

What's Impacting My Bottom Line?

A high-level overview of CMS quality reporting programs for SNFs

March 23, 2022



Agenda

1 | **Welcome & introductions**

2 History of quality programs

3 Important dates to know

4 The Minimum Data Set (MDS)

5 Overview of SNF clinical quality programs

6 Surveys and F-tags

Your Presenter



Laurie Laxton, RN, BSN, CCFA, RAC-CT, IP-BC, QCP

- Principal Clinical Trainer with Inovalon for 7 years
- Certified Clinical Financial Auditor and former SNF nurse auditor
- AAPACN-certified RAC-CT and QCP
- Board-certified Infection Preventionist

Agenda

1 Welcome & introductions

2 | **History of quality programs**

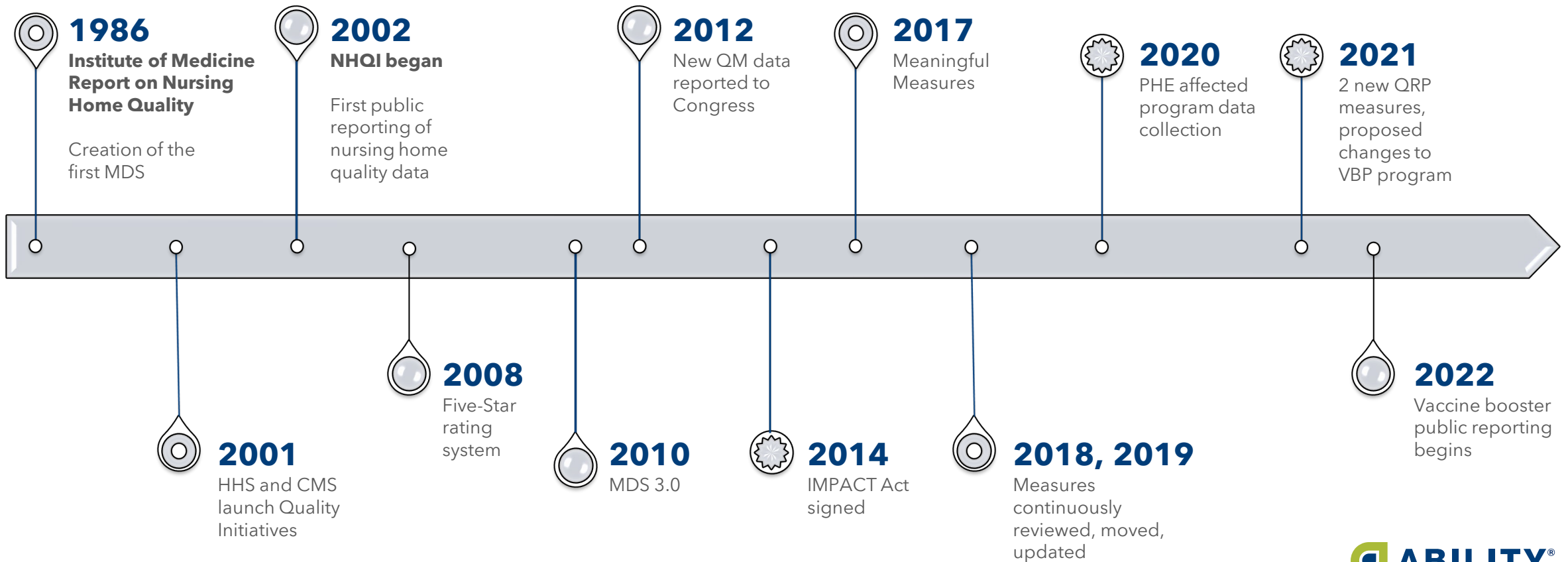
3 Important dates to know

4 The Minimum Data Set (MDS)

5 Overview of SNF clinical quality programs

6 Surveys and F-tags

History of SNF quality programs



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Important dates to know



April:

Proposed rule comment period



End of July:

CMS Final Rule



October:

Final Rule goes into effect

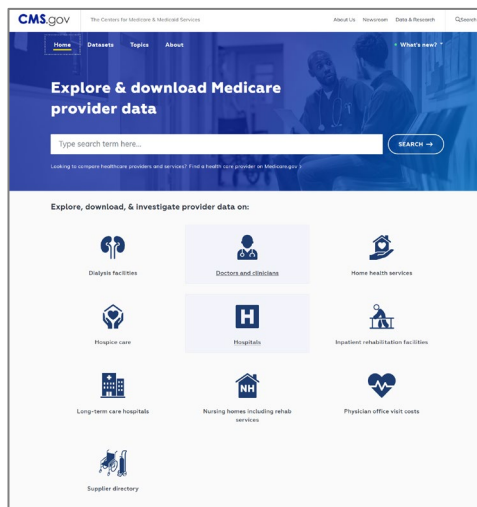


December:

Measures Under Consideration (MUC) list released

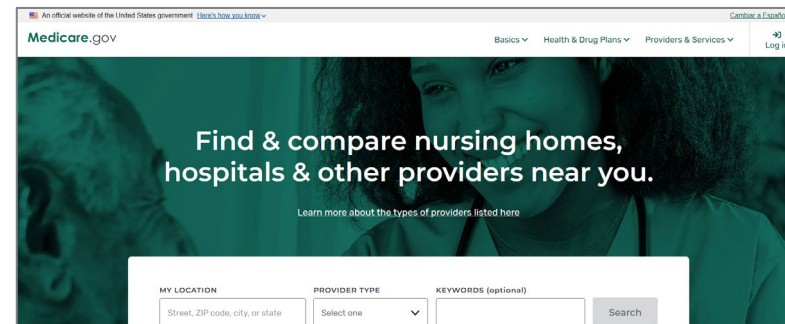
Important dates to know

- Quarterly: SNF Quality Reporting Program (QRP) quality data on Medicare Care Compare is updated. You can view data [submission and correction deadlines here](#).
- Datasets that are available for download (<https://data.cms.gov/provider-data/>):



- COVID-19 vaccination rates
- SNF Quality Reporting Program data
- MDS and Medicare claims quality data
- Health deficiencies and survey summaries
- Value-based purchasing program facility-level datasets
- and many more...

- Care Compare public website (<https://www.medicare.gov/care-compare/>)



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4 | **The Minimum Data Set (MDS)**

5 Overview of SNF clinical quality programs

6 Surveys and F-tags

The Minimum Data Set (MDS)

Resident Assessment Instrument (RAI) manual

- Eligibility and certification information
- Timing of MDS assessments
- Rules on how to code items within every section of the MDS
- How Patient-Driven Payment Model Prospective Payment System (PDPM PPS) payments are calculated
- Other useful resources, such as state RAI coordinator contact information

Medicare Claims Processing Manual

- Medicare part A and part B coverage
- SNF consolidated billing information

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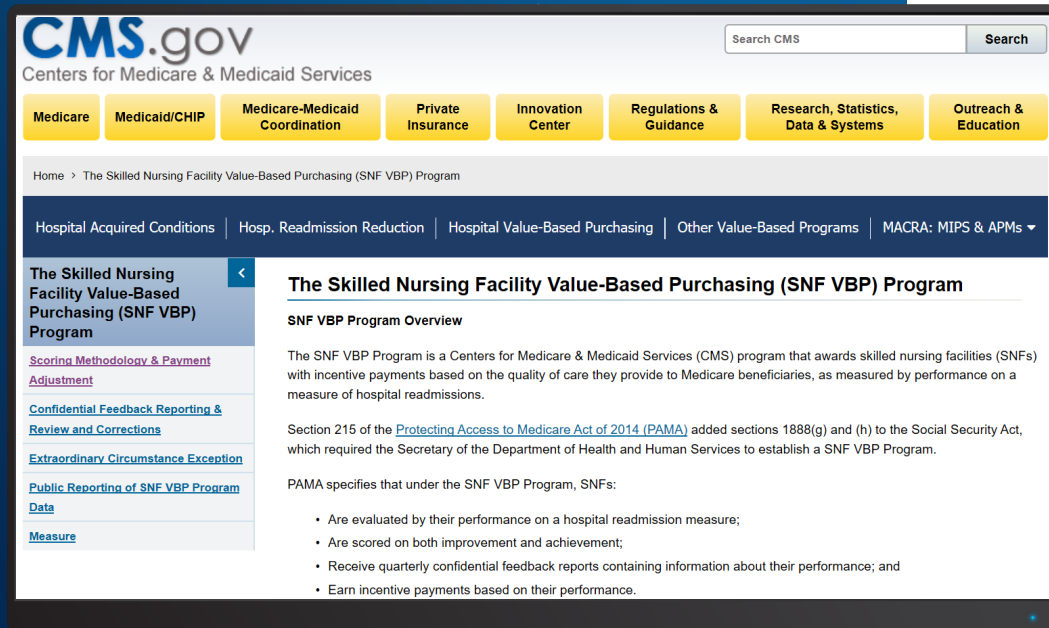
3 Important dates to know

