

FSA COMPLIANCE & RISK MANAGEMENT
Skilled Nursing Facility Quality Reporting Program (SNF-QRP)
Overview and SNF QRP Report Interpretation for Quality Improvement

Julie Smith, BSN, RN, RAC-CT, QCP
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OBJECTIVES

- Participants will become familiar with the Skilled Nursing Quality Reporting Program (SNF QRP)
- Participants will be able to interpret SNF QRP quality measure reports including
 - SNF QRP Threshold report
 - SNF QRP Review and Correct report
 - SNF QRP Quality Measure report
- Participants will understand the relationship between SNF Quality Reporting Program reports and apply knowledge toward facility Quality Improvement Performance Improvement (QAPI) program

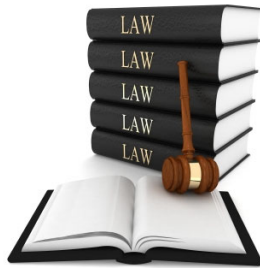


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SNF QRP BRIEF HISTORY



Improving Medicare Post-Acute Care Transformation Act

The **IMPACT** Act established the QRP program

- This bill was enacted October 6, 2014
- Goals: Improve quality of care, ensure better quality reporting and ultimately affect care transitions and payment

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MDS DATA

- SNFs utilize the Minimum Data Set (MDS) 3.0 via the Quality Improvement and Evaluation System (iQIES) Assessment Submission and Processing (ASAP) system to collect patient assessment data
- The Medicare Part A MDS Discharge Assessment began in 2016 and was part of the prep for the QRP data collection plan
- Claims Data
- NHSN Data

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PUBLIC REPORTING (CARE COMPARE)

Quality Measures for SNF Public Reporting

MDS Measures:

- Pressure Ulcers/Injury
- Application of Falls (NQF #0674)
- Application of Functional Assessment/Care Plan (NQF #2631)
- Functional Status Outcome: Discharge Self-Care Score (NQF #2635)
- Functional Status Outcome: Discharge Mobility Score (NQF #2636)
- Drug Regimen review
- Functional Status Outcomes Changes in Self-Care Score (NQF #2633)
- Functional Status Outcome Changes in Mobility Score (NQF# 2634)



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ADDITIONAL MEASURES

Claims Measures:

- Potentially Preventable 30- Days Post-Discharge Readmission Measure for SNF QRP
- Discharge to Community- Post Acute Care (PAC) (NQF #3481)
- Medicare Spending Per Beneficiary- PAC SNF QRP
- Health Care Associated Infections (HAI) requiring hospitalization

NHSN Measures:

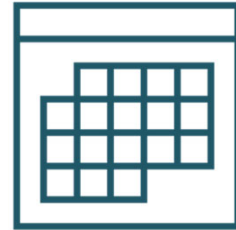
- COVID Vaccination among HC personnel



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FUTURE MEASURES

- CMS is finalizing the adoption of a new process measure – Influenza Vaccination Coverage Among Healthcare Personnel Measure which will begin with the FY 2024 SNF QRP. Providers will be expected to monitor and report HCW influenza vaccination status into NHSN, which CMS hopes will increase influenza vaccination coverage in SNFs, promote patient safety, and increase the transparency of quality of care. CMS is anticipating that this information will be collected from October 1, 2022, until March 1, 2023 (and annually thereafter)
- Transfer of Health Information measures and certain standardized patient assessment data elements (SPADES) to October 1, 2023. (data elements -including race, ethnicity, preferred language, health literacy, social isolation) *CMS revised the compliance date for these requirements*



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SO, WHY IS ALL OF THIS SO IMPORTANT?

QUALITY OF CARE & FINANCIAL

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2% PAYMENT REDUCTION

- CMS placed incentives on facilities to comply with the submission requirements
- Beginning in 2018 the Secretary reduced the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY
- FY 2020 was the first year affected

APU

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2% PAYMENT REDUCTION

What is required to prevent a reduction?

- Each facility must submit MDS data necessary to calculate the QRP measures. APU will be updated annually based on the compliance determination from the *data submitted for admissions through discharges* from the SNF
- Compliance = at least 80% or more of the MDS submitted must have all data needed (proposed changes after MDS revisions 10/1/2023)



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2% PAYMENT REDUCTION

- **Dash** (-) in SNF QRF item on the MDS means you have **failed** to complete the 100% of the data elements required on that MDS
- CMS encourages SNFs to examine their **Review and Correct Reports** found in the CASPER reporting in Quality Improvement Evaluation System (iQIES).
 - SNF performance on the measures for which complete MDS data was submitted



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2% PAYMENT REDUCTION

- **SNF QRP Provider Threshold Report**
 - MDS data elements required to meet the APU minimum data completion threshold
- Accessed via the SNF Quality Reporting Measures and Technical Information webpage in iQIES
- Also your **MDS submission Validation** reports....



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MDS SUBMISSION VALIDATION REPORTS

- Error code **#3897**
“Payment Reduction Warning”
- Dashes in MDS sections:
 - GG0130 – Self-care items
 - GG0170 – Mobility items
 - J1900 – Number of falls (*1 or more with Major injury*)
 - M0300 B1-M0300G2 - Pressure ulcers (Stage II or >)
 - N2001-N2005 – Drug regimen review w/follow up



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SNF QRP THRESHOLD REPORT



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SNF QRP PROVIDER THRESHOLD REPORT

- **Dash** (-) in SNF QRF item on the MDS means you have failed to complete the 100% of the data elements required on that MDS
- Accessed via the SNF Quality Reporting Measures and Technical Information webpage in iQIES
- Remember, also your **MDS submission Validation** reports....
- Review & Correct does not show whether the SNF has completed the key items on MDS at the required 80% threshold (which impacts the Annual Payment Update (APU))



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COMPLIANCE CALCULATIONS FOR APU

$$\frac{\text{\# of MDS with complete data entry}}{\text{\# of all MDS Assessments}} \text{ divided by } (x100)$$

Example: 7 without any dashes in 8 assessments = 87.5% (need 80% for APU)

Includes all MDS



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CASPER Report
FY 2024 SNF QRP Provider Threshold Report

CCN: [REDACTED]
 Facility Name: [REDACTED]
 Facility City: [REDACTED]
 State: PA

Data Collection Start Date: 01/01/2022
 Data Collection End Date: 12/31/2022

# of MDS 3.0 Assessments Submitted:	21
# of MDS 3.0 Assessments Submitted Complete:	19
% of MDS 3.0 Assessments Submitted Complete:	91%*

* FY 2024 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

SNF Definitions:

of MDS 3.0 Assessments Submitted: The total number of PPS 5-Day and PPS Discharge assessments with a target date within the quarter and submitted to CMS by the data submission deadline for the Data Collection Start Date and Data Collection End Date identified on the report. This is the denominator. The data collection timeframes and submission deadlines are posted on the Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information page. See: www.cms.hhs.gov; > Medicare > Skilled Nursing Facility Quality Reporting Program Measures [under the Quality Initiatives/Patient Assessment Instruments heading] > Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information > select the SNF QRP Table for Reporting Assessment-Based Quality Measures for the FY APU pdf at the bottom of the page for the FY of the report.

of MDS 3.0 Assessments Submitted Complete: The number of PPS 5-Day and PPS Discharge assessments identified in the denominator that do not contain dashes (-) for any of the required data elements used to determine APU Compliance for the SNF QRP for the applicable fiscal year. This is the numerator.

% of MDS 3.0 Assessments Submitted Complete: Divide the numerator (# of PPS 5-Day and PPS Discharge assessments Submitted Complete) by the denominator (# of PPS 5-Day and PPS Discharge assessments Submitted) to calculate the SNF's percent of complete assessments. SNFs with a percentage under 80% are determined to be non-compliant with the SNF QRP.

