

# SNF QRP & iQIES QRP Reports

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## Objectives

- Provide information on the SNF QRP and requirements
- Explore the SNF QRP QMs
  - MDS-based
  - Claims-based
  - NHSN-based
- Review the following iQIES Reports
  - SNF QRP Provider Threshold Report
  - MDS 3.0 Error Detail Report
  - SNF QRP Review and Correct Report
  - SNF QRP Facility-Level QM Report
  - SNF QRP Resident-Level QM Report
- Identify Resources for the SNF QRP

## Acronyms In This Presentation

- ACIP: Advisory Committee on Immunization Practices
- APU: Annual Payment Update
- ARD: Assessment Reference Date
- CDC: Centers for Disease Control
- CMS: Centers for Medicare and Medicaid Services
- CY: Calendar Year
- DTC: Discharge to Community
- DRR: Drug Regimen Review
- FY: Fiscal Year
- HAI: Healthcare Associated Infection
- HARP: HCQIS Access Roles and Profile
- HCQIS: Healthcare Quality Information System
- HCP: Health Care Personnel
- HHA: Home Health Agency
- IMPACT: Improving Medicare Post-Acute Care Transformation
- iQIES: Internet Quality Improvement and Evaluation System
- IRF: Inpatient Rehabilitation Facility

## Acronyms In This Presentation

- LTCH: Long-Term Care Hospital
- MAC: Medicare Administrative Contractor
- MDS: Minimum Data Set
- MSPB: Medicare Spending Per Beneficiary
- NHSN: National Healthcare Safety Network
- OBRA: Omnibus Budget Reconciliation Act
- PAC: Post Acute Care
- PPR: Potentially Preventable Readmission
- PPS: Prospective Payment System
- PSO: Provider Security Official
- QM: Quality Measure
- QRP: Quality Reporting Program
- RAI: Resident Assessment Instrument
- SNF: Skilled Nursing Facility
- TOH: Transfer of Health
- VR: Validation Report

# **SNF Quality Reporting Program (QRP)**

## **SNF QRP**

- As a result of the IMPACT Act, CMS requires the reporting of standardized QM data for Traditional Medicare Part A stays from the four PAC providers: SNFs (includes non-critical access hospital swing beds), IRFs, LTCHs, HHAs.
- CMS implements quality initiatives to assure quality health care for Medicare beneficiaries through accountability and public disclosure. Quality measures are tools that evaluate health care processes, outcomes, patient perceptions, and systems that are associated with the ability to provide high-quality health care.

## SNF QRP

Data that CMS looks at for the SNF QRP includes:

- **MDS data:** Comes from the MDS records that are transmitted to the CMS iQIES system
- **Claims based data:** Comes from claims from the hospital and from the SNF
- **NHSN Data:** Comes from data transmitted to NHSN

## SNF QRP

SNFs must meet or exceed two data completeness thresholds to comply with the SNF QRP.

### MDS Assessment Data:

- Data submitted through iQIES must meet a **90%** threshold.

### NHSN Data:

- Data submitted through NHSN must meet a **100%** threshold.

Failure to submit the required quality data may result in a two-percentage-point (2%) reduction in the SNF's annual payment update (APU).

## SNF QRP Data Deadlines

- MDS and NHSN data are submitted to CMS based on deadlines established for the APU determination year. If corrections to the Quality Measure data need to be made, they must be submitted before the SNF QRP submission deadlines.
- Data submission deadlines for the SNF QRP quality measures can be found in the Downloads section of the [SNF QRP Data Submission Deadlines](#) webpage.

## SNF QRP Compliance

**For help monitoring compliance with the SNF QRP data submission requirements:**

- CMS sends informational messages to SNFs that are **NOT** meeting Annual Payment Update (APU) thresholds on a quarterly basis ahead of each submission deadlines.
- **Email:** [QRPHelp@swingtech.com](mailto:QRPHelp@swingtech.com) to receive this information.
- Include your facility name and CMS Certification Number (CCN) with this request.

## **SNF QRP Noncompliance**

- Any SNF found non-compliant with the QRP will receive a letter of notification from its Medicare Administrative Contractor (MAC). Non-compliance letters will be placed into the iQIES Non-Compliance Notification system-created permanent folder.
- If a SNF believes the finding of non-compliance is an error, or it has evidence that an extraordinary circumstance prevented timely submission of data, the SNF may file for a reconsideration within 30 days from the date at the top of the non-compliance letter.

## **SNF QRP MDS Data**

## SNF QRP MDS-Based QMs

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- Application of % of Residents Experiencing One or More Falls with Major Injury
- Drug Regimen Review Conducted with Follow-Up for Identified Issues
- SNF Functional Outcome Measure: Discharge Self-Care Score for SNF Residents
- SNF Functional Outcome Measure: Discharge Mobility Score for SNF Residents
- Discharge Function Score
- Transfer of Health Information to the Patient Post-Acute Care
- Transfer of Health Information to the Provider Post-Acute Care Discharge Function Score
- COVID-19 Vaccine: Percent of Resident Who Are Up to Date
  - Data collection for this QM will begin on 10/1/24 using a new item that will be added to the MDS

## Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

- Reports the percentage of Med A stays with Stage 2 – 4 pressure ulcers, unstageable pressure ulcers or deep tissue injury that are new or worsened since admission as reported on the PPS Discharge.
- Undesirable outcome so lower percentages are better.

