

New Category of Reports Available through the Casper Reporting System

CMS posted the first [SNF-QRP User's Guide](#). This guide explains how the SNF-QRP measures are calculated, both MDS- and claims-based measures. It shows the calculator fields for the MDS-based measures that must not be dashed on the MDS. It also explains a new category of CASPER reports available to SNF providers to monitor your SNF-QRP measures and give you a chance to correct any errors using the MDS correction process described in Chapter 5 of the current RAI Manual.

The first report available to us now are the "Review and Correct" reports. We must "RUN" these reports, like we do the Facility level QM Reports. There is now a special new line under "Report Categories" that says "SNF Quality Reporting." You will click "SNF Review and Correct Report" and follow the prompts. We will also be able to pull Facility and Resident Level reports for SNF-QRP MDS based measures. We will not get this information for the claims based measures.

At some time in the future, we will also be receiving a "SNF-QRP Preview Report." This will be prior to posting the SNF-QRP QMs on Nursing Home Compare.

The "Review and Correct" reports have Q1 2017 results for each of the current MDS-based SNF-QRP QMs. There is also a 'cumulative' line so we can monitor our SNF-QRP MDS-based QMs for the calendar year. Calendar year 2017 data will be used to determine if we get a 2% annual payment update reduction for fiscal year 2019. To avoid this reduction, SNF providers must submit no more than 20% dashes in the calculator fields for the SNF-QRP MDS-based measures. The first page, shown below, shows the SNF's performance on the "new or worsened pressure ulcer" QRP QM. For the SNF below, there were 16 SNF stays in Q1 2017. Of those 16, there was one stay in which there was a new or worsened pressure ulcer, so the SNF observed performance rate is 6.3%. For this QRP measure, lower percentages are better.

SNF Quality Measure:	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID:	S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	1	16	6.3%
Cumulative	01/01/2017	03/31/2017	-	-	1	16	6.3%

This one uses the PPS 5 day for covariates and the PPS Discharge for the pressure ulcers. Here's how it works:

On the Part A PPS discharge, if the number of present Stage 2, 3 or 4 pressure ulcers is greater than the number of that stage that was present on admission, it triggers. Specifically, ANY ONE of the following

- M0300B1 – M0300B2 > 0
- M0300C1 – M0300C2 > 0
- M0300D1 – M0300D2 > 0

The covariates are taken from the PPS 5 day. These are also blocks that, if dashed, will count towards the 20% dash total:

- Bed Mobility (G0110A1)
- Bowel Continence (H0400)

- Diabetes (I2900)
- PVD/PAD (I0900)
- Height (K0200A)
- Weight (K0200B)

For this SNF, they should verify that there were 15 Part A stays in Q1 2017, then verify the coding in Section M on the Part A PPS Discharge for the one stay that had a new/worsened pressure ulcer. It may be prudent to verify if any dashes were coded in any of the calculator fields used for this measure. If there are errors, they must be corrected using the MDS correction system of modification or inactivation.

Page 2 of the Review and Correct report contains data for “Falls with Major Injury” QRP QM. The SNF in this case had none, so their observed percentage is 0% for Q1 2017.

SNF Quality Measure:	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
CMS Measure ID:	S013.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	0	16	0.0%
Cumulative	01/01/2017	03/31/2017	-	-	0	16	0.0%

This one uses every scheduled PPS or OBRA assessment completed in a Part A stay. The calculator field for this one is J1900C: Fall with Major Injury. Dashes in this block on any of those assessments will count towards the 20% dash threshold.

Page 3 of the Review and Correct report contains data for SNF residents with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function. For this one, higher percentages are better. This is a process measure. The SNF below completed Admission and Discharge Section GG every time it was required in Q1 2017.

SNF Quality Measure:	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)
CMS Measure ID:	S001.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Open	16	16	100.0%
Cumulative	01/01/2017	03/31/2017	-	-	16	16	100.0%

There are two different Section GGs and the specs for this measure are a bit confusing.

Admission Section GG: This one has two columns, Column 1, Admission Performance, and Column 2, Discharge Goal. It is very important to know which column you are talking about to understand what is going on here. Unfortunately, there are good dashes and bad dashes in Admission Section GG.

- For “Admission Section GG” Any dashes in Column 1, Admission Performance, will count towards the 20% dash total. For Column 2, Discharge goals, you only have to set one goal in one of the ADL activities, and you *must* have dashes in any goal not used. The dashes in Column 2 of Admission GG will not count towards the 20% dash total.

Discharge Section GG: Any dashes in Discharge GG count towards the 20% dash total.

As a review, Discharge GG is not required at the end of all SNF Part A stays. Any time we do a stand along Part A PPS Discharge, we do the whole thing, including Discharge GG. If we do a combo PPS/OBRA discharge, then Discharge GG is not required if the physical discharge is unplanned, OR to the hospital, OR if the SNF stay is less than three days. We complete the Part A PPS discharge when all Part A stays end, unless it ends in death. Not all Part A PPS Discharges will contain Discharge Section GG.

Some considerations:

- We can't submit PPS assessments for anyone who was not original Part A. If you did this, you need to inactivate them.
- If you didn't do any stand along Part A PPS Discharges for folks who stayed in the facility after Part A ended, you should have. You may consider setting them up and doing them now. Use the date Part A ended, and use only data collected in the correct lookback.
- You were forced to combine the PPS DC with the OBRA DC for everyone who physically discharged on the last Part A day or the day after the last Part A day.

So, the best way to make sure you have submitted everything you are supposed to submit, for SNF-QRP is below:

Every month, get the business office to give you a list of everyone they billed any Part A days for in the month, if you don't already know. Take that list (or your records) and look them all up in your MDS system. Make sure you have completed and submitted all necessary PPS assessments to bill any days for them. Make sure you don't put dashes in the fields discussed above. Make sure you did PPS discharge, either stand-alone or combined with OBRA discharge, unless the SNF stay ended in death. If you did this, then you have submitted all necessary records to compute the MDS-based SNG-QRP measures. If you don't put dashes in the calculator fields, you will never have the 2% payment reduction.