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Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program Phase One Review and Corrections

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Acronyms in this Presentation

Acronym	Definition
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
FY	Fiscal Year
HICN	Health Insurance Claim Number
MAC	Medicare Administrative Contractor
MDS	Minimum Data Set
PPS	Prospective Payment System
RSRR	Risk-Standardized Readmission Rate
SNFRM	Skilled Nursing Facility 30-Day All-Cause Readmission Measure
SNF VBP	Skilled Nursing Facility Value-Based Purchasing Program



Agenda

Overview of the SNF VBP Program
Review and Corrections Overview
Frequently Asked Questions Regarding Phase One Review and Corrections
Question and Answer Session



Key Objectives

- Participants will:
 - Understand the current SNF VBP Review and Corrections process
 - Learn the answers to frequently asked questions regarding the SNF VBP Review and Corrections process



A New Approach to Meaningful Outcomes

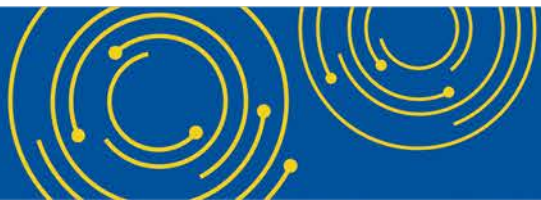
Empower patients and doctors to make decisions about their health care

Support innovative approaches to improve quality, accessibility, and affordability



Usher in a new era of state flexibility and local leadership

Improve the CMS customer experience



Overview of the SNF VBP Program



What is the Skilled Nursing Facility Value-Based Purchasing Program?

The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program offers incentive payments on Part A claims paid under the SNF Prospective Payment System (PPS) based on performance on a specified measure of hospital readmissions.

The program:

- Provides strong incentives for facilities to coordinate care with hospitals and other providers
- Aims to protect patients from potential harms or adverse events associated with hospital readmissions
- Builds on previous quality improvement efforts in the SNF sector and other Medicare VBP Programs, such as *Nursing Home Compare* and the SNF Quality Reporting Program



Legislative Basis for the SNF VBP Program

Section 215 of the “Protecting Access to Medicare Act of 2014” (PAMA), enacted on April 1, 2014, added subsections (g) and (h) to Section 1888 of the Social Security Act.

Program requirements include:

- A focus on measures of readmissions
- Performance standards for achievement and improvement
- SNF Performance Scores publicly ranked from low to high
- 2% of SNFs’ Medicare payments withheld to fund incentive payments
- Incentive payments totaling 50-70% of the amount withheld from SNFs’ payments
- The bottom 40 % of SNFs must receive less in incentive payments than they would otherwise receive.
- Confidential and public reporting

