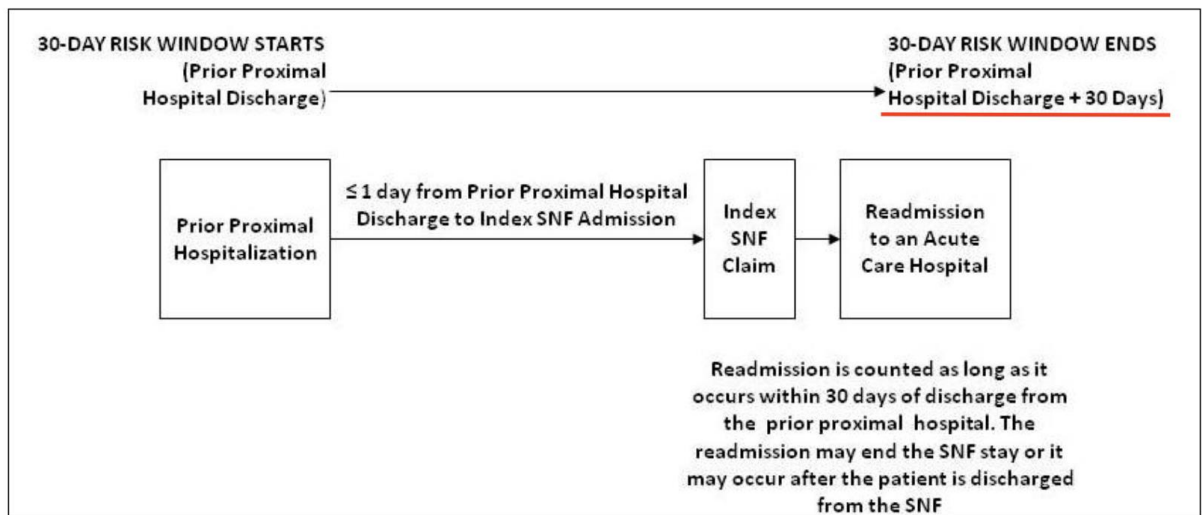


SNF VBP Webinar Q & A

April 2017

1. When does the 30-day readmission window begin. From day of hospital discharge or day of SNF admission?

A: The 30-day readmission window begins the day after hospital discharge. As shown on this CMS diagram, the 30-day window is the day after hospital discharge (hospital discharge + 30 days).



For a Medicare resident to qualify for the readmission measure, they must be admitted within 1 day of hospital discharge.

2. How will the 2% reduction beginning on 10/1/2018 be handled?

A: This is a clarification and correction to the answer I provided during the live Q & A portion. After I completed a bit more research I could determine the 2% reduction will be handled on a claim by claim bases for claims with DOS on or after 10/1/18. There will be a 2% reduction and then be offset by any incentive payment. Per a CMS representative:

....both the 2-percent reduction and the value-based incentive payment percentage, the latter of which will be SNF-specific, will be applied simultaneously to your claims beginning with Federal fiscal year 2019. So you shouldn't see a separate 2-percent reduction. It should – you know, you should see those line items on the claims forms. But those two adjustments should happen in sequence on the claim.

If the VBP reduction is handled the same way as the 2% sequestration reduction, then the claims payment adjustment shall be applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.

More information related to how the adjustments will be handled will most likely be addressed in future rulemaking and/or CMS VPB Q & A.

3. Is the 2% reduction in addition to the already 2% reduction for total of 4% reduction?

A: yes, as far as we are aware since these fall under two different sets of regulations. If the 2% sequestration reduction remains in place then the VBP reduction would be in addition too.

4. How will the Achievement Score and Performance Score be calculated if a SNF is new and does not have any 2015 baseline data?

A: Update 4/27/2017: Response received from CMS. Since there will be no comparison data (from 2015) it is not possible to determine and Improvement Score. Only an Achievement score will be calculated and used to determine incentive payments

5. If a resident is admitted rehab to home and decides to stay long term how does that affect the scores. Also, long term care patients who go to hospital come back with Medicare rehab and then change back to long term placement how does that affect the score?

A: In both situations, if the resident is not readmitted to the hospital within the 30-day period, they would be considered a qualifying Medicare stay (if they don't meet one of the exclusions) but would not be counted as a hospital readmission.

6. Does the Med A resident need to be admitted to the hospital for it to go against the facility VS being in observation?

A: Yes, they must have a Part A (inpatient) hospital stay. Observation stays are not considered hospital readmissions.

7. Where can we find the list of planned readmissions DRGs?

A: The SNFRM Technical report includes tables that list those hospital admission that would be considered planned. The procedures are listed by a Procedure code rather than DRG. You can find the SNFRM Technical report here:

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

8. What happens to the other 30-50% of the funds not used as incentive payments?

A: The remaining funds go back into the Medicare Trust fund.

9. On the example report, we would want our readmission rate to be less than the national average? Is the national average the mean of 2015?

A: Certainly, a facility would want their readmission rate less than the nation average and the average would be the mean of 2015. But don't confuse this with the Benchmark Threshold. The Benchmark Threshold is the mean of the **top 10%** of the facilities in the nation. Not the national average.

10. What about stays in a Geropsych unit?

A: The SNFRM includes stays in an acute care hospital, CAH, psychiatric hospital and/or cancer hospital. Geropsych units usually are part of one of these types of hospitals.

11. When will more detailed reports be available from CMS?

CY2015 data will be released in June 2017. I do believe that CMS plans to have detailed data reports included with this release.

For more information about the SNF VBP program, please visit the CMS SNF VBP webpage at:

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