



# **MLN Connects<sup>®</sup>**

*National Provider Call*

## **Skilled Nursing Facility Quality Reporting Program (SNF QRP)**

Sharon Lash, CMS

Laura Smith, RTI

September 14, 2016



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# Disclaimer

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This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Agenda

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- Overview of IMPACT Act of 2014 and SNF QRP
- SNF QRP Measures:
  - Finalized in FY 2016 SNF PPS Final Rule
  - Finalized in FY 2017 SNF PPS Final Rule
- SNF QRP Resources Available to Providers

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

- Bipartisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014
- Requires standardized patient assessment data across post-acute care (PAC) settings that will enable:
  - Quality care and improved outcomes
  - Data element uniformity
  - Comparison of quality and data across PAC settings
  - Improved, person-centered, goal-driven discharge planning
  - Exchangeability of data
  - Coordinated care

<https://www.gpo.gov/fdsys/pkg/BILLS-113hr4994enr/pdf/BILLS-113hr4994enr.pdf>

# Driving Forces of the IMPACT Act

- **Purposes include:**
  - Improvement of Medicare beneficiary outcomes
  - Provider access to longitudinal information to facilitate coordinated care
  - Enable comparable data and quality across PAC settings
  - Improve hospital discharge planning
  - Research to enable payment models based on patient characteristics
- **Why the attention on Post-Acute Care:**
  - Escalating costs associated with PAC
  - Lack of data standards/interoperability across PAC settings
  - Goal of establishing payment rates according to the individual characteristics of the patient, not the care setting

# Applicable PAC settings



## Long-Term Care Hospital (LTCH)

Services provided: Inpatient services include rehabilitation, respiratory therapy, pain management, and head trauma treatment.

No. of Facilities: **420**

Average length of stay: **26** days

No. of Beneficiaries: **124k**

**LTCH CARE** – LTCH Continuity Assessment Record and Evaluation (CARE) Data Set submissions: **76K**

Medicare spending: **\$5.5** billion

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html>



## Inpatient Rehabilitation Facility (IRF)

Services provided: Intensive rehabilitation therapy including physical, occupational, and speech therapy.

No. of Facilities: **1,166**

Average length of stay: **13** days

No. of Beneficiaries: **373k**

**IRF-PAI** – IRF-Patient Assessment Instrument (PAI) submissions: **492k**

Medicare spending: **\$6.7** billion

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>



## Home Health Agency (HHA)

Services provided: Skilled nursing or therapy services provided to Medicare beneficiaries who are homebound.

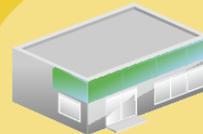
No. of Facilities: **12,311**

No. of Beneficiaries: **3.4** million

**OASIS**: Outcome and Assessment Information Set (OASIS) submissions: **35 million**

Medicare spending: **\$18** billion

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html>



## Nursing Homes

Services provided: Short-term Skilled nursing and rehabilitation services to individuals whose health problems are too severe or complicated for home care or assisted living.

No. of Facilities: **15,000**

Average length of stay: **39** days

Beneficiaries: **1.7** million

**MDS** – Minimum Data Set submissions: **20 million**

Medicare spending: **\$28.7** billion

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html>

# IMPACT Act: Standardized Patient Assessment Data

- **Requirements for reporting assessment data:**
  - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions.
  - The data must be submitted with respect to admission and discharge for each resident, or more frequently as required.

Use of Standardized  
Assessment data no  
later than



HHA: January 1, 2019  
SNF: October 1, 2018  
IRF: October 1, 2018  
LTCH: October 1, 2018

- **Data categories:**
  - Functional status, Cognitive function and mental status, Special services, treatments, and interventions, Medical conditions and co-morbidities, Impairments, Other categories required by the Secretary

# IMPACT Act Quality Measure Domains

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- Functional status, cognitive function, and changes in function and cognitive function
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Communicating the existence of and providing for the transfer of health information and care preferences

# IMPACT Act Resource Use and Other Measures

- Resource use and other measures will be specified for reporting, which may include standardized assessment data in addition to claims data.
- Resource use and other measure domains include:
  - Total estimated Medicare spending per beneficiary
  - Discharge to community
  - Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

# SNF Quality Reporting Program

- In response to the reporting requirements under the Act, CMS established the SNF Quality Reporting Program (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 is effective October 1, 2016.**
- For more information regarding the SNF QRP, please visit our webpage:

<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 Quality Reporting Program (continued)

- 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 will **not** change the process of MDS 3.0 data submission through QIES.

