



Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Help Desk

Questions and Answers (Q+As) and Quarterly Updates

March 2017

*The Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) was implemented on October 1, 2016. This document is intended to provide guidance on questions that were received by the SNF QRP Help Desk from October-December of 2016 (**Section 1**). This document also contains quarterly updates and events from October-December 2016 (**Section 2**) as well as upcoming updates for the next quarter, from January-March 2017 (**Section 3**). Guidance contained in this document may be time-limited, and may be superseded by guidance published by CMS at a later date.*

**Section 1:
Help Desk Frequently Asked Questions and Answers**

Question	Answer
Data Submission Requirements	
<p>What new data submission requirements are there as a result of the SNF QRP?</p>	<p>The IMPACT Act of 2014 established the Skilled Nursing Facility Quality Reporting Program (SNF QRP). The IMPACT Act requires post-acute care providers to submit standardized patient/resident assessment data and other necessary data specified by the Secretary with respect to five quality domains. Providers should use MDS 3.0 version 1.14.1 to submit data required for submission for SNF QRP, which includes a new discharge assessment, Medicare Part A PPS Discharge assessment and a new Section on the MDS 3.0, Section GG. The Part A PPS Discharge assessment contains data elements used to calculate current and future SNF QRP quality measures under the IMPACT Act. A Part A PPS Discharge Assessment is required when the resident’s Medicare Part A stay ends (as documented in A2400C, End Date of Most Recent Medicare Stay) but the resident remains in the facility. Section GG was added to the MDS 3.0 in order to be able to collect the data required to calculate the functional status process-based quality measure, Application of the Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631). An adapted version of this LTCH measure was finalized for SNFs in the Fiscal Year (FY) 2016 SNF PPS final rule for FY 2018 payment determination. Data collected for the SNF QRP is submitted through the QIES ASAP system as it currently is for other MDS assessments. It is important to note that data collection for Section GG does not substitute for the data collected in Section G because of the difference in rating scales, item definitions, and type of data collected. Therefore, providers are required to collect data for both Section GG and Section G.</p> <p>For more information, please refer to the FY 2016 SNF PPS Final Rule linked here: https://www.federalregister.gov/documents/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities.</p>

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Question	Answer
Data Submission Requirements (continued)	
<p>Which residents do SNF QRP data submission requirements apply to?</p>	<p>As finalized in the FY 2016 SNF PPS final rule, the SNF QRP measures are only applied to Medicare Part A covered SNF stays, therefore, data submission on the Part A PPS Discharge Assessment and Section GG are only required for Medicare Part A covered stays. These requirements do not apply to the managed care population.</p> <p>For more information, please refer to the FY 2016 SNF PPS Final Rule linked here: https://www.federalregister.gov/documents/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities</p>
<p>Are swing-bed facilities required to submit data for SNF QRP?</p>	<p>According to the FY 2016 SNF PPS final rule (80 FR 46429), critical access hospitals (CAHs) with swing beds are not required to submit quality data under the SNF QRP. Note, however, that non-CAH swing beds are subject to SNF QRP requirements. For more information about requirements for swing bed providers, please refer to: https://www.cms.gov/Medicare/MedicareFee-for-Service-Payment/SNFPPS/SwingBed.html.</p>
Measures adopted in the FY 2017 SNF PPS final rule	
<p>What new measures are adopted into the SNF QRP that will affect FY 2018 payment determination? Are the newly adopted measures MDS-based or claims-based?</p>	<p>In the FY 2017 SNF PPS final rule, three additional measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP, including Discharge to Community - Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), and Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure.</p> <p>The three claims-based measures will be calculated using Medicare FFS claims and thus, will require no additional data collection on the part of providers.</p> <p>For more information about the specifications for these three measures, please refer to the two linked documents: Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule and Measure Specifications: Medicare Spending Per Beneficiary.</p> <p>For more general information about SNF QRP requirements for FY 2018 payment determination, please see the Fact Sheet: SNF QRP: Requirements for the FY 2018 Reporting Year.</p>

