Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Quick Reference Guide

The IMPACT Act of 2014 mandated the establishment of the SNF QRP. As finalized in the Fiscal Year (FY) 2016 SNF Prospective Payment System (PPS) final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by two (2)-percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY.

SNFs utilize the Minimum Data Set (MDS) 3.0 via the Internet Quality Improvement and Evaluation System (iQIES) to collect patient assessment data. The implementation of the SNF QRP will not change requirements related to the submission of MDS 3.0 data through iQIES.

If the required quality data is not reported by each submission deadline, the SNF will be subject to a two (2)-percentage point reduction in their annual payment update (APU).

Frequently Asked Questions

Q: How do I verify my National Healthcare System Network (NHSN) data submission?

The best way to verify your current NHSN data submission is by running the Centers for Medicare and Medicaid Services (CMS) report located in the Analysis Reports section of NHSN. Detailed guidance on how to run and interpret CMS reports, along with other NHSN reports, and a checklist used to ensure complete reporting on NHSN, can be found on the Centers for Disease Control and Prevention (CDC) NHSN home page. If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk at: NHSN@cdc.gov.

Q: How is NHSN compliance determined?

For NHSN data, facilities are required to report data for one week of each calendar month, with three months of data due by each submission deadline (for example, Q4 data encompasses October-December and is due May 15 of each year). Facilities that submit complete data for all twelve months will be found to be compliant with the NHSN measures. A list of required measures is available on the SNF QRP Measures and Technical Information webpage.

Stand-alone SNFs are also required to submit COVID-19 vaccination data for eligible healthcare personnel (HCP) one week out of every month. Unlike HHAs, Hospices, IRFs and LTCHs, SNFs

have the option of selecting which week to report. To meet this requirement, a second threshold is set at 100 percent for quality measures data collected and submitted using the CDC NHSN.

Additionally, SNFs are required to submit Influenza Vaccination data annually for eligible healthcare personnel (HCP) during the period of October 1 – March 31 prior to the May 15 submission deadline.

CDC makes reports accessible to SNFs that allow for real-time review of data submissions. These reports reflect data that will be sent by CDC to CMS on behalf of each SNF. CDC publishes reference guides for SNFs that explain how to run and interpret the reports. These can be found on the NHSN website. For questions about data submission to CMS via the CDC NHSN, NHSN registration, and accessing reports available in the NHSN, contact the CDC NHSN help desk at: nhsn@cdc.gov.

Q: Are swing beds subject to the requirements of NHSN COVID-19 Vaccination Coverage Among Healthcare Personnel?

Swing beds are not required to submit COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) data under the SNF CMS Certification Number (CCN).The CDC has determined that reporting will be required under the parent hospital CCN to ensure duplicate information is not submitted. Swing Bed NHSN data submitted under the parent hospital CCN will not affect SNF APU determinations.

Q: Are Swing Beds subject to the NHSN Influenza Vaccination Coverage among Healthcare Personnel data requirements?

Swing beds are not required to submit Influenza Vaccination Coverage among Healthcare Personnel data under their SNF CMS Certification Number (CCN). CDC has determined that reporting will be required under the parent hospital CCN to ensure duplicate information is not submitted. Swing bed NHSN data submitted under the parent hospital CCN will not impact SNF APU determinations.

Q: Where can I find more information about the SNF QRP requirements?

Providers should visit the SNF QRP webpage for more information on SNF QRP measures and requirements. This webpage will be frequently updated with announcements and resources, including:

- SNF QRP training materials
- Measures and technical information
- Program FAQs

Q: How do I verify my MDS assessment submission?

The best way to verify that your current MDS assessment data submission has been accepted into iQIES is by reviewing the final validation reports. Detailed guidance on how to access reports

can be found in the iQIES MDS User Guides and Manual. Select "CMS iQIES Reports User Manual" to open the PDF. An additional resource, the CMS iQIES MDS Upload Assessment guide, is available on the same page.

As you review your error messages, be sure to correct any instances where the value submitted for a quality measure item is a dash (-). Entering a dash as a response to a quality data item may result in your facility not meeting the required threshold for that quality data item.

Q: How are SNF QRP thresholds calculated?

The SNF QRP threshold is calculated by taking the total number of assessments with 100% of the required MDS data elements (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage. Generally, MDS records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator. Starting in FY 2026, facilities must submit 90% or more of all assessments with 100% of the required MDS data elements to comply with SNF QRP requirements.
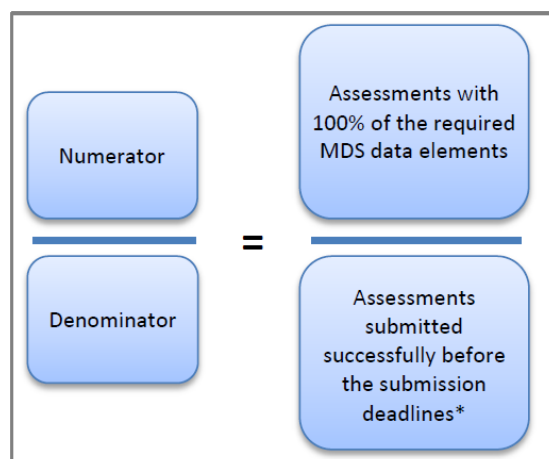
Beginning with FY 2026 compliance determinations, if during the reporting period (01/01/2024-12/31/2024) a facility has submitted 1000 assessments and 900 of the assessments submitted have 100% of the required MDS data elements, the threshold percentage would equal 90%. Thus, the facility would be deemed compliant with SNF QRP data reporting requirements for APU compliance purposes.

