

# **Skilled Nursing Facility Quality Reporting Program (SNF QRP) Quality Measure (QM) Reports (i.e., Confidential Feedback Reports) for Assessment-based Measures**

December 06, 2017  
2-3 PM EST



## Purpose

The purpose of this presentation is to:

- » Provide information on SNF QRP QM Reports for assessment-based QMs
- » Present information on the assessment-based QMs in the reports and direct participants to QM specifications
- » Make resources available to help address providers' questions

# SNF QRP QM Report Training - 9/28/17

- » SNF QRP Background
- » IMPACT Act of 2014
- » QM Reports for Claims-based Measures
  - Slides:  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFQRP\\_Claims\\_Measures\\_CFR\\_Sept17\\_RTI\\_092817\\_508C.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFQRP_Claims_Measures_CFR_Sept17_RTI_092817_508C.pdf)
  - Webinar Audio and Transcript:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Claims-Based-Measures-Confidential-Feedback-Report-Webinar-Audio-and-Transcript-9-28-17.zip>

## Agenda

- » SNF QRP QM Reports
- » MDS assessment-based QM reports
- » Additional resources
- » Next steps
- » Questions & Answers

## SNF QRP QM Reports

- » The IMPACT Act requires confidential feedback reports prior to public reporting of quality, resource, and other measures
- » Facility and resident-level reports
  - Displays QM information at the facility- or resident-level for a single reporting period
- » Providers are able to specify the reporting end date and obtain aggregate performance for the current quarter (may be partial) and past three quarters
- » Reports are available on demand
- » Reports are refreshed monthly

## Confidential Feedback Reports (i.e., QM Reports)

- » Facility- and resident-level QM reports are intended to help providers understand the measures and their performance for quality improvement purposes
- » CMS is releasing SNFs' confidential feedback reports—also referred to as “QM Reports”—in two phases:
  - 1) Early October, 2017: facility-level QM reports including the 3 claims-based measures were delivered
  - 2) Early December, 2017: facility-level QM report including all SNF QRP measures (i.e. claims and assessment-based); resident-level QM report including the 3 assessment-based measures

## Risk Adjustment in Confidential Feedback Reports (i.e., QM Reports)

- » Facility-level QM reports include both observed scores and risk-adjusted scores for risk-adjusted QMs, including the following assessment-based QM
  - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
- » Observed and risk-adjusted scores may differ
- » In contrast, Review & Correct Reports include only observed scores (not risk-adjusted scores)

## **SNF QRP MDS 3.0 Assessment-based IMPACT Act Measures**

- 1) Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
- 2) 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)
- 3) Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)

## **Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)**

- » Assesses the risk-adjusted percent of resident stays during which SNF residents developed pressure ulcers or their pressure ulcers worsened.

## **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)**

- » Assesses the percent of resident stays during which an admission and discharge functional assessments were completed and a care plan was developed that addresses function.

## **Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)**

- » Assesses the percent of resident stays during which residents experienced one or more falls with major injury.

## Measure Adoption and Specifications

- » All three assessment-based measures were adopted by CMS in FY 2016 SNF PPS Final Rule
- » Measure specifications available at the following link; scroll to the downloads section to identify the most recent version:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

# Overview of Implementation Dates for Assessment-based Measures

Measure	Confidential feedback reports (i.e., QM Reports)	Data used for December 2017 QM reports	Public reporting
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	December 2017	10/01/2016 – 09/30/2017	October 2018
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)	December 2017	10/01/2016 – 09/30/2017	October 2018
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	December 2017	10/01/2016 – 09/30/2017	October 2018

# FACILITY-LEVEL QM REPORTS

- **Assessment-based QMs**
  - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
  - 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)
  - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
- **Claims-based QMs were reviewed in previous training**
  - Slides: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFQRP\\_Claims\\_Measures\\_CFR\\_Sept17\\_RTI\\_092817\\_508C.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFQRP_Claims_Measures_CFR_Sept17_RTI_092817_508C.pdf)
  - Webinar Audio and Transcript: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Claims-Based-Measures-Confidential-Feedback-Report-Webinar-Audio-and-Transcript-9-28-17.zip>

## Facility-level QM Report Header

- Facility ID
- CMS Certification Number (CCN)
- Facility Name
- City/State
- Report Period
- Data was calculated on
- Comparison Group Period
- Report Run Date
- Report Version Number



