SNF QRP – Q1 2024 Deadline – August 15! Are You Up-to-Speed With the SNF QRP?

Joshua Clodius, LNHA
Senior QI Specialist
Healthcentric Advisors

8/13/2024

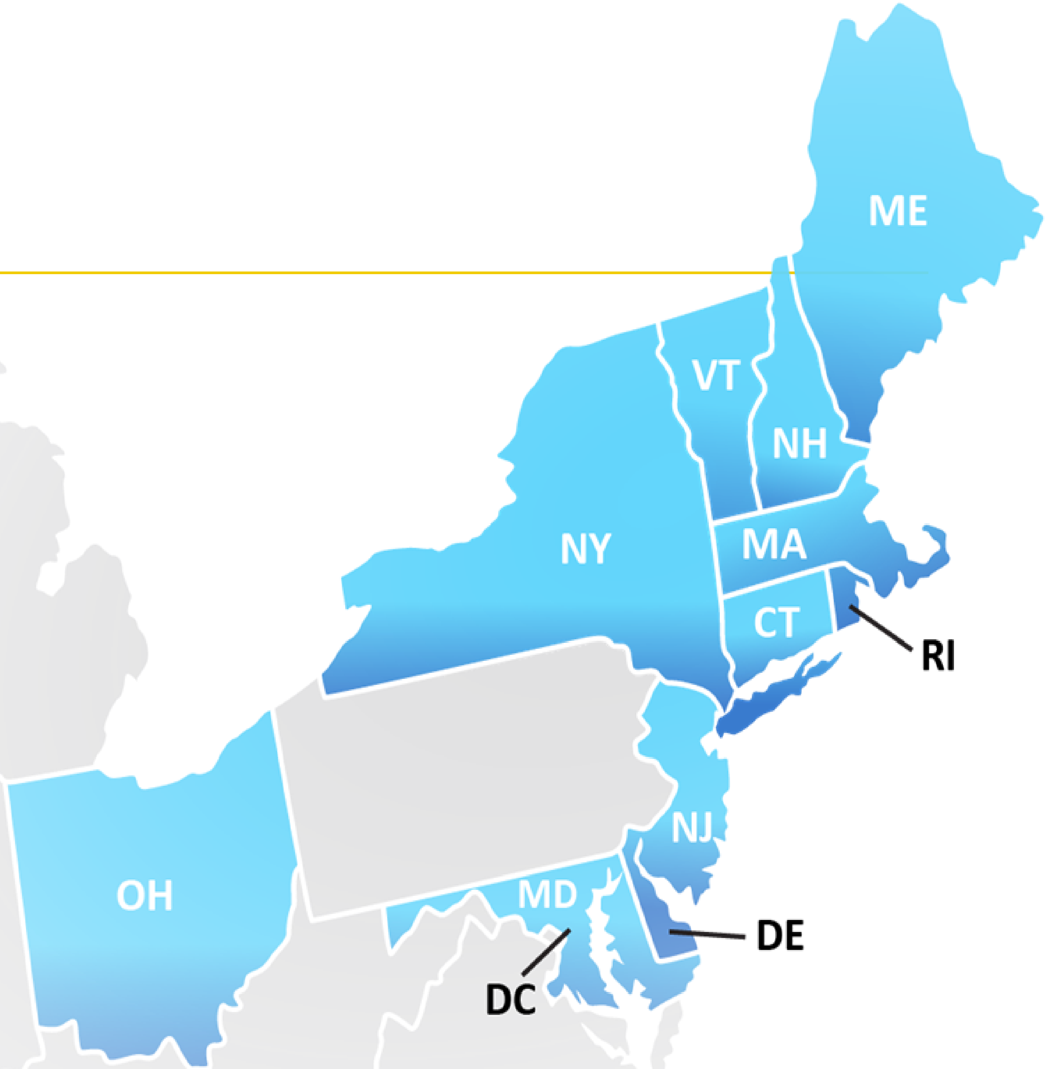
This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-T1-AA-24-1558

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

The IPRO QIN-QIO

The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally



IPRO:
New York, New Jersey, and Ohio

Healthcentric Advisors:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for
20% of the nation’s Medicare FFS beneficiaries

IPRO QIN-QIO
Healthcentric Advisors
Qlarant

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Objectives

- Review what the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) is
- Identify it implications for your facility
- Discuss what you can do going forward to make a positive impact

SNF
Quality Reporting Program

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

SNF QRP

- The SNF QRP creates SNF quality reporting requirements as mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). By October 1, 2016, SNFs began collecting data for submission. **It continues to this day.**

- Impact Act Goals:
  - Shared Decision Making
  - Care Coordination
  - Enhanced Discharge Planning
  - Data Interoperability
  - Quality measurement
  - Payment Reform

Continued

- The SNF QRP makes quality of care information available so patients can make informed decisions about their health care options.
- It also encourages hospitals and providers to improve the quality of inpatient care they provide to patients by ensuring they’re aware of, and reporting on, best practices for their facilities and type of care.

