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Inseparable Friends: SNF QRP and SNF VBP + 5-Star Updates

Joel VanEaton, BSN, RN, RAC-CTA, Master Teacher:
Executive Vice President of PAC Regulatory Affairs and Education

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Inseparable Friends QRP/VBP

Agenda

- SNF Quality Reporting Program (QRP) review
- SNF Value Based Purchasing (VBP) review
- What's Changing, Combined SNF VBP and QRP
- Measures Under Consideration
- Resident Reported Outcomes
- Staffing in the spotlight / 5-Star Updates
- Q&A

Agenda

SNF Quality Reporting Program (QRP) Review



LIVE POLL



SNF Quality Reporting Program (QRP)

- The Improving Medicare Post-Acute Care Transformation Act (IMPACT) Act of 2014 requires the Secretary to implement specified clinical assessment domains using standardized (uniform) data elements to be nested within the assessment instruments currently required for submission by Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF), and Home Health Agency (HHA) providers.
- There are 15 quality measures that have been developed for SNFs as a result with more to come, some filtered through the [meaningful measures framework](#), with an abundance of Standardized Patient Assessment Data Elements or SPADES to follow.
- Currently, the [QRP](#) is driven by 13 quality measures. Eight of these measures derive from the Minimum Data Set, four from Medicare claims and one is reported through NHSN. Only two of these measures currently affect a facility's 5-star rating.

SNF Reporting Program (SNF QRP)

- The Skilled Nursing Facility Quality Reporting Program (SNF QRP) is authorized by section 1888(e)(6) of the Act, and it applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-critical access hospital (CAH) swing-bed rural hospitals.
- Section 1888(e)(6)(A)(i) of the Act requires the Secretary to reduce by 2 percentage points the annual market basket percentage update applicable to a SNF for a fiscal year, after application of the productivity adjustment in the case of a SNF that does not submit 100% of the data necessary to calculate the SNF QRP measures on at least 80% of the MDS assessments submitted.
- **Resources:**
 - [SNF QRP](#)
 - [Reporting tables for FY 2023](#)
 - [SNF QRP Technical Specifications](#) and [Addendum](#)
 - [HAI Draft Specifications](#)
 - [COVID-19 Vaccination Among HCP Specifications](#)
 - [TOH Measures and SPADEs](#)
 - [Claims Based Measures DTC and PPR](#)
 - [MSPB](#)

SNF Quality Reporting Program (QRP)

- **MDS-Based:**

- Application of Percent of Residents Experiencing One or More Falls with Major Injury
- Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function
- Drug Regimen Review Conducted with Follow-Up for Identified Issue
- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury **(5-Star)**
- SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents
- SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents
- SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents
- SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents

SNF Quality Reporting Program (QRP)

- **MDS-Based (Cont.):**

- Transfer of healthcare information to the provider. **Fall 2023**
- Transfer of health information to the patient. **Fall 2023**

- **Claims-Based:**

- Medicare Spending Per Beneficiary – Post-Acute Care
- Discharge to Community **(5-star)**
- Potentially Preventable 30-Day Post-Discharge Readmission Measure
- Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAIs) Requiring Hospitalizations Measure for the Skilled Nursing Facility Quality Reporting Program.

- **NHSN-Based:**

- COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
- Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure. **Fall 2024**

SNF Quality Reporting Program (QRP)

- The FY 2023 Proposed Rule indicates the addition of multiple Standardized Patient Assessment Data Elements, or SPADES, that will be added after the Pandemic, all of which will require new MDS items. Collection of this data will begin October 1, 2023. MDS 3.0 v1.18.11 will contain these additional elements
- **MDS Based QMs**
 - Transfer of Health Information to the Provider–Post-Acute Care (PAC);
 - Transfer of Health Information to the Patient–Post-Acute Care (PAC).
- **S.P.A.D.Es**
 - 3 SPADEs for Cognitive Function.
 - 15 SPADEs to Assess for Special Services, Treatments, and Interventions.
 - 1 SPADE to Assess for Medical Conditions and Co-Morbidities.
 - 2 SPADEs to Assess for Impairments
 - 5 SPADEs to assess for a new category: Social Determinants of Health.

SNF Quality Reporting Program (QRP)

- Until this year, only the MDS based SNF QRP measures affected a facility's Annual Payment Update (APU).
- If 100% of the data necessary to calculate the measure is not available on 80% of the MDS assessments completed, the facility will receive an annual 2% reduction to the market basket adjustment for that that FY.
- Starting with data collected in FY 2022, CMS has indicated that 100% compliance with the vaccination measure will also affect future APUs starting in FY 2023.
- In other words, moving forward, facilities will have to comply with both the MDS based QRP measure threshold and the vaccination measure threshold or face a 2% reduction to their APU.

Proposed New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- In the FY 2023 proposed rule, CMS is proposing to adopt one new measure for the SNF QRP beginning with the FY 2025 SNF QRP: the **Influenza Vaccination Coverage among Healthcare Personnel (HCP) (NQF #0431) measure**.
 - These new data elements will facilitate communication and coordination across care settings as well as provide information to support our mission of analyzing the impact of the COVID-19 PHE on patients to improve the quality of care in SNFs
 - Variation in influenza vaccination coverage rates indicate the proposed measure's usability and use. Variation in influenza vaccination coverage rates by facility demonstrates the utility of the measure for resident choice of facility. Variation in influenza vaccination rates by type of HCP demonstrates the utility of the proposed measure for targeted quality improvement efforts.
 - **To meet the minimum data submission requirements**, SNFs would enter a single influenza vaccination summary report at the conclusion of the measure reporting period. If SNFs submit data more frequently, such as on a monthly basis, the information would be used to calculate one summary score for the proposed measure which would be publicly reported on Care Compare.

Proposed New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- The Influenza Vaccination Coverage among HCP measure is a process measure developed by the CDC to track influenza vaccination coverage among HCP in facilities such as SNFs.
- The measure reports on the percentage of HCP who receive influenza vaccination. The term “healthcare personnel” refers to all paid and unpaid persons working in a health care setting, contractual staff not employed by the health care facility, and persons not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.
- Since the proposed measure is a process measure, rather than an outcome measure, it does not require risk-adjustment.
- CMS is proposing that SNFs submit data for the measure through the CDC/NHSN data collection and submission framework
- The proposed measure’s **denominator** is the number of HCP who are physically present in the health care facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Proposed New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- The proposed measure's reporting period is October 1 through March 31; this reporting period refers to the proposed measure's denominator only.
- The denominator would be calculated separately for three required categories:
 - **Employees**, meaning all persons who receive a direct paycheck from the reporting facility (that is, on the SNF's payroll);
 - **Licensed independent practitioners**, such as physicians, advanced practice nurses, and physician assistants who are affiliated with the reporting facility, who do not receive a direct paycheck from the reporting facility; and
 - **Adult students/trainees and volunteers** who do not receive a direct paycheck from the reporting facility.
 - A denominator can be calculated for an **optional category** as well: **Other contract personnel**, defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the three required denominator categories.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

Proposed New QRP Measures

- The proposed measure's numerator consists of all HCP included in the denominator population who received an influenza vaccine any time from when it first became available (such as August or September) through March 31 of the following year and who fall into one of the following categories:
 - (a) received an influenza vaccination administered at the health care facility;
 - (b) reported in writing (paper or electronic) or provided documentation that an influenza vaccination was received elsewhere,
 - (c) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or a history of Guillain-Barre (GBS) within 6 weeks after a previous influenza vaccination;
 - (d) were offered but declined the influenza vaccination; or
 - (e) had an unknown vaccination status or did not meet any of the definitions of the other numerator through d).
- The measure numerator data is required based on data collected from October 1st or whenever the vaccine becomes available. Therefore, if the vaccine is available prior to October 1st, any vaccine given before October 1st is credited towards vaccination coverage. Likewise, if the vaccine becomes available after October 1st, the vaccination counts are to begin as soon as possible after October 1st.

Proposed New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- Influenza Vaccination Coverage among Healthcare Personnel Timing
 - CMS is proposing to adopt the Influenza Vaccination Coverage among HCP quality measure beginning with the FY 2025 SNF QRP.
 - The CDC has determined that the influenza vaccination season begins on October 1st (or when the vaccine becomes available) and ends on March 31st of the following year.
 - Therefore, CMS is proposing an initial data submission period from October 1, 2022 through March 31, 2023. In subsequent years, data collection for this measure will be from October 1 through March 31 of the following year.
 - CMS is proposing to publicly report the Influenza Vaccination Coverage among HCP (NQF #0431) measure beginning with the October 2023 Care Compare refresh or as soon as technically feasible using data collected from October 1, 2022 through March 31, 2023. If finalized as proposed, a SNF's Influenza Vaccination Coverage among HCP rate would be displayed based on 6 months of data.
 - Provider preview reports would be distributed in July 2023. Thereafter, Influenza Vaccination Coverage among HCP rates would be displayed based on 6 months of data, reflecting the reporting period of October 1 through March 31, updated annually.

Proposed New QRP Measures

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- In addition, CMS is proposing to revise the compliance date for the collection of the Transfer of Health (TOH) Information to the Provider-PAC measure, the TOH Information to the Patient-PAC measure, and certain **standardized patient assessment data elements** from October 1st of the year that is at least 2 full fiscal years after the end of the COVID-19 PHE to October 1, 2023.
- CMS believes this date is sufficiently far in advance for SNFs to make the necessary preparations to begin reporting these data elements and the TOH Information measures and that the need for the standardized patient assessment data elements and TOH Information measures have been shown to be even more pressing with issues of health inequities, exacerbated by the COVID-19 PHE.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) update

- In the FY 2023 proposed rule For consistency in regulations, CMS is proposing conforming revisions to the Requirements under the SNF QRP Specifically, CMS is proposing to add a new language for the SNF QRP data completeness thresholds. The new language would reflect all data completion thresholds required for SNFs to meet or exceed in order to avoid receiving a 2-percentage point reduction to their annual payment update for a given fiscal year.
- CMS is proposing to add new language to state that SNFs must meet or exceed two separate data completeness thresholds:
 - One threshold set at 80 percent for completion of required quality measures data **and standardized patient assessment data** collected using the MDS submitted through the CMS-designated data submission system, beginning with FY 2018 and for all subsequent payment updates;
 - A second threshold set at 100 percent for measures data collected and submitted using the CDC NHSN, beginning with FY 2023 and for all subsequent payment updates.
- CMS is proposing to add new language to state that these thresholds (80 percent for completion of required quality measures data **and standardized patient assessment data** on the MDS; 100 percent for CDC NHSN data) will apply to all measures and standardized patient assessment data requirements adopted into the SNF QRP.
- CMS is proposing to add new language to state that a SNF must meet or exceed both thresholds to avoid receiving a 2-percentage point reduction to their annual payment update for a given fiscal year.

