Breaking News from CMS

On 5/4/23 CMS alerted providers of a 5-claim PDPM probe review to be conducted by Medicare Administrative Contractors (MACs) for every SNF in their respective jurisdictions, effective 6/5/23. On May 10, this transmittal was replaced by Transmittal 12037.

CMS Transmittal 12037: https://www.cms.gov/files/document/r12037otn.pdf

The Point Is: Every PDPM provider will be subject to this review. Take steps now to solidify an internal process for successful management of the audits.

Proactive provider action is recommended to:

- Notify billers to ensure timely identification of ADR requests

- Validate each facility address on file to ensure receipt of correspondence

- Ensure presence of PDPM source documentation within the medical record

- Establish an internal process for assembly, submission and tracking

Agenda

- Present the proposed CMS changes for the SNF sector simply, clearly, and concisely. This will include the SNF QRP & VBP changes.

- Provide sources, resources, and timeline for the upcoming changes.

- Break-down MDS Section GG for Administrators, DONs and other SNF leaders in manner that improves IDT involvement in setting proper baselines.

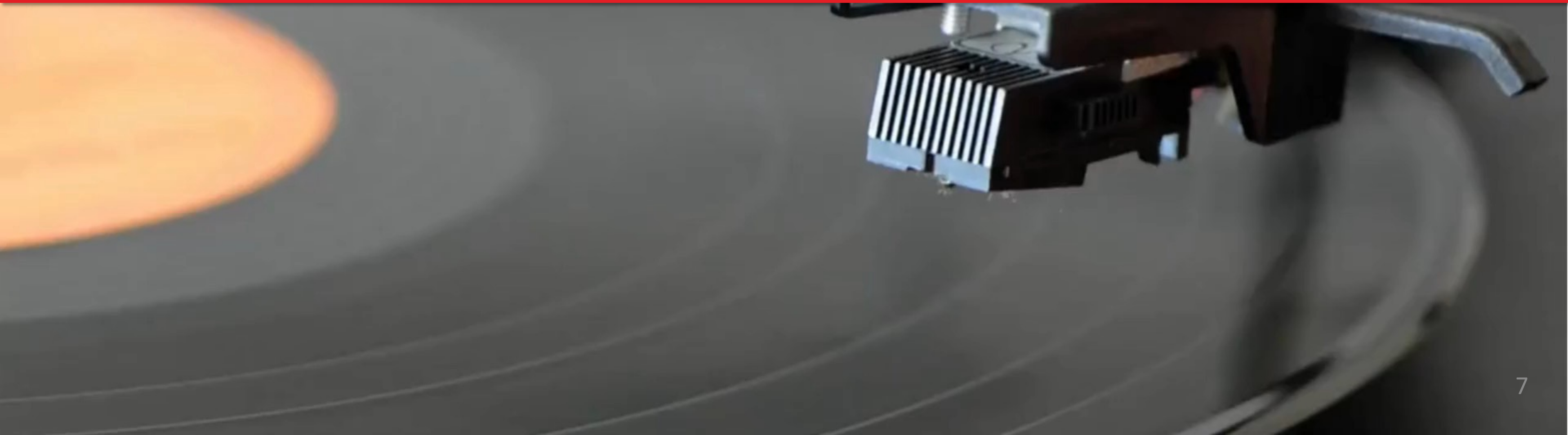- Build a simple framework for managing the CMS changes.

Poll Question #1

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Welcome to the post–COVID world…

Acoustic or Heavy Metal?

"**Sometimes there is no time to wait for the sea to calm down! If you have to reach your target, let your voyage start and let the storm be your path!**"

-Mehmet Murat Ildan
(Turkish Playwright, Novelist & Thinker)

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This isn't a jam session...follow the Sheet Music!

The Sheet Music

- Federal Register: The Daily Journal of the United States Government

- https://www.federalregister.gov/documents/2023/04/10/2023-07137/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities

- Many professional organizations have already published summaries and "white papers" of the changes (i.e., AAPACN, AHCA/NCAL, etc.)

The Sheet Music

SNF Quality Measures, including the MDS 3.0 User's Manual

- https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqiqualitymeasures

Value-Based Purchasing

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/SNF-VBP/SNF-VBP-Page. Downloaded 4/30/23.

SNF QRP

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview. Downloaded 4/30/23.

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Changing the Melody

FY 2024 CMS Proposed Changes

Released April 4, 2023

Music to Our Ears

- 3.7 % (or $1.2 Billion) aggregate increase in fee-for-service Medicare Part A payments

- This includes the second half of the PDPM "parity adjustment recalibration"

- Keep in mind that this increase is not distributed equally to all facilities

- Other "good news"- CMS is providing notice and time to adjust for some proposed future changes (i.e., vaccination reporting, MDS submission threshold, etc.)

Minimum Staffing Requirement

- The current administration has voiced its intentions to implement more rigorous staffing requirements

- CMS has solicited and accepted provider feedback and implemented a mixed-methods study (beginning Aug 2022)

- CMS intends to announce its proposal for staffing requirements "this Spring"

- We expect this announcement anytime...

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Different Tunes

- New MDS

- New ICD-10 CM Mapping Changes

- Quality Measures

- SNF Quality Reporting Program (QRP)
  - Items Eliminated
  - Items Added
  - Reporting Threshold

- SNF Value-Based Purchase (VBP) Program
  - Items Eliminated
  - Items Added

New MDS

- Draft Item Set released in September 2022

- Final Item Set released on April 4, 2023

- Updated MDS RAI 3.0 User Manual- April 4, 2023

- Effective 10/1/23

CMS link:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

MDS Changes

- Elimination of Section G

- Other coding/mapping changes

- States may still request to use the Optional State

  Assessment (OSA) for Medicaid CMI calculations

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Getting Off Beat?

Optional State Assessment (OSA)

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

Quality Measures

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Raving Fans?

Several Quality Measures are being proposed or retired, and one is recommended to change.

The elimination of MDS Section G will likely shift the QM calculations to information collected in Section GG.

Remember- Quality Measures not only affect SNF QRP & VBP but are also tied to some Medicaid P4P programs and the CMS 5-Star program.

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SNF Quality Reporting Program (QRP)

Poll Question #2

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Keep The Beat

SNF QRP Change Recommendations Overview

Adoption of 3 new measures

Removal of 3 measures

Modification of one measure

Proposed Change to Reporting Threshold

SNF QRP– Proposed Measures to Adopt

Discharge Function Score- Will be compared to CMS's Expected D/C Benchmark
- Will use Section GG info
- Residents who meet or exceed their discharge function score
- Also proposed as a VBP measure

COVID Vaccine: Percent of Patients/Residents Who Are Up to Date Measure (Patient/Resident COVID-19 Vaccine)
- Similar measure changed/proposed of Healthcare Personnel

CoreQ: Short Stay Discharge Measure (CoreQ: SS DC)- FY 2026
- Resident Satisfaction
- 5-Point Likert Scale
- Progressive submission plan (proposed)
- See next slide for CoreQ questions

CoreQ: Short Stay (SS) Discharge Questions

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Primary Questions:

- In recommending this facility to your friends and family, how would you rate it overall?

- Overall, how would you rate the staff?

- How would you rate the care you received?

- How would you rate how well your discharge needs were met?

Proposed Additions:

- Did someone help you (the resident) complete the survey?

- How did that person help you (the resident)?

CoreQ Proposed Reporting Threshold

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Threshold #1:

75% submission of weekly resident info files to the CMS-approved CoreQ vendor (for full reporting year)

Threshold #2:

90% completeness of the resident files

Thresholds Explanation:

"In other words, SNFs would need to submit resident information files on a weekly basis that include at least 90 percent of the required data fields to their CMS-approved CoreQ survey vendors for at least 75 percent of the weeks in a reporting year..."

SNF QRP Proposed Measures to Eliminate

- Application of Percent of Long-Term Care Hospital (LTCH) Patients with:
  - Admission and Discharge Functional Assessment
  - Care Plan That Addresses Functional Measure

- Application of IRF Functional Outcome Measures:
  - Change in Self-Care Score for Medical Rehabilitation Patients Measure
  - Change in Mobility Score for Medical Rehabilitation Patients Measure

SNF QRP Proposed Modifications

COVID-19 Vaccination Coverage among Healthcare Personnel Measure (NHSN reporting)

- Prior version measured whether healthcare personnel had received primary vaccination series for COVID-19

- New proposed measure will report healthcare personnel have received COVID-19 vaccinations as per CDC's most recent guidance

- Small but significant change

- Start Reporting- Q4 of 2023 (for FY 2025 QRP impact)

- CMS proposes public reporting on Care Compare after October 2024 refresh

Proposed Change to QRP Reporting Threshold

- Current- 100% of the qualifying MDS fields must be completed on at least 80% of the assessments submitted to CMS

- Proposed- 100% of the qualifying MDS fields must be completed on at least 90% of the assessments submitted to CMS

- Potential Penalty- 2 percentage points to the applicable FY annual payment update

- Change timeline- FY 2026

And The Beat Goes On...

- CMS has proposed public reporting (on Care Compare) of
  - Transfer of Health Information to the Provider- PAC Measure
  - Transfer of Health Information to the Patient- PAC Measure

- This measure reports the % of patient stays with a D/C assessment that shows that a current medication list was provided to the patient/family/caregiver and the subsequent medical provider

- Timeline- CMS would like to begin reporting on Care Compare in October 2025 after the site refresh

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Plug in the Gaps

Value-Based Purchasing Program (VBP)

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SNF Value–Based Purchasing Program

Proposed Addition of 4 new QMs

Proposed Replacement of 1 QM

Proposed Several Policy Changes

VBP– Four Proposed Additions

- Nursing Staff Turnover Measure

- Discharge Function Score Measure

- Long Stay Hospitalization Measure per 1000 (LS) Resident Days

- Percent of Residents Experiencing One or More Falls with Major Injury (LS)

VBP– Nursing Staff Turnover

- This is the same measure that is reported for PBJ and currently available on Care Compare

- This measure will be in addition to the Total Hours per Resident Day Staffing (Total Nursing Staffing) that is scheduled to affect payments for FY 2026

VBP– Discharge Function Score Measure

Same measure being proposed for SNF QRP (based on Section GG scoring)

See why it's time to face the music?

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VBP– (LS) Hospitalization Measure per 1000 (LS) Resident Days

- Measurement/Performance Year: FY 2025

- Program/Payment Year: FY 2027

- Calculates the unplanned

  - D/C to Acute Hospital

  - D/C to Critical Access Hospital

  - Outpatient Observation Days

- Per 1000 (LS) days over 1-year period

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VBP– Percent of residents experiencing one or more falls with major injury (LS)

Long-Stay Measure

- Falls with resultant
- Bone fractures
- Joint Dislocations
- Closed Head injuries with altered consciousness
- Subdural hematoma

Make sure MDS Section J1900C is not "checked" unless patient qualifies for a "major injury" per RAI guidance.

VBP– Proposed Replacement

Replace
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)

With
Skilled Nursing Facility Within Stay Potentially Preventable Readmissions (SNF WS PPR)

Skilled Nursing Facility Within Stay Potentially Preventable Readmissions (SNF WS PPR)

The difference?

- CMS has determined which conditions are "potentially preventable"

- Performance/Measurement Period: FY 2025 & FY 2026

- Performance Standard: TBD after 2-year measurement period

VBP– Proposed Policy Changes

- Health Equity Adjustment
  - Rewards facilities with ≥20% Dual Eligible Residents & that perform well
  - FY 2025 Measurement Year
  - FY 2027 Program (Payment) Year

- Increase the Payback Policy- Estimate increase from 60% to 66%

- Administrative changes to accommodate newly proposed QMs

- New Data Validation Process

Timeline for Change– 2023

- April - CMS proposed changes

- May - Potential Staffing Mandate Clarification

- May/June - CMS training materials, including videos (should include MDS changes, Section G/GG, & QMs)

- July - "Final Rule"

- August/September - Mad dash to implement changes

- October 1, 2023 - "Go Live" day for FY 2024 changes

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Give me Base?!

How do we set the "bass"line?

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🎤 **Consistent, focused, disciplined meetings with purpose**

🎧 **Understand the changes well enough to guide your team**

🔊 **Work toward meaningful goals with timelines & accountability**

🎵 **QAPI- Strong, focused, meaningful**

The Song Goes Like This

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There once was a SNF team who dreamed of being the...

Provider of Choice

Employer of Choice

Heard this song before?

Provider of Choice

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Impressive Discharge Function & Quality Measure Scores

Prevention of Re-Hospitalization & ED Visits

High CoreQ Score (Resident Satisfaction)

Admissions / Surveys

Vaccination Percentages

Think in terms of protecting your residents

Transfer of Health Information
Improved referrals or provider-to-provider communication (reduced re-hosp & ED visits)

Employer of Choice

🎤 SNF QRP & VBP-Improved Fiscal Stability

🎧 Leadership who understands the "business"

🔊 Decreased staff turnover

🎵 Consistent, predictable expectations for team

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Discharge & Quality Measures

- Positive Survey Outcomes

- Selection of Admissions

- Culture of Achieving Meaningful

Are you providing a healthy bass for your team?

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MDS Section GG

Section GG Overview

- Intended to help CMS streamline outcomes from different post-acute settings

- Moves from "Rule of 3" to "Usual Performance"

- Requires a qualified health professional to assess the status, however, information collected from patient, caregivers, etc.

- Confusion caused by running Section G & Section GG concurrently

- Information generally collected in 3-day window

- Initial scores should be scored prior to the affects of intervention

Section GG Overview (cont.)

- Section GG will likely be used to score QMs

- Intended to be an IDT process

- Drives PDPM payment for Nursing, PT, and OT Case Mix Groups

- Will drive SNF QRP & VBP programs

- Many teams continue to use therapy scores as baseline

Does this sound off-key?

Give me Bass
(The Therapy Dilemma)

- Therapists are trained to facilitate residents' optimal performance & only see residents during morning or afternoon hours

- Eliminates team collaboration

- Improper care planning & reimbursement

- Difficult to show accurate outcomes

May set the baseline artificially higher than resident's "usual" performance

Set the Tone

Find the proper "Bass" or Foundation

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Strike a Chord

- Understand the changes

- Know the timeframe

- Know and use the Source documents

- Create your own plan to implement change

- Assign "Who Does What By When?" (WDWBW), have back-ups, and follow-up frequently

- Ask questions, improve current processes, reset & clarify your expectations

Listen for more QRM resources & presentations!

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References

Federal Register
https://www.federalregister.gov/documents/2023/04/10/2023-07137/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities. Downloaded 4/27/23.

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SNF QRP

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QRM Service Offerings

MDS Oversight Services

- Reimbursement Capture Auditing

- State by State CMI Management

- Interim Remote MDS Coverage

- MDS Completion & Compliance Auditing

- QM & 5 Star Auditing and Support

- RAI based Education & Training

- Trending Analytics

▶ Learn More

QRM Service Offerings

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In-house Rehab Management

- Talent Acquisition
- Daily Rehab Management
- Innovations & Analytics
- Quality Improvement & Education
- ADR Guidance & Strategy

▶ Learn More

Multi-Claim Contractor Audits

- MAC Probe Review
- SMRC Review
- UPIC Review

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- Branding & Logo Design
- Website Design & Management
- Search Engine Optimization (SEO)
- Social Media Management
- Google Listing
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Q&A

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