# SNF Quality Reporting Program (continued)

- FY 2018 payment determination will be based on one quarter of data from 10/1/16 to 12/31/16.

Payment Determination Affected	Data Collection Period	Data Submission Deadline
FY 2018	10/1/16-12/31/16	5/15/17

# SNF QRP Measures

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Laura Smith, RTI International

# **SNF QRP Quality Measures Finalized in the FY 2016 SNF PPS Final Rule**

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# SNF QRP Quality Measures Overview

- In the FY 2016 SNF PPS final rule, 3 quality measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP.
- All 3 of these quality measures use assessment data from the MDS 3.0.
- The following slides present basic information about these measures. This presentation does not include detailed information about measures specifications or item coding.

# SNF QRP Quality Measures Overview

- For more information about quality measure (QM) calculation and MDS items included in calculation of these 3 QMs, see the document titled, *SNF QRP- Specifications for the Quality Measures Adopted through the FY 2016 Final Rule*

[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Specifications\\_August-2015R.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Specifications_August-2015R.pdf)

# **Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay) (NQF #0674)**

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# Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay)

- This QM is intended for use as a cross-setting measure to meet the requirements of the IMPACT Act of 2014 addressing the domain of major falls.
- This QM reports the percentage of resident Medicare Part A stays where one or more falls with major injury (defined as bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) occurred during the SNF stay.

# Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay)

- **Medicare Part A Stay:** The period of time between the start of a resident's Medicare Part A covered stay defined by a start date (A2400B) and an end date (A2400C).
  - The stay is identified by a 5-day PPS assessment and an associated discharge (which may be standalone SNF Part A PPS Discharge or a Part A PPS Discharge combined with an OBRA Discharge).

# Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay)

**Numerator**

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The number of resident Medicare Part A stays with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C=[1,2])

**Denominator**

The number of resident Medicare Part A stays with one or more assessments that are eligible for a look-back scan except those with exclusions

# Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay)

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- Assessments eligible for inclusion in the look-back scan:
  - OBRA Discharge
  - PPS 5-, 14-, 30-, 60-, 90-day
  - SNF Part A PPS Discharge assessment
  - OBRA Admission, Quarterly, Annual, or Significant Change/Correction assessments

# Application of Percent of Residents Experiencing One of More Falls with Major Injury (Long Stay)

- **SNF Denominator Exclusions:** Resident Medicare Part A stay is excluded if none of the assessments that are included in the look-back scan has a usable response for items indicating the presence of a fall with major injury during the selected time window (i.e., information on falls with major injury is missing [J1900C = (-)] on all assessments used during a resident's stay during the selected time window).
- **SNF Risk Adjustment:** This measure is not risk-adjusted or stratified.

# **Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678)**

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# Percent of Patients or Residents with Pressure Ulcers That Are New or Worsened

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- This QM is adopted as a cross-setting measure to meet the requirements of the IMPACT Act of 2014 addressing the domain of skin integrity and changes in skin integrity.
- This measure is intended to encourage PAC providers to prevent pressure ulcer development or worsening, and to closely monitor and appropriately treat existing pressure ulcers.

# Percent of Patients or Residents with Pressure Ulcers That Are New or Worsened

- Note that the specifications for this measure have recently been updated.
- The updated specifications can be found in the “Downloads” Section at the bottom of this link:  
<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>

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (continued)

**Numerator**

The number of complete Medicare Part A stays that end during the selected time window with one or more new or worsened Stage 2-4 pressure ulcers at the end of the stay

**Denominator**

All complete Medicare Part A stays in the selected time window for SNF residents ending during the selected time window, except those who meet exclusion criteria

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (continued)

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- **New or worsened pressure ulcers** are determined based on examination of all assessments in a resident's episode for reports of Stage 2–4 pressure ulcers that were not present or were at a lesser stage on admission.