Proposed New QRP Measures

RFI - SNF QRP Quality Measures under Consideration for Future Years

- CMS is seeking input on a cross-setting functional measure that would incorporate the domains of self-care and mobility.
- CMS is also seeking input on measures of health equity, such as structural measures that assess an organization's leadership in advancing equity goals or assess progress towards achieving equity priorities.
- Finally, we are seeking input on the value of a COVID-19 Vaccination Coverage measure that would assess whether SNF patients were up to date on their COVID-19 vaccine.

TABLE 16: Future Measures and Measure Concepts Under Consideration for the SNF QRP

Quality Concepts
Cross-Setting Function
Health Equity Measures
PAC – COVID-19 Vaccination Coverage among Patients

SNF Value Based Purchasing (VBP) Review



SNF Value Based Purchasing (VBP)

- CMS sees quality as a vital measure of how providers should be paid and so rehospitalizations, or Value Based Purchasing (VBP), has been the measure that has had the most impact on a SNF's annual PPS rate since the measure was implemented as a result of PAMA, or the Protecting Access to Medicare Act, also from 2014.
- Rehospitalizations, or Value Based Purchasing (VBP), has been the measure that has had the most impact on a SNF's annual PPS rate since the measure was implemented.
- The current measure that is utilized for this purpose is [NQF 2510](#), Skilled Nursing Facility 30-Day All-Cause Readmission Measure or SNFRM. The SNFRM estimates the risk-standardized rate of all-cause, unplanned hospital readmissions for SNF Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute hospitalization.
- Each FY, [CMS withholds 2% of SNF payment](#) and the individual facility performance compared to all other facilities in the nation determines how much of that 2% the facility will earn back as a VBP incentive payment ([User's Guide](#)).
- Individual facilities receive quarterly confidential feedback reports in CASPER and an annual update related to that year's incentive payment.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Performance and Baseline Period Proposals**
 - **SNFRM**
 - To avoid COVID related effects, CMS is proposing to use a baseline period of FY 2019 for the FY 2025 program year.
 - CMS is also proposing that beginning with the FY 2023 program year, SNFs must have a case minimum of 25 eligible stays for the SNFRM during the applicable 1-year performance period in order to be eligible to receive a score on that measure under the SNF VBP Program. This will also affect what data is displayed on Care Compare.

TABLE 18: Proposed Estimated FY 2025 SNF VBP Program Performance Standards

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.79270	0.83028

SNF Value Based Purchasing (VBP)

- **Value Based Purchasing (Cont.)**

- In the FY 2023 proposed rule, CMS indicated they have been examining whether they should develop an adjustment to the SNFRM that would properly account for COVID-19 patients.
- After careful examination of each of the four modification options, CMS is proposing to modify the technical specifications of the SNFRM such that beginning with the FY 2023 SNF VBP program year a risk-adjustment variable for both COVID-19 during the PPH and patients with a history of COVID-19 will be added.
- These cases will remain in the measure's cohort, but CMS will add a variable to the risk adjustment model that accounts for the clinical differences in outcomes for these patients.

SNF Value Based Purchasing (VBP)

- Current VBP Inadequacies

- In its March 2021 report, the Medicare Payment Advisory Committee or Medpac, made the following observations.

“In September 2020, the Commission discussed several shortcomings of the program’s design; in October 2020, it considered an alternative design that corrects them. Those discussions highlighted the lack of claims-based quality measures and a measure of patient experience for all PAC providers, including SNFs. Regarding the incentives established by the program, the trade press has noted that the size of the program’s payments may be too small to change behavior.”

SNF Value Based Purchasing (VBP)

- In the FY 2020 proposed rule, CMS has taken up this mantle and has continued the discussion about just what those additional measures might look like. On December 27, 2020, Congress enacted the Consolidated Appropriations Act, 2021 part of which contains amendments to, with respect to payments for services furnished on or after October 1, 2023, require the Secretary to apply the specified readmission measure and allow the Secretary to apply up to nine additional measures determined appropriate

SNF Value Based Purchasing (VBP)

- Current Payment system adjustments
 - CMS has made it clear in the FY 2022 proposed and final rulemaking cycle as well as in numerous presentations that though they intended PDPM to be implemented in a budget neutral fashion.
 - In the FY 2023 proposed rule, CMS found that there has been a 4.6% increase in aggregate payments under PDPM compared to RUG 66, even with COVID-19 data extracted. Also, rehab minutes have decreased.
 - This has led CMS to focus on quality/value/outcomes as a metric for PDPM success.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expansion with QRP Measures**

- On December 27, 2020, Congress enacted the Consolidated Appropriations Act, 2021 part of which contains amendments to, with respect to payments for services furnished on or after October 1, 2023, require the Secretary to apply the specified readmission measure and allow the Secretary to apply up to 9 additional measures determined appropriate.
- CMS is proposing to adopt two new quality measures for the SNF VBP Program beginning with the FY 2026 program year:
 - (1) Skilled Nursing Facility (SNF) Healthcare Associated Infections (HAI) Requiring Hospitalization (SNF HAI) measure (Patient Safety – Meaningful Measures Framework); and
 - (2) Total Nursing Hours per Resident Day Staffing (Total Nurse Staffing) measure (Person Centered Care Domain – Meaningful Measures Framework).
 - Case mix adjusted hours will be calculated the same as for 5-Star (Hours Adjusted = (Hours Reported/Hours CaseMix) * Hours National Average)
 - The **proposed numerator** for the measure is total nursing hours (RN + LPN + NA hours). RN hours include the RN director of nursing, RNs with administrative duties, and RNs.
 - The **proposed denominator** for the measure is a count of daily resident census derived from MDS resident assessments.
 - CMS is proposing to report the measure rate for the SNF VBP Program for each SNF as a simple average rate of total nurse staffing per resident day across available quarters in the 1-year performance period.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expansion with QRP Measures**
 - CMS is also proposing to adopt an additional quality measure for the SNF VBP Program beginning with the FY 2027 program year:
 - Discharge to Community (DTC) – Post-Acute Care (PAC) Measure for Skilled Nursing Facilities (NQF #3481).
 - CMS is also currently reviewing measures of patient falls and functional status, to determine whether any of them would be appropriate for the SNF VBP Program.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Performance and Baseline Period Proposals**
 - **SNF HAI Measure**
 - CMS is proposing a 1-year performance period for the SNF HAI measure would be operationally feasible for the SNF VBP Program and would provide sufficiently accurate and reliable SNF HAI measure rates and resulting performance scores.
 - CMS is also proposing to adopt FY 2024 (October 1, 2023 through September 30, 2024) as the performance period for the SNF HAI measure for the FY 2026 SNF VBP Program.
 - CMS is proposing to adopt a 1-year baseline period for the SNF HAI measure. In addition, CMS is proposing to adopt FY 2022 (October 1, 2021 through September 30, 2022) as the baseline period for the SNF HAI measure for the FY 2026 SNF VBP Program.
 - CMS is also proposing that SNFs must have a minimum of 25 eligible stays during the applicable 1-year performance period in order to be eligible to receive a score on the measure.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Performance and Baseline Period Proposals**
 - **Total Nursing Hours per Resident Day Staffing Measure**
 - CMS is proposing to adopt a 1-year performance period for the Total Nurse Staffing measure. In addition, we are proposing to adopt FY 2024 (October 1, 2023 through September 30, 2024) as the performance period for the Total Nurse Staffing measure for the FY 2026 SNF VBP program year.
 - CMS is proposing to adopt a 1-year baseline period for the Total Nurse Staffing measure. In addition, we are proposing to adopt FY 2022 (October 1, 2021 through September 30, 2022) as the baseline period for the Total Nurse Staffing measure for the FY 2026 SNF VBP Program.
 - CMS is also proposing that SNFs must have a minimum of 25 residents, on average, across all available quarters during the applicable 1-year performance period in order to be eligible to receive a score on the measure.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Performance and Baseline Period Proposals**
 - **Discharge to Community – PAC SNF QRP Measure**
 - CMS is proposing to calculate the performance period for the DTC PAC SNF measure using two consecutive years of data by proposing to adopt FY 2024 through FY 2025 (October 1, 2023 through September 30, 2025) as the performance period for the DTC PAC SNF measure for the FY 2027 SNF VBP Program.
 - In addition, we are proposing to adopt FY 2021 through FY 2022 (October 1, 2020 through September 30, 2022) as the baseline period for the DTC PAC SNF measure for the FY 2027 SNF VBP Program.
 - CMS is also proposing that SNFs must have a minimum of 25 eligible stays during the applicable 2-year performance period in order to be eligible to receive a score on the measure.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**
 - CMS is proposing to apply the current policy that scores SNFs based only on their achievement during the performance period for any program year for which they do not have sufficient baseline period data, which we defined as SNFs with fewer than 25 eligible stays during the baseline period for a fiscal year to the expanded VBP measures.
 - CMS is proposing to update the achievement and improvement scoring methodology, applicable to all expanded VBP measures, to allow a SNF to earn a maximum of 10 points on each measure for achievement, and a maximum of 9 points on each measure for improvement.
 - For purposes of determining these points, CMS is proposing the following definitions:
 - **the benchmark** is the mean of the top decile of SNF performance on the measure during the baseline period; and
 - **the achievement threshold** as the 25th percentile of national SNF performance on the measure during the baseline period.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**
 - CMS is proposing to award **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 is also proposing to award **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

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- Value Based Purchasing Expanded Measure Performance Scoring

Achievement	
Baseline Period	
	Benchmark (the mean of the top decile of SNF performance on the measure during the baseline period)
	Achievement Threshold (the 25th percentile of national SNF performance on the measure during the baseline period)
Performance Period	
X = 0 points	X = 10 Points
	X = between 0 and 10 points

Improvement	
Baseline Period	
	Benchmark (the mean of the top decile of SNF performance on the measure during the baseline period)
	Baseline Period Measure rate
Performance Period	
X = 0 points	X = 9 Points
	X = between 0 and 9 points

