



Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 8.0

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Development, Maintenance, and Support
for Quality Reporting and Value Based
Purchasing Programs and Nursing
Home Care Compare (PAC Quality)

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Overview

This change table provides quality measure updates to the SNF QRP Measure Calculations and Reporting User’s Manual, Version 8.0. This document, titled Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Change Table Version 8.0, provides measure-related changes between Version 8.0 and Version 7.0 of the manual specified in a change table format. Manual updates are provided in the table below in relation to Version 8.0 manual chapter, section, page number, and step indicator. Updates to the manual are indicated with strikeouts of prior language, and a description of the change. When edits are not found in a specific step, respective table cells display “N/A”. When the same edit has been made to more than one chapter, section, page, and/or step of the manual, respective cells display “Multiple”. When the same edit has been made to every chapter, section, and page of the manual, respective cells display “All”.

Measure-related changes delineated in this change table include (i) removing the COVID-19 Vaccination Coverage Among Healthcare Personnel and COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measures and associated specifications, reporting instructions, and references; (ii) updating Chapter 1 measure tables to reflect measures removed from the SNF QRP beginning on or after October 1, 2026; (iii) revising the data submission deadline policy for assessments with target dates on or after January 1, 2027, consistent with the FY 2027 SNF PPS final rule; (iv) clarifying the identification of Medicare Part A SNF stays, scheduled PPS 5-Day assessments, covariate data sources, rounding instructions, and related measure-calculation details; (v) updating functional outcome measure specifications, CMS identifiers, and appendix references; (vi) revising iQIES Review and Correct Report and QM Report guidance, including removal of COVID-19-specific reporting instructions; (vii) expanding examples of major injuries and noting the future transition of the Falls with Major Injury measure to a hybrid measure using MDS, claims, and encounter data; and (viii) updating terminology, citations, hyperlinks, formatting, and cross-references throughout the manual.

SNF QRP Measure Calculations and Reporting User's Manual V8.0 Change Table

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
1.	N/A	Title page	i	N/A	Updated the manual effective date of the title: October 1, 2026 2025 .	The title page is updated each iteration to reflect the new effective date.
2.	All	All	All	N/A	Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 7.0 8.0	Reflects the current version of the manual.
3.	All	All	All	N/A	Footer: SNF QRP Measure Calculations and Reporting User's manual V7.0 V8.0 – Effective October 1, 2025 2026	Updated to reflect the correct manual version number and effective date.
4.	All	All	All	N/A	Manual formatting and syntax updates	Reformatted several of the manual's features including the table of contents, tables and figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, syntax, etc.
5.	Multiple	Multiple	Multiple	Multiple	Multiple	Replaced broken and/or outdated hyperlinks and updated several footnote citations throughout the manual to improve clarity, accuracy, and consistency with other QM manuals.
6.	1	1.1	2	N/A	Chapter 5 describes the Internet Quality Improvement and Evaluation System (iQIES) for the MDS-based quality measures, consisting of the iQIES Review and Correct reports and the iQIES Quality Measure (QM) reports. The iQIES Review and Correct Report is a single report that contains facility-level quarterly and cumulative rates and its associated resident-level data. The iQIES QM Report is comprised of two reports, one containing facility-level measure information and a second that includes resident-level data for a user-selected reporting period. Following the discussion of quality measure specifications for each report, information is presented in table format to illustrate the report calculation month, reporting quarters, and the months of data that are included in each monthly report. The chapter concludes with the transition from MDS V1.19.1 to MDS V1.20.1. Data collection for MDS V1.20.1 begins on October 1, 2025.	Removed outdated language stating that Chapter 5 concludes with the transition from MDS V1.19.1 to MDS V1.20.1 and that data collection for MDS V1.20.1 begins October 1, 2025. Version 8.0 will continue to use MDS V1.20.1.

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7.	1	1.2	2	N/A	Facility Type: The SNF QRP QMs are calculated using MDS 3.0 records submitted from the following types of facilities providers: - Nursing Home (SNF/NF) (A0200 = [1]); and - Swing Bed providers (A0200 = [2]) The sample of facilities used for the SNF QRP measures does not include facilities that are certified solely as Nursing Facilities (i.e., not Medicare certified). Swing beds are only those located in non-critical access hospitals.	Updated facility type terminology by replacing “facilities” with “providers” and revising the Swing Bed entry to avoid repeating “providers” to align more closely with the MDS terminology.
8.	1	1.2	2	N/A	Medicare Part A Admission Record: A Medicare Part A admission record is defined as a scheduled PPS⁴ 5-Day assessment (A0310B = [01]). The PPS 5-Day assessment is the first Medicare-required assessment to be completed when a resident is first admitted or re-admitted to a facility for a Medicare Part A SNF stay.	Clarified that a Medicare Part A admission record is defined as a scheduled PPS 5-Day assessment.
9.	1	1.4 Table 1-1	5-6	N/A	Table 1-1 SNF Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk (See Appendix for a full table excerpt)	Updated Table 1-1: SNF Quality Measures to reflect the removal of the <i>COVID-19 Vaccination Coverage Among Healthcare Personnel</i> (S040.02) measure in the table.
10.	1	1.4	6	N/A	Table 1-2 provides an overview of the quality measures removed from the SNF QRP, including when they will be phased out of reports and the compare tool on Medicare.gov and the Provider Data Catalog.	Added references and language for Table 1-2: Quality Measures Removed from the SNF QRP, as the table itself was added. There was one measure removed from the FY 2027 SNF QRP.
11.	1	1.4 Table 1-2	6	N/A	Table 1-2 Quality Measures Removed from the SNF QRP (See Appendix for full table excerpt)	Added Table 1-2: Quality Measures Removed from the SNF QRP Beginning on or After October 1, 2026, including the associated table footnotes, as there were no measures added to the FY 2027 SNF QRP.
12.	1	1.4	6	N/A	¹²Planned removal release dates are based on the FY 2027 SNF PPS final rule. ¹³This measure will be removed effective with the FY 2028 SNF QRP. However, the item will remain on the Minimum Data Set (MDS) and become voluntary effective Oct 1, 2026.	Added footnotes clarifying planned removal dates based on the FY 2027 SNF PPS final rule and noting that the COVID-19 vaccination measure will be removed effective with the FY 2028 SNF QRP while the related MDS item became voluntary effective October 1, 2026.

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13.	2	2.0	7	N/A	An overview of the NHSN measures -measure and annual reports containing quality measure information can be accessed on the CDC NHSN website. Additionally, quality measure information and quality reporting program details related to the NHSN can be found in the FY 2022 SNF PPS final rule -FY 2027 SNF PPS final rule. Below are -is the CDC NHSN quality measures -measure included in the SNF QRP as of October 1, 2025 2026 and a hyperlink that provides detailed information about the measure on the CDC website, including measure descriptions and definitions, data collection methods, specifications (e.g., numerator, denominator, Standardized Infection Ratio (SIR) calculations), and reporting requirements:	Updated NHSN overview language to reflect that one CDC NHSN measure is included in the SNF QRP as of October 1, 2026, and updated the referenced SNF PPS final rule from FY 2022 to FY 2027.
14.	2	2.0	7	N/A	COVID-19 Vaccination Coverage among Healthcare Personnel (CMS ID: S040.02) This measure identifies the percentage of healthcare personnel (HCP) eligible to work in the SNF setting for at least one day during the reporting period, excluding HCP with contraindications to the COVID-19 vaccine, who are considered up to date, regardless of clinical responsibility or patient contact. CDC NHSN: HCP COVID-19 Vaccine	Removed the COVID-19 Vaccination Coverage among Healthcare Personnel measure description and CDC NHSN hyperlink.
15.	3	3.0	8	N/A	CMS uses a range of data sources to calculate quality measures. The quality measures listed below were developed using Medicare claims data submitted for Original Medicare (formerly known as Medicare Fee-For-Service (FFS)) residents. ¹⁴ Below are the measure descriptions for the Medicare claims-based measures included in the SNF QRP as of October 1, 2025 2026. Measure specifications and calculation methods are available in the SNF QRP Claims-Based Measures Specifications Manual and accompanying supplemental files posted on the SNF Quality Reporting Measures and Technical Information website . SNF Quality Reporting Measures and Technical Information website. <u>SNF Quality Reporting Measures and Technical Information website.</u>	Updated claims-based measure introductory language to use “Original Medicare” terminology, update the effective date to October 1, 2026, and revise the SNF QRP technical information website reference.

