Overview of SNF VBP Proposals from the FY 2024 SNF PPS Proposed Rule

Hosted by:
Outpatient Quality Program Systems and Stakeholder Support

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Speaker

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Purpose

This event will provide an overview of the major provisions in the Fiscal Year (FY) 2024 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Proposed Rule for the SNF VBP Program.

Objectives

Participants will be able to:

- Locate the FY 2024 SNF PPS Proposed Rule text.

- Identify proposed changes for the SNF VBP Program within the FY 2024 SNF PPS Proposed Rule.

- Identify the time period for submitting public comments to CMS on the FY 2024 SNF PPS Proposed Rule.

- Submit formal comments to CMS regarding proposals included in the FY 2024 SNF PPS Proposed Rule.

Acronyms

CCSQ	Center for Clinical Standards and Quality	**PAMA**	Protecting Access to Medicare Act
CMS	Centers for Medicare & Medicaid Services	**PBJ**	Payroll Based Journal
DC	discharge	**PPR**	Potentially Preventable Readmission
DCPAC	Division of Chronic and Post Acute Care	**PPS**	prospective payment system
DES	Dual eligibility status	**QMVIG**	Quality Measurement and Value-Based Incentives Group
DTC	Discharge to Community	**QRP**	Quality Reporting Program
FFS	fee-for-service	**RFI**	Request for Information
FY	fiscal year	**RSRR**	Risk-Standardized Readmission Rate
HAI	healthcare-associated infection	**SNF**	skilled nursing facility
HEA	Health Equity Adjustment	**SNFRM**	Skilled-Nursing Facility 30-Day All-Cause Readmission Measure
LGBTQI+	lesbian, gay, bisexual, transgender, queer, and intersex	**SNF WS PPR**	Skilled Nursing Facility Within-Stay Potentially Preventable Readmission
MDS	Minimum Data Set	**VBP**	value-based purchasing
PAC	post-acute care	**WS**	Within-Stay

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.

- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.

Chris Palmer, SNF VBP Program Coordinator
DCPAC, QMVIG, CCSQ, CMS

SNF VBP Program Overview

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.

- The 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 and Eligibility

- 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.
- All SNFs paid under Medicare's SNF PPS are included in the SNF VBP 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 – RSRR
  - Example Inverted Rate = 1 – 0.15
 - Example Inverted Rate = 0.85

05/24/2023

SNF VBP Program Measures Added by the FY 2023 SNF PPS Final Rule

- In the FY 2023 SNF PPS Final Rule, CMS finalized the addition of three new measures.

- Two measures begin with the FY 2026 SNF VBP Program Year:
  - Skilled Nursing Facility Healthcare Associated Infections Requiring Hospitalization (SNF HAI) measure
  - Total Nursing Hours per Resident Day Staffing (Total Nurse Staffing) measure

- One measure begins with the FY 2027 SNF VBP Program Year:
  - Discharge to Community—Post-Acute Care Measure for Skilled Nursing Facilities (DTC PAC SNF) measure

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
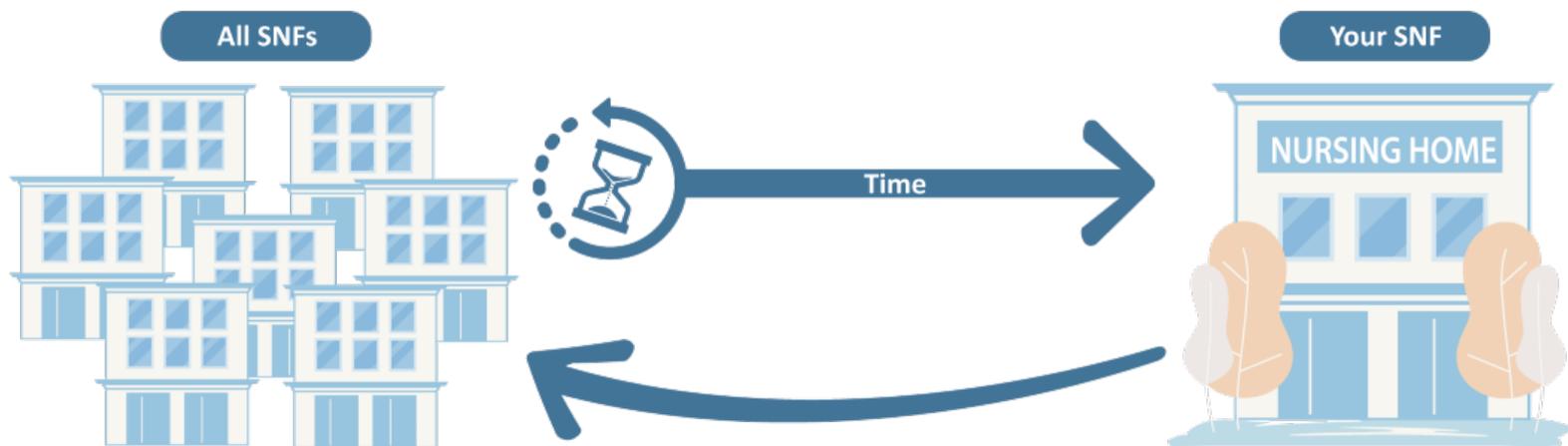
Improvement Score

