



Skilled Nursing Facility Value-Based Purchasing Program

Performance Score Report User Guide
FY 2023 Program Year

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Acronyms

CASPER	Certification and Survey Provider Enhanced Reports
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
FFS	fee-for-service
FY	fiscal year
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
IPM	incentive payment multiplier
LVA	low-volume adjustment
NQF	National Quality Forum
PAMA	Protecting Access to Medicare Act of 2014
PDC	Provider Data Catalog
PHE	public health emergency
PHI	protected health information
PII	personally identifiable information
PPS	prospective payment system
PSR	Performance Score Report
QIES	Quality Improvement and Evaluation System
R&C	Review and Correction
RSRR	risk-standardized readmission rate
SNF VBP	Skilled Nursing Facility Value-Based Purchasing
SNFRM	Skilled Nursing Facility 30-Day All-Cause Readmission Measure

I. Overview

This user guide accompanies the Performance Score Report (PSR) for the fiscal year (FY) 2023 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program year. The user guide describes the data in each worksheet of the PSR and provides reference information and instructions for interpreting the PSR. The guide has four sections:

1. [Overview](#)
2. [Background](#)
3. [PSR File Contents and Descriptions](#)
4. [Contacts and Additional Resources](#)

The PSR is available to download in Microsoft Excel format from the Quality Improvement and Evaluation System (QIES)/Certification and Survey Provider Enhanced Reports (CASPER) reporting system.

The PSR contains your skilled nursing facility’s (SNF’s) performance results for the FY 2023 SNF VBP Program year. These results are subject to the suppression policy adopted in the [FY 2023 SNF Prospective Payment System \(PPS\) final rule](#). (The Centers for Medicare & Medicaid Services [CMS] implemented this policy for the FY 2023 SNF VBP Program year because the continuing effects of the COVID-19 public health emergency (PHE) inhibited CMS’ ability to make fair national comparisons of SNFs’ performance; see [Section II.A](#) of this guide for more information.) The results include the incentive payment multiplier (IPM) that CMS will apply to your SNF’s Medicare fee-for-service (FFS) Part A claims in FY 2023, from October 1, 2022, through September 30, 2023.

CMS assesses SNFs’ performance on the SNF 30-Day All-Cause Readmission Measure (SNFRM) during a baseline period and a performance period. In Table 1 we provide the baseline and performance periods for the FY 2020 through 2025 Program years, as finalized through rulemaking.

Table 1. SNF VBP Program data periods: FY 2020 through 2025

SNF VBP Program year	Baseline period	Performance period
FY 2020	FY 2016 (10/1/2015–9/30/2016)	FY 2018 (10/1/2017–9/30/2018)
FY 2021	FY 2017 (10/1/2016–9/30/2017)	FY 2019 (10/1/2018–9/30/2019)
FY 2022	FY 2018 (10/1/2017–9/30/2018)	4/1/2019–12/1/2019 ^a
FY 2023	FY 2019 (10/1/2018–9/30/2019)	FY 2021 (10/1/2020–9/30/2021)
FY 2024	FY 2019 (10/1/2018–9/30/2019)	FY 2022 (10/1/2021–9/30/2022)
FY 2025	FY 2019 (10/1/2018–9/30/2019)	FY 2023 (10/1/2022–9/30/2023)

^a In response to the COVID-19 public health emergency (PHE), CMS excluded qualifying claims in the first two quarters of Calendar Year (CY) 2020 (January 1, 2020–June 30, 2020) from use in the SNF VBP Program. Additionally, because the SNFRM assesses hospital readmissions within 30 days of discharge from a prior hospitalization to a SNF and requires data from 12 months prior to the start of the SNF stay for risk adjustment, residents that were discharged from the hospital to the SNF after December 1, 2019, and residents with SNF admissions from July 1, 2020 – September 30, 2020 were excluded from the SNFRM calculations due to missing data. Thus, the FY 2022 SNF VBP Program performance period originally specified in the [interim final rule with comment period](#) was restricted to April 1, 2019, through December 1, 2019. For more information, please see pages 54835 through 54837 of the [interim final rule with comment period](#) and pages 42503 through 42516 of the [FY 2022 SNF PPS final rule](#).

A. Confidential feedback reports

The following confidential feedback reports contain your SNF's stay-level results for the FY 2023 Program year:

- A full-year workbook containing baseline period data, distributed in December 2021
- An interim workbook containing partial performance period data, distributed in March 2022
- A full-year workbook containing full performance period data, distributed in June 2022

In this user guide we describe the data in each worksheet of the final confidential feedback report, the PSR, and provides reference information and instructions for interpreting the PSR.

PSRs are read-only documents, which prevents users from unintentionally altering content. To edit your SNF's PSR, use the File → Save As option to save the document with a different file name.

B. Review and Correction process

CMS grants SNFs a 30-day Review and Correction (R&C) period to review their results in their PSR before these data are made publicly available. This is known as Phase 2 of the R&C process. During this phase, SNFs may submit corrections to only their performance score contained in their PSR. After the PSR is disseminated, CMS will accept correction requests for up to 30 calendar days.

SNFs must submit correction requests to the SNF VBP Program Help Desk at SNFVBP@rti.org within 30 calendar days after dissemination of the PSR. Requests must include the following information:

- The SNF's CMS Certification Number (CCN)
- The SNF's name
- The correction requested
- The reason for requesting the correction

Do NOT submit protected health information (PHI) or personal identifiable information (PII) to the SNF VBP Program Help Desk. Any disclosure of PHI or PII should only be in accordance with, and to the extent permitted by, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules and other applicable laws.

Previously, during Phase 1 of the R&C process, SNFs had the opportunity to review and submit corrections to the readmission measure rates contained in their quality measure quarterly reports for the baseline period (distributed in December 2021) and performance period (distributed in June 2022).¹

¹ As finalized on pages 42516 and 42517 of the [FY 2022 SNF PPS final rule](#), beginning October 1, 2021, corrections during Phase 1 of the R&C process are limited to errors made by CMS or its contractors when calculating a SNF's readmission measure rate. SNFs are not able to correct any of the underlying administrative claims data (for example, a SNF discharge destination code) used to calculate their readmission measure rate during Phase 1 of the R&C process. For corrections to the underlying administrative claims data to be reflected in the SNF VBP Program's quarterly confidential feedback reports, SNFs must submit any claims correction requests to the Medicare Administrative Contractor (MAC), and the MAC must process the corrections before the "snapshot date." The quarterly confidential feedback reports do not reflect any claims corrections processed after the date of the claims snapshot, which is three months following the last index SNF admission in the applicable baseline period or performance period. CMS cannot recalculate any results in the quarterly confidential feedback reports to reflect claims corrected after the date of the claims snapshot.

Similar to Phase 2 of the R&C process, CMS accepted correction requests for up to 30 calendar days after disseminating the applicable reports. CMS used the information from these two reports to calculate the results contained in the PSRs.

II. Background

Through the SNF VBP Program, CMS awards incentive payments to SNFs for the quality of care they provide to Medicare beneficiaries, as measured by SNFs' performance on a measure of hospital readmissions. Section 215 of the [Protecting Access to Medicare Act of 2014 \(PAMA\)](#) added sections 1888(g) and (h) to the Social Security Act, requiring the Secretary of the U.S. Department of Health and Human Services (HHS) to establish a SNF VBP Program. PAMA specifies that under this Program, SNFs:

- Are evaluated by their performance on a hospital readmission measure
- Are scored on both improvement and achievement
- Receive quarterly confidential feedback reports containing information about their performance
- Earn incentive payments based on their performance

CMS began awarding incentive payments to SNFs on October 1, 2018. These incentive payments are applied prospectively to all Medicare FFS Part A claims paid under the SNF PPS.

All SNFs paid under Medicare's [SNF PPS](#) are included in the SNF VBP Program. Inclusion in the SNF VBP Program does not require any action on the part of SNFs. SNFs' performance in the SNF VBP Program is currently based on their results on the SNFRM, a quality measure endorsed by the National Quality Forum (NQF #2510). CMS calculates the SNFRM using claims data extracted from SNF and hospital Medicare FFS Part A claims submitted to CMS for payment.

In Section 111 of the Consolidated Appropriations Act, 2021 amended Section 1888(h) of the Social Security Act to allow the HHS Secretary to apply up to nine additional measures, to the SNF VBP Program for payments for services furnished on or after October 1, 2023. For more details on future expansion of the SNF VBP Program beginning in the FY 2026 SNF VBP Program year, see the [FY 2023 SNF PPS final rule](#).

A. FY 2023 updates

1. Updated baseline and performance periods

In the FY 2023 Program year, CMS updated the baseline and performance periods for assessing SNF performance on the SNFRM. As finalized through rulemaking, the FY 2023 Program year's baseline period is FY 2019 (October 1, 2018, to September 30, 2019), and the performance period is FY 2021 (October 1, 2020, to September 30, 2021).

2. New SNFRM case minimum policy

In the [FY 2023 SNF PPS final rule](#), CMS finalized a case minimum policy for the SNFRM and removed the existing low-volume adjustment (LVA) policy. Starting with the FY 2023 Program year, SNFs must have a minimum of 25 eligible stays for the SNFRM during the applicable performance period in order to be eligible to receive a score on that measure in the SNF VBP Program. For the FY 2023 Program year,

SNFs that do not meet the SNFRM’s case minimum in the performance period (FY 2021) are excluded from the SNF VBP Program. Payments to these SNFs will not be affected by the SNF VBP Program, and these SNFs will not receive an IPM for the FY 2023 Program year; instead, they will receive their full federal per diem rate. CMS will also not publicly report any data for the FY 2023 Program year in the Provider Data Catalog (PDC) for excluded SNFs. For more information on the case minimum policy, see the [FY 2023 SNF PPS final rule](#).²

3. Revised SNFRM risk adjustment lookback period for the performance period

The SNFRM is risk adjusted to account for differences in patient demographics, comorbidities, and other health status information between patients in different SNFs. This approach allows for comparison between SNFs. To risk adjust the measure, CMS uses a set period of data prior to the index stay to determine what comorbidities and other health status variables are present that affect the probability of a hospital readmission. The data period used to identify these comorbidities and health status information (referred to as risk adjusters) is called the “lookback” period.

In the [FY 2022 SNF PPS final rule](#) (page 42507), CMS finalized a revision to the SNFRM risk adjustment lookback period for only the FY 2023 Program year performance period (FY 2021). In response to the COVID-19 PHE, CMS excluded qualifying claims in the first two quarters of CY 2020 (January 1, 2020–June 30, 2020) from use in the SNF VBP Program. To account for this policy, CMS revised the originally specified 365-day lookback period, finalized in the [FY 2016 SNF PPS final rule](#) (page 46418), to a 90-day lookback period for the FY 2023 Program year performance period (FY 2021).

4. Technical updates to the SNFRM

In the [FY 2023 SNF PPS final rule](#), CMS announced a technical update to the SNFRM, beginning with the FY 2023 Program year, to risk adjust for (1) patients with a primary or secondary COVID-19 diagnosis during the prior proximal hospitalization and (2) patients with a history of a primary or secondary COVID-19 diagnosis only prior to the prior proximal hospitalization. In this update, CMS added a categorical variable to the risk-adjustment model to account for clinical differences in readmission outcomes for those patients who have:

- No history of a COVID-19 diagnosis, and no primary or secondary COVID-19 diagnosis during the prior proximal hospitalization—this is the reference category used for comparison
- A history of primary or secondary COVID-19 diagnosis in the 90 days prior to the prior proximal hospitalization, but no primary or secondary COVID-19 diagnoses during the prior proximal hospitalization—this is the first comparison category evaluated against the reference category
- A primary or secondary COVID-19 diagnosis during the prior proximal hospitalization—this is the second comparison category evaluated against the reference category
 - Patients who satisfy both the first and second comparison categories are included in the second comparison category

² In the [FY 2023 SNF PPS final rule](#), CMS also removed the existing LVA policy beginning with the FY 2023 Program year because the new case minimum policy achieves the same policy objective.

5. New FY 2023 Program year suppression policy

CMS suppressed the use of SNF readmission measure data for purposes of FY 2023 scoring and payment adjustments in the FY 2023 SNF VBP Program year because the continuing effects of the COVID-19 PHE on the data used to calculate the SNFRM inhibited CMS's ability to make fair national comparisons of SNFs' performance. Under the suppression policy, CMS calculated a risk-standardized readmission rate (RSRR) for both the baseline and performance period and then suppressed the use of SNF readmission measure data for purposes of scoring. CMS instead assigned each SNF a performance score of 0.00000 to mitigate the effect that the COVID-19 PHE would otherwise have had on SNFs' performance scores and IPMs.

CMS adopted the suppression policy in the [FY 2023 SNF PPS final rule](#). Per this policy, each SNF received an identical IPM, and SNFs did not receive an achievement score, improvement score, or rank. SNFs that did not meet the SNFRM's case minimum (25 or more eligible stays) in the performance period (FY 2021) are excluded from the SNF VBP Program for FY 2023; payments to these SNFs in FY 2023 will not be affected by the SNF VBP Program and instead these SNFs will receive their full federal per diem rate. Reference information and instructions for interpreting the PSR in light of this suppression policy can be found in [Section III](#) of this guide.

B. Incentive payment calculation methodology

To determine incentive payments, CMS calculates each SNF's IPM. CMS applies this multiplier to a SNF's adjusted federal per diem rate when payments are made for the SNF's Medicare FFS Part A claims.

CMS followed eight steps to calculate each SNF's IPM for the FY 2023 Program year. The only departure from a standard Program year was Step 3, which CMS modified due to the suppression policy adopted in the [FY 2023 SNF PPS final rule](#).³

- 1. Calculate RSRRs.** The SNF VBP Program tracks each SNF's performance on the SNFRM during a baseline period and performance period. CMS calculated an RSRR for both the baseline period and performance period using the following equation:

$$\left(\frac{\text{Predicted \# of readmissions}}{\text{Expected \# of readmissions}} \right) \times \frac{\text{National unadjusted readmission rate}}{\text{rate}} = \text{RSRR}$$

The predicted number of readmissions is the number of unplanned readmissions predicted based on a SNF's performance, given its unique case mix. The expected number of readmissions is the number of unplanned readmissions that would be expected if the residents at a given SNF were treated at the average SNF.

CMS previously provided SNFs with their baseline period RSRR in the quality measure quarterly report for the baseline period, distributed in December 2021. Likewise, CMS provided SNFs with their performance period RSRR in the quality measure quarterly report for the performance period,

³ Compared with the FY 2022 Program year, Step 9 was also removed as a result of removing the LVA policy in the [FY 2023 SNF PPS final rule](#).

distributed in June 2022.⁴ CMS inverts the RSRRs for the baseline and performance periods by subtracting the RSRR from 1 so that higher results indicate better performance:

$$1 - RSRR = \text{Inverted RSRR}$$

2. **Calculate the achievement threshold and benchmark.** CMS calculated two performance standards for the SNF VBP Program: the achievement threshold and the benchmark. The achievement threshold is the 25th percentile of all SNFs’ performance on the SNFRM during the baseline period. The benchmark is the mean of the top decile of all SNFs’ performance on the SNFRM during the baseline period. CMS calculates both performance standards using inverted RSRRs.

CMS publishes the performance standards in the SNF PPS final rule before the applicable Program year’s performance period begins. In Table 2 we provide the performance standards for the FY 2023 Program year.

Table 2. FY 2023 SNF VBP Program performance standards

SNF VBP Program year	Achievement threshold	Benchmark	SNF PPS final rule
FY 2023	0.79270	0.83028	FY 2021 SNF PPS final rule (page 47625)

3. **Determine performance scores.** Per the suppression policy finalized in the [FY 2023 SNF PPS final rule](#), CMS assigned each SNF a performance score of 0.00000.⁵ Under this policy:
 - CMS suppressed the use of SNF readmission measure data for purposes of FY 2023 SNF VBP Program scoring and payment adjustments because the continuing effects of the COVID-19 PHE on the data used to calculate the SNFRM inhibited CMS’s ability to make fair national comparisons of SNFs’ performance.
 - CMS calculated an RSRR for both the baseline and performance period and then suppressed the use of SNF readmission measure data for purposes of scoring. CMS assigned each SNF a performance score of zero (0.00000) to mitigate the effect that the COVID-19 PHE would otherwise have had on SNFs’ performance scores and IPMs.
 - SNFs that did not meet the SNFRM’s case minimum (25 or more eligible stays) in the performance period (FY 2021) are excluded from the SNF VBP Program for FY 2023; payments to these SNFs in FY 2023 will not be affected by the SNF VBP Program and instead these SNFs will receive their full federal per diem rate.

For more information on how CMS determines IPMs in the FY 2023 Program year, see the [SNF VBP Program: FY 2023 Incentive Payment Multiplier Calculation Infographic](#).

4. **Transform performance scores.** CMS transformed performance scores for all SNFs (which range from 0 to 100, rounded 5 decimal places) using the logistic exchange function below, so transformed performance scores now range from 0 to 1. Because of the suppression policy adopted in the [FY 2023 SNF PPS final rule](#), all SNFs have an identical transformed performance score of 0.006692851.

⁴ The RSRRs for both the baseline and performance periods are subject to Phase 1 of the R&C process. If a SNF submits a successful correction request during Phase 1 of the R&C process, the affected RSRR results in the SNF’s PSR could differ from the results previously provided in the quality measure quarterly reports for the baseline or performance period.

⁵ To see how performance scores are calculated in a standard Program year, in the absence of a suppression policy, see Step 3 of the [SNF VBP Program: FY 2021 Incentive Payment Multiplier Calculation Infographic](#).

$$f(X_i) = \frac{1}{1 + e^{-0.1(X_i - 50)}}$$

5. **Calculate the incentive payment pool for all SNFs.** CMS calculated the incentive payment pool for all SNFs as 60 percent of 2 percent of SNFs’ Medicare FFS Part A payments.

CMS finalized a 60 percent payback percentage as part of the [FY 2018 SNF PPS final rule](#) (see pages 36619 through 36621) and discussed maintaining the 60 percent payback percentage for the FY 2023 SNF VBP Program year in the [FY 2023 SNF PPS final rule](#).

6. **Calculate a scaling factor.** Using the equation below, CMS calculated a scaling factor to confirm that the sum of all SNFs’ incentive payment adjustments equals the incentive payment pool:

$$\text{Scaling factor} = \frac{\text{Incentive payment pool (Step 5)}}{\sum \left(0.02 \times \begin{matrix} \text{Total Medicare} \\ \text{payments to SNF} \end{matrix} \times \begin{matrix} \text{SNF's} \\ \text{transformed} \\ \text{performance} \\ \text{score (Step 4)} \end{matrix} \right)}$$

7. **Determine each SNF’s incentive payment adjustment.** Using the equation below, CMS calculated each SNF’s incentive payment adjustment:

$$\text{Incentive payment adjustment} = 0.02 \times \begin{matrix} \text{SNF's} \\ \text{transformed} \\ \text{performance} \\ \text{score (Step 4)} \end{matrix} \times \begin{matrix} \text{Scaling} \\ \text{factor} \\ \text{(Step 6)} \end{matrix}$$

8. **Calculate each SNF’s IPM.** CMS calculated each SNF’s IPM, which simultaneously accounts for the 2 percent withhold and the incentive payment adjustment, as shown in the equation below:

CMS applies each SNF’s IPM to the adjusted federal per diem rate. When payments are made for a SNF’s Medicare FFS Part A claims, CMS multiplies the adjusted federal per diem rate by the IPM.

See the [SNF VBP Program Exchange Function Methodology Report](#) for more information about why CMS selected the logistic exchange function and how CMS uses SNF performance scores to determine incentive payments.

$$\text{Incentive payment multiplier} = \begin{matrix} \text{Incentive payment} \\ \text{adjustment} \\ \text{(Step 7)} \end{matrix} + 0.98$$

See the [SNF VBP Program: FY 2021 Incentive Payment Multiplier Calculation Infographic](#) for more information on and examples of how CMS calculates performance standards, performance scores, and IPMs in a standard Program year, in the absence of a suppression policy.

C. Public reporting

CMS publicly reports facility-level and aggregate-level results for the SNF VBP Program on the [Provider Data Catalog \(PDC\)](#) website. Generally, CMS makes these results publicly available in the fall following distribution of the annual PSRs, which typically happens in August.

The publicly reported facility-level results are as follows:

- SNF VBP Program rankings
- **Facility information (CCNs, facility names, and facility addresses)**
- **Baseline period RSRRs**
- **Performance period RSRRs**
- Achievement scores
- Improvement scores
- **Performance scores**
- **IPMs**

The publicly reported aggregate-level results are as follows:

- The unadjusted national average readmission rates for the baseline period and performance period
- The achievement threshold and benchmark (that is, the performance standards for a given Program year)
- The range of performance scores
- The total number of SNFs receiving value-based incentive payments
- The range of IPMs
- The range of value-based incentive payments (in dollars)
- The total amount of value-based incentive payments (in dollars)

Because the continuing effects of the COVID-19 PHE on the data used to calculate the SNFRM inhibited CMS's ability to make fair national comparisons of SNFs' performance, CMS finalized a measure suppression policy in the [FY 2023 SNF PPS final rule](#). Per this suppression policy, CMS calculated an RSRR for both the baseline and performance period and then suppressed the use of SNF readmission measure data for purposes of scoring. As a result, CMS will publicly report only the baseline period RSRR, performance period RSRR, performance score, and IPM (all bolded above) for the FY 2023 Program year. CMS will not publicly report Program ranks, achievement scores, and improvement scores.

In addition, starting with data for the FY 2023 SNF VBP Program year, SNFs that did not meet the SNFRM's case minimum (25 or more eligible stays) in the performance period (FY 2021) are excluded from the SNF VBP Program for the FY 2023 Program year. CMS will not publicly report any data for these excluded SNFs.⁶ For more information on this policy, see the [FY 2023 SNF PPS final rule](#).

III. PSR File Contents and Descriptions

In this section we describe the information in your SNF's PSR. The PSR contains your SNF's performance results for the FY 2023 SNF VBP Program year. This includes the IPM that CMS will apply to your SNF's Medicare FFS Part A claims in FY 2023 (October 1, 2022, through September 30, 2023).

The PSR contains four worksheets:

⁶ SNFs that did not meet the SNFRM's case minimum (25 or more eligible stays) in the baseline period (FY 2019) are included in the SNF VBP Program for the FY 2023 Program year. However, CMS will not publicly report the baseline period RSRRs or improvement scores for these SNFs.

1. [Cover Sheet](#)
2. [Facility Performance](#)
3. [Payment Information](#)
4. [Data Dictionary](#)

A. Cover Sheet

The first worksheet of the PSR describes the contents of the PSR, introduces the SNF VBP Program, and includes contact information and links to additional resources.

B. Facility Performance

The second worksheet in the PSR (Facility Performance) provides your SNF’s performance results for the FY 2023 SNF VBP Program year. In Table 3 we describe the variables shown in the Facility Performance worksheet.

Table 3. Your SNF’s performance results (PSR Worksheet 2—Facility Performance contents)

Column name	Description
Baseline Period RSRR	<p>Your SNF’s rate of unplanned readmissions during the baseline period (FY 2019). This rate is adjusted for stay-level risk factors such as clinical characteristics and comorbidities, as calculated by the SNFRM (NQF #2510). Provided no corrections were made as a result of Phase 1 of the Review and Correction process, this value will match the baseline period RSRR in your SNF’s quality measure quarterly report for the baseline period, previously distributed in December 2021.</p> <p>SNFs with fewer than 25 eligible stays during the baseline period (FY 2019) will not receive a baseline period RSRR, and their PSR will contain a triple dash: “---.” Also, SNFs that did not meet the SNFRM’s case minimum (25 or more eligible stays) during the performance period (FY 2021) are excluded from the SNF VBP Program for FY 2023 and will not receive a baseline period RSRR; their PSR will also contain a triple dash: “---.”</p>
Performance Period RSRR	<p>Your SNF’s rate of unplanned readmissions during the performance period (FY 2021). This rate is adjusted for stay-level risk factors such as clinical characteristics and comorbidities, as calculated by the SNFRM (NQF #2510). Provided no corrections were made as a result of Phase 1 of the Review and Correction process, this value will match the performance period RSRR in your SNF’s quality measure quarterly report for the performance period, previously distributed in June 2022.</p> <p>SNFs that did not meet the SNFRM’s case minimum (25 or more eligible stays) during the performance period (FY 2021) are excluded from the SNF VBP Program for FY 2023 and will not receive a performance period RSRR; their PSR will contain a triple dash: “---.”</p>
Achievement Score	<p>A measure of how well each SNF performed during the performance period (FY 2021) compared with national SNF performance during the baseline period (FY 2019). Scores range from 0 to 100, with higher scores indicating better performance. However, per the suppression policy for the FY 2023 Program year, no SNFs will receive an achievement score, and their PSR will contain a triple dash: “---.” For a full explanation of how CMS calculates SNF achievement scores, see Step 3 of the incentive payment calculation methodology in this user guide.</p>

Column name	Description
Improvement Score	A measure of how much a SNF improved from the baseline period (FY 2019) to the performance period (FY 2021). Scores range from 0 to 90, with higher scores indicating better performance. However, per the suppression policy for the FY 2023 Program year, no SNFs will receive an improvement score, and their PSR will contain a triple dash: “---.” For a full explanation of how CMS calculates SNF improvement scores, see Step 3 of the incentive payment calculation methodology in this user guide .
Performance Score	The higher of a SNF’s achievement score and improvement score. Scores range from 0 to 100, with higher scores indicating better performance. However, per the suppression policy for the FY 2023 Program year, all SNFs will receive 0.00000 as their performance score. CMS uses this score to calculate IPMs for the SNF VBP Program. SNFs that did not meet the SNFRM’s case minimum (25 or more eligible stays) in the performance period (FY 2021) are excluded from the SNF VBP Program for FY 2023 and will not receive a performance score; their PSR will contain a triple dash: “---.”
Program Rank	A SNF’s national rank in the SNF VBP Program. However, per the suppression policy for the FY 2023 Program year, no SNFs will be ranked, and their PSR will contain a triple dash: “---.”
Incentive Payment Multiplier	This multiplier is a result of your performance in the SNF VBP Program and will be applied to your SNF’s adjusted federal per diem rate. However, per the suppression policy for the FY 2023 Program year, all SNFs will receive an IPM of 0.9920000000. When payments are made to a SNF’s Medicare FFS Part A claims, the adjusted federal per diem rate will be multiplied by this multiplier factor. SNFs that did not meet the SNFRM’s case minimum (25 or more eligible stays) in the performance period (FY 2021) are excluded from the SNF VBP Program for FY 2023. Payments to these SNFs in FY 2023 will not be affected by the SNF VBP Program, and these SNFs will not receive an IPM; their PSR will contain a triple dash: “---.” A multiplier assigned to a SNF based on its performance in the SNF VBP Program. However, per the suppression policy for the FY 2023 Program year, all SNFs will receive an IPM of 0.9920000000. When payments are made for a SNF’s Medicare FFS Part A claims, CMS multiplies the adjusted federal per diem rate by this multiplier. SNFs that did not meet the SNFRM’s case minimum (25 or more eligible stays) in the performance period (FY 2021) are excluded from the SNF VBP Program for FY 2023. Payments to these SNFs in FY 2023 will not be affected by the SNF VBP Program, and these SNFs will not receive an IPM; their PSR will contain a triple dash: “---.”

C. Payment Information

The third worksheet (Payment Information) in the PSR provides your SNF’s payment information for the FY 2023 SNF VBP Program year. The worksheet includes your IPM for FY 2023 (the same IPM found on the Facility Performance worksheet) and describes how to interpret it. Per the FY 2023 Program year suppression policy, all SNFs will receive an IPM of 0.9920000000. In Table 4 we describe how to interpret the IPMs in the Payment Information worksheet.

Table 4. Interpreting IPMs (PSR Worksheet 3—Payment Information contents)

Incentive payment multiplier result	Interpretation
Incentive payment multiplier < 1	Your SNF’s IPM is net negative, meaning your SNF will receive less than the 2 percent withhold back. That is, your SNF will earn back less than it would have in the absence of the SNF VBP Program.

Incentive payment multiplier result	Interpretation
Incentive payment multiplier = 1	Your SNF's IPM is net neutral, meaning your SNF will receive the 2 percent withhold back. That is, your SNF will earn back the same amount it would have in the absence of the SNF VBP Program.
Incentive payment multiplier > 1	Your SNF's IPM is net positive, meaning your SNF will receive more than the 2 percent withhold back. That is, your SNF will earn back more than it would have in the absence of the SNF VBP Program.

D. Data Dictionary

The final worksheet in the PSR is the data dictionary. This worksheet includes the variable names and descriptions of the data found in Worksheet 2—Facility Performance and Worksheet 3—Payment Information.

IV. Contacts and Additional Resources

More information on the SNF VBP Program, including the Program's scoring methodology, confidential feedback reports, public reporting efforts, and R&C process, is available on the [SNF VBP Program webpage on CMS.gov](#).

For help obtaining access to quarterly reports in CASPER, contact the QIES Technical Support Office Help Desk at iqies@cms.hhs.gov.

For additional questions about the SNF VBP Program, email the SNF VBP Program Help Desk at SNFVBP@rti.org.