



## 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.

In addition, SNFs collect and submit data for other requirements, including:

- NHSN data for CDC measure data
- Submit requested records timely for the Data Validation Process (if selected)

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](mailto:NHSN@cdc.gov).

*Q: How is NHSN compliance determined?*

For NHSN data, stand-alone SNFs 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). Stand-alone SNFs 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.

Additionally, stand-alone 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](mailto: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.

Examples of APU-specific error messages include:

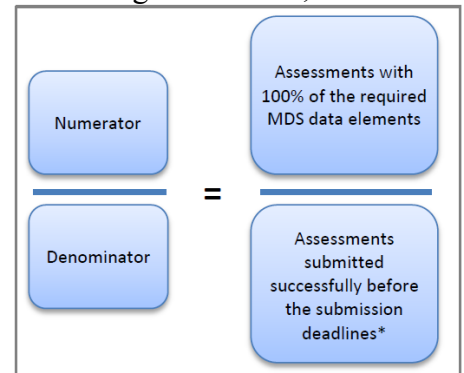
- 3897, which is triggered when a required item for the SNF QRP is coded with a dash, resulting in a non-compliant MDS
- 3908, which is triggered when there is a dash in the data element that may result in not meeting the required APU minimum submission threshold

*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.

The denominator includes all Medicare 5-Day and PPS Discharge assessments accepted into iQIES prior to the submission deadline. Assessments that combine the Medicare 5-Day/PPS Discharge on one assessment are counted as 2 distinct assessments for purposes of calculating the denominator.

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 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, and October 1<sup>st</sup>.

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

*Q: What is the Skilled Nursing Facility (SNF) data validation process?*

The SNF data validation process assesses the accuracy of Minimum Data Set (MDS)-based quality measures used in the SNF Value Based Purchasing (VBP) and Quality Reporting Programs (QRPs). The SNF data validation process was established in response to Section 1888(h)(12) of the Social Security Act, which requires the Secretary to apply a data validation process to SNF VBP and QRP measures. In the SNF Prospective Payment System (PPS) fiscal year (FY) 2024 final rule (CMS1779-F) and FY 2025 final rule (CMS-1802-F), CMS specified that a data validation process for MDS-based measures would be implemented to ensure accurate quality data beginning with the FY 2027 program year/FY 2025 performance period.

*Q: How are SNFs selected for the SNF data validation process? How are SNFs informed if they are selected for data validation?*

SNFs are selected randomly from all SNFs eligible for the data validation process. SNFs can only be selected once within a fiscal year. SNFs are notified of their selection through their Internet Quality Improvement and Evaluation System (iQIES) MDS 3.0 Provider Preview Reports folder. The selection notification will contain instructions for documentation submission; a list of medical records being requested and contact information for the data validation contractor.

More information, including additional frequently asked questions (FAQs), is available on the [Data Validation Process](#) webpage.

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](mailto:SNFQualityQuestions@cms.hhs.gov) (Quality Reporting Program Help Desk)

For questions about quality measure calculation, data submission deadlines, pressure ulcer coding and staging, claims-based measures, and general quality reporting questions.

[SNFORPPRQuestions@cms.hhs.gov](mailto:SNFORPPRQuestions@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.

[SNFORPRReconsiderations@cms.hhs.gov](mailto:SNFORPRReconsiderations@cms.hhs.gov) (APU/Reconsideration Help Desk)

For reconsideration requests and follow-up questions after the facility has received a CMS determination of non-compliance letter.

[QRPHelp@swingtech.com](mailto:QRPHelp@swingtech.com) (Post-Acute Care Support Team)

For questions about Outreach and the APU Quick Reference Guide content.

[iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov) or 1-877-201-4721 (QIES Help Desk)

For questions about MDS record completion and submission process, or technical questions. This group also handles questions related to MDS/CASPER login IDs/passwords and jRAVEN software.

[SNFvalidation@hcmsllc.com](mailto:SNFvalidation@hcmsllc.com) (SNF Validation Help Desk)

For questions about the SNF Data Validation Process.

## 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 has 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 collection and submission of quality data.

[SNF Quality Reporting Reconsideration and Exception & Extension](#) – If an SNF has failed to submit the required measures data by each submission deadline, they receive notification 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.