Skilled Nursing Facility

Quality Reporting Program Provider Training

UPDATED

SNF QRP: Achieving a Full APU

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Today's Agenda

- Welcome and introductions.
- What is the SNF QRP?
- Minimum Data Set (MDS) and Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) submission and reporting requirements.
- The Internet Quality Improvement and Evaluation System (iQIES) SNF QRP and NHSN Centers for Medicare & Medicaid Services (CMS) Reports.
- Determining compliance with the SNF QRP.
- Resources.
- Q&A session.

Today's Presenters

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Objectives

- Recall the basics of the SNF QRP.
- Identify the data submission requirements for the MDS and NHSN.
- Describe the steps related to MDS data submission and acceptance in iQIES.
- Discuss the application of various SNF QRP iQIES reports.
- Describe the impact of SNF QRP data submission on the Annual Payment Update (APU).
- List at least two resources to help monitor your compliance and achieve a full APU.

What Is the SNF QRP?

What Is the SNF QRP?

- The SNF QRP was established by the Centers for Medicare & Medicaid Services (CMS) in fiscal year (FY) 2016 as mandated by the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.
- The IMPACT Act mandates the use of standardized assessment data elements with regard to quality measures (QMs) that are publicly reported for post-acute care (PAC) settings, including SNFs.
- The SNF QRP promotes the delivery of person-centered, high-quality, and safe care by SNFs.

CMS National Quality Strategy

Launched in 2022, the CMS National Quality Strategy:

- Promotes the highest quality outcomes and safest care for all individuals.
- Focuses on a person-centric approach from birth to end of life across the continuum of care across the healthcare system.
- Crosses all payer types (e.g., traditional Medicare, Medicare Advantage, Medicaid, Children's Health Insurance Program, Marketplace).
- Incorporates lessons learned from the COVID-19 public health emergency.
- Addresses the need to transform the healthcare system for all individuals to ensure high quality, equitable, safe, and outcomes-based care.

CMS National Quality Strategy Goals

Equity

Advance health equity and whole-person care

Engagement

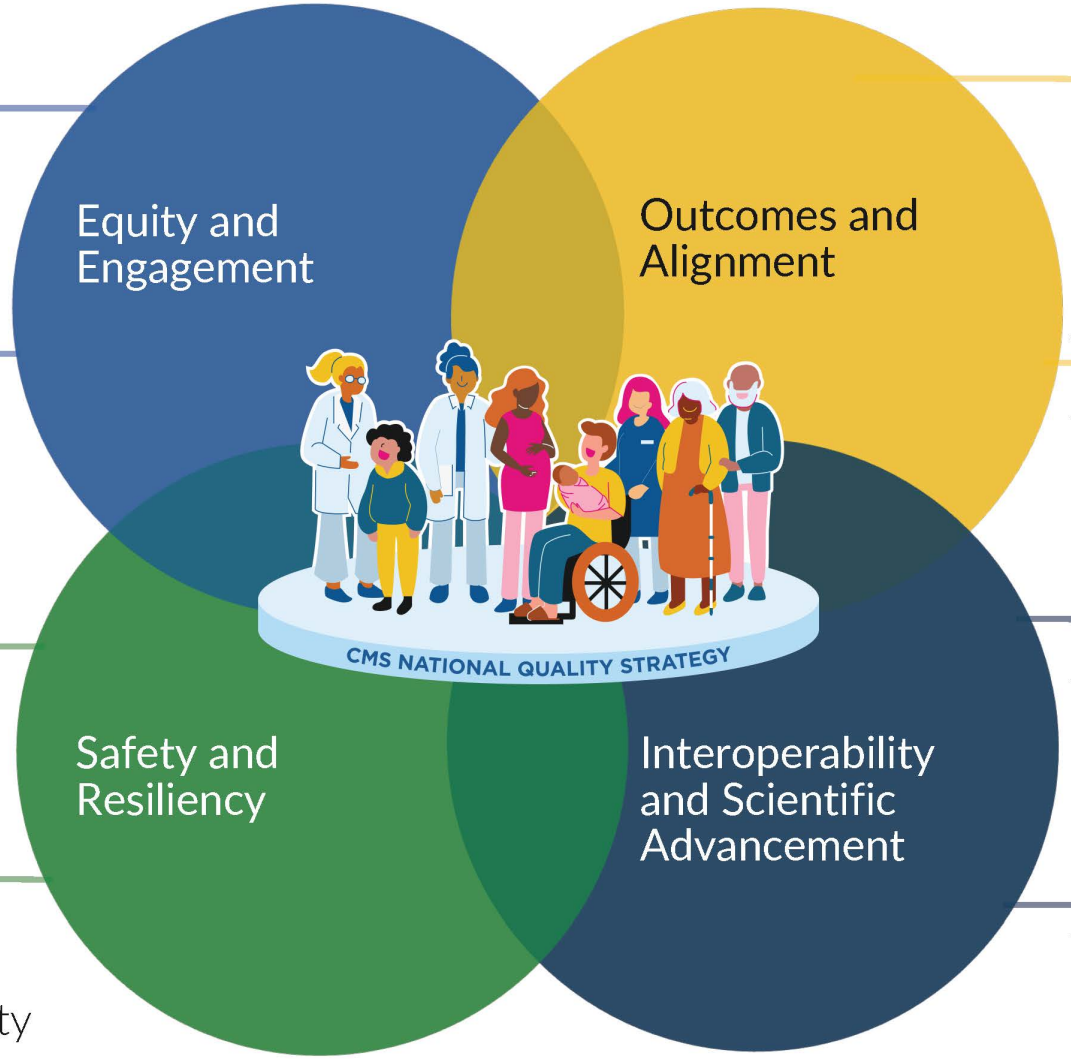
Engage individuals and communities to become partners in their care

Safety

Achieve zero preventable harm

Resiliency

Enable a responsive and resilient health care system to improve quality



Outcomes

Improve quality and health outcomes across the care journey

Alignment

Align and coordinate across programs and care settings

Interoperability

Accelerate and support the transition to a digital and data-driven health care system

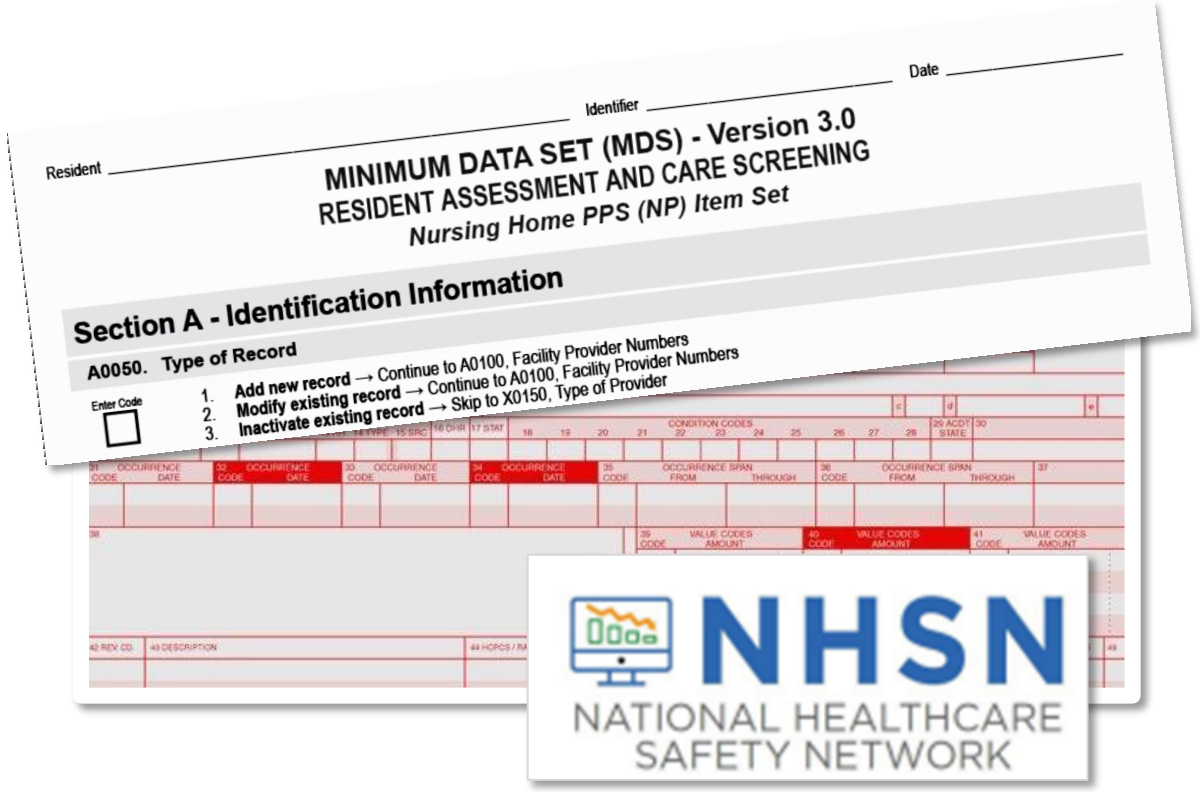
Scientific Advancement

Transform health care using science, analytics, and technology

Submission Requirements for SNF QRP

The data submitted for the SNF QRP are derived from three sources:

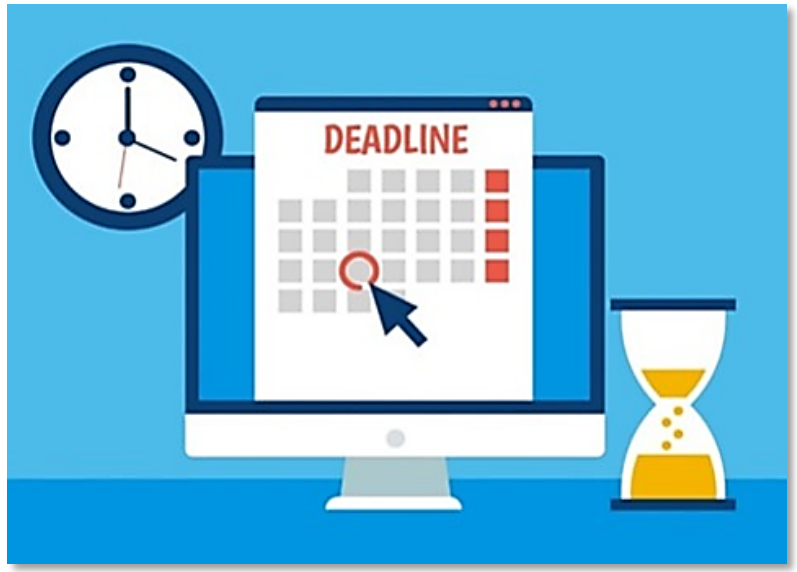
1. The Minimum Data Set (MDS).
2. Medicare fee-for-service (FFS) claims.
3. Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN).



SNF QRP Submission Requirements: MDS

For a Medicare Part A SNF stay, all Medicare-certified SNF providers are required to collect and submit data from the MDS:

1. At the start of care.
2. Upon discharge.



Includes consecutive time in the facility starting with a Medicare Part A admission through discharge from Medicare Part A or death.

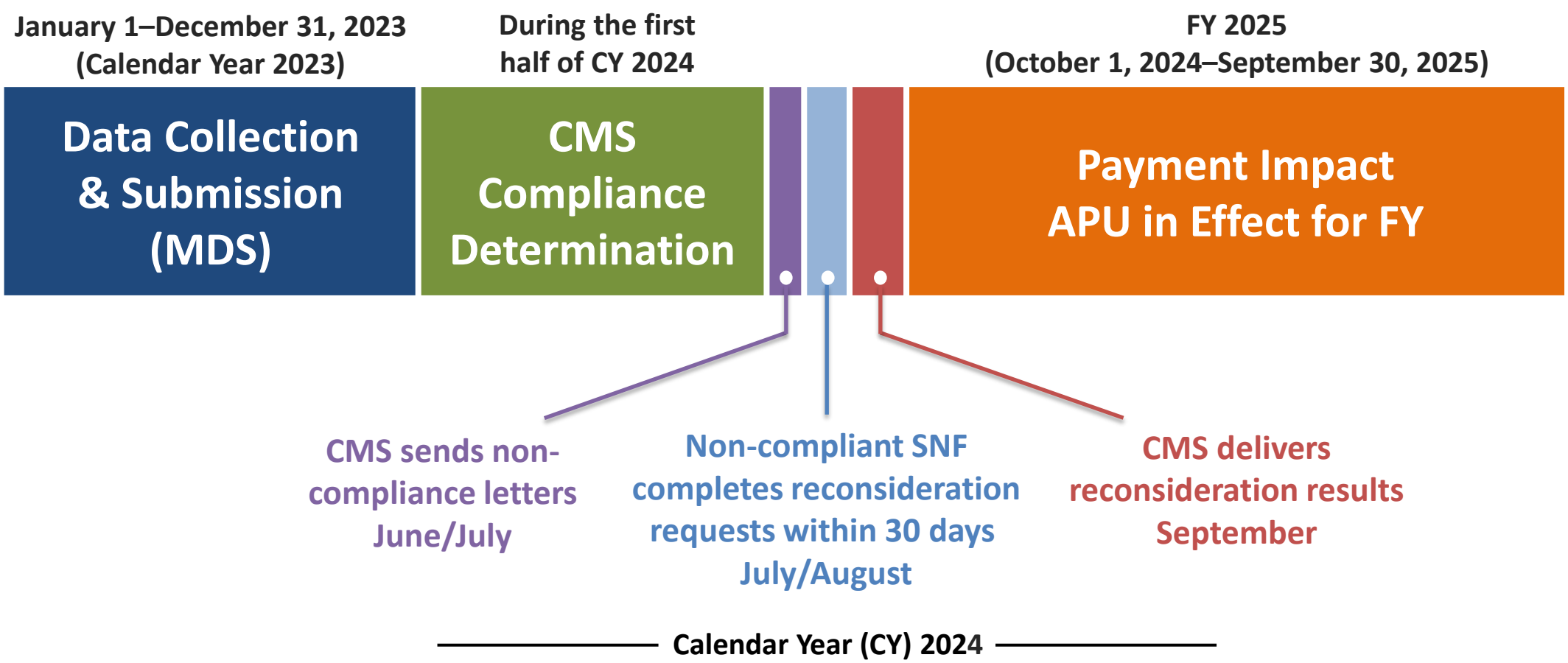
MDS data are required to be submitted and accepted according to the established submission timelines and thresholds.

SNF QRP Submission Requirements: Medicare FFS Claims and CDC NHSN

- Medicare FFS Claims are submitted by SNFs for payment:
  - The data for claims-based measures are collected directly from the claims submitted, so no additional data need to be submitted to CMS.
- SNFs are required to submit data for two measures via the CDC NHSN:
  - Influenza vaccination coverage among healthcare personnel (HCP).
  - COVID-19 vaccination coverage among HCP.

  NHSN data are required to be submitted and accepted according to the established submission timelines and thresholds.

Relationship Between Quality Reporting and APU: SNF QRP Life Cycle



MDS and NHSN Submission and Reporting Requirements

What Is the MDS?

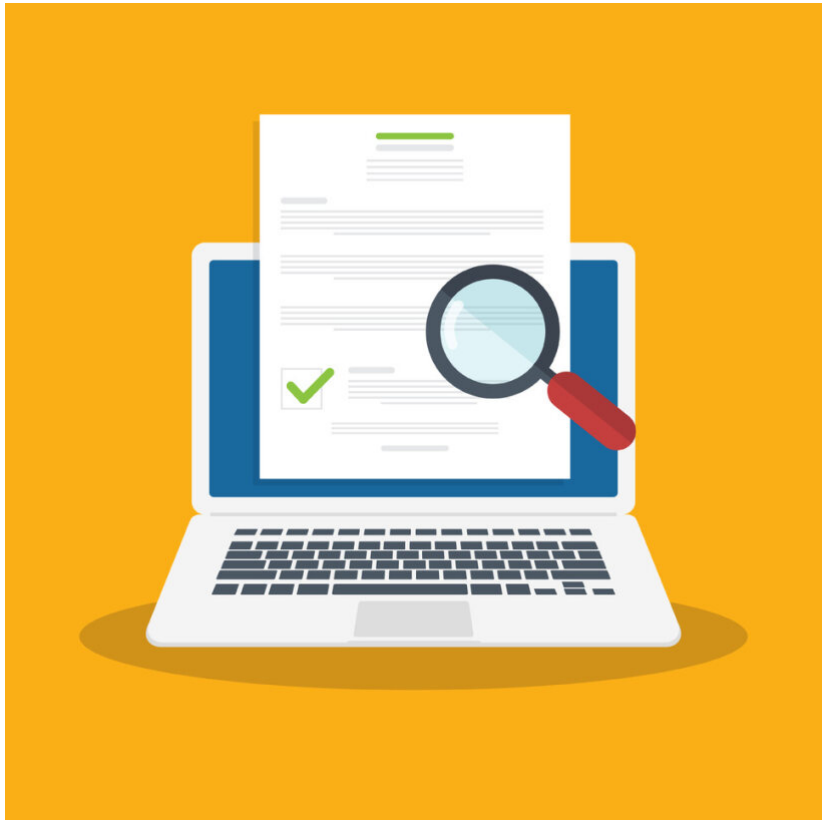
- The MDS is a core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid.
- The data elements in the MDS standardize communication about resident problems and conditions:
  - Within nursing homes.
  - Between nursing homes.
  - Between nursing homes and outside agencies.

The MDS

The MDS is used for many purposes, including:

- Care planning.
- Survey and certification.
- Payment via the prospective payment system (PPS).
- Medicaid payment, in some states.
- Quality and Value-based Programs (reporting and monitoring).

MDS Submission Requirements for SNF QRP



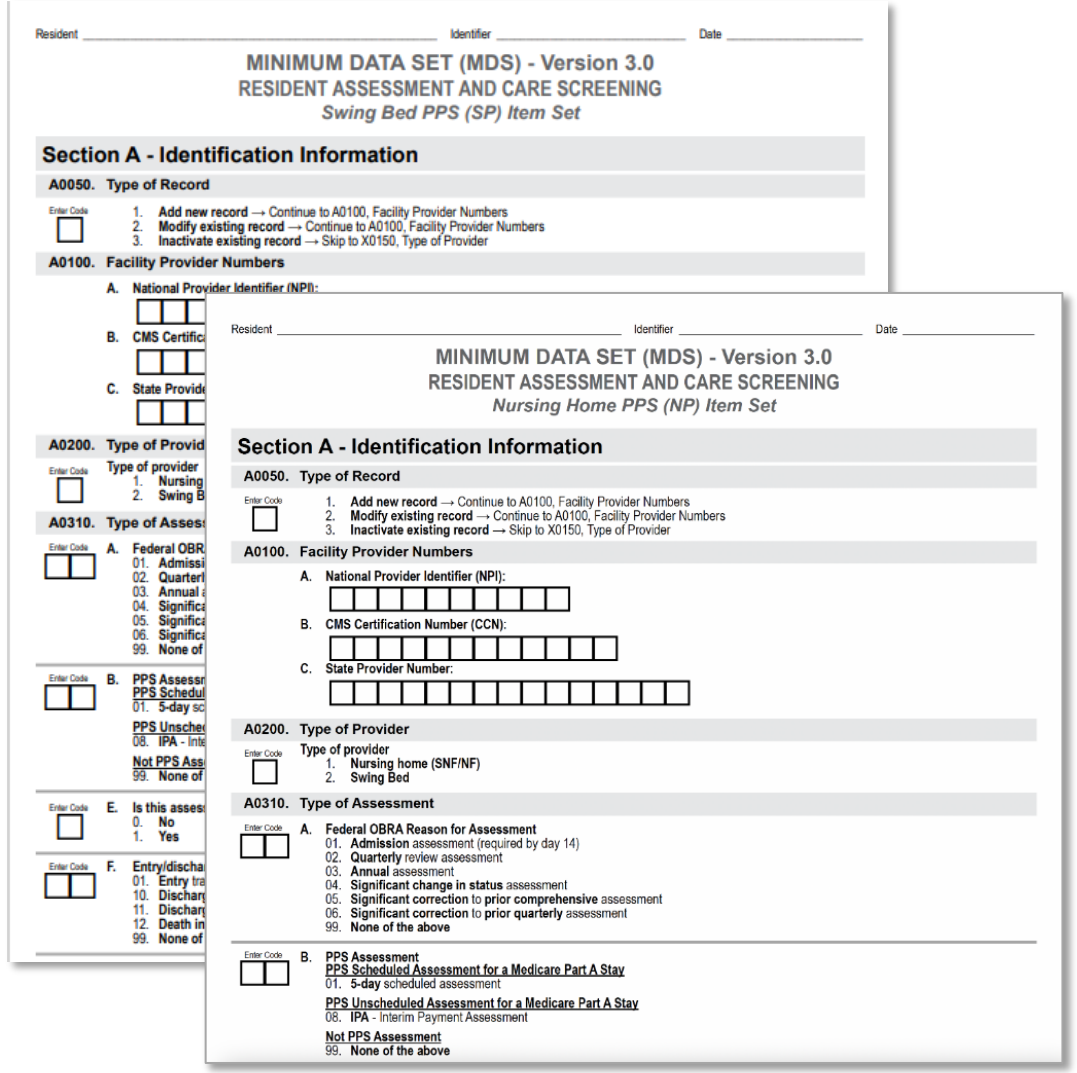
All Medicare-certified SNF providers including non-critical access hospital (non-CAH) Swing Bed (SB) facilities are required to submit:

- MDS – Admission records:
  - Nursing Home PPS (NP).
  - Swing Bed PPS (SP).
- MDS – Discharge records:
  - Nursing Home Part A PPS Discharge (NPE).
  - Swing Bed Discharge (SD).

MDS data are collected and submitted to iQIES for all residents admitted to a Medicare Part A SNF stay.

Medicare Part A Admission: NP and SP Assessment

- The NP or SP is the first assessment completed when a resident enters a SNF or Swing Bed facility for a Medicare Part A stay. It authorizes payment, but also provides data required for the SNF QRP.
- The NP or SP must be completed within 14 days after the Assessment Reference Date (A2300) and submitted and accepted into iQIES within 14 days after the assessment completion date (Z0500B).



Resident _____ Identifier _____ Date _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Swing Bed PPS (SP) Item Set

Section A - Identification Information

A0050. Type of Record

Enter Code ☐
1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI): ☐☐☐☐☐☐☐☐☐☐

B. CMS Certifica ☐☐☐☐☐☐

C. State Provide ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A0200. Type of Provid

Enter Code ☐ Type of provider
1. Nursing
2. Swing B

A0310. Type of Asses

Enter Code ☐☐ A. Federal OBR
01. Admissi
02. Quarterl
03. Annual
04. Significa
05. Significa
06. Significa
99. None of

Enter Code ☐☐ B. PPS Assessr
PPS Schedul
01. 5-day sc
PPS Unsche
08. IPA - Inte
Not PPS Ass
99. None of

Enter Code ☐ E. Is this asses
0. No
1. Yes

Enter Code ☐☐ F. Entry/discha
01. Entry tra
10. Discharg
11. Discharg
12. Death in
99. None of

Resident _____ Identifier _____ Date _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home PPS (NP) Item Set

Section A - Identification Information

A0050. Type of Record

Enter Code ☐
1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI): ☐☐☐☐☐☐☐☐☐☐

B. CMS Certification Number (CCN): ☐☐☐☐☐☐☐☐☐☐☐☐

C. State Provider Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A0200. Type of Provider

Enter Code ☐ Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

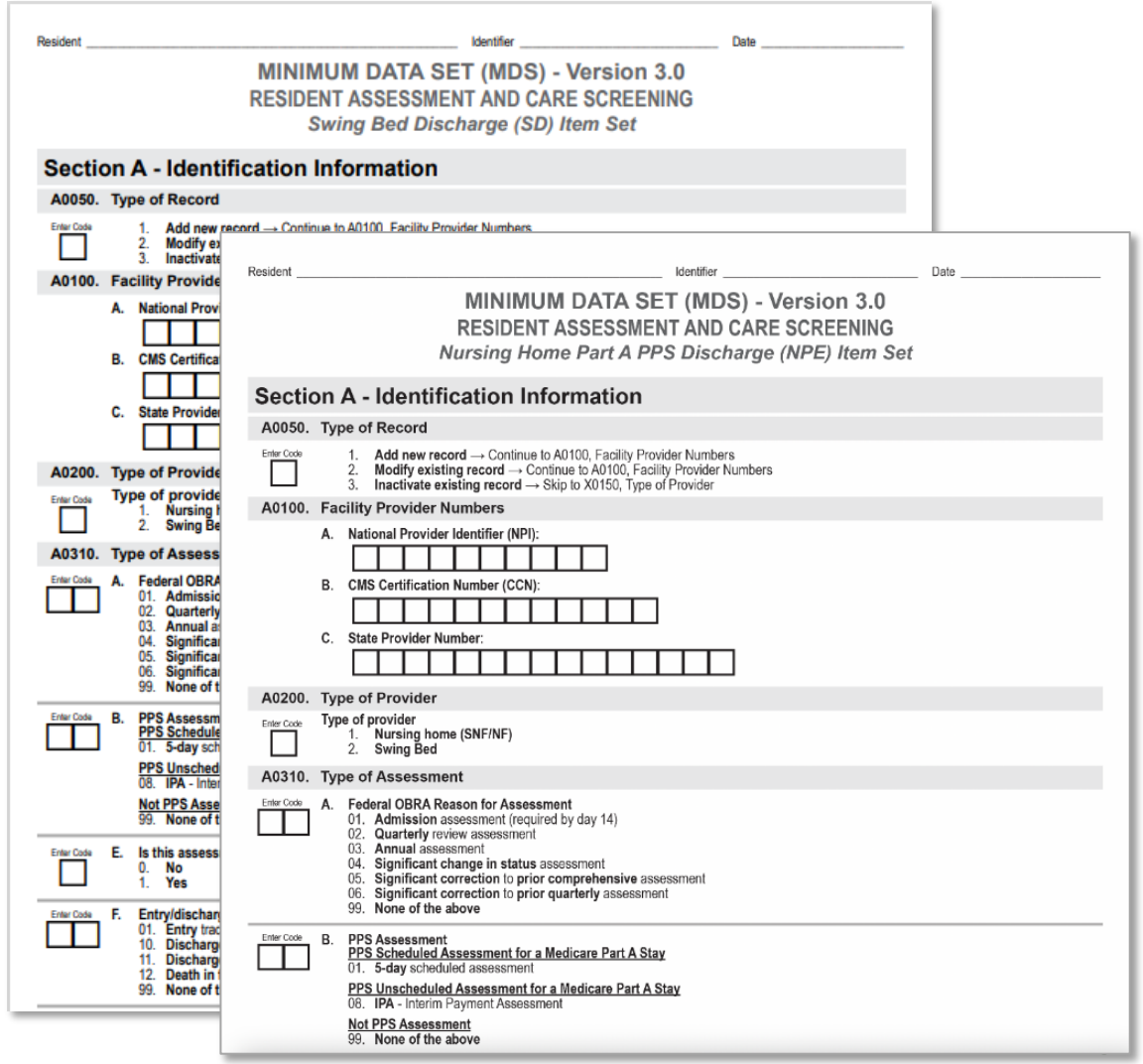
A0310. Type of Assessment

Enter Code ☐☐ A. **Federal OBRA Reason for Assessment**
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code ☐☐ B. **PPS Assessment**
PPS Scheduled Assessment for a Medicare Part A Stay
01. **5-day** scheduled assessment
PPS Unscheduled Assessment for a Medicare Part A Stay
08. **IPA** - Interim Payment Assessment
Not PPS Assessment
99. **None of the above**

Medicare Part A Discharge: NPE and SD Assessments

- The NPE or SB is completed when a resident's Medicare Part A stay has ended, regardless of whether the resident remains in the facility or is physically discharged. This assessment provides data required to be collected on discharge for the SNF QRP.
- The NPE or SB must be completed within 14 days after the end date of the most recent Medicare stay (A2400C). This assessment must be submitted and accepted into iQIES within 14 days after the assessment completion date (Z0500B).



Resident _____ Identifier _____ Date _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Swing Bed Discharge (SD) Item Set

Section A - Identification Information

A0050. Type of Record

Enter Code ☐

1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI): ☐☐☐☐☐☐☐☐☐☐

B. CMS Certification Number (CCN): ☐☐☐☐☐☐☐☐☐☐☐☐

C. State Provider Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A0200. Type of Provider

Enter Code ☐

Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

A0310. Type of Assessment

Enter Code ☐☐

A. **Federal OBRA Reason for Assessment**
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code ☐☐

B. **PPS Assessment**
PPS Scheduled Assessment for a Medicare Part A Stay
01. **5-day** scheduled assessment
PPS Unscheduled Assessment for a Medicare Part A Stay
08. **IPA** - Interim Payment Assessment
Not PPS Assessment
99. **None of the above**

Application of Percent of Residents Experiencing One or More Falls with Major Injury

- There is one SNF QRP QM, *Application of Percent of Residents Experiencing One or More Falls with Major Injury,* which looks at all qualifying assessments within the entire SNF stay to determine whether a resident has fallen since admission.
- Since the entire stay is considered for this measure, there are other MDS assessment types (e.g., Quarterly assessments) that feed into the calculation of this measure.
- The review of these additional assessments is called a “look-back scan.”
- This is the only QM in the SNF QRP that uses a look-back scan.

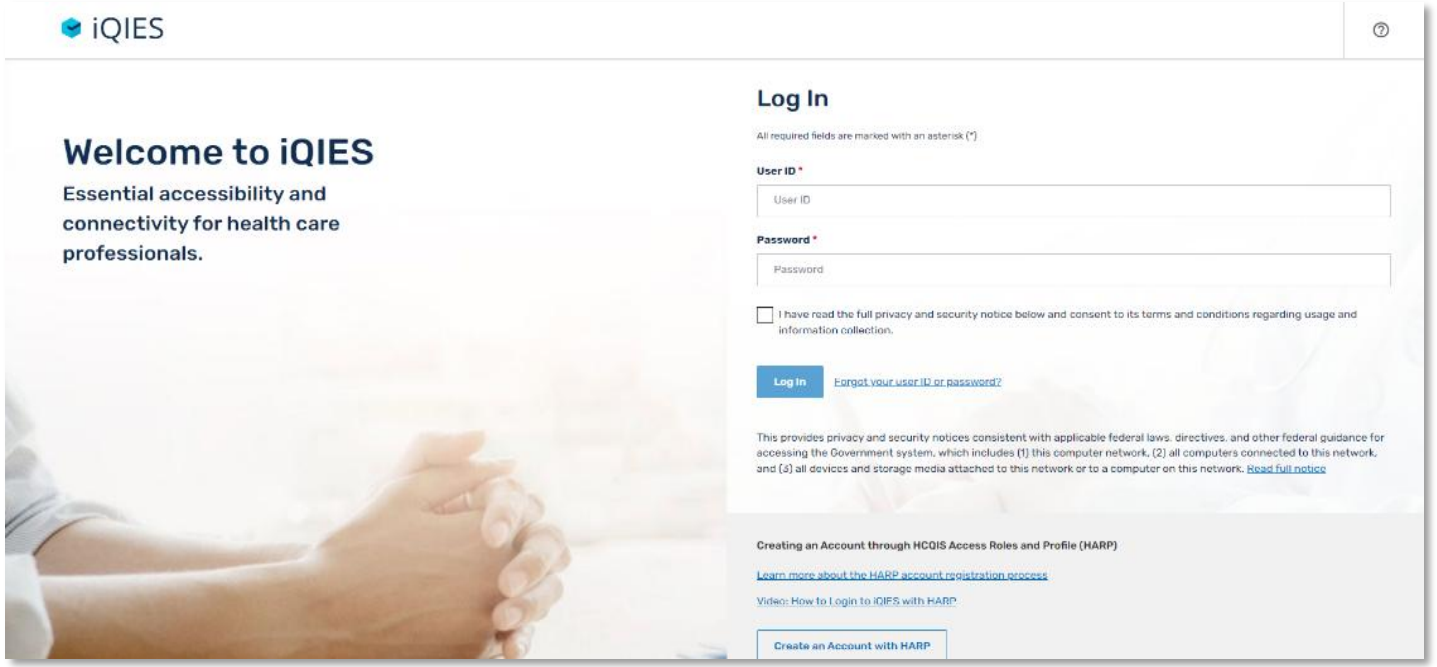
MDS Data Submission Deadlines

- To comply with the SNF QRP, individual MDS data submission deadlines must be met.
- The data collection year runs from January to December, and the submission deadline for each quarter are as follows:

CY Data Collection Quarter	Data Collection Submission QRP	Submission Deadline
Quarter 1	January 1–March 31	August 15
Quarter 2	April 1–June 30	November 15
Quarter 3	July 1–September 30	February 15
Quarter 4	October 1–December 31	May 15

Where to Submit MDS Data

- MDS records are submitted to iQIES.
- The *CMS iQIES MDS Upload an Assessment User Manual v1.0* is an important resource for providers.



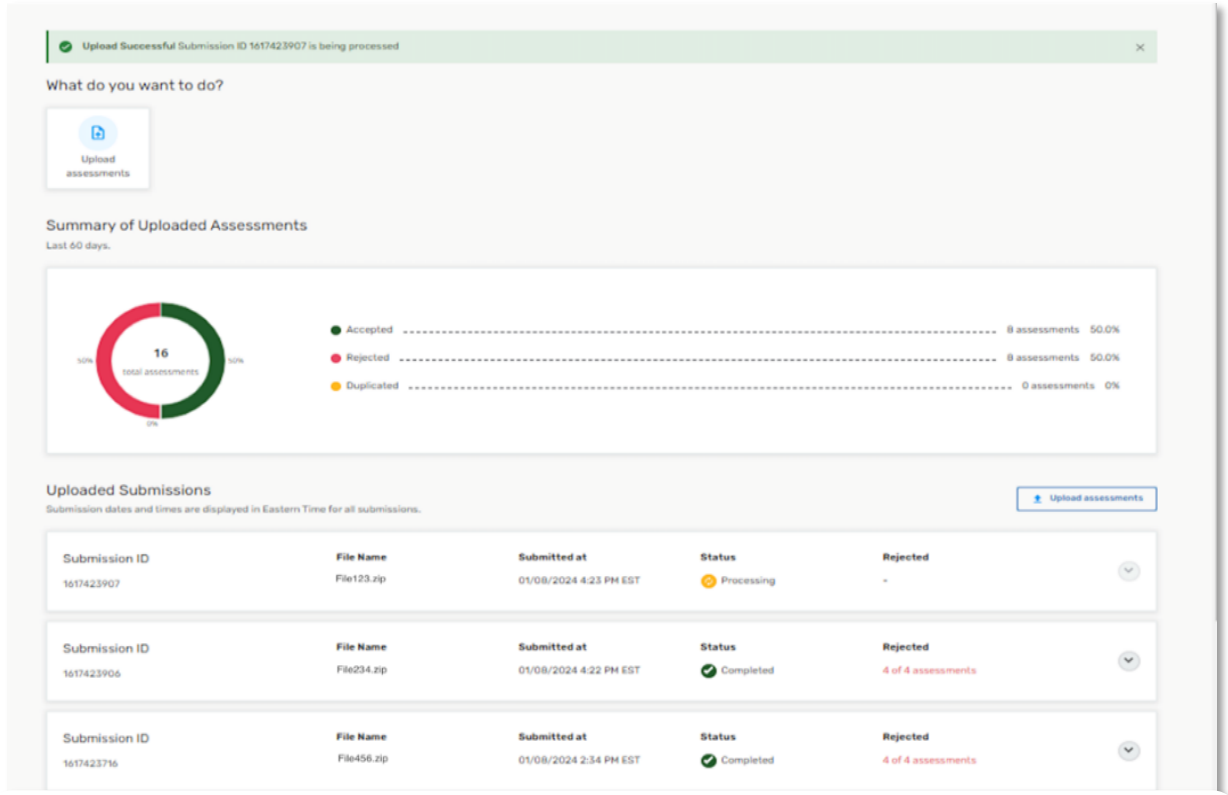
How to Ensure That MDS Data Submitted Are Accepted

The iQIES system:

- Confirms that the submission was received.
- Includes the name of the file submitted.

Submission does not mean the data were accepted.

The *MDS 3.0 Nursing Home (NH) Final Validation Report (FVR),* which can be obtained from iQIES, will verify acceptance or rejection of MDS records.



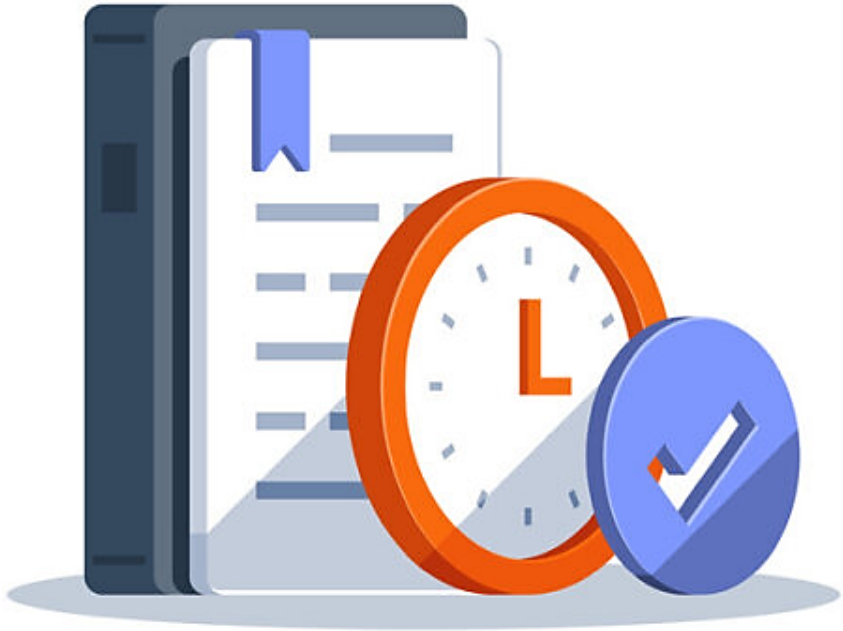
The FVR is the only way to verify that submitted files were also accepted.

MDS Reporting Requirements Summary

To meet SNF QRP requirements, SNFs must:

- Meet the MDS data collection requirements.
- Submit MDS data on time per submission deadlines.
- Ensure MDS data are accepted.

The act of submitting data does not equal acceptance.



CDC NHSN

- The CDC NHSN is the nation's most widely used healthcare-associated infection tracking system.
- It provides facilities, states, regions, and the nation with data needed to:
  - Identify problem areas.
  - Measure progress of prevention efforts.
  - Eliminate healthcare-associated infections.
- In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as:
  - Healthcare personnel influenza vaccine status.

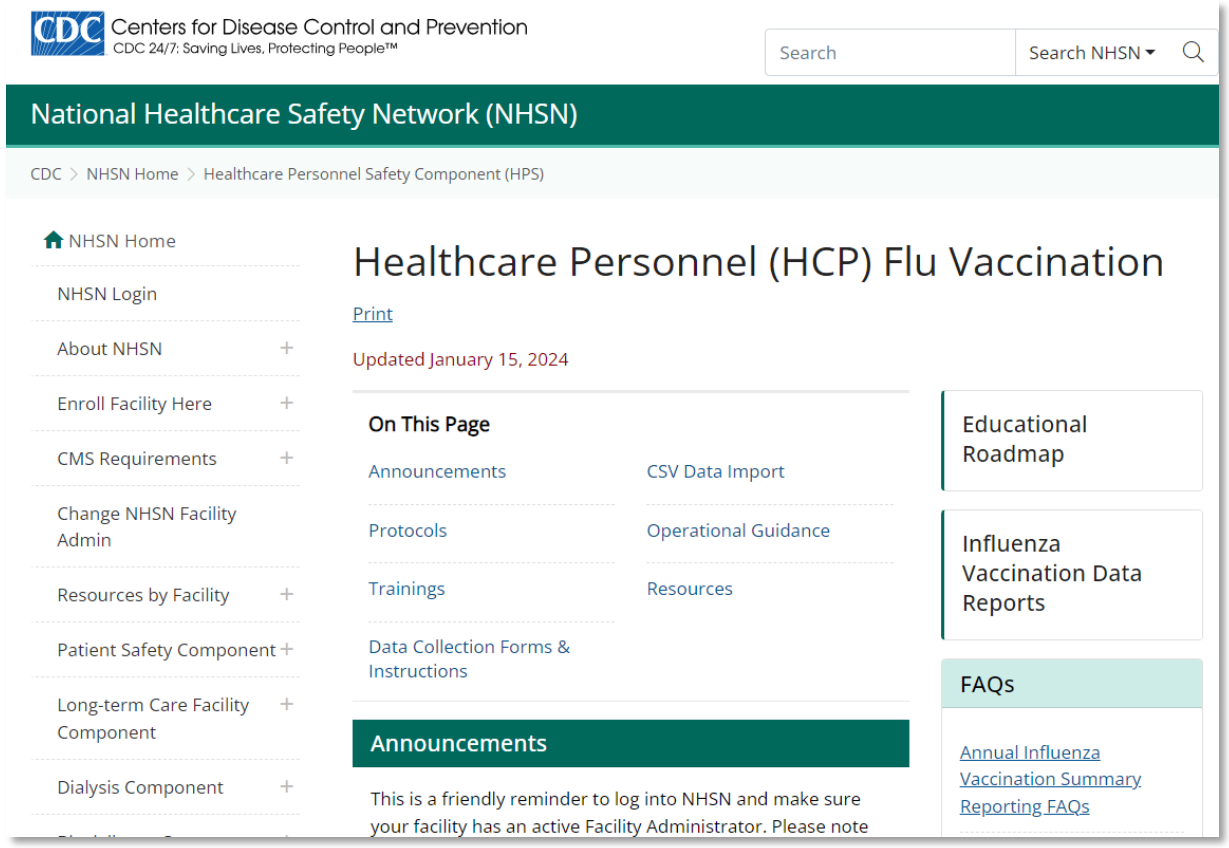
NHSN Submission Requirements and Deadlines: HCP Flu Vaccination

- Providers are required to report Influenza Vaccination Coverage among HCP measure data through the **NHSN Healthcare Personnel Safety (HPS) Component**.
- For this measure, SNFs are required to submit one report covering the entire influenza season.
  - The 2023–2024 influenza season is from October 1, 2023, through March 31, 2024.
  - Deadline to report the annual HCP influenza vaccination summary data is May 15, 2024.

NHSN HPS Component Access for HCP Flu Vaccination

Visit HCP Flu Vaccination | HPS | NHSN | CDC for training materials, including:

- Protocols.
- Data collection forms.
- Frequently Asked Questions.
- Training slides (located under "*Facility-Specific Training Slides*").



NHSN Submission Requirements and Deadlines: HCP COVID-19 Vaccination

- Providers are also required to report data on COVID-19 vaccination coverage among HCP. These data are to be reported in the **CDC NHSN Long-Term Care Facilities (LTCF) Component**.
- The COVID-19 Vaccination Coverage among HCP measure previously collected data on HCP who received a "full vaccination course."
  - Due to the continued presence of SARS-CoV-2 in the United States, including variants, CMS updated the specifications of this measure to refer to HCP who are up to date with their COVID-19 vaccination.

"Up to date" means that as of *the first day of the applicable reporting quarter*, the HCP received a 2023–2024 updated COVID-19 vaccine.

NHSN Submission Requirements and Deadlines: HCP COVID-19 Vaccination (cont.)

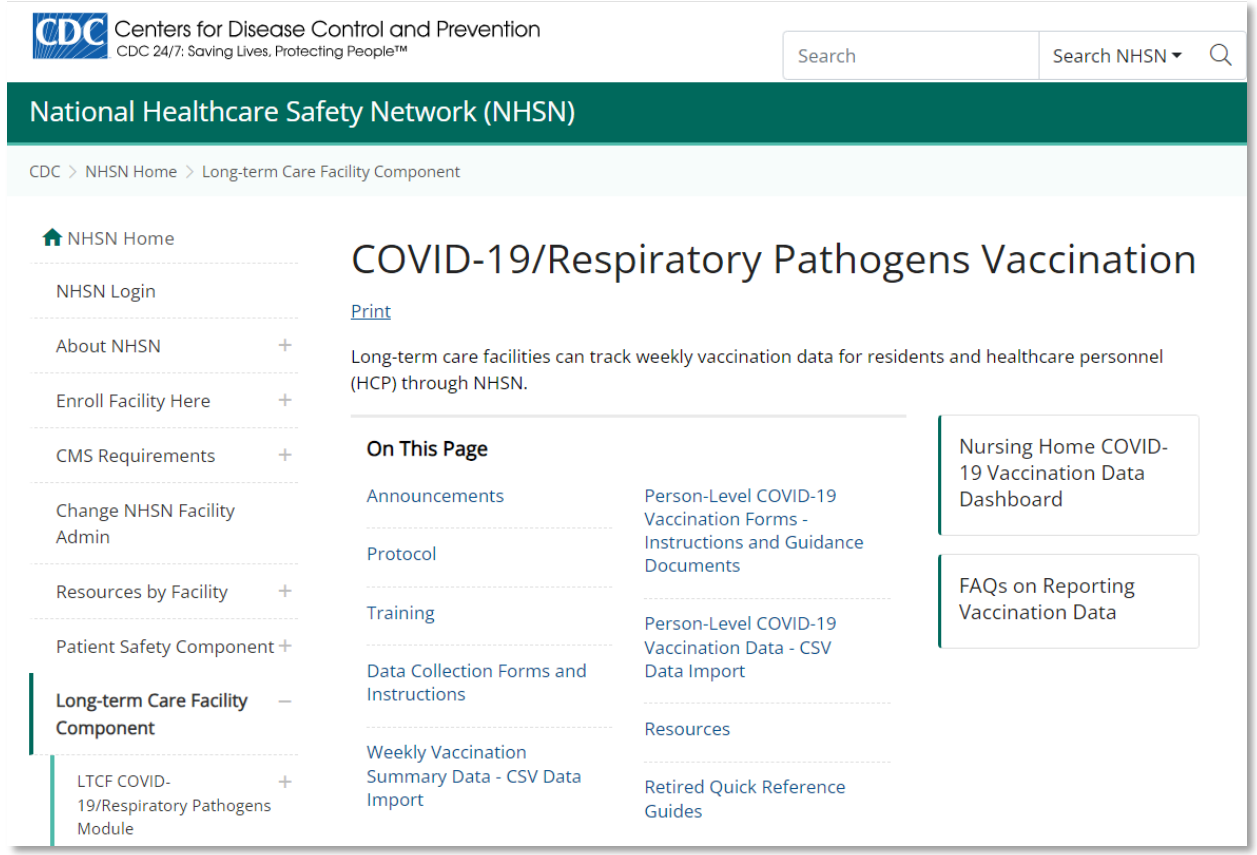
- For purposes of meeting the FY 2025 SNF QRP compliance, SNFs began reporting these data for HCP who were up to date with their COVID-19 vaccination beginning in Quarter 4 of CY 2023, which covered Sept 25, 2023, through December 31, 2023.
- Subsequent data collection for this measure runs from January to December. Submission deadlines for each quarter are as follows:

CY Data Collection Quarter	Data Collection Submission QRP	Submission Deadline
Quarter 1	January 1–March 31	August 15
Quarter 2	April 1–June 30	November 15
Quarter 3	July 1–September 30	February 15
Quarter 4	October 1–December 31	May 15

NHSN Component Access for HCP COVID-19 Vaccination

Visit LTCF | COVID-19/Respiratory Pathogens Vaccination |NHSN | CDC for training materials, including:

- Protocols.
- .CSV files.
- Quick reference guides.
- Data collection forms.
- Frequently Asked Questions.
- Training slides.



NHSN: Swing Bed Facilities

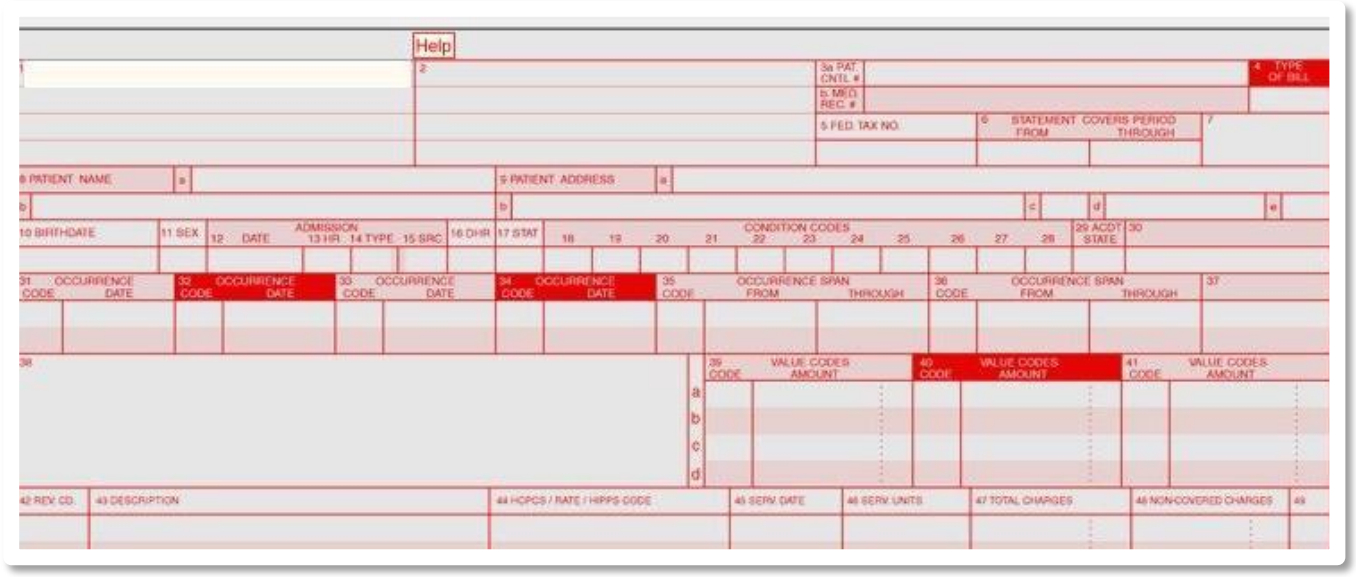
- Swing beds are not required to submit NHSN Influenza Vaccination Coverage Among HCP or COVID-19 Vaccination Among HCP data under the SNF CMS Certification Number (CCN).
- The CDC has determined that reporting will be required under the parent hospital CCN to ensure duplicate information is not submitted, so there is no additional reporting requirement for swing beds under the SNF QRP.

Swing bed NHSN data submitted under the parent hospital CCN will *not* impact SNF APU determinations.

Medicare FFS Claims

Data for the claims-based QMs are collected from claims, therefore:

- No additional data need to be submitted by the SNF.
- There are no associated submission deadlines.



Q1 How often do MDS data submission deadlines occur for the SNF QRP?

A. Weekly.

B. Monthly.

C. Quarterly.

D. Yearly.

Q2 Where do SNFs submit MDS data for the SNF QRP?

A. The Nursing Home Survey Data Center.

B. Centers for Disease Control and Prevention.

C. The Quality Manager at the SNF.

D. iQIES.

SNF QRP QMs

SNF QRP Assessment-Based QMs

CMS Measures Inventory Tool (CMIT) Measure ID#	Measure	Which Percentages Are Better?
00520	*Application of Percentage of Residents Experiencing One or More Falls with Major Injury (Long-Stay)*	Lower ↓
00225	*Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP*	↑ Higher
00121	*Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury*	Lower ↓
00404	*Application of Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients*	↑ Higher
00403	*Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients*	↑ Higher

SNF QRP Assessment-Based QMs (cont.)

CMIT Measure ID#	Measure	Which Percentages Are Better?
00728	*Transfer of Health Information to the Provider – Post-Acute Care*	↑ Higher
00727	*Transfer of Health Information to the Patient – Post-Acute Care*	↑ Higher
01698	*Discharge Function Score*	↑ Higher
01699*	*COVID-19 Vaccine: Percent of Residents Who Are Up to Date*	↑ Higher

*This measure was finalized in the FY 2024 PPS rule and data collection will begin on October 1, 2024, using a new data element that will be added to the MDS.

SNF QRP Medicare FFS Claims-Based QMs

CMIT Measure ID#	Measure	Which Percentages Are Better?
00210	*Discharge to Community – PAC SNF QRP*	Higher
00575	*Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP*	Lower
00680	*SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization*	Lower
00434	*Medicare Spending Per Beneficiary – PAC SNF QRP*	Ratio

Data for these measures are collected from claims; no additional data need to be submitted by the SNF.

SNF QRP NHSN QMs

CMIT Measure ID#	Measure	Which Percentages Are Better?
00180	*COVID-19 Vaccination Coverage Among HCP*	Higher
00390	*Influenza Vaccination Coverage Among HCP*	Higher

Summary of QM Changes per FY2024 SNF QRP

FY QRP	Measure	Added	Removed	Modified	New
2025	Transfer of Health Information to the Provider – PAC	✓			
2025	Transfer of Health Information to the Patient – PAC	✓			
2025	Discharge Function Score measure	✓			
2025	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure		✓		
2025	Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients measure		✓		
2025	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients measure		✓		
2025	COVID-19 Vaccination Coverage Among HCP			✓	
2026	COVID-19 Vaccine: Percent of Residents Up to Date				✓

FY 2025: CDC NHSN QM Reporting Change

Beginning with Quarter 4 of the FY 2025 SNF QRP, SNFs were required to begin submitting data on the modified version of the COVID-19 Vaccination Coverage among HCP.

APU Data Submission Thresholds

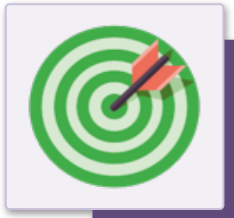
SNF QRP MDS and NHSN Data Submission Thresholds

- The SNF QRP is a pay-for-reporting program and not a pay-for-performance program.
- There is a 2-year delay between data collection and the affected FY application of the APU. For example, data collected in CY 2023 will be used in support of the FY 2025 APU.
- MDS data need to be submitted and accepted into iQIES and NHSN data need to be submitted through CDC's NHSN within the acceptable thresholds.

APU determination is based on submission of the standardized resident assessment data elements and the data used to calculate the QMs and not on the QMs themselves.

SNF QRP Data Submission Thresholds

SNFs must meet or exceed **two** separate data submission thresholds to comply with the SNF QRP.



MDS Assessment Data

90 Percent

of data submitted to iQIES must contain 100% of the required measures and standardized patient assessment data.

NHSN Data

100 Percent

of data submitted to CDC's NHSN must contain 100% of the required data for the CDC NHSN measures.

SNFs that fail to submit the required data by the data submission deadlines are subject to a 2-percentage point reduction in the SNF's APU.

FY 2025 and FY 2026 SNF QRP MDS Data Elements for APU Determination

The FY 2025 SNF QRP APU determination spans two versions of the MDS.

Version	Effective Date	Reporting Period
MDS 3.0 v.1.17.2	October 1, 2020	CY Q1–Q3 2023 (January–September 2023)
MDS 3.0 v.1.18.11	October 1, 2023	CY Q4 2023 (October–December 2023)

The FY 2026 SNF QRP APU determination spans two versions of the MDS.

Version	Effective Date	Reporting Period
MDS 3.0 v.1.18.11	October 1, 2023	CY Q1–Q3 2024 (January–September 2024)
MDS 3.0 v.1.19.1	October 1, 2024	CY Q4 2024 (October–December 2024)

FY SNF QRP Data Submission Thresholds Summary

MDS Records From	MDS Submission Threshold	NHSN Submission Threshold	Fiscal Year APU
CY 2023	80%	100%	FY 2025
CY 2024	90%	100%	FY 2026

Q3 What is the MDS APU Threshold for data collected in CY 2024?

A. 80 percent.

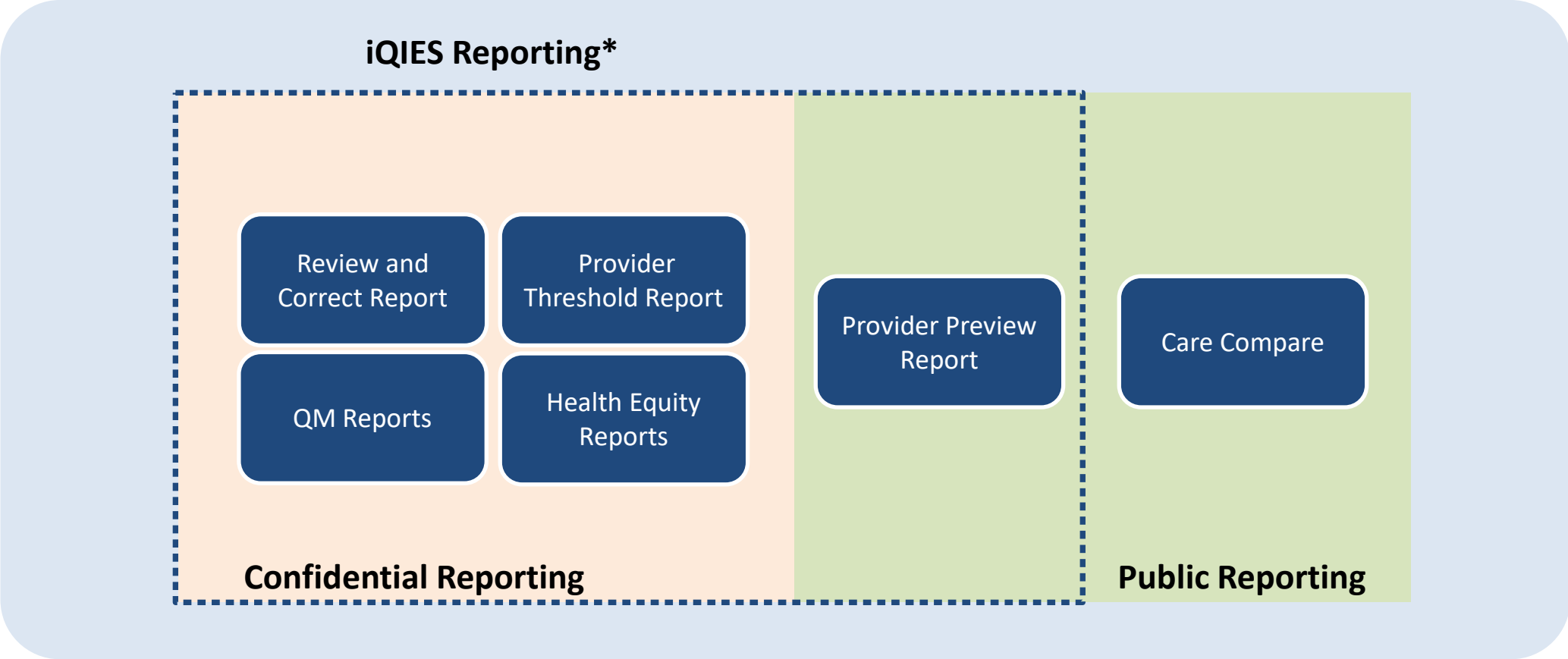
B. 90 percent.

C. 95 percent.

D. 100 percent.

The iQIES SNF QRP and NHSN CMS Reports

Confidential and Public Reporting

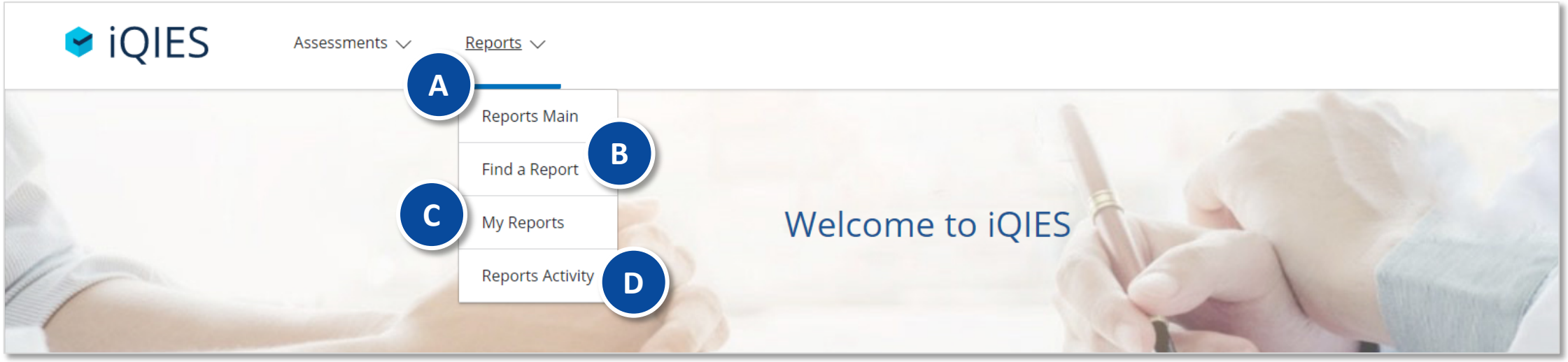


*Detailed information about the reports are available in the CMS iQIES Reports User Manual v2.5 on the QIES Technical Support Office (QTSO) website.

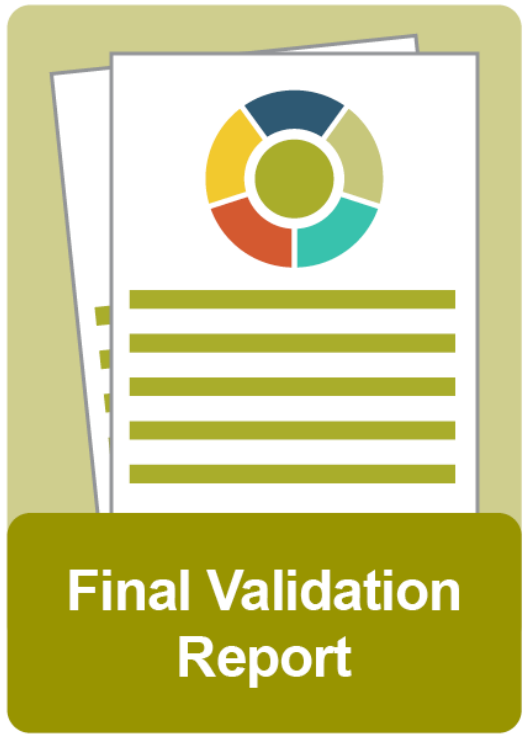
How to Access iQIES Reports

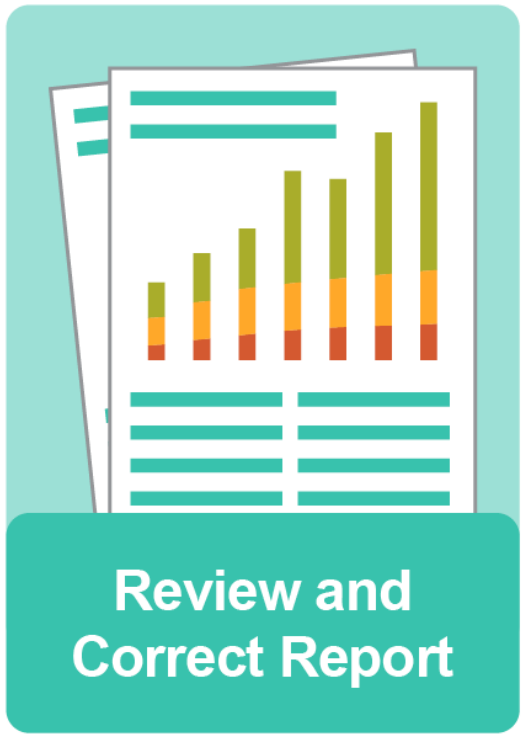
There are many valuable reports available in iQIES.

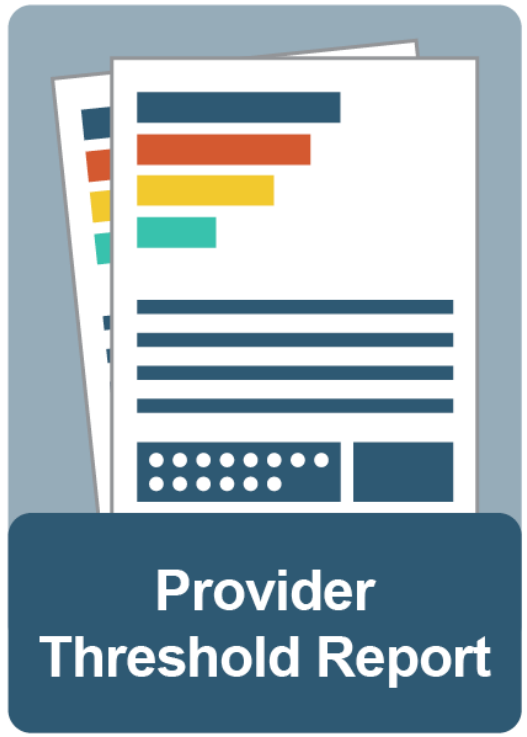
A. Reports Main – Allows users to view a list of frequently run reports.
B. Find a Report – Allows users to access user-requested reports.
C. My Reports – Allows users to access system generated/automatically distributed reports.
D. Reports Activity – Allows users to view the entire list of personal report activity.

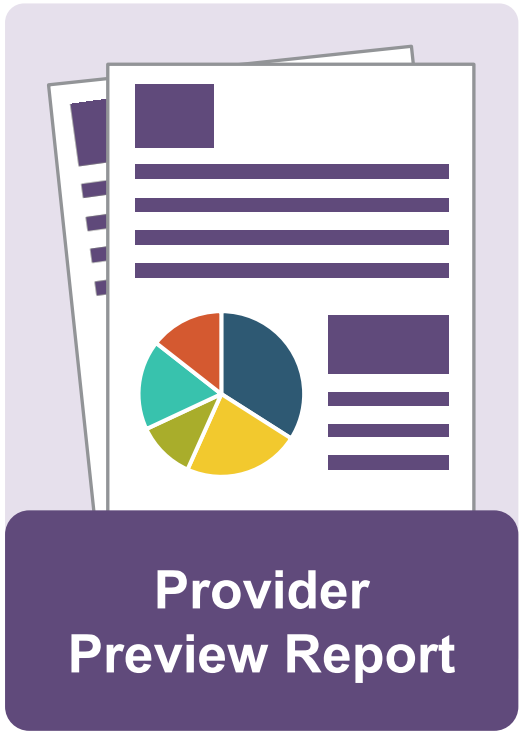


MDS 3.0 NH Final Validation, SNF QRP Review and Correct, Provider Threshold, and Provider Preview Reports



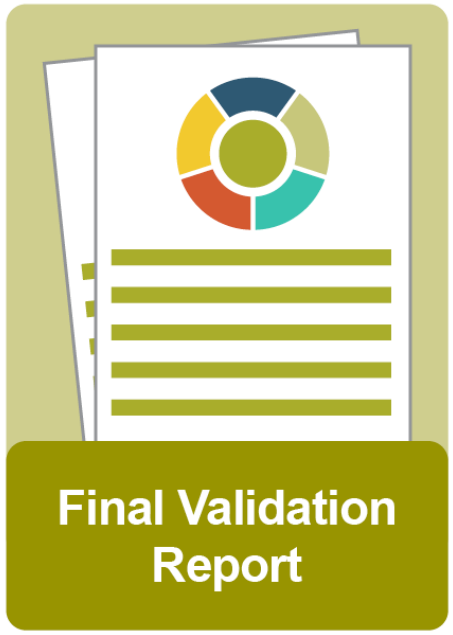




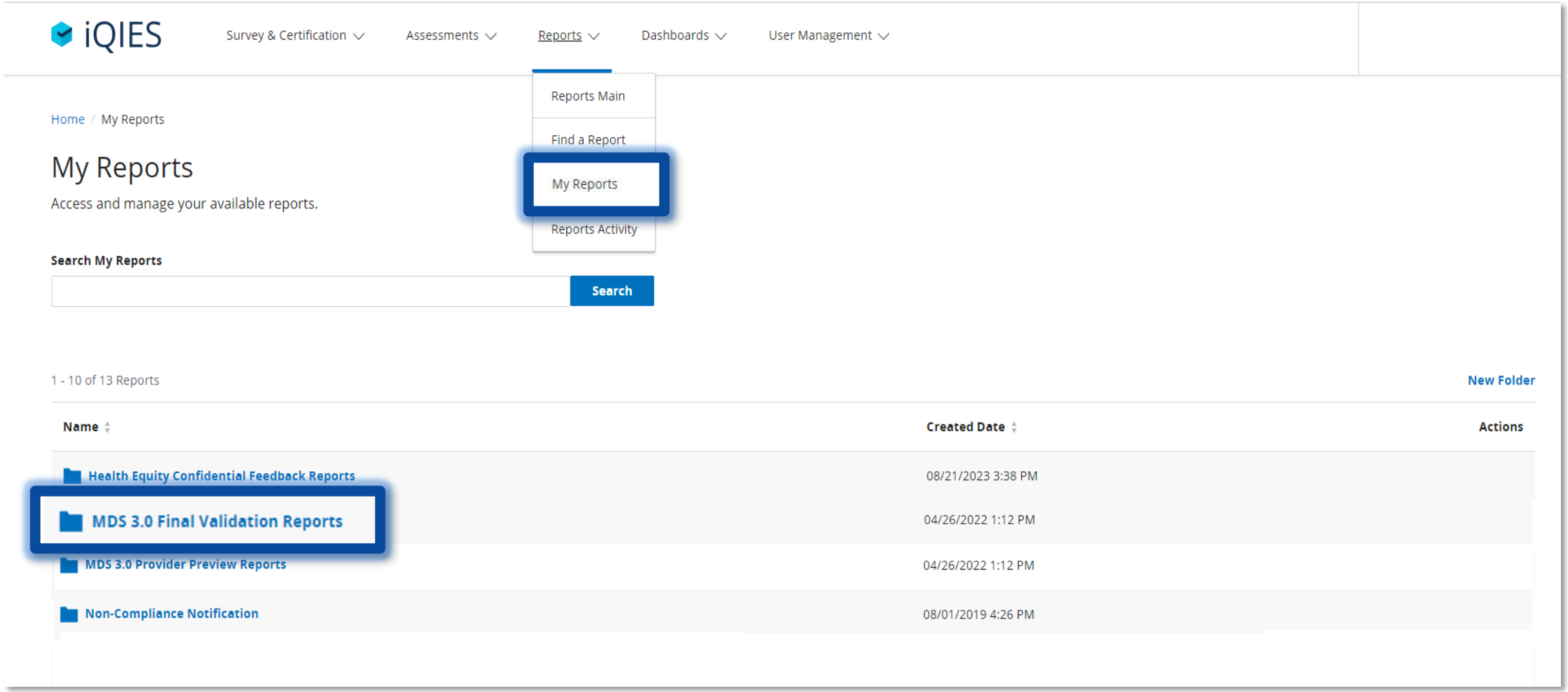


MDS 3.0 NH Final Validation Report (FVR)

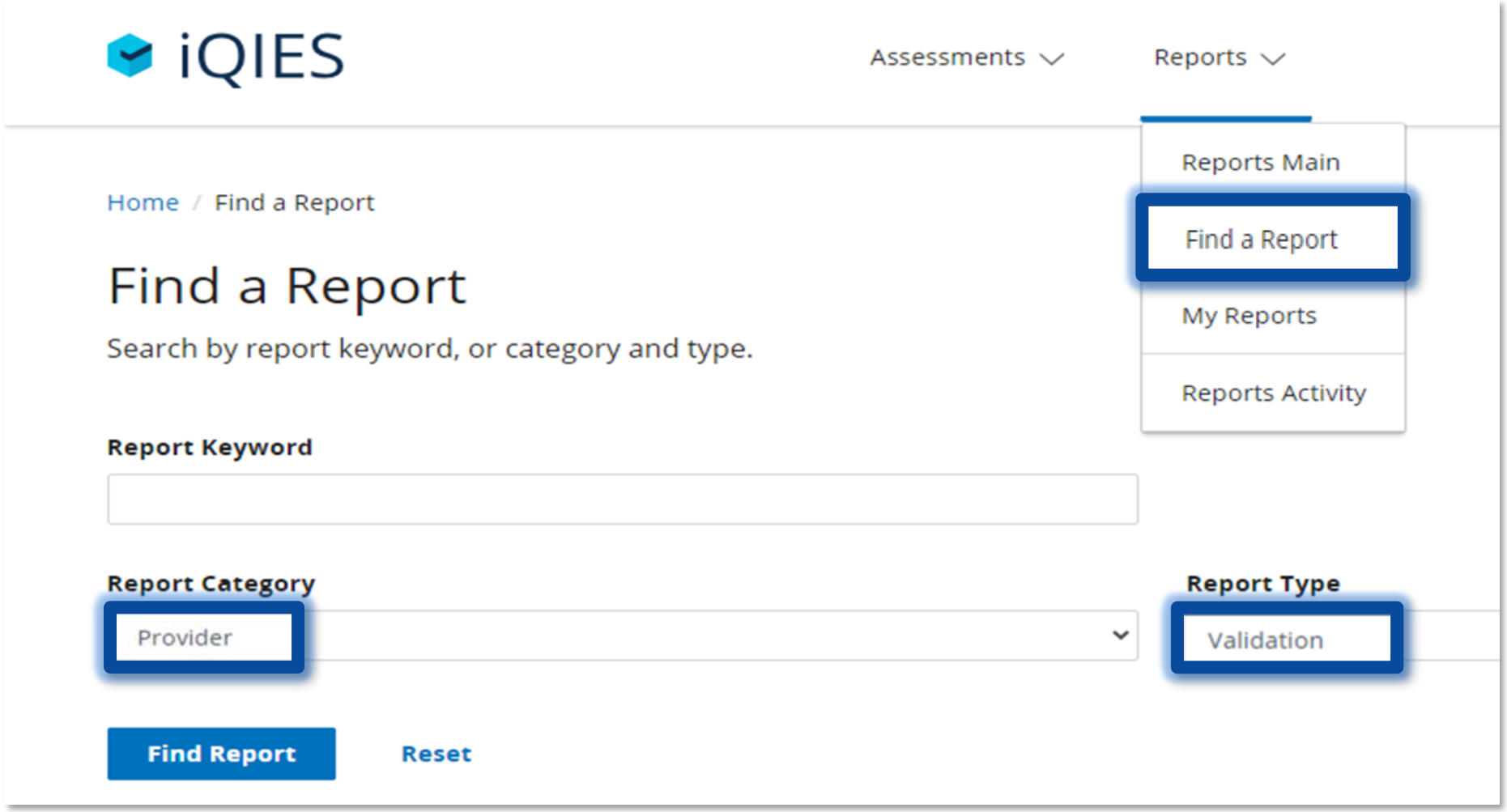
- The FVR is automatically generated by iQIES within 24 hours of the submission of a file and is placed in the provider's MDS 3.0 Final Validation Report folder on the My Reports page.
- Provides detailed information about the status of select submission files.
  - Indicates if the records submitted were accepted or rejected.
  - Details the warning and fatal errors encountered, which can include:
    - Fatal Records Errors.
    - Warnings.
- The FVR can also be user-requested.



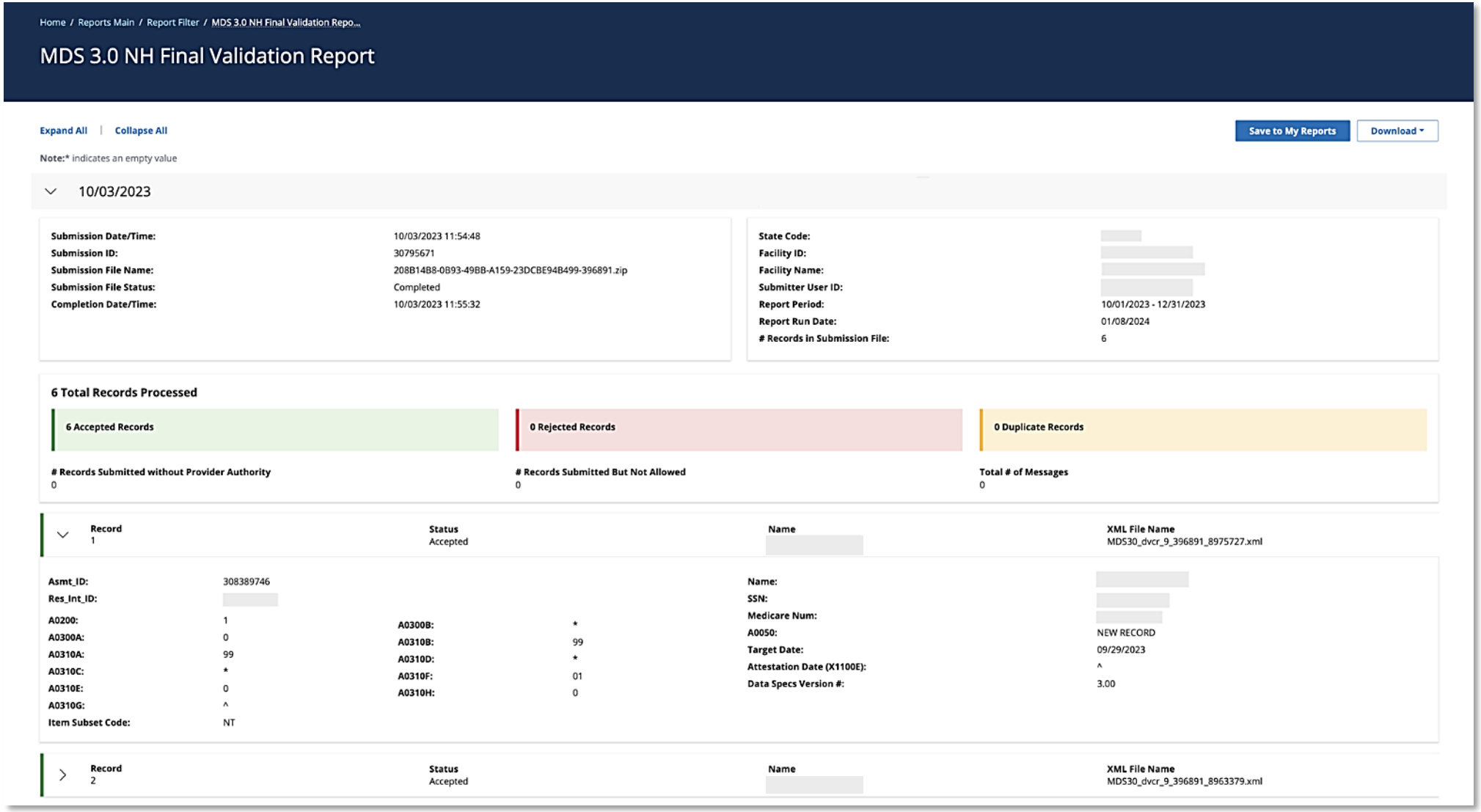
How To Access the System-Generated MDS 3.0 FVR in the iQIES



How To Access the User-Requested FVR in iQIES



Example: FVR


Home / Reports Main / Report Filter / MDS 3.0 NH Final Validation Repo...
MDS 3.0 NH Final Validation Report
Expand All | Collapse All
Save to My Reports
Download
Note:* indicates an empty value
10/03/2023
Submission Date/Time: 10/03/2023 11:54:48
Submission ID: 30795671
Submission File Name: 208B14B8-0B93-49BB-A159-23DCBE94B499-396891.zip
Submission File Status: Completed
Completion Date/Time: 10/03/2023 11:55:32
State Code:
Facility ID:
Facility Name:
Submitter User ID:
Report Period: 10/01/2023 - 12/31/2023
Report Run Date: 01/08/2024
Records in Submission File: 6
6 Total Records Processed
6 Accepted Records
0 Rejected Records
0 Duplicate Records
Records Submitted without Provider Authority
0
Records Submitted But Not Allowed
0
Total # of Messages
0
Record
1
Status
Accepted
Name
XML File Name
MDS30_dvcr_9_396891_8975727.xml
Asmt_ID: 308389746
Res_Int_ID:
A0200: 1
A0300A: 0
A0310A: 99
A0310C: *
A0310E: 0
A0310G: ^
Item Subset Code: NT
A0300B: *
A0310B: 99
A0310D: *
A0310F: 01
A0310H: 0
Name:
SSN:
Medicare Num:
A0050: NEW RECORD
Target Date: 09/29/2023
Attestation Date (X1100E): ^
Data Specs Version #: 3.00
Record
2
Status
Accepted
Name
XML File Name
MDS30_dvcr_9_396891_8963379.xml

Errors and Warnings on the FVR

- There are many conditions that may prevent a file or record from being successfully submitted.
- The FVR outlines errors, whether fatal or warning, encountered in submitted records.
- Each error or warning is noted on the report by its identifier. The *CMS iQIES MDS Error Message User Guide v1.0* provides a list of all errors/warnings and includes guidance for correcting errors if necessary: CMS iQIES MDS Error Message User Guide v1.0.

All fatal errors in a file or record *MUST* be corrected and the file or record resubmitted.

Fatal File Errors

Fatal File Errors: The submission file structure is checked against MDS data submission specifications; if the file does not meet requirements, it is rejected.

- Examples of Fatal File Errors include:
  - File is not a zip file.
  - File cannot be read.

Files that are rejected must be corrected and resubmitted.

Fatal Record Errors

- Each MDS record within the file is checked for fatal record errors.
- Fatal record errors include, but are not limited to, the two following types:
  - Out-of-range responses.
    - For example, the valid responses for an item are 1, 2, and 3, but the value submitted was 6.
  - Inconsistent relationships between items.
    - For example, an inconsistent date pattern, such as the Resident's Birth Date (Item A0900) being later than the Admission Date (Item A1900), or not following a skip pattern correctly.

Fatal Record Errors (cont.)

- Records with fatal errors are rejected by the iQIES system, and the record is not accepted.
- Rejected records are not saved in the iQIES national repository.
- **Fatal record errors must be corrected and resubmitted** to ensure that data are accepted.

Nonfatal Errors or Warnings

- Late submission of MDS records will result in a nonfatal (warning) error.
- Records containing only warnings, or nonfatal errors, are accepted by iQIES.
- Any combination of fatal errors and nonfatal errors will be rejected and must be corrected.

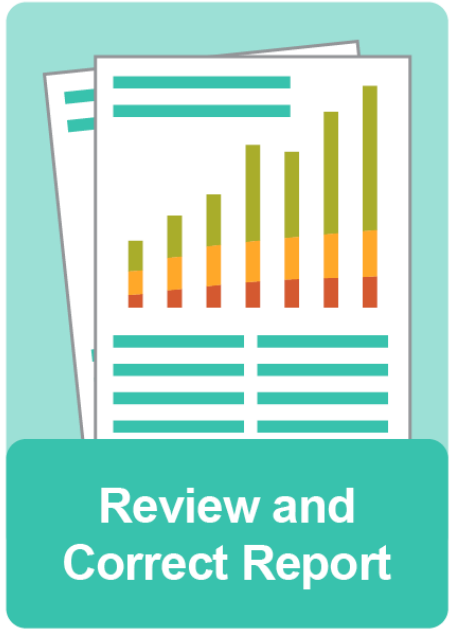
Warning messages should be reviewed to see whether the information needs to be corrected and resubmitted.

Example: Fatal Error/Warning

Error ID	Error Message	Severity	Type	Potential Cause	Tips / Action
-3897	Payment Reduction Warning: If A0310B equals 01 or 08, then a dash (–) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.	Warning	**Consistency**	The value submitted in this quality measure item is a dash (–), indicating that the item was not assessed or information was not available.	**Tips:** If A0310B is 01 or 08, not assessing a quality measure item may result in a payment reduction for your facility of 2% for the affected FY payment determination. **Action:** Make appropriate corrections to the record and resubmit.
-3898a	Invalid Skip Pattern: If GG0170M1 equals 07, 09, 10, 88, or blank (^), then GG0170N1 must equal blank (^).	Fatal	**Skip**	The value submitted in item GG0170N1 (Mobility: 4 steps) is not consistent with the value submitted in item GG0170M1 (Mobility: 1 step).	**Tips:** • IF GG0170M1 is 07, 09, 10, 88, or blank (^), THEN item GG0170N1 must be blank (^). • This is a skip pattern. If GG0170M1 is 07, 09, 10, 88, or blank (^), then GG0170N1 must be blank (^). **Action:** Make appropriate corrections to the record and resubmit.

SNF Review and Correct Report

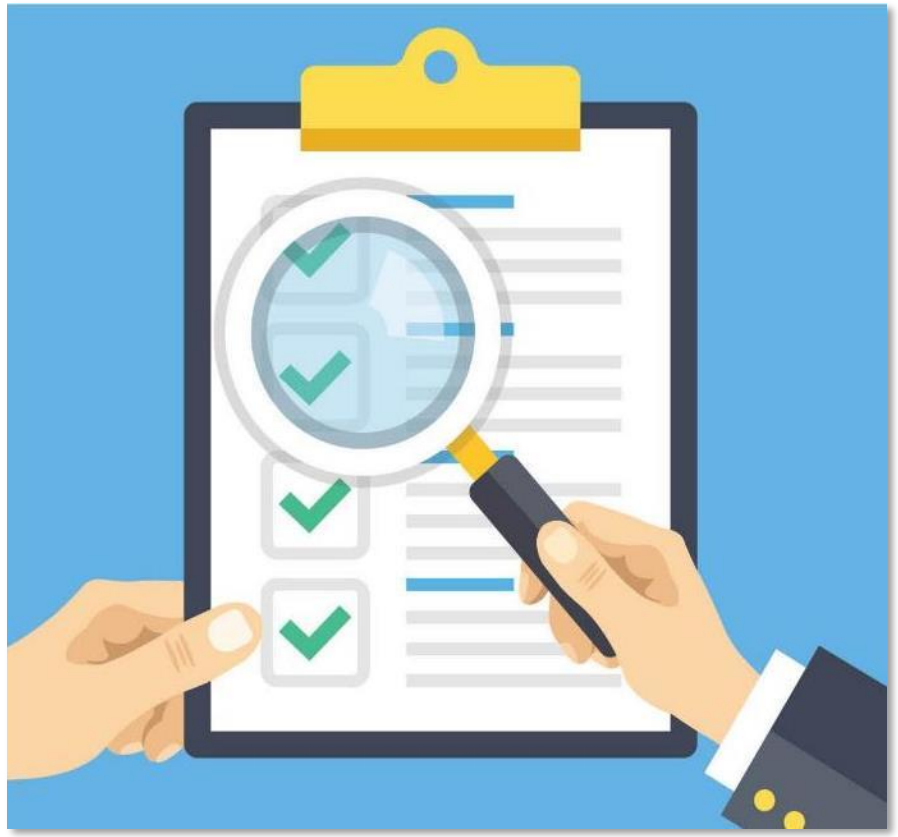
- User-requested, on-demand report.
  - SNF Review and Correct reports are available in iQIES.
- Confidential to providers.
- Provides quarterly and cumulative performance rates for assessment-based publicly reported QM data at both the resident and facility levels.
  - Providers are able to request by individual QM.
  - Resident-level data are available as a comma-separated values (CSV) flat file.
- Displays four most recent quarters.
  - Rolling quarters: once a new quarter is added, the oldest quarter is dropped.



SNF Review and Correct Report (cont. 1)

Ability to sort resident-level data by fields, such as:

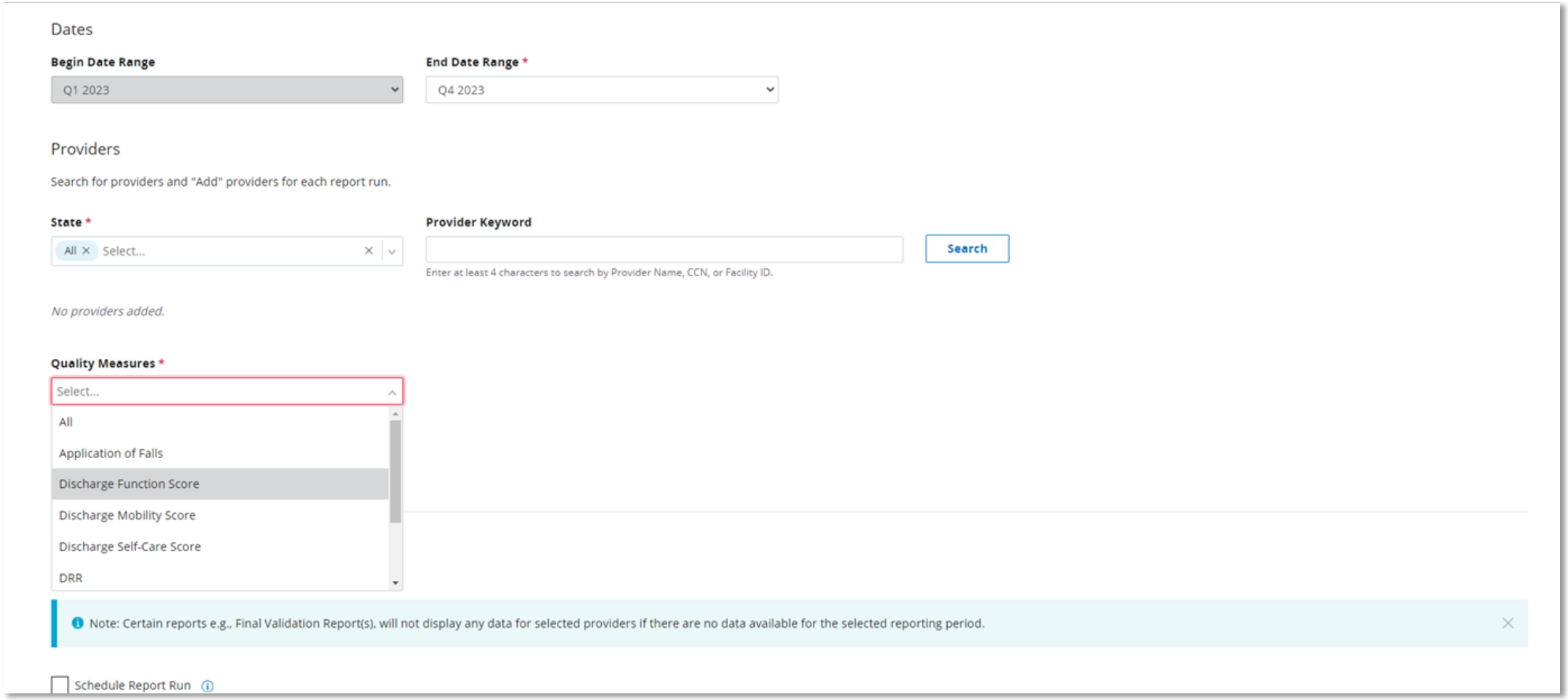
- Resident last name.
- Resident first name.
- Resident status.
- Discharge date.
- Admission date.



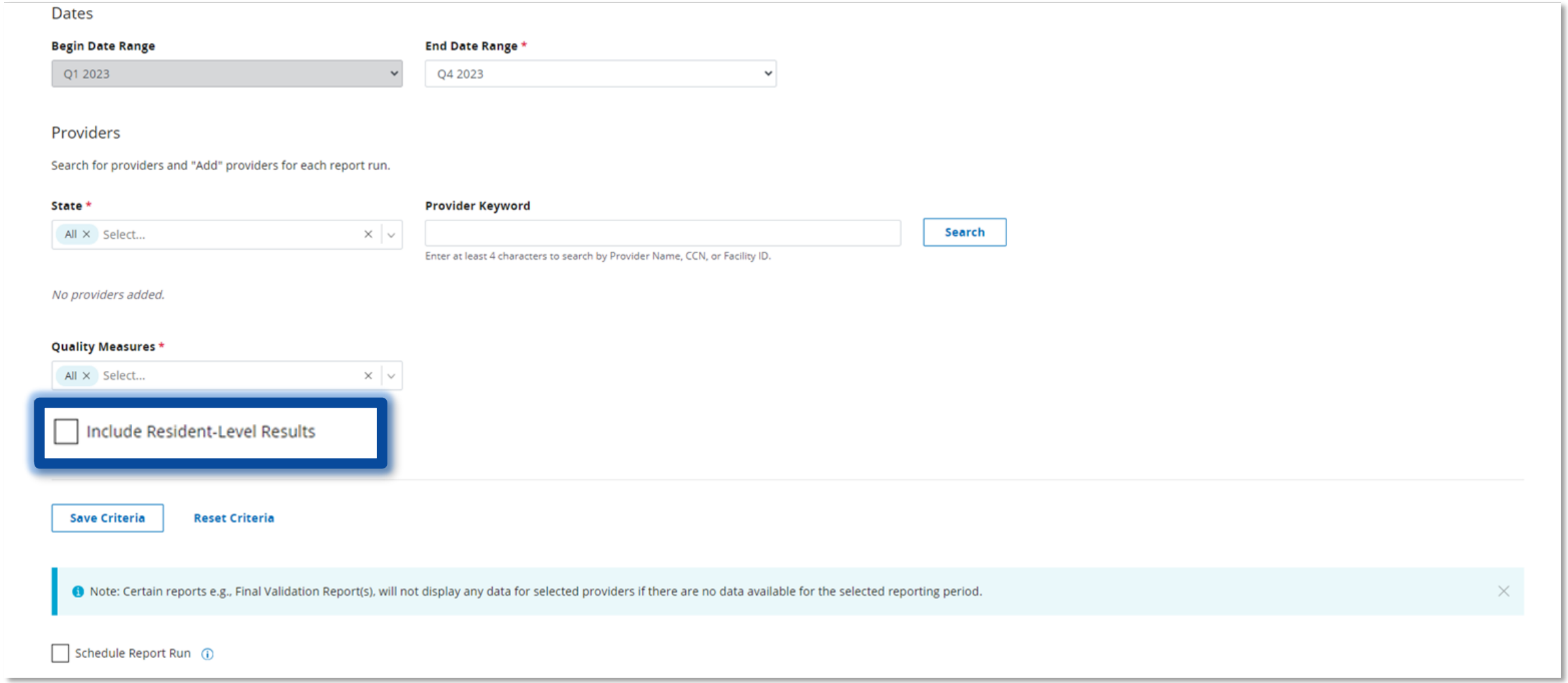
SNF Review and Correct Report (cont. 2)

- Only observed (raw) data are provided; risk-adjusted rates are not shown.
- Available for providers to run with updated data weekly (until the data correction deadline).
- When reporting quarter ends, data for that reporting quarter are available the next calendar day.
- Displays data correction deadlines and whether the data correction period is open or closed.

How to Access the SNF Review and Correct Report



SNF Review and Correct Report With Resident-Level Criteria



Data Collection/Correction Periods

CY Data Collection Quarter	Data Collection Submission QRP	Quarterly Review and Correction Periods*
Quarter 1	January 1–March 31	April 1–August 15
Quarter 2	April 1–June 30	July 1–November 15
Quarter 3	July 1–September 30	October 1–February 15
Quarter 4	October 1–December 31	January 1–May 15

*Only data that are corrected and submitted on or before the data correction deadlines will be used in calculation of the publicly reported measures. Data that are corrected and submitted after the data correction deadline are only represented in the confidential QM reports.

Example: SNF Review and Correct Facility-Level Data

SNF QRP Review and Correct Report

iQIES Report

MDS 3.0 QUALITY MEASURE

Application of Falls

Reference page 1 of this report to locate the Table Legend

FACILITY-LEVEL DATA

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2023	S013.02	10/01/2023	12/31/2023	05/15/2024	Open	0	14	0.0%
Q3 2023	S013.02	07/01/2023	09/30/2023	02/15/2024	Open	0	12	0.0%
Q2 2023	S013.02	04/01/2023	06/30/2023	11/15/2023	Closed	1	20	5.0%
Q1 2023	S013.02	01/01/2023	03/31/2023	08/15/2023	Closed	0	19	0.0%
Cumulative	-	01/01/2023	12/31/2023	-	-	1	65	1.5%

Example: SNF Review and Correct Resident-Level Data

SNF QRP Review and Correct Report

iQIES Report

Application of Falls

Reference page 1 of this report to locate the Table Legend

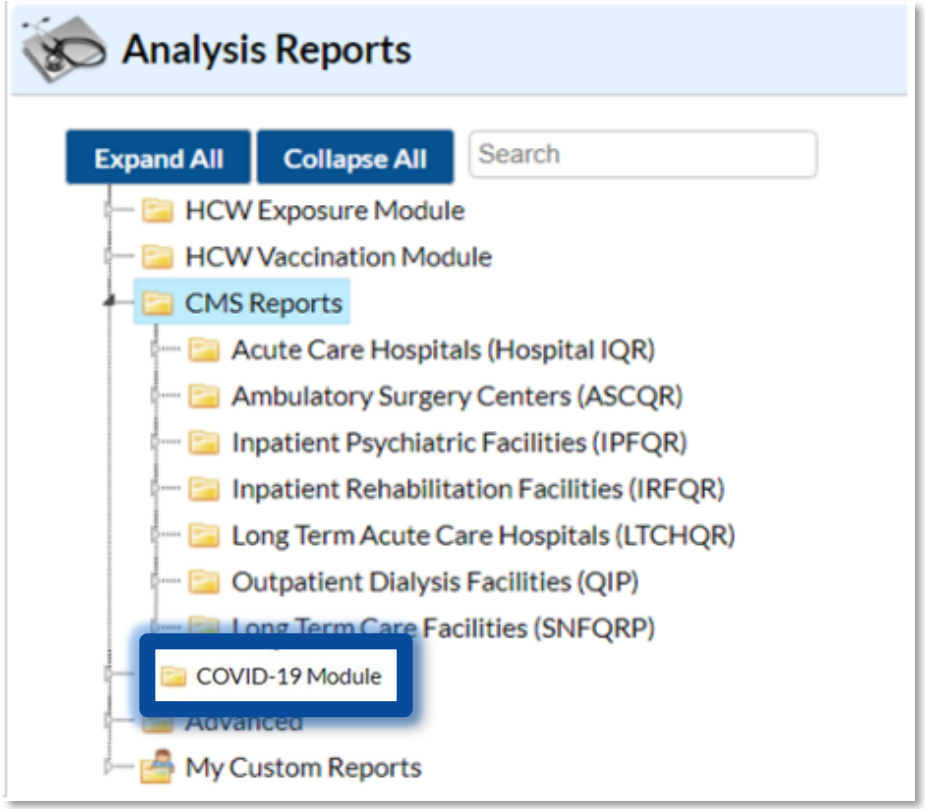
RESIDENT-LEVEL DATA

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2023	[redacted]	[redacted]	11/16/2023	11/28/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	10/20/2023	11/21/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	10/18/2023	10/29/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	09/29/2023	10/27/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	08/21/2023	10/26/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	09/19/2023	10/17/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	09/15/2023	10/12/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	09/19/2023	10/10/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	09/06/2023	10/07/2023	05/15/2024	Open	NT
Q4 2023	[redacted]	[redacted]	09/19/2023	10/06/2023	05/15/2024	Open	NT
Q3 2023	[redacted]	[redacted]	09/05/2023	09/24/2023	02/15/2024	Open	NT
Q3 2023	[redacted]	[redacted]	09/05/2023	09/22/2023	02/15/2024	Open	NT
Q3 2023	[redacted]	[redacted]	08/29/2023	09/21/2023	02/15/2024	Open	NT
Q3 2023	[redacted]	[redacted]	08/28/2023	09/21/2023	02/15/2024	Open	NT

CDC NHSN CMS Reports

Data for the CDC NHSN measures are not added to the Review and Correct Reports since they are stewarded by the CDC.

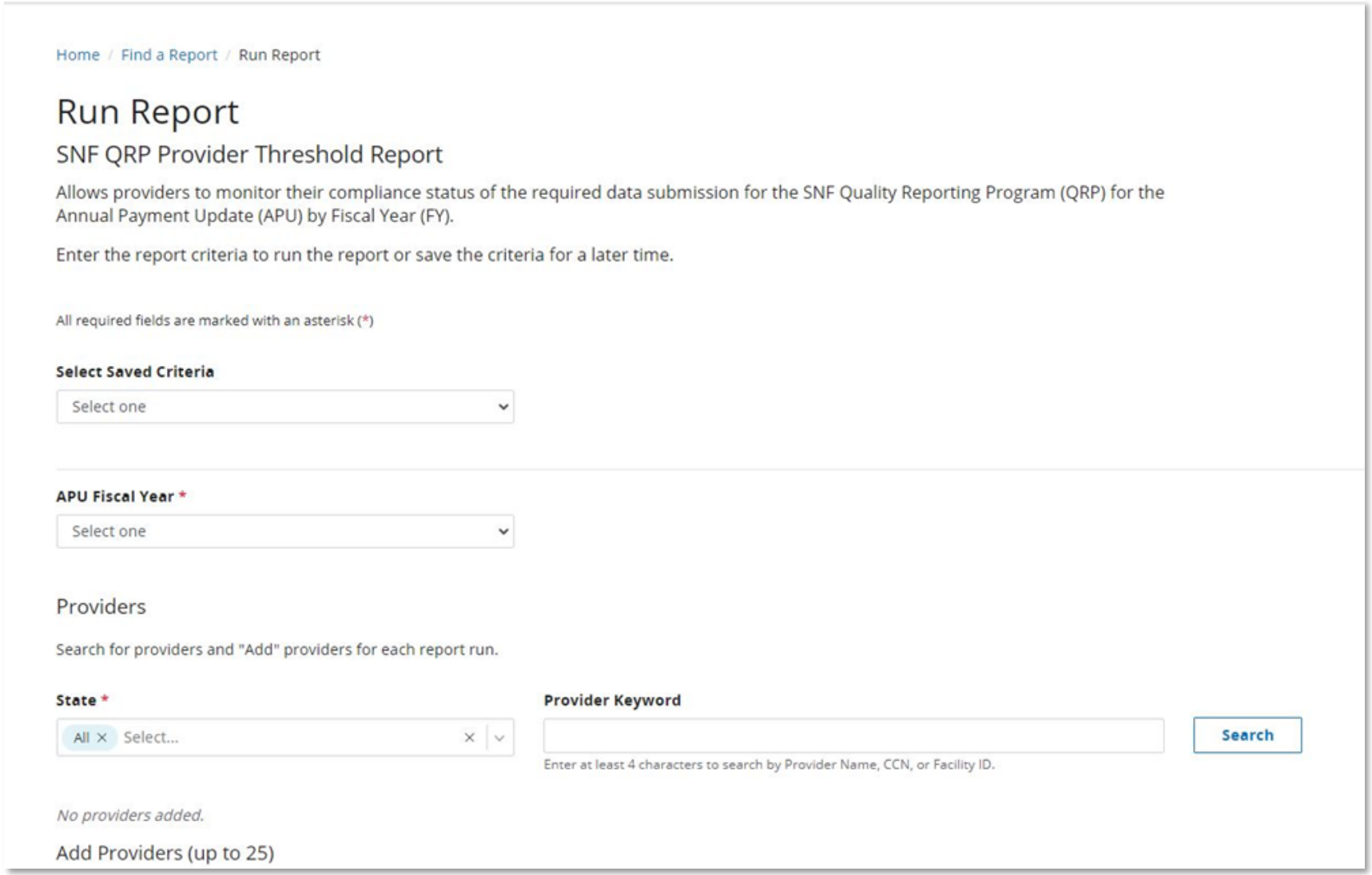
- In lieu of the Review and Correct Reports, the CDC makes similar reports accessible to SNFs.
- These reports can be accessed in the “CMS Reports” folder within the “Analysis Reports” page in NHSN.



SNF Provider Threshold Report (PTR)

- Available in iQIES as a user-requested, on-demand report.
- Enables users to obtain status of data submission completeness related to the compliance threshold required for the SNF QRP.
- The PTR will display an asterisk (*) for future dates (monthly and quarterly) when a CDC measure is active but data are not yet available.

How to Access the PTR



Example: PTR

iQIES Report

CMS

FY 2026 SNF QRP Provider Threshold Report

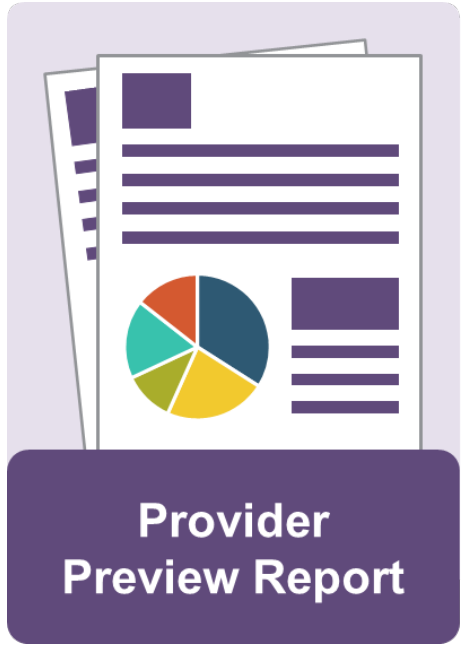
CCN	[redacted]	Report Run Date	01/07/2024
Facility Name	[redacted]	Data Collection Start Date	01/01/2024
		Data Collection End Date	12/31/2024
City/State	[redacted]		

# of MDS 3.0 Assessments Submitted:	2
# of MDS 3.0 Assessments Submitted Complete:	2
% of MDS 3.0 Assessments Submitted Complete:	100%*

* FY 2026 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

SNF Provider Preview Report (PPR)

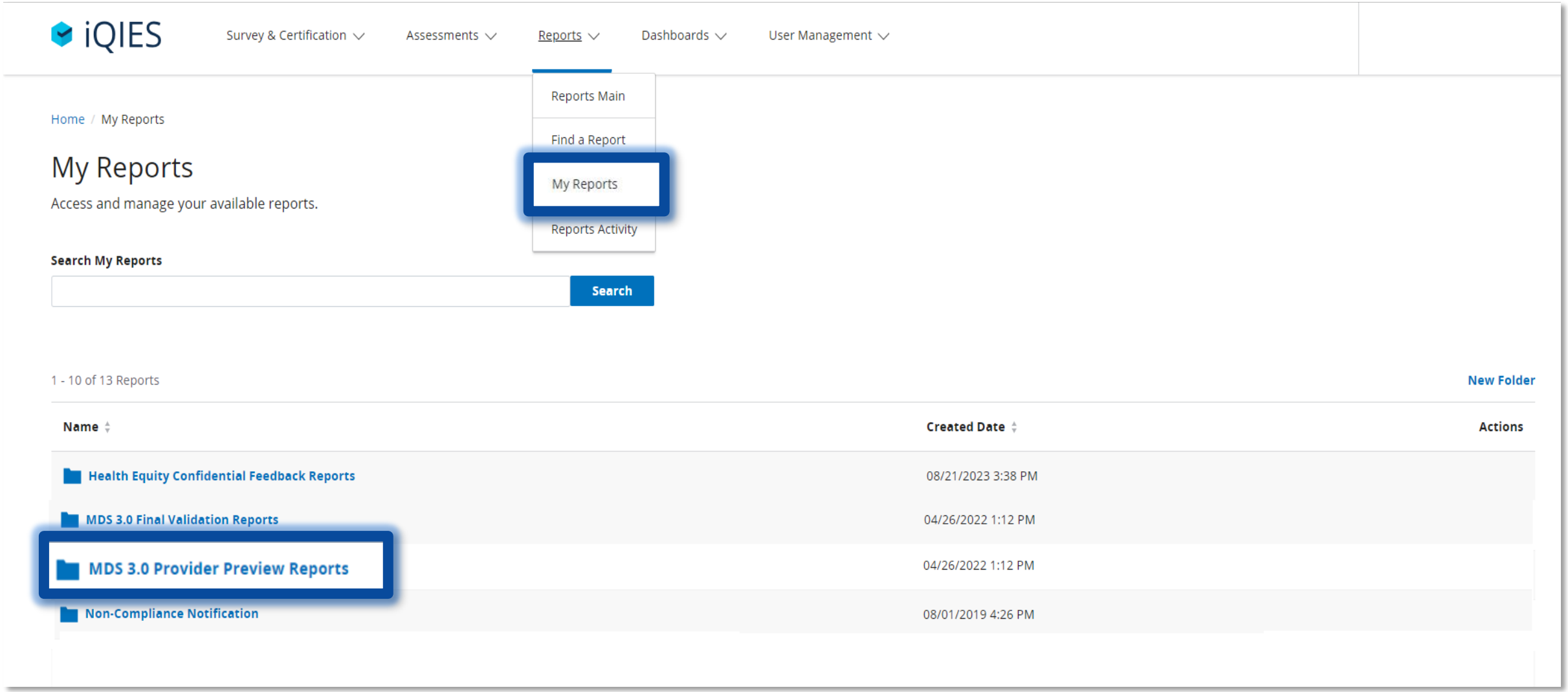
- Issued by CMS and available in iQIES.
- Confidential to providers.
- Gives providers an opportunity to review their QM results on each QM prior to public display on Care Compare.
- Once released, providers will have 30 days to review their QM results beginning on the date the reports are available.
  - Although the actual “preview period” is 30 days, the reports will continue to be available for another 30 days, or a total of 60 days.



SNF PPR (cont.)

- SNFs will not be able to correct any of the underlying data, as all data submission/correction deadlines for the targeted period will have passed.
- SNFs may request that CMS review the data contained within their PPR should they believe the QM results to be inaccurate.
- All such requests must be made during the 30-day preview period.

How to Access the SNF PPR in iQIES

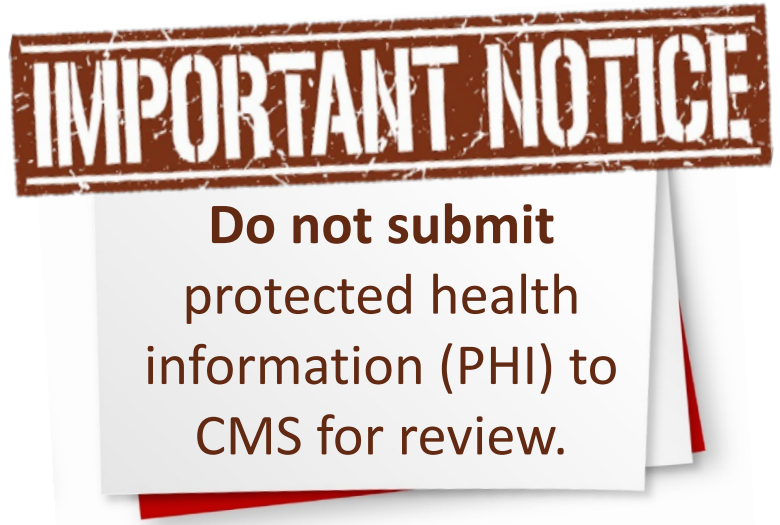


Requesting CMS Review of QM Data

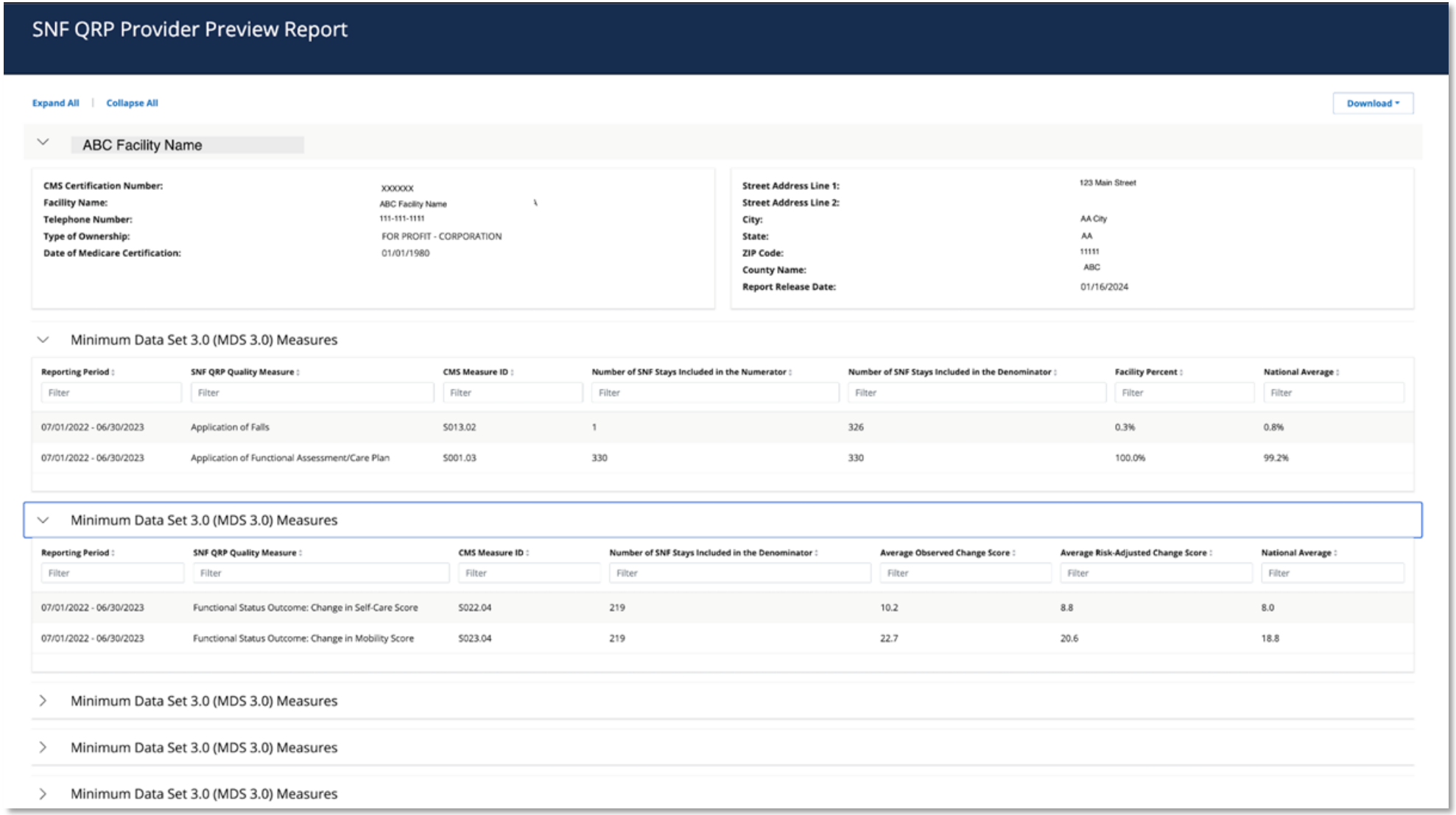
- Submit requests to CMS beginning on the day the PPR is available in iQIES folders through 11:59:59 p.m. Pacific Time on day 30 of the preview period.
- CMS will not accept any requests submitted after this deadline.
- SNFs are required to submit their request to CMS via email to SNFQRPPPRQuestions@cms.hhs.gov with the subject line:
  - *[Provider Name] SNF Public Reporting Request for Review of Data [CCN].*

Requesting CMS Review of QM Data (cont.)

- The email request must include:
  - SNF CCN.
  - SNF business name.
  - SNF business address.
  - CEO or CEO-designated representative contact information.
  - Information supporting the SNF's belief that the data are erroneous.
- After submission of the request, SNFs will receive an email confirming receipt and may be asked to provide additional information as needed.
- CMS will review and provide a response outlining their decision via email.
- Data that CMS decides/agrees to correct will be displayed during the next quarterly release of the SNF quality data on Care Compare.



Example: PPR



SNF QRP Provider Preview Report

Expand All | Collapse All

Download

ABC Facility Name

CMS Certification Number:	XXXXXX	**Street Address Line 1:**	123 Main Street
Facility Name:	ABC Facility Name	**Street Address Line 2:**	
Telephone Number:	111-111-1111	**City:**	AA City
Type of Ownership:	FOR PROFIT - CORPORATION	**State:**	AA
Date of Medicare Certification:	01/01/1980	**ZIP Code:**	11111
		County Name:	ABC
		Report Release Date:	01/16/2024

Minimum Data Set 3.0 (MDS 3.0) Measures

Reporting Period	SNF QRP Quality Measure	CMS Measure ID	Number of SNF Stays Included in the Numerator	Number of SNF Stays Included in the Denominator	Facility Percent	National Average
Filter	Filter	Filter	Filter	Filter	Filter	Filter
07/01/2022 - 06/30/2023	Application of Falls	S013.02	1	326	0.3%	0.8%
07/01/2022 - 06/30/2023	Application of Functional Assessment/Care Plan	S001.03	330	330	100.0%	99.2%

Minimum Data Set 3.0 (MDS 3.0) Measures

Reporting Period	SNF QRP Quality Measure	CMS Measure ID	Number of SNF Stays Included in the Denominator	Average Observed Change Score	Average Risk-Adjusted Change Score	National Average
Filter	Filter	Filter	Filter	Filter	Filter	Filter
07/01/2022 - 06/30/2023	Functional Status Outcome: Change in Self-Care Score	S022.04	219	10.2	8.8	8.0
07/01/2022 - 06/30/2023	Functional Status Outcome: Change in Mobility Score	S023.04	219	22.7	20.6	18.8

Minimum Data Set 3.0 (MDS 3.0) Measures

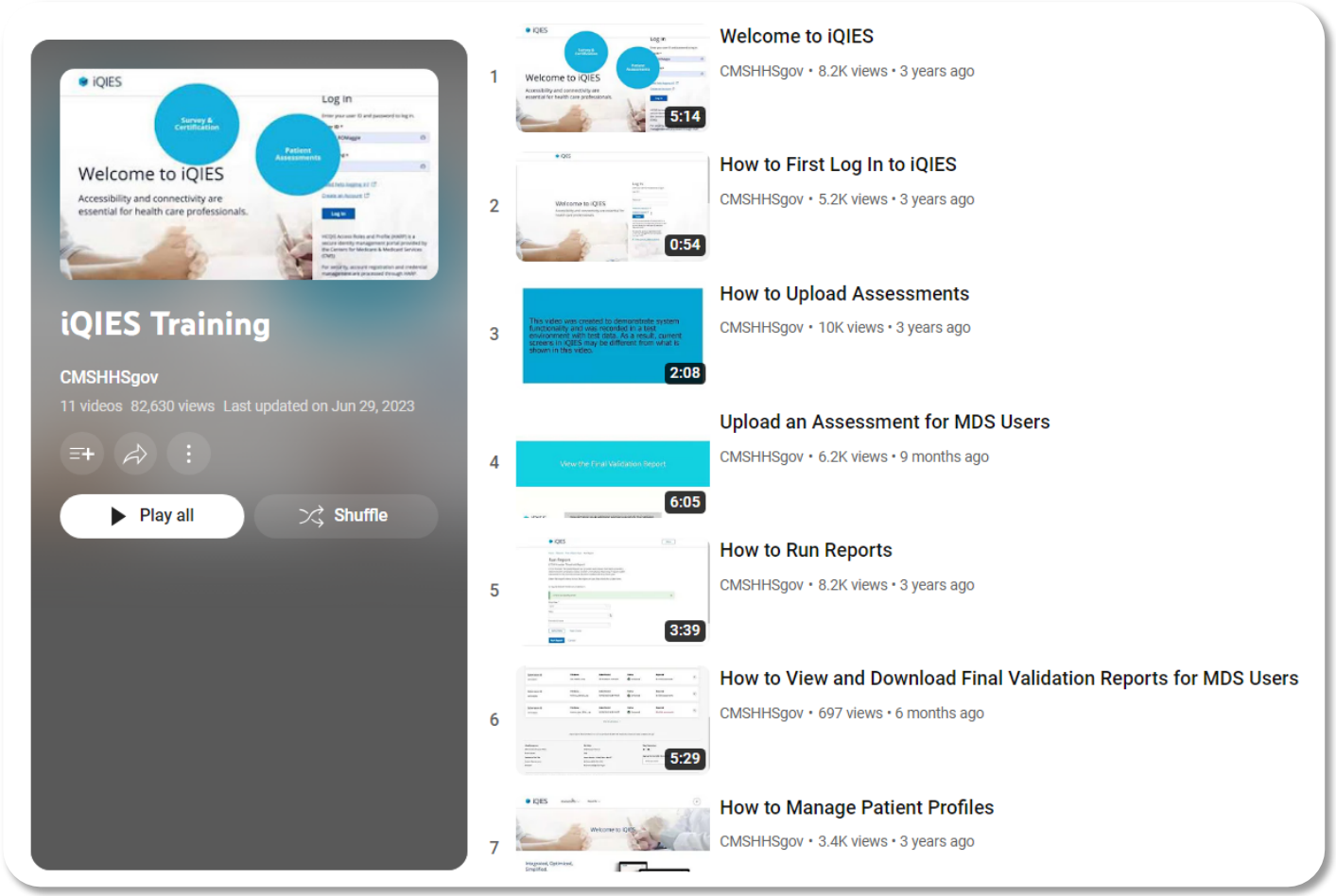
Minimum Data Set 3.0 (MDS 3.0) Measures

Minimum Data Set 3.0 (MDS 3.0) Measures

iQIES Reports Training

To learn more about these reports and other iQIES functionalities, please refer to the *iQIES Training* YouTube playlist.

https://www.youtube.com/playlist?list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb_A1MTIq



NHSN CMS Reports Reference Guides

The CDC publishes reference guides for SNFs that explain how to run and interpret reports.

- For details on how to access Influenza HCP reports: HCP Flu Vaccination | HPS | NHSN | CDC.
- For details on how to access COVID-19 HCP reports: HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC.

Q4 Which report provides detailed information about the status of select submission files?

A. Final Validation Report.

B. MDS Error Summary by Provider Report.

C. Review and Correct Report.

D. Provider Threshold Report.

Q5 Which of the following statements regarding the Review and Correct Report is **false**?

A. Can be requested on-demand.

B. Is confidential to providers.

C. Only provides facility-level QM data.

D. Displays four most recent quarters of data.

Q6 What is the purpose of the Provider Preview Report?

A. Allows providers to check the compliance status of their data submission in relation to the required SNF QRP compliance threshold.

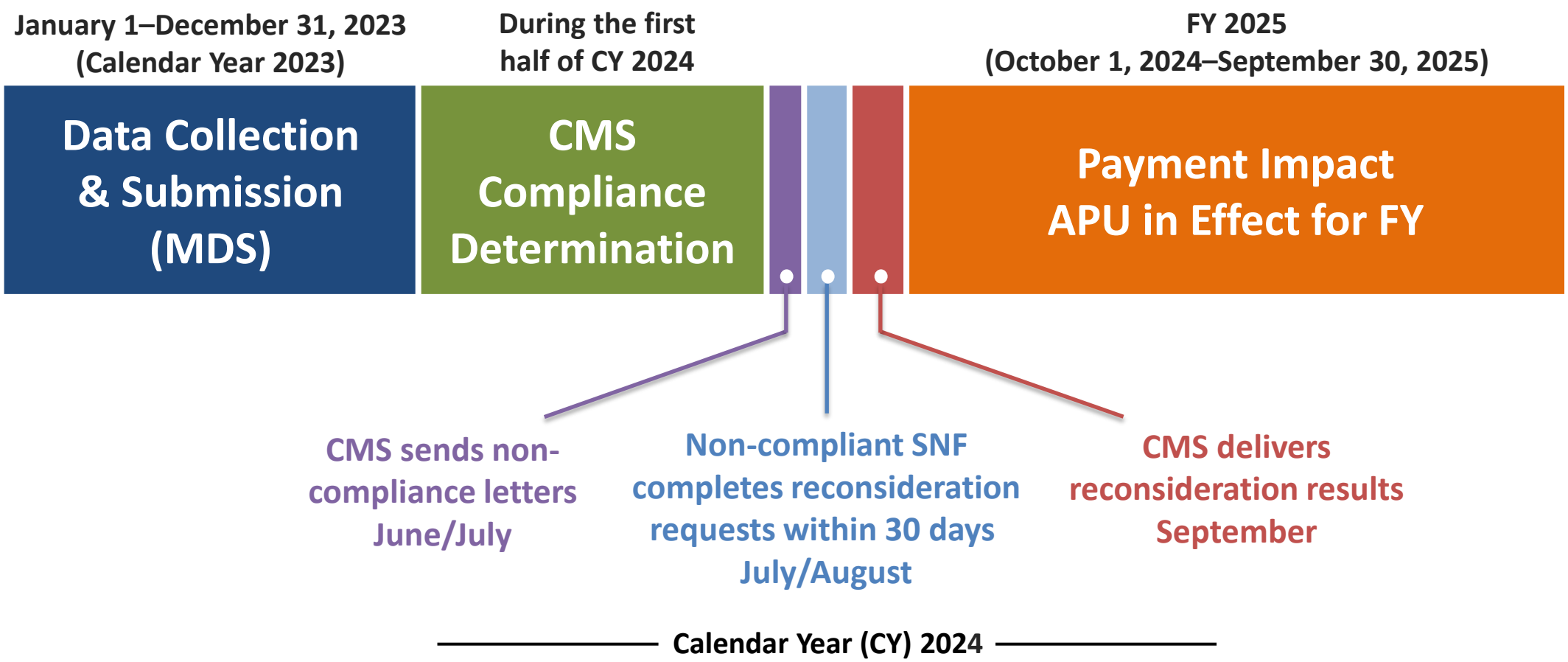
B. Provides performance rates for assessment-based publicly reported QM.

C. Provides information so that providers can review and correct erroneous data.

D. Allows providers the opportunity to review their QM results prior to public display on Care Compare.

Determining Compliance With the SNF QRP

Relationship Between Quality Reporting and APU: SNF QRP Life Cycle



SNF QRP Compliance: MDS Data

- For purposes of calculating compliance with the SNF QRP, MDS data submissions for the calendar year are reviewed against the requirements of the SNF QRP.
- SNF QRP requirements include:
  - Submission **and** acceptance of matching MDS assessments to construct a Medicare Part A SNF stay (Admission and Discharge, or Admission and Death in Facility Tracking).

SNF QRP Compliance: MDS Data (cont.)

MDS data are required to be submitted by established quarterly deadlines and thresholds:

- For FY 2025, 80 percent of the assessments received must contain 100 percent of the required measures and standardized patient assessment data.
- Beginning with FY 2026 SNF QRP, 90 percent of the assessments received must contain 100 percent of the required measures and standardized patient assessment data.

SNF QRP Data Submission Deadlines Occur Quarterly

SNF QRP Compliance: CDC NHSN Data

For measure data collected and submitted using the CDC NHSN, SNFs must submit 100 percent of the data used to calculate two measures:

- COVID-19 Vaccine Coverage among HCP.
  - Data must be submitted for one week out of every month, but SNFs have the option of which week to report.
- Influenza Vaccination Coverage among HCP.
  - SNFs must submit a single influenza vaccination summary report at the conclusion of the measure reporting period.

SNF QRP Non-Compliance

- Any SNF that does not meet the requirements of the SNF QRP will be considered non-compliant and subject to a 2-percentage point reduction in their APU for the applicable FY.
- CMS will notify SNFs of non-compliance via:
  - Letter sent from the Medicare Administrative Contractor (MAC).
  - The My Reports folder in iQIES.
- This notice will include the reason(s) for failing compliance and instructions for requesting reconsideration of CMS' decision.

What Is Reconsideration?

- Reconsideration is a request for review of the initial CMS compliance determination for a given SNF or SB facility for a given FY.
- If a SNF has been identified for the 2-percentage point payment reduction in APU, they have the right to request a reconsideration of the non-compliant decision.

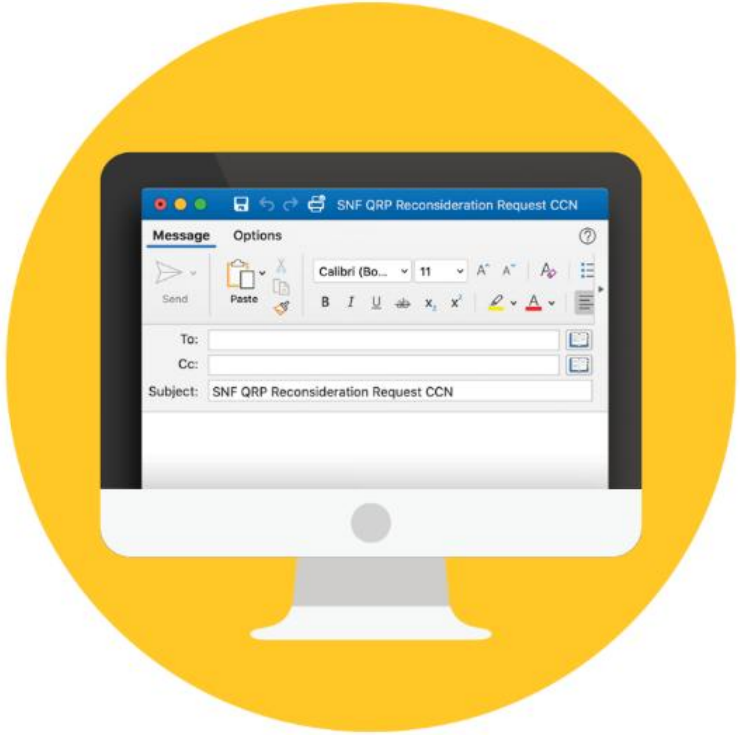
Why Would a SNF Submit a Reconsideration Request?

- SNFs may file for reconsideration if:
  - They believe the CMS finding of non-compliance is in error.
  - They have evidence of the impact of extraordinary circumstances which prevented timely submission of data.
- Requests must be submitted within 30 days after the date documented on the non-compliance notification letter.
- No requests will be accepted after the 30-day deadline.

Creating a Reconsideration Request

- The only method for submitting a reconsideration request is via email to CMS.
- The subject line of the email should include:
  - *"SNF QRP Reconsideration Request"* and the SNF's CCN.
- The reconsideration request must be sent to the following email address:
  - SNFQRPReconsiderations@cms.hhs.gov.

SNF QRP Reconsideration Request CCN



Creating a Reconsideration Request (cont. 1)

The following must be included in the request:

- The CCN, business name, and address.
- The CEO or designated contact information.
- The CMS-identified reasons(s) for non-compliance (from the notification letter).
- The reason(s) for requesting reconsideration.
- Information supporting the SNF's belief that either the finding of non-compliance is in error, or they have evidence of the impact of extraordinary circumstances which prevented timely submission of data.

Creating a Reconsideration Request (cont. 2)

Include supporting documentation demonstrating compliance, such as:

- Proof of complete and timely submission.
- Email communications.
- Data submission reports from iQIES.
- Data submission reports from CDC's NHSN system.
- Proof of waiver approvals for exception or extension for the reporting timeframe.
- Notification of the CCN activation letter to prove that the CCN was not activated by the end of the reporting quarter.
- Other documentation supporting the rationale for seeking reconsideration.

Creating a Reconsideration Request (cont. 3)

- Determination will be made based solely on the documentation provided.
- CMS **will not** contact the SNF to request additional information or to clarify incomplete or inconclusive information.
- Reconsideration requests that contain PHI will **not** be processed.

Reconsideration Response

- CMS should acknowledge receipt of the reconsideration request within 5 business days through an email.
- Following its review of the request and supporting documentation, reconsideration request decisions are distributed by the MAC and an electronic letter through iQIES.

Reconsideration Response: Filing an Appeal

- If the decision upholds the finding of non-compliance, a provider may file an appeal with the Provider Reimbursement Review Board (PRRB).
  - Details on appeals are available on the PRRB website: Provider Reimbursement Review Board | CMS. You must follow the instructions listed on this website to file with the PPRB.
  - If the amount in controversy is at least $1,000 but less than $10,000, then Federal Specialized Services (FSS) will manage the dispute as an Intermediary Hearing. Requests for an Intermediary Hearing should be sent electronically to intermediary@fssappeals.com.

Reconsideration Process: Do's and Don'ts

Do:

- Send reports demonstrating compliance with all PHI redacted.
- Submit reconsideration requests prior to the deadline.
- Monitor email for acknowledgment of receipt in addition to the automated response from the mailbox.
  - If an email acknowledgement of receipt is not received within 5 business days, resubmit the request.

Don't:

- SUBMIT PHI.
- Submit an email that is larger than 20 MB.
- Submit reports from third-party vendors.

Reconsideration Process: Estimated Timeline

- **June–July:** Non-compliant SNFs that failed to meet QRP requirements are notified.
- **July–August:** Reconsideration requests are due to CMS no later than 30 days from the date on the notification of non-compliance.
  - CMS provides an email acknowledgement within 5 business days upon receipt of reconsideration request.
- **September:** CMS notifies SNFs of the decision on reconsideration requests.
- **October:** APU penalty imposed on SNFs found to be non-compliant with QRP requirements.

Q7 Which of the following statements regarding the reconsideration process is **false**?

A. SNFs have 30 days to submit a reconsideration request.

B. CMS contacts the SNF if it has further questions.

C. Requests can only be sent by email.

D. CMS issues a decision by regular mail and via iQIES.

Q8 What is the NHSN data submission compliance threshold for the SNF QRP?

A. 50 percent.

B. 75 percent.

C. 100 percent.

D. The compliance threshold for NHSN is not part of the SNF QRP.

Resources

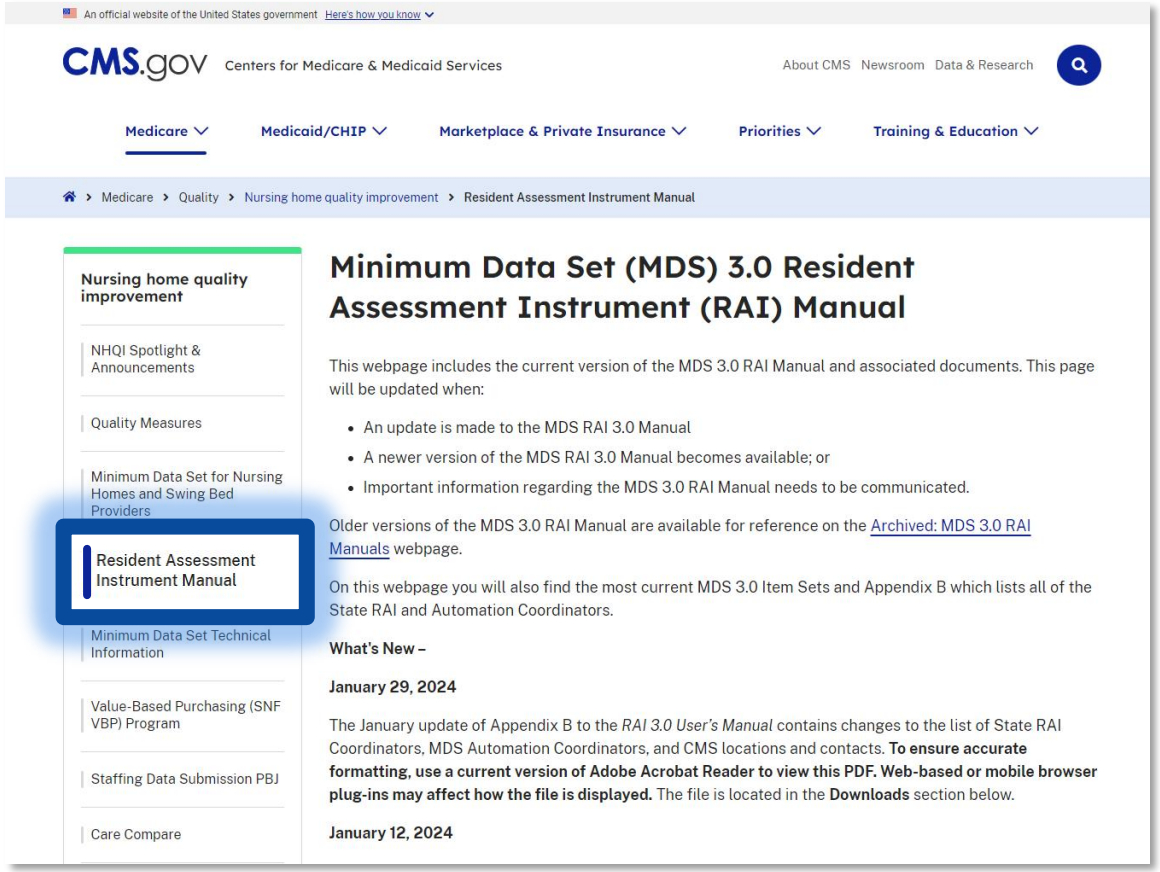
Resources

The SNF QRP Web Page

SNF Reconsideration and Exception & Extension Web Page.

Resources (cont. 1)

MDS 3.0 Manual Web Page

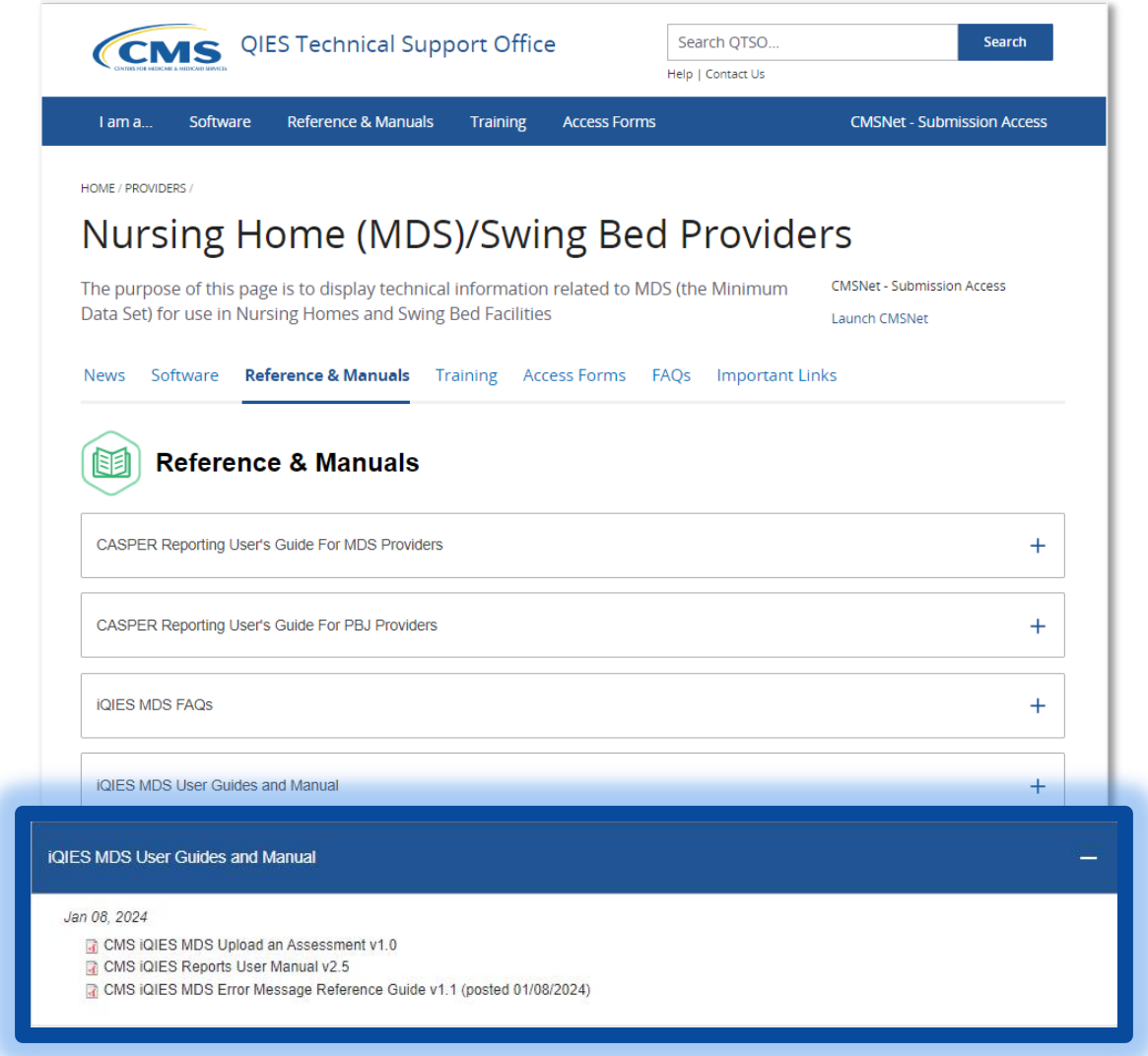


- For additional assistance with transmission of MDS data, you may contact your State MDS Automation Coordinator.
- State MDS Automation Coordinators assist SNFs with:
  - Facilitating the initial transmission of test data for new SNFs.
  - Providing ongoing technical assistance to SNFs on the transmission of MDS data.
  - Appendix B, which lists both the State Resident Assessment Instrument (RAI) and MDS Automation Coordinators, can be found on CMS' website under the Downloads section of the MDS 3.0 Manual web page.

Resources (cont. 2)

- Refer to the *CMS iQIES MDS Upload and Assessment User Manual v1.0* for detailed information about submission of the MDS data to iQIES and the *CMS iQIES Reports User Manual v2.5 for more information on reports available*.
- These guides are available for download in the following location.

Nursing Home (MDS)/Swing Bed Providers Reference & Manuals **page on the QIES Technical Support Office (QTSO) Website**



Help Desk Assistance

- SNF QRP Help Desk: SNFQualityQuestions@cms.hhs.gov.
- SNF QRP Public Reporting Help Desk: SNFQRPPRQuestions@cms.hhs.gov.
- The iQIES Help Desk: iQIES@cms.hhs.gov.
- SNF Reconsiderations Help Desk: SNFQRPReconsiderations@cms.hhs.gov.
- APU Compliance Outreach: QRPHelp@swingtech.com.

SKILLED NURSING FACILITY
QUALITY REPORTING PROGRAM

PAC TRAINING RESOURCES AND HELP DESKS FOR **SKILLED NURSING FACILITY**

SNF QRP

SNF Quality Reporting Program (QRP) and links to topic specific webpages.

https://www.cms.gov/medicare/quality/snf-quality-reporting-program

Email:
SNFQualityQuestions@cms.hhs.gov

SNF QRP Reconsideration Process

Extensions, exemptions, and reconsideration requests.

https://www.cms.gov/medicare/quality/snf-quality-reporting-program/reconsideration-and-exception-extension

Email:
SNFQRPReconsiderations@cms.hhs.gov

CDC National Healthcare Safety Network (NHSN)

Resources related to quality data submitted to CMS via the CDC NHSN.

https://www.cdc.gov/nhsn/index.html

Email:
NHSN@cdc.gov

Annual Payment Update (APU) Compliance

To receive informational messages related to APU thresholds ahead of each submission deadline.

Include facility name and CMS Certification Number (CCN).

Email:
QRPHelp@swingtech.com

Staffing Data Submission Payroll-Based Journal

Staffing Data Submission Payroll-Based Journaling (PBJ) and PBJ policy information.

https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission

Email:
NHStaffing@cms.hhs.gov

Data Submission and Validation

Resources related to data submission and reports.

Providers:

https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers

Vendors:

https://qtso.cms.gov/vendors/minimum-data-set-mds-vendors

Email & Phone:
iQIES@cms.hhs.gov
(800)-339-9313

SNF Value-Based Purchasing (VBP)

SNF VBP program and quality measures.

https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing

Email:
SNFVBP@rti.org

Care Compare

Resources related to the Care Compare program for nursing homes/SNFs.

https://www.medicare.gov/care-compare/

Email:
BetterCare@cms.hhs.gov

SNF QRP Public Reporting

Public reporting of SNF QRP quality data on Care Compare or Provider Data Catalog.

https://www.cms.gov/medicare/quality/snf-quality-reporting-program/public-reporting

Email:
SNFQRPPRQuestions@cms.hhs.gov

Nursing Home Regulations

Resources related to nursing home regulations.

Email:
DNH_TriageTeam@cms.hhs.gov

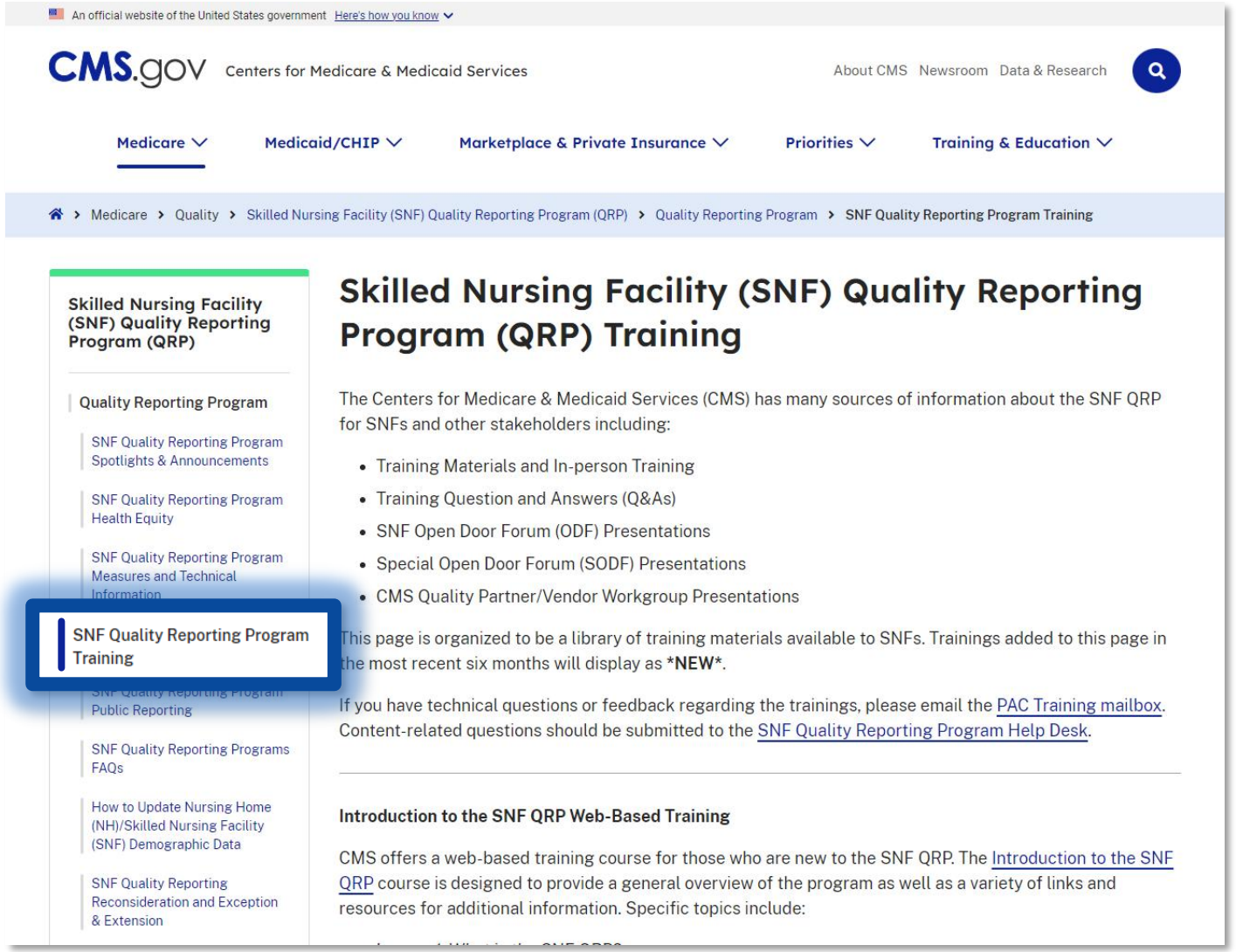
Survey Process

Resources related to the Survey Process.

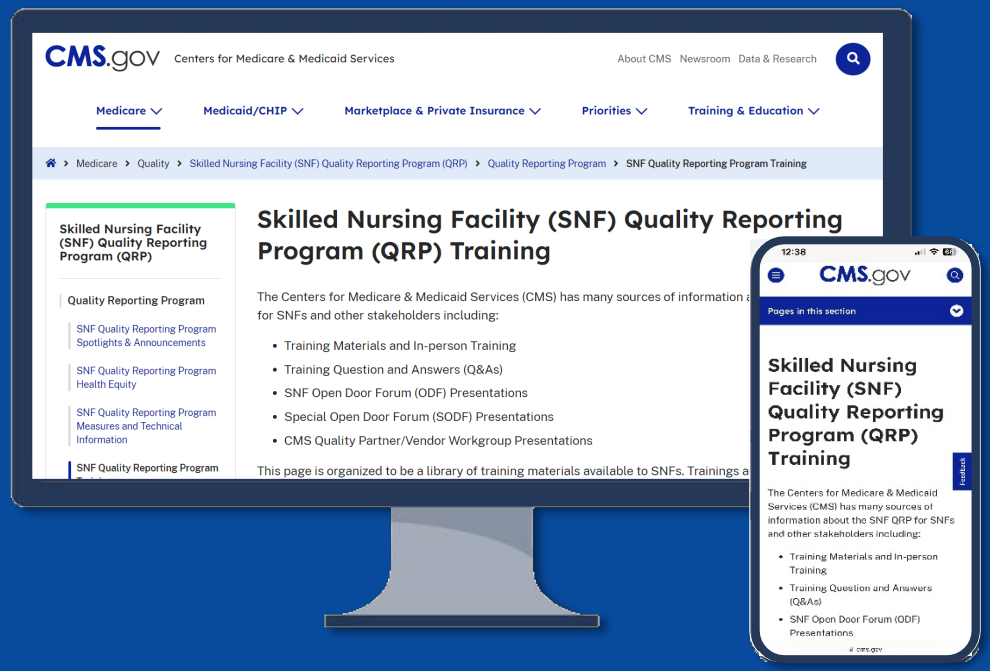
Email:
NHSurveyDevelopment@cms.hhs.gov

Previous Trainings

SNF QRP Training Web Page



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES



Thank You

Resources will be available on the SNF QRP Training web page.

Acronym List

APU	Annual Payment Update
CAH	Critical Access Hospital
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
FFS	Fee For Service
FSS	Federal Specialized Services
FVR	Final Validation Report
FY	Fiscal Year
HAI	Healthcare-Associated Infections
HCP	Healthcare Personnel
HPS	Healthcare Personnel Safety
IMPACT Act	Improving Medicare Post-Acute Care Transformation Act of 2014
iQIES	Internet Quality Improvement and Evaluation System
IRF	Inpatient Rehabilitation Facility
LTCF	Long-Term Care Facility
LTCH	Long-Term Care Hospital
MAC	Medicare Administrative Contractor
MDS	Minimum Data Set
NH	Nursing Home
NHSN	National Health Safety Network
NP	Nursing Home PPS Assessment
NPE	Nursing Home Part A PPS Discharge Assessment
PAC	Post-Acute Care
PHI	Protected Health Information
PPS	Prospective Payment System
PPR	Provider Preview Report
PRRB	Provider Reimbursement Review Board
PTR	Provider Threshold Report
QM	Quality Measure
QRP	Quality Reporting Program
QTSO	QIES Technical Support Office
RAI	Resident Assessment Instrument
SB	Swing Bed
SD	Swing Bed Discharge Assessment
SP	Swing Bed PPS Assessment
SNF	Skilled Nursing Facility