

Supporting Statement A  
Minimum Data Set 3.0 Nursing Home and Swing Bed Prospective Payment System (PPS)  
For the collection of data related to the Patient Driven Payment Model and the Skilled Nursing  
Facility Quality Reporting Program (QRP)  
CMS-10387, OMB 0938-1140

## **Background**

We are requesting a revision to the currently approved OMB submission to account for data Skilled Nursing Facilities (SNFs) are required to submit under the PPS to include the Skilled Nursing Facility Quality Reporting Program (SNF QRP).

The Patient Driven Payment Model (PDPM) in the PPS and the SNF QRP both collect data through the resident assessment instrument titled the Minimum Data Set (MDS) 3.0. The PDPM was described and adopted for SNFs and Swing Beds in CMS-1696-F (August 8, 2018; 83 FR 39162). Collection of information requirements related to the PDPM were approved under this control number on February 12, 2019. In addition to the NP, NPE and IPA item sets added to the collection of information requirements for the PDPM under the currently approved control number, the following MDS item sets under the prior payment model were also included: NP, NSD, NS/SS, NOD, and NO/SO (OMRA) version 1.11.1 effective 10/1/2013. The items detailed in the OMRA and associated with collection of information requirements, are also included as a subset of items in the NP item set. In the active collection of information request, the OMRA item set was identified as a proxy for the number of items on all item sets. This OMRA item set contains 272 items.

The SNF QRP was established in CMS-1622-F (August 4, 2015; 80 FR 46390) and began collecting data from SNFs in fiscal year (FY) 2016. As described in section 1899B (b)(1)(B) of the Social Security Act (the Act), SNFs are required to submit standardized patient assessment data with respect to the following categories:

- Functional Status
- Cognitive Function
- Special Services, Treatments, and Interventions
- Medical Conditions and Comorbidities
- Impairments
- Other categories deemed necessary and appropriate by the Secretary

Regarding the SNF Quality Reporting Program (SNF QRP), **Table 1** lists the quality measures, collected via the MDS, currently in use.

In the SNF QRP, SNFs currently collect and report data for the SNF QRP through the PPS 5-day (NP item set) and PPS discharge (NPE item set) assessments, which are the same assessments used in the PDPM. The Interim Payment Assessment (IPA) is an optional assessment for the PDPM and is not used for the SNF QRP.

Consistent with the FY 2019 SNF PPS final rule (August 8, 2018; 83 FR 39283) we continue to use the OMRA assessment (with 272 items) as the proxy assessment and associated time

estimate (0.85 hours or 51 minutes per assessment) for the collection of information requirements. This is also consistent with our active information collection.<sup>1</sup> In CMS-1718-P we propose to add 60.5 items across the PPS 5-day (NP item set) and PPS discharge assessments (NPE item set). Given that the proxy assessment, the PPS OMRA item set, has 272 items (as compared to the shorter PPS discharge assessment (NPE) with 143 items) that are approved under our active collection, we are able to add up to a total of 129 items without adding burden. Since we only propose to add 60.5 additional items across the NP and NPE, any increased burden associated with the added items has no impact on our currently approved burden estimates.

**Table 1**

<b>Quality Measures Currently Adopted for the FY 2021 SNF QRP Short Name</b>	<b>Measure Name &amp; Data Source</b>
<b>Resident Assessment Instrument Minimum Data Set</b>	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
Application of Functional Assessment/Care Plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
Change in Mobility Score	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).
Change in Self-Care Score	Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).

As explained below, this package iteration is associated with the April 25, 2019 (84 FR 17620) “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 2020” proposed rule (CMS-1718-P, RIN 0938-AT75).

We also propose to update the data submission system to the iQIES for the SNF QRP once it becomes available, but no later than October 1, 2021. This designation is a replacement of the existing QIES ASAP data submission system and imposes no additional requirements or burden on the part of SNFs.

<sup>1</sup> Available at [https://www.reginfo.gov/public/do/PRAViewDocument?ref\\_nbr=201809-0938-009](https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201809-0938-009).

