CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Skilled Nursing Facility

Quality Reporting Program Provider Training

SNF QRP: Achieving a Full APU

Heidi Magladry, R.N.

Program Coordinator, SNF QRP

Abt Associates

March 30, 2021

Please wait, the webinar will begin shortly.

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Teresa Mota, B.S.N., R.N.
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Today's Agenda

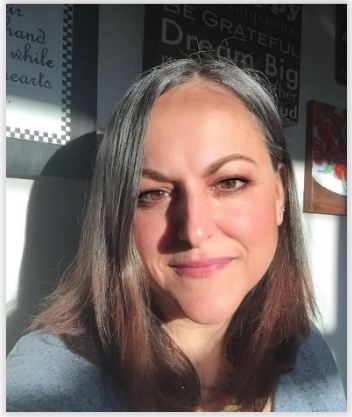
- Welcome and Introductions.
- What is the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)?
- Minimum Data Set (MDS) Submission and Reporting Requirements.
- Certification and Survey Provider Enhanced Reports (CASPER).
- Determining Compliance with the SNF QRP.
- Resources.
- Q&A Session.

Objectives

- Recall the basics of the SNF QRP.
- Identify the MDS submission requirements and data submission threshold.
- Describe the steps related to MDS data submission and acceptance.
- Discuss the application of various CASPER reports.
- Describe the impact of SNF QRP data submission on the Annual Payment Update (APU).
- Identify one resource for providers related to each of the topics presented.

Today's Presenters

Heidi Magladry, R.N.
SNF QRP Coordinator
Centers for Medicare & Medicaid Services



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Acronyms in This Presentation

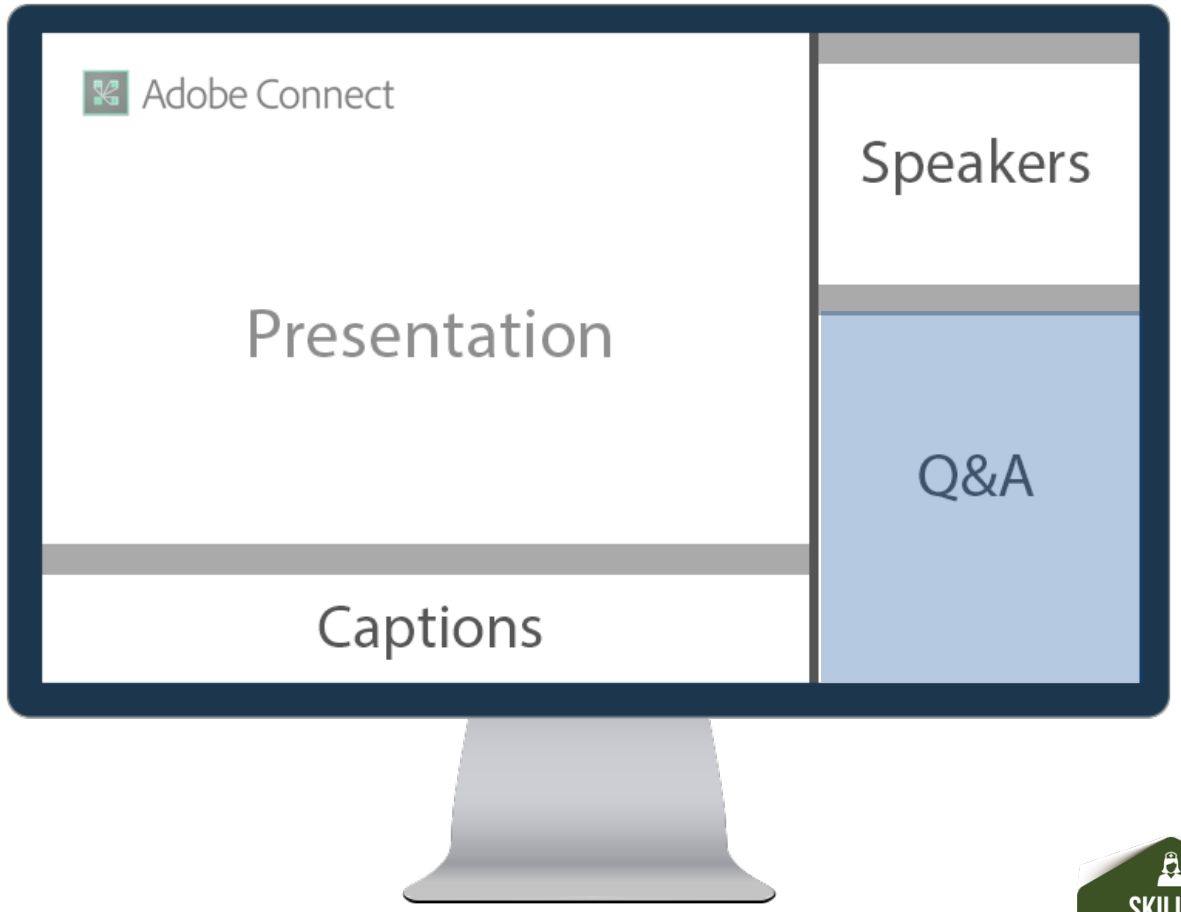
- APU – Annual Payment Update
- ASAP – Assessment Submission and Processing
- CASPER – Certification and Survey Provider Enhanced Reports
- CCN – CMS Certification Number
- CMS – Centers for Medicare & Medicaid Services
- CY – Calendar Year
- FVR – Final Validation Report
- FY – Fiscal Year
- IMPACT Act – Improving Medicare Post-Acute Care Transformation Act

Acronyms in This Presentation (cont.)

- MAC – Medicare Administrative Contractor
- MDS – Minimum Data Set
- PHI – Protected Health Information
- PPS – Prospective Payment System
- 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

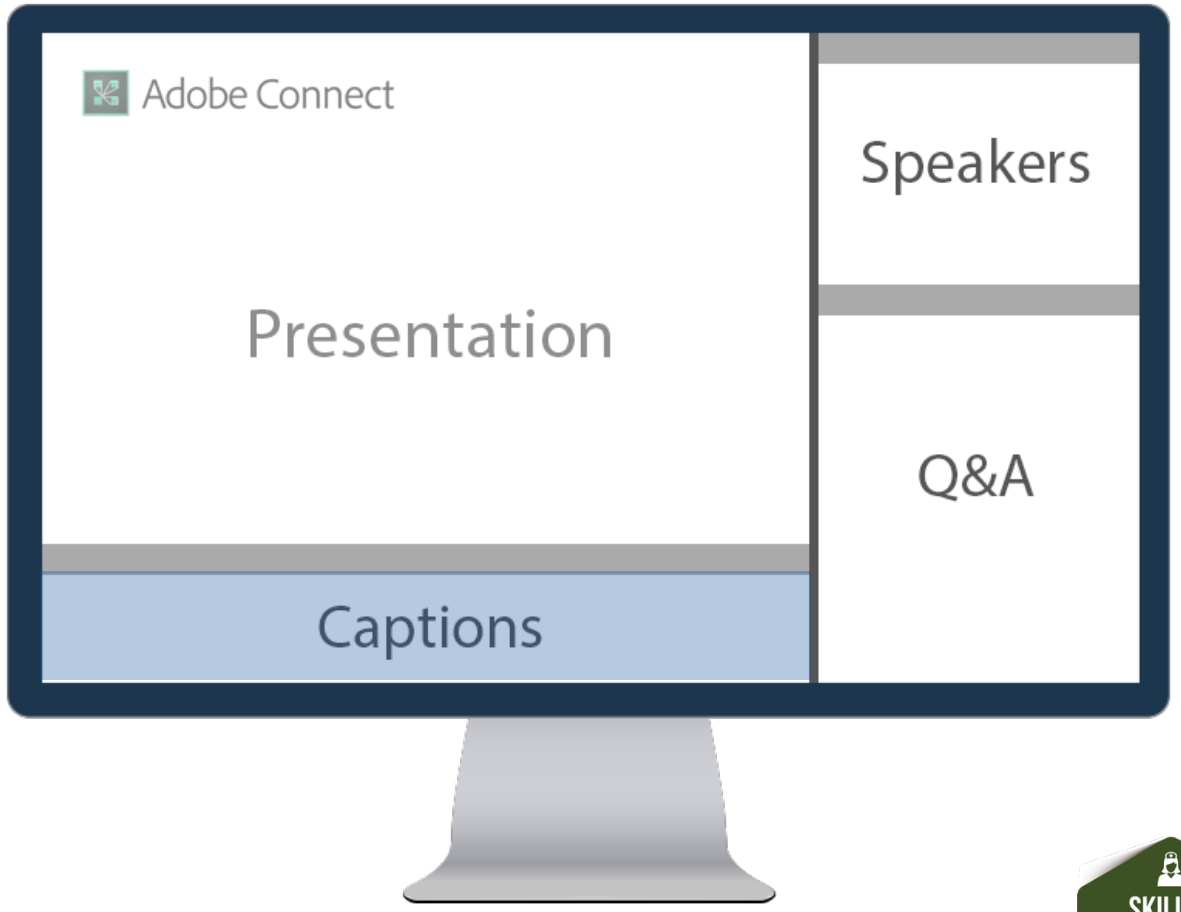
Help During the Presentation

- If you need any technical assistance during this webinar, please let us know using the Q&A panel to the right of the presentation.
  - You may also ask any content-related questions you may have during this presentation via the Q&A panel.



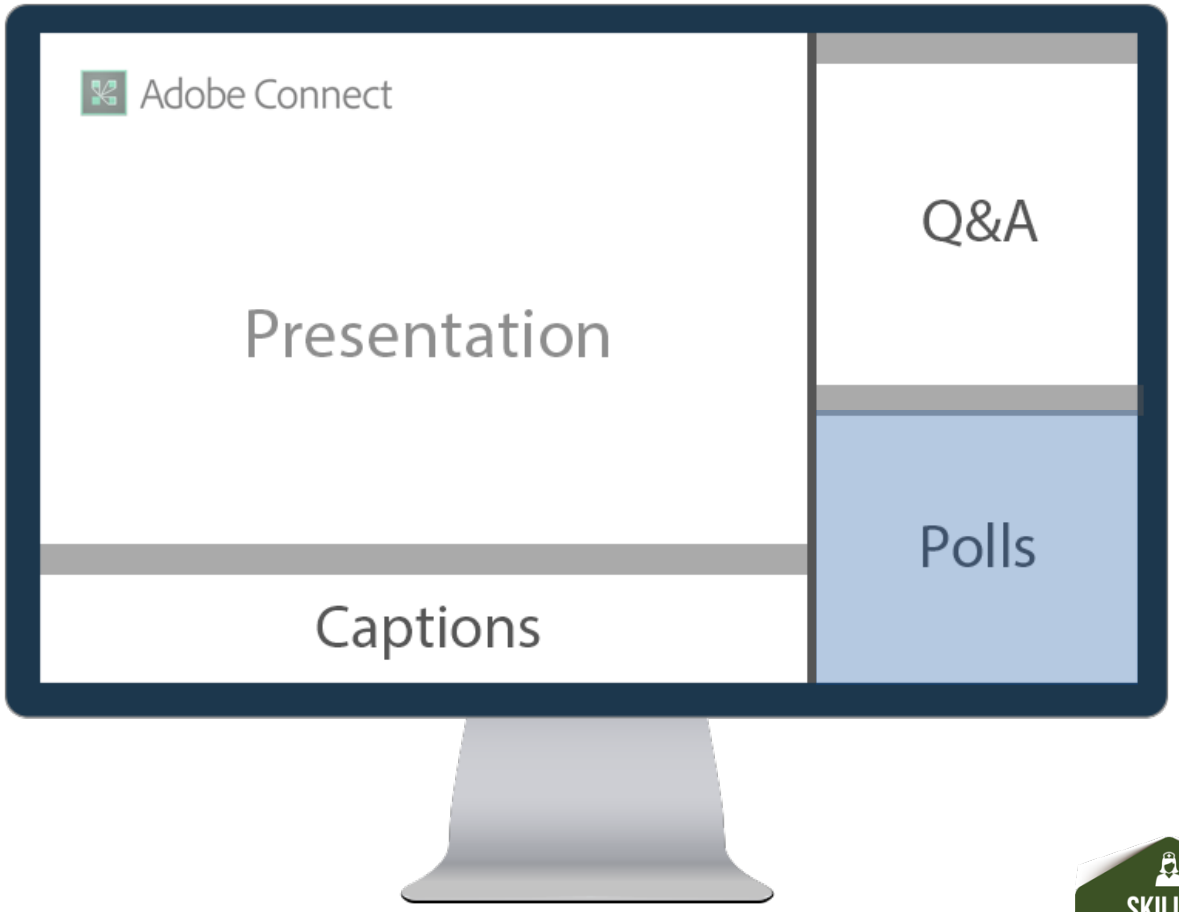
Closed Captioning Is Available

- Closed captioning is available during this webinar. Captions will appear in the panel directly beneath the presentation.
  - If you need any technical assistance with closed captions, please let us know using the Q&A panel.



Interactive Polling

- During this presentation, we will occasionally poll the audience. When polls are activated, they will appear in the panel to the lower right.
  - To participate, simply select your desired response.
  - You will have some time to respond to each question.



Q1 How many people (including you) are joining this webinar together in the same room?

A. Just me – I am the only one participating.

B. Two people.

C. Three or four people.

D. Five or more people.

Q2 Which President signed Medicare into law?

A. Richard M. Nixon.

B. Lyndon B. Johnson.

C. Dwight D. Eisenhower

D. Gerald Ford.

Q3 Who was enrolled as the very first Medicare beneficiary by President Johnson?

A. Harry S. Truman.

B. Claudia Alta “Lady Bird” Johnson.

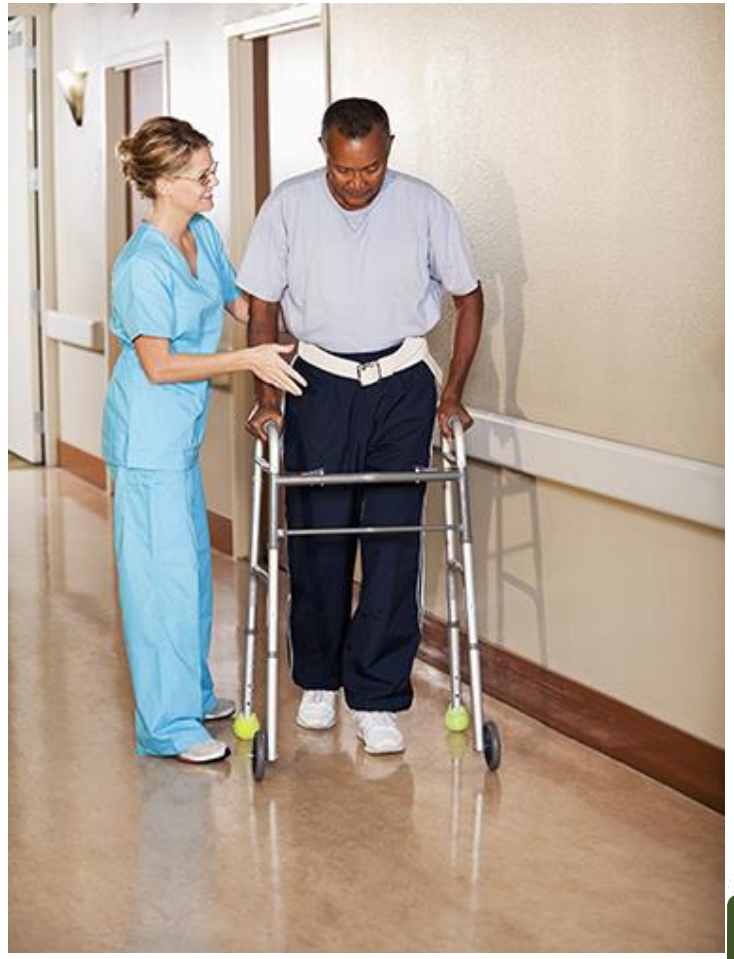
C. Richard Nixon.

D. Betty Ford.

What Is the SNF QRP?

What is the SNF QRP?

- In response to reporting requirements identified in the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, the Centers for Medicare & Medicaid Services (CMS) established the SNF QRP in fiscal year (FY) 2016.
- The IMPACT Act requires public reporting of quality measures (QMs) which relate to the care provided in SNFs as well as the submission of standardized assessment data elements by post-acute care settings, including SNFs.
- The SNF QRP promotes the delivery of person-centered, high-quality, and safe care by SNFs.



CMS Quality Goals

- Quality healthcare for people with Medicare is a high priority for CMS.
- CMS defines quality as having the following properties or domains:

Effectiveness
- Providing care processes and achieving outcomes as supported by scientific evidence.

Efficiency
- Maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.

Equity
- Providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.

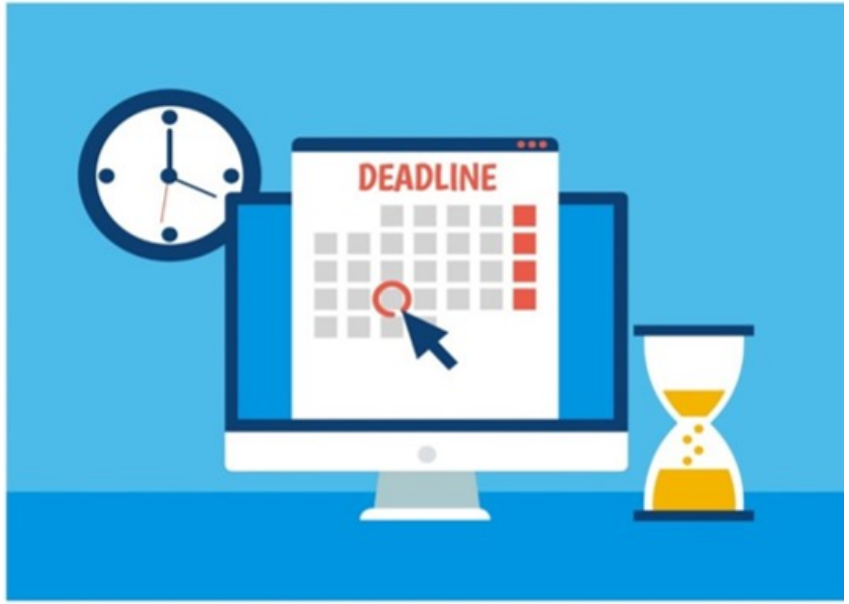
Patient Centeredness
- Meeting patients' needs and preferences and providing education and support.

Safety
- Preventing or reducing risk for actual or potential bodily harm.

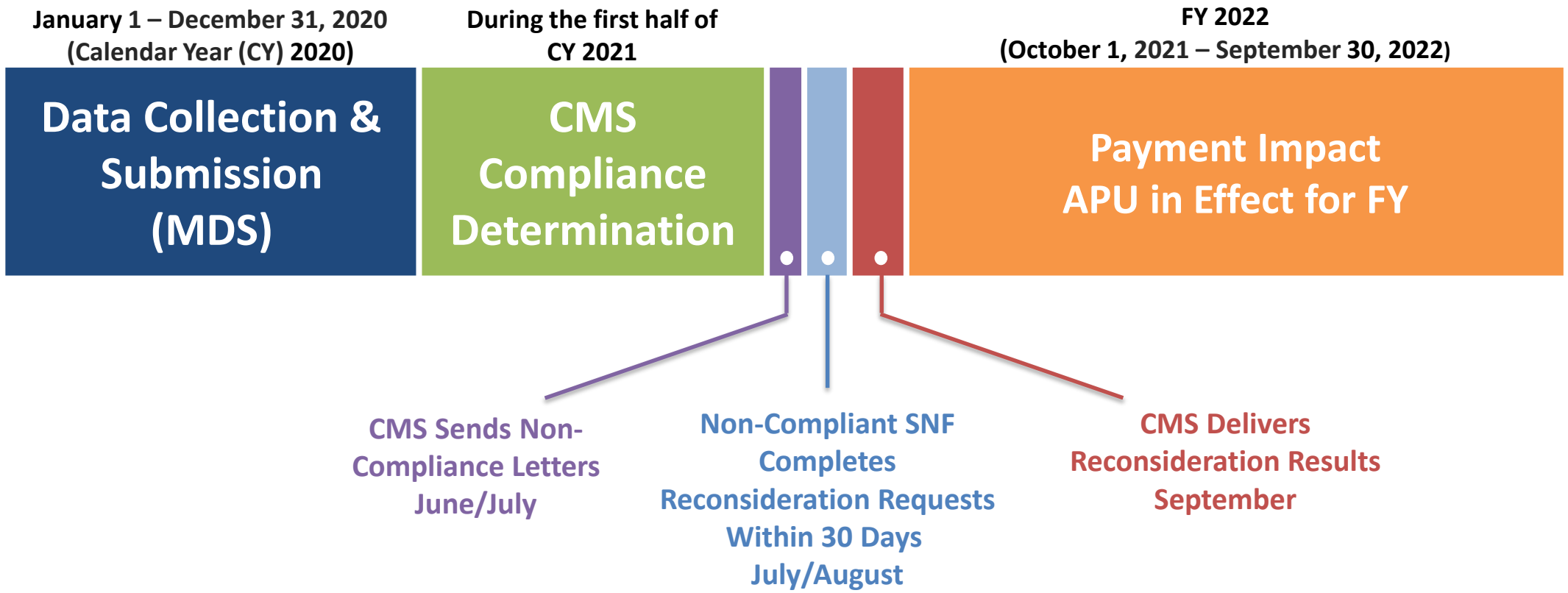
Timeliness
- Obtaining needed care while minimizing delays.

SNF QRP Requirements

- All Medicare-certified SNF providers are required to collect and submit data from the MDS at the start of, and upon discharge from, a Medicare Part A SNF stay.
  - Includes consecutive time in the facility starting with a Medicare Part A admission through discharge from Medicare Part A or death.
- MDS data are required to be submitted and accepted within the threshold and according to the established submission timelines.



Relationship Between Quality Reporting and APU: SNF QRP Life Cycle



MDS Submission and Reporting Requirements

The Minimum Data Set (MDS)

- The MDS is a core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid.
- The data elements in the MDS standardize communication about resident problems and conditions:
  - Within nursing homes.
  - Between nursing homes.
  - Between nursing homes and outside agencies.

The MDS

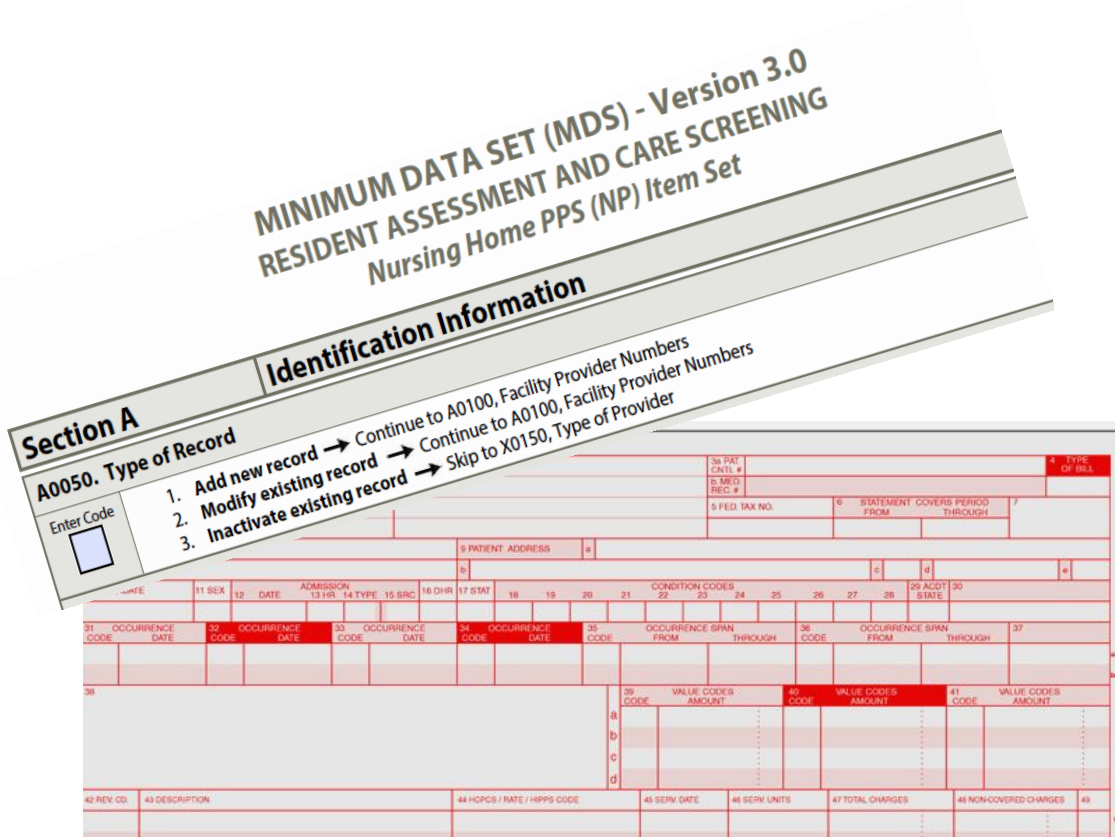
- The MDS is used for many purposes, including:
  - Care planning.
  - Survey and Certification.
  - Payment via the Prospective Payment System (PPS).
  - Quality.

MDS Submission Requirements for SNF QRP

- All Medicare-certified SNF providers are required to submit:
  - MDS – Admission records (5-Day PPS).
  - MDS – Discharge records (Part A PPS Discharge).
- MDS data are collected and submitted on all residents admitted to a Medicare Part A SNF stay.

MDS Submission Requirements for SNF QRP (cont.)

- The data submitted for the SNF QRP QMs are derived from two sources:
  - MDS:
    - Used to capture data elements used in the calculation of 10 assessment-based QMs.
  - Medicare fee-for-service claims:
    - Provide information for three claims-based QMs.



SNF QRP Assessment-Based QMs

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
  - ***Lower*** percentages are better.
- Percentage of SNF residents whose medications were reviewed and who received follow-up care when medication issues were identified.
  - ***Higher*** percentages are better.
- Percentage of SNF residents who experience one or more falls with major injury during their SNF stay.
  - ***Lower*** percentages are better.

SNF QRP Assessment-Based QMs (cont.)

- Percentage of SNF residents whose functional abilities were assessed, and functional goals were included in their treatment plan.
  - ***Higher*** percentages are better.
- Percentage of residents who are at or above an expected ability to care for themselves at discharge.
  - ***Higher*** percentages are better.
- Percentage of residents who are at or above an expected ability to move around at discharge.
  - ***Higher*** percentages are better.

SNF QRP Assessment-Based QMs (cont. 1)

- Change in residents' ability to care for themselves.
  - ***Scores above 0*** mean that the self-care score has improved and ***scores below 0*** mean that the self-care score has worsened.
- Change in residents' ability to move around.
  - ***Scores above 0*** mean that the mobility score has improved and ***scores below 0*** mean that the mobility score has worsened.
- Transfer of Health Information to the Provider Post-Acute Care.
  - ***Higher*** percentages are better.
- Transfer of Health Information to the Patient Post-Acute Care.
  - ***Higher*** percentages are better.

SNF QRP Claims-Based QMs

- Rate of successful return to home and community from a SNF.
  - ***Higher*** rates are better.
- Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF.
  - ***Lower*** rates are better.
- Medicare Spending Per Beneficiary for residents in SNFs.
  - ***Displayed as a ratio.***

MDS Data Submission Deadlines

- There are individual MDS data submission deadlines that must be met to be in compliance with the SNF QRP.
- The data collection year runs from January to December, and submission deadline quarters are as follows:

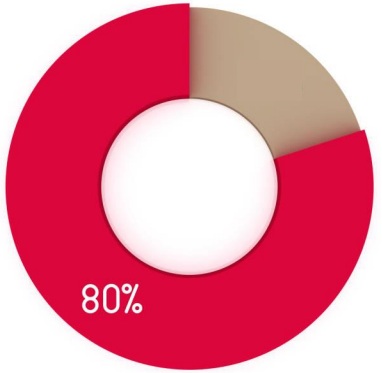
Calendar Year Data Collection Quarter	Data Collection Submission QRP	Submission Deadline*
Quarter 1	January 1 – March 31	August 15
Quarter 2	April 1 – June 30	November 15
Quarter 3	July 1 – September 30	February 15
Quarter 4	October 1 – December 31	May 15

*This data must be reported by 11:59 pm local time zone on the 15th of the months specified.

MDS Data Submission Threshold

- There is a 2-year delay between data collection and the affected FY application of the APU. For example, data collected in CY 2021 will be used in support of the FY 2023 APU.
- MDS data need to be submitted and accepted into the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system within the acceptable threshold.
- The threshold for SNF data submission is as follows:
  - 80% of MDS assessment data submitted must contain 100% of the required quality data elements for the eight assessment-based QMs.

80% of assessments submitted must contain all required QM data elements



MDS Data Submission Threshold (cont.)

- SNFs that fail to submit the required data by the data submission deadlines will be subject to a 2-percentage point reduction in their APU for the affected FY.

MDS Records From	Submission Threshold	Reporting Year
CY 2021	80%	FY 2023
CY 2022	80%	FY 2024
CY 2023	80%	FY 2025

Temporary SNF QRP Exceptions Due to COVID-19

Exceptions ended on June 30, 2020

- Temporary changes to the SNF QRP data submission requirements were employed to assist SNFs as they directed resources toward caring for residents and ensuring the health and safety of residents and staff.
- CMS granted an exception to the QRP reporting requirements for the quarters below:

Quarter	MDS Data Submission
Quarter 4 (October 1 – December 31, 2019)	Optional
Quarter 1 (January 1 – March 31, 2020)	Excepted
Quarter 2 (April 1 – June 30, 2020)	Excepted

Impact of SNF QRP Exceptions Due to COVID-19 on Public Reporting

- Even though the data submission for Q4 2019 was optional, any data submitted were used for reporting purposes.
- Because the data submission was so strong, these data were included in the measure calculations for public reporting.
- Missing data for Q1 and Q2 2020 will impact what is displayed on Care Compare for Nursing Homes; therefore, CMS developed a strategy to accommodate these excepted quarters of data.

Impact of SNF QRP Exceptions Due to COVID-19 on Public Reporting (cont.)

Quarter Refresh	Care Compare (for SNF QRP) MDS Assessment-Based Measures
October 2020	Normal refresh (includes Q4 2019 data and inaugural posting of 6 new QMs)
January 2021	Freeze
April 2021	Freeze
July 2021	Freeze
October 2021	Freeze
January 2022	Public reporting resumes*
April 2022	Normal refresh

*To account for missing public health emergency-excepted data (Q1 and Q2 2020) – when public reporting resumes, any potential change in measure calculation methodology will be subject to notice-and-comment rule-making.

Impact of SNF QRP Exceptions Due to COVID-19 on Public Reporting (cont. 1)

- CMS is aware that Discharge assessments submitted on or after July 1, 2020, may not have a matching MDS Admission record if the admission occurred in Q1 or Q2 2020.
- This may cause an “out of sequence” warning error (909) during the submission process. Please note that despite this warning, data will still be accepted into the QIES ASAP system.
- CMS will make adjustments to accommodate any records with missing Admission assessments.
- These mismatched sets of records will not be counted or included in your SNF data calculations for Care Compare.

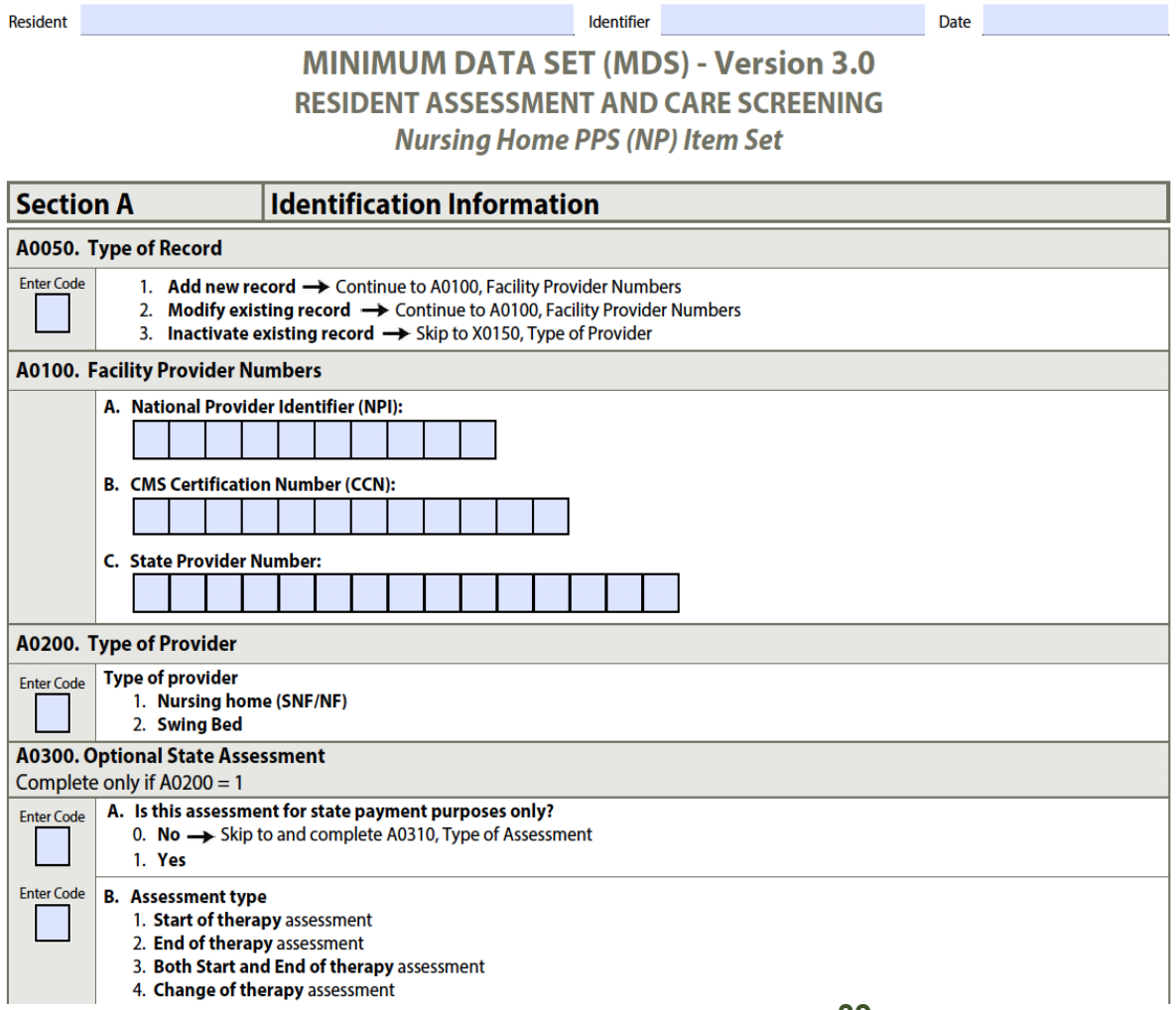
MDS Reporting Requirements

- To meet SNF QRP requirements, SNFs must:
  - Meet the MDS data collection requirements.
  - Submit MDS data on time per submission deadlines.
  - Ensure MDS data are accepted.

The act of submitting data does not equal acceptance.

Medicare Part A Admission: Nursing Home PPS Assessment

- Better known as the *5-Day PPS*, this is the first assessment completed when a resident enters the facility for a Medicare Part A stay. It authorizes payment, but also provides data required for the SNF QRP.
- Must be completed within 14 days after the Assessment Reference Date (A2300) and submitted and accepted into QIES ASAP within 14 days after the assessment completion date (Z0500B).



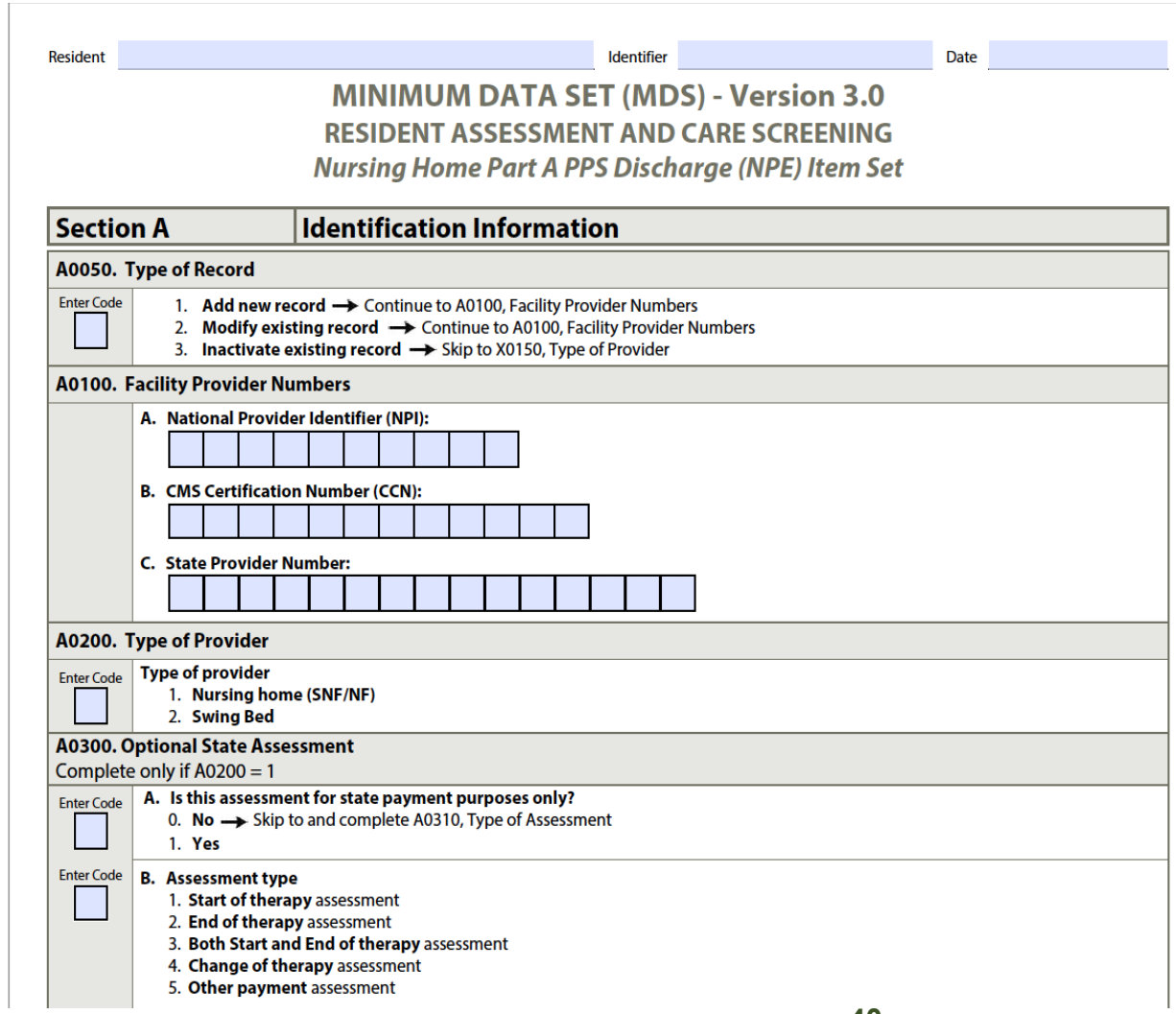
Resident Identifier Date

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home PPS (NP) Item Set

Section A	**Identification Information**
A0050. Type of Record	
Enter Code	1. **Add new record** → Continue to A0100, Facility Provider Numbers 2. **Modify existing record** → Continue to A0100, Facility Provider Numbers 3. **Inactivate existing record** → Skip to X0150, Type of Provider
A0100. Facility Provider Numbers	
	A. National Provider Identifier (NPI): **B. CMS Certification Number (CCN):** **C. State Provider Number:**
A0200. Type of Provider	
Enter Code	**Type of provider** 1. **Nursing home (SNF/NF)** 2. **Swing Bed**
A0300. Optional State Assessment Complete only if A0200 = 1	
Enter Code	**A. Is this assessment for state payment purposes only?** 0. **No** → Skip to and complete A0310, Type of Assessment 1. **Yes**
Enter Code	**B. Assessment type** 1. **Start of therapy** assessment 2. **End of therapy** assessment 3. **Both Start and End of therapy** assessment 4. **Change of therapy** assessment