## **Falls With Major Injury**

- Reports the percentage of Med A stays where one or more falls with major injury were reported during the SNF stay as reported on any OBRA A0310A MDS, the PPS 5-day, an OBRA Discharge or a PPS Discharge.
- Undesirable outcome so lower percentages are better.

## **Drug Regimen Review (DRR) Conducted With Follow-Up for Identified Issues**

Reports the percentage of Med A SNF stays in which a DRR was conducted at the time of admission and timely follow-up with a physician occurred each time potential or actual clinically significant medication issues were identified throughout the stay as reported on the PPS 5-day for N2001 and N2003 and the PPS Discharge for N2005.

- Process measure so higher percentages are better.



## **Functional Outcome Measure: Discharge Self-Care Score for SNF Residents**

Estimates the % of Med A stays that meet or exceed an expected discharge self-care score.

- Expected scores are calculated and risk-adjusted based on resident characteristics.
- Sums the scores of the discharge self-care items to create a discharge self-care score for each Med A SNF stay.
- Each resident-stay's observed discharge self-care score is compared to the expected discharge self-care score, except those stays that are excluded.
- Desirable outcome so higher percentages are better.

## **Functional Outcome Measure: Discharge Mobility Score for SNF Residents**

Estimates the % of Med A stays that meet or exceed an expected discharge mobility score.

- Expected scores are calculated and is risk - adjusted based on resident characteristics.
- Sums the scores of the discharge mobility items to create a discharge mobility score for each Med A SNF stay.
- Each resident-stay's observed discharge mobility score is compared to the expected discharge mobility score, except those stays that are excluded.
- Desirable outcome so higher percentages are better.

## **Discharge Function Score**

Reports the percentage of Medicare Part A SNF residents who achieve a risk-adjusted expected function score at discharge.

- The function score comes from GG0130 self-care and GG0170 mobility items.
- Expected scores are calculated and risk - adjusted based on resident characteristics.
- Sums the values of the discharge function items to calculate the observed discharge function score for each Medicare Part A SNF stay.
- Each resident-stay's observed discharge function score is compared to the expected discharge function score, except those stays that are excluded.
- Desirable outcome so higher percentages are better.

## **Transfer of Health Information - Provider**

Reports the percentage of Med A stays with a discharge assessment indicating that a current reconciled medication list was provided to the subsequent provider at discharge.

- Process measure so higher percentages are better.

## **Transfer of Health Information - Patient**

Reports the percentage of Med A stays with a discharge assessment indicating that a current reconciled medication list was provided to the patient/family/caregiver at discharge.

- Process measure so higher percentages are better.

## **COVID-19 Vaccine:**

### **Percent of Residents Who Are Up to Date**

Reports the percentage of Med A 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.

- Data collection for this QM will begin on 10/1/24 using new item O0350.
- Process measure so higher percentages are better.

## SNF QRP MDS Data Deadlines

Data for 1/1/24 – 3/31/24 due by 8/15/24  
Data for 4/1/24 – 6/30/24 due by 11/18/24  
Data for 7/1/24 – 9/30/24 due by 2/18/25  
Data for 10/1/24 – 12/31/24 due by 5/15/25

Data for 1/1/25 – 3/31/25 due by 8/18/25  
Data for 4/1/25 – 6/30/25 due by 11/17/25  
Data for 7/1/25 – 9/30/25 due by 2/17/26  
Data for 10/1/25 – 12/31/25 due by 5/18/26

## SNF QRP MDS Data

- At least **90%** of qualifying MDS assessments for CY 2024 must contain 100% completion of the SNF QRP data elements necessary to calculate the QRP MDS-based QMs or the SNF could have a 2% reduction in their APU for FY 2026 (10/1/25 through 9/30/26).
- At least **90%** of qualifying MDS assessments for CY 2025 must contain 100% completion of the SNF QRP data elements necessary to calculate the QRP MDS-based QMs or the SNF could have a 2% reduction in their APU for FY 2027 (10/1/26 through 9/30/27).

## SNF QRP MDS Data

- Complete a PPS 5-day and PPS Discharge for every Traditional Medicare Part A stay (unless the resident passes away during their Med A stay, then a PPS Discharge is not required).
- Only submit PPS assessments that are for Traditional Med A stays (don't submit PPS assessments for Medicare Advantage or HMO stays).
- Try to not dash items that are required for QRP compliance on the PPS 5-day or PPS Discharge. These items are listed in the SNF QRP Overview of Data Elements Used for Reporting Assessment-Based QMs APU Determination documents.

## SNF QRP MDS Data

The Downloads section on the [SNF QRP Measures and Technical Information webpage](#) contains:

- **SNF QRP Overview of Data Elements Used for Reporting Assessment-Based QMs Affecting FY 2026 APU Determination**
- **SNF QRP Overview of Data Elements Used for Reporting Assessment-Based QMs Affecting FY 2027 APU Determination**

These documents contain the data elements needed to calculate the SNF QRP measures.

Successful assessment completion means the assessment does not contain dashes for required data elements.

## SNF QRP MDS Data

Error codes that will show up on the VR to assist providers in meeting their MDS data threshold requirement.

