



# Skilled Nursing Facility Quality Reporting Program (SNF QRP): Requirements for the Fiscal Year (FY) 2018 Reporting Year

*This fact sheet contains information about requirements for the SNF QRP for the FY 2018 reporting year, which will reflect data collected from 10/1/16 – 12/31/16.*

## I. Background

The IMPACT Act of 2014 mandated the establishment of the SNF QRP. As finalized in the FY 2016 SNF PPS final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY.

## II. FY 2018 Reporting Requirements

The FY 2018 reporting year is based on one quarter of data from 10/1/16 – 12/31/16. This means that FY 2018 compliance determination will be based on data submitted for admissions to the SNF on and after October 1, 2016, and discharged from the SNF up to and including December 31, 2016. Providers have until May 15, 2017 to correct and/or submit their quality data from the FY 2018 reporting year.

Providers must submit all data necessary to calculate SNF QRP measures on at least 80% of the MDS assessments submitted to be in compliance with FY 2018 SNF QRP requirements.

### MDS 3.0 Submission

SNFs currently submit MDS 3.0 data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. **The October 1, 2016 implementation of the SNF QRP will not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system.**

However, in order to collect the standardized data used to calculate SNF QRP measures, an additional MDS submission, the SNF Part A PPS Discharge Assessment, was finalized in the FY 2016 SNF PPS final rule. This discharge assessment includes discharge assessment data needed to inform current and future SNF QRP measures and their calculation.

For an overview of the steps required to submit an MDS 3.0 file, verify its submission status, and obtain a Final Validation report providers should review this [Helpful Hints Fact Sheet](#). It is strongly recommended that providers access and review the MDS 3.0 Provider User's Guide and the CASPER Reporting User's Manual, both of which can be accessed at: <https://www.gtso.com/mdstrain.html>.

## SNF QRP Quality Measures

The implementation of the SNF QRP on October 1, 2016 does not change requirements related to the process for MDS record submission, however it does introduce new quality measures that providers are required to report data on.

In the FY 2016 SNF PPS final rule, three quality measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP. These measures and their data sources are listed in **Table 1**, as well as a brief summary of any modifications to the MDS 3.0 that will be implemented on October 1, 2016 as a result of the adoption of these measures into the SNF QRP. The data collection periods and data submission deadlines for these measures for FY 2018 payment determination are also outlined in this table.

**Table 1: SNF QRP measures affecting FY 2018 payment determination finalized in the FY 2016 SNF PPS final rule**

Measure	Data Source	Resulting changes to MDS 3.0	Data collection period for FY 2018 payment determination	Data submission deadline for FY 2018 payment determination
Application of Percent of Patients or Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	MDS 3.0	<b>None.</b> The items used to calculate the measure have been included on the existing MDS 3.0 item sets as part of the CMS's Nursing Home Quality Initiative (NHQI) since 2010. Items for this measure are included in the SNF Part A PPS Discharge Assessment.	10/01/16- 12/31/16	05/15/17
Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678)	MDS 3.0	<b>None.</b> This measure is the same measure that nursing homes have been reporting for short stay residents through CMS's NHQI since 2010. The items used to calculate this measure are also the same. Items for this measure are included in the SNF Part A PPS Discharge Assessment.	10/01/16- 12/31/16	05/15/17
Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)	MDS 3.0	<b>Addition of Section GG.</b> New functional status items assessing self-care and mobility activities are used to calculate this measure. Section GG will appear in the October 1, 2016 MDS 3.0. Section GG is included in the SNF Part A PPS Discharge Assessment.	10/01/16- 12/31/16	05/15/17

For more information about the specifications and items included in these previously adopted measures affecting FY 2018, see the [Skilled Nursing Facility Quality Reporting Program- Specifications for the Quality Measures Adopted through the Fiscal Year 2016 Final Rule](#).<sup>1</sup>

In the FY 2017 SNF PPS final rule, three additional measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP<sup>2</sup>. These measures, listed in **Table 2**, will be calculated using Medicare FFS claims and thus, **will require no additional data collection on the part of providers**. For more information about the specifications for these three measures, please see the two documents: [Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule](#) and [Measure Specifications: Medicare Spending Per Beneficiary](#).

