



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

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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 of Health and Human Services to establish a SNF VBP Program. The Program began affecting SNF payments on October 1, 2018.

CMS applies SNF VBP incentive payments prospectively to all Medicare fee-for-service (FFS) Part A claims paid under the SNF Prospective Payment System (PPS). Performance in the SNF VBP Program is currently based on SNFs' performance on the SNF 30-Day All-Cause Readmission Measure (SNFRM), a quality measure endorsed by the National Quality Forum (NQF #2510).

For questions about the FY 2022 Program year, including suppression of the SNF Readmission Measure, refer to [Questions 33-36](#).

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

The SNF VBP Program is not optional. All SNFs paid under Medicare's SNF PPS are required to participate in the SNF VBP Program. The types of SNFs 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 20](#).

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 readmission rate (RSRR) of unplanned, all-cause hospital readmissions for Medicare FFS beneficiaries. The SNFRM assesses unplanned, all-cause hospital readmissions for SNF residents within 30 days of discharge from a prior hospital stay to a SNF. The SNFRM is a measure of a SNF's relative performance compared with all other SNFs in the SNF VBP Program. For more details on the SNFRM, please see the [SNF VBP webpage](#) and the [SNFRM Technical Report](#).

In each SNF VBP Program year, each SNF receives a SNFRM result reflecting its performance during the baseline period and during the performance period.

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. Table 1 provides the baseline and performance periods for the FY 2020 through FY 2024 Program years, as finalized through rulemaking.

Table 1. SNF VBP Program data periods: FY 2020 through 2024

SNF VBP Program year	Baseline period	Performance period
FY 2020	FY 2016 (10/1/2015–9/30/2016)	FY 2018 (10/1/2017–9/30/2018)
FY 2021	FY 2017 (10/1/2016–9/30/2017)	FY 2019 (10/1/2018–9/30/2019)
FY 2022	FY 2018 (10/1/2017–9/30/2018)	4/1/2019–12/1/2019 ^a
FY 2023	FY 2019 (10/1/2018–9/30/2019)	FY 2021 (10/1/2020–9/30/2021)
FY 2024	FY 2019 (10/1/2018–9/30/2019)	FY 2022 (10/1/2021–9/30/2022)

^a In response to the COVID-19 public health emergency (PHE), CMS is excluding qualifying claims in the first two quarters of Calendar Year (CY) 2020 (January 1, 2020 – June 30, 2020) from use in the SNF VBP Program. Additionally, because the SNFRM assesses hospital readmissions within 30 days of discharge from a prior hospitalization to a SNF and requires data from 12 months prior to the start of the SNF stay for risk adjustment, residents that were discharged from the hospital to the SNF after December 1, 2019 and residents with SNF admissions from July 1, 2020 – September 30, 2020 are excluded from the SNFRM calculations due to missing data. Thus, the FY 2022 SNF VBP Program performance period originally specified in the [interim final rule with comment](#) has been restricted to April 1, 2019 through December 1, 2019. For further information please see pages 54835 through 54837 of the [interim final rule with comment](#) and the [FY 2022 SNF PPS final rule](#).

For more information on SNF VBP Program adjustments in response to the COVID-19 PHE, please see [Questions 31–36](#).

5. What information is used to calculate the SNFRM?

CMS calculates the SNFRM for Medicare FFS beneficiaries using data extracted from SNFs’ and hospitals’ Medicare FFS Part A **claims** submitted to CMS for payment. 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* 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 algorithm, CMS will consider it an unplanned readmission. Note that the Planned Readmission Algorithm assesses diagnosis and procedure coding information in the *hospital claim only, not in the SNF claim*, to determine if a readmission is planned or unplanned. Table 2 lists the versions of the algorithm used for the FY 2020 through FY 2024 Program years.

Table 2. SNF VBP Program’s Planned Readmission Algorithm: Versions used in FY 2020 through FY 2024

SNF VBP Program year	Version of Planned Readmission Algorithm
FY 2020	3.0
FY 2021	4.0
FY 2022	4.0
FY 2023	4.0 2020
FY 2024	4.0 2020

For more details on the approach used to determine whether a readmission is planned or unplanned, see Appendix A of the [2019 SNFRM Technical Report Supplement Update](#).

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

CMS calculates the SNFRM using 12 months of data from Medicare FFS Part A claims. 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 risk window is the 30-day period during which an unplanned hospital readmission may be counted in the SNFRM. 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, and 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 risk window?

No. The 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, and then readmitted to the hospital on September 10, 2018, the first 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 second 30-day risk window would begin. This second 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 align it with the latest clinical guidelines and include all billing codes available for use in SNF Medicare FFS Part A claims. CMS also uses the same version of the algorithm 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 algorithm being used to assess performance for the same data period if that data period is used in more than one Program year.

For example, the performance period for the FY 2020 SNF VBP Program year covers the same data period (FY 2018) as the baseline period for the FY 2022 SNF VBP Program year. 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, 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 algorithm used by the SNFRM changes, a SNF's performance as measured by the SNFRM might 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. CMS uses the SNFRM in the SNF VBP Program, which calculates the risk-standardized rate of unplanned, all-cause hospital readmissions within 30 days of a SNF patient's discharge from a prior hospital stay.

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

CMS does not use the SNFRM 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 [Provider Data Catalog website](#).

Performance Scores, Rank, and Incentive Payments

12. How are performance scores determined?

To determine performance scores, CMS compares SNFs' risk-standardized readmission rates (RSRRs) in the performance period with two metrics:¹

1. Their own past performance during the baseline period, used to calculate an improvement score (scores range from 0 to 90), as shown in Figure 1

Figure 1. Improvement score



2. National SNF performance during the baseline period, used to calculate an achievement score (scores range from 0 to 100), as shown in Figure 2

Figure 2. Achievement score



¹ CMS suppressed the use of SNF readmission measure data for purposes of FY 2022 scoring and payment adjustments in the FY 2022 SNF VBP Program year because the effects the COVID-19 PHE on the data used to calculate the SNFRM inhibited CMS's ability to make fair national comparisons of SNFs' performance. Under the suppression policy, CMS calculated an RSRR for both the baseline and performance period and then suppressed the use of SNF readmission measure data for purposes of scoring. CMS instead assigned each SNF a performance score of zero to mitigate the effect that the COVID-19 PHE would otherwise have had on SNFs' performance scores and incentive payment multipliers. The suppression policy was adopted in the [FY 2022 SNF PPS final rule](#). Per this policy, each SNF received an identical incentive payment multiplier, and SNFs did not receive an achievement score, improvement score, or rank. CMS then applied the low-volume adjustment policy as previously finalized on pages 39278–39280 of the [FY 2019 SNF PPS final rule](#); SNFs subject to the low-volume adjustment policy were assigned a net-neutral incentive payment multiplier.

For more information on how incentive payment multipliers are determined in the FY 2022 Program year, see the [SNF VBP Program: FY 2022 Incentive Payment Multiplier Calculation infographic](#).

CMS compares the SNF’s achievement and improvement scores; whichever score is higher becomes that SNF’s performance score, as shown in Figure 3.

Figure 3. Performance score



For complete information on how achievement and improvement scores are calculated, including the formulas used, see [Question 14](#), the [FY 2017 SNF PPS final rule](#) (pages 52000–52005), 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 achievement threshold is equal to the 25th percentile of all SNFs’ performance on the SNFRM during the Program year’s applicable baseline period. The 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. Table 3 lists the performance standards used for the FY 2021 through FY 2024 Program years.

Table 3. SNF VBP Program performance standards: FY 2021 through FY 2024

SNF VBP Program year	Achievement threshold	Benchmark	SNF PPS final rule
FY 2021	0.79476	0.83212	FY 2019 SNF PPS final rule (page 39276)
FY 2022	0.79059	0.82905	FY 2020 SNF PPS final rule (page 38822) ^a
FY 2023	0.79270	0.83028	FY 2021 SNF PPS final rule (page 47625)
FY 2024	0.79271	0.83033	FY 2022 SNF PPS final rule

^a The performance standards for the FY 2022 SNF VBP Program year were initially published in the [FY 2020 SNF PPS final rule](#). They were subsequently updated in April 2021 via a CASPER email announcement distributed to all SNFs. However, as finalized under the suppression policy in the [FY 2022 SNF PPS final rule](#), CMS implemented revised scoring policies for the FY 2022 Program year and will assign all SNFs a performance score of zero. For more information, please see [Questions 33-36](#).

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, the rule updates sent via a CASPER email announcement, and the 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.

Equation 1. SNF VBP Program improvement score

$$\left(\left[10 \times \left(\frac{\text{SNF perf. period inverted RSRR} - \text{SNF baseline period inverted RSRR}}{\text{Benchmark} - \text{SNF baseline period inverted RSRR}} \right) \right] - 0.5 \right) \times 10$$

Equation 2. SNF VBP Program achievement score

$$\left(\left[9 \times \left(\frac{\text{SNF perf. period inverted RSRR} - \text{Achievement threshold}}{\text{Benchmark} - \text{Achievement threshold}} \right) \right] + 0.5 \right) \times 10$$

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. Inverted RSRRs for the performance period that are lower (that is, worse) than those for the baseline period will result in scores of zero for improvement. Likewise, inverted RSRRs for the performance period that are lower (that is, 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 a SNF satisfies both of the above conditions, it will receive a performance score of zero.²

² Per the suppression policy finalized in the [FY 2022 SNF PPS final rule](#), CMS suppressed the use of SNF readmission measure data for purposes of scoring because the effects of the COVID-19 PHE on the data used to calculate the SNFRM inhibited CMS’s ability to make fair national comparisons of SNFs’ performance. CMS instead assigned each SNF a performance score of zero to mitigate the effect that the COVID-19 PHE would otherwise have had on SNFs’ performance scores and incentive payment multipliers.

For more information regarding SNF VBP Program adjustments in response to the COVID-19 PHE, please see [Questions 31–36](#).

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 have 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 Part A 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 the withheld funds to SNFs as incentive payments; the 60 percent redistribution policy was finalized on pages 36619–36621 of the [FY 2018 SNF PPS final rule](#).

To calculate incentive payments, CMS first estimates the dollar amount of SNF Medicare FFS Part A payments to be redistributed across SNFs in the applicable payment year. CMS then assigns incentive payment multipliers based on each SNF’s performance score, using the logistic exchange function. To apply these incentive payment multipliers, CMS multiplies each SNF’s adjusted federal per diem rate by its assigned 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 36616–36621 of the [FY 2018 SNF PPS final rule](#).

18. How does CMS calculate the incentive payment pool?

CMS uses historical payment data to estimate the incentive payment pool of SNF Medicare FFS Part A payments to be redistributed across SNFs. To calculate the incentive payment pool, CMS uses the formula below.

Equation 3. SNF VBP Program incentive payment pool

$$\textit{The incentive payment pool} = \textit{60\% of 2\% of SNF Medicare fee-for-service (FFS) Part A payments}$$

Table 4 lists the historical payment data used for the FY 2021 and FY 2022 Program years.

Table 4. SNF VBP Program’s historical payment data: FY 2021 and FY 2022

SNF VBP Program year	Historical payment data
FY 2021	FY 2018
FY 2022	FY 2019

19. How do I interpret my incentive payment multiplier?

The incentive payment multiplier accounts for both the 2 percent payment withhold used to fund the SNF VBP Program and any incentive payments earned through performance. CMS will apply this multiplier to your SNF's adjusted federal per diem rate. When payments are made to SNF claims, CMS will multiply the adjusted federal per diem rate by the incentive payment multiplier. Multipliers are applied to payments for services provided during the applicable SNF VBP Program year. For example, CMS applies incentive payment multipliers for the FY 2022 SNF VBP Program year to payments for services provided during FY 2022 (October 1, 2021, through September 30, 2022).

The net percentage-point increase or decrease to the adjusted federal per diem rate can be determined using the following formula: $(\text{incentive payment multiplier} - 1) \times 100$

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

Multipliers greater than 1 indicate net-positive incentive payments (the SNF receives more than it would have without the SNF VBP Program). Multipliers equal to 1 indicate net-neutral incentive payments (the SNF's payment is not changed by the SNF VBP Program). Finally, multipliers less than 1 indicate net-negative incentive payments (the SNF receives less than it would have without the SNF VBP Program).

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

Yes. CMS implemented a low-volume adjustment policy beginning with the FY 2020 SNF VBP Program year. The 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 affected 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. Their achievement score will equal their performance score.

This policy was discussed and finalized on pages 39278–39280 of the [FY 2019 SNF PPS final rule](#). Figure 4 shows an example of how the policy would be applied to two SNFs.

Figure 4. Low-volume adjustment policy example for FY 2021 Program year

Example					
SNF	Eligible stays	Unadjusted incentive payment multiplier	Apply the LVA?	Adjusted incentive payment multiplier	Adjusted performance score
SNF A	27	1.0136370845	No	N/A	N/A
SNF B	20	0.9831248791	✓ Yes	1.0	49.23832

LVA = Low-volume adjustment policy; N/A = Not applicable.

Quarterly Confidential Feedback Reports

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

CMS provides confidential feedback reports to SNFs on a quarterly basis. Table 5 shows the types of reports provided and the tentative schedule.

Table 5. SNF VBP Program reports

Data	Report type	Tentative dissemination month ^a
Baseline year data	Full-year workbook	December
Partial performance year data	Interim workbook	March
Performance year data	Full-year workbook	June
Performance score, SNF VBP Program rank, and payment adjustment data	Performance Score Report	August

^a The dissemination month for each report release is tentative and subject to change.

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

22. How can SNFs access their quarterly confidential feedback reports?

SNFs can access their quarterly confidential feedback reports (including Performance Score Reports 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 these reports, refer to the [Accessing Your SNF VBP Confidential Quarterly Feedback Reports presentation](#) and [Slides 35 and 36 of the Understanding Your August 2020 Performance Score Report presentation](#). SNFs that have problems accessing their reports can email the iQIES Technical Support Office Help Desk at iqies@cms.hhs.gov.

23. 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, whether 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, a SNF would receive a net-neutral incentive payment multiplier of 1.0 for the Program year, meaning the SNF VBP Program will not affect payment.

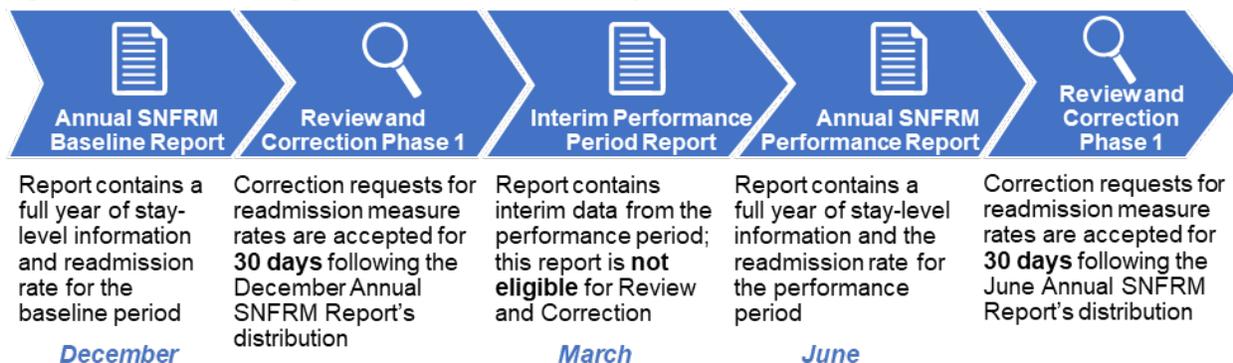
Review and Correction

24. What is Phase 1 of the Review and Correction (R&C) process?

In Phase 1 of the R&C process, SNFs may review and submit corrections to their readmission measure rates.³ This information is typically in the December and June Quarterly Reports. As shown in Figure 5, CMS accepts Phase 1 requests for up to 30 calendar days after dissemination of the quality measure quarterly reports for the baseline period (typically distributed in December) and performance period (typically distributed in June).

This policy was discussed and finalized in the [FY 2022 SNF PPS final rule](#).

Figure 5. SNF VBP Program: Phase 1 of the R&C process

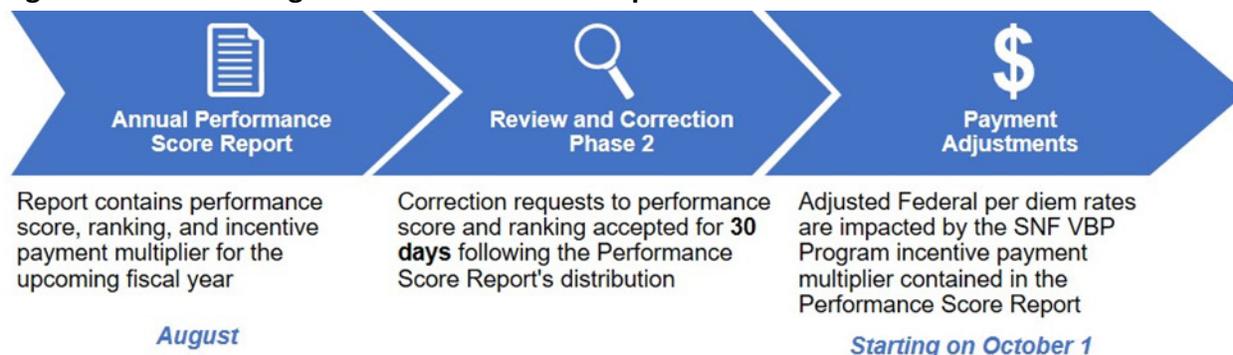


25. What is Phase 2 of the R&C process?

In Phase 2 of the R&C process, SNFs may review and submit corrections to only their performance score and ranking in the August Performance Score Reports (PSRs). As shown in Figure 6 Phase 2 requests are accepted for up to 30 calendar days after dissemination of the annual PSRs (typically distributed in early August).

³ Please note, as finalized in the [FY 2022 SNF PPS final rule](#), SNFs are not able to correct any of the underlying administrative claims data (for example, a SNF discharge destination code) used to calculate a SNF's readmission measure rate. Corrections are limited to errors made by CMS or its contractors when calculating a SNF's readmission measure rate.

Figure 6. SNF VBP Program: Phase 2 of the R&C process



26. How do I submit an R&C request?

Phase 1 and 2 R&C requests should be sent to the SNFVBP@rti.org mailbox within 30 calendar days after dissemination of the report. Requests 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 found on 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 laws. When referring to the contents of this document, use the line number.

The SNF VBP Help Desk is not secured to receive personally identifiable information (PII) and protected health information (PHI). The line number (an arbitrary unique identifier) in the 'Eligible Stays' tab of the quarterly confidential feedback reports is a randomly assigned number and is not considered personally identifiable information or protected health information (PII or PHI).

27. 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 part of their care coordination efforts to submit any corrections to claims information to their Medicare Administrative Contractor (MAC) to correct the claim in all relevant fields in a timely manner. If an error is identified, *the SNF must work with the MAC to correct the claim in all relevant fields.*

The SNF must submit the claims correction request to the MAC, and the MAC must process the correction before the "snapshot date" for the correction to be reflected in the SNF VBP

Program’s quarterly confidential feedback reports. These reports will not reflect any claims corrections processed after the date of the claims snapshot, which will be 3 months following the last index SNF admission in the applicable baseline period or performance period. CMS cannot recalculate any results in the quarterly confidential feedback reports to reflect corrected claims. The results will also only reflect edits that comply with the time limits and reopening and revision requirements described in the Medicare Claims Processing Manual: “[Chapter 1—General Billing Requirements](#)” and “[Chapter 34—Reopening and Revision of Claim Determinations and Decisions](#).”

Public Reporting

28. 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 have the opportunity to review their confidential annual Performance Score Report (PSR) before the data are made publicly available.

Generally, CMS makes the SNF VBP Program’s facility-level and aggregate-level results publicly available in the fall, following distribution of the annual Performance Score Reports.

29. What information is publicly reported?

The publicly reported facility-level data consist of: SNF VBP Program rankings, facility information (CMS Certification Numbers, 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 consist of: 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, CMS will not publicly report the baseline period RSRR or improvement score for SNFs with fewer than 25 eligible stays in the baseline period. In addition, CMS will not publicly report the performance period RSRR, achievement score, or improvement score for SNFs with fewer than 25 eligible stays in the performance period. 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 20](#).

Additional Resources

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

For more information, including presentations and resources on 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.

SNFs that have problems accessing their reports can email the iQIES Technical Support Office Help Desk at iqies@cms.hhs.gov.

COVID-19 Resources for the SNF VBP Program

31. Will the COVID-19 public health emergency affect SNF VBP Program policies?

On March 27, 2020, CMS announced a [nationwide extraordinary circumstances 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 COVID-19 PHE ECE through an [interim final rule with comment \(IFC\)](#). The FY 2022 Program year performance period was revised to Q2–Q4 CY 2019 and 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 in the [CMS.gov Newsroom](#).

On August 4, 2021, CMS suppressed the use of SNF readmission measure data for purposes of scoring and payment adjustments in the FY 2022 SNF VBP Program year because the effects of the COVID-19 PHE on the data used to calculate the SNFRM inhibited CMS's ability to make fair national comparisons of SNFs' performance. Under the suppression policy, CMS calculated an RSRR for both the baseline and performance period and then suppressed the use of SNF readmission measure data for purposes of scoring. CMS instead assigned each SNF a performance score of zero to mitigate the effect that the COVID-19 PHE would otherwise have had on SNFs' performance scores and incentive payment multipliers. The suppression policy was finalized in the [FY 2022 SNF PPS final rule](#).

Contact the SNF VBP Help Desk at SNFVBP@rti.org if you have additional questions.

32. What action do SNFs need to take to apply the COVID-19 PHE ECE policy?

The COVID-19 PHE ECE policy (January 1, 2020 – June 30, 2020) will automatically apply to all SNFs; 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.

Updates for the FY 2022 SNF VBP Program Year

33. What is the suppression policy?

CMS finalized a measure suppression policy in the [FY 2022 SNF PPS final rule](#) for the SNF VBP FY 2022 Program year. The policy enables CMS to suppress the use of SNF readmission measure data for purposes of scoring and payment adjustments in the SNF VBP Program if CMS determines that circumstances caused by the PHE for COVID-19 have affected the measure and the resulting performance scores significantly.

CMS would use one or more of the four proposed Measure Suppression Factors to guide CMS's determination of whether to propose to suppress a measure for one or more Program years that overlap with the PHE for COVID-19:

- Significant deviation in national performance on the measure during the PHE for COVID-19, which could be significantly better or significantly worse compared to historical performance during the immediately preceding Program years.
- Clinical proximity of the measure's focus to the relevant disease, pathogen, or health impacts of the PHE for COVID-19.
- Rapid or unprecedented changes in clinical guidelines, care delivery or practice, treatments, drugs, or related protocols, or equipment or diagnostic tools or materials; or the generally accepted scientific understanding of the nature or biological pathway of the disease or pathogen, particularly for a novel disease or pathogen of unknown origin.
- Significant national shortages or rapid or unprecedented changes in healthcare personnel; medical supplies, equipment, or diagnostic tools or materials; or patient case volumes or facility-level case mix.

34. How does the suppression policy affect the SNF VBP Program?

In the [FY 2022 SNF PPS final rule](#), CMS suppressed the single SNF readmission measure, that is the SNFRM, for the FY 2022 SNF VBP Program year due to presence of the following proposed Measure Suppression Factor: significant rapid or unprecedented changes in patient case volumes or facility-level case mix.

Per the suppression policy, CMS implemented the following scoring policies for the FY 2022 SNF VBP Program:

- All SNFs will receive a performance score of 0.00000 to mitigate the effect the COVID-19 PHE would otherwise have had on SNFs' performance scores and incentive payment multipliers.
- All participating SNFs received an identical performance score and incentive payment multiplier. CMS then applied the low-volume adjustment policy as previously finalized on pages 39278–39280 of the [FY 2019 SNF PPS final rule](#); SNFs subject to the low-

volume adjustment policy were assigned a net-neutral incentive payment multiplier. For more information on the low-volume adjustment policy, see [Question 20](#).

- SNFs will not be ranked.

For complete information on how performance scores and incentive payment multipliers are calculated under the suppression policy for the FY 2022 Program year, including the formulas used, see the [SNF VBP Program: FY 2022 Incentive Payment Multiplier Calculation infographic](#).

35. How does the suppression policy affect payment for the FY 2022 Program year?

To fund the SNF VBP Program, the Protecting Access to Medicare Act of 2014 (PAMA) requires CMS to withhold 2 percent of SNFs' Medicare FFS Part A payments. CMS then redistributes 60 percent of the withhold to SNFs as incentive payments, and the remaining 40 percent of the withhold is retained in the Medicare Trust Fund.

Under the measure suppression policy for the FY 2022 Program year, each participating SNF receives 60 percent of its 2 percent withhold, resulting in a 1.2 percent payback percentage for the FY 2022 Program year, except for those SNFs subject to the previously finalized low-volume adjustment policy (see pages 39278–39280 of the [FY 2019 SNF PPS final rule](#)) who receive 100 percent of their 2 percent withhold, resulting in a 2.0 percent payback percentage for the FY 2022 Program year. (For more information on the low-volume adjustment policy, see [Question 20](#).)

Applying the low-volume adjustment policy increases the percentage of the withhold redistributed to SNFs as incentive payments from 60 percent to an estimated 62.9 percent.

The payback percentage is spread evenly across all SNFs to equitably reduce the impact of the 2 percent withhold under the measure suppression policy for the FY 2022 Program year.

36. What action do SNFs need to take to apply for the suppression policy?

The suppression policy will automatically apply to all SNFs during the FY 2022 SNF VBP Program year. No action is required on the part of SNFs.