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Question	Answer
Section GG – Coding for Incomplete Stays	
<p>How should we code the discharge goals and discharge functional status in Section GG for residents with an incomplete stay?</p>	<p>For residents who have an incomplete stay, discharge data for Section GG are not required to be reported. Residents with incomplete stays are identified based on the following criteria:</p> <ul style="list-style-type: none"> • Unplanned discharge indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) • Discharge to an acute hospital, psychiatric hospital, or long-term care hospital as indicated by A2100 (Discharge Status) = [03, 04, 09] • The resident’s death as indicated by A2100 (Discharge Status) = 08 (Deceased) or A0310F (Entry/discharge reporting) = 12 (Death in facility) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C) • SNF PPS Part A stay is less than 3 days as indicated by A2400C (End date of most recent Medicare stay) minus A2400B (Start date of most recent Medicare stay) < 3 days <p>Discharge functional status data are not required to be reported for these residents. However, for the cross-setting quality measure, the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function, complete admission functional assessment data on the PPS 5-Day assessment and a minimum of one self-care or mobility goal must be coded per resident stay on the 5-Day PPS assessment.</p>
Section GG – Defining Helper	
<p>If non-facility staff (e.g. family members, volunteers, etc.) provided assistance with the ADL activities listed in section GG 100% of the time, should the assistance provided by the non-facility helper be used to code items in Section GG?</p>	<p>For the purposes of completing Section GG for the MDS, a “helper” is defined as facility staff who are direct employees and facility-contracted employees (e.g., rehabilitation staff, nursing agency staff). Therefore, a family member is not considered a “helper” in Section GG, so any assistance provided by family is not considered in coding. Coding of this item would be based on a clinical assessment soon after the admission for the SNF Part A stay.</p> <p>For more information, please refer to Chapter 3 Section GG of the MDS 3.0 RAI Manual V1.14 linked here: https://downloads.cms.gov/files/MDS-30-RAI-Manual-V114-October-2016.pdf.</p>

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Question	Answer
Section GG - Distinguishing Items GG0130C. Toileting Hygiene and GG0170F. Toilet Transfer	
<p>How should GG0130C Toileting hygiene and GG0170F Toilet transfer be coded if the resident is not utilizing a toilet, commode, bedpan, etc.?</p>	<p>Although the activities toileting hygiene and toilet transfer tend to happen together, they are coded separately in Section GG.</p> <p>For Item GG0130C, Toileting Hygiene refers to 3 tasks: 1) managing clothes before voiding/having a bowel movement, 2) perineal hygiene and 3) managing clothes after voiding/having a bowel movement. Toileting hygiene is coded based on the type and amount of assistance provided to the resident to complete the activity. If the resident relies on the helper to manage all clothing management and provide perineal hygiene, code 01, Dependent. It is possible for a person who is incontinent to be coded 06, Independent if the resident managed his/her own clothing (associated with incontinence) and perineal care without any assistance from another person.</p> <p>For Item GG0170F, Toilet Transfer refers to getting on and off a toilet or commode. If a patient is incontinent of bowel or bladder and does not use a toilet or commode, the code for toilet transfer would be 88, 09 or 07, depending on the reason the person did not attempt the toilet transfer.</p> <p>Please find the correct coding on GG0130C and GG0170F for the following three examples.</p> <p><u>Scenario 1:</u> Resident's refuses to use the toilet, commode, bedpan, or urinal. Patient is totally incontinent and chooses not to transfer to toilet, commode bedpan, or urinal.</p> <p><u>Coding 1:</u> If a resident refuses to complete the activity by not choosing to transfer to a toilet or use a commode, bedpan, or urinal, Item GG0170F should be coded 07, resident refused. In this scenario, code Item GG0130C. Coding of Toileting Hygiene would be based on the amount of assistance needed to manage clothes (removal of wet/soiled clothing and dressing with clean clothing) and perineal hygiene.</p> <p><u>Scenario 2:</u> Resident does not use toilet or commode due to a newly-acquired medical condition or safety concern.</p> <p><u>Coding 2:</u> If the resident does not use a toilet or commode due to a newly-acquired medical condition or safety concern, code the item Toilet Transfer 88, Not attempted due to medical condition or safety concern. In this scenario, code Item GG0130C. Coding of Toileting Hygiene would be based on the amount of assistance needed to manage clothes (removal of wet/soiled clothing and dressing with clean clothing) and perineal hygiene.</p>

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Question	Answer
Section GG - Distinguishing Items GG0130C. Toileting Hygiene and GG0170F. Toilet Transfer (continued)	
	<p><u>Scenario 3:</u> Resident has several chronic conditions that result in her continued use of an indwelling urinary catheter and an ileostomy bag (for bowel waste). He has not transferred onto a toilet or commode during the past 3 years. One of his medical conditions worsened and he is admitted to an acute care hospital and then a SNF. In the SNF, resident empties his ileostomy bag into the toilet, but does not transfer onto the toilet. The resident requires assistance from a helper to manage his indwelling catheter. The resident has not transferred onto a toilet or commode during the admission assessment period.</p> <p><u>Coding 3:</u> GG0170F. Toilet transfer would be coded 09. Not Applicable. The resident did not transfer onto or off a toilet during the admission assessment period and he did not transfer onto or off a toilet or commode immediately prior to the current exacerbation of their condition. Therefore, GG0170F Toilet transfer is coded as 09, Not applicable for this resident. Please note that item GG0130C. Toileting hygiene can be assessed for this resident and coded to reflect the amount of help provided to complete the activity (managing clothing before bladder/bowel management, cleansing, and managing clothing after bladder/bowel management).</p>
Section GG - Item GG0170. Wheelchair Mobility Items	
<p>How would GG0170R1 Wheelchair 50 feet with two turns (Admission Performance), GG0170R2 (Discharge Goal), and GG0170R3 (Discharge Performance) be coded in the scenario below?</p> <p>A resident admitted for a short-term rehabilitation stay uses a wheelchair on days 1-3 of their Medicare A stay, but did not use the wheelchair prior to</p>	<p>The wheelchair mobility codes are to be based on a <i>clinical assessment</i> of a resident’s ability to mobilize using a wheelchair or scooter. If the resident is placed in a wheelchair only for transportation between 2 locations, and the resident is not working on learning how to self-mobilize using a wheelchair, then use the code indicating that the person does not use a wheelchair.</p> <p>Below please find some examples of when wheelchair items should be coded.</p> <p><u>Scenario 1:</u> If the resident used a wheelchair prior to admission due to an impairment, such as paralysis, then he/she would likely be self-mobilizing using a wheelchair during the SNF stay.</p> <p><u>Coding 1:</u> Code wheelchair items based on the type and amount of assistance the resident needs to self-mobilize.</p>

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Question	Answer
Section GG - Item GG0170. Wheelchair Mobility Items (continued)	
<p>admission and will not likely use the wheelchair after discharge. Would Admission Performance (GG0170R1 and GG0170S1) be coded based on the resident's performance when in the wheelchair on days 1-3 of the Medicare A stay using the Safety and Quality Performance Scale identified on the item set (e.g. 01-06) or would these items be coded a "09" Not Applicable because the resident did not use a the wheelchair prior to admission?</p>	<p><u>Scenario 2:</u> If the resident has a new-onset condition that results in difficulty with ambulation and thus, the resident relies on a wheelchair to mobilize to the bathroom, on the unit, etc., then he or she will be learning how to use the wheelchair safely during the SNF stay. The resident may need to continue use of the wheelchair after discharge, so there may be a goal for the resident to be independent with wheelchair mobility by the end of the SNF stay.</p> <p><u>Coding 2:</u> In this case, the admission code would reflect the type and amount of assistance needed by the resident to self-mobilize in the wheelchair. The discharge goal would be coded 06, Independent.</p> <p><u>Scenario 3:</u> If a resident walks for short distance only, but uses a wheelchair to mobilize longer distance, and the person is learning to use the wheelchair in therapy.</p> <p><u>Coding 3:</u> Both walking and wheelchair are coded based on the type and amount of assistance needed.</p> <p><u>Scenario 4:</u> If the resident is placed in a wheelchair and pushed by a friend/family member because he or she is going outside the building with the family, and the person is not working on wheelchair mobility skills in therapy.</p> <p><u>Coding 4:</u> Do not code the wheelchair items. This is not a clinical assessment, and the wheelchair is just used for transportation purposes. The person is not learning to self-mobilize using a wheelchair.</p>
<p>For Section GG, Item GG0170RR1 (Indicate the type of wheelchair/scooter used?), how would you code the item for a resident in a geriatric chair?</p>	<p>Geriatric chairs, which are primarily used for those with special seating and positioning needs, are not considered wheelchairs. A geriatric chair is not designed for self-mobilization and cannot be used to assess the resident for wheelchair items.</p>

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Question	Answer
Section GG - Item GG0130A. Eating	
Is drinking fluids included in eating? Snacks between meals?	For Item GG0130A. Eating, the intent of the activity is to assess the resident's ability to use suitable utensils to bring both food and liquid to his/her mouth and swallow the food and liquid once it is presented on table/tray. Assessing the patient during a meal versus a snack allows the clinician to observe the resident's eating ability with a variety of foods and liquids to assess the resident.
How would you score resident who has a feeding tube?	If the person is not eating by mouth, item GG0130A. Eating would be coded 88. Not attempted due to medical condition or safety concern. If the resident eats by mouth, in addition to getting nutrition or liquids via tube feedings, Eating is coded based on the amount of assistance needed to complete the activity of eating.

Section 2: What you may have missed from 2016

SNF QRP Resources Available to Providers

There are a number of important resources available to providers on the CMS SNF QRP website at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-IMPACT-Act-2014.html>

- The **SNF QRP home** page provides an overview of the program. In the “Downloads” section of this page, you can find a Fact Sheet, summarizing SNF QRP requirements for Fiscal Year 2018.
- The **Spotlights and Announcements** page is frequently updated with information about upcoming SNF QRP activities, including program updates and deadlines, trainings, and the posting location of new resources.
- The **Measures and Technical Information** page features information about SNF QRP measures and item set specifications.
- On the **Training** page, materials from the two in-person trainings held in June and August of 2016 can be found in the “Downloads” section at the bottom of the page. Materials available include PowerPoint presentations, answers to polling scenarios, materials used to facilitate the integrated case study and other classroom activities, and answers to questions posed by the participants during the training.
- The **FAQ** page will be updated periodically with documents containing frequently asked questions from the SNF QRP Help Desk and responses to these questions.
- The **Reconsideration and Exception & Extension** page outlines the process for submitting a reconsideration request to CMS if a provider is found non-compliant with SNF QRP requirements for a given fiscal year. The page also includes information about requesting an exception or extension from CMS.
- The **Help** page provides contact information for the various Help Desks that are available for SNF providers.

Two MLN Connects® National Provider Calls were held in 2016 to provide SNFs with important SNF QRP information

- A video recording from the 5/19/16 MLN Connects® National Provider Call can be found on the CMS Youtube Channel: <https://www.youtube.com/watch?v=ryUiyRGo3NI&index=5&list=PLaV7m2-zFKpihHxb4AiWNjbsIUUKCGljK>
- A video recording from the 9/14/16 MLN Connects® National Provider Call can be found on the CMS Youtube Channel: <https://www.youtube.com/watch?v=hpgkrGhC-Pg&index=1&list=PLaV7m2-zFKpihHxb4AiWNjbsIUUKCGljK&t=699s>

Section 3: What's coming up

“SNF QRP Quality Measure User’s Manual” to be posted

- The “SNF QRP Quality Measure (QM) Calculations and Reporting User’s Manual” will be posted on the SNF QRP Measures and Technical Information webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>
- This User’s Manual will provide detailed calculation and reporting information for each QM included in the SNF QRP. This includes 1) record selection and measure calculation methodologies employed for each QM; 2) the logical specifications for each QM; and 3) the data selection criteria for the CASPER Review and Correct Reports and the CASPER QM Reports for the QMs included in the SNF QRP.
- The posting of the User’s Manual will be communicated to providers through all of the usual channels including announcements on the SNF QRP webpage, upcoming Open Door Forums, and MLN Connects Provider eNews.

FY 2018 Rulemaking Cycle to begin in late spring 2017

- The annual rulemaking cycle will commence in late spring/early summer of 2017 with the release of the Proposed Rule. Rulemaking is the vehicle through which requirements for the SNF QRP are communicated to providers.
- Once the proposed rule is released, the public has 30 days to comment on proposals in the rule; CMS then responds to public comments and finalizes requirements. The proposed rule will be published in the Federal Register: <https://www.federalregister.gov/> in late spring/early summer 2017; its publication will also be announced on the SNF QRP Spotlights and Announcements webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements.html>.
- For general information on the rulemaking process, please visit the “Proposed Regulations” portion of the CMS website: <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html?redirect=/QuarterlyProviderUpdates/> or the Office of the Federal Register website: https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf