



Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Help Desk
Questions and Answers (Q+As)
and Quarterly Updates

November 2017

The Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) was implemented on October 1, 2016. This document is intended to provide guidance on questions that were received by the SNF QRP Help Desk from July - September 2017 (Section 1). This document also contains quarterly updates and events from July - September 2017 (Section 2) as well as upcoming updates for the next quarter, from October - December 2017 (Section 3). Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.

Section 1:
Help Desk Frequently Asked Questions and Answers

Question	Answer
Reporting	
<p>How is the denominator of the SNF QRP Quality Measure: <i>Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Address Function (NQF #2631)</i> calculated for the SNF QRP Review and Correct Report?</p> <p>Does the denominator only include residents with Medicare Part A stays that began and ended within the quarterly timeframe reported on the Review and Correct Report?</p>	<p>For the Quality Measure: Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631), “The number of SNF Stays Included in the Denominator” include resident Medicare Part A Stays with discharge dates through the end of the quarterly reporting period.</p> <p>(A Medicare Part A Stay is defined by consecutive time in the facility starting with the Part A PPS 5-day assessment through the Part A PPS Discharge).</p> <p>For information on the data selection criteria for the CASPER Review and Correct Reports and the data specifications, the numerator, denominator and calculations for the assessment-based SNF QRP Quality Measures for Medicare Part A residents, please refer to the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 1.0 on the SNF QRP Measures and Technical Information webpage at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html.</p> <p>For more information regarding Review and Correct Reports, please refer to the SNF Training webpage at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html for links to the Review and Correct Reports Provider Training Webcast which took place on Tuesday, May 2, 2017 as well as the August 7 SNF Review and Correct Reports Refresher Webinar, the Review and Correct Reports Provider Training Video Recording, and Post-Training Materials including the question and answer (Q+A) document.</p>

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Question

Can you please help me interpret our Review and Correct Report? The measure specification for the SNF QRP quality measure Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678) indicates, “If a resident has multiple Medicare Part A Stays during the target 12 months, then all stays are included in this measure”. Does this mean that a worsened pressure ulcer identified on discharge will be counted 4 times (once for each quarter in the past 12 months)?

Answer

The Numerator in the SNF QRP Review and Correct Report for the assessment-based measure, Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678), reflects the number of Patient or Resident Stays (Part A PPS 5-day assessment and a matched Part A PPS Discharge Assessment) for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers compared to admission. This is determined by the following conditions on the target assessment (which may be a stand-alone Part A PPS Discharge, or Part A PPS Discharge combined with an OBRA Discharge Assessment):

1. Stage 2 (M0300B1) - (M0300B2) > 0, OR
2. Stage 3 (M0300C1) - (M0300C2) > 0, OR
3. Stage 4 (M0300D1) - (M0300D2) > 0

Stays are selected if the Medicare Part A stay end date is within the target 12 months. It is only if a resident has multiple Medicare Part A stays during the target 12 months as determined by multiple matched pairs of Part A PPS 5-day and Part A PPS Discharge assessment records that all of these patient stays are included in the measure calculation.

For more information regarding Quality Measure calculation including data specifications for measure calculation, please refer to the [Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 1.0](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html) on the SNF QRP Measures and Technical Information webpage at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>.

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Question	Answer
<p>Are there any resources available that outline the error or warning messages that I can use to check my CASPER Validation report for assessments that contain dashes or incomplete information?</p>	<p>For ongoing review of your facility’s compliance with the completion of the required MDS items, SNFs have opportunities to review their information and validate their data for measure calculation using reports available through CASPER such as data submission reports which give providers information on fatal errors and warning messages related to data submission. For example, various data submission reports provide details regarding assessment items submitted for a selected MDS 3.0 assessment and others summarize errors encountered in assessments submitted during a specified period. You may reference Section 5 - Error Messages in the MDS 3.0 Provider User's Guide - (Updated 09/2017) on the QTSO website linked here: https://www.qtso.com/download/guides/MDS/mds_30/Users_Sec5.pdf.</p> <p>For example, “Error Message -3863” is a warning that indicates that “Discharge Goal Not Identified: At least one of the Discharge Goal items GG0130A2 through GG0130C2 and GG0170B2 through GG0170S2 should equal (01,02,03,04,05,06).”</p> <p>You will find information regarding CASPER Reports available to providers to help ensure submission and accuracy of data in Appendix A of the document entitled “Review And Correct Reports Provider Training Participant Questions From Webcast On May 2, 2017” linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/May-2-Review-Correct-Webcast-QA-May-2017.pdf.</p> <p>To review the item values that may count against the APU (as well as data that is required for the calculation of the SNF QRP Quality Measures) you may wish to refer the document: “SNF Quality Reporting Program – Technical Specifications for Reporting Assessment-Based Measures for FY2019” posted on the CMS SNF QRP website linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-APU-Table-for-Assessment-Based-Measures-for-FY2019_8-18-17-FINAL.pdf.</p>

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Question	Answer
<p>In reviewing our facility’s SNF QRP Review and Correct report and our Five Star report, can you please help us understand how the SNF QRP quality measure, Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674), compares to the MDS 3.0 Quality measure Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)?</p>	<p>The SNF QRP Quality Measure is an <i>Application</i> of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: S001.01). This measure applies only to residents in a skilled nursing facility in a Medicare Part A covered stay. For the SNF QRP measure, the numerator is the number of Medicare Part A covered resident stays where the resident experienced one or more falls that resulted in major injury (J1900C = [1, 2]).</p> <p>A stay is defined as the time period from resident admission or reentry to the facility (identified by a 5-day PPS assessment) to discharge (which may be a Part A PPS Discharge or an OBRA discharge). Assessments eligible for inclusion in the look-back scan include PPS 5-, 14-, 30-, 60-, 90-day, SNF PPS Part A Discharge Assessment or OBRA Discharge, Admission, Quarterly, Annual or Significant Change assessments. If a resident has multiple Medicare Part A Stays during the target 12 months, then all stays are included in this measure.</p> <p>The long-stay Nursing Home Quality Measure, Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674), applies to long-stay residents in a nursing facility. A long-stay resident is defined by the number cumulative days in the facility (CDIF) exceeding 100 days. This MDS 3.0 Quality Measure calculation used in the Five-Star Rating System, works the same way as it always has for all long-stay residents in the nursing facility in which the look-back scan for all assessments in a current episode have target dates no more than 275 days prior to the target assessment.</p> <p>An episode is defined as a period of time spanning one or more stays. An episode begins with an admission (A0310F = 01 <i>and</i> A1700 = 1) and ends with either a discharge (A0310F=10 <i>or</i> 11 <i>or</i> 12) <i>or</i> the end of the target period.</p>
<p>How can we determine which residents are affecting our SNF Review and Correct Report percentages?</p>	<p>SNF QRP Facility-level and Resident-level QM Reports are expected to be available in the CASPER system in late autumn and will include data for October 1, 2016 – September 30, 2017.</p>

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Question	Answer
Measure Calculation - General	
<p>Is a SNF required to participate in the Quality Reporting Program if it has fewer than 20 SNF beds?</p>	<p>The IMPACT Act of 2014 mandated the establishment of the SNF QRP. The SNF QRP applies to all SNFs that participate in the SNF Prospective Payment System (SNF PPS).</p> <p>All SNFs regardless of the number of beds are subject to the data submission requirements for the SNF QRP. While there is no minimum number of stays required for calculation of the SNF QRP Quality Measures, the data may not be publicly reported unless there is a minimum number of 20 stays.</p>
Compliance	
<p>How can we determine if our facility is compliant with the SNF QRP?</p>	<p>SNFs have opportunities to review their information and validate their data for compliance with the SNF QRP quality measures using reports available through CASPER such as data submission reports which give providers information on fatal errors and warning messages related to data submission. For example, various data submission reports provide details regarding assessment items submitted for a selected MDS 3.0 assessment and others summarize errors encountered in assessments submitted during a specified period. You will find an additional information regarding these reports on the CMS website linked here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/May-2017-Review-and-Correct-Webcast-QA_Appendix_SNF.pdf.</p> <p>The Annual Payment Update (APU) threshold is based on the determination of the completion of the items necessary to calculate the quality measure. The threshold is based on the completion of items on a record regardless of whether the stay has been completed. For example, if a resident is admitted on December 20th, and the SNF has completed all items on the resident's 5-Day PPS assessment that is used to calculate the SNF QRP quality measures, then this record would be among those considered compliant. A provider must have 100% of all the items necessary to calculate the measure on at least 80% of the records submitted that would be used to calculate the quality measure.</p>

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Question**Answer**

For information on how APU thresholds are calculated, please refer to the SNF QRP Quick Reference Guide – October 2017 posted on the SNF Quality Reporting Program Data Submission Deadlines webpage at

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html>.

For information regarding items and assessments necessary to calculate the quality measures and item values that may count against APU, please refer to the document entitled [SNF Quality Reporting Program – Technical Specifications for Reporting Assessment-Based Measures for FY2019](#) posted on the CMS SNF Quality Reporting Program Measures and Technical Information webpage at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>.

SNFs have been notified if they were determined to be non-compliant with SNF Quality Reporting Program (QRP) requirements for Quarter 4 of CY 2016 that affected their FY 2018 Annual Payment Update (APU). Non-compliance notifications were placed into providers' CASPER folders in QIES on July 14, 2017 and a letter was mailed directly to providers that notified them that they may submit a request for reconsideration to CMS via email no later than 11:59pm PST, August 13, 2017.

In addition, final notifications of non-compliance with the SNF QRP requirements for Quarter 4 of Calendar Year 2016 which affected their Fiscal Year 2018 Annual Payment Update beginning 10/1/2018 were mailed directly to providers from the Medicare Administrative Contractors in mid-September 2017.

Section 2:
What you may have missed from Quarter 3, 2017

Disaster Exceptions/Exemptions for Medicare Certified Providers Affected by Severe Storms and Flooding. Additional details and materials are available on the [Hurricane page](#) and the [SNF Quality Reporting Reconsideration and Exception & Extension](#) webpage. Please check back frequently for updates.

- Hurricane Maria
- Hurricane Irma
- Hurricane Harvey

The [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) Quick Reference Guide](#) was updated 9/21/17 and will be updated periodically to provide updated references.

SNF QRP Confidential Feedback Reports containing the claims-based IMPACT Act measures are now available via the CASPER Reporting System. For more information on these reports, please refer to the September 28, 2017 [presentation](#) on the [SNF QRP Training](#) website.

[Technical Specifications Table for Reporting Assessment-Based Measures for FY2019](#) is now available.

Updates: SNF Review and Correct Report Issues

- [August 7 SNF Review and Correct Reports Refresher Webinar Post-Training Materials](#) are now available.
- All data for assessment-based measures required for the SNF QRP in CY2017 will remain open to modifications until May 15, 2018
 - Minimum Data Set (MDS) assessment data for January-December (Q1-Q4) of CY 2017 are due May 15, 2018.
 - Providers are encouraged to verify their MDS submissions on at least a quarterly basis.
 - All of this information is provided in the notice that was issued August 2017 is located at:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Update-SNF-Review-and-Correct-Report-Confidential-Feedback-Report-Issues-August-2017.pdf>.
- The SNF Review and Correct Report has been updated to reflect that both Quarter 1 and Quarter 2 2017 are “Open” so that information can be corrected as needed.

- Data for all measures for Q1 2017 have been recalculated for any assessment records that have been received since the original Q1 2017 submission deadline of August 15, 2017.
- When the report is run for more than one quarter, the Reporting Quarters are now displaying in random order, rather than being displayed in descending order (newest Reporting Quarter to oldest Reporting Quarter). The issue is simply the way in which the Reporting Quarters are displayed in the table. This will be corrected in early December.
- Resolved Issue:
 - An issue was identified within the SNF Review and Correct Report regarding the handling of modified records. Previously if one or more modification records were submitted for a patient stay, the most recent submitted assessment which was accepted by the Assessment Submission and Processing (ASAP) system on or prior to the submission deadline for quarters one (Q1) and two (Q2) of Calendar Year 2017 (CY2017), was not being used in the measure calculation. Currently, all Quality Measure data has been recalculated for the Review and Correct Report and is now available in the SNF Quality Reporting Program report category in the CASPER Reporting application. Providers are encouraged to request the report to view updated measure results. The updated report should replace versions of the report requested prior to the issue notification.
- Pending Issue:
 - An issue was identified in the technical coding which affected the calculation of the measure: Application of Percent of LTCH Patients with Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631). Corrections are currently being tested. SNFs will be notified once the issue has been resolved at which time the data for this measure will be recalculated and the updated results will be available on the Review and Correct Report. This issue is being resolved and further guidance is forthcoming.

NEW—Web-based [SNF QRP Web-based Training Module](#) now available.

Rulemaking Cycle for FY 2018.

- The Final Rule was published on August 4, 2017 on the Federal Register website: <https://www.federalregister.gov/documents/2017/08/04/2017-16256/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

SNF Quality Reporting Program Non-compliance Notification: SNFs have been notified if they were determined to be non-compliant with SNF QRP requirements for Quarter 4 of CY 2016, which will affect their FY 2018 APU. Non-Compliance Letters were mailed to non-compliant SNF's by Medicare Administrative Contractors in mid-September 2017.

SNF QRP Resources Available to Providers

There are a number of important resources available to providers on the CMS SNF QRP website at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-IMPACT-Act-2014.html>

- The [SNF QRP home](#) page provides an overview of the program. A SNF QRP Fact Sheet can be found in the downloads section of this page.
- The [Spotlights and Announcements](#) page is frequently updated with information about upcoming SNF QRP activities, including program updates and deadlines, trainings, and the posting location of new resources.
- The [Measures and Technical Information](#) page features information about items necessary to calculate the measures, item values that may count against APU and items used as risk adjustors for measure calculation but not for APU determination.
 - On the [Measures and Technical Information](#) page, the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 1.0 can be found in the "Downloads" section at the bottom of the page.
- The [FAQ](#) page will be updated periodically with documents containing frequently asked questions from the SNF QRP Help Desk and responses to these questions. The most recent FAQs can be found at the following link:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Q_A-Quarterly-Update-September-2017_508C.pdf
- The [Reconsideration and Exception & Extension](#) page outlines the process for submitting a reconsideration request to CMS if a provider is found non-compliant with SNF QRP requirements for a given fiscal year. The page also includes information about requesting an exception or extension from CMS.
- The [Help](#) page provides contact information for the various Help Desks that are available for SNF providers.
 - Do NOT submit patient-identifiable information (e.g., date of birth, social security number, and health insurance claim number) to the SNF Quality Report Program (SNFQualityQuestions@cms.hhs.gov) and SNF QRP Public Reporting (SNFORPPRQuestions@cms.hhs.gov). Submitting patient-level data or protected health information may be a violation of your facilities' policies and procedures as well as violation of federal regulations (HIPAA). If you are unsure of whether the information you are submitting is identifiable, please contact your institutions' Privacy Officer.

What's new for Skilled Nursing Facilities (SNFs)

- Confidential Feedback Reports: These reports will be made available to SNFs via providers' Certification and Survey Provider Enhanced Reporting (CASPER) folders
 - SNF's received facility-level Confidential Feedback Reports for SNF QRP Claims-based measures in October 2017. (Webinar: Thursday September 28, 2017)
 - SNFs to receive facility- and resident-level Confidential Feedback Reports for the SNF QRP Assessment-Based Quality Measures in late Autumn 2017. (Webinar: Wednesday, December 6, 2017)

Please monitor the SNF Quality Reporting Program Training webpage for details

- Monitor the [SNF Quality Reporting Program Spotlights and Announcements](#) webpage for ongoing up-to-date announcements and information regarding the SNF Quality Reporting Program.