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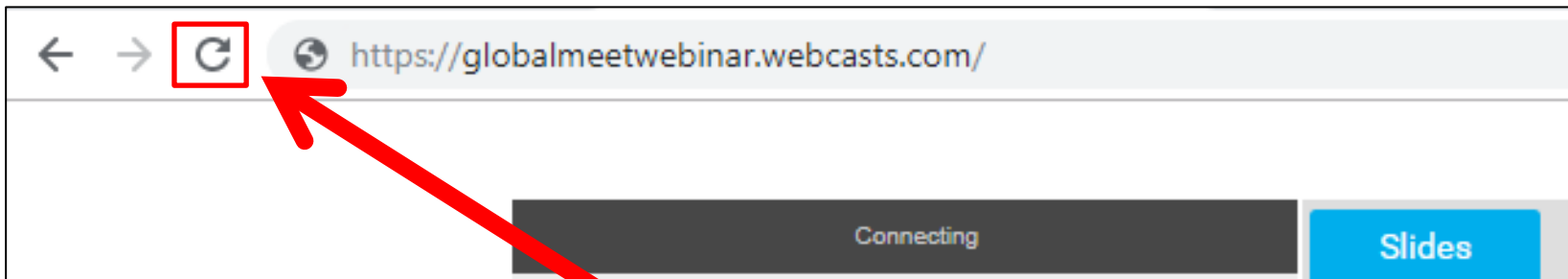
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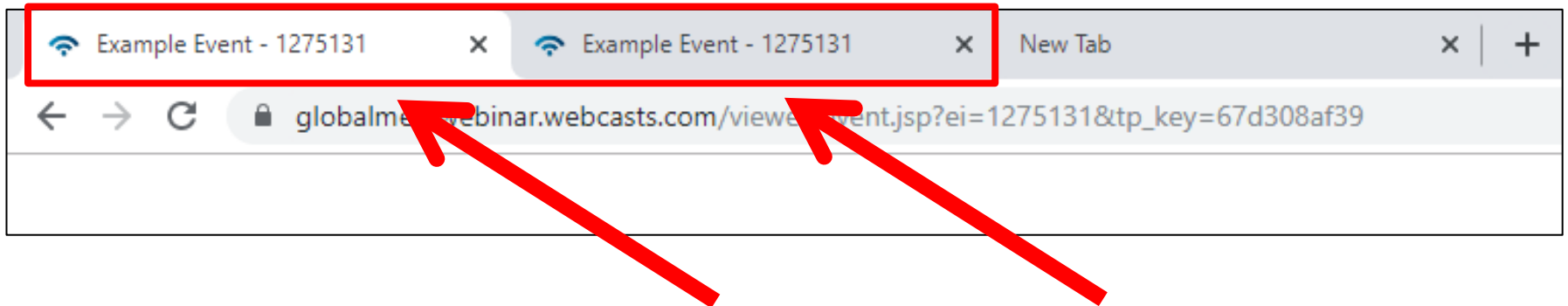
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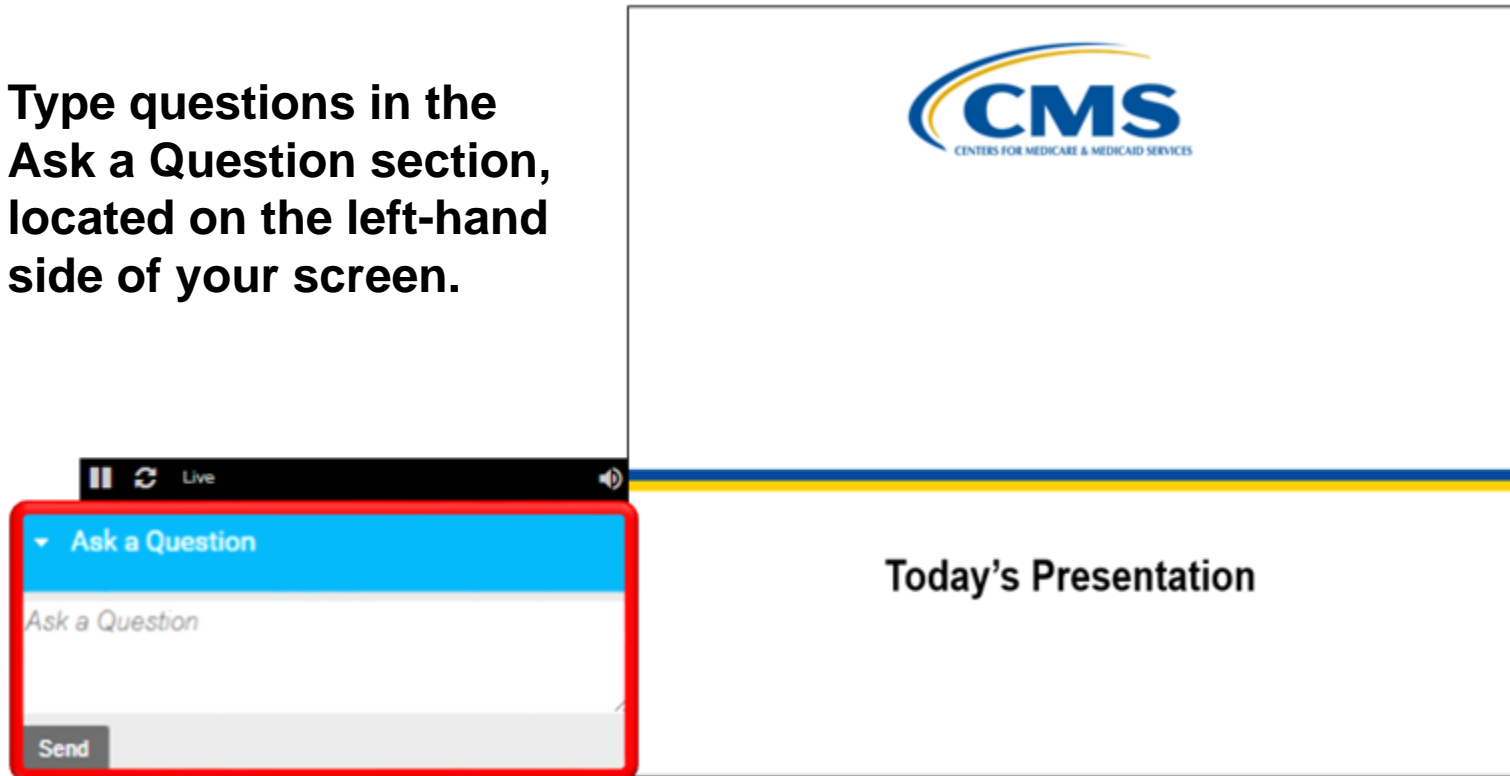
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Overview of SNF VBP Proposals from the FY 2023 SNF PPS Proposed Rule