With regard to information collection/reporting instruments and instructions, we also propose to revise: NP PPS, NO/SO OMRA-Other, and LTC RAI User's Manual; add: NPE Part A PPS Discharge, IPA, and mockups associated with the addition of the 60.5 new data elements; and discontinue: Nursing Home OMRA-Start of Therapy and Discharge (NSD) Item Set, Nursing Home and Swing Bed OMRA-Start of Therapy (NS/SS) Item Set, and Nursing Home OMRA-Discharge (NOD) Item Set. See section 15 of this Supporting Statement for details.

## **A. Justification**

### **1. Need and Legal Basis**

Pursuant to sections 4204(b) and 4214(d) of OBRA 1987, the current requirements related to the submission and retention of resident assessment data are not subject to the Paperwork Reduction Act (PRA), but it has been determined that requirements for SNF staff performing, encoding and transmitting patient assessment data for the 5<sup>th</sup>, 14<sup>th</sup>, 30<sup>th</sup>, 60<sup>th</sup> and 90<sup>th</sup> days of the covered Part A stay and to address payment changes at the end of therapy, start of therapy and when there is a change in reimbursable therapy minutes (RTM) as calculated over a seven-day span based on an Assessment Reference Date (ARD), necessary to administer the payment rate methodology described in 413.337, are subject to the PRA.

Section 1888(e)(6)(B)(i)(II) of the Act requires that each SNF submit, for fiscal years (FYs) beginning on or after the specified application date (as defined in section 1899B(a)(2)(E) of the Act), data on quality measures specified under section 1899B(c)(1) of the Act and data on resource use and other measures specified under section 1899B(d)(1) of the Act in a manner and within the timeframes specified by the Secretary. In addition, section 1888(e)(6)(B)(i)(III) of the Act requires, for FYs beginning on or after October 1, 2018, that each SNF submit standardized patient assessment data required under section 1899B(b)(1) of the Act in a manner and within the timeframes specified by the Secretary. Section 1888(e)(6)(A)(i) of the Act requires that, for FYs beginning with FY 2018, if a SNF does not submit data, as applicable, on quality and resource use and other measures in accordance with section 1888(e)(6)(B)(i)(II) of the Act and standardized patient assessment in accordance with section 1888(e)(6)(B)(i)(III) of the Act for such FY, the Secretary reduce the market basket percentage described in section 1888(e)(5)(B)(ii) of the Act by 2 percentage points.

Section 2(a) of the IMPACT Act amended the Social Security Act (the Act) by adding section 1899B to the Act, which requires, among other things, SNFs to report standardized patient assessment data, data on quality measures, and data on resource use and other measures. Under section 1899B(m) of the Act, modifications to the SNF assessment instrument, here the MDS, required to achieve standardization of patient assessment data are exempt from PRA requirements. However, if the data elements for quality measures and standardized patient assessment data are finalized as proposed, then we believe that we will have met the requirements for standardization of patient assessment data. Therefore, the exemption of the SNF QRP from the PRA is no longer applicable such that the SNF QRP requirements and burden beginning with such standardization will be submitted to OMB for review and approval. The active ICR serves as the basis for which we now address the previously exempt requirements and burden.

OMB reviewed and concurred with current SNF MDS Item Sets included with this statement.

## 2. Information Users

CMS uses the MDS 3.0 PPS Item Set to collect the data used to reimburse skilled nursing facilities for SNF-level care furnished to Medicare beneficiaries and to collect information for quality measures and standardized patient assessment data under the SNF QRP.

The public display of quality measure data by CMS imposes no additional burden on SNFs.

## 3. Improved Information Technology

CMS has developed customized software that allows skilled nursing facilities to encode, store and transmit MDS 3.0 data. The software is available free of charge, and CMS provides customer support for software and transmission problems encountered by the providers.

## 4. Duplication of Similar Information

The data required for reimbursement and for the Skilled Nursing Facility Quality Reporting Program are not currently available from any other source.

## 5. Small Entities

As part of our PRA analysis for an extension of our existing approval, we considered whether the change impacts a significant number of small entities. In this filing we utilized the instructions that pertain to the Paperwork Reduction Act Submission Worksheet, Part II to determine the number of small entities. Specifically, a small entity can be defined as a small organization that is any not-for-profit enterprise that is independently owned and operated and is not dominant in its field. Data indicate that in 2016, 23% of the total SNF number were non-profit. This equates to 3,555 non-profit SNFs.

## 6. Collection Frequency

Under the PDPM payment system we need to collect this information at the required frequency, that is at the start of a resident's Part A SNF stay to classify the resident into a payment category, and upon discharge from a SNF stay for monitoring purposes. For the SNF QRP, the data collection time points and data collection frequency are consistent with the PDPM payment system. Data is collected for the SNF QRP both at the start of a resident's Part A SNF stay and upon discharge from a resident's Part A SNF stay in order to calculate the quality measures adopted under the SNF QRP and to obtain standardized patient assessment data.

## 7. Special Circumstances

There are no special circumstances that would require the PPS 5-Day and PPS discharge assessments to be conducted more than once during a resident's stay.

8. Federal Register Notice/Outside Consultation

The April 25, 2019 (84 FR 17620), proposed rule (CMS-1718-P; RIN 0938-AT75) serves as the 60-day Federal Register notice.

9. Payment/Gift to Respondent

There were no gifts and no payment to respondents.

10. Confidentiality

To address concerns about confidentiality of resident data, we provide that a facility and a State may not release resident-identifiable information to the public, and may not release the information to an agent or contractor without certain safeguards (42 CFR 483.20(f)(5) and 483.315(j)).

11. Sensitive Questions

There are no sensitive questions.

12. Burden Estimate (Total Hours & Wages)

The active information collection request (approved February 12, 2019) sets out burden estimates for the item sets NP, NPE, and IPA, which are the item sets used for the PDPM. The item sets NOD, NO/SO, NSD, and NS/SS, included in the PRA disclosure statement on page two of the Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual (found at: <https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf>), will be discontinued for payment purposes as of 10/1/2019, when the PDPM takes effect. However, we continue to use the number of items (272) on the OMRA (NO/SO) item set as a proxy for all assessments, consistent with the active information collection request.

We have updated the MDS burden estimates on skilled nursing facilities. The hourly burden estimate for each assessment has not changed. We have used FY 2017 data to calculate the frequency and numbers of assessments completed.

*Wage Estimates*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics’ May 2017 National Occupational Employment and Wage Estimates for all salary estimates ([http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). The following table presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage.

<b>Occupation Title</b>	<b>Occupation Code</b>	<b>Mean Hourly Wage (\$/hr)</b>	<b>Fringe Benefits and Overhead (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>

Health Information Technician	29-2071	20.59	20.59	41.18
Registered Nurse	29-1141	35.36	35.36	70.72

For *preparation functions*, we used the adjusted registered nurse wage of \$70.72/hr, or \$1.18 per minute.

For *transmission* personnel, we used the adjusted health information technician wage of \$41.18/hr or \$0.69 per minute.

For *coding functions* we calculated a blended rate of \$55.95/hr or \$0.93 per minute; this was the average of the adjusted hourly rates for RNs (\$70.72/hr) and health information technicians (\$41.18/hr). The blended rate reflects the fact that SNF providers have historically used both RN and support staff for the data entry function.

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

### *Assumptions*

According to the On-Line Survey and Certification System (OSCAR), there were approximately 15,471 skilled nursing facilities in FY 2017. Based on our analysis of claims submitted during FY 2017 from a query of the SNF Standard Analytic File (SAF), we estimate that 2,406,401 5-day PPS assessments will be completed and submitted by Part A SNFs each year under PDPM described in CMS-1696-F and the SNF QRP as described in CMS-1718-P. We are using the same number of assessments (2,406,401) as a proxy for the number of PPS discharge assessments that would be completed and submitted each year, since all residents who require a 5-day PPS assessment will also require a discharge assessment under the SNF PDPM.

