



Skilled Nursing Facility Quality Reporting Program (SNF QRP)

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

February 2019

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 October 2018–December 2018 (Section 1). This document also contains quarterly updates and events from October 2018–December 2018 (Section 2) as well as upcoming updates for the next quarter, from January 2019–March 2019 (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 Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.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
General SNF QRP	
Can you clarify the data collection requirements for the new SNF QRP Quality Measures (QMs) that went into effect on October 2018? Will these new QMs be calculated for only Medicare residents admitted on or after 10/1/2018 OR for Medicare residents admitted prior to 10/1/18 but with either a 5 day or end of PPS stay completed on or after 10/1/18?	<p>The Assessment Reference Date (ARD) coded in item A2300 will determine the version of the MDS 3.0 that providers are to complete and submit to CMS. Specifically, if the ARD is on or after October 1, 2018, providers should use MDS 3.0 version 1.16.1. Version 1.16.1 is the version that has all of the data elements required for submission for the SNF QRP, including new Section GG data elements, I0020, J2000 and new Section N data elements.</p> <p>For the quality measures (QMs) used in the SNF QRP, we will begin calculating these new measures that have an implementation date of October 1, 2018 using records submitted with an actual admission date (start of SNF PPS stay) on or after October 1, 2018.</p> <p>For residents admitted to a SNF prior to October 1, 2018 with an ARD of October 1, 2018 or after, use of a dash for these new items will not result in a 2 percent reduction in the SNF's Annual Payment Update (APU).</p> <p>For additional information, please refer to the document available on the SNF QRP Web page entitled, <i>Fact Sheet on Transitions for New Quality Measures and Data Elements Effective October 1, 2018.</i></p>

Question	Answer
Drug Regimen Review (DRR)	
<p>There is no timeline stated by which the initial drug regimen review must be completed. The only specified timeline is that once a drug regimen review was completed, if the physician was contacted by midnight of the next calendar day. Once a resident is admitted to a facility, is there a specific time by which the initial drug regimen review must be completed?</p>	<p>The coding instructions in the MDS 3.0 RAI Manual version 1.16. does not identify a specific timeframe for completing the DRR upon admission to the SNF. SNFs would follow best practices by conducting the drug regimen review as soon after the resident's admission (start of SNF PPS stay) as possible. DRR items N2001 and N2003 would be completed upon admission or as close to the actual time of admission as possible. The only specified timeframe in the guidance applies to contacting a physician by midnight of the next calendar day when a potential or clinically significant medication issue is identified. Each facility delivers resident care according to its unique characteristics and standards (e.g., resident population). Thus, each facility determines its policies and procedures for documenting medication issues and the processes used to notify the physician. Examples of two-way communication with a physician or physician designee include in person, telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the resident's status.</p>

Question

Answer

Can you clarify what defines a clinically significant medication issue?

The clinician should use clinical judgement to determine if an identified medication issue would be considered a potential or actual clinically significant medication issue that would require two-way communication with the physician.

A clinically significant medication issue is a potential or actual issue that, in the clinician's professional judgment, warrants physician/physician-designee communication and completion of prescribed/recommended actions by midnight of the next calendar day at the latest.

Clinically significant medication issues may include, but are not limited to:

- medication prescribed despite documented medication allergy or prior adverse reaction
- excessive or inadequate dose
- adverse reactions to medication
- ineffective drug therapy
- drug interactions (serious drug-drug, drug-food, and drug-disease interactions)
- duplicate therapy (for example, generic name and brand name equivalent drugs are co-prescribed)
- wrong resident, drug, dose, route, and time errors
- medication dose, frequency, route, or duration not consistent with resident's condition, manufacturer's instructions, or applicable standards of practice
- use of a medication without evidence of adequate indication for use
- presence of a medical condition that may warrant medication therapy (e.g., a resident with primary hypertension does not have an antihypertensive medication prescribed)
- omissions (medications missing from a prescribed regimen)
- nonadherence (purposeful or accidental)

Any of these issues listed above must reach a level of clinical significance that warrants notification of the physician/physician-designee for orders or recommendations by midnight of the next calendar day (at the latest). Any circumstance that does not require this immediate attention is not considered a potential or actual clinically significant medication issue for the purpose of the drug regimen review items.

Question	Answer
<p>Which staff members are responsible for completing the Drug Regimen Review?</p>	<p>CMS does not provide guidance on who can complete the DRR. Each facility delivers resident care according to its unique characteristics and standards (e.g., resident population). Thus, each facility self-determines its policies and procedures for determining who may complete the DRR in compliance with State and Federal requirements.</p> <p>Providers should refer to state and federal policies and guidelines to determine who may complete a drug regimen review.</p>
<p>Section GG</p>	
<p>For compliance with the SNF QRP, are we required to have a discharge goal for every GG0130 self-care admission performance item and for every GG0170 mobility admission performance item? Upon running our facility’s report, we encountered error message -3907.</p>	<p>For the SNF Quality Reporting Program (QRP) quality measure, <i>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)</i>, a minimum of one self-care or mobility discharge goal must be coded. However, facilities are encouraged to choose to complete more than one self-care or mobility discharge goal. Code the resident’s discharge goal(s) using the six-point scale. Use of the “activity was not attempted” codes (07, 09, 10, and 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded. Of note, at least one Discharge Goal must be indicated for either Self-Care or Mobility. Using the dash in this allowed instance after the coding of at least one goal does not affect compliance for the Annual Payment Update (APU) determination. You have met the discharge goal requirement for the measure as long as you have coded at least one goal.</p> <p>Error code -3907 was retired as noted in the MDS 3.0 data specs errata (v2.02.4) FINAL 12-11-2018, which is available in the Downloads section of the MDS 3.0 Technical Information Web page available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html.</p>

Question**Answer**

Can you provide information why a recent facility validation report indicates that a resident who was not receiving Medicare Part A services triggered payment edit warning -3897 for the QRP because there was a dash in item K0200B, Weight, on the MDS? The resident was receiving hospice services and per MD orders, the resident had their weights discontinued several weeks ago prior to the Assessment Reference Date.

On 1/9/19, CMS posted an announcement on the [MDS 3.0 Technical Information webpage](#) stating that an updated errata document (V2.02.4) was posted for the FINAL version (v2.02.1) of the MDS 3.0 Data Specifications, which went into effect on October 1, 2018. Several additional items were mapped to edit -3897, and edit -3907 was discontinued.

Payment warning edit -3897 is applied to all MDS assessments whether or not the resident is receiving Medicare Part A services. The application of this edit allows the facility to validate that the assessment is coded correctly. In the event your assessment is not completed for a Medicare Part A resident, it would not be included in the QRP and the dash value would not count against your APU.

The data elements needed to calculate the SNF QRP quality measures that are defined as standardized patient assessment data elements (SPADEs) include the risk adjustment items (such as K0200A and K0200B as well as H0400 and I0900) for the SNF QRP quality measures, Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678), and Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.

Successful assessment completion for the SNF QRP is submission of actual resident data, as opposed to non-informative response options, i.e., “dash” (–). Please note that while the coding of a “dash” is an optional response value for the data elements listed in the Table for Reporting Assessment-Based Measures for the FY 2020 SNF QRP APU, its use does not count toward meeting the APU minimum submission threshold for the SNF QRP. Failure to meet the minimum threshold in the QRP may result in a two (2) percentage point reduction in the SNF’s APU.

For additional information on the data elements needed to calculate the SNF QRP quality measures and defined as standardized data elements for the SNF QRP quality measures, please refer to the SNF QRP Table for Reporting Assessment-Based Measures for the FY 2020 SNF QRP APU available 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>.

Question	Answer
Public Reporting	
<p>On the CMS Nursing Home Compare webpage and our facility’s Provider Preview Reports, the SNF QRP Quality Measure: Potentially Preventable 30-Day Post-Discharge Readmissions has footnotes stating that the data for this measure is not available and has been suppressed by CMS for one or more quarters. Could you provide clarification on this?</p>	<p>The following five SNF QRP measures are now being displayed on the NH Compare site:</p> <p>Assessment-based measures:</p> <ol style="list-style-type: none"> 1. Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay) (National Quality Forum #0678) 2. Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) 3. Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674) <p>Claims-based measures:</p> <ol style="list-style-type: none"> 1. Medicare Spending Per Beneficiary-PAC SNF QRP 2. Discharge to Community-PAC SNF QRP <p>CMS has decided not to publish a 6th quality measure, Potentially Preventable 30-Day Post-Discharge Readmissions, at this time. Additional time will allow for more testing to determine if there are modifications that may be needed both to the measure and to the method for displaying the measure. This additional testing will ensure that the future publicly reported measure is thoroughly evaluated so that Compare users can depend upon an accurate picture of provider quality. While we conduct this additional testing, CMS will not post reportable data for this measure, including each SNF’s performance, as well as the national rate.</p>
Nursing Home Compare	
<p>Where can I find my facility’s quality measure information on the CMS Nursing Home Compare website?</p>	<p>On the CMS Nursing Home Compare website, under each skilled nursing facility, is a tab labeled “Quality of Resident Care.” You will find the relevant SNF QRP quality measure information under the “short-stay residents” drop-down menu, “additional quality measures”. This includes the facility’s performance as well as national averages. State averages are currently not available.</p>

Question	Answer
Compliance Notifications	
<p>Can you clarify why my facility received an email from QRP help desk (QRPHelp@cormac-corp.com) stating that our facility has not submitted complete data for one of the SNF QRP Quality Measures?</p>	<p>The e-mail notification that you received from The CORMAC Help Desk Team is an update of the threshold compliance status of the completion of all of the items on the MDS 3.0 that are necessary to calculate the quality measures for the SNF QRP that may affect your facility’s Annual Payment Update (APU).</p> <p>Please refer to the document entitled <i>Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2020 Annual Payment Update (APU) Determination for the Skilled Nursing Facility Quality Reporting Program (SNF QRP)</i> in the Downloads section of the SNF QRP Measures and Technical Information webpage for a table indicating the MDS data elements that are used in determining the APU minimum submission threshold for the FY 2020 SNF QRP determinations.</p>

Section 2:
What You May Have Missed from Quarter 3, 2018

Inaugural Release of SNF QRP Data on Nursing Home Compare:

In accordance with Section 1899B(g)(1) of the Social Security Act, which requires CMS to provide for the public reporting of SNF provider performance on the quality measures, CMS announced the inaugural release of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) quality data on Nursing Home (NH) Compare.