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (continued)

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## SNF Denominator Exclusions

1. If missing data on items used to calculate the measure
2. If the resident died during the SNF stay

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (continued)

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## SNF Risk Adjustment

- Is used to account for the medical and functional complexity of the residents
- Based on resident characteristics or covariates
- Characteristics or conditions were selected that put residents at increased risk for skin breakdown or impact ability to heal

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (continued)

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## SNF Risk Adjustment Covariates:

1. Limited or more assistance in bed mobility self-performance dependence on the initial assessment
2. Bowel incontinence at least occasionally on the initial assessment
3. Have diabetes or peripheral vascular disease on initial assessment
4. Low Body Mass Index (BMI) on initial assessment

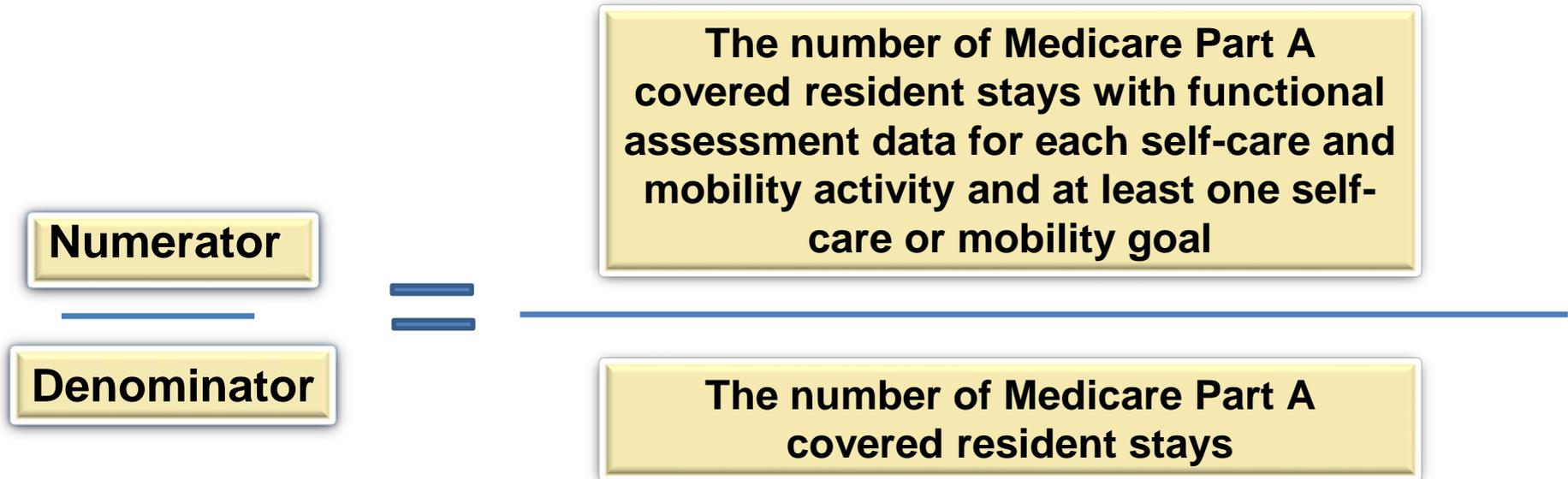
# **Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)**

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# Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function

- CMS has adopted this measure to satisfy the IMPACT Act requirements for CMS to specify QMs and PAC providers to report standardized data regarding functional status, cognitive function, and changes in function and cognitive function.
- This QM reports the percent of residents with an admission and a discharge functional assessment and at least one goal that addresses function.

# Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function



# Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function

- When a resident has an incomplete stay, collection of discharge functional status data might not be feasible.
- For residents with incomplete stays, admission functional status data and at least one treatment goal would be required, discharge functional status data would not be required to be reported.

