

**Skilled Nursing Facility Quality Reporting Program (SNF QRP)**  
**Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements**  
**Affecting FY 2029 Annual Payment Update (APU) Determination**

The Centers for Medicare & Medicaid Services’ (CMS’s) Skilled Nursing Facility Quality Reporting Program (SNF QRP) requires SNFs to submit quality measure and standardized resident assessment data elements to CMS. For a given data submission period, the Minimum Data Set (MDS) assessments submitted by a SNF must meet the Annual Payment Update (APU) minimum data completion threshold of not less than 90 percent of the assessments having 100 percent completion of the required data elements. These are the standardized resident assessment data elements and the data elements needed to calculate the SNF QRP quality measures. Successful assessment completion means that the assessment does not contain non-informative responses (i.e., “dash” [–]) for required data elements. **Please note that while the coding of a “dash” is an optional response value for many of the data elements listed in this table, its use does not count toward meeting the APU minimum data completion threshold.** Failure to meet the minimum threshold may result in a 2 percentage point reduction in the SNF’s APU.

Below is a table indicating the MDS data elements that are used in determining the APU minimum data completion threshold for the Fiscal Year (FY) 2029 SNF QRP determination.

An “X” in the table below indicates the valid assessment type and data collection reporting periods. For detailed measure specifications, please refer to the documents listed under “References” below.

**Note:** This table is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU data completion threshold. There are additional data elements used to risk-adjust the quality measures used in the SNF QRP. Failure to submit all data elements used to calculate and risk-adjust a quality measure can affect your SNF’s quality measure calculations that are displayed on the Compare website.

**References:**

FY 2027 SNF PPS Final Rule (91 FR 48588) on the [List of SNF Federal Regulations](#) webpage.

SNF QRP Measure Calculations and Reporting User’s Manual Version 8.0 found in the **Downloads** section on the [SNF QRP Measures and Technical Information](#) webpage.

MDS 3.0 Resident Assessment Instrument (RAI) Manual found in the Downloads section on the [MDS 3.0 RAI Manual](#) webpage.

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| MDS Data Elements Used for FY 2029 SNF QRP APU Determination |                                                                                          | MDS 3.0 Assessment Type |                                 | Data Collection Period (Calendar Year 2027) |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------|
| MDS Section & Number                                         | Data Element Label/Description                                                           | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| A1005*                                                       | Ethnicity                                                                                | X                       |                                 | X                                           |
| A1010*                                                       | Race                                                                                     | X                       |                                 | X                                           |
| A1110A                                                       | Language: What is your preferred language?                                               | X                       |                                 | X                                           |
| A1110B                                                       | Language: Need or want an interpreter to communicate with a doctor or health care staff? | X                       |                                 | X                                           |
| A1255                                                        | Transportation                                                                           | X                       |                                 | X                                           |
| A2105*                                                       | Discharge Status                                                                         |                         | X                               | X                                           |
| A2121*                                                       | Provision of Current Reconciled Medication List to Subsequent Provider at Discharge      |                         | X                               | X                                           |
| A2122*                                                       | Route of Current Reconciled Medication List Transmission to Subsequent Provider          |                         | X                               | X                                           |
| A2123*                                                       | Provision of Current Reconciled Medication List to Resident at Discharge                 |                         | X                               | X                                           |
| A2124*                                                       | Route of Current Reconciled Medication List Transmission to Resident                     |                         | X                               | X                                           |
| B0200                                                        | Hearing                                                                                  | X                       |                                 | X                                           |
| B1000                                                        | Vision                                                                                   | X                       |                                 | X                                           |
| B1300                                                        | Health Literacy                                                                          | X                       | X                               | X                                           |
| C0100                                                        | Should Brief Interview for Mental Status (C0200-C0500) be Conducted?                     | X                       | X                               | X                                           |
| C0200                                                        | Repetition of Three Words                                                                | X                       | X                               | X                                           |
| C0300A                                                       | Temporal Orientation: Able to report correct year                                        | X                       | X                               | X                                           |
| C0300B                                                       | Temporal Orientation: Able to report correct month                                       | X                       | X                               | X                                           |
| C0300C                                                       | Temporal Orientation: Able to report correct day of the week                             | X                       | X                               | X                                           |
| C0500                                                        | BIMS Summary Score                                                                       | X                       | X                               | X                                           |
| C1310A                                                       | Signs and Symptoms of Delirium (from CAM ©): Acute Onset Mental Status Change            | X                       | X                               | X                                           |
| C1310B                                                       | Signs and Symptoms of Delirium (from CAM ©): Inattention                                 | X                       | X                               | X                                           |
| C1310C                                                       | Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking                       | X                       | X                               | X                                           |

