SNF QRP, VBP:
Understanding Outcomes and Financial Impact

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Sarah Ragone is the Vice President of Reimbursement & Education for Coretactics™ Healthcare Consulting. Coretactics™ is a quality-driven consulting service that implements proven systems and processes into daily operations to achieve positive & sustainable outcomes in quality of care, regulatory compliance, and the financial well-being of health care organizations.

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- **Pre-Billing Audits**
- **MDS Accuracy**

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Understand how CMS collects this data & the financial impact on SNF's

Review the methodology & mechanisms used to report these quality measures.

Discuss how to access your data and the importance of routine quality assurance reviews.

Understand the financial impact of the quality reporting programs and value based purchasing program.

Discuss a team approach to data collection, QAPI and sustained quality performances.

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Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

- Congress passed the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) in September of 2014.
- The IMPACT Act established a quality reporting program for post acute care providers using Standardized Patient Assessment Data (SPADE's) by:
  - Long-Term Care Hospitals (LTCH's)
  - Skilled Nursing Faculties (SNF's)
  - Home Health Agencies (HHA's)
  - Inpatient Rehabilitation Facilities (IRF's)

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What happens when data is not reported?

- SNF's that fail to submit the required quality data will be subject to a two percentage (2%) point reduction in the Annual Payment Update (APU) for the applicable performance year.
- CMS strongly encourages submitting quality data prior to the deadline to ensure the data are complete and accurate and to allow SNF providers an opportunity to address any submission issues
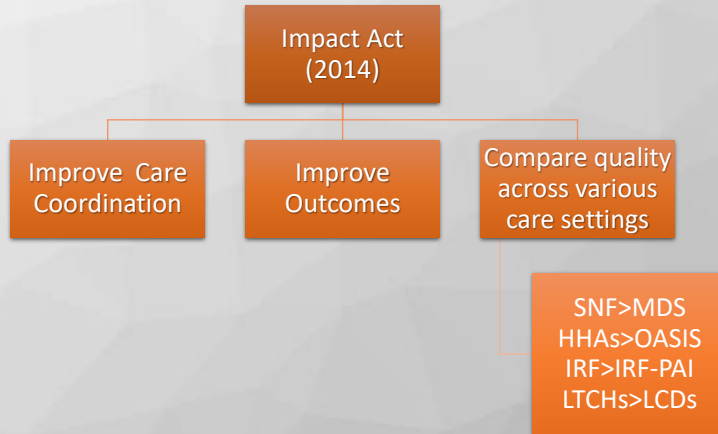
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Who can see the reported data?

- CMS makes quality data available to the public through Care Compare website.
- The site began reporting on quality measure data in 2008.
- CMS gives SNF's the opportunity to review the data before they are posted.

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SNF Quality Reporting Program
Compliance & Performance Outcomes

```
                    Impact Act
                    (2014)

    Improve Care      Improve       Compare quality
    Coordination      Outcomes      across various
                                    care settings

                                    SNF>MDS
                                    HHAs>OASIS
                                    IRF>IRF-PAI
                                    LTCHs>LCDs
```

Per CMS: QRP will "...promote higher quality & more efficient health care for Medicare Beneficiaries."

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SNF Quality Reporting Program-
an Introduction

```
MDS/Assessment Based Measures
And
Medicare Claims/Claims Based Measures
```

QRP Measures

- The Centers for Medicare & Medicaid Services (CMS) implements quality initiatives to assure high quality of care to Medicare beneficiaries through accountability and public disclosure.
- FY 2016 PPS Final Rule, the SNF QRP compliance requirements were finalized:
  - Any SNF that does not meet reporting requirements may be subject to a 2% reduction in their Annual Rate Update (Annual Payment Update [APU]).

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MDS Data Submission Threshold

- There is a 2-year lag between data collection and the impact of the affected FY APU.
  - For example: data collected in CY 2021 will be used to support the FY 2023 APU
- The threshold for data submission:
  - 80% of MDS assessments must contain 100% of the required quality data elements for the assessment-based measures


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

80%
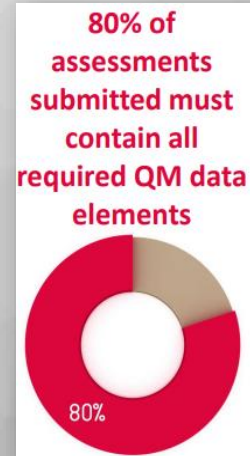
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SNF's that fail to submit the required data by the submission deadlines will be subject to 2 percentage point reduction in their APU for the affected FY

MDS Records From	Submission Threshold	Reporting Year
CY 2021	80%	FY 2023
CY 2022	80%	FY 2024
CY 2023	80%	FY 2025
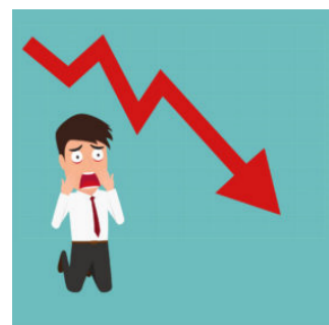
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Relationship Between Quality Reporting and APU: SNF QRP Life Cycle

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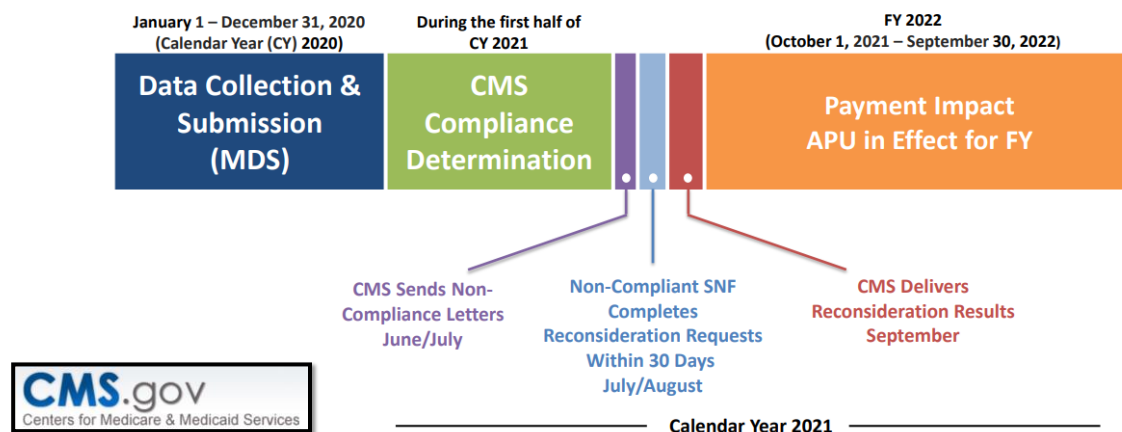
QRP Compliance

Annual Payment Update (APU) or Market Basket Increase will be reduced by 2% for any SNF who is does not comply with the quality data submission requirements with respect to that FY.

