



## Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Help Desk  
Questions and Answers (Q+As)  
and Quarterly Updates

June 2019

*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 January 2019–March 2019 (Section 1). This document also contains quarterly updates and events from January 2019–March 2019 (Section 2) as well as upcoming updates for the next quarter, from April 2019–June 2019 (Section 3). Guidance contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.*

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Section 1:  
Help Desk Frequently Asked Questions and Answers

Question	Answer
<b>General SNF QRP</b>	
<b>Can you clarify how the 2% APU penalty is calculated?</b>	<p>For FY 2021, providers must submit 80% or more of all assessments with 100% of the required MDS data elements to be in compliance with SNF QRP requirements.</p> <p>Compliance threshold calculation for Annual Payment Update is based on the completeness of data needed to calculate the measures and is based on the number of MDS assessments submitted with complete data on each MDS assessment used for the SNF QRP. Specifically, the APU threshold is calculated by taking the total number of assessments with 100% of the required MDS data elements (numerator) divided by the number of successfully submitted assessments (denominator).</p> <p>The resulting number is multiplied by 100 to determine the threshold percentage. For further information including an FAQ, “How are APU thresholds calculated?”, please refer to the SNF QRP Quick Reference Guide at <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PAC-SNF-Quick-Reference-Guide-FY2020-v1-0.pdf">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PAC-SNF-Quick-Reference-Guide-FY2020-v1-0.pdf</a></p> <p>To review the item values that may count against the APU, as well as data that is required for the calculation of the SNF QRP quality measures, you may wish to refer to the CMS Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage at <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Requirements-for-the-Fiscal-Year-FY2021-Program-Year+.pdf">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Requirements-for-the-Fiscal-Year-FY2021-Program-Year+.pdf</a></p>
<b>Drug Regimen Review (DRR)</b>	
<b>Can you please review the requirements for completing the Drug Regimen Review (DRR)?</b>	<p>The drug regimen review is generally considered to include medication reconciliation, a review of all medications a resident is currently using and review of the drug regimen to identify, and if possible, prevent potential or actual clinically significant medication issues. The DRR measure assesses if a drug regimen review was completed upon admission (as</p>

## Question

## Answer

close to the time of admission as possible) and also assesses if appropriate follow-up occurred each time a potential or actual clinically significant medication issue was identified. Providers should adhere to state and federal policies and guidelines, and also follow best practices when determining how to conduct a drug regimen review.

The clinician should use available medical record documentation to complete the DRR. Medical record sources include medical records received from facilities where the resident received health care, the resident's most recent history and physical, transfer documents, discharge summaries, medication lists/records, clinical progress notes, and other resources as available. Discussions (including with the acute care hospital, other staff and clinicians responsible for completing the drug regimen review, the resident, and the resident's family/significant other) may supplement and/or clarify the information gleaned from the resident's medical records.

The requirements for DRR in Appendix PP - Guidance to Surveyors for Long Term Care Facilities - State Operations Manual (SOM) and the requirements for completing DRR items N2001, N2003, and N2005 are different. The monthly DRR conducted by the pharmacist will not meet the requirements nor fulfill the intentions of the SNF QRP quality measure. The DRR as described in the SOM is conducted by a pharmacist at least monthly and applies to all SNF and nursing home residents, whereas the DRR and MDS items N2001, N2003 and N2005 for the SNF QRP applies only to SNF residents in a Part A stay. The intent of the DRR quality measure is to identify issues with safety on admission and throughout the resident's stay, along with completing the required two-way communication with the physician.

The DRR quality measure is used in other Post-Acute Care settings and has been adopted into the SNF QRP as of October 1, 2018 to fulfill the requirements of the IMPACT Act. The Centers for Medicare & Medicaid Services (CMS) does not provide guidance on who can or cannot code the DRR items for the SNF Quality Reporting Program quality measure. Each facility delivers resident care according to its unique characteristics and standards (e.g. resident population). Thus, each facility self-determines its policies and procedures for determining who may complete the DRR in compliance with State and Federal requirements.

