



# **MLN Connects<sup>®</sup>**

**National Provider Call**

## **The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program: Understanding Your Facility's Confidential Feedback Report**

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March 15, 2017



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# Disclaimer

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# Agenda

- **Skilled Nursing Facility Value-Based Purchasing Program**
  - Brief Overview of SNF VBP Program
  - Statutory Reporting Requirements
  - SNF VBP Scoring Methodology
- **SNF Readmission Measures**
  - SNF 30-Day All Cause Readmission Measure (SNFRM)
  - SNF Potentially Preventable Readmission Measure (SNFPPR)
- **Quarterly Confidential Feedback Reports**
  - Report Contents
  - Certification and Survey Provider Enhanced Reporting (CASPER) File Navigation Demonstration
  - Phase 1 and Phase 2 Corrections
- **Public Reporting on *Nursing Home Compare***
  - Performance Ranking File Demonstration
- **Program Resources and Additional Information**

# Skilled Nursing Facility Value-Based Purchasing Program

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# Significance of the SNF VBP Program

- Builds on previous quality improvement efforts in the skilled nursing facility sector and other Medicare VBP Programs
  - *Nursing Home Compare*
  - SNF Quality Reporting Program
- Offers Medicare incentive payments to SNFs based on their performance on specified measures of readmissions
  - Provides strong incentives for facilities to coordinate care
  - Aims to protect patients from potential harms or adverse events associated with hospital readmissions

# Legislative Basis for the SNF VBP Program

Section 215 of the “Protecting Access to Medicare Act of 2014” (PAMA), enacted on April 1, 2014, added subsections (g) and (h) to Section 1888 of the Social Security Act.

## Program requirements include:

- A readmission quality measure
- Performance standards for achievement and improvement
- SNF Performance Scores publicly ranked from low to high
- 2% of SNFs’ Medicare payments withheld to fund incentive payments
- Incentive payments totaling 50-70% of the amount withheld from SNFs’ payments
- No exclusions in statute for SNFs based on volume
- Confidential reporting

# Definitions Adopted for FY 2019 of SNF VBP Program

Term	Definition
<b>Achievement Threshold</b>	The 25 <sup>th</sup> percentile of all SNFs' performance on the specified measure during the baseline period
<b>Benchmark</b>	The mean of the best decile of all SNFs' performance on the specified measure during the baseline period
<b>Improvement Threshold</b>	A specific SNF's performance on the specified measure during the baseline period
<b>Performance period</b>	CY 2017
<b>Baseline period</b>	CY 2015

