



Skilled Nursing Facility Quality Reporting Program (SNF QRP)

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

October 2018

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 2018 –June 2018 (Section 1). This document also contains quarterly updates and events from April 2018 –June 2018 (Section 2) as well as upcoming updates for the next quarter, from July 2018 –September 2018 (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 Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.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
How can a facility submit a request for CMS review of the quality measure data on their Provider Preview Reports?	<p data-bbox="940 250 2039 277">Provider Preview Reports</p> <p data-bbox="940 293 2039 565">Provider Preview Reports are issued quarterly by CMS. The purpose of these reports is to give SNFs the opportunity to review their quality measure results on each quality measure prior to public display on NH Compare the following quarter. Reports can be accessed via the Certification and Survey Provider Enhanced Reports (CASPER) application, which is accessible via the CMSNet - Submission Access Welcome to the CMS Systems for Providers page by selecting the CASPER Reporting link.</p> <p data-bbox="940 613 2039 764">We encourage SNFs to review their data as provided in the SNF Provider Preview Reports: If a SNF disagrees with their quality measure results (denominator or quality metric) contained within their Provider Preview Report, they will have an opportunity to request review of that assertion by CMS.</p> <p data-bbox="940 789 2039 816">In order to make such a request, SNFs must adhere to the process outlined below:</p> <p data-bbox="940 846 2039 873">Procedures for requesting CMS' Review during Preview Period:</p> <ul data-bbox="989 902 2039 1365" style="list-style-type: none"><li data-bbox="989 902 2039 1011">• Requests may be submitted to CMS beginning on the day the SNF Provider Preview Reports are available in their CASPER folders, and may be submitted through 11:59:59 p.m. PST on day 30 of the preview period.<li data-bbox="989 1040 2039 1109">• CMS will not accept any requests for review of data that are submitted after the posted deadline, which falls on the last day of the preview period.<li data-bbox="989 1138 2039 1365">• SNFs are required to submit their request to CMS via email with the subject line: “[Provider Name] SNF Public Reporting Request for Review of Data” and include their CMS Certification Number (CCN) (e.g., <i>ABC Skilled Nursing Facility Public Reporting Request for Review of Data, XXXXXX</i>). The request must be sent to the following email address: SNFORPPRquestions@cms.hhs.gov.

The email request **must** include the following information:

- SNF CMS Certification Number (CCN)
- SNF Agency Name and Mailing Address
- CEO or CEO-designated representative contact information including: name, email address, telephone number, and physical mailing address
- **Information supporting the SNF's belief that the data contained within their preview report are erroneous, including, but not limited to, quality measures affected, and aspects of quality measures affected (denominator or quality metric)**

IMPORTANT: Never include protected health information (PHI), patient identifiable information (PII), or other Health Insurance Portability and Accountability Act (HIPAA) violations in the documentation being submitted to CMS for review. Submitting resident-level data or protected health information may be a violation of your facilities' policies and procedures as well as violation of federal regulations (HIPAA).

SNFs will receive an email confirming receipt of their request and may be asked to provide additional information to allow CMS to fully evaluate the request. Such requests from CMS will be sent to the contact person named above.

- CMS will review all requests and provide a response outlining the decision via email. Please note that SNF-identified errors resulting from inaccurate data submissions that a SNF failed to correct will not be corrected. CMS will not consider correcting quality measure calculations that SNFs find to be inaccurate due to inaccurate or missing data that was identified beyond the applicable quarterly data submission deadline.
- Data that CMS decides/agrees to correct will be displayed during the subsequent quarterly release of SNF quality data on NH Compare. The data used to generate the SNF Provider Preview Reports are frozen for the upcoming NH Compare refresh, and corrections submitted after the generation of the SNF Provider Preview Report will not be reflected until the next quarterly preview report is generated.

Compliance Notifications

We recently received an email from The CORMAC Help Desk Team that states that our facility has not submitted complete data for a QRP quality measure; however, our SNF Observed Performance Rate for that measure on our SNF QM Confidential Feedback Report is over 80%. Can you please clarify this discrepancy?

The e-mail notification that you received from CORMAC is an update of the compliance status of the number of MDS assessments that contain all of the items necessary to calculate the quality measures for the SNF QRP that may affect your facility's Annual Payment Update (APU).

SNFs currently submit MDS 3.0 data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system and no additional reporting is required.

Threshold compliance cannot be obtained from CASPER quality measure reports such as the Review and Correct Report or Confidential Feedback/Quality Measure Reports.

The SNF QRP Review and Correct reports and Quality Measure Reports do not reflect a SNF's compliance with the QRP but rather provide rates of facility performance on each of the assessment-based SNF QRP quality measures for the purposes of quality improvement.

Threshold compliance differs from the QRP Quality Measure Report calculations in the CASPER reports in that:

- The QM Reports in CASPER contain a *facility's performance* on each of the quality measures and are calculated based on *SNF stays*. For further information on the methods used to calculate quality measures please refer to the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 2.0 available at:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Calculations-and-Reporting-Users-Manual-V20.pdf>
- Compliance threshold calculation for Annual Payment Update is based on the *completeness of data* needed to calculate the measures and is *based on the*

Question**Answer**

number of MDS assessments submitted with complete data on each MDS assessment used for the SNF QRP. 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/SNF-QRP-Quick-Reference-Guide-October-2017.pdf>.

- To review the item values that may count against the APU, as well as data that is required for the calculation of the SNF QRP quality measures, you may wish to refer to the CMS Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage 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>.

Is there a report that shows if my facility is in compliance with the SNF QRP?

There is not currently a report that will display your facility’s current compliance with the annual payment update (APU) minimum submission threshold determination for the SNF QRP. The SNF QRP Review and Correct and Quality Measure Reports do not reflect a SNF’s compliance with the QRP for the APU threshold calculation, but rather provide rates of facility performance on each of three assessment-based SNF QRP Quality Measures.

SNFs have opportunities to review their information and validate their data for the SNF QRP quality measures using reports available through CASPER such as data submission reports, which give providers information on fatal errors and warning messages related to data submission. For example, various data submission reports provide details regarding assessment items submitted for a selected MDS 3.0 assessment and others summarize errors encountered in assessments submitted during a specified period. You will find additional information regarding these reports on the CMS website linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/May-2017-Review-and-Correct-Webcast-QA_Appendix_SNF.pdf

Question

Answer

Any SNF that does not meet the requirement that 80 percent of all MDS assessments submitted contain 100 percent of all data items necessary to calculate the SNF QRP measures are subject to a reduction of two percentage points to its market basket percentage.

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/SNF-QRP-Quick-Reference-Guide-October-2017.pdf>.

To review the item values that may count against the APU, as well as data that is required for the calculation of the SNF QRP quality measures, you may wish to refer to the SNF QRP Table for Reporting Assessment-Based Measures for the FY 2020 SNF QRP APU available on the CMS Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Table-for-Reporting-Assessment-Based-Measures-for-the-FY-2020-SNF-QRP-APU.pdf>.

Reporting

How often are the SNF QRP Review and Correct, and Facility-level and Resident-level quality measures refreshed?

Data for the Review and Correct Reports are updated or refreshed weekly to reflect any changes made while the correction period remains open as follows:

- Weekly measure calculations: Performed in the early morning hours every Monday.
- Quarterly measure calculations: To allow a quarter to be displayed on the CASPER Review and Correct Report as soon as that quarter is completed, the Review and Correct quality measures are calculated and updated in the early morning hours of the first day of the following quarter. (This is essentially an extra weekly run that occurs on the first day of a new quarter.)

Facility-level and Resident-level Quality Measure Reports are refreshed on the first of each month.

Question**Answer**

On the SNF QRP Quality Measure Reports, does “X=triggered” indicate a desirable outcome?

An “X” or “trigger” indicating that the resident is counted in the numerator of the measure must be evaluated individually for each measure to determine if this is a desirable or undesirable outcome.

For the SNF QRP quality measure (QM), 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), “X” signifies the QM triggered in the SNF QRP Resident-Level QM Report indicating that the individual resident is counted in the numerator of the measure calculation. That is considered a desirable outcome as it indicates that the resident had an admission and discharge functional assessment and a care plan that addresses function. Reviewing the residents with NT (i.e., Not Triggered) is encouraged for identifying opportunities to improve performance and signifies that a dash may have been entered in one or more of the required data elements for the quality measure. NT indicates that the individual resident is not counted in the numerator.

For the SNF QRP quality measure, Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) “X” also signifies the QM triggered. However, this is considered an undesirable outcome. This indicates that the resident had a fall(s) with major injury during the Part A Stay.

For the SNF QRP quality measure, Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) “X” signifies the QM triggered and is considered an undesirable outcome. This indicates that the resident had a new or worsened pressure ulcer during the Part A Stay.

Are the percentages on the Review and Correct and Quality Measure Reports supposed to match?

The Review and Correct Reports and QM Reports results are not static and are not expected to “match.”

Facility-Level and Resident-Level Quality Measure Reports, also referred to as Confidential Feedback Reports, contain quality measure information at the facility and resident levels for a single reporting period. Providers are able to select the data collection end date and obtain aggregate performance data. Refreshed monthly, they provide a “snapshot” of performance for quality improvement purposes based on data submitted and results are risk-adjusted as applicable.

Question	Answer
	<p>The Review and Correct Reports provide aggregate performance by quarter up to the past four full quarters as data are available for that measure. These reports are available on a quarterly basis and the data is refreshed weekly until the data submission deadline is closed. Measures are not risk-adjusted for these reports.</p>
Readmissions	
<p>Can you provide clarification regarding the various Readmissions quality measures for SNFs?</p>	<p>There are several programs with quality measures that address readmissions following discharge from the SNF. There are differences among the measures and each program has different goals or fulfills different requirements. There is a measure adopted for the SNF Quality Reporting Program, a measure reported on Nursing Home Compare, and a measure adopted for the SNF Value-Based Purchasing Program (VBP). We provide some brief information on each measure as follows:</p> <p><u>SNF Quality Reporting Program (QRP):</u> The SNF QRP quality measure, Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), assesses a SNF’s risk-adjusted rate of unplanned, potentially preventable readmissions within 30 days of SNF discharge and is calculated using Medicare fee-for-service claims and, thus, require no additional data collection on the part of providers. Additional information on the SNF QRP Potentially Preventable 30-Days Post Discharge Readmission Measure for SNF QRP may be found on our website at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf.</p> <p><u>Nursing Home Compare:</u> The short-stay re-hospitalization measure determines the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident was re-admitted to a hospital for an inpatient or observations stay within 30 days of entry or reentry. For additional information on the quality measure for the Five Star Rating Program reported on Nursing Home Compare, Percentage of Short-Stay Residents Who Were Re-Hospitalized after a Nursing Home Admission currently reported on</p>

Question

Answer

Nursing Home compare please refer to the Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf> and Nursing Home Compare at <https://www.medicare.gov/nursinghomecompare/Data/About.html>

SNF VBP:

The SNF Readmission Measure estimates risk-standardized rate of all-cause, unplanned hospital readmissions of Medicare SNF beneficiaries within 30 days of discharge from their prior proximal acute hospitalization. Additional information on the All-Cause Risk-Standardized Readmission Measure may be found on our website at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFRM-Technical-Report-3252015.pdf>. General information about the SNF VBP is available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>

Please direct SNF VBP questions to the following help desk: SNFVBPinquiries@cms.hhs.gov

Section 2:
What you may have missed from Quarter 2, 2018

SNF QRP Provider Preview Reports

Skilled Nursing Facility (SNF) Provider Preview Reports were updated. Providers were able to review their performance data until July 1, 2018 prior to public display on the [Nursing Home Compare](#) site. Corrections to the underlying data were not permitted during this time. However, were able to request a CMS review during the preview period if they believed their data scores displayed were inaccurate. Updated SNF QRP Provider Preview Reports are expected to be available to SNFs in the near future.

The SNF Provider Preview Report included performance data on the following quality measures based on the subsequent Quarterly data:

1. Quarter 1 – 2017 to Quarter 4 – 2017 data
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (#0674)
 - 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 Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (#2631)
2. Quarter 4 – 2016 to Quarter 3 – 2017 data
 - Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure
 - Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
3. Quarter 4 – 2015 to Quarter 3 – 2017 data
 - Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).

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 2020 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/Downloads/SNF-QRP-Quarterly-Update-Q4-2017.pdf>
- The [SNF QRP Training](#) page provides information about 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 institutions' Privacy Officer.
- The SNF PPS FY2019 Final Rule was published on August 8, 2018 on the Federal Register website:
<https://www.federalregister.gov/documents/2018/08/08/2018-16570/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

What's new for Skilled Nursing Facilities (SNFs)

Results from June 2018 Provider Preview Reports will be posted on Nursing Home Compare

CMS SNF QRP Trainings:

- The Centers for Medicare & Medicaid Services (CMS) hosted 3 trainings on the following topics:
 - July 31, 2018 – August 1, 2018: SNF QRP Provider Training
 - August 27, 2018: Section N Follow-up Webinar
 - September 12, 2018: Section GG Follow-up Webinar
- Links to the post-training materials and recordings are available on the SNF QRP Training webpage:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html>

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.