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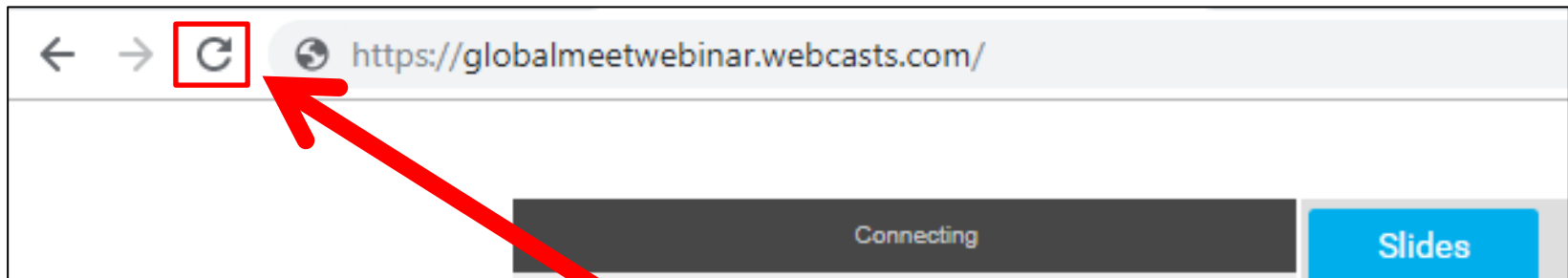
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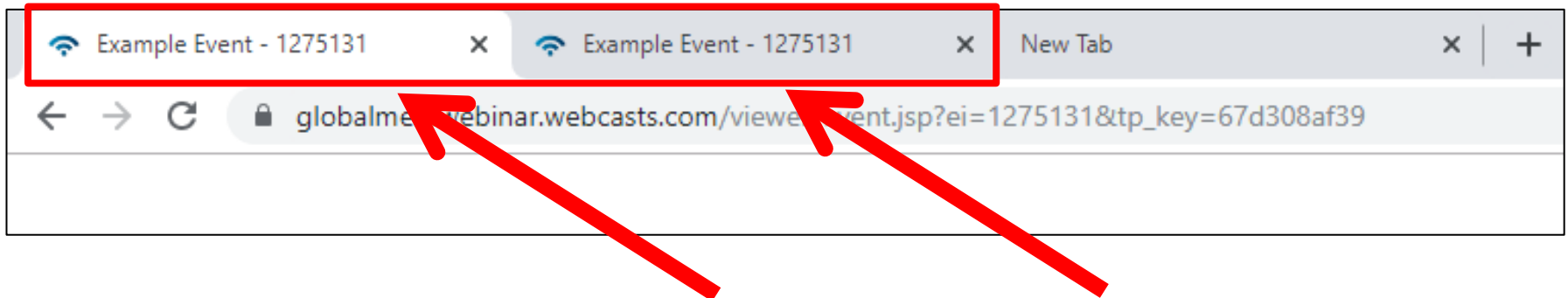
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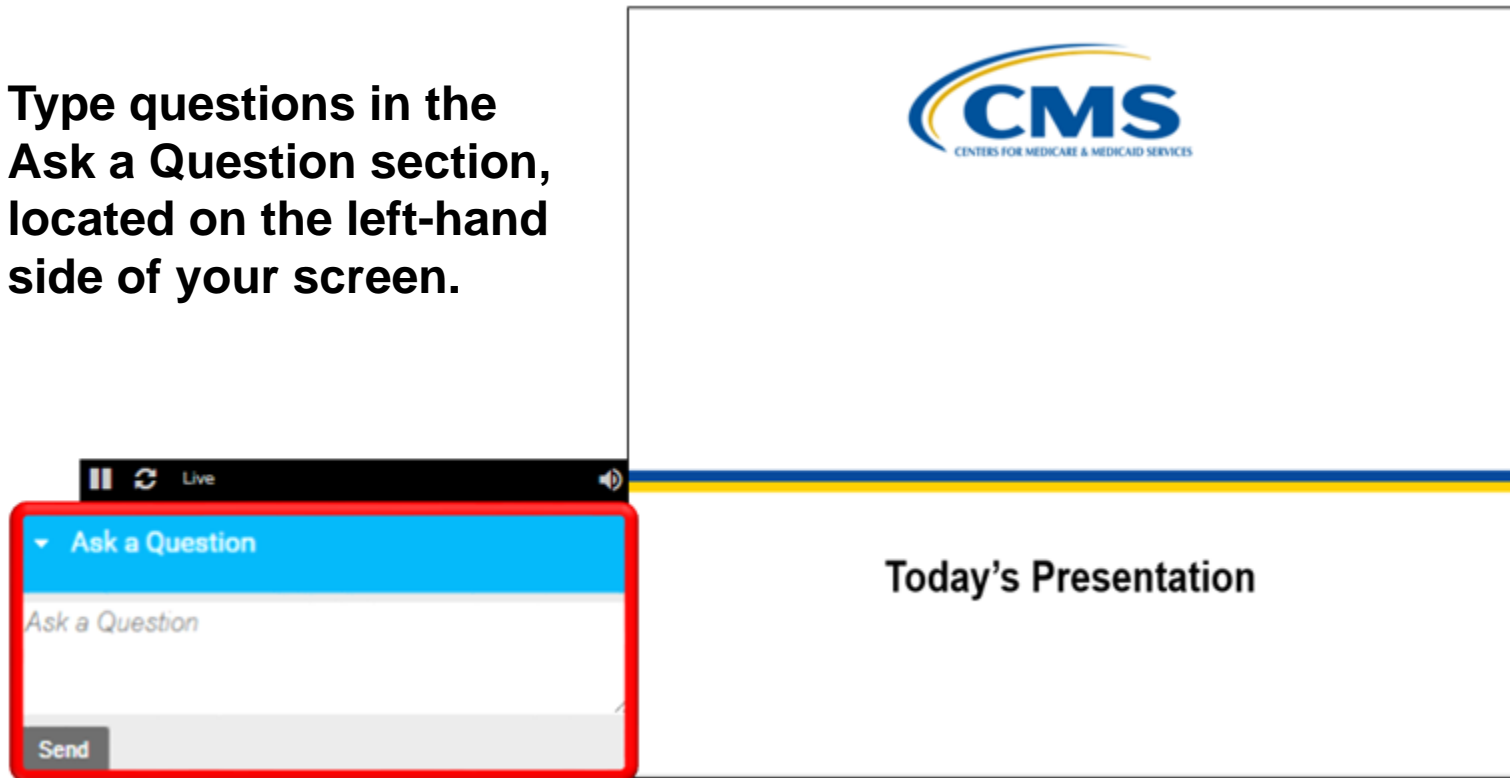
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# **Overview of the SNF VBP Program Proposals from the FY 2022 SNF PPS Proposed Rule**

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**Hosted by:  
Outpatient Quality Program Systems and  
Stakeholder Support**

**May 20, 2021**

# Speakers and Subject-Matter Experts

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# Purpose

This event will provide an overview of the major provisions in the Fiscal Year (FY) 2022 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Proposed Rule for the SNF Value-Based Purchasing (VBP) Program.

# Objectives

Participants will be able to:

- Locate the FY 2022 SNF PPS Proposed Rule text.
- Identify proposed changes for the SNF VBP Program within the FY 2022 SNF PPS Proposed Rule.
- Identify the time period for submitting public comments to CMS on the FY 2022 SNF PPS Proposed Rule.
- Submit formal comments to CMS regarding proposals included in the FY 2022 SNF PPS Proposed Rule.



# Acronyms

<b>CAA</b>	Consolidated Appropriations Act	<b>PAMA</b>	Protecting Access to Medicare Act
<b>CAH</b>	Critical Access Hospital	<b>PPS</b>	prospective payment system
<b>CAHPS</b>	Consumer Assessment of Healthcare Providers and Systems	<b>PHE</b>	public health emergency
<b>CASPER</b>	Certification and Survey Provider Enhanced Reporting	<b>QIES</b>	Quality Improvement and Evaluation Service
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>QRP</b>	Quality Reporting Program
<b>FFS</b>	Fee-For-Service	<b>QTSO</b>	QIES Technical Support Office
<b>FY</b>	fiscal year	<b>RN</b>	Registered Nurse
<b>LPN</b>	Licensed Practical Nurse	<b>SNF</b>	Skilled Nursing Facility
<b>NQF</b>	National Quality Forum	<b>VBP</b>	Value-Based Purchasing

# Administrative Procedures Act

- Because CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule outside of the information presented in this presentation.
- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.
- Questions regarding proposed policies will not be addressed on today's webinar, outside of the information presented in this presentation.

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## **Overview of the SNF VBP Program**

# Program Background

- Section 215 of the Protecting Access to Medicare Act (PAMA) of 2014 authorized the SNF VBP Program.
- The SNF VBP Program awards incentive payments to SNFs for the quality of care provided to Medicare beneficiaries.
  - The SNF VBP Program currently measures quality of care with a single all-cause hospital readmission measure.
- CMS withholds 2 percent of SNF Medicare Fee-For-Service (FFS) Part A payments to fund the Program, and 60 percent of these withheld funds are redistributed to SNFs as incentive payments.
  - The SNF VBP Program began awarding incentive payments to SNFs on October 1, 2018.

# Eligibility

- All SNFs paid under Medicare's SNF PPS are included in the SNF VBP Program.
- The types of SNFs paid under the SNF PPS include freestanding SNFs, SNFs associated with acute care facilities, and all non-critical access hospital (CAH) swing bed rural facilities.

**Holly Neumann, MPP**

SNF VBP Program Lead Policy Analyst

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Program Support

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## **SNF VBP Program Proposals**

# Overview of Major Proposals for the SNF VBP Program

- On April 15, 2021, CMS issued the FY 2022 SNF PPS Proposed Rule that would update policies for the SNF VBP Program. It is available in the *Federal Register* on pages 20006–20015:  
<https://www.federalregister.gov/documents/2021/04/15/2021-07556/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>
- Major proposals for the SNF VBP Program include:
  - Due to the impacts of the COVID-19 public health emergency (PHE):
    - Suppress the SNF readmission measure for the FY 2022 Program year
    - Reduce the risk adjustment look-back period to 90 days (from 365) for the FY 2023 Program year measure calculation
    - Establish FY 2019 as the baseline period for the FY 2024 Program year and estimate performance standards for the SNF Readmission Measure
  - A Request for Information (RFI) to obtain feedback for future expansion of the SNF VBP Program measure set
  - Implement a claims snapshot policy for Phase 1 Review and Correction

# Measure Suppression Policy Overview

- CMS is proposing a measure suppression policy for the duration of the PHE for COVID-19 that would enable CMS to suppress the use of SNF readmission measure data for purposes of scoring and payment adjustments in the SNF VBP Program.
- CMS must determine that circumstances caused by the PHE for COVID-19 have affected the measure and the resulting performance scores significantly.
- CMS would use one or more of the **Measure Suppression Factors** below to guide CMS's determination of whether to propose to suppress a measure for one or more program years that overlap with the PHE for COVID-19:
  - Significant deviation in national performance on the measure during the PHE for COVID-19, which could be significantly better or significantly worse compared to historical performance during the immediately preceding program years.
  - Clinical proximity of the measure's focus to the relevant disease, pathogen, or health impacts of the PHE for COVID-19.
  - Rapid or unprecedented changes in clinical guidelines, care delivery or practice, treatments, drugs, or related protocols, or equipment or diagnostic tools or materials; or the generally accepted scientific understanding of the nature or biological pathway of the disease or pathogen, particularly for a novel disease or pathogen of unknown origin.
  - Significant national shortages or rapid or unprecedented changes in healthcare personnel; medical supplies, equipment, or diagnostic tools or materials; or patient case volumes or facility-level case mix.



# Measure Suppression Policy

## Aspects for Public Comment

- CMS invites public comments on the following aspects of the measure suppression policy:
  - The adoption of a measure suppression policy for the SNF VBP Program for the duration of the PHE for COVID-19
  - The four proposed Measure Suppression Factors
  - Whether CMS should consider adopting a measure suppression policy that would apply in a future national PHE, and if so, whether under such a policy CMS should have the flexibility to suppress quality measures without specifically proposing to do so in rulemaking
  - Whether CMS should in future years consider adopting any form of regional adjustment for the proposed measure suppression policy that could take into account any disparate effects of circumstances affecting hospitals around the country that would prompt us to suppress a measure.
  - Whether in future years and for future PHEs CMS should, rather than suppress a measure completely, consider a suppression policy with more granular effects based on our assessment of the geographic effects of the circumstances, and if so, how region-based measure suppression could be accounted for within the program's scoring methodology.

# Measure Suppression Policy for the SNF VBP Program

- CMS is proposing to suppress the SNF Readmission Measure (SNFRM) for the FY 2022 SNF VBP Program Year, under the following proposed Measure Suppression Factor:
  - Significant rapid or unprecedented changes in patient case volumes or facility-level case mix
- If the proposed measure suppression policy is adopted, CMS would implement the following scoring policies for the FY 2022 SNF VBP Program:
  - All SNFs would receive a performance score of 0.00000 to mitigate the effect the distorted measure results would otherwise have had on SNFs' performance scores and incentive payment multipliers.
  - All participating SNFs would receive an identical performance score and incentive payment multiplier, prior to applying the Low-Volume Adjustment policy.
  - SNFs would not be ranked.

# Measure Suppression Policy

## Impact to Payment

- PAMA requires CMS withhold 2 percent of SNFs' Medicare FFS Part A payments to fund the program. CMS redistributes 60 percent of the withhold to SNFs as incentive payments. The remaining 40 percent of the withhold is retained in the Medicare Trust Fund.
- Under this proposal, each participating SNF would receive 60 percent of their 2 percent withhold, resulting in a 1.2 percent payback percentage for the FY 2022 Program year, except for SNFs subject to the Low-Volume Adjustment policy.
  - Per the previously finalized policy, SNFs subject to the Low-Volume Adjustment policy would receive 100 percent of their 2 percent withhold, resulting in a 2.0 percent payback percentage for the FY 2022 Program year.
  - Applying the Low-Volume Adjustment policy increases the percentage of the withhold redistributed to SNFs as incentive payments from 60 percent to an estimated 62.9 percent.
- The payback percentage would be spread evenly across all SNFs to equitably reduce the impact of the withhold.

# RFI for Future Expanded SNF VBP Program Measure Set

- Section 111(a)(2) of the Consolidated Appropriations Act, 2021 (CAA) authorized the Secretary to apply up to nine additional measures as early as the FY 2024 Program year. Possible measure types that could be applied include:
  - Functional status
  - Patient safety
  - Care coordination
  - Patient experience
- CMS is considering measures that focus on staff turnover, in addition to staffing measures that focus on nurse staffing hours per resident day and are currently reported on the Nursing Home Care Compare website.
- CMS welcomes public comment on future measures for the SNF VBP Program, and on whether the measures in an expanded SNF VBP Program measure set should require SNFs to collect data on all residents in the facility, regardless of payer.

# Quality Measures Under Consideration for an Expanded SNF VBP Program (1 of 2)

Meaningful Measure Area	NQF	Quality Measure
<b>Minimum Data Set</b>		
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**
<b>Patient-Reported Outcome-Based Performance Measure</b>		
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/>)

# Quality Measures Under Consideration for an Expanded SNF VBP Program (2 of 2)

Meaningful Measure Area	NQF	Quality Measure
<b>Medicare Fee-For-Service Claims Based Measures</b>		
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 Infections Requiring Hospitalization Measure~
Admissions and Readmissions to Hospitals	N/A	Number of hospitalizations per 1,000 long-stay resident days (Long Stay)**
<b>Survey Questionnaire (similar to Consumer Assessment of Healthcare Providers and Systems (CAHPS))</b>		
Patient's Experience of Care	2614	CoreQ: Short Stay Discharge Measure
<b>Payroll Based Journal</b>		
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 proposed in section VII.C.1 of this proposed rule for adoption in the SNF QRP. ([86 FR 19991 through 20003](#))

# Claims Snapshot Policy

- CMS is proposing to implement a Phase One Review and Correction claims “snapshot” policy beginning with the baseline period and performance period quality measure quarterly reports issued on or after October 1, 2021.
- This proposed policy would limit Phase One Review and Correction to errors made by CMS or its contractors when calculating a SNF’s readmission measure rate and would **not** allow corrections to the underlying administrative claims data used to calculate those rates.
- Under this proposed policy, the administrative claims data used to calculate a SNF’s readmission measure rate for purposes of a baseline period or performance period for a given SNF VBP Program year would be held constant (that is, frozen in a “snapshot”) from the time we extract it for measure calculations.
- This proposal would align the Review and Correction policy for the SNF VBP Program with the Review and Correction policies we have adopted for other value-based purchasing programs.
- This proposal would not revise the current claims correction process for hospitals and SNFs established within the Medicare Claims Processing Manual.

# Reduced Risk Adjustment Look-Back Period for the FY 2023 Program Year

- CMS is proposing to reduce the risk adjustment look-back period to 90 days (from 365 days) for the SNF Readmission Measure calculations for the FY 2023 Program year.
  - This avoids extending the risk adjustment look-back period into the COVID-19 ECE period (January 1, 2020, through June 30, 2020) while ensuring all SNF stays in the performance period (FY 2021, or October 1, 2020, through September 30, 2021) are risk-adjusted using the most recently available consecutive three months of claims.
  - This avoids excluding all stays without 365 consecutive days of risk adjustment data prior to discharge from the hospital to the SNF, as previously required. (This proposal would instead require 90 consecutive days.)
- CMS is also considering whether to reduce the risk adjustment look-back period for the FY 2023 Program's baseline period (FY 2019 data, or October 1, 2018, through September 30, 2019) to 90 days to align with the performance period.



# Estimated FY 2024 Performance Standards

- CMS is proposing to use FY 2019 data (October 1, 2018, through September 30, 2019) for the baseline period of the FY 2024 SNF VBP Program.
- CMS estimates the following performance standards values will be used to calculate improvement and achievement points for the SNF Readmission Measure in FY 2024.
  - We note that these values represent estimates based on the most recently available data, and that we will update these numerical values in the FY 2022 SNF PPS final rule.

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.79270	0.83028

# Commenting on the FY 2022 SNF PPS Proposed Rule

- To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on **June 7, 2021**.
- Comments can be submitted via three methods\*:
  - Electronically
  - Regular mail
  - Express or overnight mail
- CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021.

\*Note: Please review the proposed rule for specific instructions for each method and submit by only one method.

**Donna Bullock, MPH, RN**

SNF VBP Program Subject-Matter Expert

Outpatient Quality Program Systems and Stakeholder Support

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## **SNF VBP Program Updates and Resources**

# COVID-19 Impacts on the SNF VBP Program

- CMS issued an [interim final rule with comment period \(IFC\)](#) to implement previously announced [extraordinary circumstances exceptions and extensions](#) for upcoming quality measure reporting and data submission deadlines, including for the SNF VBP Program, in response to the coronavirus disease 2019 (COVID-19) public health emergency (PHE).
  - The COVID-19 extraordinary circumstances exception (ECE) will exclude qualifying claims from Q1 and Q2 2020 (January 1, 2020, through June 30, 2020) from all SNF VBP Program calculations.
- For a complete and updated list of CMS actions, and other information specific to CMS, please visit the CMS.gov [Current Emergencies](#) webpage and [Coronavirus Waivers & Flexibilities](#) webpage for up-to-date guidance.

# Care Compare and Provider Data Catalog

- CMS streamlined the eight CMS health care compare tools into one tool, Care Compare on Medicare.gov.
  - Nursing Home Compare, Hospital Compare, Physician Compare and five other original Compare tools are now all available on Care Compare.
- You will still be able to find information about health care providers and CMS quality data on Care Compare and download CMS's publicly reported data from the Provider Data Catalog.
- Historical SNF VBP Program datasets are available to download from the Provider Data Catalog.
- Links to Compare Tools
  - Care Compare on Medicare.gov: <https://www.medicare.gov/care-compare/>
  - Provider Data Catalog on CMS.gov: <https://data.cms.gov/provider-data/>
  - FY 2021 SNF VBP Program Facility-Level Dataset in Provider Data Catalog: <https://data.cms.gov/provider-data/dataset/284v-j9fz>

# Additional SNF VBP Resources

## Recently Published Health Affairs Article

- On January 5, 2021, Health Affairs published a research article reviewing the results of the SNF VBP Program.
- The article, *Nearly One In Five Skilled Nursing Facilities Awarded Positive Incentives Under Value-Based Purchasing*, is on the Health Affairs website: <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2019.01244>
- The article noted:
  - Incentive payments were as low as -2.0 percent in FY 2019 and FY 2020 and as high as +1.6 percent in FY 2019 and +3.1 percent in FY 2020.
  - In FY 2019, 26 percent of facilities earned positive incentives and 72 percent earned negative incentives, compared with 19 percent positive and 65 percent negative incentives in FY 2020. Larger, rural, and not-for-profit facilities were more likely to earn positive incentives, as were those with the highest registered nurse staffing levels.
  - Although these findings indicate the potential to reward high-quality care at skilled nursing facilities, intended and unintended outcomes of this new value-based purchasing program should be monitored closely for possible program refinements, particularly in light of the disproportionate impacts of COVID-19 on nursing facilities.

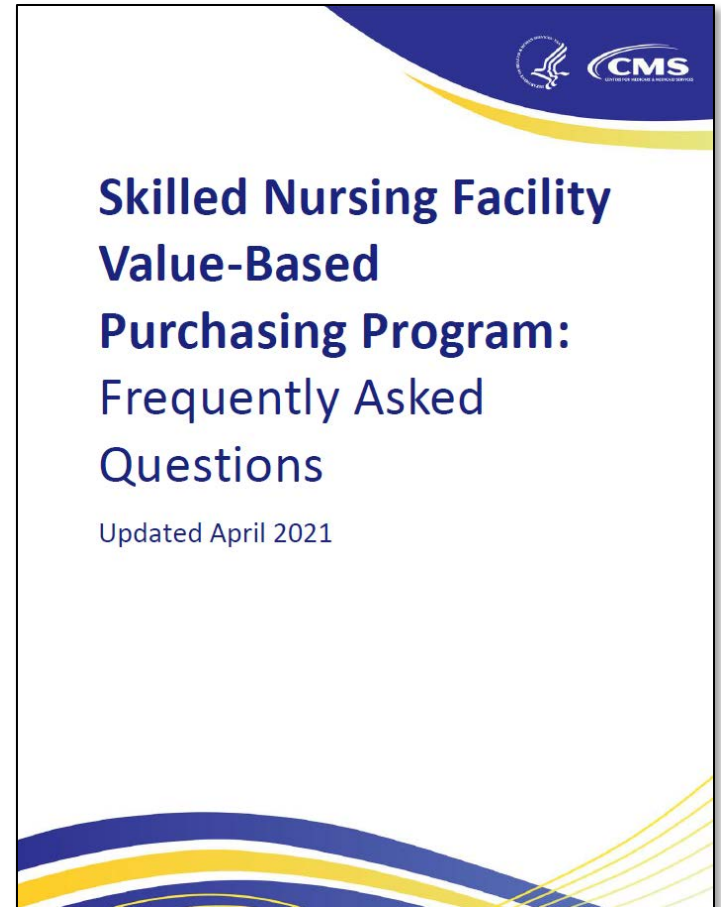
# Additional SNFVBP Resources

## March 2021 Quarterly Confidential Feedback Reports

- March 2021 Interim Quarterly Confidential Feedback Reports for the SNF VBP Program can now be accessed via the Certification and Survey Provider Enhanced Reporting (CASPER) System.
- March 2021 reports contain stay-level data for the SNFRM for FY 2019 Quarter 3 and Quarter 4 (April 1, 2019, through September 30, 2019), a subset of the FY 2022 SNF VBP Program performance period. These reports contain interim performance period data for the FY 2022 Program year, which are subject to change and not eligible for review and correction.
- For questions about accessing your reports in CASPER, please contact the Quality Improvement and Evaluation Service (QIES) Technical Support Office (QTSO) Help Desk at [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov).

# Additional Resources

- Care Compare:  
<https://www.medicare.gov/care-compare/>
- Provider Data Catalog:  
<https://data.cms.gov/provider-data/>
- General Program Information:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/SNF-VBP-Page>
- Frequently Asked Questions:  
<https://www.cms.gov/files/document/snf-vbp-faqs-april-2021.pdf>
- SNF VBP Help Desk: [SNFVBP@rti.org](mailto:SNFVBP@rti.org)





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**Thank you!**

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