SNF QRP Measures

Data for the SNF QRP measures are collected and submitted through three methods:

- Minimum Data Set (MDS) 3.0
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
- Medicare Fee-For-Service Claims

SNF QRP Measures

MDS Measures:

Data collected using the MDS 3.0 and submitted to the Centers for Medicare & Medicaid Services (CMS) via the Internet Quality Improvement and Evaluation System (iQIES):

- **Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)**
- **Drug Regimen Review Conducted with Follow-Up for Identified Issues**
- **Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury**
- **Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients**
- **Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients**
- **Transfer of Health Information to the Provider-Post-Acute Care**
- **Transfer of Health Information to the Patient-Post-Acute Care**
- **Discharge Function Score**
- **COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date**

CDC NHSN Measures:

Data for these measures are submitted via the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN):

- **COVID-19 Vaccination Coverage Among Healthcare Personnel**
- **Influenza Vaccination Coverage Among Healthcare Personnel**

Medicare FFS Claims Data Measures:

Data for these measures are collected from claims, and no additional data need to be submitted by the SNF:

- **Medicare Spending Per Beneficiary**
- **Discharge to Community**
- **Potentially Preventable 30-Day Post-Discharge Readmission Measure**
- **Healthcare-Associated Infections (HAI) Requiring Hospitalization**

NHSN QRP Measures

How is NHSN compliance determined?

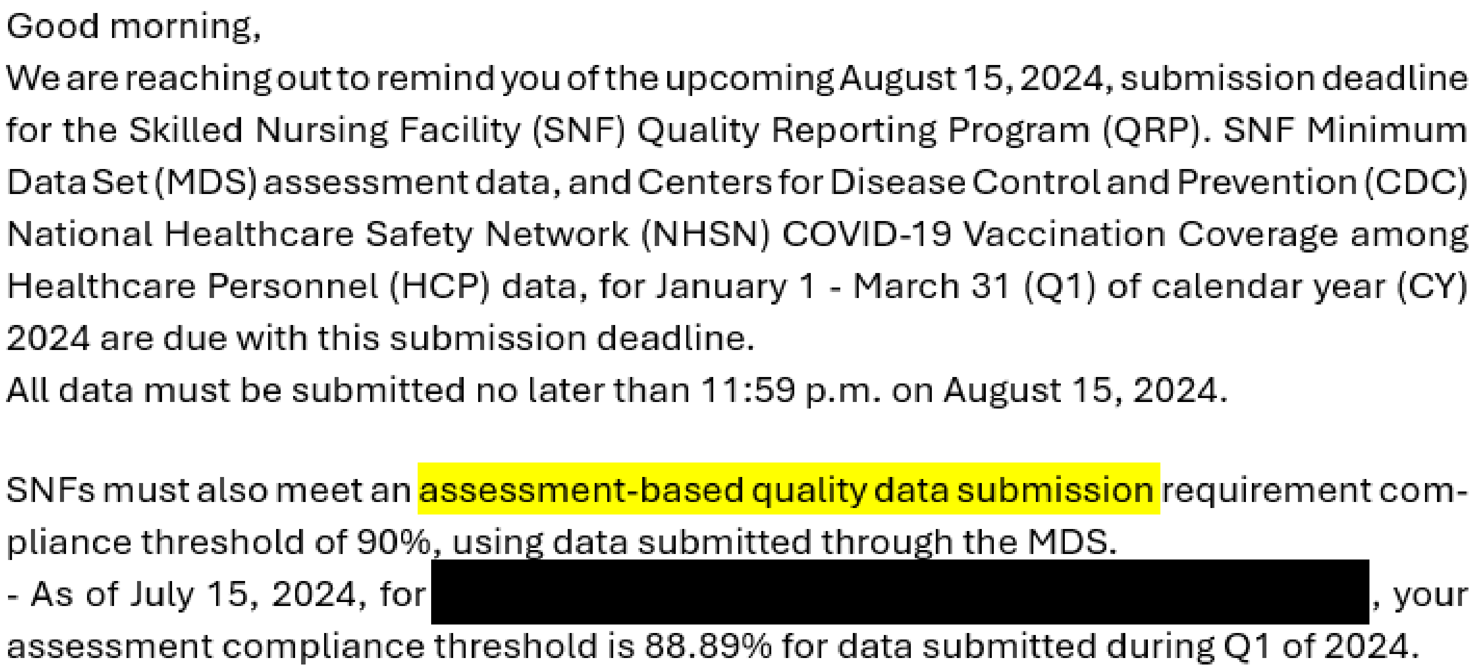
- For NHSN data, facilities are required to report data for one week of each calendar month, with three months of data due by each submission deadline (for example, Q4 data encompasses October-December and is due May 15 of each year). Facilities that submit complete data for all twelve months will be found compliant with the NHSN measures. The list of required measures is available on the SNF QRP Measures and Technical Information webpage.