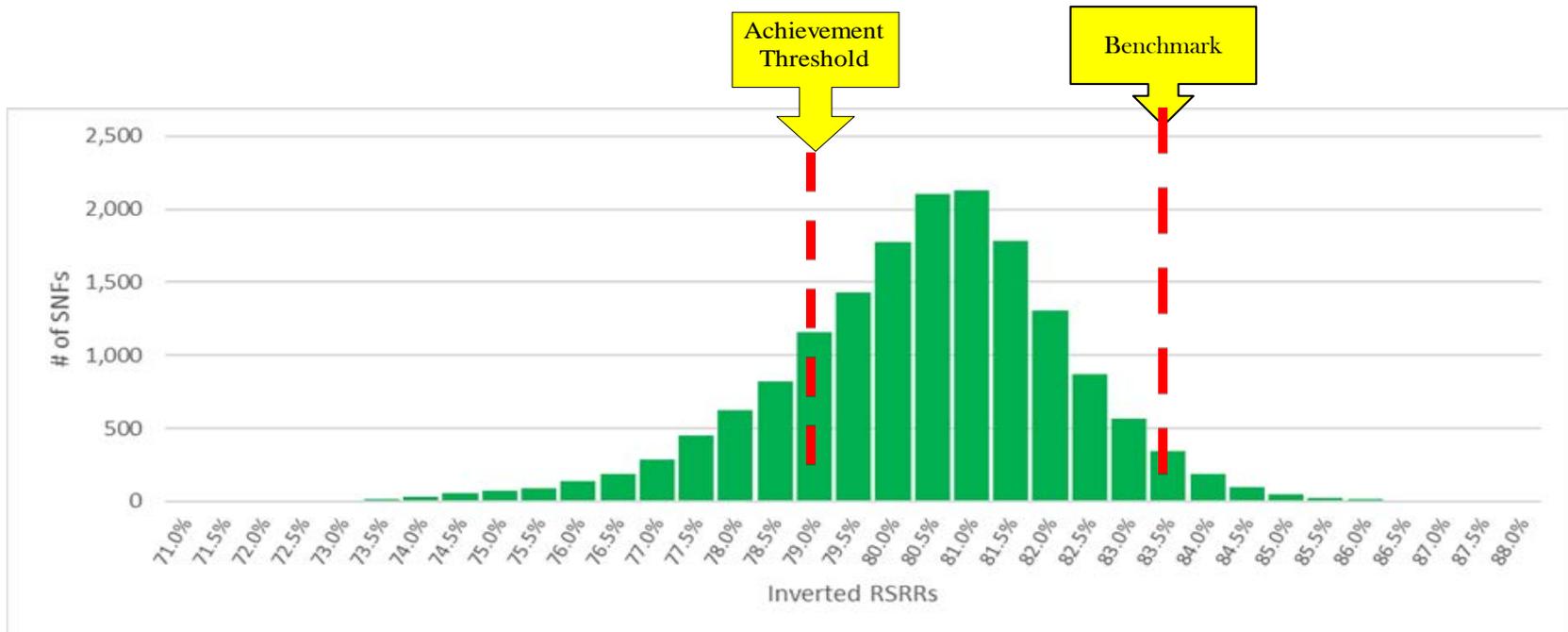
# Performance Standards

- The lower the readmission rate, the better.
- Since a lower readmission rate is better, we have inverted every SNF's readmission rate using  $(1 - \text{readmission rate})$  for the purposes of the performance standards (i.e., benchmark and achievement threshold) and performance scoring.

Standard	2015
25th Percentile	20.41%
Achievement Threshold	79.59%
Mean of the Best Decile	16.40%
Benchmark	83.60%

# Performance Standards (CY 2015 data)

This graph shows the inverted Risk-Standardized Readmission Rate (RSRR) derived from 2015 data:



# Calculating SNFs' Performance on the SNFRM

Performance scores will be calculated under the SNF VBP Program by first inverting SNFRM rates using the following calculation:

$$\text{SNFRM Inverted Rate} = 1 - \text{Facility's SNFRM Rate}$$

**Example:** SNF readmission rate of 20.449%

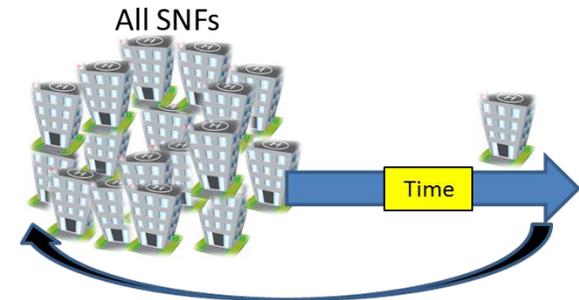
$$\text{SNFRM Inverted Rate} = 1 - 0.20449$$

$$\text{SNFRM Inverted Rate} = 0.79551$$

# SNF VBP Scoring Methodology: Achievement and Improvement Scoring

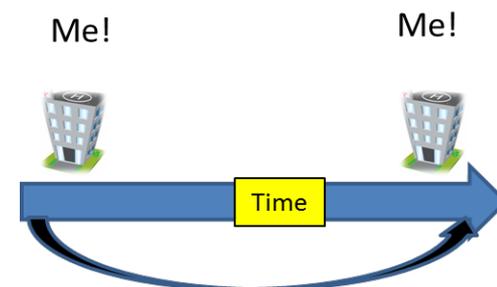
**Achievement Score:** Points awarded by comparing the facility's rate during the performance period (CY 2017) with the performance of **all facilities nationally** during the baseline period (CY 2015)

- Rate better than or equal to benchmark: 100 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 99 points, awarded according to the
- formula described in the final rule



**Improvement Score:** Points awarded by comparing the facility's rate during the performance period (CY 2017) with **its previous performance** during the baseline period (CY 2015)

- Rate better than or equal to benchmark: 90 points
- Rate worse than improvement threshold: 0 points
- Rate between the two: 1 – 89 points, awarded according to the formula described in the final rule



# SNF Readmission Measures

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# Previously Finalized Measure: SNF 30-Day All Cause Readmission Measure (SNFRM)

The SNFRM estimates risk-standardized rate of all-cause, unplanned hospital readmissions of Medicare SNF beneficiaries within 30 days of discharge from their prior proximal acute hospitalization.