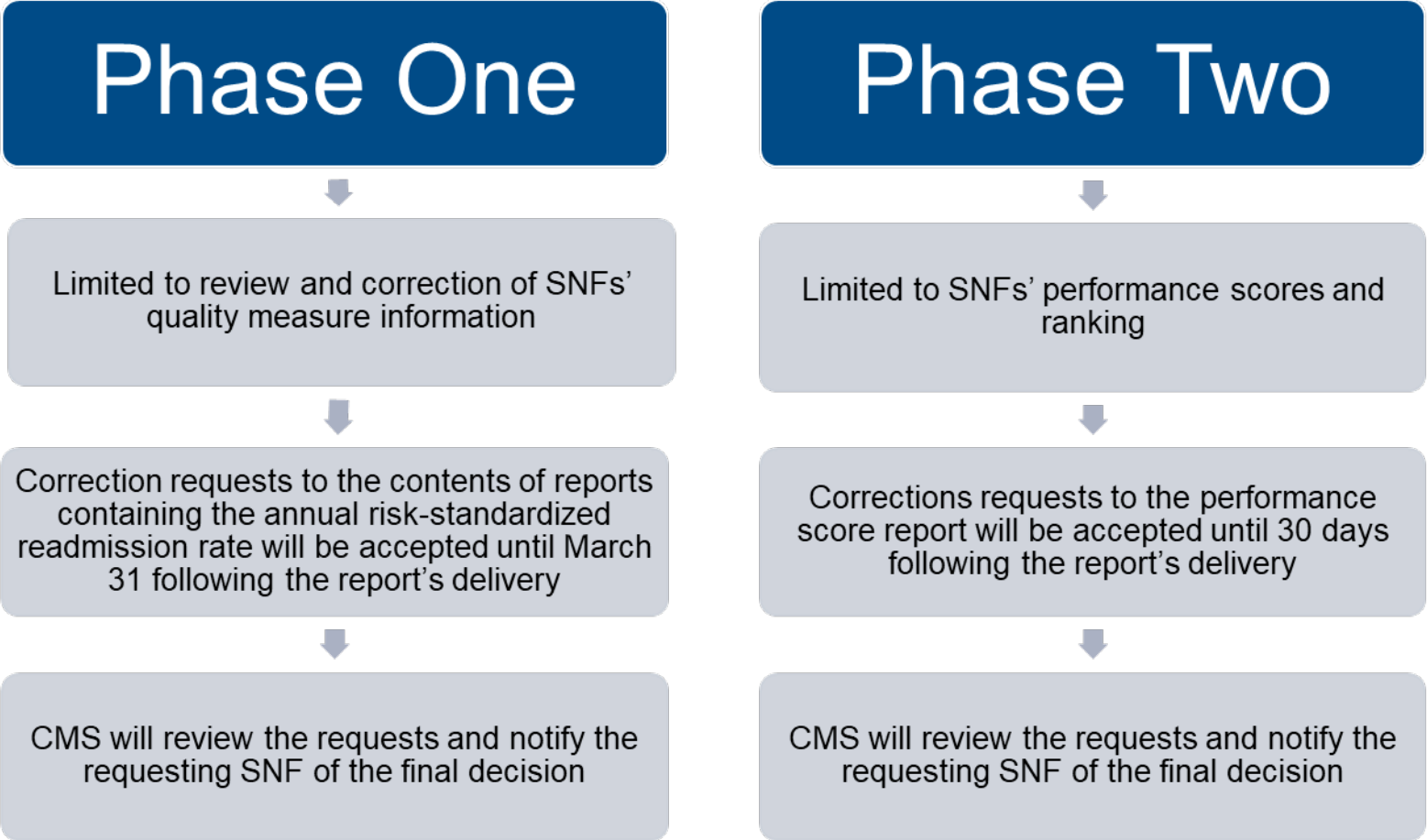


Review and Corrections Overview



Review and Correction Process

SNFs will have an opportunity to review and provide corrections to their performance information that will be made public



Phase One Review and Corrections

- Opportunity for SNFs to review and submit correction requests to quality measure information
 - Includes Calendar Year (CY) 2017 stay-level data for the Fiscal Year (FY) 2019 SNF VBP Program
- Submit correction requests to the SNF VBP Help Desk at SNFVBPinquiries@cms.hhs.gov
 - Submit your SNF's CMS Certification Number (CCN) and reason for requesting the correction
 - If applicable, submit the ID Number (located in the leftmost column of the eligible stays tab of your report) of the stay in question
- **Deadline: March 31, 2019**
- **Do not** submit protected health information (i.e. health insurance claim numbers [HICNs]) to the SNF VBP Help Desk

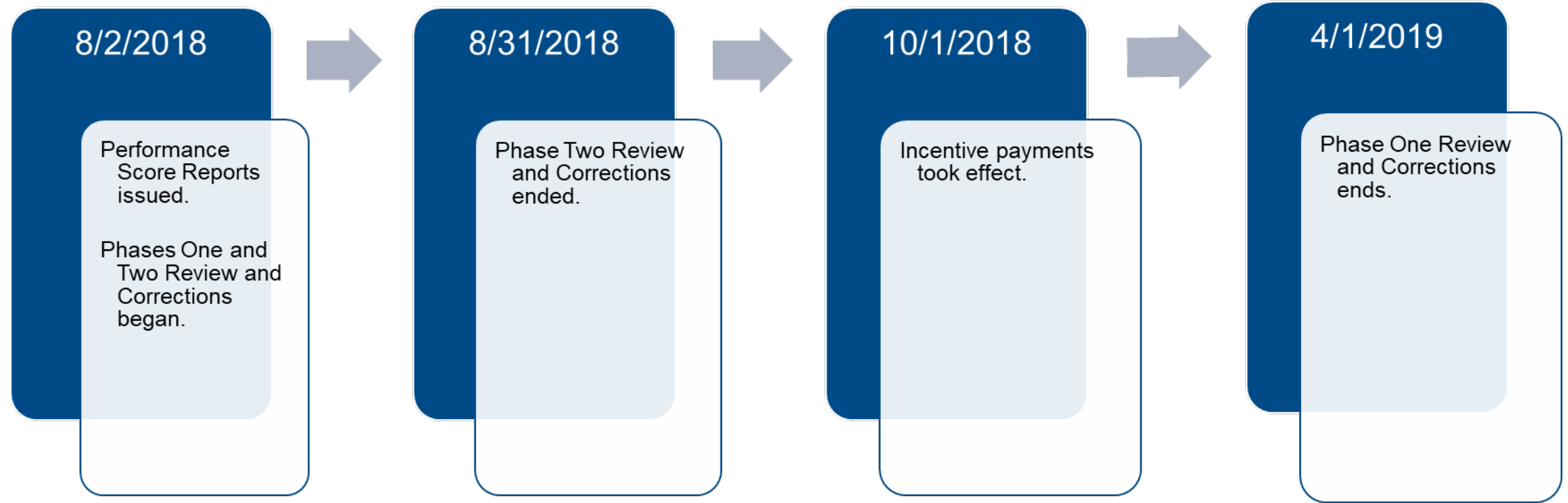


Phase Two Review and Corrections

- Opportunity for SNFs to review and submit correction requests to their performance score and rank
- SNF performance score and rank information are located in the in August 2018 Annual Performance Score Reports
- Phase Two Review and Corrections **Deadline: August 31, 2018**



Timeline for the FY 2019 SNF VBP Program Review and Corrections Process



Frequently Asked Questions Regarding Phase One Review and Corrections



How does CMS determine which readmissions are considered planned?

- Planned readmissions are determined from **claims submitted to CMS**, not the Minimum Data Set (MDS) or patient medical records
- There are criteria to determine if a readmission was planned or unplanned, including a specific list of procedures or admitting diagnoses considered as a planned readmission
- If a readmission does not meet the established criteria for a planned readmission, it will be considered an unplanned readmission

* For more detailed information on what the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) considers as planned and unplanned readmissions, please see Section 2.2.2, Appendix B, and Tables B1-B5 of the SNFRM Technical Report



Why are patients who were not sent to the hospital directly from the SNF considered readmissions?

- Patients **do not** have to be discharged or transferred directly from a SNF to a hospital in order to be counted as a readmission
- As long as the hospital readmission occurs within 30 days of the hospital discharge date prior to the patient's SNF stay, it is possible for that readmission to be included in calculating the SNFRM



What should I do if there is an error with the hospital information in my report?

- The SNFRM is calculated using SNF and hospital claims data. The data in your report comes from your SNF's claims and relevant hospital claims.
- If you believe there is an error on a hospital claim, CMS encourages coordination with hospitals to correct the claim.
- Any SNF that identifies errors that may affect SNF VBP measure rates and underlying relevant data should work directly with the treating hospital to correct claims and resubmit to their Medicare Administrative Contractor (MAC).



Will scores and incentive payments still be corrected if claims are not reprocessed by the MAC?

- No, all claims in question must go through the MAC's formal correction process to ensure that the data used for the Program is accurate
- If CMS cannot find a record of the correction, the correction will not be considered for purposes of recalculating SNF VBP performance (risk-standardized readmission rate, performance score, and incentive payment multiplier)



If my payment incentive multiplier changes as a result of a correction, will claims reimbursed starting from October 1, 2018 be reconciled?

- Yes. Following the completion of the Phase One Review and Corrections process, payments will be reconciled
- In the coming months, CMS will provide additional details regarding payment reconciliation



Question & Answer Session



Resources

- [SNF PPS FY 19 Final Rule](#)
- [SNF VBP Webpage](#)
- [Nursing Home Compare](#)
- [FAQ Document](#)
- [SNFRM Technical Report](#)
- [Performance Score Report YouTube Tutorial](#)
- For questions about the SNF VBP Program, please send inquiries to the SNFVBPinquiries@cms.hhs.gov mailbox



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