

# Side B: Flipping The Tape

Advanced Techniques  
for Facility IDT

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# Objectives

QRM



01

Overview of upcoming MDS changes

02

Provide insight to preparing for MDS changes

03

Who does what by when?  
Involving the IDT

04

Understand when and how to provide education/training to your staff

# Section GG: The Changes



# Did Section G Disappear?



Many of the Section G items were added to Section GG.

While the Section G measurement scale is different, Section GG will now capture the needed function and mobility items need for Quality Measure calculations.

Which key items moved from Section G to Section GG?

# Key Changes to MDS Section GG

QRM

Section G items  
moved to section GG

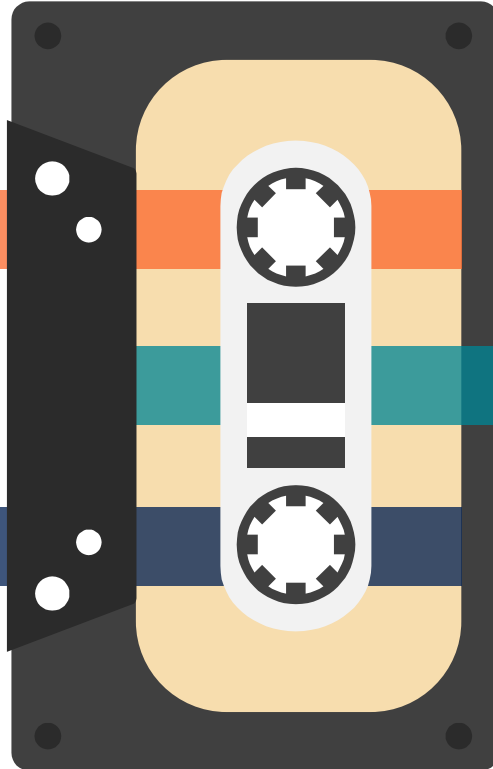
01

Additional coding  
tips added

03

Additional  
instructions added

02





# Range-of-Motion (ROM)



- ROM moved from **G0400** to **GG0115**
- Scale should be familiar
- Coding instructions provided

## *GG0115: Functional Limitation in Range of Motion*

GG0115. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="checkbox"/> B. Lower extremity (hip, knee, ankle, foot)

# GGo115- Functional Limitation in Range of Motion

QRM

Converted over  
from section G

01

02

7-Day look-back

03

04

Look at medical records, talk  
with staff and  
family/significant others  
about impairments to ROM

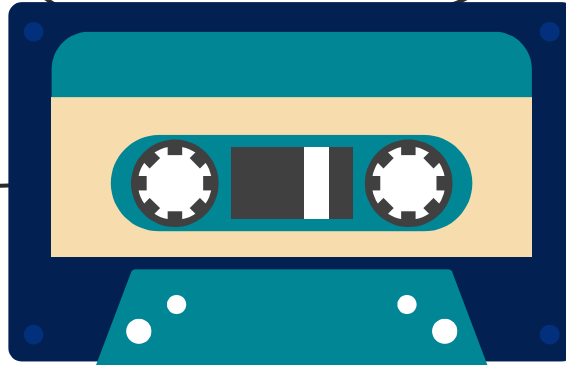
05

06

Test the upper and  
lower extremity ROM

If they have limitation, you  
must determine if it interferes  
with function or places them  
at risk for injury

This is not simply looking for  
limitation in ROM it is looking  
for IMPAIRMENT or RISK  
that limitation causes



# Mobility Devices

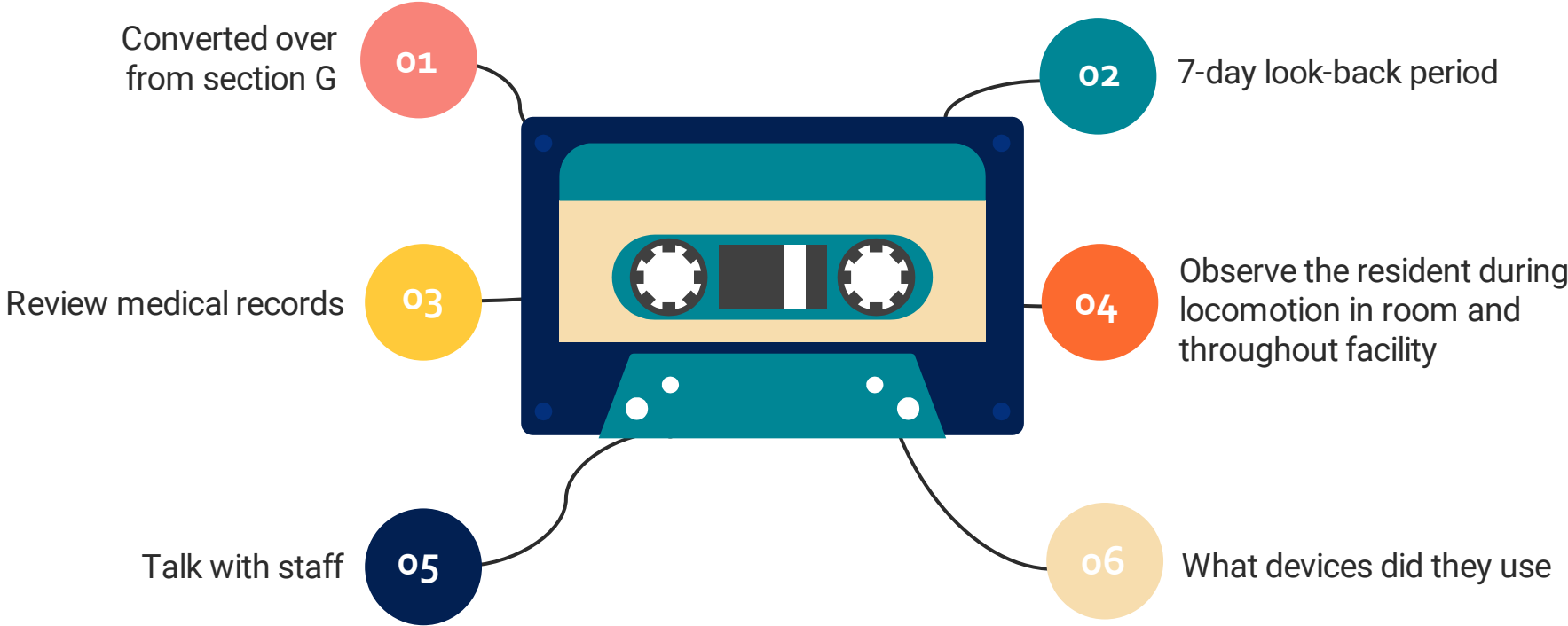
QRM

- Moved from **G0600** to **GG0120**
- Coding instructions provided

## *GG0120: Mobility Devices*

GG0120. Mobility Devices	
↓ Check all that were normally used in the last 7 days	
<input type="checkbox"/>	A. Cane/crutch
<input type="checkbox"/>	B. Walker
<input type="checkbox"/>	C. Wheelchair (manual or electric)
<input type="checkbox"/>	D. Limb prosthesis
<input type="checkbox"/>	Z. None of the above were used

# GGo120 Mobility Devices



# Personal Hygiene

- Moved from **G0110J** to **GG130I**

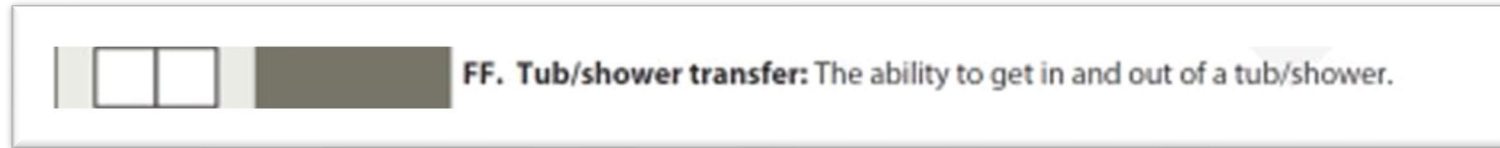


**I. Personal hygiene:** The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

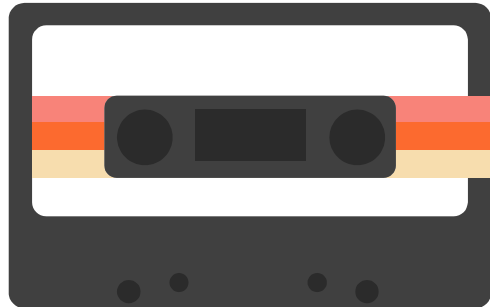


# Bathing

- Section G items combined bathing and transfer activities
- Items split in Section GG
- Tub/shower transfer items moved from **G0120** to **GG0170FF**



FF. Tub/shower transfer: The ability to get in and out of a tub/shower.



# Section GG Coding Has NOT Changed...

## GG0130: Self-Care (3-day assessment period) Admission

**GG0130. Self-Care** (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.

When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

### Coding:

**Safety and Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

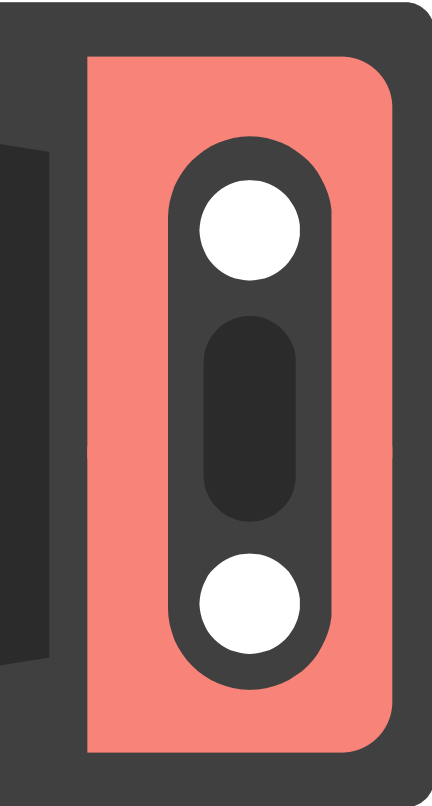
06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

### If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

# Using Section GG

QRM



Section GG Items Included in PT, OT & Nursing Functional Measure		
Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130B1	Self-care: Oral Hygiene*	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1 GG0170C1	Mobility: Sit to lying Mobility: Lying to sitting on side of bed	0 - 4 (average of 2 items)
GG0170D1 GG0170E1 GG0170F1	Mobility: Sit to stand Mobility: Chair/bed-to-chair transfer Mobility: Toilet transfer	0 - 4 (average of 3 items)
GG0170J1 GG0170K1	Mobility: Walk 50 feet with 2 turns* Mobility: Walk 150 feet*	0 - 4 (average of 2 items)

*\*Not included in Nursing Functional Score*

# ...But Additional Coding Guidance Added



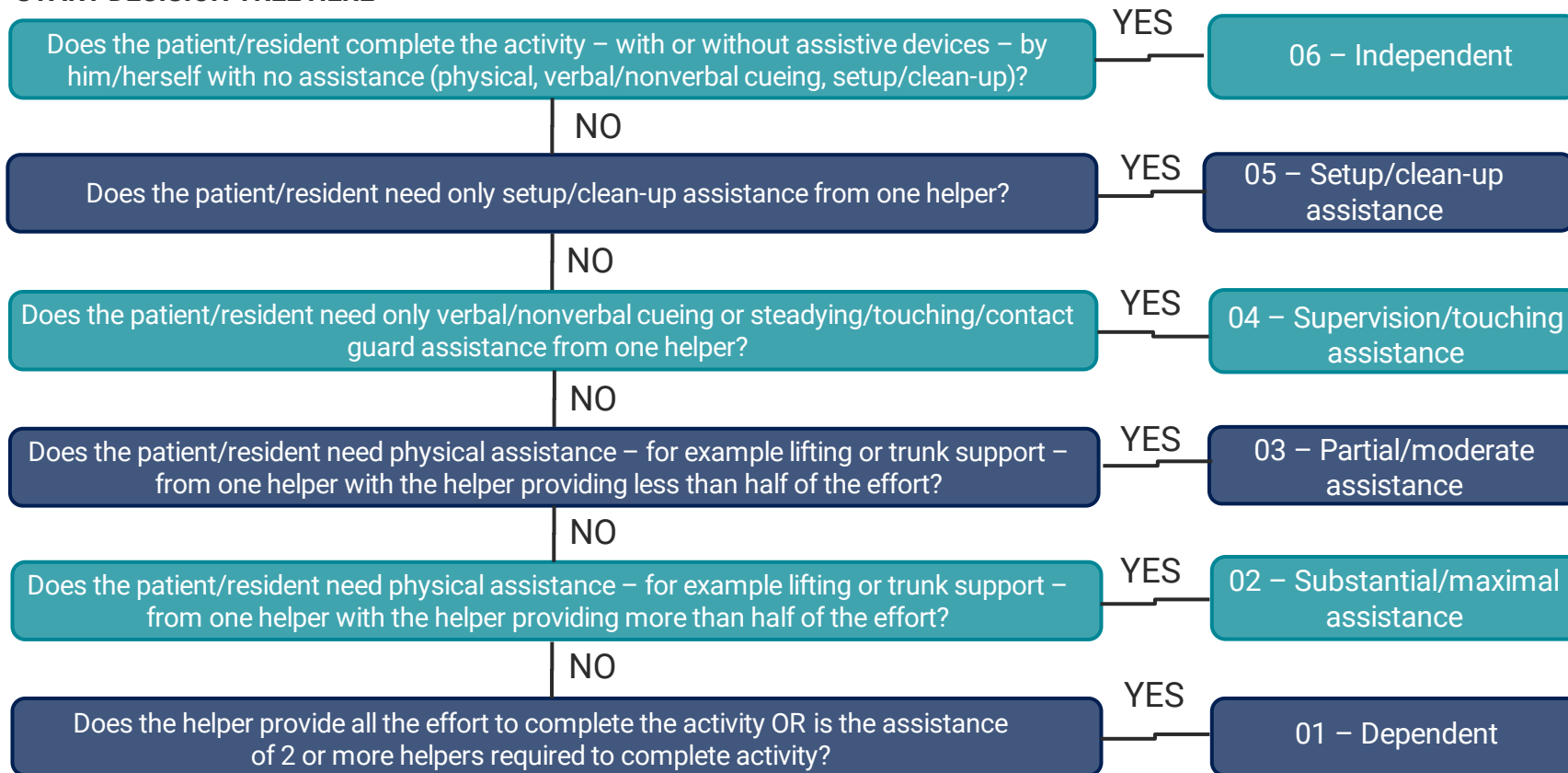
- Section GG0130: self-care - updated decision tree
- Safety/quality of performance emphasized



**FF. Tub/shower transfer:** The ability to get in and out of a tub/shower.

# GGo130 Decision Tree

## START DECISION TREE HERE



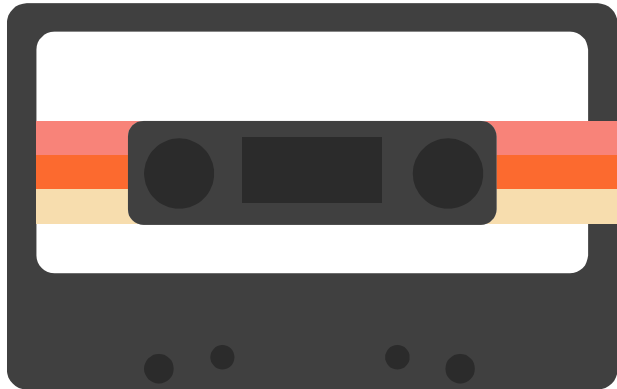
# Collection, Assessing, & Coding Section GG



# “Usual Performance”



“If the resident’s functional status varies, record the resident’s usual ability to perform each activity. Do not record the resident’s best performance and do not record the resident’s worst performance, but rather record the resident’s usual performance.”



“Usual” means  
“Usual”



Not Best



Not Worst

# From Whom Should You Collect Section GG Information?

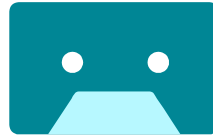
QRM



Direct  
observation



Resident  
self-reports



Qualified clinician  
reports



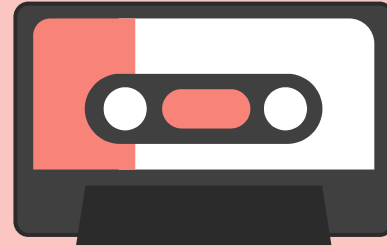
Care staff



Family

“CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the assessment period.”

## Who is a “Qualified Clinician?”



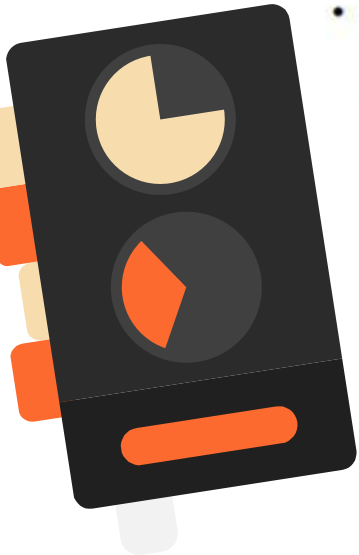
Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations.

# Coding Instruction Update

- Added instructions for “Dependent” (Page GG-17)

## GG0130: Self-Care (cont.)

- **Code 01, Dependent:** if the helper does ALL of the effort. Resident does none of the effort to complete the activity; or the assistance of two or more helpers is required for the resident to complete the activity.
  - *Code 01, Dependent: if two helpers are required for the safe completion of an activity, even if the second helper provides supervision/stand-by assist only and does not end up needing to provide hands-on assistance.*
  - *Code 01, Dependent: if a resident requires the assistance of two helpers to complete an activity (one to provide support to the resident and a second to manage the necessary equipment to allow the activity to be completed).*



# Prior to the Benefit of Services

- RAI Manual Page GG-15

***PRIOR TO THE BENEFIT OF SERVICES*** means prior to provision of any care by facility staff that would result in more independent coding.



# Section GGo170 New Coding Tips

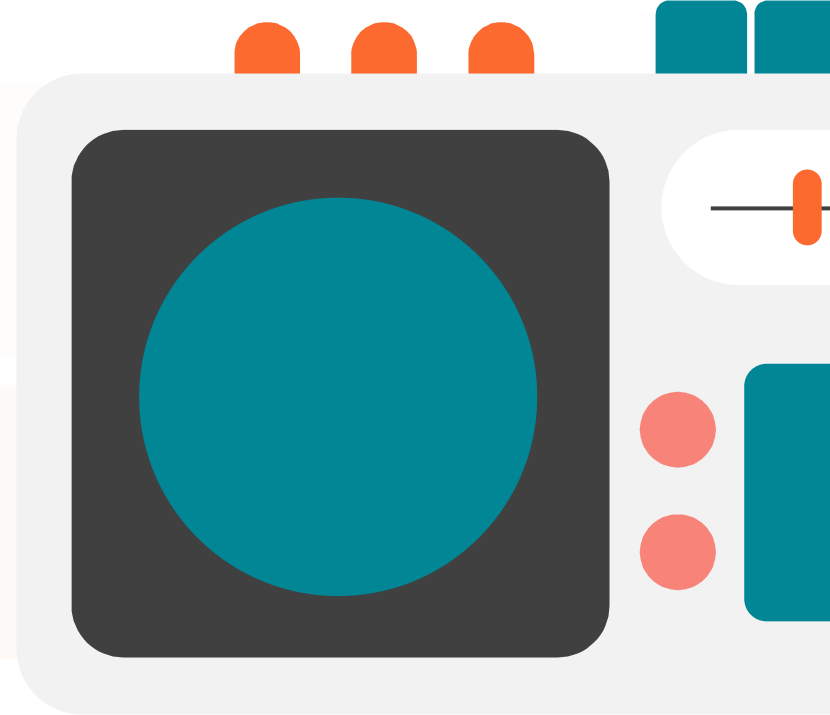
QRM

## Cognitive Impairment-

“Residents with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the resident’s need for assistance to perform the activity safely (for example, fall risk due to increased mobility activities).”



