

An Introduction to Section GG:

New IMPACT Requirement for SNF Quality Reporting Program

Background:

Beginning October 1, 2016 skilled nursing centers will be required to report information to CMS for the **SNF Quality Reporting Program** required under **IMPACT** (Improving Medicare Post-Acute Care Transformation) Act of 2014.

Section GG item set for self-care and mobility will be added to MDS 3.0 and required to complete on the PPS 5 day and PPS Part A Discharge Assessments. Information from Section GG will be used to calculate the **standardized measure** of Percent of Residents With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function” (NQF #2631). This measure reports the percentage of residents with both an Admission and a Discharge functional assessment and an activity (self-care or mobility) goal that addresses function.

Intent of Section GG:

The admission and discharge self-care and mobility items assess the person’s need for assistance with self-care and mobility activities.

Section GG items focus on:

- Admission performance
- Discharge goals
- Discharge performance

Key Things to Know about Section GG:

- It is completed at the beginning of SNF Medicare Part A stay via 5 day PPS assessment and at end of the SNF Medicare Part A stay via SNF PPS Part A Discharge assessment.
- It is based on the resident’s usual performance for a three day assessment period, days 1-3 of SNF PPS Part A stay and the last three days of the SNF PPS Part A stay.
- CMS has not specified who should complete section GG. Refer to facility, federal, state policies and procedures, scope of practice. CMS acknowledges physical therapists, occupational therapists, speech language pathologists, and nurses are the typical staff involved in the assessment of self-care and mobility items.

Considerations for assessment of Section GG:

- Assess person based on:
 1. Direct observation
 2. Patient self-report
 3. Direct care staff report
 4. Family report
- Incorporate into care planning.
- Document applicable information in medical record during three day assessment periods.

Note: This information is based on CMS training for SNFs.

Coding admission and discharge performance in Section GG:

- Patient usual performance for each activity is rated using the 6-point scale:
6 = Independent, 5 = Setup or clean-up assistance, 4 = Supervision or touching assistance,
3 = Partial/moderate assistance, 2 = Substantial/maximal assistance, 1 = Dependent.

Note the higher number indicates less assistance required.

- Partial/moderate assistance is coded when helper provided less than half of the effort.
- Substantial/maximal assistance is coded when helper provided more than half of the effort.
- Dependent is coded when helper provides all effort or there are two or more helpers.
- Helper is defined as facility staff who are direct employees and facility contracted employees (e.g. rehabilitation staff, nursing agency staff). Does not include individuals hired, compensated or not, by individuals outside of the facility's management and administration such as hospice staff, nursing/CNA students, etc.
- Patient should be asked to perform act as independently as possible as long as safe. If helper required for safety/quality of activity score to amount of assist provided by helper.
- Use of device does not affect coding. Complete activity with or without device.
- Report patient usual status, not most independent or most dependent.

Note: Final guidance and direction on coding Section GG has not yet been released from CMS.

Goals in Section GG:

- The corresponding Quality Measure will be based on section GG having a minimum of one self-care goal or one mobility function goal reported on the MDS and completed admission & discharge functional assessment data.
- Discharge goals can be established at the time of admission based upon discussions with the patient and family, professional judgment and professional standards of practice.

Requirement to submit data in Section GG:

Failure to submit complete and appropriate data within the 80% threshold for SNF Quality Reporting Program, including Section GG, will be subject to a 2% reduction in the market basket percentage for FY 2018 (starting October 1, 2017). Coding a dash ("-") in these items indicates "No information." CMS expects dash use for SNF QRP items to be a rare occurrence. Use of dashes for these items may result in a 2% reduction in annual payment update.

Note: providers will have 4 1/2 months to review data from the collection timeframe of October 1, 2016-December 31, 2016 and correct between January 1, 2017-May 15, 2017 data submission deadline.

CMS will provide feedback reports in CASPER at resident level to SNFs.

What can you do to prepare for Section GG?:

- Understand the importance of functional improvement and how to best assist patients with achieving it.
- Review importance and rationale of section GG.
- Review current state of discharge goal setting on admission to your center.
- Assess how the addition of Section GG will impact staff workflow including data collection, assessment, goal setting, and documentation.
- Determine a process for completing Section GG at your center. Involve your interdisciplinary team in developing a collaborative approach. Like Section G, scoring should not be completed by one person, rather it should be a collaboration of team members
- Review 6 level rating scale and activity not attempted codes.
- Establish documentation protocols to capture assessment information for section GG items.
- Talk with your software vendor to ensure readiness to support Section GG.
- Practice coding a variety of scenarios with staff.
- Attend an upcoming training for providers on SNF Quality Reporting Program. *Dates to be announced by CMS.*