



SNF Quality Reporting Program



*Skilled Nursing Facilities
(SNF)/Long Term Care (LTC)
Open Door Forum*

FY 2016 SNF PPS Final Rule

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The SNF Quality Reporting Program

FY 2016 SNF PPS Final Rule (CMS-1622-F)

- The IMPACT Act of 2014 sets forth the requirements for Skilled Nursing Facilities (SNFs) to submit data to CMS.
- Beginning FY 2018, providers [SNFs] that do not submit required quality reporting data to CMS will have their annual update reduced by 2 percentage points.
- SNFs are providers that meet Medicare requirements for Part A coverage.

SNF Quality Reporting Program

FY 2016 SNF PPS Final Rule (CMS-1622-F)

Policy Proposals

Three finalized post-acute care (PAC) cross-setting measures addressing the following domains:

- Skin integrity and changes in skin integrity
- Incidence of major falls
- Functional status, cognitive function, and changes in function and cognitive function

Finalized data submission compliance deadlines and thresholds:

- Failure to submit required quality reporting data to CMS will result in a 2% reduction to the FY 2018 market basket percentage

Finalized SNF QRP Submission Exception and Extension Requirements:

- Written request required within 90 days of the date extraordinary circumstances occurred

Finalized FY 2016 SNF QRP (CMS-1622-F)

Quality Measures

NQF Measure ID	Measure Title	Data Collection Timeframe	Data Submission Deadline
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	10/01/16-12/31/16	May 15, 2017
NQF #0678	Percent of Patients or Residents with Pressure Ulcers that are New or Worsened	10/01/16-12/31/16	May 15, 2017
NQF #2631*	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	10/01/16-12/31/16	May 15, 2017
*Status: NQF endorsed on July 23, 2015			

Possible Quality Measures for Future Years

- The Skilled Nursing Facility 30-Day All-Cause Readmission Measure (NQF #2510)
- Potentially preventable readmissions measure
- An application of the Payment Standardized Medicare Spending Per Beneficiary (MSPB)
- The percentage residents/patients at discharge assessment, who are discharged to the community
- Drug regimen review conducted with follow-up for identified issues

Measure Information

For additional information on the finalized SNF QRP quality measures, visit

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

Requires SNFs, HHAs, IRFs, and LTCHs to report standardized assessment data on:

- **Specified Assessment Instrument Domains:** functional status; cognitive function and mental status; special services, treatments, and interventions; medical conditions and co-morbidities; impairments; and other categories
- **Quality Measure Domains:** functional status; cognitive function and changes in function and cognitive function; skin integrity and changes in skin integrity; medication reconciliation; incidence of major falls; transfer of health information when the individual transitions from the hospital/critical access hospital to post-acute care (PAC) provider or home, or from PAC provider to another settings

Requires the submission of data on:

- **Resource Use, and Other Measures:** Total estimated Medicare spending per beneficiary discharged to the community, all condition risk-adjusted potentially presentable hospital readmission rates

Pathway Toward Transformation:

The Implementation of Measures Will Evolve Over Time

To meet the October 2016 implementation date for the measure domains specified under the Act, the following considerations were given to all measure concepts:

- Addresses a current area for improvement tied to a stated domain
- Consideration of measures previously support by the Measures Application Partnership (MAP)
- Endorsed, implemented/finalized for use in the post-acute care quality reporting programs (QRPs), e.g., NQF #0678 Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened; NQF # 0674 Percent of Residents Experiencing One or More Falls with Major Injury
- Minimize added burden to the providers
- Where possible, avoid any impact on current assessment items already collected
- Avoid duplication of existing assessment concepts