

**Skilled Nursing Facility (SNF)
Quality Reporting Program (QRP)
Frequently Asked Questions (FAQs)**



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Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Overview

1. What is a Quality Reporting Program?

The Centers for Medicare & Medicaid Services (CMS) implements quality initiatives to ensure quality health care for Medicare beneficiaries through accountability and public disclosure. Quality measures are tools that measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

In the [Fiscal Year \(FY\) 2016 SNF Prospective Payment System \(PPS\) Final Rule](#), CMS finalized the SNF QRP compliance requirements. Any SNF that does not meet reporting requirements may be subject to a two-percentage-point (2%) reduction in its Annual Rate Update (i.e., the Annual Payment Update [APU]).

The SNF QRP is described on the [SNF QRP](#) website.

2. What are the current measures in the SNF QRP?

Currently there are 13 quality measures in the SNF QRP. These measures can be found on the [SNF Quality Reporting Measures and Technical Information](#) webpage.

For detailed quality measure specifications, please refer to the SNF Measure Calculations and Reporting User's Manual V8.0, which can be found in the Downloads section on the [SNF Quality Reporting Measures and Technical Information](#) webpage.

3. What are the FY 2027 updates to the SNF QRP?

The [FY 2027 SNF PPS final rule](#) updated the requirements for the SNF QRP, including removing two measures beginning with the FY 2028 SNF QRP, revising data submission deadlines beginning with the FY 2029 SNF QRP, and requiring the submission of Minimum Data Set (MDS) data on all SNF residents admitted for covered skilled care regardless of payer beginning with the FY 2031 SNF QRP.

First, CMS removed the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure from the SNF QRP. As a result, SNFs are no longer required to collect or submit data for this measure beginning with the CY 2026 reporting period (that is, SNFs that do not report CY 2026 HCP COVID-19 Vaccine measure data will not be penalized for the FY 2028 annual payment update under the SNF QRP). Any CY 2026 HCP COVID-19 Vaccine measure data received by CMS will not be used for SNF QRP compliance or public reporting.

The FY 2027 SNF PPS final rule also removed the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID-19 Vaccine) measure from the SNF QRP. Beginning with residents discharged on or after October 1, 2026, SNFs are no longer required to collect and submit the Patient/Resident COVID-19 Vaccine measure data to CMS. The Resident's COVID-19 vaccination is up to date data element (O0350) will be removed from the MDS effective October 1, 2027, since it is not technically feasible to remove this data element earlier.

Additionally, the FY 2027 SNF PPS final rule revised our data submission deadlines. Beginning with the FY 2029 SNF QRP (CY 2027 data collection), we will require that SNFs complete their data submissions and make corrections to their assessment data and Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) data where necessary no later than the 15th day of the second month after the end of the calendar quarter.

We also finalized our proposal to require the submission of MDS data on all SNF residents admitted for covered skilled care regardless of payer beginning with the FY 2031 SNF QRP. SNFs will be required to submit these data for all SNF residents, regardless of payer, beginning with residents admitted on October 1, 2029. Starting in CY 2030, SNFs will be required to submit data for the entire calendar year beginning with the FY 2032 SNF QRP.

Staying Informed About the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

4. What is the process for adding and removing measures from the SNF QRP?

The Centers for Medicare & Medicaid Services (CMS) uses its annual public rule-making cycles to add new measures, modify existing measures, or remove measures from the QRP. This provides an opportunity for stakeholders to comment on proposed changes. The Final Rule (FR) publishes CMS's responses to all the comments received, as well as its decisions.

Proposed and final rules are posted on both of these webpages:

- [The Federal Register](#)
- [The Skilled Nursing Facility \(SNF\) Prospective Payment System \(PPS\) Regulations and Notices](#)

5. Are there other resources for the SNF QRP I can use to stay up to date?

Several resources are available to help you stay informed about the SNF QRP:

- SNF QRP and SNF Prospective Payment System (PPS) websites:
 - [SNF QRP](#) webpage
 - [SNF QRP Spotlights and Announcements](#) webpage
 - [SNF PPS](#) website
- Centers for Disease Control and Prevention (CDC) website:
 - [Healthcare Personnel \(HCP\) Flu Vaccination](#) webpage
- Mailing list notices and announcements about the SNF QRP:
 - To receive notices and announcements, sign up at the [CMS Subscriber Preferences](#) webpage
- Notices about CMS Open Door Forums (ODFs) and other webinars related to the SNF QRP are posted on the following webpages:
 - [SNF QRP Spotlights and Announcements](#) webpage
 - [CMS Special Open Door Forums](#) webpage
 - [SNF/Long-Term Care ODF](#) webpage

6. Where can I find SNF QRP training materials?

Information about the SNF QRP, including Special ODF Presentations, provider training materials, tip sheets, cue cards, pocket guides and other resources, is available on the [SNF QRP Training](#) webpage.

For videos of past provider training sessions and webinars, please refer to the [CMS YouTube channel](#). Click the link and search for “SNF.”

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Technical Requirements

7. How are data collected and submitted for the SNF QRP?

Data for the SNF QRP measures are collected using four methods:

- Minimum Data Set (MDS)
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
- Medicare fee-for-service claims
- Data Validation Process

The MDS is the assessment instrument SNF providers use to collect patient assessment data for quality measure calculation in accordance with the SNF QRP. Completion of the MDS is required for all residents in a Medicare-certified nursing home and residents in a Prospective Payment System (PPS) stay in non-critical access hospitals with Medicare swing bed agreements.¹ Data for the QRP are collected at admission, at discharge (planned and unplanned), and for expired patients. The MDS is available to view in the Downloads section of the [MDS Resident Assessment Instrument \(RAI\) Manual](#) webpage. The MDS RAI Manual v1.20.1 can be found on the same webpage and provides ongoing guidance to providers in completing the MDS.

The NHSN is a secure, internet-based surveillance system maintained by the CDC that can be utilized by all types of health care facilities in the United States, including SNFs, and is provided free.

Data used to calculate claims-based measures are calculated using Medicare fee-for-service claims. Claims are reported to Medicare for payment purposes, and there is no additional information required from SNFs.

Up to 1,500 SNFs will be selected annually to participate in the SNF QRP data validation process. Each selected SNF will be requested to submit up to 10 medical records, and would only be required to submit records once in a fiscal year, for a maximum of 10 records for each SNF selected.

8. What are the requirements for the SNF to be considered compliant?

SNFs must meet or exceed three data completeness thresholds:

¹ SNFs will be required to submit these data for all SNF residents, regardless of payer, beginning with residents admitted on October 1, 2029.

- One threshold, set at 90 percent, for the completion of assessment-based quality measures and standardized patient assessment data collected using the MDS and submitted through the Internet Quality Improvement and Evaluation System (iQIES).
- A second threshold, set at 100 percent, for quality measure data collected and submitted using the CDC/NHSN.
- A third threshold, set at 100 percent, for records selected for the data validation process.

Failure to submit the required quality data may result in a two-percentage-point (2%) reduction in the SNF's annual rate update (i.e., Annual Payment Update [APU]).

9. Which items on the MDS are considered for compliance determination?

The SNF QRP Table for Reporting Assessment-Based Measures and Standardized Patient Assessment Data Elements for the FY 2029 SNF QRP APU indicates the SNF MDS data elements that are used in determining the APU minimum submission threshold for the FY 2029 SNF QRP determination. It is available for download on the [SNF Quality Reporting Measures and Technical Information](#) webpage.

All MDS data elements should be accurately coded to reflect the patient's status and be submitted to CMS. It is the SNF's responsibility to ensure the completeness of the MDS data. By signing the MDS upon completion (item Z0400A), SNF staff are certifying that the information entered is complete to the best of their knowledge and accurately reflects the patient's status.

Data submitted for risk adjustment items are used to adjust the quality measure outcome scores based on patient characteristics. If data that are used for risk adjustment are not captured, a patient's complexity cannot be accounted for in the quality measure outcome scores. This means the risk-adjusted quality measure outcome scores reported on your Quality Measure Reports and on the Care Compare website may not reflect your SNF's unique patient complexities. It may result in lower performance rates, i.e., poorer scores.

For detailed measure specifications, please refer to the SNF QRP Measure Calculations and Reporting User's Manual V8.0 and SNF QRP Claims Based Measures Specifications Manual, which can be found in the Downloads section of the [SNF Quality Reporting Measures and Technical Information](#) webpage.

10. What information is used for compliance determination of the NHSN measure?

To meet the minimum data submission requirements for measure data collected and submitted using the CDC NHSN, SNFs must submit 100 percent of the data to the NHSN in order to calculate one measure:

1. Influenza Vaccination Coverage among HCP (HCP Influenza Vaccine) measure. [CMIT Measure ID # 00390 (CBE-endorsed)]

This measure is stewarded by the CDC's NHSN.

To meet the data submission requirements for the HCP Influenza Vaccine measure, SNFs are required to submit a single influenza vaccination summary report at the conclusion of the measure reporting period. Facilities must activate the Healthcare Personnel Safety Component in the NHSN to report HCP influenza vaccination summary data.

The CDC makes reports accessible to SNFs that allow for real-time review of data submission. These reports reflect the data that will be sent by the CDC to CMS on behalf of each SNF. The CDC publishes reference guides for SNFs that explain how to run and interpret reports. These can be found on the [NHSN website](#).

11. What information is used for compliance determination for the SNF QRP Data Validation process?

CMS' validation contractor will select, on an annual basis, up to 1,500 SNFs that submitted at least one MDS record in the fiscal year (FY) 2 years prior to the applicable FY SNF QRP. Each SNF selected would only be required to submit records once in a fiscal year, for a maximum of 10 records for each SNF selected. SNFs would have the option to submit digital or paper copies of the requested medical records to the validation contractor and would be required to submit the medical records within 45 days of the date of the request (as documented on the request).

For example, for the FY 2029 SNF QRP, the validation contractor would choose up to 1,500 SNFs that submitted at least one MDS record in FY 2027. For those SNFs selected to participate in the SNF QRP Validation process, the data submission deadline for the requested medical records is the date on the *Skilled Nursing Facility Data Validation Process – Initial Selection Notification* in the iQIES MDS 3.0 Provider Preview Reports folder.

Additional information about the SNF Data Validation Process can be found on the SNF Data Validation Process webpage, at: <https://www.cms.gov/medicare/quality/value-based-programs/value-based-purchasing-snf-vbp-program/data-validation-process>.

12. What are the data submission deadlines for the SNF QRP?

MDS and NHSN data are submitted to CMS based on deadlines established for the APU determination year. If corrections to the quality measures or standardized patient assessment data need to be made, they must be submitted before the SNF QRP submission deadlines.

Data submission deadlines for the SNF QRP quality measures can be found in the Downloads section of the [SNF QRP Data Submission Deadlines](#) webpage. Note: Beginning with the FY 2029 SNF QRP (CY 2027 data collection), we will require that SNFs complete their data submissions and make corrections to their MDS assessment data and CDC/NHSN data where necessary no later than the 15th day of the second month after the end of the calendar quarter.

For those SNFs selected to participate in the SNF QRP Validation program, the data submission deadline for the requested medical records is the date on the *SNF VBP/QRP Validation-Audit Selection Notification* in the iQIES MDS 3.0 Provider Preview Reports folder.

13. Does the definition of “quarter” for the quarterly MDS data submission deadlines include patients admitted during that quarter, discharged during that quarter, or both?

The quarterly data submission deadlines apply to patients with an admission and/or discharge date that occurs within that quarter. For example, if a patient was admitted on March 30 (Quarter 1: January 1–March 31) and discharged on April 28 (Quarter 2: April 1–June 30), there would be two submission deadlines to meet. The first quarter data submission deadline (May 15) would apply for

the patient's MDS 5-day PPS assessment and the second quarter data submission deadline (August 15) would apply for the patient's MDS PPS discharge record.

14. What is iQIES? How can I request access to iQIES?

Providers and vendors use the cloud-based system referred to as the Internet Quality Improvement and Evaluation System (iQIES).

All users must create an account and establish credentials in the Healthcare Quality Information System (HCQIS) Access Roles and Profile system (HARP). HARP is a secure identity management portal that CMS provides. CMS has prepared a fact sheet with more information about the [Remote Identify Proofing Requirements for iQIES](#) security process required to gain access to iQIES.

For your organization to receive access to iQIES, your organization must:

- Identify individual(s) who will be the Provider Security Official(s) (PSO). Each provider must have at least one PSO, but CMS encourages providers to designate more than one individual with the PSO role.
- Request a PSO role for your provider in [iQIES](#). Users who do not already have access to iQIES will be prompted to register for an iQIES role the first time they log into the application with their HARP credentials.
 - Upon receiving access, provider security officials will have access to the functionality identified in the [User Role Matrix](#) for the selected CCN.

For assistance with or iQIES onboarding or other iQIES related questions, users can call the iQIES Service Center at (800) 339-9313 or email iqies@cms.hhs.gov.

[Frequently Asked Questions](#) (FAQs) related to HARP are also available. If you have any questions related to HARP, you can find your application's help desk on the [HARP Contact Help Desk](#) webpage.

Providers can also review the iQIES Reports User Manual to find general information about reports and the processes necessary to request, view, download, and save reports in iQIES. This manual can be found on the [CMS iQIES Reference & Manuals](#) website.

15. Which reports are available to monitor my facility's compliance and how often are these reports updated?

Provider Threshold Reports (PTRs): The MDS assessment data for the SNF QRP PTR are updated in real time once the submissions are processed and the accepted assessments are saved into the iQIES database. The HCP Influenza Vaccine measure is updated on the PTR twice a year. Report updates occur soon after the data correction deadlines.

iQIES Review and Correct Reports: These are updated on a quarterly basis with assessment data and refreshed weekly as data become available. The Review and Correct Reports add a new quarter and remove the earliest quarter of data on the first day of the calendar month after the end of the quarter. After the data correction deadline for a quarter, the data for that quarter are no longer updated on the Review and Correct Report but continue to be updated on the Quality Measure Facility-Level and Resident-Level Reports. The data for the CDC/NHSN measures are not added to the Review and Correct Reports, since the measures are stewarded by the CDC. In lieu of this, the CDC makes accessible to SNFs reports that are similar to the Review and Correct Reports that allow for real-time

review of data submissions for all CDC/NHSN measures. These are referred to as “CMS Reports” within the “Analysis Reports” page in the NHSN Application. Claims-based quality measure data are also excluded from this report.

Quality Measure (QM) Facility-Level Reports: The assessment-based (MDS) measures on the SNF QRP QM Reports are updated monthly. Calculations for QM reports are run on the first day of each month. The new quarter end date is available for selection on the first day of the second month in a calendar quarter. The claims-based measures are updated annually, typically in October. The HCP Influenza Vaccine measure was added to the QM Facility-Level Report in October 2023 and is updated annually in October.

QM Resident-Level Reports: Updates to the MDS assessment-based measures occur simultaneous with the updates to the QM Facility-Level Reports. CDC/NHSN and claims-based measures are not included on the QM Resident-Level Reports.

MDS 3.0 NH Error Detail / MDS 3.0 SB Error Detail Report: Providers can run this report to identify a list of assessments that encountered an error, including APU errors, during a period of their choosing. The report displays the submission date of the MDS record, resident’s name, unique assessment identifier (ID) associated with the MDS record, the item(s) that encountered the error, and the data value that was submitted for the affected item(s). This report can help SNFs identify their impacted assessment(s).

The Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) and the Minimum Data Set (MDS)

16. What is the current version of the MDS?

Version 1.20.1 of the MDS is to be completed for any patient admitted or discharged on or after October 1, 2025.

The MDS v1.20.1 is available in the Downloads section of the [MDS 3.0 RAI Manual](#) webpage. More information as well as a change table summarizing revisions to the MDS Version 1.20.1 is available in the Downloads section of the [MDS 3.0 RAI Manual](#) webpage.

17. Where can I find the MDS 3.0 Resident Assessment Instrument (RAI) Manual for the SNF QRP?

Instructions for coding items in the MDS can be found in the MDS 3.0 RAI Manual. The current version of the MDS 3.0 RAI Manual is available in the Downloads section of the [MDS 3.0 RAI Manual](#) webpage.

18. Who can complete a SNF MDS?

Each facility self-determines its policies and procedures for patient documentation practices and completing the assessments in compliance with state and federal requirements. A registered nurse (RN) assessment coordinator must sign and date the MDS item Z0500 completion attestation.

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Reconsiderations, Exceptions, and Extensions

19. Does the Centers for Medicare & Medicaid Services (CMS) tell SNFs if they are non-compliant with the QRP requirements?

Yes. Any SNF found non-compliant with the QRP receives a letter of notification from its Medicare Administrative Contractor (MAC). All Medicare-certified SNF compliance letters will be distributed through at least one of the following notification methods: the Non-Compliance Notification folders within the Internet Quality Improvement and Evaluation System (iQIES); the United States Postal Service (USPS); or via an e-mail from the SNF's MAC. The notification letter also includes the reason(s) for failing annual rate update (i.e., Annual Payment Update [APU]) compliance.