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|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------|
| MDS Section & Number                                         | Data Element Label/Description                                                                                                                                                             | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| C1310D                                                       | Signs and Symptoms of Delirium (from CAM ©): Altered Level of Consciousness                                                                                                                | X                       | X                               | X                                           |
| D0150A1                                                      | Symptom Presence: Little interest or pleasure in doing things                                                                                                                              | X                       | X                               | X                                           |
| D0150A2                                                      | Symptom Frequency: Little interest or pleasure in doing things                                                                                                                             | X                       | X                               | X                                           |
| D0150B1                                                      | Symptom Presence: Feeling down, depressed, or hopeless                                                                                                                                     | X                       | X                               | X                                           |
| D0150B2                                                      | Symptom Frequency: Feeling down, depressed, or hopeless                                                                                                                                    | X                       | X                               | X                                           |
| D0150C1                                                      | Symptom Presence: Trouble falling or staying asleep, or sleeping too much                                                                                                                  | X                       | X                               | X                                           |
| D0150C2                                                      | Symptom Frequency: Trouble falling or staying asleep, or sleeping too much                                                                                                                 | X                       | X                               | X                                           |
| D0150D1                                                      | Symptom Presence: Feeling tired or having little energy                                                                                                                                    | X                       | X                               | X                                           |
| D0150D2                                                      | Symptom Frequency: Feeling tired or having little energy                                                                                                                                   | X                       | X                               | X                                           |
| D0150E1                                                      | Symptom Presence: Poor appetite or overeating                                                                                                                                              | X                       | X                               | X                                           |
| D0150E2                                                      | Symptom Frequency: Poor appetite or overeating                                                                                                                                             | X                       | X                               | X                                           |
| D0150F1                                                      | Symptom Presence: Feeling bad about yourself – or that you are a failure or have let yourself or your family down                                                                          | X                       | X                               | X                                           |
| D0150F2                                                      | Symptom Frequency: Feeling bad about yourself – or that you are a failure or have let yourself or your family down                                                                         | X                       | X                               | X                                           |
| D0150G1                                                      | Symptom Presence: Trouble concentrating on things, such as reading the newspaper or watching television                                                                                    | X                       | X                               | X                                           |
| D0150G2                                                      | Symptom Frequency: Trouble concentrating on things, such as reading the newspaper or watching television                                                                                   | X                       | X                               | X                                           |
| D0150H1                                                      | Symptom Presence: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | X                       | X                               | X                                           |

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|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------|
| MDS Section & Number                                         | Data Element Label/Description                                                                                                                                                              | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| D0150H2                                                      | Symptom Frequency: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | X                       | X                               | X                                           |
| D0150I1                                                      | Symptom Presence: Thoughts that you would be better off dead, or of hurting yourself in some way                                                                                            | X                       | X                               | X                                           |
| D0150I2                                                      | Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way                                                                                           | X                       | X                               | X                                           |
| D0160                                                        | Total Severity Score                                                                                                                                                                        | X                       | X                               | X                                           |
| D0700                                                        | Social Isolation                                                                                                                                                                            | X                       | X                               | X                                           |
| GG0130A1                                                     | Eating (Admission Performance)                                                                                                                                                              | X                       |                                 | X                                           |
| GG0130A3                                                     | Eating (Discharge Performance)                                                                                                                                                              |                         | X                               | X                                           |
| GG0130B1                                                     | Oral hygiene (Admission Performance)                                                                                                                                                        | X                       |                                 | X                                           |
| GG0130B3                                                     | Oral hygiene (Discharge Performance)                                                                                                                                                        |                         | X                               | X                                           |
| GG0130C1                                                     | Toileting hygiene (Admission Performance)                                                                                                                                                   | X                       |                                 | X                                           |
| GG0130C3                                                     | Toileting hygiene (Discharge Performance)                                                                                                                                                   |                         | X                               | X                                           |
| GG0130E1                                                     | Shower/bathe self (Admission Performance)                                                                                                                                                   | X                       |                                 | X                                           |
| GG0130E3                                                     | Shower/bathe self (Discharge Performance)                                                                                                                                                   |                         | X                               | X                                           |
| GG0130F1                                                     | Upper body dressing (Admission Performance)                                                                                                                                                 | X                       |                                 | X                                           |
| GG0130F3                                                     | Upper body dressing (Discharge Performance)                                                                                                                                                 |                         | X                               | X                                           |
| GG0130G1                                                     | Lower body dressing (Admission Performance)                                                                                                                                                 | X                       |                                 | X                                           |
| GG0130G3                                                     | Lower body dressing (Discharge Performance)                                                                                                                                                 |                         | X                               | X                                           |
| GG0130H1                                                     | Putting on/taking off footwear (Admission Performance)                                                                                                                                      | X                       |                                 | X                                           |
| GG0130H3                                                     | Putting on/taking off footwear (Discharge Performance)                                                                                                                                      |                         | X                               | X                                           |