Notices – Went Out July 3

- Notices that went out on July 3 are in the iQIES folders
- Your facility needs to check there to see if the noncompliance is related to the MDS or NHSN reporting

- All data must be submitted no later than 11:59 p.m. on August 15, 2024

QRP Noncompliance - Have You Received Notification?



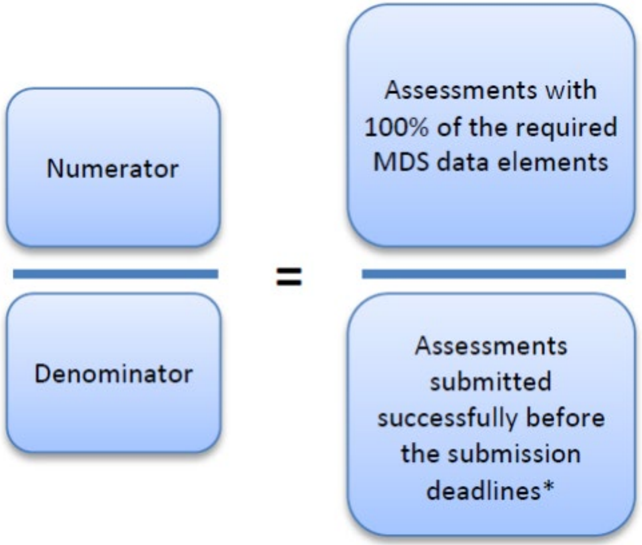
Good morning,
We are reaching out to remind you of the upcoming August 15, 2024, submission deadline for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). SNF Minimum Data Set (MDS) assessment data, and Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) data, for January 1 - March 31 (Q1) of calendar year (CY) 2024 are due with this submission deadline.
All data must be submitted no later than 11:59 p.m. on August 15, 2024.

SNFs must also meet an assessment-based quality data submission requirement compliance threshold of 90%, using data submitted through the MDS.
- As of July 15, 2024, for [redacted], your assessment compliance threshold is 88.89% for data submitted during Q1 of 2024.

Reminder – Threshold Changes from 2023!

- One of the most pivotal changes will be an increase to the SNF QRP data completion threshold from 80% to 90% within the Minimum Data Set (MDS). Facilities will need to be in line with the specified guidelines provided from the newly established QRP requirements. This will result in SNFs realizing a 10% increase in the requirement of 100% collection of data associated with the required quality measures and standardized patient assessments. Facilities will also go from 99 QRP items currently, to 230 MDS items come October 1, 2023.

