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***An Analysis and Commentary on Federal Health Care Issues
by Larry Goldberg***

May 1, 2018

CMS Releases Proposed Skilled Nursing Facility FY 2019 PPS Update

The Centers for Medicare and Medicaid Services (CMS) have issued a proposed rule that would update the payment rates used under the prospective payment system (PPS) for skilled nursing facilities (SNFs), for fiscal year (FY) 2019.

This proposed rule also proposes to replace the existing case-mix classification methodology, the Resource Utilization Groups, Version IV (RUG-IV) model, with a revised case-mix methodology to be called the Patient-Driven Payment Model (PDPM) effective October 1, 2019. The proposed rule also would update the Skilled Nursing Facility Quality Reporting Program (SNF QRP) and Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP).

The document is currently on display at the ***Federal Register*** office. Publication is scheduled for May 8th. A copy of the 266-page document is at: https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-09015.pdf. This link will be superseded upon publication. The proposal provides a 60-day comment period ending June 26th.

Comment

CMS notes that the aggregate impact of the payment update provisions of the proposal would be an increase of approximately $850 million in payments to SNFs in FY 2019. However, the overall economic impact of the SNF VBP Program is an estimated reduction of $211 million in aggregate payments to SNFs during FY 2019.

SNF PPS Rate Setting Methodology and FY 2019 Update

Section 53111 of the ***Bipartisan Budget Act of 2018*** established a special rule for FY 2019 that requires the market basket percentage, after the application of the multi-factor productivity adjustment (MFP) required by the ***Affordable Care Act*** (ACA), to be 2.4 percent.

SNFs that fail to submit required quality data to CMS will be subject to a 2.0 percentage point reduction to the otherwise applicable annual market basket percentage update with respect to that fiscal year.

Forecast error correction

The SNF PPS is the only PPS that requires a market basket forecast for errors. However, CMS' rule only makes corrections if the error is 0.5 percent or more.

There will be no correction for FY 2019.

Case-Mix and Rates

While CMS is proposing to change the SNF case-mix, the FY 2019 payment rates provided use the RUG-IV case-mix classification system from October 1, 2018, through September 30, 2019.

The two tables below reflect the updated components of the unadjusted federal rates for FY 2019, prior to adjustment for case-mix.

FY 2019 Unadjusted Federal Rate Per Diem--URBAN

Rate Component	Nursing - Case-Mix	Therapy-Case-Mix	Therapy-Non-Case-mix	Non-Case-Mix
Per Diem Amount	$181.50	$136.71	$18.01	$92.63

FY 2019 Unadjusted Federal Rate Per Diem--RURAL

Rate Component	Nursing-Case-Mix	Therapy-Case- Mix	Therapy Non-Case-mix	Non-Case-Mix
Per Diem Amount	$173.39	$157.65	$19.23	$94.34

The tables below contain the case-mix adjusted RUG-IV payment rates, and labor/ non-labor values. These tables do not reflect the AIDS add-on; which CMS applies only after making all other adjustments (such as the wage index).

Note: CMS uses separate table for the total rates and the labor/ non-labor amounts. They are combined below.

RUG-IV Case-Mix Adjusted Federal Rates and Associated Indexes
URBAN

RUG-IV Category	Nursing Index	Therapy Index	Nursing Component	Therapy Component	Non-case Mix Therapy Comp	Non-case Mix Component	Labor	Non-Labor	Total Rate
RUX	2.67	1.87	$484.61	$255.65		$92.63	$588.85	$244.04	$832.89
RUL	2.57	1.87	$466.46	$255.65		$92.63	$576.02	$238.72	$814.74
RVX	2.61	1.28	$473.72	$174.99		$92.63	$524.13	$217.21	$741.34
RVL	2.19	1.28	$397.49	$174.99		$92.63	$470.23	$194.88	$665.11
RHX	2.55	0.85	$462.83	$116.20		$92.63	$474.86	$196.80	$671.66
RHL	2.15	0.85	$390.23	$116.20		$92.63	$423.54	$175.52	$599.06
RMX	2.47	0.55	$448.31	$75.19		$92.63	$435.60	$180.53	$616.13
RML	2.19	0.55	$397.49	$75.19		$92.63	$399.67	$165.64	$565.31
RLX	2.26	0.28	$410.19	$38.28		$92.63	$382.56	$158.54	$541.10
RUC	1.56	1.87	$283.14	$255.65		$92.63	$446.41	$185.01	$631.42
RUB	1.56	1.87	$283.14	$255.65		$92.63	$446.41	$185.01	$631.42
RUA	0.99	1.87	$179.69	$255.65		$92.63	$373.27	$154.70	$527.97
RVC	1.51	1.28	$274.07	$174.99		$92.63	$382.97	$158.72	$541.69
RVB	1.11	1.28	$201.47	$174.99		$92.63	$331.65	$137.44	$469.09
RVA	1.10	1.28	$199.65	$174.99		$92.63	$330.36	$136.91	$467.27
RHC	1.45	0.85	$263.18	$116.20		$92.63	$333.71	$138.30	$472.01