20. I received a letter of notification that my SNF is non-compliant with the SNF QRP requirements. Can I ask CMS to reconsider the decision?

CMS distributes non-compliant letters containing details for the reason for non-compliance, and the deadline for filing a reconsideration request. The CMS-distributed non-compliant letters will be delivered via the facilities' My Reports folders in iQIES; a message will be posted on the [SNF QRP Spotlights and Announcements](#) page to notify SNFs that the non-compliant letters have been distributed.

If a SNF believes the finding of non-compliance is in error and they are, in fact, fully compliant, the SNF may file for a reconsideration. We would consider full compliance with the SNF QRP requirements to include CMS granting an exception or extension to SNF QRP reporting requirements under our ECE policy at § 413.360(d)(1) during the reporting period. A SNF disagreeing with the payment reduction decision may submit a request for reconsideration to CMS within 30 days from the date at the top of the non-compliance notification letter. CMS will not accept any requests submitted after the 30-day deadline. If a SNF experiences an extraordinary circumstance during the reconsideration period, a SNF may submit, and CMS may grant, an extension to file a reconsideration request via email no later than 30 calendar days from the date of the written notification of noncompliance. Additionally, the notification letter sent by the MAC includes instructions for requesting reconsideration of this decision.

Requests for reconsiderations must be submitted via email. More information about how to submit a request for reconsideration can be found on the [SNF QRP Reconsideration and Exception & Extension](#) webpage.

21. The county where our SNF is located was affected by a natural disaster. Are we excepted from the QRP reporting requirements?

If a SNF is unable to submit quality data due to an extraordinary circumstance beyond its control, the SNF can request an exception or extension from the QRP requirements. The extraordinary circumstances may be natural or man-made. A SNF must request the exception or extension within 90 days of the event, and CMS may grant the exception or extension for one or more quarters. In the event of large-scale acts of nature, CMS may grant an exception or extension to an entire region without SNFs having to request one.

Requests for exceptions and extensions must be submitted by email. More information about how to submit a request for exception or extension can be found on the [SNF QRP Reconsideration and Exception & Extension](#) webpage.

Other Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Frequently Asked Questions

22. Does my SNF need to report health care–acquired infection data under the SNF QRP?

The SNF QRP includes the claims-based SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization measure which uses Medicare fee-for-service (FFS) claims data to estimate the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalization. As noted in FAQ #7, this measure is calculated directly from claims submitted by SNFs.

However, there are currently no requirements for SNFs to separately report health care–acquired infections to the CDC’s NHSN. Please check with your state about any state-specific requirements related to submission of quality data, including health care–acquired infection data.

23. My facility’s demographic data are incorrect on the Care Compare tool on Medicare.gov. How do I correct them?

The demographic data displayed on the Provider Preview Reports and on Medicare.gov are generated from information historically stored in the Automated Survey Processing Environment (ASPEN) system. The Centers for Medicare & Medicaid Services (CMS) will be transitioning to use the demographic information from the Provider Enrollment, Chain, and Ownership System (PECOS). During this transition, all SNF providers will be responsible to ensure their latest demographic data are updated and available in *both* the ASPEN and PECOS systems.

Please note that updates to SNF provider demographic information do not happen in real time and can take up to six months to appear on Medicare.gov.

Additional information can be found on the [How to Update Nursing Home \(NH\)/Skilled Nursing Facility \(SNF\) Demographic Data](#) webpage.

24. Where are SNF quality measure data publicly reported?

The Centers for Medicare & Medicaid Services (CMS) [Care Compare](#) tool on [Medicare.gov](#) provides a single user-friendly interface that consumers can use to understand information about doctors, hospitals, skilled nursing facilities, and other health care services instead of searching through multiple tools. The data displayed on [Medicare.gov](#) enables patients and caregivers to make informed decisions about healthcare based on cost, quality of care, volume of services, and other data. Consumers can select multiple facilities and compare their performance on various quality metrics.

25. Which SNF quality measures are reported on Medicare.gov?

The following quality measures are currently reported on Medicare.gov:

SNF QRP Measure Name	Measure Type	Measure Name as Displayed on Medicare.gov
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury [CMIT Measure ID #00121 (not-endorsed)]	Assessment-based	Percentage of residents with pressure ulcers/pressure injuries that are new or worsened
Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC SNF QRP [CMIT Measure ID #00225 (not-endorsed)]	Assessment-based	Percentage of residents whose medications were reviewed and who received follow-up care when medication issues were identified
Application of IRF Functional Outcome Measure: Discharge Self-Care Score [CMIT Measure ID #00404 (not-endorsed)]	Assessment-based	Percentage of residents who are at or above an expected ability to care for themselves at discharge
Application of IRF Functional Outcome Measure: Discharge Mobility Score [CMIT Measure ID #00403 (not-endorsed)]	Assessment-based	Percentage of residents who are at or above an expected ability to move around at discharge
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) [CMIT Measure ID #00520 (not-endorsed)]	Assessment-based	Percentage of SNF residents who experience one or more falls with major injury during their SNF stay
Discharge Function Score [CMIT Measure ID #01698 (not endorsed)]	Assessment-based	Percentage of residents who are at or above an expected ability to care for themselves and move around at discharge
Transfer of Health Information to the Provider-Post-Acute Care (PAC) [CMIT Measure ID #00728 (not endorsed)]	Assessment-based	Percentage of residents where the SNF provided a medication list to the next healthcare setting
Transfer of Health Information to the Patient-Post-Acute Care (PAC) [CMIT Measure ID #00727 (not endorsed)]	Assessment-based	Percentage of residents where the SNF provided a medication list to the resident, family, and/or caregiver at final discharge
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date [CMIT Measure ID #01699 (not endorsed)]**	Assessment-based	Percentage of SNF residents who are up to date with their COVID-19 vaccines
COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) [CMIT Measure ID #00180 (not endorsed)]**	CDC NHSN*	Percentage of SNF healthcare personnel who are up to date with their COVID-19 vaccines.

SNF QRP Measure Name	Measure Type	Measure Name as Displayed on Medicare.gov
Influenza Vaccination Coverage among Healthcare Personnel (HCP) [CMIT Measure ID #00390 (CBE-endorsed)]	CDC NHSN*	Percentage of healthcare personnel who got a flu shot for the current season.
Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program [CMIT Measure ID #00434 (CBE-endorsed)]	Claims-based	Medicare Spending Per Beneficiary (MSPB) for residents in SNFs
Discharge to Community–Post-Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program [CMIT Measure ID #00210 (CBE-endorsed)]	Claims-based	Rate of successful return to home and community from a SNF
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program [CMIT Measure ID #00575 (not endorsed)]	Claims-based	Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization [CMIT Measure ID #00680 (not endorsed)]	Claims-based	Percentage of infections patients got during their SNF stay that resulted in hospitalization

* Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN).

** Public reporting of the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure and the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure will end with the October 2026 Care Compare refresh, consistent with the measures' removal from the SNF QRP.

Facilities have a 30-day preview period before public display of the measures. Please refer to the [SNF QRP Public Reporting](#) website for more information and resources related to public reporting.

26. Where are the current data collection periods listed on Medicare.gov?

Current data collection periods for the measures listed on Medicare.gov are described in the [Quality measures](#) section of the Provider Data Catalog.

27. What are the possible reasons for not being listed on Medicare.gov?

A SNF may not be listed on Medicare.gov if the SNF is one of a group of SNFs or is a new SNF provider. Medicare.gov data is reported at the level of the CMS Certification Number (CCN). If a SNF is one of a group of SNFs operating under a single CCN, then each SNF's data will be combined and reported under the parent SNF. Only SNFs with unique CCNs appear on Medicare.gov.

Additionally, new SNFs will not be displayed on Medicare.gov until they have successfully reported data for the quarters included in the Medicare.gov refresh.

28. Who can I contact with a specific question about the SNF QRP?

There are several help desks you may contact to obtain answers to specific SNF QRP questions. The help desks are listed below for your convenience.

Please note that the CMS SNF QRP and Public Reporting Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers. Sending emails with patient-level data or protected health information to these email addresses may be a violation of your facilities' policies and procedures, as well as a violation of federal regulations (Health Insurance Portability and Accountability Act of 1996 [HIPAA]). Do *not* submit patient-identifiable information (e.g., date of birth, Social Security number, and health insurance claim number) to these addresses. If you are not sure whether the information you are submitting is identifiable, please contact your institution's privacy officer.

Below is a list of the SNF QRP and other SNF help desks. If you are unsure which Help Desk to use, email your question to the SNF QRP Help Desk and it will be directed to the appropriate help desk:

SNF QRP

Email: SNFQualityQuestions@cms.hhs.gov

Examples of issues this help desk can assist you with:

- SNF QRP requirements
- Data submission timelines
- SNF Minimum Data Set (MDS) quality measure items and response options, i.e., Section B: Hearing, Speech, and Vision; Section C: Cognitive Patterns; Section GG: Functional Abilities and Goals; Section H: Bladder and Bowel; Section I: Active Diagnoses; Section J: Health Conditions; Section K: Swallowing/Nutritional Status; Section M: Skin Conditions; Section N: Medications; Section O: Special Treatments, Procedures, and Programs
- SNF MDS assessment-based and claims-based quality measures
- SNF QRP provider training materials
- General SNF quality reporting questions

State RAI coordinator

CMS partners with each state to ensure that all staff who use the MDS have access to MDS coding assistance. Every state has a RAI Coordinator who provides expert guidance on coding practices that adhere to the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual and functions as the front line MDS help desk support.

For contact information for the State RAI coordinators, please refer to Appendix B: State Agency and CMS Regional Office RAI/MDS Contacts of the MDS 3.0 RAI manual available in the Downloads section of the [MDS RAI Manual webpage](#).

Internet Quality Improvement and Evaluation System (iQIES), Data Submission and Data Validation

Email: iqies@cms.hhs.gov

Phone: 1-800-339-9313

Examples of issues this help desk can assist you with:

- Accessing iQIES (username and password)
- General issues related to iQIES
- Submission/validation reports
- Accessing Provider and Quality Reporting Program reports
- Medicare Part A: HIPPS code submitted in item Z0100A
- Validation Utility Tool (VUT) (vendor tool to ensure software meets CMS requirements and will pass MDS technical specification edits)
- Technical questions that are related to MDS data specifications
- Payroll Based Journal (PBJ) data submission

Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)

Email: nhsn@cdc.gov

Examples of issues this help desk can assist you with:

- NHSN registration
- Questions about data submitted to CMS via the CDC/NHSN
- Accessing reports available in the NHSN

SNF QRP Public Reporting

Email: SNFQRPPRquestions@cms.hhs.gov

Examples of issues this help desk can assist you with:

- SNF-specific questions about the Care Compare website
- Questions about data included in Provider Preview Reports
- SNF data available in the [Provider Data Catalog](#)

BetterCare Help Desk

Email: bettercare@cms.hhs.gov

Examples of issues this help desk can assist you with:

- Five-Star Quality Rating System
- Care Compare program for nursing homes/SNFs

SNF QRP Reconsiderations

Email: SNFQRPRReconsiderations@cms.hhs.gov

Examples of issues this help desk can assist you with:

- How to file a request if a provider receives a letter of non-compliance from CMS
- Deadline for filing a Request for Reconsideration
- How to dispute a finding of non-compliance with the QRP reporting requirements that can lead to a 2% payment reduction
- Requesting information about the SNF QRP payment reduction for failure to report required quality data

SNF QRP Compliance Notifications

Email: QRPHelp@swingtech.com

Examples of issues this help desk can assist you with:

- Receiving compliance notifications
- Questions regarding information provided in the non-compliance letters
- Questions related to provider outreach

SNF Prospective Payment System (PPS)

Email: PDPM@cms.hhs.gov

Examples of issues this help desk can assist you with:

- SNF Medicare reimbursement
- SNF Patient Driven Payment Model (PDPM) International Classification of Diseases (ICD)-10 Diagnosis and Procedural Code Crosswalk
- SNF PDPM Classification Logic

SNF PDPM Grouper

Email: grouperBetaTesting@cms.hhs.gov

CMS Web Pricer Tool Issues (formally Personal Computer [PC] Pricer)

Email: PCPricers@cms.hhs.gov

Examples of issues this resource can assist you with:

- SNF CMS Web Pricer questions

SNF Value-Based Purchasing (VBP)

Email: snfvbp@rti.org

Examples of issues this help desk can assist you with:

- SNF VBP program
- SNF VBP quality measures

Listserv Available for Provider Support for SNFs

[Subscribe](#) to the Post-Acute Care (PAC) QRP listserv for the latest SNF quality reporting and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 program information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines.