

SNF QRP & iQIES QRP Reports

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Acronyms In This Presentation (1/2)

APU: Annual Payment Update

CDC: Centers for Disease Control

CMS: Centers for Medicare and Medicaid Services

CY: Calendar Year

FY: Fiscal Year

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 (2/2)

LTCH: Long-Term Care Hospital

MAC: Medicare Administrative Contractor

MDS: Minimum Data Set

NHSN: National Healthcare Safety Network

PAC: Post Acute Care

PPS: Prospective Payment System

PSO: Provider Security Official

QM: Quality Measure

QRP: Quality Reporting Program

RAI: Resident Assessment Instrument

SNF: Skilled Nursing Facility

VBP: Value-Based Purchasing

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

Data that CMS uses for the SNF QRP includes:

- **MDS data:** Comes from PPS MDS assessments that are transmitted to iQIES.
- **Claims based data:** Comes from claims from the hospital and from the SNF.
- **NHSN data:** Comes from data transmitted to NHSN.
- **Validation Process data:** Up to 1,500 SNFs will be selected annually to participate in the SNF QRP data validation process.

SNF QRP Noncompliance

- Failure to submit the required quality data may result in a two-percentage-point (2%) reduction in the SNF's annual payment update (APU).
- 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 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 to receive this information.
- Include your facility name and CMS Certification Number (CCN) with this request.

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
- COVID-19 Vaccine: Percent of Resident Who Are Up to Date

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 began on 10/1/24 using item O0350.
- Process measure so higher percentages are better.

SNF QRP MDS Data Deadlines

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

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 Elements

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 2027 APU Determination**

This document contains the data elements needed to calculate the SNF QRP MDS measures.

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

Make the PPS 5-day and/or PPS Discharge Incomplete if Dashed (1/6)

MDS Item	PPS 5-Day	PPS Discharge
A1110A/B Language	X	
A1250 Transportation (item used for Q1, Q2, & Q3 of 2025)	X	X
A1255 Transportation (item used for Q4 of 2025)	X	
B0200 Hearing	X	
B1000 Vision	X	
B1300 Health Literacy	X	X
C0100, C0200, C0300A-C, C0500 BIMS items	X	X
C1310A – C1310D Delirium items	X	X
D0150A – D0150I (Symptom Presence and Frequency) & D0160 Resident Mood Interview items	X	X
D0700 Social Isolation	X	X

Make the PPS 5-day and/or PPS Discharge Incomplete if Dashed (2/6)

MDS Item	PPS 5-Day	PPS Discharge
GG0130A Eating	X	X
GG0130B Oral hygiene	X	X
GG0130C Toileting hygiene	X	X
GG0130E Shower/bathe self	X	X
GG0130F Upper body dressing	X	X
GG0130G Lower body dressing	X	X
GG0130H Putting on/taking off footwear	X	X
GG0170A Roll left and right	X	X
GG0170B Sit to lying	X	X

Make the PPS 5-day and/or PPS Discharge Incomplete if Dashed (3/6)

MDS Item	PPS 5-Day	PPS Discharge
GG0170C Lying to sitting on side of bed	X	X
GG0170D Sit to stand	X	X
GG0170E Chair/bed-to-chair transfer	X	X
GG0170F Toilet transfer	X	X
GG0170G Car transfer	X	X
GG0170I Walk 10 feet	X	X
GG0170J Walk 50 feet with two turns	X	X
GG0170K Walk 150 feet	X	X
GG0170L Walk 10 feet on uneven surfaces	X	X

Make the PPS 5-day and/or PPS Discharge Incomplete if Dashed (4/6)

MDS Item	PPS 5-Day	PPS Discharge
GG0170M 1 step (curb)	X	X
GG0170N 4 steps	X	X
GG0170O 12 steps	X	X
GG0170P Picking up object	X	X
GG0170Q Does the resident use a wheelchair and/or scooter?	X	X
GG0170R Wheel 50 feet with two turns	X	X
GG0170RR Indicate the type of wheelchair or scooter used	X	X
GG0170S Wheel 150 feet	X	X
GG0170SS Indicate the type of wheelchair or scooter used	X	X

Make the PPS 5-day and/or PPS Discharge Incomplete if Dashed (5/6)

MDS Item	PPS 5-Day	PPS Discharge
H0400 Bowel Continence	X	
I0900 Peripheral vascular disease or peripheral arterial disease	X	
I2900 Diabetes mellitus	X	
J0510 Pain Effect on Sleep	X	X
J0520 Pain Interference with Therapy Activities	X	X
J0530 Pain Interference with Day-to-Day Activities	X	X
J1900C Number of fall since admission/entry or prior assessment: Major injury	X	X
K0200A Height	X	
K0200B Weight	X	

Make the PPS 5-day and/or PPS Discharge Incomplete if Dashed (6/6)

MDS Item	PPS 5-Day	PPS Discharge
K0520A – K0520Z Nutritional Approaches items	X	X
M0300B1, M0300C1, M0300D1, M0300E1, M0300F1, M0300G1 – PU presence	X	X
M0300B2, M0300C2, M0300D2, M0300E2, M0300F2, M0300G2 – PU presence at admission/entry or reentry		X
Several of the N0415 High-Risk Drug Classes (Use and Indication)	X	X
N2001 Drug Regimen Review	X	
N2003 Medication Follow-up	X	
N2005 Medication Intervention		X
Several of the O0110 Special Treatments, Procedures, and Programs items	X	X
O0350 Resident’s COVID-19 vaccination is up to date		X

SNF QRP MDS Data – Payment Reduction Warnings

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

Payment Reduction Warnings:

- Error ID 3897: SNF QRP required item dashed on PPS 5-day.
- Error ID 3908: SNF QRP required item dashed on PPS Discharge.
- If the item was assessed and does not need to be dashed, then you can modify the MDS to remove the dash and complete the item prior to the quarterly deadline.
- If the item was not assessed during the required time frame, then it should be dashed... but will count against you for purposes of the QRP.

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
- Discharge to Community – PAC SNF QRP
- Medicare Spending Per Beneficiary – PAC SNF QRP
- SNF Healthcare Associated Infection Requiring Hospitalization

SNF QRP NHSN-Based 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.
- Providers are required to submit 1 week of HCP COVID-19 vaccination data per month. SNFs have the option of which week to report.
- If more than 1 week of data is submitted per month then the most recent week will be used to calculate the QM.

COVID-19 Vaccination Coverage among HCP

Data Deadlines

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

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.
- 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

Data Deadline

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

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 Data Verification

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, along with other NHSN reports, and a checklist used to ensure complete reporting on 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.

NHSN Resources

For NHSN Reporting questions:

- Missouri NH providers can email Kristen Ives, who is with Telligen (the QIO for Missouri), at kives@telligen.com.
- NH providers can also 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.

SNF Data Validation Process (1/2)

- The data validation process is scheduled to begin mid-January 2026.
- Evaluates the accuracy of quality measure data derived from the MDS, which are used in the SNF Value-Based Purchasing (VBP) and the SNF QRP.
- Up to 1,500 SNFs will be randomly selected annually to participate in the SNF QRP data validation process.
- SNFs are notified of selection through their iQIES MDS 3.0 Provider Preview Reports folder.
- Selection notifications are released throughout the year.

SNF Data Validation Process (2/2)

- Each selected SNF will be requested to submit up to 10 medical records and would only be required to submit records once in a fiscal year.
- Any selected SNF that fails to submit requested medical record documentation within 45 calendar days of the initial selection notification will be considered noncompliant.
- SNFs receive a Summary Scoring Report via iQIES within three months following the medical record documentation submission deadline. This report is for informational purposes only; SNFs will not be penalized for their validation results.
- 100% of records selected for data validation for FY 2025 (data from 10/1/24 – 9/30/25) must be submitted within 45 days of the request date or the SNF could have a 2% reduction in their APU for FY 2027 (10/1/26 through 9/30/27).

iQIES QRP Reports

Internet Quality Improvement and Evaluation System (iQIES)

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

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 VBP files are distributed. This is also where selection notifications for the Data Validation Process will be placed.
- **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 (17 different reports).
- Select the report you wish to run.
- If applicable, enter dates in the Begin Date and End Date boxes.
- In the Provider Keyword box enter the Facility ID or CCN and select Search. Select Add for the facility you wish to run the report for.
- Select Run Report.
- You can Save to My Reports and/or Download

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 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.

SNF QRP Provider Threshold Report Example 1/3

FY 2027 SNF QRP Provider Threshold Report

CCN	Report Run Date	07/01/2025
Facility Name	Data Collection Start Date	01/01/2025
City/State	Data Collection End Date	12/31/2025

# of MDS 3.0 Assessments Submitted:	66
# of MDS 3.0 Assessments Submitted Complete:	62
% of MDS 3.0 Assessments Submitted Complete:	94%*

* 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.

SNF ORP Provider Threshold Report Example 2/3

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; > 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

SNF QRP Provider Threshold Report Example 3/3

HCP COVID-19 Vaccine

CDC Data Reported to CMS: 05/16/2025

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Month 1	Month 2	Month 3
CY 2025 Q1	01/01/2025	03/31/2025	08/18/2025	Yes	Yes	Yes
CY 2025 Q2	04/01/2025	06/30/2025	11/17/2025	No	N/A	N/A
CY 2025 Q3	07/01/2025	09/30/2025	02/17/2026	N/A	N/A	N/A
CY 2025 Q4	10/01/2025	12/31/2025	05/18/2026	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
2025-2026	10/01/2025	03/31/2026	05/18/2026	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 (3897 and 3908).
- You select the timeframe.
- You must select at least one Error Number. You may select up to five error numbers.

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
				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

Error Number	Error Type	Error Message
-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 Example (1/3)

SNF QRP Review and Correct Report

Facility ID:	Requested Quarter End Date:	Q2 2025
CCN:	Report Release Date:	01/01/2025
Facility Name:	Report Run Date:	07/01/2025
City/State:	Data Calculation Date:	06/30/2025
	Report Version Number:	3.2

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.
	<p>* Triggered if the resident had an observed discharge self-care score that met or exceeded the expected discharge self-care score.</p> <p>** Triggered if the resident had an observed discharge mobility score that met or exceeded the expected discharge mobility score.</p> <p>*** Triggered if the resident had an observed discharge function score that met or exceeded the expected discharge function score.</p> <p>**** As the Resident COVID-19 Vaccine measure reports only one quarter of data, this report will display only the requested quarter end date. Users may request a report with other quarter end dates.</p>

SNF QRP Review and Correct Report Example (2/3)

MDS 3.0 QUALITY MEASURE

Application of Falls

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	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q2 2025	S013.02	04/01/2025	06/30/2025	11/17/2025	Open	-	-	-
Q1 2025	S013.02	01/01/2025	03/31/2025	08/18/2025	Open	0	17	0.00%
Q4 2024	S013.02	10/01/2024	12/31/2024	05/15/2025	Closed	0	16	0.00%
Q3 2024	S013.02	07/01/2024	09/30/2024	02/18/2025	Closed	0	10	0.00%
Cumulative	-	07/01/2024	06/30/2025	-	-	0	43	0.00%

MDS 3.0 QUALITY MEASURE

Application of Falls

Reference page 1 of this report to locate the Table Legend

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q2 2025					11/17/2025	Open	NT
Q2 2025					11/17/2025	Open	NT
Q2 2025					11/17/2025	Open	NT
Q2 2025					11/17/2025	Open	NT

SNF QRP Review and Correct Report Example (3/3)

MDS 3.0 QUALITY MEASURE

DRR

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	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q2 2025	S007.02	04/01/2025	06/30/2025	11/17/2025	Open	-	-	-
Q1 2025	S007.02	01/01/2025	03/31/2025	08/18/2025	Open	17	17	100.00%
Q4 2024	S007.02	10/01/2024	12/31/2024	05/15/2025	Closed	16	16	100.00%
Q3 2024	S007.02	07/01/2024	09/30/2024	02/18/2025	Closed	10	10	100.00%
Cumulative	-	07/01/2024	06/30/2025	-	-	43	43	100.00%

MDS 3.0 QUALITY MEASURE

DRR

Reference page 1 of this report to locate the Table Legend

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q2 2025					11/17/2025	Open	X
Q2 2025					11/17/2025	Open	X
Q2 2025					11/17/2025	Open	X
Q2 2025					11/17/2025	Open	X

CMS QRP Resources

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[SNF QRP Submission Deadlines](#)

[SNF QRP Spotlights and Announcements](#)

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[SNF QRP Help](#)

For questions related to SNF QRP requirements, please contact CMS at:

SNFQualityQuestions@cms.hhs.gov

For questions related to the SNF Data Validation Process, please contact:

snfvalidation@hcmsllc.com

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