

Centers for Medicare & Medicaid Services
Skilled Nursing Facility Quality Reporting Program: Claims-Based Measures Confidential Feedback
Report Webinar
September 28, 2017

Moderator: Hello and thank you for joining today's Skilled Nursing Facility Quality Reporting Program Claims-Based Measures Confidential Feedback Report webinar. Today, representatives from the Centers for Medicare & Medicaid Services will provide information on the Confidential Feedback Reports for the claims-based measures adopted for the Skilled Nursing Facility Quality Reporting Program. These reports will be made available to skilled nursing facilities via providers' Certification and the Survey Provider Enhanced Recording, CASPER, folders in early October 2017. Information will be presented on the claims-based IMPACT Act Measures included in the report and direct participants to measure specifications. You can listen to this presentation through your computer speakers. There will be a question-and-answer session at the end of the presentation. Questions will be addressed through the phone lines. We will distribute the phone number and additional instructions at the beginning of the Q&A. The webinar slides that will be used during today's webinar can be found on the [Skilled Nursing Facility Quality Reporting Program training webpage](#). A link to these slides is listed in the chat box. Laurie Coots, health-services researcher and program manager at RTI International will provide today's presentation. Laurie, you may now begin.

Announcements and Introduction

Laurie Coots: Thank you. Good afternoon and welcome to today's webinar being conducted by the Centers for Medicare & Medicaid Services, or CMS, on the Skilled Nursing Facility Quality Reporting Program. Today we'll be providing an overview of the Confidential Feedback Reports for the claims-based IMPACT Act Measures adopted for the Skilled Nursing Facility Quality Reporting Program. My name is Laurie Coots, and I'm from RTI International. RTI is an independent nonprofit institute and contractor for CMS helping to support this work. I'm presenting today's webinar with Roberta Constantine, and we are joined with our colleagues from RTI as well as the division of chronic and post-acute care from CMS. Next slide, please.

Presentation Purpose

On slide one, you will see the purpose of today's webinar. The goal is to provide information on the Confidential Feedback Reports for the claims-based measures that were adopted by CMS for the Skilled Nursing Facility Quality Reporting Program, also referred to as the SNF QRP. We will present information on these claims-based IMPACT Act measures and direct participants to several resources online, including the measure specifications. We will make other resources available to help skilled nursing facilities address any questions they may have. Next slide.

Presentation Agenda

On slide two, you'll see the agenda for today's webinar. First, we will provide a brief overview and background of the SNF Quality Reporting Program. We will give a high-level overview of the claims-based IMPACT Act measures. We will present the layout of the confidential feedback reports that SNF will soon be receiving. We will provide additional resources and highlight next steps. As you heard, at the end of this call, we will have a live question-and-answer session, during which we will respond to any questions you may have about the forthcoming Confidential Feedback Reports, public reporting, and future reports. Next slide.

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

The measures we are discussing today were required by the IMPACT Act, or the Improving Medicare Post-Acute Care Transformation Act. The IMPACT Act was a bipartisan bill passed in the fall of 2014.

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The IMPACT Act requires the Secretary to implement specified clinical assessment domains using standardized or uniform data elements to be incorporated within the assessment instruments currently required for submission by post-acute care providers, including skilled nursing facilities. The Act further requires that CMS develop and implement quality measures from five quality measure domains using standardized assessment data. Through the use of standardized quality measures and standardized data, the intent of the act, among other obligations, is to enable interoperability and access to longitudinal information for providers to facilitate coordinated care, improved outcomes, and overall quality comparisons. The IMPACT Act also requires the development and reporting of resource use and other measures pertaining to the following domain as listed on this slide. Total Estimated Medicare Spending per Beneficiary, Discharge to Community, and a measure reflecting all condition, risk-adjusted, potentially preventable hospital readmission rates. On slide three, we provide a link to the IMPACT Act which is available online for your reference. Next slide, please.

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

The IMPACT Act also established a Quality Reporting Program, or QRP, for skilled nursing facilities. The SNF Quality Reporting Program was established by CMS in order to meet the reporting requirements of the IMPACT Act, and this program was finalized in the fiscal year 2016 SNF Prospective Payment System final rule. SNFs that do not submit required data for measures adopted for this program may receive a 2 percentage point reduction to their annual payment update, or APU, for the applicable payment year. The SNF QRP went into effect October 1, 2016. And on this slide, you'll see a link to the CMS website that provides a number of additional resources and information about the program. Next slide.