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REVIEW & CORRECT REPORT

- Raw MDS data
- On demand report (you must run it) via CASPER
- Provides Quarterly and Cumulative data for each SNF QRP Quality Measure (rolling) – not claims measures
- Informs you if the data correction period is still open or closed
- Data is updated weekly (every Monday morning)
 - Does not match SNF QRP quality measures; they are updated at different time intervals (R&C weekly, QM monthly)
- Confidential to provider
- Reminder – this report does not provide detail about your annual payment update (APU)



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REVIEW & CORRECT REPORT

- SNFs have an opportunity to assess the status of data submission and **review and correct** information that is to be made public
- All MDS 3.0 data submitted and/or corrected before the quarterly reporting period deadlines will be reflected in public reporting scores
- Opportunity to investigate MDS data accuracy



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REVIEW & CORRECT REPORT

- Using the R & C, SNF Resident Level QM and Final Validation reports to determine if any reporting errors that may affect your QM performance
 - i.e. DRR – if triggering, is your staff completing DRRs, dashing MDS, etc.?
 - i.e. MDS Section GG – goal not selected for a Self-Care or Mobility items



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QUARTERLY CORRECTION PERIODS

- Quarterly review and correction periods and data submission quarterly deadlines for payment/penalty determination:
- CY Q1—January 1 – March 31 Q1 Deadline: August 15
- CY Q2— April 1 – June 30 Q2 Deadline: Nov. 15
- CY Q3— July 1 – September 30 Q3 Deadline: February 15
- CY Q4—October 1 – December 31 Q4 Deadline: May 15



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SNF QRP Review and Correct Report iQIES Report

MDS 3.0 QUALITY MEASURE
Application of Falls *Reference page 1 of this report to locate the Table Legend*

FACILITY-LEVEL DATA

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q1 2023	S013.02	01/01/2023	03/31/2023	08/15/2023	Open	0	12	0.0%
Q4 2022	S013.02	10/01/2022	12/31/2022	05/15/2023	Open	0	10	0.0%
Q3 2022	S013.02	07/01/2022	09/30/2022	02/15/2023	Closed	0	9	0.0%
Q2 2022	S013.02	04/01/2022	06/30/2022	11/15/2022	Closed	0	5	0.0%
Cumulative	-	04/01/2022	03/31/2023	-	-	0	36	0.0

MDS 3.0 QUALITY MEASURE
Application of Falls *Reference page 1 of this report to locate the Table Legend*

RESIDENT-LEVEL DATA

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q1 2023	[REDACTED]	68979900	03/20/2023	03/29/2023	08/15/2023	Open	NT
Q1 2023	[REDACTED]	28541621	03/13/2023	03/28/2023	08/15/2023	Open	NT
Q1 2023	[REDACTED]	21790366	02/14/2023	03/20/2023	08/15/2023	Open	NT

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Interpreting the R & C reports


Table Legend

X=Triggered

NT=Not triggered

E= Excluded

Dash (-)= data not available or non applicable



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SNF PROVIDER PREVIEW REPORT

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Prior to the release of SNF QRP data on NH Compare, SNFs are given the opportunity to review their quality measure results during a 30-day preview period using a SNF Provider Preview Report, which is issued quarterly by CMS



SNFs reviewing their preview reports will not be able to correct any of the underlying data, as all data submission/correction deadlines for the targeted period will have passed



Assessment & Claim data



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SNF PROVIDER PREVIEW REPORT

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SNF PROVIDER PREVIEW REPORT

This report is automatically generated and saved into your provider shared file in CASPER

Contains Facility Level & Resident Level Reports

It is only there for 60 days (if you want a copy saved, download it and save it)

Available to you approximately 5 months after the end of a quarter (too late to go back and correct thus R & C review crucial)

These reports are refreshed quarterly



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SNF PROVIDER PREVIEW REPORT

Review data

If you believe the date to be erroneous you can submit via email to CMS to request a review

Requests for review must be completed within 30 days of the first date it was posted in your shared file

