25 **105**	*0.1560*	*0.1866*
	4.5 **90**	*0.1867*	*0.2168*
	3.75 **75**	*0.2169*	*0.2491*
	3.0 **60**	*0.2492*	*0.2845*
	2.25 **45**	*0.2846*	*0.3286*
	1.5 **30**	*0.3287*	*0.3904*
	~~0~~ **15**	*0.3905*	1.0000

Quality Measure	Points	Min	Max
Percentage of residents with pressure ulcers (long-stay) Ohio Medicaid Quality Incentive Program	5 **100**	0.0000	*0.0288*
	4 **80**	*0.0289*	*0.0445*
	3 **60**	*0.0446*	*0.0597*
	2 **40**	*0.0598*	*0.0797*
	~~0~~ **20**	*0.0798*	1.0000
Percentage of *SNF residents who are at or above an expected ability to care for themselves and move around at discharge* (short-stay)	**150**	*0.7074*	1.0000
	135	*0.6480*	*0.7073*
	120	*0.6035*	*0.6479*
	105	*0.5661*	*0.6034*
	90	*0.5301*	*0.5660*
	75	*0.4931*	*0.5300*
	60	*0.4498*	*0.4930*
	45	*0.3995*	*0.4497*
	30	*0.3309*	*0.3994*
	15	0.0000	*0.3308*
Percentage of short-stay residents who were re-hospitalized after a nursing home admission (short-stay)	**150**	0.0000	0.1378
	135	0.1379	0.1646
	120	0.1647	0.1816
	105	0.1817	0.1957
	90	0.1958	0.2093
	75	0.2094	0.2228
	60	0.2229	0.2375
	45	0.2376	0.2537
	30	0.2538	0.2821
	15	0.2822	1.0000
Percentage of short-stay residents who have had an outpatient emergency department (ED) visit (short-stay)	**150**	0.0000	0.0443
	135	0.0444	0.0599
	120	0.0600	0.0712
	105	0.0713	0.0821
	90	0.0822	0.0925
	75	0.0926	0.1042
	60	0.1043	0.1167
	45	0.1168	0.1340
	30	0.1341	0.1592
	15	0.1593	1.0000

Quality Measure	Points	Min	Max
Number of hospitalizations per 1,000 resident days (long-stay)	**150**	0.0000	0.7218
	135	0.7219	0.9584
	120	0.9585	1.1208
	105	1.1209	1.2828
	90	1.2829	1.4374
	75	1.4375	1.5902
	60	1.5903	1.7676
	45	1.7677	1.9878
	30	1.9879	2.3333
	15	2.3334	1000.000
Number of outpatient emergency department (ED) visits per 1,000 resident days (long-stay)	**150**	0.0000	0.4814
	135	0.4815	0.6845
	120	0.6846	0.8504
	105	0.8505	1.0110
	90	1.0111	1.1925
	75	1.1926	1.4046
	60	1.4047	1.6529
	45	1.6530	1.9703
	30	1.9704	2.5513
	15	2.5514	1000.000

[1] Cut points for the hospitalization and ED visit measures were originally set based on deciles using data from 2017Q4-2018Q3. The cut-points were changed in July 2024 to ensure that the distribution by points was not affected by changes to the risk-adjustment models for the claims-based measures. *Cut points for the long-stay ADL, long-stay mobility decline, and long-stay pressure ulcer measures are based on data from 2023Q4-2024Q3. Cut points for the short-stay discharge function score measure are based on data from 2023Q2-2024Q1.* Cut points for the short-stay pressure ulcer/pressure injury measure are based on data from 2019Q1–2019Q4. For all other MDS-based measures, cut points are based on data from 2017Q4–2018Q3. For the successful return to home and community from a SNF measure, points are based on data from 2016Q4 through 2017Q3.

Having a greater number of QM points corresponds to better performance. More points are awarded for having a lower QM rate for all measures except functional improvement and successful community discharge where higher rates correspond to better performance.

Resident Name: _____ ARD: _____

Section GG – Record how section GG is coded on this MDS and how it was coded on the previous MDS that is at least 46 days ago for the following items:

GG Item	Current MDS	Prior MDS (ARD: _____)
Eating	_____	_____
Sitting to Lying	_____	_____
Sit to Stand	_____	_____
Toilet Transfer	_____	_____
Walk 10 Feet	_____	_____

If any of the above have declined, calculate the date 46 days from this ARD: _____

Monitor the resident to see if they return to their previous level. If so, schedule a new MDS immediately. If not, schedule one for day 46 indicated above.

Section H – Is there an indwelling catheter? _____

If yes, is there a diagnosis of Neurogenic bladder or Obstructive Uropathy? _____

If no, monitor for removal of catheter and schedule a new assessment 8 days later.

Section I – Is there a UTI? _____ If yes, date of the physician diagnosis/tool completion_____

Schedule a new MDS for day 31 after the physician diagnosis/surveillance tool completion date.

Section J – Is there a fall with major injury? _____ If yes describe the injury: _____

If yes, provide date in 276 days: _____ Schedule a new MDS on that date.

Section M - Is there a pressure ulcer? _____ If yes, please circle all that apply:

Stage 2 Stage 3 Stage 4 Unstageable

Monitor resident and schedule a new MDS as soon as pressure ulcer is completely healed.

Section N – Is there an antipsychotic med coded? _____

If yes, does the resident have Huntington's, Tourette's or Schizophrenia? _____

If no, monitor for any 7-day period where the antipsychotic is not used and schedule an MDS on day 7

PDPM Nursing 1st Tier Category Overview

Extensive Services: **Function Score = 14 or lower and any of the following while a resident:**
Vent, trach or infectious isolation

Special Care High: **Function Score = 14 or lower and any of the following:**
Comatose and ADL dependent or did not occur
Septicemia
Diabetes w/daily insulin injections and order changes x 2 days
Quadriplegia w/function score = 11 or lower
COPD w/SOB when lying flat
Fever with pneumonia, vomiting, weight loss or tube feeding (with specific intake requirements)
Parenteral/IV feedings
Respiratory therapy 7 days

Special Care Low: **Function Score = 14 or lower and any of the following:**
Cerebral Palsy, MS or Parkinson's disease with a function score = 11 or lower
Respiratory failure and oxygen therapy while a resident
Feeding tube with specific intake requirements
The following skin problems combined with 2 or more skin treatments:
2 or more stage 2 pressure ulcers **OR** stage 3, stage 4 or unstageable due to slough or eschar **OR**
2 or more venous ulcers **OR** stage 2 pressure ulcer with (1) venous/arterial ulcer
Foot infection, diabetic foot ulcer, or other open lesion of foot with dressings
Radiation therapy **OR** dialysis while a resident

Clinically Complex: **Includes any of the following:**
Residents with Extensive Services, Special Care High or Special Care Low criteria with function score >14
Pneumonia
Surgical wounds or open lesion with treatment
Burns
Hemiplegia or hemiparesis with function score = 11 or lower
Chemotherapy, Oxygen, IV Meds or Transfusions while a resident

Behavioral Symptoms and Cognition: **Function Score = 11-16 and any of the following:**
Cognitive Impairment (BIMS < or = 9, or CPS > or = 3)
Hallucinations or delusions
Any of the following occurred at least 4 out of the last seven days:
Physical behavioral symptoms toward others, verbal behavioral symptoms toward others, other behavioral symptoms toward others, rejection of care **OR** wandering

Reduced Physical Function:
Anyone who doesn't meet any of the above conditions.

Appendices

Table A1
PDPM Nursing Case-Mix Indexes by Nursing CMG

Nursing CMG	Nursing CMI
ES3	3.84
ES2	2.90
ES1	2.77
HDE2	2.27
HDE1	1.88
HBC2	2.12
HBC1	1.76
LDE2	1.97
LDE1	1.64
LBC2	1.63
LBC1	1.35
CDE2	1.77
CDE1	1.53
CBC2	1.47
CA2	1.03
CBC1	1.27
CA1	0.89
BAB2	0.98
BAB1	0.94
PDE2	1.48
PDE1	1.39
PBC2	1.15
PA2	0.67
PBC1	1.07
PA1	0.62

Source: Fiscal Year 2024 SNF PPS Final Rule (https://www.federalregister.gov/documents/2023/08/07/2023-16249/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities)

Resident Name: Admit date: ARD: HIPPS Code:

PT/OT Case Mix Group: _____

Primary Reason for the SNF Stay: _____

Is this supported by the care plan and documentation?

Is this the most appropriate diagnosis?

Major Surgery Requiring Active Skilled Care? Y N

If yes, is the surgery related to the primary reason for the SNF stay?

If yes, is there supporting documentation?

Therapy function Score: _____ Is there supporting documentation?

SLP Case Mix Group: _____

BIMS: _____ Acute Neuro? Y or N SLP Comorbidity(ies)? Y or N list: _____

K0100 symptoms? Y or N Mechanically Altered Diet? Y or N If yes, reason: _____

Is supporting documentation present for any "yes" answers?

NURSING Case Mix group: _____ Function score: _____ PHQ9©: _____

What is the clinical qualifier(s) that generated the assignment? _____

Is this the appropriate category?

Is there supporting documentation?

NTAs Case Mix Group: _____

NTA points: _____ list the NTA diagnoses/conditions: _____

_____

Height: _____ Weight: _____ BMI: _____ _____

Is there supporting documentation?

Should anything else have been captured?

MISC

Was there an interrupted stay?

Was there any reason to complete an IPA?

SUMMARY OF FINDINGS: _____

_____

_____

_____

_____

_____

Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2027 Annual Payment Update (APU) Determination

The Centers for Medicare & Medicaid Services' (CMS) Skilled Nursing Facility Quality Reporting Program (SNF QRP) requires SNFs to submit quality measure and standardized resident assessment data elements to CMS. For a given data submission period, the Minimum Data Set (MDS) assessments submitted by a SNF must meet the Annual Payment Update (APU) minimum data completion threshold of not less than 90 percent of the assessments having 100 percent completion of the required data elements. These are the standardized patient assessment data elements and the data elements needed to calculate the SNF QRP quality measures. Successful assessment completion means that the assessment does not contain non-informative responses, i.e., "dash" (–) for required data elements. **Please note that while the coding of a "dash" is an optional response value for many of the data elements listed in this table, its use does not count toward meeting the APU minimum data completion threshold.** Failure to meet the minimum threshold may result in a two (2) percentage point reduction in the SNF's APU.

Below is a table indicating the MDS data elements that are used in determining the APU minimum data completion threshold for the for the FY 2027 SNF QRP determination. There are two columns under "Data Collection Periods (CY 2025)" provide the data elements for the current and next version of the MDS, and reflect the appropriate reporting periods:

(1) The MDS 3.0 Version 1.19.1 (effective October 1, 2024) is used for the Calendar Year (CY) Q1 – Q3 2025 (January 1, 2025 – September 30, 2025) data collection reporting period.

(2) The MDS 3.0 Version 1.20.1 (effective October 1, 2025) is used for the CY Q4 2025 (October – December 2025) data collection reporting period.^

An "X" in the table below indicates the valid assessment type and data collection reporting periods. For detailed measure specifications, please refer to the documents listed under "References" below.

Note: This table is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU data completion threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. Failure to submit all data elements used to calculate and risk adjust a quality measure can affect your SNF's quality measure calculations that are displayed on the Compare website.

References:
FY 2025 SNF PPS Final Rule (89 FR 64048) on the List of SNF Federal Regulations webpage.

SNF QRP QM User's Manual v6.0: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html

Final Specifications for SNF QRP quality measures and standardized patient assessment data elements: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Downloads-and-Videos.html

MDS 3.0 RAI Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

^References for CY Q4 2025 data collection reporting period will be posted in early 2025, and SNFs will be notified at that time. Information will be posted in the **Downloads** on the SNF QRP Measures and Technical Information webpage and the MDS 3.0 RAI Manual webpage.

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
A1005*	Ethnicity	X		X	X
A1010*	Race	X		X	X
A1110A	Language: What is your preferred language?	X		X	X
A1110B	Language: Need or want an interpreter to communicate with a doctor or health care staff?	X		X	X
A1250	Transportation	X	X	X	
A2105*	Discharge Status		X	X	X
A2121*	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		X	X	X
A2122*	Route of Current Reconciled Medication List Transmission to Subsequent Provider		X	X	X
A2123*	Provision of Current Reconciled Medication List to Resident at Discharge		X	X	X
A2124*	Route of Current Reconciled Medication List Transmission to Patient		X	X	X
B0200	Hearing	X		X	X
B1000	Vision	X		X	X
B1300	Health Literacy	X	X	X	X
C0100	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	X	X	X	X
C0200	Repetition of Three Words	X	X	X	X
C0300A	Temporal Orientation: Able to report correct year	X	X	X	X
C0300B	Temporal Orientation: Able to report correct month	X	X	X	X
C0300C	Temporal Orientation: Able to report correct day of the week	X	X	X	X
C0500	BIMS Summary Score	X	X	X	X
C1310A	Signs and Symptoms of Delirium (from CAM ©): Acute Onset Mental Status Change	X	X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
C1310B	Signs and Symptoms of Delirium (from CAM ©): Inattention	X	X	X	X
C1310C	Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking	X	X	X	X
C1310D	Signs and Symptoms of Delirium (from CAM ©): Altered Level of Consciousness	X	X	X	X
D0150A1	Symptom Presence: Little interest or pleasure in doing things	X	X	X	X
D0150A2	Symptom Frequency: Little interest or pleasure in doing things	X	X	X	X
D0150B1	Symptom Presence: Feeling down, depressed, or hopeless	X	X	X	X
D0150B2	Symptom Frequency: Feeling down, depressed, or hopeless	X	X	X	X
D0150C1	Symptom Presence: Trouble falling or staying asleep, or sleeping too much	X	X	X	X
D0150C2	Symptom Frequency: Trouble falling or staying asleep, or sleeping too much	X	X	X	X
D0150D1	Symptom Presence: Feeling tired or having little energy	X	X	X	X
D0150D2	Symptom Frequency: Feeling tired or having little energy	X	X	X	X
D0150E1	Symptom Presence: Poor appetite or overeating	X	X	X	X
D0150E2	Symptom Frequency: Poor appetite or overeating	X	X	X	X
D0150F1	Symptom Presence: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X	X	X
D0150F2	Symptom Frequency: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X	X	X
D0150G1	Symptom Presence: Trouble concentrating on things, such as reading the newspaper or watching television	X	X	X	X
D0150G2	Symptom Frequency: Trouble concentrating on things, such as reading the newspaper or watching television	X	X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
D0150H1	Symptom Presence: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X	X	X
D0150H2	Symptom Frequency: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X	X	X
D0150I1	Symptom Presence: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X	X	X
D0150I2	Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X	X	X
D0160	Total Severity Score	X	X	X	X
D0700	Social Isolation	X	X	X	X
GG0130A1	Eating (Admission Performance)	X		X	X
GG0130A3	Eating (Discharge Performance)		X	X	X
GG0130B1	Oral hygiene (Admission Performance)	X		X	X
GG0130B3	Oral hygiene (Discharge Performance)		X	X	X
GG0130C1	Toileting hygiene (Admission Performance)	X		X	X
GG0130C3	Toileting hygiene (Discharge Performance)		X	X	X
GG0130E1	Shower/bathe self (Admission Performance)	X		X	X
GG0130E3	Shower/bathe self (Discharge Performance)		X	X	X
GG0130F1	Upper body dressing (Admission Performance)	X		X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
GG0130F3	Upper body dressing (Discharge Performance)		X	X	X
GG0130G1	Lower body dressing (Admission Performance)	X		X	X
GG0130G3	Lower body dressing (Discharge Performance)		X	X	X
GG0130H1	Putting on/taking off footwear (Admission Performance)	X		X	X
GG0130H3	Putting on/taking off footwear (Discharge Performance)		X	X	X
GG0170A1	Roll left and right (Admission Performance)	X		X	X
GG0170A3	Roll left and right (Discharge Performance)		X	X	X
GG0170B1	Sit to lying (Admission Performance)	X		X	X
GG0170B3	Sit to lying (Discharge Performance)		X	X	X
GG0170C1	Lying to sitting on side of bed (Admission Performance)	X		X	X
GG0170C3	Lying to sitting on side of bed (Discharge Performance)		X	X	X
GG0170D1	Sit to stand (Admission Performance)	X		X	X
GG0170D3	Sit to stand (Discharge Performance)		X	X	X
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	X		X	X
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)		X	X	X
GG0170F1	Toilet transfer (Admission Performance)	X		X	X
GG0170F3	Toilet transfer (Discharge Performance)		X	X	X
GG0170G1	Car transfer (Admission Performance)	X		X	X
GG0170G3	Car transfer (Discharge Performance)		X	X	X
GG0170I1	Walk 10 feet (Admission Performance)	X		X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
GG0170I3	Walk 10 feet (Discharge Performance)		X	X	X
GG0170J1	Walk 50 feet with two turns (Admission Performance)	X		X	X
GG0170J3	Walk 50 feet with two turns (Discharge Performance)		X	X	X
GG0170K1	Walk 150 feet (Admission Performance)	X		X	X
GG0170K3	Walk 150 feet (Discharge Performance)		X	X	X
GG0170L1	Walk 10 feet on uneven surfaces (Admission Performance)	X		X	X
GG0170L3	Walk 10 feet on uneven surfaces (Discharge Performance)		X	X	X
GG0170M1	1 step (curb) (Admission Performance)	X		X	X
GG0170M3	1 step (curb) (Discharge Performance)		X	X	X
GG0170N1	4 steps (Admission Performance)	X		X	X
GG0170N3	4 steps (Discharge Performance)		X	X	X
GG0170O1	12 steps (Admission Performance)	X		X	X
GG0170O3	12 steps (Discharge Performance)		X	X	X
GG0170P1	Picking up object (Admission Performance)	X		X	X
GG0170P3	Picking up object (Discharge Performance)		X	X	X
GG0170Q1	Does the resident use a wheelchair and/or scooter? (Admission)	X		X	X
GG0170Q3	Does the resident use a wheelchair and/or scooter? (Discharge)		X	X	X
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	X		X	X
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)		X	X	X
GG0170RR1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1	Q4 2025 MDS 3.0 Version 1.20.1
GG0170RR3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X
GG0170S1	Wheel 150 feet (Admission Performance)	X		X	X
GG0170S3	Wheel 150 feet (Discharge Performance)		X	X	X
GG0170SS1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X
GG0170SS3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X
H0400	Bowel continence	X		X	X
I0900	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	X		X	X
I2900	Diabetes mellitus (DM)	X		X	X
J0510	Pain Effect on Sleep	X	X	X	X
J0520	Pain Interference with Therapy Activities	X	X	X	X
J0530	Pain Interference with Day-to-Day Activities	X	X	X	X
J1900C	Number of falls since admission/entry or prior assessment: Major injury	X	X	X	X
K0200A	Height (in inches)	X		X	X
K0200B	Weight (in pounds)	X		X	X
K0520A1	Nutritional Approaches: Parenteral/IV feeding (On Admission)	X		X	X
K0520A4	Nutritional Approaches: Parenteral/IV feeding (At Discharge)		X	X	X
K0520B1	Nutritional Approaches: Feeding tube (On Admission)	X		X	X
K0520B4	Nutritional Approaches: Feeding tube (At Discharge)		X	X	X
K0520C1	Nutritional Approaches: Mechanically altered diet (On Admission)	X		X	X
K0520C4	Nutritional Approaches: Mechanically altered diet (At Discharge)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
K0520D1	Nutritional Approaches: Therapeutic diet (On Admission)	X		X	X
K0520D4	Nutritional Approaches: Therapeutic diet (At Discharge)		X	X	X
K0520Z1	Nutritional Approaches: None of the above (On Admission)	X		X	X
K0520Z4	Nutritional Approaches: None of the above (At Discharge)		X	X	X
M0300B1	Number of Stage 2 pressure ulcers	X	X	X	X
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300C1	Number of Stage 3 pressure ulcers	X	X	X	X
M0300C2	Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300D1	Number of Stage 4 pressure ulcers	X	X	X	X
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	X	X	X	X
M0300E2	Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission/entry or reentry		X	X	X
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	X	X	X	X
M0300F2	Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present upon admission/entry or reentry		X	X	X
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	X	X	X	X
M0300G2	Number of these unstageable pressure injuries presenting as deep tissue injury that were present upon admission/entry or reentry		X	X	X
N0415A1	High-Risk Drug Classes: Use and Indication - Antipsychotic: Is taking	X	X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
N0415A2	High-Risk Drug Classes: Use and Indication - Antipsychotic: Indication noted	X	X	X	X
N0415E1	High-Risk Drug Classes: Use and Indication - Anticoagulant: Is taking	X	X	X	X
N0415E2	High-Risk Drug Classes: Use and Indication - Anticoagulant: Indication noted	X	X	X	X
N0415F1	High-Risk Drug Classes: Use and Indication - Antibiotic: Is taking	X	X	X	X
N0415F2	High-Risk Drug Classes: Use and Indication - Antibiotic: Indication noted	X	X	X	X
N0415H1	High-Risk Drug Classes: Use and Indication - Opioid: Is taking	X	X	X	X
N0415H2	High-Risk Drug Classes: Use and Indication - Opioid: Indication noted	X	X	X	X
N0415I1	High-Risk Drug Classes: Use and Indication - Antiplatelet: Is taking	X	X	X	X
N0415I2	High-Risk Drug Classes: Use and Indication - Antiplatelet: Indication noted	X	X	X	X
N0415J1	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Is taking (including insulin)	X	X	X	X
N0415J2	High-Risk Drug Classes: Use and Indication - Hypoglycemic: Indication noted (including insulin)	X	X	X	X
N0415Z1	High-Risk Drug Classes: Use and Indication - Use and Indication – Is taking: None of the above	X	X	X	X
N2001	Drug Regimen Review	X		X	X
N2003	Medication Follow-up	X		X	X
N2005	Medication Intervention		X	X	X
O0110A1a	Special Treatments, Procedures, and Programs: Chemotherapy (On Admission)	X		X	X
O0110A1c	Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge)		X	X	X
O0110A2a	Special Treatments, Procedures, and Programs: IV (On Admission)	X		X	X
O0110A2c	Special Treatments, Procedures, and Programs: IV (At Discharge)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
O0110A3a	Special Treatments, Procedures, and Programs: Oral (On Admission)	X		X	X
O0110A3c	Special Treatments, Procedures, and Programs: Oral (At Discharge)		X	X	X
O0110A10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X		X	X
O0110A10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X	X	X
O0110B1a	Special Treatments, Procedures, and Programs: Radiation (On Admission)	X		X	X
O0110B1c	Special Treatments, Procedures, and Programs: Radiation (At Discharge)		X	X	X
O0110C1a	Special Treatments, Procedures, and Programs: Oxygen Therapy (On Admission)	X		X	X
O0110C1c	Special Treatments, Procedures, and Programs: Oxygen Therapy (At Discharge)		X	X	X
O0110C2a	Special Treatments, Procedures, and Programs: Continuous (On Admission)	X		X	X
O0110C2c	Special Treatments, Procedures, and Programs: Continuous (At Discharge)		X	X	X
O0110C3a	Special Treatments, Procedures, and Programs: Intermittent (On Admission)	X		X	X
O0110C3c	Special Treatments, Procedures, and Programs: Intermittent (At Discharge)		X	X	X
O0110C4a	Special Treatments, Procedures, and Programs: High-concentration (On Admission)	X		X	X
O0110C4c	Special Treatments, Procedures, and Programs: High-concentration (At Discharge)		X	X	X
O0110D1a	Special Treatments, Procedures, and Programs: Suctioning (On Admission)	X		X	X
O0110D1c	Special Treatments, Procedures, and Programs: Suctioning (At Discharge)		X	X	X
O0110D2a	Special Treatments, Procedures, and Programs: Scheduled (On Admission)	X		X	X
O0110D2c	Special Treatments, Procedures, and Programs: Scheduled (At Discharge)		X	X	X
O0110D3a	Special Treatments, Procedures, and Programs: As Needed (On Admission)	X		X	X
O0110D3c	Special Treatments, Procedures, and Programs: As Needed (At Discharge)		X	X	X

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MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
O0110E1a	Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission)	X		X	X
O0110E1c	Special Treatments, Procedures, and Programs: Tracheostomy (At Discharge)		X	X	X
O0110F1a	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (On Admission)	X		X	X
O0110F1c	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge)		X	X	X
O0110G1a	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission)	X		X	X
O0110G1c	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge)		X	X	X
O0110G2a	Special Treatments, Procedures, and Programs: BiPAP (On Admission)	X		X	X
O0100G2c	Special Treatments, Procedures, and Programs: BiPAP (At Discharge)		X	X	X
O0110G3a	Special Treatments, Procedures, and Programs: CPAP (On Admission)	X		X	X
O0110G3c	Special Treatments, Procedures, and Programs: CPAP (At Discharge)		X	X	X
O0110H1a	Special Treatments, Procedures, and Programs: IV Medications (On Admission)	X		X	X
O0110H1c	Special Treatments, Procedures, and Programs: IV Medications (At Discharge)		X	X	X
O0110H2a	Special Treatments, Procedures, and Programs: Vasoactive medications (On Admission)	X		X	X
O0110H2c	Special Treatments, Procedures, and Programs: Vasoactive medications (At Discharge)		X	X	X
O0110H3a	Special Treatments, Procedures, and Programs: Antibiotics (On Admission)	X		X	X
O0110H3c	Special Treatments, Procedures, and Programs: Antibiotics (At Discharge)		X	X	X
O0110H4a	Special Treatments, Procedures, and Programs: Anticoagulation (On Admission)	X		X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
O0110H4c	Special Treatments, Procedures, and Programs: Anticoagulation (At Discharge)		X	X	X
O0110H10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X		X	X
O0110H10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X	X	X
O0110I1a	Special Treatments, Procedures, and Programs: Transfusions (On Admission)	X		X	X
O0110I1c	Special Treatments, Procedures, and Programs: Transfusions (At Discharge)		X	X	X
O0110J1a	Special Treatments, Procedures, and Programs: Dialysis (On Admission)	X		X	X
O0110J1c	Special Treatments, Procedures, and Programs: Dialysis (At Discharge)		X	X	X
O0110J2a	Special Treatments, Procedures, and Programs: Hemodialysis (On Admission)	X		X	X
O0110J2c	Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge)		X	X	X
O0110J3a	Special Treatments, Procedures, and Programs: Peritoneal dialysis (On Admission)	X		X	X
O0110J3c	Special Treatments, Procedures, and Programs: Peritoneal dialysis (At Discharge)		X	X	X
O0110O1a	Special Treatments, Procedures, and Programs: IV Access (On Admission)	X		X	X
O0110O1c	Special Treatments, Procedures, and Programs: IV Access (At Discharge)		X	X	X
O0110O2a	Special Treatments, Procedures, and Programs: Peripheral (On Admission)	X		X	X
O0110O2c	Special Treatments, Procedures, and Programs: Peripheral (At Discharge)		X	X	X
O0110O3a	Special Treatments, Procedures, and Programs: Midline (On Admission)	X		X	X
O0110O3c	Special Treatments, Procedures, and Programs: Midline (At Discharge)		X	X	X
O0110O4a	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (On Admission)	X		X	X
O0110O4c	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (At Discharge)		X	X	X

MDS Data Elements Used for FY 2027 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2025)	
MDS Section & Number	**Data Element Label/Description**	**PPS 5-Day A0310B=[01]**	**Part A PPS Discharge A0310H=[1]**	**Q1, Q2, Q3 2025 MDS 3.0 Version 1.19.1**	**Q4 2025 MDS 3.0 Version 1.20.1**
O0110Z1a	Special Treatments, Procedures, and Programs: None of the Above (On Admission)	X		X	X
O0110Z1c	Special Treatments, Procedures, and Programs: None of the Above (At Discharge)		X	X	X
O0350	Resident's COVID-19 vaccination is up to date		X	X	X
R0310	Living Situation	X			X
R0320A	Food	X			X
R0320B	Food	X			X
R0330	Utilities	X			X
R0340	Transportation	X			X

* Dash (–) is not an allowable response value for this item.

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