### Payment Reduction Warnings:

- Error ID 3891: All discharge goals dashed on PPS 5-day
- Error ID 3897: SNF QRP required item dashed on PPS 5-day or IPA.
- Error ID 3908: SNF QRP required item dashed on PPS Discharge.

Beginning October 1, 2023, a goal is not required to be coded to fulfill requirements of the SNF QRP. CMS plans to remove the Self-Care Discharge and Mobility Discharge Goals with the next release of the MDS. However, SNFs will continue to receive an APU warning if a MDS is submitted to iQIES without at least one self-care or mobility discharge goal. SNFs can ignore this warning and proceed with submitting their assessment.

## SNF QRP Claims Data

## **SNF QRP Claims-Based QMs**

Four claims-based measures are included in the SNF QRP. These measures are calculated through Medicare Fee-For-Service claims data and do not require SNFs to submit any additional data to CMS. The claims-based measures include:

- Potentially Preventable 30-Day Post-Discharge Readmission Measure for SNF QRP
- Discharge to Community – PAC SNF QRP
- Medicare Spending Per Beneficiary – PAC SNF QRP
- SNF HAI Requiring Hospitalization

## **Potentially Preventable 30-Day Post-Discharge Readmission**

- This claims-based QM estimates the risk-standardized rate of unplanned, potentially preventable short-stay acute-care hospital or LTCH readmissions for Medicare fee-for-service beneficiaries within a 30-day window following discharge from the SNF.
- Includes discharges to non-hospital post-acute levels of care or to the community.
- Reflects readmission rates for residents who are readmitted with a principal diagnosis considered to be unplanned and potentially preventable.
- Observation window is 30-days after discharge from the SNF (excludes day of discharge and day after; 30 days starts 2 days after discharge).
- Undesirable outcome so lower percentages are better.

## Discharge to Community

- This claims-based QM reports a SNF's risk-standardized rate of Medicare Part A 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 in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community.
- Desirable outcome so higher percentages are better.

## Medicare Spending Per Beneficiary

- This claims-based QM evaluates SNF providers' efficiency relative to the efficiency of the national median SNF provider by assessing the cost to Medicare for services performed by the SNF provider during a Medicare Part A stay.
- This measure evaluates the provider's actual spending on a beneficiary's episode compared to what they are expected to spend for that episode, given that particular beneficiary's health characteristics as predicted through the use of a risk adjustment model.
- A value greater than 1 indicates that overall, the provider's actual Medicare spending was more than expected. A value less than 1 indicates that overall, the provider's actual Medicare spending was less than expected in that performance period.



## **HAI Requiring Hospitalization**

- This claims-based QM estimates the risk-standardized rate of HAIs acquired during SNF care that results in hospitalization during the time window beginning on day four after SNF admission and within day three after SNF discharge.
- It is important to recognize that HAIs in SNFs are not considered “never-events.” The goal of this risk-adjusted measure is to identify SNFs that have notably higher rates of HAIs that result in hospitalization when compared to their peers.
- Undesirable outcome so lower percentages are better.

## **SNF QRP NHSN Data**

## SNF QRP NHSN QMs

Two measures are included in the SNF QRP that are reported through NHSN.

- COVID-19 Vaccination Coverage among HCP
- Influenza Vaccination Coverage among HCP

## COVID-19 Vaccination Coverage among HCP

- This CDC NHSN-based QM identifies the percentage of 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.
- Process measure so higher percentages are better.
- Providers are required to submit 1 week of HCP COVID-19 vaccination data per month. SNFs have the option of which week to report.
- This data is to be reported in the CDC NHSN LTCF Component.
- If more than 1 week of data is submitted per month then the most recent week will be used to calculate the QM.
- Those 3 weeks (one week per month) out of the quarter will be used to calculate the quarterly rate.

## **COVID-19 Vaccination Coverage among HCP SNF QRP NHSN Data Deadlines**

Data for 1/1/24 – 3/31/24 due by 8/15/24  
Data for 4/1/24 – 6/30/24 due by 11/18/24  
Data for 7/1/24 – 9/30/24 due by 2/18/25  
Data for 10/1/24 – 12/31/24 due by 5/15/25

Data for 1/1/25 – 3/31/25 due by 8/18/25  
Data for 4/1/25 – 6/30/25 due by 11/17/25  
Data for 7/1/25 – 9/30/25 due by 2/17/26  
Data for 10/1/25 – 12/31/25 due by 5/18/26

## **COVID-19 Vaccination Coverage among HCP SNF QRP NHSN Data**

- 100% of the required NHSN COVID-19 vaccination among HCP data for CY 2024 must contain the data necessary to calculate the QRP NHSN QM or the SNF could have a 2% reduction in their APU for FY 2026 (10/1/25 through 9/30/26).
- 100% of the required NHSN COVID-19 vaccination among HCP data for CY 2025 must contain the data necessary to calculate the QRP NHSN QM or the SNF could have a 2% reduction in their APU for FY 2027 (10/1/26 through 9/30/27).

