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National Provider Call Transcript

Centers for Medicare & Medicaid Services
SNF VBP: Understanding Your Facility's Confidential Feedback Report Call
MLN Connects National Provider Call
Moderator: Hazeline Roulac
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Contents

Operator: At this time, I would like to welcome everyone to today's MLN Connects® National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Hazeline Roulac. Thank you. You may begin.

Announcements and Introduction

Hazeline Roulac: Thank you, Ronnie. Hello, everyone. Thank you for joining us today. I am Hazeline Roulac from the Provider Communications Group here at CMS. Welcome to this MLN Connects National Provider Call on the Skilled Nursing Facility Value-Based Purchasing Program–Understanding Your Facility's Confidential Feedback Report.

MLN Connect calls are part of the Medicare Learning Network®. During this call, CMS will discuss the Skilled Nursing Facility Value-Based Purchasing Program, including confidential quarterly feedback reports and the implementation guidance. Today's presentation should give you a better understanding of the significance of readmissions and how SNF risk-standardized readmission rates are computed.

You will also learn how to navigate through the Quality Improvement and Evaluation System, also known as QIES, and the Certification and Survey Provider Enhanced Reporting, or CASPER, application systems to report SNF quality performance.
A question and answer session will follow the presentation.

Before we begin, I have two announcements. The first, there is a slide presentation for this call. You should have received a link to the presentation in your registration emails. If you have not already done so, please view or download the presentation from the CMS website at go.cms.gov/npc. That's go.cms.gov/npc. Select today's date from the list and click on "Slide Presentation" under the "Call Materials" heading.

And, last, this call is being recorded and transcribed. An audio recording and the written transcript will be posted to the MLN Connects Call website under "Call Materials." We will put an announcement in the MLN Connects provider eNews when these are available.

So, at this time, it is my pleasure to turn the call over to Stephanie Frilling. Stephanie?

Presentation

Stephanie Frilling: Thanks, Hazeline; and good afternoon to our callers. Again, I'm Stephanie Frilling, and I'm the program lead for the Skilled Nursing Facility Value-Based Purchasing Program or SNF VBP Program.

It is overseen by the Division of Value Incentives and Quality Reporting, which is a component of the Center for Medical Standards and Clinical – Standards and Quality at the Centers for Medicare & Medicaid Services. Value-based purchasing links Medicare payment system to quality care. The SNF VBP Program is one of many value-based purchasing programs whose aim is to reward quality and improve health care.

Today, myself, along with Laurie Coots of RTI International, who was our analytic support contractor for post-acute care, will provide you with a quick overview of the SNF VBP Program and update you on our efforts to write quarterly confidential feedback reports and public reporting of SNFs performance.

If you will turn to slide 3, we have an agenda. And today's presentation will furnish guidance to facilities in retrieving and understanding their confidential reports. By way of background, I will give you a brief overview of the SNF Value-Based Purchasing Program, and I'll include the program's statutory requirements and policies that we've adopted to date. We'll also take a look at the program's scoring methodology.

I'll continue with the program's readmission measures so that – that we have analyzed, specifically the SNF 30-day all-cause readmission measure or the SNFRM, as we call it. This is the measure that is reflected in your facility reports. We also have a SNF potentially preventable readmission measure, or the SNFPPR, for our program. But we'll transition to this measure at a future date. Your current reports, again, are limited to SNFRM readmissions, and the PPR data is not currently reported.

Next, I'll spend some time discussing quarterly confidential feedback reports and we'll include a demonstration of how to obtain and navigate your CASPER files. We'll also discuss the review and correction process for your reports.

Finally, I'll discuss the SNF performance score ranking files or our publicly reported requirements on Nursing Home Compare. Lastly, we'll have an opportunity for

questions and answers following the presentation. And we have received around 20 questions to date. Many of the responses are addressed in the presentation, but we will respond to these questions as part of our question-and-answer session at the end of today's call.

Skilled Nursing Facility Value-Based Purchasing Program

If you turn to slide 4, the SNF VBP Program builds on existing Medicare quality improvement efforts, both in nursing homes and in other care settings. This program is an addition to the efforts underway in Nursing Home Compare Star Ratings and the SNF quality reporting efforts required by the IMPACT Act.

The SNF VBP Program offers incentives to skilled nursing facilities based on their performance on a specified quality measure. In our case, that is a single readmission measure. The aim is to protect patients from potential harm and adverse events associated with readmission to the hospital.

The SNF VBP Program is unique compared to other value-based purchasings under Medicare because, by statute, we can only adopt one quality measure at a time, and it has to be a readmission measure. This is not to say that readmissions are the sole indicator of quality of care furnished at a facility, but rather, we believe that readmissions are a good proxy for the quality of care. That is, we would expect that a facility with low readmissions has developed care transitions and coordination procedures and perhaps even care followup plans. The program also creates a budgetary savings for the Medicare program where other VBP programs are pay-for-performance and budget neutral.

If you turn your attention to slide number 6, the SNF VBP Program was authorized by the Protecting Access to Medicare—or PAMA—of 2014, which was enacted into law on April 1st, 2014. The program requires us to focus on a single quality measure at a time, to create performance standards that include both achievement and improvement for facilities, to rank facility performance scores from low to high. The withhold amount to fund the payment incentives is at 2 percent and that we – of this 2 percent withhold, that we will provide incentive payments that total 50 to 70 percent of the amount withheld.

There are no exclusions in statute for SNFs based on volume or geographic location. The program also requires us to public and confidential reporting, and that's the focus of our presentation today. The program's full legislative authority may be found in Sections 1888 (g) and (h) of the Social Security Act for those who care to read the statute.

On slide 7 of the presentation, we're sharing with you some of the definitions that we've adopted through prior rulemaking. So this slide represents some key scoring concepts for the SNF VBP Program. We note that the calendar years presented on this slide as the baseline and performance period are keyed to the payment year of 2019. This is the first year of our SNF VBP payment adjustment.

We will intend to update these periods annually through rulemaking cycles in future years of the program. We will discuss how achievement and improvement thresholds and benchmarks displayed here are used to determine a facility's performance score for a given year in the SNF VBP Program in a subsequent slide.

The SNF VBP Program's scoring methodology is described in detail in our last year's final rule, that's the fiscal year **27** SNF PPS final rule, which was published in the *Federal Register* on August 5th, 2016.

****Post-Call Clarification: The SNF VBP Program's scoring methodology is described in detail in our last year's final rule, that's the fiscal year 2017 SNF PPS final rule, which was published in the *Federal Register* on August 5th, 2016.****

At the end of the presentation, there'll be a link to the final rule if you're interested in reviewing it.

On slide 8, we give our performance standards. When we think about performance standards and readmission rates for SNF VBP Program, we run into a conceptual challenge in that the lower readmission rates represent better performance. To address that challenge, we had inverted every SNF readmission rate by the simple equation of one minus their SNFRM.

Of particular note on this slide is the achievement threshold of 79.59 percent and the benchmark of 83.60 percent. These are the finalized in our fiscal year 2017 rule, and

they will be used for computing payment adjustments for the implementation of our program beginning October 1st, 2018.

On slide 9, we address some performance standards. So here we are showing you from – showing you the fiscal year 2019 program's performance standard using the risk-standardized readmission rate from the CY 2015 data. We finalized these performance standards in last year's rule, but the achievement threshold represents a 25th percentile of the national SNF performance, and the benchmark is the mean of the best decile of a national SNF performance.

On slide 10, as previously noted, the SNFRM rate represents the percentage of qualifying patients at the facility that were readmitted within the risk window for the measure. We will calculate scores under the SNF VBP Program by first inverting the SNF rates using the calculation found on this slide. Because we have a single measure, it's a very straightforward computation where it literally is the performance on the measure, the SNFRM rate, minus one.

An example: If a SNF had a readmission rate of 0.20449 in 2015, the facility's inverted readmission rate would be 0.79551 for the SNF VBP scoring methodology.

On slide 11, we are explaining the scoring methodology for achievement and improvement. The statute requires, that's at 1888(h)(3)(b) of the Social Security Act – the SNF VBP Program has adopted a scoring methodology that includes levels of achievement and improvement.

For the fiscal year 2019, SNF VBP Program achievement scoring compares a SNF's CY 2017 performance to the performance of all facilities during CY '15. A SNF can score between 0 and 100 points for achievement. Improvement, on the other hand, compares a SNF's CY 2017 performance to its own performance during CY 2015. A SNF can score between 0 and 90 points for improvement. So, therefore, achievement weighted 100 points is weighted higher than improvement in our methodology.

When we score the individual facility, we will use the higher of a SNF's achievement or improvement scores to serve as the SNF's performance score for a given year of this program. This way, a facility can increase its score if it shows an improvement over its

previous performance while it strives to reach higher levels on national performance of a measure.

SNF Readmission Measures

So now, let's turn to our actual measure, which is the SNFRM, and that can be found on slide 13. In the fiscal year 2016 SNFPPS final rule, we adopted the skilled nursing facility readmission measure, or SNFRM, as the first measure of our program. The measure estimates a risk-adjusted rate of all-cause, unplanned hospital readmissions of the SNF Medicare beneficiaries within 30 days of discharge from their prior hospitalization.

Hospital readmissions are identified through Medicare hospital claims and not SNF claims, so no readmission data is collected from the SNF and there are no additional reporting requirements for the measure. Readmissions to a hospital within the 30-day window are counted, regardless of whether the beneficiary was readmitted directly from the SNF or had been discharged from the SNF as long as the beneficiary was admitted to a SNF within 1-day of discharge from the hospital stay.

The measure excludes planned readmissions since these would not indicate poor quality of care and is risk adjusted based on patient demographics, principal diagnosis and prior hospitalization, comorbidities and other health status variables that affect the probability of readmission.

SNFs will be in use – the SNFRM will be in use for the first year of the program, which again is fiscal year 2019 beginning for a payment adjustment of October 1st, 2018. It's important to note that the readmission measure used in the SNF VBP Program is not the same as the readmission measure posted on Nursing Home Compare website, which is the percentage of short-stay residents who are re-hospitalized after a nursing home admission, nor is it the same as a measure adopted in the SNF Quality Reporting Program because they are using the potentially preventable 30-day discharge readmission measure.

There are differences in our measure specifications. For example, the SNF VBP measure is an all-cause, unplanned readmission, unlike the other measures. And, additionally, we do not include observational stays such as that that is included in Nursing Home Compare.

On slide 14, we discussed the readmission calculation. So the SNFRM, while it is an all-cause, all-condition, unplanned readmission measure, we do identify the readmissions using a modified version of the CMS planned readmission algorithm that we use in other post-acute care settings.

The SNF's outcome – SNFRM's outcome is a risk-standardized readmission rate or RSRR. The RSRR is derived by first calculating a ratio of the risk-adjusted predicted number of unplanned readmissions at the facility to the risk-adjusted expected number of unplanned readmissions at the average facility. This ratio is then multiplied by the national readmission rate. Given the statistical approach used, the RSRRs are greater than zero. Therefore, we do not expect any facility's readmission rates to be zero.

On slide 15 there's some more details for our risk adjustment. As I've noted the SNFRM is adjusted for case-mix, and we provided some examples of the variables on the slide. So it's not a comprehensive list. Examples of risk-adjusted variables include patient demographics, diagnosis, comorbidities, disability status, and other health services factors. You can find more information on our website about methodology for the risk adjustment, and we've provided a link on this slide.

On slide 16, we do discuss some of our exclusions for the measure. So, while it is all-cause, we do exclude for a few items. The first requirement is we're only looking for readmissions for beneficiaries who were included in 12 months of Part A services prior to the discharge. And, similarly, they'd have to have had Part A coverage for the full 30-day window.

Certain types of stays are excluded from the measure, and some examples are listed here on the slide. We do require that they be admitted to the SNF 1-day post discharge from the acute care hospital and that they cannot be discharged from the SNF against medical advice. And we also exclude pregnancy and medical treatment of cancer.

On slide 17, this is our information on our PPR measure, our potentially preventable measure. And we proposed and finalized this in our fiscal year 2017 rule, so there is a slide there for additional information. But this is a measure that we do plan to transition to in future years of the program.

It is very similar to the all-cause measure and, in fact, it actually measures a subset of all readmission measures. So the measure assesses the risk-standardized rate of unplanned potentially preventable readmissions for Medicare Fee-for-Service within a 30-day window. So the main difference here between this measure and our other is simply the potential for the number of readmissions, so there is a subset that is not included – that is included in the all cause, but not here.

On slide 18, we'll transition to our quarterly confidential feedback reports. So I'm now going to turn it over to Laurie Coots from RTI International. Laurie is a health service researcher at RTI, and she leads the team who developed the readmission measures adopted for this program. Her team is also responsible for developing the reports that we use in the SNF VBP Program. Laurie?

Quarterly Confidential Feedback Reports

Laurie Coots: Thank you, Stephanie. Good afternoon. This is Laurie Coots from RTI International. I'll be providing an overview of the quarterly confidential feedback reports for the Skilled Nursing Facility Value-Based Purchasing Program.

As you can see on slide 19, this SNF VBP Program statute requires that CMS provide quarterly confidential feedback reports to all SNFs on their performance in the program and on the measures adopted for the program. As you heard earlier in this presentation, that includes two hospital readmission measures, and Stephanie provided an overview of each.

I do want to emphasize though that it is a single measure – a single readmission measure that would be used in the program at a time. For additional details on these measures, again, we would direct you to the technical reports and measure specifications that are posted on the CMS SNF VBP website, which is listed on slide 40 of this presentation.

CMS and its contractors have begun distributing these reports for the SNF VBP Program. This started in October of last year. These reports are being made available through the Quality Improvement Evaluation System referred to as QIES and the CASPER reporting application. CASPER stands for Certification and Survey Provider Enhanced Reporting.

For skilled nursing facilities that are also included in the Nursing Home Quality Initiative and have data reported on the Nursing Home Compare website, you may already be familiar with QIES and the CASPER reporting application as this is where your monthly Nursing Home Compare reports are made available.

For the SNF VBP Program, CMS distributed some high-level information on SNF VBP in previous Nursing Home Compare reports last year. However, starting in October 2016, we began to distribute these quarterly confidential feedback reports separately for the SNF VBP Program via CASPER.

To date, we have distributed an example report, as well as reports based on historical data. Specifically, we distributed example reports to all SNFs in October 2016. In December 2016, we distributed reports based on data from SNF stays during calendar year 2013. The most recent quarterly report was distributed in late February for March, and that included data on your SNF's performance on the SNFRM based on calendar year 2014 data. The next quarterly report for the SNF VBP Program will be distributed this coming June and will include data from calendar year 2015.

As I mentioned, if your facility is affiliated with a nursing home participating in Nursing Home Compare, then you are most likely familiar with the CASPER reporting application. CMS is using the same system for the SNF VBP Program. However, if you are not yet familiar with CASPER, we want to provide you with the details on how to access your reports.

On slide 20 of this presentation, you'll find the help desk for the QIES Technical Support Office. That help desk is help@qtso.com. This is the help desk to contact if you are having difficulty obtaining your report or if you do not have access to CASPER.

Hospital-based SNFs, for example, may be more familiar with QualityNet. However, this is not the system used for the SNF VBP Program. You will need to contact this help desk to get access to CASPER in order to obtain your quarterly reports for the SNF VBP Program.

On the next slide, slide 21, we provide an example of the format that we have used for the recent quarterly reports. If you've accessed any of your quarterly reports, this should look familiar to you. As you can see at the top, the reports include the date of

the report and your facility's name; CCN or your CMS certification number, also referred to as a provider ID in the past; and location.

There is a table summarizing your results on the SNF Readmission Measure, and you can see in the title of this table in our example here we are looking at performance data from calendar year 2014. The report includes the number of eligible SNF stays that were used to calculate your performance during this period, the number of unplanned readmissions from your SNF during this period. Next you'll see the SNF's performance on the measure or the risk-standardized readmission rate, RSRR, for your facility during this period.

In this example, the SNF had an RSRR of 18.76 percent, and you can see that the final column contains the national average readmission rate for this period, which was 19.09 percent for 2014. So in our example here, this SNF had a readmission rate that was lower or better than the national average.

Moving on to slide 22. CMS has conducted a variety of outreach activities and has learned from stakeholders that more-detailed information would be helpful and is needed for SNFs in this program. For example, SNFs have expressed interest in seeing patient-level data for the eligible stays used to calculate their performance on the measure. This is being considered for future quarterly reports. RTI has been working closely with CMS in order to provide this information to all SNFs.

And on slide 22, you will see some of the patient-level information that CMS is considering providing. This includes identifying information for the patient, such as a health insurance claim number; sex; date of birth; information from the index SNF stay, such as the admission and discharge dates to the SNF and the discharge status code. Other data elements under consideration for these more-detailed quarterly reports include information from the prior proximal hospital claim, such as admission/discharge dates and principal diagnosis. In addition, similar information on the hospital claim for a readmission, if there was a readmission, may also be helpful to SNFs. Again, we are considering the admission/discharge dates for a readmission, as well as the principal diagnosis for the readmission. Lastly, we are considering providing data for all of the variables used in risk adjustment.

These more-detailed patient-level reports are also being considered for the review and corrections process that Stephanie described earlier. CMS is looking for your feedback on what information would be helpful to you for this program and whether the data elements listed here would be appropriate or whether there are any pieces of information you feel that would be helpful that is not included on this list, or even whether we should consider fewer data elements to make this list and information more user-friendly.

On slide 23 we present an example of how the patient-level reports may look for this program. This would contain the following patient-level information. Identifying information – again, like the ID; beneficiary sex and date of birth; details on the index SNF stay, so while the patient was at your SNF, at your facility; admission and discharge date, and discharge status code.

On the next slide, we continue this example and you can see how information from the prior proximal hospital stay and, if there is a hospital readmission for your SNF, some of the information that may be provided from the readmission claim. Here you see the CMS certification number for the hospital, along with the admission discharge dates and principal diagnoses. If a patient had no hospital readmission, then there would be no information in the fields on the table at the bottom of this slide because it would not be applicable.

Finally, let's take a look at what we were considering in these more-detailed quarterly reports to include information on risk adjusters used to calculate the readmission measure. In our example, there are columns for each risk adjuster used in the model. This is not an exhaustive list because we have nearly 300 risk adjusters that are used to calculate your performance on the measure.

Now I'll turn it back over to Stephanie so that she can walk you through the process for obtaining your report via CASPER.

How to Obtain Reports

Stephanie Frilling: Thank you, Laurie. We'll now show you now how to navigate through the CASPER system and obtain your report.

So, once you have successfully logged into the CMS network with your CMS net user ID and password – and, again, if you don't have those, you'll work through the help desk to get them. But you'll select on the CASPER Reporting link on the "Welcome to CMS QIES System" of the provider webpage, and you can see that circled on the presentation.

And on the next slide, this will take – you will enter the log-on screen and you will enter your QIES user ID and password in the fields on the QIES National System log-on page. So your QIES user ID and password are the same credentials you use to submit MDS, you know, 3.0 records for the assessment submission and the processing system. So, again, many of you we would expect would be familiar with the system.

After you log in, you'll – you will – on slide 28, you will see there that you have some folders at the top, and you'll – "Folders" is circled. So you will click that tab and that will take you, there's a screen shot on slide 29 of the presentation. It's actually where you'll find your file.

So on this slide, the CASPER files are displayed. The first such folders which you have access to display in the left frame. The SNF VBP reports will be automatically stored in your facility's SNF shared folder. You will see this in the SNF's non-VR folder that is highlighted for you on the page.

Once the SNF folder – shared folder has been selected, the list of SNF VBP report links will display on the right-hand side of the webpage. Select the entire report name link to view the report. Note that the SNF VBP is included in the filename, so we do plan on including SNF VBP as a filename so you'll know it's our program, and we'll also list the CY data year that includes – or the quarter and also the date that we're releasing the reports. And if you have any questions, again, you will work through the CASPER help desk.

On slide 30 is the review and correction process that Laurie alluded to earlier. So skilled nursing facilities will have the opportunity to review and provide corrections to their performance information that will be made public. This information is statutorily required to be published on Nursing Home Compare. Please note that it is the responsibility of each SNF to provide the corrections to the information prior to the time of reporting.

So quarterly reports will include four data elements from the specified time period. So it'll be your SNF's -- the number of eligible stays, the number of readmissions, and the national average of readmission rate, and your SNF's performance program measure or your risk-standardized readmission rate.

So on slide 31, we have adopted a two-phased process to submit corrections. The correction must be submitted to the SNF VBP inquiries email address that is listed along with the following information: the SNF's CMS certificate number, the SNF's name, the correction request and the basis for correction, and appropriate documentation of other evidence supporting your request. As a reminder, you cannot send personally identifiable information via email. So in this case, you will need to reach out to the mailbox for instructions on confidential transmissions.

As I mentioned earlier, on slide 32 now, there will be two phases of the correction process. Phase One corrections will be limited to review and correction of your SNF's quality measure information only. Phase Two corrections will be limited to your performance score and ranking information.

Correction request to the contents of any quarterly report will be accepted until March 31st of the following report's delivery. If corrections are provided after information is publicly reported, but before March 31st deadline, corrections will be made retroactively. CMS will review the requests and notify the requesting SNF of a final decision.

We will propose more-specific requirements for Phase Two in future rulemaking. So I will now – we'll now transition to the public reporting on Nursing Home Compare, and I'll turn the call back over to Laurie.

Laurie Coots: Thanks, Stephanie. CMS is required by statute to rank SNF performance in the SNF VBP Program from low to high, as you heard. We are also required to publish or publicly report this ranking on Nursing Home Compare or a successor website. CMS is currently considering its options to publish a ranking file and welcomes your feedback on what format or layout of this information would be most useful to you.

On slide 35, we provide one example of a simple layout that could be used to publicly report SNF performance. This may include the items listed here, such as the ranking in

the SNF VBP Program for the selected period, the provider ID – again, the CMS certification number or CCN is what's referred to here – facility name and address, the score for the readmission measure, that is the risk-standardized readmission rate or RSRR for the baseline period – in this example calendar year or CY 2015 – performance on the readmission measure for the performance period – in this example calendar year 2017 – your SNF's achievement score, improvement score, and performance score, which is the higher of the achievement or the improvement.

And here on slide 36 you see the example that I just described to give you an idea of how this information may be organized for public reporting. So, on the left-most column you see the ranking, some details about the SNF, and then to the right would be the fields that would include your SNF's performance on the readmission measure and performance in the program.

Again, we welcome your comments and feedback as we consider options for how to fulfill this required ranking and public reporting. We also encourage your feedback about additional information we should consider for public reporting on Nursing Home Compare or a successor website. And, at this point, I will now return the presentation back to our moderator, Hazeline.

Keypad Polling

Hazeline Roulac: Thank you, Laurie; and thank you Stephanie for sharing that information with us. In just a moment we will start our question-and-answer portion of our call. But before we do, we will pause to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. There will be a few moments of silence while we tabulate the results. Ronnie, we are ready to start polling.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you're the only person in the room, enter one. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Please hold while we complete the polling. Please continue to hold while we complete the polling. Please continue to hold while we complete the polling. Thank you for your participation. I'd now like to turn the call back over to Hazeline Roulac.

Hazeline Roulac: Thank you, Ronnie. We will begin the question-and-answer portion of our call in just a few moments. But before we begin taking your questions, our subject matter experts will address some of the questions that were submitted by you during the registration process. So I'll turn the call back over to Stephanie Frilling. Stephanie? Hi, Stephanie?

Question-and-Answer Session

Stephanie Frilling: Yes. I'm here. Hi. Yes. Thank you, Hazeline. I – we did receive approximately 20 questions from the registration process. And of those questions, we've kind of lumped them together into five that we would like to share with you here now.

So the first question is: Does this program apply to my facility? If so, which patients are enrolled?

So the SNF Value-Based Purchasing Program applies to all skilled nursing facilities that are paid under the SNF Prospective Payment System, or PPS. The SNF VBP Program applies to all patients whose SNF stay is covered under Medicare Part A that are admitted to your SNF.

The second question is: Will data be provided quarterly?

Yes. CMS will provide quarterly feedback reports as described during the presentation.

We began the process for distributing quarterly reports in October of last year. The most recent quarterly reports were made available via CASPER as early as March. The next quarterly report is planned out in June.

And while we are actually furnishing annual data now, that's only in an effort for transparency. Once we get caught up with our data, then the data will be the most recent -- we'll be reporting the most recent data that we have.

Question 3 is: Will SNFs be able to receive more-detailed data on patients and readmissions? The answer is yes. As discussed in the presentation, we're working towards providing more-detailed information beyond the actual readmission rate. As described during the presentation, we've outlined which data elements we are considering and provided an example of what these reports would look like. We're very interested in your feedback and encourage you to email your suggestions to our help desk.

Question 4 is two parts. So on Part A of question 4, we had zero readmission, but our risk-standard readmission rate is 18.5 percent. How is this possible? So thank you for raising this important question for us on our call today.

As we noted during the presentation, a SNF's performance on the readmission measure and the risk-standardized readmission rate, or RSRR, will always be greater than zero. It is possible, although not very common, that SNFs may have zero readmissions during a performance period. This is more likely among smaller SNFs.

For these SNFs, their risk-standardized rate of readmission rate are moved towards the average. This is due to the statistical approach used in risk adjustment to calculate the measure. We are in the process of determining the best policy to hold SNF to zero readmissions harmless in our program.

Part B of this question is, of these zero readmission facilities, when they receive of this – you know, will they lose the full 2 percent or receive the maximum penalty? So to address the second part of the question, I'd like to clarify that the 2 percent withhold applies to all SNFs, but that this factor is then offset by your facility's SNF VBP incentive payment adjustment. It would be unlikely to have a high performing SNF with readmissions to have a full 2 percent withhold.

We would expect, if there was any reduction at all, that it would be small. And it would be our intent to hold these types of facilities harmless not through the scoring of – you know, measure scoring, but rather in the payment exchange function with the purpose of not penalizing a high-performance SNF.

In question 5: How will small SNFs be impacted by the SNF VBP? As I noted during the presentation, there are no exclusions in statute for SNFs based on volume. The

statistical approach used to calculate the measure developed for this program adjusts SNFs with less – with less information, in other words, fewer stays, towards the mean.

This methodology was developed for CMS on the Hospital Quality Reporting Program and used here. This ensures that SNFs with fewer stays are guarded from being impacted by a high proportionate of readmissions in a performance period that may be by chance. I'll be glad to – I'd like to turn it over to Hazeline now.

Hazeline Roulac: Thanks, Stephanie so much for addressing those questions that came in through our registration page. So we're now ready to take questions from our call participants. I want to remind everyone that this call is being recorded and transcribed.

Before asking your question, please give your name and the name of your organization. In an effort to get to as many of your questions as possible, we ask that you limit your question to just one. If you would like to ask a followup question or have more than one question, you may press star one. That's star one to get back into the queue and we'll address additional questions as time permits. All right, Ronnie, we are ready to take our first question.

Operator: To ask a question, press star, followed by the number one on your touch-tone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity.

Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster. Your first question comes from the line of Susan Grayson.

Susan Grayson: Hi. This is Susan Grayson. I'm from Christian Living Communities in Denver, Colorado. And I didn't quite hear when you were talking about the actual measure. Did you say it does include observation stays or it does not include observation stays?

Stephanie Frilling: Hi. Susan, thank you for your question. And our measure does not include observation stays. So we're required by statute to actually have, you know, an admittance to an acute care hospital.

Susan Grayson: Okay. Great. Thank you so much.

Stephanie Frilling: Sure.

Operator: Your next question comes from the line of Colleen Costello.

Colleen Costello: Hello. I apologize if I – if this was already mentioned in the presentation. How soon will these measures be more time – in real time – I mean, not real time but, you know, 2014 was a long time ago. So how – when will they – will we see 2016 or, like, their last quarter or whatever?

Stephanie Frilling: Yes. Thank you for your question. Yes. So the next report, which will be over the summer, will be '15 data, and that's actually the baseline for our program. So that will be the – really the first dataset that is significant for SNFs in computing the payment adjustment. And then, after this, it would be our intent to provide the '16 data in the fall of this year. And then, it would be quarterly data for '17 performance after that.

Colleen Costello: Thank you. That's wonderful.

Stephanie Frilling: Sure.

Operator: Your next question comes from the line of Paul Liistro.

Paul Liistro: Good afternoon. My name is Paul Liistro. I'm calling from Connecticut, the organization of the Arbors of Hop Brook.

Question I have is, will there be any analysis or evaluation to determine best practices amongst those high-performing facilities? For instance, will there be an attempt to gather staffing data, physician time, physician extenders' time, nurse practitioner, equipment, any other characteristics of a facility that might give an insight into why the readmission rate is lower?

Stephanie Frilling: Well, I'm sure that you know that we are doing some monitoring evaluation. So we began that effort, you know, mid-last year with our analysis data. So

we are monitoring the impact. Staffing ratios, of course, is a kind of a common concern for readmissions, so, yes. I think the answer is yes. We are looking at these things. We are analyzing that – doing some analysis. But we don't have any findings yet. Nothing to share just yet.

Paul Liistro: Thank you.

Stephanie Frilling: Sure.

Operator: Your next question comes from the line of Lisa Harrold.

Lisa Harrold: Yes. Hello. To the extent that there are readmission measures included in quality reporting that differ from the readmission measure in value-based purchasing, is there – is it CMS's intent at some point to bring those into alignment so we're just reporting one readmission measure across both programs?

Stephanie Frilling: Yes. Well, we will transition to the PPR measure on our program at a future date. And then, I'm going to ask Laurie to jump in on the similarities between the QRP measure and the SNF VBP preventable measure.

Laurie Coots: Sure. Yes. I think that you've raised a good question. Part of why the measures differ has to do with the measures that were developed for their respective programs.

Lisa Harrold: Yes.

Laurie Coots: And so, for the Quality Reporting Program, the potentially preventable readmission measure that was adopted by CMS last year for the SNF QRP, it was actually the measure that was required by the IMPACT Act, the Improving Post-Acute Care Transformation Act of 2014, and that measure needed to align with other post-acute care measures, which – and so, that's how those measures were developed.

So the IMPACT Act measures are actually 30-day post PAC, so, in this case, a post-SNF discharge readmission measure and that was, you know, out of the necessity of the requirements for the IMPACT Act. I think as to whether there are plans to align the measures for the programs in the future, I think that's something that CMS is taking into

consideration. But I'm not sure that there's anything beyond that for specific plans that we could share at this time.

Lisa Harrold: Okay. Thank you.

Operator: Your next question comes from the line of Doug Burr.

Doug Burr: Yes. Good afternoon. I was just wondering if admissions for patients that come to the skilled nursing facility from V.A. medical centers or that are readmitted to V.A. hospitals are counted in the numerators and denominators of calculation?

Laurie Coots: Stephanie, this is Laurie. I'm happy to take that question.

Stephanie Frilling: Yes. Thank you.

Laurie Coots: Yes. Thank you. Thanks for raising this. This is an important question as well. So this measure – the all-cause NQF-endorsed SNFRM measure, as well as the PPR version of that measure are all based on Medicare claims data. And so, we don't have information for patients that are seen from – by the V.A. or Government hospitals – Federal hospitals. So we're not able to track them. So they're not included.

Doug Burr: Okay. Thank you.

Operator: Your next question comes from the line of Andrew Baird.

Andrew Baird: Hi there. This is Andrew Baird with HealthSouth. We operate IRFs, SNFs, as well at home health agencies.

I have two questions, but I know that you all want to take only one. So I just want to confirm one thing that I think you said in your written Q&A a few minutes ago. On the patient-level data feedback, am I correct in hearing you that CMS is looking for feedback on which types of information would be useful to receive at the patient level and, if so, that they're asking for that feedback to come to the help desk?

Stephanie Frilling: Yes. I mean, you know, we definitely – have asked that question in prior rulemaking, and we'll ask it again in future rulemaking. But, yes, we can issue these

reports, you know, that consider operational elements, so we have – we're on authority. And so, you know, we are seeking ideas on what's useful so we can amend the reports and, you know, provide the most useful information to SNFs. So, yes, we'll take good suggestions at any point in the process. So you can use our help desk, the SNF VBP inquires mailbox. That comes to me. Also, there is my email address, so you can email me directly. So, yes, so definitely, we're seeking comments, yes.

Andrew Baird: All right. Thanks so much.

Stephanie Frilling: Sure.

Operator: Your next question comes from the line of Erin Overla.

Erin Overla: Hi. How does CMS know if a person was discharged against medical advice from a SNF?

Stephanie Frilling: Right. So this is where we believe the reviewing process and correction process will be most useful because there are ways that can be amended on forms, but they may not be clear to us or consistent across settings because, remember, there are 16,000 SNFs and we're getting claims data on all of them. So, yes, so we believe that that's right. We may not actually know, and we may need you to tell us.

Laurie Coots: Well, in – Stephanie, this is Laurie. I just would introduce just another piece of information, which is that the primary source of the discharge AMA, or against medical advice, is – actually comes to us from the SNF claim. So that's what we currently have in place to assess that, whether a patient was discharged AMA.

Erin Overla: Okay.

Laurie Coots: I think to Stephanie's point that if you feel like there is an error on a claim that your SNF submitted with respect to being discharged AMA, then that's when the review and correction process would come into play.

Erin Overla: Okay. Thank you.

Operator: Your next question comes from the line of Greg Oishi.

Greg Oishi: Hi. Can you explain further on the 2 percent withhold and how the incentive payments will be distributed back if you have a good performance?

Stephanie Frilling: Yes. So we are – a payment adjustment that will be applied to the SNF PPS payment amount. So this adjustment will be a single-factor adjustment. So every adjustment will have the negative 2 percent and then that facility's **RSR**.

****Post-Call Clarification: So every adjustment will have the negative 2 percent and then that facility's RSRR.****

So, you know, many facilities will earn, you know, 1 percent reduction; many will earn half a point. You know, so there's many layers of factors that will be computed there. But it is included in the SNF PPS payment just like a wage index, you know, labor adjustment would be made. And is that – yes, it's federally mandated that we – it's not a budget-neutral program.

So unlike the Hospital VBP Program where we take the money from poor performers and redistribute them among high performers, we do do that, but we don't do the total amount. And each year we have program authority to retain as a Medicare saver between 50 and 30 percent of that fund. So the payout has to be 50 percent to 70 percent of the amount withheld, but is not budget neutral. Was that helpful?

Operator: Your next question comes from the line of Carol Maher.

Carol Maher: Hello. I'm Carol Maher from Hansen Hunter and Company, and I'm asking about the risk adjustors. Is that information coming from the MDS data or from hospital claims data?

Laurie Coots: I'm happy to answer this question. This is Laurie Coots from RTI. The risk adjustment as I think I'd mentioned, that there are nearly 300 risk adjustors used to calculate the SNFRM.

Those risk adjustors for the most part come from the prior hospital claim or a look back of up to 365 days of prior hospital claims. So some of the risk adjustors that Stephanie mentioned include the reason for the prior hospital admission, like the principal

diagnosis, and those are categorized using the Agency for Healthcare Research and Quality's clinical classification software, which gives us some groupings of the ICD codes.

The risk adjustors also include comorbidities, and those are either from the prior hospital claim or a look back of up to 365 days of prior hospital claims. And those comorbidities are classified using the hierarchical – CMS's hierarchical condition categories or HCCs. So I think those are some of the big ones that get used. And just to reiterate that the vast majority of the risk adjustors are from the prior hospital stay.

And one other thing I'd like to add is that, on slide 40 of the presentation, you'll see some links to the SNF VBP website, the CMS SNF VBP website. That's the first bullet. And if you go to that link, you'll find that there is a technical report for the SNFRM and measure specifications for the potentially preventable readmission measure that we talked about.

And as Stephanie mentioned, the measures are very similar. However, the distinguishing factor is what gets counted as a readmission and the SNFRM is an all-cause, unplanned readmission measure whereas the PPR measure is focusing on readmissions that are unplanned and considered potentially preventable.

But, again, the PPR measure is the measure that will be – the program will transition to in the future. But I think if you find the technical report online you'll see a great amount of detail about the risk adjustors used in the model, as well as results from the risk adjustment model.

Carol Maher: Okay. Thank you.

Operator: Your next question comes from the line of Deb Paauw.

Deb Paauw: Yes. I was wondering as far as reporting, we work with – have several facilities within our system. Will there be some access, you know, for the QIES system for, you know, multiple facilities?

Debra Weiland: Hi. This is Deb Weiland with the QIES technical support office help desk. I'm happy to answer your question. If you would contact the QTSO help desk at

help@qtso.com – that's help at Q-T-S-O.com, we can assist you with getting access for multiple facilities.

Operator: Your next question comes from the line of Monasa Menick.

Monasa Menick: Hi. I'm calling from Ciena Healthcare. My name is Monasa Menick. I understand that SNFs, the performance scores will be ranked from lowest to greatest, and the lowest 40 percent will receive a lower payment. The lowest 40 percent score ranking will receive the lower payment. So SNFs which score less than 40 on their performance score could expect a rate cut in the range like – in the range up to 2 percent because their performance score would fall on the lowest 40 percent ranking?

Stephanie Frilling: So the ranking doesn't compute directly to the score. And I'm going to ask Michael Lee to assist with this answer. Michael, are you…

Michael Lee: Certainly. Thank you, Stephanie. This is Michael Lee with the MITRE Corporation. We support the SNF VBP Program scoring methodology. And the distinction there is that a SNF performance score is a value – its points between zero and 100, but the bottom 40 percent won't necessarily correspond to scores below 40. That's obviously going to depend on the distribution of SNF performance scores from the program year.

So it's not necessarily that 40 points or fewer means that you'll be in the bottom 40 percent. It's that the – you know, the distribution of all SNF scores from all around the country will determine that. The ranking file will provide some of that information and the SNF performance score report that CMS should – will be providing prior to fiscal '19 will also include some additional details.

Monasa Menick: Okay. Thank you.

Michael Lee: Thank you.

Operator: Your next question comes from the line of Leslie Hanson.

Leslie Hanson: Hi. This is Leslie Hanson, and I'm calling from Lakes Regional Healthcare in Spirit Lake, Iowa. And we are an acute care facility, and we also offer like swing bed or skilled nursing here. I'm just wondering if we are included in this.

Laurie Coots: Stephanie, this is Laurie Coots from RTI. I'm happy to answer if you'd like.

Stephanie Frilling: Yes. Sure.

Laurie Coots: Okay. So the short answer is that only SNFs that are paid on the SNF Prospective Payment System are included in the SNF VBP Program. So, generally, that does not include swing beds because they're paid differently.

Mel Ingber: I'm sorry.

Leslie Hanson: That was only the Prospective Payment System, is that what you said?

Laurie Coots: Yes that's right.

Mel Ingber: I'm sorry. This Mel Ingber, RTI. Laurie, the CAH swing beds are excluded because they're not on the PPS. The acute hospital swing beds are paid on PPS, as I recall.

Laurie Coots: So, Leslie, are you a critical access hospital or a …

Leslie Hanson: We're not.

Laurie Coots: …regular acute care hospital? Okay.

Leslie Hanson: We're a regular acute care hospital.

Laurie Coots: Okay. So I think in that case you'll, you know, want to double check and we can certainly follow up with you over email if that helps. But, again, the sort of short answer is if your swing bed SNF days are paid on the Prospective Payment System, then you would be automatically included in the VBP Program.

Leslie Hanson: Okay.

Operator: Your next question comes from the line of Theresa Hartman.

Theresa Hartman: Good afternoon. My name is Theresa Hartman, and I'm from Aristacare in Pennsylvania and New Jersey. We're a group of skilled nursing facilities. My question is, can you clarify when the 2 percent cut will go into effect, and is it the performance year that you stated, the 2017 performance year based against the baseline performance year that will calculate the scores for when that cut goes into effect and how will that then translate to the performance year and how we would then be able to achieve getting some of that 2 percent back if we performed well?

Stephanie Frilling: Yes. Michael, do you want to take that question?

Michael Lee: Certainly. So the – while CMS intends to propose some additional details on the value-based incentive payments in the future, the intention is to apply the 2 percent reduction in the value-based incentive payment percentage simultaneously to the claims beginning with Federal fiscal year in 2019. So that'll mean for claims paid on October 1st, 2018, and thereafter.

There are still some operational decisions that are being made and, of course, those policies are still being fleshed out, but that's the intention. So as with HVBP, the Hospital Value-Based Purchasing Program, if you're familiar with that one, once it got going, the 2 percent reduction and then the SNF-specific value-based incentive payment percentage should be applied simultaneously. And that information and those details should show up on the claims payments.

Theresa Hartman: Okay. And then when would the application apply if you were – if you were a high performer and you were able to be in that percentage to reclaim some of that 2 percent back?

Michael Lee: Sure. So I'm sorry if I wasn't clear there. The payments – the 2 percent reduction and then the incentive payment will apply regardless of whether or not your SNF is a lower performer or high performer. Both will be applied beginning with claims paid October 1st, 2018.

So every SNF will have a different value-based incentive payment percentage. Some could end up here on a net basis, say, like, 1.5 percent. That would be a small reduction. Some might be a net 2.5 percent, which would be a small increase.

It's going to depend on the distribution of SNF performance during the performance period and the SNF performance scores that result. But all claims paid beginning in fiscal '19 should reflect both the reduction to payments and then the value-based incentive payments.
Theresa Hartman: Okay. Now, I understand. Thank you.

Michael Lee: Sure.

Operator: Your next question comes from the line of Art Keup.

Art Keup: Hi. I think our question just got answered. Thank you.

Operator: If you would like to ask a question, press star one on your telephone keypad. To withdraw a question or if your question has been answered, you may remove yourself from the queue by pressing the pound key. Your next question comes from the line of Sherri Mitchell.

Sherri Mitchell: Hi. This is Sherri Mitchell from Sherrenau Consulting in Chicago. I just have a question. So what is an ideal scenario where all performance measures are taken into account and a facility does really well? What is the highest percentage that could be added back to a facility? Obviously, 2 percent can be deducted, but could it be as high as 1.5 percent? Could it be higher than that? Just trying to get clarification.

Stephanie Frilling: Right. So we – we've done some – I mean, obviously, '17 is our performance year, right, so we're in that. So we have simulated some modeling information though. So in our simulation data, we have, you know, many – yes, I mean, people – most – I think all – and correct me if I'm wrong, Michael, but all but, like, around 300 facilities actually were earning a percentage factor back of the 2 percent.

So there were only the 300 facilities or so earned the full 2 percent penalty. And then, on the up end in our model data, we were seeing distributions as much as like

3.5 percent, so where high achieving facilities are able to earn more than the 2 percent back. And then, Michael, did you have anything to add to that?

Michael Lee: Nothing major. Again, this is Michael Lee at MITRE. The only observation I'd make is that the act – there's not, to date, a firm fixed maximum percentage because it really does depend on the distribution of all SNFs' performance on the measure that's been finalized.

So, for example, you could imagine theoretically if every SNF but one in the country just did amazingly, well, they might – you know, they'd be sharing an incentive pool. And so, everyone would sort of get less than if there was a small number of SNFs that did really well and therefore, shared more incentive payments.

So, in that sense, it's a relative program, and that's why we can't give you necessarily a firm answer about the maximum. But CMS's modeling to date does conclude that SNFs can receive net positive incentive payments under the program. So we think that's certainly something to tout.

Sherri Mitchell: Excellent. Thank you so much.

Operator: Your next question comes from the line of Ellen Strunk.

Ellen Strunk: So this Ellen Strunk from Alabama. I was calling to find out – you mentioned that the data, 50 percent to 70 percent of the 2-percent withhold is going to be used for the incentive payment. I was actually wondering what the year of that remaining money would be used for? Thank you.

Stephanie Frilling: You know, I'm sorry. Could you repeat the question? I didn't catch all that.

Ellen Strunk: Yes. You mentioned that facilities will be getting the 2-percent withhold, and that 50 percent to 70 percent of it must be given back in incentive payment. So I was curious what the other amount was going to be used for since the program didn't have to be budget neutral?

Stephanie Frilling: Right. So the rest is returned to the Medicare Trust Fund. So it is not – it is not redistributed in any other way to the program. Does that answer your question?

Ellen Strunk: Returned back?

Stephanie Frilling: Yes. It's returned back to the Medicare Trust Fund. That's right.

Ellen Strunk: Okay. Thank you.

Stephanie Frilling: Sure.

Operator: Your next question comes from the line of Paul Liistro.

Paul Liistro: Michael, you've taken a very confusing program and made it even more confusing. Thank you very much. I – clarify for me, so October 1, 2018, comes, I'm expecting my Medicare rate to be reduced by 2 percent when I bill the Government. But what I just heard you say was that, depending on how our facilities have performed, it's possible that there'd be a performance rate increase on October 1, 2018. Is that true?

Michael Lee: So…

Stephanie Frilling: Yes. This is Stephanie Frilling. I'm –I can – I'll take this question, Michael. Yes, that is right. So we have models data, so we've modeled – if you remember in our prior years, we've sought comments on different payment exchange functions and so we've modeled those payment exchange functions over the last, I would say, 7 or 8 months. And we do see pretty consistent scenarios where high achieving facilities can achieve more than the 2-percent withhold. We think this is an important part of the program because we want to continue to incentivize high performing facilities. Yes, so, it's correct. Michael, did you have anything to add to that?

Michael Lee: No, not at all. Just I – if I can be as clear as possible, both the 2-percent reduction and the value-based incentive payment percentage, the latter of which will be SNF-specific, will be applied simultaneously to your claims beginning with Federal fiscal year 2019. So you shouldn't see a separate 2-percent reduction. It should – you know, you should see those line items on the claims forms. But those two adjustments should

be – should happen in sequence on the claim. So you shouldn't see a – you shouldn't be awaiting a separate incentive payment percentage.

Paul Liistro: Thank you very much. That was a surprise. I'd never heard it so clearly articulated, but you – you've made it clear now. Thank you.

Michael Lee: Thank you.

Operator: Your next question comes from the line of Sandi Crawford.

Sandi Crawford: So my question is if you have Medicare recipients that are enrolled in HMOs, like Medicare Advantage, do those claims get counted in the calculation?

Stephanie Frilling: Laurie, can you answer that one? I mean, I know you don't get any adjustment, but do we see the readmissions?

Laurie Coots: We – the measure – the readmission measure, the SNFRM, to calculate the measure it only includes traditional Medicare Fee-for-Service beneficiaries, so the answer is no. If there's – if you have a beneficiary on an HMO Part C Medicare Advantage, those patients are not included to calculate the measure.

Operator: Your next question comes from the line of Steve Black.

Steve Black: Steve Black with Generations Healthcare, and my question's already been answered. Thank you.

Operator: Your next question comes from the line of Kate LaFollett.

Kate LaFollett: Hi. My name is Kate LaFollett and I'm with Telligen in QI/QIO. And when I look at the confidential feedback reports, I'm wondering if there's an opportunity to have SNFs compared to the State and the nation rather than just the nation.

Stephanie Frilling: Yes. Let me ask Laurie to respond to that one.

Laurie Coots: Sure. I mean – so I think that's certainly a suggestion that CMS can take into consideration. For the purposes of the program, however, it actually – State – a

State benchmark doesn't actually help to give you any insight in terms of your performance because all SNFs, regardless of State are, you know, put together and are ranked nationally.

Kate LaFollett: Thank you.

Operator: Your next question comes from the line of Andrew Baird.

Andrew Baird: Hey, there. So this is my second question. Thanks for taking the time. In terms of the potentially preventable readmissions measures, I believe in last year's rule it said that this is the measure that the program is going to switch over to. Is that just generally correct upfront before I ask the rest of the question?

Stephanie Frilling: Yes. We are required by statute to….

Andrew Baird: That's what –okay. And, as I recall, my question is just about the sort of potential gap between the within stay part of potential – potentially preventable and the post-discharge part of potentially preventable. So I understand that the within stay measure ends 30 days after the prior hospital discharge, but the post-discharge measure doesn't begin until after a patient is discharged from the SNF. So it seems like there's a gap in there. So, you know, how are readmissions captured that occur during a stay but, you know, after the 30-day mark but also before someone's discharged? So, you know, for example, a readmission that occurs on day 35 or 40 of the SNF stay but, you know, before the discharge. Is that captured at all under the PPR framework?

Laurie Coots: This is Laurie. Go ahead, Stephanie.

Stephanie Frilling: No, no. Go ahead, go ahead.

Laurie Coots: Okay. So I think a couple of things I want to just clarify that, for the SNF VBP Program, the all-cause measure is a 30-day measure that begins essentially at SNF admission and run 30 days. So if a patient is discharged on day 20 from the SNF, in this example, and let's say goes home, in this example, the 30 days would encompass 20 days of the SNF day and 10 days in a post-discharged period.

Andrew Baird: Yes.

Laurie Coots: So it's a fixed 30 days, but where the patient is for that entire 30 days sort of varies by the trajectory of the patient's episode.

Andrew Baird: Right.

Laurie Coots: The 30-day post discharge PPR measure actually refers to the SNF QRP measure, the Quality Reporting Program measure that I mentioned to – was developed to meet the requirements of the IMPACT Act.

Andrew Baird: Got it. Got it.

Laurie Coots: That's a 30-day measure that starts after SNF discharge and runs for 30 days.

Andrew Baird: So they're in separate programs, yes.

Laurie Coots: Yes. Separate programs.

Andrew Baird: Got it.

Laurie Coots: But then, the other point of clarification I'd like to make is that when the SNF VBP Program transitions to a potentially preventable readmission measure, it's essentially the same fixed 30-day window as the all-cause measure but is instead looking at potentially preventable readmissions. So it's sort of a – sometimes we refer to it as a hybrid measure, but really meaning that it's sort of within stay and post-discharge, but it's really variable and it depends on the trajectory of the patient.

Andrew Baird: Okay. So within VBP, if you're only looking at that program, there is no like gap, so to speak, because the post discharge is only for the QRP portion of the – is only for the QRP program?

Laurie Coots: That's right, yes. It's the same window – for SNF VBP, it's that same readmission window as – for both measures, for the all-cause, as well as the PPR measure.

Andrew Baird: Thank you for clarifying.

Laurie Coots: Yes. It's a good question. Thank you.

Stephanie Frilling: And just to build up on that response, you had mentioned like 45 days post-discharge or whatever. We are monitoring past the 30-day window, but it doesn't count for the program. We've gotten lots of comments over the years that say, you know, the 30 days isn't enough or it's too long, so that is something that we're contemplating, and we do monitor for it.

Operator: Again, ladies and gentlemen, if you would like to ask a question, press star one on your telephone keypad. To withdraw a question or if your question has been answered, you may remove yourself from the queue by pressing the pound key. Your next question comes from the line of Kate LaFollett. Kate, your line is open.

Kate LaFollett: I'm sorry. This is Kate LaFollett again. As a QIO, we have a lot of access to really good data, but this readmission data is something that we don't or aren't able to see. Do you see that changing in the future? Is it something that we would be able to have access to in order to support our communities and care facilities in our State?

Stephanie Frilling: So the problem I think with this program and, again, that's, you know, kind of the – why we're presenting to you today and taking feedback is that, you know, the data that CMS is using for the – you know, for counting the readmissions, it's from the acute stay or the IPPS claims and not a SNF's.

And so, your ability to get claims data would be dependent on if the hospital submitting the claims, you know, would share them with you. So that is why we believe that the patient-level data that we furnish with our reports, you know, is absolutely critical for SNFs in understanding their readmissions and making sure with that. And then let me ask Laurie if she has any comments to add.

Laurie Coots: Yes. No, I think this is a really important point. And I think we would just sort of direct you back to some of the presentation where, you know, CMS is really trying to make some of this information available to you because we've heard from stakeholders that just seeing a readmission admission rate or even, you know, maybe seeing a ranking doesn't – isn't as helpful because they don't always have access to

patients – you know, knowing where patients – what might happen to them in the period where they're discharge from the SNF.

So, in that, the – what CMS is currently trying to do is provide more-detailed information at the patient level or the stay level. And so that's the – for the confidential – the quarterly confidential feedback reports and, in particular, starting in June, CMS is hoping to test out a process whereby more of that detailed information would be made available.

So if you – I'm not sure if you were able to access the slides, but if you are able to take a look at the slide presentation, it's really slides 22, 23, 24, and 25 that kind of give you some idea of the information that CMS is considering making available to providers for quality improvement in the program.

Kate LaFollett: Thank you.

Operator: Your next question comes from the line of Erin Overla.

Erin Overla: Hi. I just wanted to clarify, but right now it's not possible to review and correct our information on our re-hospitalizations, right, because we don't have any specific resident data, so we don't know what residents are – were getting dinged against?

Stephanie Frilling: Right. That's right. Yes. So for the '13 or '14 data, that was our analyst or analytic data, it's not the baseline for the program. So there really is nothing to correct because we're not actually developing any payments based on that data. But the '15 data is the baseline. And so that is why, you know, we're furnishing the patient-level data with the CY '15 reports.

Erin Overla: Thank you.

Stephanie Frilling: Sure.

Operator: Your next question comes from – comes from the line of Laura Liccione.

Laura Liccione: Hi. My name is Laura Liccione from Ocean Healthcare, New Jersey. Thank you for taking my call. My question has to do with the timing where, this is in the calendar year 2017 data to determine our rates beginning with our fiscal year '19, which is, you know, 2018.

So being that we have 1 year to file any claims and there is some data taken from our claims, such as the example earlier of discharged against medical advice, would there be some sort of adjustment made if there are claims sent that are processed after our rates are already determined since it would be less than 1 year's time?

Stephanie Frilling: No. We feel that, you know, taking the review and correction requests up until that March 31st date is really the – kind of the last opportunity that we would have to make any corrections to the payment file that we would have to have in place really by the summer of the payment – of the next payment year – for the prior summer of the next payment year, right, because the fiscal year starts in October. So they would need about 60 days to get the payment file finalized and sent to, you know, the pricer and the MACs.

So that is really the last date. We do understand that, you know, if a quarterly year report is wrong in January that you would have greater than 12 months to get it fixed, but that if it happens in, you know, December that you have, you know, 3 months to turn it around. But that is really – that's really what the schedule permits.

Laura Liccione: Okay. Thank you.

Stephanie Frilling: Sure.

Operator: Your next question comes from the line of Annette Romano.

Christina Cruz: Hi. My name is Christina Cruz and I'm with Annette Romano from South Nassau Community Hospital transitional care unit. So our question is, since being a transitional care unit, our patients can stay with us only up to 20 days. We have some patients that we end up transferring to another SNF.

Question is, if that patient that we transferred to another SNF went back to the hospital to be readmitted, they already used 20 days with us, went to another facility within the

10 days, went back to the hospital and readmitted. Who would get the – which facility will be – would this number be accounted for as a readmission? Would it be us or the facility that we transferred the patient to?

Stephanie Frilling: I'm going to ask Laurie and Mel. Is that a question you can answer?

Mel Ingber: This is Mel. When they're in your transitional care unit and they've been discharged from the hospital and admitted formally to the unit?

Christina Cruz: Yes. They're discharged from the hospital, then admitted to our unit.

Mel Ingber: Yes. Well, the way the measure is built, there can't be a long lag between the discharge from the hospital and the admission to the SNF. So, Laurie, I believe we're only allowing 1 day in this measure?

Laurie Coots: That's right.

Mel Ingber: And, therefore, the second admission would not count. The first admission would take possession of the person and then have discharged them. And so, the period out after the discharge, if it's within 30 days, would count and it would count against the first SNF, which would be you, the transitional care unit.

Christina Cruz: Okay. All right. Thank you.

Operator: Your next question comes from the line of Sherri Mitchell.

Sherri Mitchell: Hi. I believe my question may have just been answered. But just to make certain, so if you have a patient who has been discharged from a hospital, goes home to the community for, let's say, 10 days and then gets admitted to a SNF, as I understand it based upon the last question, that particular patient or resident would then be excluded from the calculation as far as the readmission measure. Is that correct?

Laurie Coots: That's right. This is Laurie Coots from RTI. That is correct. The focus of the measure is really on the transition from the hospital to the SNFs, and so for that reason, as Mel mentioned, we require that there not be greater than a day-long gap between hospital discharge and admission to the SNF.

Sherri Mitchell: Excellent.

Laurie Coots: But one thing I just want to clarify is that we sort of give guidance on these example scenarios with some caveat because these are – there are a number of different exclusion criteria that apply for the measures. And so, we can just sort of give you general guidance but, you know, without knowing all of the circumstances of what's being described, you know, we can't say with certainty, you know, exactly how something would be handled just, you know, given all the information that goes into that.

And then, the other thing I'd want to mention is that, it's – if you have other questions about sort of these types of scenarios, we also welcome them on the SNF VBP help desk, and we can try to help there. But, again, we're a little limited in being able to say for sure what would count or what wouldn't count given, you know, all the different factors and exclusion criteria. But …

Sherri Mitchell: Sure. Thank you.

Laurie Coots: …with that said, I hope it helps. Thanks.

Sherri Mitchell: Absolutely.

Additional Information

Hazeline Roulac: Okay. So, thank you. What a great call this has been. Great questions. Excellent subject matter experts. Unfortunately, that's all the time we have for questions today.

If we did not get to your question, you can email it to the address that is listed on slide 40 of the presentation. If you missed any information presented today or would like to review the information again, an audio recording and written transcript of today's call will be posted to the MLN Connects Call website in approximately 2 weeks. We will place an announcement in the MLN Connects e-newsletter, and you will receive an email when these resources are available.

On slide 41 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope that you will take a few moments to evaluate your call experience today.

Again, my name is Hazeline Roulac. I would like to thank our presenters, Stephanie, Laurie, Mel, Michael, and Deb. And thank you our participants for joining us for today's presentation on the Skilled Nursing Facility Value-Based Purchasing Program—Understanding Your Facility's Confidential Feedback Report. Have a great afternoon, everyone. Thank you.

Operator: This concludes today's call. Presenters please hold.

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