

PROACTIVE

MEDICAL REVIEW

Don't let the QRP be Your Kryptonite! Getting Your Medicare 2% Back.

KAHCF 2021 Annual Meeting

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Clinical Consultant and Director of Legal Nurse Consulting

Objectives

1. Identify the documentation needed for accurate coding of the QRP derived items.
2. Become familiar with the CASPER reports and how to access them for timely monitoring of QRP data.
3. Understand the training needed for staff documentation and MDS completion of the QRP items.

What is the SNF QRP?

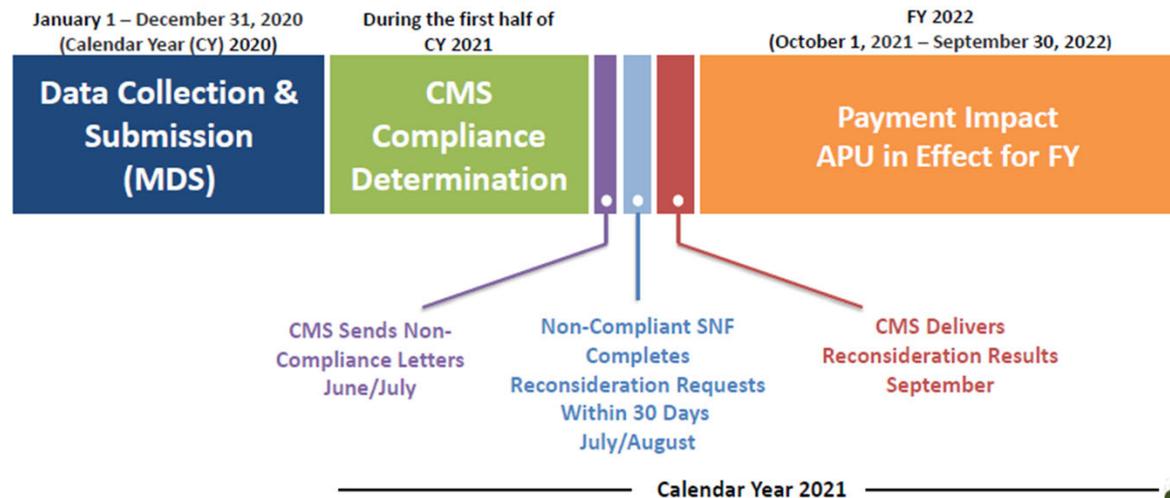
- The IMPACT (Improving Medicare Post-Acute Care Transformation) Act of 2014 had reporting requirements which resulted in CMS establishing the SNF QRP in fiscal year 2016.
- The IMPACT Act requires public reporting of quality measures (QM's) which relate to the care provided in SNFs as well as the submission of standardized assessment data elements by post acute care settings, including SNFs.
- The SNF QRP promotes the delivery of person-centered, high-quality, and safe care by SNFs.

SNF QRP Requirements

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



Relationship Between Quality Reporting and SNF QRP Life Cycle



MDS Submission Requirements for SNF QRP

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

MDS Submission Requirements for SNF QRP (cont.)

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

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

Section A Identification Information

A0050. Type of Record

1. Add new record → Continue to A0100, Facility Provider Numbers
2. Modify existing record → Continue to A0100, Facility Provider Numbers
3. Reauthorize existing record → Skip to R0100, Type of Provider

Form fields include: RESIDENT ID, FACILITY ID, PROVIDER ID, DATE OF BIRTH, SEX, RACE, ETHNICITY, MARITAL STATUS, RELIGION, ADL, IADL, TRANSFER, etc.

SNF QRP Assessment-Based QMs

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

SNF QRP Assessment-Based QMs (cont.)

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

SNF QRP Assessment-Based QMs (cont.)

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

Scores above 0 mean that the mobility score has improved and scores below 0 mean that the mobility score has worsened.

