



# **Skilled Nursing Facility Value-Based Purchasing Program: Frequently Asked Questions**

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## **Program Information**

### **1. What is the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program?**

The SNF VBP Program is a Centers for Medicare & Medicaid Services (CMS) program that awards incentive payments to SNFs based on their performance on a single measure of all-cause hospital readmissions. Section 215 of the [Protecting Access to Medicare Act of 2014 \(PAMA\)](#) added sections 1888(g) and (h) to the Social Security Act, which required the Secretary to establish a SNF VBP Program. The program began impacting SNF payments on October 1, 2018. SNF VBP incentive payments are applied prospectively to Medicare Part A fee-for-service (FFS) claims paid under the SNF Prospective Payment System (PPS). CMS applies SNF VBP incentive payments to all SNF Medicare Part A fee-for-service claims. SNF VBP Program performance is currently based on SNFs’ performance on the SNF 30-Day All-Cause Readmission Measure (SNFRM)—a National Quality Forum (NQF)-endorsed quality measure (NQF #2510).

### **2. Which SNFs are required to participate in the SNF VBP Program?**

The SNF VBP Program is not optional. All SNFs paid under the SNF Prospective Payment System (PPS) are required to participate in the SNF VBP Program. The types of SNFs that are paid under the SNF PPS include freestanding SNFs, SNFs associated with acute care facilities, and all non-critical access hospital (CAH) swing bed rural facilities. Participation in the SNF VBP Program does not require any action on the part of SNFs to enroll nor does it require any additional data collection burden. For more information on which SNFs qualify for low-volume adjustments, refer to [Question 19](#).

## **Measuring Readmissions**

### **3. What measure is used in the SNF VBP Program?**

The SNF 30-Day All-Cause Readmission Measure (SNFRM; NQF #2510) is the measure currently used in the SNF VBP Program. It evaluates the risk-standardized rate of unplanned, all-cause acute care hospital readmissions for Medicare FFS beneficiaries. The SNFRM assesses unplanned all-cause hospital readmissions for SNF residents within 30 days after discharge from a prior hospital stay to a SNF. For more detailed information about the SNFRM, please see the [SNF VBP webpage](#) and the [SNFRM Technical Report](#).

### **4. What data periods does the SNF VBP Program use to assess performance?**

The SNF VBP Program assesses SNF performance on the SNFRM during a baseline period and a performance period. The following table provides the baseline and performance periods for the FY 2020 through FY 2023 Program years, as finalized through rulemaking.

SNF VBP Program Year	Baseline Period	Performance Period
<b>FY 2020</b>	FY 2016 (10/1/2015-9/30/2016)	FY 2018 (10/1/2017-9/30/2018)
<b>FY 2021</b>	FY 2017 (10/1/2016-9/30/2017)	FY 2019 (10/1/2018-9/30/2019)

SNF VBP Program Year	Baseline Period	Performance Period
<b>FY 2022</b>	FY 2018 (10/1/2017-9/30/2018)	Q2-Q4 CY 2019 and Q3 CY 2020* (4/1/2019-12/31/2019 and 7/1/2020-9/30/2020)
<b>FY 2023</b>	FY 2019 (10/1/2018-9/30/2019)	FY 2021 (10/1/2020-9/30/2021)

\*For more information regarding SNF VBP Program adjustments in response to the COVID-19 public health emergency, please see [Question 30 and 31](#).

### 5. What information is used to calculate the SNFRM?

Data extracted from SNF and hospital Medicare Part A FFS **claims** submitted to CMS for payment are used to calculate the SNFRM. The SNFRM does *not* use information from the Minimum Data Set (MDS) or patient medical records.

### 6. What is the difference between a planned readmission and an unplanned readmission?

The SNFRM evaluates the risk-standardized rate of *unplanned* acute care hospital readmissions. To determine if a hospital readmission is planned or unplanned, CMS uses the Planned Readmission Algorithm. If a readmission does not meet the established criteria for a planned readmission according to the Planned Readmission Algorithm, it will be considered an unplanned readmission. Note the Planned Readmission Algorithm assesses diagnosis and procedure coding information on the **hospital claim only, not the SNF claim**, to determine if a readmission is planned or unplanned. The following table lists the Planned Readmission Algorithm version used for the FY 2020 through FY 2022 Program years.

