



Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program
Outpatient Quality Reporting Systems and Stakeholder
Support Contractor

SNF VBP Program Early Look Performance Score Reports
Question and Answer Summary Document

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The following document provides actual questions from audience participants. Webinar attendees submitted the questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program
Outpatient Quality Reporting Systems and Stakeholder
Support Contractor

Question 1: Will all SNFs be moved to the expanded SNF VBP Program?

Yes, all SNFs that are paid under Medicare’s SNF Prospective Payment System are subject to the SNF VBP Program and are automatically considered for inclusion in the Program. Starting in FY 2026, the expanded SNF VBP Program replaces the current one-measure Program, and as new measures are added to the SNF VBP Program, all SNFs eligible for inclusion in the Program will be subject to the additional measures. So, when this webinar refers to the “expanded Program,” it means the current Program is expanding, not that there will be two different, concurrent SNF VBP Programs.

Question 2: Does the Early Look Report replace the regular quarterly SNF VBP reports?

No. Your SNF will continue to receive quarterly confidential feedback reports for the current SNF VBP Program year, which is the FY 2025 Program. The Early Look Report is a one-time supplemental report that helps familiarize SNFs with the future expansion of the SNF VBP Program because the scoring methodology and report format of the expanded Program will be different than the current reports distributed to SNFs since 2018. Next year, your SNF will also still receive all four quarterly confidential feedback reports for the FY 2026 Program.

Question 3: Are the new measures the same ones that are used in SNF QRP?

Yes and no. The FY 2026 SNF VBP Program will contain four measures: the SNFRM, Total Nurse Staffing, Nursing Staff Turnover, and SNF HAI. The readmission measure in the SNF VBP Program, the SNFRM, is not included in the SNF QRP. A different readmission measure, which is focused on potentially preventable readmissions, is currently included in the SNF QRP. The two staffing-related measures are not currently included in SNF QRP either. However, SNF HAI is also included as a quality measure in SNF QRP.

Question 4: How different will our data be in the Early Look Report from the official FY 2026 Program year Performance Score Report?

The Early Look Report uses FY 2021 as the baseline period and FY 2022 as the performance period, whereas the official FY 2026 Program will use FY 2022 as the baseline period and FY 2024 as the performance period.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Outpatient Quality Reporting Systems and Stakeholder Support Contractor

Overall, because the Early Look Report and official Performance Score Report will use data from different time frames for the measure and scoring calculations, we expect SNF performance will be different between the two reports. However, we expect your SNF's historical measure results provide a good indicator of your SNF's future measure results and performance in the SNF VBP Program.

Question 5: I received my FY 2026 Early Look Report, but I never received my FY 2025 report for SNF VBP. How do I access my FY 2025 report and incentive payment multiplier?

The Early Look Report that you received uses historical measure data to model your SNF's performance in the FY 2026 SNF VBP Program year. It doesn't replace any existing quarterly reports. You will still receive all four quarterly reports for the FY 2025 Program.

So far, CMS has released two quarterly reports for FY 2025: one in December of last year, and one in March of this year. You will receive another quarterly report for the FY 2025 Program year in June, and the final quarterly report, which is called the Annual Performance Score Report, you'll receive in August of this year. The August report will have your final performance data, including your incentive payment multiplier (IPM) for the FY 2025 SNF VBP Program. The bottom line is that you haven't received it yet and you did not miss anything.

We also want to clarify that the Early Look Report that you received for FY 2026 does not reflect your SNF's actual performance for the FY 2026 Program year. It will not affect any payments to SNFs in FY 2026. The Early Look Report is for informational purposes only. The report uses historical data to model your SNF's performance because there are new measures and a new scoring methodology being implemented for SNF VBP in FY 2026.

Regarding actual performance for FY 2026, you will still receive four confidential quarterly feedback reports next year that will contain your SNF's results during the official baseline and performance periods for FY 2026.

Question 6: Why is CMS sending out an Early Look Report if it doesn't affect payment?

FY 2026 is the first Program year where SNF VBP performance is evaluated on more than one measure. The SNF VBP Program has only included the SNFRM up to this point. We recognize SNFs may not be aware of the new measures that were added, or how the SNF VBP scoring

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Outpatient Quality Reporting Systems and Stakeholder Support Contractor

methodology changed, or the kind of impact that those changes are going to have on your SNF's incentive payments. The Early Look Report was distributed to help with that: to help familiarize SNFs with the new measures, the new scoring methodology, and to give a preview of their approximate performance across those four measures using historical data.

Even though it's not reflecting official performance, we expect that the historical data will provide a good indicator of your SNF's future performance on the measures and, if needed, it could be used to target quality improvement efforts before the new measures affect actual payments to SNFs.

Question 7: I don't have a HARP ID. How do I get one to access the report?

If you navigate to HARP.CMS.gov, there is a link on the bottom of the screen where you can sign up for a HARP ID if you don't have one. Once you have that HARP ID and password, you can use those credentials to log into iQIES to access the Early Look Report.

Once you log into iQIES, you will navigate to the Reports menu and select My Reports. From the My Reports page, you select the MDS 3.0 Provider Preview Reports folder. That's going to show you all of the reports that are available for download. The Early Look Report's filename will start with SNFVBP, your CCN, FY26, ELR, and Apr 2024. These instructions are included for reference on Slide 34 of today's presentation.

Question 8: Why does my report say "no reportable data" for a measure? Is it because I didn't meet the case minimum?

The Early Look Reports will display "no reportable data" for measure results and case counts if your SNF did not have any reportable measure data during that particular time period, whether it's the baseline period or the performance period.

There are a few reasons why you may not have any reportable data for a measure. One reason is that your SNF just simply didn't have any stays that met eligibility for inclusion in the measure. And as a reminder, all those measure specifications can be found [online](#). Second, for the staffing measures, which use data that SNFs submit to CMS's Payroll-Based Journal (PBJ) system, you might see "no reportable data" for those staffing measures if your SNF did not submit data to the PBJ system or the data that was submitted failed validation.

If your SNF doesn't meet the case minimum but has at least some reportable data, you will see a measure result in your Early Look Report

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Outpatient Quality Reporting Systems and Stakeholder Support Contractor

that's calculated with the available data. This is just for informational purposes because the measures are new to SNF VBP. Measure results typically are not calculated if you don't meet the measure's case minimum because the measure result does not meet the case count threshold for reliability.

Also, the Early Look Reports will not calculate measure *scores* unless the SNF meets the case minimum for a measure. So, you may see your report saying "not enough data" for achievement scores, improvement scores, and measure scores if you did not meet the case minimum for a given measure.

To summarize, in the Early Look Report, "no reportable data" means there's no data to calculate a measure result, and "not enough data" means there's not enough data to reliably calculate a measure score.

Question 9: **I'm brand new to LTC. So, I am not really familiar with all of this. I do have a question, though. I'm in a brand-new building. We just opened in December 2023. How might this look for us?**

The Early Look Report is based on data from FY 2021 and FY 2022, so a SNF that opened in December 2023 would not have data from those time periods. They won't have any data in their Early Look Report and therefore won't receive one.

But for the actual FY 2026 Program year, the baseline period is FY 2022 and the performance period is FY 2024, so a SNF that opened in December 2023 would report some data to CMS. It's important to note that without baseline period data, the SNF would not be scored on improvement for each measure, but the SNF may still receive achievement scores based on the FY 2024 performance period measure data. This SNF's overall FY 2026 Program year performance score and incentive payment multiplier (IPM) would be based on the SNF's achievement scores only.

Question 10: **So baseline is 2021 and performance is 2022 for the SNF VBP Program for FY 2026?**

For the Early Look Report, FY 2021 is the baseline period and FY 2022 is the performance period. However, for the official FY 2026 SNF VBP Program, CMS finalized using more recent data. For the official FY 2026 Program year, FY 2022 will be used as the baseline period and FY 2024 as the performance period for all four of the quality measures.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Outpatient Quality Reporting Systems and Stakeholder Support Contractor

Question 11: **Would this be part of federal match to Medicaid program or only Medicare fee for service?**

No, the incentive payment multiplier (IPM) for the SNF VBP Program is only applied to Medicare fee-for-service (FFS) claims. When CMS makes payments for a SNF's Medicare FFS Part A claims in FY 2026, the adjusted federal per diem rate would be multiplied by the SNF's official IPM.

As mentioned earlier in the webinar, the Early Look Report does not contain the official IPM; SNFs will receive their official FY 2026 SNF VBP IPM next year.

Question 12: **For Nursing Staff Turnover, if you're using nursing agency nurses, is that considered turnover? Is there a code for agency nurses so the facility will not be coded as a turnover?**

The Nursing Staff Turnover measure is calculated using data from the CMS Payroll-Based Journal (PBJ) System. The Nursing Staff Turnover measure only includes individuals who work at least 120 hours in the 90-day period, starting from the first workday observed across the baseline quarter (the quarter prior to the first quarter used in the turnover calculation) and the first two quarters used in the turnover calculation. Both regular employees and agency staff are included in the Nursing Staff Turnover measure if they work sufficient hours to be eligible for the denominator of the measure.

Question 13: **Where is the infection control measure getting data from the MDS?**

The Skilled Nursing Facility Healthcare Associated Infection (SNF HAI) Requiring Hospitalization measure is calculated using Medicare fee-for-service (FFS) claims data. You can find all of the measure specifications for this and all the other SNF VBP measures on the [CMS SNF VBP Measures webpage](#).

Question 14: **Are you penalized for not meeting enough data, like the facility did not have the stay required?**

SNFs are not penalized through the SNF VBP Program for not meeting specific case minimums for any of the measures. If a SNF does not meet a measure's case minimum, they will not receive a measure score, and the measure will not be included in the SNF's performance score calculation.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Outpatient Quality Reporting Systems and Stakeholder Support Contractor

If a SNF does not meet the case minimum for at least two of the four measures (i.e., does not meet the measure minimum) for the FY 2026 SNF VBP Program, the SNF will be excluded from the SNF VBP Program. This means payments to these SNFs will not be affected by the SNF VBP Program and instead, they will receive their adjusted federal per diem rate.

Question 15: Why are they using staffing when that is often out the facility's control?

Nursing home staffing, including nursing staff turnover, has long been considered an important indicator of nursing home quality. Many studies have found that the level of nurse staffing is associated with patient safety,¹ patient functional status,^{2,3} and patient experience.^{4,5} Further, higher turnover is associated with poorer quality of care.⁶ Nursing home staffing, including SNF staffing, is also a high priority for the Department of Health and Human Services (HHS) and the Biden-Harris Administration because of its central role in the quality of care for Medicare beneficiaries.⁷ Thus, these staffing measures were added to the SNF VBP Program to increase staffing transparency, provide a comprehensive assessment of the quality of care provided to residents, and improve resident care.

Question 16: I just logged in to iQIES and since I am new it does not show any reports but asks for my user role. Do I need to call iQIES to gain access to the reports?

¹ Horn SD, Buerhaus P, Bergstrom N, et al. RN staffing time and outcomes of long-stay nursing home residents: Pressure ulcers and other adverse outcomes are less likely as RNs spend more time on direct patient care. *Am J Nurs* 2005 6:50–53. <https://pubmed.ncbi.nlm.nih.gov/16264305/>.

² Centers for Medicare and Medicaid Services. 2001 Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Phase II. Baltimore, MD: Centers for Medicare and Medicaid Services. https://www.justice.gov/sites/default/files/elderjustice/legacy/2015/07/12/Appropriateness_of_Minimum_Nurse_Staffing_Ratios_in_Nursing_Homes.pdf.

³ Bostick JE, Rantz MJ, Flesner MK, Riggs CJ. Systematic review of studies of staffing and quality in nursing homes. *J Am Med Dir Assoc*. 2006;7:366–376. <https://pubmed.ncbi.nlm.nih.gov/16843237/>.

⁴ <https://www.wolterskluwer.com/en/expert-insights/study-patient-satisfaction-grows-with-nurse-staffing>.

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8522577/>.

⁶ Zheng Q, Williams CS, Shulman ET, White AJ. Association between staff turnover and nursing home quality—evidence from payroll-based journal data. *Journal of the American Geriatrics Society*. May 2022. doi:10.1111/jgs.17843.

⁷ <https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>.

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program **Outpatient Quality Reporting Systems and Stakeholder Support Contractor**

For help obtaining access to your SNF's Early Look Report in iQIES, contact the QIES/iQIES Service Center by phone at (800) 339-9313 or by email at iQIES@cms.hhs.gov.

Question 17: **Do you have any recommendations for resources/education for staff new to SNF VBP?**

We recommend reviewing the SNF VBP Program information on the [CMS.gov website](#). The website provides an overview of the Program and provides information about quarterly confidential feedback reports, quality measures, scoring methodology, public reporting, and more.

The [SNF VBP Program Early Look Performance Score Report User Guide](#) also provides useful background about the SNF VBP Program specific to the expansion in FY 2026.

Please keep in mind that the Program's included measures, scoring methodology, and other policies may change over time as specified in the SNF Prospective Payment System final rules, which can be found on the [Federal Register](#) and are linked on the [CMS.gov website](#).

Question 18: **The specifications for the “Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)” only links to the QM user manual specifications. The terminology in the specifications uses “look-back scan” which involves reviewing a window of 275 days prior to the “target” assessment. The definition of “target” assessment uses a selection period of 3 months. The collection periods for both baseline and performance data in the VBP program is an entire Fiscal Year. How are “target” assessment being defined for the purposes of calculating this measure within the VBP program? Is it going to use a single “target” assessment and a single “look-back scan” based on that “target” assessment? Or is it going to use multiple “target” assessments with multiple “look-back scans”?**

The Falls with Major Injury (Long-Stay) measure will not be included in the SNF VBP Program until the FY 2027 Program year. The measure is currently reported through the Care Compare Five-Star Quality Rating System on a quarterly basis using a rolling 12-month time period. Similarly, the SNF VBP Program will calculate the measure using a rolling 12-month time period corresponding to the SNF VBP Program's performance and baseline periods, which each include four quarters. As such, one look-back scan will be selected for each quarter (no more than 275-days prior to the target period) in the rolling 12-month period, and the final measure result will be calculated as the weighted average of the quarterly quality measure results. For example, in the FY 2027 Program

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Outpatient Quality Reporting Systems and Stakeholder Support Contractor

year, the performance period (FY 2025) would use the measure results corresponding to the 2024 Q4-2025 Q3 period and calculate a weighted average of the quarterly measure results, while the baseline period (FY 2023) would use the measure results corresponding to the 2022Q4-2023Q3 period and calculate a weighted average of the quarterly measure results.

Therefore, to calculate the measure within the SNF VBP Program, we first determine the measure denominator for each quarter by identifying the total number of long-stay residents with a qualifying target assessment (Omnibus Budget Reconciliation Act [OBRA], Prospective Payment System [PPS], or discharge), one or more look-back scan assessments, and who do not meet the exclusion criteria. Then, using that set of residents, we calculate the numerator for each quarter by identifying the total number of those residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury. Finally, we divide the numerator by the denominator for each quarter and calculate a weighted average by adding the product of the resulting ratios by the denominator for each quarter and dividing the result by the sum of the denominators across the four quarters.

Question 19: What are the actual years of data we can review for FY 2026?

The official FY 2026 Program year reports will use measure data from FY 2022 as the baseline period and FY 2024 as the performance period.

The Early Look Report previews the scoring methodology and Performance Score Report format for the FY 2026 SNF VBP Program by using historical measure data; it does not contain any final data for the FY 2026 Program year. You will receive four confidential quarterly feedback reports next year that will reflect your official performance in the FY 2026 SNF VBP Program.

Question 20: Can we please get the calculation for the SNF turnover?

The measure specifications, which detail calculation steps for each SNF VBP measure, are linked on the SNF VBP Program's [Measures page of the CMS.gov website](#).

In brief, the Nursing Staff Turnover measure calculates the annual proportion of nursing staff who stop working in a SNF for 60 or more consecutive days based on information SNFs submit to the Payroll-Based Journal (PBJ) system. Please review the measure specifications for all measure inclusion and exclusion criteria and calculation steps.