



WISCONSIN DEPARTMENT
of HEALTH SERVICES


Quarterly MDS Forum

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Preadmission Screen and Resident Review (PASRR)

Bryan Harms & Jean Kaske - Behavioral Consulting Services (BCS)

Julie Lentz - DHS



Updates to Quality Measures

Percent of residents who received an antipsychotic medication measure re-specifications.

- Will now include Medicare and Medicaid claims and encounter data
- Began January 1, 2026
 - July 1, 2025, through September 30, 2025, data for public reporting on care compare



Antipsychotic Medications Measure

Numerator change

Numerator

Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows:

1. For assessments with target dates on or after 10/01/2023: (N0415A1 = [1]).²⁰

Numerator

★ Long-stay residents with a selected target assessment who received antipsychotic medication(s). This condition is defined as follows:

1. For assessments with target dates within the target period: N0415A1 = [1].

OR



Antipsychotic Medications Measure

Numerator change

2. The resident has a claim or encounter record for antipsychotic medication during the target period while the resident is in the facility.²⁸
 - 2.1 Resident has a Medicaid RX (Pharmacy) or Medicare Part D claim/encounter record for antipsychotic medication²⁹ during the NH stay. The timing of the record is determined by the fill date field in the claim/encounter record. **OR**
 - 2.2 Resident has Medicaid OT (Other Services) claim or Medicare OP (outpatient)/PB (physician/carrier) claim/encounter record for physician-administered antipsychotic medication³⁰ with a beginning service date/service date during the NH stay. The timing of the record is determined by the beginning service date or the service date field in the claim/encounter record.
 - 2.2.1 APD use found in Medicare or Medicaid data that occurs during the target period is not included in the numerator if it occurs while the resident is discharged from the facility.



Antipsychotic Medications Measure

Denominator exclusion changes

Exclusions

1. The resident is not continuously enrolled in either (i) Medicare Part A&B&D or Medicare Part C&D (Medicare Fee-For-Service or Medicare Advantage with Part D enrollment) **or** (ii) Medicaid only during each month from the beginning of the target period until the end of the episode.
2. The resident is not continuously enrolled in either (i) Medicare Part A&B or Medicare Part C (Medicare Fee-For-Service or Medicare Advantage), or (ii) Medicaid only during each month of the measure exclusion lookback window.
 - 2.1. Measure exclusion lookback window is defined as the same date one year prior to the target date until the target date.



Antipsychotic Medications Measure

3. The resident is aged 65 or older at admission and is admitted within one year prior to the end of the target period, but is not continuously enrolled in either (i) Medicare Part A&B or Medicare Part C (Medicare Fee-For-Service or Medicare Advantage), or (ii) Medicaid only in each month of the pre-admission lookback window.
 - 3.1. Pre-admission lookback window is defined as same date one year prior to the day before admission date, until one day before admission date.
 - 3.2. Resident age at admission is calculated using the admission date minus the resident's birth date from Medicare enrollment data for Medicare-enrolled resident or from Medicaid eligibility data for Medicaid-only resident.



Antipsychotic Medications Measure

4. *Any* of the following related conditions are present on the target assessment or the prior assessment *and* in Medicare/Medicaid claims or encounter data (unless otherwise indicated):³¹

4.1. Schizophrenia.

→ For residents aged 65 or older at admission who are admitted within one year prior to the end of the target period:

4.1.1. Schizophrenia (I6000 = [1]) is reported on either the target assessment or the prior assessment, *and*

4.1.2. A schizophrenia diagnosis code is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year pre-admission lookback window.³²

→ For residents aged under 65 at admission or residents aged 65 or older at admission who were admitted more than one year prior to the end of the target period:

4.1.3. Schizophrenia (I6000 = [1]) is reported on either the target assessment or the prior assessment, *and*

4.1.4. A schizophrenia diagnosis code is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year measure exclusion lookback window.³⁴



Antipsychotic Medications Measure

4.2. Tourette's syndrome.

4.2.1. Tourette's syndrome (I5350 = [1]) is reported on either the target assessment or the prior assessment, *and*

4.2.2. Diagnosis code for Tourette's syndrome is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year measure exclusion lookback window.³⁴

4.3. Huntington's disease.

4.3.1. Huntington's disease (I5250 = [1]) is reported on either the target assessment or the prior assessment, *and*

4.3.2. Diagnosis code for Huntington's disease is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, claim through date/ending service date occurring during the one-year measure exclusion lookback window.³⁴



Antipsychotic Medications Measure

5. The resident receives Medicare Part A- or Medicaid-covered hospice services or is enrolled in hospice during any month between the beginning of the target period and the end of the episode.
 - 5.1. Resident has at least one Medicare Part A Hospice claim with a claim from date or through date overlapping with the period between the beginning of the target period and the end of the episode *or*
 - 5.2. Resident has at least one Medicaid hospice claim/encounter record where the beginning service date and ending service date overlaps with the period from the beginning of the target period to the end of the episode *or*
 - 5.3. Resident has a hospice eligibility group code (44: “individuals receiving hospice care”) in Medicaid eligibility data for at least one month from the beginning of the target period to the end of the episode.³³

