

**SKILLED NURSING FACILITY (SNF)
QUALITY REPORTING PROGRAM (QRP)
PROVIDER TRAINING**

Participant Questions from the
**SNF QRP: ACHIEVING A FULL
ANNUAL PAYMENT UPDATE (APU) WEBINAR**

On March 26, 2024

Current as of June 2024



Acronym List

Acronym	Definition
APU	Annual Payment Update
ARD	Assessment Reference Date
BIMS	Brief Assessment for Mental Status
CAH	Critical Access Hospital
CASPER	Certification and Survey Provider Enhanced Reports
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CY	Calendar Year
FFS	Fee-For-Service
FY	Fiscal Year
FR	Final Rule
HAI	Healthcare-Associated Infection
HARP	Health Care Quality Information System (HCQIS) Access Roles and Profile
HCP	Healthcare Personnel
ICD	International Classification of Diseases
IP	Inpatient
IPA	Interim Performance Assessment
iQIES	Internet Quality Improvement and Evaluation System
IRF	Inpatient Rehabilitation Facility
JRAVEN	Java-Based Resident Assessment Validation and Entry System
MDS	Minimum Data Set
NH	Nursing Home
NHSN	National Healthcare Safety Network
NPE	Nursing Home Part A PPS Discharge
OBRA	Omnibus Budget Reconciliation Act
ODF	Open Door Forum
PDPM	Patient Driven Payment Model
POA	Present on Admission
PPR	Provider Preview Report
PPS	Prospective Payment System
PSO	Provider Security Official
QM	Quality Measure
QTSO	QIES Technical Support Office
RAI	Resident Assessment Instrument
SB	Swing Bed
SLP	Speech Language Pathology
SNF	Skilled Nursing Facility
TOH	Transfer of Health
UI	User Interface

#	Topic	Question	Response
1	A2121	CMS has stated that they are aware of an issue with A2121. Provision of Reconciled Medication List to Subsequent Provider at Discharge being greyed out when Nursing Home Part A PPS Discharge (NPE) is combined with an Omnibus Budget Reconciliation Act (OBRA) assessment and are making updates to resolve this issue. When will this be resolved?	The Minimum Data Set (MDS) 3.0 draft data submission specifications (V3.02.0) Item Change Report states that data elements A2121–A2122 will be removed from the NPE item set in the next data specifications update. CMS expects to release final specifications by June 2024, which will be effective October 1, 2024.
2	A2121	In our software, both PCC and AHT, when a Prospective Payment System (PPS) Discharge is combined with an OBRA, A2121 is inactive. How will this impact the QRP Measure?	CMS is aware of and is making updates to resolve this issue. A provider's inability to respond to this item in this circumstance will not negatively impact their Fiscal Year (FY) 2025 or FY 2026 SNF QRP compliance or their publicly reported performance on the Transfer of Health (TOH) Information to the Provider measure. Any future updates concerning this data item or measure will be relayed to SNF providers via the normal channels of communication (SNF QRP website, listserv).
3	Brief Interview for Mental Status (BIMS)	CMS has stated that the BIMS is preferred to be completed as close to the Assessment Reference Date (ARD) as possible. For an unplanned discharge combined with a 5-day PPS, my understanding is that the staff assessment can be completed instead. I understood the answer to indicate the BIMS should be completed with the admission. Is that correct?	<p>Yes, see Coding Tips for the Brief Interview for Mental Status in Chapter 3, page C-2, of the Resident Assessment Instrument (RAI) Manual: "[The] interview is conducted during the look-back period of the Assessment Reference Date (ARD)...." "If the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, item C0100 must be coded 1, Yes, and the standard "no information" code (a dash "-") entered in the resident review items."</p> <p>However, "because a Patient Driven Payment Model (PDPM) cognitive level is used in the speech language pathology (SLP) payment component of PDPM, only in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A Stay prior to the completion of the BIMS. In this case, the assessor should enter 0, No, in C0100. Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status."</p>
4	Compliance	Who at the facility will receive the non-compliance letters?	The facility can determine who receives the non-compliance letter but please note that the non-compliance letter can be found in the My Reports folder in the Internet Quality Improvement and Information System (iQIES). Therefore, those who have iQIES user accounts can retrieve the non-compliance letter. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@swingtech.com and be sure to include your facility name and CMS Certification Number (CCN) together with any requested email updates.

#	Topic	Question	Response
5	Compliance	Is the non-compliance reduction always 2% or is it up to 2% depending on the percentage of non-compliance? For instance, if I am 88% compliant (vs 90%) will I get the same 2% reduction as someone who is 65% compliant?	The 2% APU penalty for non-compliance applies when the facility has not met the required submission and reporting thresholds for the SNF QRP. The FY 2024 SNF PPS final rule (88 FR 53272) finalized the requirement for SNFs to report 100% of the required quality measures data and standardized patient assessment data collected using the MDS on at least 90 percent of all assessments submitted beginning with the FY 2026 QRP (January 1, 2024, through December 31, 2024). The second threshold is set at 100% for quality measures data collected and submitted using the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). The APU penalty is not based on the degree to which the provider is deficient with regard to the applicable thresholds. In the example provided, regardless of whether a provider is 88% or 65% compliant, they would receive the 2% reduction in their APU because the provider did not meet the established APU thresholds for submission and reporting.
6	Compliance	Do late submissions or completions (e.g., validation warnings that the assessment was submitted or completed late) affect the SNF QRP MDS compliance?	Late submission of the MDS could affect SNF QRP MDS assessment data compliance if the assessments were not submitted prior to the data submission deadlines or if the facility did not meet the 90% APU threshold for the MDS assessment data portion of the SNF QRP requirements. Please refer to the SNF QRP Data Submission Deadlines webpage for more information: https://www.cms.gov/medicare/quality/snf-quality-reporting-program/submission-deadlines .
7	Compliance	Is there a 2% reduction for each of the data points or 2% total for both combined (MDS and NHSN)?	The facility must meet BOTH data submission thresholds—90% for assessment-based data and 100% for NHSN data—to be in compliance with the SNF QRP. If it does not meet these thresholds, it is subject to the 2% reduction in the APU.
8	Compliance	If you are in compliance and don't receive a letter, does this mean you do not get a 2% reduction?	Yes, only those SNFs that are considered non-compliant and are subject to a reduction in their APU will get a letter. Compliant SNFs will not get a letter or a 2% reduction in their APU.
9	Compliance	Is there any CMS reporting that indicates which items are causing SNF QRP non-compliance nationally? Which quality measures are impacting compliance? Is it NHSN compliance?	Currently, CMS does not publicly report information regarding any national or state trends related to SNF QRP Compliance.
10	Compliance	How can a provider update the organization's contacts for who should be receiving the quarterly notices of non-compliance emails?	Swingtech sends informational messages to SNFs that are not meeting Annual Payment Update (APU) thresholds on a quarterly basis ahead of each submission deadline. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@swingtech.com and be sure to include your facility name and CCN together with any requested email updates.

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11	Dash	<p>Will CMS consider releasing detailed reports for facilities regarding which MDS items were dashed and counted against the SNF QRP? This will help facilities focus performance improvement efforts to report all required data.</p>	<p>Three types of MDS errors are returned if a dash is submitted in any of the items mapped to the edits associated with the APU.</p> <ol style="list-style-type: none"> 1. Error –3891, Submitting a dash (-) in the Discharge Goal items may result in a payment reduction of two percentage points for the affected payment determination. Even though providers will still get an error regarding entering a dash in one of these data elements, providers can ignore them in terms of whether they count against the APU—they do not. This edit will remain in effect until the next MDS release. 2. Error –3897, If A0310B equals 01, 5-day PPS, or 08, Interim Performance Assessment (IPA), 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, and 3. Error –3908, If A0310H. Is this a SNF Part A PPS Discharge Assessment? – equals 1, 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. <p>To identify the assessments and the items that received one of these warning messages, nursing home/swing bed providers should request the MDS 3.0 Nursing Home (NH) Error Detail or MDS 3.0 Swing Bed (SB) Error Detail report, respectively. The user can run this report for the desired time period and error messages. The system also allows the user to run the report for all three edits at the same time. When these reports are run, the system returns the following information to help identify the affected assessments.</p> <p>First, detailed error information is displayed, which includes the error number, error type, and the error message itself. This is followed by the detailed information about the impacted assessments that prompted the error. This includes the submission date, last and first name of the resident, their assessment ID, the field in error, and the value in error.</p>

#	Topic	Question	Response
12	Discharge Function Score Measure	If a resident during a Medicare Part A stay discharges to hospice but remains in the facility, would that resident be removed from the QRP Discharge Function Score measure, or does this only occur if the resident discharges out of the facility to a hospice program? There is no option on NPE that allows identification of a resident discontinuing Med A to hospice but remaining in the facility.	For the Discharge Function Score measure, SNF stays are excluded if the resident is discharged to hospice in the community (i.e., discharged return anticipated, discharged return not anticipated, or the resident has died) or received hospice care while a resident. In Section O, Special Treatments, Procedures, and Programs, the Hospice Care data element is checked if the resident is receiving hospice care while a resident (OK1b). If the resident's Medicare Part A stay ends but the resident remains in the facility, completion of the NPE is required, and the ARD (A2300) must be the last Medicare Part A covered day. Because the NPE does not contain the Discharge Status data element (A2105), you are correct, the resident is not excluded when they transition from Medicare Part A to hospice and remain in the nursing home.
13	Discharge Goals	You mentioned on an Open Door Forum (ODF) that the GG0130 (Self-Care) and GG0170 (Mobility) discharge goals were no longer required to be answered and that dashing those would not impact the QRP threshold. However, in reviewing our threshold reports, we found that those questions do have an impact.	As identified in the FY 2026 APU Table, “[B]eginning October 1, 2023, at least one GG0130, Self-Care, or GG0170, Mobility, discharge goal item is not required to be coded to fulfill requirements of the SNF QRP. CMS plans to remove the Self-Care Discharge Goals (that is, GG0130, Column 2) and Mobility Discharge Goals (that is, GG0170, Column 2) with the next release of the MDS planned for October 1, 2024. However, SNFs will continue to receive an APU warning if an MDS is submitted to iQIES without at least one self-care or mobility discharge goal. SNFs can ignore this warning and proceed with submitting their assessment.” The Provider Threshold Report update, planned for January 1, 2025, will be updated to no longer consider those items in the determination of APU compliance. Once the report logic has been updated, the number of MDS 3.0 Assessments Submitted Complete and Percentage of MDS 3.0 Assessments Submitted Complete results on the report will automatically be updated to reflect that the goal items are no longer considered in the APU compliance calculation.
14	Dually Eligible/Medicaid	Can you please comment on any impact the upcoming changes could have on facilities with dually eligible residents who are currently only receiving Medicaid benefits?	The upcoming SNF QRP changes have no specific impact on facilities with dually eligible residents who are currently only receiving Medicaid benefits.
15	Final Validation Report (FVR)	Are the facilities required to keep a copy (paper or electronic) of all FVRs? If so, how long must the copy be kept?	Facilities are not required to keep a copy of the FVR. A facility can always request the FVR on demand.

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16	Functional Improvement	What data and methodology are being used to calculate our QRP scores as related to functional improvement?	<p>The following measures in the SNF QRP provide information related to functional improvement:</p> <ul style="list-style-type: none"> • Application of Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients • Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients • Discharge Function Score <p>Chapter 7 of the SNF QRP Quality Measure (QM) Calculations and Reporting User's Manual version 5.0 (PDF) presents technical details related to the methodology for calculating the risk-adjusted scores for the MDS-based SNF QRP quality measures, including the three measures mentioned above. The intercept and regression coefficients needed to calculate the expected discharge scores are located in the Risk-Adjustment Appendix File (Risk-Adjustment-Appendix-File-for-SNF-Effective-10-01-2023 (XLSX)), which is available in the downloads section of the SNF QRP Measures and Technical Information webpage: https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information</p>
17	iQIES	I'm an MDS Coordinator. Should I have access to the iQIES Portal?	If, in your role as MDS Coordinator, you need to submit or access MDS assessments, you will need access to iQIES. To start this process, you must obtain a Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) Account. You will need to work with your facility's Provider Security Official to facilitate this process.
18	iQIES	If my system gives me the validation report and I review it, and it says accepted after reviewed, do I then need to go to iQIES and check the report there as well?	We assume that the question refers to an arrangement in which a facility is using vendor software to submit MDS data to iQIES and receives information in either their facility validation report or submitter validation report that shows that the MDS records have been accepted into iQIES. In this situation, it is not necessary to go directly into iQIES to verify the information presented on the validation report, because the facility's vendor software was used to submit MDS data to iQIES. However, if the facility chooses to do so, they can.

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19	iQIES	Is there a limit to the number of users one facility can have in iQIES?	Each provider should have designated at least one (preferably two) iQIES Provider Security Official (PSO) for their facility. The initial facility PSO is approved by CMS. The CMS-approved PSO then approves and grants iQIES access to other users along with the appropriate roles. It is the PSO's responsibility to determine which staff are most appropriate to obtain access to iQIES and what their level of access should be. The PSO should judiciously approve access to iQIES, that is, the minimum staff necessary for the chosen role, as iQIES contains sensitive personal health information. Additional information regarding the iQIES Security Official and iQIES User Roles can be found on QTSO's website: https://qtso.cms.gov/software/iqies/reference-manuals .
20	iQIES	Did iQIES replace SimpleLTC?	The iQIES replaced the Java-Based Resident Assessment Validation and Entry System (jRAVEN), the free CMS software that facilitated submission of MDS data to QIES. SimpleLTC as a software vendor has a submission module that facilitates MDS submission to iQIES. iQIES currently has a user interface (UI) available right now for MDS submission; however, the UI will be deactivated on October 1, 2025. CMS has notified providers that they will need to find other solutions to submit MDS assessments. As such, your facility will need vendor software to facilitate MDS submission beginning October 1, 2025.
21	iQIES	Why do I still have to go to the old QIES system to get my facility's non-compliance letters regarding our COVID reporting? Will these ever be linked in iQIES? They are not in my folder on Non-Compliance Notifications in iQIES.	The nursing home survey/enforcement software has not yet been transitioned to iQIES. The transition is being worked on, but until this happens, survey findings (CMS-2567s) will still be placed in Certification and Survey Provider Enhanced Reports (CASPER).
22	MDS Data	Can you confirm that last year's MDS Assessment data threshold was 80% and now has increased to 90%?	Yes, the APU threshold for assessment-based data collected and submitted to iQIES from October 1, 2023, through December 31, 2023, was that 80% of assessments submitted had to contain 100% of the required measures and standardized resident assessment data. However, starting with data collected from January 1, 2024, through September 30, 2024 (and thereafter), the APU threshold was increased to require that 90% of the MDS data submitted to iQIES must contain 100% of the required measures and standardized patient assessment data.
23	Medicare Advantage	I understand that the MDS-based SNF QRP is for residents with Medicare fee-for-service (FFS). In Michigan now, 60% of Medicare recipients are in Medicare Advantage Plans. Is there any consideration of including all residents with Medicare in the QRP?	On August 29, 2023, a listening session was conducted by Acumen to seek SNF providers' input on the possible expansion of data collection on the MDS to include information for all payers. The summary report can be found at: https://www.cms.gov/files/document/snf-listening-session-2023-summary-report.pdf .

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24	Provider Preview Report (PPR)	Is the PPR for all Five Star QMs or just the SNF QRP?	There is a separate provider preview report, the Five Star Preview Report, for Five Star QMs. This report is available in iQIES. Once logged into iQIES, select the My Reports option from the Reports menu. Once on the My Reports web page, locate the Provider Preview Reports folder. There you will be able to access the Five Star Preview Report. For additional information about reports and how to access them, please go to the iQIES References and Manuals webpage (https://qtso.cms.gov/software/iqies/reference-manuals) to access the iQIES Reports User Manual: https://qtso.cms.gov/system/files/qtso/iQIES%20Reports%20User%20Manual%20v2.5%20FINAL%2010.04.23_1.pdf .
25	Quality Measures	Does the data for CDC NHSN measures come from all residents regardless of payor source?	The current CDC NHSN measures included in the SNF QRP report influenza and COVID-19 vaccination for healthcare personnel, not residents. However, a new measure—COVID-19 Vaccine: Percent of Residents Up to Date—was finalized in the FY 2024 SNF QRP rule and measures the percent of residents who are up to date with their COVID-19 vaccination. The data for this resident-focused vaccination measure will come from a new data element on the MDS, which will be collected for residents discharged on or after October 1, 2024, and will affect the FY 2026 APU.
26	Quality Measures	Where can I find the list of infection diagnoses that will be considered for the Healthcare-Associated Infection (HAI) QRP QM, and does it have to be the principal diagnosis used by the hospital on their claim?	For the SNF QRP HAI measure, HAIs that are acquired during SNF care and result in hospitalization are identified using the principal diagnosis on beneficiaries' Medicare inpatient (IP) claims. Only HAI diagnoses marked as present on admission (POA) in the IP claim are included in the measure numerator. Detailed information for the SNF QRP claims-based measures can be found in the SNF QRP Claims-Based Measures Specifications Manual available on the SNF QRP Measures Technical Information webpage: https://www.cms.gov/files/document/snf-grp-claims-based-measures-specifications-manual.pdf . The manual contains a supplemental workbook, Skilled Nursing Facility Healthcare Associated Infections Requiring Hospitalization Supplemental Codes, which can be accessed using the link provided in Section 2.2, Table 1. This workbook includes the list of International Classification of Diseases (ICD)-10 codes for which an infection could be attributed to the measure.
27	Quality Measures	Do you have a list of the required MDS items to be submitted for Calendar Year (CY) 2024?	To review the MDS data elements that pertain to reporting compliance in CY 2024 for the SNF QRP, please refer to the FY 2026 SNF QRP APU Tables for Reporting Measures and Data, which can be found in the Downloads section of the SNF QRP Measures and Technical Information webpage: https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information .

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28	Review and Correct Report	For the SNF Review and Correct report, it was stated that the reports refresh weekly. Will that be on Mondays, like the MDS 3.0 Facility and Resident level reports?	The Review and Correct reports are updated on a quarterly basis with data refreshed weekly as data becomes available (i.e., as providers submit their MDS data). Providers can run these reports up until the data correction deadline. Once the reporting quarter ends (i.e., the data submission deadline has passed), that quarter's data will be rolled off, and the provider will not be able to correct it. The data for the new reporting quarter will be available as early as the next day, that is, on the first day of the calendar month after the end of the prior quarter.
29	Section GG	Can you explain how Section GG affects the SNF QRP?	To review which Section GG or other MDS data elements pertain to reporting compliance with the SNF QRP, please refer to the FY SNF QRP APU Tables for Reporting Measures and Data, which can be found in the Downloads section of the SNF QRP Measures and Technical Information webpage: https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information .
30	Standardized Patient Assessment Data Elements	Does the addition of the standardized patient assessment data element measures impact SNF QRP compliance?	The standardized patient assessment data elements that have been added to the MDS and adopted in the SNF QRP are included in the reporting requirements and in the determination of APU compliance. To review which MDS data elements pertain to reporting compliance with the SNF QRP, please refer to the FY SNF QRP APU Tables for Reporting Measures and Data, which can be found in the Downloads section of the SNF QRP Measures and Technical Information webpage: https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information .
31	Swing Bed	If we are a non-critical access hospital (non-CAH) with swing beds and we report our data to NHSN for the hospital, does that cover us for SB or is there a separate way we need to report for the SB?	While all Medicare-certified SNF providers, including non-CAH SB facilities, are required to collect and submit SNF QRP data, for the two NHSN Healthcare Personnel (HCP) measures, data reporting is required only under the parent hospital CCN. There are no additional reporting requirements for these swing beds under the SNF QRP. Please see the SNF Quick Reference Guide for additional details: https://www.cms.gov/files/document/pac-snf-quickreferenceguide-v30.pdf .
32	Training	Do you know of any seminars that specifically address therapy input into the MDS, and how the admission and discharge data is calculated into the QRP score?	In addition to the CMS trainings on the SNF QRP Training web page (https://www.cms.gov/medicare/quality/snf-quality-reporting-program/training), you may be able to reach out to some of the provider associations and therapy-focused professional associations/societies to see what trainings may be available.

#	Topic	Question	Response
33	Unplanned Discharge	Are updates to the RAI in progress for unplanned discharges? Currently we are unable to complete interviews, and many times are forced to use a dash.	In the event of a 5-day PPS assessment combined with an unplanned discharge assessment for an interviewable resident (when A0310B=01, A0310F=10 or 11, A0310G=2 and A0310H=1) the assessor should code 1, Yes, in the interview gateway items (e.g., D0100) and enter dashes (-) in the interview itself. In this scenario, the use of dashes can have a negative impact on the facility's SNF QRP compliance. If this situation commonly occurs at the facility, it may be beneficial if facility practices are adjusted to ensure resident interviews are conducted as part of the admission assessment process. In the event of a standalone unplanned discharge assessment (where A01310A=99 and A0310B=99), the interview items are not active. The time to complete and transmit MDS records outlined in the RAI Manual aligns with the Federal regulations (available in Appendix PP of the State Operations Manual). CMS does not plan to adjust these timeframes.
34	Vaccinations	Will COVID-19 reporting data continue since this is a new measure for FY 2026?	Yes, the plan is to continue reporting the current NHSN measure, COVID-19 Vaccination Coverage Among HCP, which measures the percentage of healthcare personnel up to date with their COVID-19 vaccination. In addition to this measure, a new measure will be added to the SNF QRP for FY 2026, COVID-19 Vaccine: Percent of Residents Up to Date, which measures the percent of residents who are up to date with their COVID-19 vaccination. This measure was finalized in the FY 2024 SNF QRP rule. The data for the resident-focused vaccination measure will come from a new data element in the MDS, which will be collected for residents discharged on or after October 1, 2024. The Resident COVID-19 vaccination reporting in NHSN is not part of the SNF QRP.
35	Vaccinations	Are there going to be two separate measures for the COVID-19 vaccine, one from the CDC NHSN and one from the SNF FFS MDS?	Yes, there will be two separate measures. The current NHSN measure, COVID-19 Vaccination Coverage Among HCP, will remain as part of the SNF QRP. A new measure, COVID-19 Vaccine: Percent of Residents Up to Date, which was finalized in the FY 2024 SNF QRP rule, has been added to the SNF QRP for FY 2026. The data for this measure will come from a new data element added to the MDS. Data collection for this measure will begin for residents discharged on or after October 1, 2024.
36	Vaccinations	Why is the COVID-19 QM from the NHSN data being measured when these are person-centered choices? Despite our education, the individual decides. CMS's rationale for making a QM for something we cannot control would be appreciated.	Providers are being evaluated on the reporting of the number of HCP who have received the influenza vaccine or are up to date for their COVID-19 vaccination, not on the actual percentage of HCP who have been vaccinated.

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37	Vaccinations	Does the percentage of staff that receive COVID or flu vaccination affect the QRP compliance or is CMS only looking for submission compliance for the QRP?	The SNF QRP is a pay for reporting program, not a pay for performance program. Compliance with the SNF QRP is related to submission of the required data by the data submission deadlines for each of the HCP vaccination measures and does not consider the percentage of HCP staff receiving vaccination as part of the QRP compliance determination.
38	Vaccinations	Are resident flu, pneumonia, and/or COVID vaccinations being considered for quality measures for SNF QRP?	<p>A new measure was finalized in the FY 2024 SNF QRP rule, which affects the FY 2026 APU—COVID-19 Vaccine: Percent of Residents Up to Date. Data collection for this measure will begin with residents discharged on or after October 1, 2024, using a new data element that will be added to the MDS. Public reporting for this measure will begin in October of 2025 or as soon as technically feasible.</p> <p>Additionally, in the recently released FY 2025 Skilled Nursing Facility Prospective Payment System proposed rule, CMS is seeking feedback on future measure concepts under consideration for the SNF QRP. One of the concepts is a composite of vaccinations, which could represent overall immunization status of residents such as the Adult Immunization Status measure in the Universal Foundation. Links to the Final FY 2024 and Proposed FY 2025 rules are as follows:</p> <p>Final FY 2024 Rule: https://www.federalregister.gov/documents/2023/10/04/2023-22050/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities</p> <p>Proposed FY 2025 Rule: https://www.federalregister.gov/documents/2024/04/03/2024-06812/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities</p> <p>Information on the Universal Foundation Adult and Post-acute/Long-term Care measures can be found here: https://www.cms.gov/medicare/quality/cms-national-quality-strategy/aligning-quality-measures-across-cms-universal-foundation.</p>
39	Vaccinations	Is it correct that a site can submit multiple HCP Influenza data throughout the Influenza season, but must include at least one submission dated through March 31?	Yes, a site can submit data throughout the Influenza reporting period, but to meet the data submission requirements for the HCP Influenza Vaccine measure, SNFs are required to submit, by May 15, a single influenza vaccination summary report that includes data from October 1, 2023, through March 31, 2024.
40	Vaccinations	Does an individual still count as being vaccinated if they received their flu vaccine prior to October 1?	For the Influenza Vaccination Coverage Among HCP measure, the data submitted must reflect HCP who received an influenza vaccine at any time from when the vaccine first became available (such as August or September) through March 31 of the following year. Therefore, if the vaccine was available prior to October 1, any vaccine given before October 1 is credited toward vaccination coverage.

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41	Vaccinations	For both the influenza and COVID HCP vaccination measures, are those who decline included in the numerator?	Providers report data for those that declined vaccination, for various reasons, on the NHSN forms. However, for the public reporting of these measures, declinations are not included in the numerator. Only healthcare personnel who receive the influenza vaccination or are up to date with their COVID-19 vaccination are included in the numerator.