We are using the Significant Change in Status Assessment (SCSA) as a proxy to estimate the number of IPAs as the criteria for completing an SCSA is similar to that for the proposed IPA. Based on FY 2017 data, 92,240 IPAs would be completed per year. We estimate that the total number of 5-day scheduled PPS assessments, IPAs, and PPS discharge assessments that would be completed under the proposed PDPM across all facilities is 4,905,042 (2,406,401 + 92,240 + 2,406,401, respectively).

### *Collection of Information Requirements and Associated Burden Estimates*

Based on our understanding of the MDS 3.0 and after discussions with clinicians, we estimate that it will take 51 minutes (.85 hours) complete a single PPS Assessment. This can be broken down in the following way: It takes 40 minutes (0.6667 hours) to collect the information necessary for coding a PPS Assessment, 10 minutes (0.1667 hours) to code the responses, and 1 minutes (0.0167 hours) to transmit the results.

The total estimated time for MDS 3.0 PPS Assessment preparation and coding across all facilities is 4,169,286 hours per year (4,905,042 assessments x 0.85 hours).

**MDS 3.0 PPS Item Set Preparation, Coding and Transmission**

Total Number of Assessments Reporting	Completion time per assessment	Number of Respondents	Total Annual Hour Burden Across Facilities per year
4,905,042	0.85 hours	15,471	4,169,286

There were 15,471 skilled nursing facilities which sought reimbursement under the year-to-date projected SNF PPS during FY 2017. Under PDPM and SNF QRP, the cost per facility is \$18,126 (\$280,421,251/15,471 facilities) (see below).

MDS Preparation, Coding and Transmission	Total Minutes Per Respondent	Estimated Cost Per Respondent per Assessment	Annual Cost Burden Across Facilities (4,812,802 Assessments per year *cost per Assessment)	Annual Cost Burden Per Facility (cost per Assessment/# of facilities)
Preparation	40	\$47.15	\$231,272,730	\$14,949
Coding	10	\$9.33	\$45,764,042	\$2,958
Transmission	1	\$0.69	\$3,384,479	\$219
<b>TOTAL</b>	<b>51</b>	<b>\$57.17</b>	<b>\$280,421,251</b>	<b>\$18,126</b>

Basic Requirements for all Claims In evaluating the impact of billing changes in the HCFA-1500 common claim form (approved by OMB under control number 0938-0008) our long-standing policy is to focus on changes in billing volume. Under the SNF PPS, there will be no change in billing volume for skilled nursing facilities.

*Summary of Requirements and Annual Burden Estimates*

Requirement	Respondents	Responses (per respondent)	Total Responses	Time per Response (hr)	Total Time (hr)	Cost per Response	Total Cost (\$)
5-day scheduled PPS Assessment	15,471	155.54	2,406,401	0.85	2,045,440.85	57.17	137,573,945
PPS Discharge	15,471	155.54	2,406,401	0.85	2,045,440.85	57.17	137,573,945
IPA	15,471	5.96	92,240	0.85	78,404	57.17	5,273,361
<b>TOTAL</b>	<b>15,471</b>	<b>317.04</b>	<b>4,905,042</b>	<b>0.85</b>	<b>4,169,286</b>	<b>57.17</b>	<b>280,421,251</b>

*Information Collection/Reporting Instruments and Instruction Guidance Documents*

The Information Collection/Reporting Instruments for the PDPM and SNF QRP effective 10/1/2019 are the MDS 3.0 forms/Item Sets: NP, NPE, IPA.

- NP PPS (NP) Version 1.17.1 effective 10/1/2019 (Revised, see the Crosswalk and section 15 for details)
- NPE Part A PPS Discharge (NPE) Version 1.17.1 effective 10/1/2019 (New, see section 15 for details)
- IPA Version 1.17.1 effective 10/1/2019 (New, see section 15 for details)
- NO/SO OMRA-Other (NO/SO) Version 1.16.1 effective 10/1/2018 (Revised, see the Crosswalk and section 15 for details)
- LTC RAI User’s Manual (Cover Only) (Revised, see the Crosswalk and section 15 for details)
- Also included are draft item set section mockups associated with the addition of the 60.5 new data elements, available at <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>. (New, see section 15 for details)

### 13. Capital Costs (Maintenance of Capital Costs)

Facilities are currently required to collect, compile, and transmit MDS data. Therefore, there are no capital costs. Any other cost can be considered a cost of doing business.

### 14. Cost to Federal Government

The Department of Health & Human Services (DHHS) will incur costs associated with the administration of the SNF quality reporting program including costs associated with the IT system used to process SNF submissions to CMS and analysis of the data received. CMS has engaged the services of an in-house CMS contractor to create and manage an online reporting/IT platform for the MDS. This contractor works with the CMS Center for Clinical Standards and Quality, Division of Post-Acute and Chronic Care (DCPAC) in order to support the IT needs of multiple quality reporting programs. When SNF providers transmit the data contained within the MDS to CMS it is received by this contractor. Upon receipt of all data sets for each quarter the contractor performs some basic analysis which helps to determine each provider’s compliance with the reporting requirements of the SNF QRP. The findings are communicated to the SNF QRP lead in a report. Contractor costs include the development, testing, roll-out, and maintenance of the Resident Assessment Validation and Entry System (jRAVEN) that is made available to SNF providers free of charge providing a means by which SNFs can submit the required quality measure data to CMS. DCPAC had also retained the services of a separate contractor for the purpose of performing a more in-depth analysis of the SNF quality data, as well as the calculation of the quality measures, and future public reporting of the SNF quality data. Said contractor will be responsible for obtaining the SNF quality reporting data from the in-house CMS contractor. They will perform statistical analysis on this data and prepare reports of their findings, which will be submitted to the SNF QRP lead. DCPAC has retained the services of a third contractor to assist us with provider training and support services related to the SNF QRP. In addition to the contractor costs, the total includes the cost of the following Federal employees: GS-13 (locality pay area of Washington-Baltimore-Northern Virginia) at 100% effort for 3 years, or \$290,910. GS-14 (locality pay area of Washington-Baltimore-Northern Virginia)



at 33% effort for 3 years, or \$114,590. The estimated cost to the federal government for the contractor is as follows:

CMS in-house contractor – Maintenance and support of IT platform that supports the MDS	\$750,000
Data analysis contractor	\$1,000,000
Provider training & helpdesk contractor	\$1,000,000
GS-13 Federal Employee (100% X 3 years)	\$290,910
GS-14 Federal Employee (33% X 3 years)	\$114,590
<b>Total cost to Federal Government:</b>	<b>\$3,155,500</b>

15. Program Changes

Consistent with the FY 2019 SNF PPS final rule (August 8, 2018; 83 FR 39283) we continue to use the OMRA assessment (with 272 items) as the proxy assessment and associated time estimate (0.85 hours or 51 minutes per assessment) for the collection of information requirements. This is also consistent with our active information collection.<sup>2</sup>

In CMS-1718-P we propose to add 60.5 items across the PPS 5-day (NP item set) and PPS discharge assessments (NPE item set). Given that the proxy assessment, the PPS OMRA item set, has 272 items (as compared to the shorter PPS discharge assessment (NPE) with 143 items) that are approved under our active collection, we are able to add up to a total of 129 items without adding burden. Since we only propose to add 60.5 additional items across the NP and NPE, any increased burden associated with the added items has no impact on our currently approved burden estimates (see below).

*Respondents*

Current	15,471
Proposed (CMS-1718-P)	15,471
Difference	0 (no change)

*Number of Responses (Assessments) Per Facility*

Current	317.04
Proposed (CMS-1718-P)	317.04
Difference	0 (no change)

*Responses (Assessments) (Total)*

Current	4,905,042
Proposed (CMS-1718-P)	4,905,042
Difference	0 (no change)

*Time Per Response (Assessment)*

	Preparation, Coding, Transmission
Current	0.85 hr

<sup>2</sup> Available at [https://www.reginfo.gov/public/do/PRAViewDocument?ref\\_nbr=201809-0938-009](https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201809-0938-009).