Medicare Part A Discharge: Nursing Home Part A PPS Discharge Assessment

- The *Part A PPS Discharge* is completed when a resident's Medicare Part A stay has ended, regardless of whether the resident remains in the facility or is physically discharged. This assessment provides data required to be collected on discharge for the SNF QRP.
- Must be completed within 14 days after the end date of the most recent Medicare stay (A2400C). This assessment must be submitted and accepted into QIES ASAP within 14 days after the assessment completion date (Z0500B).



Resident | Identifier | Date

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Part A PPS Discharge (NPE) Item Set

Section A	Identification Information

A0050. Type of Record

Enter Code

1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. **National Provider Identifier (NPI):**

B. **CMS Certification Number (CCN):**

C. **State Provider Number:**

A0200. Type of Provider

Enter Code

Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

A0300. Optional State Assessment
Complete only if A0200 = 1

Enter Code

A. **Is this assessment for state payment purposes only?**
0. **No** → Skip to and complete A0310, Type of Assessment
1. **Yes**

Enter Code

B. **Assessment type**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessment
4. **Change of therapy** assessment
5. **Other payment** assessment

Application of Percent of Residents Experiencing One or More Falls with Major Injury

- There is one SNF QRP QM, the *Application of Percent of Residents Experiencing One or More Falls with Major Injury,* which looks at all qualifying assessments within the entire SNF stay to determine whether a resident has fallen since admission.
- Since the entire stay is considered for this measure, there are other MDS assessment types (e.g., Quarterly assessments) that feed into the calculation of this measure.
- The review of these additional assessments is called a “look-back scan.”
- This is the only QM in the SNF QRP that uses a look-back scan.

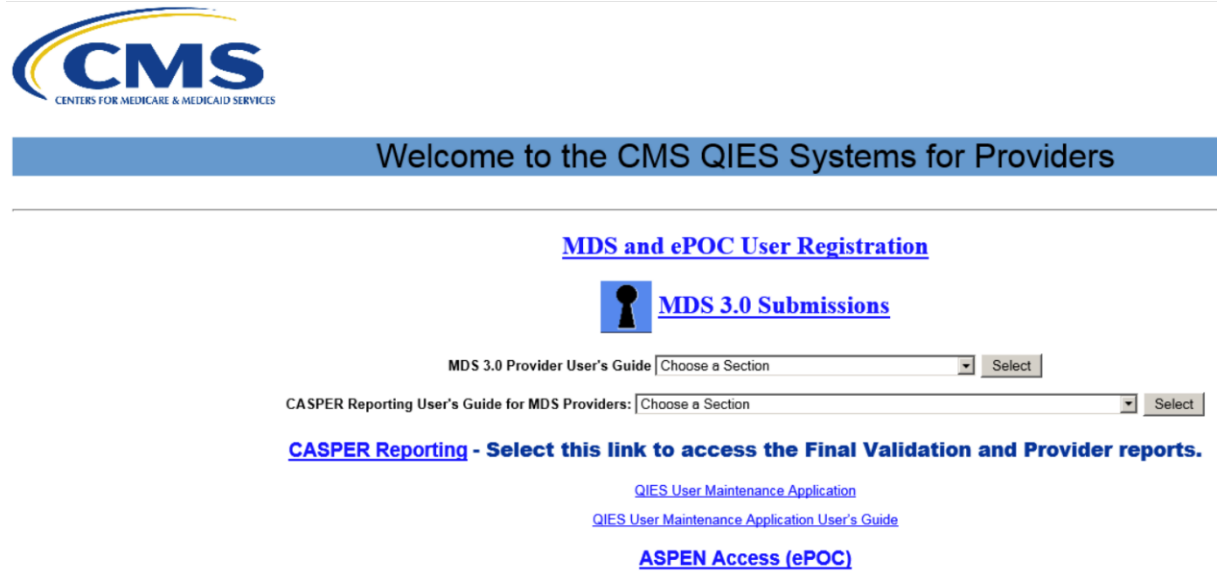
When to Submit Data

- MDS data must be submitted to QIES ASAP within 14 days after the assessment completion date documented in Z0500B (Completion date + 14 days).
- Data submission deadlines for SNF QRP occur quarterly (on the 15th of August, November, February, and May of each year).

SNF QRP Data Submission Deadlines occur quarterly.

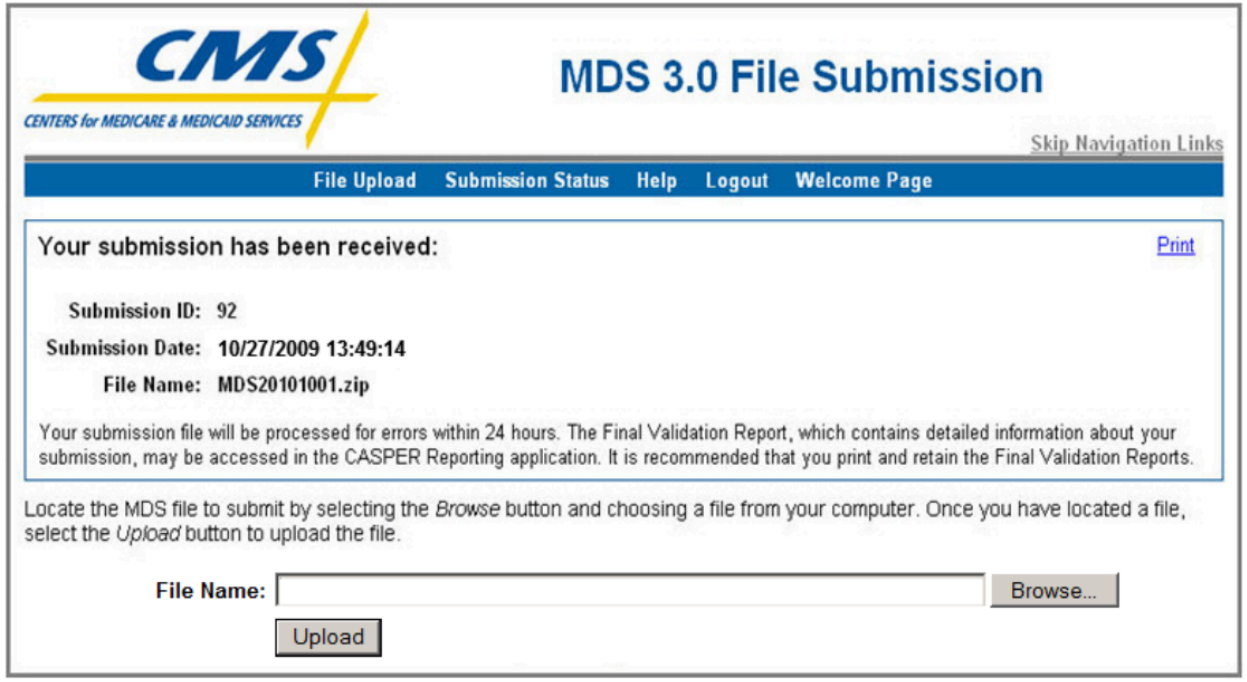
Where to Submit Data

- MDS records are submitted to the CMS QIES ASAP system.
- Ensure that your submissions are in the correct format, contain the correct information, and will be accepted by the QIES ASAP system.
- The *MDS 3.0 Provider User's Guide* is an important resource for providers.



How to Ensure That Data Submitted Are Accepted

- The QIES ASAP system:
  - Confirms that the submission was received.
  - Includes the name of the file you submitted.
  - Submission does not mean the data were accepted.
- The *MDS Final Validation Report* (FVR), which can be obtained from the CASPER system, will verify acceptance or rejection of MDS records.



The FVR is the only way to verify that submitted files were also accepted.

Q4 Where do you submit MDS data for the SNF QRP?

A. The Nursing Home Survey Data Center.

B. Centers for Disease Control and Prevention.

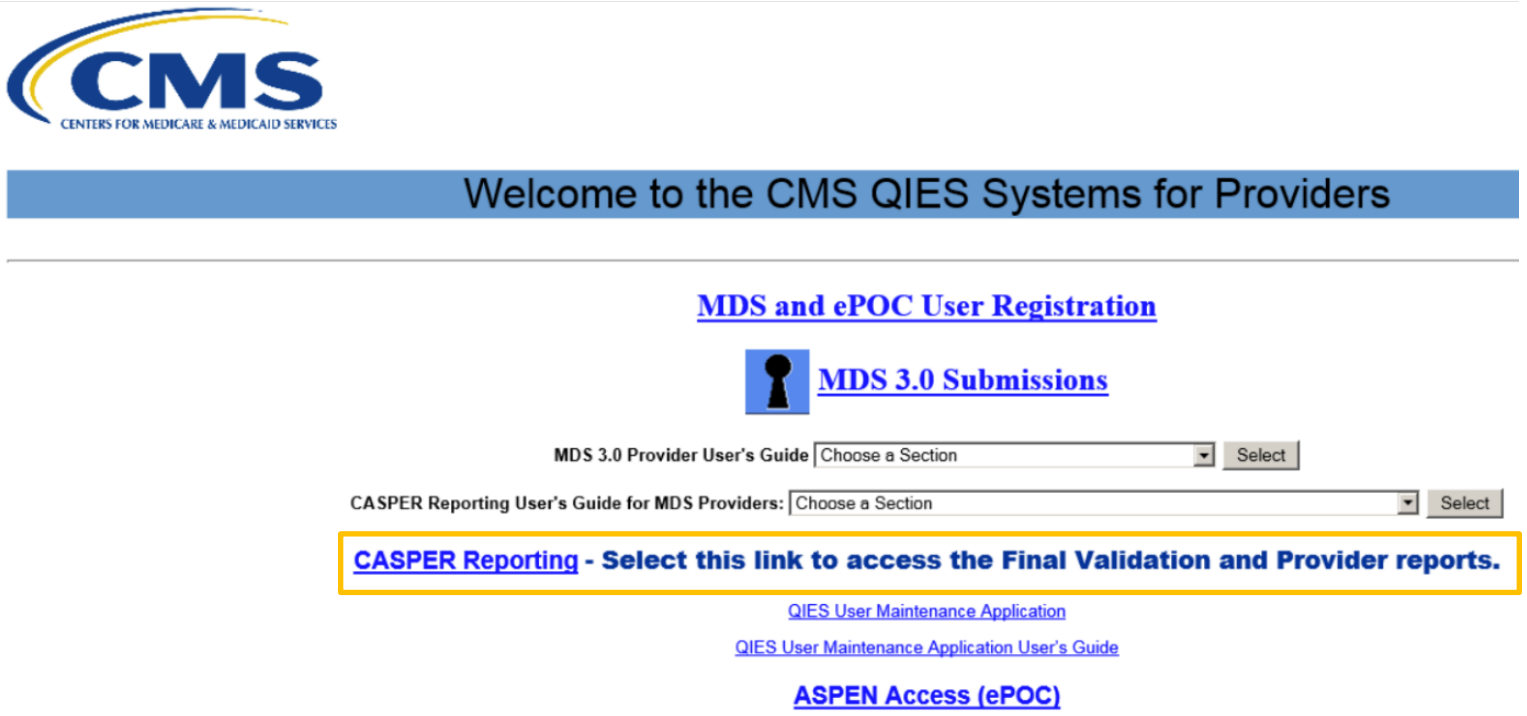
C. The Quality Manager at your Agency.

