

Questions & Answers

- Answered by Joel VanEaton -

Q1: When will the VBP change again?

A1: The Value-Based Purchasing program added three new measures in FY 2023 and will add 4 new measures in FY 2024. The first year that payment will be affected by three of these measures will be FY 2026. Subsequent years will be affected by additional measures.

Q2: Can you tell me if NON- CAH Swing bed programs, paid under PPS, or held to SNF-VBP just as a regular SNF?

A2: The FY 2024 SNF PPS Final Rule states the following, *"The SNF VBP Program is authorized by section 1888(h) to the Act, and it applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-CAH swing bed rural hospitals"*.

Q3: Any ideas how they are going to calculate the HPD post 10/1 when RUGs IV is no longer calculated?

A3: I am assuming that by HPD you are referring to Hours per Patient Day used in the staffing measures. This is a great question, one that I have had as well, for which CMS has not yet given an answer. CMS has only indicated that they will update the measure specifications sometime after October 1st. We are all waiting to see what those updates will reveal.

Q4: Who can we reach out to when we have a discrepancy with our PDPM rate that the computer figures and what we are being paid? Since we have changed to the level playing field I am ending up with credits when Medicare pays. I've reached out to Medicare and have had them analyze the claims and they state they are paying correctly, but I'm ending up with credits in the 300-400 range. I have triple check my numbers on PDPM calculation and I show it is correct. Of course, I worry about this affecting our Medicare credit report.

A4: The best place to start in your MAC. They will be able to facilitate this type of discrepancy.

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Q5: How are facilities affected if they do not have long term stay patient, only short stay?

A5: For FY 2026 program year SNFs must report the minimum number of cases for two of the four measures during the performance period to be included in the FY 2026 program year. For FY 2027 program year SNFs must report the minimum number of cases for four of the eight measures during the performance period to receive a SNF Performance Score and value-based incentive payment.

CMS will score SNFs' performance on achievement and improvement for each measure and award them the higher of the two scores for each measure to be included in the SNF performance score, except in the instance that the SNF does not meet the case minimum threshold for the measure during the applicable baseline period, in which case the SNF would only be scored on achievement.

Q6: Does the diagnosis/reason for fall with major injury measure affect the QM, such as a fall due to spontaneous femur fracture due to osteoporosis?

A6: The short answer is no. The RAI Manual lists the following as major injury, "bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma." The medical record should support this in terms of accurately coding the item. The Technical specifications for this measure can be found [at the CMS website here](#). These tech specs indicate the following for this measure, "This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period."

So, while the technical specifications don't require a specific diagnosis for the measure to trigger, that happens when J1900C is coded 1 or 2, the medical record documentation would need to contain the appropriate clinical information to code J1900C accurately.

Q8: With the higher and higher percentages of managed Medicare, how will and why would they continue these measures or will managed care be included with these measures?

A8: There are discussions ongoing about expanding the QMs to apply to more payer types. Most likely future iterations of the SNF QRP and VBP will expand to do just that. In fact, A virtual listening session is set for Aug. 29 to gather feedback on the expansion of Minimum Data Set (MDS) data submission to include all skilled nursing facility patients regardless of their payer. The session is being held by Acumen LLC on behalf of CMS. [Click here](#) for more details and to register.

Currently In the FY 2024 final rule for VBP, CMS has finalized one measure that does apply to all payers, Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay).

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Q9: What is dual eligibility?

A9: The FY 2024 SNF PPS Final Rule indicates that, *“Individuals with dual eligibility status (DES) are those who are eligible for both Medicare and Medicaid coverage.”*

Q10: Will community Medicaid status for short-term residents who are under a Part A stay count toward 20 percent for health equity, or will that just be for those who are eligible for long-term care Medicaid?

A10: The FY 2024 SNF PPS Final Rule indicates that, *“Individuals with dual eligibility status (DES) are those who are eligible for both Medicare and Medicaid coverage.”* It does not define DES further or give specifics.

Q11: The 1.2% isn't a large enough incentive, while SNFs say they are fiscally challenged, they are not always inclined to focus on these for the small dollar amount. More measures almost make the incentive less...how do you get them to focus on those beyond the publicly reported measures?

A11: Most measures are publicly reported or will be. The incentive to perform well enough to get the 2% withhold back plus the finalized health equity adjustment, according to CMS, are enough to incentivize improved quality measurement.

Q12: In PA there field operations review that looks at MDS data, will that be in addition to the MDS review for VBP.

A12: The details and specifics of how the VBP MDS audits will take place has not been released. From what the FY 2024 proposed and final rules indicate, It is a separate audit, specifically focused on validating MDS data that contributes to the VBP MDS based quality measures.

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Q13: What is the difference between the achievement and the improvement scores?

A13: CMS finalized awarding **achievement** points to SNFs based on their performance period measure rate for each measure according to the following:

- If a SNF's performance period measure rate is equal to or greater than the benchmark, the SNF would be awarded 10 points for achievement.
- If a SNF's performance period measure rate is less than the achievement threshold, the SNF would receive 0 points for achievement.
- If a SNF's performance period measure rate is equal to or greater than the achievement threshold, but less than the benchmark, we will award between 0 and 10 points.

CMS also finalized awarding **improvement** points to SNFs based on their performance period measure rate according to the following:

- If a SNF's performance period measure rate is equal to or lower than its baseline period measure rate, the SNF would be awarded 0 points for improvement.
- If a SNF's performance period measure rate was equal to or higher than the benchmark, the SNF would be awarded 9 points for improvement.
- If a SNF's performance period measure rate was greater than its baseline period measure rate but less than the benchmark, we will award between 0 and 9 points.

Q14: I Can't find VBP report in IQIES, how do I access this?

A14: The FY 2024 reports are located in IQIES, in My Reports, in the Provider Preview Reports file.

Q15: In iQIES, I only see the VBP report option for 2024 and 2025. I should be able to see earlier years, correct?

A15: The reports that are showing in IQIES currently are for the final FY 2024 adjustments. I have not seen anything for FY 2025 yet. There are some earlier reports still available in QIES.