## COVID-19 Vaccination Coverage among HCP Resources

[LTCF COVID-19/Respiratory Pathogens Vaccination CDC NHSN Webpage](#)

- Protocols
- CSV files
- Quick Reference guides
- Data Collection forms
- FAQs
- Training slides

## Influenza Vaccination Coverage among HCP

- This CDC NHSN-based QM identifies the percentage of HCP who receive the influenza vaccination among the total number of HCP in the facility for at least one working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
- Process measure so higher percentages are better.
- Requires the provider submit a minimum of one report to the NHSN by the data submission deadline of May 15th for each influenza season.
- SNFs are required to report Annual HCP influenza vaccination summary data through the NHSN Healthcare Personnel Safety (HPS) Component. The NHSN Facility Administrator must activate this component. The facility administrator must request level 3 access, if it has not already been granted, before they can add the HPS component.

## **Influenza Vaccination Coverage among HCP SNF QRP NHSN Data Deadlines**

Data for 10/1/24 – 3/31/25 due by 5/15/25

Data for 10/1/25 – 3/31/26 due by 5/15/26

## **Influenza Vaccination Coverage among HCP SNF QRP NHSN Data**

- 100% of the required NHSN Influenza vaccination among HCP data for 10/1/24 through 3/31/25 must contain the data necessary to calculate the QRP NHSN QM or the SNF could have a 2% reduction in their APU for FY 2026 (10/1/25 through 9/30/26).
- 100% of the required NHSN Influenza vaccination among HCP data for 10/1/25 through 3/31/26 must contain the data necessary to calculate the QRP NHSN QM or the SNF could have a 2% reduction in their APU for FY 2027 (10/1/26 through 9/30/27).

## Influenza Vaccination Coverage among HCP Resources

### [Healthcare Personnel \(HCP\) Flu Vaccination CMS NHSN Webpage](#)

- Protocols
- Data collection forms
- FAQs
- Training slides (located under “Facility-Specific Training Slides”)
  - Long-term Care Facility Office Hours – February 2024 (slides)
  - Long-term Care Facility Office Hours – February 2024 (16 min video)

## NHSN Reporting

- It is recommended that each facility have at least two NHSN users (including one with NHSN Facility Administrator rights).

### NHSN Facility Administrator:

- There is only one NHSN Facility Administrator per facility.
- Only person who can re-assign the role of NHSN Facility Administrator to another user.
- NHSN Facility Administrator should transfer role to another user prior to leaving the facility.

If the previous NHSN Facility Administrator has left the facility, NHSN can add an individual as the new NHSN Facility Administrator:

- Do not re-enroll the facility in NHSN.
- Complete the [NHSN Facility Administrator Change Request Form](#).
- After being assigned as the new NHSN Facility Administrator, begin the new NHSN user onboarding process.

## NHSN Reporting

Q: How do I verify my NHSN data submission?

The best way to verify your current NHSN data submission is by running the CMS report found in the Analysis Reports section of NHSN. Detailed guidance on how to run and interpret CMS reports and all other NHSN reports, as well as a checklist used to ensure complete reporting into NHSN, can be found on the [CDC NHSN home page](#). If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

(SNF QRP Quick Reference Guide dated 04/25/2024)

## NHSN Resources

Health Quality Innovators (HQI)

HQI Main Phone Number: 804-289-5320

LTC Mailbox: [ltc@hqi.solutions](mailto:ltc@hqi.solutions)

- HQIN Nursing Home Reporting NHSN Reporting Group: [Microsoft Word - Joining HQIN Nursing Home Reporting group in NHSN.docx](#)

HQIN developed a [Staff Vaccination Tracking Tool](#) to assist with HCP Flu Vaccination data collection.

## NHSN Resources

For questions about data submitted to NHSN use the NHSN-ServiceNow portal which can be accessed [here](#). ServiceNow will help the NHSN team respond to your questions faster. Users will be authenticated using CDC's Secure Access Management Services (SAMS), the same way you access NHSN. If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

## iQIES



## iQIES

### Internet Quality Improvement and Evaluation System

On April 17, 2023, CMS transitioned to the Internet Quality Improvement and Evaluation System (iQIES) for Minimum Data Set (MDS) record submissions and reports. iQIES is now the CMS National Reporting Database for MDS records.

#### Provider Security Official (PSO)

A PSO is responsible for approving or rejecting iQIES user access requests for their NH. At a minimum, at least one PSO needs to be registered for each provider, but CMS highly recommends at least two PSOs are designated so there is a higher likelihood someone will be available to approve/reject iQIES access requests. The PSO must work for the provider and cannot be a vendor.

## iQIES Access

To receive access to iQIES, please complete the following steps below.

1. Create an account in the HARP system using your corporate email address\* at: <https://harp.cms.gov/register>.
  - Note: HARP User IDs cannot be adjusted. As such, please refrain from using facility names or any special characters (such as # or &) when creating the HARP User ID.
  - \*If the facility handles 2 or fewer providers and does not have a corporate email domain, a personal email address may be used.
2. Access iQIES at: <https://iqies.cms.gov/> and log in with your HARP credentials (completed in step 1) to complete the process to request your User Role for your specific provider CMS Certification Number (CCN).
3. Once the user role request has been submitted AND approved, you will receive notification via email informing you that your iQIES account access request has been approved.