D. The QIES ASAP System.

CASPER Reports

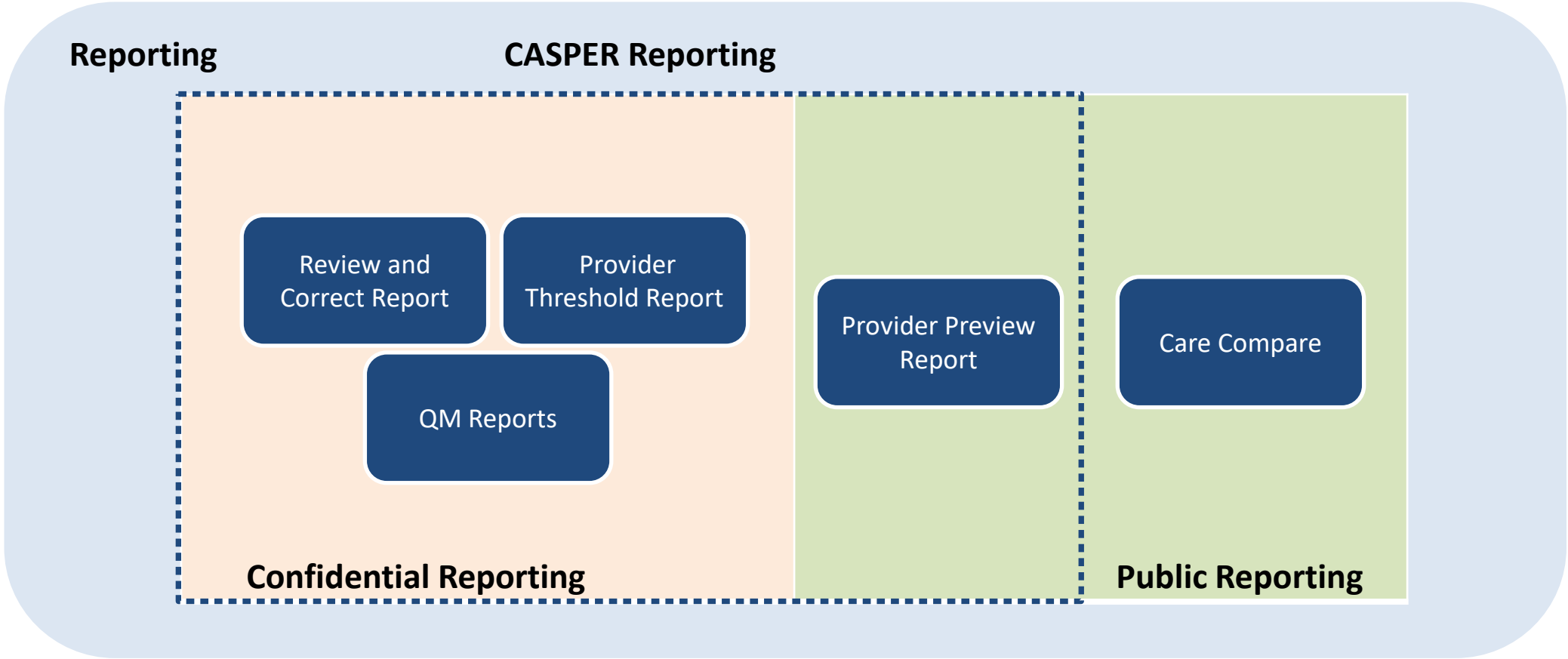
How to Access CASPER Reports

- Many valuable reports in CASPER.
  - Select the CASPER Reporting link on the CMS QIES Systems for Providers web page.

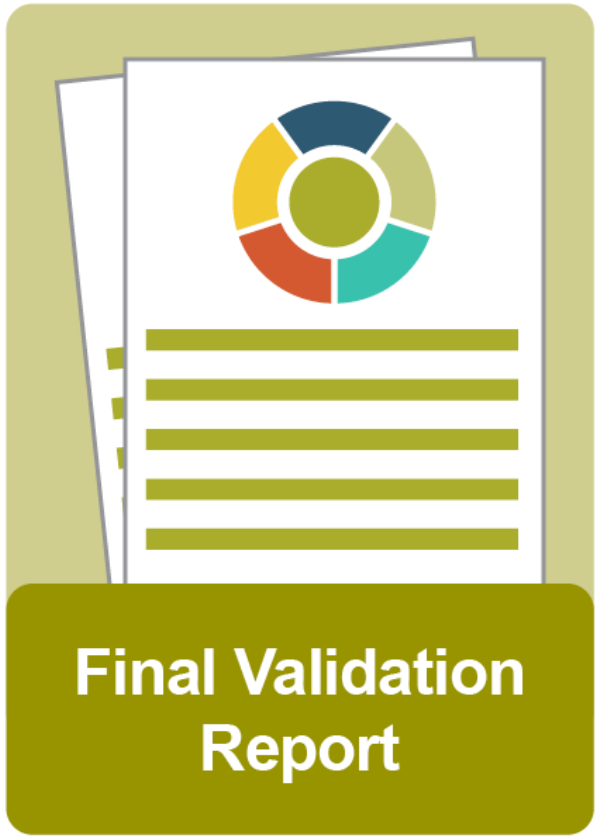


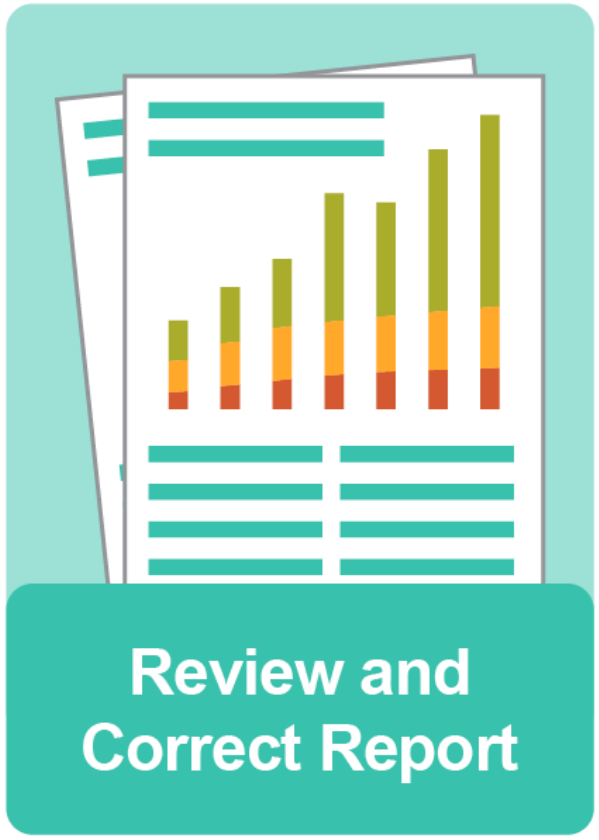
How to Access CASPER Reports (cont.)

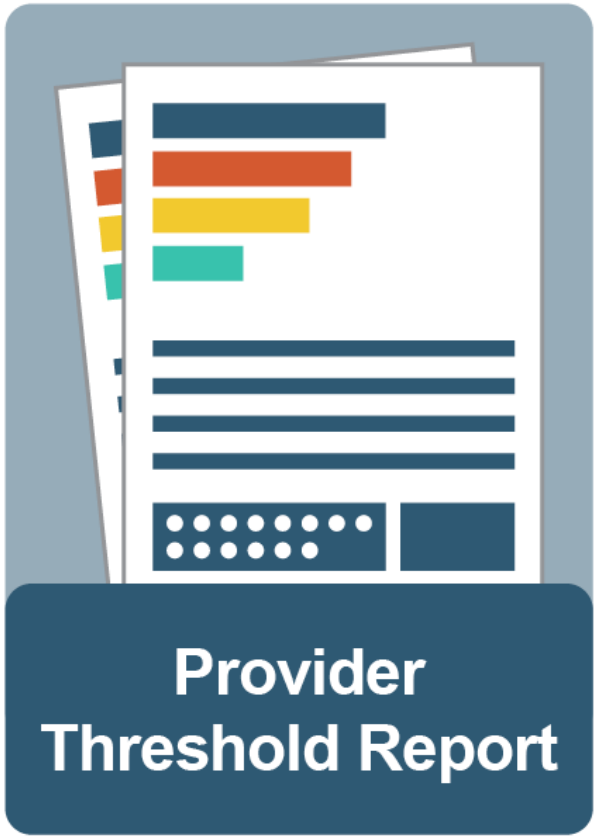
Public Reporting



Final Validation, Review and Correct, and Provider Threshold Reports

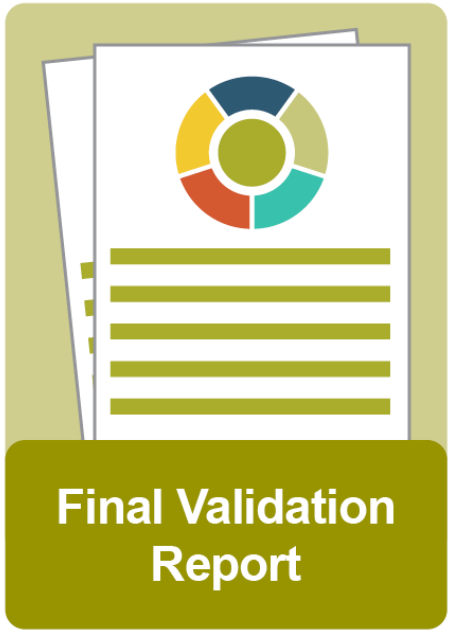




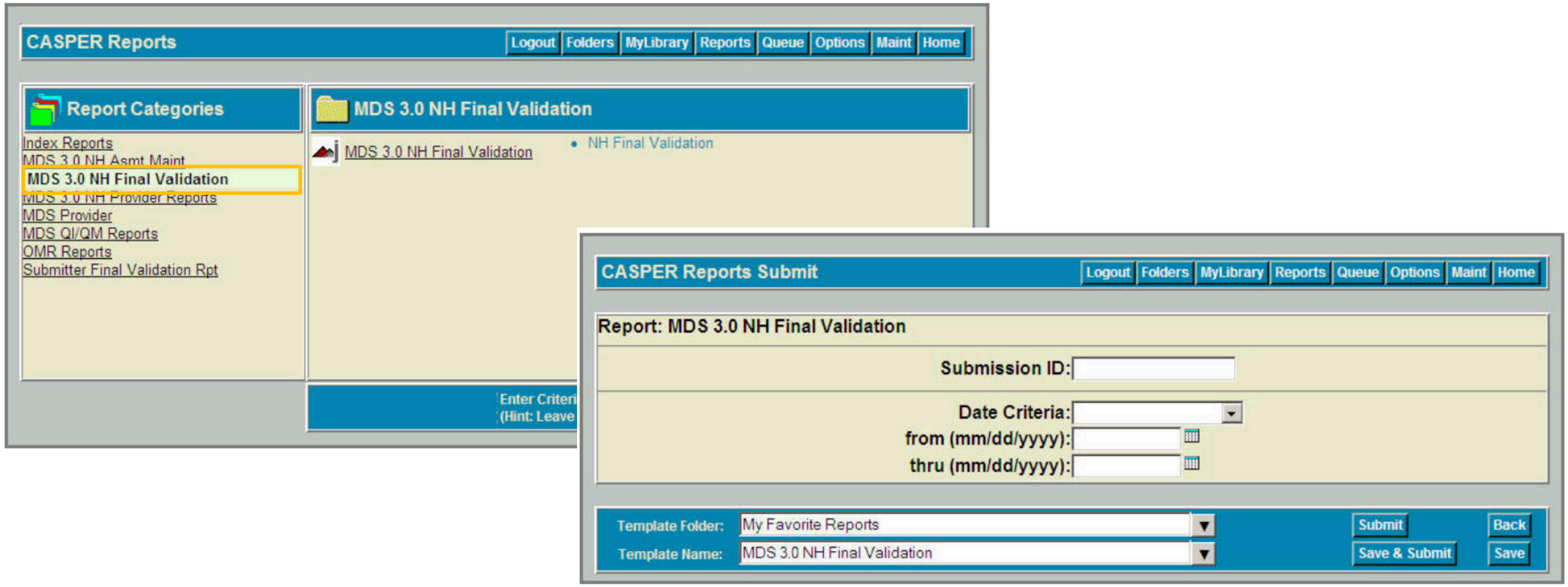


MDS Final Validation Report (FVR)

- The FVR is automatically generated by the ASAP system within 24 hours of the submission of a file and is placed in the provider's FVR folder which is named: [State Code] LTC [Facility ID] VR.
- Provides detailed information about the status of select submission files.
  - Indicates if the records submitted were accepted or rejected.
  - Details the warning and fatal errors encountered, which can include:
    - Fatal File Errors.
    - Fatal Records Errors.
    - Warnings.
- The FVR can also be user-requested.



How to Access the MDS FVR



Example: MDS FVR

Run Date: 06/13/2019

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CMS Submission Report
MDS 3.0 NH Final Validation

Submission Date/Time:	05/15/2019 10:40:48
Processing Completion Date/Time:	05/15/2019 10:44:39
Submission ID:	13671049
Submission File Name:	CM02599_ASMT_PRNT_RPT_NH_2.02.zip
Submission File Status:	Completed
State Code:	IA
Facility ID:	[redacted]
Facility Name:	[redacted]
Submitter User ID:	[redacted]
# Records in Submission File:	4
# Records Processed:	4
# Records Accepted:	4
# Records Rejected:	0
# Duplicate Records:	0
# Records Submitted Without Facility Authority:	0
# Records Submitted But Not Allowed:	0
Total # of Messages:	32

Record: 1 — Accepted

Asmt_ID: 158883218
Res_Int_ID: 45682709
A0200: 1
A0300A: **A0300B:**
A0310A: 99 **A0310B:** 07
A0310C: 4 **A0310D:** ^
A0310E: 0 **A0310F:** 99
A0310G: ^ **A0310H:** 0
Item Subset Code: NO
XML File Name:

Name: [redacted]
SSN: [redacted]
Medicare Num: [redacted]
A0050: NEW RECORD
Target Date: 09/06/2019
Attestation Date (X1100E):

Data Specs Version #: 2.02
CM02599_ASMT_PRNT_RPT_NO.xml

MDS 3.0 Item(s): Current Record Type, Prior Record: A0310A, A0310B, A0310F
Item Values: PPS Unscheduled, MDS 3.0: , ,
Message Number: -1018 WARNING
Message: Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.

MDS 3.0 Item(s): Submission Date, A0050, Z0500B
Item Values: 06/25/2020, 1, 09/06/2019
Message Number: -3810d WARNING
Message: Record Submitted Late: The submission date is more than 14 days after Z0500B on this new (A0050 equals 1) assessment.

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.

* Fictitious, sample data are depicted.

Errors and Warnings on the MDS FVR

- There are many conditions that may prevent a file or record from being successfully submitted.
- The FVR outlines errors, whether fatal or simply a warning, encountered in submitted records.
- Each error or warning is noted on the report by its identifier. Section 5 of the *MDS 3.0 Provider User's Guide* provides a list of all error/warnings and includes guidance for correcting errors if necessary: https://qtso.cms.gov/system/files/qtso/Users_Sec5_12.pdf

All fatal errors in a file or record MUST be corrected and the file or record resubmitted.

Fatal File Errors

- Fatal File Errors: The submission file structure is checked against MDS data submission specifications; if the file does not meet requirements, it is rejected.
  - Examples of Fatal File Errors include:
    - File is not a zip file.
    - File cannot be read.
- **Files that are rejected must be corrected and resubmitted.**

Fatal Records Errors (cont.)

- Each MDS record within the file is checked for fatal record errors.
- Fatal record errors include, but are not limited to, the two following types:
  - Out-of-range responses.
    - For example, the valid responses for an item are 1, 2, and 3, but the value submitted was 6.
  - Inconsistent relationships between items.
    - For example, an inconsistent date pattern, such as the Resident's Birth Date (Item A0900) being later than the Admission Date (Item A0200), or not following a skip pattern correctly.

Fatal Records Errors (cont. 1)

- Records with fatal errors are rejected by the QIES ASAP system, and the record is not accepted.
- Rejected records are not saved in the QIES national repository.
- **Fatal records errors must be corrected and resubmitted** to ensure that data are accepted.

Nonfatal Errors or Warnings

- Late submission of MDS records will result in a nonfatal (warning) error.
- Records containing only warnings, or nonfatal errors, are accepted by the QIES ASAP system.
- Any combination of fatal errors and nonfatal errors will be rejected and must be corrected.

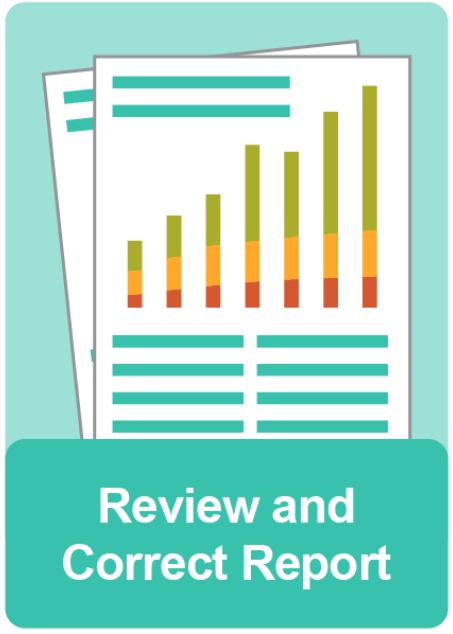
Warning messages should be reviewed to see whether the information needs to be corrected and resubmitted.

Example: Error/Warning

-1002	Fatal	Invalid Zip File: Zip file contained no files.	**Potential Causes:** • The submitted .zip file is not compressed. • The submitted file is a .zipx file. • The submitted file contains no .xml files. • The submitted file is empty. • The submitted file is encrypted. **Tips:** Contact your software vendor for technical assistance. Refer your vendor to the MDS 3.0 Data Specifications for details of file submission requirements The submitted file must be a properly formatted .zip file. No other compression format, such as .zipx, is valid. The .zip file should not contain subfolders. The name of each XML file included in the .zip file must not exceed 200 characters, including the extension. The name of an XML file must not include special characters. **Action:** Recreate and/or rename the .zip file and resubmit.

Error ID	Sev	Error Message	Error Description
-1003	Fatal	Required Field Missing or Invalid: Information required to process the submitted file is missing or invalid.	**Potential Causes:** • A valid value was not submitted for this item. Based upon the MDS 3.0 Data Submission Specifications in effect for this record, this item is required. • The length of the value submitted for this item exceeds the maximum length allowed. **Action:** Make appropriate corrections to the record and resubmit. Refer to the data specifications in effect for this record to identify the acceptable values for this item.

Review and Correct Report



- User-requested, on-demand report.
  - SNF Review and Correct reports are available in CASPER.
- Confidential to providers.
- Provides quarterly and cumulative performance rates for assessment-based publicly reported QM data at both the resident and facility levels.
  - Providers are able to request by individual QM.
  - Resident-level data are available as a comma-separated values (or CSV) flat file.
- Displays four most recent quarters.
  - Rolling quarters: once a new quarter is added, the oldest quarter is dropped.

Review and Correct Report (cont.)

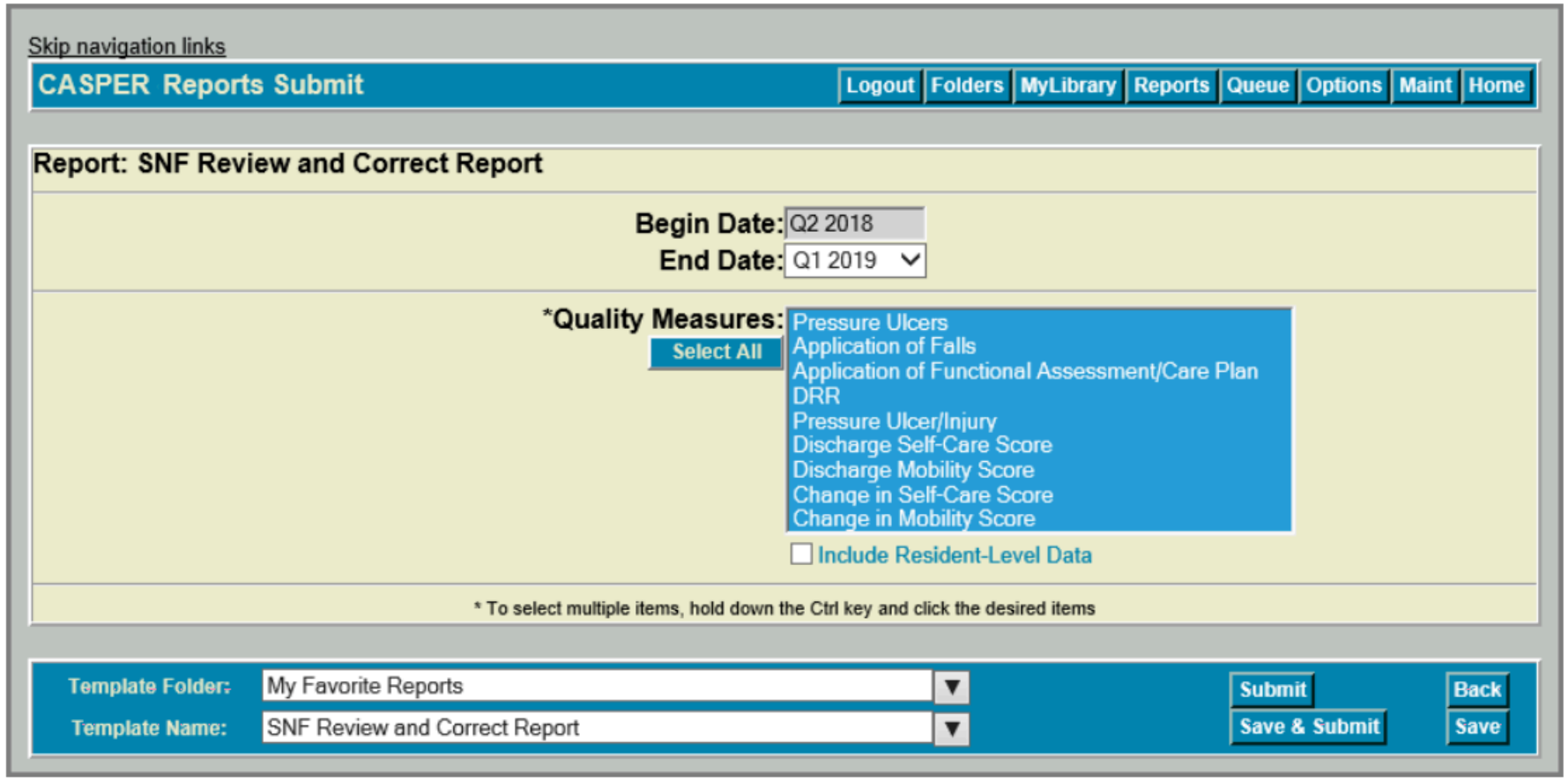
- Ability to sort resident-level data by fields such as:
  - Resident last name.
  - Resident first name.
  - Resident status.
  - Discharge date.
  - Admission date.

Review and Correct Report (cont. 1)

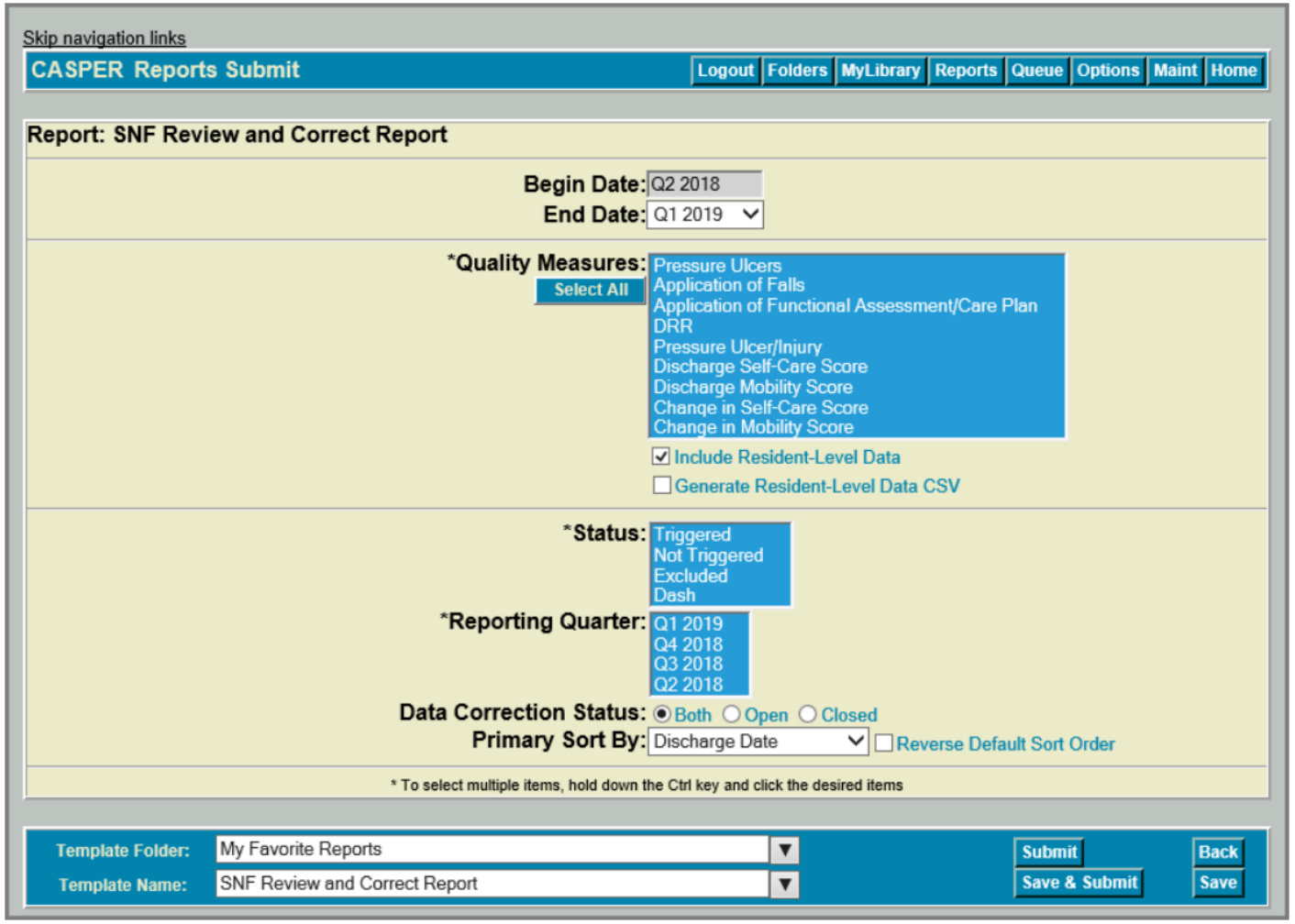
- Only observed (raw) data are provided; risk-adjusted rates are not shown.
- Available for providers to run with updated data weekly (until the data correction deadline).
- When reporting quarter ends, data for that reporting quarter are available the next calendar day.
- Displays data correction deadlines and whether the data correction period is open or closed.

Due to the COVID-19 public health emergency exceptions, there will be no data available (open) to correct for Q1 2020 and Q2 2020.

How to Access the Review and Correct Report



Review and Correct Report With Resident-Level Criteria



Data Collection/Correction Periods

Calendar Year Data Collection Quarter	Data Collection Submission QRP	Quarterly Review and Correction Periods*
Quarter 1	January 1 – March 31	April 1 – August 15
Quarter 2	April 1 – June 30	July 1 – November 15
Quarter 3	July 1 –September 30	October 1 – February 15
Quarter 4	October 1 – December 31	January 1 – May 15

* Data correction deadlines are for data that are used to calculate the publicly reported measures and are **not** applied to the confidential QM reports.

Due to the COVID-19 public health emergency exceptions, there will be no data available (open) to correct for Q1 2020 and Q2 2020.

Example: Review and Correct Facility-Level Data

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
SNF QRP Review and Correct Report

Facility ID:
CCN:
Facility Name:
City/State:

Requested Quarter End Date: Q1 2021
Report Release Date: 04/01/2021
Report Run Date: 04/25/2021
Data Calculation Date: 12/09/2019
Report Version Number: 3.0

MDS 3.0 Quality Measure: Application of Falls

Table Legend

Dash (-): Data not available or not applicable
X: Triggered
NT: Not Triggered
E: Excluded from analysis based on quality measure exclusion criteria

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 2021	S013.02	01/01/2021	03/31/2021	08/15/2021	Open	20	836	2.4%
Q4 2020	S013.02	10/01/2020	12/31/2020	05/15/2021	Open	2	776	0.3%
Q3 2020	S013.02	07/01/2020	09/30/2020	02/15/2021	**Closed**	35	1,798	1.9%
Q2 2020	S013.02	04/01/2020	06/30/2020	11/15/2020	**Closed**	38	1,485	2.6%
Cumulative	-	**04/01/2020**	**03/31/2021**	-	-	**95**	**4,895**	**1.9%**

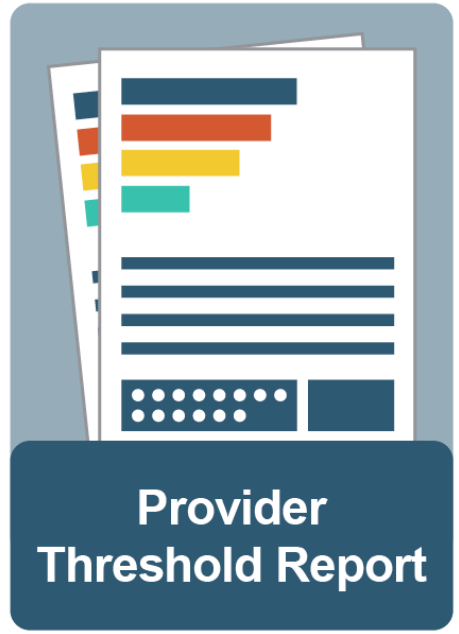
SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

Example: Review and Correct Resident-Level Data

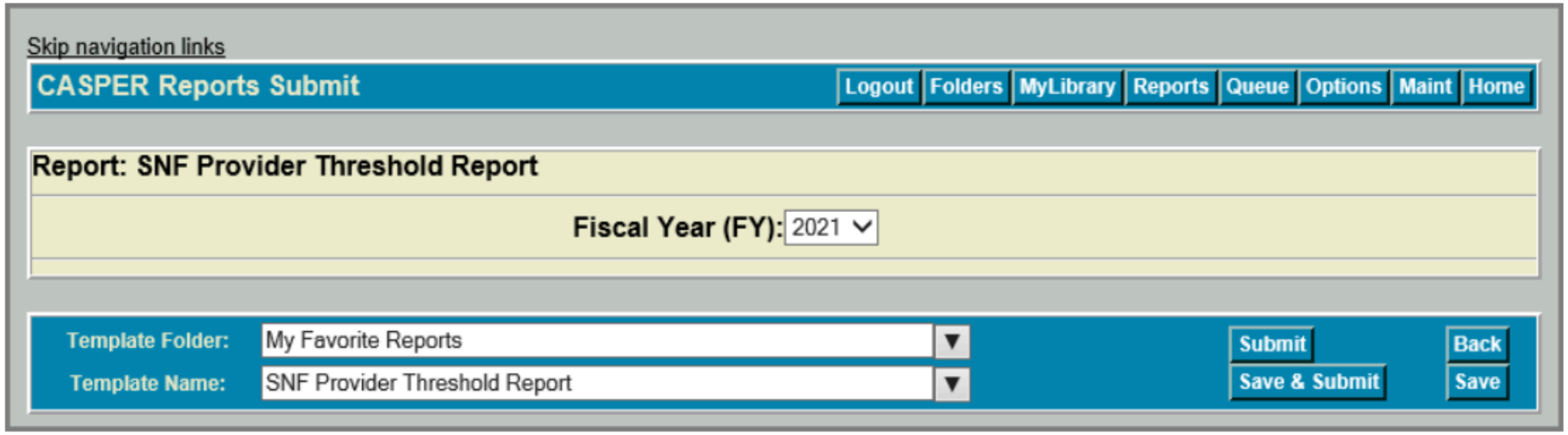
Resident-Level Data							
Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q1 2021	[redacted]	48966025	03/28/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[redacted]	48967344	03/25/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[redacted]	48968427	03/24/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[redacted]	48968829	03/24/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[redacted]	48968853	03/24/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[redacted]	48966263	03/24/2021	03/31/2021	08/15/2021	Open	NT

SNF Provider Threshold Report (PTR)

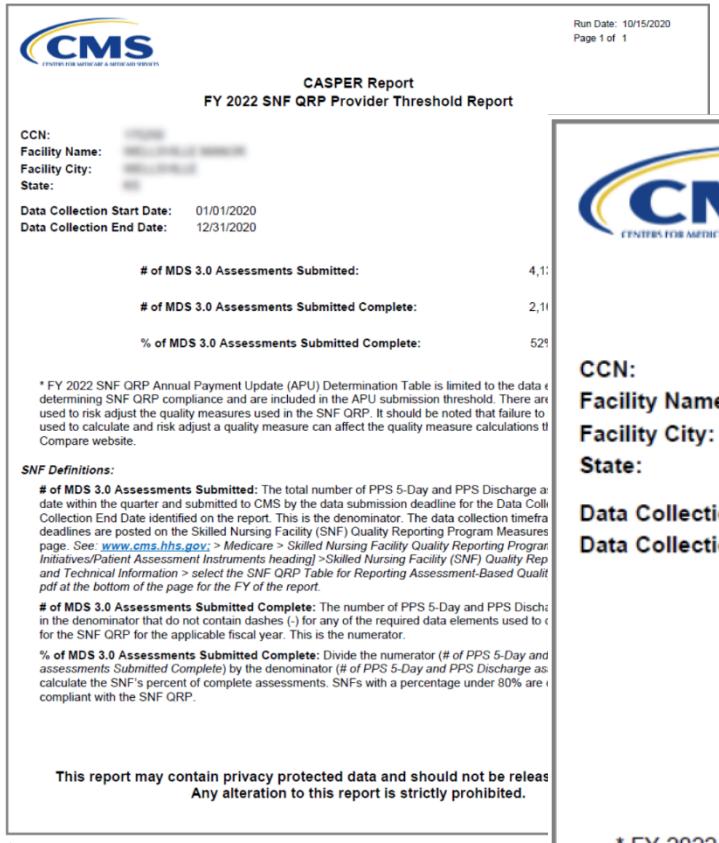
- The SNF PTR became available in spring 2019.
- PTR:
  - User-requested, on-demand.
  - Enables users to obtain status of data submission completeness related to the compliance threshold required for the SNF QRP.
- The SNF PTR will display an asterisk (*) for future dates (monthly and quarterly) when a measure is active but data are not available yet.



How to Access the SNF PTR



Example: SNF PTR



CMS

Run Date: 10/15/2020
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CASPER Report
FY 2022 SNF QRP Provider Threshold Report

CCN:
Facility Name:
Facility City:
State:

Data Collection Start Date: 01/01/2020
Data Collection End Date: 12/31/2020

# of MDS 3.0 Assessments Submitted:	4,1
# of MDS 3.0 Assessments Submitted Complete:	2,1
% of MDS 3.0 Assessments Submitted Complete:	52

* FY 2022 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data e determining SNF QRP compliance and are included in the APU submission threshold. There are used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to used to calculate and risk adjust a quality measure can affect the quality measure calculations th Compare website.

SNF Definitions:

# of MDS 3.0 Assessments Submitted: The total number of PPS 5-Day and PPS Discharge as date within the quarter and submitted to CMS by the data submission deadline for the Data Colle Collection End Date identified on the report. This is the denominator. The data collection timefra deadlines are posted on the Skilled Nursing Facility (SNF) Quality Reporting Program Measures page. *See: www.cms.hhs.gov; > Medicare > Skilled Nursing Facility Quality Reporting Program Initiatives/Patient Assessment Instruments heading] >Skilled Nursing Facility (SNF) Quality Rep and Technical Information > select the SNF QRP Table for Reporting Assessment-Based Qualit 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 Discha in the denominator that do not contain dashes (-) for any of the required data elements used to c 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 assessments Submitted Complete*) by the denominator (*# of PPS 5-Day and PPS Discharge as* calculate the SNF's percent of complete assessments. SNFs with a percentage under 80% are compliant with the SNF QRP.

This report may contain privacy protected data and should not be releas
Any alteration to this report is strictly prohibited.

[1] Fictitious, sample data are depicted.

CMS

Run Date: 10/15/2020
Page 1 of 1

CASPER Report
FY 2022 SNF QRP Provider Threshold Report

CCN:
Facility Name:
Facility City:
State:

Data Collection Start Date: 01/01/2020
Data Collection End Date: 12/31/2020

# of MDS 3.0 Assessments Submitted:	4,132
# of MDS 3.0 Assessments Submitted Complete:	2,166
% of MDS 3.0 Assessments Submitted Complete:	52%*

* FY 2022 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 QRP Reports Training

- To learn more about these and other SNF QRP Reports, refer to the YouTube video entitled *Skilled Nursing Facility Quality Reporting Program Reports* from the August 2019 SNF QRP training.

https://www.youtube.com/watch?v=3c8FkNFTSng

Q5 Which report provides detailed information about the status of select submission files?

A. MDS Final Validation Report.

B. MDS Error Summary by Provider Report.

C. Review and Correct Report.

D. Provider Threshold Report.

Q6

Which of the following statements regarding the Review and Correct Report is **false**?

A. Can be requested on-demand.

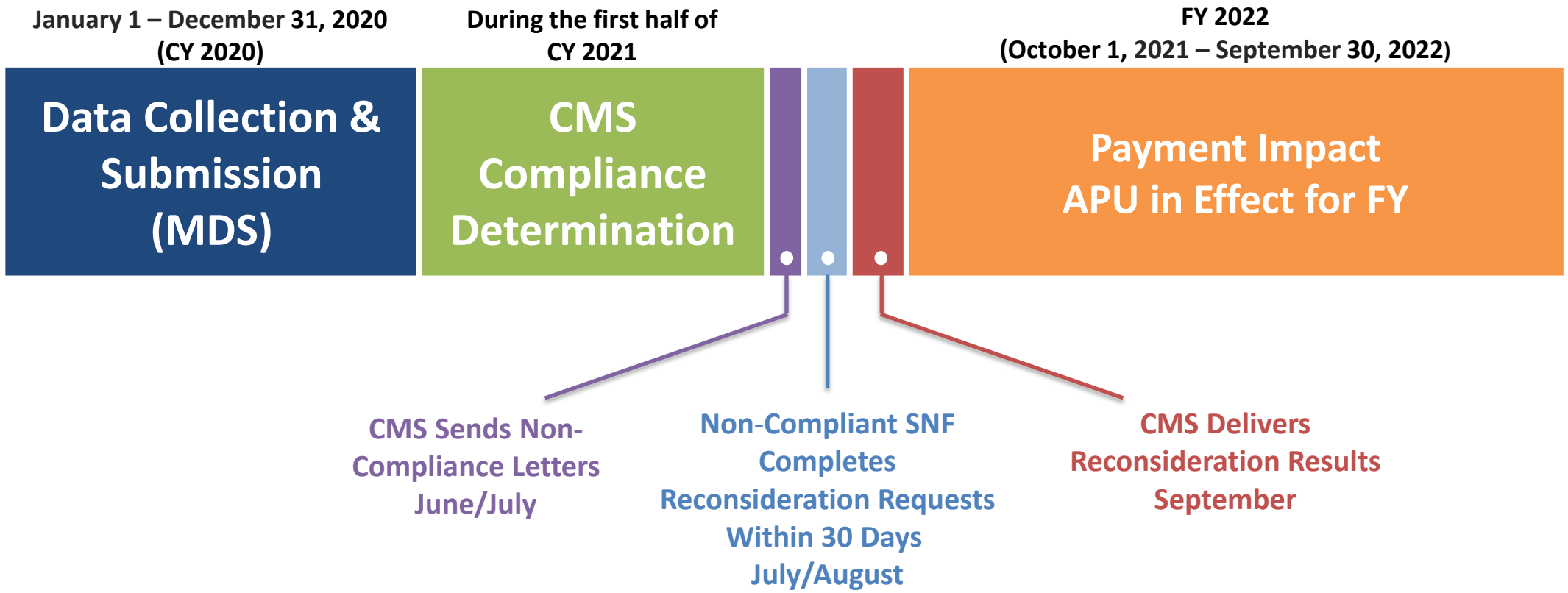
B. Is confidential to providers.

C. Provides only facility-level QM data.

D. Displays four most recent quarters of data.

Determining Compliance With the SNF QRP

Relationship Between Quality Reporting and APU: SNF QRP Life Cycle



SNF QRP Compliance

- For purposes of calculating compliance with the SNF QRP, MDS data submissions for the calendar year are reviewed against the requirements of the SNF QRP.
- SNF QRP requirements include:
  - Submission **and** acceptance of matching MDS assessments to construct a Medicare Part A SNF stay (Admission and Discharge, or Admission and Death in Facility Tracking).
  - MDS data are required to be submitted by established quarterly deadlines.
  - 80% of the assessments received must contain 100% of the data required to calculate the SNF QRP QMs.

SNF QRP Non-Compliance

- Any SNF that does not meet the requirements of the SNF QRP will be considered non-compliant and subject to a 2-percentage point reduction in their APU for the applicable FY.
- CMS will notify SNFs of non-compliance in at least one of three ways:
  - Letter sent via the U.S. Postal Service.
  - Email sent from the Medicare Administrative Contractor (MAC).
  - QIES ASAP System in CASPER.
- This notice will include the reason(s) for failing compliance and instructions for requesting reconsideration of CMS' decision.

What is Reconsideration?

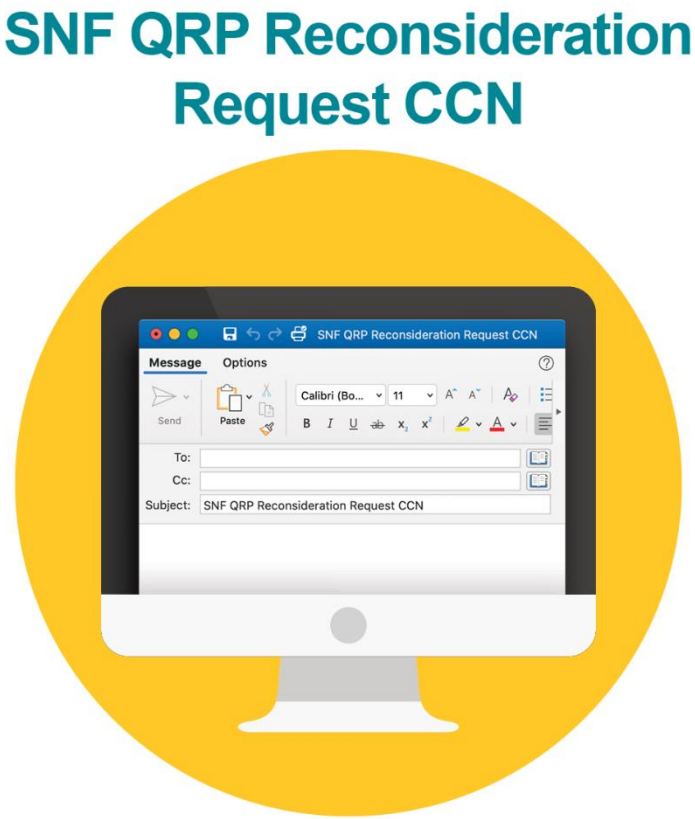
- Reconsideration is a request for review of the initial CMS compliance determination for a given SNF for a given FY.
- If a SNF has been identified for the 2-percentage point payment reduction in APU, they have the right to request a reconsideration of the non-compliant decision.

Why Would a SNF Submit a Reconsideration Request?

- SNFs may file for reconsideration if:
  - They believe the CMS finding of non-compliance is in error.
  - They have evidence of the impact of extraordinary circumstances which prevented timely submission of data.
- Requests must be submitted within 30 days after the date documented on the non-compliance notification letter.
- No requests will be accepted after the 30-day deadline.

Creating a Reconsideration Request

- The only method for submitting a reconsideration request is via email to CMS.
- The subject line of the email should include “SNF QRP Reconsideration Request” and the SNF's CMS Certification Number (CCN).
- The Reconsideration Request must be sent to the following email address:
  - SNFQRPReconsiderations@cms.hhs.gov



Creating a Reconsideration Request (cont.)

- The following must be included in the request:
  - The CCN, business name, and address.
  - The CEO or designated contact information.
  - The CMS-identified reasons(s) for non-compliance (from the notification letter).
  - The reason(s) for requesting reconsideration.
  - Information supporting the SNF's belief that either the finding of non-compliance is in error, or they have evidence of the impact of extraordinary circumstances which prevented timely submission of data.

Creating a Reconsideration Request (cont. 1)

- Include supporting documentation demonstrating compliance, such as:
  - Proof of submission.
  - Email communications.
  - Data submission reports from the QIES.
  - Proof of previous waiver approvals for exception or extension for the reporting timeframe.
  - Copy of the CCN activation letter.
  - Other documentation supporting the rationale for seeking reconsideration.

Creating a Reconsideration Request (cont. 2)

- Determination will be made based solely on the documentation provided.
- CMS **will not** contact the SNF to request additional information or to clarify incomplete or inconclusive information.
- Reconsideration requests that contain protected health information (PHI) will **not** be processed.

Do not submit protected PHI to CMS for review.

Reconsideration Response

- CMS should acknowledge receipt of the reconsideration request within 5 business days through an email.
- Following its review of the request and supporting documentation, CMS will issue its decision by regular mail through the MAC and an electronic letter through the CASPER system.
- If the decision upholds the finding of non-compliance, a provider may file an appeal with the Provider Reimbursement Review Board.

Reconsideration Process: Do's and Don'ts

- Do:
  - Send reports demonstrating compliance with all PHI redacted.
  - Submit your reconsideration request prior to the deadline.
  - Ensure that you receive an email confirmation of receipt in addition to the automated response from the mailbox.
- Don't:
  - **SUBMIT PHI.**
  - Submit an email that is larger than 20 MB.
  - Submit FVRs or reports from third-party vendors.

Reconsideration Process: Estimated Timeline

- June – July: Non-compliant SNFs that failed to meet QRP requirements are notified.
- July – August: Reconsideration requests are due to CMS no later than 30 days from the date on the notification of non-compliance.
  - CMS provides an email acknowledgement within 5 business days upon receipt of reconsideration request.
- September: CMS notifies SNFs of the decision on reconsideration requests.
- October: APU penalty imposed on SNFs found to be non-compliant with QRP requirements.

Estimated Timelines

Annual Payment Update (APU)

- CMS annually updates the Medicare fee-for-service prospective payment rates provided to SNFs who are billing MACs for services provided to Medicare beneficiaries. This is called the SNF market basket increase or APU.
- This APU occurs on a FY basis every October 1st.
- SNFs that do not meet the reporting requirements of the SNF QRP are subject to a 2-percentage point reduction in their APU.

Q7

Which of the following statements regarding the reconsideration process is **false**?

A. SNFs have 30 days to submit a reconsideration request.

B. CMS contacts the SNF if it has further questions.

C. Requests can only be sent by email.

D. CMS issues a decision by regular mail and via the CASPER system.

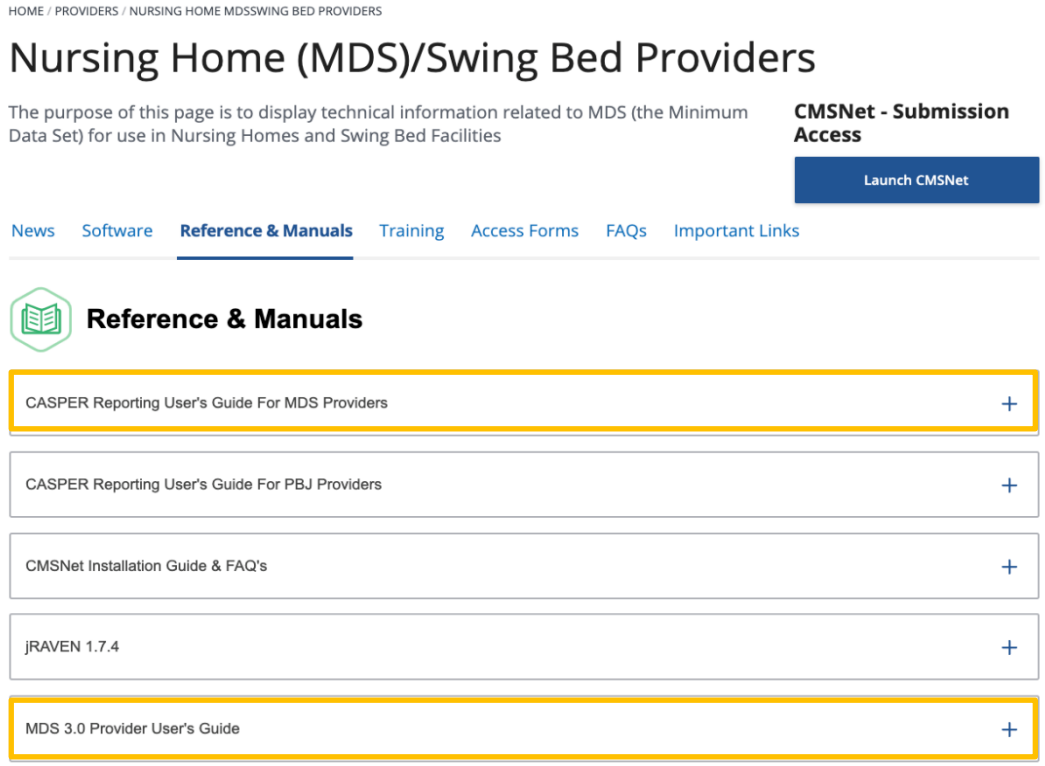
Resources

Resources

- The SNF QRP web page:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview
- MDS 3.0 web page:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual
- SNF Reconsideration and Exception & Extension web page:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-QR-Reconsideration-and-Exception-and-Extension

Resources (cont.)

- Refer to the *MDS 3.0 Provider User's Guide* for detailed information about submission of the MDS data to the QIES ASAP system and the *CASPER Reporting User's Guide For MDS Providers for more information on reports available*.
- These guides are available for download in the following locations:
  - *Welcome to the CMS QIES Systems for Providers* web page.
  - *Nursing Home (MDS)/Swing Bed Providers Reference & Manuals* page on the QIES Technical Support Office (QTSO) website:
    - https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers



Resources (cont. 1)

- For additional assistance with transmission of MDS data, you may contact your State MDS Automation Coordinator.
- State MDS Automation Coordinators assist SNFs with:
  - Facilitating the initial transmission of test data for new SNFs.
  - Providing ongoing technical assistance to SNFs on the transmission of MDS data.
  - Appendix B, which lists both the State RAI and MDS Automation Coordinators, can be found on CMS' website under the downloads section of the MDS 3.0 Manual web page:
    - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

Help Desk Assistance

- SNF QRP Help Desk: SNFQualityQuestions@cms.hhs.gov
- SNF QRP Public Reporting Help Desk: SNFQRPPRQuestions@cms.hhs.gov
- QIES Help Desk: iqies@cms.hhs.gov
- QTSO Help Desk: Help@QTSO.com
- SNF Reconsiderations Help Desk: SNFQRPReconsiderations@cms.hhs.gov
- APU Compliance Outreach: QRPHelp@swingtech.com

Previous Trainings

- 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

Questions?

Thank You.

The webinar has now concluded.