- Hospital readmissions are identified through Medicare claims
- Readmissions within 30-day window are counted regardless of whether the beneficiary is readmitted to the hospital directly from the SNF or has been discharged from the SNF
- Risk-adjusted based on patient demographics, principal diagnosis in prior hospitalization, comorbidities, and other health status variables that affect probability of readmission
- Excludes planned readmissions since these are not indicative of poor quality
- The SNFRM will be in use for the first year of the program, FY 2019

**Note:** The measure used in the SNF VBP Program is not the same as the readmission measure posted on the *Nursing Home Compare* website and not the same as the measure adopted for the SNF Quality Reporting Program.

# SNF Readmission Measure Calculation

- The SNFRM measures all-condition, unplanned readmissions.
- Unplanned readmissions are identified using a modified version of the CMS Planned Readmissions Algorithm.
- The SNFRM's outcome is a risk-standardized readmission rate (RSRR).
- The RSRR is derived by first calculating a ratio of the risk-adjusted, predicted number of unplanned readmissions to the risk-adjusted, expected number of unplanned readmissions. This ratio is then multiplied by the national readmission rate.
- Given the statistical approach used, RSRRs are greater than zero.

# SNF Readmission Measure Risk Adjustment

- To account for patient population differences across SNFs, the measure is risk-adjusted for patient case-mix (complexity/morbidity).
- Example risk adjustment variables include the following (**List is not all inclusive**):
  - patient demographics (e.g., age and sex)
  - principal diagnosis in the prior hospitalization
  - comorbid conditions
  - disability as the original reason for Medicare coverage
  - health service factors (e.g., length of stay and any time spent in intensive care unit during the patient’s prior proximal hospitalization)
- For more details on the SNFRM risk-adjustment methodology please review the SNFRM Technical Report available at:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>.

# SNF Readmission Measure Exclusions

- Patients who have 12 months of Medicare Part A, fee-for-service (FFS) coverage prior to discharge from the prior proximal hospitalization and who have Medicare Part A FFS coverage for the full 30-day measure window.
- SNF stays where:
  - There was an intervening post-acute care admission within the 30-day measure window
  - There was more than 1 day between the prior proximal hospital discharge and the SNF admission
  - The patient was discharged from the SNF against medical advice
  - The principal diagnosis from the prior proximal hospitalization was for pregnancy
  - The principal diagnosis from the prior proximal hospitalization was for medical treatment of cancer

# SNF Potentially Preventable Readmissions (SNFPPR) Measure

In the FY 2017 SNF PPS final rule, CMS specified the SNFPPR as the second measure required under section 1888(g)(1) of the Social Security Act. The SNFPPR assesses the risk-standardized rate of unplanned, potentially preventable readmissions (PPRs) for Medicare FFS SNF patients within 30 days of discharge from a prior proximal hospitalization.

- The SNFPPR measure includes PPRs that occur in the 30 days following discharge from a hospital directly to a SNF. As such the measure may include PPRs that occur either during a SNF stay or after discharge from the SNF. The within-PAC stay list of potentially preventable conditions is applied before SNF discharge, and the post-discharge list is applied for the remainder of the 30 days after SNF discharge, if any.
- The measure is risk-adjusted based on patient demographics, principal diagnosis in prior hospitalization, comorbidities, and other health status variables that affect probability of readmission.
- The measure excludes planned readmissions because these are not indicative of poor quality.
- Pursuant to statute, we will propose to replace the SNFRM with the SNFPPR in future rulemaking.
- Additional information on the SNFPPR measure may be found on our website at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>.

# Quarterly Confidential Feedback Reports

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# Quarterly Confidential Feedback Reports

- Section 1888(g)(5) of the Social Security Act requires CMS to provide quarterly confidential feedback reports to SNFs on their performance on the measures specified for the Program.
- CMS is developing feedback reports, operational systems, and implementation guidance related to these reports.
- CMS has begun to provide them via the Quality Improvement Evaluation System (QIES) and the CASPER reporting application currently used by SNFs to report quality performance.
- Blank example reports were distributed to all SNFs in October 2016 and reports populated with CY 2013 data were disseminated in December 2016.
  - CY 2014 data was provided to SNFs in late February
  - CY 2015 data planned to be provided in June

# CASPER System Help

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- If your facility is having any difficulty obtaining your SNF VBP feedback reports through CASPER, we encourage you to contact the QUIES Technical Support Office (QTSO) Help Desk: [help@qtso.com](mailto:help@qtso.com).
- Some hospital-based SNFs may not yet be signed up for CASPER which is required in order to obtain the confidential feedback reports.

