


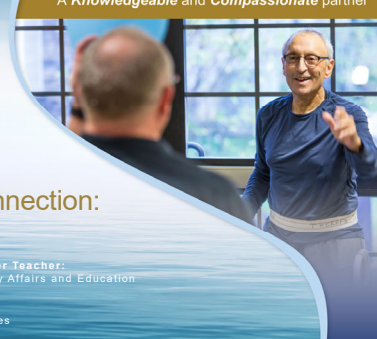
"A Knowledgeable and Compassionate partner"



The Value Based Connection:
SNF QRP, SNF VBP and 5-Star
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1

BROAD RIVER REHAB

The Value Based Connection:
SNF QRP, VBP and 5-Star

Agenda

- SNF Quality Reporting Program (QRP) review
- SNF Value Based Purchasing (VBP) review
- What's Changing, Combined SNF VBP and QRP
- Measures Under Consideration
- Resident Reported Outcomes
- Staffing in the spotlight / 5-Star Updates
- Q&A

BROAD RIVER REHAB 2

2

SNF Quality Reporting Program (QRP) Review



BROAD RIVER REHAB 3

3

SNF Quality Reporting Program (SNF QRP)

- **SNF QRP Resources:**
 - [SNF QRP](#)
 - [Reporting tables for FY 2024](#)
 - [Reporting tables for FY 2025](#)
 - [SNF QRP Technical Specifications and Addendum](#)
 - [HAI Draft Specifications](#)
 - [COVID-19 Vaccination Among HCP Specifications](#)
 - [Influenza Vaccination Coverage Among HCP](#)
 - [TOH Measures and SPADEs](#)
 - [Claims Based Measures DTC and PPR](#)
 - [MSPB](#)
 - [Unified PAC Report to Congress](#)
 - [MDS 3.0 v1.18.11](#)

BROAD RIVER REHAB 4

4

IMPACT Act

- On October 6, 2014, the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act) was signed into law.
- The Act requires the submission of standardized data by Long-Term Care Hospitals (LTCs), **Skilled Nursing Facilities (SNFs)**, Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs).
- Standardized data are to be collected by the commonly used assessment instruments: The Long-Term Care Hospital CARE Data Set (LCDS) for LTCs, **the Minimum Data Set (MDS) for SNFs**, the Outcome and Assessment Information Set (OASIS) for HHAs, and the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI) for IRFs.
- The IMPACT Act requires the reporting of standardized patient assessment data with regard to quality measures and **standardized patient assessment data elements (SPADEs)**.
- The Act also requires the submission of data pertaining to measure domains pertaining to resource use, and other domains.
- In addition, the IMPACT Act requires assessment data to be **standardized** and **interoperable** to allow **exchange of the data among post-acute providers and other providers**.
- The Act intends for standardized post-acute care data to **improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning**.

BROAD RIVER REHAB 5

5

IMPACT Act

- There are 16 quality measures that have been developed for SNFs as a result with more to come, some filtered through the **Meaningful Measures Framework**, with multiple of Standardized Patient Assessment Data Elements or SPADES in MDS 3.0 v1.18.11.
- The SNF QRP is currently driven by 14 quality measures. 8 of these measures derive from the Minimum Data Set, 4 from Medicare claims and 2 are reported through NHSN. Only 2 of these measures currently affect a facility's 5-star rating.
- **Quality Measure Domains:** - Skin integrity and changes in skin integrity; - Functional status, cognitive function, and changes in function and cognitive function; - Medication reconciliation; - Incidence of major falls; - Transfer of health information and care preferences when an individual transitions;
- **Resource Use and Other Measure Domains:** - Resource use measures, including total estimated Medicare spending per beneficiary; - Discharge to community; and All-condition risk-adjusted potentially preventable hospital readmissions rates.
- **SNF QRP compliance thresholds** are 100% of MDS data elements (**including SPADES**) on at least 80% of MDS submissions **and** 100% of NHSN data submission requirements. Noncompliance with either threshold equals a 2% reduction to the Market Basket Update.

BROAD RIVER REHAB 6

6

Building Value-Based Care and Promoting Health Equity

Meaningful measures 2.0

- **Meaningful Measures 2.0 supports five interrelated goals.**
 - Empower consumers to make good health care choices through patient-directed quality measures and public transparency.
 - Leverage quality measures to promote health equity and close gaps in care.
 - Use the Meaningful Measures Initiative to streamline quality measurement.
 - Leverage measures to drive outcome improvement through public reporting and payment programs.
 - Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics.

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7

IMPACT Act

- **CMS National Quality Strategy goals**
 - **Embed Quality into the Care Journey:** Incorporate quality as a foundational component to delivering value as a part of the overall care journey. Quality includes ensuring optimal care and best outcomes for individuals of all ages and backgrounds as well as across service delivery systems and settings. Quality also extends across payer types.
 - **Advance Health Equity:** Address the disparities that underlie our health system, both within and across settings, to ensure equitable access and care for all.
 - **Promote Safety:** Prevent harm or death from health care errors.
 - **Foster Engagement:** Increase engagement between individuals and their care teams to improve quality, establish trusting relationships, and bring the voices of people and caregivers to the forefront.
 - **Strengthen Resilience:** Ensure resilience in the health care system to prepare for, and adapt to, future challenges and emergencies.
 - **Embrace the Digital Age:** Ensure timely, secure, seamless communication and care coordination between providers, clients, payers, community organizations, and individuals through interoperable, shared, and standardized digital data across the care continuum.
 - **Incentivize Innovation & Technology:** Accelerate innovation in care delivery and incorporate technology enhancements (e.g. telehealth, machine learning, advanced analytics, new care advances) to transform the quality of care and advance value.
 - **Increase Alignment:** Develop a coordinated approach to align performance metrics, programs, policy, and payment across CMS, federal partners, and external stakeholders to improve value. Strive to create a simplified national picture of quality measurement that is comprehensible to individuals, their families, providers, and payers.

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8

IMPACT Act QMs

IMPACT Act Domain	IMPACT Act Measure	Source	PAC Setting Adopted
Skin Integrity and Changes in Skin Integrity	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay) replaced with Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Assessment	IRF, LTCH, SNF, HH
	Application of Percent of LTCH Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Assessment	IRF, LTCH, SNF, HH
Functional Status, Cognitive Function, and Changes in Function and Cognitive Function	Change in Self-Care Score for Medical Rehabilitation Patients	Assessment	IRF, SNF
	Change in Mobility Score for Medical Rehabilitation Patients	Assessment	IRF, SNF
	Change in Discharge Self-Care Score for Medical Rehabilitation Patients	Assessment	IRF, SNF
Medication Reconciliation	Change in Discharge Mobility Score for Medical Rehabilitation Patients	Assessment	IRF, SNF
	Drug-Related Review	Assessment	IRF, LTCH, SNF, HH
Incidence of Major Falls	Application of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Assessment	IRF, LTCH, SNF, HH
	Transfer of Health Information and Care Preferences when an Individual Transitions	Assessment	IRF, LTCH, SNF, HH
Resource Use Measures, Including Total Estimated Medicare Spending Per Beneficiary	Transfer of Health Information to Provider	Assessment	IRF, LTCH, SNF, HH
	Transfer of Health Information to Patient	Assessment	IRF, LTCH, SNF, HH
Discharge to Community	Medicare Spending Per Beneficiary	Claims	IRF, LTCH, SNF, HH
	Discharge to Community	Claims	IRF, LTCH, SNF, HH
All-Condition Risk-Adjusted Potentially Preventable Hospital Re-admissions Rates	Potentially Preventable 30-Day Post-Discharge Readmission	Claims	IRF, LTCH, SNF, HH
Meaningful Measure Domain	IMPACT Act Measure		PAC Setting Adopted
	Patient Safety (Meaningful Measures 2.0)	SNF Healthcare Associated Infections	Claims, SNF
	Patient Safety (Meaningful Measures 2.0)	Influenza Vaccination HCP	NHSN, IRF, LTCH, SNF
	Patient Safety (Meaningful Measures 2.0)	COVID-19 Vaccination HCP	NHSN, IRF, LTCH, SNF

BROAD RIVER REHAB

9

IMPACT Act

- The Improving Post-Acute Care Transformation (IMPACT) Act of 2014 also requires a [report to Congress on unified payment for Medicare post-acute care \(PAC\)](#).
- Medicare PAC services are provided to beneficiaries by PAC providers defined as skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), and home health agencies (HHAs).
- Each PAC provider setting has a separate Medicare fee-for-service (FFS) prospective payment system (PPS).
- A goal of unified PAC payment is to base the payment on patient characteristics instead of the PAC setting.
- This framework applies a uniform approach to case-mix adjustment across Medicare beneficiaries receiving PAC services for different types of PAC providers while accounting for factors independent of patient need that are important drivers of cost across PAC providers.
- The unified approach to case-mix adjustment includes **standardized patient assessment data** collected by the four PAC providers.

BROAD RIVER REHAB 10

10

SNF Quality Reporting Program (QRP)

- **Additional MDS Based QMs**
- **Transfer of Health Information to the Provider-Post-Acute Care (PAC):** This measure assesses for and reports on the timely transfer of health information, specifically transfer of a reconciled medication list.
 - This measure evaluates for the transfer of information when a patient/resident is transferred or discharged from their current setting to a subsequent provider.
 - For this measure, the subsequent provider is defined as a **short-term general hospital, a SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, an IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital.**
- **Transfer of Health Information to the Patient-Post-Acute Care (PAC):** This measure, the Transfer of Health Information to the Patient, assesses for and reports on the timely transfer of health information, specifically transfer of a medication list.
 - This measure evaluates for the transfer of information when a patient/resident is discharged from their current setting of PAC to a **private home/apartment, board and care home, assisted living, group home, transitional living, or home under the care of an organized home health service organization or hospice.**

BROAD RIVER REHAB 11

11

SNF Quality Reporting Program (QRP)

- The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires CMS to develop, implement, and maintain **standardized patient assessment data elements (SPADEs)** for PAC settings (SNF, HH, LTCH, IRF).
- The goals of implementing cross-setting SPADEs are to **facilitate care coordination and interoperability and to improve Medicare beneficiary outcomes.**
- The IMPACT Act further requires that the assessment instruments for each PAC setting (MDS, OASIS, LCDS, IRF PAI) be modified to include **core data elements on health assessment categories and that such data be standardized and interoperable.** HH, IRF and LTCH tools have already been modified to report these SPADEs. **MDS 3.0 v1.18.11 contains the data elements necessary to comply with this mandate.**
- CMS has adopted SPADEs for five categories specified in the IMPACT Act:
 - **Cognitive function** (e.g., able to express ideas and to understand normal speech) and mental status (e.g., depression and dementia)
 - **Special services, treatments, and interventions** (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
 - **Medical conditions and comorbidities** (e.g., diabetes, heart failure, and pressure ulcers)
 - **Impairments** (e.g., incontinence; impaired ability to hear, see, or swallow)
 - **Other categories** as deemed necessary by the Secretary (Social Determinants of Health)

BROAD RIVER REHAB 12

12

SNF Quality Reporting Program (QRP)

Cognitive Function: Brief Interview for Mental Status (BIMS)

- The following MD items have been retained in MDS 3.0v1.18.11 to assess for cognitive function.
 - C0100 Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
 - C0200 Repetition of Three Words
 - C0300 Temporal Orientation
 - C0400 Recall
 - C0500 BIMS Summary Score

BROAD RIVER REHAB 13

13

SNF Quality Reporting Program (QRP)

- **Cognitive Function (cont.)**
- **Confusion Assessment Method (CAM®):** The following items have been retained in MDS v1.18.11 to assess delirium.
 - C1310 Signs and Symptoms of Delirium (from CAM®)
 - C1310 A. Acute Onset Mental Status Change
 - C1310 B. Inattention
 - C1310 C. Disorganized Thinking
 - C1310 A. Altered Level of Consciousness

BROAD RIVER REHAB 14

14

SNF Quality Reporting Program (QRP)

- **Cognitive Function (cont.)**
- **Patient Healthcare Questionnaire (PHQ-2 to 9):** The PHQ-2 to 9 data elements use a summed-item scoring approach to first screen for signs and symptoms of depressed mood in patients and residents by assessing the two cardinal criteria for depression: depressed mood and anhedonia (inability to feel pleasure).
 - At least one of the two must be present for a determination of probable depression, which signals the need for continued assessment of the additional seven PHQ symptoms. Specifically,
 - If either D0150A2 or D0150B2 is coded 2 (7-11 days) or 3 (12-14 days), CONTINUE asking the additional below. If not, END the PHQ interview.
 - If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview.
 - The interview is concluded if a respondent screens negative (0 or 1) for the first two symptoms.
 - The following MDS items have been revised on MDS 3.0v1.18.11 to accommodate this data
 - D0150 Resident Mood Interview (PHQ-2 to 9) (Replaces D0200)
 - D0160 Total Severity Score (Replaces D0300)

BROAD RIVER REHAB 15

15

SNF Quality Reporting Program (QRP)

- **Cognitive Function (cont.)**
- **Special Services, Treatments, and Interventions (Including Nutritional Approaches)**
- MDS item **Q0110 Special Treatments, Procedures, and Programs**, has been added to MDS 3.0 v1.18.11. This is a significant revision to Q0100. Multiple items for the following are now required to be coded on admission (column a Days 1-3 of stay), while a resident (column b last 14 days) and at discharge (column c last 3 days of stay). **Note** that the column, "While NOT a Resident", has been removed.
 - A1. Chemotherapy (A2. IV, A3. Oral, A10. Other),
 - B1. Radiation,
 - C1. Oxygen therapy (C2. Continuous, C3. Intermittent, C4. High-concentration oxygen delivery system)
 - D1. Suctioning (D2. Scheduled, D3. As needed),
 - E1. Tracheostomy Care,
 - F1. Invasive mechanical ventilator
 - G1. Non-invasive mechanical ventilator (G2. BiPAP, G3. CPAP)
 - H1. IV medications (H2. vasoactive medications, H3. antibiotics, H4. anticoagulants, H5. other)
 - I1. Transfusions
 - J1. Dialysis (J2. hemodialysis, J3. peritoneal dialysis)
 - O1. IV access (O2. peripheral IV, O3. midline, O4. central line)

BROAD RIVER REHAB 16

16

SNF Quality Reporting Program (QRP)

- **Cognitive Function (cont.)**
- **Special Services, Treatments, and Interventions (Including Nutritional Approaches)**
- MDS item **K0520, Nutritional Approaches**, has been added to MDS 3.0v1.18.11. This is a revision to K0510. MDS items for the following are now required to be coded on admission (3-day window days 1-3 of the stay), while not a resident (last 7 days), while a resident (last 7 days) and at discharge (3-day window last 3 days of the stay).
 - A. Parenteral/IV feeding
 - B. Feeding tube
 - C. Mechanically altered diet (not coded while not a resident)
 - D. Therapeutic diet (not coded while not a resident)

BROAD RIVER REHAB 17

17

SNF Quality Reporting Program (QRP)

- **Special Services, Treatments, and Interventions (Including Nutritional Approaches)**
- MDS item **N0415, High-risk drug classes: use and indication**, has been added to MDS 3.0v1.18.11. This is a significant revision to N0410. MDS items for the following are now required to be coded when taken (Column 1) and that there is an indication for use (Column 2) See page N-11 for example of Indication for use.
- Assessing use of high-risk medications by SNF residents and indications for each medication would provide important information related to resident safety in SNFs and care transitions between SNFs and other settings.
 - A. Antipsychotic
 - B. Antianxiety
 - C. Antidepressant
 - D. Hypnotic
 - E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)
 - F. Antibiotic
 - G. Diuretic
 - H. Opioid
 - I. Antiplatelet (new item)
 - J. Hypoglycemic (including insulin) (new item).

BROAD RIVER REHAB 18

18

SNF Quality Reporting Program (QRP)

- **Medical Conditions and Co-Morbidities**
- **Pain Interference (Cont.)**
- **J0400 Pain Frequency** is now numbered J0410
- The following MDS Items have been added to MDS 3.0v1.18.11(Revised J0500) to address pain in PAC settings
 - **J0510. Pain Effect on Sleep**
 - **J0520. Pain Interference with Therapy Activities**
 - **J0530. Pain Interference with Day-to-Day Activities**
- The order of the frequency intervals for all pain items (Rarely, Occasionally, Frequently and Almost Constantly) have been reversed.

BROAD RIVER REHAB 19

19

SNF Quality Reporting Program (QRP)

- **Impairments**
- **Hearing and Vision Impairments (cont.)**
- The following MDS items have been retained in MDS 3.0v1.18.11 to address impairments
 - **B0200 Hearing**
 - **B1000 Vision**

BROAD RIVER REHAB 20

20

SNF Quality Reporting Program (QRP)

- **Impairments**
- **New Category: Social Determinants of Health (cont.)**
- MDS items have been added and or revised to assess for SDOH:
 - Ethnicity – MDS item A1005
 - Race – MDS item A1010
 - Preferred Language – MDS item A1110
 - Interpreter Services – MDS item A1110
 - Transportation – MDS item A1250
 - Health Literacy – MDS item B1300
 - Social Isolation – MDS item D0700

BROAD RIVER REHAB 21

21

SNF Quality Reporting Program (QRP)

- **Health Equity Update (SNF PPS FY 2024 proposed Rule)**
- In the FY 2023 SNF PPS proposed rule CMS included an RFI entitled "Overarching Principles for Measuring Equity and Healthcare Quality Disparities Across CMS Quality Programs."
- CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by CMS' programs and models, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that beneficiaries need to thrive.
- This initiative is guided by 5 priorities
- **Priority 1:** Expand the Collection, Reporting and Analysis of **Standardized Data**
- **Priority 2:** Assess **Causes of Disparities** Within CMS Programs, and **Address Inequities in Policies and Operations to Close Gaps**
- **Priority 3:** Build Capacity of Health Care Organizations and the Workforce to **Reduce Health and Health Care Disparities**
- **Priority 4:** **Advance Language Access, Health Literacy** and the Provision of Culturally Tailored Services
- **Priority 5:** Increase All Forms of **Accessibility to Health Care Services and Coverage**

22

SNF VBP/QRP Connection: Health Equity

- The CDC defines health equity as, "...the state in which everyone has a fair and just opportunity to attain their highest level of health." "Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."
- The CDC also indicated that, "Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities." "Achieving health equity also requires addressing social determinants of health and health disparities."

23

SNF VBP/QRP Connection: Health Equity

CMS Framework for Health Equity 2022-2032



24

MDS 3.0v1.18.11 and S.P.A.D.Es

- **New Category: Social Determinants of Health**
 - CMS has identified data elements for cross-setting standardization of assessment for seven social determinants of health (SDOH).
 - **Healthy People 2020 defines SDOH** as, "...the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."
 - **World Health Organization** – "Social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The SDH have an important influence on Health Inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health."
 - **Examples of the social determinants of health, which can influence health equity in positive and negative ways:** - Income and social protection – Education - Unemployment and job insecurity – Working life conditions - Food insecurity – Housing, basic amenities and the environment - Early childhood development - Social inclusion and non-discrimination - Structural conflict - Access to affordable health services of decent quality.

BROAD RIVER REHAB 25

25

SNF Quality Reporting Program (QRP)

- **Health Equity Update (SNF PPS FY 2024 proposed Rule cont.)**
 - CMS' National Quality Strategy identifies a wide range of potential quality levers that can support CMS' advancement of equity, including:
 - (1) establishing a standardized approach for resident-reported data and stratification;
 - (2) employing quality and value-based programs to address closing equity gaps; and
 - (3) developing equity-focused data collections, analysis, regulations, oversight strategies, and quality improvement initiatives.

BROAD RIVER REHAB 26

26

SNF Quality Reporting Program (QRP)

- **Health Equity Update (SNF PPS FY 2024 proposed Rule cont.)**
 - CMS is committed to developing approaches to meaningfully incorporate the advancement of health equity into the SNF QRP. One option we are considering is including **social determinants of health (SDOH) as part of new quality measures**.
 - CMS is considering whether health equity measures we have adopted for other settings, such as hospitals, could be adopted in post-acute care settings.
 - CMS is exploring ways to incorporate SDOH elements into the measure specifications. For example, CMS is considering a **future health equity measure like screening for social needs and interventions**.
 - With 30 percent to 55 percent of health outcomes attributed to SDOH, 189 a measure capturing and addressing SDOH could encourage SNFs to identify residents' specific needs and connect them with the community resources necessary to overcome social barriers to their wellness.

BROAD RIVER REHAB 27

27

SNF Quality Reporting Program (QRP)

- **Health Equity Update (SNF PPS FY 2024 proposed Rule cont.)**
- CMS could specify a health equity measure using the same SDOH data items that we currently collect as standardized patient assessment data elements under the SNF.
- These SDOH data items assess health literacy, social isolation, transportation problems, and preferred language (including need or want of an interpreter).
- CMS also sees value in aligning SDOH data items across all care settings as we develop future health equity quality measures under our SNF QRP statutory authority.
- This would further the NQS to align quality measures across our programs as part of the **Universal Foundation**.

BROAD RIVER REHAB 28

28

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
- **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing the adoption of three measures in the SNF QRP,
 - the removal of three measures from the SNF QRP, and
 - the modification of one measure in the SNF QRP. In addition,
 - the proposed rule would also make policy changes to the SNF QRP, and
 - begin public reporting of four measures.

BROAD RIVER REHAB 29

29

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
- **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing the adoption of the Discharge Function Score (DC Function) measure beginning with the FY 2025 SNF QRP.
 - This measure assesses functional status by assessing the percentage of SNF residents who meet or exceed an expected discharge function score, and uses mobility and self-care items already collected on the Minimum Data Set (MDS).
 - This measure would replace the topped-out process measure – the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment/a Care Plan That Addresses Function (Application of Functional Assessment/Care Plan) measure.

BROAD RIVER REHAB 30

30

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
 - **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing the adoption of the **CoreQ: Short Stay Discharge (CoreQ: SS DC) measure** beginning with the FY 2026 SNF QRP.
 - This measure calculates the percentage of individuals discharged from an SNF, within 100 days of admission, who are satisfied with their SNF stay.
 - The questionnaire that would be administered under the CoreQ: SS DC measure asks individuals to rate their overall satisfaction with their care using a 5-point Likert scale.
 - The areas of care include: staff, the care received, recommending the facility to friends and family, and how well their discharge needs were met.

BROAD RIVER REHAB 31

31

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
 - **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing the adoption of the **COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID-19 Vaccine) measure** beginning with the FY 2026 SNF QRP.
 - This measure reports the percentage of stays in which residents in an SNF are up to date with recommended COVID-19 vaccinations in accordance with the Centers for Disease Control and Prevention's (CDC's) most recent guidance.
 - Data would be collected using a new standardized item on the MDS.

BROAD RIVER REHAB 32

32

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
 - **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing to modify the **COVID-19 Vaccination Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) measure** beginning with the FY 2025 SNF QRP.
 - This measure tracks the percentage of healthcare personnel (HCP) working in SNFs who are considered up to date with recommended COVID-19 vaccination in accordance with the CDC's most recent guidance.
 - The prior version of this measure reported only on whether HCP had received the primary vaccination series for COVID-19.
 - The proposed modification would require SNFs to report the cumulative number of HCP who are up to date with recommended COVID-19 vaccinations in accordance with the CDC's most recent guidance.

BROAD RIVER REHAB 33

33

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
 - **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing to remove the **Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (Application of Functional Assessment/Care Plan)** measure beginning with the FY 2025 SNF QRP.
 - CMS is proposing this measure removal for two reasons.
 - First, the Application of Functional Assessment/Care Plan measure meets the conditions for measure removal factor one: measure performance among SNFs is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made.
 - Second, this measure meets the conditions for measure removal factor six: there is an available measure (the proposed DC Function measure, discussed above) that is more strongly associated with desired resident functional outcomes.

BROAD RIVER REHAB 34

34

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
 - **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing to remove the **Application of the IRF Functional Outcome Measures: Change in Self-Care Score for Medical Rehabilitation Patients (Change in Self-Care Score)** measure; and the **Change in Mobility Score for Medical Rehabilitation Patients (Change in Mobility Score)** measure beginning with the FY 2025 SNF QRP.
 - CMS proposes to remove these two measures because these measures meet the condition for measure removal factor eight: the costs associated with a measure outweigh the benefits of its use in the program.
 - Additionally, these measures are similar or duplicative of other measures within the SNF QRP.

BROAD RIVER REHAB 35

35

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
 - **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing to increase the SNF QRP Data Completion thresholds for the Minimum Data Set (MDS) Data Items beginning with the FY 2026 SNF QRP.
 - CMS proposes SNFs must report 100% of the required quality measure data and standardized resident assessment data collected using the MDS on at least 90% of the assessments they submit to CMS.
 - Any SNF that does not meet the proposed requirement that 90% of all MDS assessments submitted contain 100% of required data items, will be subject to a reduction of 2 percentage points to the applicable FY annual payment update beginning with FY 2026.

BROAD RIVER REHAB 36

36

SNF Quality Reporting Program (QRP)

- **FY 2023 SNF PPS Proposed Rule Updates to SNF QRP**
 - **Proposed Changes to the Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
 - CMS is proposing to begin the public reporting of the Transfer of Health Information to the Provider—PAC Measure and the Transfer of Health Information to the Patient—PAC Measure beginning with the October 2025 Care Compare refresh or as soon as technically feasible.
 - The measures report the percentage of patient stays with a discharge assessment indicating that a current reconciled medication list was provided to the subsequent provider and/or to the patient/family/caregiver at discharge or transfer.

BROAD RIVER REHAB 37

37

SNF Value Based Purchasing (VBP) Review



BROAD RIVER REHAB 38

38

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2023 (NQF 2510)**
 - For the FY 2023 SNF VBP Program CMS will use the previously finalized performance period (FY 2021) and baseline period (FY 2019) to calculate each SNF's RSRR for the SNFRM. Then, they are suppressing the use of SNF readmission measure data for purposes of scoring and payment adjustments.
 - CMS will assign all participating SNFs a performance score of zero in the FY 2023 SNF VBP Program Year. This assignment would result in all participating SNFs receiving an identical performance score, as well as an identical incentive payment multiplier.
 - CMS will educe each participating SNF's adjusted Federal per diem rate for FY 2023 by 2 percentage points and award each participating SNF 60 percent of that 2 percent withhold, resulting in a 1.2 percent payback for the FY 2023 SNF VBP Program Year.
 - Under this proposal, SNFs that do not report a minimum of 25 eligible stays for the SNFRM for the FY 2023 program year would not be included in the SNF VBP for that program year. As a result, the payback percentage for FY 2023 would remain at 60.00 percent.

BROAD RIVER REHAB 39

39

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- On December 27, 2020, Congress enacted the Consolidated Appropriations Act, 2021 which allows the Secretary to add up to nine new measures to the SNF VBP Program with respect to payments for services furnished on or after October 1, 2023.

TABLE 30: Quality Measures Under Consideration for an Expanded Skilled Nursing Facility Value-Based Purchasing Program

Meaningful Measure Area	NQF	Quality Measure
Functional Outcome	AM15	Application of ICF Function Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
Functional Outcome	AM16	Application of ICF Function Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
Preventable Healthcare Items	0574	Percent of Resident Experiencing One or More Falls with Major Injury (Long Stay)**
Preventable Healthcare Items	0679	Percent of High Risk Residents with Pressure Ulcers (Long Stay)**
Functional Outcome	NA	Percent of Residents Whose Ability to Move Independently Worsened (Long Stay)**
Functional Outcome	NA	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)**
Preventable Healthcare Items	NA	Transfer of Health Information to the Provider-Post Acute Care *
Integrability Measurement	NA	Percentage of Long-Stay Residents who get an Antipsychotic Medication**

Measure Category	SNF	Measure Post Acute Care Skilled Nursing Facility
Program	NA	Quality Reporting Program
Program Outcome	NA	Discharge Planning per Mandatory OIG/DOJ Post Acute Care Skilled Nursing Facility Quality Reporting Program
Program Outcome	NA	Skilled Nursing Facility Facilities Associated Infection Reporting
Program Outcome	NA	Respite Services
Program Outcome	NA	Number of hospitalizations per 1,000 long-stay resident days (Long Stay)**
Program Outcome	NA	Readmissions to Hospital

Measure Category	SNF	Measure Post Acute Care Skilled Nursing Facility
Program	NA	Patient Reported Outcome Based Performance Measure
Program Outcome	NA	Patient Reported Outcome Measurement Information System (PROS/RES)
Program Outcome	NA	PROS/RES Clinical Health, Physical
Program Outcome	NA	Survey Questionnaire (similar to Consumer Assessment of Healthcare Providers and Systems (CAHPS))
Program	2014	CareQ Short Stay Discharge Measure
Program	NA	Nurse Staffing Levels per Resident Day
Program	NA	Registered Nurse (RN) hours per resident per day
Program	NA	Total nurse staffing (including RN, licensed practical nurse (LPN), and nurse aide) hours per resident per day**

BROAD RIVER REHAB 40

40

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- Value Based Purchasing Expansion Measures (QRP)**
 - CMS has finalized the adoption of two new quality measures for the SNF VBP Program beginning with the FY 2026 program year:
 - (1) **Skilled Nursing Facility (SNF) Healthcare Associated Infections (HAI) Requiring Hospitalization (SNF HAI)** measure (Patient Safety Domain – Meaningful Measures 2.0 Framework);
 - This measure estimates the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalization using 1 year of Medicare FFS claims data. A HAI is defined, for the purposes of this measure, as an infection that is likely to be acquired during SNF care and severe enough to require hospitalization, or an infection related to invasive (not implanted) medical devices (for example, catheters, insulin pumps, and central lines).

BROAD RIVER REHAB 41

41

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- Value Based Purchasing Performance and Baseline Periods**
 - SNF HAI Measure**
 - CMS has finalized a 1-year performance period for the SNF HAI measure would be operationally feasible for the SNF VBP Program and would provide sufficiently accurate and reliable SNF HAI measure rates and resulting performance scores.
 - CMS has also finalized to adopt FY 2024 (**October 1, 2023 through September 30, 2024**) as the performance period for the SNF HAI measure for the FY 2026 SNF VBP Program.
 - CMS has finalized to adopt a 1-year baseline period for the SNF HAI measure. In addition, CMS is proposing to adopt FY 2022 (**October 1, 2021 through September 30, 2022**) as the baseline period for the SNF HAI measure for the FY 2026 SNF VBP Program.
 - CMS has also finalized that SNFs must have a minimum of 25 eligible stays during the applicable 1-year performance period in order to be eligible to receive a score on the measure.

BROAD RIVER REHAB 42

42

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expansion Measures**
 - (2) Total Nursing Hours per Resident Day Staffing (Total Nurse Staffing) measure (Person Centered Care Domain – Meaningful Measures 2.0 Framework).
 - Case mix adjusted hours will be calculated the same as for 5-Star (Hours Adjusted = (Hours Reported/Hours CaseMix) * Hours National Average)
 - The **numerator** for the measure is total nursing hours (RN + LPN + NA hours). RN hours include the RN director of nursing, RNs with administrative duties, and RNs.
 - The **denominator** for the measure is a count of daily resident census derived from MDS resident assessments.
 - CMS is proposing to report the measure rate for the SNF VBP Program for each SNF as a simple average rate of total nurse staffing per resident day across available quarters in the 1-year performance period.

BROAD RIVER REHAB 43

43

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Performance and Baseline Periods**
 - **Total Nursing Hours per Resident Day Staffing Measure**
 - CMS has finalized adopting a 1-year performance period for the Total Nurse Staffing measure. In addition, we are proposing to adopt FY 2024 (October 1, 2023 through September 30, 2024) as the performance period for the Total Nurse Staffing measure for the FY 2026 SNF VBP program year.
 - CMS has finalized adopting a 1-year baseline period for the Total Nurse Staffing measure. In addition, we are proposing to adopt FY 2022 (October 1, 2021 through September 30, 2022) as the baseline period for the Total Nurse Staffing measure for the FY 2026 SNF VBP Program.
 - CMS has finalized that SNFs must have a minimum of 25 residents, on average, across all available quarters during the applicable 1-year performance period in order to be eligible to receive a score on the measure.

BROAD RIVER REHAB 44

44

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expansion Measures (QRP)**
 - CMS finalized the adoption of an additional quality measure for the SNF VBP Program beginning with the FY 2027 program year:
 - Discharge to Community (DTC) – Post-Acute Care (PAC) Measure for Skilled Nursing Facilities (NQF #3481).
 - This measure reports a SNF's risk-standardized rate of Medicare FFS residents who are discharged to the community following a SNF stay, do not have an unplanned readmission to an acute care hospital or LTCH in the 31 days following discharge to community, and remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home or selfcare, with or without home health services.

BROAD RIVER REHAB 45

45

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Performance and Baseline Period Proposals**
 - **Discharge to Community – PAC SNF QRP Measure**
 - CMS has finalized calculating the performance period for the DTC PAC SNF measure using two consecutive years of data by proposing to adopt FY 2024 through FY 2025 (**October 1, 2023 through September 30, 2025**) as the performance period for the DTC PAC SNF measure for the FY 2027 SNF VBP Program.
 - In addition, has finalized the adoption of FY 2021 through FY 2022 (**October 1, 2020 through September 30, 2022**) as the baseline period for the DTC PAC SNF measure for the FY 2027 SNF VBP Program.
 - CMS is also proposing that SNFs must have a minimum of 25 eligible stays during the applicable 2-year performance period in order to be eligible to receive a score on the measure.
 - CMS is also currently reviewing measures of patient falls and functional status, to determine whether any of them would be appropriate for the SNF VBP Program.

BROAD RIVER REHAB 46

46

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**
 - CMS is finalizing a policy for FY 2026 that SNFs must have the minimum number of cases for two of the three measures during the performance period to receive a performance score and value-based incentive payment, and for FY 2027 that SNFs must have the minimum number of cases for three of the four measures during a performance period to receive a performance score and value-based incentive payment.
 - CMS has also finalized the application of the current policy that scores SNFs based only on their achievement, not on their improvement, during the performance period for any program year for which they do not have sufficient baseline period data, which CMS defines as SNFs with fewer than 25 eligible stays during the baseline period for a fiscal year to the expanded VBP measures.
 - CMS has finalized updating the achievement and improvement scoring methodology, applicable to all expanded VBP measures, to allow a SNF to earn a maximum of 10 points on each measure for achievement, and a maximum of 9 points on each measure for improvement.
 - For purposes of determining these points, CMS has finalized the following definitions:
 - **Benchmark:** The mean of the top decile of SNF performance on the measure during the baseline period; and
 - **Achievement threshold:** The 25th percentile of national SNF performance on the measure during the baseline period.

BROAD RIVER REHAB 47

47

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**

Achievement	
Baseline Period	Benchmark (the mean of the top decile of SNF performance on the measure during the baseline period)
Achievement Threshold (the 25th percentile of national SNF performance on the measure during the baseline period)	
Performance Period	K = 10 Points
K = 0 points	K = between 0 and 10 points

Improvement	
Baseline Period	Benchmark (the mean of the top decile of SNF performance on the measure during the baseline period)
Baseline Period Measure rate	
Performance Period	K = 9 Points
K = 0 points	K = between 0 and 9 points

BROAD RIVER REHAB 48

48

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**
 - CMS will score SNFs' performance on achievement and improvement for each measure and award them the higher of the two scores for each measure to be included in the SNF performance score, except in the instance that the SNF does not meet the case minimum threshold for the measure during the applicable baseline period, in which case we propose that the SNF would only be scored on achievement.
 - CMS will then sum each SNFs' measure points and normalize them to arrive at a SNF performance score that ranges between 0 and 100 points.
 - This policy is intended to appropriately recognizes the best performers on each measure and reserves the maximum points for their performance levels while also recognizing that improvement over time is important and should also be rewarded.

BROAD RIVER REHAB 49

49

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing Expanded Measure Performance Scoring**
 - CMS finalized a "normalization" policy for SNF performance scores under the expanded SNF VBP Program, effective with the FY 2026 program year.
 - This policy allows for the expansion of the VBP with additional measures while maintaining a score range from 0 – 100 without further changes to the scoring methodology.
 - Under this policy, CMS will calculate a raw point total for each SNF by adding up the SNF's score on each of the measures.
 - For example, a SNF that met the case minimum to receive a score on three quality measures would receive a score between 0 to 30 points, while a SNF that met the case minimum to receive a score on two quality measures would receive a score between 0 to 20 points.
 - CMS would then normalize the raw point totals by converting them to a 100-point scale, with the normalized values being awarded as the SNF performance score.
 - For example, CMS would normalize a SNF's raw point total of 27 points out of 30 by converting that total to a 100-point scale, with the result that the SNF would receive a SNF performance score of 90. Example: $(27/30) \times 100 = 90$

BROAD RIVER REHAB 50

50

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - In FY 2024 SNF PPS proposed rule, CMS is proposing the adoption of four new quality measures, the replacement of one quality measure, and several policy changes in the SNF VBP Program.
 - 1. CMS is proposing the adoption of the Nursing Staff Turnover Measure for the SNF VBP program beginning with the FY 2026 program year and FY 2024 performance year.
 - This is a structural measure that has been collected and publicly reported on Care Compare and assesses the stability of the staffing within an SNF using nursing staff turnover.
 - This is part of the Administration's focus to ensure adequate staffing in long-term care settings. Facilities would begin reporting for this measure in FY 2024, with payment effects beginning in FY 2026.

BROAD RIVER REHAB 51

51

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - 2. CMS is proposing the adoption of the Discharge Function Score measure beginning with the FY 2027 program year and FY 2025 performance year.
 - This measure is also being proposed for SNF QRP and assesses functional status by assessing the percentage of SNF residents who meet or exceed an expected discharge function score and use mobility and self-care items already collected on the MDS.




BROAD RIVER REHAB 52

52

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - 3. CMS is proposing the adoption of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) beginning with the FY 2027 program year and FY 2025 performance year.
 - This measure assesses the falls with major injury rates of long-stay residents.



BROAD RIVER REHAB 53

53

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - CMS is proposing the **replacement** of the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) with the [Skilled Nursing Facility Within Stay Potentially Preventable Readmissions \(SNF WS PPR\)](#) measure beginning with the FY 2028 program year and FY 2025 performance year.



BROAD RIVER REHAB 54

54

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - 4. To prioritize the achievement of health equity and the reduction of disparities in health outcomes in SNFs, CMS is proposing the adoption of a Health Equity Adjustment in the SNF VBP Program that rewards SNF that perform well and whose resident population during the applicable performance period includes at least 20% of residents with dual eligibility status.
 - This adjustment would begin with the FY 2027 program year and FY 2025 performance year. CMS is adjusting the scoring methodology to provide bonus points to high-performing facilities that provide care to a higher proportion of duals.
 - In the FY 2024 SNF PPS rule, CMS is requesting comments about possible future methodologies for selecting and prioritizing quality measures to focus on underserved populations.

BROAD RIVER REHAB 55

55

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - In addition, CMS is proposing to increase the payback percentage policy under the SNF VBP program from current 60% to a level such that the bonuses provided to the high performing, high duals SNFs do not come at the expense of the other SNFs. The estimates for FY 2027 program year is 66%.

BROAD RIVER REHAB 56

56

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program


- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - CMS is also proposing to update administrative methodology policies that are required to address the changes needed to accommodate the proposed addition of quality measures into the SNF VBP Program's scoring methodology beginning with the FY 2027 program year and FY 2025 performance year.

BROAD RIVER REHAB 57

57

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Value Based Purchasing FY 2024 SNF PPS proposed Rule**
 - In addition, the proposed rule provides additional updates on the validation process being established for the quality measures and standardized assessment data for SNFs. CMS is proposing the addition of the audit portion of the validation process for MDS-based measures beginning with the FY 2027 program year and FY 2025 performance year as required by Section 1888(h)(12) of the Act.



BROAD RIVER REHAB 58

58

SNF VBP/QRP Connection





BROAD RIVER REHAB 59

59

SNF VBP/QRP Connection

- The connection is Value Based Purchasing. It is here to stay
- The SNF Quality Reporting Program and Value Based Purchasing can no longer be viewed as independent entities.
- QRP measure reporting will still be tied to a reduction in the annual market basket update.
- However, the VBP program, is expanding to include multiple measures, including many of the QRP measures.



BROAD RIVER REHAB 60

60

Staffing in the Spotlight / 5-Star Updates



BROAD RIVER REHAB 64

64

IMPACT Act QMs

IMPACT Act Domain	IMPACT Act Measure	Source	PAC Setting Adopted	
Skin Integrity and Changes in Skin Integrity	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay) replaced with Changes in Skin Integrity Post-Acute Care: Pressure Ulcers	Assessment	RF, LTCH, SNF, HRI	
Functional Status, Cognitive Function, and Changes in Function and Cognitive Function	Application of Percent of LTCH Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Assessment	RF, LTCH, SNF, HRI	
	Change in Self-Care Score for Medical Rehabilitation Patients	Assessment	RF, SNF	
	Change in Mobility Score for Medical Rehabilitation Patients	Assessment	RF, SNF	
	Change in Discharge Self-Care Score for Medical Rehabilitation Patients	Assessment	RF, SNF	
Medication Reconciliation	Change in Discharge Mobility Score for Medical Rehabilitation Patients	Assessment	RF, SNF	
Incidence of Major Falls	Discharge Readmission	Assessment	RF, LTCH, SNF, HRI	
Transfer of Health Information and Care Preferences when an Individual Transitions	Application of the Percent of Residents Experiencing One or More Falls with Major Injuries	Assessment	RF, LTCH, SNF, HRI	
Resource Use Measures, including Total Estimated Medicare Spending Per Beneficiary	Transfer of Health Information to Provider	Assessment	RF, LTCH, SNF, HRI	
	Transfer of Health Information to Patient	Assessment	RF, LTCH, SNF, HRI	
Discharge to Community	Medicare Spending Per Beneficiary	Claims	RF, LTCH, SNF, HRI	
All-Condition Risk-Adjusted Potentially Preventable 30-Day Post-Discharge Readmission Rates	Discharge to Community	Claims	RF, LTCH, SNF, HRI	
Meaningful Measure Domain	Potentially Preventable 30-Day Post-Discharge Readmission	Claims	RF, LTCH, SNF, HRI	
	Patient Safety (Meaningful Measures 2.0)	Medication Discrepancy	Claims	RF
	Patient Safety (Meaningful Measures 2.0)	Influenza vaccination HCP	NISIN	RF, LTCH, SNF
	Patient Safety (Meaningful Measures 2.0)	COVID-19 Vaccination HCP	NISIN	RF, LTCH, SNF

BROAD RIVER REHAB 65

65

VBP/QRP and the 5-Star Updates

- Effective with the April 2022 refresh, CMS implemented the planned, regular increases to the Quality Measure (QM) rating thresholds, increasing each rating threshold by one-half of the average improvement in QM scores since the last time the thresholds were set.
- For the Oct. 2022 refresh, the average improvement was determined from the period of January 2022 – July 2022. **Note that the point thresholds for individual QMs are not changing.**

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155-483	144-491	299-975
★★	484-581	492-588	976-1,170
★★★	582-663	589-678	1,171-1,342
★★★★	664-755	679-766	1,343-1,522
★★★★★	756-1,150	767-1,150	1,523-2,300

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/900 to the unadjusted scores)

BROAD RIVER REHAB 66

66

VBP/QRP and the 5-Star Updates

- Effective with the January 2022 refresh, CMS began posting the following information for each nursing home on the Medicare.gov Care Compare website:
 - Weekend Staffing: The level of total nurse and registered nurse (RN) staffing on weekends (Saturdays and Sundays) provided by each nursing home over a quarter.
 - Staff Turnover: The percentage of nursing staff and number of administrators that stopped working at the nursing home over a 12-month period.
- This information is now used in the Five-Star Quality Rating System starting with the July 2022 refresh.**
- It is important to familiarize yourself with these measures.** The revised [5-Star user's guide](#) contains the technical specifications for each of these new measures as well as details regarding how the staffing scoring methodology.

BROAD RIVER REHAB 67

67

VBP/QRP and the 5-Star Updates

Turnover Measurement

Q/CC Refresh	3Q time period (Denominator)		Turnover Measurement Period (Numerator)			
Jan	4/1	12/31	7/1	6/30	7/1	9/30
Apr	7/1	3/31	10/1	9/30	10/1	12/31
July	10/1	6/30	1/1	12/31	1/1	3/31
Oct	1/1	9/1	4/1	3/31	4/1	6/30

BROAD RIVER REHAB 68

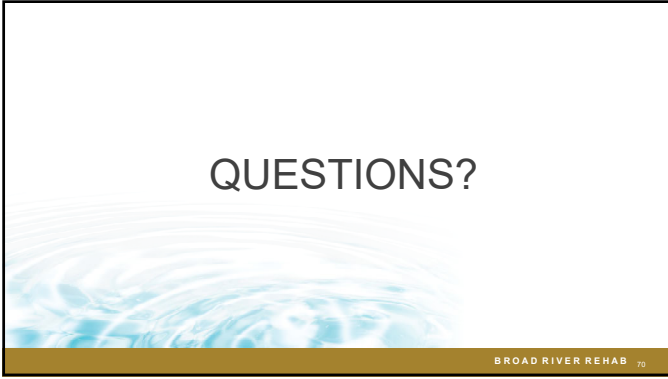
68

Conclusion

- Pay for performance (Value not Volume) is here!
- Health Literacy, Health Equity and Person-Centered Engagement are foundational
- Stay up to date with your performance measures for both QRP and VBP and 5-star.
- Get familiar with the new measures that have been finalized and those under consideration
- The Final MDS v1.18.11 has been issued as well as the DRAFT RAI Manual. Stay informed!
- Consider Patient experience and outcomes in your own facility analysis.
- Don't Procrastinate!

BROAD RIVER REHAB 69

69



70