# Facility-level QM Report Header

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Page 1 of 5



## CASPER Report SNF QRP Facility-Level Quality Measure Report

**Facility ID:** 99999  
**CCN:** 999999  
**Facility Name:** SAMPLE SKILLED NURSING FACILITY  
**City/State:** ANYWHERE, US

**Report Period:** 10/01/2016 - 09/30/2017  
**Data was calculated on:** 11/03/2017  
**Comparison Group Period:** 10/01/2016 - 09/30/2017  
**Report Run Date:** 11/13/2017  
**Report Version Number:** 1.00

# Facility-level QM Report – page 1

Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)

- Table Legend
- Source (Minimum Data Set 3.0)
- Measure Name
- CMS Measure ID
- Numerator
- Denominator
- Facility Observed Percent
- Comparison Group: National Average
- Disclaimer

# Facility-level QM Report – page 1

**Table Legend**

N/A = Not Available

Note: Dashes represent a value that could not be computed.

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	Comparison Group: National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	S002.01	0	30	0.0%	0.0%	1.7%

[1]: National observed mean is .0122654.

This report may contain privacy protected data and should not be released to the public.  
Any alteration to this report is strictly prohibited.

## Facility-level QM Report – page 2

- » 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)
- » Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
  - Table legend
  - Source (Minimum Data Set 3.0)
  - Measure Name
  - CMS Measure ID
  - Numerator
  - Denominator
  - Facility Percent
  - Comparison Group: National Average
  - Disclaimer

# Facility-level QM Report – page 2

**Table Legend**

N/A = Not Available

Note: Dashes represent a value that could not be computed.

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
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)	S001.01	17	30	56.7%	59.8%
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	S013.01	0	30	0.0%	0.9%

This report may contain privacy protected data and should not be released to the public.  
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# RESIDENT-LEVEL QM REPORTS

- **Assessment-based QMs**
  - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
  - 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)
  - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
- **Resident-level reports do not include claims-based measures**

## Resident-level QM Report Header

- » Facility ID
- » CCN
- » Facility Name
- » City/State
- » Report Period
- » Report Run Data
- » Report Version Number



# Resident-level QM Report Header



## CASPER Report SNF QRP Resident-Level Quality Measure Report

**Facility ID:** 99999  
**CCN:** 999999  
**Facility Name:** SAMPLE SKILLED NURSING FACILITY  
**City/State:** ANYWHERE, US

**Report Period:** 10/01/2016 - 09/30/2017  
**Report Run Date:** 11/13/2017  
**Report Version Number:** 1.00

# Resident-level QM Report Content

- » Status Legend
  - X: Triggered
  - NT: Not Triggered
  - E: Excluded from analysis based on exclusion criteria
  - N/A: Not Available
- » Measures included
  - Desirable Outcomes/Processes Performed
  - Undesirable Outcomes/Processes Not Performed
- » Source
- » Table
  - Resident Name
  - Resident ID
  - Admission Date
  - Discharge Date
  - Status [X, NT, E, N/A]

# Resident-level QM Report - Desirable Outcomes/Processes Performed

**Status Legend**

- X: Triggered
- NT: Not triggered
- E: Excluded from analysis based on quality measure exclusion criteria
- N/A: Not available

Quality Measures: Desirable Outcomes/Processes Performed  
Source: Minimum Data Set 3.0 (MDS 3.0)

Resident Name	Resident ID	Admission Date	Discharge Date	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)
[REDACTED]	40216482	03/27/2017	04/11/2017	X
[REDACTED]	39319653	12/20/2016	01/14/2017	X
[REDACTED]	39887106	02/16/2017	03/03/2017	NT
[REDACTED]	39201718	12/01/2016	01/27/2017	X
[REDACTED]	39024661	11/21/2016	01/07/2017	NT
[REDACTED]	40024647	03/03/2017	03/06/2017	X

This report may contain privacy protected data and should not be released to the public.  
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# Resident-level QM Report - Undesirable Outcomes/Processes Not Performed

**Status Legend**

- X: Triggered
- NT: Not triggered
- E: Excluded from analysis based on quality measure exclusion criteria
- N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed  
Source: Minimum Data Set 3.0 (MDS 3.0)

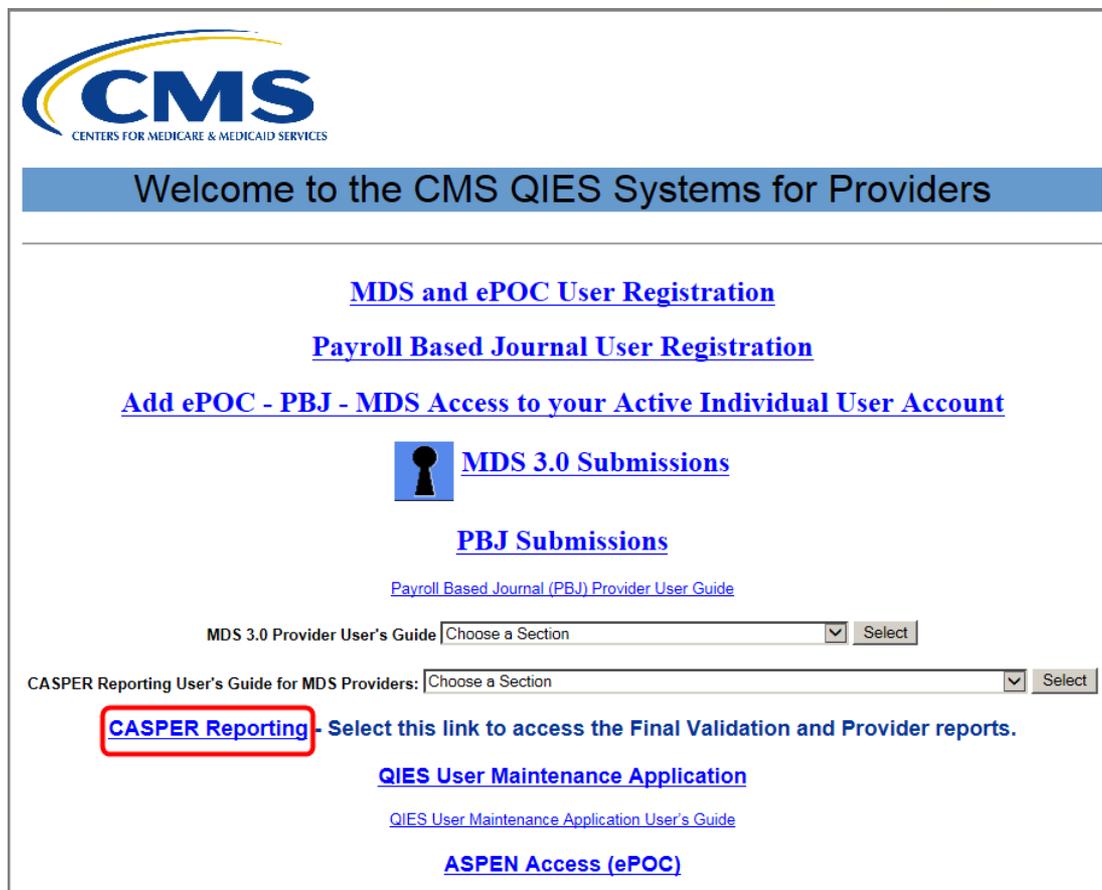
Resident Name	Resident ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
[REDACTED]	40216482	03/27/2017	04/11/2017	NT	NT
[REDACTED]	39319653	12/20/2016	01/14/2017	NT	NT
[REDACTED]	39887106	02/16/2017	03/03/2017	NT	NT
[REDACTED]	39201718	12/01/2016	01/27/2017	NT	NT
[REDACTED]	39024661	11/21/2016	01/07/2017	NT	NT
[REDACTED]	40024647	03/03/2017	03/06/2017	NT	NT

This report may contain privacy protected data and should not be released to the public.  
Any alteration to this report is strictly prohibited.

## Accessing QM reports

- » Reports are available to providers on demand
- » Providers are able to specify the reporting period and obtain aggregate performance for the current quarter (may be partial) and past three quarters
- » Reports are refreshed monthly

# Accessing QM reports



The screenshot shows the CMS QIES Systems for Providers homepage. At the top left is the CMS logo. Below it is a blue banner with the text "Welcome to the CMS QIES Systems for Providers". The main content area contains several links: "MDS and ePOC User Registration", "Payroll Based Journal User Registration", "Add ePOC - PBJ - MDS Access to your Active Individual User Account", "MDS 3.0 Submissions" (with a key icon), "PBJ Submissions", "Payroll Based Journal (PBJ) Provider User Guide", "MDS 3.0 Provider User's Guide" (with a dropdown menu and a "Select" button), "CASPER Reporting User's Guide for MDS Providers" (with a dropdown menu and a "Select" button), "CASPER Reporting" (highlighted with a red box), "QIES User Maintenance Application", "QIES User Maintenance Application User's Guide", and "ASPEN Access (ePOC)".