Many other additions/amendments



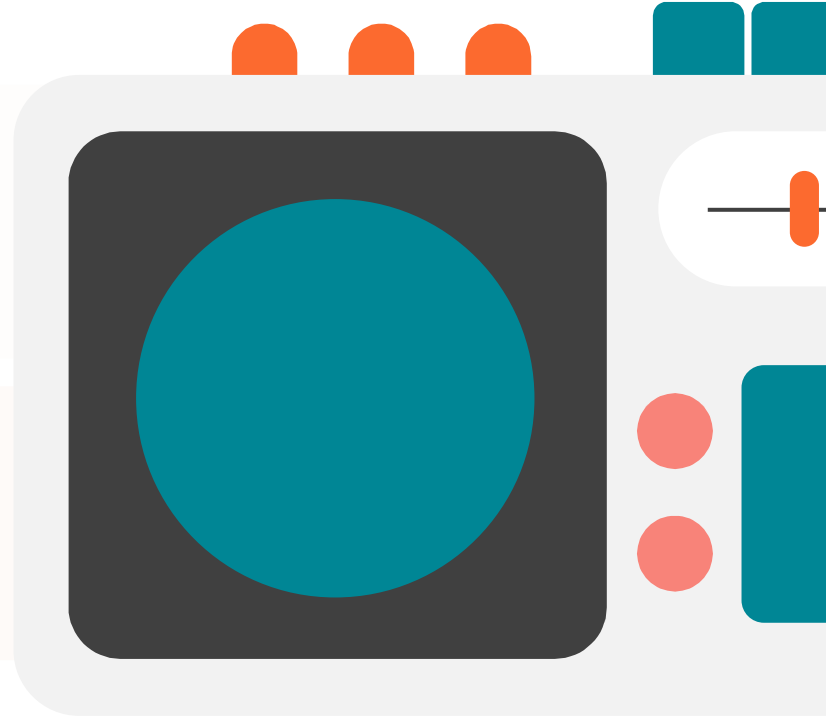
# GGo170A – Roll Left and Right

QRM

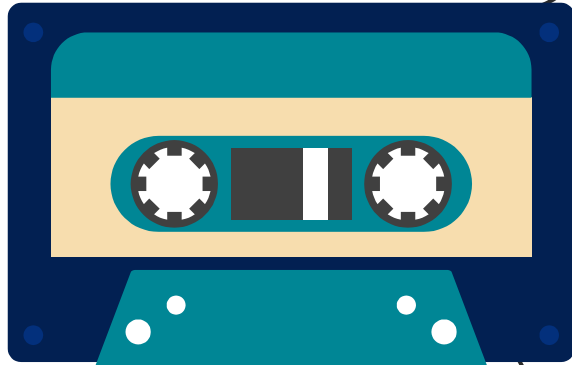
## Added Coding Tip-

“If the resident does not sleep in a bed, clinicians should assess bed mobility activities using the alternative furniture on which the resident sleeps (for example, a recliner).”

Page GG-49



# GG0170D – Sit-to-Stand Coding Tips



01

“The activity includes the resident coming to a standing position from any sitting surface.”

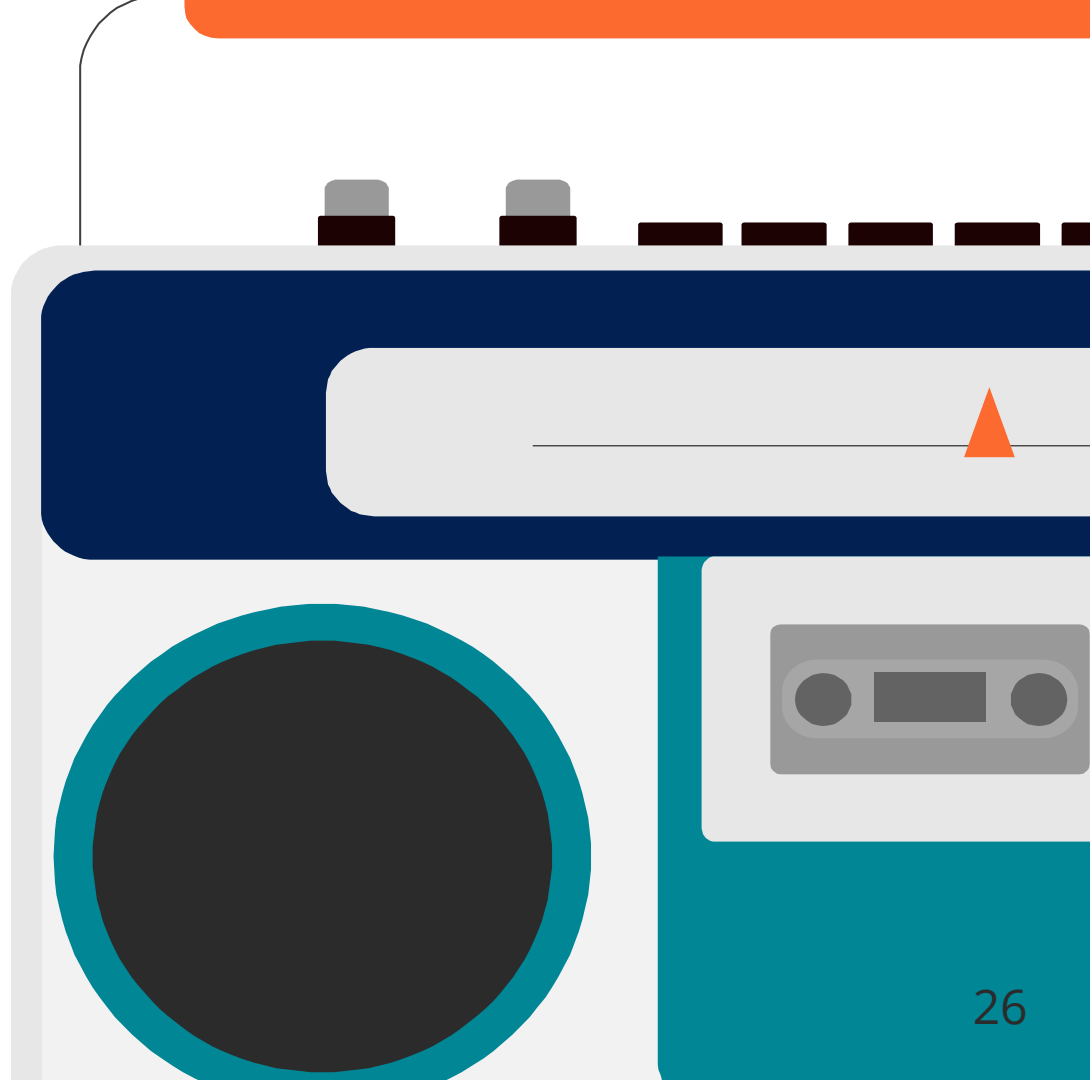
02

“If a full-body mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer, code GG0170D, Sit to stand with the appropriate “activity not attempted” code.”

03

“Code as 05, Setup or clean-up assistance, if the only help a resident requires to complete the sit-to-stand activity is for a helper to retrieve an assistive device or adaptive equipment, such as a walker or ankle-foot orthosis.”

**Remember:** The New Discharge Function Score for SNFs is based on Section GG information & affects both the SNF QRP & VBP



# Discharge Score Item Set

- Eating
- Oral Hygiene
- Toileting Hygiene
- Roll Left & Right
- Lying to Sitting
- Sit to Stand
- Chair/Bed-to-Chair Transfer
- Toilet Transfer
- Walk 10 Feet
- Walk 50 Feet with 2 Turns
- Wheel 50 Feet with 2 Turns



# On To The Other Changes



# Ethnicity

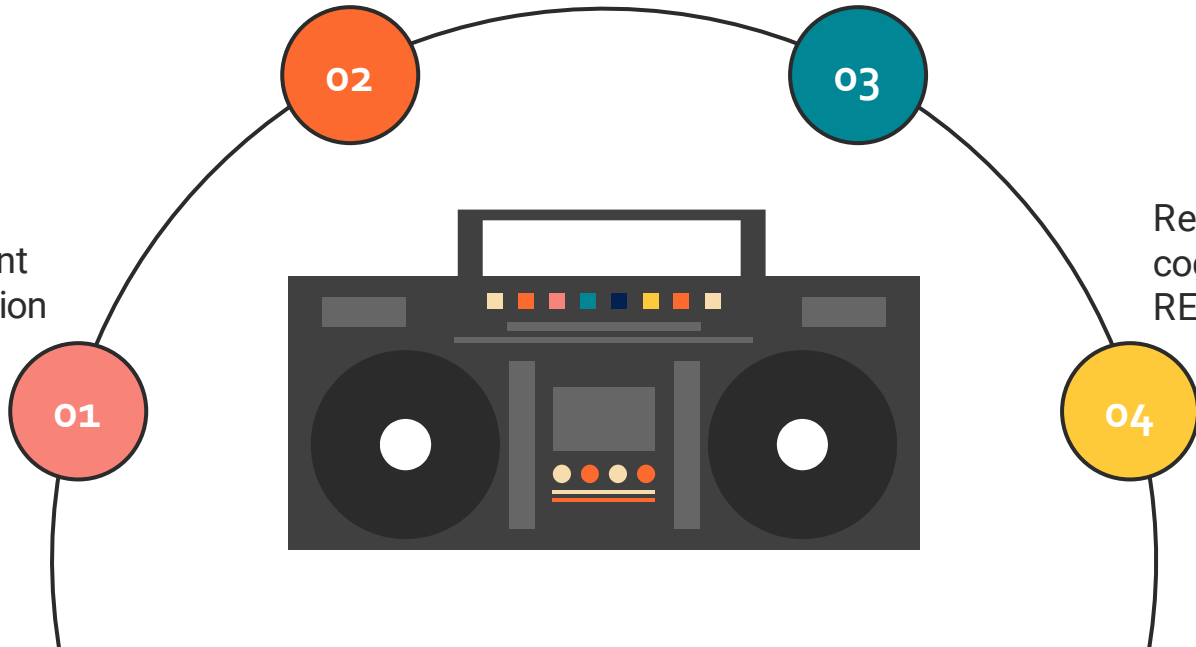


You will ask them to select the category that most closely corresponds to their ethnicity

