

Facility Best Practices for Operationalizing a QRP Process that Supports Compliance (to avoid a 2% Reduction in the FY APU)

1. Understand QRP Requirements, Thresholds and Deadlines

- **QRP requirements**

SNF QRP is a pay for submission/completion program. Be familiar with each FY's measures that will determine the APU. There are 3 types of measures used in QRP, MDS-based, NHSN-based and Claims-based measures. MDS-based and NHSN-based measures are used for the compliance determination. Claims-based measures have no additional data submission requirements. Performance rates on these measures that are publicly reported on Care Compare are not considered in QRP.

- **Submission/Completion Compliance Thresholds**

MDS-based measures have a compliance threshold of 90 percent of submitted MDSs must be 100 percent complete. This was updated in the SNF PPS Final Rule 8/7/23 and will go into effect with MDS's submitted beginning in CY 2024 and will be used to calculate the FY 2026 APU. SNFs must submit to the NHSN 100 percent of the information required to calculate the COVID-19 Vaccine Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) measure in order to meet the compliance threshold. Similarly, SNFs must submit to the NHSN 100 percent of the information required to calculate the Influenza Vaccination Coverage among HCP (HCP Influenza Vaccine) measure in order to meet the compliance threshold.

- **Data Collection Periods and Submission Deadlines**

MDS-based measures submission deadlines are assigned 4.5 months after the end of a reporting quarter. Once the deadline has elapsed any late submissions will not be used to calculate the APU. SNFs are required to submit COVID-19 vaccination data for eligible HCP one week out of every month, but SNFs have the option of which week to report. SNFs are required to submit a single influenza vaccination summary report at the conclusion of the measure reporting period. A table of data collection periods and submission deadlines for FY 2025 is available [here](#).

- **Listserv**

Subscribe to the QRP listserv for the latest QRP information and updates [here](#).

2. Use Available Tools to Effect Compliance in Real-Time

- **Monitor compliance with the SNF QRP data submission requirements**

CMS has contracted with Swingtech to provide facilities with quarterly information regarding compliance with meeting thresholds. The informational messages are sent to SNFs that are NOT meeting Annual Payment Update (APU) thresholds (for MDS and NHSN measures) on a quarterly basis ahead of each submission deadlines. Facilities must sign up to receive this information. Email: QRPHelp@swingtech.com to register. Include your facility name and CMS Certification Number (CCN) with this request.

- **Leverage iQIES Reports**

There are several reports available in the iQIES system that can be utilized to identify the MDSs that can influence the APU. The iQIES Reports User Manual can be found [here](#).

1. *MDS 3.0 Submitter Final Validation Report* - Displays detailed information regarding the records from all facilities contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors for all records in the submission file. Review the report for error codes 3891, 3897, and 3908. These are payment reduction warnings that the MDS has a dash in a quality measure item that may result in a payment reduction of two percentage points for the affected payment determination.
2. *MDS 3.0 NH Error Detail Report* - Displays assessment information and error details for user selected error numbers and submission date within the requested date range where selected errors were encountered in successful submissions made by or on behalf of the selected provider. Select error codes 3891, 3897 and 3908. Included in the report are the assessment items and submitted data that caused the selected error to occur. Make appropriate corrections and resubmit.
3. *SNF QRP Provider Threshold Report* - Allows providers to monitor their compliance status of the required data submission for the SNF Quality Reporting Program (QRP) for the Annual Payment Update (APU) by Fiscal Year (FY).
4. *SNF QRP Review & Correct Report* - Allows providers to review their QM data to identify if there are any corrections or changes needed to the assessment-based data prior to the quarter's data submission deadline, which is 4.5 months following the end of the reporting quarter. The report will provide a breakdown by measure and by quarter, of the SNF's assessment-based QM data for four rolling quarters. The report also identifies whether each quarter's data correction period is open or closed as of the report run date.

- **Leverage NHSN Reports**

1. *The COVID-19 Vaccination Quick Reference Guides in Response to Quarterly Combined Data Quality Checks* can be found [here](#) .
2. *Tips for Submitting Healthcare Personnel (HCP) Influenza Vaccination Summary Data* can be found [here](#) .

3. Create a Team Approach

- Assign team members responsibilities and create calendar prompts to avoid missing deadlines.
- Involve the medical director who can influence and educate referral sources to provide complete information on admission from the hospital and from physicians' offices.
- Establish a gatekeeper for identifying MDS items that are filled with a dash during the MDS completion process so that necessary information can be obtained prior to submission.

4. Help Desks

- BetterCare@cms.hhs.gov For questions regarding Care Compare

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- nhsn@cdc.gov For questions regarding NHSN reporting
- QRPHelp@swingtech.com For questions and to sign up for outreach emails sent quarterly to providers who are underreported with quality reporting program (QRP) requirements for data submission, prior to each quarterly submission deadline.
- SNFQualityQuestions@cms.hhs.gov For questions regarding QRP
- SNFQRPPRQuestions@cms.hhs.gov For questions regarding Provider Preview Reports
- iqies@cms.hhs.gov For questions regarding the Internet Quality Improvement & Evaluation System

The first deadline for submission/completion for FY 2025 has already elapsed on 8/15/23 for first quarter 2023 meaning corrections to the underlying data will not affect the APU. The next deadline is 11/15/23 for second quarter 2023 meaning corrections to the underlying data will affect the APU.

Table for measures currently adopted for FY 2025 is on the next page.

| Quality Measures Currently Adopted for the FY 2025 SNF QRP | |
|---|---|
| Measure Name | Measure Status |
| MDS-Based Measures | |
| Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury | Continued from previous FY, No change |
| Application of Percent of Residents Experiencing One or More Falls with Major Injury | Continued from previous FY, No change |
| Discharge Self-Care Score for Skilled Nursing Facility Residents | Continued from previous FY, No change |
| Discharge Mobility Score for Skilled Nursing Facility Residents | Continued from previous FY, No change |
| Drug Regimen Review Conducted with Follow-Up for Identified Issues- Post Acute Care (PAC) | Continued from previous FY, No change |
| Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) | First FY of inclusion in QRP (related to the PHE and delay of MDS vs 1.18.11 10/1/23). Abbreviated data collection period – 1 quarter – 10/1/23 – 12/31/23 |
| Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) | First FY of inclusion in QRP. (related to the PHE and delay of MDS vs 1.18.11 10/1/23). Abbreviated data collection period – 1 quarter – 10/1/23 – 12/31/23 |
| Discharge Function Score (DC Function) measure | Adopted into QRP in the Final Rule 8/7/23. Abbreviated data collection period – 1 quarter – 10/1/23 – 12/31/23 |
| Claims-Based Measures | |
| Medicare Spending Per Beneficiary (MSPB) Post-Acute Care (PAC) | Continued from previous FY, No change |
| Discharge to Community- Post-Acute Care (PAC) | Continued from previous FY, No change |
| Potentially Preventable 30-Day Post Discharge Readmission Measure | Continued from previous FY, No change |
| Skilled Nursing Facility (SNF) Healthcare Associated Infections (HAI) Requiring Hospitalization | Continued from previous FY, No change |
| NHSN-Based | |
| COVID-19 Vaccination Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) measure | Adopted the modification of this measure to report HCP that are <i>up to date</i> with recommended COVID-19 vaccinations. Abbreviated data collection period – 1 quarter – 10/1/23 – 12/31/23 |
| Influenza Vaccination Coverage among Healthcare Personnel | Continued from previous FY, No change |