4 The Minimum Data Set (MDS)

5 | **Overview of SNF clinical quality programs**

6 Surveys and F-tags

How the SNF Value-Based Purchasing (SNF VBP) Program works



The screenshot displays the CMS.gov website interface. At the top, the CMS.gov logo is on the left, and a search bar is on the right. Below the logo, the text "Centers for Medicare & Medicaid Services" is visible. A navigation bar contains several menu items: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area shows a breadcrumb trail: Home > The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program. Below this, there are several sub-sections: Hospital Acquired Conditions, Hosp. Readmission Reduction, Hospital Value-Based Purchasing, Other Value-Based Programs, and MACRA: MIPS & APMs. The primary heading is "The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program". Underneath, there is a "SNF VBP Program Overview" section. The text describes the program as a CMS initiative that awards SNFs with incentive payments based on their quality of care and hospital readmission rates. It references Section 215 of the PAMA Act and lists specific criteria for SNF participation, such as being evaluated on readmission measures, scored on improvement, receiving feedback reports, and earning incentive payments.

All SNFs have 2% of Medicare fee-for-service claims reduced

60% of the money is then redistributed back to SNFs in the form of incentives

- Based on your baseline performances in prior years' readmission rates
- Retrospective look because it takes a year to access all the claims to calculate rehospitalization rates
- Performance reports released annually

What measure is used in the SNF VBP Program?



SNF 30-Day All-Cause Readmission Measure (SNFRM; NQF #2510)

Risk Window

- Starts: When patient is discharged from acute care, +1 day
- Ends: 30 days after it starts, or when patient readmits to acute care (whichever occurs first)



Data periods used to assess performance

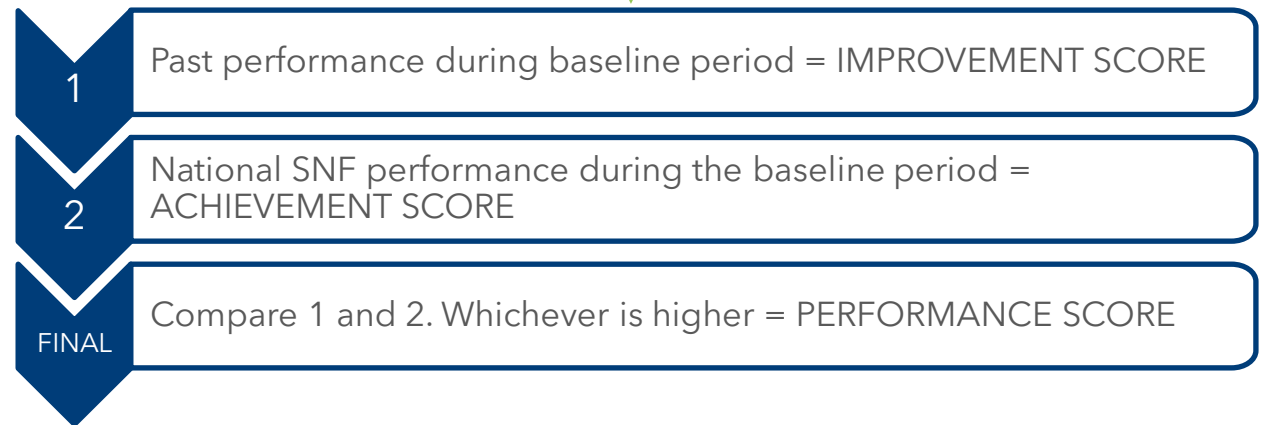
Program Year	Baseline period	Performance
FY 2022	FY 2018 (10/1/2017-9/30/2018)	4/1/2019-12/1/2019* SUPPRESSED
FY 2023	FY 2019 (10/1/2018-9/30/2019)	FY 2021 (10/1/2020-9/30/2021)
FY 2024	FY 2019 (10/1/2018-9/30/2019)	FY 2022 (10/1/2021-9/30/2022)

Compared to

Fiscal Year (FY): (October 1 - September 30)

Risk Adjustment: Uses clinical factors to level the playing field, such as comorbidities, patient characteristics, principal diagnosis on prior hospital admission, etc.

**Excluding qualifying claims in the first two quarters of calendar year 2020 (Jan-June) due to public health emergency*



<https://www.cms.gov/files/document/snf-vbp-faqs-august-2021.pdf> ; CMS SNF VBP program page; Overview of SNF VBP Program Policies from the FY 2022 SNF PPS Final Rule; 2016 Final Rule



What is an incentive multiplier?

It is used to calculate incentive payments



Where to find it

- SCORE report has a spreadsheet that indicates your incentive multiplier



<https://www.cms.gov/files/document/snf-vbp-fy-2021-ipm-infographic.pdf>

SCORE report

Do you know where to locate your incentive payment multiplier?

	A	B
1	Your SNF's FY 2021 SNF VBP Program Performance	
2	Performance Period: Fiscal Year (FY) 2019 (October 1, 2018 - September 30, 2019)	
3	Baseline Period: FY 2017 (October 1, 2016 - September 30, 2017)	
4	HOME	
5		
6	SNF VBP Performance Information	
7	Baseline Period Risk-Standardized Readmission Rate (RSRR)	20.499%
8	Performance Period RSRR	18.761%
9	Achievement Score	31.23180
10	Improvement Score	36.18483
11	Performance Score	36.18483
12	Program Rank	6.312
13	Incentive Payment Multiplier	0.9802783080
14		
15	<i>There were 4,761 unique (non-tied) performance scores in the FY 2021 SNF VBP Program and 15,090 SNFs eligible for the Program nationally. If your SNF had fewer than 25 eligible stays during the baseline period (FY 2017), your baseline period RSRR and improvement score will be omitted from the table above. If your SNF had fewer than 25 eligible stays during the performance period (FY 2019), your performance period RSRR, achievement score, and improvement score will be omitted from the table above, and you will receive a neutral incentive payment multiplier, performance score and rank. Only the information contained in this table will be publicly reported.</i>	
16		
17		
18		
19		

Navigation: 1 - Cover Sheet | 2 - Facility Performance | RESIDENTS | 3 - Payment Information | 4 - Data Dic



CMS changes for FY 2022

Resources for 2022:

- [FY 2022 Timeline](#)
- [SNF VBP Program Frequently Asked Questions \(PDF\)](#)
- [FY 2022 Final Rule](#)
- [Top 10 Things You Should Know about the SNFRM \(PDF\)](#)
- [SNFRM Technical Report Supplement \(April 2017\) \(PDF\)](#)
- [Fiscal Year 2022 Incentive Payment Multiplier Calculation - CMS](#)

6	SNF VBP Performance Information	
7	Baseline Period Risk-Standardized Readmission Rate (RSRR)	19.289%
8	Performance Period RSRR	21.160%
9	Achievement Score	---
10	Improvement Score	---
11	Performance Score	0.00000
12	Program Rank	---
13	Incentive Payment Multiplier	0.9920000000

Example

- \$500 per diem
- $\$500 \times .02 = \10 leaving a new per diem rate before VBP of \$490
- $.992 \times \$500 = \496
- Summary: CMS gave back 60% or \$6

Goal is to receive an incentive multiplier >1

4	Your Incentive Payment Multiplier for FY 2022	
5	Starting October 1, 2021, your adjusted federal per diem rate will be multiplied by <u>0.9920000000</u> .	Your incentive payment multiplier is <u>net-negative</u> , meaning that your facility will earn back <u>less than</u> it would have in the absence of the SNF VBP Program.
6	Interpreting Incentive Payment Multipliers	
7	Incentive Payment Multiplier < 1	SNF receives less than the 2% withhold back (net-negative)
8	Incentive Payment Multiplier = 1	SNF receives the full 2% withhold back (net-neutral)
9	Incentive Payment Multiplier > 1	SNF receives more than the 2% withhold back (net-positive)
10		
11		
12		

1 - Cover Sheet 2 - Facility Performance **3 - Payment Information** 4 - Data Diction ...

