

## **Facility Best Practices for Operationalizing a QRP Process that Supports Compliance (to avoid a 2% Reduction in the FY APU)**

### **1. Understand QRP Requirements, Thresholds, Deadlines and Validation Requests**

- **QRP requirements**

SNF QRP is a pay for submission/completion program. Be familiar with each FY's measures that will determine the APU. There are 3 types of measures used in QRP, MDS-based, NHSN-based and Claims-based measures. MDS-based and NHSN-based measures are used for the compliance determination. Claims-based measures have no additional data submission requirements. Performance rates on these measures that are publicly reported on Care Compare are not considered in QRP.

- **Submission/Completion Compliance Thresholds**

MDS-based measures have a compliance threshold of 90 percent of submitted MDSs must be 100 percent complete. This was updated in the SNF PPS Final Rule 8/7/23 and went into effect with MDS's submitted beginning in CY 2024 and will be used to calculate the FY 2026 APU. SNFs must submit to the NHSN 100 percent of the information required to calculate the COVID-19 Vaccine Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) measure in order to meet the compliance threshold. Similarly, SNFs must submit to the NHSN 100 percent of the information required to calculate the Influenza Vaccination Coverage among HCP (HCP Influenza Vaccine) measure in order to meet the compliance threshold. SNFs selected for the validation process must submit 100 percent of medical records requested in their entirety within 45 days of the initial request to meet the compliance threshold. Data elements used for reporting assessment-based quality measures and standardized patient assessment data elements affecting FY 2026 is available [here](#).

- **Data Collection Periods and Submission Deadlines**

MDS-based measures submission deadlines are assigned 4.5 months after the end of a reporting quarter. Once the deadline has elapsed any late submissions will not be used to calculate the APU. SNFs are required to submit COVID-19 vaccination data for eligible HCP one week out of every month, but SNFs have the option of which week to report. SNFs are required to submit a single influenza vaccination summary report at the conclusion of the measure reporting period. A table of data collection periods and submission deadlines for FY 2026 is available [here](#).

- **Validation Process Request for Records Begins FY 2025, 10/1/2024 and effects FY 2027 APU**

A new validation process for assessment-based measures was finalized in the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for fiscal year (FY) 2025 final rule. The process is a compliance with a records request from CMS's validation contractor program. If selected, the requirement is to submit the requested medical records within 45 days of the request. Failure to meet this deadline would result in a 2 percent reduction in APU.

Data Collection Periods for the SNF Validation Process Affecting FY 2027

FY Quarter	Dates	Affects FY QRP
Q1	10/1/2024 – 12/31/2024	2027
Q2	1/1/2025 – 3/31/2025	2027
Q3	4/1/2025 – 6/30/2025	2027
Q4	7/1/2025 – 9/30/2025	2027

- **Listserv**

Subscribe to the QRP listserv for the latest QRP information and updates [here](#).

## 2. Use Available Tools to Effect Compliance in Real-Time

- **Monitor compliance with the SNF QRP data submission requirements**

CMS has contracted with Swingtech to provide facilities with quarterly information regarding compliance with meeting thresholds. The informational messages are sent to SNFs that are NOT meeting Annual Payment Update (APU) thresholds (for MDS and NHSN measures) on a quarterly basis ahead of each submission deadlines. Facilities must sign up to receive this information. Email: [QRPHelp@swingtech.com](mailto:QRPHelp@swingtech.com) to register. Include your facility name and CMS Certification Number (CCN) with this request.

- **Monitor iQIES for notification letter requesting medical records documentation.**
- **Leverage iQIES Reports**

There are several reports available in the iQIES system that can be utilized to identify the MDSs that can influence the APU. The iQIES Reports User Manual can be found [here](#).

A. *MDS 3.0 Submitter Final Validation Report* - Displays detailed information regarding the records from all facilities contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors for all records in the submission file. Review the report for error codes 3897, and 3908. These are payment reduction warnings that the MDS has a dash in a quality measure item that may result in a payment reduction of two percentage points for the affected payment determination.

B. *MDS 3.0 NH Error Detail Report* - Displays assessment information and error details for user selected error numbers and submission date within the requested date range where selected errors were encountered in successful submissions made by or on behalf of the selected provider. Select error codes 3897 and 3908. Included in the report are the assessment items and submitted data that caused the selected error to occur. Make appropriate corrections and resubmit.