Proposed (CMS-1718-P)	0.85 hr
Difference	0 (no change)

*Total Hours (Annual)*

Current	4,169,296 hr
Proposed (CMS-1718-P)	4,169,296 hr
Difference	0 (no change)

*Total Cost (Annual)*

Current	\$280,421,251
Proposed (CMS-1718-P)	\$280,421,251
Difference	0 (no change)

We also propose to update the data submission system to the iQIES for the SNF QRP once it becomes available, but no later than October 1, 2021. This designation is a replacement of the existing QIES ASAP data submission system and imposes no additional requirements or burden on the part of SNFs.

With regard to information collection/reporting instruments and instructions, we also propose to revise, add, or discontinue the following:

*Revised Assessments/Documents*

*NP PPS Version 1.17.1 effective 10/1/2019:* This assessment will be used for data collection for the PDPM and the SNF QRP, effective 10/1/2019. This assessment contains items used for payment under the PDPM and items for determining compliance with the SNF QRP. Since the SNF QRP is no longer exempt from PRA requirements, this revised item set is now being submitted for approval under CMS-10387, OMB 0938-1140. Approved under active information collection request is NP version 1.11.1, effective 10/1/2013.

*NO/SO OMRA-Other Version 1.16.1 effective 10/1/2018:* We continue to use the number of items (272) on the OMRA (NO/SO) item set as a proxy for all assessments, consistent with the active information collection request. This assessment (NO/SO version 1.16.1) represents the most up to date version of the NO/SO assessment available. Approved under active information collection request is NO/SO version 1.11.1, effective 10/1/2013.

*LTC RAI User's Manual (Cover Only):* The cover of the LTC RAI User's Manual is from the October 2018 manual. Approved under active information collection request is the cover of LTC RAI User's Manual from the 2017 manual.

*New Assessments/Documents*

*NPE Part A PPS Discharge Version 1.17.1 effective 10/1/2019:* This assessment will be used for data collection for the PDPM and the SNF QRP, effective 10/1/2019. This assessment contains items used for payment under the PDPM and for determining compliance with the SNF QRP. Since the SNF QRP is no longer exempt from PRA requirements, this item set is

now being submitted for approval under this information collection request.

*IPA Version 1.17.1 effective 10/1/2019:* This optional assessment is used for payment purposes under the PDPM, effective 10/1/2019. It is not used for data collection in the SNF QRP. It is not approved under the active information collection request and is now being submitted to OMB for approval.

*Draft item set section mockups associated with the addition of the 60.5 new data elements:* This mockup contains proposed data elements that will be required for collection in the SNF QRP beginning 10/1/2020 (if finalized). Available at <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>

#### *Discontinued Assessments*

*Nursing Home OMRA-Start of Therapy and Discharge (NSD) Item Set:* This item set will be discontinued for payment purposes effective 10/1/2019. It is not used for SNF QRP data collection.

*Nursing Home and Swing Bed OMRA-Start of Therapy (NS/SS) Item Set:* This item set will be discontinued for payment purposes effective 10/1/2019. It is not used for SNF QRP data collection.

*Nursing Home OMRA-Discharge (NOD) Item Set:* This item set will be discontinued for payment purposes effective 10/1/2019. It is not used for SNF QRP data collection.

#### 16. Publication and Tabulation Dates

The public display of quality measure data by CMS imposes no additional burden on SNFs.

#### 17. Expiration Date

The PRA Disclosure statement can be found on page two of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (found at: <https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf>). The forms included under this PRA package are: Item Sets: NP, NPE, IPA, and NO/SO.

#### 18. Certification Statement

There are no exceptions.

### **B. Collection of Information Employing Statistical Methods**

In collecting the data for payment and quality purposes, we do not employ any statistical sampling methods.