Resident-Level Data (continued)

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Observed Change in Mobility Score*
Q2 2021					11/15/2021	Open	4
Q2 2021					11/15/2021	Open	0
Q2 2021					11/15/2021	Open	7
Q2 2021					11/15/2021	Open	32
Q2 2021					11/15/2021	Open	E
Q2 2021					11/15/2021	Open	E
Q2 2021					11/15/2021	Open	E
Q2 2021					11/15/2021	Open	20
Q2 2021					11/15/2021	Open	24
Q2 2021					11/15/2021	Open	0
Q2 2021					11/15/2021	Open	12
Q2 2021					11/15/2021	Open	3
Q2 2021					11/15/2021	Open	E
Q2 2021					11/15/2021	Open	27
Q1 2021					08/18/2021	Closed	0
Q1 2021					08/18/2021	Closed	0
Q1 2021					08/18/2021	Closed	-1
Q1 2021					08/18/2021	Closed	-3
Q1 2021					08/18/2021	Closed	3
Q1 2021					08/18/2021	Closed	33
Q1 2021					08/18/2021	Closed	-5
Q1 2021					08/18/2021	Closed	-11

SNF QRP Claims-Based QMs

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

MDS Data Submission Deadlines

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

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

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

MDS Data Submission Threshold

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

MDS Data Submission Threshold (cont.)

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

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

Temporary SNF QRP Exceptions Due to COVID - 19

- Exceptions ended on June 30, 2020
- Temporary changes to the SNF QRP data submission requirements were employed to assist SNFs as they directed resources toward caring for residents and ensuring the health and safety of residents and staff.
- CMS granted an exception to the QRP reporting requirements for the quarters below:



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

Temporary SNF QRP Exceptions Due to COVID - 19

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

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

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

IMPORTANT NOTICE

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

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

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

MDS Reporting Requirements

- To meet SNF QRP requirements, SNFs must:
 - Meet the MDS data collection requirements.
 - Submit MDS data on time per submission deadlines.
 - Ensure MDS data are accepted.
- The act of submitting data does not equal acceptance.

Medicare Part A Admission: Nursing Home PPS Assessment

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

Resident	Identifier	Date
MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING <i>Nursing Home PPS (NP) Item Set</i>		
Section A Identification Information		
A0050. Type of Record		
Enter Code	<input type="checkbox"/> 1. Add new record → Continue to A0100, Facility Provider Numbers <input type="checkbox"/> 2. Modify existing record → Continue to A0100, Facility Provider Numbers <input type="checkbox"/> 3. Inactivate existing record → Skip to X0150, Type of Provider	
A0100. Facility Provider Numbers		
A. National Provider Identifier (NPI):		
B. CMS Certification Number (CCN):		
C. State Provider Number:		
A0200. Type of Provider		
Enter Code	<input type="checkbox"/> 1. Nursing home (SNF/NF) <input type="checkbox"/> 2. Skilled Bed	
A0300. Optional State Assessment		
Complete only if A0200 = 1		
Enter Code	<input type="checkbox"/> A. Is this assessment for state payment purposes only? <input type="checkbox"/> 0. No → Skip to and complete A0310, Type of Assessment <input type="checkbox"/> 1. Yes	
Enter Code	<input type="checkbox"/> B. Assessment type <input type="checkbox"/> 1. Start of therapy assessment <input type="checkbox"/> 2. End of therapy assessment <input type="checkbox"/> 3. Both Start and End of therapy assessment <input type="checkbox"/> 4. Change of therapy assessment	

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

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

Resident	Identifier	Date
MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING <i>Nursing Home Part A PPS Discharge (NPE) Item Set</i>		
Section A Identification Information		
A0050. Type of Record		
Enter Code	<input type="checkbox"/> 1. Add new record → Continue to A0100, Facility Provider Numbers <input type="checkbox"/> 2. Modify existing record → Continue to A0100, Facility Provider Numbers <input type="checkbox"/> 3. Inactivate existing record → Skip to X0150, Type of Provider	
A0100. Facility Provider Numbers		
A. National Provider Identifier (NPI):		
B. CMS Certification Number (CCN):		
C. State Provider Number:		
A0200. Type of Provider		
Enter Code	<input type="checkbox"/> 1. Nursing home (SNF/NF) <input type="checkbox"/> 2. Skilled Bed	
A0300. Optional State Assessment		
Complete only if A0200 = 1		
Enter Code	<input type="checkbox"/> A. Is this assessment for state payment purposes only? <input type="checkbox"/> 0. No → Skip to and complete A0310, Type of Assessment <input type="checkbox"/> 1. Yes	
Enter Code	<input type="checkbox"/> B. Assessment type <input type="checkbox"/> 1. Start of therapy assessment <input type="checkbox"/> 2. End of therapy assessment <input type="checkbox"/> 3. Both Start and End of therapy assessment <input type="checkbox"/> 4. Change of therapy assessment <input type="checkbox"/> 5. Other payment assessment	

