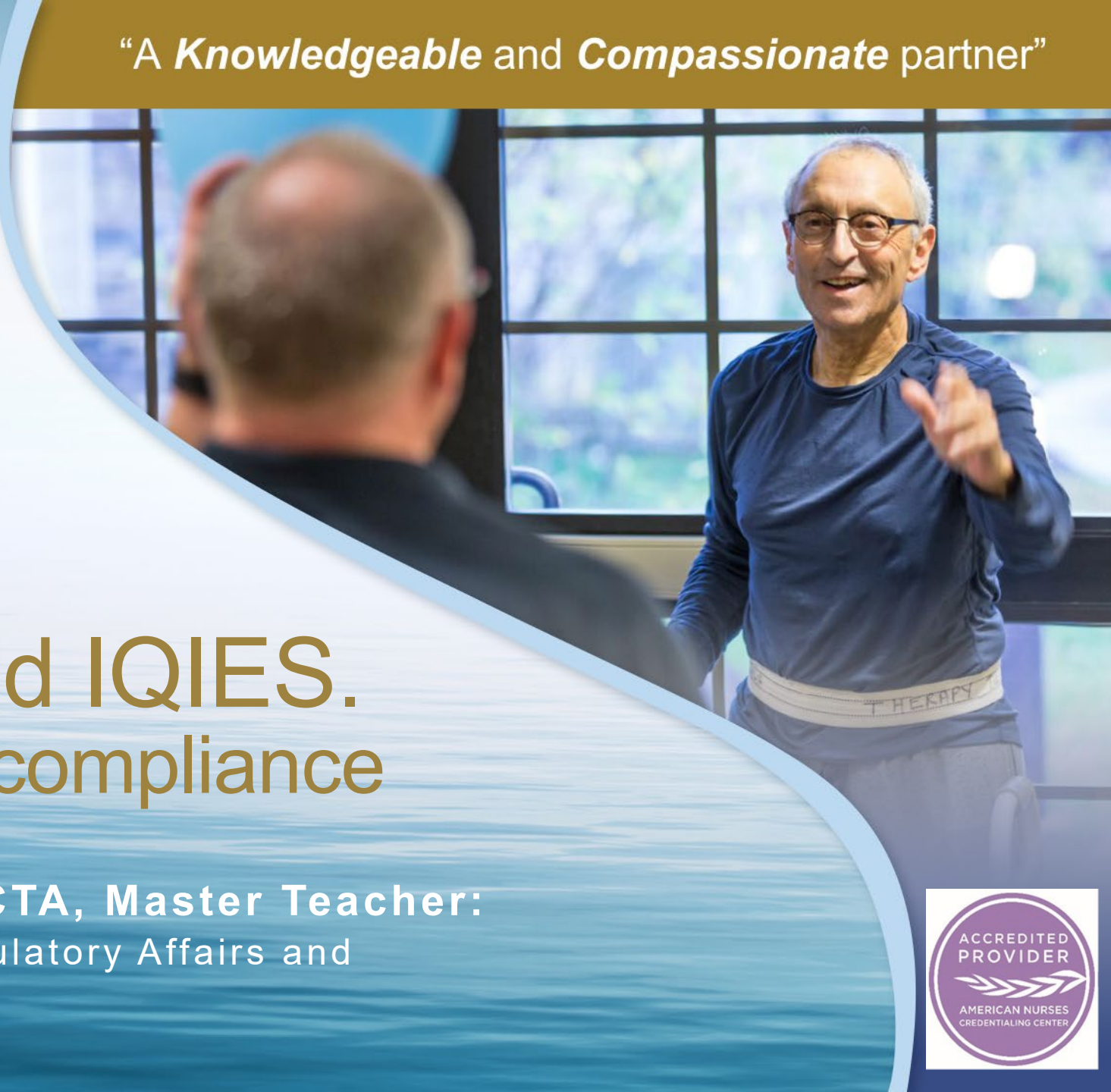


“A Knowledgeable and Compassionate partner”



The SNF QRP and IQIES. How to ensure MDS compliance

Joel VanEaton, BSN, RN, RAC-CTA, Master Teacher:
Executive Vice President of PAC Regulatory Affairs and
Education



APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, virtual**
 - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 1 week

Learning Objectives

The SNF QRP and IQIES.

- Understand the QRP Program
- Identify the QRP Measures
- Comprehend the QRP reporting thresholds
- Interpret the QRP IQIES reporting results
- Apply this knowledge to facility operations

Skilled Nursing Facility Quality Reporting Program (SNF QRP) Resources

- [SNF QRP](#)
- [Reporting Tables for FY 2027](#)
- [Reporting Tables for FY 2028](#)
- [SNF QRP MDS-Based Technical Specifications](#)
- [SNF QRP Claims-Based Specifications](#)
- [COVID-19 Vaccination Among HCP Specifications](#)
- [Influenza Vaccination Coverage Among HCP](#)
- [Data Collection & Final Submission Deadlines](#)
- [IQIES MDS Submission Error Message Guide](#)
- [SNF QRP Validation](#)
- [Unified PAC Report to Congress](#)
- [MDS 3.0 v20.1](#)
- [Health Equity Confidential Feedback Report educational Material](#)
- [New Falls with Major Injury Technical Specifications](#)

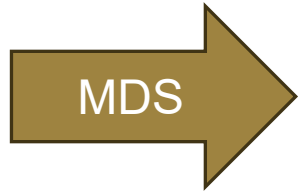
IMPACT Act

- On October 6, 2014, the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act) was signed into law.
- The Act requires the submission of standardized data by Long-Term Care Hospitals (LTCHs), **Skilled Nursing Facilities (SNFs)**, Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs).
- Standardized data are to be collected by the commonly used assessment instruments: The Long-Term Care Hospital CARE Data Set (LCDS) for LTCHs, **the Minimum Data Set (MDS) for SNFs**, the Outcome and Assessment Information Set (OASIS) for HHAs, and the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI) for IRFs.
- The IMPACT Act requires the reporting of standardized patient assessment data with regard to quality measures and standardized patient assessment data elements (SPADEs).
- The Act also requires the submission of data pertaining to measure domains pertaining to resource use, and other domains.
- In addition, the IMPACT Act requires assessment data to be **standardized** and **interoperable** to allow for **exchange of the data among post-acute providers and other providers**.
- The Act intends for standardized post-acute care data to **improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning**.