  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Welcome to the CMS QIES Systems for Providers

[MDS and ePOC User Registration](#)

[Payroll Based Journal User Registration](#)

[Add ePOC - PBJ - MDS Access to your Active Individual User Account](#)

 [MDS 3.0 Submissions](#)

[PBJ Submissions](#)

[Payroll Based Journal \(PBJ\) Provider User Guide](#)

MDS 3.0 Provider User's Guide

CASPER Reporting User's Guide for MDS Providers:

**CASPER Reporting** - Select this link to access the Final Validation and Provider reports.

[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[ASPEN Access \(ePOC\)](#)

# Accessing QM reports



## QIES National System Login

**Welcome to CASPER Reporting**

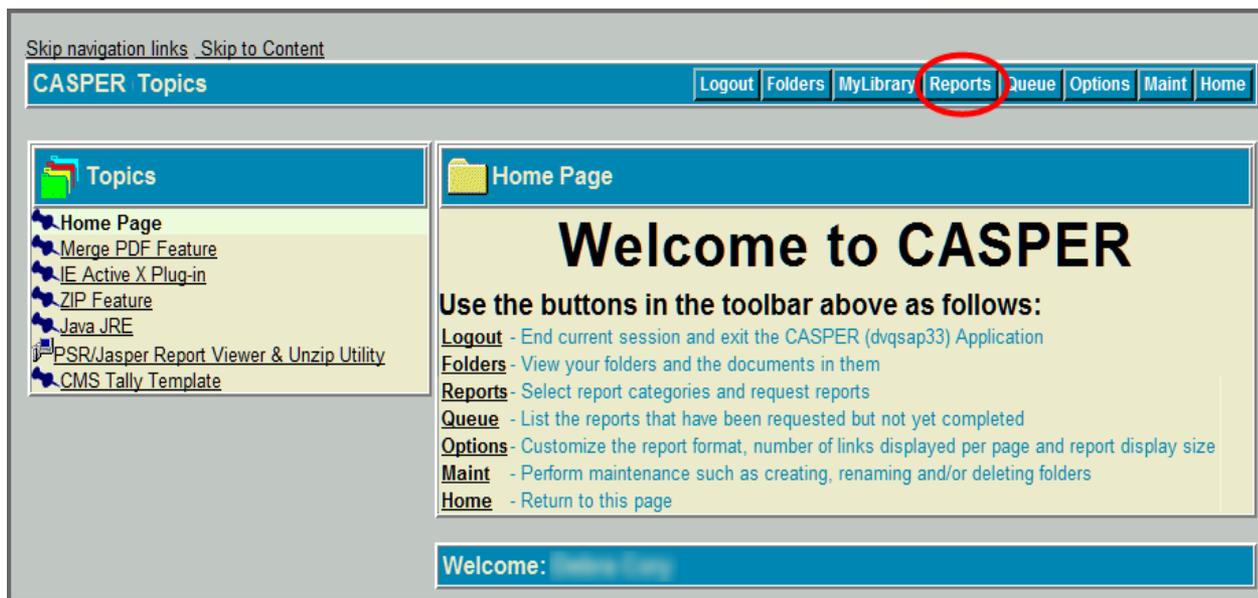
Please enter your User ID and Password

**User ID:**

**Password:**

[Unable to login?](#)  
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

# Accessing QM reports



Skip navigation links [Skip to Content](#)

**CASPER Topics**    [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

**Topics**

- Home Page
- Merge PDF Feature
- IE Active X Plug-in
- ZIP Feature
- Java JRE
- PSR/Jasper Report Viewer & Unzip Utility
- CMS Tally Template

**Home Page**

## Welcome to CASPER

**Use the buttons in the toolbar above as follows:**

**Logout** - End current session and exit the CASPER (dvqsap33) Application

**Folders** - View your folders and the documents in them

**Reports** - Select report categories and request reports

**Queue** - List the reports that have been requested but not yet completed

**Options** - Customize the report format, number of links displayed per page and report display size

**Maint** - Perform maintenance such as creating, renaming and/or deleting folders

**Home** - Return to this page

Welcome: [Welcome Page](#)

