Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Help Desk
Questions and Answers (Q+As)
and Quarterly Updates

August 2019

The Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) was implemented on October 1, 2016. This document is intended to provide guidance on questions that were received by the SNF QRP Help Desk from April 2019–June 2019 (Section 1). This document also contains quarterly updates and events from April 2019–June 2019 (Section 2) as well as upcoming updates for the next quarter, from July 2019–September 2019 (Section 3). Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.

Section 1:
Help Desk Frequently Asked Questions and Answers

Question	Answer
General SNF QRP	
What are the SNF QRP program requirements and data submission deadlines for the for FY 2021?	SNF QRP requirements for the Fiscal Year 2021 Program Year are available on the SNF QRP website. Please refer to the Fact Sheet, linked below, to review information about requirements for the SNF QRP FY 2021 program year, which reflects data collected 1/1/19 – 12/31/19: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Requirements-for-the-Fiscal-Year-FY2021-Program-Year.pdf SNF QRP data submission deadlines for Fiscal Year 2020 can be found at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Data-Submission-Deadlines-for-FY-2020.pdf For more information, please refer to the SNF Quality Reporting Program Data Submission Deadlines webpage at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html
Section GG	
Can MDS 3.0 item GG0170M -1 step/curb be assessed using a handrail?	Yes, item GG0170M- 1 step (curb) can be assessed using a curb or a step with or without railing(s). When assessing a patient going up and down 1 step/curb, the patient can be assessed with or without a handrail.
How should the Section GG0170 Mobility items for Walking be coded for a resident with a below knee amputation who can "hop" 150 ft with 2 turns with supervision.	Walking can be assessed based on the patient hopping, as long as the clinician determines that the activity is being performed safely. Activities should be coded based on the type and amount of assistance required and

Question	Answer
The plan is for this resident to obtain a prosthetic device in the future.	may be completed with or without assistive device(s).

	Pressure Ulcer

Question	Answer
Can you provide additional information regarding the replacement of the quality measure, Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay), with the pressure ulcer measure, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury in the SNF QRP?	In the FY 2018 final rule, it was finalized that the pressure ulcer measure, Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay), would be replaced with the pressure ulcer measure, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, beginning with data collection as of 10/1/18 for the FY 2020 SNF QRP. Additionally, the MDS 3.0 version of the quality measure used in the Nursing Home Quality Initiative (NHQI), Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) has been replaced with the SNF QRP version of the measure (CMS ID: S002.01) and therefore will follow the assessment selection and stay criteria for the QRP version of the measure. The SNF QRP specifications for the quality measure, Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) used in the Nursing Home Quality Initiative (NHQI) can be found in the latest version of the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Calculations-and-Reporting-Users-Manual-V20.pdf.

	Provider Threshold Reports

Question	Answer
We have accessed and reviewed our facility's Provider Threshold Report via the CASPER system but have pending questions. Who should we contact?	For inquiries pertaining to your facility's Provider Threshold Reports, we suggest you contact the CORMAC help desk at QRPHelp@cormac-corp.com. Additional information about the CORMAC help desk can be found on the SNF

Question	Answer
	QRP Help webpage linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-QRP-Help.html.
Can you clarify the 80% compliance threshold requirement for the SNF QRP? **Our understanding is that the CASPER Provider Threshold Report provides the percentage of compliance for each of the QRP quality measures. Is the 80% compliance threshold looking at the percentage of compliance for each measure or for the total assessments submitted?**	Compliance threshold calculation for Annual Payment Update is based on the completeness of data needed to calculate the measures and is based on the number of MDS assessments submitted with complete data on each MDS assessment used for the SNF QRP. **Specifically, the APU threshold is calculated by taking the total number of assessments with 100% of the required MDS data elements (numerator) divided by the number of successfully submitted qualifying assessments (denominator).** The resulting number is multiplied by 100 to determine the threshold percentage. The APU threshold is not calculated at the measure-level, instead the APU threshold is calculated using the <u>total number of assessments</u> with 100% of the required MDS data elements. Providers must meet the 80% threshold for the year. As an example, if a provider had a threshold of 100% for Q1, 70% for Q2, 80% for Q3 and 100% for Q4 they would meet the threshold for the year even though one quarter dropped below the 80% threshold. Each quarterly threshold is determined using data submitted by the data submission deadline for that quarter. For further information including an FAQ, "How are APU thresholds calculated?," please refer to the *SNF QRP Quick Reference Guide* at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PAC-SNF-Quick-Reference-Guide-FY2020-v1-0.pdf
	Public Reporting
When will national average data become available for the Section GG Functional Status Outcome quality measures?	The SNF QRP QM Reports are expected to include the QMs that were added to the SNF QRP on October 1, 2018 (including the four Functional Status Outcome QMs) in the Fall 2019. The four functional outcome measures, Change in Self Care Score,

Question	Answer
	Change in Mobility Score, Discharge Self Care Sore, and Discharge Mobility score, are risk adjusted quality measures, and the risk-adjustment data are not yet available. Only observed data for these quality measures are available at this time. Therefore, quality measure scores for these measures have a "dash" (–) for all SNFs until risk adjustment data become available. The Review and Correct Report does display the following scores: Facility-level data: • Average Observed Change in Self Care Score; • Average Observed Change in Mobility Score; • Average Observed Discharge Self-Care Score; and • Average Observed Discharge Mobility Score. Resident-level data: • Observed Change in Self Care; • Observed Change in Mobility; • Observed Discharge Self-Care Score; and • Observed Discharge Mobility Score. For more information please refer to the SNF QRP Quality Measure User's Manual V2.0 linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Calculations-and-Reporting-Users-Manual-V20.pdf.
Is there a document that explains each of the footnote numbers on Nursing Home Compare and contained in the Skilled Nursing Facility Quality Reporting Program - Provider Data dataset?	There is hover-text available on Nursing Home Compare for each of the footnotes associated with your facility which can be accessed by resting your cursor over the footnote number but not actually clicking on it. Supporting documentation for Skilled Nursing Facility Quality Reporting Program - Provider data.csv is available at https://data.medicare.gov/data/nursing-home-compare.

Question	Answer
	Click on "Get supporting documents" in the top righthand corner of the page and then click on "Downloadable Database Dictionaries" in the pulldown menu. This will allow you to download two files in a zipped folder. The Excel file named Skilled Nursing Facility Quality Reporting Program (SNF QRP) Measures on Nursing Home Compare.pdf is the data dictionary for all SNF QRP data files. This data dictionary provides descriptions of available SNF QRP data files and variables. Footnote descriptions can be found on the last page of the PDF mentioned above.
Annual Payment Update	
Is there a document available that lists all of the MDS data elements used for the FY 2021 SNF QRP APU Determination?	The SNF QRP Table for Reporting Assessment-Based Measures for the FY 2021 SNF QRP APU is available in the downloads section of the Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage and also linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Table-for-Reporting-Assessment-Based-Measures-for-the-FY-2021-SNF-QRP-APU.pdf.
Resources for Providers	
How can I access the CASPER System?	To obtain access to CMSNet and Submission Access, please refer to the QTSO website at https://qtso.cms.gov/access-forms/data-access-request-information. For further information, please contact the QTSO Help Desk at help@qtso.com or 1-877-201-4721
Are there any publicly available resources where I can Nursing Home and Skilled Nursing Facility quality measure information?	Two resources that are available to the public are the CMS Nursing Home Compare website and Data.Medicare.gov. On the CMS Nursing Home Compare website linked below, you are able to search for specific skilled nursing facilities and view data related to quality of resident care and staffing information: https://www.medicare.gov/nursinghomecompare/search.html.

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Can you please provide a link to the May 7-8, 2019 SNF QRP Provider training materials?	Post-training materials for the Skilled Nursing Facility (SNF) Provider Training from May 7 – May 8, 2019 are available in the downloads section of the CMS SNF QRP Training webpage at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html. Video recordings of the training presentations can be found at the following link: https://www.youtube.com/playlist?list=PLaV7m2-zFKpgnwtBKWiVywPSnMbaXhHBM

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Section 2:
What You May Have Missed from Quarter 1, 2019

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Video Tutorials Available to Assist with Coding Specific Section GG Items

The Centers for Medicare & Medicaid Services is releasing a series of short videos to assist providers with coding select Section GG items on the OASIS, IRF-PAI, LTCH CARE Data Set, and the MDS. These videos, ranging from 4-12 minutes, are designed to provided targeted guidance using simulated patient scenarios. To access the videos, click on the links below:

- Coding GG0110. Prior Device Use with Information From Multiple Sources (3:58) ⬈

- Decision Tree for Coding Section GG0130. Self-Care and GG0170. Mobility (11:56) ⬈

- Coding GG0130B. Oral Hygiene (4:25) ⬈

- Coding GG0170C. Lying to Sitting on side of bed (4:33) ⬈

MDS 3.0 RAI Manual V1.17

The PDF file labeled "MDS 3.0 RAI Manual v1.17 October 1, 2019" is now available in the Related Links section of the MDS 3.0 RAI Manual Page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

The MDS 3.0 RAI Manual v1.17 contains many updates, including information related to the Patient Driven Payment Model. Please check back shortly prior to October 1, 2019, for a final posting that may contain additional updates.

SNF QRP Table for Reporting Assessment-Based Measures for the FY 2021 SNF QRP APU

The SNF QRP Table for Reporting Assessment-Based Measures for the FY 2021 SNF QRP APU is now available for download on the Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage. This table indicates the MDS data elements that are used in determining the APU minimum submission threshold for the FY 2021 SNF QRP determination.

For an additional FAQ, *"How are APU thresholds calculated?"*, please refer to the PAC-SNF-Quick-Reference-Guide-FY2020-v1-0 link available in Downloads on the SNF Quality Reporting Program Data Submission Deadlines webpage available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PAC-SNF-Quick-Reference-Guide-FY2020-v1-0.pdf

SNF QRP Resources Available to Providers

There are a number of important resources available to providers on the CMS SNF QRP website at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-IMPACT-Act-2014.html

- The SNF QRP home page provides an overview of the program.

- The Spotlights and Announcements page is frequently updated with information about upcoming SNF QRP activities, including program updates and deadlines, trainings, and the posting location of new resources.

    – The Measures and Technical Information page features the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 2.0 that can be found in the "Downloads" section at the bottom of the page. Also available on this webpage is the SNF QRP Table for Reporting Assessment-Based Measures for the FY 2021 SNF QRP APU that contains information about items necessary to calculate the measures, item values that may count against APU.

- The FAQ page will be updated periodically with documents containing frequently asked questions from the SNF QRP Help Desk and responses to these questions.

    – The most recent FAQs can be found at the following link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-FAQs-.html.

- The SNF QRP Training page provides information about recent and upcoming SNF QRP trainings and post-training materials and recordings.

- The SNF QRP Public Reporting page provides information regarding the various reports available to SNF providers.

- The Reconsideration and Exception & Extension page outlines the process for submitting a reconsideration request to CMS if a provider is found non-compliant with SNF QRP requirements for a given fiscal year. The page also includes information about requesting an exception or extension from CMS.

- The Help page provides contact information for the various Help Desks that are available for SNF providers.

  - Do NOT submit patient-identifiable information (e.g., date of birth, social security number, and health insurance claim number) to the SNF Quality Report Program (SNFQualityQuestions@cms.hhs.gov) and SNF QRP Public Reporting (SNFQRPPRQuestions@cms.hhs.gov). Submitting patient-level data or protected health information may be a violation of your facilities' policies and procedures as well as violation of federal regulations (HIPAA). If you are unsure of whether the information you are submitting is identifiable, please contact your institution's Privacy Officer.

SNF Quality Reporting Program: Non-Compliance Letters

CMS is providing notifications to facilities that were determined to be out of compliance with the quality reporting requirements for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), which will affect their FY 2020 Annual Payment Update (APU). Non-compliance notifications are in the process of being sent by the Medicare Administrative Contractors (MACs) and will be placed into facilities' CASPER folders in QIES on July 16, 2019. Facilities that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59 pm PST, August 15, 2019. If you receive a notice of non-compliance and would like to request a reconsideration, see the instructions in your notification letter and on the SNF Quality Reporting Reconsideration and Exception & Extension webpage.

Section 3:
What's Coming Up

SNF QRP Provider In-Person Training Event, August 13 and 14, 2019

The Centers for Medicare & Medicaid Services (CMS) hosted a 2-day Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) in-person 'Train the Trainer' event for providers on August 13 and 14, 2019, in Baltimore, MD. See the SNF Quality Reporting Training webpage for details. Please monitor the SNF QRP Training webpage for updates to the materials and links to videos recordings.

The FY 2020 SNF PPS Final Rule has been posted and is available at: https://www.federalregister.gov/documents/2019/08/07/2019-16485/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities.

    – Supplementary documents for the SNF QRP are available on the IMPACT Act Downloads and Videos website

SNF QRP Quality Measure reports containing Quality Measure data for the SNF QRP measures implemented with data collection October 2018 will be available in the Fall of 2019.

The next NH Compare quarterly refresh is scheduled for October 2019.

What's New for Skilled Nursing Facilities (SNFs)

Please continue to monitor the SNF Quality Reporting Program Spotlights and Announcements webpage for ongoing up-to-date announcements and information regarding the SNF Quality Reporting Program.