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16.	3	3.0	8	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S004.01) This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for Original Medicare residents who are discharged following a skilled nursing facility stay.	Updated the potentially preventable 30-day post-discharge readmission measure description to refer to Original Medicare residents.
17.	3	3.0	8	N/A	Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S005.02) This measure reports a SNF's risk-standardized rate of Original Medicare FFS residents who are discharged to the community following a SNF stay, and do not have an unplanned readmission to an acute care hospital or LTCH, and remain alive during the 31 days following discharge. Community, for this measure, is defined as home or self-care, with or without home health services.	Updated the Discharge to Community measure description to replace Medicare FFS terminology with Original Medicare.
18.	3	3.0	8	N/A	Medicare Spending Per Beneficiary (MSPB)—Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S006.01) This measure evaluates SNF providers' resource use relative to the use of the national median SNF provider. Specifically, the measure assesses the cost to Medicare for services performed by the SNF provider during an MSPB-PAC Original Medicare SNF episode, which begins at SNF admission and ends 30 days after SNF discharge. The measure is calculated as the ratio of the price-standardized, risk-adjusted MSPB-PAC amount for each SNF divided by the episode-weighted median MSPB-PAC amount across all SNF providers.	Updated the MSPB-PAC SNF measure description to clarify that the episode applies to Original Medicare SNF episodes.
19.	3	3.0	8	N/A	¹⁴ Updated terminology for the type of Medicare coverage from "Medicare Fee-For-Service" to "Original Medicare". See: https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/how-does-medicare-work	Added a footnote explaining the terminology update from "Medicare Fee-For-Service" to "Original Medicare" and providing the Medicare.gov reference.

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20.	4	4.1.1	10	1	1. Define the Quality Measure Target Period. Note: The Quality Measure Target Period for all MDS-based quality measures in the SNF QRP is a 12-month calendar or fiscal year (i.e., four quarters); with the exception of the Patient/Resident COVID-19 Vaccine measure which is based on three months (one quarter) of data.)). Example: The 12-month Quality Measure Target Period for CY2025 is January 1, 2025 – December 31, 2025.	Removed the exception language for the Patient/Resident COVID-19 Vaccine measure from the Quality Measure Target Period note.
21.	4	4.2	16	N/A	Measures included in this section: • Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02) • Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02) • Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) • Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07) • Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07) • Transfer of Health (TOH) Information to the Provider – PAC (CMS ID: S043.02) • Transfer of Health (TOH) Information to the Patient – PAC (CMS ID: S044.02) • Discharge Function Score (CMS ID: S042.03) • COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01)	Removed COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date from the list of MDS-based quality measures included in this section.

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22.	4	4.2	17	3	3. Apply the respective quality measure specifications in Chapter 8 to the eligible resident Medicare Part A SNF stay-level records from the target period. a. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02), <u>Table 8-1</u> b. Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02), <u>Table 8-2</u> c. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02), <u>Table 8-3</u> d. Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07), <u>Table 8-4</u> e. Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07), <u>Table 8-5</u> f. Transfer of Health (TOH) Information to the Provider – PAC (CMS ID: S043.02), <u>Table 8-6</u> g. Transfer of Health (TOH) Information to the Patient – PAC (CMS ID: S044.02), <u>Table 8-7</u> h. Discharge Function Score (CMS ID: S042.03), <u>Table 8-8</u> i. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01), <u>Table 8-9</u>	Removed COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date from the list of measures with specifications in Chapter 8.

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23.	5	5.0	18	N/A	These reports allow providers to obtain facility-level performance data and its associated resident-level data for the past 12 months (four full quarters) and are restricted to only the assessment-based measures. Note that as the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date quality measure reports only one quarter of data, this measure will have only one quarter of data on the Review and Correct Report. The intent of this report is for providers to have access to data prior to the quarterly data submission deadline to ensure accuracy of their data. This also allows providers to track cumulative quarterly data that includes data from quarters after their respective submission deadlines ("frozen" data).	Removed language specific to the COVID-19 Vaccine measure reporting one quarter of data on the Review and Correct Report.
24.	5	5.1	18	N/A	The iQIES QM Reports are refreshed monthly and separated into two reports: one containing measure information at the facility-level and another at the resident-level, for a single reporting period. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline ("freeze") dates. - The assessment-based (MDS) measures are updated monthly, at the facility- and resident-level, as data become available. The performance data contain the current quarter (may be partial) and the past three quarters. As noted above, the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date quality measure reports only one quarter of data. - The claims-based measures are updated annually and data are provided at the facility-level only. - The HCP COVID-19 Vaccine measure is updated quarterly and the HCP Influenza Vaccine measure is updated annually. The and data are provided at the facility-level only for these measures.	Removed COVID-19 Vaccine one-quarter reporting language and updated NHSN QM Report language to reflect only the HCP Influenza Vaccine measure.

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25.	5	5.0	19	N/A	Section 5.1 of this chapter contains data selection for the assessment-based (MDS) quality measures for the iQIES Review and Correct Reports. Section 5.2 of this chapter presents data selection information for the MDS quality measures that can be applied to both the iQIES Resident-level QM Reports and the iQIES Facility-level QM Reports, since the criteria and reporting periods for the iQIES QM Reports are consistent across the resident- and facility-level reports. Section 5.3 of this chapter addresses the transition from MDS 3.0 V1.19.1 to the MDS 3.0 V1.20.1. Data collection for the MDS 3.0 V1.20.1 begins October 1, 2025 and will impact certain quality measure specifications.	Clarified that Section 5.2 presents data selection information for MDS quality measures applicable to both resident- and facility-level iQIES QM Reports, and removed outdated Section 5.3 language about the transition from MDS 3.0 V1.19.1 to V1.20.1. Version 8.0 will continue to use MDS V1.20.1.
26.	5	5.0	19	1c	Data submission deadline: As finalized in the FY27 SNF PPS final rule, data must be submitted by 11:59 p.m. ET on the 15th of August, November, February, or May, 4.5 months after the end of each respective quarter. However for assessments with a target date before January 1, 2027. Effective with the FY 2029 payment determination, data must be submitted by 11:59 p.m. ET on the 15th day of the second month after the end of the calendar quarter. For all data submissions, if the 15th day of the second month falls on a Friday, weekend, or federal Federal holiday, the data submission deadline is delayed until 11:59 p.m. ET on the next business day. The new data submission is in effect for assessments with a target date on or after January 1, 2027. For example, under the finalized policy, the data submission deadline for Quarter 3 (July 1 through September 30) data collection would normally be 11:59 p.m. ET, FebruaryNovember 15, which is the 15th day of the second month, 4.5 months after the end of the data collection period calendar quarter. However, in 2026, FebruaryNovember 15th falls on a Sunday and February 16th is a federal holiday; therefore, the deadline for this data submission is extended until the next business day, which is February 17November 16, 2026, at 11:59 p.m. ET.	Updated data submission deadline language to reflect the FY 2027 SNF PPS final rule, distinguishing deadlines for assessments before January 1, 2027 from the new deadline policy effective for assessments on or after January 1, 2027, and revised the example accordingly.

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27.	5	5.1	20	4i	4. The illustration of the reporting timeline for the iQIES Review and Correct Reports for the following quality measures is provided in Table 5-2 for the quarterly rates and Table 5-3 for the cumulative rates: a. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02) b. Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02) c. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) d. Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07) e. Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07) f. Transfer of Health (TOH) Information to the Provider – PAC (CMS ID: S043.02) g. Transfer of Health (TOH) Information to the Patient – PAC (CMS ID: S044.02) h. Discharge Function Score (CMS ID: S042.03) i. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01)	Removed COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date from the list of measures included in the iQIES Review and Correct Reports reporting timeline tables.
28.	5	5.1 Table 5-2	21	N/A	Table 5-2: iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date ²²Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct reports will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date. (See Appendix for full table excerpt)	Removed the footnote explaining one-quarter reporting for the Patient/Resident COVID-19 Vaccine measure on Review and Correct Reports.

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29.	5	5.1 Table 5-3	22	N/A	Table 5-3: iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date ²⁵Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the cumulative rate only displays the requested calendar year quarter end date, and is not calculated across quarters. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date. (See Appendix for full table excerpt)	Removed the footnote explaining that the Patient/Resident COVID-19 Vaccine measure cumulative rates display only the requested quarter end date and are not calculated across quarters.
30.	5	5.2	23	2i	2. The illustration of the reporting timeline for the monthly iQIES QM Reports is provided in <u>Table 5-4</u> for the following measures: a. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02) b. Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02) c. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) d. Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07) e. Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07) f. Transfer of Health Information to the Provider – Post-Acute Care (CMS ID: S043.02) g. Transfer of Health Information to the Patient – Post-Acute Care (CMS ID: S044.02) h. Discharge Function Score (CMS ID: S042.03) i. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01)	Removed COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date from the list of measures included in the monthly iQIES QM Reports reporting timeline.

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31.	5	5.3 Table 5-4	23	N/A	Table 5-4: iQIES QM Reports: Data Included in the Cumulative Rate for Each Requested Report End Dates ²⁸Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the cumulative rate only displays the requested calendar year quarter end date, and is not calculated across quarters. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date. (See Appendix for a full table excerpt)	Removed the footnote explaining that the Patient/Resident COVID-19 Vaccine measure cumulative rates display only the requested quarter end date and are not calculated across quarters.
32.	5	5.3	24	N/A	Section 5.3 Measure Calculations During the Transition from MDS 3.0 V1.19.1 to MDS 3.0 V1.20.1 The MDS 3.0 will transition from version 1.19.1 to version 1.20.1 effective October 1, 2025. The item set change that impacts SNF QRP quality measure specifications is: 1) Items O0400B Occupational Therapy Minutes and O0400C Physical Therapy Minutes are being retired and item O0425 Therapy Services (B. Occupational Therapy and C. Physical Therapy) has been added. For the measures Application of IRF Functional Outcome Measure: Discharge Self Care Score for Medical Rehabilitation Patients (CMS ID: S024.07), Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07), and Discharge Function Score (CMS ID: S042.03), the risk adjuster 'no physical or occupational therapy' will be determined using the discharge items O0425B and O0425C instead of the retired O0400B and O0400C for the overall risk adjustment model. For the Discharge Function Score measure, the risk adjuster 'no physical or occupational therapy' will also be determined using O0425B and O0425C instead of the retired O0400B and O0400C for the statistical imputation procedure.	Removed Section 5.3 language describing the MDS 3.0 V1.19.1 to V1.20.1 transition and related therapy item changes affecting functional outcome measure specifications. Version 8.0 will continue to use MDS V1.20.1.

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33.	7	7.4	31	N/A	<i>Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table RA-1 and Table RA-2 in the associated Risk-Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Report, Provider Preview Report, and on public display on the Compare Website compare tool on Medicare.gov may vary from the national average observed score provided in these documents.</i>	Updated terminology from “Compare Website” to “compare tool on Medicare.gov” in the note about national average observed scores.
34.	7	7.6	33	2.2	2.2 Sum the values of the items to calculate the total observed discharge function score for each Medicare Part A SNF stay record. Scores can range from 10 to 60, with a higher score indicating greater independence. For the iQIES Reports only, round the score to two decimal places.	Clarified that, for iQIES Reports only, the total observed discharge function score should be rounded to two decimal places.
35.	8	Table 8-1	34	N/A	Table 8-1: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02) This quality measure reports the percentage of Medicare Part A SNF stays where one or more falls with major injury (includes but is not limited to traumatic bone fractures, joint dislocations, closed/subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries with altered consciousness, or subdural hematoma, and crush injuries) were reported during the SNF stay. (See Appendix for a full table excerpt)	Expanded and revised the examples of major injury for the falls with major injury measure, including traumatic fractures, dislocations/subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries.

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36.	8	Table 8-1	35	N/A	Table 8-1: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02) ³³Beginning with the January 2028 refresh of the Care Compare tool on Medicare.gov, the FMI measure will be respecified to include MDS assessment data, claims data, and encounter data to identify falls with a major injury that occurred during the SNF stay. Full details about the hybrid measure calculation will be provided in V9.0 of this manual, and additional details can be found in the FMI Measure Specification document, available for download on the SNF Quality Reporting Measures Information website. (See Appendix for a full table excerpt)	Added a footnote noting that beginning with the January 2028 Care Compare refresh, the FMI measure will be respecified as a hybrid measure using MDS assessment, claims, and encounter data, with additional details to be provided in Version 9.0 and the FMI Measure Specification document.
37.	8	Table 8-3	38	N/A	Table 8-3: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02) ³⁹To round off the percent value to one decimal place, if the digit in the second decimal place is 5 or greater than 5, add 1 to the digit in the first decimal place, otherwise leave the digit in the first decimal place unchanged. Drop all the digits following the digit in the first decimal place. (See Appendix for a full table excerpt)	Clarified rounding instructions by specifying that values with a second decimal place of 5 or greater should be rounded up to one decimal place.
38.	8	Table 8-4	41	N/A	Table 8-4: Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07) Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stay, unless noted otherwise. (See Appendix for a full table excerpt)	Clarified that covariate data for the discharge self-care score measure are derived from the admission assessment unless noted otherwise.
39.	8	Table 8-5	42-45	N/A	Table 8-5: Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07) Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays, unless otherwise noted. (See Appendix for a full table excerpt)	Clarified that covariate data for the discharge mobility score measure are derived from the admission assessment unless otherwise noted. Updated step numbering in steps 1-4.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
40.	8	Table 8-8	50	N/A	Table 8-8: Discharge Function Score (CMS ID: S042.03) See <i>Table IA-1</i>, <i>Table IA-48</i>, and <i>Table IA-59</i> in the associated Discharge Function Score Imputation Appendix File for the imputation coefficients and thresholds, as well as detailed MDS coding for each risk adjustor. The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible Medicare Part A SNF stays where the item value is not missing (i.e., had a value 01-06) at discharge, and covariates include the predictors used in risk adjustment and values on all GG items available in MDS. The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values. Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in <i>Table IA-1</i>, <i>Table IA-48</i>, and <i>Table IA-59</i> in the Discharge Function Score Imputation Appendix File. (See Appendix for a full table excerpt)	Updated Discharge Function Score appendix table references from IA-4 and IA-5 to IA-8 and IA-9.
41.	8	Table 8-8	51		Table 8-8: Discharge Function Score (CMS ID: S042.03) <i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF Stays, unless otherwise noted.</i> (See Appendix for a full table excerpt)	Clarified that covariate data for the Discharge Function Score measure are derived from the admission assessment unless otherwise noted.
42.	8	Table 8-9	53	N/A	Table 8-9: COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date (CMS ID: S045.01) (See Appendix for a full table excerpt)	Removed Table 8-9 for the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure from Chapter 8.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
43.	8	Table 8-9	53	N/A	⁷⁰This measure was finalized for reporting in the SNF QRP (Federal Register 88(7 August 2023): 53265. ⁷¹The definition of “up to date” may change based on the CDC’s latest guidance, and can be found on the CDC webpage “Staying Up to Date with COVID-19 Vaccines,” https://www.cdc.gov/covid/vaccines/stay-up-to-date.html?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-nCoV/vaccines/stay-up-to-date.html (last accessed 3/1/2025). ⁷²The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.	Removed footnotes associated with the COVID-19 Vaccine measure, including the finalization reference, CDC “up to date” definition guidance, and national average observed score note.
44.	Appendix A	Table A-1	55-56	N/A	Table A-1: Effective Dates by CMS ID Update for all SNF QRP Quality Measures (See Appendix for a full table excerpt)	Updated Appendix A, Table A-1, which lists effective dates by CMS ID update for all SNF QRP quality measures.
45.	Appendix A	Table A-2	56-57	N/A	Table A-2: Effective Dates of SNF Quality Manual Versions Manual V7.0 10/01/2025 – 9/30/2026 Manual V7V8.0 10/01/20252026 – Present (See Appendix for a full table excerpt)	Updated Appendix A, Table A-2, which lists effective dates by SNF Quality Manual versions.
46.	Appendix B	B.1	59	N/A	<i>Quality Measure Name:</i> Full measure name as referenced throughout the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual V7V8.0.	Updated Appendix B quality measure name description to reference Version 8.0 of the manual.
47.	Appendix B	B.1	60	N/A	<i>Comments:</i> Description of the changes associated with each Risk-Adjustment Update ID, including updates to measure specifications and model coefficients. <i>Measures – National Average & Covariates:</i> Summary of the SNF quality measures that require national average observed scores, covariate values, or both for risk-adjustment calculations. Check marks indicate which values are provided for each measure in the subsequent workbook tabs.	Added Appendix B descriptions for comments and the Measures – National Average & Covariates tab, clarifying how risk-adjustment update details and required national average or covariate values are summarized.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
48.	Appendix B	B.1			<u>National Average</u>: This tab provides a national average observed score for each Risk-Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Reports, Provider Preview Reports, and on public display on the Compare Websitecompare tool on Medicare.gov may vary from the national average observed score provided by the Risk-Adjustment Appendix File.	Updated public-reporting terminology from “Compare Website” to “compare tool on Medicare.gov” in the National Average tab description.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
49.	Appendix B	B.2	60-61	2	1. Utilize the record selection guidance as listed in Chapter 4 Record Selection for Assessment-Based (MDS) Quality Measures in this manual. 2. Follow the guidance for the version or versions of the MDS applicable to the assessment dates (based on Target Date) required for your calculation found in Chapter 5, Section 5.3: Measure Calculations During the Transition from MDS 3.0 V1.19.1 to MDS 3.0 V1.20.1. 2. Use the specific calculation steps provided in Chapter 7 Calculations for Assessment- Based (MDS) Measures That Are Risk-Adjusted. a. Refer to the covariate definition table for the applicable quality measure in the Risk-Adjustment Appendix File on details to calculate the covariates for each quality measure. 3. Refer to the Risk-Adjustment Appendix File, Overview tab, for information on how to apply intercept and coefficient values to measure calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure. 4. Use the column "Measure Calculation Application Dates" to select the applicable Target Period then identify the Risk-Adjustment Update ID associated with the Target Period. 5. Select the coefficients tab corresponding to the applicable quality measure, and then use the applicable Risk-Adjustment Values Update ID column. Apply the intercept and coefficient values for each covariate. a. For quality measures using the national average observed score in the measure calculation, select the National Average tab and use the national average observed score that corresponds to the Risk-Adjustment Values Update ID column used.	Removed outdated instructions for applying MDS version-specific guidance during the transition from MDS 3.0 V1.19.1 to V1.20.1.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
50.	Appendix B	B.2	62	2	• SNF stay had an Admission assessment (PPS 5-Day) Target Date of 06/15/2026 and a Discharge assessment (PPS Discharge) Target Date of 6/22/2026 • In the Schedule tab of the Risk-Adjustment Appendix File, refer to the Pressure Ulcer measure. • The Admission assessment (PPS 5-Day) Target Date of 06/15/2026 and Discharge assessment (PPS Discharge) Target Date of 6/22/2026 is within the Target Period for Risk-Adjustment Update ID 67 (10/01/2025–09/30/2026). Therefore, the user should use the information provided in the Risk-Adjustment Update ID 67 column. • Select the Pressure Ulcer tab and apply the intercept and coefficient values in the Risk- Adjustment Update ID 67 column for each covariate. • Select the National Average tab and use the Risk-Adjustment Update ID 67 column for the Pressure Ulcer national average observed score.	Updated the risk-adjustment example to use Risk-Adjustment Update ID 7 instead of ID 6.
51.	Appendix B	B.2	62	2	<i>Quality Measure Name:</i> Full measure name as referenced throughout the Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V7 V8.0.	Updated the quality measure name description to reference Version 8.0 of the manual.
52.	Appendix B	B.4	63	N/A	<i>Comments:</i> Description of the basis for each imputation update, including the fiscal year of assessment data used, the applicable measure specification changes, and any updates to model coefficients or ICD-10 mappings.	Updated the Discharge Function Score Imputation Appendix File overview to reflect the revised appendix structure and Version 8.0 terminology.

#	Chapter	Section	Page(s)	Step(s)	SNF QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
53.	Appendix B	B.4	64	N/A	• SNF stay had an Admission assessment (PPS 5-Day) Target Date of 06/15/2026 and a Discharge assessment (PPS Discharge) Target Date of 6/22/26 and a “Not Attempted” value coded for GG0130A1 (Eating at Admission). • In the Schedule tab of the Discharge Function Score Imputation Appendix File, refer to the Discharge Function Score measure. • The Admission assessment (PPS 5-Day) Target Date of 06/15/2026 and Discharge assessment (PPS Discharge) Target Date of 6/22/2026 is within the Target Period range for Imputation Update ID 23 (10/01/2025-09/30/2026). Therefore, the user should use the information provided in the Imputation Update ID 23 column. • Select the Coefficients – Admissions tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 23, GG0130A1 column.	Updated the Discharge Function Score imputation instructions and appendix references to align with the revised Version 8.0 specifications.

Appendix

This appendix provides excerpts from the SNF QRP Measure Calculations and Reporting User's Manual, Version 8.0 to contextualize the information that has been substantially changed since Version 7.0 of the manual. Some changes cover multiple pages and sections of the manual; therefore, examples of a substantive change are included in the Appendix. Please note, the footnote numbering included in the Appendix differs from the footnote numbering in Version 8.0 of the manual.

Appendix Table of Contents

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V7.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V8.0 Reference	Description of Change
4	Summary of Tables	Summary of Tables	Reformatted several of the manual's features including the table of contents, tables and figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, syntax, etc.
6	Table 1-1	Table 1-1	Updated Table 1-1: SNF Quality Measures to reflect the removal of the <i>COVID-19 Vaccination Coverage Among Healthcare Personnel</i> (S040.02) measure in the table.
11	Table 1-2	Table 1-2	Added Table 1-2: Quality Measures Removed from the SNF QRP Beginning on or After October 1, 2026, including the associated table footnotes, as there were no measures added to the FY 2027 SNF QRP.
28	Table 5-2	Table 5-2	Removed the footnote explaining one-quarter reporting for the Patient/Resident COVID-19 Vaccine measure on Review and Correct Reports.
29	Table 5-3	Table 5-3	Removed the footnote explaining that the Patient/Resident COVID-19 Vaccine measure cumulative rates display only the requested quarter end date and are not calculated across quarters.
31	Table 5-4	Table 5-4	Removed the footnote explaining that the Patient/Resident COVID-19 Vaccine measure cumulative rates display only the requested quarter end date and are not calculated across quarters.
35-36	Table 8-1	Table 8-1	Expanded and revised the examples of major injury for the falls with major injury measure, including traumatic fractures, dislocations/subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries. Added a footnote noting that beginning with the January 2028 Care Compare refresh, the FMI measure will be respecified as a hybrid measure using MDS assessment, claims, and encounter data, with additional details to be provided in Version 9.0 and the FMI Measure Specification document.
37	Table 8-3	Table 8-3	Clarified rounding instructions by specifying that values with a second decimal place of 5 or greater should be rounded up to one decimal place.

Change Table Initial Search Order	SNF QRP Measure Calculations and Reporting User's Manual V7.0 Reference	SNF QRP Measure Calculations and Reporting User's Manual V8.0 Reference	Description of Change
38	Table 8-4	Table 8-4	Clarified that covariate data for the discharge self-care score measure are derived from the admission assessment unless noted otherwise.
39	Table 8-5	Table 8-5	Clarified that covariate data for the discharge mobility score measure are derived from the admission assessment unless otherwise noted. Updated step numbering in steps 1-4.
40-41	Table 8-8	Table 8-8	Updated Discharge Function Score appendix table references from IA-4 and IA-5 to IA-8 and IA-9. Clarified that covariate data for the Discharge Function Score measure are derived from the admission assessment unless otherwise noted.
42-43	Table 8-9	Table 8-9	Removed Table 8-9 for the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure from Chapter 8. Removed footnotes associated with the COVID-19 Vaccine measure, including the finalization reference, CDC "up to date" definition guidance, and national average observed score note.
44	Table A-1	Table A-1	Updated Appendix A, Table A-1, which lists effective dates by CMS ID update for all SNF QRP quality measures.
45	Table A-2	Table A-2	Updated Appendix A, Table A-2, which lists effective dates by SNF Quality Manual versions.

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1-2	Quality Measures Removed from the SNF QRP
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5-2	iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date
5-3	iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date
5-4	iQIES QM Reports: Data Included in the Cumulative Rate for Each Requested Report End Dates
8-1	Table 8-1 Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)
8-2	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02)
8-3	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)
8-4	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07)
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B-1	Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 Days (I8000A through I8000J) – ICD-10-CM Codes

Table 1-1
SNF Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID # ¹	CMS ID ²	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
COVID-19 Vaccination Coverage among Healthcare Personnel	00180 (CBE-endorsed)	S040.02	Process	HCP COVID-19 Vaccine
Influenza Vaccination Coverage among Healthcare Personnel (HCP)	00390 (CBE-endorsed)	S041.01	Process	HCP Influenza Vaccine
Medicare Claims-based Measures				
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00575 (not endorsed)	S004.01	Outcome	PPR
Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00210 (CBE-endorsed)	S005.02	Outcome	DTC
Medicare Spending Per Beneficiary (MSPB)—Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00434 (not endorsed)	S006.01	Cost/ Resource	MSPB
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization	00680 (CBE-endorsed)	S039.01	Outcome	SNF HAI
Assessment-based Measures				
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) ³	00520 (not endorsed)	S013.02	Outcome	Application of Falls
Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	00225 (not endorsed)	S007.02	Process	DRR
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	00121 (not endorsed)	S038.02	Outcome	Pressure Ulcer/Injury

(continued)

¹ Refer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (<https://cmit.cms.gov/cmit/#/>) for the CMIT Measure ID, Consensus Based Entity (CBE)-endorsement status, as well as other detailed measure information. CBE-endorsement status is determined by the CMS CBE, which endorses quality measures through a transparent, consensus-based process that incorporates feedback from diverse groups of stakeholders to foster health care quality improvement. The CMS CBE endorses measures only if they pass a set of measure evaluation criteria. For more information, refer to the document titled CMS CBE Endorsement and Maintenance (<https://mmshub.cms.gov/sites/default/files/Blueprint-CMS-CBE-Endorsement-Maintenance.pdf>).

² Reflects changes in CMS measure identifiers based on updated measure specifications.

³ This measure is CBE-endorsed for long-stay residents in nursing homes (<https://p4qm.org/measures/0674>) and an application of this quality measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 80\(4 August 2015\): 46440-46444\)](#).

Table 1-1 (continued)
SNF Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID # ⁷	CMS ID ⁸	Measure Type	Measure Reference Name
Assessment-based Measure				
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients. ⁴	00404 (not endorsed)	S024.07	Outcome	Discharge Self-Care Score
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients. ⁵	00403 (not endorsed)	S025.07	Outcome	Discharge Mobility Score
Transfer of Health (TOH) Information to the Provider – Post-Acute Care (PAC)	00728 (not endorsed)	S043.02	Process	TOH-Provider
Transfer of Health (TOH) Information to the Patient – Post-Acute Care (PAC)	00727 (not endorsed)	S044.02	Process	TOH-Patient
Discharge Function Score	01698 (CBE-endorsed)	S042.03	Outcome	Discharge Function Score

Table 1-2
Quality Measures Removed from the SNF QRP Beginning on or After October 1, 2026⁶

Quality Measure	Planned Removal Date		
	Review and Correct Reports	Quality Measure Reports	Medicare.gov and Provider Data Catalog
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)	N/A	October 2026	January 2027
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date ⁷	October 2026	October 2026	January 2027

⁴ This measure is CBE-endorsed for use in the IRF setting (<https://p4qm.org/measures/2635>) and finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

⁵ This measure is CBE-endorsed for use in the IRF setting (<https://p4qm.org/measures/2636>) and finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

⁶ Planned removal release dates are based on the FY 2027 SNF PPS final rule.

⁷ This measure will be removed effective with the FY 2028 SNF QRP. However, the item will remain on the Minimum Data Set (MDS) and become voluntary effective Oct 1, 2026.

Table 8-1
Application of Percent of Residents Experiencing One or More Falls with Major Injury
(Long Stay) (CMS ID: S013.02)⁸

Measure Description
This quality measure reports the percentage of Medicare Part A SNF stays where one or more falls with major injury (includes but is not limited to traumatic bone fractures, joint dislocations, closed/subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries with altered consciousness, or subdural hematoma, and crush injuries) were reported during the SNF stay.
Measure Specifications ^{9, 10}
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
<i>Numerator</i> The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only) in the denominator with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]).
<i>Denominator</i> The total number of Medicare Part A SNF stays (<u>Type 1 SNF Stays</u> only) with one or more assessments that are eligible for a look-back scan ¹¹ (except those with exclusions).
<i>Exclusions</i> Medicare Part A SNF stays are excluded if:
1. The number of falls with major injury was not coded; i.e., J1900C (Falls with Major Injury) = [-]. 2. The resident died during the SNF stay (i.e., <u>Type 2 SNF Stays</u>). a. Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).
Covariates
None.

⁸ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 80 \(4 August 2015\): 46440-46444\)](#).

⁹ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

¹⁰ Beginning with the January 2028 refresh of the Care Compare tool on Medicare.gov, the FMI measure will be respecified to include MDS assessment data, claims data, and encounter data to identify falls with a major injury that occurred during the SNF stay. Full details about the hybrid measure calculation will be provided in V9.0 of this manual, and additional details can be found in the FMI Measure Specification document, available for download on the [SNF Quality Reporting Measures Information website](#).

¹¹ Please refer to **Chapter 1, Section 1.2** for a list of assessments that are included in the look-back scan.

Table 8-4
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07)¹²

Measure Description
This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge self-care score.
Measure Specifications ¹³
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure. <i>Self-Care items and Rating scale:</i> The Self-Care assessment items used for discharge Self-Care score calculations are: • GG0130A3. Eating • GG0130B3. Oral hygiene • GG0130C3. Toileting hygiene • GG0130E3. Shower/bathe self • GG0130F3. Upper body dressing • GG0130G3. Lower body dressing • GG0130H3. Putting on/taking off footwear Valid codes and code definitions for the coding of the discharge Self-Care items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Resident refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern • - Not assessed/no information To obtain the discharge self-care score, use the following procedure: • If code is between 01 and 06, then use code as the value. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value. • If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the value. Sum the values of the discharge self-care items to create a discharge self-care score for each Medicare Part A SNF stay record. Scores can range from 7 to 42, with a higher score indicating greater independence.

(continued)

¹² This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

¹³ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-4 (continued)
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07)¹⁴

Measure Specifications ¹⁵
<i>Numerator</i> The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score. <i>Denominator</i> The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria. <i>Exclusions</i> Medicare Part A SNF stays are excluded if: 1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements: a. Unplanned discharge, which would include discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. - OR b. Discharge to acute hospital, long-term care hospital, psychiatric hospital indicated by A2105 = [04, 05, 07]. [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. - OR c. SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days) - OR d. The resident died during the SNF stay (i.e., Type 2 SNF Stays). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]). 2. The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see Appendix B, Table B-1). 3. The resident is younger than age 18: a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years. b. Age is calculated in years based on the truncated difference between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number

(continued)

¹⁴ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

¹⁵ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-4 (continued)
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07)¹⁶

Covariates
4. The resident is discharged to hospice or received hospice while a resident: a. A2105 (Discharge status) = [09, 10], as indicated on an OBRA Discharge (RFA: A0310F = [10, 11] that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C) OR b. O0110K1b (Hospice while a Resident) = [1], as indicated at the time of admission (i.e., on the PPS 5-Day Assessment)
<i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stay, unless noted otherwise.</i>
1. Age group 2. Admission self-care – continuous form 3. Admission self-care – squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission self-care 6. Prior surgery 7. Prior functioning: self-care 8. Prior functioning: indoor mobility (ambulation) 9. Prior mobility device use 10. Stage 2 pressure ulcer 11. Stage 3, 4, or unstageable pressure ulcer/injury 12. Cognitive abilities 13. Communication Impairment 14. Urinary Continence 15. Bowel Continence 16. Tube feeding or total parenteral nutrition 17. Comorbidities 18. No physical or occupational therapy at discharge
See covariate details in <i>Table RA-5</i> and <i>Table RA-6</i> in the associated Risk-Adjustment Appendix File.

¹⁶ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

Table 8-5
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07)¹⁷

Measure Description
This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge mobility score.
Measure Specifications ¹⁸
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure. <i>Mobility items and Rating scale:</i> The Mobility assessment items used for discharge Mobility score calculations are: • GG0170A3. Roll left and right • GG0170B3. Sit to lying • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170G3. Car transfer • GG0170I3. Walk 10 feet * • GG0170J3. Walk 50 feet with two turns * • GG0170K3. Walk 150 feet * • GG0170L3. Walking 10 feet on uneven surfaces * • GG0170M3. 1 step (curb) • GG0170N3. 4 steps • GG0170O3. 12 steps • GG0170P3. Picking up object • GG0170R3. Wheel 50 feet with 2 turns * • GG0170S3. Wheel 150 feet * * Count the Wheel 50 feet with 2 turns (GG0170R) and the Wheel 150 feet (GG0170S) values twice to calculate the observed discharge mobility score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 01 and 06 at either admission or at discharge. The remaining residents use Walk 10 feet (GG0170I) + Walk 50 feet with two turns (GG0170J) + Walk 150 feet (GG0170K) + Walking 10 feet on uneven surfaces (GG0170L) to calculate the total observed discharge mobility score. In either case, 15 items are used to calculate a resident's observed mobility score and scores range from 15 – 90.

(continued)

¹⁷ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

¹⁸ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-5 (continued)
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07)¹⁹

Measure Specifications ²⁰
Valid codes and code definitions for the coding of the discharge Mobility items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent Valid codes and code definitions for the coding of the discharge Mobility items are (continued): • 07 – Resident refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern • - – Not assessed/no information To obtain the discharge mobility score, use the following procedure: • If code is between 01 and 06, then use code as the value. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value. • If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value. Sum the values of the discharge mobility items to create a discharge mobility score for each Medicare Part A SNF stay. Scores can range from 15 – 90, with a higher score indicating greater independence. <i>Numerator</i> The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with a discharge mobility score that is equal to or higher than the calculated expected discharge mobility score. <i>Denominator</i> The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria. <i>Exclusions</i> Medicare Part A SNF stays are excluded if: 1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (<i>incomplete = [1]</i>) are identified based on the following criteria using the specified data elements:

(continued)

¹⁹ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

²⁰ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-5 (continued)
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07)²¹

Measure Specifications ²²	
a. b. c. d. 2. 3. 4.	Unplanned discharge, which would include discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. OR Discharge to acute hospital, long-term care hospital, psychiatric hospital indicated by A2105 = [04, 05, 07]. [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)]. OR SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days) OR The resident died during the SNF stay (i.e., Type 2 SNF Stays). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]). The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see Appendix B, Table B-1). The resident is younger than age 18: a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years. b. Age is calculated in years based on the truncated difference between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number. The resident is discharged to hospice or received hospice while a resident: a. A2105 (Discharge status) = [09, 10], as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C) OR b. O0110K1b (Hospice while a Resident) = [1], as indicated at the time of admission (i.e., on the PPS 5-Day Assessment)

(continued)

²¹ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

²² The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-5 (continued)
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07)²³

Covariates
<i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF stays, unless otherwise noted.</i> 1. Age group 2. Admission mobility – continuous form 3. Admission mobility – squared form 4. Primary medical condition category 5. Interaction between primary medical condition category and admission mobility 6. Prior surgery 7. Prior functioning: indoor mobility (ambulation) 8. Prior functioning: stairs 9. Prior functioning: functional cognition 10. Prior mobility device use 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. Cognitive abilities 14. Communication impairment 15. Urinary Continence 16. Bowel Continence 17. History of falls 18. Tube feeding or total parenteral nutrition 19. Comorbidities 20. No physical or occupational therapy at discharge See covariate details in <i>Table RA-5</i> and <i>Table RA-7</i> in the associated Risk-Adjustment Appendix File.

²³ This measure was finalized for reporting by SNFs under the [SNF QRP \(Federal Register 82 \(4 August 2017\): 36530-36636\)](#).

Table 8-8
Discharge Function Score (CMS ID: S042.03)²⁴

Measure Description
This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
Measure Specifications ²⁵
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure. Function items and Rating scale: The function assessment items used for discharge function score calculations are: • GG0130A3. Eating • GG0130B3. Oral hygiene • GG0130C3. Toileting hygiene • GG0170A3. Roll left and right • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170I3. Walk 10 feet * • GG0170J3. Walk 50 feet with 2 turns * • GG0170R3. Wheel 50 feet with 2 turns * * Count Wheel 50 feet with 2 turns (GG0170R) value twice to calculate the total observed discharge function score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with 2 turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 01 and 06 at either at admission or at discharge. The remaining stays use Walk 10 feet (GG0170I) + Walk 50 feet with 2 turns (GG0170J) to calculate the total observed discharge function score. In either case, 10 items are used to calculate a resident's total observed discharge score and scores range from 10 – 60. Valid codes and their definitions for the discharge function items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Resident refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern • - – Not assessed/no information

(continued)

²⁴ This measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 88 \(7 August 2023\): 53233-53243\)](#).

²⁵ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-8 (continued)
Discharge Function Score (CMS ID: S042.03)²⁷

Measure Specifications²⁶

To obtain the discharge function score, use the following procedure:

- If code is between 01 and 06, use the code as the value.
- If code is 07, 09, 10, 88, dashed (-), then use statistical imputation to estimate the item value for that item and use this code as the value.
- If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.

Sum the values of the discharge function items to calculate the observed discharge function score for each Medicare Part A SNF stay. Scores can range from 10 to 60, with a higher score indicating greater independence.

Statistical Imputation

To calculate the imputed values for items with NA codes, use the procedure below. (Note that these steps first describe imputing the value for a single item at discharge and then describe the relevant modifications for the other items.)

1. Start with Eating (GG0130A). For each SNF stay where the item has a NA code at discharge, calculate z , a continuous variable that represents a patient's underlying degree of independence on this item, using the imputation coefficients specific to the GG0130A discharge model:

$$[1] \quad z = \gamma_1 x_1 + \dots + \gamma_m x_m$$

Where:

- γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0130A discharge model (See Discharge Function Score Appendix File. Note that the coefficients used in this calculation do not include the thresholds described in Step 2.)
 - $x_1 - x_m$ are the imputation risk adjustors specific to the GG0130A discharge model.
2. Calculate the probability for each possible value, had the GG item been assessed, using z (Step 1) and the equations below.

$$[2] \quad \begin{aligned} \Pr(z \leq \alpha_1) &= \Phi(\alpha_1 - z), \\ \Pr(\alpha_1 < z \leq \alpha_2) &= \Phi(\alpha_2 - z) - \Phi(\alpha_1 - z), \\ \Pr(\alpha_2 < z \leq \alpha_3) &= \Phi(\alpha_3 - z) - \Phi(\alpha_2 - z), \\ \Pr(\alpha_3 < z \leq \alpha_4) &= \Phi(\alpha_4 - z) - \Phi(\alpha_3 - z), \\ \Pr(\alpha_4 < z \leq \alpha_5) &= \Phi(\alpha_5 - z) - \Phi(\alpha_4 - z), \\ \Pr(z > \alpha_5) &= 1 - \Phi(\alpha_5 - z), \end{aligned}$$

Where:

- $\Phi(\cdot)$ is the standard normal cumulative distribution function.
 - $\alpha_1 \dots \alpha_5$ represent thresholds of levels of independence that are used to assign a value of 1-6 based on z for the GG0130A discharge model (see Discharge Function Score Appendix File).
3. Compute the imputed value of the GG item using the six probabilities determined in Step 2 and the equation below.

$$[3] \quad \text{Imputed value of GG item} = \Pr(z \leq \alpha_1) + 2 * \Pr(\alpha_1 < z \leq \alpha_2) + 3 * \Pr(\alpha_2 < z \leq \alpha_3) + 4 * \Pr(\alpha_3 < z \leq \alpha_4) + 5 * \Pr(\alpha_4 < z \leq \alpha_5) + 6 * \Pr(z > \alpha_5)$$

4. Repeat Steps 1-3 to calculate imputed values for each GG item included in the observed discharge function score that was coded as NA, replacing the Eating (GG0130A) item with each applicable GG item.

(continued)

²⁶ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

²⁷ This measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 88 \(7 August 2023\): 53233-53243\)](#).

Table 8-8 (continued)
Discharge Function Score (CMS ID: S042.03)²⁸

Measure Specifications²⁹

See [Table IA-1](#), [Table IA-48](#), and [Table IA-59](#) in the associated Discharge Function Score Imputation Appendix File for the imputation coefficients and thresholds, as well as detailed MDS coding for each risk adjustor. The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible Medicare Part A SNF stays where the item value is not missing (i.e., had a value 01-06) at discharge, and covariates include the predictors used in risk adjustment and values on all GG items available in MDS. The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values. Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in [Table IA-1](#), [Table IA-48](#), and [Table IA-59](#) in the Discharge Function Score Imputation Appendix File.

Numerator

The total number of Medicare Part A SNF stays ([Type 1 SNF Stays](#) only) in the denominator, except those that meet the exclusion criteria, with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.

Denominator

The total number of Medicare Part A SNF stays ([Type 1 SNF Stays](#) only), except those that meet the exclusion criteria.

Exclusions

Medicare Part A SNF stays are excluded if:

1. The Medicare Part A SNF stay is an incomplete stay: Residents with incomplete stays (*incomplete* = [1]) are identified based on the following criteria using the specified data elements:
 - a. Unplanned discharge, which includes discharge against medical advice, indicated by A0310G (Type of Discharge) = 2 (Unplanned discharge) [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)].
OR
 - b. Discharge to acute hospital, psychiatric hospital, long-term care hospital indicated by A2105 = [04, 05, 07]. [as indicated on an OBRA Discharge (RFA: A0310F = [10, 11]) that has a discharge date (A2000) that is on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C)].
OR
 - c. SNF PPS Part A stay less than 3 days ((A2400C minus A2400B) < 3 days)
OR
 - d. The resident died during the SNF stay (i.e., [Type 2 SNF Stays](#)). Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).
2. The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment):
 - a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: B0100 (Comatose) = 1 or ICD-10 codes (see [Appendix B, Table B-1](#)).

(continued)

²⁸ This measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 88 \(7 August 2023\): 53233-53243\)](#).

²⁹ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

Table 8-8 (continued)
Discharge Function Score (CMS ID: S042.03)³⁰

Measure Specifications ³¹	
3.	The resident is younger than age 18: a. A1600 (Entry Date) – A0900 (Birth Date) is less than 18 years. b. Age is calculated in years based on the truncated differences between entry date (A1600) and birth date (A0900); i.e., the difference is not rounded to the nearest whole number
4.	The resident is discharged to hospice or received hospice while a resident: a. A2105 (Discharge status) = [09, 10], as indicated on an OBRA Discharge (RFA: A0310F = [10, 11] that has a discharge date (A2000) on the same day or the day after the End Date of Most Recent Medicare Stay (A2400C) OR b. O0110K1b (Hospice while a Resident) = [1], as indicated at the time of admission (i.e., on the PPS 5-Day Assessment)
Covariates	
<i>Data for each covariate are derived from the admission assessment included in the target Medicare Part A SNF Stays, unless otherwise noted.</i> 1. Age group 2. Admission function – continuous form³² 3. Admission function – squared form³³ 4. Primary medical condition category 5. Interaction between admission function and primary medical condition category 6. Prior surgery 7. Prior functioning: self-care 8. Prior functioning: indoor mobility (ambulation) 9. Prior functioning: stairs 10. Prior functioning: functional cognition 11. Prior mobility device use 12. Stage 2 pressure ulcer/injury 13. Stage 3, 4, or unstageable pressure ulcer/injury 14. Cognitive abilities 15. Communication impairment 16. Urinary Continence 17. Bowel Continence	

(continued)

³⁰ This measure is finalized for reporting by SNFs under the [SNF QRP \(Federal Register 88 \(7 August 2023\): 53233-53243\)](#).

³¹ The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.

³² Admission function score is the sum of admission values for function items included in the discharge score. NAs coded on admission items are treated the same way as NAs coded on discharge items, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

³³ Admission function score is the sum of admission values for function items included in the discharge score. NAs coded on admission items are treated the same way as NAs coded on discharge items, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

Table 8-8 (continued)
Discharge Function Score (CMS ID: S042.03)³⁴

Covariates
18. History of falls 19. Nutritional approaches 20. High BMI 21. Low BMI 22. Comorbidities 23. No physical or occupational therapy at the time of discharge See covariate details in <u>Table RA-5</u> and <u>Table RA-8</u> in the associated Risk-Adjustment Appendix File.

Table 8-9
~~COVID-19 Vaccine: Percent of Patients/Residents Who are Up to Date (CMS ID: S045.01)~~

Measure Description³⁵
This measure reports the percentage of Medicare Part A SNF stays in which residents are “up to date” with their COVID-19 vaccinations per the CDC’s latest guidance. The definition of “up to date” may change based on the CDC’s latest guidance.³⁶
Measure Specifications³⁷
<i>Numerator</i> The total number of Medicare Part A covered SNF stays in the denominator that meet either of the following criteria: 1. For Type 1 SNF Stays, the resident is up to date with the COVID-19 vaccine (O0350 = [1]), as indicated at discharge. 2. For Type 2 SNF Stays, the resident is up to date with the COVID-19 vaccine (O0350 = [1]), as indicated at the time of admission (i.e., on the 5-day PPS assessment). <i>Denominator</i> The total number of Medicare Part A SNF stays (Type 1 SNF Stays and Type 2 SNF Stays) with a Medicare Part A SNF Stay End Date (A2400C) during the measure target period. <i>Exclusions</i> There are no denominator exclusions for this measure.

³⁴ ~~This measure is finalized for reporting by SNFs under the SNF QRP (Federal Register 88 (7 August 2023): 53233-53243).~~

³⁵ ~~This measure was finalized for reporting in the SNF QRP (Federal Register 88(7 August 2023): 53265.~~

³⁶ ~~The definition of “up to date” may change based on the CDC’s latest guidance, and can be found on the CDC webpage “Staying Up to Date with COVID-19 Vaccines,” https://www.cdc.gov/eovid/vaccines/stay-up-to-date.html?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-nCoV/vaccines/stay-up-to-date.html (last accessed 3/1/2025).~~

³⁷ ~~The national average observed score is calculated using the Medicare Part A SNF stay as the unit of analysis.~~

Table A-1
Effective Dates by CMS ID Update for all SNF QRP Quality Measures

Quality Measure		Measure ID Update						
		.01	.02	.03	.04	.05	.06	
NHSN Measures								
COVID-19 Vaccination Coverage among Healthcare Personnel (CMS ID: S040.02)		Inception—09/30/2023	10/01/2023—Present	—	—	—	—	
Influenza Vaccination Coverage among Healthcare Personnel (CMS ID: S041.01)		Inception – Present	—	—	—	—	—	
Medicare Claims-based Measures								
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S004.01)		Inception – Present	—	—	—	—	—	
Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S005.02)		Inception – 09/30/2020	10/1/2020 – Present	—	—	—	—	
Medicare Spending Per Beneficiary (MSPB)—Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S006.01)		Inception – Present	—	—	—	—	—	
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization (CMS ID: S039.01)		Inception – Present	—	—	—	—	—	
Quality Measure		Measure ID Update						
		.01	.02	.03	.04	.05	.06	.07
Assessment-based Measures								
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)		Inception – 09/30/2019	10/01/2019 – Present	—	—	—	—	—
Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S007.02)		Inception – 09/30/2019	10/01/2019 – Present	—	—	—	—	—
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)		Inception – 09/30/2019	10/01/2019 – Present	—	—	—	—	—

(continued)

Table A-1
Effective Dates by CMS ID Update for all SNF QRP Quality Measures (continued)

Quality Measure	Measure ID Update						
	.01	.02	.03	.04	.05	.06	.07
Assessment-based Measures							
Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: S024.07)	Inception – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – 09/30/2023	10/01/2023 – 09/30/2024	10/01/2024 – 09/30/2025	10/01/2025 – Present
Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: S025.07)	Inception – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – 09/30/2023	10/01/2023 – 09/30/2024	10/01/2024 – 09/30/2025	10/01/2025 – Present
Transfer of Health (TOH) Information to the Provider – Post Acute Care (PAC) (CMS ID: S043.02)	Inception – 09/30/2024	10/01/2024 – Present	—	—	—	—	—
Transfer of Health (TOH) Information to the Patient – Post Acute Care (PAC) (CMS ID: S044.02)	Inception – 09/30/2024	10/01/2024 – Present	—	—	—	—	—
Discharge Function Score (CMS ID: S042.03)	Inception – 09/30/2024	10/01/2024 – 09/30/2025	10/01/2025 – Present	—	—	—	—
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: S045.01)	Inception – Present	—	—	—	—	—	—

Table A-2
Effective Dates of SNF Quality Manual Versions

Manual Version	Effective Dates
Manual V1.0	05/22/2017 – 09/30/2018
Manual V2.0	10/01/2018 – 09/30/2019
Manual V3.0	10/01/2019 – 09/30/2020
Addendum V3.0.1	10/01/2020 – 09/30/2022
Manual V4.0	10/01/2022 – 09/30/2023
Manual V5.0	10/01/2023 – 9/30/2024
Manual V6.0	10/01/2024 – 9/30/2025
Manual V7.0	10/01/2025 – 9/30/2026
Manual V7 V8.0	10/01/ 2025 2026 – Present

Manual Version 8.0 is current as of October 1, 2026