



Skilled Nursing Facility Quality Reporting Program (SNF QRP): Requirements for the Fiscal Year (FY) 2020 Program Year

This fact sheet contains information about requirements for the SNF QRP for the FY 2020 - program year, which will reflect data collected from 1/1/18 – 12/31/18

I. Background

The IMPACT Act of 2014 mandated the establishment of the SNF QRP. As finalized in the FY 2016 SNF PPS final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY.

II. FY 2020 Program Requirements

The FY 2020 program year is based on four quarters of data from 1/1/2018 – 12/31/2018. This means that starting on October 1, 2019 (FY 2020) your APU will be updated based on the compliance determination from the data submitted for admissions to the SNF on and after January 1, 2018 and discharges from the SNF up to and including December 31, 2018.

The data collection period and data submission deadlines for all assessment-based measures finalized for adoption are outlined in the FY 2017 Final Rule as follows:

DATA COLLECTION PERIOD AND DATA SUBMISSION DEADLINES AFFECTING THE FY 2020 PAYMENT DETERMINATION AND SUBSEQUENT YEARS

Data collection/submission quarterly reporting period	Quarterly review and correction periods and data submission quarterly deadlines for payment determination
CY Q1—January 1 – March 31	Q1 Deadline: August 15
CY Q2— April 1 – June 30	Q2 Deadline: November 15
CY Q3— July 1 – September 30	Q3 Deadline: February 15
CY Q4—October 1 – December 31	Q4 Deadline: May 15

Providers are encouraged to verify their MDS submissions on at least a quarterly basis. It is recommended that the applicable CMS Certification and Survey Provider Enhanced Reports, or CASPER validation reports, are run prior to each quarterly reporting deadline to ensure that all required data were submitted. We encourage you to verify all facility information prior to submission, including CMS Certification Number (CCN) and facility name.

Providers must submit all data necessary to calculate SNF QRP measures on at least 80% of the MDS assessments submitted to be in compliance with SNF QRP requirements.

MDS 3.0 Submission

SNFs currently submit MDS 3.0 data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. The October 1, 2016 implementation of the SNF QRP did not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system.

In order to collect the standardized data used to calculate SNF QRP measures, an additional MDS submission, the Part A PPS Discharge Assessment, was finalized in the FY 2016 SNF PPS final rule. This discharge assessment includes discharge data needed to inform current and future SNF QRP measures and their calculations.

For an overview of the steps required to submit an MDS 3.0 file, verify its submission status, and obtain a final validation report, SNFs should review this link to the [Helpful Hints Fact Sheet](#). It is strongly recommended that SNFs access and review the MDS 3.0 Provider and CASPER Reporting User's Guides, both of which can be accessed at: <https://www.qtso.com/mdstrain.html>.

III. FY 2020 Reports

Review and Correct Reports: These facility-level confidential reports are available quarterly on the next business day following the end of each reporting quarter via CASPER and refreshed weekly until the data correction deadline. They display assessment-based quality measures, not claims-based measures, and the measures are not risk-adjusted. SNFs have an opportunity to assess the status of data submission and review and correct information that is to be made public. All MDS 3.0 data submitted and/or corrected before the quarterly reporting period deadlines will be reflected in public reporting scores. The quarterly reports display data correction deadlines and whether the data correction period is open or closed. Providers are able to obtain aggregate performance for up to the past four full quarters as data are available.

QRP Facility-Level and Resident-Level Quality Measure (QM) Reports: Referred to as Confidential Feedback Reports, there are claims-based and assessment-based QM Reports. The claims-based QM reports include only facility-level data. No data are submitted for the claims-based measures, and the results are updated annually. For assessment-based quality measures, SNFs are able to view their data and information at both the facility- and resident-level. Providers are able to specify the reporting end date and obtain aggregate performance for the current quarter (may be partial) and past three quarters. Assessment-based QM reports are refreshed and available monthly. The CASPER Facility-level QM Reports contain information such as the numerator, denominator, facility rate, and national rate and are risk-adjusted. SNFs can utilize the CASPER resident-level QM Reports to help assess resident-level detail for their performance on the measures for quality improvement purposes.

In addition, other reports are available in CASPER, such as MDS data submission reports and provider validation reports, which would disclose SNFs' data submission status, and provide details on all items submitted for a selected assessment, as well as the status of records submitted. Additional information regarding the content and availability of these confidential feedback reports is provided on an ongoing basis 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>

Provider Preview Reports: Provider Preview Reports are available about 5 months after the end of each data collection quarter. All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date). After the data collection period has ended, providers are unable to correct the underlying data in these reports. The reports display assessment-based and claims-based measure results. SNFs will have a 30-day preview period, beginning the date that the reports are issued to providers, to review their data prior to the display of facility-level QM data on the Nursing Home Compare website. Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data scores displayed are inaccurate.

Public Display: SNF QRP Quality Measure Reports are expected to be publicly posted in the fall of 2018.

Table 1. Assessment-based Quality Measures Currently Adopted for the FY 2020 SNF QRP

Measure
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)*
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
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)
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP**
Application of IRF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients (NQF #2633)**
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)**
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)**
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)**

* The measure will be replaced with the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure, effective October 1, 2018.

**Data collection for these measures begins October 1, 2018.

Table 2: Claims-based Quality Measures Currently Adopted for the FY 2020 SNF QRP

Measure
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)
Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure

These measures, listed in **Table 2**, will be calculated using Medicare FFS claims and thus, **require no additional data collection on the part of providers**. For more information about the specifications for these three measures, please see the two documents: [Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule](#) and [Measure Specifications: Medicare Spending Per Beneficiary](#).

For more information about the specifications, items included in these previously adopted measures affecting the FY 2020 Program Year, refer to the SNF QRP Downloads section of the [Skilled Nursing Facility \(SNF\) Quality Reporting Program Measures and Technical Information](#) webpage.

IV. Resources and Frequently Asked Questions

Where can I find more information about the SNF QRP requirements?

Providers should visit the [SNF QRP webpage](#) for more information on SNF QRP measures and requirements. This webpage will be frequently updated with announcements and resources including:

- SNF QRP training materials
- Fact Sheets
- Help Desk Quarterly Q+A Documents

When is a new SNF required to begin reporting SNF QRP data?

A new SNF is required to begin reporting data by no later than the first day of the calendar quarter following 30 days after the date on the SNF's CCN notification letter.

EXAMPLE: if a SNF received its CCN on August 28, 2017, and 30 days are added (August 28 + 30 days = September 27), the SNF would be required to submit data for residents who are admitted beginning on October 1, 2017.

Are swing beds subject to SNF QRP requirements?

Swing beds in non-critical access hospitals are subject to the SNF QRP requirements. However, according to the [FY 2016 SNF PPS final rule](#) (80 FR 46429), 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/SNFPPS/SwingBed.html>.

What if I am notified of noncompliance with SNF QRP requirements?

If you are found noncompliant with SNF QRP requirements, you may request reconsideration of the finding. SNFs may file for reconsideration if they believe the finding of noncompliance is in error. Reconsideration requests are submitted by email to CMS containing all of the requirements listed on the [Reconsideration Requests](#) portion of the SNF QRP webpage.

Please note that a SNF cannot request reconsideration until notified by CMS of a finding of noncompliance with SNF QRP requirements.

What if I have extenuating circumstances (e.g., a natural disaster) that prevent me from submitting SNF QRP data or cause me to submit SNF QRP data late?

CMS makes accommodations in the event SNF is unable to submit quality data due to extraordinary circumstances beyond their control (e.g., natural or man-made disasters) or when a systemic problem with data collection directly affected its ability to submit data. If a SNF is affected by an extraordinary circumstance, it can submit an exception or extension request to CMS. SNFs should submit this request via email within 90 calendar days of the occurrence of the extraordinary circumstance. Please visit the [Extensions and Exception](#) Requests portion of the SNF QRP webpage for more information.

V. Resources for Providers

- SNFQualityQuestions@cms.hhs.gov (QRP Help Desk): For general questions about the SNF QRP, reporting requirements, reporting deadlines, and SNF QRP quality measures.
- SNFQRPPRquestions@cms.hhs.gov (SNF QRP Public Reporting Help Desk): For questions related to Provider Preview reports or public reporting of quality data.
- For MDS 3.0 Coding questions, please contact your State RAI Coordinator listed in Appendix B of the MDS RAI Manual. You can find this contact list on CMS's MDS 3.0 RAI Manual Web page under the Downloads section (file name – MDS-RAI-Manual-Appendix-B): <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>.
- BetterCare@cms.hhs.gov or 1-800-839-9290: For questions related to Nursing Home Compare and the Five-Star Quality Rating System.
- For assistance with your CMSNet login ID/password 1-888-238-2122 (CMSNet Help Desk).
- Help@qtso.com or 1-877-201-4721 (QIES Help Desk): For questions about MDS record completion and submission processes, or for technical questions. This group also handles questions related to MDS/CASPER login IDs/passwords and jRAVEN software.
- SNFQRPreconsiderations@cms.hhs.gov (Reconsideration Help Desk): For reconsideration requests and follow-up questions if your SNF has received a CMS determination of noncompliance letter.
- Subscribe to this listserv for the latest SNF QRP information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines:
https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265&pop=t..