SNF QRP Claims-Based IMPACT Act Measures

There are currently three claims-based IMPACT Act measures finalized for the SNF QRP corresponding to the domains I mentioned previously. The names of these measures are listed on slide five and include: Total Estimated Medicare Spending per Beneficiary. The second measure is Discharge to Community. And the third measure is Potentially Preventable 30-Day Post-Discharge Readmission Measure. Next, I will give a high-level summary of each of these measures.

Total Estimated Medicare Spending per Beneficiary

Moving to the next slide is an overview of the Total Estimated Medicare Spending per Beneficiary Measure. This measure assesses Medicare Spending per Beneficiary during an episode. The episode window begins on the day of SNF admission and ends 30 days post discharge from the SNF. This measure is based on Medicare Fee-for-Service claims data. The MSPB measure, that is, the Medicare Spending per Beneficiary Measure, was adopted by CMS in the fiscal year 2017 final rule. And this slide also includes a link to that rule for your review.

In addition on this slide, we include a link to the full-measure specifications that are available online. We'd also like to direct you to a recent Medicare learning network presentation we did for the Medicare Spending per Beneficiary Measure adopted for post-acute care. And the link at the bottom of this slide will take you to the September 6th presentation that gives a much more detailed overview of the measure. Next slide.

Discharge to Community-Post Acute Care SNF QRP

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The next measure, the Discharge to Community-Post Acute Care Measure was also adopted for the SNF Quality Reporting Program. This measure reflects the risk standardized rate of Medicare Fee-for-Service residents who are discharged from a SNF to the community who do not have an unplanned readmission to a hospital within 31 days of discharge, and who remain alive during that period. This measure was also adopted by CMS in the fiscal year 2017 final rule, and the link is available on this slide. As well as the detailed technical specifications for the measure that are posted online.

Potentially Preventable 30-Day Post-Discharge Readmission Measure

The third claims-based IMPACT Act measure and last measure that will be included in the October Confidential Feedback Reports that we'll discuss shortly is the Potentially Preventable 30-Day Post-Discharge Readmission Measure adopted for the SNF QRP. This measure assesses a SNF's risk-adjusted rate of unplanned, potentially preventable readmission within 30 days of SNF discharge. It is also based on Medicare Fee-for-Service claims data and was adopted by CMS in the fiscal year 2017 final rule. Detailed specifications for this measure, including the definition of potentially preventable readmission are available at the PDF at the link on slide eight.

Overview of Implementation Dates

On the next slide, we provide an overview of the implementation dates associated with these measures, including the confidential feedback reports, data use for the confidential feedback reports, dates for public reporting of these measures, as well as the data that will be used for public reporting of these measures. As shown on this table, the dates for the confidential feedback report for these three claims-based IMPACT Act measures is October 1, 2017. The data being used for these Confidential Feedback Reports varies by measure. The Total Estimated Medicare spending Per Beneficiary Measure and the Discharge to Community Measure will both be based on calendar year 2016 data. Whereas the Potentially Preventable 30-Day Post Charge Readmission Measure is a two-year measure. And data for the October report will include data from calendar years 2015 and 2016.

As you can see on this slide, public reporting for these measures is October 2018. And the data being used for public reporting shifts from a calendar year to a fiscal year. So the Medicare Spending per Beneficiary and Discharge to Community Measures, initial public reporting data will be based on fiscal year 2017. And the potentially preventable readmission measure will be based on data from fiscal years 2016 and 2017.

SNR QRP Claims-Based Measures & Other Claims-Based Measures

Because there are a couple of other CMS programs for skilled nursing facilities that report measures based on Medicare claims data, capturing some similar concepts as the ones we've discussed for the IMPACT Act, we want to mention these to point out some of the differences. The other programs include the SNF value-based purchasing program and nursing home compare.

First, the SNF value-based purchasing, or VBP program, is required by the Protecting Access to Medicare Act, or PAMA. This program requires an all-cause readmission measure that will, in the future, be replaced by a potentially preventable readmission measure. However, both of these measures differ from the IMPACT Act measure that I described previously.

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Nursing Home Compare, as you may also be aware, beginning in mid-2016 began reporting three claims-based measures for short stay SNF residents. These measures include percentage of short-stay residents who were successfully discharged to the community, percentage who have had an outpatient emergency department visit, and percentage who were re-hospitalized after a nursing home admission. There are several differences in how measures in other programs are calculated compared to the SNF QRP measures. Each program has different goals or fulfills different requirements. We mention them here to providers so that they can understand some of these different programs and some of the measures that are used for those programs.

Confidential Feedback Reports

The IMPACT Act requires Confidential Feedback Reports prior to the public reporting of the required quality resource and other measures. And we're currently on slide 11, the confidential feedback report. The Confidential Feedback Reports may also be referred to as quality measure or QM reports. Though there are facility-level and resident-level reports for some measures, the claims-based measures include only facility-level data at this time. No data are submitted for the claims-based measures, and the measures will be updated annually.

Confidential Feedback Reports are intended to help providers understand the measure and their performance for quality improvement purposes.

CMS will be releasing SNFs' Confidential Feedback Reports, again, also referred to as QM reports, in two phases. The early October report will include only the three claims-based measures described in this presentation. The full report will contain all SNF QRP measures. Including the claims-based measures as well as the assessment-based measures.

Confidential Feedback Report Layout

On the next few slides, you will see screen shots of the Confidential Feedback Reports that will be distributed in early October by a CASPER. You can see in the report header some information and details on each SNF, including their CMS certification number, or CCN, facility name, and city/state for identification purposes. We then include one table per measure, summarizing SNF performance. The MSPB measure includes information on each SNF performance compared to national benchmarks. So you'll see in this table, 1A, that there are two rows containing data. And I'd like to note that the data included in this slide are example data for illustrative purposes. The data that will be reported in the Confidential Feedback Reports include the number of eligible episodes used in the measure calculation, the average spending during the treatment and associated services period, as well as the total spending in dollars. Next, the reports will include the average risk-adjusted spending, and the national median. The columns under MSPB amount are used to derive the MSPB score in the last column, which is the ratio of the average risk-adjusted spending divided by the national median. For this measure, the MSPB score is the ratio, again, and a ratio higher than one indicates higher spending relative to the national median, whereas a ratio lower than one suggests lower spending or greater efficiency relative to the national median.

On the next slide, you will see an example layout for the second table that will be contained in the confidential feedback report. This is table 1B. This table will report SNF performance on the Potentially Preventable 30-Day Post-Discharge Readmission Measure. And for this measure, we will report the

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number of potentially preventable hospital readmission in the 30 days following SNF discharge, the number of eligible SNF days used to calculate the measure, the observed rate of potentially preventable readmission, the risk standardized readmission rate. And that risk standardized readmission rate refers to the actual score for the measure. And the next column provides the national observed potentially preventable readmission rate. And SNF's performance is categorized in the final column as either better than, worse than, or no different from the national rate. And again, these are example data.

And on the third slide, the confidential feedback report layout is provided for table 1C. For the Discharge to Community Measure, we report the number of successful discharges to the community, the number of eligible SNF days used to calculate the measure, the observed Discharge to Community rate. Next in this table, you'll see the risk standardized Discharge to Community rate which again is the score of the measure of performance. The next column provides the national benchmark, which is the national observed discharge to community rate. And in the final column, you'll see that SNF's performance will be categorized into better than, worse than, or no different than the national rate.

Additional Resources

On the next slide, you'll see that we present some additional resources for you. So now that you have more details on the claims-based IMPACT Act measures adopted for the program and the upcoming Confidential Feedback Reports, we want to provide you with some additional resources, including the appropriate help desk to contact with any questions on the SNF QRP quality measures. That e-mail address is snfqualityquestions@cms.hhs.gov. And this help desk can assist with information such as questions about the quality measures adopted for the SNF QRP, requirements of the SNF QRP, and any general quality reporting requirements and reporting deadlines associated with the program.

Next Steps

On the next slide, we detail some of the next steps for your reference. So next, we would encourage you to access your Confidential Feedback Reports containing the claims-based IMPACT Act measures in early October. Review member specifications to better understand the measures that will be reported. E-mail the help desk as detailed on the previous slide. Look for the complete Confidential Feedback Reports later this year that will contain both the assessment-based and claims-based measures. Provide us with your feedback. And, as you learned during this webinar, we want to also remind you that these measures will be publicly reported by October of next year.

Conclusion of Presentation

That concludes the formal presentation. I'd like to turn this back to Stephanie to facilitate our live question and answer portion of the webinar.

Question and Answer

Moderator: At this time, if you would like to ask a question, please press star, then the number 1 on your telephone keypad. Again, that's star, then the number 1 on your telephone keypad to ask a question. We'll pause for just a moment to compile the Q&A roster. Please hold for the first question.

Again, if you would like to ask a question, please press star, then the number 1 on your telephone keypad. Our first question is from Tammy Pirhekayati.

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Questioner: Good morning. My name is Tammy -- And my question is, we have the data method that you talked about. Will they replace the previous year now that indicated that were medication with cancelation and patient preferences? Or these are in addition to those measures that were announced before.

Laurie Coots: Thank you, Tammy. And I apologize, I'm having a little bit of background noise, so I had a little bit of difficulty hearing which program you referenced in particular. I'm sorry, but would you be willing to repeat your question?

Questioner: Of course. The SNF QRP reporting that announced wide measures previously in process. Three of them have been implemented already, and the others who were the medication cancellation and patient preferences. So would we have better measures replace those, too? Or either in addition to those two measures?

Laurie Coots: Okay, thank you. And I will provide an answer, and then also open it up to any of my colleagues on the phone for any additional information. It sounds like your question is whether the measures, the claims-based measures that we included in today's presentation would be replacing any other measures in the program? And the answer is no, not at this time. The measures that we've described in this presentation are all based on Medicare claims data, and they're required per the IMPACT Act. So the other measures that you referenced are assessment-based measures, and those capture different domains. But again, the claims-based measures that we described here are at this time not replacing any existing measures. These are the three initial claims-based measures that the program has adopted.

Roberta Constantine: And Laurie and Tammy, this is Roberta Constantine from RTI, and so Tammy, also in regards to those assessment-based measures, just to let you know, the upcoming ones are the percent of residents or patients with pressure ulcers that are new or worsened. And also the application of the percent of residents experiencing one or more faults with major injury. And then finally, the application of percent of long-term care hospital patients with an admission and discharge, functional assessment, and a care plan that is functioned. So hopefully, those are the three assessment-based measures.

Moderator: Question from the line of Sharon Sprankle.

Questioner: Hi, can you hear me? I was asking about the MDS quality measures. The three that are MDS specific, if those are going to be included with webinars, or is there another one coming up, that we'll go over those?

Laurie Coots: Yes. Thank you. CMS does have plans for a similar webinar including the information for the assessment-based measures that will be included in the confidential feedback report. We don't have an exact date for you at this time, but we would just encourage you to monitor e-mails and also check the SNF QRP website for any updates. Thank you.

Moderator: Your next question comes from the line of Peter Bizzari.

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Questioner: Hello. My question is, I was wondering if a resident-in-facility specific report would ever be coming out.

Laurie Coots: Yes. Thank you. That's a great question. So as I'd mentioned, there are facility level and resident level QM reports in general. At this time, the claims-based measures will only be included in a facility-level report. However, CMS is looking into the ability to make more detailed data available and patient-level data available in the future. So, I hope that answers your question. Again, the short answer is, not at this time, but this is something, a future refinement for the program that we are looking into.

Stella Mandl: And this is Stacy from CMS. I'll just add that the assessment-based quality measure Confidential Feedback Reports will be able to provide the patient-level data as already occurs in the CASPER system reports. Thank you.

Moderator: Your next question comes from the line of Jennifer Cisneros.

Questioner: Hi. My question was, on the falls -- people are Med-A, and they have a fall, you have a person with a fall with major injury, is the fall calculated when they're on the Med-A stay and have the fall? Or is it looking at data with the -- they sustain the fall, they went out, they came back Med-A? What triggers that exactly?

Laurie Coots: Thank you for the question. We aren't covering the assessment-based measures in today's webinar, so we're really focused on the claims-based measures at this point. But with that said, I will pause to see if anyone would like to address this. Otherwise, I think the best approach would be to direct you to our help desk, and we can follow up with you about the falls assessment based measure that way. Okay, and I would direct to our help desk. Let me just repeat, that was on slide 15 of the presentation. That's snfqualityquestions@cms.hhs.gov.

Moderator: And your next question comes from the line of Marigene Barrett.

Questioner: Yes, hello, can you hear me?

Laurie Coots: Yes.