SNF VBP Program Year	Planned Readmission Algorithm Version
<b>FY 2020</b>	3.0
<b>FY 2021</b>	4.0
<b>FY 2022</b>	4.0

For more detailed information about the approach to determine whether a readmission is planned or unplanned, see Appendix A of the 2019 SNFRM Technical Report Supplement Update: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/Downloads/SNFRM-TechReportSupp-2019-.pdf>

### 7. What types of SNF stays are used to calculate the SNFRM?

The SNFRM is calculated using 12 months of Medicare Part A FFS claims data. Several measure exclusions are applied. If a SNF stay meets any of the exclusion criteria, it will not be included in the measure calculation. For example, patients with post-acute care admissions occurring within the SNFRM risk window (see [Question 8](#)) are excluded, as are patients discharged from SNFs against medical advice. For the full list of exclusions, see pages 6-8 of the [SNFRM Technical Report](#) and pages 3-6 of the [April 2017 SNFRM Technical Report Supplement](#).

### 8. When does the SNFRM 30-day readmission risk window begin and end?

The 30-day period during which an unplanned hospital readmission may be counted in the SNFRM is referred to as the risk window. The risk window begins when a patient is discharged from an acute care hospitalization and subsequently admitted to a SNF within one day. The risk window ends either 30 days after its start or when a patient is readmitted to a hospital, **whichever occurs first**.

For example, if a patient was discharged from a hospital to a SNF on September 1, 2018, then readmitted to the hospital on September 10, 2018, the risk window started on September 1 and ended on September 10. If that same patient never experienced a readmission, the risk window would end 30 days after it started, on October 1, 2018.

### 9. Does the SNFRM count multiple hospital readmissions during a single 30-day readmission risk window?

No. The readmission risk window ends either 30 days after the discharge from an acute care hospitalization and subsequent admission to a SNF within one day, or when a patient is readmitted to a hospital, **whichever occurs first**. If a patient has multiple readmissions, the risk window ends after the first readmission. However, additional risk windows may begin if all measure inclusion criteria are met.

For example, if a patient was discharged from a hospital to a SNF on September 1, 2018, then readmitted to the hospital on September 10, 2018, the risk window started on September 1 and ended on September 10. If that patient was subsequently discharged from the readmitting hospital to a SNF on September 15, a new 30-day risk window would begin. This new risk window would end on October 15 if the patient was not readmitted to a hospital.

### 10. Why do my SNFRM results for the same data collection period differ across SNF VBP Program years?

The Planned Readmission Algorithm used by the SNFRM is updated periodically to ensure it aligns with the latest clinical guidelines and is inclusive of all billing codes available for use within SNF Medicare Part A FFS claims. The SNF VBP Program also ensures the same version of the Planned Readmission Algorithm is used in a given Program year's baseline and performance periods to maintain fair comparisons of SNF performance across data periods. This can result in a different version of the Planned Readmission Algorithm being used to assess performance for the same data period.

For example, the FY 2020 SNF VBP Program year's performance period assesses the same data period (FY 2018) as the FY 2022 SNF VBP Program year's baseline period. However, these Program years use different versions of the Planned Readmission Algorithm. The FY 2020 Program year used version 3.0, and the FY 2022 Program year used the latest version available, version 4.0, to assess FY 2018 data.

The SNFRM uses the Planned Readmission Algorithm to determine whether a readmission is planned or unplanned; if the Planned Readmission Algorithm used by the SNFRM changes, a SNF's performance as measured by the SNFRM may change as well.

### **11. Is the SNFRM also used in the SNF Quality Reporting Program (SNF QRP) or when calculating star ratings on the Care Compare website?**

No. The SNF VBP Program uses the SNFRM, which calculates the risk-standardized rate of unplanned, all-cause inpatient hospital readmissions within 30 days of a SNF patient's discharge from a prior hospital stay.

The SNF QRP uses the Potentially Preventable 30-Day Post-Discharge Readmission Measure, which is a different hospital readmission measure from the SNFRM. Measures used in the SNF QRP do not impact the SNF VBP Program in any way. For more information about SNF QRP measures, including the Potentially Preventable 30-Day Post-Discharge Readmission Measure, you may view the information on the [SNF QRP webpage](#).

The SNFRM is not used to calculate star ratings on the Care Compare website. For more information about rehospitalization measures used to calculate star ratings on Care Compare, visit the [Care Compare website](#).

## ***Performance Scores, Rank, and Incentive Payments***

### **12. How are performance scores determined?**

SNFs' risk-standardized readmission rates (RSRRs) in the performance period are compared to two metrics to determine the performance score:

- Their own past performance during the baseline period, used to calculate an improvement score (scores range from 0 to 90)
- National SNF performance during the baseline period, used to calculate an achievement score (scores range from 0 to 100)

A SNF's achievement and improvement scores are compared; whichever score is higher becomes that SNF's performance score.

For complete information on how achievement and improvement scores are calculated, including formulas, see [Question 14](#), the [FY 2017 SNF PPS final rule](#) (pages 52000 through 52005) and the [SNF VBP Program: FY 2021 Incentive Payment Multiplier Calculation Infographic](#).

### **13. How are performance standards determined for the SNF VBP Program?**

There are two performance standards for the SNF VBP Program, the achievement threshold and the benchmark. The SNF VBP Program's achievement threshold is equal to the 25th percentile of all SNFs' performance on the SNFRM during the Program year's applicable baseline period.

The SNF VBP Program’s benchmark is equal to the mean of the top decile of all SNFs’ performance on the SNFRM during the Program year’s applicable baseline period.

The performance standards for the SNF VBP Program are published in the SNF PPS final rule before the applicable Program year’s performance period begins.

SNF VBP Program Year	Achievement Threshold	Benchmark	SNF PPS Final Rule
<b>FY 2021</b>	0.79476	0.83212	<a href="#">FY 2019 SNF PPS final rule</a> (page 39276)
<b>FY 2022</b>	0.79059	0.82905	<a href="#">FY 2020 SNF PPS final rule</a> (page 38822)*
<b>FY 2023</b>	0.79270	0.83028	<a href="#">FY 2021 SNF PPS final rule</a> (page 47625)

\*The FY 2022 SNF VBP Program year performance standards were initially published in the FY 2022 SNF PPS final rule, and subsequently updated in April 2021 via a CASPER email announcement distributed to all SNFs.

#### 14. Can SNFs calculate their own achievement and improvement scores?

Yes. A SNF can calculate its achievement and improvement scores using the following data:

- The SNF’s performance period RSRR, found in the performance period quality measure quarterly reports typically distributed in June
- The SNF’s baseline period RSRR, found in the baseline period quality measure quarterly reports typically distributed in December
- The applicable achievement threshold and benchmark for the Program year, found in the applicable SNF PPS final rule and annual Performance Score Reports (PSRs) distributed in August

Note: Inverted rates are calculated by subtracting the RSRR from 1 (1 – RSRR = Inverted Rate).

To calculate achievement and improvement scores SNFs may use the formulas below.

#### SNF VBP Improvement Score:

$$= \left( \left[ 10 \times \left( \frac{(\text{SNF Perf. Period Inverted Rate} - \text{SNF Baseline Period Inverted Rate})}{(\text{Benchmark} - \text{SNF Baseline Period Inverted Rate})} \right) \right] - .5 \right) \times 10$$

#### SNF VBP Achievement Score:

$$= \left( \left[ 9 \times \left( \frac{(\text{SNF's Perf. Period Inverted Rate} - \text{Achievement Threshold})}{(\text{Benchmark} - \text{Achievement Threshold})} \right) \right] + .5 \right) \times 10$$

The higher of the achievement and improvement scores becomes the SNF’s performance score.

#### 15. My facility has scores of zero for achievement, improvement, and performance. Is this an



### error?

No. Achievement, improvement, and performance scores of zero are possible. Performance period inverted RSRRs which are lower (i.e., worse) than the baseline period inverted RSRRs will result in scores of zero for improvement. Performance period inverted RSRRs which are lower (i.e., worse) than the achievement threshold will result in scores of zero for achievement. The better of the achievement and improvement scores becomes the SNF's performance score, so if both of the above conditions are satisfied by a SNF, then this SNF will receive a performance score of zero.

### 16. How are SNFs ranked in the SNF VBP Program?

SNFs are ranked by their performance scores each year, as required by statute. SNFs with the same performance score receive the same rank. For example, if 200 SNFs receive a perfect performance score of 100, these 200 SNFs will each hold a rank of 1. In this example, the SNF with the next-highest performance score would receive a rank of 201.

### 17. How are incentive payments determined?

To fund the Program, each year CMS withholds 2 percent of SNF Medicare FFS payments, and each year 60 percent of these withheld funds are redistributed to SNFs in the form of incentive payments. CMS is required to redistribute between 50 and 70 percent of this withhold to SNFs as incentive payments; this 60 percent redistribution policy was finalized on pages 36619 through 36621 of the [FY 2018 SNF PPS Final Rule](#).

To calculate incentive payments, CMS first estimates the dollar amount of SNF FFS Medicare payments to be redistributed across SNFs in the applicable payment year, and then assigns payment incentive multipliers based on each SNF's performance score using the logistic exchange function. To apply these incentive payment multipliers, the SNFs' adjusted federal per diem rates are multiplied by the incentive payment multiplier. For more information on how incentive payments are determined, see the [SNF VBP Program: FY 2021 Incentive Payment Multiplier Calculation Infographic](#), the [SNF VBP Program Exchange Function Methodology Report](#), and pages 36616 through 36621 of the [FY 2018 SNF PPS final rule](#).

### 18. How do I interpret my SNF VBP Program incentive payment multiplier?

The incentive payment multiplier accounts for both the 2 percent payment withhold used to fund the Program **and** any incentive payments earned through performance. This multiplier will be applied to your SNF's adjusted federal per diem rate. When payments are made to SNF claims, the adjusted federal per diem rate will be multiplied by the incentive payment multiplier. Multipliers are applied to payments for services provided during the applicable SNF VBP Program year. For example, incentive payment multipliers for the FY 2021 SNF VBP Program year are applied to payments for services provided during FY 2021 (October 1, 2020 through September 30, 2021).

The net percentage point increase or decrease to the adjusted federal per diem rate can be determined using the following formula: (Incentive Payment Multiplier – 1) x 100

For example, an incentive payment multiplier of 0.99 would reflect a net payment reduction of 1 percent. An incentive payment multiplier of 1.01 would reflect a net payment increase of 1 percent.

- Multipliers greater than one indicate net-positive incentive payments (the SNF receives more than it would have without the SNF VBP Program)
- Multipliers equal to one indicate net-neutral incentive payments (the SNF’s payment is not changed by the SNF VBP Program)
- Multipliers less than one indicate net-negative incentive payments (the SNF receives less than it would have without the SNF VBP Program)

**19. Is there a scoring adjustment for SNFs without sufficient baseline period and/or performance period data?**

Yes. A low-volume adjustment policy was implemented beginning with the FY 2020 SNF VBP Program year. Following is a summary of this policy:

- SNFs with fewer than 25 stays in the performance period of a given Program year, *regardless* of the number of stays in the baseline period, will automatically receive a net-neutral incentive payment multiplier of 1.0 for that Program year. This means that payment will not be impacted by the SNF VBP Program. These SNFs are also assigned a neutral performance score and rank.
- SNFs with 25 stays or more in the performance period of a given Program year *and* fewer than 25 stays in the baseline period will be scored on achievement only. These SNFs will not be scored on improvement. The achievement score will equal the performance score.

This policy was discussed and finalized on pages 39278 through 39280 of the [FY 2019 SNF PPS final rule](#).

**Quarterly Confidential Feedback Reports**

**20. How will SNFs be notified of their performance in the Program?**

CMS provides confidential feedback reports to SNFs on a quarterly basis. A summary of the report types and the tentative schedule is detailed in the table below.

Data	Report Type	Tentative Dissemination Month*
<b>Baseline Year Data</b>	Full-Year Workbook	December
<b>Partial Performance Year Data</b>	Interim Workbook	March
<b>Performance Year Data</b>	Full-Year Workbook	June

Data	Report Type	Tentative Dissemination Month*
<b>Performance Score, SNF VBP Program Rank, and Payment Adjustment Data</b>	Performance Score Report	August

\*The dissemination month for each report release is tentative and subject to change.

For additional information about the quarterly confidential feedback reports, see the [SNF VBP webpage](#).

### 21. How can SNFs access their quarterly confidential feedback reports?

SNFs can access their quarterly confidential feedback reports (including Performance Score Reports (PSRs) containing the incentive payment multiplier) through the Internet Quality Improvement and Evaluation System (iQIES) Certification and the Survey Provider Enhanced Reporting (CASPER) system.

For more information on how to access your reports, refer to the [Accessing SNF VBP Confidential Feedback Reports presentation](#) and [slides 35-36 of the Understanding your August 2020 Performance Score Report presentation](#). SNFs that have problems accessing their reports can email the QIES Technical Support Office Help Desk at [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov).

### 22. Why did my SNF not receive a quarterly confidential feedback report?

SNFs do not receive a quality measure quarterly report if they do not have any eligible stays during the applicable data collection period, be it the baseline period or performance period.

SNFs also do not receive an annual Performance Score Report if they do not have any eligible stays during the performance period of the Program year. In this case, the SNF would receive a net-neutral incentive payment multiplier of 1.0 for the Program year, meaning payment will not be impacted by the SNF VBP Program.

## Review and Corrections

### 23. What is Phase 1 of the Review and Corrections process?

Phase 1 of the Review and Correction (R&C) process provides SNFs the opportunity to review and submit corrections to their baseline period and performance period quality measure data. This information is typically contained within the December and June Quarterly Reports. Phase 1 requests are accepted for up to 30 calendar days after dissemination of the baseline period (typically distributed in December) and performance period (typically distributed in June) quality measure quarterly reports.

This policy was discussed and finalized on pages 47626 through 47627 of the [FY 2021 SNF PPS final rule](#).

## 24. What is Phase 2 of the Review and Corrections process?

Phase 2 of the R&C process provides SNFs the opportunity to review and submit corrections to only their performance score and ranking contained in the August Performance Score Reports (PSRs). Phase 2 requests are accepted for up to 30 calendar days after dissemination of the annual PSRs (typically distributed in early August).

## 25. How do I submit a review and correction request?

Phase 1 and 2 R&C requests should be sent to the [SNFVBP@rti.org](mailto:SNFVBP@rti.org) mailbox within 30 calendar days after dissemination of the report and must include the following information:

1. The SNF's CMS Certification Number (CCN)
2. The SNF's Name
3. The correction requested
4. The reason for requesting the correction
5. If applicable, the line number (an arbitrary unique identifier within the eligible stays tab of the quarterly confidential feedback reports) of the stay in question

**Reports contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of this document, use the Line Number.** The SNF VBP mailbox is not secured to receive personally identifiable information (PII) and protected health information (PHI) information. The line number (an arbitrary unique identifier) in the 'Eligible Stays' tab of the quarterly confidential feedback report is a randomly assigned number and not considered PII/PHI

## 26. How can I correct an error in my stay-level data?

CMS advises SNFs to follow the established claims correction process to update stay-level information. CMS encourages SNFs to work with hospitals as a part of their care coordination efforts to submit any corrections to claims information to their Medicare Administrative Contractor (MAC) in a timely manner. If an error is identified that may result in a correction to SNF VBP measure rates, **the SNF must work with the MAC to correct the claim in all relevant fields.** The SNF must notify [SNFVBP@rti.org](mailto:SNFVBP@rti.org) of the correction and have submitted the correction request to the MAC prior to the 30-day R&C deadline in order for CMS to consider granting the correction request.

## *Public Reporting*

### 27. Is performance in the SNF VBP Program publicly reported? If so, when?

Yes. The SNF VBP Program's facility-level and aggregate-level data can be found on the [Provider Data Catalog \(PDC\)](#). SNFs are given the opportunity to review their confidential annual Performance Score Report (PSR) before the data are made publicly available.

Generally, the SNF VBP Program’s facility-level and aggregate-level results are made publicly available in the fall following distribution of the annual PSRs.

## **28. What information is publicly reported?**

The publicly reported facility-level data includes: SNF VBP Program rankings, facility information (CCNs, facility names, and facility addresses), baseline period RSRRs, performance period RSRRs, achievement scores, improvement scores, performance scores, and incentive payment multipliers.

The publicly reported aggregate-level data includes: the national average RSRRs for the baseline period and performance period, the achievement threshold and benchmark, the range of performance scores, the total number of SNFs receiving value-based incentive payments, the range of incentive payment multipliers, the range of value-based incentive payments (in dollars) and the total amount of value-based incentive payments (in dollars).

Beginning with data for the FY 2020 SNF VBP Program year, as part of the low-volume adjustment policy SNFs with fewer than 25 eligible stays in the baseline period will not have their baseline period RSRR or improvement score publicly reported. SNFs with fewer than 25 eligible stays in the performance period will not have their performance period RSRR, achievement score, or improvement score publicly reported. This policy was discussed and finalized on page 38824 of the [FY 2020 SNF PPS final rule](#). For more information on the low-volume adjustment policy, see [Question 19](#).

### ***Additional Resources***

## **29. Where can I find more information or ask questions about the SNF VBP Program?**

For more information, including presentations and resources about the SNF VBP Program, visit the [SNF VBP Program webpage on CMS.gov](#).

For additional questions about the SNF VBP Program, please email [SNFVBP@rti.org](mailto:SNFVBP@rti.org).

SNFs that have problems accessing their reports can email the iQIES Technical Support Office Help Desk at [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov).

### ***COVID-19 Resources for the SNF VBP Program***


## **30. Will the COVID-19 public health emergency (PHE) impact SNF VBP Program policies?**

On March 27, 2020, CMS announced a [nationwide extraordinary circumstance exception \(ECE\)](#) policy in which qualifying claims from January 1, 2020, through June 30, 2020, will be excluded from the claims-based SNFRM calculations.

On September 2, 2020, CMS revised the performance period for the FY 2022 SNF VBP Program due to the national ECE through an [Interim Final Rule](#). The FY 2022 Program year performance

period was revised to Q2-Q4 CY 2019 & Q3 CY 2020 (4/1/2019—12/31/2019 and 7/1/2020—9/30/2020). This IFC also announced that with respect to the SNF VBP Program, if, as a result of a decision to grant a new nationwide ECE without request or a decision to grant a substantial number of individual ECE requests, there is not enough data to reliably compare national performance on measures, CMS may propose to not score SNFs based on such limited data or make the associated payment adjustments for the affected program year. An announcement of this release can be found on the [CMS.gov Newsroom](#).

CMS continues to assess the impact of the COVID-19 ECE on the SNF VBP Program and will continue to communicate to SNFs any further policy adjustments to the SNF VBP Program as needed.

This guidance and the COVID-19 ECE policy referenced above are subject to change, so please monitor future SNF VBP communications, press releases, and the [CMS.gov Current Emergencies page](#) for up to date guidance, or contact the SNF VBP Help Desk at [SNFVBP@rti.org](mailto:SNFVBP@rti.org)  should you have additional questions.

### **31. What action do SNFs need to take to apply the national ECE policy?**

The national ECE policy will automatically apply to all SNFs, and no action is required on the part of SNF providers. SNFs do not need to submit an ECE form in order to qualify for this blanket ECE.