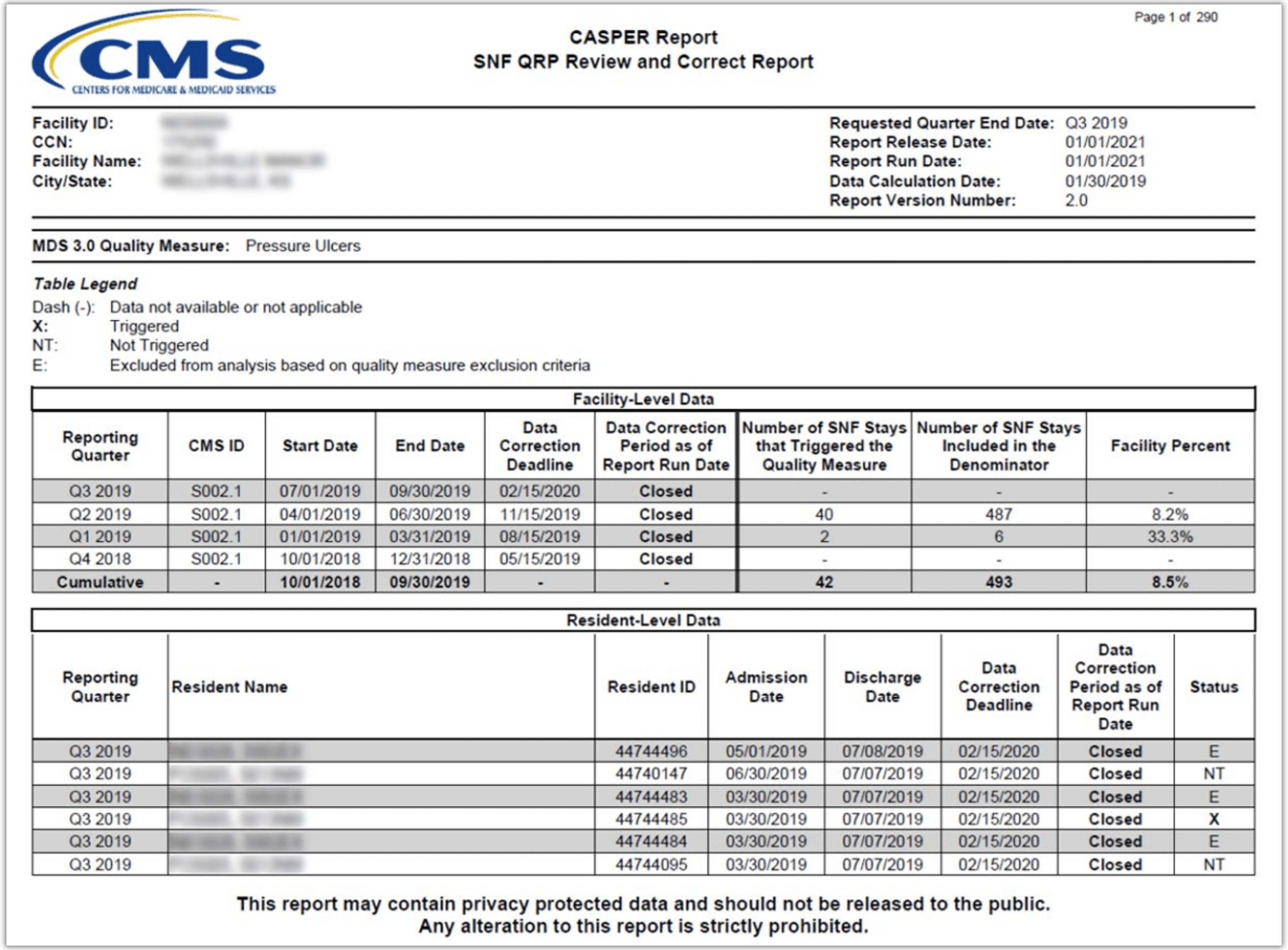
- In order to ensure compliance, SNFs must use the MDS to gather data on a minimum of 90% of assessments that are submitted to CMS. With the SNF QRP being classified as a pay-for-reporting system, lack of compliance with the updated requirements will result in losses for facilities. The penalty assessed to the SNF will entail a 2% reduction in their annual payment for fiscal year 2026, resulting in decreased reimbursements.



Numerator / Denominator = Assessments with 100% of the required MDS data elements / Assessments submitted successfully before the submission deadlines*

When Was the Last Time You Looked at Your Review amd Correct Report?

Review and Correct Reports



Page 1 of 290

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
SNF QRP Review and Correct Report

Facility ID:	[redacted]	**Requested Quarter End Date:**	Q3 2019
CCN:	[redacted]	**Report Release Date:**	01/01/2021
Facility Name:	[redacted]	**Report Run Date:**	01/01/2021
City/State:	[redacted]	**Data Calculation Date:**	01/30/2019
		Report Version Number:	2.0

MDS 3.0 Quality Measure: Pressure Ulcers

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

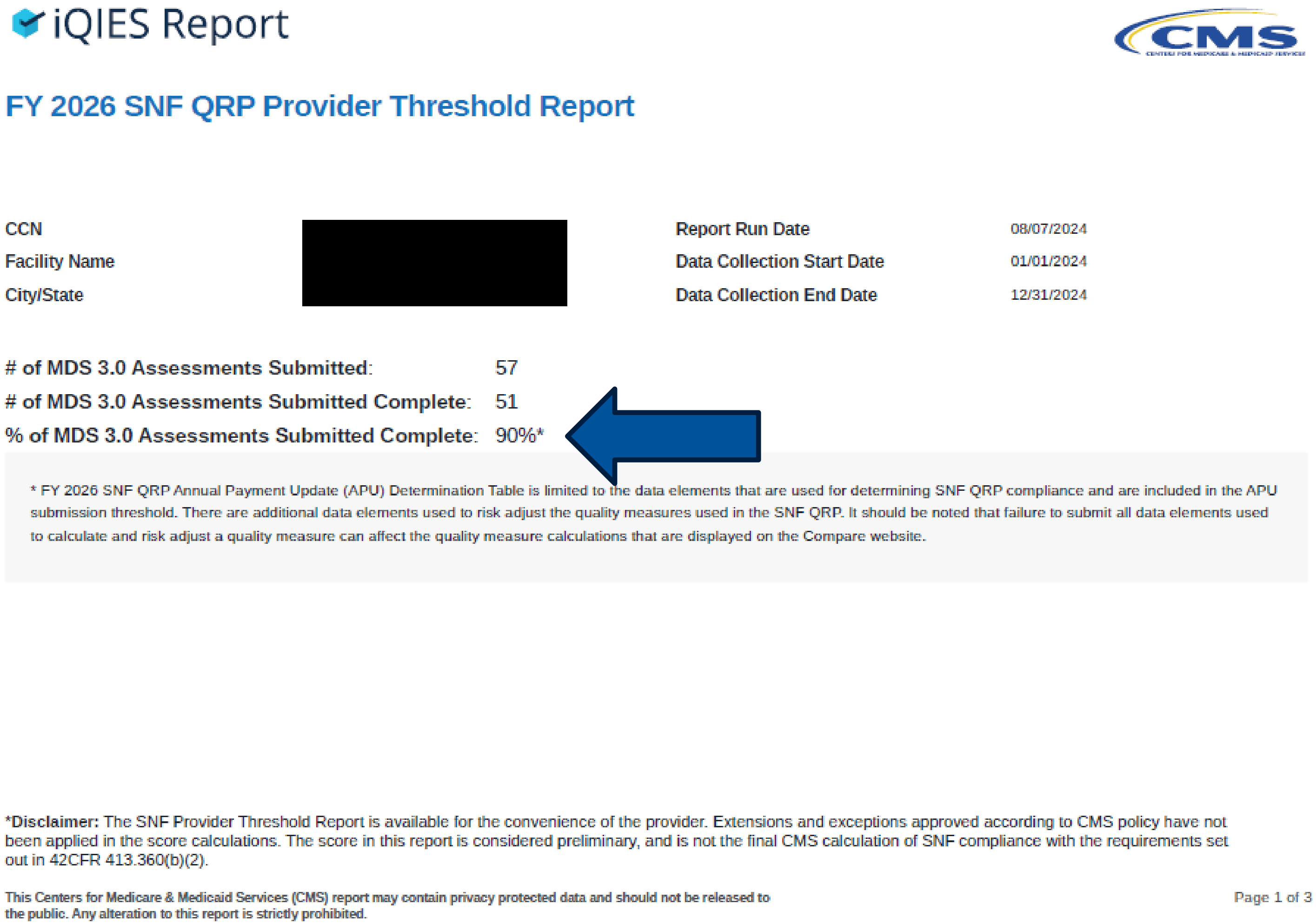
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2019	S002.1	07/01/2019	09/30/2019	02/15/2020	**Closed**	-	-	-
Q2 2019	S002.1	04/01/2019	06/30/2019	11/15/2019	**Closed**	40	487	8.2%
Q1 2019	S002.1	01/01/2019	03/31/2019	08/15/2019	**Closed**	2	6	33.3%
Q4 2018	S002.1	10/01/2018	12/31/2018	05/15/2019	**Closed**	-	-	-
Cumulative	**-**	**10/01/2018**	**09/30/2019**	**-**	**-**	**42**	**493**	**8.5%**

