

**SKILLED NURSING FACILITY (SNF)
QUALITY REPORTING PROGRAM
PROVIDER TRAINING**

**PARTICIPANT QUESTIONS FROM PROVIDER TRAINING
ON MARCH 30, 2021**

Current as of April 2021



Acronym List

Acronym	Definition
APU	Annual Payment Update
ASAP	Assessment Submission and Processing
CASPER	Certification and Survey Provider Enhanced Reports
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
FVR	Final Validation Report
FY	Fiscal Year
MAC	Medicare Administrative Contractor
MDS	Minimum Data Set
PDPM	Patient-Driven Payment Model
PHI	Protected Health Information
PPS	Prospective Payment System
PRRB	Provider Reimbursement Review Board
PTR	Provider Threshold Report
QIES	Quality Improvement and Evaluation System
QM	Quality Measure
QRP	Quality Reporting Program
QTSO	QIES Technical Support Office
SNF	Skilled Nursing Facility
VBP	Value-Based Purchasing

#	Topic	Question	Response
1	SNF QRP – General	Can you tell me how I get started with the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)?	To be compliant with the SNF QRP overall, SNFs must comply with the individual requirements of the Minimum Data Set (MDS). There is a document in the download section on the SNF QRP web page, called “SNF QRP Quick Reference Guide.” Please go to the Centers for Medicare & Medicaid Services (CMS) site under SNF QRP and bookmark that page. Once on that page, scroll all the way down to the download section; you will see a document titled “PAC SNF Quick Reference Guide v1.0” This will help to guide you in starting the process. This document can be found at https://www.cms.gov/files/document/pac-snf-quickreferenceguide-v10.pdf .
2	Certification and Survey Provider Enhanced Reports (CASPER)	When speaking about the reports, you mentioned that there are warning messages and fatal errors. Can you talk more about the differences between these two?	<p>Sure. Warning messages alert you to inconsistencies or issues that you should be aware of or may want to address, but with a warning, the issue is not severe enough to reject the record. Records with only warning messages are still accepted into the database. Examples of warnings can include late submission warnings, and inconsistent responses or dates.</p> <p>In contrast, the MDS records that receive fatal errors are not accepted into the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. You will definitely want to monitor your Final Validation Reports (FVRs) for these errors so that you can address and resubmit any rejected records to be sure that your MDS records are accepted.</p> <p>To see the error IDs associated with each data element, you can refer to the detailed data specifications that can be found on the SNF QRP Measures and Technical Information web page and to get descriptions for each error ID, the potential causes for the error, and tips on how to correct it. You can review Section 5 of the MDS 3.0 Provider Users’ Guide available on https://qtso.cms.gov. An additional resource is Chapter 5 of the RAI Manual, which goes over submission and correction of MDS records. The RAI Manual is located on the MDS 3.0 RAI Manual page at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.</p>
3	CASPER	How often would you recommend that we run the Provider Threshold Report (PTR)?	It is really up to each facility to decide how often it wants to run these reports. However, monthly may be a good routine. Running the PTR monthly would help you determine if you are having issues maintaining compliance with the submission requirements for the SNF QRP. Checking the PTR at least monthly would give you enough time to correct issues before it is too late to do anything about them.

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4	Letter of Noncompliance	Our facility did not receive a letter of noncompliance. Does that mean we are compliant with the SNF QRP?	<p>During the presentation, we discussed that compliance is determined in the year that follows the data collection year. If a SNF fails to complete 100 percent of the required data elements on at least 80 percent of the MDS assessments as required under the SNF QRP, it will receive notification from CMS. This notification will be in the form of a noncompliance letter. CMS sends this letter via:</p> <ul style="list-style-type: none"> • The Medicare Administrative Contractor (MAC) by mail or email. • Non-Validation Report shared folder in CASPER. <p>SNFs should be looking for the letter in the CASPER system around June or July. Compliant SNFs will not receive a letter. You should also be checking your PTRs regularly for the details about your compliance percentage throughout the year.</p>
5	MDS Submission and APU	What percentage of MDS submissions are required this year to avoid the Annual Payment Update (APU) reduction?	<p>The data submission threshold for MDS records related to data collected in calendar year (CY) 2021 is 80 percent and affects fiscal year (FY) 2023 APU. The data that were collected in CY 2020—of which the first two quarters did not need to be submitted for the purposes of complying with the QRP requirements, but was submitted because of the required assessments for payment—also had a threshold of 80 percent and affects FY 2022 APU.</p>
6	Care Compare	We heard a lot about the SNF QRP today, but can you explain what Care Compare is?	<p>Care Compare is a streamlined redesign of the eight existing CMS healthcare compare tools available on Medicare.gov. The new website provides a single user-friendly interface that consumers of healthcare and caregivers can use to make informed decisions about healthcare based on cost, quality of care, volume of services, and other data. Like Nursing Home Compare, this is where long-term care/SNF providers will have their CMS quality measures (QMs) publicly displayed.</p> <p>We encourage providers to inform their residents and family members about the new Care Compare website and explain that the Care Compare website provides a snapshot of the quality of care a particular post-acute care provider offers. They can encourage residents and their family members to review quality ratings and offer assistance in understanding what is available to them on the website.</p> <p>You can find information related to SNFs on the Care Compare website at https://www.medicare.gov/Care-Compare.</p>
7	MDS Compliance and APU	What is the penalty for not submitting the MDS Admission and Discharge assessments in the required time allowed?	<p>Since we are in CY 2021, the associated reporting year is the FY 2023 APU reporting year. If you fail to meet MDS submission requirements this year, your APU will be reduced by 2 percentage points for FY 2023. This payment penalty lasts the duration of the FY involved (FY 2023).</p>

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8	MDS Compliance and Claims	Does Medicare deny the claim for untimely submission, or does Medicare penalize the SNF or not pay the claim all together?	The requirements for completion of the MDS for the purposes of the SNF QRP are different than the requirements for assessment submission for the SNF Prospective Payment System (PPS) Patient-Driven Payment Model (PDPM). One suggestion is to review the information in Chapters 2 and 6 of the RAI Manual, which goes over the assessments required under PDPM, late PPS assessments, default rates, and provider-liable situations. The RAI Manual is located on the MDS 3.0 RAI Manual page at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual .
9	MDS Compliance	I have been submitting my MDS. Why am I not compliant?	<p>For compliance with the SNF QRP, providers are required to meet a threshold of at least 80 percent. This means that at least 80 percent of all the qualifying MDS assessments have 100 percent of the required SNF QRP data elements reported. These are the data elements needed to calculate the SNF QRP quality measures and are defined as standardized data elements.</p> <p>SNFs can run the PTR to obtain their current threshold for the SNF QRP. Detailed guidance on how to run and interpret MDS reports can be found on QTSO.cms.gov in Section 13 (SNF QRP) of the CASPER Reporting User's Guide For MDS Providers (https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers).</p> <p>If you are reviewing your assessments through a vendor, we suggest you look at the CASPER validation reports to verify your submission to the CMS system.</p>

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10	Error Messages	How can I identify which assessments have error messages?	<p>Run the MDS 3.0 Assessments with Error Number XXXX Report. You can enter up to five error ID numbers. For example, to see if you have entered all dashes in the section GG discharge goals, you can run error numbers 3891 and 3907, because at least one of the discharge goals needs to be assessed. To see errors associated with dashing a particular data element when A0310B is coded with 01 or 08, run error number 3897. For errors associated with A0310H equaling 1 and use of a dash in the particular data element that had an error ID of 3908, run that error number for this report. All four of these error IDs relate to items that may result in not meeting the required APU minimum submission threshold. You should also run any FVRs to confirm that your assessments have been successfully submitted, and take a look at the Review and Correct Report to determine if the data you are looking at are in a reporting quarter where the data correction deadline is open, so that the underlying data can still be corrected if needed.</p> <p>Resources for how to run and interpret MDS reports can be found in Sections 6 and 7 of the CASPER Reporting User's Guide For MDS Providers (https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers). Section 5 of the MDS 3.0 Provider User's Guide (https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals) contains information on error messages, and you can review Chapter 5 of the RAI Manual to understand how to correct assessments that need to be corrected. The RAI Manual is located on the MDS 3.0 RAI Manual page at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.</p>

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11	SNF QRP Compliance	I do not understand why we are not compliant. The Review and Correct Report shows we are at 100 percent.	<p>Review and Correct Reports provide data, by measure and by quarter (both at the facility and resident levels), of the provider’s QM results for four rolling quarters and identifies the open/closed status of each quarter’s data correction period as of the report run date. Of note, the QM calculations are performed weekly and on the first day of each quarter, so you can get a pretty accurate picture if you pull the report weekly or at a minimum monthly. Remember that that the Review and Correct Report is not an APU report. It was developed to allow providers to review their QM data to identify if any corrections or changes are necessary prior to the quarter’s data submission deadline (which is 4.5 months after the end of the quarter). It also gives the providers an opportunity to see their data calculated in a similar manner to the Provider Preview Reports.</p> <ul style="list-style-type: none"> • Training on the Review and Correct Reports is available on the SNF QRP Training web page (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training). • More information is available in the SNF QRP FAQs (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-FAQs). <p>The QM Reports in CASPER contain a facility’s performance on each QM and are calculated based on SNF stays.</p> <ul style="list-style-type: none"> • For further information on the methods used to calculate QMs, please refer to the https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-Measure-Calculations-and-Reporting-Users-Manual-V30_FINAL_508C_081419-002.pdf. • An addendum to the manual is available here: https://www.cms.gov/files/zip/snf-grp-measure-calculations-and-reporting-users-manual-v301-addendum-effective-10-01-2020.zip. <p>Remember that you can reach out to Swingtech at QRPHelp@swingtech.com to sign up for quarterly emails if you are not meeting APU requirements.</p>

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12	Help Desks	I know there are several help desks that SNFs can use for questions. Can you tell me the difference between the SNF Quality Help Desk and the Reconsiderations Help Desk?	<p>Providers can email the SNF QRP Help Desk (SNFQualityQuestions@cms.hhs.gov) for general questions about the SNF QRP, including but not limited to:</p> <ul style="list-style-type: none"> • SNF QRP requirements. • General quality reporting requirements and reporting deadlines. • SNF QRP QMs. • MDS 3.0 coding instructions for Part A PPS Discharge assessment and Section GG. • Data reported in the SNF QRP designated data submission system (CASPER) Review and Correct reports. • Data reported in the SNF QRP designated data submission system (CASPER) QM reports. <p>In contrast, the Reconsideration Help Desk (SNFQRPreconsiderations@cms.hhs.gov) is used to submit a reconsideration request or to ask other questions related to reconsideration, such as:</p> <ul style="list-style-type: none"> • How to file a request if you receive a letter of noncompliance from CMS. • Deadline for filing a Request for Reconsideration. • How to dispute a finding of noncompliance with the QRP reporting requirements that can lead to a 2-percentage-point payment reduction. • Requesting information about the SNF QRP payment reduction for failure to report required quality data. <p>To see all of the help desks associated with the SNF QRP, you can access them on the SNF QRP Help web page (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-QRP-Help).</p>
13	General SNF QRP	When is a new SNF required to begin reporting SNF QRP data?	<p>As stated in the FY 2016 SNF PPS final rule, a new SNF would be required to begin reporting quality data no later than the first day of the calendar quarter subsequent to 30 days after the date on the SNF's CMS Certification Number (CCN) notification letter. The calendar quarters always begin on the following days: January 1, April 1, July 1, and October 1.</p> <p>Example: If a SNF received its CCN on August 28, 2018, and 30 days are added (August 28 + 30 days = September 27), the SNF would be required to submit data for residents who are admitted beginning on October 1, 2018.</p>

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14	Reconsideration Process vs. Exemptions and Extensions	I am trying to understand the difference between the exemptions and extensions and the Reconsideration process. Can you clarify the difference between these two?	<p>CMS recognizes that there are times when extraordinary or extenuating circumstances can delay or prevent the submission of required data. In those instances, an exemption or extension may be granted by CMS, such as in a natural or man-made disaster that prevents timely submission or in a disaster that affects many providers in a wide geographic area, or perhaps just a single provider.</p> <p>These can be CMS-initiated or provider-initiated and can occur at any time throughout the year. If provider-initiated, it is important to include all of the facts and circumstances that support the request.</p> <p>When an exemption or extension is granted, a SNF will not incur payment reduction penalties for failing to comply with SNF QRP requirements for the period for which the exemption or extension was granted.</p> <p>In contrast, the Reconsideration is a request for a review of the noncompliance with the SNF QRP. This noncompliance decision is made prior to the 2-percentage-point reduction in the SNF's APU that takes effect on October 1.</p> <p>This period of reconsideration occurs only once per year and only for those SNFs that were determined to be noncompliant with the SNF QRP requirements and thus may be subject to the 2-percentage-point reduction in their APU.</p> <p>More detailed information regarding extensions, exemptions, and the reconsideration process can be found on the CMS website under SNF QRP. All of the links are listed on the slides at the end of the presentation today. The presentation slides are located in the downloads section of the SNF QRP Training page at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.</p>

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15	Reconsideration Appeal	How do I appeal my reconsideration outcome of “upheld”?	<p>SNFs dissatisfied with the QRP reconsideration ruling may file a claim under 42 CFR Part 405, Subpart R (a Provider Reimbursement Review Board [PRRB] appeal). Details are available on the CMS.gov PRRB Review Instructions website (https://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/index.html). You must follow the instructions listed on that website to file with the PRRB.</p> <p>If the estimated impact of your penalty is \$10,000 or below, you should file the appeal with Federal Specialized Services, the ASC. These appeals are called Contractor Appeals. Information on these appeals is available on your MAC’s website (https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html).</p>
16	Penalty	Why am I receiving a penalty even though I was compliant for the SNF QRP?	<p>Your facility may be penalized for other CMS programs, including Value-Based Purchasing (VBP). Please refer to the FY 2020 SNF VBP Facility Performance list (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed) for more details on your facility’s VBP status.</p>
17	General SNF QRP	Are swing beds subject to SNF QRP requirements?	<p>According to the FY 2016 SNF PPS final rule (80 FR 46429), critical access hospitals with swing beds are not required to submit quality data under the SNF QRP. Note, however, that non-critical access hospital swing beds are subject to SNF QRP requirements. For more information about requirements for swing bed providers, please refer to the SNF PPS Swing Bed web page (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html).</p>