Question	Answer
<b>Section GG</b>	
<p><b>Can you clarify how Section GG Discharge Performance items should be completed if a resident is in the facility for less than 3 days?</b></p>	<p>A SNF Part A stay of less than 3 days is one of the criteria that define an incomplete stay.</p> <p>Medicare Part A SNF Stay incomplete stays are defined as:</p> <ol style="list-style-type: none"> <li>a) Length of stay is less than 3 days; based on A2400C (End date of most recent Medicare stay) – A2400B (Start date of most recent Medicare stay) is less than three days;</li> <li>b) Discharged against medical advice coded as an Unplanned Discharge (A0310G = [2])</li> <li>c) Died while in SNF (A2100 = [08]); or A0310F = [12];</li> <li>d) Discharged unexpectedly (short-stay acute hospital: A0310G = [2] or A2100 = [03]; inpatient psychiatric facility: A0310G = [2] or A2100 = [04]; long-term care hospital: A0310G = [2] or A2100 = [09]).</li> </ol> <p>For residents who have an incomplete stay, Section GG – Discharge Performance on the Medicare Part A PPS Discharge Assessment will be greyed-out and cannot be completed for residents with an incomplete stay. Discharge self-care and mobility performance data are not required if the resident has an incomplete stay.</p> <p>The definition of incomplete stay refers to the following measures:</p> <ul style="list-style-type: none"> <li>• Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: S001.02)</li> <li>• SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.01)</li> <li>• SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.01)</li> <li>• SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.01)</li> </ul>

Question	Answer
	<ul style="list-style-type: none"> <li>• SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.01)</li> </ul> <p>As a reminder, coding Section GG Admission Performance and Discharge goals are still required in the event of an incomplete stay.</p>
<p><b>How should Section GG bed mobility activities be completed if a resident sleeps in a recliner?</b></p>	<p>If the resident does not sleep in a bed, clinicians should assess bed mobility as much as they are able using alternative furniture (for example, a recliner).</p> <p>Please code the bed mobility activities using the 01 to 06 codes, unless you determine you cannot assess the patient’s performance. If the clinician determines that these bed mobility activities cannot be assessed because of the type of furniture and/or the degree to which the head of the bed must be elevated, then code the activities GG0170A, Roll left and right, GG0170B, Sit to lying, and GG0170C, Lying to sitting on side of bed, using the appropriate activity not attempted code.</p>
<p><b>How should a knee scooter be used when coding Section GG walking activities?</b></p>	<p>A knee walker/scooter may be used when assessing the walking activities. A knee walker/scooter would not be considered a scooter for coding GG0170Q1 or GG0170Q3 – Does the patient use a wheelchair or scooter? For the purpose of coding prior function GG0110, Prior device use, a knee walker/scooter would be recognized as GG0110D-Walker.</p>

Question	Answer
<b>Public Reporting</b>	
<p><b>On the SNF QRP Provider Preview Report under the claims-based measure, Potentially Preventable Post-Discharge Readmissions (S004.01), shows “(16)” for our facility performance category, noting that the data was suppressed by CMS. Can you clarify why our facility’s data was suppressed and how we can correct this?</b></p>	<p>The footnote was applied because we decided to postpone publishing this measure results for all providers in late 2018 to allow more testing to ensure it provides a reliable, accurate picture of provider performance on quality, in line with CMS’s Meaningful Measures Initiative to address high-priority areas for quality measurement with measures that will help improve patient outcomes while minimizing provider burden. We have since completed this additional testing and have refined the method for assigning providers to performance categories, in which their performance level is compared to the national rate.</p> <p>Beginning fall 2019, CMS will publicly display measure results on Nursing Home Compare for the Potentially Preventable 30-Day Post-Discharge Readmissions Measure adopted for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).</p> <p>For more information, please see <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/FAQs-for-Potentially-Preventable-Readmission-Measures-for-the-Post-Acute-Care-QRPs.pdf">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/FAQs-for-Potentially-Preventable-Readmission-Measures-for-the-Post-Acute-Care-QRPs.pdf</a> and <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Fact-Sheet-for-Potentially-Preventable-Readmission-Measures-for-the-Post-Acute-Care-QRPs.pdf">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Fact-Sheet-for-Potentially-Preventable-Readmission-Measures-for-the-Post-Acute-Care-QRPs.pdf</a></p>
<b>Annual Payment Update</b>	
<p><b>How often is the SNF Provider Threshold report refreshed?</b></p>	<p>The Provider Threshold Report is an on-demand report available by fiscal year of the Annual Payment Update (APU). Each time the provider runs the Provider Threshold Report, the report is produced with updated data. The Provider Threshold Report does not have scheduled updates or refreshes like some of the other CASPER Reports (e.g., the QM Reports are refreshed monthly), but instead the Provider Threshold Report will include updated data each time the provider runs a new Provider Threshold Report.</p>