They can choose 1 or more responses

This is a resident interview question

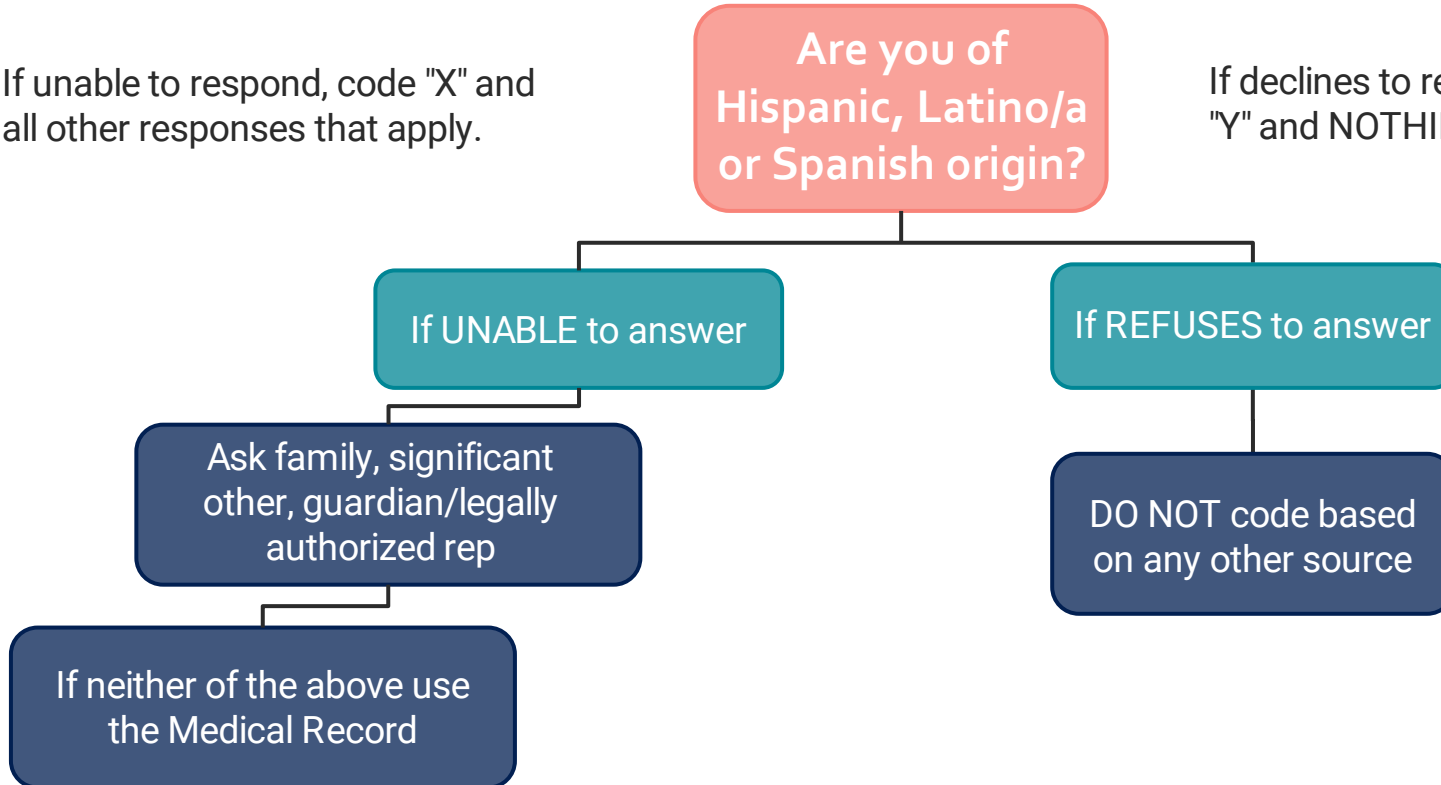
Remember you are coding what the RESIDENT reported



# A1005 Ethnicity

If unable to respond, code "X" and all other responses that apply.

If declines to respond, code "Y" and NOTHING else.



# Race

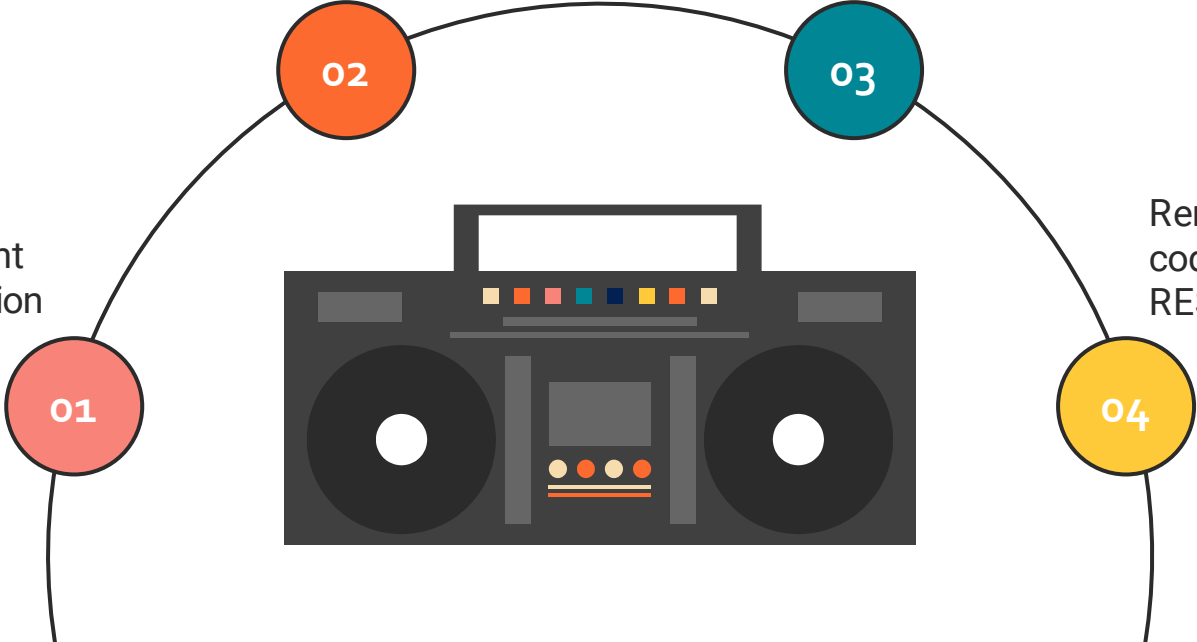


You will ask them to select the category that most closely corresponds to their race

They can choose 1 or more responses

This is a resident interview question

Remember you are coding what the RESIDENT reported



# A1010 Race

If unable to respond, code "X" and all other responses that apply.

If declines to respond, code "Y" and NOTHING else.

What is your race?

If UNABLE to answer  
Code X

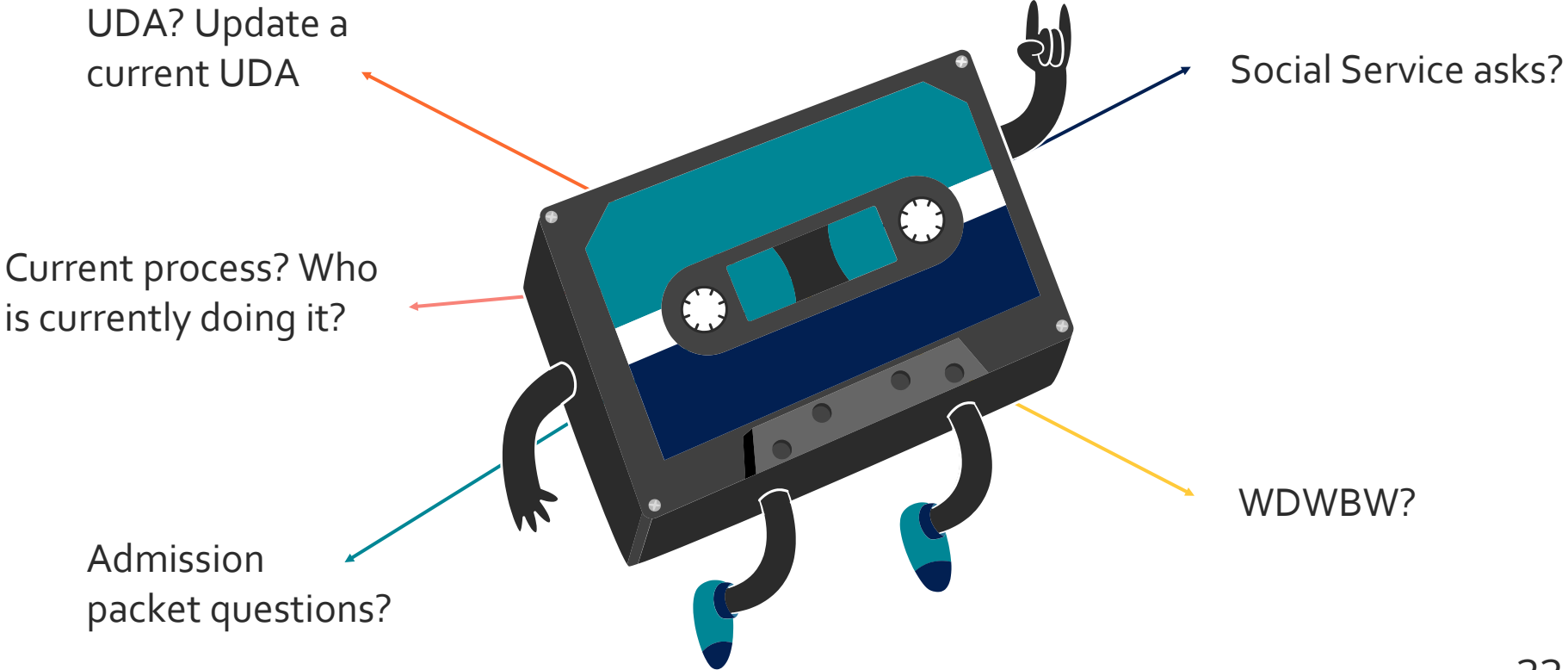
If REFUSES to answer  
Code Y

Ask family, significant other, guardian/legally authorized rep

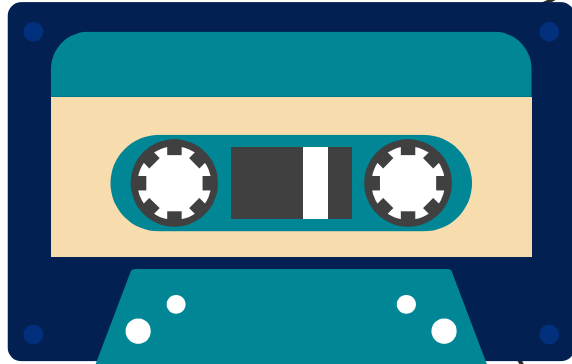
DO NOT code based on any other source

If neither of the above use the Medical Record

# Let's Discuss



# Strategy



01

Develop a tool with all the new and old resident response questions and ask them all at the same time you are interviewing the resident.

02

Ask them as close to admission as possible - this will allow you to ensure the information is gathered no matter when you set the ARD.

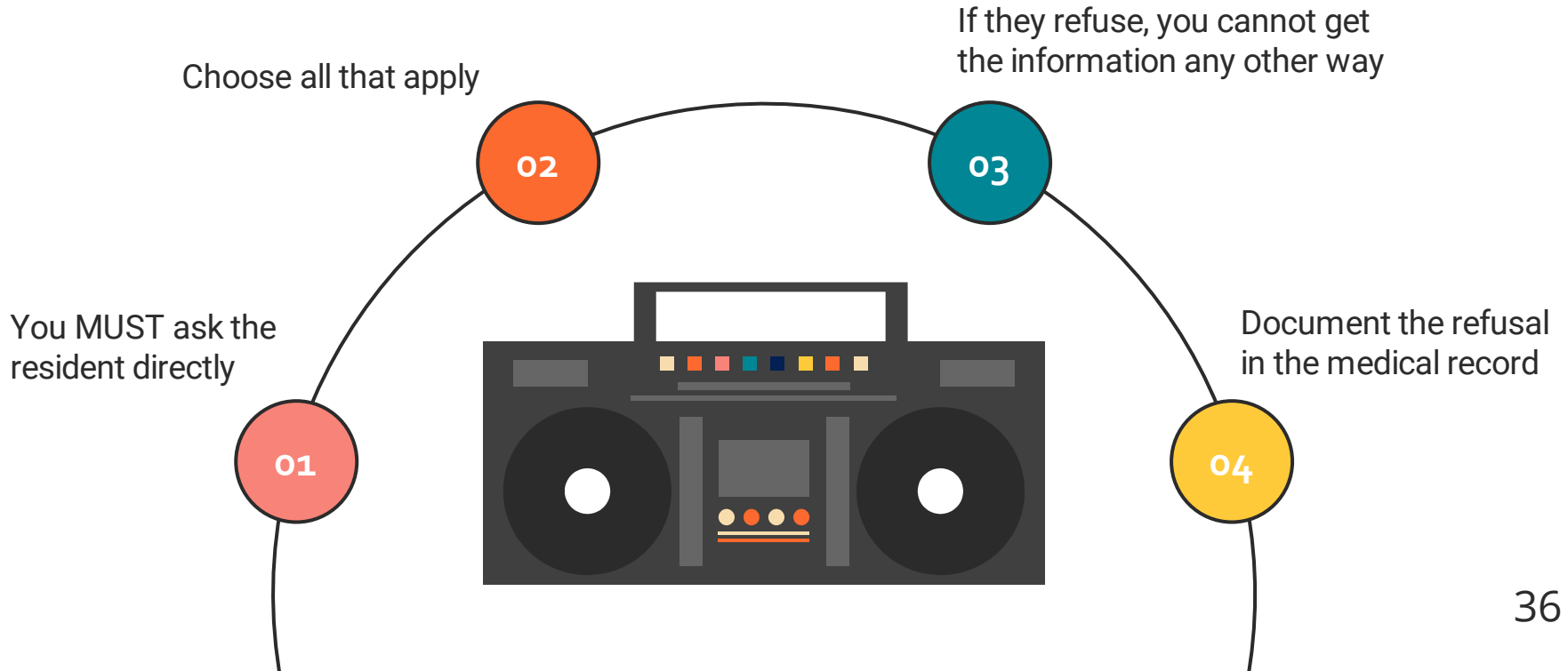
03

What does your EMR offer?

# Pros and Cons of Having Floor Staff Gather



# Transportation



# A1250 Transportation

In the past 6 months to a year, has lack of transportation kept you from medical appointments or from getting your medications?

If unable to respond, code "X" and all other responses that apply.

If UNABLE to answer,  
Select "X"

Ask family, significant  
other, guardian/legally  
authorized rep

If neither of the above use  
the Medical Record

If REFUSES to answer,  
Select "Y"

DO NOT code based  
on any other source

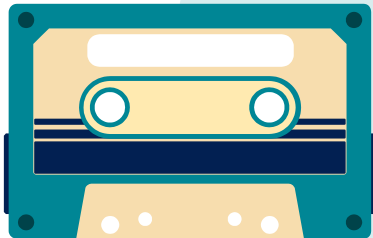
If declines to respond code  
"Y" and NOTHING else.

# Transportation

- The time frame you are asking about is **6 month to a year**
- There are scripted questions written in the instructions

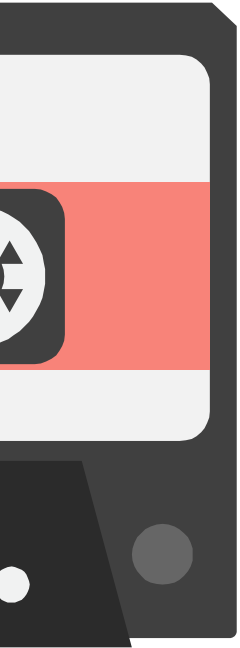


“In the past six months to a year, has lack of transportation kept you from medical appointments or from getting your medications?”



“In the past six months to a year, has lack of transportation kept you from non-medical meetings, appointments, work, or from getting things that you need?”

# Let's Discuss



**01**  
UDA?

**02**  
Maybe just 1  
UDA with all the  
information on it

**03**  
WDWBW?

**04**  
Weekend therapy ask  
the questions as a back  
up for weekends?

**05**  
Who is the  
back up?

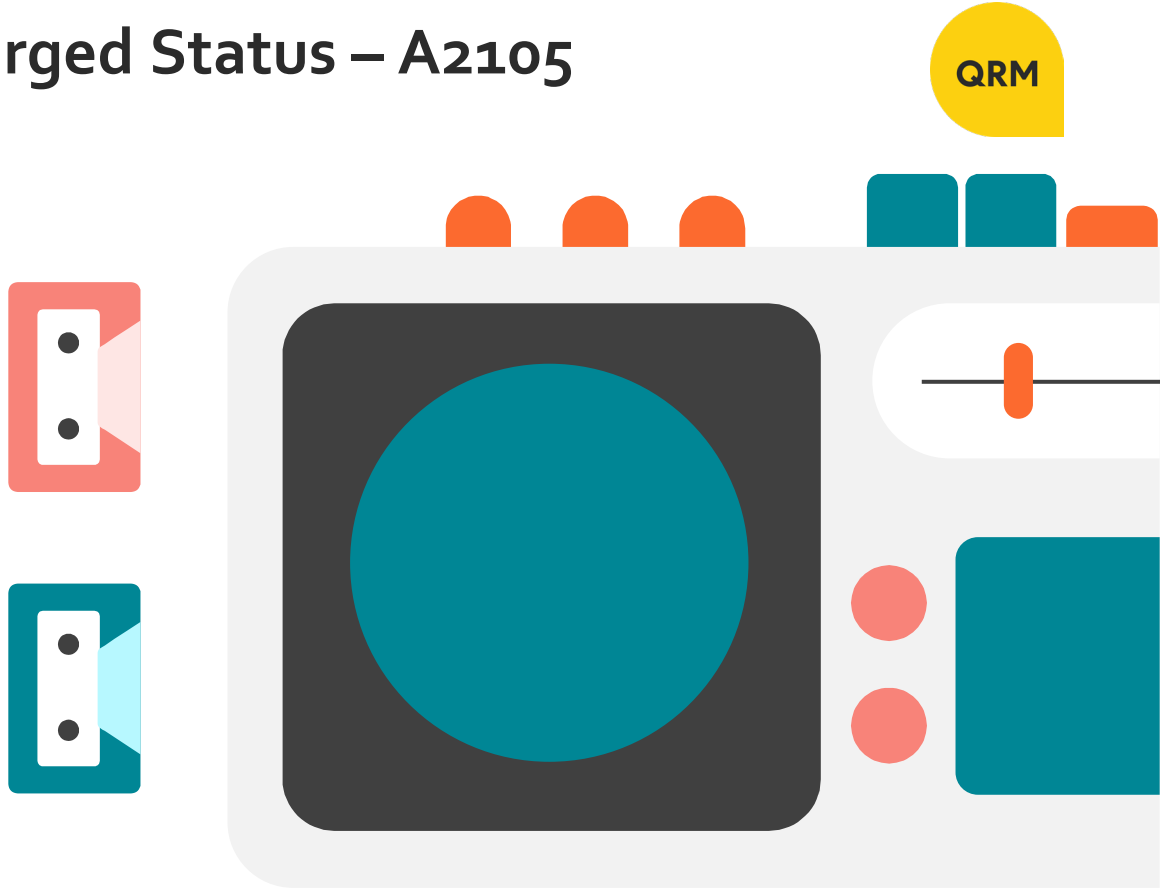
**06**  
Who needs  
training?