The SNF QRP Table for Reporting Assessment-Based Measures is available by Fiscal Year (FY) and outlines which MDS items are required for the purposes of APU compliance for the given Fiscal Year. The tables for the current and future Fiscal Years can be found in the Downloads section on the Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information webpage.

Note: *The calculation algorithm will be adjusted if the SNF is granted an extension or exemption by CMS.*

Q: When is a new SNF required to begin reporting SNF QRP data?

As stated in the FY 2016 SNF PPS final rule, a new SNF will be required to begin reporting data on all quality measures finalized for that program year by no later than the first day of the calendar quarter subsequent to 30 days after the date of the SNF's CMS Certification Number (CCN) notification letter. The calendar quarters always begin on the following days: January 1st, April 1st, July 1st, and October 1st.

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Assessments with 100\% of the required MDS data elements}}{\text{Assessments submitted successfully before the submission deadlines*}}$$

EXAMPLE: If a SNF received its CCN on August 28, 2017, and 30 days were added (August 28 + 30 days = September 27), the SNF would be required to submit data for residents who were admitted beginning on October 1, 2017.

Q: Are swing beds subject to SNF QRP requirements?

According to the FY 2016 SNF PPS final rule (80 FR 46429), critical access hospitals (CAHs) with swing beds are not required to submit quality data under the SNF QRP.

Note: *Non-CAH swing beds are subject to SNF QRP requirements. For more information about requirements for swing bed facilities, refer to the SNF Prospective Payment System (PPS) Swing Bed webpage.*

Q: What measures are required for the SNF QRP?

The table below outlines the required assessment-based measures and the data submission mechanism for those measures.

Measure ID and CBE status	Measure Name	Data Submission Mechanism
#00180 (**not** endorsed)	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)	CDC NHSN
#00390 (CBE-endorsed)	Influenza Vaccination Coverage among Healthcare Personnel (HCP)	CDC NHSN
#01699 (not endorsed)	COVID-19 Vaccine: Patients/Residents Who Are Up to Date	MDS 3.0
#00403 (not endorsed)	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	MDS 3.0
#00404 (n**o**t endorsed)	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	MDS 3.0
#00520 (not **endorsed**)	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	MDS 3.0
#00121 (not endorsed)	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	MDS 3.0
#00225 (not endorsed)	Drug Regimen Review Conducted with Follow-Up for Identified Issues	MDS 3.0
#00727 (not endorsed)	Transfer of Health Information to Patient-Post-Acute Care (PAC)	MDS 3.0
#00728 (not endorsed)	Transfer of Health Information to the Provider-Post-Acute Care (PAC)	MDS 3.0
#01698 (not endorsed)	Discharge Function Score Measure	MDS 3.0

Claims-based measures are also included in the SNF QRP. These measures are calculated through Medicare Fee-For-Service claims data and do not require SNFs to submit any additional data to CMS. A list of claims-based measures is available on the CMS SNF QRP Measures and Technical Information webpage.

Help Desk Assistance

SNFQualityQuestions@cms.hhs.gov (Quality Help Desk)
For questions about quality measure calculation, data submission deadlines, pressure ulcer coding and staging, claims-based measures, and general quality reporting questions.

SNFQRPPRQuestions@cms.hhs.gov (Public Reporting Help Desk)
For questions about the data reported in the CASPER Review and Correct reports, Quality Measures reports, or Provider Preview reports.

SNFQRPReconsiderations@cms.hhs.gov (APU/Reconsiderations Help Desk)
For reconsideration requests and follow-up questions after the facility has received a CMS determination of non-compliance letter.

QRPHelp@swingtech.com (Post-Acute Care Support Team)
For questions about Outreach and the APU Quick Reference Guide content.

iqies@cms.hhs.gov or 1-877-201-4721 (QIES Help Desk)
For questions about MDS record completion and submission processes, or technical questions. This group also handles questions related to MDS/CASPER login IDs/passwords and jRAVEN software.

Helpful Links

Post-Acute Care (PAC) Listserv – Sign up for the official CMS PAC listserv to receive important QRP updates.

SNF Quality Reporting FAQs – CMS developed a list of Frequently Asked Questions (FAQ) addressing general questions about the SNF Quality Reporting Program, including information about the quality measures, data submission deadlines, training materials, and other helpful resources.

SNF Quality Reporting Measures and Technical Information – This page provides details on SNF QRP measures as well as technical updates and resources related to SNF data collections, and submission of quality data.

SNF Quality Reporting Reconsideration and Exception & Extension – If SNFs have failed to submit the required measures data by each submission deadline, they receive notifications of their non-compliance, alerting them that they are at risk of having a two (2)-percentage point reduction applied to their APUs. When they receive this notification, they may request a CMS reconsideration of the initial determination. If an SNF is affected by an extraordinary circumstance, the SNF can submit an exception or extension request to CMS. Information on this process is available on this page.

Nursing Home (MDS)/Swing Bed Providers Information – The QIES Technical Support Office (QTSO) provides several resources related to MDS reporting, including news on report availability, manuals, and training.