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|--------------------------------------------------------------|---------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------|
| MDS Section & Number                                         | Data Element Label/Description                          | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| GG0170A1                                                     | Roll left and right (Admission Performance)             | X                       |                                 | X                                           |
| GG0170A3                                                     | Roll left and right (Discharge Performance)             |                         | X                               | X                                           |
| GG0170B1                                                     | Sit to lying (Admission Performance)                    | X                       |                                 | X                                           |
| GG0170B3                                                     | Sit to lying (Discharge Performance)                    |                         | X                               | X                                           |
| GG0170C1                                                     | Lying to sitting on side of bed (Admission Performance) | X                       |                                 | X                                           |
| GG0170C3                                                     | Lying to sitting on side of bed (Discharge Performance) |                         | X                               | X                                           |
| GG0170D1                                                     | Sit to stand (Admission Performance)                    | X                       |                                 | X                                           |
| GG0170D3                                                     | Sit to stand (Discharge Performance)                    |                         | X                               | X                                           |
| GG0170E1                                                     | Chair/bed-to-chair transfer (Admission Performance)     | X                       |                                 | X                                           |
| GG0170E3                                                     | Chair/bed-to-chair transfer (Discharge Performance)     |                         | X                               | X                                           |
| GG0170F1                                                     | Toilet transfer (Admission Performance)                 | X                       |                                 | X                                           |
| GG0170F3                                                     | Toilet transfer (Discharge Performance)                 |                         | X                               | X                                           |
| GG0170G1                                                     | Car transfer (Admission Performance)                    | X                       |                                 | X                                           |
| GG0170G3                                                     | Car transfer (Discharge Performance)                    |                         | X                               | X                                           |
| GG0170I1                                                     | Walk 10 feet (Admission Performance)                    | X                       |                                 | X                                           |
| GG0170I3                                                     | Walk 10 feet (Discharge Performance)                    |                         | X                               | X                                           |
| GG0170J1                                                     | Walk 50 feet with two turns (Admission Performance)     | X                       |                                 | X                                           |
| GG0170J3                                                     | Walk 50 feet with two turns (Discharge Performance)     |                         | X                               | X                                           |
| GG0170K1                                                     | Walk 150 feet (Admission Performance)                   | X                       |                                 | X                                           |
| GG0170K3                                                     | Walk 150 feet (Discharge Performance)                   |                         | X                               | X                                           |
| GG0170L1                                                     | Walk 10 feet on uneven surfaces (Admission Performance) | X                       |                                 | X                                           |
| GG0170L3                                                     | Walk 10 feet on uneven surfaces (Discharge Performance) |                         | X                               | X                                           |

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| MDS Section & Number                                         | Data Element Label/Description                                         | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| GG0170M1                                                     | 1 step (curb) (Admission Performance)                                  | X                       |                                 | X                                           |
| GG0170M3                                                     | 1 step (curb) (Discharge Performance)                                  |                         | X                               | X                                           |
| GG0170N1                                                     | 4 steps (Admission Performance)                                        | X                       |                                 | X                                           |
| GG0170N3                                                     | 4 steps (Discharge Performance)                                        |                         | X                               | X                                           |
| GG0170O1                                                     | 12 steps (Admission Performance)                                       | X                       |                                 | X                                           |
| GG0170O3                                                     | 12 steps (Discharge Performance)                                       |                         | X                               | X                                           |
| GG0170P1                                                     | Picking up object (Admission Performance)                              | X                       |                                 | X                                           |
| GG0170P3                                                     | Picking up object (Discharge Performance)                              |                         | X                               | X                                           |
| GG0170Q1                                                     | Does the resident use a wheelchair and/or scooter? (Admission)         | X                       |                                 | X                                           |
| GG0170Q3                                                     | Does the resident use a wheelchair and/or scooter? (Discharge)         |                         | X                               | X                                           |
| GG0170R1                                                     | Wheel 50 feet with two turns (Admission Performance)                   | X                       |                                 | X                                           |
| GG0170R3                                                     | Wheel 50 feet with two turns (Discharge Performance)                   |                         | X                               | X                                           |
| GG0170RR1                                                    | Indicate the type of wheelchair or scooter used (Admission)            | X                       |                                 | X                                           |
| GG0170RR3                                                    | Indicate the type of wheelchair or scooter used (Discharge)            |                         | X                               | X                                           |
| GG0170S1                                                     | Wheel 150 feet (Admission Performance)                                 | X                       |                                 | X                                           |
| GG0170S3                                                     | Wheel 150 feet (Discharge Performance)                                 |                         | X                               | X                                           |
| GG0170SS1                                                    | Indicate the type of wheelchair or scooter used (Admission)            | X                       |                                 | X                                           |
| GG0170SS3                                                    | Indicate the type of wheelchair or scooter used (Discharge)            |                         | X                               | X                                           |
| H0400                                                        | Bowel continence                                                       | X                       |                                 | X                                           |
| I0900                                                        | Peripheral vascular disease (PVD) or peripheral arterial disease (PAD) | X                       |                                 | X                                           |
| I2900                                                        | Diabetes mellitus (DM)                                                 | X                       |                                 | X                                           |
| J0510                                                        | Pain Effect on Sleep                                                   | X                       | X                               | X                                           |

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| MDS Section & Number                                         | Data Element Label/Description                                                            | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| J0520                                                        | Pain Interference with Therapy Activities                                                 | X                       | X                               | X                                           |
| J0530                                                        | Pain Interference with Day-to-Day Activities                                              | X                       | X                               | X                                           |
| J1900C                                                       | Number of falls since admission/entry or prior assessment: Major injury                   | X                       | X                               | X                                           |
| K0200A                                                       | Height (in inches)                                                                        | X                       |                                 | X                                           |
| K0200B                                                       | Weight (in pounds)                                                                        | X                       |                                 | X                                           |
| K0520A1                                                      | Nutritional Approaches: Parenteral/IV feeding (On Admission)                              | X                       |                                 | X                                           |
| K0520A4                                                      | Nutritional Approaches: Parenteral/IV feeding (At Discharge)                              |                         | X                               | X                                           |
| K0520B1                                                      | Nutritional Approaches: Feeding tube (On Admission)                                       | X                       |                                 | X                                           |
| K0520B4                                                      | Nutritional Approaches: Feeding tube (At Discharge)                                       |                         | X                               | X                                           |
| K0520C1                                                      | Nutritional Approaches: Mechanically altered diet (On Admission)                          | X                       |                                 | X                                           |
| K0520C4                                                      | Nutritional Approaches: Mechanically altered diet (At Discharge)                          |                         | X                               | X                                           |
| K0520D1                                                      | Nutritional Approaches: Therapeutic diet (On Admission)                                   | X                       |                                 | X                                           |
| K0520D4                                                      | Nutritional Approaches: Therapeutic diet (At Discharge)                                   |                         | X                               | X                                           |
| K0520Z1                                                      | Nutritional Approaches: None of the above (On Admission)                                  | X                       |                                 | X                                           |
| K0520Z4                                                      | Nutritional Approaches: None of the above (At Discharge)                                  |                         | X                               | X                                           |
| M0300B1                                                      | Number of Stage 2 pressure ulcers                                                         | X                       | X                               | X                                           |
| M0300B2                                                      | Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry |                         | X                               | X                                           |
| M0300C1                                                      | Number of Stage 3 pressure ulcers                                                         | X                       | X                               | X                                           |
| M0300C2                                                      | Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry |                         | X                               | X                                           |
| M0300D1                                                      | Number of Stage 4 pressure ulcers                                                         | X                       | X                               | X                                           |
| M0300D2                                                      | Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry |                         | X                               | X                                           |
| M0300E1                                                      | Number of unstageable pressure ulcers/injuries due to non-removable dressing/device       | X                       | X                               | X                                           |

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| MDS Section & Number                                         | Data Element Label/Description                                                                                                                     | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| M0300E2                                                      | Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission/entry or reentry        |                         | X                               | X                                           |
| M0300F1                                                      | Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar                                                         | X                       | X                               | X                                           |
| M0300F2                                                      | Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present upon admission/entry or reentry |                         | X                               | X                                           |
| M0300G1                                                      | Number of unstageable pressure injuries presenting as deep tissue injury                                                                           | X                       | X                               | X                                           |
| M0300G2                                                      | Number of these unstageable pressure injuries presenting as deep tissue injury that were present upon admission/entry or reentry                   |                         | X                               | X                                           |
| N0415A1                                                      | High-Risk Drug Classes: Use and Indication - Antipsychotic: Is taking                                                                              | X                       | X                               | X                                           |
| N0415A2                                                      | High-Risk Drug Classes: Use and Indication - Antipsychotic: Indication noted                                                                       | X                       | X                               | X                                           |
| N0415E1                                                      | High-Risk Drug Classes: Use and Indication - Anticoagulant: Is taking                                                                              | X                       | X                               | X                                           |
| N0415E2                                                      | High-Risk Drug Classes: Use and Indication - Anticoagulant: Indication noted                                                                       | X                       | X                               | X                                           |
| N0415F1                                                      | High-Risk Drug Classes: Use and Indication - Antibiotic: Is taking                                                                                 | X                       | X                               | X                                           |
| N0415F2                                                      | High-Risk Drug Classes: Use and Indication - Antibiotic: Indication noted                                                                          | X                       | X                               | X                                           |
| N0415H1                                                      | High-Risk Drug Classes: Use and Indication - Opioid: Is taking                                                                                     | X                       | X                               | X                                           |
| N0415H2                                                      | High-Risk Drug Classes: Use and Indication - Opioid: Indication noted                                                                              | X                       | X                               | X                                           |
| N0415I1                                                      | High-Risk Drug Classes: Use and Indication - Antiplatelet: Is taking                                                                               | X                       | X                               | X                                           |
| N0415I2                                                      | High-Risk Drug Classes: Use and Indication - Antiplatelet: Indication noted                                                                        | X                       | X                               | X                                           |
| N0415J1                                                      | High-Risk Drug Classes: Use and Indication - Hypoglycemic: Is taking (including insulin)                                                           | X                       | X                               | X                                           |
| N0415J2                                                      | High-Risk Drug Classes: Use and Indication - Hypoglycemic: Indication noted (including insulin)                                                    | X                       | X                               | X                                           |
| N0415Z1                                                      | High-Risk Drug Classes: Use and Indication - Use and Indication – Is taking: None of the above                                                     | X                       | X                               | X                                           |

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| N2001                                                        | Drug Regimen Review                                                             | X                       |                                 | X                                           |
| N2003                                                        | Medication Follow-up                                                            | X                       |                                 | X                                           |
| N2005                                                        | Medication Intervention                                                         |                         | X                               | X                                           |
| O0110A1a                                                     | Special Treatments, Procedures, and Programs: Chemotherapy (On Admission)       | X                       |                                 | X                                           |
| O0110A1c                                                     | Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge)       |                         | X                               | X                                           |
| O0110A2a                                                     | Special Treatments, Procedures, and Programs: IV (On Admission)                 | X                       |                                 | X                                           |
| O0110A2c                                                     | Special Treatments, Procedures, and Programs: IV (At Discharge)                 |                         | X                               | X                                           |
| O0110A3a                                                     | Special Treatments, Procedures, and Programs: Oral (On Admission)               | X                       |                                 | X                                           |
| O0110A3c                                                     | Special Treatments, Procedures, and Programs: Oral (At Discharge)               |                         | X                               | X                                           |
| O0110A10a                                                    | Special Treatments, Procedures, and Programs: Other (On Admission)              | X                       |                                 | X                                           |
| O0110A10c                                                    | Special Treatments, Procedures, and Programs: Other (At Discharge)              |                         | X                               | X                                           |
| O0110B1a                                                     | Special Treatments, Procedures, and Programs: Radiation (On Admission)          | X                       |                                 | X                                           |
| O0110B1c                                                     | Special Treatments, Procedures, and Programs: Radiation (At Discharge)          |                         | X                               | X                                           |
| O0110C1a                                                     | Special Treatments, Procedures, and Programs: Oxygen Therapy (On Admission)     | X                       |                                 | X                                           |
| O0110C1c                                                     | Special Treatments, Procedures, and Programs: Oxygen Therapy (At Discharge)     |                         | X                               | X                                           |
| O0110C2a                                                     | Special Treatments, Procedures, and Programs: Continuous (On Admission)         | X                       |                                 | X                                           |
| O0110C2c                                                     | Special Treatments, Procedures, and Programs: Continuous (At Discharge)         |                         | X                               | X                                           |
| O0110C3a                                                     | Special Treatments, Procedures, and Programs: Intermittent (On Admission)       | X                       |                                 | X                                           |
| O0110C3c                                                     | Special Treatments, Procedures, and Programs: Intermittent (At Discharge)       |                         | X                               | X                                           |
| O0110C4a                                                     | Special Treatments, Procedures, and Programs: High-concentration (On Admission) | X                       |                                 | X                                           |
| O0110C4c                                                     | Special Treatments, Procedures, and Programs: High-concentration (At Discharge) |                         | X                               | X                                           |
| O0110D1a                                                     | Special Treatments, Procedures, and Programs: Suctioning (On Admission)         | X                       |                                 | X                                           |

**Skilled Nursing Facility Quality Reporting Program (SNF QRP)**  
**Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements**  
**Affecting FY 2029 Annual Payment Update (APU) Determination**

| MDS Data Elements Used for FY 2029 SNF QRP APU Determination |                                                                                                                        | MDS 3.0 Assessment Type |                                 | Data Collection Period (Calendar Year 2027) |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------|
| MDS Section & Number                                         | Data Element Label/Description                                                                                         | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| O0110D1c                                                     | Special Treatments, Procedures, and Programs: Suctioning (At Discharge)                                                |                         | X                               | X                                           |
| O0110D2a                                                     | Special Treatments, Procedures, and Programs: Scheduled (On Admission)                                                 | X                       |                                 | X                                           |
| O0110D2c                                                     | Special Treatments, Procedures, and Programs: Scheduled (At Discharge)                                                 |                         | X                               | X                                           |
| O0110D3a                                                     | Special Treatments, Procedures, and Programs: As Needed (On Admission)                                                 | X                       |                                 | X                                           |
| O0110D3c                                                     | Special Treatments, Procedures, and Programs: As Needed (At Discharge)                                                 |                         | X                               | X                                           |
| O0110E1a                                                     | Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission)                                         | X                       |                                 | X                                           |
| O0110E1c                                                     | Special Treatments, Procedures, and Programs: Tracheostomy (At Discharge)                                              |                         | X                               | X                                           |
| O0110F1a                                                     | Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (On Admission) | X                       |                                 | X                                           |
| O0110F1c                                                     | Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge) |                         | X                               | X                                           |
| O0110G1a                                                     | Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission)                        | X                       |                                 | X                                           |
| O0110G1c                                                     | Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge)                        |                         | X                               | X                                           |
| O0110G2a                                                     | Special Treatments, Procedures, and Programs: BiPAP (On Admission)                                                     | X                       |                                 | X                                           |
| O0100G2c                                                     | Special Treatments, Procedures, and Programs: BiPAP (At Discharge)                                                     |                         | X                               | X                                           |
| O0110G3a                                                     | Special Treatments, Procedures, and Programs: CPAP (On Admission)                                                      | X                       |                                 | X                                           |
| O0110G3c                                                     | Special Treatments, Procedures, and Programs: CPAP (At Discharge)                                                      |                         | X                               | X                                           |
| O0110H1a                                                     | Special Treatments, Procedures, and Programs: IV Medications (On Admission)                                            | X                       |                                 | X                                           |
| O0110H1c                                                     | Special Treatments, Procedures, and Programs: IV Medications (At Discharge)                                            |                         | X                               | X                                           |
| O0110H2a                                                     | Special Treatments, Procedures, and Programs: Vasoactive medications (On Admission)                                    | X                       |                                 | X                                           |
| O0110H2c                                                     | Special Treatments, Procedures, and Programs: Vasoactive medications (At Discharge)                                    |                         | X                               | X                                           |

**Skilled Nursing Facility Quality Reporting Program (SNF QRP)**  
**Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements**  
**Affecting FY 2029 Annual Payment Update (APU) Determination**

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| MDS Data Elements Used for FY 2029 SNF QRP APU Determination |                                                                                                   | MDS 3.0 Assessment Type |                                 | Data Collection Period (Calendar Year 2027) |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------|
| MDS Section & Number                                         | Data Element Label/Description                                                                    | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| O0110H3a                                                     | Special Treatments, Procedures, and Programs: Antibiotics (On Admission)                          | X                       |                                 | X                                           |
| O0110H3c                                                     | Special Treatments, Procedures, and Programs: Antibiotics (At Discharge)                          |                         | X                               | X                                           |
| O0110H4a                                                     | Special Treatments, Procedures, and Programs: Anticoagulation (On Admission)                      | X                       |                                 | X                                           |
| O0110H4c                                                     | Special Treatments, Procedures, and Programs: Anticoagulation (At Discharge)                      |                         | X                               | X                                           |
| O0110H10a                                                    | Special Treatments, Procedures, and Programs: Other (On Admission)                                | X                       |                                 | X                                           |
| O0110H10c                                                    | Special Treatments, Procedures, and Programs: Other (At Discharge)                                |                         | X                               | X                                           |
| O0110I1a                                                     | Special Treatments, Procedures, and Programs: Transfusions (On Admission)                         | X                       |                                 | X                                           |
| O0110I1c                                                     | Special Treatments, Procedures, and Programs: Transfusions (At Discharge)                         |                         | X                               | X                                           |
| O0110J1a                                                     | Special Treatments, Procedures, and Programs: Dialysis (On Admission)                             | X                       |                                 | X                                           |
| O0110J1c                                                     | Special Treatments, Procedures, and Programs: Dialysis (At Discharge)                             |                         | X                               | X                                           |
| O0110J2a                                                     | Special Treatments, Procedures, and Programs: Hemodialysis (On Admission)                         | X                       |                                 | X                                           |
| O0110J2c                                                     | Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge)                         |                         | X                               | X                                           |
| O0110J3a                                                     | Special Treatments, Procedures, and Programs: Peritoneal dialysis (On Admission)                  | X                       |                                 | X                                           |
| O0110J3c                                                     | Special Treatments, Procedures, and Programs: Peritoneal dialysis (At Discharge)                  |                         | X                               | X                                           |
| O0110O1a                                                     | Special Treatments, Procedures, and Programs: IV Access (On Admission)                            | X                       |                                 | X                                           |
| O0110O1c                                                     | Special Treatments, Procedures, and Programs: IV Access (At Discharge)                            |                         | X                               | X                                           |
| O0110O2a                                                     | Special Treatments, Procedures, and Programs: Peripheral (On Admission)                           | X                       |                                 | X                                           |
| O0110O2c                                                     | Special Treatments, Procedures, and Programs: Peripheral (At Discharge)                           |                         | X                               | X                                           |
| O0110O3a                                                     | Special Treatments, Procedures, and Programs: Midline (On Admission)                              | X                       |                                 | X                                           |
| O0110O3c                                                     | Special Treatments, Procedures, and Programs: Midline (At Discharge)                              |                         | X                               | X                                           |
| O0110O4a                                                     | Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (On Admission) | X                       |                                 | X                                           |

Skilled Nursing Facility Quality Reporting Program (SNF QRP)  
Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements  
Affecting FY 2029 Annual Payment Update (APU) Determination

| MDS Data Elements Used for FY 2029 SNF QRP APU Determination |                                                                                                   | MDS 3.0 Assessment Type |                                 | Data Collection Period (Calendar Year 2027) |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------|
| MDS Section & Number                                         | Data Element Label/Description                                                                    | PPS 5-Day A0310B=[01]   | Part A PPS Discharge A0310H=[1] | MDS 3.0 V1.20.1                             |
| O0110O4c                                                     | Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (At Discharge) |                         | X                               | X                                           |
| O0110Z1a                                                     | Special Treatments, Procedures, and Programs: None of the Above (On Admission)                    | X                       |                                 | X                                           |
| O0110Z1c                                                     | Special Treatments, Procedures, and Programs: None of the Above (At Discharge)                    |                         | X                               | X                                           |

\* Dash (–) is not an allowable response value for this item.