Very specific requirements to be in the email; follow the directions exactly

Only use this if something is truly erroneous. If you did not respond timely to the Review and Correct periods this is NOT the avenue to use; you are just out of luck

Never include PHI or CMS will not even review it



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PROVIDER PREVIEW REPORT

- Displays Facility Observed Percent for each Assessment & Claim measure
- Risk adjusted percent (some measures)
- National Average percent
- Opportunity to examine data and determine if there is/are any areas which data does not meet or exceed national average
- Deeper dive into MDS data entry
- Develop PIP as appropriate



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SNF QRP FACILITY AND RESIDENT LEVEL QUALITY MEASURE REPORTS



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SNF QRP CASPER QM REPORTS

- Facility Level & Resident Level
- Risk adjusted Assessment and Claim data
- # Resident if flagged = numerator/ how many could have flagged = denominator
- Shows observed percent and risk adjusted percent
- Shows National average
- Claims data showed if performance is <, >, = to national average
- If higher than national average = potential problem or opportunity



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1 of 4 | 110%

SNF QRP Facility-Level Quality Measure (QM) Report

Requested Report End Date: 03/31/2023
 Report Run Date: 05/15/2023
 Report Version Number: 2.3

Facility ID: [REDACTED] Facility Name: [REDACTED] CCN: [REDACTED] City/State: [REDACTED] PA

Source: Minimum Data Set 3.0 (MDS 3.0)
 Data Calculation Date: 04/15/2023

Table Legend
 Dash (-): Data not available or not applicable

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
Pressure Ulcer/Injury	04/01/2022 - 03/31/2023	S038.02	04/01/2022 - 03/31/2023	1	36	2.8%	4.5%	2.7%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average
Application of Falls (NQF #0674)	04/01/2022 - 03/31/2023	S013.02	04/01/2022 - 03/31/2023	0	36	0.0%	1.0%
Application of Functional Assessment/Care Plan (NQF #2631)	04/01/2022 - 03/31/2023	S001.03	04/01/2022 - 03/31/2023	36	36	100.0%	98.9%

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RESIDENT LEVEL REPORT

- Ability to drill down on the quality measures to find opportunities for improvement, the resident level report will allow you to identify

- Which residents are involved
- Contributing factors
- Trends such as locations of residents in your building triggering for a problem
- Can request report by individual QM

*****It's a really helpful report***



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1 of 4
90%

SNF QRP Resident-Level Quality Measure (QM) Report

Requested Report End Date: 03/30/2023
 Report Run Date: 05/15/2023
 Data Calculation Date: 04/15/2023
 Report Version Number: 2.2

SNF QRP Quality Measures Legend

QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	Undesirable Outcomes	04/01/2022 - 03/31/2023	5038.02	04/01/2022 - 03/31/2023
2	Application of Falls (NQF #0674)	Undesirable Outcomes	04/01/2022 - 03/31/2023	5013.02	04/01/2022 - 03/31/2023
3	Application of Functional Assessment/Care Plan (NQF #2621)	Desirable Outcomes or Processes Performed	04/01/2022 - 03/31/2023	5001.03	04/01/2022 - 03/31/2023
4	Functional Status Outcome: Discharge Self-Care Score (NQF #2625)	Desirable Outcomes or Processes Performed	04/01/2022 - 03/31/2023	5024.03; 5024.04	04/01/2022 - 09/30/2022; 10/01/2022 - 03/31/2023
5	Functional Status Outcome: Discharge Mobility Score (NQF #2636)	Desirable Outcomes or Processes Performed	04/01/2022 - 03/31/2023	5025.03; 5025.04	04/01/2022 - 09/30/2022; 10/01/2022 - 03/31/2023
6	DRR	Desirable Outcomes or Processes Performed	04/01/2022 - 03/31/2023	5007.02	04/01/2022 - 03/31/2023
7	Functional Status Outcome: Change in Self-Care (NQF #2623)	Change in Function Scores	04/01/2022 - 03/31/2023	5022.03; 5022.04	04/01/2022 - 09/30/2022; 10/01/2022 - 03/31/2023
8	Functional Status Outcome: Change in Mobility (NQF #2634)	Change in Function Scores	04/01/2022 - 03/31/2023	5023.03; 5023.04	04/01/2022 - 09/30/2022; 10/01/2022 - 03/31/2023