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

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

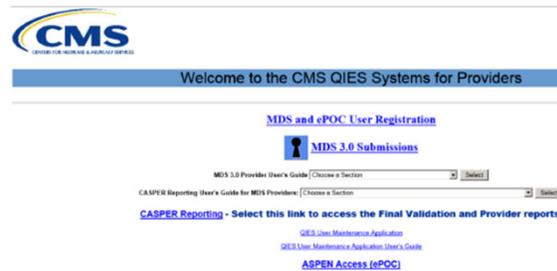
When to Submit Data

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



Where to Submit Data

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



How to Ensure That Data Submitted Are Accepted

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

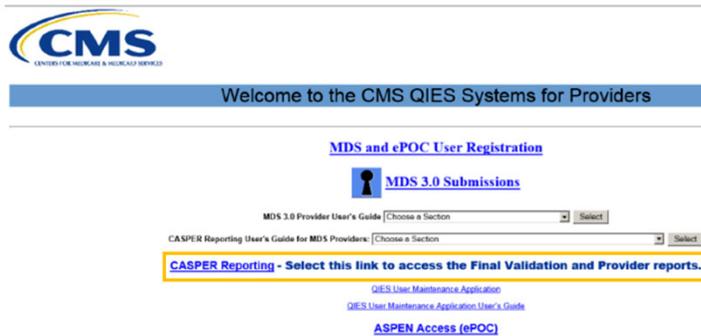


The FVR is the only way to verify that submitted files were also accepted.

CASPER Reports

How to Access CASPER Reports

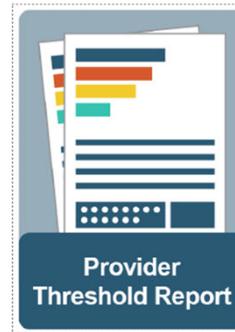
- Many valuable reports in CASPER.
 - Select the CASPER Reporting link on the CMS QIES Systems for Providers web page.



How to Access CASPER Reports (cont.)



Final Validation, Review and Correct, and Provider Threshold Reports



MDS Final Validation Report (FVR)

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



How to Access the MDS FVR

The screenshot displays the CASPER Reports interface. On the left, the 'Report Categories' list includes 'MDS 3.0 NH Final Validation'. The main area shows the 'MDS 3.0 NH Final Validation' folder expanded, with a sub-item 'MDS 3.0 NH Final Validation' selected. Below this, the 'CASPER Reports Submit' form is visible, containing the following fields:

- Report: MDS 3.0 NH Final Validation
- Submission ID:
- Date Criteria: (dropdown menu)
- from (mm/dd/yyyy):
- thru (mm/dd/yyyy):
- Template Folder: My Favorite Reports (dropdown menu)
- Template Name: MDS 3.0 NH Final Validation (dropdown menu)

Buttons for 'Submit', 'Back', 'Save & Submit', and 'Save' are located at the bottom right of the form.

Example: MDS FVR

Run Date: 06/13/2019
Page 1 of 16

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

**CMS Submission Report
MDS 3.0 NH Final Validation**

Submission Date/Time: 05/15/2019 10:40:48
Processing Completion Date/Time: 05/15/2019 10:44:39
Submission ID: 13671049
Submission File Name: CM02599_ASMT_PRNT_RPT_NH_2_02.zip
Submission File Status: Completed
State Code: IA
Facility ID: [REDACTED]
Facility Name: [REDACTED]
Submitter User ID: [REDACTED]

Records in Submission File: 4
Records Processed: 4
Records Accepted: 4
Records Rejected: 0
Duplicate Records: 0
Records Submitted Without Facility Authority: 0
Records Submitted But Not Allowed: 0
Total # of Messages: 32

Record: 1

Asmt_ID: 158863218
Res_Int_ID: 45682709
A0200: 1
A0300A: A0300B: 07
A0310A: 99 A0310B: 07
A0310C: 4 A0310D: ^
A0310E: 0 A0310F: 99
A0310G: ^ A0310H: 0
Item Subset Code: NO
XML File Name:

MDS 3.0 Item(s):
Item Values:
Message Number:
Message:

MDS 3.0 Item(s):
Item Values:
Message Number:
Message:

Accepted

Name: [REDACTED]
SSN: [REDACTED]
Medicare Num: [REDACTED]
A0950: NEW RECORD
Target Date: 09/06/2019
Attestation Date (X1100E):

Data Specs Version #: 2.02
CM02599_ASMT_PRNT_RPT_NO.xml

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

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

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

Errors and Warnings on the MDS FVR

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

https://qtso.cms.gov/system/files/qtso/Users_Sec5_12.pdf

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

Review and Correct Report

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



Review and Correct Report (cont.)

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

How to Access the Review and Correct Report

Skip navigation links

CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report: SNF Review and Correct Report

Begin Date: Q2 2018
End Date: Q1 2019

*Quality Measures:

Select All

- Pressure Ulcers
- Application of Falls
- Application of Functional Assessment/Care Plan
- DRR
- Pressure Ulcer/Injury
- Discharge Self-Care Score
- Discharge Mobility Score
- Change in Self-Care Score
- Change in Mobility Score

Include Resident-Level Data

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports
 Template Name: SNF Review and Correct Report

How to Access CASPER Reports (cont.)

Skip navigation links Skip to Content

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Report Categories	SNF Quality Reporting Program
Auto Payroll Based Journal FVR	SNF Facility-Level Quality Measure Report
MDS 3.0 NH Asmt Maint	SNF Facility-Level Quality Measure Report
MDS 3.0 NH Final Validation	SNF Provider Threshold Report
MDS 3.0 NH Provider	SNF Provider Threshold Report
MDS 3.0 QM Reports	SNF Resident-Level Quality Measure Report
MDS 3.0 Submitter Validation	SNF Resident-Level Quality Measure Report
MDS Provider CO	SNF Review and Correct Report
MDS QIGM Reports	SNF Review and Correct Report
QIMR Reports	
Payroll Based Journal (DR I) Reports	
SNF Quality Reporting Program	
Submitter Final Validation Hpt	
Utility Reports	

Pages [1]

Enter Criteria To Search For A Report:
(Hint: Leave blank to list all reports)

Review and Correct Report with Resident-Level Criteria

Skip navigation links

CASPER Reports Submit Logout Folders My Library Reports Queue Options Maint Home

Report: SNF Review and Correct Report

Begin Date: Q2 2018
End Date: Q1 2019

*Quality Measures: Pressure Ulcers
Application of Falls
Application of Functional Assessment/Care Plan
DRR
Pressure Ulcer/Injury
Discharge Self-Care Score
Discharge Mobility Score
Change in Self-Care Score
Change in Mobility Score
 Include Resident-Level Data
 Generate Resident-Level Data CSV

*Status: ←

*Reporting Quarter:

Data Correction Status: Both Open Closed
Primary Sort By: Discharge Date Reverse Default Sort Order

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports
Template Name: SNF Review and Correct Report

Data Collection/Correction Periods

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

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

Example: Review and Correct Facility-Level Data

Page 1 of 1416



CASPER Report
SNF QRP Review and Correct Report

<p>Facility ID: [REDACTED] CCN: [REDACTED] Facility Name: [REDACTED] City/State: [REDACTED]</p>	<p>Requested Quarter End Date: Q1 2021 Report Release Date: 04/01/2021 Report Run Date: 04/25/2021 Data Calculation Date: 12/09/2019 Report Version Number: 3.0</p>
--	---