Questioner: Okay, great. I just had a question for clarification on the Discharge to Community post-acute care SNF QRP. It says, unplanned readmission to a hospital or long-term care hospital within 31 days of discharge. Is that discharge from SNF or discharge from the acute care hospital?

Laurie Coots: So that window refers to discharge from the SNF.

Questioner: Okay, I appreciate that. Thank you.

Laurie Coots: Yeah, thank you.

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Moderator: Again, if you would like to ask a question, please press star, then the number 1 on your telephone keypad. We have a follow-up from Peter Bizzari.

Questioner: Hi, I was wondering. I'd been monitoring our SNF QRP review and correct report, and I have not seen our numbers on that report change at all. And I was wondering, I knew there was problems at first, and I heard they were resolved. I'm just wondering, is there a problem somewhere, or what that could be about.

Laurie Coots: Thank you. Roberta or Stacy, would you like to weigh in on that? I'll just preface this by saying that your question's a bit outside the scope of our presentation today, but we appreciate the question, and it's an important question. So, but yeah, I'll defer to Roberta or Stacy.

Roberta Constantine: Sure. Thank you, Laurie. So Peter, I would suggest depending -- well, it's sort of all dependent on the assessments that you've submitted. However, it is refreshed weekly in regards to the data submissions. If you're anticipating that you would be getting different results at this time, I would suggest if you e-mail the help desk, we can look specifically at your facility and be able to provide you with a better answer by looking at your facility's data.

Stella Mandl: Thank you, Roberta. This is Stacy Mandala again from CMS. And I believe that the correction for the overlay issue -- so if you submitted records, and then you submitted corrected records, that the overlay issue was fixed. We also have Deb Wieland on the line who can keep me honest with that. And I agree with you, Roberta, that's a great suggestion, if they can submit the specific question into the help desk, and we can do some research. Deb, can you just confirm my understanding that the correction was made?

Debra Wieland: Sure, thanks, Stacy. This is Deb, and yes, the correction for that overlay was completed.

Stella Mandl: Thank you.

Moderator: Your next question is from Bill Boso.

Questioner: Hi, good afternoon, and thank you for the call. One question on some of the risk-adjusted figures on Nursing Home Compare website. It does not include actual figures, only risk-adjusted, but it does not specify that these are risk-adjusted numbers. It has created some confusion with our stakeholders as far as what our actual rate is. That may be more of a request than a question, but on some of the slides, it did -- You showed, it did show the actual rate as well as the risk-adjusted rate. One request on the compare website, it would be nice to show both of those rates. Thank you.

Laurie Coots: Thank you. We'll pass along that feedback, thank you.

Moderator: And your next question is from Jerry Dykyj.

Questioner: Hi, Jerry Dykyj with Wesley Enhanced Living. Thanks very much for the call. Along the lines of risk adjusted, if you could -- One of the questions is for these new measures, is the methodology

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available for the risk-adjusted numbers? What goes into the calculation for the risk-adjusted, say, spending for beneficiary?

Laurie Coots: Yes, thank you. Great question. And that gives me the opportunity to clarify that in the slides where we gave the brief overview for each of the measures, there's a link available to the measure specifications, and those measure specifications are quite detailed. So they include not only sort of descriptions of the measures and some of the results, but also includes the full methodology for how the measures are calculated, how the risk adjustment is taken into account, as well as some national results so that you can get a sense of what the national averages are for these measures. And so I think that would be a great place to start is to review those measure specifications. You did mention the Medicare spending per beneficiary measure in particular. And for that, I believe the Medicare learning network presentation that we did on September 6th would provide you with a great deal of detail in addition to the measure specifications. But that PowerPoint will give you some detail about exactly which types of patient characteristics are being used for risk adjustments. But in general, the measures are all fully risk adjusted, accounting for a number of patient characteristics and clinical characters and conditions and so forth. So there is a lot of detail in those specifications. Thank you. –

Moderator: Your next question is from Cindy Foster.

Questioner: My question has been answered, thank you.

Moderator: Your next question is from Tim Carlson.

Questioner: Hi, thank you for the question. Tim Carlson from the Los Angeles Jewish Home. The question goes back to claims-based risk adjustment. And the question is, is CMS considering the acute care documentation claims in the risk-adjustment process? And if so, what process are they implementing to normalize what we know to be varying degrees of quality from the acute care setting and to make that fair across the board for all skilled nursing?

