



**The Skilled Nursing Facility Value-Based Purchasing Program:
CORRECTED Quarterly Confidential Feedback Report
September 2017**

Correction

The Centers for Medicare and Medicaid Services (CMS) would like to inform you that your facility's September Quarterly Confidential Feedback Report for the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program contained an error in the data collection period. The data contained in your September report used to calculate the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNRFM) was based on incomplete calendar year (CY) 2016 claims. Please note that the data contained in this corrected report may differ from the original report issued in September 2017. As a reminder, FY 2016 is the baseline data collection period affecting payments in FY 2020, and does not affect payments in FY 2019.

Background

Section 215 of the Protecting Access to Medicare Act (PAMA) of 2014 (P.L. 113-93) added sections 1888(g) and (h) to the Social Security Act (the Act) and authorizes the Secretary of the U.S. Department of Health and Human Services to implement the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program beginning with claims paid in fiscal year (FY) 2019.

Additional information about the SNF VBP Program can be found on the CMS website at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>.

Confidential Feedback Reports

Section 1888(g)(5) of the Act further requires that the Secretary begin providing quarterly confidential feedback reports to SNFs regarding their performance on the measures specified under the SNF VBP Program. In the table below, you will find a summary of the contents of quarterly reports that have been disseminated to date.

SNF VBP Quarterly Reports Disseminated to Date			
Date Disseminated to SNFs	SNFRM Measurement Period	Report Contents	Will this data affect SNF VBP payment determination?
October 1, 2016	N/A	Example Report	N/A
December 1, 2016	CY 2013	Facility-level data	No
March 1, 2017	CY 2014	Facility-level data	No
June 1, 2017	CY 2015	Facility-level & Stay-level data	Yes
September 1, 2017	FY 2016	Facility-level & Stay-level data	Yes

This is your September 2017 confidential feedback report for the SNF VBP Program. On page 5, you will find a summary of your facility's performance on the measure being used in the SNF VBP Program for fiscal year (FY) 2016. Please note that the information on page 5 of this report will be publicly reported on *Nursing Home Compare* or a successor website at a future date.

In addition, we also distributed a Supplemental Workbook—a separate Excel file—that you should have received through the CASPER reporting application. The Supplemental Workbook contains more detailed information about SNF stays used to calculate your performance, such as identifying information for SNF patients treated at your facility including admission/discharge dates and information on hospital readmissions, if applicable. On pages 6 through 9 of the current report, you will find a User Guide to the Supplemental Workbook that provides information on the contents of your facility's Supplemental Workbook.

Measure Description

The Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) was adopted for the SNF VBP Program in FY 2016. The SNFRM is a quality measure that assesses unplanned hospital readmissions for Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute care, critical access, or psychiatric hospital stay. The SNFRM is a risk-standardized readmission rate (RSRR). The risk-adjustment approach for the SNFRM takes into

account patient-level risk factors such as clinical characteristics and comorbidities to ensure that providers with similar quality of care do not appear dissimilar due to differences in their respective patient populations. Data for this measure are extracted from one year of Medicare claims. This measure is endorsed by the National Quality Forum (NQF #2510).

For additional information on the SNFRM, including a full explanation as to why the risk-standardized rate differs from the simple rate, we refer readers to our technical report¹ and to our technical report supplement,² which contains updated analytic results for the SNFRM.

SNF VBP Program Scoring

SNF VBP performance scores affecting FY 2020 payment determination will be calculated using SNFRM rates from the baseline period (FY 2016) and performance period (FY 2018). Performance standards for the baseline period (FY 2016) are reported below. For additional information on how measure performance will impact payment under the SNF VBP Program, we refer readers to the FY 2017 Final Rule.³

SNF VBP Performance Standards

Section 1888(h)(3) of PAMA requires that the SNF VBP Program include performance standards calculated for the baseline period—including the *achievement threshold* and the *benchmark*—against which individual SNFs' quality measure rates in the performance period could be compared. In the FY 2017 SNF PPS Final Rule, CMS defines the achievement threshold as the 25th percentile of national SNF performance on the specified quality measure (the SNFRM) during the applicable baseline period. The benchmark is defined as the mean of the top decile of SNF performance on the measure during the baseline period.

In the table below, we provide the performance standards calculated for the baseline year (FY 2016) affecting payment determination in FY 2020 for the SNF VBP Program. These performance standards, along with your SNF's RSRR for the performance period (FY 2018) will be used to calculate your SNF's achievement and improvement scores affecting payment determination in FY 2020. The performance standards affecting FY 2020 payment determination were specified in the FY 2018 SNF PPS Final Rule.

SNF VBP Program Performance Standards: Affecting Payment Determination in FY 2020		
Measure	Achievement Threshold	Benchmark
SNFRM ⁴	0.80218	0.83721

SOURCE: These performance standards were calculated using Medicare claims and eligibility data from FY 2016 (baseline period).

¹Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFRM-Technical-Report-3252015.pdf>.

²Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/Technical-Report-Supplement.pdf>

³Available at: <https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf>

⁴Performance standards are calculated using inverted RSRRs (1-SNFRM), meaning that a higher score is better. Please note the readmission rates presented on page 5 of this report have not been inverted.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Glossary of Terms

Achievement Score—a measure of each SNF’s achievement in the performance period for the SNF VBP Program; scores range from 0 to 100; for a full explanation of how SNF achievement scores are calculated, refer to the FY 2017 SNF PPS Final Rule.

Achievement Threshold—the 25th percentile of national SNF performance on the specified quality measure (the SNFRM) during the applicable baseline period.

Baseline Period—FY 2016 is the baseline period affecting payment determination in FY 2020 for the SNF VBP Program.

Benchmark—the mean of the top decile of national SNF performance on the specified quality measure (the SNFRM) during the applicable baseline period.

Improvement Score—a measure of improvement in the SNF VBP Program from the baseline period to the performance period; scores range from 0 to 90; for a full explanation of how SNF improvement scores are calculated, refer to the FY 2017 SNF PPS Final Rule.

Improvement Threshold—a SNF’s performance on the specified quality measure during the applicable baseline period.

Performance Period—FY 2018 is the performance period affecting payment determination in FY 2020 for the SNF VBP Program.

Performance Score—the higher of a SNF’s achievement score and improvement score for the specified performance period. This score is used to calculate payment adjustments for the SNF VBP program.

Performance Standards—comprised of the achievement threshold and the benchmark; these are the standards against which SNF performance is compared for the purposes of calculating SNF VBP performance scores.



The Skilled Nursing Facility Value-Based Purchasing Program
Quarterly Confidential Feedback Report
September 2017

Facility: HEARTLAND AT PROMEDICA FLOWER HOSPITAL CAMPUS
CCN: 366436
City, State: SYLVANIA, OHIO

Your SNF's Performance on the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) in FY 2016

Measure	Your SNF's Number of Eligible Stays	Your SNF's Number of Unplanned Readmissions*	Your SNF's Risk-Standardized Readmission Rate**	National Average Readmission Rate***
SNFRM	186	31	16.805%	18.826%

Source: Medicare claims and eligibility data from fiscal year 2016.

* The number of stays at your SNF that were followed by an unplanned hospital readmission within 30 days of discharge from a prior proximal hospitalization.

** The risk-standardized readmission rate is your SNF's risk-adjusted rate of unplanned readmissions.

*** The national average readmission rate reported here is the average unadjusted unplanned readmission rate for all eligible SNF stays nationally.

Questions?

If you have questions about your data, please contact CMS at SNFVBPinquiries@cms.hhs.gov.



Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program Supplemental Workbook User Guide September 2017

This User Guide is intended to serve as a tool to help you understand the data provided in the SNF VBP Supplemental Workbook containing your SNF's performance on the readmission measure adopted for the SNF VBP Program. This Supplemental Workbook (provided in Excel) includes measure results and underlying patient-level data. CMS is providing this more detailed data in response to provider feedback. Please note that the information provided is not sufficient to replicate your SNF's RSRR calculation, because this would require national data.

Information on Public Reporting

The FY 2016 RSRR contained in both the September 2017 quarterly confidential feedback report and the September 2017 Supplemental Workbook will be publicly reported on *Nursing Home Compare* or a successor website at a future date.

Information on Review and Corrections

CMS is required by statute to provide SNFs with an opportunity to review and submit corrections to measure performance data prior to its being made public. To that end, this quarterly report will mark the start of the Review and Corrections period for the data presented in this report. The Review and Corrections period for this data ends on March 31, 2018.

Questions

If you have concerns or questions about your performance on this measure or the data you received, please email SNFVBPinquiries@cms.hhs.gov. Note that correction requests should also be directed to this email address and must be received no later than March 31, 2018; please use the subject line: SNF VBP Review and Corrections Inquiry, and include your CCN.

Note: The accompanying Excel file contains patient-level data that are protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is a violation of HIPAA rules to share these protected patient-level data with other organizations, including the press. Emailing protected health information poses a security issue, and each HIPAA-covered entity is responsible for ensuring compliance with the security standards.

SNF VBP SUPPLEMENTAL WORKBOOK FILE CONTENTS AND DESCRIPTIONS

Your facility's Supplemental Workbook contains your FY 2016 SNFRM measure results and underlying patient-level data. This information is presented in three tabs or worksheets, including:

- Tab 1—Cover Sheet
- Tab 2—Facility Results
- Tab 3—Eligible Stays

Below you will find a detailed description of the contents of each worksheet in your facility's Supplemental Workbook. For additional information regarding SNFRM calculation, we refer readers to the SNFRM Technical Report, available at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFRM-Technical-Report-3252015.pdf>.

Tab 1. Cover Sheet

The first tab in the Supplemental Workbook provides the measure title, data collection period, provider name, CMS Certification Number (CCN), and a brief description of the report's contents.

Tab 2. Facility Results

The second tab in the Supplemental Workbook (Facility Results) includes the following information calculated using index SNF stays with admission dates from October 1, 2015, through September 30, 2016.

ROW NAME	DESCRIPTION
Your SNF's Number of Eligible Stays	The total number of SNF stays that met the inclusion criteria and were used to calculate your SNF's performance during this reporting period.
Your SNF's Number of Unplanned Readmissions	The total number of eligible SNF stays with an unplanned readmission during the 30-day readmission window.
Your SNF's Observed Readmission Rate	Your SNF's unadjusted rate of unplanned readmissions. This is calculated by dividing your SNF's total number of unplanned readmissions by your SNF's total number of eligible stays, and then multiplying by 100.
Your SNF's Predicted Number of Readmissions	The number of unplanned readmissions predicted based on your SNF's performance given your SNF's case mix. ⁵
Your SNF's Expected Number of Readmissions	The number of readmissions that would be expected if the patients at your SNF were treated at the average SNF. ⁵
Your SNF's Standardized Risk Ratio (SRR)	An indicator of your SNF's effect on readmission rates. It is calculated by dividing the predicted number of readmissions at your facility by the expected number of readmissions for the same patients if these patients had been treated at the average SNF. This is a ratio where values greater than 1.0 suggest a higher/worse than expected readmission rate and values less than 1.0 suggest a lower/better than expected readmission rate.
National Average Readmission Rate	The unadjusted readmission rate for all eligible SNF stays nationally. It is calculated by dividing the total number of unplanned readmissions for all SNFs by the total number of eligible stays for all SNFs, and then multiplying by 100.
Your SNF's Risk-Standardized Readmission Rate (RSRR)	Your SNF's risk-adjusted rate of unplanned readmissions. It accounts for patient-level risk factors such as clinical characteristics and comorbidities. It is calculated by multiplying your SNF's standardized risk ratio by the overall national raw readmission rate for all SNF stays.

⁵Correction: The values for Predicted and Expected Numbers of Readmissions in your previous September Supplemental Workbook were expressed as percentages rather than numbers. The corrected Supplemental Workbook contains your facility's Predicted and Expected Numbers of Readmissions.

The information provided in the Facility Results tab of your Supplemental Workbook is, in part, intended to help you trace the calculation of your SNF's observed and risk-standardized readmission rates.⁶ Your SNF's observed readmission rate is calculated by dividing your SNF's total number of unplanned readmissions by your SNF's total number of eligible stays.

$$\frac{\text{Your SNF's Number of Unplanned Readmissions}}{\text{Your SNF's Number of Eligible Stays}} = \text{Your SNF's Observed Readmission Rate}$$

To calculate your SNF's risk-standardized readmission rate (RSRR), you must first divide your SNF's predicted number of readmissions by your SNF's expected number of readmissions to get your standardized risk ratio (SRR). The product of your SNF's SRR and the national average readmission rate is your SNF's RSRR.

$$(1) \frac{\text{Your SNF's Predicted Number of Readmissions}}{\text{Your SNF's Expected Number of Readmissions}} = \text{Your SNF's Standardized Risk Ratio (SRR)}$$

$$(2) \text{Your SNF's SRR} \times \text{National Average Readmission Rate} = \text{Your SNF's RSRR}$$

Tab 3. Eligible Stays

The third tab in the Supplemental Workbook (Eligible Stays) includes the following information for patients with index SNF stays who had admission dates from October 1, 2015, through September 30, 2016.

COLUMN	VARIABLE NAME	DESCRIPTION
Column B	ID Number	Unique identifier for each patient's SNF stay included in the worksheet. This is an arbitrary number generated strictly for the purposes of identifying SNF stays in the worksheet.
Column C	HICN	6- to 12-digit beneficiary Medicare health insurance claim (HIC) account number. Note: This is not the same as the Social Security Number.
Column D	Sex	The sex of the beneficiary.
Column E	Age	The age of the beneficiary at the time of SNF admission.
Column F	Admission Date of Index SNF Stay	Admission date for index SNF stay (DDMONYYYY).
Column G	Discharge Date of Index SNF Stay	Discharge date for index SNF stay (DDMONYYYY).
Column H	Index SNF Discharge Status Code	Destination to which the patient was discharged. See the ResDAC site for information regarding the coding of this variable: http://www.resdac.org/cms-data/variables/patient-discharge-status-code .
Column I	Prior Proximal Hospital CCN	CMS Certification Number (CCN) of the prior proximal hospital from which the SNF patient was discharged.
Column J	Admission Date of Prior Proximal Hospital Stay	Admission date for prior proximal hospital stay (DDMONYYYY).

⁶ Please note that due to rounding, the results of calculating the RSRR from numbers in this table may not be exact.

COLUMN	VARIABLE NAME	DESCRIPTION
Column K	Discharge Date of Prior Proximal Hospital Stay	Discharge date for prior proximal hospital stay (DDMONYYYY).
Column L	ICD Version of Principal Diagnosis (Prior Proximal Hospital)	Indicates if the principal diagnosis on the prior proximal claim reflects ICD-9 or ICD-10 coding conventions. 9: Principal diagnosis reflects ICD-9 coding conventions. 10: Principal diagnosis reflects ICD-10 coding conventions.
Column M	Principal Diagnosis of Prior Proximal Hospital Stay	Principal diagnosis code of the prior proximal hospital stay.
Column N	Planned Readmission	Indicates whether a SNF patient was readmitted for a planned procedure within the 30-day readmission window. 1: SNF patient was readmitted for a planned procedure. 0: SNF patient was not readmitted for a planned procedure.
Column O	Unplanned Readmission	Indicates whether a SNF patient was readmitted for an unplanned procedure within the 30-day readmission window. 1: SNF patient was readmitted for an unplanned procedure. 0: SNF patient was not readmitted for an unplanned procedure.
Column P	Readmission Hospital CCN	If there was a readmission, this refers to the CCN of the hospital to which the SNF patient was readmitted. If the SNF patient did not have a readmission within the 30-day readmission window, the cell will be left blank.
Column Q	Readmission Admission Date	Admission date for hospital readmission (DDMONYYYY). If the SNF patient did not have a readmission within the 30-day readmission window, the cell will be left blank.
Column R	Readmission Discharge Date	Discharge date for hospital readmission (DDMONYYYY). If the SNF patient did not have a readmission within the 30-day readmission window, the cell will be left blank.
Column S	ICD Version of Principal Diagnosis (Readmission Hospital)	Indicates if the principal diagnosis on the readmission claim reflects ICD-9 or ICD-10 coding conventions. 9: Principal diagnosis reflects ICD-9 coding conventions. 10: Principal diagnosis reflects ICD-10 coding conventions.
Column T	Principal Diagnosis of Readmission Hospital	Principal diagnosis code of the readmission stay. If the SNF patient did not have a readmission within the 30-day readmission window, the cell will be left blank.
Columns: U-KM	Risk Adjusters	<p>These columns contain risk adjusters used in the model to calculate the measure. Values are '1' if the beneficiary was identified as having that risk adjuster; '0' otherwise.</p> <p>The risk adjusters include the following: original reason for Medicare entitlement, if currently aged; end-stage renal disease; count of acute stays prior to most recent; length of prior proximal stay; surgical patient indicator, if any; principal diagnosis from prior proximal stay (using <i>Clinical Classifications Software</i> (CCS) groupings); indicator of any days in an intensive care unit (ICU) during prior proximal stay; comorbidities (using <i>Hierarchical Condition Category</i> (HCC) groupings); and an indicator of a count of multiple comorbidities. Risk adjusters that are used as reference groups when a patient must be in one of a set of categories are denoted by a 'REF' in the variable label.</p> <p>We refer users to the SNFRM Technical Report for more detail on risk-adjustment and measure calculation.</p>

NOTE: This worksheet contains personally identifiable information (PII) and protected health information (PHI). **Do NOT email the contents of your patient-level worksheet.**