# Quarterly Confidential Feedback Reports

Quarterly reports contain information on your SNF's performance on the readmission measure specified for the SNF VBP Program.

## The Skilled Nursing Facility Value-Based Purchasing Program Quarterly Confidential Feedback Report

March 2017 (Quarter 2, FY 2017)

Facility: YOUR SNF  
CCN: 123456  
City, State: WALTHAM, MASSACHUSETTS

### Your SNF's Performance on the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) in 2014

Measure	Your SNF's Number of Eligible Stays	Your SNF's Number of Readmissions*	Your SNF's Risk-Standardized Readmission Rate**	National Average Readmission Rate***
SNFRM	23	4	18.76 %	19.09 %

Source: Medicare claims and eligibility data from CY 2014.

# Feedback on Reports Provided

- We've engaged with stakeholders to understand what information is most useful to SNFs.
- Providers have expressed interest in seeing patient-level data incorporated into future quarterly reports.
- Patient-level data elements currently being considered for inclusion include:
  - **Patient identifiers** (Health Insurance Claim Number [HICN], Sex, Date of Birth)
  - **Index SNF information** (admission/discharge dates, discharge status code)
  - **Prior proximal hospital information** (CMS Certification Number [CCN], admission/discharge dates, discharge status code, principal diagnosis)
  - **Readmission hospital information** (CCN, admission/discharge dates, principal diagnosis)
  - **SNFRM risk-adjustment factors**
- We'll consider this feedback for Review and Corrections and future feedback reports.

# Example Patient Level Data – Index Stay Info

		<b><u>Patient Characteristics</u></b>	
<b>ID Number</b>	<b>HICN</b>	<b>Sex</b>	<b>Beneficiary DOB</b>
00001	999999999A	MALE	1-Jan-1935
00002	999999999B	FEMALE	22-May-1940
00003	999999999A	MALE	4-Nov-1937

<b><u>Index SNF Stay</u></b>		
<b>Admission Date of Index SNF Stay</b>	<b>Discharge Date of Index SNF Stay</b>	<b>Index SNF Discharge Status Code</b>
1-Feb-2015	15-Feb-2015	99
4-Apr-2015	26-Apr-2015	99
14-Apr-2015	3-May-2015	99

# Example Patient Level Data – Hospital Stay Info

## Prior Proximal Hospital Stay

Prior Proximal Hospital CCN	Admission Date of Prior Proximal Stay	Discharge Date of Prior Proximal Stay	Principal Diagnosis of Prior Hospital Stay
999999	15-Jan-2015	1-Feb-2015	XX
888888	25-Mar-2015	4-Apr-2015	XX
777777	10-Apr-2015	14-Apr-2015	XX

## Readmission Hospital Stay

Readmission (Yes/No)	Planned Readmission (Yes/No)	Readmission Facility CCN	Readmission Admission Date	Readmission Discharge Date	Principal Diagnosis of Readmission Facility
YES	NO	999999	18-Feb-2015	23-Feb-2015	XX
YES	NO	888888	4-Apr-2015	6-Apr-2015	XX
NO					

# Example Patient Level Data – SNFRM Risk-Adjusters

<u>Clinical Classifications Software (CCS)</u> <u>Diagnostic Codes</u>					<u>Hierarchical Condition Category (HCC)</u> <u>Codes</u>				
Septicemia (2)	Mycoses (4)	HIV infection (5)	...	Residual codes; Unclassified (259)	HCC1 HIV/AIDS	HCC6 Opportunistic Infections	HCC8 Metastatic Cancer and Acute Leukemia	...	HCC190 Amputation Status, Upper Limb
YES	NO	NO	...	NO	NO	NO	NO	...	NO
NO	NO	NO	...	NO	NO	YES	NO	...	NO
NO	NO	NO	...	NO	NO	NO	NO	...	NO