RUG-IV Category	Nursing Index	Therapy Index	Nursing Component	Therapy Component	Non-case Mix Therapy Comp	Non-case Mix Component	Labor	Non-Labor	Total Rate
RHB	1.19	0.85	$215.99	$116.20		$92.63	$300.35	$124.47	$424.82
RHA	0.91	0.85	$165.17	$116.20		$92.63	$264.42	$109.58	$374.00
RMC	1.36	0.55	$246.84	$75.19		$92.63	$293.16	$121.50	$414.66
RMB	1.22	0.55	$221.43	$75.19		$92.63	$275.20	$114.05	$389.25
RMA	0.84	0.55	$152.46	$75.19		$92.63	$226.44	$93.84	$320.28
RLB	1.50	0.28	$272.25	$38.28		$92.63	$285.03	$118.13	$403.16
RLA	0.71	0.28	$128.87	$38.28		$92.63	$183.66	$76.12	$259.78
ES3	3.58		$649.77		$18.01	$92.63	$537.61	$222.80	$760.41
ES2	2.67		$484.61		$18.01	$92.63	$420.84	$174.41	$595.25
ES1	2.32		$421.08		$18.01	$92.63	$375.93	$155.79	$531.72
HE2	2.22		$402.93		$18.01	$92.63	$363.09	$150.48	$513.57
HE1	1.74		$315.81		$18.01	$92.63	$301.50	$124.95	$426.45
HD2	2.04		$370.26		$18.01	$92.63	$340.00	$140.90	$480.90
HD1	1.60		$290.40		$18.01	$92.63	$283.54	$117.50	$401.04
HC2	1.89		$343.04		$18.01	$92.63	$320.75	$132.93	$453.68
HC1	1.48		$268.62		$18.01	$92.63	$268.14	$111.12	$379.26
HB2	1.86		$337.59		$18.01	$92.63	$316.90	$131.33	$448.23
HB1	1.46		$264.99		$18.01	$92.63	$265.57	$110.06	$375.63
LE2	1.96		$355.74		$18.01	$92.63	$329.73	$136.65	$466.38
LE1	1.54		$279.51		$18.01	$92.63	$275.84	$114.31	$390.15
LD2	1.86		$337.59		$18.01	$92.63	$316.90	$131.33	$448.23
LD1	1.46		$264.99		$18.01	$92.63	$265.57	$110.06	$375.63
LC2	1.56		$283.14		$18.01	$92.63	$278.40	$115.38	$393.78
LC1	1.22		$221.43		$18.01	$92.63	$234.77	$97.30	$332.07
LB2	1.45		$263.18		$18.01	$92.63	$264.29	$109.53	$373.82
LB1	1.14		$206.91		$18.01	$92.63	$224.51	$93.04	$317.55
CE2	1.68		$304.92		$18.01	$92.63	$293.80	$121.76	$415.56
CE1	1.50		$272.25		$18.01	$92.63	$270.70	$112.19	$382.89
CD2	1.56		$283.14		$18.01	$92.63	$278.40	$115.38	$393.78
CD1	1.38		$250.47		$18.01	$92.63	$255.30	$105.81	$361.11
CC2	1.29		$234.14		$18.01	$92.63	$243.76	$101.02	$344.78
CC1	1.15		$208.73		$18.01	$92.63	$225.79	$93.58	$319.37
CB2	1.15		$208.73		$18.01	$92.63	$225.79	$93.58	$319.37
CB1	1.02		$185.13		$18.01	$92.63	$209.11	$86.66	$295.77
CA2	0.88		$159.72		$18.01	$92.63	$191.14	$79.22	$270.36
CA1	0.78		$141.57		$18.01	$92.63	$178.31	$73.90	$252.21
BB2	0.97		$176.06		$18.01	$92.63	$202.70	$84.00	$286.70
BB1	0.90		$163.35		$18.01	$92.63	$193.71	$80.28	$273.99
BA2	0.70		$127.05		$18.01	$92.63	$168.05	$69.64	$237.69
BA1	0.64		$116.16		$18.01	$92.63	$160.35	$66.45	$226.80