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 2019	[redacted]	44744496	05/01/2019	07/08/2019	02/15/2020	**Closed**	E
Q3 2019	[redacted]	44740147	06/30/2019	07/07/2019	02/15/2020	**Closed**	NT
Q3 2019	[redacted]	44744483	03/30/2019	07/07/2019	02/15/2020	**Closed**	E
Q3 2019	[redacted]	44744485	03/30/2019	07/07/2019	02/15/2020	**Closed**	**X**
Q3 2019	[redacted]	44744484	03/30/2019	07/07/2019	02/15/2020	**Closed**	E
Q3 2019	[redacted]	44744095	03/30/2019	07/07/2019	02/15/2020	**Closed**	NT

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

SNF Provider Threshold Report



iQIES Report

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

FY 2026 SNF QRP Provider Threshold Report

CCN	[redacted]	Report Run Date	08/07/2024
Facility Name		Data Collection Start Date	01/01/2024
City/State		Data Collection End Date	12/31/2024

# of MDS 3.0 Assessments Submitted:	57
# of MDS 3.0 Assessments Submitted Complete:	51
% of MDS 3.0 Assessments Submitted Complete:	90%*

* FY 2026 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.

***Disclaimer:** The SNF Provider Threshold Report is available for the convenience of the provider. Extensions and exceptions approved according to CMS policy have not been applied in the score calculations. The score in this report is considered preliminary, and is not the final CMS calculation of SNF compliance with the requirements set out in 42CFR 413.360(b)(2).

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Page 1 of 3

- You can run a report from iQIES to show your numbers

SNF QRP Financial Impact

- Any SNF determined to be non-compliant with the SNF QRP requirements may be subject to a two percentage (2%) point reduction in their Annual Payment Update (APU) beginning FY 2018 and each subsequent rate year.

SNF QRP Impact

Currently in Measurement Period for Fiscal Year 2026 Adjustments

Measurement Period for FY2026 is the following; (10/1/2023-9/30/2024)

Summary

- SNF QRP non-adherence is tied to financial penalties
- SNF QRP have measures that are related to your 5 STAR rating
- The SNF QRP NHSN measures also have potentially weekly CMP fines associated with non-compliance

Now What

- Ensure your MDS Submissions are timely and completed - threshold for completion is now 90% up from 80%
- Ensure you are completing your NHSN data submissions each week and your annual staff influenza data - many facilities struggle with this still!
- Focus on quality improvement

Final Considerations

Recognize that CMS is continuing to transform from a passive payer to an active value purchaser by implementing payment mechanisms that reward measured entities who achieve better quality or improve the quality of care they provide.

Focus on quality! And that also means understanding all the systems behind how you are measured.

SNF QRP Resources

- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Spotlights and Announcements | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Measures and Technical Information | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Public Reporting | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Frequently Asked Questions (FAQs) | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Data Submission Deadlines | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Reconsideration and Exception & Extension | CMS
- Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual | CMS
- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Help | CMS

Contacting CMS

- **Please note: The only method for submitting a request to CMS for review of your preview report data is via email (SNFQRPPRquestions@cms.hhs.gov). Requests submitted by any other means will not be reviewed. CMS will not review any requests that include protected health information (PHI) or other Health Insurance Portability and Accountability Act (HIPAA) violations in the request being submitted to CMS.**

Email must include:

- SNF CCN
- SNF Business Name
- SNF Business Address
- CEO or CEO-designated representative contact information including: name, email address, telephone number, and physical mailing address, i.e. not a post-office box
- Information supporting the SNF's belief that the data contained within the SNF's Provider Preview Report are erroneous, including, but not limited to quality measures affected and aspects of quality measures affected (numerator, denominator or quality metric)

Contact us
We're Here to Help!

Health Centric Advisors (HCA)
MA, CT, ME, NH, VT, RI

Marguerite McLaughlin
mmclaughlin@healthcentricadvisors.org
Director of Education, Task 1 Nursing Home Lead

Joshua Clodius
jclodius2@healthcentricadvisors.org
Quality Improvement Specialist

Kristin-Rae Delsesto,
kdelsesto@healthcentricadvisors.org
Quality Improvement Specialist

Mary Ellen Casey
mcasey@healthcentricadvisors.org
Sr. Quality Improvement Manager

