

New SNF Quality Reporting Program (QRP) Measures

Measure/Data Collected	Program	Year Rates are Impacted	Data Used to determine compliance	Data Source	Notes
SNF Healthcare-Associated Infections Requiring Hospitalization	QRP	FY2023 – 10/1/2022	CY2021	Claims	No additional data submission required, as it is claims based.
COVID-19 Vaccination Coverage among Healthcare Personnel	QRP	FY2023 – 10/1/2022	10/1/2021 – 12/31/2021	NHSN	CMS instructs providers to use the NHSN Helpdesk to resolve data submission questions and issues. Providers are to email the Helpdesk until issue is resolved. SNFs use the COVID-19 vaccination data collection module in the NHSN LTC component. To meet reporting threshold, SNFs must submit COVID-19 vaccination data via NHSN for at least 1 week each month. Missing even one month can result in a provider losing 2% of its Medicare FFS payments for one year. For FY2024, data from CY2022 will be used to calculate reporting compliance.
		FY2024	CY2022		
		FY2025	CY2023		
Transfer of Health Information to the Provider Post Acute Care (PAC)	QRP	FY2025	10/1/2023 – 12/31/2023	MDS	CMS notes they published TOH Information specs in July 31, 2019 allowing SNFs to develop their software and train their staff.
Transfer of Health Information to the Patient PAC	QRP	FY2025	10/1/2023 – 12/31/2023	MDS	CMS indicates in early 2023 it will “provide multiple training resources and opportunities for SNFs”-- including online and on-demand, tip sheets, FAQs, webinars -- to minimize the need to create their own resources. p. 136

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

Measure/Data Collected	Program	Year Rates are Impacted	Data Used to determine compliance	Data Source	Notes
Standardized Patient Assessment Data Elements (SPADES)	QRP	FY2025	CY2023 – Q1, Q2, Q3	MDS 3.0, V1.17.2	CMS notes many of these data elements are currently collected via MDS assessments – some items on the PPS 5-day and others on the Part A PPS Discharge assessment. Newer elements include ethnicity, access to transportation, health literacy, social isolation, and pain interference. The MDS will be slightly longer but only to offer additional response options to existing data elements.
			CY2023- Q4	MDS 3.0 V 1.18.11	Once SNFs transition to MDS 3.0 version 1.18.11, all SPADES items will be on this assessment.
Influenza Vaccination Coverage Among Healthcare Personnel	QRP	FY2024	10/1/2022 – 3/31/2023	NHSN	<p>CMS is implementing this measure one year earlier than proposed. SNFs to report on measure one time per year on May 15 for staff employed Oct. 1 – March 31. First data collection is for 10/1/2022 – 3/31/2023. To meet the 100% reporting threshold for this measure, the SNF must enter a single influenza vaccination summary report at the conclusion of the measure reporting period. SNFs to use the HCP Influenza data reporting module in the NHSN HPS Component and complete two forms. If SNFs opt to report more frequently, a single summary score for the measure. P. 162 for resources. CDC will offer additional training the Fall 2022 with live Q & A feature.</p>
		FY2025	10/1/2023 – 3/31/2024		

Reporting Compliance Threshold = Two-prong Test: Now that QRP data is derived from multiple sources, SNFs must meet two thresholds of completeness of data submitted in order to avoid a 2% reduction on their Medicare FFS payment rates. SNFs must meet both thresholds or lose 2% of their Medicare FFS payment for one full year.

- 1. 80% completion of relevant MDS Data:** This looks at the county of MDS assessments where 100% of required MDS data elements are completed divided by the number of successfully submitted MDS assessments.
- 2. 100% of NHSN compliance:** Provides must submit required data for one week of each calendar month and have three months of data complete by the established reporting deadline. Ultimately, 12 months of data are required or a 2 % Medicare FFS payment reduction will be assessed.

SNF Value Based Purchasing (VBP) Program Measure Set

Measure/Data Collected	Year Rates are Impacted	Data Source	Baseline or initial Data Year	Performance Year	Notes
SNF Readmission Measure (SNFRM)	FY2023	Medicare claims	FY2019	FY2021	Due to the COVID-19 pandemic, the FY2023 SNF PPS rule finalized that it will suppress the use of the readmission measure for the purposes of scoring and payment adjustments. Therefore, all SNFs will have their SNF Medicare PPS rates reduced by 0.8%, with the exception of those SNFs who do not meet the minimum eligible stays. SNFs baseline and performance period scores will be publicly reported in Care Compare.
	FY2024		FY2019	FY2022	CMS revised the baseline year data it will use to compare to the performance year to FY2019. Originally, the baseline year would have been FY2020 but CMS changed it to FY2019 to exclude the effects of COVID-19 on the data.
	FY2025		FY2019	FY2023	CMS will continue to use FY2019 as the baseline in FY2025.
SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization	FY2026 – 10/1/2025	Medicare Claims	FY2022: 10/1/ 2021 – 9/30/2022	FY2024: 10/1/2023 – 9/30/2024	Risk-standardized rate of HAIs acquired during a SNF stay and result in hospitalization using 1 year of SNF Medicare claims data. Resources: https://www.cdc.gov/longtermcare/prevention/index.html and https://www.cdc.gov
Total Nursing Hours per Resident Day Staffing (Total Nurse Staffing)	FY2026 – 10/1/2025	PBJ & MDS	FY2022	FY2024	The numerator is total nursing hours divided by daily resident census based upon the MDS assessments. The measure uses a count of daily resident census derived from MDS assessments and is case-mix adjusted based on the distribution of MDS assessments by RUG-IV groups. Facilities with fewer than 1.5 nursing hours or more than 12 hours per resident day will be excluded from the measure due to concerns with inaccuracy. Measure will be calculated as a simple average rate of total nurse staffing per resident day across available quarters in the 1-year performance period.

Measure/Data Collected	Year Rates are Impacted	Data Source	Baseline or initial Data Year	Performance Year	Notes
Discharge to Community– Post Acute Care for SNFs (DTC-PAC)	FY2027 – 10/1/2026	Claims – 2 years of data	FY2021 + FY2022 (10/1/2020 – 9/30/2022)	FY2024 + FY2025 (10/1/2023 – 9/30/2025)	Only looks at Medicare FFS residents. Negative outcome would be an unplanned hospital readmission or death within 31 days of discharge

FY2025 SNFRM:

- Achievement threshold = 0.79139 and
- Benchmark = 0.82912

Case Minimum policies

As CMS begins to add measures to the SNF VBP program, it is replacing the current low-volume policy with measure minimums that a SNF must meet in a given program year in order to be eligible for VBP. For each measure, a minimum number of eligible stays or residents must be met for CMS to calculate a performance score on the measure, and then a provider must have a performance score for a minimum number of measures to be eligible for a value-based incentive payment (VBIP). Providers will need to have a performance score on 2 of 3 measures beginning in FY2026 and 3 of 4 measures in FY2027 and beyond in order to be considered for a VBIP. SNFs who do not meet the minimums will have no adjustment applied to their Medicare fee-for-service rates in that year. They will receive a full payment.

The following are the minimums for each measure included in the VBP program:

- **SNFRM:** CMS will maintain the current case minimum standard for SNFRM, which is a SNF must have a minimum of 25 eligible stays for CMS to calculate a performance score for the SNFRM measure.

- **SNF Healthcare Acquired Infections Resulting in Hospitalization** = 25 eligible stays over one-year performance period.
- **Total Nurse Staffing** = Minimum of 25 residents across all available quarters during the 1-year performance period
- **Discharge to Community** = minimum of 25 eligible stays during the applicable 2-year performance period

In addition, if a SNF does not meet minimum data requirements for the baseline year beginning in FY2026, then CMS will only calculate the SNF's achievement score not an improvement score (which shows a SNF's year-over-year change in performance)

VBP Scoring Methodology beginning FY2026

Beginning in FY2026, SNFs will be able to earn up to 10 points for each measure for achievement and up to 9 points per measure for improvement. When making point determinations, CMS will set the benchmark at the top decile of SNF performance for a measure and the achievement threshold at the 25th percentile of performance on a measure during the baseline period. For SNFs that achieve benchmark performance or higher on a measure, they will receive 10 points for the measure. SNFs who perform below the achievement threshold (25th percentile) receive 0 achievement points. SNFs performing between the benchmark and achievement thresholds will receive between 0 and 10 points for a measure based upon an established achievement score formula.

CMS will also award Improvement scores comparing a SNFs current performance to its baseline period performance. No points are awarded if the SNFs performance hasn't improved (is equal to or lower than) compared to the baseline performance. Those who improve their performance between the two years so it is higher than the benchmark would receive a full 9 points. Those between their baseline performance and the benchmark will be awarded between 0 and 9 points based upon the prescribed formula. Ultimately, the SNF will

receive the higher of the achievement and improvement scores, which becomes their performance score on the measure. These scores will include decimal gradations.

Now that there will be multiple measures, CMS will add up the points for each of the measures and then translate them into a score on a 100-point scale. All measures will be weighted equally.