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What are the Current QRP Measures?

Assessment / MDS Based

- Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674) (CMS ID: S013.02)
- Percent of Residents with an Admission and Discharge Functional Assessment and a Care Plan that addressed Function (NQF #2631) (CMS ID: S001.03)
- Application of IRF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients (NQF #2633) (CMS ID: S022.03)
- Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID:S023.03)
- Application of IRF Functional Outcome Measure: Discharge Self Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID:S024.03)
- Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID:S025.03)
- Pressure Ulcer Measure: Changes in Skin Integrity Post Acute Care Pressure Ulcer/Injury QM (CMS ID: S038.02)
- Drug Regimen Review Conducted with Follow-Up for Identified Issues QM (CMS ID: S007.0

Claims Based

- Potentially Preventable 30-Day Post-Discharge Readmission Measure (CMS ID: S004.01)
- Discharge to Community-SNF QRP (CMS ID: S005.02)
- Medicare Spending Per Beneficiary (MSPB)- SNF QRP (CMS ID: S0066.01)

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Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual

Version 3.0

Prepared for

Centers for Medicare & Medicaid Services
Contract No. HHSM-500- 2013-13015I
Measures and Instrument Development & Support (MIDS)

Prepared by

RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709

Current as of October 1, 2019

RTI INTERNATIONAL

QRP Measures User's Manual

- 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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Claims Based Measures

SNF QRP

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Current Medicare Claims-Based Measures
Reported but not a component of the 2% APU

- **Potentially Preventable 30-Day Post-Discharge Readmission Measure** (CMS ID: S004.01)-
  - Reports # of unplanned admissions to a hospital with a Dx considered preventable within a 30-day window following SNF DC (not including day of DC)

- **Discharge to Community-SNF QRP** (CMS ID: S005.02)
  - Includes residents who are not readmitted to the hospital, and do not die in the 31 days following SNF DC
  - "Community" is considered home with or without home health services, based on patient discharge status codes [01, 06, 81, 86] on the Medicare claim
  - Also used in short stay claims-based quality measures for Five Star

- **Medicare Spending Per Beneficiary (MSPB)- SNF QRP** (CMS ID: S006.01)
  - Compares the spending of a given SNF to the spending of other SNF's within a performance period
  - Includes all Medicare Part A and Part B services during the **Treatment Period** (SNF admission through DC) as well as the **Associated Services Period** (from day of SNF admission through end date 30 days after SNF DC date)

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Assessment/MDS Based Measures

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Two Types of Medicare "Stays"

Type 1 SNF Stay

- SNF stay with a
  - matched pair of PPS 5-Day Assessment (A0310B = [01])
  - and PPS Discharge Assessment (A0310H = [1])
  - and no Death in Facility Tracking Record (A0310F = [12]) within the SNF Stay.

Type 2 SNF Stay

- SNF stay with a
  - PPS 5-Day Assessment (A0310B = [01]) and
  - a matched Death in Facility Tracking Record (A0310F = [12]).

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Pressure Ulcer/Injury Measure

Medicare Assessment Based QRP Measures
Also used in short stay assessment based Five Star quality measures

- This measure reports the % of Med A Type 1 stays with Stage 2-4, or unstageable PU due to slough/eschar, nonremovable dressing/device, or DTI, that are new or worsened since admission.

  PU vs other etiology?

- Exclusions to this measure include
  - Missing data on assessment (use of dash [-]) on new or worsened Stage 2, 3, 4, and unstageable PU, including DTI, at discharge.
  - Residents who die during their SNF stay (this is a Type 2 SNF stay).

- Risk Adjusted for:
  - Dependent or substantial/maximal assist for lying to sitting on side of bed (section GG item),
  - bowel incontinence,
  - DM,
  - PVD or arterial disease,
  - low BMI.

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One or More Falls with Major Injury

Medicare Assessment Based QRP Measures

- This QM reports the % of Type 1 Med A stays with one or more falls that resulted in major injury reported during the SNF stay (uses *look back scan*).
- RAI definition of major injury:
  - fracture,
  - joint dislocation,
  - closed head injury with altered consciousness,
  - subdural hematoma.
- Exclusions include dash filled item in J1900C (falls with major injury) and residents who die during their Med A stay (do not meet definition of Type 1 stay).

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Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
Medicare Assessment Based QRP Measures

This QM reports the % of Med A Type 1 and Type 2 stays with an admission and discharge functional assessment (multiple items in Section GG0130 & GG0170) and at least one goal that addresses function.

- Complete stay: 5-day will require complete admission assessment data and one goal (minimum)- AND- complete discharge assessment data
- Incomplete stay: 5-day will require complete admission assessment data and one goal (minimum)

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Section GG- Self Care

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Section GG- Mobility

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	☐☐	**G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
☐☐	☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
☐☐	☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
☐☐	☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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Section GG- Mobility

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
☐☐	☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
☐☐	☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
☐☐	☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.
☐☐	☐☐	**P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
☐		**Q1. Does the resident use a wheelchair and/or scooter?** 0. **No** → Skip to GG0130, Self Care (Discharge) 1. **Yes** → Continue to GG0170R, Wheel 50 feet with two turns
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
☐		**RR1. Indicate the type of wheelchair or scooter used.** 1. Manual 2. Motorized
☐☐	☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
☐		**SS1. Indicate the type of wheelchair or scooter used.** 1. Manual 2. Motorized

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Functional Outcome Measures
Medicare Assessment Based QRP Measures

Change in Self-Care Score	• Estimates the risk-adjusted mean change in self–care score between admission and discharge for Med A Type 1 SNF stays
Change in Mobility Score	• Estimates the risk-adjusted change in mobility score between admission and discharge for Med A Type 1 SNF stays
Discharge Self-Care Score	• Estimates the percentage of Med A Type 1 SNF stays that meet or exceed an expected discharge self-care score
Discharge Mobility Score	• Estimates the percentage of Med A Type 1 SNF stays that meet or exceed an expected discharge mobility score

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Functional Outcome Measure:
Changes in Self Care/Mobility Score

> **Coding:**
> **Safety** and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
> *Activities may be completed with or without assistive devices.*
> 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
> 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
> 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
> 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
> 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
> 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.
>
> **If activity was not attempted, code reason:**
> 07. **Resident refused**
> 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
> 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
> 88. **Not attempted due to medical condition or safety concerns**

• All items are scored using MDS criteria to calculate a change score

• Discharge Score – Admission score = Change Score

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Functional Outcome Measure:
Discharge Self-Care/Mobility Score

- This measure estimates the % of Med A Type 1 SNF stays that meet or exceed an expected DC self-care/mobility score.

- Expected scores are calculated and risk-adjusted based on resident characteristics.

- Higher scores indicate a higher percentage of residents who have met or exceeded expected discharge scores.

- Performance will be a percentage: total # of Med A stays where DC score is equal to or greater than the expected DC score.

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Exclusions –
Functional Outcome Measures

- Incomplete stays: unplanned DC, DC to acute care hospital), psychiatric hospital or LTC hospital, residents who die, residents who discharge against medical advice, or length of stay is < 3 days
- Residents who are independent with all self care/mobility at time of admission
- Residents dx with coma/Persistent Vegetative State (B0100=1) or other dx in section I using ICD-10 codes for complete tetraplegia, locked in syndrome, severe anoxic brain damage, cerebral edema or compression of brain
- Residents younger than age 18
- Residents not on Medicare part A
- Resident's DC to Hospice or receive Hospice while a resident
- Residents who do not receive PT/OT (sum of O0400 B1+B2+B3+C1+C2+C3=0) on the 5-day PPS assessment.

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Functional Outcome Measures- Expected Scores

- CMS performs calculations using the intercept and regression coefficients to calculate expected scores using the formula below

$$[1]\ Expected\ score = \beta_0 + \beta_1(COV_1) + ... + \beta_n(COV_n)$$

- β_1 through β_n are the regression coefficients for the covariates, these are listed in the Risk-Adjustment Appendix file in the QRP User's Guide.
- Data for each covariate are derived from the admission assessment included in the target Med A SNF stay.

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Functional Outcome Measures- Covariates

1. Age group
2. Admission mobility score – continuous score
3. Admission mobility score – squared form
4. Primary medical condition category
5. Interaction between primary medical condition category and admission mobility
6. Prior surgery
7. Prior functioning: indoor mobility (ambulation)
8. Prior functioning: stairs
9. Prior functioning: functional cognition
10. Prior mobility device use
11. Stage 2 pressure ulcer
12. Stage 3, 4, or unstageable pressure ulcer/injury
13. Cognitive abilities
14. Communication impairment
15. Urinary Continence
16. Bowel Continence
17. Tube feeding or total parenteral nutrition
18. History of falls
19. Comorbidities

See covariate details in **Appendix A,** *Table A-5* and the associated Risk-Adjustment Appendix File.

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SNF QRP Measure Calculations and Reporting User's Manual Version 3.0.1
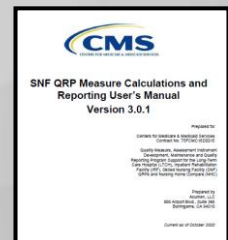
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Rehab plays a critical role in management of the these functionally based QRP measures

- Higher performance scores on End PPS MDS are favorable
- Evaluating therapists should consider goals that address the functional items included in QRP: picking object up off floor, up/down a curb, toilet transfer, car transfer, etc.
  - Residents who are DC to the community should be assessed for higher-level skills, these are the benchmarks CMS is looking at and they promote a safer discharge.
- Timely updates to care plans and CNA instructions as resident progresses in rehab will promote carryover from therapy and may result in more accurate documentation that can be used to help assess the usual performance on discharge
- Frequent review of QRP reports in QIES will help identify areas of opportunity, including data correction deadlines for any information mis-coded on MDS assessment.

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Drug Regimen Review

% of Med A Type 1 stays in which a DRR was conducted at the time of admission and timely follow up with a physician occurred each time potential clinically significant medication issues were identified

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Slide 33

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Currently publicly reported:

- Five Star Rating
- Value Based Purchasing
- Quality Reporting Program

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Slide 34

Quality of resident care

🖨 Print

Learn more about quality of resident care
Find out why these short-stay measures are important
Find out why these long-stay measures are important
Get current data collection period

Quality of resident care rating
★★★☆☆
Average

Short-stay quality of resident care
★★★☆☆
Average

Long-stay quality of resident care
★★☆☆☆
Below average

Medicare.gov

The SNF QRP QM's are now available on NHC under 'Quality of resident care', 'Short stay'.

Scroll down the page, to 'Additional Quality Measures'

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Additional quality measures - Short-stay residents

These measures are part of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) and report information on residents who get sk... Read more

Percentage of residents whose medications were reviewed and who received follow-up care when medication issues were identified ↑ Higher percentages are better	**95.9%** National average: 88.4%
Percentage of SNF residents who experience one or more falls with major injury during their SNF stay ↓ Lower percentages are better	**1.4%** National average: 0.9%
Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan ↑ Higher percentages are better	**98.6%** National average: 99.1%
Percentage of residents who are at or above an expected ability to care for themselves at discharge ↑ Higher percentages are better	**51.5%** National average: 52.8%
Percentage of residents who are at or above an expected ability to move around at discharge ↑ Higher percentages are better	**51.5%** National average: 48.5%

- Under *Additional Quality Measures-short stay*, you will find facility level performance data and a comparison to the national average

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CASPER QRP Reports (QIES System)

- On demand reports available in CASPER, that are separated into two reports:
  - **Facility Level Report** (assessment & claims based)
  - **Resident Level Report** (assessment based only)
- The **Assessment Based** measures are **updated monthly** (on the first day of each month), at the facility and resident level, as data becomes available
- The **Claims Based** measures are **updated annually** at the facility level only

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QRP Reports in QIES System

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QRP Reports in QIES System

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Facility Claims Based & QM Report