SNF QRP QMs

TABLE 28: Quality Measures Currently Adopted for the SNF QRP

Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set (Assessment-Based)	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
TOH-Provider	Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)
TOH-Patient	Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)
DC Function	Discharge Function Score
Patient/Resident COVID-19 Vaccine	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date
Claims-Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
DTC	Discharge to Community (DTC)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
SNF HAI	SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization
National Healthcare Safety Network	
HCP COVID-19 Vaccine	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
HCP Influenza Vaccine	Influenza Vaccination Coverage among Healthcare Personnel (HCP)



SNF Quality Reporting Program (QRP)

- CMS has adopted **SPADEs** for five categories specified in the IMPACT Act:
 - **Cognitive function** (e.g., able to express ideas and to understand normal speech) and mental status (e.g., depression and dementia)
 - **Special services, treatments, and interventions** (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
 - **Medical conditions and comorbidities** (e.g., diabetes, heart failure, and pressure ulcers)
 - **Impairments** (e.g., incontinence; impaired ability to hear, see, or swallow)
 - **Other categories** as deemed necessary by the Secretary (Social Determinants of Health)

SNF Quality Reporting Program (QRP)

- **MDS Reporting Requirements**

- CMS has increased the SNF QRP Data Completion thresholds for the Minimum Data Set (MDS) Data Items beginning with the FY 2026 SNF QRP.
- SNFs will need to report 100% of the required quality measure data and standardized resident assessment data collected using the MDS on at least 90% of the assessments they submit to CMS.
- Starting with data collected in CY 2024, any SNF that does not meet the requirement that 90% of all MDS assessments submitted contain 100% of required data items, will be subject to a reduction of 2 percentage points to the applicable FY annual payment update beginning with FY 2026.
- Providers can sign up for notification of noncompliance at QRPHelp@swingtech.com

MDS Data Elements Used for FY 2028 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Period (Calendar Year 2026)
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	MDS 3.0 V1.20.1
A1005*	Ethnicity	X		X
A1010*	Race	X		X
A1110A	Language: What is your preferred language?	X		X
A1110B	Language: Need or want an interpreter to communicate with a doctor or health care staff?	X		X
A1255	Transportation	X		X
A2105*	Discharge Status		X	X
A2121*	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		X	X
A2122*	Route of Current Reconciled Medication List Transmission to Subsequent Provider		X	X
A2123*	Provision of Current Reconciled Medication List to Resident at Discharge		X	X
A2124*	Route of Current Reconciled Medication List Transmission to Patient		X	X
B0200	Hearing	X		X
B1000	Vision	X		X
B1300	Health Literacy	X	X	X
C0100	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	X	X	X
C0200	Repetition of Three Words	X	X	X
C0300A	Temporal Orientation: Able to report correct year	X	X	X
C0300B	Temporal Orientation: Able to report correct month	X	X	X
C0300C	Temporal Orientation: Able to report correct day of the week	X	X	X
C0500	BIMS Summary Score	X	X	X
C1310A	Signs and Symptoms of Delirium (from CAM ©): Acute Onset Mental Status Change	X	X	X
C1310B	Signs and Symptoms of Delirium (from CAM ©): Inattention	X	X	X
C1310C	Signs and Symptoms of Delirium (from CAM ©): Disorganized Thinking	X	X	X

SNF QRP - Monitoring

B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

Enter Number 1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 CAA:*12, *16, *N045.02 ★, S038.02 ★

Enter Number 2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02 ★

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

Enter Number 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4 CAA:*12, *16, *N045.02 ★, S038.02 ★

Enter Number 2. Number of these Stage 3 pressure ulcers that were present at the time of admission/entry or reentry S038.02 ★

N0415. High-Risk Drug Classes: Use and Indication CATs QM ★ QRP

1. Is taking
Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days

2. Indication noted
If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
A. Antipsychotic CAA: *17(1), *N011.03(1) ★, *N031.04(1) ★, ♠ (1,2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Antianxiety CAA: *11(1), *17(1), *N033.03(1), *N036.03(1)	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant CAA: *11(1), *17(1)	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic CAA: *17(1), *N033.03(1), *N036.03(1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) ♠ (1,2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F. Antibiotic ♠ (1,2)	<input type="checkbox"/>	<input type="checkbox"/>

SNF QRP – Monitoring

- **Data Collection and Submission.**
- Currently, SNFs have 4.5 months to submit corrected MDS assessments to IQIES in order to affect SNF QRO compliance.
- The SNF QRP website contains Data Collection & Final Submission Deadlines tables to ensure compliance.

**Skilled Nursing Facility Quality Reporting Program
Data Collection & Final Submission Deadlines for the FY 2028 SNF QRP***