**Table 2: SNF QRP measures affecting FY 2018 payment determination finalized in the FY 2017 SNF PPS final rule**

Measure	Data Source
Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Medicare FFS claims
Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	
Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure	

Note that, in the FY 2017 SNF PPS final rule, one MDS-based measure **affecting FY 2020 payment determination**, Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), was also finalized for adoption in the SNF QRP. However, data collection for this measure will not begin until October 1, 2018.

### III. Resources and Frequently Asked Questions

#### Where can I find more information about the SNF QRP requirements?

Providers should visit the [SNF QRP webpage](#) for more information on SNF QRP measures and requirements. This webpage will be frequently updated with announcements and resources including:

- SNF QRP training materials
- Fact Sheets
- Help Desk Quarterly Q+A Documents

#### When is a new SNF required to begin reporting SNF QRP data?

As stated in the FY 2016 SNF PPS final rule, a new SNF would be required to begin reporting data on any quality measures finalized for that program year by no later than the first day of the

<sup>1</sup> Please note that the specifications for the measure, Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678), have recently been updated. Please see the updated specifications in the document titled “*SNF QRP Measure Specifications\_August 2016\_updated PU*” in the “Downloads” portion of the [SNF QRP Measures and Technical Information webpage](#).

calendar quarter subsequent to 30 days after the date on the SNF's CMS Certification Number (CCN) notification letter.

EXAMPLE: if a SNF received its CCN on August 28, 2016, and 30 days are added (August 28 + 30 days = September 27), the SNF would be required to submit data for residents who are admitted beginning on October 1, 2016.

### **Are swing beds subject to SNF QRP requirements?**

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/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html>.

### **What if I am notified of noncompliance with FY 2018 requirements?**

If you are found noncompliant with FY 2018 requirements, you may request reconsideration of the finding. SNFs may file for reconsideration if they believe the finding of noncompliance is in error. Reconsideration requests are submitted by email to CMS containing all of the requirements listed on the [Reconsideration Requests](#) portion of the SNF QRP webpage.

Please note that a SNF cannot request reconsideration until notified by CMS of a finding of noncompliance with FY 2018 requirements.

### **What if I have extenuating circumstances (e.g., a natural disaster) that prevent me from submitting SNF QRP data or cause me to submit SNF QRP data late?**

CMS makes accommodations in the event SNF is unable to submit quality data due to extraordinary circumstances beyond their control (e.g., natural or man-made disasters) or when a systemic problem with data collection systems directly affected the ability to submit data. If a SNF is affected by an extraordinary circumstance, they can submit an exception or extension request to CMS. SNFs should submit this request via email within 90 calendar days of the occurrence of the extraordinary circumstance. Please visit the [Extensions and Exception Requests](#) portion of the SNF QRP webpage for more information.

## **IV. Resources for Providers**

- [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov) (QRP Help Desk): For general questions about the SNF QRP, reporting requirements, reporting deadlines, and SNF QRP quality measures.
- For MDS 3.0 Coding questions, please contact your State RAI Coordinator listed in Appendix B of the MDS RAI Manual. You can find this contact list on CMS's MDS 3.0 RAI Manual Web page under the Downloads section (file name – MDS-RAI-Manual-Appendix-B): <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>.
- [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) or 1-800-839-9290: For questions related to Nursing Home Compare and the Five-Star Quality Rating System.
- 1-888-238-2122 (CMSNet Help Desk): For assistance with your CMSNet login ID/password.

- [Help@qtso.com](mailto:Help@qtso.com) or 1-877-201-4721 (QIES Help Desk): For questions about MDS record completion and submission processes, or for technical questions. This group also handles questions related to MDS/CASPER login IDs/passwords and jRAVEN software.
- [SNFQRPreconsiderations@cms.hhs.gov](mailto:SNFQRPreconsiderations@cms.hhs.gov) (Reconsideration Help Desk): For reconsideration requests and follow-up questions if your facility has received a CMS determination of noncompliance letter.
- Subscribe to this listserv for the latest SNF QRP information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines: [https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic\\_id=USCMS\\_12265](https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265).