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**
 - Under this proposal, 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 we propose that the SNF would only be scored on achievement.
 - CMS will then sum each SNFs' measure points and normalize them to arrive at a SNF performance score that ranges between 0 and 100 points.
 - This policy is intended to appropriately recognizes the best performers on each measure and reserves the maximum points for their performance levels while also recognizing that improvement over time is important and should also be rewarded.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**
 - CMS is proposing to adopt a “normalization” policy for SNF performance scores under the expanded SNF VBP Program, effective in the FY 2026 program year.
 - Under this policy, we would calculate a raw point total for each SNF by adding up the SNF’s score on each of the measures.
 - For example, a SNF that met the case minimum to receive a score on three quality measures would receive a score between 0 to 30 points, while a SNF that met the case minimum to receive a score on two quality measures would receive a score between 0 to 20 points.
 - CMS would then normalize the raw point totals by converting them to a 100-point scale, with the normalized values being awarded as the SNF performance score.
 - For example, CMS would normalize a SNF’s raw point total of 27 points out of 30 by converting that total to a 100-point scale, with the result that the SNF would receive a SNF performance score of 90. Example: $(27/30) \times 100 = 90$

RFI- Staffing Turnover Measures in a Future SNF VBP Program Year

- As a part of their goals to build a robust and comprehensive measure set for the SNF VBP Program and in alignment with stakeholder recommendations, CMS intends to propose to adopt a staffing turnover measure in the SNF VBP Program in the FY 2024 SNF PPS proposed rule. Specifically, the measure we intend to include in the SNF VBP program is the percent of total nurse staff that have left the facility over the last year. Total nurse staff include RNs, LPNs, and nurse aides.
- In addition, CMS is interested in whether they should explore the development of a composite measure that would capture multiple aspects of staffing, including both total nurse hours and the staff turnover measure rather than having separate but related measures related to nursing home staffing. Such a measure could potentially replace the initial measure CMS intends to propose to include in SNF VBP for FY 2024.

Request for comments - Updating the SNF VBP Program Exchange Function

- CMS is requesting stakeholders' feedback on whether we should consider proposing either a new functional form or modified logistic exchange function for the SNF VBP Program.
- Specifically, we request comments on whether the proposed addition of new quality measures in the Program should weigh in favor of a new exchange function form, a modified logistic exchange function, or no change to the existing exchange function, whether stakeholders believe that the increased incentive payment percentages for top performers offered by the logistic function should outweigh the simplicity of the linear function, and whether we should further consider either the cube, cube root, or other functional forms.

Request for comments - on the Validation of SNF Measures and Assessment Data

- CMS has proposed to adopt measures for the SNF VBP Program that are calculated using data from a variety of sources, including Medicare FFS claims, the minimum data set (MDS), and the PBJ system, and CMS is seeking feedback on the adoption of additional validation procedures. In addition, section 1888(h)(12) of the Act requires the Secretary to apply a process to validate SNF VBP program measures, quality measure data, and assessment data as appropriate.
- Although The MDS data sets are assessed for accuracy, as described above, CMS is interested in ensuring the validity of the data reported by skilled nursing facilities because use of this data would have payment implications under the SNF VBP Program.
- Accordingly, CMS is requesting stakeholder feedback on the feasibility and need to select SNFs for validation via a chart review to determine the accuracy of elements entered into MDS 3.0 and PBJ.
- Additionally, CMS is requesting feedback on data validation methods and procedures that could be utilized to ensure data element validity and accuracy.

Request for comments - on the Validation of SNF Measures and Assessment Data

- CMS also requesting stakeholder's feedback on the use of both random and targeted selection of facilities for validation.
- Finally, CMS is requesting stakeholder feedback on the implementation timeline for additional SNF VBP Program validation processes, as well as validation processes for other quality measures and assessment data.
- CMS believes it may be feasible to implement additional validation procedures beginning with data from the FY 2026 program year, at the earliest.
- Additionally, CMS may consider the adoption of a pilot of additional data validation processes.

Request for Comment on a SNF VBP Program Approach to Measuring and Improving Health Equity

- As CMS continues assessing the SNF VBP Program's policies in light of its operation and its expansion as directed by the Consolidated Appropriations Act, CMS requests public comments on policy changes that they should consider on the topic of health equity.
- CMS specifically requests comments on whether they should consider incorporating adjustments into the SNF VBP Program to reflect the varied patient populations that SNFs serve around the country and tie health equity outcomes to SNF payments under the Program.
- These adjustments could occur at the measure level in forms such as stratification (for example, based on dual status or other metrics) or including measures of social determinants of health (SDOH).
- These adjustments could also be incorporated at the scoring or incentive payment level in forms such as modified benchmarks, points adjustments, or modified incentive payment multipliers (for example, peer comparison groups based on whether the facility includes a high proportion of dual eligible beneficiaries or other metrics).
- CMS requests commenters' views on which of these adjustments, if any, would be most effective for the SNF VBP Program at accounting for any health equity issues that we may observe in the SNF population.

RFI- COVID-19 Vaccination Coverage among Healthcare Personnel Measure in a Future SNF VBP Program Year

- CMS is also considering the inclusion of the National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel measure, which measures the percentage of healthcare personnel who receive a complete COVID-19 vaccination course.

SNF VBP/QRP Connection



SNF VBP/QRP Connection

- Value based purchasing, therefore, is about to undergo an overhaul as the FY 2022 final rule, VBP Technical Expert Panel (TEP) formation and FY 2023 proposed rules appear to indicate.
- Two inseparable friends have emerged in this conversation that cannot be ignored in their designed partnership. The SNF Quality Reporting Program and Value Based Purchasing can no longer be viewed as independent entities.
- QRP measure reporting will still be tied to a reduction in the annual market basket update.
- However, in the expected changes to the VBP program, the CMS has been given the statutory authority to apply up to 9 additional measures.
- Table 30, from the FY 2022 final rule, lists additional VBP measures that are being considered. Note Meaningful Measures domains and the applicable QRP presence. Another measure that is not included in this table, that CMS has indicated they are interested in measuring, is staff turnover.

SNF VBP/QRP Connection

TABLE 30:

Quality Measures Under Consideration for an Expanded Skilled Nursing Facility Value-Based Purchasing Program – SNF PPS FY 2022 Final Rule

Meaningful Measure Area	NQF	Quality Measure
Minimum Data Set		
Functional Outcomes	A2635	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients*
Functional Outcomes	A2636	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients*
Preventable Healthcare Harm	0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)**
Preventable Healthcare Harm	0679	Percent of High Risk Residents with Pressure Ulcers (Long Stay)**
Functional Outcomes	N/A	Percent of Residents Whose Ability to Move Independently Worsened (Long Stay)**
Functional Outcomes	N/A	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)**
Transfer of Health Information and Interoperability	N/A	Transfer of Health Information to the Provider-Post Acute Care *
Medication Management	N/A	Percentage of Long-Stay Residents who got an Antipsychotic Medication**
Medicare Fee-For-Service Claims Based Measures		
Community Engagement	3481	Discharge to Community Measure-Post Acute Care Skilled Nursing Facility Quality Reporting Program*
Patient-focused Episode of Care	N/A	Medicare Spending per Beneficiary (MSPB)-Post Acute Care Skilled Nursing Facility Quality Reporting Program*
Healthcare-Associated Infections	N/A	Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization Measure-
Admissions and Readmissions to Hospitals	N/A	Number of hospitalizations per 1,000 long-stay resident days (Long Stay)**
Patient-Reported Outcome-Based Performance Measure		
Functional Outcomes	N/A	Patient-Reported Outcomes Measurement Information System [PROMIS]-PROMIS Global Health, Physical
Survey Questionnaire (similar to Consumer Assessment of Healthcare Providers and Systems (CAHPS))		
Patient's Experience of Care	2614	CoreQ: Short Stay Discharge Measure
Payroll Based Journal		
N/A	N/A	Nurse staffing hours per resident day: Registered Nurse (RN) hours per resident per day; Total nurse staffing (including RN, licensed practical nurse (LPN), and nurse aide) hours per resident per day**

SNF VBP/QRP Connection

<u>Quality Measure</u>	<u>QRP</u>	<u>VBP</u>	<u>5-Star</u>
Discharge to Community	x	x (proposed)	x
Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAIs) Requiring Hospitalizations	x	x (proposed)	
Total Nurse Staffing		x (proposed)	x
Staff Turnover		x (RFI)	x (July 2022)
Functional outcomes Measures	x	x (RFI)	x
Vaccinations	x	x (RFI)	
HealthEquity	x (Oct. 2023)	x (RFI)	
Minimum Staffing Levels	?	?	?

SNF VBP/QRP Connection

- In addition, in the FY 2022 final rule, CMS discussed the possibility of expanding the SNF VBP measure set to assess the quality of care that SNFs provide to all residents of the facility, regardless of payer, and indicated that this would best represent the quality of care provided to all Medicare beneficiaries in the facility. This was not discussed in the FY 2023 proposed rule.
- While we don't know for certain all the measures that will finally be adopted in the expanded VBP program or if other payers will be in play, the fact that **CMS is moving forward with combining the VBP program with elements of the SNF QRP is a portent of how CMS is defining the role of how these two programs should work to incentivize SNFs in their pursuit of quality.**

SNF VBP/QRP Connection

- Since the VBP program will continue to adjust SNF payment, expanding not only the measures, but also those who will be measured, will certainly raise the bar and increase expectation when it comes to retaining the 2% reduction to your Medicare rate.
- When these concepts first emerged in the early 2000's we used to refer to this as a future concept called, "Pay for performance." The future is here, and we now know it as Value Based Purchasing.

SNF VBP/QRP Connection: The Patient

- For the first time, the patient point of view is being considered relative to both the QRP and VBP programs.
- Two measures are being considered based solely on the resident and or family's interpretation of the quality of care received. These are, the ***Patient Reported Outcomes Measurement Information System*** and the ***CoreQ Short Stay Discharge Measure***.

SNF VBP/QRP Connection: The Patient

- **CoreQ Sort Stay Discharge Measure**

- Meaningful measures framework area: Patient's experience of care.
- This measure calculates the percentage of individuals discharged in a six-month period from a SNF, within 100 days of admission, who are satisfied.
- This patient reported outcome measure is based on the CoreQ: Short Stay Discharge questionnaire that utilizes four items:
 - 1. In recommending this facility to your friends and family, how would you rate it overall (Poor, Average, Good, Very Good, or Excellent)
 - 2. Overall, how would you rate the staff (Poor, Average, Good, Very Good, or Excellent)
 - 3. How would you rate the care you receive (Poor, Average, Good, Very Good, or Excellent)
 - 4. How would you rate how well your discharge needs were met (Poor, Average, Good, Very Good, or Excellent)
- The **numerator** is the sum of the individuals in the facility that have an average satisfaction score of greater than or equal to 3 for the four questions.

SNF VBP/QRP Connection: The Patient

- **CoreQ Short Stay Discharge Measure (cont.)**

- The **denominator** includes all of the patients that are admitted to the SNF, regardless of payor source, for post-acute care, that are discharged within 100 days; who receive the survey and who respond to the CoreQ: Short Stay Discharge questionnaire within two months of receiving the questionnaire.
- In addition to the CoreQ, inclusion on the list of potential SNF VBP measures, in the FY 2023 proposed rule, CMS is requesting stakeholder feedback on the inclusion of the CoreQ: Short Stay Discharge measure in the SNF QRP in future program years, including whether there are any challenges or impacts we should consider for a potential future proposal.
- As noted earlier, the CoreQ survey instrument is used to assess the level of satisfaction among SNF patients.

Why is CoreQ's addition an important consideration for QRP and VBP?

- SNF QRP furthers CMS's mission to improve the quality of healthcare for beneficiaries through measurement, transparency and public reporting of data. The SNF QRP and CMS's other quality programs are foundational for contributing to improvements in healthcare, enhancing patient outcomes and informing consumer choice.
- In October 2017, CMS launched the Meaningful Measures Framework. This framework captures their vision to address healthcare quality priorities and gaps, including emphasizing digital quality measurement, reducing measurement burden, and promoting patient perspectives, while also focusing on modernization and innovation.
- Meaningful Measures 2.0 builds on the initial framework by establishing a goal of increasing Patient Reported Outcomes Measures (PROMs) by 50%.

SNF VBP/QRP Connection: The Patient

- **Patient- Reported Outcomes Measurement Information System (PROMIS)- PROMIS Global Health Physical. PROMIS® (Patient-Reported Outcomes Measurement Information System)**
 - Meaningful Measure area: “Functional Outcomes”.
 - A set of person-centered measures that evaluates and monitors physical, mental, and social health in adults and children.
 - PROMIS® can be used with the general population and with individuals living with chronic conditions. This system was developed and validated with state-of-the-art science methods to be psychometrically sound and to transform how life domains are measured. It was designed to enhance communication between clinicians and patients in diverse research and clinical settings and created to be relevant across all conditions for the assessment of symptoms and functions.

SNF VBP/QRP Connection: The Patient

- **Patient- Reported Outcomes Measurement Information System (PROMIS)- PROMIS Global Health Physical. PROMIS® (Patient-Reported Outcomes Measurement Information System) (cont.)**
 - This resource is complex array of tools and surveys available. A quick search through the available physical health tools yields tools that assess physical function, mobility upper extremity, mobility aids, and the list goes on.

SNF VBP/QRP Connection: The Patient Patient Reported Outcomes

- Patient Reported Outcome (PRO) is any report of the status of a patient's health condition or health behavior that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else.
- Therefore, they are an important component of assessing whether healthcare providers are improving the health and well-being of patients.

SNF VBP/QRP Connection: The Patient RFI - Cross-Setting Functional Measure

- CMS is seeking input on a cross-setting functional measure that would incorporate the domains of self-care and mobility.
- CMS' measure development contractor for the cross-setting functional outcome measure convened a Technical Expert Panel (TEP) on June 15 and June 16, 2021 to obtain expert input on the development of a functional outcome measure for PAC.
- During this meeting, the possibility of creating one measure to capture both self-care and mobility was discussed.

SNF VBP/QRP Connection: The Patient RFI- Health Equity

- CMS is committed to achieving equity in health care outcomes for our beneficiaries. In this RFI, we provide an update on the equity work that is occurring across CMS.
- Included are:
 - CMS' plans to expand our quality reporting programs to allow us to provide more actionable, comprehensive information on health care disparities;
 - measuring health care disparities through quality measurement and reporting these results to providers;
 - and providing an update on our methods and research around measure development and disparity reporting.
 - As CMS continue assessing the SNF VBP Program's policies in light of its operation and its expansion as directed by the Consolidated Appropriations Act, CMS requests public comments on policy changes that we should consider on the topic of health equity.
 - CMS specifically requests comments on whether we should consider incorporating adjustments into the SNF VBP Program to reflect the varied patient populations that SNFs serve around the country and tie health equity outcomes to SNF payments under the Program.

RFI- Revising the Requirements for Long-Term Care (LTC) Facilities to Establish Mandatory Minimum Staffing Levels

- CMS is considering options for future rulemaking and are seeking stakeholder input. Specifically, CMS is interested in the **17 issues** addressed in this section of the proposed rule, but also welcome input on other aspects of staffing in LTC facilities that we should consider as we evaluate future policy options.
- CMS welcomes public input from a broad range of commenters including, but not limited to nursing home residents and caretakers, nursing staff, nurse aides, physicians, nursing home administrators, owners and operators, and researchers.
- CMS is particularly interested in data, evidence, and experience on the issues identified above and any others that are relevant to defining and ensuring adequate staffing in LTC facilities.

Staffing in the Spotlight / 5-Star Updates



LIVE POLL



VBP/QRP and the 5-Star Updates

- Effective with the April 2022 refresh, CMS implemented the planned, regular increases to the Quality Measure (QM) rating thresholds, increasing each rating threshold by one-half of the average improvement in QM scores since the last time the thresholds were set.
- For the April 2022 refresh, the average improvement is determined from the period of April 2019 – January 2022. **Note** that the point thresholds for individual QMs are not changing.

Point Ranges for the QM Ratings (as of April 2022)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–477	144–488	299–966
★★	478–574	489–585	967–1,160
★★★	575–655	586–674	1,161–1,330
★★★★	656–746	675–762	1,331–1,509
★★★★★	747–1,150	763–1,150	1,510–2,300

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)

VBP/QRP and the 5-Star Updates

- Effective with the January 2022 refresh, CMS began posting the following information for each nursing home on the Medicare.gov Care Compare website:
 - - Weekend Staffing: The level of total nurse and registered nurse (RN) staffing on weekends (Saturdays and Sundays) provided by each nursing home over a quarter.
 - - Staff Turnover: The percentage of nursing staff and number of administrators that stopped working at the nursing home over a 12-month period.
- **This information will be used in the Five-Star Quality Rating System beginning with the July 2022 refresh.**
- **It is important to familiarize yourself with these measures now so that there will not be 5-Star surprises this summer.**
- The revised [5-Star user's guide](#) contains the technical specifications for each of these new measures (See a synopsis in our [blog series](#)).

Conclusion

- Pay for performance (Value not Volume) is here!
- Stay up to date with your performance measures for both QRP and VBP.
- Get familiar with the new measures that are being proposed and those under consideration
- The FY 2023 Proposed and Final Rule making cycles have begun. Stay informed!
- Consider Patient experience and outcomes in your own facility analysis.

Learn More about Broad River Rehab

Contact Us:

Jeff Moyers: Vice President, Business Development (South and central US)

jmoyers@broadriverrehab.com

(828) 319-9618

Tricia Wood: Vice President, Business Development (Southern US)

twood@broadriverrehab.com

(919) 844-4800

Randy Wadley: M.B.A. Vice President, Business Development (Northern US)

rwadley@broadriverrehab.com

(330) 495-8854

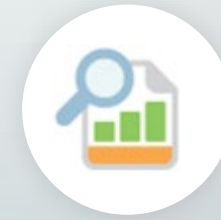
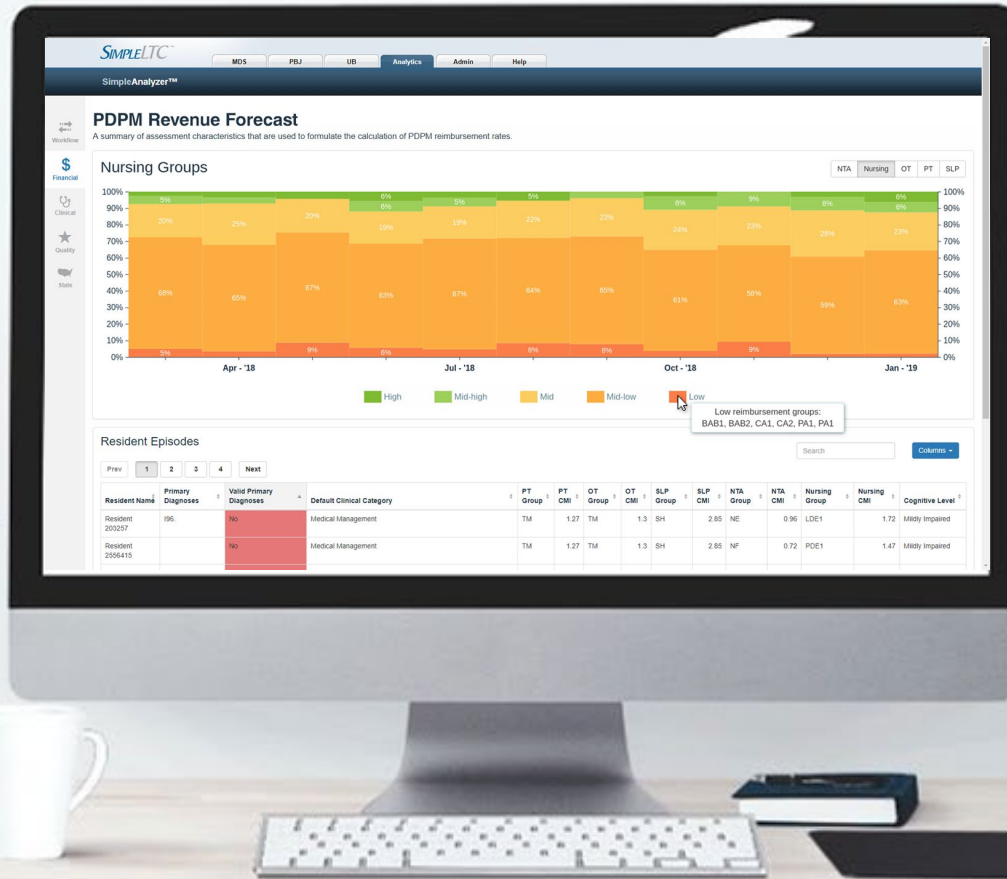
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QUESTIONS?

Thanks for Attending!

Webinar recording and handouts available at:

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