C. *SNF QRP Provider Threshold Report* - Allows providers to monitor their compliance status of the required data submission for the SNF Quality Reporting Program (QRP) for the Annual Payment Update (APU) by Fiscal Year (FY).

D. *SNF QRP Review & Correct Report* - Allows providers to review their QM data to identify if there are any corrections or changes needed to the assessment-based data prior to the

quarter's data submission deadline, which is 4.5 months following the end of the reporting quarter. The report will provide a breakdown by measure and by quarter, of the SNF's assessment-based QM data for four rolling quarters. The report also identifies whether each quarter's data correction period is open or closed as of the report run date.

- **Leverage NHSN Reports**

A. *The COVID-19 Vaccination Quick Reference Guides in Response to Quarterly Combined Data Quality Checks* can be found [here](#) .

B. *Tips for Submitting Healthcare Personnel (HCP) Influenza Vaccination Summary Data* can be found [here](#) .

### 3. Create a Team Approach

- Assign team members responsibilities and create calendar prompts to avoid missing deadlines.
- Ensure adequate time and competence for job responsibilities.
- Involve the medical director who can influence and educate referral sources to provide complete information on admission from the hospital and from physicians' offices.
- Establish a gatekeeper for identifying MDS items that are filled with a dash during the MDS completion process so that necessary information can be obtained prior to submission.
- Ensure back up staff for key positions are available and prepared (in case of vacations, illness or turnover).

### 4. Help Desks

- [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) For questions regarding Care Compare
- [nhsn@cdc.gov](mailto:nhsn@cdc.gov) For questions regarding NHSN reporting
- [QRPHelp@swingtech.com](mailto:QRPHelp@swingtech.com) For questions and to sign up for outreach emails sent quarterly to providers who are underreported with quality reporting program (QRP) requirements for data submission, prior to each quarterly submission deadline.
- [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov) For questions regarding QRP
- [SNFQRPPRQuestions@cms.hhs.gov](mailto:SNFQRPPRQuestions@cms.hhs.gov) For questions regarding Provider Preview Reports
- [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov) For questions regarding the Internet Quality Improvement & Evaluation System

### 5. FY 2025 SNF PPS Final Rule [Fact Sheet](#)

The first deadline for submission/completion for FY 2026 is 8/15/24 for first quarter 2024 meaning corrections to the underlying data made before that deadline will affect the APU.

Table for measures currently adopted for FY 2026 is on the next page.

<b>Quality Measures Currently Adopted for the FY 2026 SNF QRP</b>	
<b>Measure Name</b>	<b>Measure Status</b>
<b>MDS-Based Measures</b>	
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Continued from previous FY, No change
Application of Percent of Residents Experiencing One or More Falls with Major Injury	Continued from previous FY, No change
Discharge Self-Care Score for Skilled Nursing Facility Residents	Continued from previous FY, No change
Discharge Mobility Score for Skilled Nursing Facility Residents	Continued from previous FY, No change
Drug Regimen Review Conducted with Follow-Up for Identified Issues- Post Acute Care (PAC)	Continued from previous FY, No change
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)	Full data collection period – 1/1/24 – 12/31/24
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)	Full data collection period – 1/1/24 – 12/31/24
Discharge Function Score (DC Function) measure	Full data collection period – 1/1/24 – 12/31/24
COVID-19 Vaccine: Patients/Residents Who Are Up To Date	First FY of inclusion in QRP. New data element MDS vs 1.19.1 Abbreviated data collection period – 1 quarter – 10/1/24 – 12/31/24
<b>Claims-Based Measures</b>	
Medicare Spending Per Beneficiary (MSPB) Post-Acute Care (PAC)	Continued from previous FY, No change
Discharge to Community- Post-Acute Care (PAC)	Continued from previous FY, No change
Potentially Preventable 30-Day Post Discharge Readmission Measure	Continued from previous FY, No change
Skilled Nursing Facility (SNF) Healthcare Associated Infections (HAI) Requiring Hospitalization	Continued from previous FY, No change
<b>NHSN-Based</b>	
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) measure	Full data collection period – 1/1/24 – 12/31/24
Influenza Vaccination Coverage among Healthcare Personnel	Continued from previous FY, No change

August 6, 2024