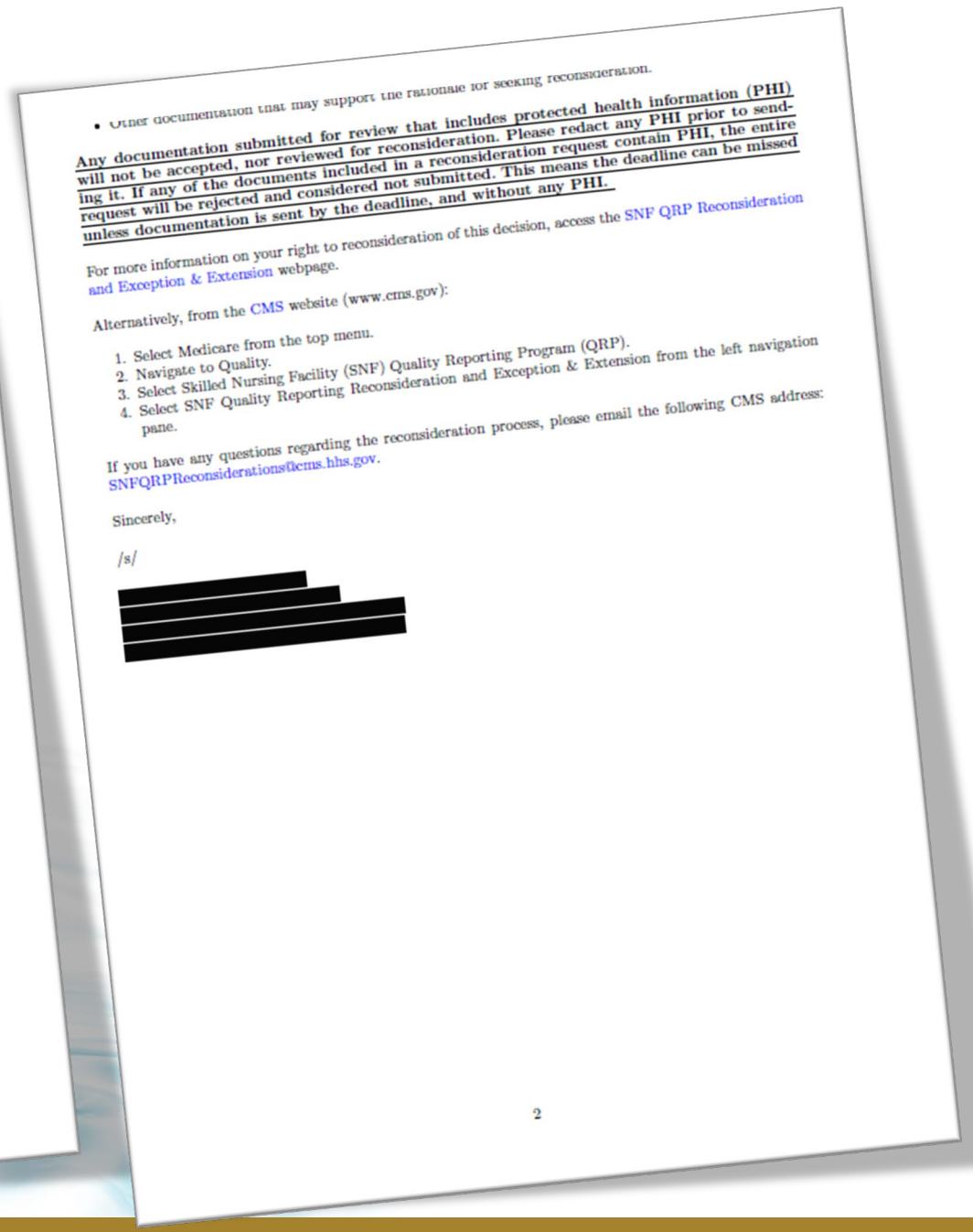
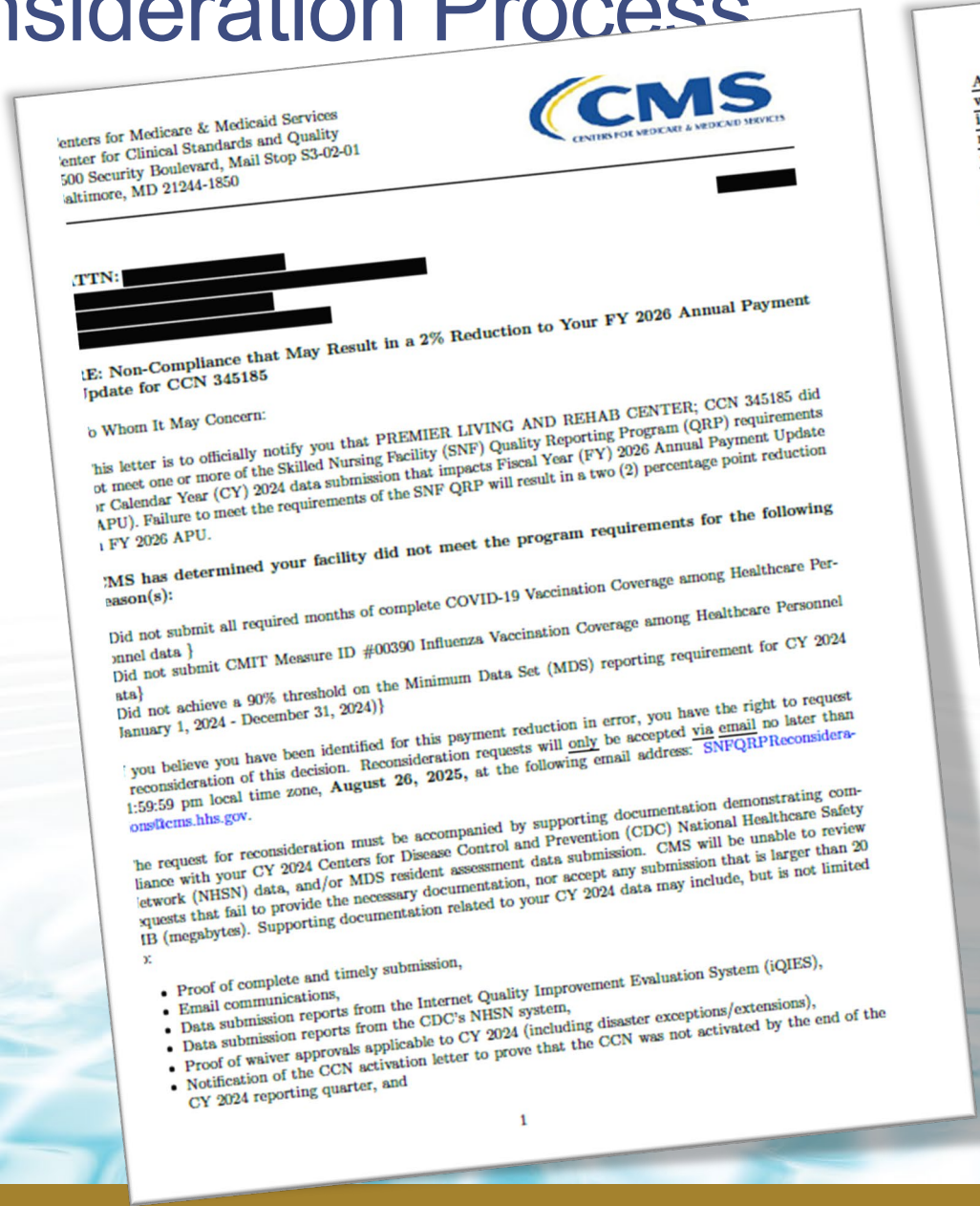
Measure Name	Data Collection Time Frame	Final Submission Deadlines [†]
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury [CMIT Measure ID #00121 (not endorsed)]	January 1, 2026–December 31, 2026	
	January 1–March 31, 2026	August 17, 2026
	April 1–June 30, 2026	November 16, 2026
	July 1–September 30, 2026	February 16, 2027
	October 1–December 31, 2026	May 17, 2027
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) [CMIT Measure ID #00520 (not endorsed)]	January 1, 2026–December 31, 2026	
	January 1–March 31, 2026	August 17, 2026
	April 1–June 30, 2026	November 16, 2026
	July 1–September 30, 2026	February 16, 2027
	October 1–December 31, 2026	May 17, 2027

SNF QRP – Reconsideration

- **Reconsideration Process.**

- Any SNF determined to be non-compliant according to the quality reporting requirements will receive a letter of notification from their Medicare Administrative Contractor (MAC), which will include instructions for requesting reconsideration of this decision.
- This letter also includes the reason(s) for failing APU compliance. SNFs may file for reconsideration if they believe the finding of non-compliance is in error, or they have evidence of the impact of extraordinary circumstances which prevented timely submission of data.
- To apply for reconsideration, the SNF must receive a CMS letter of non-compliance. A SNF disagreeing with the compliance determination and the impending payment reduction decision may submit a request for reconsideration to CMS **within thirty (30) days from the date at the top of the non-compliance notification letter**. CMS will not accept any requests submitted after the thirty (30) days deadline.
- [Reconsideration Instructions](#)

Reconsideration Process



SNF QRP – Validation

MDS-based Measures

- CMS is adopting a similar validation process for the SNF QRP that CMS has adopted for the SNF Value-Based Purchasing (VBP) program in the FY 2024 SNF PPS final rule beginning with the FY 2027 SNF QRP.
- CMS will require that the validation contractor would select, on an annual basis, up to 1,500 SNFs that submit at least one MDS record in the **fiscal year (FY) 2 years prior to the applicable FY SNF QRP.**
- SNFs that are selected to participate in the SNF QRP validation for a program year would be the same SNFs that are randomly selected to participate in the SNF VBP validation process for the corresponding SNF VBP program year.
- CMS will require that the validation contractor would request up to 10 medical records from each of the selected SNFs. The selected SNFs be required to submit the medical records within 45 days of the date of the request (as documented on the request).
- To decrease the burden for the selected SNF, the validation contractor will request that the SNFs submit the same medical records, at the same time, that are required from the same SNFs for purposes of the SNF VBP validation.

SNF QRP Updates – Validation

MDS-based Measures (cont.)

- CMS has finalized that if a SNF does not submit the requested number of medical records within 45 days of the initial request, they would reduce the SNF’s otherwise applicable annual market basket percentage update by 2 percent which would be applied to the payment update 2 fiscal years after the fiscal year for which the validation contractor requested records.
- For example, if the validation contractor requested records for FY 2025, and the SNF did not submit them 45 days of the initial request, we would reduce the SNF’s otherwise applicable annual market basket percentage update by 2 percentage points for the FY 2027 SNF QRP, **(not cumulative for** failing to meet one or more of the SNF QRP’s reporting requirements).

TABLE 30: Data Collection Periods for the SNF Validation Process Affecting the FY 2027 SNF QRP

FY Quarter	Dates	Affects FY QRP
Q1	10/1/2024 – 12/31/2024	27
Q2	1/1/2025 – 3/31/2025	27
Q3	4/1/2025 – 6/30/2025	27
Q4	7/1/2025 – 9/30/2025	27

- CMS also intends to finalize in future rulemaking the process by which they would evaluate the submitted medical records against the MDS to determine the accuracy of the MDS data that the SNF reported, and that CMS used to calculate the measure results.

SNF QRP Validation

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 00-00-00
Baltimore, Maryland 21244-1850



CCSQ/QM/VIG/DCPAC

DATE: <<Audit Notification Distribution Date>>
TO: <SNF Name>, <CCN>
FROM: SNF VBP/QRP Data Validation Team
SUBJECT: SNF VBP/QRP Data Validation Process – Selection Notification

ACTION REQUIRED: Please submit points of contact by <<Date>>. Please submit requested medical record documentation by <<MR Due Date>>.

The Centers for Medicare & Medicaid Services (CMS) has identified <<SNF name>> for participation in the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) and Quality Reporting Program (QRP) Fiscal Year (FY) 2025 Data Validation Process. Per the SNF Prospective Payment System (PPS) FY2024 final rule (CMS-1779-F) and FY2025 final rule (CMS-1802-F), CMS has implemented this validation process for Minimum Data Set (MDS)-based measures to ensure accurate quality data for performance scoring for the SNF Value Based Purchasing and Quality Reporting Programs. This validation process aims to verify the validity of MDS data elements by comparison to resident medical records.

CMS has selected Healthcare Management Solutions, LLC (HMS) to perform the independent, external SNF Data Validation Process initiative. HMS will be your main point of contact throughout the validation process.

Detailed information, including instructions on submitting medical records and your facility's MDS Assessment record sample are included below. Importantly, requested documentation must be submitted within forty-five (45) calendar days from the date of this notification. Please note that noncompliance may result in a 2% reduction to your Annual Payment Update in accordance with Section 1888(e)(6)(A) of the Act.

HMS is requesting that you provide contact information for the main point-of-contact (POC) and a secondary POC that will be used as the primary mechanism for communication with your facility throughout the process. Please prioritize the completion of the POC survey at the link below **within five (5) business days** of receipt of this notification.

<<survey link>>

For any queries or concerns, the team may be contacted through the SNF Data Validation Help Desk at snfvalidation@hcmsllc.com. Please make sure your six (6)-digit CMS Certification Number (CCN) is included in any communications.

We appreciate your cooperation and understanding during this validation process.

Thank you,
SNF VBP/QRP Data Validation Team

SNF VBP/QRP Connection: Health Equity

- CMS is committed to developing approaches to meaningfully incorporate the advancement of health equity into the SNF QRP. One option we are considering is including **social determinants of health (SDOH) as part of new quality measures.**
- CMS is considering whether health equity measures we have adopted for other settings, such as hospitals, could be adopted in post-acute care settings.
- CMS is exploring ways to incorporate SDOH elements into the measure specifications. For example, CMS is considering **a future health equity measure like screening for social needs and interventions.**
- **With 30 percent to 55 percent of health outcomes attributed to SDOH,** a measure capturing and addressing SDOH could encourage SNFs to identify residents' specific needs and connect them with the community resources necessary to overcome social barriers to their wellness.

SNF VBP/QRP Connection: Health Equity

- **Health Equity Update SNF PPS FY 2024**
- CMS could specify a health equity measure using the same SDOH data items that we currently collect as standardized patient assessment data elements under the SNF.
- These SDOH data items assess health literacy, social isolation, transportation problems, and preferred language (including need or want of an interpreter).
- CMS also sees value in aligning SDOH data items across all care settings as we develop future health equity quality measures under our SNF QRP statutory authority.

Health Equity Confidential Feedback Reports

- CMS Has posted provider specific health equity confidential feedback reports in IQIES related to two SNF QRP claims based measures.
 - Medicare Spending per beneficiary (MSPB)
 - Discharge to community (DTC)
- In these reports, the data related to these two measures have been broken apart so that facilities can see from a health equity perspective, i.e., dual eligible, non-dual, white, and non-white, how they compare to other related groups of residents within their own organization and in subsets of the broader SNF population.
- Helpful information includes provider's percentage of dually eligibles and non-dually eligibles compared to their peers in the region, state and nationally.

Feedback Reports and Monitoring

MDS Validation Error Message Guide

Error ID	Error Message	Severity	Type	Potential Cause	Tips
-3897	Payment Reduction Warning: If A0310B equals 01 or 08, then a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.	Warning	Consistency	The value submitted in this quality measure item is a dash (-) indicating that the item was not assessed, or information was not available.	If A0310B is 01 or 08, not assessing a quality measure item may result in a payment reduction for your facility of 2% for the affected fiscal year payment determination.
-3908	Payment Reduction Warning: If A0310H equals 1, a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.	Warning	Consistency	The value submitted in this quality measure item is a dash (-) indicating that the item was not assessed, or information was not available.	If A0310H (Is this a SNF Part A PPS Discharge Assessment?) is a 1, not assessing this quality measure item may result in a payment reduction for your facility of 2% for the affected fiscal year payment determination.

Feedback Reports and Monitoring



MDS 3.0 NH Error Detail Report

Note:* indicates an empty value

Facility ID: [REDACTED]
 Facility Name: [REDACTED]
 City/State: [REDACTED]

Report Period: 01/01/2025 - 12/11/2025
 Report Run Date: 12/11/2025
 Error Numbers Selected: -3897, -3908



Error Number

Error Type

Error Message

-3897

Warning

Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.

Submission Date	Last Name	First Name	Assessment ID	Field in Error	Value in Error
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	★ B1300	-
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	★ B1300, GG0130A1, GG0130B1, GG0130C1, GG0130E1, GG0130F1, GG0130G1, GG0130H1, GG0170A1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, GG0170F1, GG0170G1, GG0170I1, GG0170J1, GG0170K1, GG0170L1, GG0170M1, GG0170N1, GG0170O1, GG0170P1, GG0170Q1, GG0170R1, GG0170RR1, GG0170S1, GG0170SS1

Feedback Reports and Monitoring

Care Compare Five-Star Ratings of Nursing Homes Provider Rating Report for November/December 2025

Ratings for [REDACTED]			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★★	★★★★	★★★	★★

Short-Stay Quality Measures that are Included in the QM Rating

MDS Short-Stay Measures	[REDACTED]				[REDACTED]	[REDACTED]	
				4Q avg	Rating Points	4Q avg	4Q avg
<i>The time period for data used in reporting is 1/1/2024 through 12/31/2024</i>							
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened ¹			→	2.8%	60	2.5%	2.5%
<i>Higher percentages are better.</i>							
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge ¹			→	36.7%	30	54.4%	53.6%

Feedback Reports and Monitoring

SNF QRP Facility-Level Quality Measure (QM) Report

Requested Report End Date: 12/31/2025

Report Run Date: 12/10/2025

Report Version Number: 2.7

Facility ID:

[REDACTED]

Facility Name:

[REDACTED]

CCN:

[REDACTED]

City/State:

[REDACTED]

Source: Minimum Data Set 3.0 (MDS 3.0)

Data Calculation Date: 12/01/2025

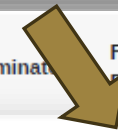
Table Legend

Dash (-): Data not available or not applicable

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
Pressure Ulcer/Injury	01/01/2025 - 12/31/2025	S038.02	01/01/2025 - 12/31/2025	2	60	3.33%	3.04%	2.60%



Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Average Observed Discharge Score	Average Expected Discharge Score	Numerator	Denominator	Facility Percent	National Average
Discharge Function Score	01/01/2025 - 12/31/2025	S042.02; S042.03	01/01/2025 - 09/30/2025; 10/01/2025 - 12/31/2025	43.81	42.92	23	43	53.49%	56.37%



Feedback Reports and Monitoring

iQIES Report



SNF QRP Resident-Level Quality Measure (QM) Report

Requested Report End Date: 12/31/2025
 Report Run Date: 12/11/2025
 Data Calculation Date: 12/01/2025
 Report Version Number: 2.6

#	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	Undesirable Outcomes	01/01/2025 - 12/31/2025	S038.02	01/01/2025 - 12/31/2025
2	Application of Falls	Undesirable Outcomes	01/01/2025 - 12/31/2025	S013.02	01/01/2025 - 12/31/2025
3	Discharge Self-Care Score	Desirable Outcomes or Processes Performed	01/01/2025 - 12/31/2025	S024.06; S024.07	01/01/2025 - 09/30/2025; 10/01/2025 - 12/31/2025
4	Discharge Mobility Score	Desirable Outcomes or Processes Performed	01/01/2025 - 12/31/2025	S025.06; S025.07	01/01/2025 - 09/30/2025; 10/01/2025 - 12/31/2025
5	Discharge Function Score	Desirable Outcomes or Processes Performed	01/01/2025 - 12/31/2025	S042.02; S042.03	01/01/2025 - 09/30/2025; 10/01/2025 - 12/31/2025
6	DRR	Desirable Outcomes or Processes Performed	01/01/2025 - 12/31/2025	S007.02	01/01/2025 - 12/31/2025
7	TOH - Provider	Desirable Outcomes or Processes Performed	01/01/2025 - 12/31/2025	S043.02	01/01/2025 - 12/31/2025
8	TOH - Patient	Desirable Outcomes or Processes Performed	01/01/2025 - 12/31/2025	S044.02	01/01/2025 - 12/31/2025
9	Resident COVID-19 Vaccine	Desirable Outcomes or Processes Performed	10/01/2025 - 12/31/2025	S045.01	10/01/2025 - 12/31/2025

Table Legend

Dash (-): Data not available or not applicable
 X: Triggered (Bold indicates an undesirable outcome)
 NT: Not Triggered (Bold indicates a desirable outcome did not occur or process was not performed)
 E: Excluded from analysis based on quality measure exclusion criteria

Feedback Reports and Monitoring

Resident Name	Resident ID	Admission Date	Discharge Date	Undesirable Outcomes		Desirable Outcomes or Processes Performed						
				QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8	QM 9
██████████	████	████	████	NT	NT	X		X	X	X	E	NT
██████████	████	████	████	NT	NT	X		NT	X	X	E	NT
██████████	████	████	████	NT	NT	NT		NT	X	X	E	NT
██████████	████	████	████	NT	NT	NT	NT	NT	X	X	E	NT
██████████	████	████	████	NT	NT	E	E	E	X	X	E	NT
██████████	████	████	████	NT	NT	E	E	E	X	X	E	NT
██████████	████	████	████	NT	X	E	E	E	X	X	E	NT
██████████	████	████	████	NT	NT	X		X	X	X	E	NT
██████████	████	████	████	NT	NT	NT	NT	NT	X	E	E	NT
██████████	████	████	████	NT	NT	X	X	X	X	E	E	NT
██████████	████	████	████	NT	NT	X		NT	X	X	E	NT
██████████	████	████	████	NT	NT	NT	NT	NT	X	E	E	NT
██████████	████	████	████	NT	NT	NT		X	X	E	E	NT
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██████████	████	████	████	NT	NT	E	E	E	X	X	E	NT
██████████	████	████	████	E	E	E	E	E	E	E	E	NT

Feedback Reports and Monitoring

iQIES Report



FY 2027 SNF QRP Provider Threshold Report

CCN	[REDACTED]	Report Run Date	12/11/2025
Facility Name	[REDACTED]	Data Collection Start Date	01/01/2025
City/State	[REDACTED]	Data Collection End Date	12/31/2025

# of MDS 3.0 Assessments Submitted:	136
# of MDS 3.0 Assessments Submitted Complete:	136
% of MDS 3.0 Assessments Submitted Complete:	100%*

* FY 2027 SNF QRP APU Table for Reporting Measures and Data is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

Feedback Reports and Monitoring

iQIES Report



SNF QRP Review and Correct Report

Facility ID:	[REDACTED]	Requested Quarter End Date:	Q4 2025
CCN:	[REDACTED]	Report Release Date:	01/01/2025
Facility Name:	[REDACTED]	Report Run Date:	12/11/2025
City/State:	[REDACTED]	Data Calculation Date:	12/08/2025
		Report Version Number:	3.2

MDS 3.0 QUALITY MEASURE

Discharge Function Score

Reference page 1 of this report to locate the Table Legend

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Average Observed Discharge Function Score	Number of SNF Stays that Triggered the Quality Measure***	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2025	S042.03	10/01/2025	12/31/2025	05/18/2026	Open	-	-	-	-
Q3 2025	S042.02	07/01/2025	09/30/2025	02/17/2026	Open	41.93	7	11	63.64%
Q2 2025	S042.02	04/01/2025	06/30/2025	11/17/2025	Closed	49.92	7	13	53.85%
Q1 2025	S042.02	01/01/2025	03/31/2025	08/18/2025	Closed	41.25	5	12	41.67%
Cumulative	-	01/01/2025	12/31/2025	-	-	44.59	19	36	52.78%

New Falls With Major Injury QRP QM

- CMS recently respecified the quality measure titled, “Application of Percent of Residents Experiencing One or More Falls with Major Injury”. The old measure was simple and essentially measured FMI for residents in a Medicare Part A stay using MDS item J1900C.

Table 8-1
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)³⁴

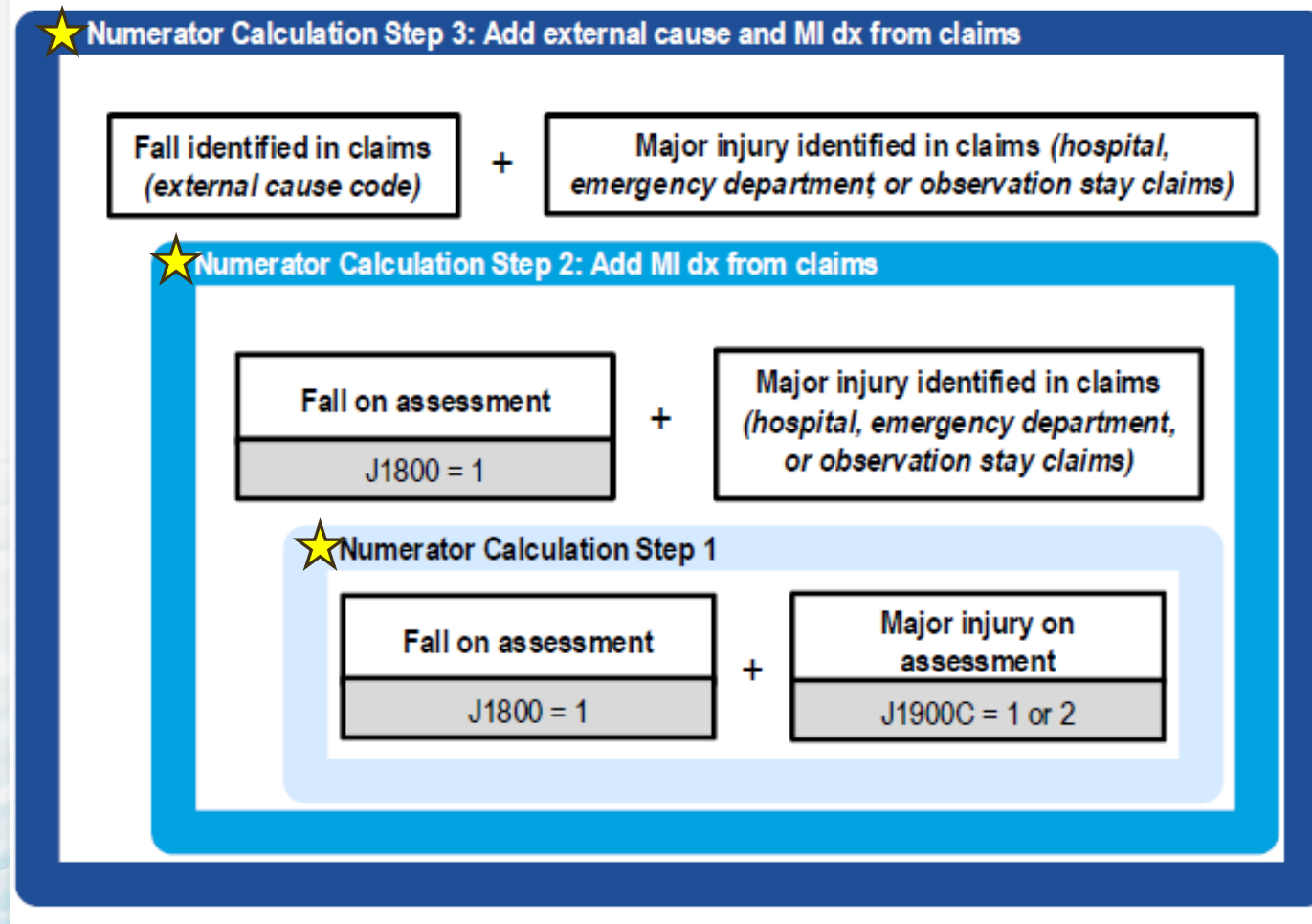
Measure Description
This quality measure reports the percentage of Medicare Part A SNF stays where one or more falls with major injury (includes bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) were reported during the SNF stay.
Measure Specifications ³⁵
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 ³⁶ (except those with exclusions).
<i>Exclusions</i> Medicare Part A SNF stays are excluded if:
<ol style="list-style-type: none"> 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>). <ol style="list-style-type: none"> 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.

New Falls With Major Injury QRP QM

- The respecified quality measure reports the percentage of **Type 1 SNF stays** where the patient had one or more FMI events (with major injury including, but not limited to, traumatic bone fractures, joint dislocations/ subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries and crush injuries).
- 1. The measure uses MDS assessment data and claims data to identify falls with a major injury that occurred during the SNF stay. Specifically, the measure identifies an FMI event using the MDS J1800 and J1900 items to determine whether any falls resulted in a major injury
- 2. The measure also uses claims data to identify FMI events using diagnosis codes to identify a major injury that likely resulted from a fall identified in the MDS data at item J1800 during a SNF stay.
- 3. The measure also uses claims data to determine whether a fall occurred during the SNF stay using external cause of injury codes and whether the fall resulted in a major injury using claims diagnosis codes.
- Numerator Calculation Steps 2 and 3 use ICD-10-CM diagnosis codes in Medicare FFS claims to identify major injuries. Numerator Calculation Step 3 also uses ICD-10 external cause of injury codes in Medicare FFS claims to identify falls. Every eligible SNF stay is evaluated for an FMI using the three numerator calculation steps.

New Falls With Major Injury QRP QM

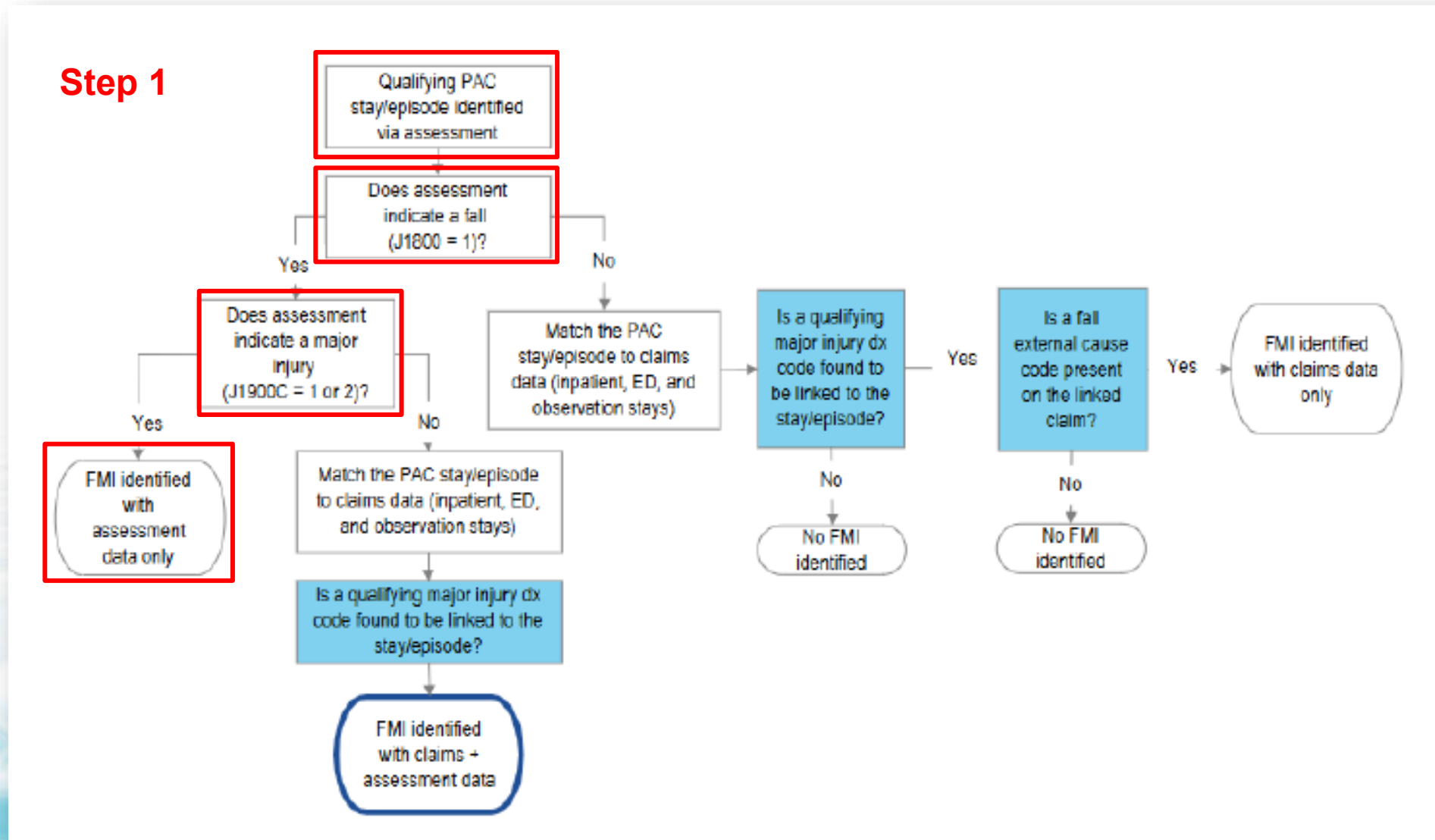
Exhibit 1. Graphical Depiction of Steps for Calculating Respecified FMI Measure



New Falls With Major Injury QRP QM

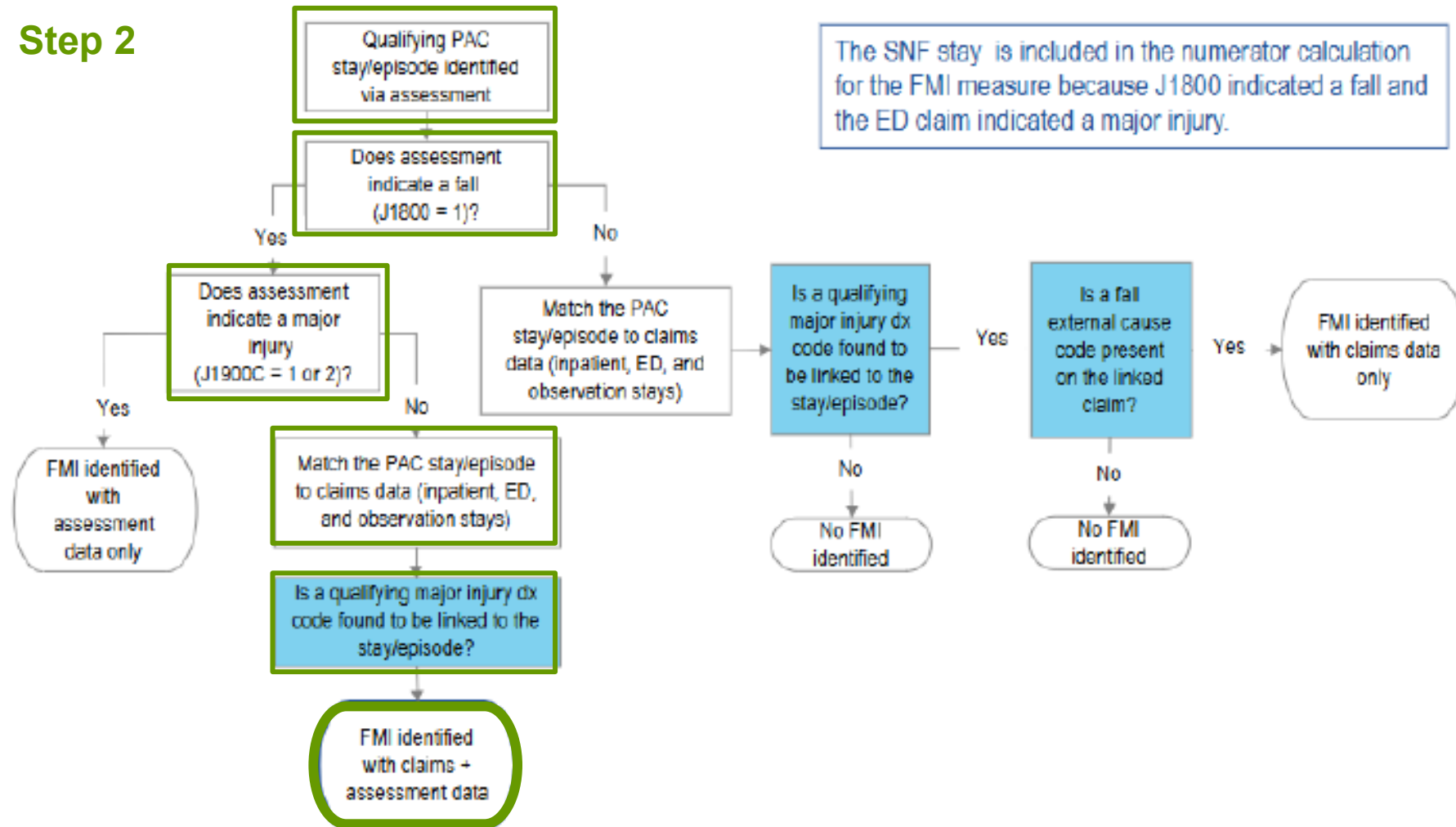
- The numerator for this quality measure is the number of **Type 1 SNF** stays in which the patient experienced one or more falls that resulted in major injury, as determined from review of the assessment data (J1800 and J1900) and claims data (hospital, ED, and observation stay).
- The FMI denominator includes all **Type 1 SNF** stays other than those covered by generic and measure-specific denominator exclusions.
- The only current exclusions for the respecified FMI measure are standard SNF QRP exclusions. Standard SNF QRP exclusions consist of Type 2 stays.

New Falls With Major Injury QRP QM



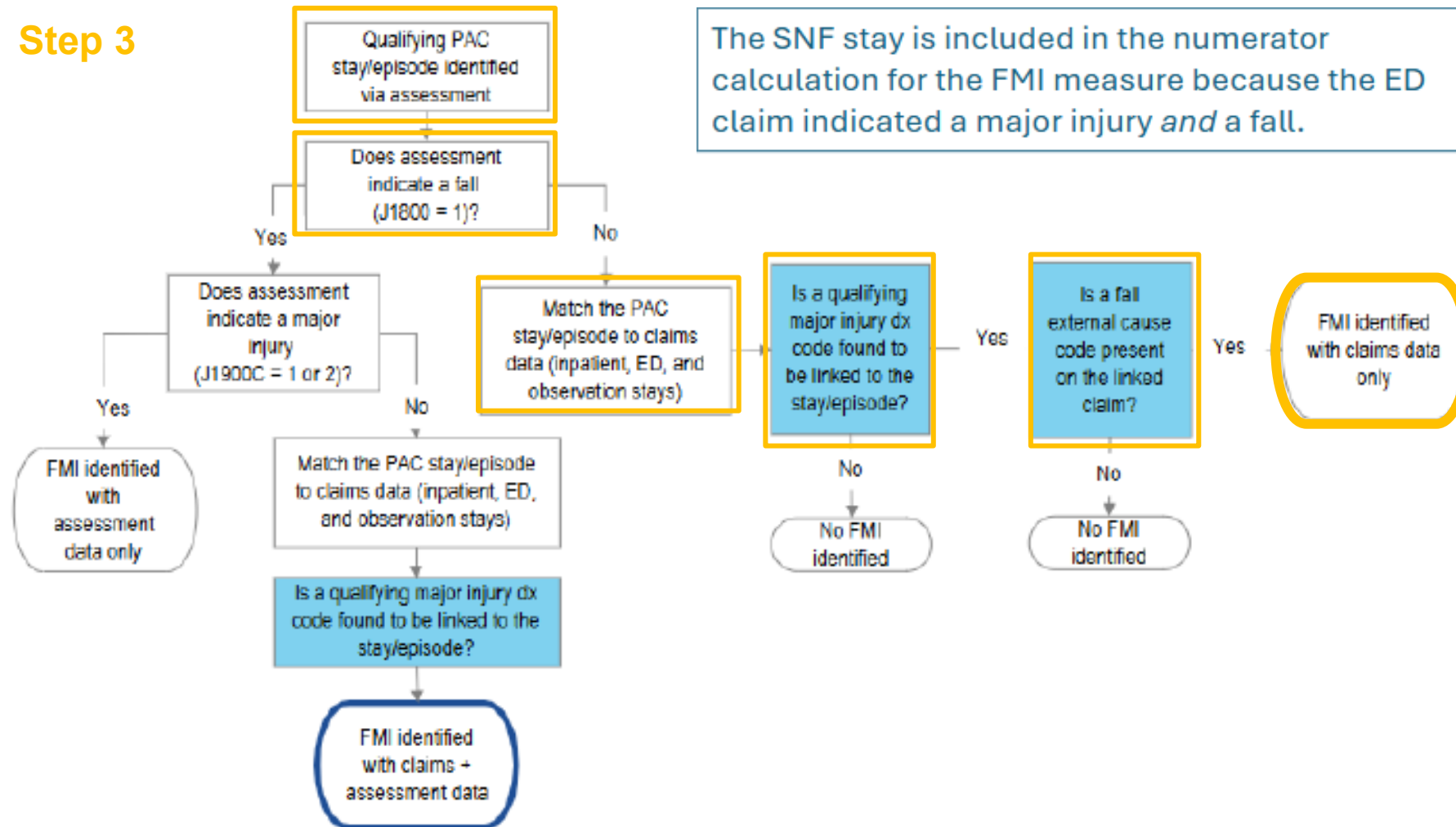
New Falls With Major Injury QRP QM

Step 2



New Falls With Major Injury QRP QM

Step 3



Next Steps

- Understand your measures
- Be aware of what is triggering while you're completing the MDS
- Keep Track of your data
- Run your review and correct reports frequently
- Know the review and correct deadlines for SNF QRP
- Make corrections as necessary
- Complete Reconsiderations as needed.
- Use the data for Quality Improvement
- Know the penalties will affect your facility bottom line
- Care Compare is your reflection

QUESTIONS?