# Incomplete and Complete Stays

- Residents who have **incomplete stays** are defined as those residents:
  - With incomplete stays due to a medical emergency,
  - Who leave the SNF against medical advice, or
  - Who die while in the SNF
- All residents not meeting the criteria for incomplete stays will be considered **complete stays**.

# Risk Adjustment

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- This measure is not risk adjusted.

# **SNF QRP Quality Measures Finalized in the FY 2017 SNF PPS Final Rule**

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# SNF QRP Measures Overview

- In the FY 2017 SNF PPS final rule, 3 claims-based measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP.
- These 3 measures use data from Medicare FFS claims and thus, require no additional data collection by providers.
- Additionally, 1 assessment-based quality measure affecting FY 2020 payment determination was finalized for adoption into the SNF QRP.
- The following slides present basic information about the specifications for these measures.

# Reporting and Payment Timelines for New Measures

Measure Title	Data Source	Reporting and payment timelines
<ul style="list-style-type: none"> <li>Discharge to Community-PAC SNF QRP</li> <li>Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP</li> <li>Total Estimated Medicare Spending Per Beneficiary (MSPB)-PAC SNF QRP</li> </ul>	Medicare FFS claims	Claims-based data will be used for payment determination for FY 2018 payment determination and subsequent years
Drug Regimen Review Conducted with Follow-Up for Identified Issues-PAC SNF QRP	MDS	Initial Reporting October–December 2018 for FY 2020 payment determination followed by CY reporting for that of subsequent FYs

# SNF QRP Measures Overview

- For more detailed information about these 4 measures, see the two documents below:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf>

[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/2016\\_07\\_20\\_mspb\\_pac\\_ltch\\_irf\\_snf\\_measure\\_specs.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/2016_07_20_mspb_pac_ltch_irf_snf_measure_specs.pdf)

# Discharge to Community- PAC SNF QRP

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# Discharge to Community- PAC SNF QRP

- CMS has developed this measure to satisfy the IMPACT Act requirements for resource use and other measures.
- This claims-based outcome measure assesses successful discharge to the community from a SNF, with successful discharge including no unplanned rehospitalizations and no death in the 31 days following discharge.

# Discharge to Community- PAC SNF QRP (continued)

- **Definition of community:** home or self care, with or without home health services, based on Patient Discharge Status Codes 01, 06, 81, and 86 on the Medicare FFS claim.

Discharge Status Codes Indicating Community Discharge	
01	Discharged to home or self care (routine discharge)
06	Discharged/transferred to home under care of organized home health service organization
81	Discharged to home or self care with a planned acute care hospital readmission
86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission

# Discharge to Community- PAC SNF QRP

## SNF Denominator:

- The denominator for the discharge to community measure is the risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient/resident characteristics with the facility effect removed.
- The “expected” number of discharges to community is the predicted number of risk-adjusted discharges to community if the same patients/residents were treated at the average facility appropriate to the measure.

# Discharge to Community- PAC SNF QRP

## SNF Numerator:

- The measure numerator is the risk-adjusted estimate of the number of patients/residents who are discharged to the community, do not have an unplanned readmission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window.
- This estimate starts with the observed discharges to community, and is risk-adjusted for patient/resident characteristics and a statistical estimate of the facility effect beyond case mix.

# Discharge to Community- PAC SNF QRP

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## SNF Target Population:

- The target population for the measure is the group of Medicare FFS patients/residents who do not meet the exclusion criteria.
- For more information about measure exclusions, refer to the specifications document linked in Slide 10 of this presentation.

# Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP

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# Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP

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- CMS has adopted this measure to satisfy the IMPACT Act requirements for resource use and other measures.
- This claims-based outcome measure reflects readmission rates for residents who are readmitted to a short-stay acute-care hospital or an LTCH with a principal diagnosis considered to be unplanned and *potentially preventable*.

# Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP (continued)

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- **Definition of potentially preventable readmission:** it must be coded as the principal diagnosis on the readmission claim. However, there are some exceptions based on PQI specifications.

# Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP (continued)

## Denominator:

- For the eligible PAC stays at each facility, the measure denominator is the risk-adjusted expected number of readmissions. This estimate includes risk adjustment for patient/resident characteristics with the facility effect removed.
- The “expected” number of readmissions is the predicted number of risk-adjusted readmissions if the same patients/residents were treated at the average PAC provider appropriate to the measure.

# Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP (continued)

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## Numerator:

- The numerator is the risk-adjusted estimate of the number of unplanned readmissions that occurred within 30 days of PAC discharge.
- This estimate starts with the observed readmissions, and is then risk-adjusted for patient/resident characteristics and a statistical estimate of the PAC provider's effect, beyond patient/resident case mix.

# Medicare Spending Per Beneficiary- PAC SNF Resource Use Measure

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# Medicare Spending Per Beneficiary- PAC SNF Resource Use Measure

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- CMS has adopted this measure to satisfy the IMPACT Act requirements for resource use and other measures.
- This claims-based resource use measure evaluates SNF providers' resource use relative to the resource use of the national median for SNF's.

# Medicare Spending Per Beneficiary- PAC SNF Resource Use Measure (continued)

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## SNF Denominator

- The denominator for a PAC provider's MSPB-PAC measure is the episode-weighted national median of the MSPB-PAC Amounts across all PAC providers in the same setting.

# Medicare Spending Per Beneficiary- PAC SNF Resource Use Measure (continued)

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## SNF Numerator

- The numerator is the average risk-adjusted stay/episode spending across all stays/episodes for the attributed provider.
- This is then multiplied by the national average stay/episode spending level for all SNF providers.

# SNF QRP Resources Available to Providers

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Sharon Lash, CMS

# SNF QRP Resources

- **SNF QRP Webpage:**

<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>

- Information about SNF QRP measures and requirements
- Important updates and announcements
- Training materials, fact sheets, and other resources for providers

# SNF QRP Webpage

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Home > Medicare > Skilled Nursing Facility Quality Reporting Program > SNF Quality Reporting Program (IMPACT Act 2014)

## Skilled Nursing Facility Quality Reporting Program

### SNF Quality Reporting Program (IMPACT Act 2014)

Welcome to the New Skilled Nursing Facility Quality Reporting Program

On September 18, 2014, Congress passed the *IMPACT Act*. The Act requires the submission of Nursing Facilities (SNFs), Home Health Agencies Act establishes a quality reporting program (QRP)

The *IMPACT Act* of 2014 requires the Secretary to standardized (uniform) data elements to be nested by LTCH, IRF, SNF, and HHA providers. The Act from five quality measure domains using standard and reporting of measures pertaining to resources of standardized quality measures and standardized interoperability and access to longitudinal information outcomes, and overall quality comparisons.

**Penalties for Failure to Report**

Beginning fiscal year (FY) 2018 and each subsequent FY by 2 percentage points for any SNF that does

**CMS Quality Strategy**

The CMS Quality Strategy is framed using the three broad aims of the National Quality Strategy:

**SNF QRP Additional Resources:**

Please also visit the CMS Post-Acute Care Quality Initiative website for more information related to cross setting quality measures and quality initiatives:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/PAC-Quality-Initiatives.html>

**Information on the IMPACT Act of 2014 can be found at:**

<http://www.gpo.gov/fdsys/pkg/BILLS-113hr4994enr/pdf/BILLS-113hr4994enr.pdf>

<https://www.govtrack.us/congress/bills/113/hr4994>

**For SNF Quality Reporting Program comments or questions:** [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)

**Downloads**

[SNF QRP Requirements for FY18 Reporting Year Fact Sheet \[PDF, 108KB\]](#)

[\(SNF\) Quality Reporting Program Provider Training 6-21-16 \[ZIP, 15MB\]](#)

# SNF QRP Webpage (continued)

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## Skilled Nursing Facility Quality Reporting Program

- SNF Quality Reporting Program Spotlights and Announcements**
- [Skilled Nursing Facility \(SNF\) Quality Reporting Program Measures and Technical Information](#)
- [SNF Quality Reporting Program Training](#)
- [SNF Quality Reporting Program FAQs](#)
- [SNF Quality Reporting Program Data Submission Deadlines](#)
- [SNF Quality Reporting Reconsideration and Exception & Extension](#)
- [SNF Quality Reporting Program Help](#)
- [SNF Quality Reporting Archives](#)

