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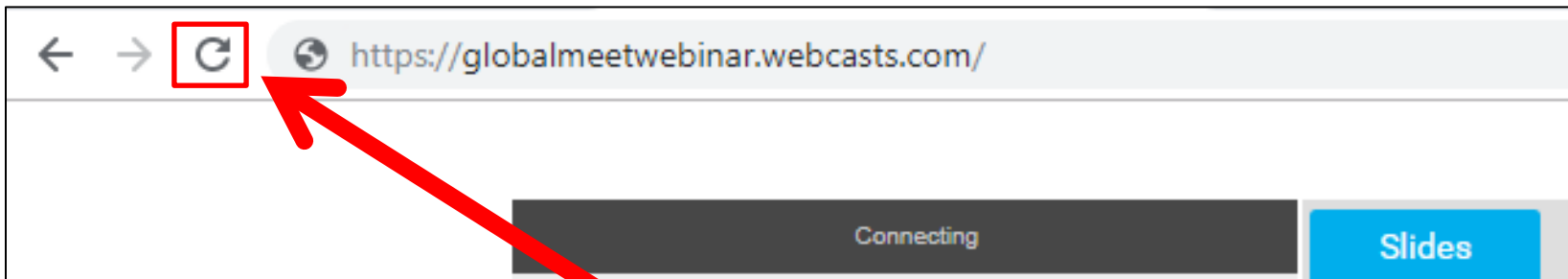
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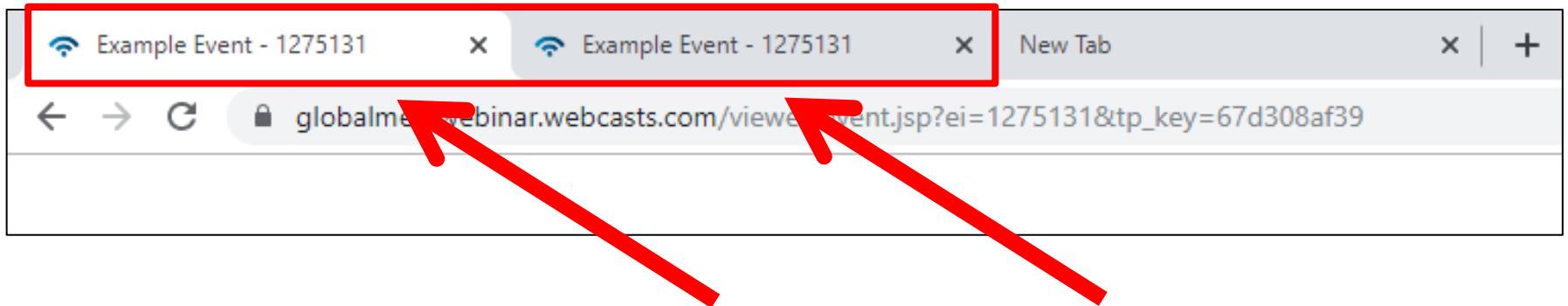
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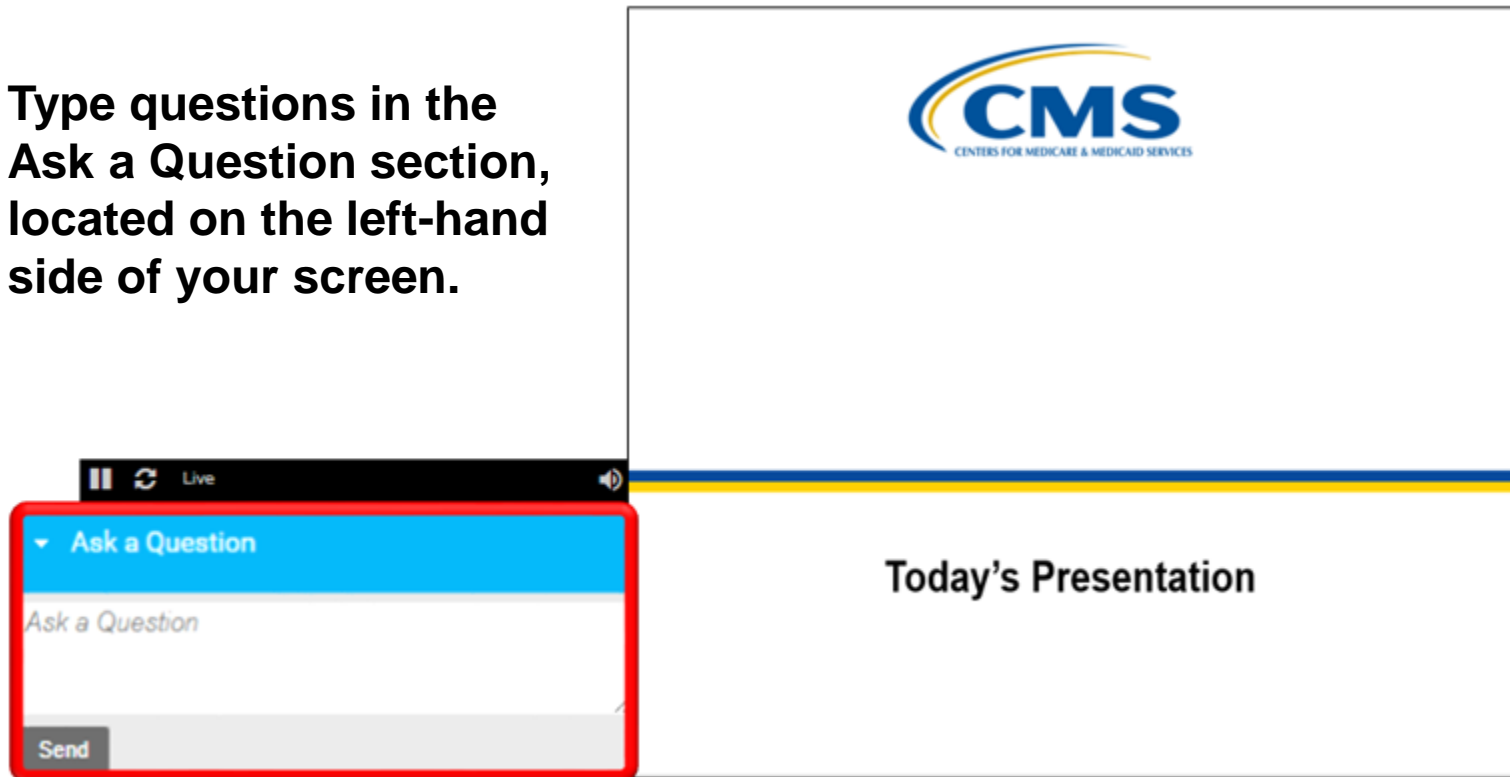
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Overview of SNF VBP Program Policies from the FY 2022 SNF PPS Final Rule

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

September 15, 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) final rule for the SNF VBP Program.

Objectives

Participants will be able to:

- Locate the published FY 2022 SNF PPS Final Rule in the *Federal Register*.
- Identify changes for the SNF VBP Program within the FY 2022 SNF PPS Final Rule.

Acronyms

CAA	Consolidated Appropriations Act	PHE	public health emergency
CAH	Critical Access Hospital	PPS	prospective payment system
CAHPS	Consumer Assessment of Healthcare Providers and Systems	PROMIS	Patient-Reported Outcomes Measurement Information System
CMS	Centers for Medicare & Medicaid Services	QIES	Quality Improvement and Evaluation System
FFS	Fee-For-Service	QRP	Quality Reporting Program
FY	fiscal year	RFI	Request for Information
IRF	Inpatient rehabilitation facility	RN	Registered Nurse
LPN	Licensed Practical Nurse	SNF	Skilled Nursing Facility
NQF	National Quality Forum	SNFRM	Skilled Nursing Facility Readmission Measure
PAMA	Protecting Access to Medicare Act	VBP	Value-Based Purchasing

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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 they provide.
 - 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.

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SNF VBP Program Lead Policy Analyst

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SNF VBP Program Finalized Proposals

Overview of Major Finalized Proposals for the SNF VBP Program

- On August 4, 2021, CMS published the FY 2022 SNF PPS Final Rule that will update policies for the SNF VBP Program. It is available in the *Federal Register* on pages [42502–42518](#).
- Major finalized 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.
 - Implement special scoring policy for FY 2022
 - Reduce the risk adjustment look-back period to 90 days (from 365) for the FY 2023 Program year performance period (FY 2021).
 - Establish FY 2019 as the baseline period for the FY 2024 Program year and estimate performance standards for the SNF Readmission Measure.
 - Implement a Phase 1 Review and Correction claims snapshot policy.
- A Request for Information (RFI) obtained feedback that CMS will take into consideration for future expansion of the SNF VBP Program measure set.

FY 2022 Program Year: Measure Suppression Policy Overview

- CMS finalized a measure suppression policy for the duration of the PHE for COVID-19 that enables CMS to suppress the use of SNF readmission measure data for purposes of scoring and payment adjustments in the FY 2022 SNF VBP Program year.
- CMS determined that circumstances caused by the PHE for COVID-19 have affected the measure and the resulting performance scores significantly.
- CMS used one or more of the **Measure Suppression Factors** below to guide CMS's determination of whether to propose to suppress a measure for the FY 2022 Program year:
 - 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 for the SNF VBP Program

- CMS suppressed 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
- CMS implemented the following scoring policies for the FY 2022 SNF VBP Program:
 - All SNFs received a performance score of 0.00000 to mitigate the effect the COVID-19 public health emergency would otherwise have had on SNFs' performance scores and incentive payment multipliers.
 - All SNFs received an identical performance score and incentive payment multiplier, prior to applying the Low-Volume Adjustment policy.
 - SNFs did not receive an achievement score, improvement score, or rank.
- CMS will publicly report the FY 2022 SNFRM rates with appropriate caveats noting the limitations of the data due to the PHE for COVID-19.

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 finalized policy, each participating SNF will 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 will continue to receive 100 percent of their 2 percent withhold, resulting in a 2.0 percent payback percentage for the FY 2022 Program year.

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 the following:
 - Functional status
 - Patient safety
 - Care coordination
 - Patient experience
- CMS plans to report SNF employee turnover information in the near future, in addition to staffing measures that focus on nurse staffing hours per resident day currently reported on the Care Compare website.
- CMS thanks commenters for their responses to this request for comments on potential future measures for the SNF VBP Program. CMS will take all feedback into consideration as they develop policies for future rulemaking.

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

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

NQF=National Quality Forum IRF=inpatient rehabilitation facility

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

Meaningful Measure Area	NQF	Quality Measure
Medicare Fee-For-Service Claims Based Measures		
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 Infection Requiring Hospitalization Measure~
Admissions and Readmissions to Hospitals	N/A	Number of hospitalizations per 1,000 long-stay resident days (Long Stay)**
Survey Questionnaire (Similar to Consumer Assessment of Healthcare Providers and Systems (CAHPS))		
Patient's Experience of Care	2614	CoreQ: Short Stay Discharge Measure
Payroll Based Journal		
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 adopted in this final rule for the SNF QRP ([86 FR 19991-20003](https://www.federalregister.gov/documents/2019/08/26/86-FR-19991-20003))

Claims Snapshot Policy

- CMS finalized 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 policy will limit Phase One Review and Correction to errors made by CMS or its contractors when calculating a SNF’s readmission measure rate and will **not** allow corrections to the underlying administrative claims data used to calculate those rates.
- Under this 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 will be held constant (that is, frozen in a “snapshot”) from the time we extract it for measure calculations.
- This policy will 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 policy will 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 finalized a proposal 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 performance period (FY 2021).

- This avoids extending the risk adjustment look-back period into the COVID-19 ECE period (January 1, 2020–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 policy instead requires 90 consecutive days.)

FY 2024

Performance Standards

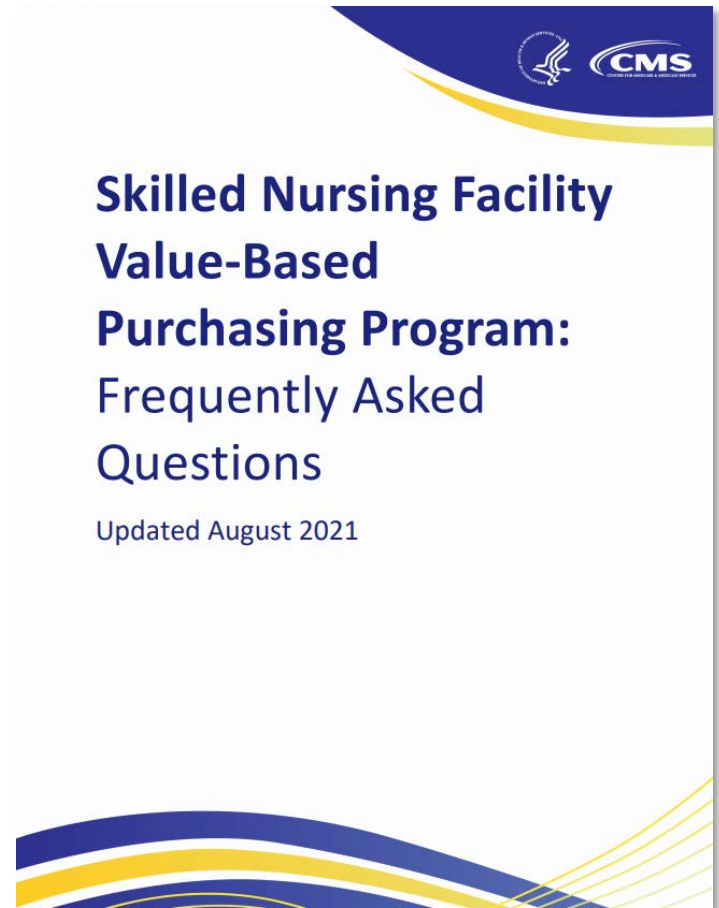
- CMS finalized the proposal to use FY 2019 data (October 1, 2018, through September 30, 2019) for the baseline period of the FY 2024 SNF VBP Program.
- Based on this updated baseline period and previously finalized methodology for calculating performance standards (81 FR 51996 through 51998), the final numerical values for the FY 2024 Program year are below:

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.79271	0.83033

Questions?

SNF VBP Program 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-august-2021.pdf>
- SNF VBP Program Help Desk:
SNFVBP@rti.org



Thank you!

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