MDS 3.0 Quality Measure: Application of Falls

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

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q1 2021	S013.02	01/01/2021	03/31/2021	08/15/2021	Open	20	836	2.4%
Q4 2020	S013.02	10/01/2020	12/31/2020	05/15/2021	Open	2	776	0.3%
Q3 2020	S013.02	07/01/2020	09/30/2020	02/15/2021	Closed	35	1,798	1.9%
Q2 2020	S013.02	04/01/2020	06/30/2020	11/15/2020	Closed	38	1,485	2.6%
Cumulative	-	04/01/2020	03/31/2021	-	-	95	4,895	1.9%

Example: Review and Correct Report Resident-Level Data

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

Example: Review and Correct Report Resident-Level Data

MDS 3.0 Quality Measure: DRR

Table Legend

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

Facility-Level Data								
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2021	S007.02	07/01/2021	09/30/2021	02/15/2022	Open	22	25	88.0%
Q2 2021	S007.02	04/01/2021	06/30/2021	11/15/2021	Open	18	22	81.8%
Q1 2021	S007.02	01/01/2021	03/31/2021	08/16/2021	Closed	19	21	90.5%
Q4 2020	S007.02	10/01/2020	12/31/2020	05/17/2021	Closed	15	21	71.4%
Cumulative	-	10/01/2020	09/30/2021	-	-	74	89	83.1%

Resident-Level Data							
Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q3 2021					02/15/2022	Open	NT
Q3 2021					02/15/2022	Open	X
Q3 2021					02/15/2022	Open	X
Q3 2021					02/15/2022	Open	X
Q3 2021					02/15/2022	Open	X
Q3 2021					02/15/2022	Open	X

SNF Provider Threshold Report (PTR)

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



How to Access the SNF PTR

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: SNF Provider Threshold Report

Fiscal Year (FY): 2021

Template Folder: My Favorite Reports Submit Back

Template Name: SNF Provider Threshold Report Save & Submit Save

Example: SNF PTR

CASPER Report
FY 2022 SNF QRP Provider Threshold Report

CCN: [Redacted]
Facility Name: [Redacted]
Facility City: [Redacted]
State: [Redacted]

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

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

CASPER Report
FY 2022 SNF QRP Provider Threshold Report

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

CCN: [Redacted]
Facility Name: [Redacted]
Facility City: [Redacted]
State: [Redacted]

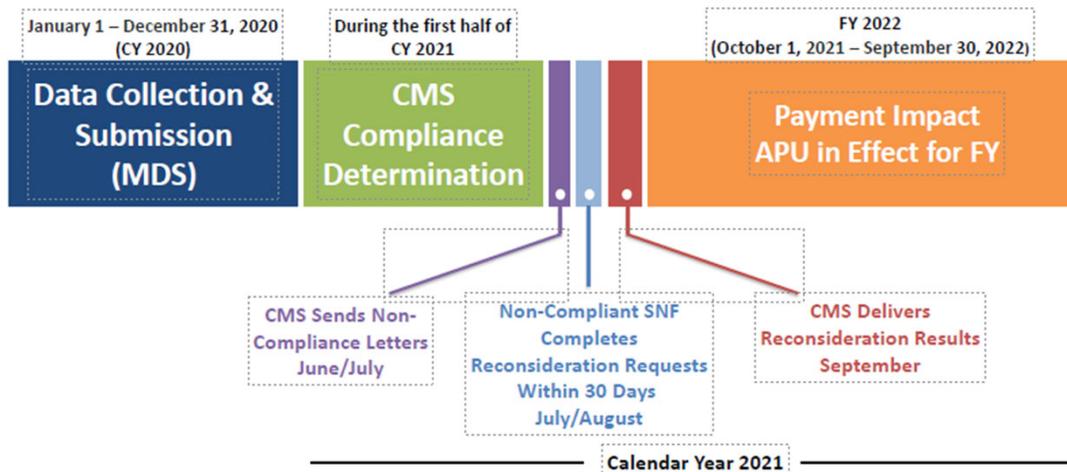
Data Collection Start Date: 01/01/2020
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# of MDS 3.0 Assessments Submitted:	4,132
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% of MDS 3.0 Assessments Submitted Complete:	52%*

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

Determining Compliance with the SNF QRP

Relationship Between Quality Reporting and APU: SNF QRP Life Cycle



SNF QRP Compliance

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

SNF QRP Non-Compliance

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



What is a Reconsideration?