## SNF Quality Reporting Program Spotlights and Announcements

### Updates

**August 18, 2016**

#### Training Materials for August 24 SNF QRP Provider Training Available

Training materials for the upcoming 1-day SNF QRP Provider Training event on August 24, 2016, near Chicago, IL, are now available under the download section of the [SNF QRP Training webpage](#). The URL to access the webcast of next week's training is as follows: <http://breasjproductions.com/bptv/>. Programming will start at 8:00 a.m. CDT and end at 5:00 p.m. CDT.

Visit the [SNF QRP Training webpage](#) for more information and to register and/or find out how to participate electronically.

**August 03, 2016**

SNF Quality Reporting Program: Updated Measure Specifications for the Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678) Quality Measure  
Updated specifications for the SNF QM User's Manual to accompany the MDS 3.0 for the Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678) Quality Measure are posted. The specifications provide detailed information on the measure, including updates to the numerator, target population, and calculation of the quality measure.

The measure specifications can be found on the Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information page in the [Downloads](#) section.

**August 02, 2016**

July 12 MLN Connects SNF Quality Reporting Program Call Audio Recording and Transcript Available

The audio recording and [transcript](#) from the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Call MLN Connects National Provider Call are now available. [This call](#) discussed the reporting requirements for the new SNF QRP, effective October 1, 2016.

# SNF QRP Webpage (continued)



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## Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information

The IMPACT Act of 2014 requires the Secretary to implement specified clinical assessment domains using standardized (uniform) data elements to be nested within the assessment instruments currently required for submission by LTCH, IRF, SNF, and HHA providers. The Act further requires that CMS develop from five quality measure domains using standardized assessment data. In addition and reporting of measures pertaining to resource use, hospitalization, and discharge of standardized quality measures and standardized data, the intent of the Act, among other things, is to improve interoperability and access to longitudinal information for such providers to facilitate better patient care, and overall quality comparisons.

### What are the SNF quality reporting measures?

In the following table you'll find:

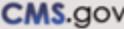
- National Quality Forum (NQF) measure identification numbers and titles
- Measures use in the SNF Quality Reporting Program
- The Data Collection Timeframe for fiscal year 2018 Annual Percentage Update
- Data Submission Deadlines

NQF Measure ID	Measure Title	Data Collection Timeframe	Submission Deadline
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	10/01/16-12/31/16	May 15, 2017
NQF #0678	Percent of Patients or Residents with Pressure Ulcers that are New or Worsened	10/01/16-12/31/16	May 15, 2017

### Downloads

- [SNF Function Quality Measures TEP Summary Report August 2016 \(PDF, 2MB\)](#)
- [SNF QRP Measure Specifications August 2016 updated PV \(DOCX, 75KB\)](#)
- [2016\\_07\\_20\\_mash\\_nac\\_tech\\_inf\\_snf\\_measure\\_specs \(PDF, 822KB\)](#)
- [Copy1 of 2016\\_04\\_06\\_mash\\_nac\\_snf\\_service\\_exclusions \(LSX, 63KB\)](#)
- [Measure Specifications for FY17 SNF QRP Final Rule \(PDF, 1MB\)](#)
- [Finalized Item Set Specifications for FY17 SNF QRP Final Rule \(PDF, 158KB\)](#)
- [SNF QRP FINAL RULE 8-2016 \(PDF, 669KB\)](#)
- [Draft of the MDS 3.0 Nursing Home Comprehensive \(NC\) Version 1.14.0 \(PDF, 654KB\)](#)
- [MDS3.0\\_NC\\_Comp\\_SecA\\_SecGG\\_Only\\_v1.14.0.pdf \(PDF, 351KB\)](#)
- [MDS3.0\\_NPE\\_SPE\\_PPS\\_Part\\_A\\_Discharge\\_v1.14.0.pdf \(PDF, 327KB\)](#)
- [SNF QRP Measure Specifications August 2015R.pdf \(PDF, 472KB\)](#)

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# SNF QRP Webpage (continued)

The screenshot displays the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is the CMS.gov logo and the text 'Centers for Medicare & Medicaid Services'. A search bar is present with the placeholder text 'Learn about your health care options'. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education.

The main content area shows a breadcrumb trail: Home > Medicare > Skilled Nursing Facility Quality Reporting Program > SNF Quality Reporting Program Training. The page title is 'SNF Quality Reporting Program Training' with a date of August 18, 2016. The primary heading is 'Training Materials for August 24 SNF QRP Provider Training Available'. The text describes training materials for a 1-day event on August 24, 2016, in Schaumburg, IL. It mentions that materials are available for download and lists two files: 'SNF QRP Provider Training Presentations August 2016 (ZIP, 7MB)' and 'SNF QRP Provider Training Support Materials August 2016 (ZIP, 1MB)'. A 'Downloads' section is highlighted with a red box, containing these two links. Below this, it states 'Page last Modified: 08/18/2016 12:11 PM' and provides a link for 'Help with File Formats and Plug-ins'.

The left sidebar contains a list of links, with 'SNF Quality Reporting Program Training' highlighted by a red box. Other links include 'SNF Quality Reporting Program Spotlights and Announcements', 'Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information', 'SNF Quality Reporting Program FAQs', 'SNF Quality Reporting Program Data Submission Deadlines', 'SNF Quality Reporting Reconsideration and Exception & Extension', 'SNF Quality Reporting Program Help', and 'SNF Quality Reporting Archives'.

At the bottom of the page, there is a footer with the CMS.gov logo, a 'Home' button, and the text: 'A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244'. A small eagle logo is also visible in the bottom right corner.

# SNF QRP Webpage (continued)

The screenshot displays the CMS.gov website interface. At the top, there are navigation links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. The CMS.gov logo and the text "Centers for Medicare & Medicaid Services" are prominently displayed. Below this is a search bar with the text "Learn about your health care options" and a "Search" button. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Medicare > Skilled Nursing Facility Quality Reporting Program > SNF Quality Reporting Program FAQs. The main content area features the heading "SNF Quality Reporting Program FAQs" followed by "UNDER CONSTRUCTION" in large, bold letters. Below this, it states "Page last Modified: 07/14/2016 7:35 AM" and provides a link for "Help with File Formats and Plug-Ins". On the left side, a vertical list of links is shown, with "SNF Quality Reporting Program FAQs" highlighted by a red rectangular box. Other links in the list include "Skilled Nursing Facility Quality Reporting Program", "SNF Quality Reporting Program Spotlights and Announcements", "Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information", "SNF Quality Reporting Program Training", "SNF Quality Reporting Program Data Submission Deadlines", "SNF Quality Reporting Reconsideration and Exception & Extension", "SNF Quality Reporting Program Help", and "SNF Quality Reporting Archives".

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Home > Medicare > Skilled Nursing Facility Quality Reporting Program > SNF Quality Reporting Program FAQs

## SNF Quality Reporting Program FAQs

### UNDER CONSTRUCTION

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## Skilled Nursing Facility Quality Reporting Program

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- [SNF Quality Reporting Program Training](#)
- [SNF Quality Reporting Program FAQs](#)
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## SNF Quality Reporting Program Data Submission Deadlines

**UNDER CONSTRUCTION**

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# SNF QRP Webpage (continued)



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**Skilled Nursing Facility Quality Reporting Program**

[SNF Quality Reporting Program Spotlights and Announcements](#)

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## SNF Quality Reporting Reconsideration and Exception & Extension

### Updates

**March 24, 2015**

SNF QRP Reconsideration and Appeals Procedures for the FY 2018 Payment Determination

In the Skilled Nursing Facility Prospective Payment System Final Rule 42 FR Part 483, the Centers for Medicare & Medicaid Services (CMS) finalized the FY 2016 Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) requirements. Any SNF determined to be non-compliant with the SNF QRP requirements may be subject to a two (2) percentage point reduction in their annual payment update (APU). Any SNFs found non-compliant according to the quality reporting requirements will receive a letter of notification along with instructions for requesting reconsideration of this decision.

For FY 2018 payment determination, SNFs are required to collect the following quality measures:

Name of Measure	Data Collection Source	Data Collection Period	Data Submission Deadline for FY 2018 Payment Determination
NQF# 0678: percent of Patients or Residents with Pressure Ulcers that are New or Worsened	MDS	10/01/16-12/31/16	May 15, 2017
NQF# 0674: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	MDS	10/01/16-12/31/16	May 15, 2017
NQF#2631: Application of Percent of Long-Term Care Hospital Patients with and Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	MDS	10/01/16-12/31/16	May 15, 2017

# SNF QRP Webpage (continued)

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## Skilled Nursing Facility Quality Reporting Program

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## SNF Quality Reporting Program Help

### SNF Quality Reporting Help

To get help with questions related to the SNF Quality Reporting Program, you may use the contact information listed below:

**SNF QRP Additional Resources:**

Please also visit the CMS Post-Acute Care Quality Initiative website for more information related to cross setting quality measures and quality initiatives:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/PAC-Quality-Initiatives.html>

**Information on the IMPACT Act of 2014 can be found at:**

<http://www.gpo.gov/fdsys/pkg/BILLS-113hr4994enr/pdf/BILLS-113hr4994enr.pdf>

<https://www.govtrack.us/congress/bills/113/hr4994>

**For SNF Quality Reporting Program comments or questions:** [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)

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# SNF QRP Help Desk

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[SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)

- For general questions about the SNF QRP, reporting requirements, reporting deadlines, and SNF QRP quality measures.

# SNF QRP Webpage (continued)

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## Skilled Nursing Facility Quality Reporting Program

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## SNF Quality Reporting Archives

### SNF ARCHIVED MATERIALS

This page is for postings and downloads that appeared on the SNF Quality Reporting section in the past but are not currently applicable. Items are archived for historical reference .CMS provides the following materials for the public to access.

#### Downloads

- [MDS 3.0 SECTIONS A AND GG DOCUMENT \[PDF, 174KB\]](#)
- [Draft of the new MDS 3.0 PPS Part A Discharge \(End of Stay\) \(NPE/SPE\) Version 1.14.0 \[PDF, 287KB\]](#)
- [Skilled Nursing Facility Quality Reporting Program - Quality Measure Specifications for FY 2016 Notice of Proposed Rule Making report \[PDF, 356KB\]](#)
- [SNF ODF FINAL PowerPoint \[ZIP, 1MB\]](#)
- [Copy of 2016\\_04\\_06\\_mspb\\_pac\\_snf\\_service\\_exclusions \[XLSX, 64KB\]](#)
- [2016\\_04\\_06\\_mspb\\_pac\\_measure\\_specifications\\_for\\_rulemaking \[PDF, 887KB\]](#)
- [Proposed Measure Specifications for FY17 SNF QRP NPRM \[PDF, 1MB\]](#)
- [Proposed Item Set Specifications for FY17 SNF QRP NPRM \[PDF, 116KB\]](#)

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# Question & Answer Session

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# Acronyms in this Presentation

- APU: Annual Payment Update
- BMI: Body Mass Index
- CCN: CMS Certification Number
- FY: Fiscal Year
- HHA: Home Health Agency
- IMPACT Act: Improving Medicare Post-Acute Care Transformation Act
- IRF: Inpatient Rehabilitation Facility
- IRF-PAI: IRF- Patient Assessment Instrument
- LTCH: Long-term Care Hospital
- LTCH-CARE Data Set: LTCH-Continuity Assessment Record and Evaluation Data Set
- MDS: Minimum Data Set
- NQF: National Quality Forum
- OASIS: Outcome and Assessment Information Set
- OBRA: Omnibus Budget Reconciliation Act
- PAC: Post-Acute Care
- PPS: Prospective Payment System
- QIES ASAP: Quality Improvement and Evaluation System Assessment Submission and Processing
- QM: Quality Measure
- QRP: Quality Reporting Program
- SNF: Skilled Nursing Facility

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