Nelia Odom
nodom@healthcentricadvisors.org
Quality Improvement Manager

Island Peer Review Organization (IPRO)
NY, NJ, OH

Melanie Ronda
mronda@ipro.org
Assistant Director & Nursing Home Lead

Danyce Seney
DSeney@ipro.org
Quality Improvement Specialist

Amy Stackman
astackman@ipro.org
Quality Improvement Specialist

Tammy Henning
thenning@ipro.org
Quality Improvement Specialist

Maureen Valvo
mvalvo@ipro.org
Senior Quality Improvement Specialist:

David Johnson
djohnson@ipro.org
Senior Quality Improvement Specialist

Qlarant
MD, DE, DC

Charlotte Gjerloev,
gjerloevc@qlarant.com
Director

Shirlynn Shafer
shafers@qlarant.com
Project Manager II & Nursing Home Lead

Darlene Shoemaker
shoemakerd@qlarant.com
Quality Improvement Consultant

Vicky Kilby
kilbyv@qlarant.com
Quality Coordinator II

Daphne Young
youngd@Qlarant.com
Quality Coordinator II

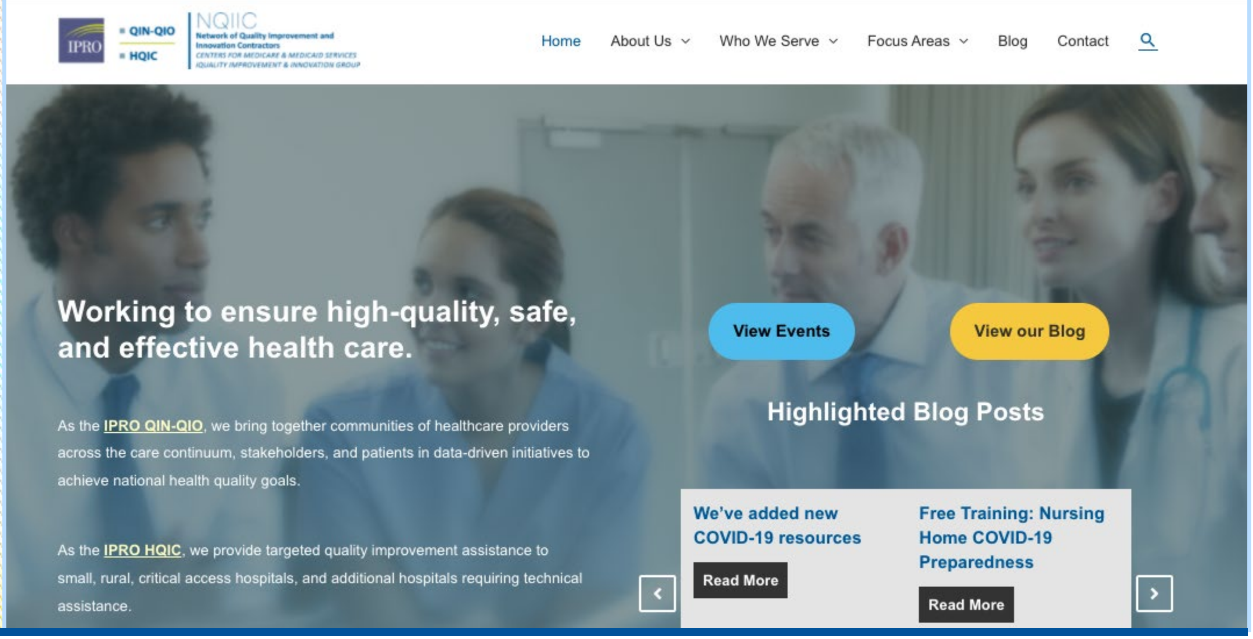
IPRO
QIN-QIO

Healthcentric Advisors
Qlarant

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Thank You!

https://qi.ipro.org/


IPRO
QIN-QIO
HQIC
NQIIC
Network of Quality Improvement and Innovation Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP
Home
About Us
Who We Serve
Focus Areas
Blog
Contact
View Events
View our Blog
Read More
Read More

Working to ensure high-quality, safe, and effective health care.

As the IPRO QIN-QIO, we bring together communities of healthcare providers across the care continuum, stakeholders, and patients in data-driven initiatives to achieve national health quality goals.

As the IPRO HQIC, we provide targeted quality improvement assistance to small, rural, critical access hospitals, and additional hospitals requiring technical assistance.

Highlighted Blog Posts

We've added new COVID-19 resources

Free Training: Nursing Home COVID-19 Preparedness

@IPROQINQIO

@IPROQINQIO

@IPRO QIN-QIO

IPRO QIN-QIO

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-T1-AA-24-1558

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP