



Skilled Nursing Facility Quality Reporting Program (SNF QRP)

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

September 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 April - June 2017 (Section 1). This document also contains quarterly updates and events from April - June 2017 (Section 2) as well as upcoming updates for the next quarter, from July - September 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 Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.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
Reporting	
How can I access my facility's SNF QRP Review and Correct reports?	<p>Review and Correct Reports for Skilled Nursing Facilities (SNF) can be accessed through Certification and Survey Provider Enhanced Reports (CASPER) system. For an overview of the steps required to obtain a Review and Correct Report, review Section 13 – SNF Quality Reporting Program (v1.00 posted 05/2017) of the CASPER Reporting User's Guide for MDS Providers.</p> <p>Please refer to the SNF QRP Training webpage for materials from the Review and Correct Report Provider Training linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html.</p>
Our facility received the SNF Review and Correct Report and completed all modifications yesterday. Upon review today, our numbers remained unchanged. When are the data in these reports updated?	<p>Upon receipt of the SNF Review and Correct Report, facilities should correct any errors necessary to ensure that the information in the QIES ASAP system accurately reflects the resident's identification, location, overall clinical status, or payment status. A correction can be submitted for any accepted record within 3 years of the target date of the record for facilities that are still open. If a facility is terminated, then corrections must be submitted within 2 years of the facility termination date. A record may be corrected even if subsequent records have been accepted for the resident.</p> <p>Errors identified in QIES ASAP system records must be corrected within 14 days after identifying the errors. Any new or corrected records accepted by the Assessment Submission and Processing (ASAP) system for open quarters will be included in the next weekly quality measure calculations.</p> <p>Data for the Review and Correct Reports are updated or refreshed as follows:</p> <ul style="list-style-type: none"> • 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.) • NOTE: New or corrected records (with target dates during the quarterly period) that were submitted after the Data Correction Deadline will not be included in the weekly quality measure calculations for the Review and Correct Report.

(continued)

Question	Answer
<p>How can I review the data for the SNF QRP Quality 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), ID S00.1 on my Review and Correct Report? The results for this quality measure are not what I expected.</p>	<p>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 an 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.</p> <p>To review information regarding the reporting requirements for the assessment based quality measures that are included in the for all SNF QRP measures including the 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), we refer you to the document, SNF Quality Reporting Program – Technical Specifications for Reporting Assessment-Based Measures for FY2018 posted on the CMS SNF QRP website linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Technical-Specifications-Table-for-Reporting-Assessment-Based-Measures-for-FY2018.pdf.</p>
<p>Does the SNF QRP Review and Correct Report reflect our facility's compliance for the facility's Annual Payment Update (APU)?</p>	<p>The SNF QRP Review and Correct report does not reflect a SNF's compliance for the Annual Payment Update (APU). There are unique differences between the Quality Measure (QM) calculations (based on resident stays for Review and Correct Reports) and Annual Payment Update thresholds based on the completion of items on a record regardless of whether the stay has been completed. We provide additional clarification below.</p> <p>SNF QRP Review and Correct Reports:</p> <p>The SNF QRP Review and Correct reports provide observed (raw) rates of facility performance on each of three assessment-based SNF QRP Quality Measures: These measures are Application of Percent of Patients or Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674), Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678), and 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>

(continued)

Question	Answer
	<p>For all measures: “Your SNF’s Observed Performance Rate” refers to the division of the numerator by the denominator and the rate is derived by including all stay-level records in the numerator for the target period, which do not meet the exclusion criteria, and dividing by all stay-level records included in the denominator for the target period.</p> <p>“The number of SNF Stays Included in the Denominator” refers the total number of Medicare Part A Stays during the reporting period. (A Medicare Part A Stay is defined by consecutive time in the facility starting with the Part A PPS 5-day assessment through the Medicare Part A Discharge Assessment).</p> <p>“The number of SNF Stays Included in the Numerator” is based on the calculation of each QRP Quality Measure. For information regarding the stays included in the numerator and denominator for each of the assessment-based quality measures, please refer to the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 1.0 posted on the CMS Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage.</p> <p>This information is expected to begin to be publicly reported in the Fall of 2018.</p> <p>Annual Payment Update:</p> <p>The Annual Payment Update threshold is not based on the final calculation of a quality measure, nor complete stays. Rather it is based on the determination of the completion of the items necessary to calculate the quality measure. The threshold is based on the completion of items on a record regardless of whether the stay has been completed.</p> <p>For example, if a resident is admitted on December 20th, and the SNF has completed all items on the resident’s 5-Day PPS assessment that is used to calculate the SNF QRP quality measures, then this record would be among those considered compliant. A provider must have 100% of all the items necessary to calculate the measure on at least 80% of the records submitted that would be used to calculate the quality measure.</p> <p>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 the document: SNF Quality Reporting Program – Technical Specifications for Reporting Assessment-Based Measures for FY2019 posted on the CMS Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage.</p>

(continued)

Question	Answer
APU Determination	
<p>Once the FY18 Annual Payment Update (APU) determinations are made, what data will be used for the APU calculations for the QRP for FY19 and future years?</p>	<p>Once the FY18 Annual Payment Update (APU) determinations are made, the FY 2019 payment determination will be based on 12 calendar months of data reporting beginning on January 1, 2017, and ending on December 31, 2017. For more information, including the data collection time frames for FY 2019 and future years, please refer to the FY 2017 SNF PPS Final Rule (81 FR 52042) linked here: https://www.federalregister.gov/documents/2016/08/05/2016-18113/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities. Please note however that as announced on the CMS SNF Spotlight Website on 8/23/17, SNF QRP data on measures for Q1, Q2, Q3, and Q4 of 2017 will have a single submission deadline of May 15, 2018 which is the same deadline for CY2017 Q4. This deadline will also apply to data submitted for SNF QRP FY2019 APU determination and will include all 4 quarters as well.</p>
Data Collection and Submission Requirements	
<p>To which residents do SNF QRP data submission requirements apply?</p>	<p>As finalized in the FY 2016 SNF PPS final rule, the SNF QRP measures are only applied to residents with Medicare Part A covered SNF stays. These requirements do not apply to the managed care population. For more information, please refer to the MDS 3.0 RAI Manual V1.15 linked here: https://downloads.cms.gov/files/MDS-30-RAI-Manual-v115-October-2017.pdf.</p>
<p>We recently opened a Swing Bed Unit in our hospital. Are we required submit data for the SNF QRP?</p>	<p>Yes. As finalized in the FY 2016 SNF PPS final rule (80 FR 46429 at https://www.gpo.gov/fdsys/pkg/FR-2015-08-04/pdf/2015-18950.pdf) non-CAH with swing bed agreements are subject to SNF QRP requirements and are required to submit quality data.</p>

(continued)

Question	Answer
<p>What is the Quality Reporting Data Collection time period for FY2019 payment determination?</p>	<p>In the FY 2017 SNF PPS final rule, three quality measures affecting FY 2019 payment determination were finalized for adoption into the SNF QRP. These measures are Application of Percent of Patients or Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674), Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678), and 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). Please refer to Skilled Nursing Facility Quality Reporting Program Data Collection & Final Submission webpage for an overview of the SNF Quality Reporting Program Data Submission Deadlines for the FY 2019 SNF QRP posted at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Data-Submission-Deadlines-for-FY-2019.pdf</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 did not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system. No additional reporting is required.</p>

Section 2: What you may have missed from Quarter 2 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.
- 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 items necessary to calculate the measures, item values that may count against APU and items used as risk adjustors for measure calculation but not for APU determination.
- On the [Measures and Technical Information](#) page the 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
- On the [Training](#) page is a link to the post-training materials from the August 2017 *Review and Correct Report Refresher Webinar that* can be found in the "Downloads" section at the bottom of the page.
- 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 [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) Quick Reference Guide](#) will be updated periodically to provide updated references.
- 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

What's new with Skilled Nursing Facilities (SNFs)

- **Rulemaking Cycle for FY 2018**
 - The Final Rule was published on August 4, 2017 on the Federal Register website:
<https://www.federalregister.gov/documents/2017/08/04/2017-16256/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>
- Monitor the [SNF Quality Reporting Program Spotlights and Announcements](#) webpage for ongoing up-to-date announcements and information regarding the SNF QRP.