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

Why Would a SNF Submit a Reconsideration?

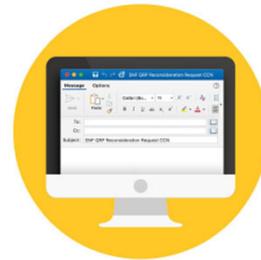
- SNFs may file for reconsideration if:
 - They believe the CMS finding of non-compliance is in error.
 - They have evidence of the impact of extraordinary circumstances which prevented timely submission of data.
- Requests must be submitted within 30 days after the date documented on the non-compliance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

Creating a Reconsideration Request

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

SNFQRPReconsiderations@cms.hhs.gov

SNF QRP Reconsideration
Request CCN



Creating a Reconsideration Request (cont.)

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

Creating a Reconsideration Request (cont.)

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

Creating a Reconsideration Request (cont.)

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

IMPORTANT NOTICE

Do not submit
protected PHI to
CMS for review.

Reconsideration Response

- CMS should acknowledge receipt of the reconsideration request within 5 business days through an email.
- Following its review of the request and supporting documentation, reconsideration request decisions are distributed by the MAC and the reconsideration contractor.
- If the decision upholds the finding of non-compliance, a provider may file an appeal with the Provider Reimbursement Review Board.



Reconsideration Process: Estimated Timeline

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

Annual Payment Update (APU)

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



Training Tips/Strategies

- Run the Review and Correct Reports monthly
 - Close scrutiny of all that flag
 - Run the “dash” Review and Correct Report
 - Correct any assessments in the OPEN window
- Run the Provider Threshold Report monthly – Strive for 100%
- Be aware that it is NOT just section GG

Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2022 Annual Payment Update (APU) Determination
 Page 2 of 5

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2020)	
		PPS 5-Day A0310B-[0 1]	Part A PPS Discharge A0310H-[1]	Q1, Q2, Q3 2020 MDS 3.0 Version 1.17.1	Q4 2020 MDS 3.0 Version 1.17.2
GG0130A1	Eating (Admission Performance)	X		X	X
GG0130A2*	Eating (Discharge Goal)	X		X	X
GG0130A3	Eating (Discharge Performance)		X	X	X
GG0130B1	Oral hygiene (Admission Performance)	X		X	X
GG0130B2*	Oral hygiene (Discharge Goal)	X		X	X
GG0130B3	Oral hygiene (Discharge Performance)		X	X	X
GG0130C1	Toileting hygiene (Admission Performance)	X		X	X
GG0130C2*	Toileting hygiene (Discharge Goal)	X		X	X
GG0130C3	Toileting hygiene (Discharge Performance)		X	X	X
GG0130E1	Shower/bathe self (Admission Performance)	X		X	X
GG0130E2*	Shower/bathe self (Discharge Goal)	X		X	X
GG0130E3	Shower/bathe self (Discharge Performance)		X	X	X
GG0130F1	Upper body dressing (Admission Performance)	X		X	X
GG0130F2*	Upper body dressing (Discharge Goal)	X		X	X
GG0130F3	Upper body dressing (Discharge Performance)		X	X	X
GG0130G1	Lower body dressing (Admission Performance)	X		X	X
GG0130G2*	Lower body dressing (Discharge Goal)	X		X	X
GG0130G3	Lower body dressing (Discharge Performance)		X	X	X
GG0130H1	Putting on/taking off footwear (Admission Performance)	X		X	X
GG0130H2*	Putting on/taking off footwear (Discharge Goal)	X		X	X
GG0130H3	Putting on/taking off footwear (Discharge Performance)		X	X	X
GG0170A1	Roll left and right (Admission Performance)	X		X	X
GG0170A2*	Roll left and right (Discharge Goal)	X		X	X
GG0170A3	Roll left and right (Discharge Performance)		X	X	X
GG0170B1	Sit to lying (Admission Performance)	X		X	X
GG0170B2*	Sit to lying (Discharge Goal)	X		X	X
GG0170B3	Sit to lying (Discharge Performance)		X	X	X
GG0170C1	Lying to sitting on side of bed (Admission Performance)	X		X	X
GG0170C2*	Lying to sitting on side of bed (Discharge Goal)	X		X	X

Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2022 Annual Payment Update (APU) Determination
 Page 4 of 5

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2020)	
		PPS 5-Day A0310B-[0 1]	Part A PPS Discharge A0310H-[1]	Q1, Q2, Q3 2020 MDS 3.0 Version 1.17.1	Q4 2020 MDS 3.0 Version 1.17.2
GG0170N2*	4 steps (Discharge Goal)	X		X	X
GG0170N3	4 steps (Discharge Performance)		X	X	X
GG0170O1	12 steps (Admission Performance)	X		X	X
GG0170O2*	12 steps (Discharge Goal)	X		X	X
GG0170O3	12 steps (Discharge Performance)		X	X	X
GG0170P1	Picking up object (Admission Performance)	X		X	X
GG0170P2*	Picking up object (Discharge Goal)	X		X	X
GG0170P3	Picking up object (Discharge Performance)		X	X	X
GG0170Q1	Does the resident use a wheelchair and/or scooter? (Admission)	X		X	X
GG0170Q3	Does the resident use a wheelchair and/or scooter? (Discharge)		X	X	X
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	X		X	X
GG0170R2*	Wheel 50 feet with two turns (Discharge Goal)	X		X	X
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)		X	X	X
GG0170RR1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X
GG0170RR3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X
GG0170S1	Wheel 150 feet (Admission Performance)	X		X	X
GG0170S2*	Wheel 150 feet (Discharge Goal)	X		X	X
GG0170S3	Wheel 150 feet (Discharge Performance)		X	X	X
GG0170SS1	Indicate the type of wheelchair or scooter used (Admission)	X		X	X
GG0170SS3	Indicate the type of wheelchair or scooter used (Discharge)		X	X	X
H0400	Bowel continence	X		X	X
I0900	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	X		X	X
I2900	Diabetes mellitus (DM)	X		X	X
J1900C	Number of falls since admission/entry or prior assessment: Major injury	X	X	X	X
K0200A	Height (in inches)	X		X	X
K0200B	Weight (in pounds)	X		X	X
M0300B1	Number of Stage 2 pressure ulcers		X	X	X

Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2022 Annual Payment Update (APU) Determination

Page 5 of 5

MDS Section & Number	Data Element Label/Description	MDS 3.0 Assessment Type		Data Collection Periods (CY 2020)	
		PPS 5-Day A0310B-[01]	Part A PPS Discharge A0310H-[1]	Q1, Q2, Q3 2020 MDS 3.0 Version L17.1	Q4 2020 MDS 3.0 Version L17.2
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300C1	Number of Stage 3 pressure ulcers		X	X	X
M0300C2	Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300D1	Number of Stage 4 pressure ulcers		X	X	X
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry		X	X	X
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device		X	X	X
M0300E2	Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission/entry or reentry		X	X	X
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar		X	X	X
M0300F2	Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present upon admission/entry or reentry		X	X	X
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury		X	X	X
M0300G2	Number of these unstageable pressure injuries presenting as deep tissue injury that were present upon admission/entry or reentry		X	X	X
N2001	Drug Regimen Review	X		X	X
N2003	Medication Follow-up	X		X	X
N2005	Medication Intervention		X	X	X

* For the GG0130, Self-care, and GG01070, Mobility, discharge goal items, at least one goal is required to be coded to fulfill requirements of the SNF QRP. A dash (-) is allowed for any remaining goal items, as long as at least one GG0130, Self-care, or GG0170, Mobility, discharge goal item is coded with a valid code (i.e., 01, 02, 03, 04, 05, 06, 07, 09, 10, or 88).

Resources

- The SNF QRP web page:

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

- Skilled Nursing Facility Quality Reporting Program (SNF QRP) Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2022 Annual Payment Update (APU) Determination

<https://www.cms.gov/files/document/snf-qrp-table-reporting-assessment-based-measures-fy-2022-snf-qrp-apu.pdf>

Resources

- SNF QRP Training web page:

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training

Questions??

Thank You!

Janine Lehman, RN, RAC-CT, CLNC
Proactive Medical Review

