



COVID-19 Public Reporting Tip Sheet

The second edition of the Skilled Nursing Facility (SNF) Public Reporting Tip Sheet is to help providers understand the Centers for Medicare & Medicaid Services' (CMS) public reporting approach to the SNF Quality Reporting Program (QRP) to account for CMS quality data submissions that were either optional or excepted from public reporting due to the COVID-19 public health emergency (PHE). The impact on CMS' Care Compare website refreshes are also outlined. This tip sheet serves as a companion document to the first edition [SNF COVID-19 Public Reporting Tip Sheet](#) published in October 2020.



Background The SNF QRP

The SNF QRP was established under the Improving Medicare Post-Acute Care Transformation Act of 2014, which requires the Secretary to publicly report, on a CMS website, quality measures (QMs) that relate to the care provided by SNFs across the country. Currently, Care Compare for nursing homes and SNFs report on several quality-of-care measures for the SNF QRP that are derived from the following sources:

- Minimum Data Set (MDS) 3.0/Resident Assessment Instrument.
- Medicare Fee-For-Service claims.

Current Quality Measures for the SNF QRP

MDS Assessment-Based QMs

1. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (National Quality Forum (NQF) #0674).
2. Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631).
3. Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post-Acute Care (PAC) SNF QRP.
4. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.

5. Application of Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care (NQF #2633).
6. Application of IRF Functional Outcome Measure: Change in Mobility (NQF #2634).
7. Application of IRF Functional Outcome Measure: Discharge Self-Care Score (NQF #2635).
8. Application of IRF Functional Outcome Measure: Discharge Mobility Score (NQF #2636).
9. Transfer of Health Information to the Provider PAC.*
10. Transfer of Health Information to the Patient PAC.*

* *Note: While finalized, these measures have not yet been implemented.*

Medicare Fee-For-Service Claims-Based QMs

1. Potentially Preventable 30-Day Post-Discharge Readmission SNF QRP.
2. Discharge to Community – PAC SNF QRP (DTC) (NQF #3481).
3. Medicare Spending per Beneficiary (MSPB) PAC SNF QRP.

Note: Public reporting of claims-based measures is being delayed by 6 months. CMS is targeting resumption of reporting for these measures in July 2022.

New QMs Finalized in the SNF PPS Fiscal Year (FY) 2022 Rule

- SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization (claims-based).
- COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CDC/NHSN).

Review the [SNF PPS FY 2022 Rule](#) for more detail about these two new measures.

Temporary SNF QRP Exceptions Due to the COVID-19 PHE

The CMS [March 27, 2020, Medicare Learning Network \(MLN\) memo](#) outlined temporary changes to the SNF QRP data submission requirements, due to the COVID-19 PHE, to assist SNFs while they directed resources toward caring for residents, and ensuring the health and safety of residents and staff. CMS made optional and temporarily excepted providers from the submission of MDS assessment data for the quarters detailed in Table 1.

Table 1. Quarters for Which Data Are Optional or Excepted

Quarter	MDS Data Submission
October 1, 2019–December 31, 2019 (Q4 2019)	Optional
January 1, 2020–March 31, 2020 (Q1 2020)	Excepted
April 1, 2020–June 30, 2020 (Q2 2020)	Excepted

These changes to the SNF QRP data submission requirements ended **on June 30, 2020**.



Current Data Submission for the SNF QRP

The requirement for timely quality data collection and submission resumed on **July 1, 2020**, with new MDS admission and discharge records occurring on or after that date.

Timely submission and acceptance requirements of MDS data to meet the 80-percent compliance threshold to avoid the two-percentage point (2%) reduction in the annual payment update are unchanged. The compliance threshold calculation is based on the number of MDS assessments submitted for use in the calculation of the SNF QRP QMs. To be compliant, at least 80 percent of these assessments must contain complete data (i.e., have all data elements used to calculate the SNF QRP QMs).

There are no submission requirements for Medicare claims data outside of the submission of the Medicare bill.

How are MDS submissions after July 1, 2020, impacted by data that were excepted due to the COVID-19 PHE?

- Some of the discharges submitted on or after July 1, 2020, may not have a matching MDS admission record, providing the admission occurred in Q1 or Q2 2020 when CMS excepted quality data submissions. This may cause a warning error to be reported on the Final Validation Report during the submission process.
- CMS is aware and has adjusted on their end to accommodate any records with missing admissions.
- These mismatched sets of records will not be counted or included in SNF QRP QM data calculations for the assessment-based QMs reported on Care Compare.
- **Warning errors will not cause records to be rejected by the system.** You can ignore these warnings as data will still be accepted into the system as long as there were no other data issues that caused fatal warnings.

Error Number	Error Type	Error Description
909	Out of Sequence	Inconsistent Record Sequence: Under CMS sequencing guidelines, this type of record does not logically follow the type of record received prior to this one.

Despite this warning, data will still be accepted into the system. (no action is needed)

Public Reporting and Care Compare

Impact of Data Exceptions on Public Reporting

Since the SNF QRP is a pay-for-reporting program, CMS is statutorily required to publicly report the data. In the March 27, 2020, announcement, CMS indicated that data submission for Q4 2019 was optional, and that any data submitted would be used for reporting purposes. Since data submission for Q4 2019 was strong, these data were included in measure calculations for public reporting.

The excepted data for Q1 2020 and Q2 2020 impacts what is displayed on Care Compare; therefore, CMS developed an approach to accommodate these excepted quarters of data.

CMS Approach to Excepted Data

For Q1 2020 and Q2 2020, providers were excepted from data submissions. Because the exceptions created missing data, CMS made a decision to hold the data constant (i.e., froze the data) following the October 2020 refresh for SNFs, as these subsequent refreshes were originally scheduled to include the missing data (Q1 and Q2 2020). The affected Care Compare site refreshes that were scheduled to contain calendar year (CY) 2020 COVID-19 data (Q1 and Q2 2020) included January, April, July, and October 2021.

The October 2020 assessment-based data will continue to display on Care Compare until SNF QRP public reporting resumes for these measures in the January 2022 refresh. For claims-based measures, CMS has made the decision to delay public reporting of these measures by 6 months. This delay will allow CMS more time to analyze the calculation of these measures, given the exclusion of claims-based data from Q1 and Q2 2020, and the effect of this exclusion on certain aspects of measure calculation such as look-back periods and risk adjustment. CMS is targeting the public reporting of claims-based measures for the July 2022 refresh.

In the quarter in which public reporting resumes, CMS will use less than the standard number of quarters of data for assessment and claims-based measures. Figure 1 shows the quarters used for reporting the MDS-based measures and Figure 2 shows the quarters used for reporting claims-based measures.



Figure 1. Quarters Used in Reporting of MDS-Based Measures

Quarter Refresh	2019				2020				2021	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
October 2020										
January 2021										
April 2021										
July 2021										
October 2021										
January 2022*										
April 2022**										

* Per the March 27, 2020, MLN Memo, Q1 and Q2 2020 data will not be publicly reported.

** Normal reporting using four quarters of data resumes.

- SNF Quarters in Original Schedule for Assessment-Based Measures on Care Compare
- SNF Quarters in Finalized Schedule for Assessment-Based Measures on Care Compare

The January 2022 refresh will contain only **three** quarters of data.

Figure 2. Quarters Used in Reporting of Claims-Based Measures

Quarter Refresh	2017				2018				2019				2020				2021				2022				2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
October 2020–July 2021																												
October 2021*																												
January 2022*																												
April 2022*																												
July 2022**																												
October 2022*																												
October 2023***																												

* Claims-based data frozen; current results remain displayed on Care Compare.

** Per the March 27, 2020 MLN Memo, Q1 and Q2 2020 data will not be publicly reported.

*** Normal reporting using eight quarters of data resumes (except HAI measure which uses four quarters of data).

- SNF Quarters in Original Schedule for Claims-Based Measures on Care Compare
- SNF Quarters in Finalized Schedule for Claims-Based Measures on Care Compare

From July 2022 through July 2023, refreshes will contain **six** quarters of data for claims-based measures.

Note: The periods of performance within the table above are subject to change, dependent upon CMS final decisions regarding the methodology used for the calculation of claims-based quality measures, and the exclusion of Q1/Q2 2020 data.



When will the expected quarters of data be displayed?

The SNF QRP QM data on Care Compare will return to displaying its expected quarters of data in April 2022 for MDS-based measures and October 2023 for claims-based measures. Table 2 provides a summary.

Table 2. Summary of Data Refreshes for SNF QRP

Quarter Refresh	Care Compare (SNF QRP) MDS Assessment-Based Measures	Care Compare (SNF QRP) Claims-Based Measures
October 2020	Normal refresh (Q1 2019–Q4 2019 data)	Normal refresh (Q4 2017–Q4 2019 data)
January 2021	Freeze	Freeze
April 2021	Freeze	Freeze
July 2021	Freeze	Freeze
October 2021	Freeze	Freeze
January 2022	Public reporting resumes, using three quarters of data (Q3 2020–Q1 2021)*	Freeze
April 2022	Normal reporting resumes, using four quarters of data (Q3 2020–Q2 2021)	Freeze
July 2022	Normal refresh	Public reporting resumes, using six quarters of data (Q4 2018–Q4 2019 and Q3 2020)*
October 2022	Normal refresh	Public reporting using six quarters of data (Q4 2019 and Q3 2020–Q3 2021)*
October 2023	Normal refresh	Normal reporting resumes, using eight consecutive quarters of data (Q4 2020–Q3 2022).
* Methodology used for measure calculation for this refresh to account for the missing PHE-excepted data (Q1 and Q2 2020) was detailed in the FY 2022 SNF PPS Final Rule (see resources below).		

Note: The periods of performance within the table above are subject to change, dependent upon CMS final decisions regarding the methodology used for the calculation of claims-based quality measures, and the exclusion of Q1/Q2 2020 data.

When will the new SNF QRP measures be publicly reported and what quarters of data will be used to calculate them?

SNF HAI Requiring Hospitalization – CMS is targeting the July 2022 refresh for the inaugural display of this measure. This first refresh will use one year of Medicare fee-for-service claims data (October 1, 2018, through September 30, 2019) as this is the most recent FY of data that has not been exempted due to the PHE. Beginning with the FY 2024 SNF QRP, compliance with annual payment update reporting requirements would use FY 2021 claims data (October 1, 2020, through September 30, 2021) and advance by one FY with each annual refresh. Due to the COVID-19 PHE exceptions, Q1 and Q2 data from 2020 will not be used for purposes of the QRP.

COVID-19 Vaccination Coverage among HCP – CMS is targeting the October 2022 refresh for the inaugural display of this measure. Data collection for this measure begins with a shortened reporting period from October 1, 2021, through December 31, 2021, affecting the CY 2021 reporting period/FY 2023 payment determination. Following the data submission quarter for the FY 2023 SNF QRP, subsequent compliance for the SNF QRP will be based on four quarters of such data submission each CY, beginning in CY 2022 affecting FY 2024 payment determination.

Provider Reports

- **Provider Preview Report (PPR):** The purpose of the PPR is to give providers the opportunity to preview their MDS and claims-based QM results prior to public display on Care Compare.
 - ***How does the data freeze affect the PPR?***
 - Subsequent to the October 2020 refresh, no new PPR will be issued until public reporting resumes with the January 2022 refresh.
 - Release of the PPR in November 2021 was for the January 2022 refresh.
- **Review and Correct (R&C) Report:** The purpose of the R&C report is for providers to access QM data prior to the data correction deadline for public reporting. It includes data from the most current quarter and data from the previous three quarters. The report notes which quarters of data are “open” for correction, and which are “closed,” no longer allowing correction.
 - ***How did the data freeze affect the R&C Report?***
 - Providers had the opportunity to correct any data they submitted during Q1 and Q2 2020 even though this data was excepted from public reporting. At the time of the publication of this document, there are no data available (open) to correct, as all data correction deadlines for 2020 have now passed.
- **SNF QM Reports:** These reports give providers confidential feedback on the facility’s performance. Providers can run a QM report for any reporting period of their choice; they can include a full year of data if requested. The QM reports can include both facility- and resident-level data.
 - ***How does the data freeze affect the QM Reports?***
 - Providers will be able to confidentially review any data from Q1 and Q2 2020 that they chose to submit when those quarters are selected for their reports.

Resources

- **For a fact sheet about FY 2022 SNF Prospective Payment System Final Rule (CMS-1746-F):** <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-skilled-nursing-facility-snf-prospective-payment-system-pps-final-rule-cms-1746>.
- **The final rule (CMS-1746-F) can be downloaded from the Federal Register at:** <https://www.federalregister.gov/documents/2021/08/04/2021-16309/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>.
- **For the CMS Medicare Learning Network memo released March 27, 2020:** <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>.
- **For program guidance and information about the CMS response to COVID-19:** <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.
- **For program guidance, updates, and announcements regarding the SNF QRP, visit the Spotlight & Announcements web page:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements>.
- **For more information about public reporting for SNFs, visit:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview>.
- **For the SNF QRP Quick Reference Guide:** <https://www.cms.gov/files/document/pac-snf-quickreferenceguide-v10.pdf>.
- **For information related to FY 2023 data collection and submission deadlines:** <https://www.cms.gov/files/document/snf-grp-data-collection-and-final-submission-deadlines-fy-2023-snf-grp-1.pdf>.

Email questions to the SNF Help Desk:
SNFQualityQuestions@cms.hhs.gov