Don't get too comfortable

August 2021 Proposed Rule

- Transition to the SNF Potentially Preventable Readmission Measure "as soon as practicable"
- Additional measures:

**Functional
status**

Patient safety

Care coordination

**Patient
experience**

**SNF QRP
measures**

Proposed measures for an expanded VBP program

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**
Patient-Reported Outcome-Based Performance Measure		
Functional Outcomes	N/A	Patient-Reported Outcomes Measurement Information System [PROMIS]-PROMIS Global Health, Physical

* Measures adopted in the SNF Quality Reporting Program (QRP).
 ** Measure reported on the Nursing Home Care Compare website (<https://www.medicare.gov/carecompare/>)
 NQF=National Quality Forum IRF=inpatient rehabilitation facility

09/15/21 19

Meaningful Measure Area	NQF	Quality Measure
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 Infection Requiring Hospitalization Measure~
Admissions and Readmissions to Hospitals	N/A	Number of hospitalizations per 1,000 long-stay resident days (Long Stay)**
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**

* Measures adopted in the SNF QRP
 ** Measures reported on the Nursing Home Care Compare website (<https://www.medicare.gov/carecompare/>)
 ~ Measure adopted in this final rule for the SNF QRP ([86 FR 19991-20003](https://www.federalregister.gov/documents/2020/08/06/2020-15833))

09/15/21 20

Medicare Stays

Long Stays

All Residents



Overview of SNF VBP Program Policies from the FY 2022 SNF PPS Final Rule



SNF Quality Reporting Program (QRP)



SNF Quality Reporting Program (QRP)

QRP measures can be found here

- QRP measures can be found [here](#)
- For MDS assessment-based quality measure specifications, Fee-For-Service QMs, please refer to the SNF Measure Calculations and Reporting User's Manual (Updated January 2022) found in the downloads section [here](#)
- For SNF QRP spotlights and announcements, go [here](#)
- The SNF QRP offers free training [here](#)
- The SNF QRP FAQ document is located [here](#)
- For vaccine-related QM information, go [here](#)

SNF Quality Reporting Program (QRP)

Quality Measures (QMs)

- **MDS-based measures**

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
- Application of Percent of Long-Term Care Hospital (LTCH) Patient With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- Drug Regimen Review Conducted with Follow-up for Identified Issues - PAC SNF QRP
- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- SNF Functional Outcome Measures (4)

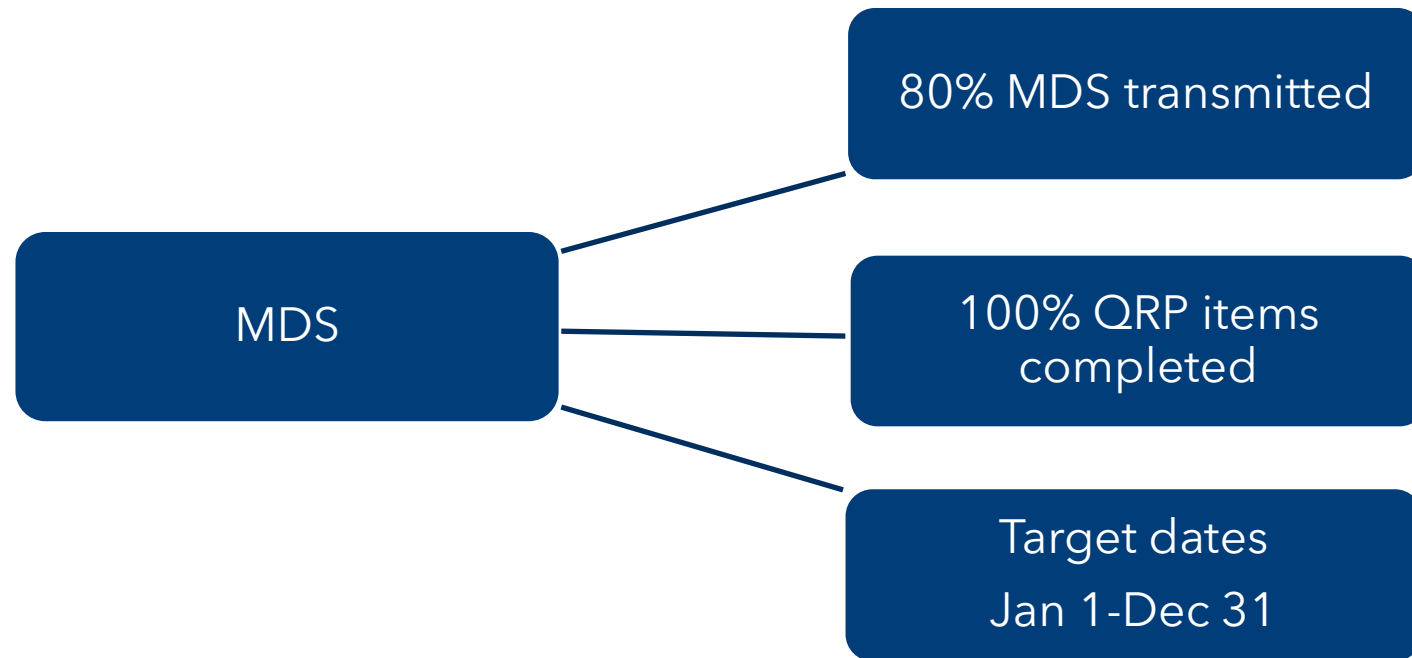
SNF Quality Reporting Program (QRP)


Quality Measures (QMs)

- **SNF Medicare Fee-For-Service claims-based measures**
 - Medicare Spending Per Beneficiary
 - Discharge to Community
 - Potentially Preventable 30-Day Post-Discharge Readmission Measure
 - SNF Healthcare-Associated Infections Requiring Hospitalization
- **Reportable via NHSN**
 - COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)

SNF Quality Reporting Program (QRP)

Transmission of assessments to CMS¹



-  **Download these manuals:**
- [SNF-QRP-Table-for-Reporting-Assessment-Based-Measures-for-the-FY-2023-SNF-QRP-APU \(PDF\)](#)
 - [SNF-QRP-Data-Collection-and-Final-Submission-Deadlines-for-the-FY-2023-SNF-QRP \(PDF\)](#)



¹ "Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Measures and Technical Information," CMS, accessed October 1, 2021, <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>.

The Minimum Data Set (MDS)

Resident _____ Identifier _____ Date _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Section A Identification Information	
A0050. Type of Record	
Enter Code <input type="checkbox"/>	1. Add new record → Continue to A0100, Facility Provider Numbers 2. Modify existing record → Continue to A0100, Facility Provider Numbers 3. Inactivate existing record → Skip to X0150, Type of Provider
A0100. Facility Provider Numbers	
A. National Provider Identifier (NPI): <input type="text"/>	
B. CMS Certification Number (CCN): <input type="text"/>	
C. State Provider Number: <input type="text"/>	
A0200. Type of Provider	
Enter Code <input type="checkbox"/>	Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed
A0300. Optional State Assessment Complete only if A0200 = 1	
Enter Code <input type="checkbox"/>	A. Is this assessment for state payment purposes only? 0. No 1. Yes
A0310. Type of Assessment	
Enter Code <input type="checkbox"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input type="checkbox"/>	B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment Not PPS Assessment 99. None of the above
Enter Code <input type="checkbox"/>	E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? 0. No 1. Yes
Enter Code <input type="checkbox"/>	F. Entry/discharge reporting 01. Entry tracking record 11. Discharge assessment-return not anticipated 12. Death in facility tracking record 99. None of the above

A0310 continued on next page

Section GG

Section H - Bowel continence

Section I - PVD, PAD, DM

Section J - Falls w/major injury

Section K - Height/Weight

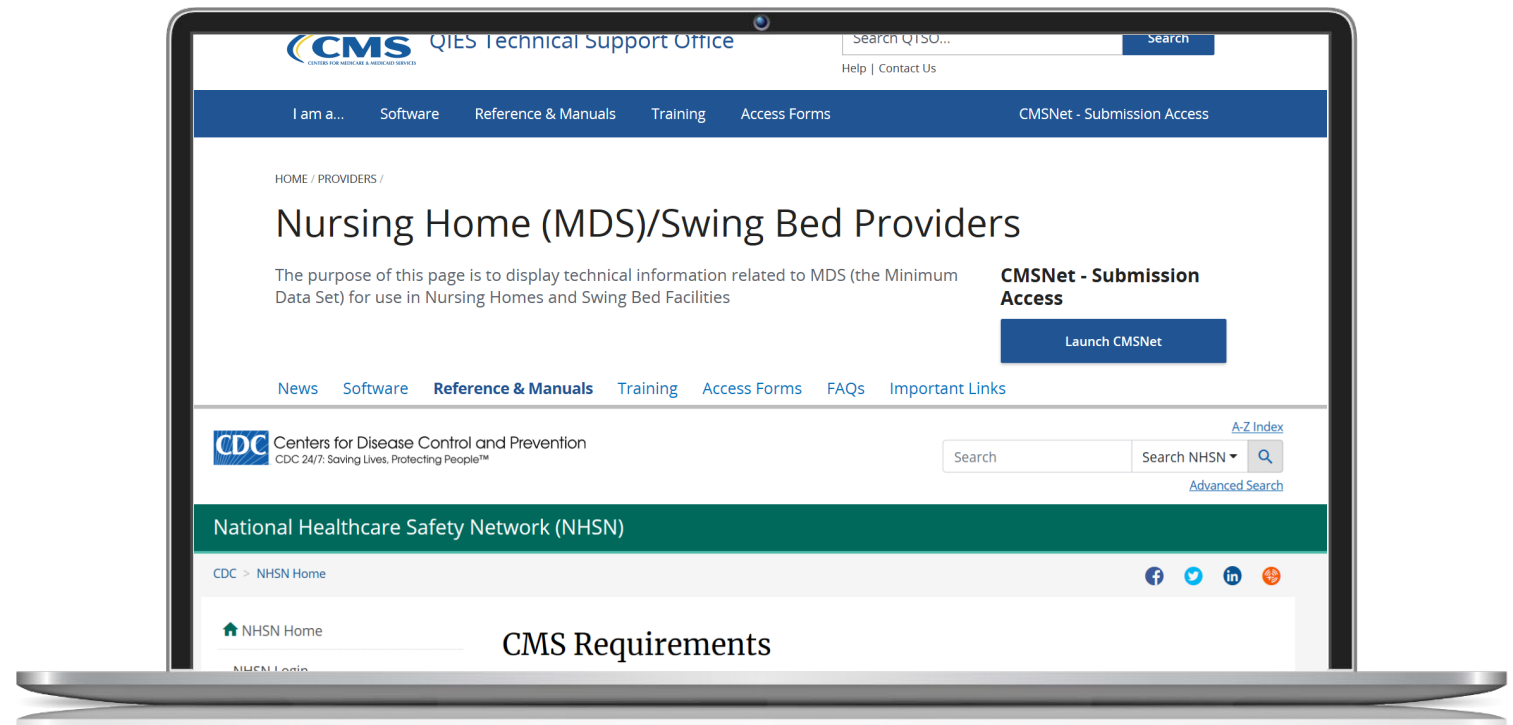
Section M - Pressure ulcers

Section N - Drug/Med review, f/u, intervention

SNF Quality Reporting Program (QRP)

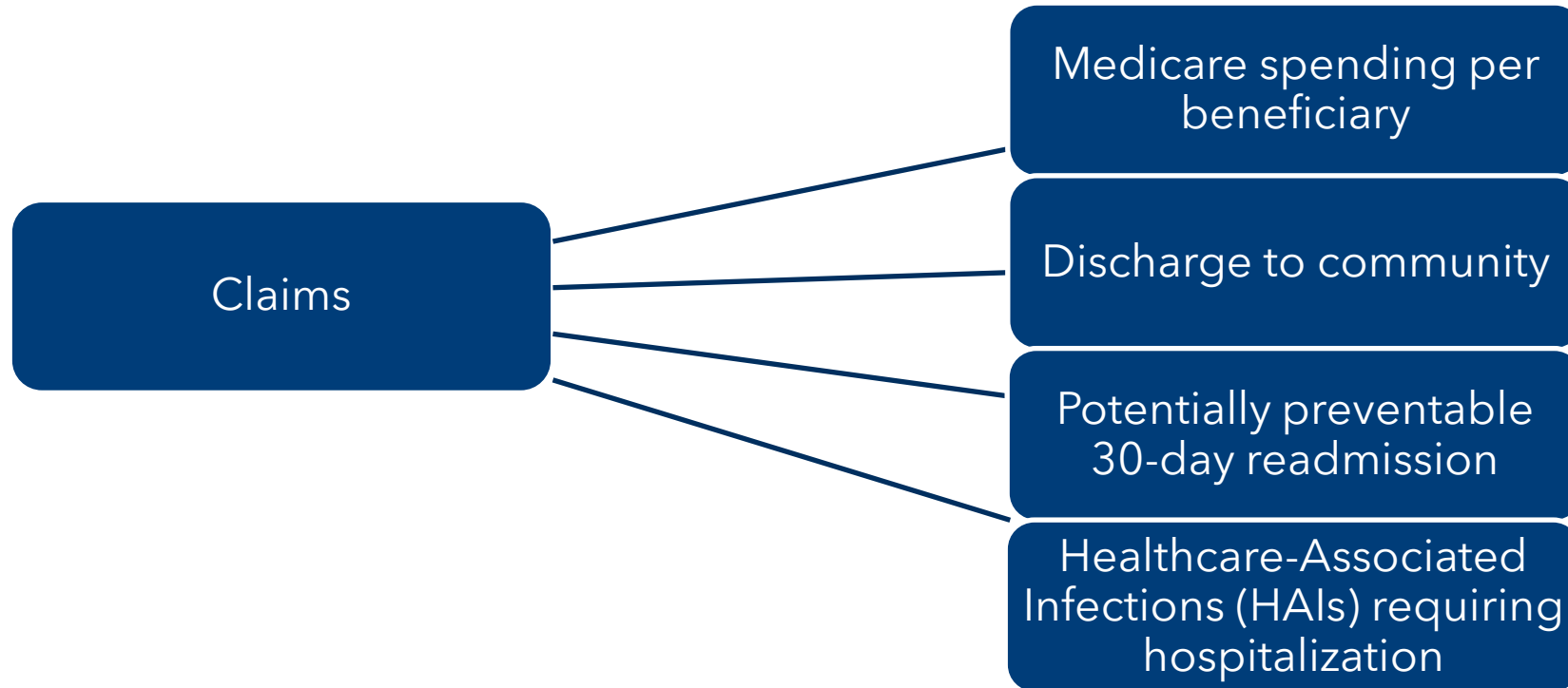
- MDS data is submitted to CMS based on deadlines established for the Annual Payment Update (APU) determination year
- Any corrections to the QM data must be submitted before the data submission deadlines
- Deadlines can be found [in the downloads section](#) of the SNF QRP Data Submission Deadlines webpage

MDS Submission Deadlines



SNF Quality Reporting Program (QRP)

Additional reported claims data¹



Download these manuals:

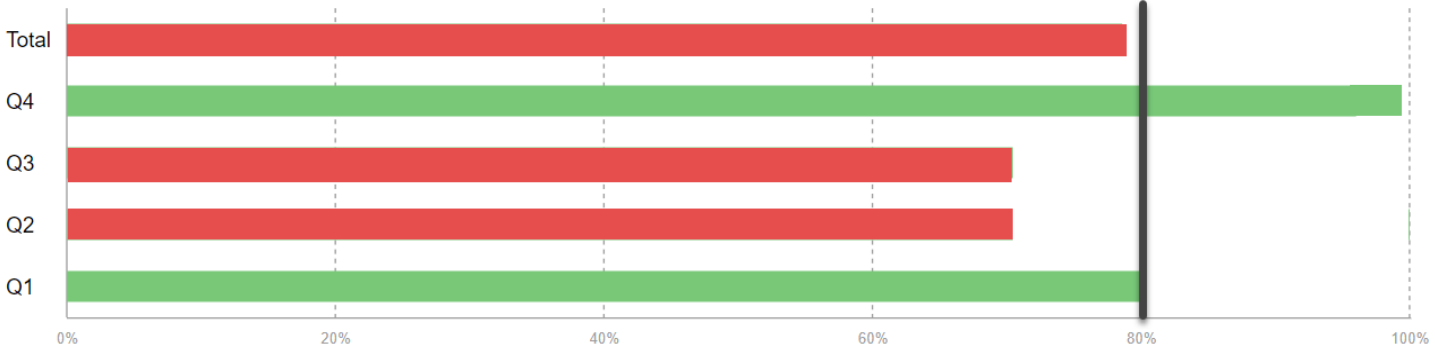
- [SNF-HAI-Technical-Report \(PDF\)](#)
- [SNF-QRP-Measure-Calculations-and Reporting-User's-Manual-V3.0.1-Addendum-Effective-10-01-2020 \(ZIP\)](#)
- [SNF Measure Calculations and Reporting User's Manual V3.0_FINAL_508C_081419 \(PDF\)](#)



SNF Quality Reporting Program (QRP)

Annual Payment Update

Q1 80% Q2 70% Q3 70% Q4 99%



$$80 + 70 + 70 + 99 / 4 = 79.75\%$$

 **by 2%**



Key manuals for SNF QRP



SNF QRP Measure Calculations and Reporting User's Manual Version 3.0.1

Prepared for
Centers for Medicare & Medicaid Services



Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 3.0

Version 3.0

Prepared for
Centers for Medicare & Medicaid Services
Contract No. HHSM-500-2013-13015I
Measures and Instrument Development & Support (MIDS)

Prepared by
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709

Current as of October 1, 2019



Skilled Nursing Facility Quality Reporting Program (SNF QRP) Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2023 Annual Payment Update (APU) Determination

Page 2 of 5

MDS Data Elements Used for FY 2023 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2021)
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	MDS 3.0 Version 1.17.2
GG0130A1	Eating (Admission Performance)	X		X
GG0130A2*	Eating (Discharge Goal)	X		X
GG0130A3	Eating (Discharge Performance)		X	X
GG0130B1	Oral hygiene (Admission Performance)	X		X
GG0130B2*	Oral hygiene (Discharge Goal)	X		X
GG0130B3	Oral hygiene (Discharge Performance)		X	X
GG0130C1	Toileting hygiene (Admission Performance)	X		X

July 2016

Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule

Prepared for
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
Mail Stop C3-19-26
7500 Security Boulevard
Baltimore, MD 21244-1850

Prepared by

RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709

ACUMEN Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization for the Skilled Nursing Facility Quality Reporting Program

Technical Report

February 2021

Prepared for:
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
CMS Contract No. 75FCMC18D0015, Task Order 75FCMC19F0003

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An official website of the United States government [Here's how you know](#)

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Fact sheet

Fiscal Year (FY) 2022 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Final Rule (CMS-1746-F)

Jul 29, 2021 | Policy

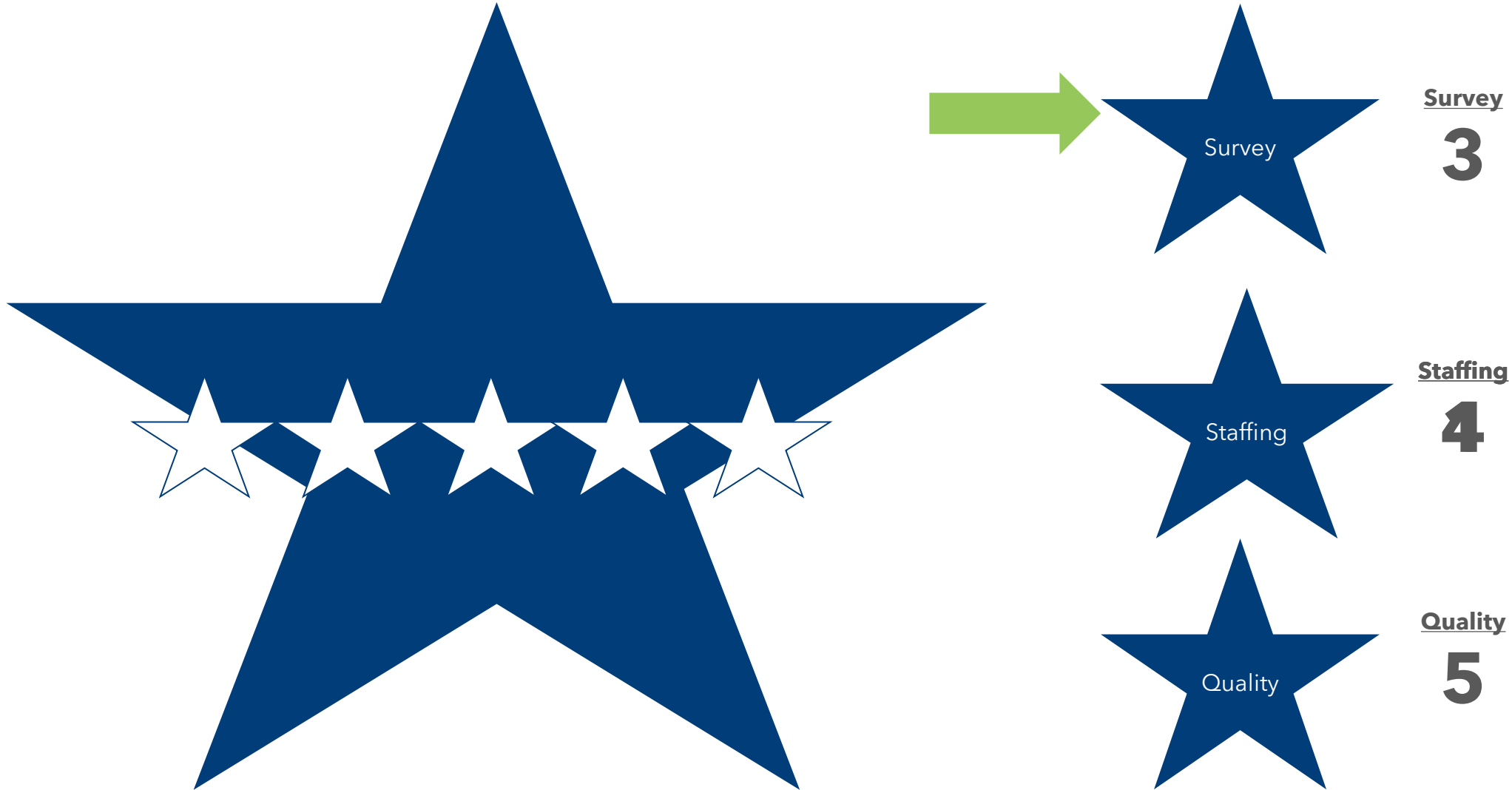
Share



CMS SNF Five-Star Program

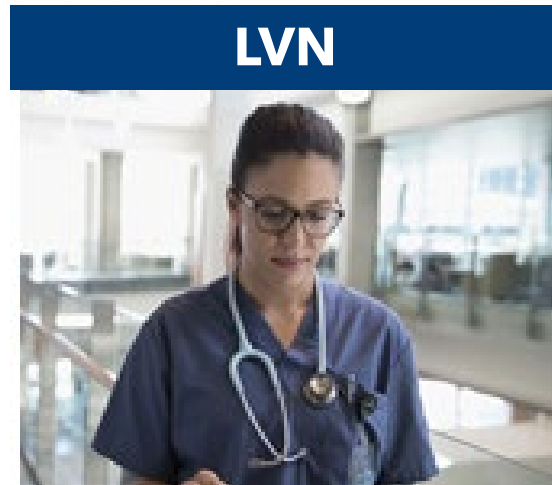


Five-Star Quality Rating System Overview



Five-Star Quality Rating System

Understanding the staffing rating



= Expected Hours

Resident _____ Identifier _____ Date _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Quarterly (NQ) Item Set

Section A	Identification Information
A0050. Type of Record	
Enter Code <input type="checkbox"/>	1. Add new record → Continue to A0100, Facility Provider Numbers 2. Modify existing record → Continue to A0100, Facility Provider Numbers 3. Inactivate existing record → Skip to X0150, Type of Provider
A0100. Facility Provider Numbers	
A. National Provider Identifier (NPI):	<input type="text"/>
B. CMS Certification Number (CCN):	<input type="text"/>
C. State Provider Number:	<input type="text"/>


Five-Star Quality Rating System

Important resources

- The January 2022 manual can be found [here](#)
- The January 2022 Five-Star State-Level health inspection cut-point tables can be found [here](#)
- The CMS Five-Star Rating System download page can be found [here](#)

Five-Star Quality Rating System

Other factors that impact star ratings¹

- Automatic One-Star rules
 - Nursing homes with zero total nurse staffing hours per resident day per quarter
 - There are four or more days in a quarter with no registered nurse coverage
 - Failure to submit Payroll-Based Journal files by quarterly deadlines
 - Failure to submit required documentation during audit of submitted data
- Focused infection control surveys are counted in the rating calculations
- A reported abuse complaint results in the health inspection rating being capped at two stars and overall star rating capped at four stars.
 -  CMS abuse icon seen on Care Compare



¹ "Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide," CMS, updated January 2022, <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/usersguide.pdf>.

Payroll-Based Journal (PBJ) Program

PBJ Program specifics

- Collects staffing information which is used to calculate Five-Star overall rating
- Tracks all nurse coverage and turnover which ties into quality of care
- Recent new quality measures tied to weekend nurse staffing and turnover rates
 - Scheduled to be reported in July 2022
- Publicly reported
- Subject to audits and Additional Documentation Requests (ADR)



[Payroll Based Journal regulations](#)
[PBJ file specification manuals](#)

Quality Rating Systems

Success is in the data

- MDS accuracy
- Quality measure tracking
- QRP compliance
- VBP calculations
- Monitoring and predicting Five-Star scores
- PBJ accuracy and transmission confirmations

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4 The Minimum Data Set (MDS)

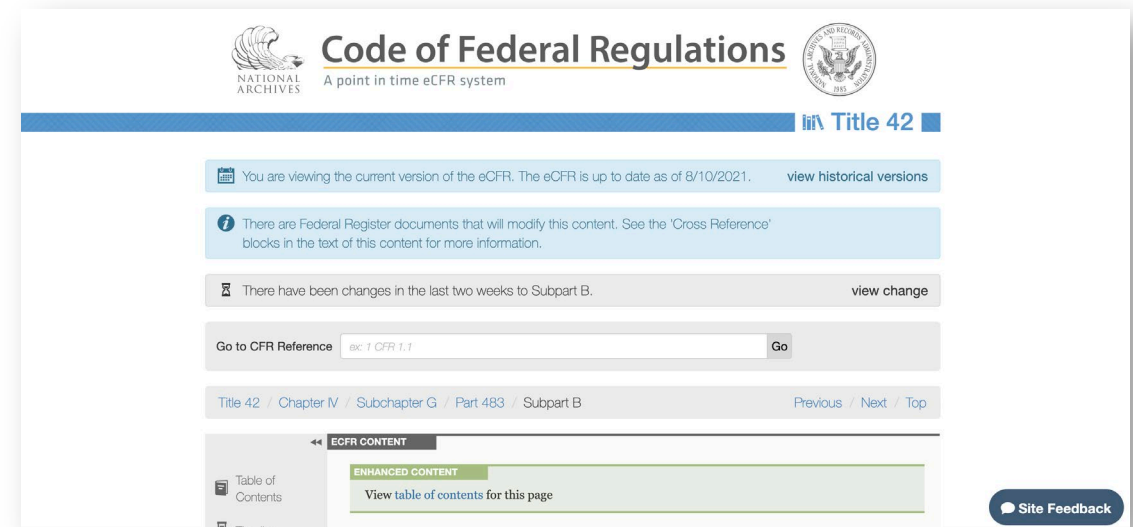
5 Overview of SNF clinical quality programs

6 | **Surveys and F-tags**

Surveys and F-tags

The basics

- Nursing home surveys are conducted in accordance with survey protocols and federal requirements
- There is a new look that is easier to navigate
 - Example: § 483.20 Resident assessment
- Citations, or **F-tags**, are issued for deficiencies
- Surveys are publicly reported in cycles or rolling periods
- Denial of payment for new admissions (DPNA) for noncompliance



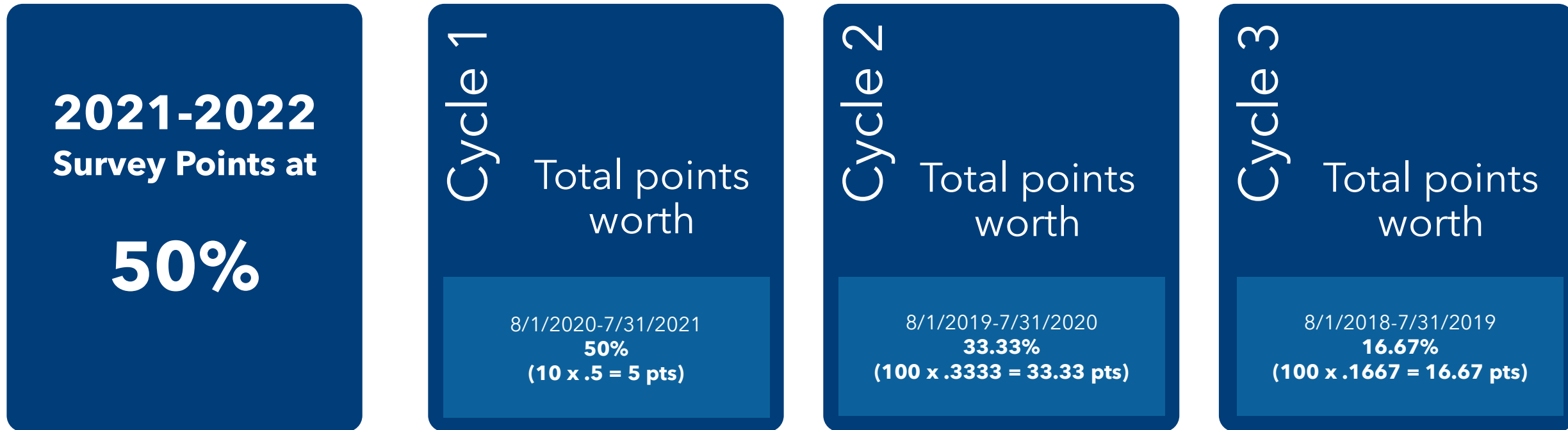
The screenshot displays the Code of Federal Regulations (eCFR) website. At the top, it features the National Archives logo and the text "Code of Federal Regulations" with the tagline "A point in time eCFR system". The page is titled "Title 42". Below the title, there are several informational boxes: a blue box stating "You are viewing the current version of the eCFR. The eCFR is up to date as of 8/10/2021." with a "view historical versions" link; a light blue box with an information icon stating "There are Federal Register documents that will modify this content. See the 'Cross Reference' blocks in the text of this content for more information."; and a grey box with a clock icon stating "There have been changes in the last two weeks to Subpart B." with a "view change" link. Below these boxes is a search bar labeled "Go to CFR Reference" with the text "42 CFR 1.1" and a "Go" button. The breadcrumb trail reads "Title 42 / Chapter IV / Subchapter G / Part 483 / Subpart B" with "Previous / Next / Top" links. A sidebar on the left shows a "Table of Contents" icon. A green box highlights "ENHANCED CONTENT" with the text "View table of contents for this page". A "Site Feedback" button is located in the bottom right corner.



<https://www.ecfr.gov/>

Surveys and F-tags

Understanding survey cycles



Surveys and F-tags

Deficiencies (F-tags) are evaluated according to severity and scope¹

Table 1 Survey Deficiency Score: SFF Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J - 50 points (75 points)	K - 100 points (125 points)	L - 150 points (175 points)
Actual harm that is not immediate jeopardy	G - 10 points	H - 20 points (25 points)	I - 30 points (35 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D - 2 points	E - 4 points	F - 6 points (10 points)
No actual harm with potential for minimal harm	A - 0 point	B - 0 points	C - 0 points



¹ "SFF Scoring Methodology," CMS, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/SFFSCORINGMETHODOLOGY.pdf>.

Surveys and F-tags

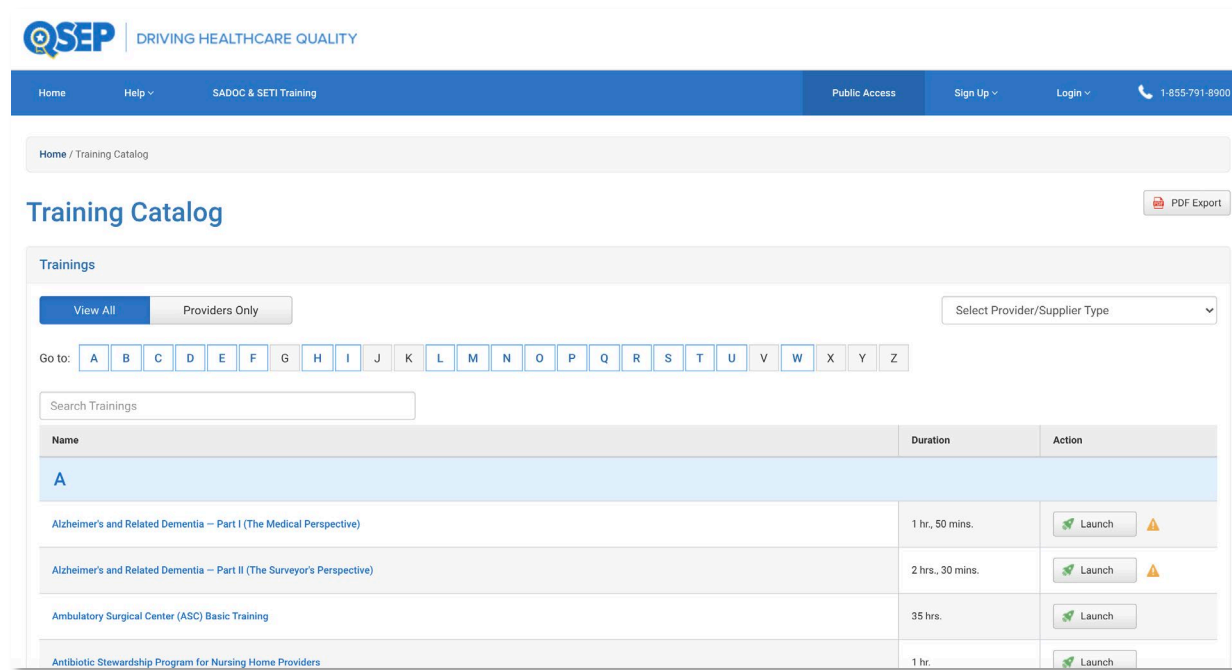
Important resources

- [FAQ document](#) (current as of 2/2022)
- [State Operations Manual](#) (SOM)
- [CMS download](#) of survey-related resources, including Appendix PP
- [Code of Federal Regulations](#)
- [FAQ on enforcement actions](#)
- [F-tag crosswalk](#)
- [Datasets available for download](#)
 - All nursing home survey deficiency results, penalties, etc.

Surveys and F-tags

Surveyor Training

- Surveyors follow protocols and interpretive guidelines
- The public has access to the [surveyor training catalog of classes](#)



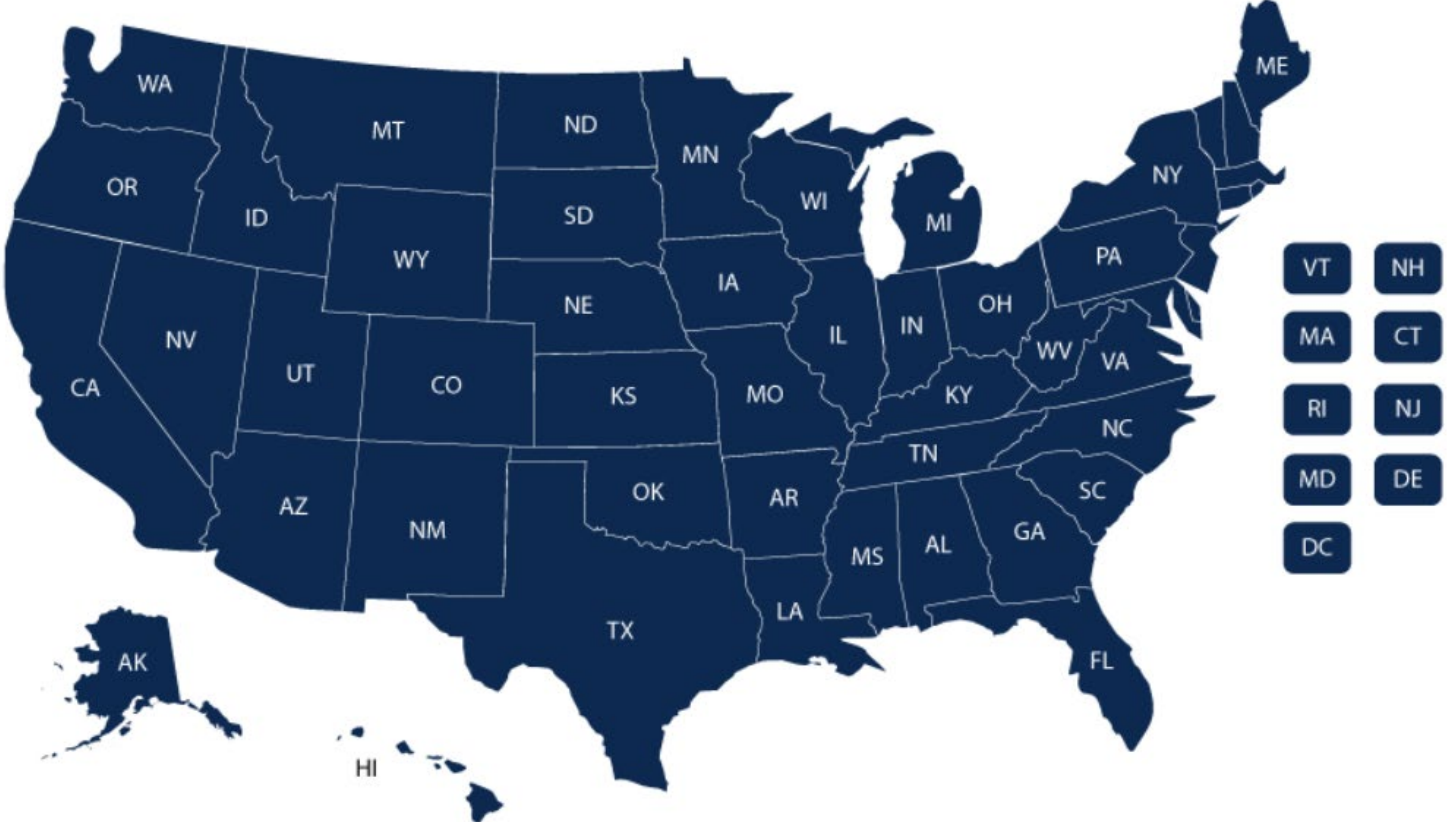
The screenshot displays the QSEP (Quality Improvement and Patient Safety) website's Training Catalog. The header includes the QSEP logo and the tagline "DRIVING HEALTHCARE QUALITY". Navigation links for Home, Help, SADC & SETI Training, Public Access, Sign Up, and Login are visible, along with a phone number 1-855-791-8900. The main content area is titled "Training Catalog" and features a "PDF Export" button. Below this, there are tabs for "View All" and "Providers Only", and a dropdown menu for "Select Provider/Supplier Type". A "Go to:" section contains a row of buttons for each letter of the alphabet (A-Z). A search bar labeled "Search Trainings" is positioned above a table of training courses. The table has three columns: "Name", "Duration", and "Action". The first row is highlighted with the letter "A".

Name	Duration	Action
A		
Alzheimer's and Related Dementia – Part I (The Medical Perspective)	1 hr., 50 mins.	Launch
Alzheimer's and Related Dementia – Part II (The Surveyor's Perspective)	2 hrs., 30 mins.	Launch
Ambulatory Surgical Center (ASC) Basic Training	35 hrs.	Launch
Antibiotic Stewardship Program for Nursing Home Providers	1 hr.	Launch

Surveys and F-tags

Office of Inspector General (OIG) reports

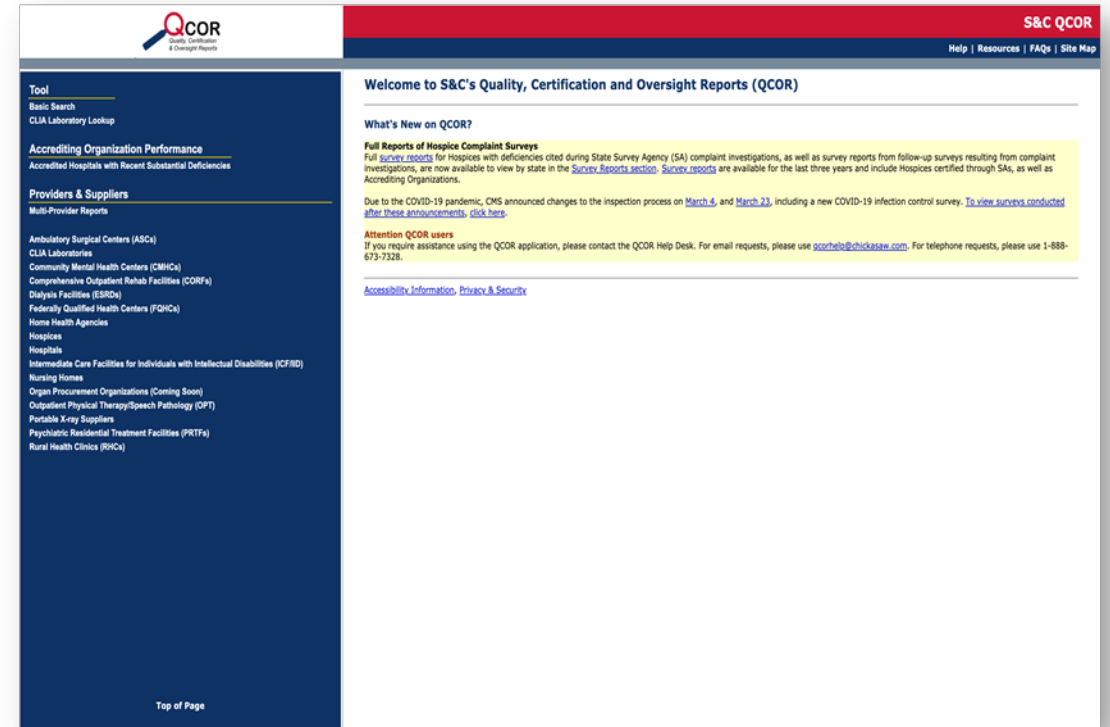
[Recent Nursing Home Survey report](#)



Surveys and F-tags

Quality, Certification and Oversight Reports (QCOR)

- Go to: https://qcor.cms.gov/index_new.jsp
 - Accept Terms and Conditions
 - Click “Nursing Homes” on the left-side menu
 - Choose “Citation Frequency” on the left-side menu
 - Select time, provider and survey focus parameters
 - Run report
- The report for this presentation ran from January-August 9, 2021



The screenshot shows the QCOR website homepage. The header includes the QCOR logo and navigation links for Help, Resources, FAQs, and Site Map. The main content area is titled "Welcome to S&C's Quality, Certification and Oversight Reports (QCOR)". A "What's New on QCOR?" section highlights "Full Reports of Hospice Complaint Surveys" and "Attention QCOR users". A left-side menu lists various categories such as Tool, Accrediting Organization Performance, Providers & Suppliers, and Ambulatory Surgical Centers (ASCs).

Surveys and F-tags

Surveyor focus areas over the past 24 months¹

- Infection control
- Speech language pathology
- Non-therapy ancillary coded low, but nursing components coded high
- Scrutiny pre-October 2019 vs post-October 2019
 - Primary diagnosis
 - Therapy minutes
- Section GG accuracy
- Depression accuracy
- SNF claims where first digit of the HIPPS code is C, D, G, H, K, L, O or P

National Health and Safety Network (NHSN)



National Health and Safety Network

Reporting

- Data from nursing homes, SNFs, chronic care facilities and developmental disability facilities
- Urinary Tract Infections (UTIs)
- Flu and COVID-19 vaccination data for healthcare personnel
- Multi-drug resistant infections

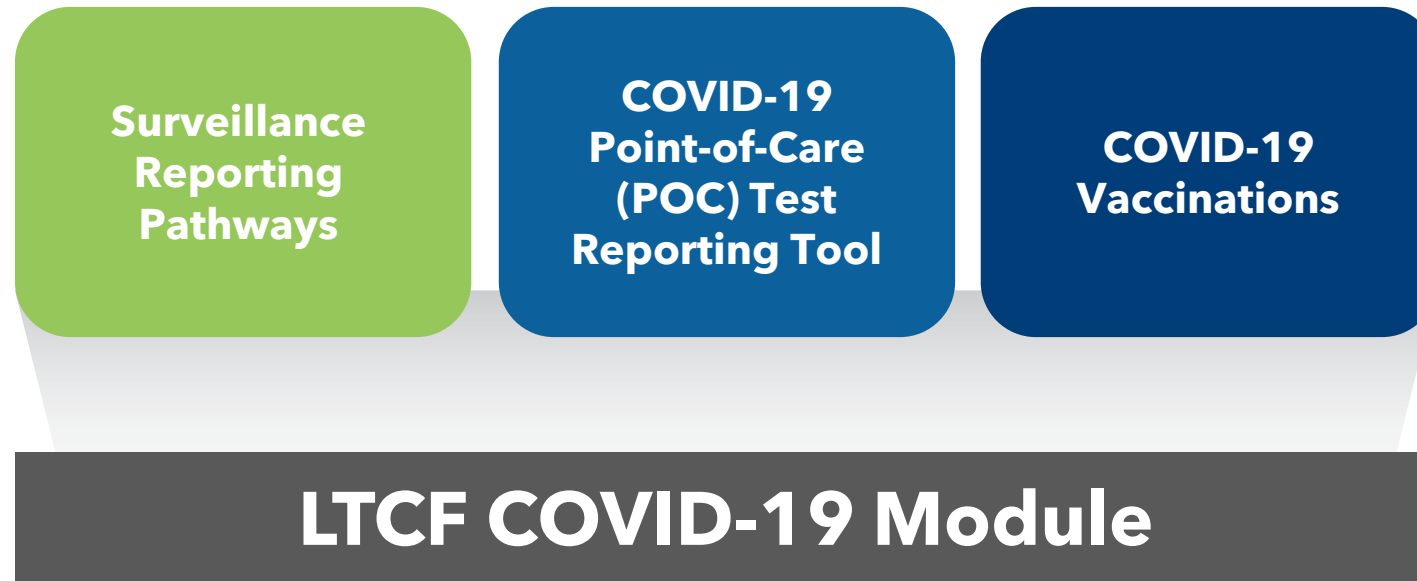


Manuals and updates located at: <https://www.cdc.gov/nhsn/ltc/index.html>

National Health and Safety Network

Reporting requirements consist of three components¹

Optimizing Timely, Systematic Data Collection to Characterize, Inform, Strengthen



National Health and Safety Network

Why is NHSN vaccine reporting important?

- Failure to report weekly results in F-tags and fines
 - \$1000 for the first occurrence
 - \$500 for each subsequent week
 - These numbers are reported publicly

New QRP measure

- COVID-19 vaccination coverage among healthcare personnel (HCP)
 - Begins with the FY 2023 SNF QRP
 - Subject to public reporting
 - 2% APU reduction for failure to report

National Health and Safety Network

What needs to be reported for COVID-19 vaccines?

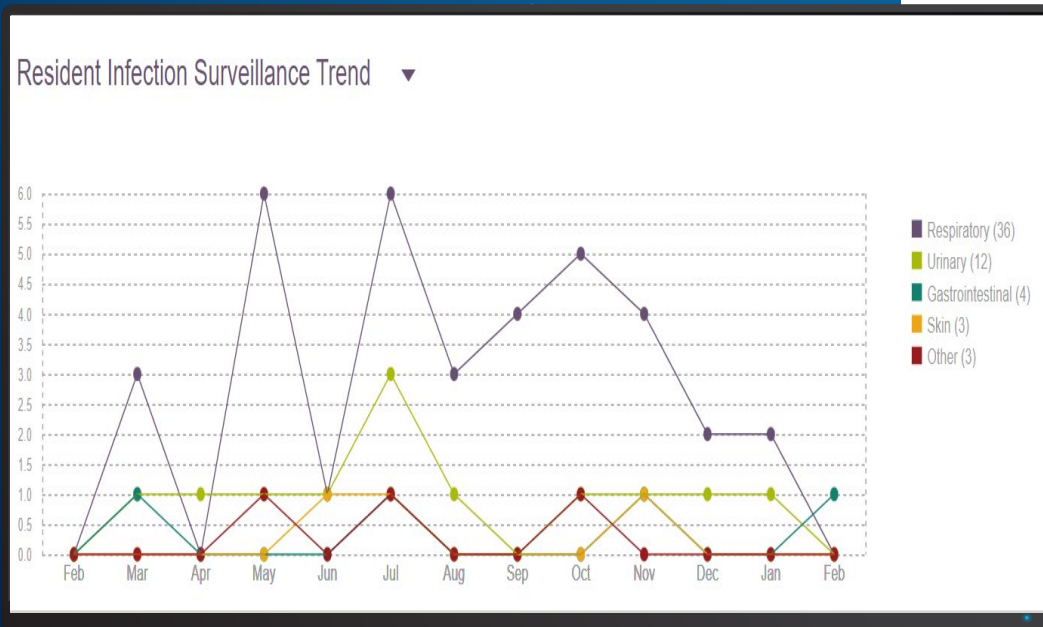
- [Weekly COVID-19 Vaccination Cumulative Summary for Residents](#)
- [Healthcare Personnel COVID-19 Vaccination Cumulative Summary](#)
- [Instructions for Completion of the COVID-19 Long-term Care Facility \(LTCF\) Resident Impact and Facility Capacity Pathway Form](#)

National Health and Safety Network

Important Resources

- Links to rules, training and templates for NHSN reporting:
 - <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
 - <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
- Link to more information regarding vaccinations:
 - <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/>

National Health and Safety Network



Software solutions can help you with:

- Tracking F-tags
 - Determine your building, state and national rank
 - Note points and tags received for survey preparation
- Infection prevention and control
 - Infection surveillance and evaluation for QAPI initiatives
 - Vaccination documentation and reporting to NHSN
 - Monitor HAIs and take steps to prevent them

Summary

1 Welcome & introductions

2 History of quality programs

3 Important dates to know

4 The Minimum Data Set (MDS)

5 Overview of SNF clinical quality programs

6 Surveys and F-tags



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Questions?