Laurie Coots: Yeah, that's also a great question, so think the measure specifications will give you the full details. But I'll give you a bit of a response just to help give you some insight on the source of data that are used for the risk adjustment. It is primarily based on the prior hospital claim. So the idea with risk adjustment is you want to take into account case mix and patient characteristics at the start of the SNF's stay. And so we not only use the immediately prior hospital claim for information about principle diagnosis and procedures and comorbidities, but also the measures vary in terms of the look-back period. But some of the measures look back as far as a year's worth of in-patient claims in order to derive more detailed information about the patient and their clinical conditions. I hope that you gives you some information. And again, would recommend the measure specifications as another piece of documentation for specifics. Thank you.

Moderator: Your next question comes from the line of Annie Buerhaus.

Questioner: Hi, yes. My question is, how exactly do the claims-based measures affect the 2 percent APU? Since it's not about completion of, you know, assessment data, how is that applied?

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Laurie Coots: Thank you. So I will give a brief response, and then I'll hand it over to CMS for any additional detail to add. As I mentioned during the presentation, there is the potential for a 2 percent reduction in the annual payment update for failure to submitting data for the measures. However, the claims-based measures are quite different in that there's no additional data collection that's required. So the measures are calculated based on the SNF claims and claims from other in-patient settings and outpatient settings for MSPB that are already submitted to the Medicare program. So there is no additional data collection. And so in a sense, there's nothing additional that SNFs need to do in order to make sure that the data are reported for calculating the measures.

Stella Mandl: All right, this is Stacy from CMS. I think you're good. You answered that good.

Laurie Coots: Okay, thank you.

Moderator: Your next question is from Maria Cristina Cruz.

Questioner: Yes, hi, thank you for taking my call. So we are a transitional care unit in Long Island. I have a 20-bed unit, and it's a short stay, maximum of 20 days. We have some patients --question is -- discharge to community. Some of our patients actually don't go home, and they need to continue the rehab. If they go to another SNF and had a readmission to the hospital, that doesn't become part of our quality measures, does it?

Laurie Coots: So thank you. I think the short answer is that it depends. A lot of these measures have very specific requirements in terms of when different dates of service occur. So, it would. In the case where a patient is discharged from your SNF, and then to another SNF, and then the patient's readmitted, it depends why the patient's readmitted and when the patient's readmitted because in this case, if it were beyond the window, the 31-day window, then it's likely not to be included. But these scenarios, I think, are really helpful for better understanding the measures and how they work. But sometimes they're a little bit difficult to respond to because of just the many inclusion and exclusion criteria. So I'll give you kind of that initial response, and then I'll see if anyone else from the RTI team would like to weigh in with more information.

Poonam Pardasaney: Yes, thanks, Laurie. This is Poonam Pardasaney from RTI. For the SNF Discharge to Community Measure, if a resident goes from one SNF directly to another SNF, that is considered a transfer, and that patient -- so the first SNF's stay is excluded from the measure. The second SNF is included in the measure. So if the person goes from one SNF to a second SNF, gets discharged and is readmitted, it will be the second SNF that's included, not the first one.

Laurie Coots: Right, thank you. For a direct transfer. I hope that helps address your question. Thank you, Poonam.

Moderator: Your next question comes the line of Susan Grayson.

Questioner: Hi. I'm just looking at the measure specifications for potentially preventable readmissions, and they're pretty complicated. And I wondered if you could just give us an overall summary or guiding

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principle so that we could help prevent any potential preventable readmissions. Or knowing a better way when we're QA'ing our readmissions what could have been potentially preventable.

Laurie Coots: Sure. Yep, I'd be glad to do that. So I think one of the characteristics of the potentially preventable readmission measures that is most important to providers to understand is, how do we define what's potentially preventable? So, RTI actually was the contractor that developed these measures over several months. And in order to determine which readmissions were potentially preventable, we conducted a variety of different activities to get at that. One was to understand from the science or the peer review literature what types of readmissions or conditions for readmissions are often considered potentially preventable from other studies and other work. We also heavily relied on the agency for healthcare research and quality. That's AHRQ, A-H-R-Q. Their approach in the prevention quality indicators to determine what are potentially preventable readmissions from ambulatory care or hospitalizations from ambulatory care settings. So, in addition to that, we conducted a great deal of data analysis. We were informed by a technical expert panel of clinicians to gain feedback from post-acute care experts about the types of readmissions that seem potentially preventable. And we also solicited public comments through a variety of different mechanisms. So, the short answer is, readmissions that are considered potentially preventable are those for which proper discharge planning and care coordination would mitigate those kinds of readmissions. So the concepts behind the measures is that a patient should be discharged from a skilled nursing facility into good follow-up care, good ambulatory care. So that their conditions are closely monitored. So readmissions for things like congestive heart failure or COPD are considered potentially preventable. Based on all of the work that we did. So I think if you review the measure specifications, you can get a sense of the different types of conditions that have been identified. And then based on those conditions, monitor your populations and also evaluate what types of quality improvement activities could be used to reduce readmissions for those types of conditions. So it's a great question, it's a big question. I hope that gives you a bit of information, and again, would direct you -- appreciate that you're reviewing the measure specifications. And if there are specific questions that you have, please do e-mail our help desk so that we can make sure to give you sufficient information for the measure.

Moderator: Again, if you would like to ask a question, please press star, the number 1 on your telephone keypad. We have a follow-up from Tim Carlson.

Questioner: The previous caller asked the same question I did, and you gave an appropriate answer. Thank you.

Laurie Coots: Thank you.

Moderator: I'm sorry, go ahead.

Laurie Coots: I noticed that there were a few questions during the presentation. I think that the slides were lagging from my verbal presentation. I wondered if it would be possible for us to go to the table entitled overview of implementation dates just to make sure folks have had the opportunity to review that slide. Oops, I think it's -- there it is. So, just want to make sure that there's enough time for folks to review the implementation dates associated with these measures. And again, I think as you see in the chat box, there is the link available for -- you can download the slides as a PDF for future reference. But

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just to reiterate that the Confidential Feedback Reports for these measures are October of this year. There'll be using data from calendar years '15 or '16, depending on which measure. And then as we restated, the public reporting of the measures in the program will take place October 2018. And then it's a rolling years worth of data. So if Confidential Feedback Reports were on 2016, then public reporting data will be based on data from 2017. But also wanted to point out that for public reporting purposes, we shift to the fiscal year. Thank you.

Moderator: Your next question is from the line of James.

Questioner: Yes, I have two questions. On the annual percentage update for the 2 percent, is that a recalculation of the individual provider's Medicare rate? And basically you're adjusting the market basket? And the second question is more related to the assessment measures in the 2 percent. The three assessment managers, is the 80 percent applied to all three of the measures, or is it just applied to one?

Stella Mandl: So, this is Stacy Mandl from CMS. I'll go ahead and jump in. I actually ask you to submit your question to the help desk e-mail box that was sent to you. The annual payment update penalty that is applied for failure to submit data is based on the current market basket update for the year, and the penalty is applied just for that year. The penalties applied just for that year. The details surrounding that are in the final rule that was published in August of this year. And the measure, the data, I should say, that is used in assessing compliance with the submission of that assessment-based data is -- We use the data elements that are used that are necessary to calculate the measures. But it's not based on the measure themselves or measure performance. So we'll look at your completion rate of the data submitted on the measures that were finalized using the assessment data. And the details for that information, it's both in the rule and then also on our SNF QRP website.

Moderator: We have a question from Kristy Pasardi.

Questioner: Hi, I'm following the links on how to print the webinar out, the slides. And our administrator wants a copy of it, and I followed the links, and I'm not seeing actually where to print out the slides.

Stella Mandl: Hi, this is Stacy Mandl again from CMS. The slides are in what's called the downloads area at the bottom of the page. And we will -- They should be up there because I think others have accessed them.

Roberta Constantine: Stacy and Kristy, this is Roberta Constantine again from RTI. Kristy, if you're still running into difficulty, if you want to e-mail the help desk, we'd be happy to download it and send you the specific presentation document as well, if that's helpful.

Moderator: Again, if you would like to ask a question, please press star, then the number 1 on your telephone keypad.

Laurie Coots: And I'll also reiterate that the help desk address is snfqualityquestions@cms.hhs.gov.

Moderator: And there are no additional questions at this time.

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Conclusion

Laurie Coots: Excellent, thank you very much. Well, on behalf of CMS and RTI International, we'd like to thank everybody for their attendance today. Again, we hope that you will contact us with any additional questions or feedback, and we look forward to providing you all the information that you need. Thank you and have a nice afternoon.

Moderator: Thank you. This concludes today's conference.