<u>Surgical Procedure Codes</u>					<u>HCC Counter</u>	<u>ESRD Indicator</u>	<u>Disabled</u>	<u>Prior ICU Days</u>	<u>Length of Prior Proximal Stay</u>			<u>Count of Prior Stays</u>			
Vascular Surgery	Orthopedics Surgery	General surgery	...	Obstetrics/Gynecology Surgery	The sum of HCCs is greater than or equal to 2	End Stage Renal Disease Indicator	Original reason for entitlement is disabled	At least one day in ICU or coronary care	LOS btwn 4 & 7 days	LOS btwn 8 & 14 days	LOS GT 14 days	1-3 IPPS stays in 365 days prior	4-6 IPPS stays in 365 days prior	7-9 IPPS stays in 365 days prior	10+ IPPS stays in 365 days prior
NO	NO	NO	...	NO	NO	NO	NO	YES	YES	NO	NO	YES	NO	NO	NO
NO	NO	NO	...	NO	YES	NO	NO	YES	YES	NO	NO	NO	YES	NO	NO
NO	NO	NO	...	NO	YES	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO

# How to Obtain Reports



Welcome to the CMS QIES Systems for Providers

[MDS and ePOC User Registration](#)

[Payroll Based Journal User Registration](#)

[Add ePOC - PBJ - MDS Access to your Active Individual User Account](#)



[MDS 3.0 Submissions](#)

[PBJ Submissions](#)

[Look Up Facility ID](#)

[Payroll Based Journal \(PBJ\) Provider User Guide](#)

MDS 3.0 Provider User's Guide

CASPER Reporting User's Guide for MDS Providers:

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[ASPEN Access \(ePOC\)](#)

# How to Obtain Reports



## QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

User ID:

Password:

Login

[Unable to login?](#)

[Go to the QIES User Maintenance application  
to reset your User ID/Password.](#)

# How to Obtain Reports

Skip navigation links [Skip to Content](#)

CASPER Topics [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

 **Topics**

- [Home Page](#)
- [Merge PDF Feature](#)
- [IE Active X Plug-in](#)
- [ZIP Feature](#)
- [Java JRE](#)
- [PSR/Jasper Report Viewer & Unzip Utility](#)
- [CMS Tally Template](#)

 **Home Page**

## Welcome to CASPER

Use the buttons in the toolbar above as follows:

**Logout** - End current session and exit the CASPER (dvqsap33) Application

**Folders** - View your folders and the documents in them

**Reports** - Select report categories and request reports

**Queue** - List the reports that have been requested but not yet completed

**Options** - Customize the report format, number of links displayed per page and report display size

**Maint** - Perform maintenance such as creating, renaming and/or deleting folders

**Home** - Return to this page

Welcome: [Home Page](#)

# How to Obtain Reports

Skip navigation links [Skip to Content](#)

**CASPER Folders** [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

**Folders**

- My Inbox
- Facility NV SNF Inbox
- \* NV LTC SNF
- \* NV LTC SNF VR
- \* NV PBJ SNF VR
- \* NV PBJ SNF

**\* NV LTC SNF**

Info Click Link to View Report Date Requested Select

	<a href="#">SNFVBP SNFRM CYyy QnFYyy mmddyy</a>	02/21/2017 14:17:34	<input type="checkbox"/>
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Pages [1]

This Folder is Read-Only [SelectAll](#) [Print PSRs](#) [Zip](#) [MergePDFs](#)

# Review and Correction Process

- SNFs will have an opportunity to review and provide corrections to their performance information that will be made public.
- Please note that at this time we are only able to review correction requests associated with the underlying SNF claim.
- **It is the responsibility of each SNF to provide corrections to information prior to the time of public reporting.**
- CMS has finalized a process where the quarterly reports will provide SNFs with:
  - A count of readmissions
  - The number of eligible stays at the SNF
  - The SNF's risk-standardized readmissions rate
  - The national SNF measure performance rate

# Review and Correction Process

- CMS adopted a two-phase process for SNFs to submit corrections if they believe the contents of the report to be in error.
- For the first phase, SNFs must submit correction requests for their quality measure data to [SNFVBPinquiries@cms.hhs.gov](mailto:SNFVBPinquiries@cms.hhs.gov) and provide the following:
  - CMS Certification Number
  - Facility name
  - Correction requested and basis for the correction
  - Appropriate documentation or other evidence supporting the request

# Review and Correction Process

- **Phase One** corrections are limited to review and correction of SNFs' quality measure information.
- **Phase Two** corrections are limited to SNF's performance scores and ranking.
- CMS will propose more specific requirements for Phase Two corrections in the future, and welcomes feedback.
- Correction requests to the contents of any quarterly report will be accepted until March 31 following the report's delivery.
  - If corrections are provided after information is publicly reported but before the March 31<sup>st</sup> deadline, corrections will be made retroactively.
  - CMS will review the requests and notify the requesting SNF of the final decision.

# Public Reporting on *Nursing Home Compare*

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# Performance Ranking File Demonstration

- **SNF VBP statute requires SNFs to be ranked by their SNF performance scores.**
  - Section 1888(h)(4)(B) requires us to rank SNF performance scores from low to high.
  - Section 1888(h)(9)(A)(ii) requires us to publish the ranking on *Nursing Home Compare* or a successor website.
- **CMS is considering its options to publish a ranking file and welcomes feedback on what presentation would be most useful.**

# Performance Ranking File Demonstration

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**The following slide contains one example of a simple layout we could publish that would include each SNF's:**

- Rank
- Provider ID
- Facility name
- Address
- Baseline Period (CY 2015) RSRR
- Performance Period (CY 2017) RSRR
- Achievement Score
- Improvement Score
- Performance Score

# Performance Ranking File Demonstration

SNF VBP Ranking	CCN	SNF Name	Address	City	State	Zip Code	County	Risk-Standardized Readmission Rate (CY 2015)	Risk-Standardized Readmission Rate (CY 2017)	Achievement Score (FY 2019)	Improvement Score (FY 2019)	Performance Score (FY 2019)
1 out of XX,XXX	012345	YOUR SNF	1 WELLNESS DR	BANGOR	MAINE	04401	PENOBSCOT	12.364 %	.	.	.	.
.	XXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXX	XXXXX	XXXXXXXX	.	.	.	.	.
.	XXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXX	XXXXX	XXXXXXXX	.	.	.	.	.
.	XXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXX	XXXXX	XXXXXXXX	.	.	.	.	.
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.	XXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXX	XXXXX	XXXXXXXX	.	.	.	.	.
.	XXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXX	XXXXX	XXXXXXXX	.	.	.	.	.
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.	XXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXX	XXXXX	XXXXXXXX	.	.	.	.	.
.	XXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXX	XXXXX	XXXXXXXX	.	.	.	.	.

# Performance Ranking File – Request for Feedback

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- **How should we fulfill the requirement that we rank SNFs “from low to high”?**
- **Would any additional information be helpful for publishing on *Nursing Home Compare*?**
  - (e.g., information on patient populations, counts, etc.?)

# Question & Answer Session

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# Acronyms in this Presentation

<b>CASPER</b>	Certification and Survey Provider Enhanced Reporting
<b>CCN</b>	CMS Certification Number
<b>CCS</b>	Clinical Classifications Software
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CY</b>	Calendar Year
<b>ESRD</b>	End Stage Renal Disease
<b>FFS</b>	Fee-for-service
<b>FY</b>	Fiscal Year
<b>HCC</b>	Hierarchical Condition Category
<b>HICN</b>	Health Insurance Claim Number
<b>ICU</b>	Intensive Care Unit
<b>QIES</b>	Quality Improvement Evaluation System
<b>QTSO</b>	QUIES Technical Support Office
<b>RSRR</b>	Risk-Standardized Readmission Rate
<b>SNFPPR</b>	Skilled Nursing Facility Potentially Preventable Readmission
<b>SNFRM</b>	Skilled Nursing Facility Readmission Measure
<b>SNF VBP</b>	Skilled Nursing Facility Value-Based Purchasing

# Additional Resources

- For more information about the [SNFVBP Program](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html), visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>.
- If you have additional questions, email them to: [SNFVBPinquiries@cms.hhs.gov](mailto:SNFVBPinquiries@cms.hhs.gov).
- To download a copy of the [FY 2017 SNF PPS final rule](https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf), visit the Government Printing Office website at: <https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf>. (SNF VBP content appears beginning on p. 51986).
- Stephanie Frilling, Program Lead, SNF VBP Program  
[Stephanie.Frilling@cms.hhs.gov](mailto:Stephanie.Frilling@cms.hhs.gov)

# Evaluate Your Experience

- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

# Thank You

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