Table Legend

Dash (-): Data not available or not applicable
 X: Triggered (Bold indicates an undesirable outcome)
 NT: Not Triggered (Bold indicates a desirable outcome did not occur or process was not performed)
 E: Excluded from analysis based on quality measure exclusion criteria
 Change in Function Scores: Values are observed change in function scores from admission to discharge

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RESIDENT LEVEL REPORT

- Risk adjusted
- Assessment based only
- Can tell if resident triggered on a certain measure

Recall:

X = triggered

NT = not triggered

E = excluded

Dash (-) = no information or not applicable



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RESIDENT LEVEL EXAMPLE

NI-QRP Resident-Level Quality Measure (QM) Report

iQIES Report

Facility ID: [REDACTED] Facility Name: [REDACTED] CCN: [REDACTED] City/State: [REDACTED] PA

Reference page 1 of this report to locate the Table Legend

Resident Name	Resident ID	Admission Date	Discharge Date	Undesirable Outcomes		Desirable Outcomes or Processes Performed				Change in Function Scores	
				QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8
[REDACTED]	[REDACTED]	03/20/2023	03/29/2023	NT	NT	X	NT	X	X	6	21
[REDACTED]	[REDACTED]	03/13/2023	03/28/2023	NT	NT	X	NT	NT	X	-4	0



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QUALITY IMPROVEMENT

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Recommend running a 6-month facility level and resident level CASPER report on a monthly/quarterly basis before your QAPI meetings



Use the facility level report to identify opportunities for improvement of your community's quality measures



Use the resident level report to drill down into the quality measure to identify residents that trigger



Are there any trends such as one unit that has more residents with falls?



Did you identify a resident where you feel there could be an MDS coding error causing them to trigger for this quality measure?



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REPORT QUESTIONS

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- If you have questions about your SNF QRP reports, submit them to:

SNFQualityQuestions@cms.hhs.gov

- This help desk can assist with information such as:
 - SNF Quality Reporting Program quality measures
 - SNF Quality Reporting Program requirements
 - General quality reporting requirements and reporting deadlines
- Request to review of data:

SNFQRPPRquestions@cms.hhs.gov



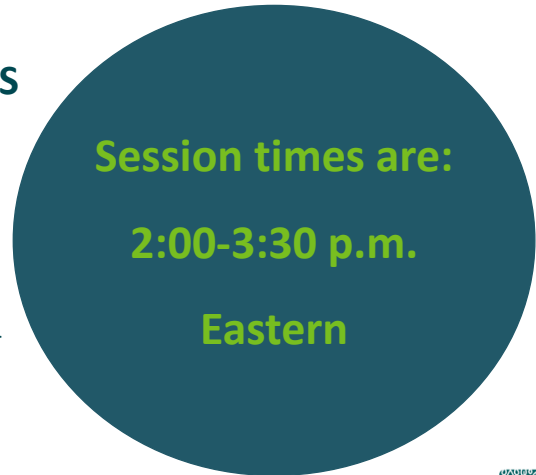
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COMPLIANCE & RISK MANAGEMENT

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JOIN US FOR OUR NEXT SESSIONS

- Session 3: Minimum Data Set (MDS) Changes v1.18.11 – Final Review of Changes for October 2023 Implementation September 28
- Session 4: Medicare A Skilled Care Program 101 – Review and Application November 30



All sessions are **FREE** for FSA Compliance partners.



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Julie Smith, BSN, RN, RAC-CT, QCP
 C: 267-822-6789
 E: smith@fsainfo.org



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REFERENCES

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Measure-Specifications-for-FY17-SNF-QRP-Final-Rule.pdf>
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview.html>
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/2016_07_20_mspb_pac_ltr_irf_snf_measure_specs.pdf