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SNF QRP Provider Threshold Report
Month/Quarter

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SNF QRP- Data Elements Table used for Reporting Assessment Based QM's affecting FY 2023 APU Determination

MDS Data Elements Used for FY 2023 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2021)
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	MDS 3.0 Version 1.17.2
GG0130A1	Eating (Admission Performance)	X		X
GG0130A2*	Eating (Discharge Goal)	X		X
GG0130A3	Eating (Discharge Performance)		X	X
GG0130B1	Oral hygiene (Admission Performance)	X		X
GG0130B2*	Oral hygiene (Discharge Goal)	X		X
GG0130B3	Oral hygiene (Discharge Performance)		X	X
GG0130C1	Toileting hygiene (Admission Performance)	X		X
GG0130C2*	Toileting hygiene (Discharge Goal)	X		X
GG0130C3	Toileting hygiene (Discharge Performance)		X	X
GG0130E1	Shower/bathe self (Admission Performance)	X		X
GG0130E2*	Shower/bathe self (Discharge Goal)	X		X
GG0130E3	Shower/bathe self (Discharge Performance)		X	X
GG0130F1	Upper body dressing (Admission Performance)	X		X
GG0130F2*	Upper body dressing (Discharge Goal)	X		X
GG0130F3	Upper body dressing (Discharge Performance)		X	X
GG0130G1	Lower body dressing (Admission Performance)	X		X
GG0130G2*	Lower body dressing (Discharge Goal)	X		X
GG0130G3	Lower body dressing (Discharge Performance)		X	X
GG0130H1	Putting on/taking off footwear (Admission Performance)	X		X

Skilled Nursing Facility Quality Reporting Program (SNF QRP): Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2023 Annual Payment Update (APU) Determination (cms.gov)

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Review and Correct Reports

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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: 04/22/2021
Data Calculation Date: 04/19/2021
Report Version Number: 3.0

MDS 3.0 Quality Measure: Application of Falls

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

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	08/16/2021	Open	1	11	9.1%
Q4 2020	S013.02	10/01/2020	12/31/2020	05/17/2021	Open	0	6	0.0%
Q3 2020	S013.02	07/01/2020	09/30/2020	02/16/2021	Closed	1	20	5.0%
Q2 2020	S013.02	04/01/2020	06/30/2020	11/16/2020	Closed	0	9	0.0%
Cumulative	-	04/01/2020	03/31/2021	-	-	2	46	4.3%

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Resident Level QM Report

SNF QRP Quality Measures Legend

QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	Undesirable Outcomes	04/01/2019 - 03/31/2020	S038.01; S038.02	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020
2	Application of Falls (NQF #0674)		04/01/2019 - 03/31/2020	S013.01; S013.02	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020
3	Application of Functional Assessment/Care Plan (NQF #2631)	Desirable Outcomes or Processes Performed	04/01/2019 - 03/31/2020	S001.02; S001.03	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020
4	Functional Status Outcome: Discharge Self-Care Score (NQF #2635)		04/01/2019 - 03/31/2020	S024.01; S024.02	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020
5	Functional Status Outcome: Discharge Mobility Score (NQF #2636)		04/01/2019 - 03/31/2020	S025.01; S025.02	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020
6	DRR		04/01/2019 - 03/31/2020	S007.01; S007.02	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020
7	Functional Status Outcome: Change in Self-Care (NQF #2633)	Change in Function Scores	04/01/2019 - 03/31/2020	S022.01; S022.02	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020
8	Functional Status Outcome: Change in Mobility (NQF #2634)		04/01/2019 - 03/31/2020	S023.01; S023.02	04/01/2019 - 09/30/2019; 10/01/2019 - 03/31/2020

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

Resident Name	Resident ID	Admission Date	Discharge Date	QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8
	37099378	01/06/2020	01/07/2020	NT	NT	X	E	E	X	E	E
	34141071	12/31/2019	01/07/2020	NT	NT	X	E	E	X	E	E
	34376156	12/16/2019	01/05/2020	NT	X	X	E	E	X	E	E
	918546	03/16/2017	01/05/2020	E	E	X	E	E	E	E	E
	48883923	11/19/2019	01/04/2020	NT	NT	X	X	X	X	15	36
	27081832	12/16/2019	01/03/2020	NT	NT	X	NT	NT	X	3	8
	37099378	12/26/2019	12/31/2019	NT	NT	X	E	E	X	E	E

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Using your QRP Reports

MDS 3.0 Quality Measure: Application of Falls   **Review and Correct Report**

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

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
Q2 2019	S013.01	04/01/2019	06/30/2019	11/15/2019	Open	1	16	6.3%
Q1 2019	S013.01	01/01/2019	03/31/2019	08/15/2019	Open	0	17	0.0%
Q4 2018	S013.01	10/01/2018	12/31/2018	05/15/2019	Closed	0	13	0.0%
Q3 2018	S013.01	07/01/2018	09/30/2018	02/15/2019	Closed	0	19	0.0%
Cumulative	-	07/01/2018	06/30/2019	-	-	1	65	1.5%

Resident Level Report – BOLD is undesirable!

Resident Name	Resident ID	Admission Date	Discharge Date	QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8	QM 9
Jane Doe	27777359	05/01/2019	06/15/2019	NT	NT	X	X	X	X	X	3	1
Sam Stone	16802309	07/25/2019	08/21/2019	NT	NT	NT	X	E	E	X	E	E
John Smith	19228383	06/28/2019	08/16/2019	NT	NT	NT	X	X	X	X	11	25
Bob Jones	40926447	07/13/2019	08/14/2019	NT	NT	NT	X	NT	NT	X	-3	-5

- Review your MDS data
- Determine where your opportunities lie
- Include the team in the process

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Address Opportunities

- Use your QAPI Process!
- Investigate the accuracy of your MDS data
- Identify whether residents who triggered the QM are clustered on one unit
- Determine if policies and procedures are followed, and if they are - are they evidence based, or do they need updating?
- Provide education to staff, adjust policy/procedure as needed

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Avoid the 2% Reduction in APU

- QAA/QAPI process – add QRP to agenda
- Pull Review and Correct Reports regularly QIES
- Review MDS Error Reports in CASPER, compare to Validation reports to identify missing data for any of the required QRP items
- Educate key facility staff in the importance of compliance with QRP items

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Temporary SNF QRP Exceptions Due to the COVID-19 PHE

- The CMS March 27, 2020, MLN memo provided temporary changes to the SNF QRP data submission requirements
- CMS granted an exception to the QRP reporting requirements as noted below:

Quarter	MDS Data Submission
October 1, 2019–December 31, 2019 (Q4 2019)	Optional
January 1, 2020–March 31, 2020 (Q1 2020)	Excepted
April 1, 2020–June 30, 2020 (Q2 2020)	Excepted

- These changes to the SNF QRP data submission requirements ended on June 30, 2020.

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Temporary SNF QRP Exceptions Due to the COVID-19 PHE

- CMS felt the data submission for Q4 2019 was strong, the data was used and included in measure calculations for public reporting in the Oct. 2020 refresh.
- With quarters 1 and 2 of 2020 being excepted, CMS will hold constant the QRP data following the Oct. 2020 refresh. The affected Compare site refreshes that were scheduled to contain CY 2020 COVID-19 data (Q1 2020 and Q2 2020) include:
  - Jan. 2021
  - April 2021
  - July 2021
  - October 2021

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Temporary SNF QRP Exceptions Due to the COVID-19 PHE

- Following the Oct. 2020 refresh, CMS will hold the data constant until the Jan. 2022 Compare site refresh. Refreshes will then return to normal by the April 2022

Figure 2. Summary of Data Refreshes

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

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Care Compare
QRP Current Data Collection Period Displayed

Short-stay residents		
Measures used to calculate the star rating - Short-stay residents		
Percentage of short-stay residents who were re-hospitalized after a nursing home admission.	10/1/2019	9/30/2020
Percentage of short-stay residents who have had an outpatient emergency department visit.	10/1/2019	9/30/2020
Percentage of short-stay residents who got antipsychotic medication for the first time.	10/1/2019	12/31/2020
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened. *This measure is also used in the SNF Quality Reporting Program*	1/1/2019	12/31/2019
Percentage of short-stay residents who improved in their ability to move around on their own.	10/1/2019	12/31/2020

Short Stay MDS based measures- use a six-month target period

Long Stay MDS based measures use a three-month target period

QRP Measures- currently "frozen" on CY 2019 until Jan. of 2022

Claims based Five Star measures- lag behind MDS based period by a quarter to two typically.

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FY 2022 SNF PPS Final Rule
(released 7/29/21)

- QRP:
  - CMS is adopting two new QRP measures for FY 2023-
    - SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization Measure
    - COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure

TABLE 29: Proposed Schedule for Refreshes Affected by COVID-19 PHE Exemptions for the SNF HAI Measure

Quarter Refresh	Claims-based Quarters in Proposed Schedule for Care Compare (number of quarters)
April 2022	Q4 2018 – Q3 2019 (4)
July 2022	Q4 2018 – Q3 2019 (4)
October 2022	Q4 2020 - Q3 2021 (4) *Normal reporting resumes for claims-based measures refreshed annually

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Healthcare-Associated Infections (HAI) Requiring Hospitalization

- New claims-based measure
- Will estimate the risk-standardized rate of HAI's that are acquired during SNF stay resulting in hospitalization beginning
  - **on day 4 after SNF admission and within day 3 of SNF discharge.**
- Uses principal dx on hospital claims https://www.cms.gov/files/document/snf-hai-call-public-comment-draft-specifications.pdf

Category	ICD 10 Code (principal diagnosis)	ICD 10 Label (principal diagnosis)	ICD 10 Code (principal + comorbid diagnosis)	ICD 10 Label (principal + comorbid diagnosis)
Infections related to devices or stumps	T80211A	Bloodstream infection due to central venous catheter, initial encounter	T80211A	Bloodstream infection due to central venous catheter, initial encounter
			T80212A	Local infection due to central venous catheter, initial encounter
			T80218A	Other infection due to central venous catheter, initial encounter
			T80219A	Unspecified infection due to central venous catheter, initial encounter
	T80212A	Local infection due to central venous catheter, initial encounter	T80212A	Local infection due to central venous catheter, initial encounter
			T80218A	Other infection due to central venous catheter, initial encounter
			T80219A	Unspecified infection due to central venous catheter, initial encounter

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Healthcare-Associated Infections (HAI) Requiring Hospitalization

- Some of the Dx identified in this measure include sepsis, UTI, and pneumonia
- ED visits and observation stays are excluded
- HAI measure provides information on a facilities adeptness in infection prevention and management and encourages improved quality of care
- Dry Run Reports are available in your CASPER Folder

Provider	Facility ID	State	Performance Year	Data Collection Period	# of Stays	# of HAI Cases	Observed HAI Rate	Risk Adjusted HAI Rate	95% CI Lower Bound	95% CI Upper Bound	Comparative Performance Category	Observed National Average	# of Providers Better than National Average	# of Providers No Different than National Average	# of Providers Worse than National Average	# of Providers Too Small to Report
XXXXX	XXXXXXXXX	XX	FY 2018	10/01/2017-09/30/2018	158	14	8.86%	7.25%	4.63%	10.35%	No Different than National Average	5.96%	294	12,185	770	1,790
XXXXX	XXXXXXXXX	XX	FY 2019	10/01/2018-09/30/2019	170	18	10.59%	9.27%	6.02%	13.42%	Worse than National Average	5.68%	292	12,175	650	1,983

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Healthcare Associated Infection Requiring Hospitalization (HAI)

- The measure is risk adjusted
  - Age and sex
  - Original reason for Medicare entitlement
  - Surgery category on prior proximal hospital stay
  - Dialysis
  - Primary Dx on prior inpatient stay
  - Comorbidities
  - Length of prior inpatient stay, # of days in ICU/CCU
  - Number of prior inpatient stays within a one year look back from SNF admission

- The measure will be calculated for one fiscal year of data. All SNF Medicare Part A stays with an admission date during the FY, except those with exclusions are included.
- Residents who die during the SNF stay or during the post-discharge window are included in the denominator.

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Healthcare Associated Infection Requiring Hospitalization (HAI)

- Exclusions to the measure include:
  - Residents < 18 years old
  - SNF length of stay less than 4 days
  - Those not continuously enrolled in Part A FFS Medicare during the SNF stay, 12 months prior to the measure period, and three days after end SNF stay
  - Those who did not have Part A short-term acute care hospital stay within 30 days prior to the SNF admission date
  - Residents transferred to a federal hospital from the SNF as determined by the DC status code on the SNF claim
  - Residents who received care from a provider located outside the USA, Puerto Rico, or a U.S. territory
  - SNF stays with missing data on any variable used in the measure construction or risk adjustment

55
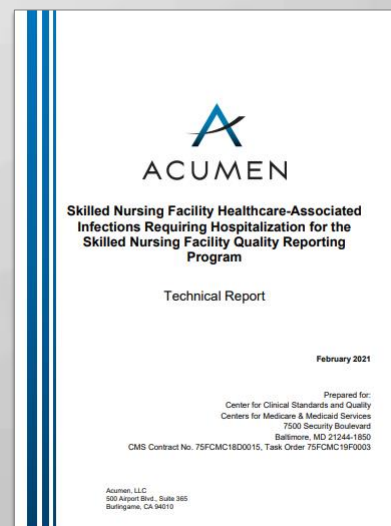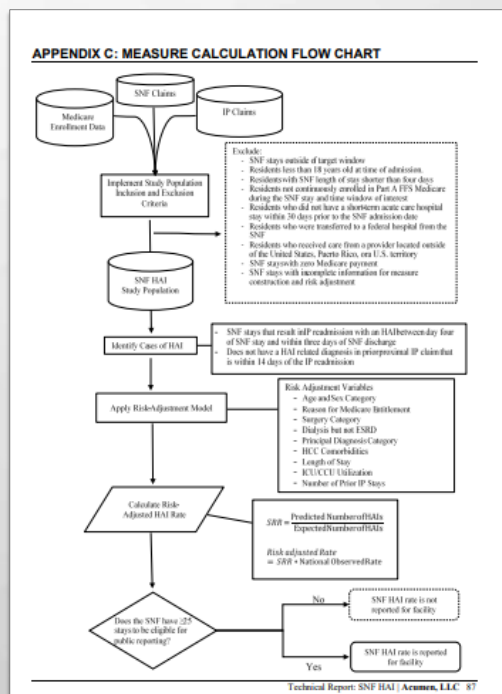
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization for the Skilled Nursing Facility Quality Reporting Program (cms.gov)

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COVID-19 Vaccination Coverage among HCP

- SNF's required to report on COVID-19 HCP vaccination via CDC on NHSN network beginning October 1, 2021 (for the purposes of this QRP measure)

- CMS will publicly report on this measure beginning with the October 2022 refresh on Care Compare or as soon as technically feasible using data collected for Q4 of 2021 (10/1/21 through 12/31/21).

- Rates will be displayed based on one quarter of data. Provider preview reports will be available in July 2022.

- The QRP requirements are NOT the same as the regulation under *F884 Reporting-NHSN*

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COVID-19 Vaccination Coverage among HCP

- There is no risk adjustment, as this is process measure rather than an outcome measure

- The denominator will be the number of HCP eligible to work for at least one day during the reporting period
  - Those with contraindications to vaccine as described by the CDC are excluded

- The numerator is the cumulative number of HCP who received a complete vaccination course

- SNF's will submit COVID-19 vaccination data for at least one week each month. If SNF's submit more than 1 week of data in a month, the most recent week's data would be used for measure calculation.

COVID-19 Vaccination of Healthcare Personnel Measure Specifications (cdc.gov)

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COVID-19 Vaccination Coverage among HCP

- To meet reporting requirement, SNF's will have to report data for the measure at least one week per month.

- CMS sends informational messages to SNF's not meeting APU thresholds on a quarterly basis ahead of each submission deadline. You can sign up for these alerts on the SNF QRP Help webpage at:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-QRP-Help

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COVID-19 Vaccination Coverage among HCP

Measure Name	Data Collection Time Frame	Final Submission Deadlines
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)	October 1, 2021- December 31, 2021	May 16, 2022

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What we can see NOW on Care Compare

COVID-19 vaccination and booster rates   🖶 Print

COVID-19 vaccinations and boosters can be extremely effective at protecting nursing
home residents from COVID-19 infections, symptoms, and severe outcomes, like
hospitalization or death. The information below shows the percent of residents and
staff who are vaccinated in the nursing home, as well as the percent of residents and
staff with completed vaccinations who received boosters, along with the state and
national rates. When higher levels of residents and staff are vaccinated and receive
boosters, the level of protection from COVID-19 increases for all residents, staff, and
visitors.

Get more information on COVID-19 and nursing homes, including COVID-19 vaccine booster rates, cases, and deaths

Staff vaccination   84.7%
⬆ *Higher percentages are better*   National average: 85.4%
                                                    Arizona average: 81.7%

Staff boosters   31%
⬆ *Higher percentages are better*   National average: 42%
                                                    Arizona average: 27.6%

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Future QRP Measures

Transfer of Health Information measure concept:

1. Transfer of Health Information to the **Provider**-Post-Acute Measure
2. Transfer of Health Information to the **Patient**-Post-Acute Care Measure

- Timely transfer of info, specifically reconciled med list:
  (New: MDS Item v1.18.0 A1805, A2105, A2121, A2122, A2123, A2124)
- Both measures were finalized in the FY 2020 SNF PPS Final Rule which was published on Aug. 7, 2019.
- Data collection for these measures is still TBD.
- The PHE delayed the roll out of MDS 1.18.0, which would have been in effect in Oct. of 2020 had the pandemic not taken place.
- The release of the updated version of the MDS (v1.18.1) will be delayed until October 1 of the year that is at least 2 full fiscal years after the end of the COVID-19 PHE.

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Transfer of Health Information Measures

- Transfer of Health Information to the Provider-Post-Acute Measure
  - Assesses whether a current reconciled medication list is given to the subsequent provider when a patient is discharged or transferred from his or her current PAC setting. Includes Hospice or organized home health service.
- Transfer of Health Information to the Patient-Post-Acute Measure
  - Assess whether a current reconciled medication list was provided to the patient, family, or caregiver when the patient was discharged from a PAC setting to a private home/apartment, a board and care home, assisted living, a group home, or transitional living.

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V̲alue B̲ased P̲urchasing

- "In the healthcare industry, pay for performance (P4P), also known as **"value-based purchasing",** is a payment model that offers financial incentives to physicians, hospitals, medical groups, and other healthcare providers for meeting certain performance measures."