Question	Answer
<p><b>When will data for the new SNF QRP quality measures with data collection beginning 10/1/18 be available on the SNF QRP Review and Correct Report, SNF Facility-Level Quality Measure Report, and SNF Resident-Level Quality Measure Report?</b></p>	<p>Data submitted for the quality measures that were recently added to the SNF QRP for which data collection began 10/1/18, became available on the SNF Review and Correct Reports in April 2019 and will be available on SNF QRP Facility-Level and Resident-Level Quality Measure Reports in the Fall 2019. These recently added measures include:</p> <ul style="list-style-type: none"> <li>• Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.</li> <li>• Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).</li> <li>• Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)</li> <li>• Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).</li> <li>• Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).</li> <li>• Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).</li> </ul>
<b>PDPM</b>	
<p><b>Can you provide additional information regarding PDPM?</b></p>	<p>For inquiries regarding PDPM, we refer you to the CMS Patient Driven Payment Model website. You may submit questions regarding PDPM to <a href="mailto:pdpm@cms.hhs.gov">pdpm@cms.hhs.gov</a>.</p> <p>You may also wish to review the MLN presentation including audio recording and transcript, SNF PPS: New Patient Driven Payment Model Call on PDPM that was conducted on December 11, 2018 and is available at <a href="https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2018-12-11-PPS.html">https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2018-12-11-PPS.html</a>.</p>

Question	Answer
<b>MSPB</b>	
<p><b>Can you clarify how to interpret the Medicare Spending per Beneficiary (MSPB) ratio that is posted on Nursing Home Compare?</b></p>	<p>The SNF QRP quality measure, Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) shows whether Medicare spends more, less, or about the same on an episode of care for a Medicare resident in a specific SNF compared to how much Medicare spends on an episode of care across all SNFs nationally. This is displayed as a ratio.</p> <p>The MSPB score is the ratio of the average facility risk-adjusted spending divided by the national median. For this measure, the MSPB score with a ratio higher than one indicates higher spending relative to the national median, whereas a ratio lower than one suggests lower spending relative to the national median</p>

Question	Answer
<b>Resources for Providers</b>	
<p><b>Can you provide links to the most current versions of the SNF Manuals?</b></p>	<p>The SNF QRP Measure Calculations and Reporting User’s Manual V2.0 can be found on the SNF QRP Measures and Technical Information page and can be accessed directly here: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Calculations-and-Reporting-Users-Manual-V20.pdf">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Calculations-and-Reporting-Users-Manual-V20.pdf</a></p>
<p><b>When will the RAI manual for October 1, 2019 be posted?</b></p>	<p>The MDS 3.0 QM User’s manual Version 12.0, can be found on the Nursing Home Quality Initiative webpage and can be access directly here: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-USERS-MANUAL-v120.pdf">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-USERS-MANUAL-v120.pdf</a></p> <p>V1.16 of the MDS 3.0 RAI Manual is available at: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html</a></p> <p>The PDF file labeled “MDS 3.0 RAI Manual v1.17 October 1, 2019” is now available in the Related Links section of the MDS 3.0 RAI Manual Page: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html</a></p> <p>Please note this early, preliminary release is being provided in response to stakeholder feedback. The MDS 3.0 RAI Manual v1.17 contains many updates, including information related to the Patient Driven Payment Model. Please check back shortly prior to October 1, 2019, for a final posting that may contain additional updates.</p>

Section 2:  
What You May Have Missed from Quarter 1, 2019

**Enhanced SNF QRP Review and Correct Reports Now Available**

The enhanced Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) review and correct reports are now available, on demand in the Certification and Survey Provider Enhanced Reporting (CASPER) application. In addition to enhanced sorting functionality, this report now includes patient level data and automated CSV file creation functionality that contains patient level results. Providers can access these reports by selecting the CASPER Reporting link on the “Welcome to the CMS QIES Systems for Providers” webpage.

