

Skilled Nursing Facility Quality Reporting Program Overview of the Confidential Feedback Reports for Claims-Based IMPACT Act Measures

September 28, 2017

1-2 PM EDT



Purpose

The purpose of this presentation is to:

- » Provide information on the Confidential Feedback Reports for the claims-based measures adopted for the Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- » Present information on the claims-based IMPACT Act measures and direct participants to measure specifications
- » Make resources available to help address providers' questions

Agenda

- » SNF QRP background
- » Claims-based IMPACT Act measures
- » Confidential feedback report layout
- » Additional resources
- » Next steps
- » Questions & Answers

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- » Bipartisan bill passed on September 18, 2014 and signed into law on October 6, 2014
- » The Act requires the development and reporting of resource use and other measures pertaining to:
 - Total estimated Medicare spending per beneficiary
 - Discharge to community
 - All-condition risk-adjusted potentially preventable hospital readmissions rates
- » IMPACT Act available online:
<https://www.gpo.gov/fdsys/pkg/BILLS-113hr4994enr/pdf/BILLS-113hr4994enr.pdf>

SNF Quality Reporting Program (QRP)

- » In response to the reporting requirements under the IMPACT Act, CMS established the SNF QRP and its quality reporting requirements in the FY 2016 SNF Prospective Payment System (PPS) final rule.
- » Per the statute, SNFs that do not submit the required quality measures data may receive a two percentage point reduction to their annual payment update (APU) for the applicable payment year.
- » This program went into effect October 1, 2016.
- » For more information on the SNF QRP:

<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>

SNF QRP Claims-based IMPACT Act Measures

- 1) Total Estimated Medicare Spending Per Beneficiary – SNF QRP
- 2) Discharge to Community-Post Acute Care – SNF QRP
- 3) Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP

Total Estimated Medicare Spending Per Beneficiary – SNF QRP

- » Assesses Medicare spending per beneficiary during an “episode window” which begins on the day of SNF admission and ends 30 days post-discharge from the SNF. Based on Medicare Fee-for-Service (FFS) claims.
- » Measure adopted by CMS in [FY 2017 SNF PPS Final Rule](#)
- » Measure specifications available here:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf>
- » September 6, 2017 MLN MSPB presentation:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/Downloads/IMPACT-Act-MSPB-MLN-Connects-Call-September-2017.pdf>

Discharge to Community-Post Acute Care – SNF QRP

- » Risk-standardized rate of Medicare FFS residents who are discharged from a SNF to the community who do not have an unplanned readmission to a hospital or long-term care hospital within 31 days of discharge, and who remain alive during that time period.
- » Measure adopted by CMS in [FY 2017 SNF PPS Final Rule](#)
- » Measure specifications available here:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf>

Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP

- » Assesses a SNF's risk-adjusted rate of unplanned, potentially preventable readmissions within 30 days of SNF discharge. Based on Medicare FFS claims.
- » Measure adopted by CMS in [FY 2017 SNF PPS Final Rule](#)
- » Measure specifications available here:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf>

Overview of Implementation Dates

Measure	Confidential feedback reports	Data used for confidential feedback reports	Public reporting	Data that will be used for public reporting*
Total Estimated Medicare Spending Per Beneficiary – SNF QRP	10/1/17	CY 2016	10/1/18	FY 2017
Discharge to Community-Post Acute Care – SNF QRP	10/1/17	CY 2016	10/1/18	FY 2017
Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP	10/1/17	CY 2015-2016**	10/1/18	FY 2016-2017**

* FY adopted for public reporting in FY 2018 SNF PPS Final Rule

** Measurement period increased from 1 to 2 years in the FY 2018 SNF PPS Final Rule.

CY=Calendar Year; FY=Fiscal Year

SNF QRP Claims-Based Measures & Other Claims-Based Measures

- » In addition to the SNF QRP, the following CMS programs have measures based on Medicare claims:
 - SNF Value-Based Purchasing (VBP), required by PAMA
 - *Nursing Home Compare* (NHC) – Beginning July 2016, NHC began reporting 3 claims-based measures for short-stay SNF residents
- » There are several differences among these measures compared to those adopted for the SNF QRP
- » Each program has different goals or fulfills different requirements

Confidential Feedback Reports

- » The IMPACT Act requires confidential feedback reports prior to public reporting of quality, resource, and other measures
- » Confidential feedback reports are intended to help providers understand the measures and their performance for quality improvement purposes
- » CMS will be releasing SNFs' confidential feedback reports—also referred to QM Reports—in two phases:
 - 1) Early October report will only include the 3 claims-based measures
 - 2) Full report will contain all SNF QRP measures (i.e. claims and assessment-based)



Confidential feedback report layout - 1



Confidential Feedback Report
Skilled Nursing Facility Quality Reporting Program
October 2017

CCN: 123457

Facility Name: My SNF

City/State: Waltham, MA

Table 1A. Medicare Spending Per Beneficiary, Reporting Period: January 1, 2016 – December 31, 2016

Source: Medicare Fee-For-Service Claims and Eligibility Files

Measure Name	Comparison Group	CMS Measure ID	Number of Eligible Episodes	Average Spending Per Episode			MSPB Amount		MSPB Score
				Spending During Treatment Period ^(a)	Spending During Associated Services Period ^(b)	Total Spending During Episode	Average Risk-Adjusted Spending	National Median	
Medicare Spending Per Beneficiary (MSPB) – Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Your Facility	S006.01	21	\$11,206	\$5,010	\$16,216	\$19,547	\$20,473	0.95
	National	S006.01	6,000,000	\$13,005	\$5,165	\$18,170	\$20,268	\$20,473	0.99

TABLE INCLUDES EXAMPLE DATA

Confidential feedback report layout - 2

Table 1B. Potentially Preventable 30-Day Post-Discharge Readmission Measure, Reporting Period: January 1 2015 – December 31, 2016

Source: Medicare Fee-For-Service Claims and Eligibility Files

Measure Name	CMS Measure ID	Number of Readmissions Following Discharge	Number of Eligible Stays	Observed Readmission Rate	Risk-Standardized Readmission Rate (RSRR)	National Observed Readmission Rate	Comparative Performance Category
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program	S004.01	16	69	23.20%	18.30%	18.90%	Better than the National Rate

TABLE INCLUDES EXAMPLE DATA

Confidential feedback report layout - 3

Table 1C. Discharge to Community, Reporting Period: January 1, 2016 – December 31, 2016

Source: Medicare Fee-For-Service Claims and Eligibility Files

Measure Name	CMS Measure ID	Number of Discharges to the Community	Number of Eligible Stays	Observed Discharge to Community Rate	Risk-Standardized Discharge to Community Rate	National Observed Discharge to Community Rate	Comparative Performance Category
Discharge to Community – Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program	S005.01	99	230	43.04%	46.15%	47.99%	Worse than the National Rate

TABLE INCLUDES EXAMPLE DATA

Additional Resources

» If you have questions about your report, please submit them to:

SNFQualityQuestions@cms.hhs.gov

» This help desk can assist with information such as:

- SNF Quality Reporting Program quality measures
- SNF Quality Reporting Program requirements
- General quality reporting requirements and reporting deadlines

Next steps

- » Access your confidential feedback report containing the claims-based IMPACT Act measures in early October
- » Review measure specifications to better understand measures
- » Email the Help Desk with questions
- » Look for the complete confidential feedback reports containing both assessment-based and claims-based measures later this year
- » Provide us with your feedback
- » Reminder: These measures will be publicly reported by October 2018

QUESTIONS & ANSWERS