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SNF VBP Program Background

- The SNF VBP program rewards facilities with incentive payments based on the quality of care they provide.
- The Protecting Access to Medicare Act of 2014 (PAMA) required the Secretary of Department of HSS to establish the program affecting SNF payment on Oct. 1, 2018.
- All SNF's under the Prospective Payment System are included in the program.
- 2% of all Medicare Part A payments are withheld to fund the program.
- The policy was finalized with Final Rule FY 2018, and 60% of the withhold is used as incentive payment.

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SNF VBP- Current Methodology

SNF 30-day All Cause Readmission Measure (SNFRM)

Denominator

- Includes all Medicare FFS Part A beneficiaries/stays, except those with exclusions

Numerator

- The # of rehospitalizations during a 30-day window from admission to the SNF
- The Measure is risk adjusted: (Actual/Predicted) x National average
  - Risk adjustment is based on patient demographics, principal dx on claim for prior hospitalization, comorbidities. Therefore, the measure is also referred to as RSRR, or risk-standardized readmission rate.

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SNFRM Exclusions

- Planned hospital readmissions
- Patients whose prior hospitalization was for non-surgical treatment of CA
- Patients who did not have Medicare part A for the full 30 days following discharge
- Patients who did not have Medicare part A for a full 12 months prior to hospital discharge
- Patients with any intervening PAC admission within the 30-day window
- Patients discharged from hospital more than one day prior to SNF admission
- Patients who leave against medical advice (Caution: external billing facilities)
- Those who's principal dx at hospital was for rehab, fitting of a prosthetic or adjustment of device
- Patients whose prior hospitalization was for pregnancy

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Definitions

- **Achievement Threshold-**
  - The 25th percentile of national SNF performance during the baseline period
- **Benchmark-**
  - The mean of the best decile on national SNF performance during the baseline period
- **Improvement Threshold-**
  - The specific SNF's performance in the current FY compared to the baseline

	VBP Program Year 2020	VBP Program Year 2021	VBP Program Year 2022	VBP Program Year 2023
Baseline Period	FY 2016	FY 2017	N/A due to PHE	FY 2019
Performance Period	FY 2018	FY 2019	N/A due to PHE	FY 2021

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VBP Scoring and Payment Adjustment

SNF's Performance on 30-Day All Cause Readmission Measure (SNFRM) in the performance period are compared in two ways:

❑ Compared to their own performance during the baseline period to calculate an *Improvement Score* (scores range from 0 to 90)
❑ Compared to national SNF performance during the baseline period to calculate an *Achievement Score* (scores range from 0 to 100)

Achievement and Improvement scores are compared. Whichever score is higher will become that SNF's *Performance Score*.

Performance Standards for the SNF VBP Program

- published in the SNF PPS final rule prior to the applicable Program year's performance period begins.

SNF VBP Program Year	Achievement Threshold	Benchmark	SNF PPS Final Rule
FY 2021	0.79476	0.83212	FY 2019 SNF PPS final rule (page 39276)
FY 2022	0.79059	0.82905	FY 2020 SNF PPS final rule (page 38822)*
FY 2023	0.79270	0.83028	FY 2021 SNF PPS final rule (page 47625)

SNF VBP FAQ's
Skilled Nursing Facility Value-Based Purchasing Program: Frequently Asked Questions (cms.gov)

VBP Scoring and Payment Adjustment

- Each SNFs Performance Score is transformed into an incentive payment multiplier using a logistic exchange function.

- This multiplier is applied to your federal per diem rate during the applicable SNF VBP Program year.

Per diem rate	X	Incentive Payment Multiplier	VBP adjusted payment
$500	X	1.01562	$507.81

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VBP Confidential Feedback Reports

- CMS distributes confidential feedback reports via the QIES reporting system
- Typically, four quarterly reports are issued each year:
  - Interim Workbook
    - Generally, released in March of each year, contains less than a full year of data, contains stay-level data only, is not considered final
  - Two Full-Year Workbooks (one for the baseline period and one for the performance period)
    - Generally, the baseline period is released in December and the performance period released in June, contain a full year of data, include both stay-level and facility-level (i.e., measure results), data is considered final
  - Performance Score Report
    - Generally, released in August of each year, contain baseline and performance period SNFRM results, performance scores, SNF VBP Program rank, and incentive payment multiplier impacting the upcoming payment year.

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VBP Program "Typical" Timeline (FY 2023)

Two Full Year Workbooks:

Baseline Period-released in Dec. (2021)-FY 2019 data

Performance Period-releases in June (2022)-FY 2021 data

Interim Data Workbook released March (2022)
(gives 2 quarters of performance data for program year 2022)

June (2022)- Performance Period data will be released (FY 2021)

August (2022)- Performance Score report, including incentive payment multiplier will be released

Oct. 1- (2022)- Medicare payments will be impacted by performance on VBP (Program Year 2023)

Includes stay lev.

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Interim and Full Year Workbooks with Stay Level Data

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Full Year Workbooks only, will include Facility Level Data

Your SNF's Performance on the SNFRM (NQF #2510)

Performance Information	FY 2018
Number of Eligible Stays	66
Number of Unplanned Readmissions	10
Observed Readmission Rate	15.152%
Predicted Number of Readmissions	10.287
Expected Number of Readmissions	10.387
Standardized Risk Ratio (SRR)	0.99
National Average Readmission Rate	19.907%
Risk-Standardized Readmission Rate (RSRR)	19.716%

Annual Performance Score Reports

SNF VBP Performance Information

Baseline Period Risk-Standardized Readmission Rate (RSRR)	18.481%
Performance Period RSRR	19.481%
Achievement Score	12.73337
Improvement Score	0.00000
Performance Score	12.73337
Program Rank	9,120
Incentive Payment Multiplier	0.9812153282

Note: There were 4,436 unique (non-tied) performance scores in the FY 2020 SNF VBP Program and 15,201 SNFs eligible for the Program nationally.

- Is an excel file in CASPER
- Available in August each year
- Includes 4 Tabs of information
  - **Tab 1**- Cover Sheet, general information on contents
  - **Tab 2**-Facility Performance, pictured to the left
  - **Tab 3**- Payment information
  - **Tab 4**- Data Dictionary

Incentive Payment Multiplier

- In this example, the incentive payment multiplier is .9812153282

- This SNF will essentially be receiving an approximate reduction of 1.88% in their Medicare payments for FY 2020

- i.e. if your adjusted Federal per diem rate is $400, you would multiply this dollar amount by your payment incentive multiplier.

  i.e. 9812153282 would result in a rate of $392.49.