NOTE: You must log into the CMS Network using your CMSNet user ID and password in order to access the “Welcome to the CMS QIES Systems for Providers” webpage.

In addition to the sorting enhancements and inclusion of resident level data, these reports:

- Contain quality measure information at the facility level
- Allow providers to obtain aggregate performance for the past four quarters (when data is available)
- Include data submitted prior to the applicable quarterly data submission deadlines
- Display whether the data correction period for a given CY quarter is “open” or “closed”.

**New SNF Provider Threshold Report Now Available**

The new Skilled Nursing Facility (SNF) Provider Threshold Report (PTR) were made available in March 2019. This PTR is a user-requested, on demand report which enables users to obtain the status of their data submission completeness related to the compliance threshold required for the SNF Quality Reporting Program (QRP). We wish to note that compliance data is available by measure to assist you with identifying potential areas for review. However, for a given data submission period, the Minimum Data Set (MDS) assessments submitted by a SNF must meet the APU minimum submission threshold of no less than 80 percent of all of the MDS assessments having 100 percent completion of the required SNF QRP data elements.

Currently, Fiscal Year (FY) 2020 and FY2021 are available for user selection for this report to assist providers in reviewing Calendar Year (CY) 2018 and CY2019 data submission. The SNF PTR will display an asterisk (\*) for future dates (monthly and quarterly) when a measure is active, but data are not available yet.

This report is available in the 'SNF Quality Reporting Program' category in the CASPER Reporting application. Please refer to Section 13-SNF Quality Reporting Program in the CASPER Reporting MDS Provider User's Guide for additional information about this report.

The CASPER Reporting User's Guide is available on the 'Welcome to the CMS QIES Systems for Providers' web page and the Nursing Home (MDS)/Swing Bed Providers Reference & Manuals page on the QIES Technical Support Office (QTSO) website (<https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>)

### **Section GG Decision Tree Training Document**

A decision tree training document to help with coding Section GG self-care and mobility data elements is now available. This document provides an overview of the 6 codes and coding instructions for admission/discharge. Please see the [SNF Quality Reporting Training webpage](#) for details.

## 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.
- 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 the [Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 2.0](#) that can be found in the “Downloads” section at the bottom of the page. Also available on this webpage is the [SNF QRP Table for Reporting Assessment-Based Measures for the FY 2021 SNF QRP APU](#) that contains information about items necessary to calculate the measures, item values that may count against APU.
- 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 most recent FAQs can be found at the following link: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Quarterly-FAQ-Update-Q4-2018.pdf>
- The [SNF QRP Training](#) page provides information about recent and upcoming SNF QRP trainings and post-training materials and recordings.
- The [SNF QRP Public Reporting](#) page provides information regarding the various reports available to SNF providers.
- 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.
  - Do NOT submit patient-identifiable information (e.g., date of birth, social security number, and health insurance claim number) to the SNF Quality Report Program ([SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)) and SNF QRP Public Reporting ([SNFORPPRQuestions@cms.hhs.gov](mailto:SNFORPPRQuestions@cms.hhs.gov)). Submitting patient-level data or protected health information may be a violation of your facilities' policies and procedures as well as violation of federal regulations (HIPAA). If you are unsure of whether the information you are submitting is identifiable, please contact your institution's Privacy Officer.

### Section 3: What's Coming Up

#### **Nursing Home (NH) Compare Quarterly Refresh with Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Data**

The next NH Compare quarterly refresh is scheduled for July 2019.

#### What's New for Skilled Nursing Facilities (SNFs)

Please continue to monitor the [SNF Quality Reporting Program Spotlights and Announcements](#) webpage for ongoing up-to-date announcements and information regarding the SNF Quality Reporting Program.