Hosted by:

Outpatient Quality Program Systems and Stakeholder Support

May 12, 2022

Speakers and Subject-Matter Experts

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Moderator

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Hospital Value-Based Purchasing (VBP) Program
Inpatient VIQR Outreach and Education Support Contract

Purpose

This event will provide an overview of the major provisions in the Fiscal Year (FY) 2023 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Proposed Rule for the SNF VBP Program.

Objectives

Participants will be able to:

- Locate the FY 2023 SNF PPS Proposed Rule text.
- Identify proposed changes for the SNF VBP Program within the FY 2023 SNF PPS Proposed Rule.
- Identify the time period for submitting public comments to CMS on the FY 2023 SNF PPS Proposed Rule.
- Submit formal comments to CMS regarding proposals included in the FY 2023 SNF PPS Proposed Rule.

Acronyms

CAA	Consolidated Appropriations Act	PAC	post-acute care
CCSQ	Center for Clinical Standards and Quality	PAMA	Protecting Access to Medicare Act of 2014
CMS	Centers for Medicare & Medicaid Services	PBJ	Payroll Based Journal
DTC	Discharge to Community	PHE	Public Health Emergency
DVIQR	Division of Value, Incentives & Quality Reporting	PPH	prior proximal hospitalization
FFS	fee-for-service	PPS	prospective payment system
FY	fiscal year	QMVIG	Quality Measurement and Value-Based Incentives Group
HAI	healthcare-associated infection	QRP	Quality Reporting Program
LGBTQ+	lesbian, gay, bisexual, transgender, and queer	RSRR	Risk-Standardized Readmission Rate
LVA	Low-Volume Adjustment	SNF	skilled nursing facility
MDS	Minimum Data Set	SNFRM	Skilled-Nursing Facility 30-Day All-Cause Readmission Measure
NHSN	National Healthcare Safety Network	VBP	value-based purchasing
NQF	National Quality Forum		

Webinar Chat Questions

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.

Alexandre Laberge Policy Advisor PAC VBP Programs,
DCPAC, QMVG, CCSQ, CMS

Overview of the SNF VBP Program

Program Origin

- Section 215 of the Protecting Access to Medicare Act of 2014 (PAMA) added sections 1888(g) and (h) to the Social Security Act, which required the Secretary to establish a SNF VBP Program.
- Program awarded incentive payments to SNFs for quality of care provided to Medicare beneficiaries measured by the SNF 30-Day All-Cause Readmission Measure (SNFRM).
- The SNF VBP Program began awarding incentive payments in FY 2019.

Program Framework

PAMA specifies that, under the SNF VBP Program, SNFs:

- Are evaluated by their performance on a hospital readmission measure.
- Are scored on both improvement and achievement.
- Receive quarterly confidential feedback reports containing information about their performance.
- Earn incentive payments based on their performance.

Eligibility

All SNFs paid under Medicare's SNF PPS are included in the SNF VBP Program.

Note: Under the Program's Low Volume Adjustment policy, SNFs with fewer than 25 eligible stays during the performance period will be "held harmless." These SNFs will receive a "net-neutral" performance score and incentive payment multiplier, effectively receiving the same federal per diem rate that they would have received in the absence of the program.

Use of the SNFRM Measure

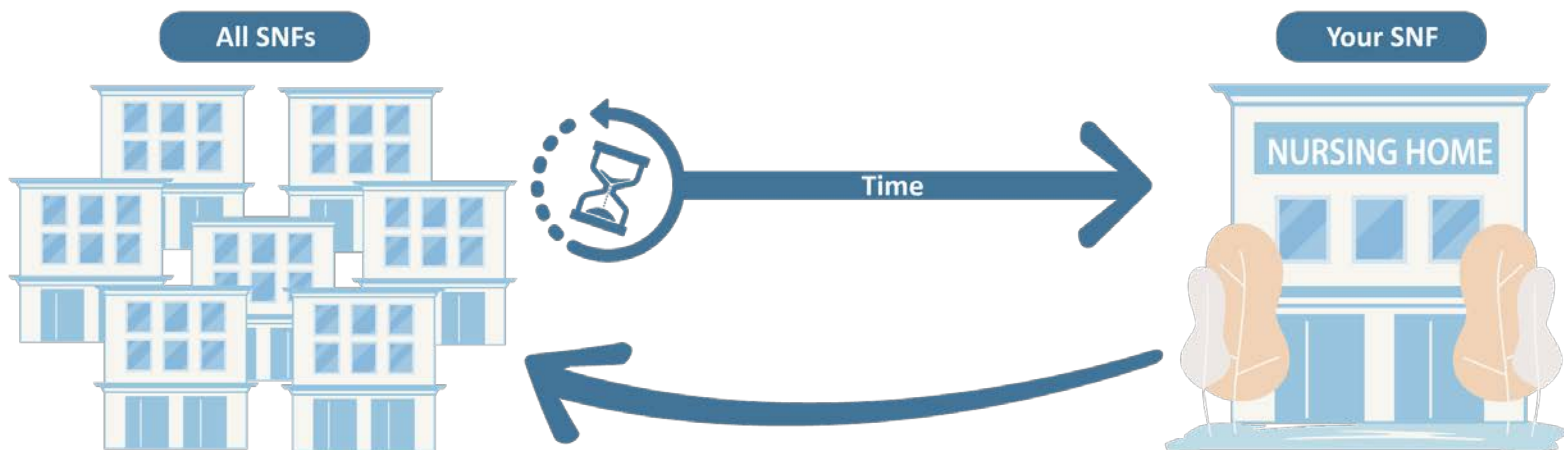
- The SNFRM measures the rate of all-cause, unplanned hospital readmissions for SNF patients within 30 days of discharge from a prior hospital stay.
- The SNFRM measure is calculated as a risk-standardized readmission rate (RSRR); risk adjustment accounts for patient-level risk factors, including clinical and demographic characteristics.
- Measure results are inverted, so higher rates indicate better results.
 - Inverted Rate = $1 - \text{RSRR}$
 - Example Inverted Rate = $1 - 0.15$
 - Example Inverted Rate = 0.85



Achievement Score

Achievement Score: Points are awarded by comparing the facility's rate during the performance period with the performance of all SNF facilities nationally during the baseline period through the performance standards.

- 0 points: Rate worse than achievement threshold
- 0–100 points: Rate equal to or better than achievement threshold, but worse than benchmark (use achievement formula)
- 100 points: Rate better or equal to benchmark

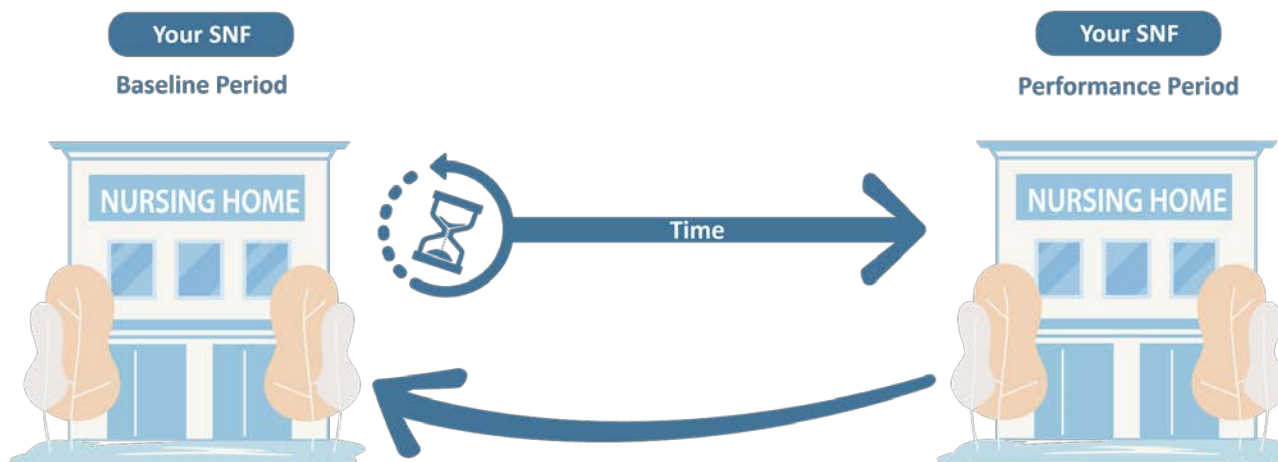


Improvement Score

Improvement Score: Points are awarded by comparing the facility's rate during the performance period with **its own previous performance** during the baseline period.

- 0 points: Rate worse than own baseline period RSSR
- 0–90 points: Rate better than own baseline period rate, but worse than the benchmark (use improvement formula)
- 90 points: Rate better than own baseline period rate and better than the benchmark

Note: SNFs with fewer than 25 eligible stays during the baseline period will not receive an improvement score and will be scored on achievement only.



SNF Performance Score

- The greater of a SNF's achievement and improvement scores becomes the SNF Performance Score.
- The maximum SNF Performance Score is 100 points.



Incentive Payment Multiplier

Each SNF's performance score is transformed into an incentive payment percentage using a logistic (or S-shaped) exchange function, which is used to calculate the SNF's incentive payment that is included on each Medicare claim.

Creating the Incentive Pool

All SNF Part A fee-for-service (FFS) Medicare payments



CMS withholds 2% of these payments ("withhold")



60% of withhold redistributed to SNFs in the form of incentive payments

Incentive Payment Multiplier

Multiplier > 1

Net Positive

SNF would earn more than their 2% withhold back



(e.g., the SNF earns more than they would have absent of the SNF VBP Program)

Multiplier = 1

Net Neutral

SNF earns the full 2% withhold



(e.g., the SNF earns the same payment they would have received in the absence of the SNF VBP Program)

Multiplier < 1

Net Negative

SNF received less than the 2% withhold back



(e.g., the SNF receives less than they would have absent of the SNF VBP Program)

Alexandre Laberge Policy Advisor PAC VBP Programs,
DCPAC, QMVIG, CCSQ, CMS

SNF VBP Program Proposals

Overview of Major Proposals for the SNF VBP Program

On April 15, 2022, CMS issued the FY 2023 SNF PPS Proposed Rule that would update policies for the SNF VBP Program. It is available on the *Federal Register*, pages 22762–22789:

<https://www.federalregister.gov/documents/2022/04/15/2022-07906/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

To be assured consideration, comments must be received at one of the addresses provided on the next slide by June 10, 2022. Comments, including mass comment submissions, must be submitted in one of the three ways listed on the next slide. Please choose only one of the ways listed.

Overview of Major Proposals for the SNF VBP Program

Please choose only one of the ways listed to submit comments.

1. Electronically. You may submit electronic comments on this regulation to <https://www.regulations.gov>. Follow the Submit a Comment instructions.
2. By regular mail. You may mail written comments to the following address ONLY:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1765-P
P.O. Box 8016
Baltimore, MD 21244-8016

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. By express or overnight mail. Send written comments to this address ONLY:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1765-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Proposed Performance Standards of the FY 2025 Program Year

TABLE 18: Proposed Estimated FY 2025 SNF VBP Program Performance Standards

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

Update the FY 2025 Program Baseline Period from FY 2021 to FY 2019

- The COVID-19 Public Health Emergency (PHE) significantly impacted the FY 2021 data.
- Therefore, CMS is proposing to use a baseline period of FY 2019 for the FY 2025 program year.

Proposal to Suppress the SNFRM for the FY 2023 Program Year

- CMS remains concerned about the effects of the PHE.
- The combination of fewer admissions to SNFs, regional differences in the prevalence of COVID-19 throughout the PHE, and changes in hospitalization patterns in FY 2021 has impacted CMS's ability to use the SNFRM to calculate payments for the FY 2023 Program.
- In the FY 2022 SNF PPS Final Rule (86 FR 42503 through 42505), CMS adopted a quality measure suppression policy for the duration of the PHE for COVID-19 that enable them to suppress the use of the SNFRM for the purposes of scoring and payment adjustments in the SNF VBP Program.
- CMS also adopted a series of Measure Suppression Factors to guide the determination of whether to propose to suppress the SNFRM for one or more program years that overlap with the PHE for COVID-19.

Proposal to Suppress the SNFRM for the FY 2023 Program Year

Suppression Factors that were previously adopted by CMS:

- Factor 1: 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
- Factor 2: Clinical proximity of the measure's focus to the relevant disease, pathogen, or health impacts of the PHE for COVID-19
- Factor 3: Rapid or unprecedented changes in the following:
 - 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
- Factor 4: Significant national shortages or rapid or unprecedented changes in:
 - Healthcare personnel
 - Medical supplies, equipment, or diagnostic tools or materials
 - Patient case volumes or facility-level case mix.

Proposal to Suppress the SNFRM for the FY 2023 Program Year

- CMS is proposing to suppress the SNFRM for the FY 2023 SNF VBP Program year, under Measure Suppression Factor 4: Significant national shortages or rapid or unprecedented changes in: Patient case volumes or facility-level case mix.
- CMS is proposing to provide quarterly confidential feedback reports to SNFs and to publicly report the SNFRM rates for the FY 2023 SNF VBP Program year. However, CMS would make clear in the public presentation of those data that the measure has been suppressed for purposes of scoring and payment adjustments because of the effects of the PHE for COVID-19 on the data.
- CMS's measure suppression policy focuses on a short-term, equitable approach during this unprecedented PHE, and it was not intended for indefinite application.
- 2022 presents a more promising outlook in the fight against COVID-19. CMS intends to resume the use of the SNFRM for scoring and payment adjustment purposes beginning with the FY 2024 Program.

Technical Updates to the SNFRM to Risk Adjust for COVID-19 Patients

- CMS will modify the SNFRM beginning with the FY 2023 SNF VBP Program year by adding a risk-adjustment variable for both COVID-19 during the prior proximal hospitalization (PPH) and patients with a history of COVID-19.
- This maintains the integrity of the measure model and allows the measure to appropriately adjust for SNF patients with COVID-19.

Measure Related Proposals for the FY 2026 and FY 2027 Program

- The Consolidated Appropriations Act (CAA) of 2021 allows the Secretary to add up to nine new measures to the SNF VBP Program with respect to payments for services furnished beginning FY 2023. These measures may include measures of functional status, patient safety, care coordination, or patient experience.
- In considering which measures might be appropriate to add, CMS requested public comment on potential future measures in the FY 2022 SNF PPS Proposed Rule (86 FR 42507 through 42511). CMS considered this input as they developed the quality measure proposals for this proposed rule.

Measure Related Proposals for the FY 2026 and FY 2027 Program

For the FY 2026 program, CMS is proposing to adopt two new quality measures:

1. Skilled Nursing Facility (SNF) Healthcare Associated Infections (HAI) Requiring Hospitalization (SNF HAI Measure) (Patient Safety)
 - HAIs are most often the result of poor processes and structures of care.
 - Studies find that HAIs are associated with longer lengths of stay, use of higher-intensity care, increased mortality and higher health care costs.
 - The SNF HAI Measure is currently included in the SNF Quality Reporting (QRP) Program. The claims-based measure is calculated entirely using administrative data. Therefore, it would not impose any additional data collection or submission burden for SNFs.
 - To avoid confusion, CMS proposes to invert SNF HAI measure rates, like the approach used for SNFRM, so that “higher is better” for all measure rates in the Program: $\text{SNF HAI Inverted Rate} = 1 - \text{Facility's SNF HAI Rate}$.

Measure Related Proposals for the FY 2026 and FY 2027 Program

2. Total Nursing Hours Per Resident Day Staffing (Total Nurse Staffing Measure)

- This uses auditable electronic data reported to CMS's Payroll Based Journal (PBJ) system.
- Many studies have found that the level of nurse staffing is associated with patient safety, patient functional status, and patient experience.
- This structural measure is already reported by SNFs as part of the Nursing Home Five Star Quality Rating System.
- Inclusion of this measure does not add reporting or administrative burden to SNFs.

Measure Related Proposals for the FY 2026 and FY 2027 Program

For the FY 2027 program, CMS is proposing to adopt one new quality measure:

- Discharge to Community (DTC)-Post-Acute Care (PAC) Measure for Skilled Nursing Facilities - National Quality Forum #3481 (NQF #3481) (*Care Coordination*)
 - Care Coordination Measure is currently included in the SNF QRP.
 - This provides important information about patient outcomes after being discharged from a SNF
 - Residents discharged to community settings, on average, incur lower costs over the recover episode compares with those discharged to institutional settings.
 - Since this measure uses claims data and Medicare eligibility files, SNFs will not be required to report any additional data.

Performance Periods and Baseline Periods for the Proposed SNF HAI Measure for FY 2026 and Subsequent Years

- For the Performance Period, CMS proposes the following:
 - A 1-year performance period
 - Adoption of FY 2024 (October 1, 2023, through September 30, 2024) as the FY 2026 performance period
 - To automatically adopt the performance period for a SNF VBP program year by advancing the beginning of the performance period by 1 year from the previous program year
- For the Baseline Period, CMS proposes the following
 - A 1-year baseline period
 - Adoption of FY 2022 (October 1, 2021, through September 30, 2022) as the FY 2026 baseline period
 - To automatically adopt the baseline period for a SNF VBP Program year by advancing the beginning the baseline period by 1 year from the previous program year

Proposed Performance Period and Baseline Period for the Total Nurse Staffing Measure for FY 2026 and Subsequent Years

- For the Performance Period, CMS proposes the following:
 - A 1-year performance period
 - Adoption of FY 2024 (October 1, 2023, through September 30, 2024) as the FY 2026 performance period.
 - To automatically adopt the performance period for a SNF VBP program year by advancing the beginning of the performance period by 1 year from the previous program year
- For the Baseline Period, CMS proposes the following:
 - A 1-year baseline period
 - Adoption of FY 2022 (October 1, 2021, through September 30, 2022) as the FY 2026 baseline period.
 - To automatically adopt the performance period for a SNF VBP program year by advancing the beginning of the performance period by 1 year from the previous program year

Proposed Performance Period and Baseline Period for the DTC PAC Measure for FY 2027 and Subsequent Years

- For the Performance Period, CMS proposes the following:
 - A 2-year performance period
 - Adoption of FY 2024 through FY 2025 (October 1, 2023, through September 30, 2025) as the FY 2027 performance period
 - To automatically adopt the performance period for a SNF VBP program year by advancing the beginning of the performance period by 1 year from the previous program year
- For the Baseline Period, CMS proposes the following:
 - A 2-year baseline period
 - Adoption of FY 2021 through FY 2022 (October 1, 2020, through September 30, 2022) as the FY 2027 baseline period.
 - To automatically adopt the baseline period for a SNF VBP program year by advancing the beginning of the baseline period by 1 year from the previous program year

Proposed Case Minimum and Measure Minimum Policies

- CMS is proposing to establish case and measure minimums that SNFs must meet.
- SNFs that meet the minimum requirements would be included in the SNF VBP Program, receive a SNF performance score and be eligible to receive a value-based incentive payment.
- SNFs that do not meet the minimum requirements would be excluded from the SNF VBP Program and would not be subject to a payment reduction.

Proposed Case Minimum for the SNFRM

- CMS is proposing that beginning with the FY 2023 program year, SNFs must have a minimum of 25 eligible stays during the applicable 1-year performance period.
- Beginning with FY 2023 program, SNFs that do not meet this proposed case minimum requirement during the performance period would be excluded from the affected program year, provided there are no other measures specified for the affected program year.

Proposed Case Minimums for the SNF HAI, Total Nurse Staffing, and DTC PAC SNF Measures

CMS is proposing the following case minimums:

- SNF HAI Measure: A minimum of 25 eligible stays during the applicable 1-year performance period beginning with FY 2026.
- Total Nurse Staffing Measure: A minimum of 25 residents, on average, across all available quarters during the applicable 1-year performance period beginning with FY 2026.
- DTC PAC SNF Measure: A minimum of 25 eligible stays during the applicable 2-year performance period beginning in FY 2027.

Proposed Measure Minimums for the FY 2026 and FY 2027 Program Years

- If finalized, the SNF VBP Program would consist of three quality measures in FY 2026.
- CMS is proposing that, for FY 2026, SNFs must have the minimum number of cases for two of these three measures during the performance period to receive a performance score and value-based incentive payment.
- If finalized, the SNF VBP Program would consist of four measures in FY 2027.
- CMS is proposing that, for FY 2027, SNFs must have the minimum number of cases for three of these four measures during the performance period to receive a performance score and value-based incentive payment.

Proposed Update to the Scoring Policy for SNFs Without Sufficient Baseline Period Data

- CMS is proposing to update the scoring policy beginning with the FY 2026 program year.
- CMS would not award improvement points to a SNF on a measure for a program year if the SNF has not met the case minimum for that measure during the baseline period.
- For example, for the SNF HAI measure, if a SNF has fewer than the minimum of 25 eligible stays during the baseline period, the SNF would not be scored on improvement. However, if they meet the case minimum for that measure during the performance period, they would be scored on achievement.

Proposal to Remove the LVA Policy from the SNF VBP Program

- CMS is proposing to update the scoring policy beginning with FY 2026. CMS is required to have case and measure minimum policies for the SNF VBP Program. Those policies will achieve the same payment objective as the Low-Volume Adjustment (LVA) policy.
- CMS is proposing to remove the LVA policy from the SNF VBP Program's scoring methodology beginning with the FY 2023 program year.

Proposal to Update the SNF VBP Scoring Methodology Beginning in the FY 2026 Program Year

- CMS is proposing to update the achievement and improvement scoring methodology.
- A SNF may earn a maximum of 10 points on each measure for achievement, and 9 points for improvement.
- For the purposes of determining these points, CMS is proposing the following definitions:
 - The benchmark as the mean of the top decile of SNF performance on the measure during the baseline period
 - The achievement threshold as the 25th percentile of national SNF performance on the measure during the baseline period

Proposal to Update the SNF VBP Scoring Methodology Beginning in the FY 2026 Program Year

Achievement Score

- CMS is proposing to award achievement points to SNFs based on their performance period measure rate for each measure according the following formula:

Achievement Score

$$= \left(\left[9 \times \left(\frac{\text{Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) \right] + 0.5 \right)$$

- If the rate is equal to or greater to the Benchmark:
10 points for achievement
- If the rate is less than the Achievement Threshold:
0 points for achievement
- If the rate is equal to or greater than the achievement threshold, but less than the benchmark: Between 0 and 10 points

Proposal to Update the SNF VBP Scoring Methodology Beginning in the FY 2026 Program Year

Improvement Score

- CMS is also proposing to award improvement points to SNFs based on their performance period measure rate according to the following formula:

Improvement Score

$$= \left(\left[10 \times \left(\frac{\text{Performance Period Rate} - \text{Baseline Period Rate}}{\text{Benchmark} - \text{Baseline Period Rate}} \right) \right] - 0.5 \right)$$

- If the rate is equal to or lower than its baseline period measure rate: 0 points for improvement
- If the rate is equal to or equal to or higher than the benchmark: 9 points for improvement
- If the rate is greater than its baseline period rate but less than the benchmark: 0–9 points

Proposal to Update the SNF VBP Scoring Methodology Beginning in the FY 2026 Program Year

- Under this proposal, beginning in FY 2026, CMS will score SNF performance on achievement and improvement for each measure, and award them the higher of the two scores to be included the SNF performance score.
- CMS will then sum each SNF's measure points and normalize them to arrive at a SNF performance score that ranges between 0 and 100 points.
- All measures in the expanded SNF VBP Program would be weighted equally.
- CMS intends to consider whether they should group the measures into domains and weight them, like what is done under the Hospital VBP Program.

Proposed Update to the Scoring Policy for SNFs Without Sufficient Baseline Period Data

- CMS is proposing to update the scoring policy beginning with the FY 2026 program year.
- CMS would not award improvement points to a SNF on a measure for a program year if the SNF has not met the case minimum for that measure during the baseline period.
- For example, for the SNF HAI measure, if a SNF has fewer than the minimum of 25 eligible stays during the baseline period, the SNF would not be scored on improvement. However, if they meet the case minimum for that measure during the performance period, they would be scored on achievement.

CMS Seeks Commenters' Feedback on Potential Future Proposals

Requests for Comment on Including a Staffing Turnover Measures in a Future SNF VBP Program Year

In the FY 2022 SNF PPS Final Rule, CMS summarized comments related to potential future measures for the SNF VBP Program, including a specific request for comment on measures that focus on staffing turnover. CMS intends to propose to adopt a staffing turnover measure in the SNF VBP Program in the FY 2024 SNF PPS Proposed Rule.

Request for Comment on Including the National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in a Future SNF VBP Program Year

CMS is also considering the inclusion of the National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel, which measures the percentage of healthcare personnel who receive a complete COVID–19 vaccination course. This measure is included in the SNF QRP.

CMS Seeks Commenters' Feedback on Potential Future Proposals

Request for Comment on Updating the SNF VBP Program Exchange Function

- In the context of a value-based purchasing program employing multiple measures, we are considering whether a new functional form or modification to the existing logistic exchange function may provide the best incentives to SNFs to improve on the Program's measures.
- If finalized, the additional measures that we are proposing for the SNF VBP Program would align the Program more closely with the Hospital VBP Program, on which some of SNF VBP's policies, like the exchange function methodology, are based. The Hospital VBP Program employs a linear exchange function to translate its Total Performance Scores into value-based incentive payment percentages.
- CMS requests stakeholders' feedback on whether we should consider proposing either a new functional form or modified logistic exchange function for the SNF VBP Program.

CMS Seeks Commenters' Feedback on Potential Future Proposals

Request for Comment on the Validation of SNF Measures and Assessment Data

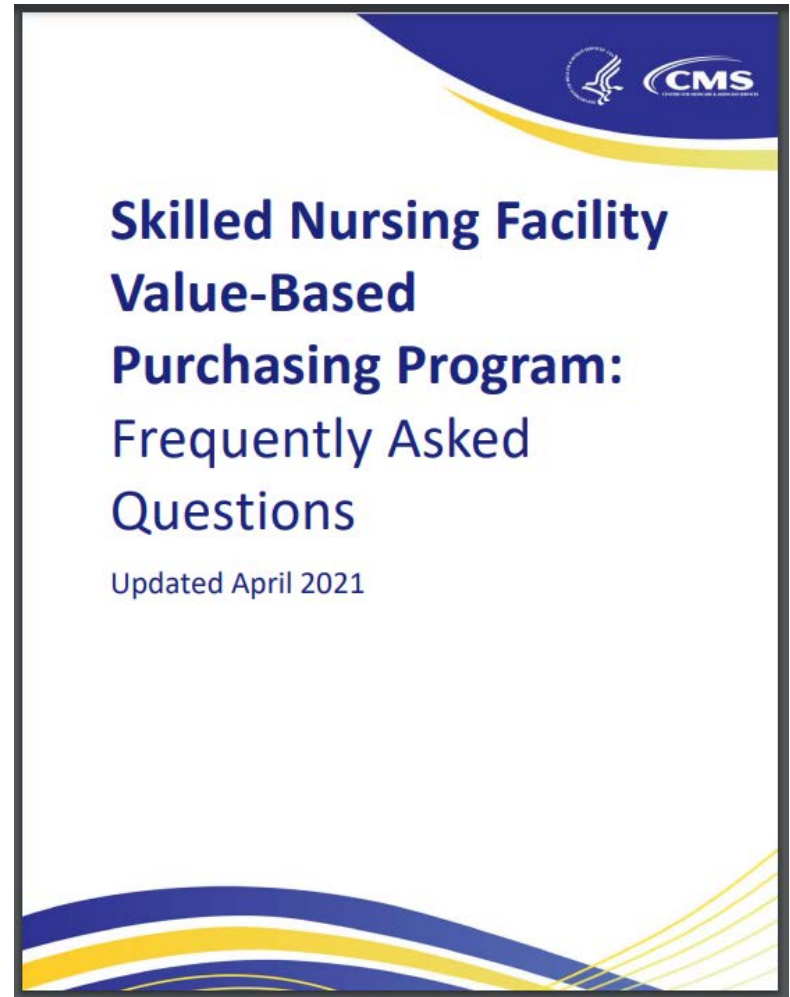
CMS has proposed to adopt measures for the SNF VBP Program that are calculated using data from a variety of sources, including Medicare FFS claims, the minimum data set (MDS), and the PBJ system, and are seeking feedback on the adoption of additional validation procedures.

Request for Comment on a SNF VBP Program Approach to Measuring and Improving Health Equity

- Significant and persistent inequities in healthcare outcomes exist in the U.S. Belonging to a racial or ethnic minority group; living with a disability; being a member of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community; living in a rural area; being a member of a religious minority; or being near or below the poverty level, is often associated with worse health outcomes.
- As we continue to leverage our value-based purchasing programs to improve quality of care across settings, we are interested in exploring the role of health equity in creating better health outcomes for all populations in these programs.

Resources

- Find and compare nursing homes on Care Compare:
<https://www.medicare.gov/care-compare/>
- General program information:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/SNF-VBP-Page.html>
- Frequently Asked Questions:
<https://www.cms.gov/files/document/snf-vbp-faqs-april-2021.pdf>
- SNF VBP Help Desk: SNFVBP@rti.org



Overview of SNF VBP Program Proposals
from the FY 2023 SNF PPS Proposed Rule

Thank you!

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