NH Compare allows you to find and compare nursing facilities that are certified by Medicare and/or Medicaid. This website contains quality of resident care and staffing information for more than 15,000 nursing homes around the country, and will now additionally include SNF QRP quality data that can be used to compare SNF providers by their performance on important indicators of quality, such as the percentage of residents with new or worsening pressure ulcers, or the percentage of residents that experienced a fall and sustained a major injury. For additional information, including a list of the new measures on NH Compare, we refer you to the [SNF Quality Reporting Public Reporting webpage](#).

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.

Skilled Nursing Facility Quality Reporting Program Data Collection & Final Submission Deadlines for the FY 2021:

A table providing the data collection time frames and final submission deadlines for the FY 2021 SNF QRP is available in the Downloads section of the [SNF QRP Data Submission Deadlines](#) webpage.

Disaster Information Now Available on the Reconsiderations and Exceptions & Extensions Page:

For all disaster related information moving forward, please visit the [Reconsiderations and Exceptions & Extensions](#) webpage for your Quality Reporting Program. Memos will be posted in the downloads section of this page with additional information for each specific disaster impacting the Quality Reporting Programs.

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-Q_A-Quarterly-Update-October-2018_508C-003.pdf
 - The [Fact Sheet on Transitions for New Quality Measures and Data Elements Effective October 1, 2018](#) is available for download on the SNF-Quality-Reporting-Program-FAQs webpage. This Fact Sheet contains information about the completion of MDS 3.0 Assessments and APU information for data elements and new measures effective October 1, 2018 for the Skilled Nursing Facility Quality Reporting Program (SNF QRP).
- 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 (SNFORPPRQuestions@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 institution's Privacy Officer.

Section 3: What's Coming Up

Section GG Decision Tree Training Document

A decision tree training document focused on coding Section GG self-care and mobility data elements is available on the [SNF Quality Reporting Program Training](#) webpage. Section GG Functional Abilities and Goals includes admission and discharge self-care and mobility performance (GG0130 and GG0170) data elements. Qualified clinicians code each data element, which are activities, using a 6-point scale to reflect the resident's functional abilities based on the type and amount of assistance provided by a helper. If the resident did not perform the activity and a helper did not perform the activity for the patient/resident during the assessment period, one of four "activity not attempted codes" is used. This document provides a brief overview of the coding instructions and key questions to consider when determining the type and level of assistance required for a resident to complete an activity.

NH Compare Quarterly Refresh with SNF QRP Data

The quarterly Nursing Home (NH) Compare Refresh, including updated quality measure results based on SNF QRP data submitted to CMS, will occur in January 2019. The updated SNF quality measure results will be based on data submitted to CMS between:

1. Quarter 2—2017 to Quarter 1—2018 data
 - a. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (#0674)
 - b. Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 - c. 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
 - a. Medicare Spending Per Beneficiary—Post-Acute Care (PAC) Skilled Nursing Facility Measure
 - b. Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

As a reminder, CMS announced in October 2018 that it will not publish a 6th previously posted quality measure, Potentially Preventable 30-Day Post-Discharge Readmissions, at this time. Additional time will allow for more testing to determine if modifications to the measure and method of displaying it are needed. This additional testing will ensure that the future publicly reported measure is thoroughly evaluated so Compare users have an accurate picture of provider quality. While we conduct this additional testing, CMS will not post reportable data for this measure, including each SNF's performance, as well as the national rate.

Updated SNF Provider Preview Reports

Skilled Nursing Facility Provider Preview Reports will be updated during Quarter 1 2019. Providers will have 30 days to review their performance data prior to the April 2019 Nursing Home Compare site refresh, at which time this data will be publicly displayed. Corrections to the underlying data will not be permitted during the preview period; however, providers will be able to request that CMS review their data if they believe the quality measure scores displayed within their Preview Reports are inaccurate.

The data contained within the Preview Reports will be based on quality data submitted by SNFs during the following quarterly timeframes:

1. Quarter 3—2017 to Quarter 2—2018 data
 - a. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (#0674)
 - b. Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 - c. 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
 - a. Medicare Spending Per Beneficiary—Post-Acute Care (PAC) Skilled Nursing Facility Measure
 - b. Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

What's New for Skilled Nursing Facilities (SNFs)

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.