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RUG-IV Category	Nursing Index	Therapy Index	Nursing Component	Therapy Component	Non-case Mix Therapy Comp	Non-case Mix Component	Labor	Non-Labor	Total Rate
PE2	1.50		$272.25		$18.01	$92.63	$270.70	$112.19	$382.89
PE1	1.40		$254.10		$18.01	$92.63	$257.87	$106.87	$364.74
PD2	1.38		$250.47		$18.01	$92.63	$255.30	$105.81	$361.11
PD1	1.28		$232.32		$18.01	$92.63	$242.47	$100.49	$342.96
PC2	1.10		$199.65		$18.01	$92.63	$219.38	$90.91	$310.29
PC1	1.02		$185.13		$18.01	$92.63	$209.11	$86.66	$295.77
PB2	0.84		$152.46		$18.01	$92.63	$186.01	$77.09	$263.10
PB1	0.78		$141.57		$18.01	$92.63	$178.31	$73.90	$252.21
PA2	0.59		$107.09		$18.01	$92.63	$153.94	$63.79	$217.73
PA1	0.54		$98.01		$18.01	$92.63	$147.52	$61.13	$208.65

RUG-IV Case-Mix Adjusted Federal Rates and Associated Indexes
RURAL

RUG-IV Category	Nursing Index	Therapy Index	Nursing Component	Therapy Component	Non-case Mix Therapy Comp	Non-case Mix Component	Labor	Non-Labor	Total Rate
RUX	2.67	1.87	$462.95	$294.81		$94.34	$602.43	$249.67	$852.10
RUL	2.57	1.87	$445.61	$294.81		$94.34	$590.18	$244.58	$834.76
RVX	2.61	1.28	$452	$201.79		$94.34	$529.32	$219.36	$748.68
RVL	2.19	1.28	$379.72	$201.79		$94.34	$477.83	$198.02	$675.85
RHX	2.55	0.85	$442.14	$134.00		$94.34	$474.03	$196.45	$670.48
RHL	2.15	0.85	$372.79	$134.00		$94.34	$425.00	$176.13	$601.13
RML	2.19	0.55	$379.72	$86.71		$94.34	$430.79	$178.53	$609.32
RLX	2.26	0.28	$391.86	$44.14		$94.34	$396.46	$164.31	$560.77
RUC	1.56	1.87	$270.49	$294.81		$94.34	$374.95	$155.39	$530.34
RUB	1.56	1.87	$270.49	$294.81		$94.34	$466.37	$193.27	$659.64
RUA	0.99	1.87	$171.66	$294.81		$94.34	$466.37	$193.27	$659.64
RVC	1.51	1.28	$261.82	$201.79		$94.34	$396.49	$164.32	$560.81
RVB	1.11	1.28	$192.46	$201.79		$94.34	$394.47	$163.48	$557.95
RVA	1.10	1.28	$190.73	$201.79		$94.34	$345.43	$143.16	$488.59
RHC	1.45	0.85	$251.42	$134.00		$94.34	$344.21	$142.65	$486.86
RHB	1.19	0.85	$206.33	$134.00		$94.34	$339.19	$140.57	$479.76
RHA	0.91	0.85	$157.78	$134.00		$94.34	$307.31	$127.36	$434.67
RMC	1.36	0.55	$235.81	$86.71		$94.34	$272.99	$113.13	$386.12
RMB	1.22	0.55	$211.54	$86.71		$94.34	$294.72	$122.14	$416.86
RMA	0.84	0.55	$145.65	$86.71		$94.34	$277.56	$115.03	$392.59
RLB	1.50	0.28	$260.09	$44.14		$94.34	$230.98	$95.72	$326.70
RLA	0.71	0.28	$123.11	$44.14		$94.34	$281.79	$116.78	$398.57
ES3	3.58		$620.74		$19.23	$94.34	$184.94	$76.65	$261.59
ES2	2.67		$462.95		$19.23	$94.34	$519.16	$215.15	$734.31
ES1	2.32		$402.26		$19.23	$94.34	$407.60	$168.92	$576.52

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RUG-IV Category	Nursing Index	Therapy Index	Nursing Component	Therapy Component	Non-case Mix Therapy Comp	Non-case Mix Component	Labor	Non-Labor	Total Rate
HE2	2.22		$384.93		$19.23	$94.34	$364.69	$151.14	$515.83
HE1	1.74		$301.70		$19.23	$94.34	$352.44	$146.06	$498.50
HD2	2.04		$353.72		$19.23	$94.34	$293.60	$121.67	$415.27
HD1	1.60		$277.42		$19.23	$94.34	$330.37	$136.92	$467.29
HC2	1.89		$327.71		$19.23	$94.34	$276.43	$114.56	$390.99
HC1	1.48		$256.62		$19.23	$94.34	$311.98	$129.30	$441.28
HB2	1.86		$322.51		$19.23	$94.34	$261.72	$108.47	$370.19
HB1	1.46		$253.15		$19.23	$94.34	$308.31	$127.77	$436.08
LE2	1.96		$339.84		$19.23	$94.34	$320.56	$132.85	$453.41
LE1	1.54		$267.02		$19.23	$94.34	$269.08	$111.51	$380.59
LD2	1.86		$322.51		$19.23	$94.34	$308.31	$127.77	$436.08
LD1	1.46		$253.15		$19.23	$94.34	$259.27	$107.45	$366.72
LC2	1.56		$270.49		$19.23	$94.34	$271.53	$112.53	$384.06
LC1	1.22		$211.54		$19.23	$94.34	$229.85	$95.26	$325.11
LB2	1.45		$251.42		$19.23	$94.34	$258.05	$106.94	$364.99
LB1	1.14		$197.66		$19.23	$94.34	$220.04	$91.19	$311.23
CE2	1.68		$291.30		$19.23	$94.34	$286.24	$118.63	$404.87
CE1	1.50		$260.09		$19.23	$94.34	$264.18	$109.48	$373.66
CD2	1.56		$270.49		$19.23	$94.34	$271.53	$112.53	$384.06
CD1	1.38		$239.28		$19.23	$94.34	$249.46	$103.39	$352.85
CC2	1.29		$223.67		$19.23	$94.34	$238.43	$98.81	$337.24
CC1	1.15		$199.40		$19.23	$94.34	$221.27	$91.70	$312.97
CB2	1.15		$199.40		$19.23	$94.34	$221.27	$91.70	$312.97
CB1	1.02		$176.86		$19.23	$94.34	$205.33	$85.10	$290.43
CA2	0.88		$152.58		$19.23	$94.34	$188.17	$77.98	$266.15
CA1	0.78		$135.24		$19.23	$94.34	$175.91	$72.90	$248.81
BB2	0.97		$168.19		$19.23	$94.34	$199.20	$82.56	$281.76
BB1	0.90		$156.05		$19.23	$94.34	$190.62	$79.00	$269.62
BA2	0.70		$121.37		$19.23	$94.34	$166.10	$68.84	$234.94
BA1	0.64		$110.97		$19.23	$94.34	$158.75	$65.79	$224.54
PE2	1.50		$260.09		$19.23	$94.34	$264.18	$109.48	$373.66
PE1	1.40		$242.75		$19.23	$94.34	$251.92	$104.40	$356.32
PD2	1.38		$239.28		$19.23	$94.34	$249.46	$103.39	$352.85
PD1	1.28		$221.94		$19.23	$94.34	$237.21	$98.30	$335.51
PC2	1.10		$190.73		$19.23	$94.34	$215.14	$89.16	$304.30
PC1	1.02		$176.86		$19.23	$94.34	$205.33	$85.10	$290.43
PB2	0.84		$145.65		$19.23	$94.34	$183.27	$75.95	$259.22
PB1	0.78		$135.24		$19.23	$94.34	$175.91	$72.90	$248.81
PA2	0.59		$102.30		$19.23	$94.34	$152.62	$63.25	$215.87
PA1	0.54		$93.63		$19.23	$94.34	$146.49	$60.71	$207.20

Wage Index

The proposed area wage index budget neutrality factor for FY 2019 would be 1.0002. The wage indexes applicable to FY 2019 are set forth in Tables A and B available on the CMS website at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html.

Labor Share and revised and rebased market basket

The proposed FY 2019 SNF labor share will be **70.7** percent. The current amount is 70.8 percent

Proposed Revisions to SNF PPS Case-Mix Classification Methodology

As noted earlier, the proposed rule would replace the existing case-mix classification methodology, the Resource Utilization Groups, Version IV (RUG-IV) model, with a revised case-mix methodology called the Patient-Driven Payment Model (PDPM) effective October 1, 2019.

Comment

It is interesting that CMS has presented in it proposed rule updates to the existing RUG IV classification. CMS spends more than 140 pages explaining the PDRM model, while hesitating if the agency will actual transition to the new system in FY 2019.

The material that follows tries not to explain CMS' rationales for the changes, but rather focuses on the changes being proposed.

Revisions to SNF PPS Federal Base Payment Rate Components

CMS says that there are four federal base payment rate components which may factor into SNF PPS payment. Two of these components, "nursing case-mix" and "therapy case-mix," are case-mix adjusted components, while the remaining two components, "therapy non-case-mix" and "non-case-mix," are not case-mix adjusted.

CMS proposes to separate the "therapy case-mix" rate component into a "Physical Therapy" (PT) component, "Occupational Therapy" (OT) component, and a "Speech-Language Pathology" (SLP) component.

CMS also proposes to separate the "nursing case-mix" rate component into a "Nursing" component and a "Non-Therapy Ancillary" (NTA) component

CMS proposes eliminating the "therapy non-case-mix" rate component under PDPM and distributing the dollars associated with this current rate component amongst the proposed PDPM therapy components. The existing non-case-mix component would be maintained as it is currently constituted under the existing SNF PPS.

CMS provides the following two tables, for illustration purposes, showing what the unadjusted federal per diem rates would be for each of the case-mix adjusted components if CMS were to apply the proposed PDPM to the proposed FY 2019 base rates given in the Urban and Rural RUG-IV Case-Mix Adjusted Federal Rates and Associated Indexes above.

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FY 2019 PDPM Unadjusted Federal Rate Per Diem--Urban

Rate Component	Nursing	NTA	PT	OT	SLP	Non-Case-Mix
Per Diem Amount	$103.46	$78.05	$59.33	$55.23	$22.15	$92.63

FY 2019 PDPM Unadjusted Federal Rate Per Diem--Rural

Rate Component	Nursing	NTA	PT	OT	SLP	Non-Case-Mix
Per Diem Amount	$98.83	$74.56	$67.63	$62.11	$27.90	$94.34

Proposed Updates and Wage Adjustments of Revised Federal Base Payment Rate Components

Under PDPM, CMS proposes to continue to update the federal base payment rates and adjust for geographic differences in wages following the current methodology used for such updates and wage index adjustments under the SNF PPS.

Proposed Design and Methodology for Case-Mix Adjustment of Federal Rates

CMS says that as of FY 2017, of the 66 possible RUG classifications, over 90 percent of covered SNF PPS days are billed using one of the 23 Rehabilitation RUGs, with over 60 percent of covered SNF PPS days billed using one of the three Ultra-High Rehabilitation RUGs.

CMS notes that the proposed PDPM was developed to be a payment model which derives almost exclusively from resident characteristics. The proposed PDPM would separately identify and adjust five different case-mix components for the varied needs and characteristics of a resident's care and then combine these together with the non-case-mix component to form the full SNF PPS per diem rate for that resident.

Comment

CMS spends considerable and technical time describing each of its five proposed case-mix adjusted components and the basis for each of the proposed predictors that would be used within the proposed PDPM to classify residents for payment purposes.

Payment Classifications under Proposed PDPM

RUG-IV classifies each resident into a single RUG, with a single payment for all services. By contrast, the proposed PDPM would classify each resident into five components (PT, OT, SLP, NTA, and nursing) and provide a single payment based on the sum of these individual classifications.

The payment for each component would be calculated by multiplying the CMI for the resident's group first by the component federal base payment rate, then by a specific day in the variable per diem adjustment schedule.

Additionally, for residents with HIV/AIDS indicated on their claim, the nursing portion of payment would be multiplied by 1.18

These payments would then be added together along with the non-case-mix component payment rate to create a resident's total SNF PPS per diem rate under the proposed PDPM.

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Proposed Variable Per Diem Adjustment Factors and Payment Schedule

Currently under the SNF PPS, each RUG is paid at a constant per diem rate, regardless of how many days a resident is classified in that particular RUG. CMS says constant per diem rates, by definition, do not track variations in resource use throughout a SNF stay. CMS is proposing to adopt variable adjustment factors in calculating per-diem amounts.

The two tables below provide adjustment factors and schedules CMS is proposing for the PT and OT components, and for the NTA component.

Proposed Variable Per-diem Adjustment Factors and Schedule – PT and OT

Medicare Payment Days	Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

Proposed Variable Per-diem Adjustment Factors and Schedule – NTA

Medicare Payment Days	Adjustment Factor
1-3	3.0
4-100	1.0

Use of the Resident Assessment Instrument—Minimum Data Set, Version 3

To classify residents under the SNF PPS, CMS uses the MDS 3.0 Resident Assessment Instrument.

The following table sets forth the proposed SNF PPS assessment schedule, which would be effective October 1, 2019 concurrently with the proposed PDPM.

Proposed PPS Assessment Schedule under PDPM

Medicare MDS assessment schedule type	Assessment reference date	Applicable standard Medicare payment days
5-day Scheduled PPS Assessment	Days 1-8	All covered Part A days until Part A discharge (unless an IPA is completed).
Interim Payment Assessment (IPA)	No later than 14 days after change in resident's first tier classification criteria is identified	ARD of the assessment through Part A discharge (unless another IPA assessment is completed).
PPS Discharge Assessment	PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date	N/A.

Comment

The changes being proposed to the timings of reporting items for the MDS appear complex.

Proposed Item Additions to the Swing Bed PPS Assessment

For purposes of the proposed PDPM, CMS proposes to add three items to the Swing Bed PPS Assessment. Until now, these additional items have not been part of the Swing Bed PPS Assessment form because they have not been used for payment.

Proposed Items to Add to Swing Bed PPS Assessment

MDS Item Number	Item name	Related PDPM Payment component
K0100	Swallowing Disorder	SLP
I4300	Active Diagnoses: Aphasia	SLP
O0100D2	Special Treatments, Procedures and Programs: Suctioning, While a Resident	NTA

Proposed Items to be Added to the PPS Discharge Assessment

The rule's table 35 contains 18 items that are proposed for the PPS discharge assessment requirements.

Comment

There are several additional items CMS describes including (1) Proposed Revisions to Therapy Provision Policies Under the SNF PPS, (2) Proposed Interrupted Stay Policy, (3) Proposed Relationship of the PDPM to Existing Skilled Nursing Facility Level of Care Criteria, (4) Effect of Proposed PDPM on Temporary AIDS Add-on Payment, and (5) Potential Impacts of Implementing the Proposed PDPM and Proposed Parity Adjustment.

SNF Quality Reporting Program (QRP)

Measures Currently Adopted

The SNF QRP currently has 12 measures for the FY 2020 program year.

Quality Measures Currently Adopted for the FY 2020 SNF QRP

Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set	
Pressure Ulcer	Percent of Residents or Patients With Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)*
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
Application of Functional Assessment /Care Plan	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).
Change in Mobility Score	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).

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Short Name	Measure Name & Data Source
Change in Self-Care Score	Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).
Claims-Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).
DTC	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).

* The measure will be replaced with the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure, effective October 1, 2018.

CMS is neither adding nor deleting any of the 12 measures.

SNF Value-Based Purchasing Program (VBP)

Section 1888(h)(1)(B) of the Act requires that the SNF VBP Program apply to payments for services furnished on or after October 1, 2018 (FY 2019).

CMS says that it is not proposing any changes to the Program's measures at this time

CMS is providing the numerical values of the achievement threshold and the benchmark for the FY 2020 program year as issued in the FY 2018 final rule.

FY 2020 SNF VBP Program Performance Standards

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.80218	0.83721

The rule describes in detail how CMS will calculate SNF VBP payments, time frames, and, Scoring Adjustment for Low-Volume SNFs.

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