FREE WEBINAR

SNF Final Rule 2026

Your Roadmap for MDS, QRP, VBP & Five-Star Changes

SEP 10, 2025 | 2 PM CT

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MEET YOUR SPEAKERS

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Attendee poll

Where are you on the road to 2026 Final Rule readiness?
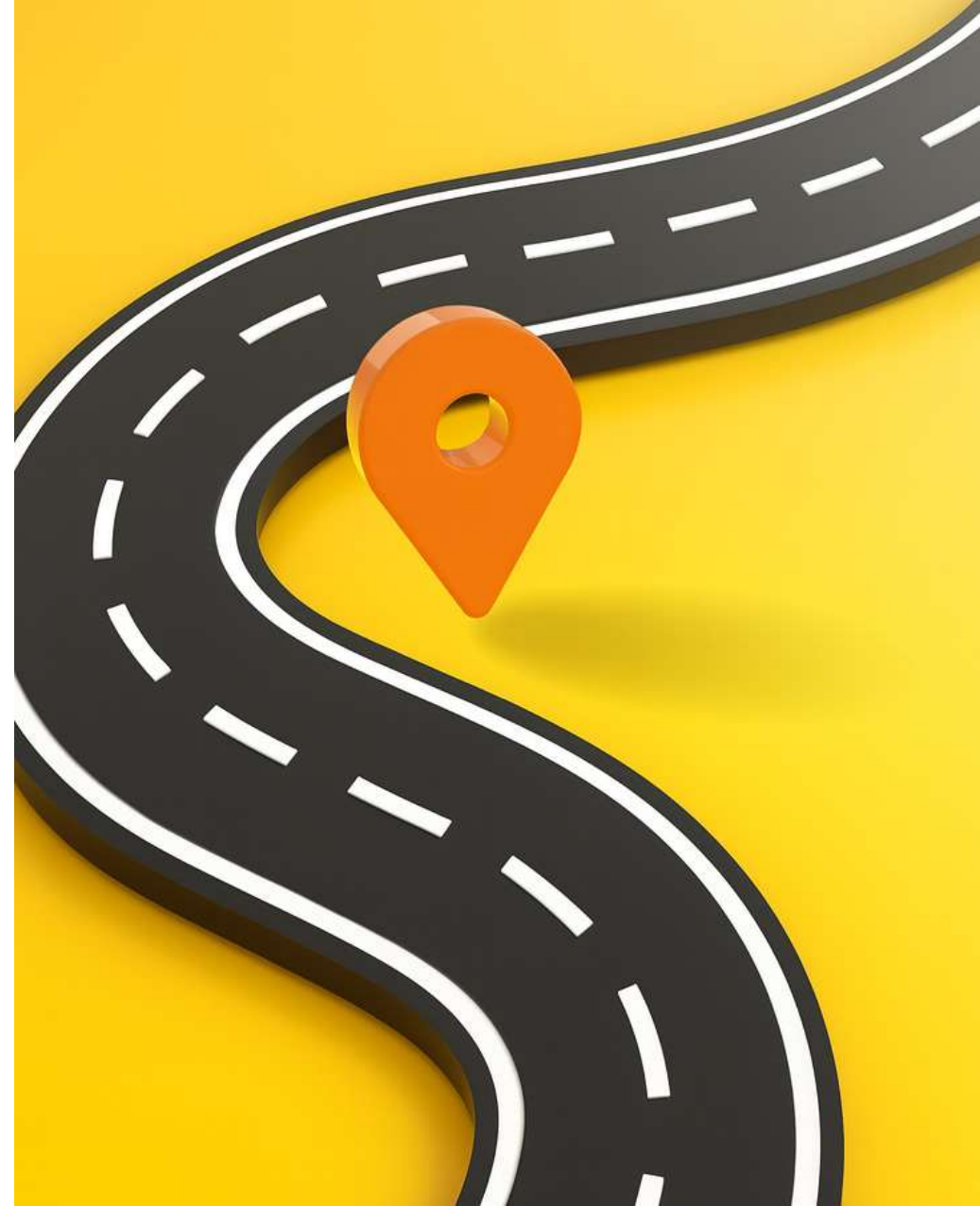
- <u>At the destination</u>: I'm fully prepared and confident
- <u>On the road</u>: I've reviewed the rule but need guidance
- <u>Just merging</u>: I know the basics but haven't dug in
- <u>Still at the rest stop</u>: I didn't realize all these changes were coming

Agenda

- The Value of Knowing Health Regulations
- Regulatory Updates
- PDPM Payment Rates
- PDPM ICD-10 Mapping
- SNF QRP – VBP Updates
- October 1, 2026 MDS Changes
- Nursing Home Compare Updates