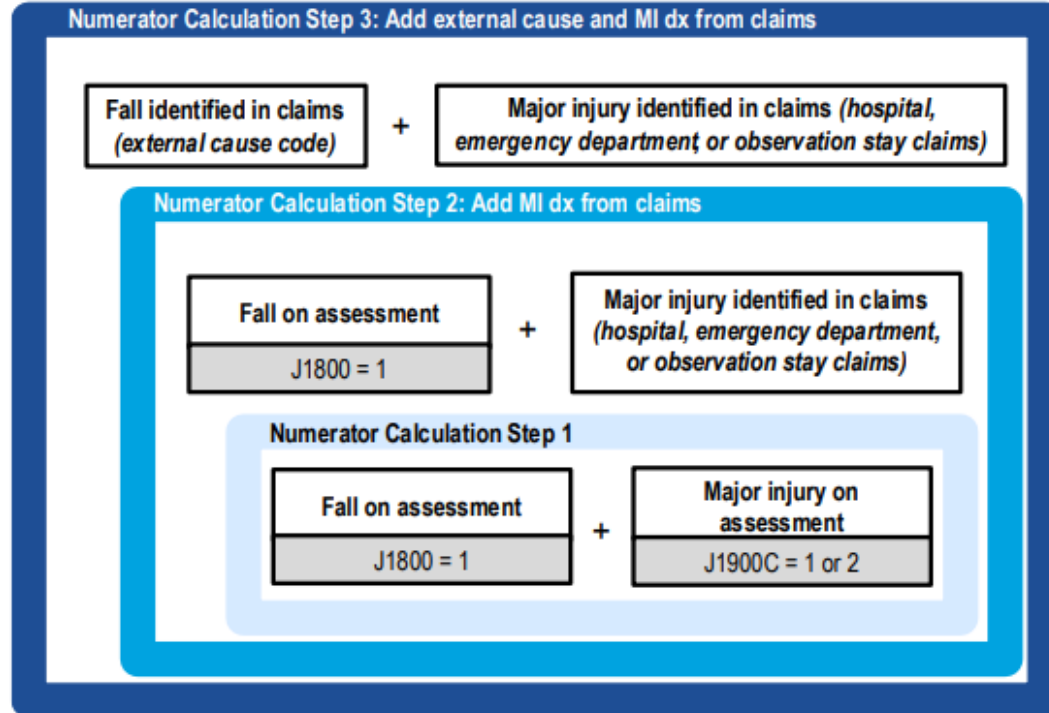


Falls with Major Injury Measure(s)

- Quality measure (QM) and quality reporting program (QRP)
- New definitions for fall and major injury
- Will now include claims/encounter data
- Denominator and denominator exclusions remain the same



Falls with Major Injury Measure(s)



Falls with major injury specification



Combined Assessments on SNF Annual Payment Update (APU)

Reminders

- ✓ Perform your interviews early to ensure data elements are collected
- ✓ Do not submit Medicare Advantage assessments to iQIES
- ✓ Review your final validation and error detail reports



Calculating the Annual Payment Update (APU)

**MDS
compliance
threshold of at
least 90%**



Numerator
The number of assessments in the denominator with 100% of the required MDS data elements completed (i.e. items do not contain a dash).

Denominator
All Medicare 5-Day (A0310B = 01) and PPS Discharge (A0310H = 1) assessments submitted prior to the submission deadline.



Data Validation Process

- What is it?
 - Evaluates the accuracy of quality measure data elements derived from the MDS, and used in the SNF VBP and QRP
- When does it begin?
 - January 1, 2026
- How do I know if my facility has been selected?
 - You will receive notice in iQIES within the MDS 3.0 provider preview reports folder



Data Validation Process

- How long will the facility have to submit the required documents?
 - 45 calendar days from initial notification

[Overview of the Data Validation Process for the SNF Assessment-Based Measures_ Presentation \(PDF\)](#)

[Overview of the Data Validation Process for the SNF Assessment-Based Measures_ Transcript \(PDF\)](#)

[Data Validation Process Frequently Asked Questions 12.17.2025 \(PDF\)](#)





Questions and Answers



Contact Us

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<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>



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<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>





Thank you!

Protecting and promoting the
health and safety of the people
of Wisconsin



WISCONSIN DEPARTMENT
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Resources

- [Care Compare NH Five-Star Quality Rating System](#)
- [RAI Manual and Data Sets](#)
- [QM Manual v18](#)
- [QRP Manual v7](#)
- [Impact of Combined Assessments](#)