## iQIES User Roles

Provider User Role	Permissions
<b>Assessment Submitter</b>	<ul style="list-style-type: none"> <li>• <b>Upload patient assessments</b></li> <li>• Generate/view reports</li> </ul>
<b>Provider Administrator</b>	<ul style="list-style-type: none"> <li>• Create/manage patient profiles</li> <li>• Create/manage/submit/modify/inactivate patient assessments</li> <li>• Generate/view reports</li> </ul>
<b>Provider Assessment Coordinator</b>	<ul style="list-style-type: none"> <li>• Create/manage patient profiles</li> <li>• Create/manage/submit patient assessments</li> <li>• Generate/view reports</li> </ul>
<b>Provider Assessment Viewer</b>	<ul style="list-style-type: none"> <li>• View patient profiles/assessments</li> <li>• Generate/view reports</li> </ul>
<b>Provider Security Official</b>	<ul style="list-style-type: none"> <li>• <b>Upload patient assessments</b></li> <li>• Approve iQIES user accounts</li> <li>• Create/manage/submit/modify/inactivate patient assessments</li> <li>• Create/manage patient profiles</li> <li>• Generate/view reports</li> </ul>

Go to <https://iqies.cms.gov/>  
to submit MDS records and run/retrieve MDS reports.



### Welcome to iQIES

Essential accessibility and connectivity for health care professionals.

#### Log In

All required fields are marked with an asterisk (\*)

**User ID \***

**Password \***

I have read the full privacy and security notice below and consent to its terms and conditions regarding usage and information collection.

[Log In](#)

[Forgot your user ID or password?](#)

This provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing the Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

## iQIES Permanent System Folders

From the top menu **Reports** tab select **My Reports**

- **MDS 3.0 Final Validation Report** folder is where the system generated Final Validation Reports are stored.
- **MDS 3.0 Provider Preview Report** folder is where files such as the provider preview reports and SNF Value Based Purchasing (VBP) files are distributed.
- **Non-Compliance Notifications** folder is where the SNF QRP non-compliance notification letters are deposited.

## iQIES Reports

The iQIES Reports User Manual explains different ways on how to find, run, schedule, save and download on demand reports. This manual can be found at <https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>

- From the top menu **Reports** tab select **Find a Report**.
- In the Report Keyword box type “MDS” and select **Find Report**. This will bring up two pages of MDS reports (16 different reports).
- Select **Run Report** for the report you wish to run.
- Enter any required criteria and select **Run Report**
- You can **Save to My Reports** and/or **Download**

## iQIES User Guides, Manuals, and Documents

**iQIES MDS User Guides and Manual:** Located at <https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>

- iQIES MDS FAQs for Providers
- CMS iQIES MDS Upload an Assessment
- iQIES Reports User Manual
- CMS iQIES MDS Error Message

**iQIES documents:** Located at <https://qtso.cms.gov/software/iqies/reference-manuals>

- iQIES Onboarding Guide
- iQIES Onboarding Process Quick Reference Guide – Provider Security Official
- iQIES Security Official: Manage Access Job Aide
- iQIES User Role Matrix

## Additional iQIES Resources

Welcome to iQIES video: [https://www.youtube.com/watch?v=dRbh-VOtrcM&list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb\\_A1MTIq&index=1](https://www.youtube.com/watch?v=dRbh-VOtrcM&list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb_A1MTIq&index=1)

How to Run Reports video:

[https://www.youtube.com/watch?v=6Xz9in9dgt&list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb\\_A1MTIq&index=4](https://www.youtube.com/watch?v=6Xz9in9dgt&list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb_A1MTIq&index=4)

Upload an Assessment for MDS Users video:

<https://www.youtube.com/watch?v=cEU9MeBOKNk>

How to View and Download Final Validation Reports for MDS Users video:

<https://www.youtube.com/watch?v=mDmh0HYv5ho>

If you have questions or require assistance, please contact the iQIES Service Center at [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov) or by phone at (800) 339-9313.

## iQIES On Demand Reports to assist with SNF QRP

SNF QRP Provider Threshold Report

MDS 3.0 Error Detail Report

SNF QRP Review and Correct Report

SNF QRP Facility-Level QM Report

SNF QRP Resident-Level QM Report

### SNF QRP Provider Threshold Report

- You select the timeframe. Defaults to the most recent fiscal year for which there is data.
- **Allows providers to monitor their compliance status of the required data submission for the SNF QRP for the APU by FY.**
- The MDS information included in this report is as current as the date of the last submission by the facility.
- The HCP COVID-19 vaccine data in this report is updated quarterly in February, May, August, and November.
- The HCP Influenza vaccine data in this report is updated twice a year, in February and in May.

## FY 2026 SNF QRP Provider Threshold Report

CCN	Report Run Date	09/08/2024
Facility Name	Data Collection Start Date	01/01/2024
City/State	Data Collection End Date	12/31/2024

# of MDS 3.0 Assessments Submitted: 433  
 # of MDS 3.0 Assessments Submitted Complete: 425  
 % of MDS 3.0 Assessments Submitted Complete: 98%\*

\* FY 2026 SNF QRP Annual Payment Update (APU) Determination Table 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.

### SNF Definitions:

**# of MDS 3.0 Assessments Submitted:** The total number of PPS 5-Day and PPS Discharge assessments with a target date within the quarter and submitted to CMS by the data submission deadline for the Data Collection Start Date and Data Collection End Date identified on the report. This is the denominator. The data collection timeframes and submission deadlines are posted on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Measures and Technical Information page. See: [www.cms.hhs.gov](http://www.cms.hhs.gov); > Medicare > Skilled Nursing Facility Quality Reporting Program [under the Quality Initiatives/Patient Assessment Instruments heading] > Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information > select the SNF QRP Table for Reporting Assessment-Based Quality Measures for the FY APU pdf at the bottom of the page for the FY of the report.

**# of MDS 3.0 Assessments Submitted Complete:** The number of PPS 5-Day and PPS Discharge assessments identified in the denominator that do not contain dashes (-) for any of the required data elements used to determine APU compliance for the SNF QRP for the applicable fiscal year. This is the numerator.

**% of MDS 3.0 Assessments Submitted Complete:** Divide the numerator (# of PPS 5-Day and PPS Discharge assessments Submitted Complete) by the denominator (# of PPS 5-Day and PPS Discharge assessments Submitted) to calculate the SNF's percent of complete assessments. SNFs with a percentage under 90% are determined to be non-compliant with the SNF QRP.

### CDC Measures

**Completion Threshold:** "Yes" for each month in the reporting quarter

#### Definitions:

**Yes** = Monthly reporting plan, event data and summary data submitted to CDC

**No** = As of "Reported to CMS Date", one or more monthly reporting plan, event data or summary data is missing for the month

**N/A** = Data collection is not yet available, or does not exist as of the report run date, or is from a swing bed provider (When available, publicly reported data on HCP COVID-19 vaccination rates and data for HCP Influenza vaccination rates for swing bed providers can be found in the Provider Data Catalog, within the data set for the parent facility in which the swing beds reside. For example, if the swing-bed exists within a Long Term Care Hospital or Acute Care Hospital, the measure score for that parent hospital type includes the swing beds within that facility.)

**CDC Data Reported to CMS** = Date displayed on the report is the date of the most recent CDC data load prior to the report run date

**HCP COVID-19 Vaccine**

CDC Data Reported to CMS: 08/16/2024

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Month 1	Month 2	Month 3
CY 2024 Q1	01/01/2024	03/31/2024	08/15/2024	Yes	Yes	Yes
CY 2024 Q2	04/01/2024	06/30/2024	11/18/2024	Yes	Yes	Yes
CY 2024 Q3	07/01/2024	09/30/2024	02/18/2025	No	N/A	N/A
CY 2024 Q4	10/01/2024	12/31/2024	05/15/2025	N/A	N/A	N/A

**HCP Influenza Vaccine**

CDC Data Reported to CMS: N/A

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Submission Status
2024-2025	10/01/2024	03/31/2025	05/15/2025	N/A

## MDS 3.0 Error Detail Report

- Lists the assessments submitted with a specified error for a facility during a specified period.
- This is not a SNF QRP Report, however, it can assist with identifying assessments with the Payment Warning Reduction error messages (3891, 3897, 3908).
- You select the timeframe.
- You must select at least one Error Number. You may select up to five error numbers.

MDS 3.0 NH Error Detail Report						IQIES Report
<b>Error Number</b>		<b>Error Type</b>		<b>Error Message</b>		
-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	
				GG0130A1, GG0130B1, GG0130C1, GG0130E1, GG0130F1, GG0130G1, GG0130H1	.....	
				C0300A, C0300B, D0150A1, D0150B1, D0150C1, D0150D1, D0150E1, D0150F1, D0150G1, D0150H1, D0150I1	.....	
				GG0130A1, GG0130B1, GG0130C1, GG0130E1, GG0130F1, GG0130G1, GG0130H1, GG0170A1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, GG0170F1, GG0170G1, GG0170R1, GG0170S1, K0200B	.....	
<b>Error Number</b>		<b>Error Type</b>		<b>Error Message</b>		
-3908		Warning		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.		
Submission Date	Last Name	First Name	Assessment ID	Field in Error	Value in Error	
				C1310A, C1310B, C1310C, C1310D	.....	

## SNF QRP Review and Correct Report

- You select the timeframe. Defaults to the most recently completed calculated quarter.
- Identifies facility-level performance data for the MDS based QRP QMs. There is also an option to include resident-level data.
- Allows SNF providers to review their QRP data to identify if there are any corrections or changes necessary prior to the quarter’s data submission deadline.
- Does not identify whether or not the threshold for the SNF QRP APU is met.
- Updated weekly and on the first day of each quarter with assessments submitted since the previous calculation.



## SNF QRP Review and Correct Report

Facility ID:	Requested Quarter End Date:	Q4 2023
CCN:	Report Release Date:	01/01/2024
Facility Name:	Report Run Date:	03/05/2024
City/State:	Data Calculation Date:	03/04/2024
	Report Version Number:	3.1

### Definitions

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.