# Accessing QM reports

Skip navigation links [Skip to Content](#)

**CASPER Reports**    [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report Categories	SNF Quality Reporting Program
<a href="#">Auto Payroll Based Journal FVR</a>	<a href="#">SNF Facility-Level Quality Measure Report</a> • SNF Facility-Level Quality Measure Report
<a href="#">MDS 3.0 NH Asmt Maint</a>	<a href="#">SNF Resident-Level Quality Measure Report</a> • SNF Resident-Level Quality Measure Report
<a href="#">MDS 3.0 NH Final Validation</a>	<a href="#">SNF Review and Correct Report</a> • SNF Review and Correct Report
<a href="#">MDS 3.0 NH Provider</a>	
<a href="#">MDS 3.0 QM Reports</a>	
<a href="#">MDS 3.0 Submitter Validation</a>	
<a href="#">MDS Provider CO</a>	
<a href="#">MDS QI/QM Reports</a>	
<a href="#">QMR Reports</a>	
<a href="#">Payroll Based Journal (PBJ) Reports</a>	
<b><a href="#">SNF Quality Reporting Program</a></b>	
<a href="#">Submitter Final Validation Rpt</a>	
<a href="#">Utility Reports</a>	

Pages [1]

Enter Criteria To Search For A Report:  [Search](#)  
(Hint: Leave blank to list all reports)

# Accessing QM reports

## SNF Facility-Level Quality Measure Report criteria page

[Skip navigation links](#)

**CASPER Reports Submit**    [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

**Report: SNF Facility-Level Quality Measure Report**

Begin Date (mm/dd/yyyy):

End Date (mm/dd/yyyy):

Template Folder:  ▼

Template Name:  ▼

[Submit](#)    [Back](#)

[Save & Submit](#)    [Save](#)

## SNF Resident-Level Quality Measure Report criteria page

[Skip navigation links](#)

**CASPER Reports Submit**    [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

**Report: SNF Resident-Level Quality Measure Report**

Begin Date (mm/dd/yyyy):

End Date (mm/dd/yyyy):

Template Folder:  ▼

Template Name:  ▼

[Submit](#)    [Back](#)

[Save & Submit](#)    [Save](#)

# Accessing QM reports

Skip navigation links [Skip to Content](#)

**CASPER Folders**    Logout   Folders   MyLibrary   Reports   Queue   Options   Maint   Home

**Folders**

**My Inbox**

Facility NV	SNF Inbox
* NV LTC N	NF
* NV LTC N	NF VR
* NV PBJ N	NF VR
* NV PBJ N	NF

**My Inbox**

Info	Click Link to View Report	Date Requested	Select
	<a href="#">SNF Resident-Level Quality Measure Report</a>	11/13/2017 16:11:54	<input type="checkbox"/>
	<a href="#">SNF Facility-Level Quality Measure Report</a>	11/13/2017 16:11:43	<input type="checkbox"/>
	<a href="#">SNF Review and Correct Report</a>	07/25/2017 13:41:38	<input type="checkbox"/>
	<a href="#">MDS 3.0 Submitter Final Validation</a>	07/10/2015 10:07:46	<input type="checkbox"/>
	<a href="#">MDS 3.0 Submitter Final Validation</a>	05/29/2015 12:47:41	<input type="checkbox"/>

Pages [1]

SelectAll   Print PSRs   Zip   MergePDFs   Move   Delete

## Additional Resources

- » If you have questions about your report, please submit them to:
  - [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)
  - This Help Desk assists with various SNF questions including:
    - SNF QRP quality measures
    - SNF QRP requirements
    - General QRP and reporting deadlines

## Additional Resources

- » SNF QRP Technical Specifications for Reporting Assessment-Based Measures for FY2018, including item values that may count against Annual Payment Update (APU)
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Technical-Specifications-Table-for-Reporting-Assessment-Based-Measures-for-FY2018.pdf>
- » SNF QRP User's Manual provides information on how SNF QRP measures are calculated. The Manual is available at the following link; scroll to the downloads section to identify the most recent version:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

## Next steps

- » Access your confidential feedback reports, including facility- and resident-level QM reports
- » Review measure specifications to better understand measure calculations
- » Email the Help Desk with questions
- » Provide us with your feedback
- » Reminder: These measures will be publicly reported by October 2018

# QUESTIONS & ANSWERS