

*“A **Knowledgeable** and **Compassionate** partner”*



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

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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
- Staffing in the spotlight
- Resident Reported Outcomes
- Q&A

Agenda

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. Nine of these measures derive from the Minimum Data Set, three from Medicare claims and one is reported through NHSN. Only two of these measures currently affect a facility's 5-star rating.

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)

- **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)

SNF Quality Reporting Program (QRP)

- The FY 2021 Proposed and final Rules indicated the addition of two more MDS based measures along with multiple Standardized Patient Assessment Data Elements, or SPADES, that will be added after the Pandemic, all of which will require new MDS items.
- MDS 3.0 v1.18.0 which contained these additional elements, slated to be effective October 2020, was withdrawn due to pandemic related issues, and other concerns. Here is a list of the impending items.
- **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.

SNF Quality Reporting Program (QRP)

- CMS is always considering new measures to implement. In the FY 2022 Final Rule, they have posted the following Measures Under Consideration List.

Table 27: Future Measures and Measures Concepts Under Consideration for the SNF QRP

Assessment-Based Quality Measures and Measure Concepts
Frailty
Patient reported outcomes
Shared decision making process
Appropriate pain assessment and pain management processes
Health equity

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.

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.”

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 - 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.
 - CMS has found that there has been a 5% 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.

SNF VBP/QRP Connection

- Value based purchasing, therefore, is about to undergo an overhaul as the FY 2022 final rule and new VBP Technical Expert Panel (TEP) formation 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, as previously noted, 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 VPB 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.

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**

5-Star Updates

- CMS is moving forward with these new measures. Effective with the January 2022 refresh, CMS will begin 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.
- While this information will be publicly reported starting in January, it will not be used in the Five-Star Quality Rating System until July 2022. However, 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 latest [blog series](#)).

SNF VBP/QRP Connection

- In addition, CMS is also considering 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 has indicated that this would best represent the quality of care provided to all Medicare beneficiaries in the facility. This would be quite a shift from the current Part A only measurement standard for the VBP program and SNF QRP.
- While we don't know for certain what measures will be adopted in the expanded VBP program or when other payers will be in play, the fact that CMS is 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, could have much more of an impact on payment than the singular rehospitalization rate currently does, i.e., 2%.
- 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

- A TEP is being formed to consider what the FY 2022 Final Rule gave us in table 30 as possible VBP quality measures.
- What is unique about the list provided in the Final Rule is that, as noted earlier, for the first time CMS is considering expanding the concept of value-based purchasing beyond Medicare Part A to all payer sources.
- And, for the first time, the patient point of view will be considered relative to quality measurement/value-based purchasing.
- 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 Sort 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.

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.

Conclusion

- Pay for performance is here.
- Get familiar with the measures under consideration
- Pay Attention to the TEP decisions
- Watch for the FY 2023 Proposed and Final Rule Cycle
- Consider Patient experience and outcomes.

QUESTIONS?

Find Out More

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