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.
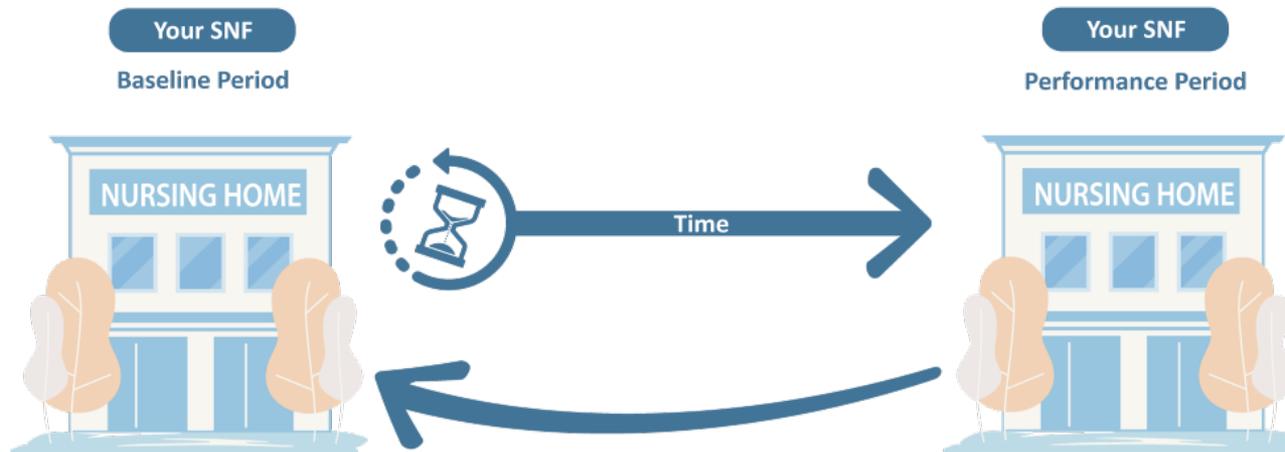
SNF Performance Score

- 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)

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DCPAC, QMVIG, CCSQ, CMS

SNF VBP Program Major Proposals Overview

SNF VBP Program
Major Proposals Overview

On April 10, 2023, CMS published the FY 2024 SNF PPS Proposed Rule that would update policies for the SNF VBP Program. It is available on the *Federal Register,* pages 21361–21399:

https://www.govinfo.gov/content/pkg/FR-2023-04-10/pdf/2023-07137.pdf

To assure consideration, comments must be received at one of the addresses provided on the next slide by **June 5, 2023**. Comments, including mass comment submissions, must be submitted in one of the three ways listed on the next slide.

SNF VBP Program
Major Proposals Overview

Submit comments by <u>June 5, 2023</u>, using <u>only one</u> of these three ways:

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-1779–P
> P.O. Box 8016
> Baltimore, MD 21244-8016

Please allow sufficient time for CMS to receive mailed comments 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-1779–P
> Mail Stop C4-26-05
> 7500 Security Boulevard
> Baltimore, MD 21244-1850

SNF VBP Program
Major Proposals Overview

In the FY 2024 SNF PPS Proposed Rule, CMS is proposing the following:

- Adoption of four new quality measures

- Replacement of one quality measure

- Case minimum and measure minimum policies

- Application of the SNF VBP scoring methodology to proposed measures

- Incorporation of a Health Equity Adjustment (HEA)

- Updated validation processes

Acronyms   20

SNF VBP Program Adoption of Four New Quality Measures

- Total Nursing Staff Turnover Measure

- Percent of Residents Experiencing One or More Falls With Major Injury (Long-Stay) Measure

- Discharge Function Score Measure

- Number of Hospitalization per 1,000 Long Stay Resident Days (Long Stay Hospitalization) Measure

Proposal To Adopt the Total Nursing Staff Turnover Measure Beginning With FY 2026 SNF VBP Program Year

- Nursing home staffing, including nursing staff turnover, has long been considered an important indicator of nursing home quality.

- There is considerable evidence demonstrating the impact of nursing staff turnover on resident outcomes, with higher turnover associated with poorer quality of care.

- In light of the strong association between high nursing staff turnover rates and negative resident outcomes, including the nursing staff turnover measure in the SNF VBP Program would provide a comprehensive assessment of the quality of care provided to residents.

- The measure is calculated using auditable, electronic staffing data submitted by each SNF for each quarter through the Payroll Based Journal (PBJ) system.

Nursing Staff Turnover Measure Rate Calculation

We are proposing to calculate the Nursing Staff Turnover measure rate for the SNF VBP Program using the following formula:

$$Total\ Nursing\ Staff\ Turnover\ Rate = \frac{Total\ number\ of\ employment\ spells\ that\ ended\ in\ turnover}{Total\ number\ of\ eligible\ employment\ spells}$$

Proposal To Adopt the Percent of Residents Experiencing One or More Falls With Major Injury (Long-Stay) Measure Beginning With FY 2027 SNF VBP Program Year

- In 2016, nearly 30,000 U.S. residents aged 65 years and older died as the result of a fall. This represents a greater than 30 percent increase in fall-related deaths from 2007.

- Fall-related emergency department visits are estimated at approximately 3 million per year.

- Given the effects of falls with major injury, preventing and reducing their occurrence in SNFs is critical to delivering safe and high-quality care.

Proposal To Adopt the Percent of Residents Experiencing One or More Falls With Major Injury (Long-Stay) Measure Beginning With FY 2027 SNF VBP Program Year

- We believe the proposed Falls with Major Injury (Long-Stay) measure aligns with this goal by monitoring the occurrence of falls with major injury and assessing SNFs on their performance on fall prevention efforts.

- The proposed Falls with Major Injury (Long-Stay) measure is an outcome measure that reports the percentage of long-stay residents in a nursing home who have experienced one or more falls with major injury using 1 year of data from the Minimum Data Set (MDS) 3.0.

- Although the Falls with Major Injury (Long-Stay) measure is a long-stay measure, we believe that including a long-stay measure in the SNF VBP Program is appropriate because it would better capture the quality of care provided to the entirety of the population.

- This measure is proposed to begin with the FY 2027 SNF VBP Program Year.

Proposal To Adopt the Discharge Function Score Measure Beginning With the FY 2027 SNF VBP Program Year

- Impaired functional capacity is associated with poorer quality of life and an increased risk of all-cause mortality, postoperative complications, and cognitive impairment, the latter of which can complicate the return of a resident to the community from post-acute care.

- The proposed Discharge Function Score (DC Function) measure is an outcome measure that estimates the percentage of SNF residents who meet or exceed an expected discharge score during the reporting period.

- The expected discharge function score is computed by risk adjusting the observed discharge function score for each SNF stay.

- CMS is also proposing to adopt this measure in the SNF Quality Reporting Program (QRP).

Proposal To Adopt the Number of Hospitalization per 1,000 Long Stay Resident Days (Long Stay Hospitalization) Measure Beginning with FY 2027 SNF VBP Program Year

- Many unplanned hospitalizations could have been safely avoided by early intervention by the facility.

- Facilities with lower hospitalization rates tend to perform better on other dimensions of quality such as health inspection survey results, staffing level, other quality measures, and overall ratings.

- This measure is calculated using Medicare fee-for-service (FFS) claims data. We use the inpatient hospital claims data to determine the hospital admission, outpatient hospital claims data to determine the outpatient observation stay, and items from the Minimum Data Set for building resident stays and for risk-adjustment.

- CMS believes that including a long-stay measure in the SNF VBP Program is appropriate because it would better capture the quality of care provided to the entirety of the population.

- This is calculated using Medicare FFS claims data.

Proposed Performance Periods and Baseline Periods

Measure	First SNF VBP Program Year	First Performance Period	First Baseline Period
Nursing Staff Turnover measure	FY 2026	FY 2024 (October 1, 2023– September 30, 2024)	FY 2022 (October 1, 2021– September 30, 2022)
Falls with Major Injury (Long-Stay) measure	FY 2027	FY 2025 (October 1, 2024– September 30, 2025)	FY 2023 (October 1, 2022– September 30, 2023)
DC Function measure	FY 2027	FY 2025 (October 1, 2024– September 30, 2025)	FY 2023 (October 1, 2022– September 30, 2023)
Long Stay Hospitalization measure	FY 2027	FY 2025 (October 1, 2024– September 30, 2025)	FY 2023 (October 1, 2022– September 30, 2023)

Currently Adopted and Newly Proposed Measures

TABLE 17—CURRENTLY ADOPTED AND PROPOSED NEW SNF VBP MEASURES

Measure name	Measure short name	Measure status	First program year	First performance period*
SNF 30-Day All-Cause Readmission Measure	SNFRM	Adopted, implemented	FY 2017**	FY 2015.
SNF Healthcare-Associated Infections Requiring Hospitalization Measure.	SNF HAI Measure	Adopted, not implemented	FY 2026	FY 2024.
Total Nurse Staffing Hours per Resident Day Measure.	Total Nurse Staffing Measure	Adopted, not implemented	FY 2026	FY 2024.
Total Nursing Staff Turnover Measure	Nursing Staff Turnover Measure	Proposed	FY 2026+	FY 2024.
Discharge to Community—Post-Acute Care Measure for SNFs.	DTC PAC SNF Measure	Adopted, not implemented	FY 2027	FY 2024 and FY 2025.
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) Measure.	Falls with Major Injury (Long-Stay) Measure.	Proposed	FY 2027+	FY 2025.
Discharge Function Score for SNFs Measure	DC Function Measure	Proposed	FY 2027+	FY 2025.
Number of Hospitalizations per 1,000 Long Stay Resident Days Measure.	Long Stay Hospitalization Measure	Proposed	FY 2027+	FY 2025.
SNF Within-Stay Potentially Preventable Readmissions Measure.	SNF WS PPR Measure	Proposed	FY 2028+	FY 2025 and FY 2026.

*For each measure, we have adopted or are proposing to adopt a policy to automatically advance the beginning of the performance period by 1-year from the previous program year. We refer readers to section VII.C.3 of this proposed rule for additional information.
**Proposed to be replaced with the SNF WS PPR measure beginning with the FY 2028 program year.
+Proposed first program year in which the measure would be included in the Program.

Proposal to Replace SNFRM with the SNF WS PPR Measure

The SNF Within-Stay Potentially Preventable Readmission (SNF WS PPR) measure:

- Estimates the risk-standardized rate of unplanned, potentially preventable readmissions (PPR) that occur during SNF stays among Medicare FFS beneficiaries.

- Focuses on potentially preventable and unplanned readmissions.

- Does not count planned readmissions in the numerator.

- Is risk adjusted to control for risk factor differences across SNF residents and SNF facilities.

- Is calculated entirely using administrative data. Therefore, if adopted the measure would not impose any additional data collection or submission burden for SNFs.

- Proposed to begin with the FY 2028 SNF VBP Program Year.

Proposed Performance Periods and Baseline Periods for SNF WS PPR Measure Beginning With FY 2028 SNF VBP Program Year

Measure	First SNF VBP Program Year	First Performance Period	First Baseline Period
SNF WS PPR	FY 2028	FY 2025 and FY 2026 (October 1, 2024– September 30, 2026)	FY 2022 and FY 2023 (October 1, 2021– September 30, 2023

SNFRM and SNF WS PPR Performance Period and Baseline Period Considerations

Measure	Last SNF VBP Program Year	Last Performance Period	Last Baseline Period
SNFRM	FY 2027	FY 2025 (October 1, 2024– September 30, 2025)	FY 2023 (October 1, 2022– September 30, 2023)

Measure	First SNF VBP Program Year	First Performance Period	First Baseline Period
SNF WS PPR	FY 2028	FY 2025 and FY 2026 (October 1, 2024– September 30, 2026)	FY 2022 and FY 2023 (October 1, 2021– September 30, 2023

- The SNF WS PPR measure is a 2-year measure. The SNFRM is a 1-year measure.
- The data used to calculate the baseline and performance period for the SNF WS PPR measure for the FY 2028 program year would include data that are also used to calculate the baseline and performance period for the SNFRM for the FY 2027 program year.

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Performance Standards

Estimated Performance Standards for the FY 2026 Program Year

TABLE 19—ESTIMATED FY 2026 SNF VBP PROGRAM PERFORMANCE STANDARDS

Measure short name	Achievement threshold	Benchmark
SNFRM	0.78526	0.82818
SNF HAI Measure	0.91468	0.94766
Total Nurse Staffing Measure	3.33289	5.98339
Nursing Staff Turnover Measure	0.37500	0.72925

Estimated Performance Standards for the DTC PAC SNF Measure for FY 2027 Program Year

TABLE 20—ESTIMATED FY 2027 SNF VBP PROGRAM PERFORMANCE STANDARDS FOR THE DTC PAC SNF MEASURE

Measure short name	Achievement threshold	Benchmark
DTC PAC SNF Measure	0.44087	0.68956

SNF VBP Performance Scoring Methodology Proposed Case Minimum and Measure Minimum Policies

- As discussed in this proposed rule, we are proposing to adopt:
  - o The Nursing Staff Turnover measure beginning with the FY 2026 program year.
  - o The Falls with Major Injury (Long-Stay), DC Function, and Long Stay Hospitalization measures, beginning with the FY 2027 program year.
  - o The SNF WS PPR measure beginning with the FY 2028 program year.
- We are also proposing to adopt case minimums for the new measures and proposing to update the previously finalized measure minimum for the FY 2027 program year.

Proposed Case Minimums During a Performance Period

- **Nursing Staff Turnover Measure**: SNFs must have a minimum of 1 eligible stay during the 1-year performance period, and at least 5 eligible nursing staff (RNs, LPNs, and nurse aides) during the 3 quarters of PBJ data included in the measure denominator. SNFs must meet both of these requirements in order to be eligible to receive a score on the measure.

- **Falls with Major Injury (Long Stay) Measure**: SNFs must have a minimum of 20 residents in the measure denominator during the 1-year performance period.

- **Long Stay Hospitalization Measure**: SNFs must have a minimum of 20 eligible stays during the 1-year performance period.

- **DC Function Measure**: SNFs must have a minimum of 20 eligible stays during the 1-year performance period.

- **SNF WS PPR Measure**: SNFs must have a minimum of 25 eligible stays during the 2-year performance period.

FY 2026 Measure Minimum

- In the FY 2023 SNF PPS final rule, we finalized the measure minimum for the FY 2026 program year:
  - SNFs must report the minimum number of cases for two of the three measures during the applicable performance period to receive a SNF Performance Score and value-based incentive payment.

- Although we are proposing the Nursing Staff Turnover measure beginning with the FY 2026 program year, which would increase the total number of measures applicable in FY 2026, we believe that our previously finalized minimum of two measures for FY 2026 remains sufficient.

Proposal To Update the FY 2027 Measure Minimum

- FY 2027 SNF VBP measure set would consist of a total of eight measures.

- We are proposing that for the FY 2027 program year, SNFs must report the minimum number of cases for four of the eight measures during the performance period to receive a SNF Performance Score and value-based incentive payment.

- SNFs that do not meet these minimum requirements would be excluded from the FY 2027 program.

Proposed FY 2026 Performance Scoring with the Addition of Nursing Staff Turnover Measure

We are proposing to:

- Apply our previously finalized scoring methodology to the proposed Nursing Staff Turnover measure.

- Award up to 10 points based on achievement, and up to nine points based on improvement.

- Add the score for each of the four measures for which the SNF met the case minimum to get the raw point total.
  - The maximum raw point total for the FY 2026 program year would be 40 points.

- Normalize each SNF's raw point total, based on the number of measures for which that SNF met the case minimum, to get a SNF Performance Score that is on a 100-point scale using our previously finalized normalization policy.

Proposed FY 2027 Performance Scoring With the Addition the Proposed Measures

- We are proposing to adopt the Falls with Major Injury (Long-Stay), DC Function, and Long Stay Hospitalization measures, beginning with the FY 2027 program year. Therefore, the FY 2027 program year measure set would include eight measures.

- The maximum raw point total for the FY 2027 program year would be 80 points.

- We would normalize each SNF's raw point total, based on the number of measures for which that SNF met the case minimum.

Proposal To Incorporate Health Equity Into the SNF VBP Program Scoring Methodology Beginning with the FY 2027 Program Year

- Advancing health equity is a key pillar of CMS' strategic vision, and we are working to advance health equity by designing, implementing, and operationalizing policies and programs aimed at identifying and reducing health disparities.

- Prioritizing the achievement of health equity is essential in the SNF VBP Program because disparities in SNFs appear to be widespread, from admissions, to quality of care, to nurse staffing and turnover.

- We proposed to adopt a scoring methodology change to reward excellent care for vulnerable populations by SNF providers in the SNF VBP Program. Specifically, we are proposing to award bonus points to high performing higher dual SNFs.

Dual Eligible Status

Individuals with dual eligibility status (DES) are more likely to:

- Have disabilities or functional impairments.

- Be medically complex.

- Have greater social needs.

- Have a greater risk of negative health outcomes.

- Be admitted to SNFs that have lower staffing levels, have a higher share of residents who are enrolled in Medicaid in their total resident population, and experience resource constraints.

Proposal To Incorporate Health Equity Into the SNF VBP Program Scoring Methodology Beginning with the FY 2027 Program Year

- The goal of this Health Equity Adjustment (HEA) is to not only appropriately measure performance by rewarding SNFs that overcome the challenges of caring for higher proportions of SNF residents with DES but also to incentivize those who have not achieved such high-quality care to work towards improvement.

- We are proposing to call this proposed adjustment the Health Equity Adjustment (HEA) and to adopt it beginning with the FY 2027 program year.

- We propose to define the term "underserved population" as residents with DES for purposes of this HEA.

Health Equity Adjustment Basics

- In addition, we are proposing to adopt a HEA in which eligible SNFs could earn a maximum of two points for each measure.

- We would then add the total number of HEA bonus points to the normalized measure point total on a scale from 0 to 100, and that total would be the SNF Performance Score.

Proposed Calculation of HEA Bonus Points: Assigned Points and the Measure Performance Scaler

- We propose each measure would be assessed independently such that a SNF that is a top tier performing SNF for one measure would be assigned 2 points for that measure even if they are not a top tier performing SNF for any other measure.

- We propose to define a top tier performing which we define as SNFs whose performance during the program year is in the top third (greater than or equal to the 66.67th percentile) of the performance of all SNFs on the measure during the same program year.

- We also propose to assign a **Measure Performance Scaler** for each SNF that would be equal to the total number of assigned points that the SNF earns on all measures as a result of its performance for a maximum of 16 points.

Proposed Calculation of HEA Bonus Points

Step 1: Calculate Performance Scaler Points for Each SNF

TABLE 21—EXAMPLE OF THE MEASURE PERFORMANCE SCALER ASSIGNED TO SNFs BASED ON PERFORMANCE BY MEASURE

Measure	Example SNF 1		Example SNF 2		Example SNF 3		Example SNF 4	
	Performance group	Value	Performance group	Value	Performance group	Value	Performance group	Value
SNFRM*	Top third	2	Top Third	2	Top Third	2	Bottom Two-Thirds	0
SNF HAI Measure	Top third	2	Top Third	2	Top Third	2	Bottom Two-Thirds	0
Total Nurse Staffing Measure.	Top third	2	Bottom Two-Thirds	0	Bottom Two-Thirds	0	Top Third	2
DTC–PAC SNF Measure.	Top third	2	Top Third	2	Bottom Two-Thirds	0	Bottom Two-Thirds	0
Falls with Major Injury (Long-Stay) Measure **.	Top Third	2	Top Third	2	Bottom Two-Thirds	0	Bottom Two-Thirds	0
Discharge Function Measure **.	Top Third	2	Top Third	2	Top Third	2	Bottom Two-Thirds	0
Long Stay Hospitalization Measure **.	Top Third	2	Top Third	2	Top Third	2	Bottom Two-Thirds	0
Nursing Staff Turnover Measure **.	Top Third	2	Top Third	2	Top Third	2	Bottom Two-Thirds	0
	Measure Performance Scaler.	16	Measure Performance Scaler.	14	Measure Performance Scaler.	10	Measure Performance Scaler.	2

Notes:

*We are proposing to replace the SNFRM would be replaced with the SNF WS PPR beginning with the FY 2028 program year.

**We are proposing to adopt the Nursing Staff Turnover Measure beginning with the FY 2026 program year and the Falls with Major Injury (Long-Stay) Measure, Discharge Function Measure, and Long Stay Hospitalization Measure beginning with the FY 2027 program year.

Proposed Calculation of HEA Bonus Points

Step 2: Calculate the Underserved Multiplier

$$\text{underserved multiplier} = \frac{1}{1 + e^{-12.5(\text{percent of residents with DES} - 0.6)}}$$

Figure A: Determining the Underserved Multiplier From a SNF's Proportion of Residents With DES Using the Logistic Exchange Function
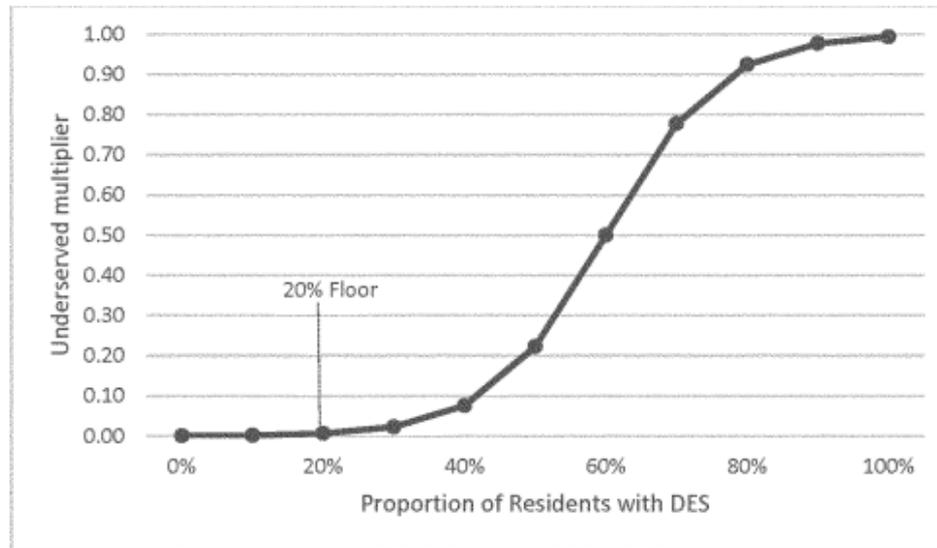
Proposed Calculation of HEA Bonus Points

Step 3: Calculate the HEA Bonus Points

TABLE 22—EXAMPLE OF THE HEA BONUS POINTS CALCULATION

Example SNF	Measure performance scaler [A]	Proportion of residents with DES (%) [B]	Underserved multiplier [C]	HEA bonus points [D] ([A] * [C])
SNF 1	16	50	0.22	3.52
SNF 2	14	70	0.78	10.92
SNF 3	10	10	0	0
SNF 4	2	80	0.92	1.84

Proposed Calculation of HEA Bonus Points

Step 4: Add HEA Bonus Points to the Normalized Sum of all Points Awarded for Each Measure

TABLE 23—EXAMPLE OF THE HEA BONUS POINTS CALCULATION

Example SNF	Normalized sum of all points awarded for each measure [A]	HEA bonus points (step 3, column [D]) [B]	SNF performance score ([A] + [B])
SNF 1	80	3.52	83.52
SNF 2	65	10.92	75.92
SNF 3	42	0	42.00
SNF 4	10	1.84	11.84

Payback Percentage Changes

- Starts with FY 2027 program year HEA increasing payback to 66%

- Utilizing a variable approach ensures a very limited number of SNFs (if any) that do not receive HEA bonus points will experience a downward payment adjustment.

- Would fluctuate year to year depending on the program's int allocation.

# Health Equity Approaches Under Consideration for Future Program Years: Request for Information (RFI)

- Resident-Level Indicators and Geographic-Level Indices To Assess Disparities in Healthcare Quality

- Approaches To Assessing Health Equity Advancement in the SNF VBP Program

- Other Approaches To Assessing Health Equity Advancement in the SNF VBP Program

- The Development of Domains and Domain Weighting for Inclusion in the SNF VBP Program

Proposal to Update the Validation Processes for the SNF VBP Program

- Section 1888(h)(12) of the Act requires the Secretary to apply a validation process to SNF VBP Program measures and the data submitted as appropriate."

- We are proposing to:
  - o Apply the validation process we have adopted for the SNFRM to all claims-based measures.
  - o Adopt a validation process that would apply to SNF VBP measures for which the data source is PBJ data.
  - o Adopt the audit process of the validation process that would apply to SNF VBP measures for which the data source is the MDS data.

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/snfvbpfaqsmarch2023.pdf

- SNF VBP Help Desk: SNFVBP@rti.org

Skilled Nursing Facility Value-Based Purchasing Program: Frequently Asked Questions (FAQs)

Updated March 2023
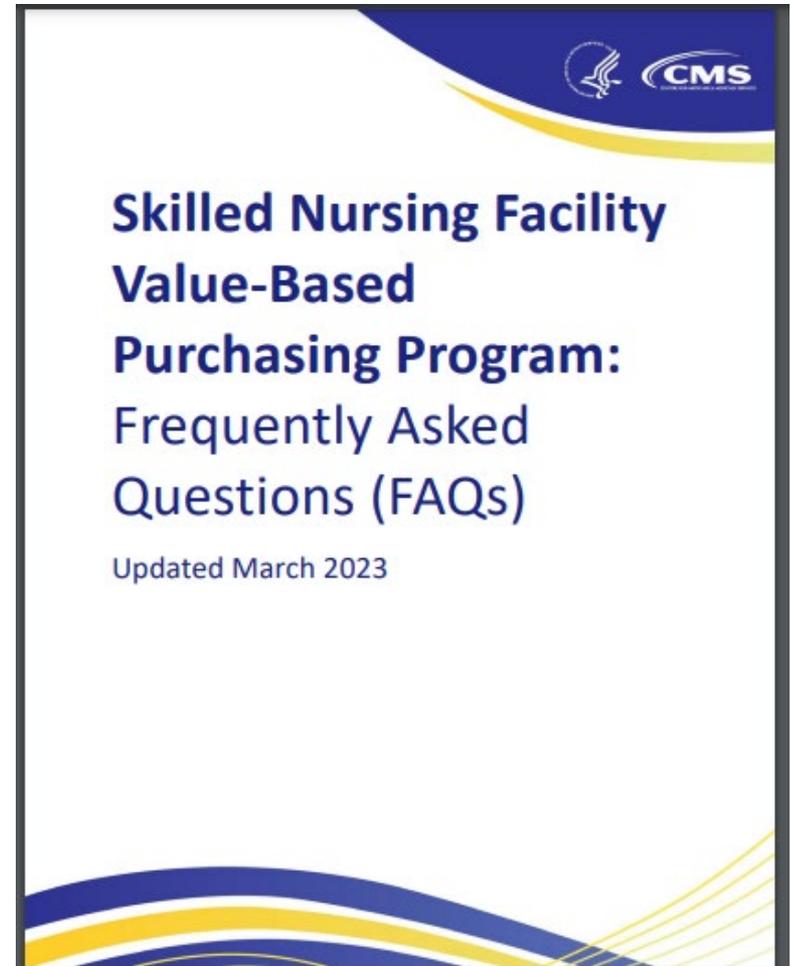
Continuing Education Approval

This program has been approved for one [continuing education credit](#) for the following boards:

- **National credit**
  - o Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - o Board of Registered Nursing
  - o Board of Nursing Home Administrators
  - o Board of Dietetics and Nutrition Practice Council
  - o Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

SNF VBP Program
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Submit comments by <u>June 5, 2023</u>, using <u>only one</u> of these three ways:

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-1779–P
> P.O. Box 8016
> Baltimore, MD 21244-8016

Please allow sufficient time for CMS to receive mailed comments 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-1779–P
> Mail Stop C4-26-05
> 7500 Security Boulevard
> Baltimore, MD 21244-1850

Thank you!

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