MDS 3.0 QUALITY MEASURE

### Application of Falls

Reference page 1 of this report to locate the Table Legend

FACILITY-LEVEL DATA

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2023	S013.02	10/01/2023	12/31/2023	05/15/2024	Open	0	23	0.0%
Q3 2023	S013.02	07/01/2023	09/30/2023	02/15/2024	Closed	0	11	0.0%
Q2 2023	S013.02	04/01/2023	06/30/2023	11/15/2023	Closed	1	24	4.2%
Q1 2023	S013.02	01/01/2023	03/31/2023	08/15/2023	Closed	1	29	3.4%
Cumulative	-	01/01/2023	12/31/2023	-	-	2	87	2.3%

MDS 3.0 QUALITY MEASURE

### Application of Falls

Reference page 1 of this report to locate the Table Legend

RESIDENT-LEVEL DATA

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2023					05/15/2024	Open	NT
Q4 2023					05/15/2024	Open	NT
Q4 2023					05/15/2024	Open	NT
Q4 2023					05/15/2024	Open	NT

MDS 3.0 QUALITY MEASURE

DRR

Reference page 1 of this report to locate the Table Legend

FACILITY-LEVEL DATA

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2023	S007.02	10/01/2023	12/31/2023	05/15/2024	Open	23	23	100.0%
Q3 2023	S007.02	07/01/2023	09/30/2023	02/15/2024	Closed	11	11	100.0%
Q2 2023	S007.02	04/01/2023	06/30/2023	11/15/2023	Closed	24	24	100.0%
Q1 2023	S007.02	01/01/2023	03/31/2023	08/15/2023	Closed	28	29	96.6%
Cumulative	-	01/01/2023	12/31/2023	-	-	86	87	98.9%

MDS 3.0 QUALITY MEASURE

DRR

Reference page 1 of this report to locate the Table Legend

RESIDENT-LEVEL DATA

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2023					05/15/2024	Open	X
Q4 2023					05/15/2024	Open	X
Q4 2023					05/15/2024	Open	X
Q4 2023					05/15/2024	Open	X

## SNF QRP Facility-Level QM Report

- You select the timeframe. Defaults to the end date of the most recently calculated quarter.
- Provides facility-level MDS, **Claims-based**, and NHSN QM values for a select 12-month period.
- Identifies the facilities performance on QRP QMs. Also lists the national average performance.
- MDS-based QMs updated on the first day of each month.
- Claims-based data updated annually, typically in October.
- The HCP COVID-19 vaccine data in this report is updated quarterly in February, May, August, and November.
- The HCP Influenza vaccine data in this report will be updated yearly in October, beginning in October 2023.

## SNF QRP Facility-Level Quality Measure (QM) Report

Requested Report End Date: 03/31/2024  
 Report Run Date: 03/05/2024  
 Report Version Number: 2.5

Facility ID: Facility Name: CCN: City/State:

Source: Minimum Data Set 3.0 (MDS 3.0)

Data Calculation Date: 03/01/2024

*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	04/01/2023 - 03/31/2024	S038.02	04/01/2023 - 03/31/2024	2	65	3.1%	2.7%	2.7%
Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average	
Application of Falls	04/01/2023 - 03/31/2024	S013.02	04/01/2023 - 03/31/2024	1	65	1.5%	1.0%	

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Average Observed Discharge Score	Average Expected Discharge Score	Numerator	Denominator	Facility Percent	National Average
Functional Status Outcome: Discharge Self-Care Score	04/01/2023 - 03/31/2024	S024.04; S024.05	04/01/2023 - 09/30/2023; 10/01/2023 - 03/31/2024	26.5	27.3	24	54	44.4%	49.5%
Functional Status Outcome: Discharge Mobility Score	04/01/2023 - 03/31/2024	S025.04; S025.05	04/01/2023 - 09/30/2023; 10/01/2023 - 03/31/2024	40.7	43.7	20	54	37.0%	46.4%
Discharge Function Score	04/01/2023 - 03/31/2024	S042.01	04/01/2023 - 03/31/2024	38.40	40.63	22	54	40.74%	50.86%
Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average		
DRR	04/01/2023 - 03/31/2024	S007.02	04/01/2023 - 03/31/2024	65	65	100.0%	92.6%		

Source: Medicare Fee-For-Service Claims

Data Calculation Date: 09/29/2023

*Table Legend*

Dash (-): Data not available or not applicable

[a]: (Lower Limit, Upper Limit)

[b]: The treatment period is the time during which the resident receives care services from the attributed SNF, and includes Part A, Part B, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims

[c]: The associated services period is the time during which any Medicare Part A and Part B services other than those in the treatment period are counted towards the episode spending

Note: Claims-based measures do not have iQIES Resident-Level Quality Measure results

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Readmissions	Number of Eligible Stays	Observed Readmission Rate	Risk-Standardized Readmission Rate (RSRR)	95% Confidence Interval [a]	National Observed Readmission Rate	Comparative Performance Category
PPR	10/01/2020 - 09/30/2022	S004.01	10/01/2020 - 09/30/2022	22	164	13.41%	10.43%	(7.98%, 13.67%)	10.48%	No Different than National Rate

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Discharges To Community	Number of Eligible Stays	Observed Discharge to Community Rate	Risk-Standardized Discharge to Community Rate	95% Confidence Interval [a]	National Observed Discharge to Community Rate	Comparative Performance Category
DTC	10/01/2020 - 09/30/2022	S005.02	10/01/2020 - 09/30/2022	37	124	29.84%	40.33%	(31.42%, 50.77%)	49.74%	No Different than National Rate

  

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Eligible Episodes	AVERAGE SPENDING PER EPISODE			MSPB AMOUNT		MSPB Score
					Spending During Treatment Period [b]	Spending During Associated Services Period [c]	Total Spending During Episode	Average Risk-Adjusted Spending	National Median	
MSPB (Your Facility)	10/01/2020 - 09/30/2022	S006.01	10/01/2020 - 09/30/2022	153	\$15,065	\$12,651	\$27,716	\$25,605	\$29,601	0.87
MSPB (National)	10/01/2020 - 09/30/2022	S006.01	10/01/2020 - 09/30/2022	1,843,861	\$18,762	\$11,554	\$30,316	\$30,279	\$29,601	1.02

  

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Number of Eligible Stays	Observed HAI Rate	Observed Number of HAIs	Risk Standardized HAI Rate	95% Confidence Interval [a]	Observed National Average	Comparative Performance Category
SNF HAI	10/01/2021 - 09/30/2022	S039.01	10/01/2021 - 09/30/2022	85	5.88%	5	6.21%	(3.70%, 10.51%)	6.87%	No Different than National Rate

**Source: Centers for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN)**

Data Calculation Date: 02/22/2024

*Table Legend*

Dash (-): Data not available or not applicable

[d]: Data on the HCP Influenza and COVID-19 Vaccine rates for swing bed providers can be found in the data for the parent facility in which the swing beds reside.

Measure Name [d]	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Percent	National Average
HCP Influenza Vaccine	10/01/2022 - 03/31/2023	S041.01	10/01/2022 - 03/31/2023	52	139	37.4%	47.0%
HCP COVID-19 Vaccine	04/01/2023 - 06/30/2023	S040.01	04/01/2023 - 06/30/2023	194	214	90.5%	86.4%

## SNF QRP Resident-Level QM Report

- You select the timeframe. Defaults to the end date of the most recently calculated quarter.
- Identifies each resident with MDS records identifying a qualifying Med A stay used to calculate the facility-level QM values for a 12-month period.
- Displays each resident's name and indicates how/if the resident's MDS affected the SNF's MDS-based QRP QMs.
- Updated on the first day of each month.

### SNF QRP Resident-Level Quality Measure (QM) Report

Requested Report End Date: 12/31/2023  
 Report Run Date: 03/05/2024  
 Data Calculation Date: 03/01/2024  
 Report Version Number: 2.4

#### SNF QRP Quality Measures Legend

QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	Undesirable Outcomes	01/01/2023 - 12/31/2023	S038.02	01/01/2023 - 12/31/2023
2	Application of Falls	Undesirable Outcomes	01/01/2023 - 12/31/2023	S013.02	01/01/2023 - 12/31/2023
3	Functional Status Outcome: Discharge Self-Care Score	Desirable Outcomes or Processes Performed	01/01/2023 - 12/31/2023	S024.04; S024.05	01/01/2023 - 09/30/2023; 10/01/2023 - 12/31/2023
4	Functional Status Outcome: Discharge Mobility Score	Desirable Outcomes or Processes Performed	01/01/2023 - 12/31/2023	S025.04; S025.05	01/01/2023 - 09/30/2023; 10/01/2023 - 12/31/2023
5	Discharge Function Score	Desirable Outcomes or Processes Performed	01/01/2023 - 12/31/2023	S042.01	01/01/2023 - 12/31/2023
6	DRR	Desirable Outcomes or Processes Performed	01/01/2023 - 12/31/2023	S007.02	01/01/2023 - 12/31/2023

#### 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

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
				NT	NT	E	E	E	X
				NT	NT	E	E	E	X
				NT	NT	X	X	X	X
				NT	NT	E	E	E	X
				NT	NT	X	NT	NT	X
				NT	NT	X	NT	NT	X
				NT	NT	X	NT	NT	X
				NT	NT	X	X	X	X
				NT	NT	NT	NT	NT	X
				NT	NT	NT	NT	NT	X
				NT	NT	X	NT	X	X
				X	NT	NT	NT	NT	X
				NT	NT	NT	X	NT	X
				NT	NT	NT	NT	NT	X
				NT	NT	NT	NT	NT	X
				NT	NT	NT	X	X	X
				NT	NT	X	X	X	X

## CMS QRP Resources

- [SNF QRP QMs and Tech Info](#)
- [SNF QRP Submission Deadlines](#)
- [SNF QRP Spotlights and Announcements](#)
- [SNF QRP Training](#)
- [SNF QRP Public Reporting](#)
- [SNF QRP FAQs](#)
- [SNF QRP Reconsideration, Exception, Extension](#)
- [SNF QRP Help](#)

For questions related to SNF QRP requirements, please contact CMS at: [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)

## Section for Long-term Care Regulation's weekly Listserv

For the latest information related to Long-Term Care, please subscribe [here](#) and select “LTCR: Long-Term Care Regulation” under the Subscription Topics.

Main form of communication from the Section for Long-term Care to providers.  
Includes changes/updates/educational opportunities.

## MDS Blog

<https://ltc.health.mo.gov/mds>

Includes information and resources for:

- MDS
- Missouri Medicaid Case Mix
- Medicare
- SNF QRP
- SNF VBP
- ICD-10
- Five-Star
- PBJ
- Survey Resource
- QIPMO

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