**07**  
It doesn't have  
to be the MDS

# Discharged Status – A2105

**SO IMPORTANT-** this will impact your SNF QRP

Do you understand the definitions?



# Discharged Status – A2105

QRM

## A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
02. **Nursing Home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-Term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
13. **Deceased** → Skip to A2200, Previous Assessment Reference Date for Significant Correction
99. **Not listed** → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge

# Discharge and Reconciled Med List – Provider

QRM

02.	Nursing Home (Long-Term Care Facility)
03.	Skilled Nursing Facility (SNF, Swing Beds)
04.	Short-Term Care Hospital (Acute Hospital, IPPS)
05.	Long-Term Care Hospital (LTCH)
06.	Inpatient Rehabilitation Facility (IRF, Free Standing Facility or Unit)
07.	Inpatient Psychiatric Facility (Psychiatric Hospital or Unit)
08.	Intermediate Care Facility (ID/DD Facility)
09.	Hospice (Home/Non-Institutional)
10.	Hospice (Institutional Facility)
11.	Critical Access Hospital (CAH)
12.	Home Under Care of Organized Home Health Service Organization

## PPS Discharge MDS



0.	No
1.	Yes

If A2105 coded as 2-12 on a PPS D/C MDS, then you must answer if you provided a reconciled med list.

# If You Answer Yes....(A2122)

QRM

HOW?



A.	Electronic Health Record
B.	Health Information Exchange
C.	Verbal (e.g., In-Person, Telephone, Video Conferencing)
D.	Paper-Based (e.g., Fax, Copies, Printouts)
E.	Other Methods (e.g., Texting, Email, CDs)

# Discharge and Reconciled Med List – Resident

QRM

01.	Home/Community (e.g., Private Home Arrangements)
99.	Not listed -> Skip to A2123

## PPS Discharge MDS



0.	No
1.	Yes

If coded as 2-12 on a PPS D/C MDS then you must answer if you provided a reconciled med list.

# If You Answer Yes....

**HOW?**



A.	Electronic Health Record
B.	Health Information Exchange
C.	Verbal (e.g., In-Person, Telephone, Video Conferencing)
D.	Paper-Based (e.g., Fax, Copies, Printouts)
E.	Other Methods (e.g., Texting, Email, CDs)

# How Do You Prove It?

# Reconciled Medication List

QRM

01

What is your facility's current process?

02

Is there something built into your system?

03

What list are you sending home with them?

04

Suggestion: meet with the DON/ADON to develop a standard process for the nurses to send home a reconciled medication list.

05

Document how it was given, by whom, to whom, and when in the medical record.

# Health Literacy

QRM



“How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”

**CAN NOT USE ANY OTHER SOURCE**

# PHQ-2 to 9

QRM



## If A<sub>1</sub> & B<sub>1</sub> = 9 Then End the PHQ-2 to 9

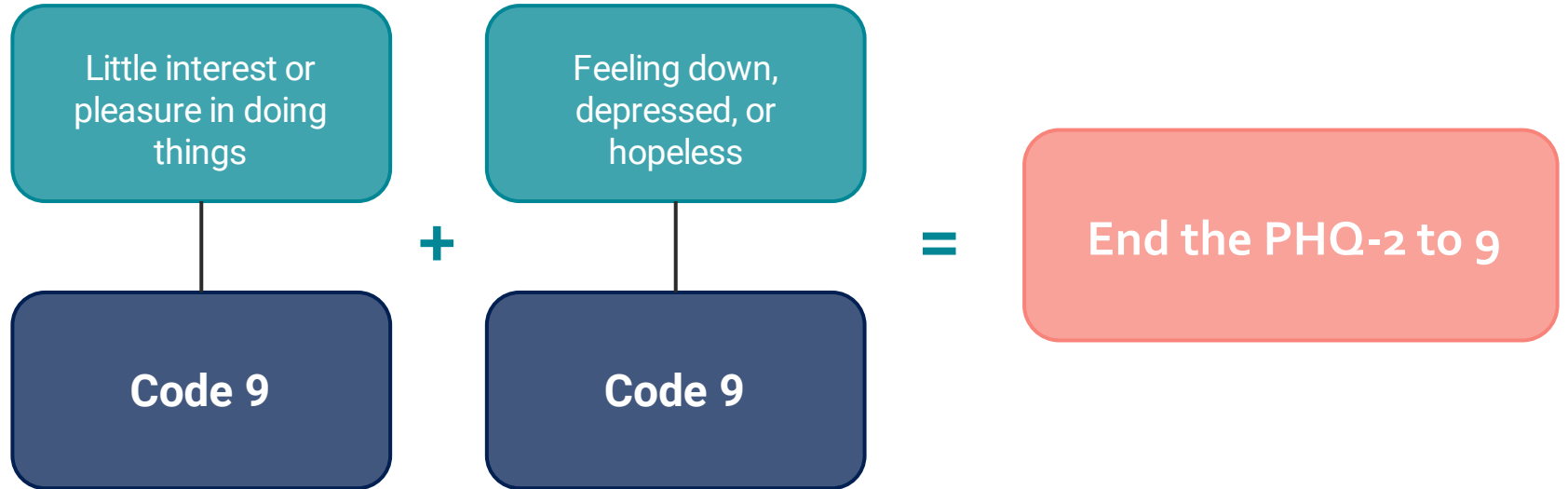
If A<sub>1</sub> & B<sub>1</sub> coded as "9", then leave A<sub>2</sub> & B<sub>2</sub> blank and the total severity blank



## If A<sub>2</sub> & B<sub>2</sub> = 0 or 1 then End the PHQ-2 to 9

If A<sub>2</sub> & B<sub>2</sub> = 0 or 1, add the total score from column 2 for the total severity score

All other scenarios proceed with the remaining 7 questions



Leave symptom severity blank in column 1 and 2

**TOTAL SEVERITY = ZERO**

# How Do You Get the Most Accurate PHQ-2 to 9 Score?

- Conduct the interview in a private setting
- Sit so that you face the resident
- Minimize glare
- Be sure they can hear you
- If the resident prefers, administer the PHQ-2 to 9 in paper form
- Explain the interview before beginning
- Show the interview response options
- Read them as written
- DO NOT provide definitions



# How Often Do You Feel Lonely or Isolated From Those Around You?

QRM

01

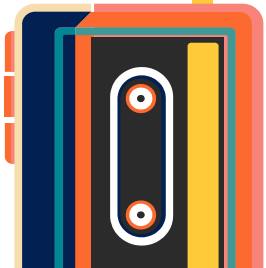
This is a resident question - you **MUST** not use other sources.

02

Do you think they are going to answer honestly to someone who just comes in and asks the question?

03

Get to know the resident - build rapport.



# POLL QUESTION #1

QRM



If the resident walks behind a wheelchair for support how do you code this on GGo120?

- A. Cane/crutch
- B. Walker
- C. Wheelchair (manual or electric)
- D. Limb Prothesis
- E. None of the above

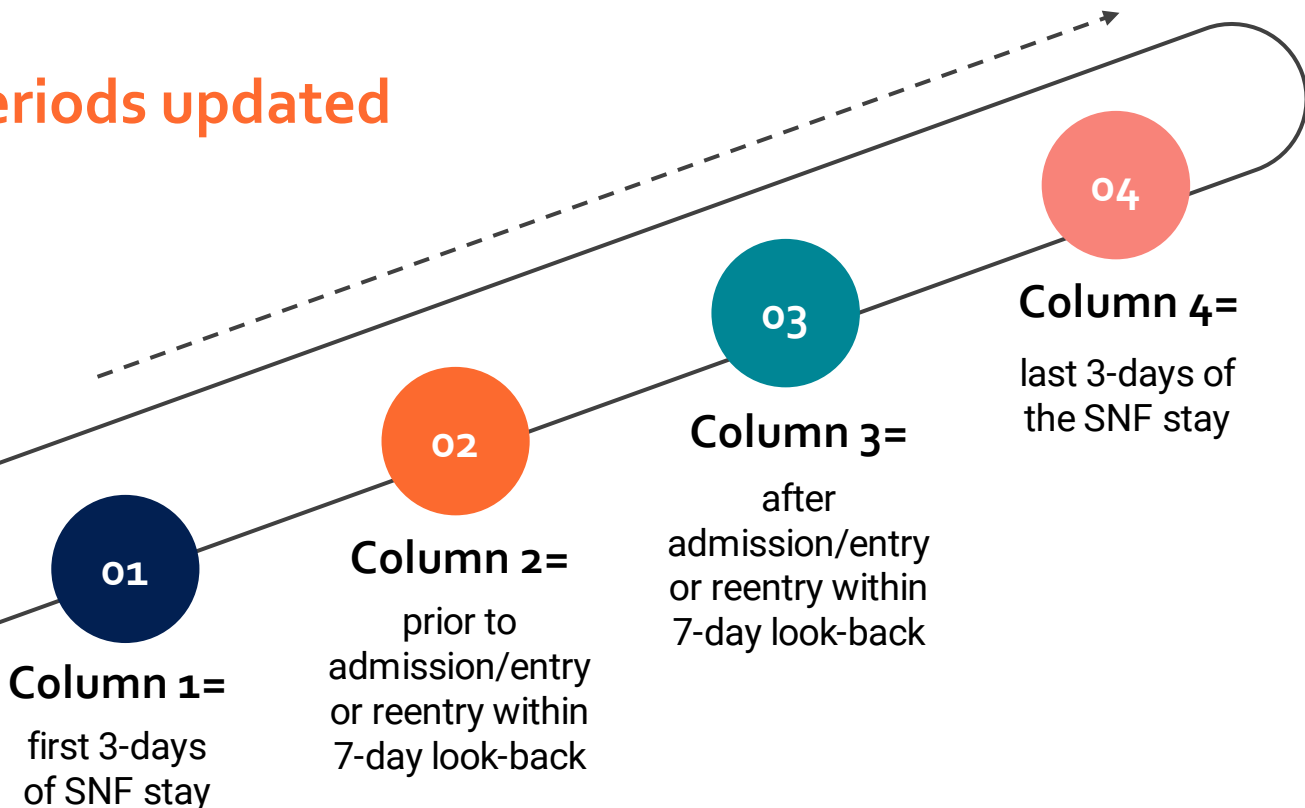
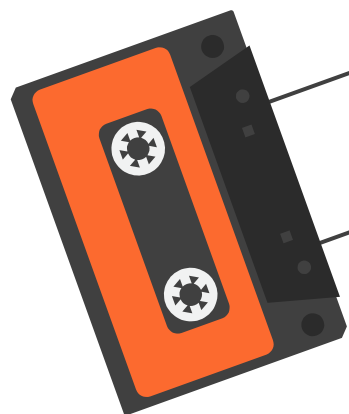
# Section K



# K0520 – Nutritional Approaches

QRM

Look-back periods updated



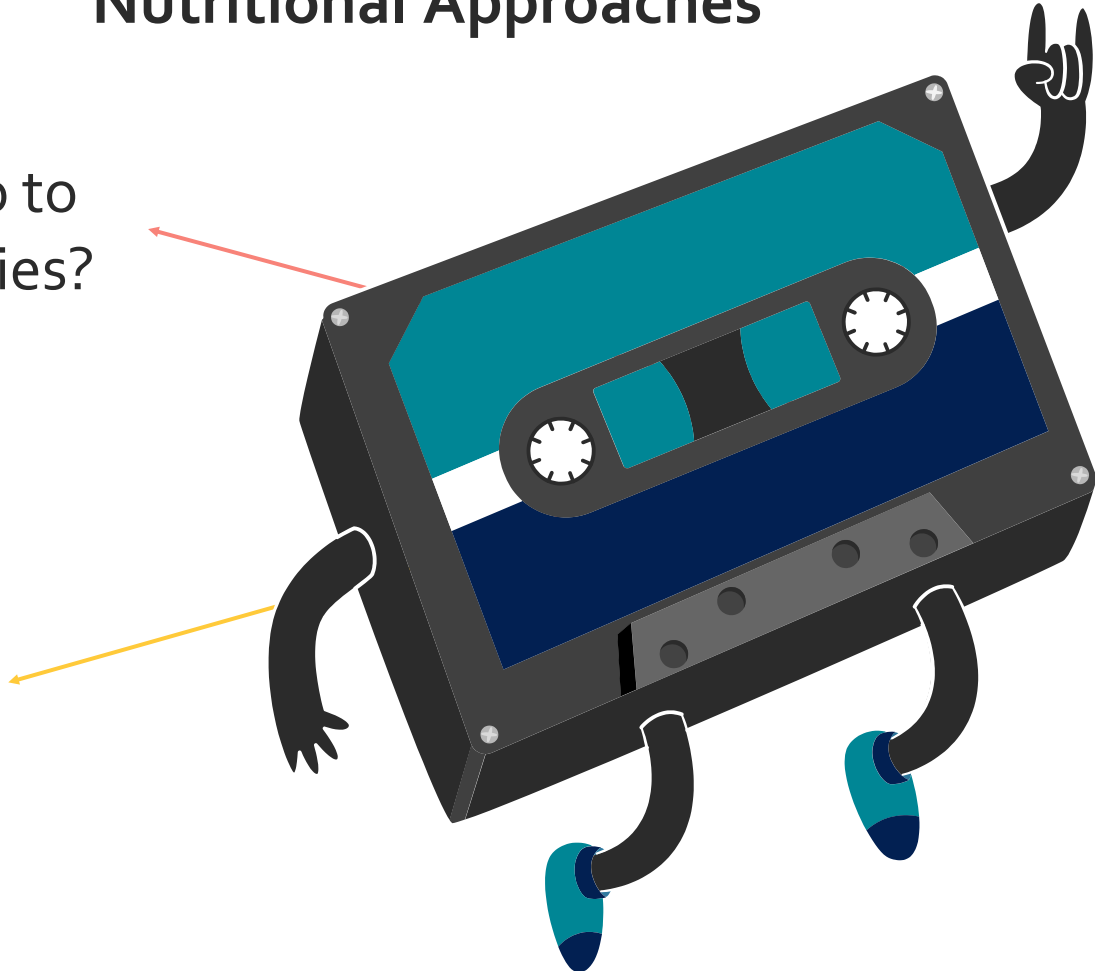
A.	Parenteral/IV Feeding
B.	Feeding Tube – Nasogastric or Abdominal (PEG)
C.	Mechanically Altered Diet – Require Change in Texture of Food or Liquids (e.g., Pureed Food, Thickened Liquids)
D.	Therapeutic Diet (e.g., Low Salt, Diabetic, Low Cholesterol)
E.	None of the Above

# Nutritional Approaches



What can we do to assist the facilities?

Do they need anything new?



# POP QUIZ

QRM



## Code IV fluids or not?

Resident J is receiving an antibiotic in 100 cc of normal saline via IV. They have a UTI, no fever, and documented adequate fluid intake. They are placed on the nursing home's hydration plan to ensure adequate hydration.

# POP QUIZ

QRM



Answer: NO!

**Coding:** K0520A1 would NOT be checked. The IV medication would be coded at IV medications item (00110H).

**Rationale:** Although the resident received the additional fluid, there is no documentation to support a need for additional fluid intake.

# POP QUIZ

QRM



## Code IV fluids or not?

Resident H was diagnosed in the acute hospital with a soft tissue infection. A treatment regime was initiated in the acute hospital, including IV antibiotics received every 8 hours within the last 7 days. Because the resident was assessed in the acute hospital with inadequate oral fluid intake demonstrating signs and symptoms of dehydration, the acute care physician ordered that the antibiotic be reconstituted with 250 cc of normal saline rather than 100 cc, which is the minimum amount required for reconstitution. This IV antibiotic and fluid regimen continues for 7 additional days following admission to the SNF due to continued infection and decreased oral intake.

# POP QUIZ

QRM



Answer: YES!

**Coding:** K0520A1, K0520A2, and K0520A3 would be checked. The IV medication would be coded at IV medications item (O0110H).

**Rationale:** The resident's physician in the acute care hospital ordered additional volume of dilutant for the IV medication reconstitution to address Resident H's inadequate oral fluid intake. The treatment regime continues upon admission to the SNF to address hydration needs. There is supporting documentation that reflected an identified need for additional fluid intake for hydration.

# High-Risk Drug Classes: Use and Indication

N0415. High-Risk Drug Classes: Use and Indication		
<b>1. Is taking</b> Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days  <b>2. Indication noted</b> If Column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is taking	2. Indication noted
	↓ Check all that apply ↓	
<b>A. Antipsychotic</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Antianxiety</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Antidepressant</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Hypnotic</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Anticoagulant</b> (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Antibiotic</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. Diuretic</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. Opioid</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I. Antiplatelet</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>J. Hypoglycemic</b> (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Z. None of the above</b>	<input type="checkbox"/>	

# High-Risk Drug Coding Instructions

## Coding Instructions

- Code *all high-risk drug class* medications according to their pharmacological classification, not how they are being used.
  - **Column 1:** Check if the resident is taking any medications by pharmacological classification during the 7-day observation period (or since admission/entry or reentry if less than 7 days).
  - **Column 2:** If Column 1 is checked, check if there is an indication noted for all medications in the drug class.



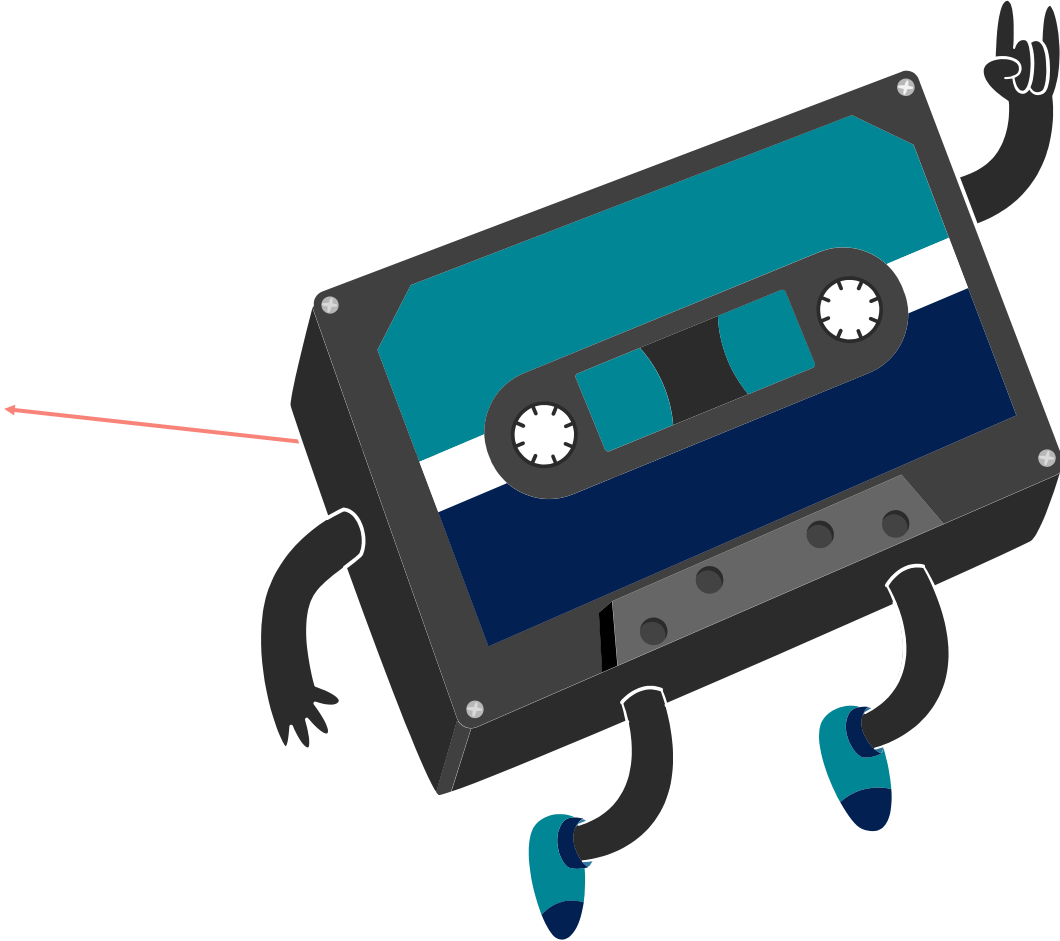
Respiratory Treatments			
<b>C1. Oxygen therapy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2. Continuous</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>C3. Intermittent</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>C4. High-concentration</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>D1. Suctioning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D2. Scheduled</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>D3. As needed</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>E1. Tracheostomy care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F1. Invasive Mechanical Ventilator</b> (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G1. Non-Invasive Mechanical Ventilator</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G2. BiPAP</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>G3. CPAP</b>	<input type="checkbox"/>		<input type="checkbox"/>

<b>Other</b>			
<b>H1. IV Medications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H2. Vasoactive medications</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>H3. Antibiotics</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>H4. Anticoagulant</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>H10. Other</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>I1. Transfusions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>J1. Dialysis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>J2. Hemodialysis</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>J3. Peritoneal dialysis</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>K1. Hospice care</b>		<input type="checkbox"/>	
<b>M1. Isolation or quarantine for active infectious disease</b> (does not include standard body/fluid precautions)		<input type="checkbox"/>	
<b>O1. IV Access</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>O2. Peripheral</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>O3. Midline</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>O4. Central</b> (e.g., PICC, tunneled, port)	<input type="checkbox"/>		<input type="checkbox"/>
<b>None of the Above</b>			
<b>Z1. None of the above</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Let's Discuss



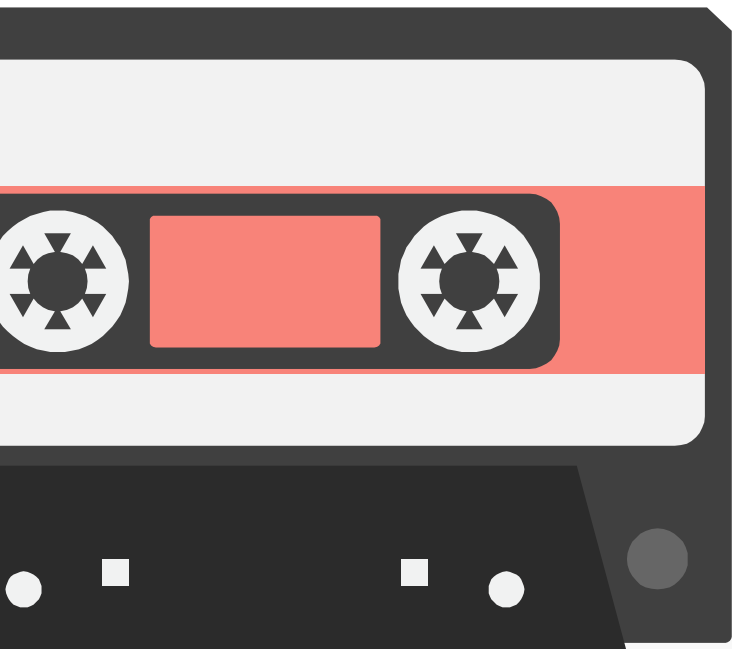
Lots of changes.  
**Now what?**



# The IDT Role

## Where do we start?

- A. WDWBW?
- B. Focus on the Basics
  - Morning Meetings
  - QAPI
  - Rounding
  - Triple-Check
  - Mentoring
- C. Follow-up/"Inspect what you expect"
- D. Set Team Goals & Measure Progress Routinely
- E. Focus on your CARE!



# QRM Service Offerings

QRM

## MDS Oversight Services

- Reimbursement Capture Auditing
- State by State CMI Management
- Interim Remote MDS Coverage
- MDS Completion & Compliance Auditing
- QM & 5 Star Auditing and Support
- RAI based Education & Training
- Trending Analytics

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## POLL QUESTION #2

QRM



What is you most important “take-away” from this presentation?

Check all that apply

- A. I need to figure out how to collect all this information.
- B. I need more training.
- C. I wish my supervisors understood all this stuff.
- D. I am ready to roll!
- E. I have the feeling that I am going to hear more about Section GG soon.

# QRM Service Offerings

QRM

## In-house Rehab Management



- Talent acquisition
- Daily rehab management
- Innovations & analytics
- Quality improvement & education
- ADR guidance & strategy

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## Multi-Claim Contractor Audits



- MAC Probe review
- SMRC review
- UPIC review

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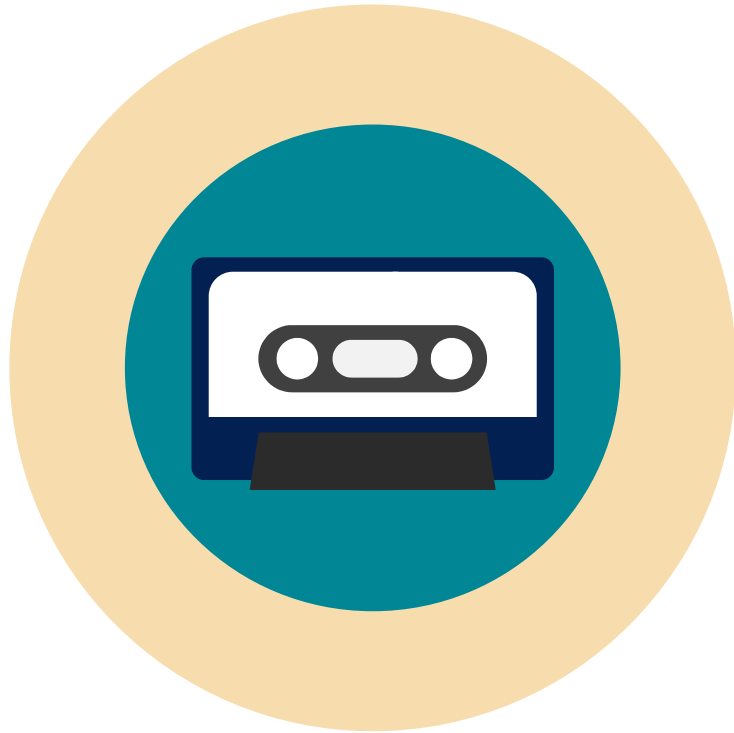
## LTC Branding & Marketing



- Branding & logo design
- Website design & management
- Search Engine Optimization (SEO)
- Social media management
- Google listing
- Print collateral

[Learn More](#)

# Our Resources



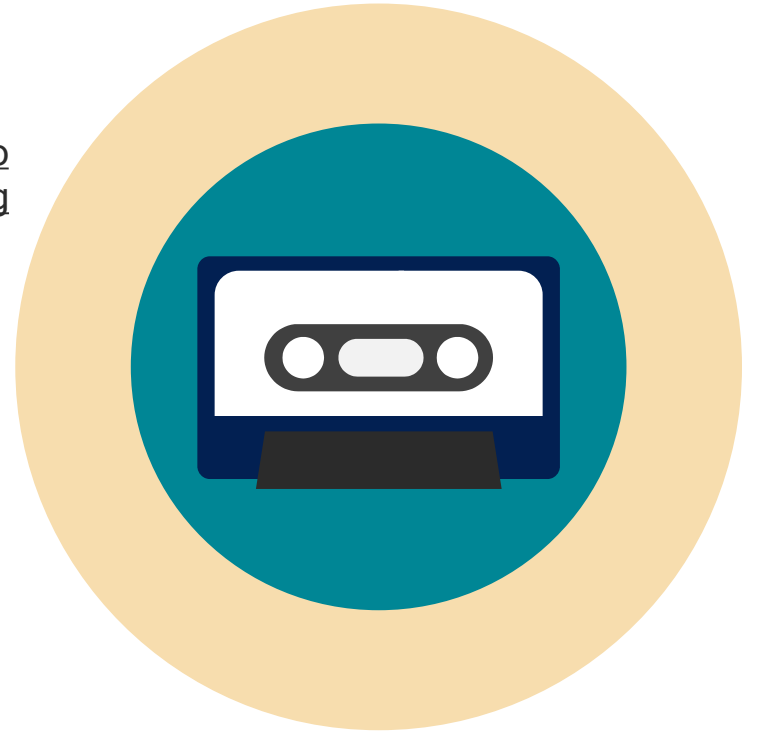
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# Questions...

# References

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2024



## Stay In Touch



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