

Name of Measure	Details	Short Informal Description:
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)	Data collected from mandatory reporting in CMS National Health Safety Network (NHSN). Must report monthly to avoid 2% APU reduction. Measure publicly reported using 4 qtrs of data. [APU = annual payment update]	Numerator: Cumulative number of HCP eligible to work in the facility for at least one day during the reporting period and who received a complete vaccination course against SARS-CoV-2. Denominator: Number of HCP eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to SARS-CoV-2 vaccination. Includes employees, providers, students, trainees, volunteers, other contractors. Not risk adjusted. Exclusion: medically contraindicated
Influenza Vaccination Coverage Among Healthcare Personnel	NHSH submission deadline: May 15th each year. Public reporting begins Oct 2023 using data from Oct 1, 2022 - Mar 31, 2023. Based on 6 mo of data, updated annually. Must submit once yearly to avoid 2% APU penalty.	Numerator: All HCP included in the denominator who received influenza vaccine any time from when it 1st became available through March 31 of following year. Counted: received vaccine, medically contraindicated, offered but declined, unknown/other. Required categories: All employees, contractors, providers, students, trainees, volunteers Denominator: Number of HCP physically present in HC facility at least 1 working day between Oct 1 and Mar 31 of the following year, regardless of clinical responsibility or patient contact. Not risk adjusted.
Medicare Spending Per Beneficiary – Post-Acute Care (PAC) SNF QRP	Medicare Spending Per Beneficiary for Residents in a SNF. Displayed as a ratio. Example: 1.12 (National Average 1.03). Ex: 66.6%, national average: 50.1%	Evaluates a SNF's Medicare Part A & B spending relative to that of the national median SNF during an episode of care. Episode: Admit to SNF through 30 days post discharge from SNF. Medicare services clinically unrelated to SNF treatment excluded, i.e.: planned hospital admissions, routine management of certain preexisting chronic conditions, some routine screening and health care maintenance, immune modulating medications. Numerator and denominator risk adjusted to factor out acuity & other factors beyond the influence of the SNF. Uses payment standardization so geographic differences or bonus/penalty payments do not factor in. Uses price-standardized, risk-adjusted ratio for comparison.

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Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP	Rate of Potentially Preventable Hospital Readmissions 30 days after Discharge from a SNF. Displayed as a percentage "better/no different/worse than national rate."	Estimates risk-standardized rate of unplanned, potentially preventable readmissions within 30 days of SNF DC for Part A beneficiaries. • Potentially preventable: inadequate management of chronic conditions, infections, other unplanned events, inadequate injury prevention. • Exclusions: <18 years, T/F to another SNF, No QHS, DC AMA, DC to federal hospitals, not Part A for 12 months prior to SNF admit thru 30 days post DC, QHS for non-surg tx of cancer, SNF stays with problematic claims data, QHS was outside of US, QHS for pregnancy. [QHS=qualifying hospital stay]
Discharge to Community - PAC SNF QRP (Also used in Five Star)	Rate of Successful Return to Home and Community from a SNF, Displayed as "Better than/same as/worse than national average."	Reports risk-standardized rate of Medicare FFS residents who DC to community following SNF stay, & do not die or have an unplanned readmission to an acute care hospital or LTCH in the 31 days following discharge to community. • "Community" = home or self care, with/without home health services, based on Patient Discharge Status Codes 01, 06, 81, and 86 on the claim. • Exclusions: <18 years, No QHS, DC to psych hospital, AMA, DC to disaster alternative care sites, federal hospitals, court/law enforcement, hospice within 30 days of DC, not Part A for 12 months prior to SNF admit thru 31 days post DC, QHS for non-surgical treatment of cancer, SNF stays that end in transfer to the same level of care, problematic claims data, planned DC to acute care or LTCH, Part A benefits exhausted, QHS outside US, swing bed stays in Critical Access Hospitals, Residents who had QHS from a NF stay
SNF Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	Public reporting 10/1/22, Conceptual criteria: Infections likely acquired during SNF care & require hospitalization. Objective to identify SNFs with higher HAI rates than peers.	Estimates risk-standardized rate of HAIs acquired during SNF care & result in hospitalization using principal dx on hospital claims. Hospitalization must occur from SNF day four to three days after SNF DC. Risk-adjusted to compare residents w/ similar characteristics • Exclusions: Age < 18, SNF stay < 4 days, Not Part A from 12 months prior to measure period to 3 days after end of SNF stay, No QHS, T/F to federal hospital from SNF, QHS outside US, stays with missing data on any variable used to construct measure
SNF QRP Website		