

# Skilled Nursing Facility (SNF) Quality Reporting Program TRAINING PRESENTATION ACRONYM LIST



May 7 and 8, 2019  
Sheraton Kansas City Hotel  
at Crown Center  
Kansas City, MO 64108

## A

**ABN** . . . . . Advance Beneficiary Notice  
**ADL** . . . . . Activities of Daily Living  
**AFO** . . . . . Ankle-Foot Orthosis  
**ARD** . . . . . Assessment Reference Date  
**APU** . . . . . Annual Payment Update  
**ASAP** . . . . . Assessment Submission and Processing

## C

**CASPER** . . . . . Certification and Survey  
Provider Enhanced Reports  
**CCN** . . . . . CMS Certification Number  
**CMS** . . . . . Centers for Medicare  
& Medicaid Services  
**COPD** . . . . . Chronic Obstructive  
Pulmonary Disease

## D

**DRR** . . . . . Drug Regimen Review  
**DTC** . . . . . Discharge to Community

## F

**FAQ** . . . . . Frequently Asked Questions  
**FY** . . . . . Fiscal Year

## H

**HHA** . . . . . Home Health Agency  
**HIPPS** . . . . . Health Insurance  
Prospective Payment System

## I

**ICD** . . . . . International Statistical  
Classification of Diseases  
and Related Health Problem  
**IMPACT**  
**Act** . . . . . Improving Medicare Post-  
Acute Care Transformation Act  
**IPA** . . . . . Interim Payment  
Assessment  
**IRF** . . . . . Inpatient Rehabilitation  
Facility  
**IRF-PAI** . . . . . Inpatient Rehabilitation  
Facility Patient Assessment  
Instrument

## L

**LTCH** . . . . . Long-Term Care Hospital

## M

**MDS** . . . . . Minimum Data Set  
**MedPAC** . . . . . Medical Payment Advisory  
Commission  
**MLN** . . . . . Medicare Learning Network  
**MSPB** . . . . . Medicare Spending Per  
Beneficiary

## N

**NF** . . . . . Nursing Facility  
**NH** . . . . . Nursing Home  
**NOMNC** . . . . . Notice of Medicare Non-  
Coverage  
**NQF** . . . . . National Quality Forum  
**NTA** . . . . . Non-Therapy Ancillary

## O

**OBRA** . . . . . Omnibus Budget  
Reconciliation Act of 1987  
**OIG** . . . . . Office of the Inspector  
General  
**OMRA** . . . . . Other Medicare Required  
Assessment  
**OSA** . . . . . Optional State Assessment  
**OT** . . . . . Occupational Therapy  
**OV** . . . . . Observational Version

## P

**PAC** . . . . . Post-Acute Care  
**PASRR** . . . . . Preadmission Screening and  
Resident Review  
**PDPM** . . . . . Patient Driven Payment  
Model  
**PHQ** . . . . . Patient Health  
Questionnaire  
**PPR** . . . . . Potentially Preventable  
30-Day Post-Discharge  
Readmission  
**PPS** . . . . . Prospective Payment System  
**PN** . . . . . Parenteral Nutrition  
**PT** . . . . . Physical Therapy

## Q

**Q&A** . . . . . Questions & Answers  
**QIES** . . . . . Quality Improvement and  
Evaluation System  
**QIES ASAP** . . . . . Quality Improvement  
Evaluation System  
Assessment Submission  
and Processing  
**QM** . . . . . Quality Measure  
**QRP** . . . . . Quality Reporting Program

## R

**RAI** . . . . . Resident Assessment  
Instrument  
**RFA** . . . . . Reason for Assessment  
**RN** . . . . . Registered Nurse  
**RUG** . . . . . Resource Utilization Group

## S

**SB** . . . . . Swing Bed  
**SLP** . . . . . Speech-Language  
Pathology  
**SNF** . . . . . Skilled Nursing Facility  
**SNF ODF** . . . . . SNF Open Door Forum  
**SOM** . . . . . State Operations Manual  
**SPADE** . . . . . Standardized Patient  
Assessment Data Elements  
**SSN** . . . . . Social Security Number

## T

**TLSO** . . . . . Thoracic-Lumbar-Sacrum  
Orthosis

## U

**UPL** . . . . . Upper Payment Limit