



Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Help Desk

Questions and Answers (Q+As) and Quarterly Updates

June 2017

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 January – March 2017 (Section 1). This document also contains quarterly updates and events from January – March 2017 (Section 2) as well as upcoming updates for the next quarter, from April – June 2017 (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 Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.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
Data Submission Requirements	
1. We recently opened a Swing Bed Unit in our Hospital. Are we subject to reporting?	According to the FY 2016 SNF PPS final rule (80 FR 46429), non-CAH swing beds are subject to SNF QRP requirements. Note, however, that critical access hospitals (CAHs) with swing beds are not required to submit quality data under the SNF QRP. For more information about requirements for swing bed providers, please refer to: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/SwingBed.html
2. Are Puerto Rico facilities required to report QRP?	Yes. Puerto Rico facilities participate in the SNF Quality Reporting Program (QRP).
Measures adopted in the FY 2017 SNF PPS final rule	
3. What is the data collection period for the claims-based measures?	<p>In the FY 2017 SNF PPS final rule, three claims-based quality measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP. They are:</p> <ul style="list-style-type: none"> • Medicare Spending per Beneficiary—PAC SNF QRP, • Discharge to Community—PAC SNF QRP, and • Potentially Preventable Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP <p>Because claims-based measures can be calculated based on data that are already reported to the Medicare program for payment purposes, no additional information collection will be required from SNFs. As discussed in section V.B.6. of the FY 2017 SNF PPS proposed rule (81 FR 24257 through 24267), for the Medicare Spending per Beneficiary—PAC SNF QRP Measure, the Discharge to Community—PAC SNF QRP measure and the Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP, we proposed to use 1 year of claims data beginning with CY 2016 claims data to inform confidential feedback reports for SNFs, and CY 2017 claims data for public reporting.</p> <p>More information can be found in the SNF PPS Final Rule 81 FR (52043) available here https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf</p>

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Question	Answer
Measures adopted in the FY 2017 SNF PPS final rule (continued)	
<p>4. I am under the impression there is a 2% penalty associated with the claims based measures. My question is how that penalty will be applied.</p>	<p>In the FY 2017 SNF PPS final rule, three claims-based quality measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP, including Discharge to Community – Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), and Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure. These measures will be calculated using Medicare fee-for-service claims and, thus, will require no additional data collection on the part of providers. As long as Medicare fee-for-service claims are submitted timely, there are no penalties currently associated with the claims-based measures. For more information about the specifications for this measure, please refer to the two linked documents: Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf and Measure Specifications: Medicare Spending Per Beneficiary at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/2016_07_20_mspb_pac_ltch_irf_snf_measure_specs.pdf</p>
Part A PPS Discharge Assessment	
<p>5. Is a Part A PPS Discharge Assessment considered a scheduled PPS assessment, an unscheduled PPS assessment, or neither?</p>	<p>The Part A PPS Discharge, is neither a scheduled nor unscheduled PPS assessment. It is a record of discharge from Medicare Part A. The Part A PPS Discharge Assessment is a required assessment. It should be noted that the calculation of the SNF QRP measures are stay-based and are therefore calculated using the 5-day PPS for the admission and either the SNF Part A PPS Discharge or the OBRA Discharge, depending on which the SNF submits to CMS.</p>

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Question	Answer
Part A PPS Discharge Assessment (continued)	
<p>6. If a Part A PPS Discharge was missed, and a facility noted this after the completion deadline is a facility able to complete the MDS?</p>	<p>For the Part A PPS Discharge assessment, the ARD (Item A2300) is not set prospectively as with other assessments. The ARD (A2300) for a standalone Part A PPS Discharge assessment is always equal to the End Date of the Most Recent Medicare Stay (A2400C).</p> <p>The ARD may be coded on the Part A PPS Discharge assessment any time during the assessment completion period (i.e., End Date of Most Recent Medicare Stay (A2400C) + 14 calendar days).</p> <p>The Part A PPS Discharge must be completed (Item Z0500B) within 14 days after the End Date of Most Recent Medicare Stay (A2400C + 14 calendar days) and must be submitted within 14 days after the MDS completion date (Z0500B + 14 calendar days).</p> <p>Please note that compliance with the PPS assessment timing and scheduling requirements does not impact the SNF QRP. For the SNF QRP data submission, there are specific deadlines that are used for measure calculation and data reporting compliance. Please refer to the CMS webpage: SNF Quality Reporting Program Data Submission Deadlines.</p>

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Question	Answer
Part A PPS Discharge Assessment (continued)	
<p>7. Can you please advise us on how short stay assessments should be set up in a way that meet all CMS and RAI guidelines when the discharge is unplanned?</p>	<p>The Part A PPS Discharge cannot be combined with unscheduled PPS assessments (OMRAs), as it was determined that the volume of cases where these combinations might exist was so low that it did not warrant the creation of the additional item sets and submission specifications that would be required. Therefore, when a Part A PPS Discharge is required and an OMRA (unscheduled PPS assessment) is also required, the Part A PPS Discharge and the OMRA are to be completed separately.</p> <p>However, the Part A PPS Discharge assessment may be combined with most PPS and OBRA-required assessments when requirements for all assessments are met (please see the MDS 3.0 RAI Manual Chapter 2, Combining Medicare Assessments and OBRA Assessments).</p> <p>It would be possible to code the MDS as a Medicare Part A 5-day PPS Assessment (A0310B = 01) with the Start of Therapy Assessment (A0310B=C=1), OBRA Discharge (A0310F=10 or 11), Type of Discharge (A0310F=2), and Part A PPS Discharge (A0310H=1). As such, it is not a simple combining of Part A PPS Discharge with an unscheduled PPS assessment (OMRA). Referring to the Nursing Home Item Set Code (ISC) Reference Table in the MDS 3.0 RAI Manual, this combination of Types of Assessments would result in the “NP” ISC and would therefore be an acceptable combination not subject to warning or rejection.</p> <p>While it is not required, some may also wish to combine this assessment with an OBRA Admission Assessment (A0310A=01). Proper coding of A2400B (Start date of most recent Medicare stay) and A2400C (End date of most recent Medicare stay) according to the instructions in the MDS 3.0 RAI Manual would also be required.</p>
<p>8. If the facility did not complete a 5-day PPS MDS (accepted default rate) is an NPE required for that Medicare stay?</p>	<p>The Part A PPS Discharge (NPE) is a record of discharge from Medicare Part A. For the SNF QRP data submission, there are specific deadlines that are used for measure calculation and data reporting compliance. While the absence of a Part A PPS Discharge assessment does not affect payment, it is a required assessment and may be requested upon Survey. If not completed and submitted this will affect data collected for the SNF QRP Quality Measures, which would lead to inaccurate quality measures, and may affect the facility’s data completion threshold for APU determination.</p>

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Question	Answer
Part A PPS Discharge Assessment (continued)	
<p>9. If a missed Discharge Assessment (NPE or ND) is identified greater than 14 days following the date of discharge, how should the ARD be set?</p>	<p>CMS, on a several occasions via S&C Memos and during MDS trainings, has provided guidance to long-term care facilities on the importance of completing Discharge assessments. The Part A PPS Discharge assessment and the Nursing Home Discharge assessment are both required assessments that may be requested upon Survey, and must be completed and submitted to CMS per the timing requirements as stated in Chapter 2 of the Long-Term Care Facility Resident Assessment Instrument User's Manual, Version 3.0 accessible at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html</p> <p>QM data integrity for both the MDS 3.0 quality measures and the SNF QRP quality measures is heavily dependent on Discharge assessments. If not completed and submitted this will affect data collected for these quality measures which would lead to inaccurate quality measures, and for the SNF QRP, may affect the facility's data completion threshold for APU determination.</p> <p>As stated in the RAI manual, for Discharge assessments, the Assessment Reference Date (ARD) is not set prospectively, as with other assessments. Facilities should follow the instructions for setting the ARD as noted in the RAI Manual and establish policies and procedures that ensure timely and accurate completion and submission of these assessments.</p>
Reporting	
<p>10. I am new to my facility and cannot locate the file to upload for the SNF QRP.</p>	<p>SNFs currently submit MDS 3.0 data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. The implementation of the SNF QRP does not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system. No additional reporting is required.</p>

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Question	Answer
Reporting (continued)	
<p>11. How can I find out more about the Review and Correct Reports for the SNF QRP?</p>	<p>The first SNF QRP Review and Correct reports became available in the CASPER system in June 2017. Review and Correct Reports are refreshed weekly in the early morning hours on Mondays. Subsequent Review and Correct Reports will be available quarterly. Providers are able to obtain aggregate performance for up to the past four full quarters as the data are available; are available on a quarterly basis and used in conjunction with other CASPER reports to determine any reporting errors that may affect performance for some quality measures; and display data correction deadlines and whether the data correction period is open or closed.</p> <p>For more information regarding Review and Correct Reports, please refer to the SNF Quality Reporting Program 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 for links to the Review and Correct Reports Provider Training Materials including the Webcast which took place on Tuesday, May 2, 2017 available here at https://www.youtube.com/watch?v=hG_Ks0pX3ao, and Post-Training Materials including the question and answer (Q+A) document.</p> <p>For additional information on the release of Review and Correct Reports, please monitor the CMS SNF Quality Reporting Program Spotlights and Announcements website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements.html</p>

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Question	Answer
Reporting (continued)	
<p>12. We have always closely monitored our CASPER reports to benchmark our quality measures. Are you aware of any facility-specific reports available to skilled nursing facilities that include the new SNF quality measures?</p>	<p>Facility- and resident-level CASPER quality measure reports for the SNF QRP quality measures will be initiated by October 1, 2017. These confidential reports will allow SNFs to review their performance on SNF QRP measures. They will be available to SNF providers through CMS' QIES ASAP system. CMS intends to provide detailed procedures to SNFs on how to obtain their CASPER quality measure reports on the 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-Measures-and-Technical-Information.html</p> <p>You can find more information including links to additional information about the SNF Quality Reporting Program 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</p>
Section GG – Functional Abilities and Goals	
<p>13. Can you advise whether there would be any potential negative impact to providers if they do not complete and submit section GG on the MDS for non-traditional Medicare beneficiaries for future SNF QRP payments?</p>	<p>Section GG, Functional Abilities and Goals, is collected at the start of a Medicare Part A stay on the 5-Day PPS assessment and is also collected at the end of the Medicare Part A stay on the Part A PPS Discharge assessment. SNFs are required to collect Section GG data for SNF stays covered by Medicare Part A. It does not include stays billable to Medicare Advantage HMO plans.</p> <p>For instruction for completing the assessment please refer to Chapter 2 of the MDS 3.0 RAI Manual V1.14 available here: https://downloads.cms.gov/files/MDS-30-RAI-Manual-V114-October-2016.pdf</p>

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Question	Answer
<p align="center">Section GG – Functional Abilities and Goals (continued)</p>	
<p>14. Can a Resident’s assessments be dually coded as Admission and PPS 5-day for insurance reasons? We are receiving Submission Error Warning ID -3863: Discharge Goal Not Identified for Goal items GG0130A2 through GG0130C2 and GG0170B2 through GG0170S2.</p> <p>How will this affect the QRP measure Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)?</p>	<p>Please note this excerpt from Chapter 5 (pg. 5-1) of the MDS 3.0 RAI Manual V1.14, “All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS’ Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF PPS. Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage Plans.”</p> <p>However, if so desired, providers may use CMS item sets to fill in and send directly to insurers if they require a similar type assessment to the 5-Day PPS, etc., but the provider may not submit these assessments through the QIES ASAP System. If you are looking to complete an OBRA Admission assessment and complete an assessment for an insurer who expects information similar to what is found on the PPS item set, the OBRA Admission assessment would be completed and submitted to QIES ASAP, and the item set completed for the insurer would be sent directly to the insurer. No assessments that are completed for insurers may be “dually coded” with OBRA assessments (or PPS assessments for that matter) and submitted to QIES ASAP.</p> <p>Since facilities are not to submit assessments for purposes other than OBRA and SNF PPS (Traditional Medicare Part A), the Function QM is only affected by those assessments required to calculate the measure. Please refer to the SNF QM User’s Manual (v 1.0) for information on which assessments are used to calculate the SNF QRP quality measures available in the Downloads section of the web page at: 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</p> <p>As an aside, the error warning you received is not related to the fact that you attempted to dually code an Admission assessment with a “5-Day PPS” assessment used for insurance (which again, is not to be done), but is</p>

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Question	Answer
Section GG – Functional Abilities and Goals (continued)	
<p>14. Can a Resident's assessments be dually coded as Admission and PPS 5-day for insurance reasons? We are receiving Submission Error Warning ID -3863: Discharge Goal Not Identified for Goal items GG0130A2 through GG0130C2 and GG0170B2 through GG0170S2. (continued)</p>	<p>likely related to the fact that at least one discharge goal was not coded as required on the assessment. Per Chapter 3, Discharge Goal Coding Tips (pg. GG-13) of Section GG in the MDS 3.0 RAI User's Manual, "For the cross-setting quality measure, the <i>Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i>, a minimum of one self-care or mobility goal must be coded per resident stay on the 5-Day PPS assessment. Even though only one discharge goal is required, the facility may choose to code more than one discharge goal for a resident."</p> <p>You may wish to refer to Chapters 3 and 5 for coding instructions for Section GG and for information regarding submission of assessments in the MDS 3.0 RAI Manual V1.14 available here: https://downloads.cms.gov/files/MDS-30-RAI-Manual-V114-October-2016.pdf</p>
<p>15. I am seeking clarification on when Section GG needs to be completed for the SNF QRP.</p>	<p>Please refer to Chapter 3, Section GG of the MDS 3.0 RAI Manual (v 1.14) for guidance on how to code Section GG available here: https://downloads.cms.gov/files/MDS-30-RAI-Manual-V114-October-2016.pdf</p> <p>For the SNF QRP, admission functional assessment data on the PPS 5-Day assessment and a minimum of one self-care or mobility discharge goal must be coded per resident stay on the 5-Day PPS assessment. A discharge goal as reported on the 5-day PPS assessment provides evidence that a discharge goal for at least one of the self-care or mobility items reflects that the patient's/resident's care plan that addresses function has been established.</p>

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Question	Answer
Section GG – Functional Abilities and Goals (continued)	
15. I am seeking clarification on when Section GG needs to be completed for the SNF QRP. (continued)	<p>Discharge functional status data are required for residents with <i>complete stays</i>. However, discharge functional status data are not required to be reported for residents who have an <i>incomplete stay</i>. Residents with incomplete stays are identified based on one or more of the following criteria.</p> <ul style="list-style-type: none"> • Unplanned discharge indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) • Discharge to an acute hospital, psychiatric hospital, or long-term care hospital as indicated by A2100 (Discharge Status) = 03, 04, or 09 • The resident's death as indicated by A2100 (Discharge Status) = 08 (Deceased) or A0310F (Entry/discharge reporting) = 12 (Death in facility) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C) • SNF PPS Part A stay is less than 3 days as indicated by A2400C (End date of most recent Medicare stay) minus A2400B (Start date of most recent Medicare stay) < 3 days

Section 2:

What you may have missed from Quarter 1 2017

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. In the “Downloads” section of this page, you can find a Fact Sheet, summarizing SNF QRP requirements for Fiscal Year 2018.
- 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 information about SNF QRP measures and item set specifications.
- On the [Training](#) page is a link to the video recording from the May 2017 **Review and Correct Report Provider Training**. Also available are materials from the **Review and Correct Report Provider Training** that can be found in the “Downloads” section at the bottom of the page. Materials available include a PDF of the PowerPoint presentation, knowledge check worksheet and Review and Correct FAQ’s
- 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 [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.

Section 3: What's coming up

- On the [Skilled Nursing Facility \(SNF\) Quality Reporting Program Measures and Technical Information](#) page the new Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 1.0 can be found in the "Downloads" section at the bottom of the page.

Rulemaking Cycle for FY 2018

- The proposed Rule was published on May 4, 2017 on the Federal Register website: <https://www.federalregister.gov/> To be assured consideration, comments must be received no later than 5 p.m. on June 26, 2017; CMS then responds to public comments and finalizes requirements.
- For updates and more information regarding the rulemaking process, please refer to the following links:
 - [CMS SNF QRP Announcements](#)
 - [The Office of the Federal Register's Guide to the Rulemaking Process](#)
 - [CMS Pre-Rulemaking website](#)
 - [2017 2018 CMS Pre-Rulemaking Timeline](#)