New QRP Quality Reporting Changes

Are You Ready?

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Briggs Healthcare®

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SimpleLTC

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What We’ll Cover Today

1. Difference between QMs and SNF QRPs
2. SNF QRPs
3. SNF QRP impact on reimbursement
4. Tips for working with QMs and SNF QRPs to improve scores
5. How SimpleLTC can help you with quality reporting
QM and SNF QRP: What’s the Difference?
Overview of Differences

Quality Measures
• Law: OBRA ‘87
• Originally 24 QIs covered 12 areas of care - domains
• Began as QIs in early 1990s; QMs with MDS 3.0 October 2010
• 12/18/2008 – Nursing Home Compare
• Deficiencies/citations & public opinion/future occupancy

SNF QRP Measures
• Law: IMPACT Act of 2014
• 3 measures collected from 10/1 through 12/31/2016 for FY2018 payment determinations
• Initial SNF QRPs use MDS 3.0 assessment data
• Traditional Part A stays only
• Reimbursement beginning 10/1/2017
Quality Measures

• Long-Stay QMs
  – 1 new measure added to NHC/Five-Star July 1, 2016
    ▪ Percentage of Residents Whose Ability to Move Independently Worsened (MDS-based)

• Short-Stay QMs
  – 4 new measures added to NHC/Five-Star July 1, 2016
    ▪ Percentage of Residents Who Made Improvements in Function (MDS-based)
    ▪ Percentage of Residents Who Were Re-hospitalized After a Nursing Home Admission (Claims-based)*
    ▪ Percentage of Residents Who Were Successfully Discharged to the Community (Claims-based)*
    ▪ Percentage of Residents Who Had An Outpatient Emergency Department Visit (Claims-based)*

• Percentage of Residents who Used Antianxiety or Hypnotic Medication (MDS-based)+

*Claims-based measures use Medicare Part A stays only   +Not included in NHC/Five-Star at this time
IMPACT Act of 2014

(Improving Medicare Post-Acute Care Transformation)

• Requires reporting of measures pertaining to resource use, hospitalization and discharge to the community

• Standardized/uniform data elements across all post-acute providers
  • Enable interoperability, exchangeability and access to data to facilitate coordinated care
  • Improve quality of care and patient outcomes
  • Improve overall quality comparison
  • Improve person-centered, goals-driven discharge planning
QRP Measure Domains & Timelines

1. Functional status, cognitive function, and changes in function and cognitive function
   - SNF: October 1, 2016
   - IRF: October 1, 2016
   - LTCH: October 1, 2018
   - HHA: January 1, 2019

2. Skin integrity and changes in skin integrity
   - SNF: October 1, 2016
   - IRF: October 1, 2016
   - LTCH: October 1, 2016
   - HHA: January 1, 2017

3. Medication Reconciliation
   - HHA: January 1, 2017
   - SNF: October 1, 2018
   - IRF: October 1, 2018
   - LTCH: October 1, 2018
QRP Measure Domains & Timelines

4. Incidence of Major Falls
   - SNF: October 1, 2016
   - IRF: October 1, 2016
   - LTCH: October 1, 2016
   - HHA: January 1, 2019

5. Communicating the existence of and providing for the transfer of health information and care preferences
   - SNF: October 1, 2018
   - IRF: October 1, 2018
   - LTCH: October 1, 2018
   - HHA: January 1, 2019

Resource use and other measures will be specified for reporting:
- Total estimated Medicare spending per beneficiary
- Discharge to community
- Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

- SNF: October 1, 2016
- IRF: October 1, 2016
- LTCH: October 1, 2016
- HHA: January 1, 2017
What Are The SNF QRP Measures?
QM Domains Related to IMPACT Act

IMPACT Act of 2014

- Section GG
- Section M
- Skin Integrity
- Falls
FY2017

Residents with pressure ulcers that are new or worsened (M0300B, M0300C, M0300D)

Residents experiencing one or more falls with major injury (J1900C = 1 or 2)

Residents with an admission & discharge functional assessment and a care plan that addresses function (Section GG)
Residents with Pressure Ulcers That are New or Worsened

- Target assessment = Part A PPS discharge or OBRA discharge
  - Stage 2: M0300B1 – M0300B2 > 0
  - Stage 3: M0300C1 – M0300C2 > 0
  - Stage 4: M0300D1 – M0300D2 > 0

- SNF Risk Adjustment
  - Bed mobility (function/mobility)
  - Bowel incontinence
  - Diabetes or PVD/PAD
  - Low body mass index
Residents Experiencing One or More Falls with Major Injury

- Look-back scan
- J1900C = 1 or 2
- Why?
  - Leading cause of morbidity & mortality
  - Falls result in serious injury, esp. hip fractures
  - Recurrent falls & falls w/injury are the most important predictors of future falls and injurious falls
Residents with an Admission & Discharge Functional Assessment and a Care Plan That Addresses Function

• IMPACT Act of 2014
• Items assess need for assistance w/self-care & mobility activities
• Focus
  • Admission performance
  • Discharge goals
  • Discharge performance
GG0130 – Self Care: Start of Part A PPS Stay

GG0130. Self-Care (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 6-point scale.

Coding:

**Safety and Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

- **06. Independent** - Resident completes the activity by him/herself with no assistance from a helper.
- **05. Setup or clean-up assistance** - Helper sets up/clears the space for the activity; resident completes activity. Help with setup/cleanup may be given in the following situations:
  - If resident is unable to help set up/clear away without assistance.
  - If resident is unable to keep the environment clean.

**If activity was not attempted, code reason:**
- **07. Resident refused.**
- **09. Not applicable.**
- **10. Not attempted due to medical

<table>
<thead>
<tr>
<th>1. Admission</th>
<th>2. Discharge</th>
<th>Enter Codes in Boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
<td>Goal</td>
<td></td>
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</tbody>
</table>

A. **Eating**: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.

B. **Oral hygiene**: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]

C. **Toileting hygiene**: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
GG0170 – Mobility: Start of Part A PPS Stay

<table>
<thead>
<tr>
<th>Admission Performance</th>
<th>Discharge Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Sit to lying:</strong> The ability to move from sitting on the side of bed to lying flat on the bed.</td>
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<tr>
<td><strong>C. Lying to sitting on side of bed:</strong> The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</td>
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<tr>
<td><strong>D. Sit to stand:</strong> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.</td>
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<tr>
<td><strong>E. Chair/bed-to-chair transfer:</strong> The ability to safely transfer to and from a bed to a chair (or wheelchair).</td>
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<tr>
<td><strong>F. Toilet transfer:</strong> The ability to safely get on and off a toilet or commode.</td>
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</table>

**H1. Does the resident walk?**
- No, and walking goal is not clinically indicated: Skip to GG0170J1. Does the resident use a wheelchair/scooter?
  - Yes: Continue to GG0170J, Walk 50 feet with two turns.

**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.

**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

**Q1. Does the resident use a wheelchair/scooter?**
- No: Skip to GG0130, Self Care (Discharge)
- Yes: Continue to GG0170R, Wheel 50 feet with two turns

**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.

**RR1. Indicate the type of wheelchair/scooter used.**
- Manual
- Motorized

**S. Wheel 150 feet:** Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.

**SS1. Indicate the type of wheelchair/scooter used.**
- Manual
- Motorized
**GG0130 – Self Care: End of Part A PPS Stay**

**GG0130. Self-Care** (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03

Code the resident’s usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.

**Coding:**

**Safety and Quality of Performance** - If helper assistance is required because resident’s performance is not safe, activity was not attempted, code.

<table>
<thead>
<tr>
<th>3. Discharge Performance</th>
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<tbody>
<tr>
<td>Enter Code</td>
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</table>

**A. Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.

| Enter Code |

**B. Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]

| Enter Code |

**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
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<td>GG0170 – Mobility: End of Part A PPS Stay</td>
<td></td>
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</table>

3. Discharge Performance
Enter Codes in Boxes

- **B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
- **C. Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
- **D. Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
- **E. Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
- **F. Toilet transfer:** The ability to safely get on and off a toilet or commode.

**H. Does the resident walk?**
- 0. No — Skip to GG0170Q3, Does the resident use a wheelchair/scooter?
- 1. Yes — Continue to GG0170J, Walk 50 feet with two turns

**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.

**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

**Q. Does the resident use a wheelchair/scooter?**
- 0. No — Skip to H0100, Appliances
- 1. Yes — Continue to GG0170R, Wheel 50 feet with two turns

**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.

**RR. Indicate the type of wheelchair/scooter used.**
- 1. Manual
- 2. Motorized

**S. Wheel 150 feet:** Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.

**SS. Indicate the type of wheelchair/scooter used.**
- 1. Manual
- 2. Motorized
Coding: NOT the Same as G

Safety and Quality of Performance - If helper assistance is required because resident’s performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.

06. Independent - Resident completes the activity by him/herself with no assistance from a helper.
05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.
04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:
07. Resident refused.
09. Not applicable.
88. Not attempted due to medical condition or safety concerns.
New Item Set for SNF QRP Data Collection
Claims-Based SNF QRPs Affecting FY2018 Reimbursement

<table>
<thead>
<tr>
<th>Measure</th>
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<td>Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)</td>
<td>Medicare FFS claims</td>
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<td>Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)</td>
<td></td>
</tr>
<tr>
<td>Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure</td>
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SNF QRP Impact on Reimbursement
Impacts of SNF QRP

- These SNF QRPs do NOT impact your facility’s Five-Star report
- SNF QRPs *can* impact your facility’s reimbursement beginning in FY2018 (starting October 1, 2017)
Using Dashes in the 3 SNF QRP Measures

The use of dashes has no direct impact on RUG rates

HOWEVER...

a 2% penalty to the market basket increase beginning FY2018 (10/1/2017) will be in effect if more than 80% of MDSs submitted do not contain 100% of the data elements needed to calculate all 3 of the new SNF QRP QMs.
QM and SNF QRP Tips
Tips for Managing QMs

- Data is king!
  - QM reports are history – can be up to 6 months old
  - Analyze your data
  - Learn from your history to correct the present and the future

- Coding of MDS essential
  - Were the MDS’ included in your QM report coded accurately?
  - Everyone involved in RAI process must have access to current manual
  - Make corrections to accepted data if warranted

- Monitor problem areas
- Everyone has skin in the game – own your data
Tips for Managing SNF QRPs

• Collaboration between Nursing and Therapies for Section GG data collection is essential
• Develop a plan yesterday to collect *usual* performance for 1st 3 days of every traditional Part A stay as well as the last 3 days of every Part A stay, regardless of discharge destination
• Train, mentor, audit/evaluate, revise – repeat as needed
• Remember: next 3 months are baseline data gathering for next year’s reimbursement
• Data is king in this arena as well!
Resources

- https://www.simpleltc.com/
How can SimpleLTC help with Quality Measures?
Questions & Answers
Thank you for attending

The webinar recording/slides can be found at:

simpleltc.com/mdschanges

For more info on SimpleLTC analytics, visit:

simpleltc.com/simpleanalyzer
Skilled Nursing Facility Quality Reporting Program (SNF QRP): Requirements for the Fiscal Year (FY) 2018 Reporting Year

This fact sheet contains information about requirements for the SNF QRP for the FY 2018 reporting year, which will reflect data collected from 10/1/16 – 12/31/16.

I. Background

The IMPACT Act of 2014 mandated the establishment of the SNF QRP. As finalized in the FY 2016 SNF PPS final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY.

II. FY 2018 Reporting Requirements

The FY 2018 reporting year is based on one quarter of data from 10/1/16 – 12/31/16. This means that FY 2018 compliance determination will be based on data submitted for admissions to the SNF on and after October 1, 2016, and discharged from the SNF up to and including December 31, 2016. Providers have until May 15, 2017 to correct and/or submit their quality data from the FY 2018 reporting year.

Providers must submit all data necessary to calculate SNF QRP measures on at least 80% of the MDS assessments submitted to be in compliance with FY 2018 SNF QRP requirements.

MDS 3.0 Submission

SNFs currently submit MDS 3.0 data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. The October 1, 2016 implementation of the SNF QRP will not change requirements related to the submission of MDS 3.0 data through CMS’ QIES ASAP system.

However, in order to collect the standardized data used to calculate SNF QRP measures, an additional MDS submission, the SNF Part A PPS Discharge Assessment, was finalized in the FY 2016 SNF PPS final rule. This discharge assessment includes discharge assessment data needed to inform current and future SNF QRP measures and their calculation.

For an overview of the steps required to submit an MDS 3.0 file, verify its submission status, and obtain a Final Validation report providers should review this Helpful Hints Fact Sheet. It is strongly recommended that providers access and review the MDS 3.0 Provider User’s Guide and the CASPER Reporting User’s Manual, both of which can be accessed at: https://www.qtso.com/mdstrain.html.
SNF QRP Quality Measures

The implementation of the SNF QRP on October 1, 2016 does not change requirements related to the process for MDS record submission, however it does introduce new quality measures that providers are required to report data on.

In the FY 2016 SNF PPS final rule, three quality measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP. These measures and their data sources are listed in Table 1, as well as a brief summary of any modifications to the MDS 3.0 that will be implemented on October 1, 2016 as a result of the adoption of these measures into the SNF QRP. The data collection periods and data submission deadlines for these measures for FY 2018 payment determination are also outlined in this table.

Table 1: SNF QRP measures affecting FY 2018 payment determination finalized in the FY 2016 SNF PPS final rule

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Resulting changes to MDS 3.0</th>
<th>Data collection period for FY 2018 payment determination</th>
<th>Data submission deadline for FY 2018 payment determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of Percent of Patients or Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)</td>
<td>MDS 3.0</td>
<td>None.</td>
<td>10/01/16-12/31/16</td>
<td>05/15/17</td>
</tr>
<tr>
<td>Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678)</td>
<td>MDS 3.0</td>
<td>None.</td>
<td>10/01/16-12/31/16</td>
<td>05/15/17</td>
</tr>
<tr>
<td>Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)</td>
<td>MDS 3.0</td>
<td>Addition of Section GG.</td>
<td>10/01/16-12/31/16</td>
<td>05/15/17</td>
</tr>
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For more information about the specifications and items included in these previously adopted measures affecting FY 2018, see the Skilled Nursing Facility Quality Reporting Program-Specifications for the Quality Measures Adopted through the Fiscal Year 2016 Final Rule.¹

In the FY 2017 SNF PPS final rule, three additional measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP². These measures, listed in Table 2, will be calculated using Medicare FFS claims and thus, will require no additional data collection on the part of providers. For more information about the specifications for these three measures, please see the two documents: Measure Specifications for Measures Adopted in the FY 2017 SNF QRP Final Rule and Measure Specifications: Medicare Spending Per Beneficiary.

Table 2: SNF QRP measures affecting FY 2018 payment determination finalized in the FY 2017 SNF PPS final rule

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Note that, in the FY 2017 SNF PPS final rule, one MDS-based measure affecting FY 2020 payment determination, Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), was also finalized for adoption in the SNF QRP. However, data collection for this measure will not begin until October 1, 2018.

III. Resources and Frequently Asked Questions

Where can I find more information about the SNF QRP requirements?

Providers should visit the SNF QRP webpage for more information on SNF QRP measures and requirements. This webpage will be frequently updated with announcements and resources including:

- SNF QRP training materials
- Fact Sheets
- Help Desk Quarterly Q+A Documents

When is a new SNF required to begin reporting SNF QRP data?

As stated in the FY 2016 SNF PPS final rule, a new SNF would be required to begin reporting data on any quality measures finalized for that program year by no later than the first day of the

¹ Please note that the specifications for the measure, Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678), have recently been updated. Please see the updated specifications in the document titled “SNF QRP Measure Specifications_August 2016 updated PU” in the “Downloads” portion of the SNF QRP Measures and Technical Information webpage.
calendar quarter subsequent to 30 days after the date on the SNF’s CMS Certification Number (CCN) notification letter.

EXAMPLE: if a SNF received its CCN on August 28, 2016, and 30 days are added (August 28 + 30 days = September 27), the SNF would be required to submit data for residents who are admitted beginning on October 1, 2016.

Are swing beds subject to SNF QRP requirements?

According to the FY 2016 SNF PPS final rule (80 FR 46429), critical access hospitals (CAHs) with swing beds are not required to submit quality data under the SNF QRP. Note, however, that non-CAH swing beds are subject to SNF QRP requirements. For more information about requirements for swing bed providers, please refer to: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html.

What if I am notified of noncompliance with FY 2018 requirements?

If you are found noncompliant with FY 2018 requirements, you may request reconsideration of the finding. SNFs may file for reconsideration if they believe the finding of noncompliance is in error. Reconsideration requests are submitted by email to CMS containing all of the requirements listed on the Reconsideration Requests portion of the SNF QRP webpage.

Please note that a SNF cannot request reconsideration until notified by CMS of a finding of noncompliance with FY 2018 requirements.

What if I have extenuating circumstances (e.g., a natural disaster) that prevent me from submitting SNF QRP data or cause me to submit SNF QRP data late?

CMS makes accommodations in the event SNF is unable to submit quality data due to extraordinary circumstances beyond their control (e.g., natural or man-made disasters) or when a systemic problem with data collection systems directly affected the ability to submit data. If a SNF is affected by an extraordinary circumstance, they can submit an exception or extension request to CMS. SNFs should submit this request via email within 90 calendar days of the occurrence of the extraordinary circumstance. Please visit the Extensions and Exception Requests portion of the SNF QRP webpage for more information.

IV. Resources for Providers

- **SNFQualityQuestions@cms.hhs.gov** (QRP Help Desk): For general questions about the SNF QRP, reporting requirements, reporting deadlines, and SNF QRP quality measures.
- **BetterCare@cms.hhs.gov** or 1-800-839-9290: For questions related to Nursing Home Compare and the Five-Star Quality Rating System.
- 1-888-238-2122 (CMSNet Help Desk): For assistance with your CMSNet login ID/password.
• **Help@qtso.com** or 1-877-201-4721 (QIES Help Desk): For questions about MDS record completion and submission processes, or for technical questions. This group also handles questions related to MDS/CASPER login IDs/passwords and jRAVEN software.

• **SNFQRPREconsiderations@cms.hhs.gov** (Reconsideration Help Desk): For reconsideration requests and follow-up questions if your facility has received a CMS determination of noncompliance letter.

• Subscribe to this listserv for the latest SNF QRP information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines: [https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265](https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12265).