Your SNF's FY 2020 SNF VBP Program Performance

SNF VBP Performance Information	
Baseline Period Risk-Standardized Readmission Rate (RSRR)	18.481%
Performance Period RSRR	19.481%
Achievement Score	12.73337
Improvement Score	0.00000
Performance Score	12.73337
Program Rank	9.120
Incentive Payment Multiplier	0.9812153282

Note: There were 4,436 unique (non-tied) performance scores in the FY 2020 SNF VBP Program and 15,201 SNFs eligible for the Program nationally.

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Impact of the current PHE on the VBP Program

- Finalized with FY 2022 Final Rule, CMS will suppress the SNFRM for FY 2022 program year due to circumstances caused by the PHE for COVID-19.

- Performance Scores will be assigned to zero for all participating SNF's.

- CMS will reduce the per diem rate for each SNF by 2% and award SNF's 60% of that withhold, resulting in a 1.2% payback percentage to those SNF's.

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VBP Performance Score Report

Your SNF's FY 2022 SNF VBP Program Payment Information

Your Incentive Payment Multiplier for FY 2022	
Starting October 1, 2021, your adjusted federal per diem rate will be multiplied by **0.9920000000**.	Your incentive payment multiplier is **net-negative**, meaning that your facility will earn back **less than** it would have in the absence of the SNF VBP Program.
Interpreting Incentive Payment Multipliers	
Incentive Payment Multiplier < 1	SNF receives less than the 2% withhold back (net-negative)
Incentive Payment Multiplier = 1	SNF receives the full 2% withhold back (net-neutral)
Incentive Payment Multiplier > 1	SNF receives more than the 2% withhold back (net-positive)

- CMS released VBP Performance Score reports on Friday July 30, 2021.
- With this report, the details of the Final Rule are reinforced.
- Incentive Payment multiplier is set at .992000 for all SNF's (1.2% payback)
  - except those SNF's subject to the low-volume adjustment policy,
  - they will receive 100% of the withhold

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Expanded VBP

- The Consolidated Appropriations Act of 2021, gave the Secretary the ability to expand the SNF VBP and apply up to an additional 9 measures with respect to payments beginning in FY 2024:
  - Measures of functional status
  - Patient safety
  - Care coordination
  - Patient experience

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CMS is currently convening a Technical Expert Panel (TEP) on the future of SNF VBP

- CMS is currently convening a group of stakeholders and experts who contribute direction and thoughtful input on the scoring methodology for the expansion of the SNF VBP Program.

- This work is in response to Section 111 of the Consolidated Appropriations Act, 2021, which allowed the Secretary of the Department of Health and Human Services to apply up to nine additional measures to the SNF VBP Program for payment for services furnished on or after October 1, 2023 (fiscal year [FY] 2024).

- The purpose of this TEP is to solicit stakeholder input on updates to the SNF VBP Program scoring methodology to allow for applying additional measures to the current single-measure Program.

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Effective QAPI Implementation/PDCA

Use the PDCA Cycle

- **Plan**: Recognize an opportunity and plan to change it for improving quality
- **Do:** Make the change and test it in a small-scale setting before implementing it throughout the facility
- **Check:** Review the test results
- **Act:** Depending on the results of the previous step:
  - If the change worked: Incorporate the change organization-wide in a systematic roll-out
  - If the change did not work: Go to the beginning of the cycle and start again with a new plan

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PDCA: Just like a Care Plan!

Performance Improvement Plan (PIP) Team Report

Facility: Date:

- Include dates when Intervention was implemented; when review of interventions occurred and when standardized solution was implemented or the PDCA cycle was continued.

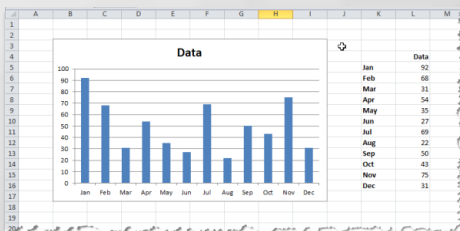| Plan		Do	Check	Act
Problem/Concern/ Opportunity	Objective Goal	Interventions	Review of Interventions	Continue PDCA Cycle or standardized solution (policy updated)

Privileged Document for Internal QA/QI Purposes Only

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Data Sources

Know the trends in your facility...

- Track your data to understand how you are performing.
- Compare your performance to national benchmarks- know how you are doing relative to others.
- Improve your performance, use QI tools (i.e. INTERACT).
- Monitor the QIES system and review your Confidential Feedback Reports regularly.
- Add QRP, CASPER QM and Five Star as focus areas to your regular QAA/QAPI process
  - All hands-on deck approach!

- Updating P&P
- Ensure adequate funding
- Clearly defining roles & responsibilities for new actions
- Communicate change & purpose
- Identify barriers to new change
- Integrate new change into orientation / competency

Sustained Improvement

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References:

- SNF QRP Measure Calculations and Reporting User's Manual. Version 3.0. Oct. 1, 2019. Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, Version 3.0, October 1, 2019 (cms.gov)
- SNF QRP Overview of Data Elements Used for Reporting Assessment Based QM's Affecting FY 2023 APU. August 2021. Skilled Nursing Facility Quality Reporting Program (SNF QRP): Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2023 Annual Payment Update (APU) Determination (cms.gov)
- Draft Measure Specifications: SNF Healthcare-Associated Infections Requiring Hospitalization for the SNF QRP. September 2020. DRAFT MEASURE SPECIFICATIONS: SKILLED NURSING FACILITY HEALTHCARE-ASSOCIATED INFECTIONS REQUIRING HOSPITALIZATIONS FOR THE SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM (cms.gov)
- SNF Healthcare associated infections requiring hospitalization for te SNF QRP, technical report. Feb. 2021. Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization for the Skilled Nursing Facility Quality Reporting Program (cms.gov)
- Measure Specification: NHSN COVID-19 Vaccination Coverage Updated August 2021. COVID-19 Vaccination of Healthcare Personnel Measure Specifications (cdc.gov)

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Thank You for Joining us Today!

Any Questions?

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