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Navigating the Shift to Value
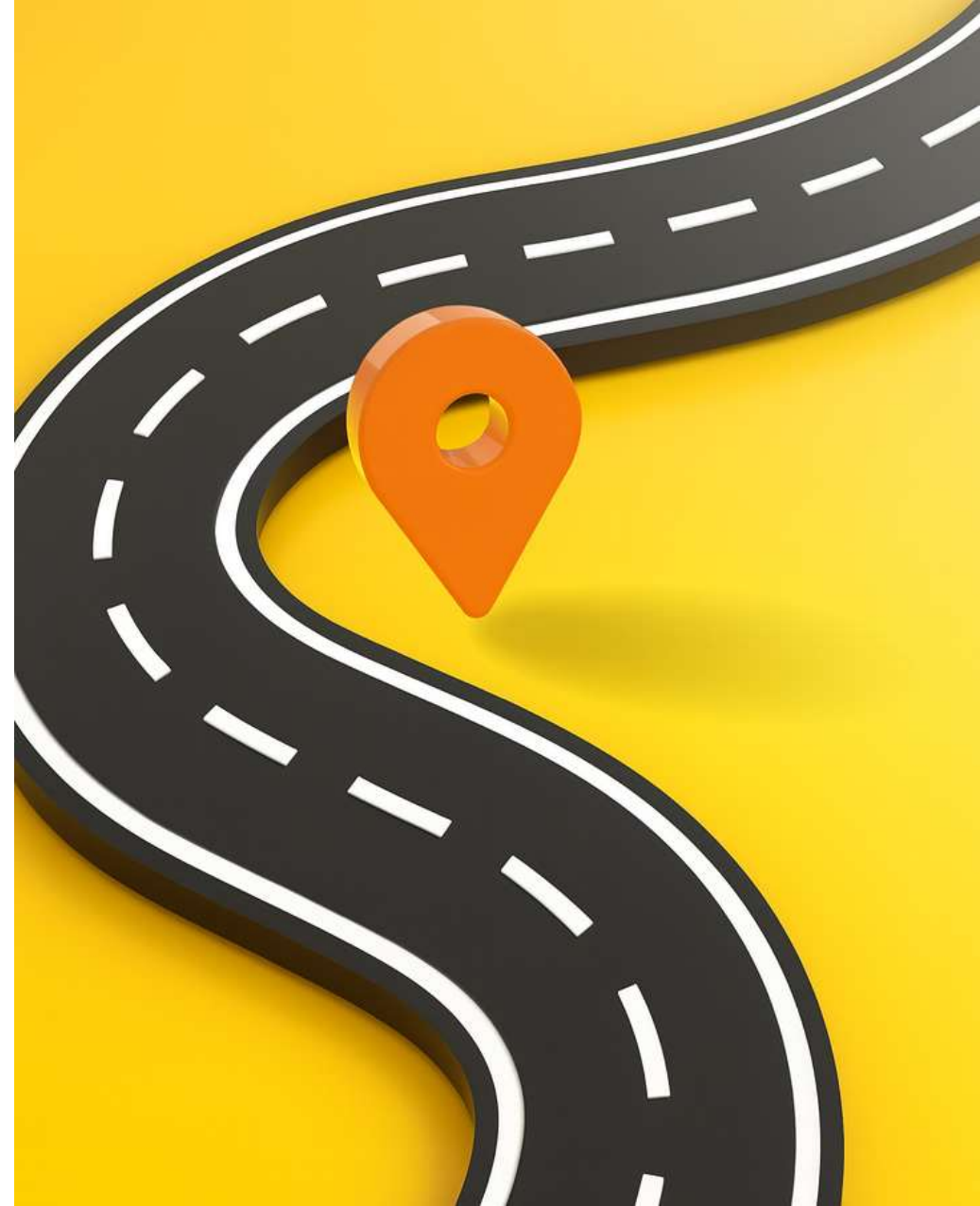
The New Direction of Healthcare

Demonstrating Value in Patient Care

- Centers for Medicare and Medicaid Services (CMS) Direction
  - CMS gradual shift from **Fee-For-Service (FFS)** to **Value-based Care (VBC)**
    - Shift emphasizes payment for quality and patient outcomes rather than efficiency and cost containment
- Know Your Direction – Hit Your Targets
  - There is an abundance of literature, but how do I improve?
- Let Us Help

Your Five-Star Roadmap

Health Inspections, Staffing, and Quality Measures

Five Star Updates

- Health Inspection – Updated
  - Shifting from three standard health inspection surveys to two most recent standard health inspection surveys
    - **36-month review** of complaint investigations and focused infection control surveys
    - **Number of revisits** to ensure deficiencies are corrected
- Staffing
  - Based on 6 measures
    - 3 are **staffing level measures** and 3 are **staffing turnover measures**
- Quality Measures
  - 15 quality measures
    - 9 **Long-stay quality measures** and 6 **short-stay quality measures**

Health Inspection

- Annual Unannounced Visits
  - A team of health care professionals spend several days in the nursing home to make compliance determinations
    - Review Facility Policies and Practice
      - **Resident Rights**
      - **Quality of Life**
      - **Medication Management**
      - **Skin Care**
      - **Resident Assessment**
      - **Nursing Home Administration**
      - **Environment**
      - **Kitchen/Food Service**
    - Points assigned based on scope and severity
    - Citations that are under dispute are displayed but not calculated in the scoring

- Abuse Icon
  - Nursing homes who have been cited for Abuse
    - **Capped at a 2-star rating for Health Inspection**

Staffing Domain

- Staffing and Turnover
  - Studies demonstrate poor staffing ratios and high turnover result in lower quality of care
  - Source of Staffing Hours is the **Payroll-Based Journal (PBJ)** system
    - Only data submitted and accepted by the deadline are used in the rating system
  - Resident data is based on daily resident census measure that is calculated by CMS using **Minimum Data Set (MDS)** assessments.
  - Case-mix adjusted hours are included per resident day

Quality Measure Domain

- Quality Measures
    - Differ based on **Long-term stay** vs **Short-term stay**
    - Combination of **Minimum Data Set (MDS)** and **Medicare Claims data**
    - Summation of various weighted quality measure scores
        - **Quality Measure Value** multiplied by the number of eligible residents for the measure

- Star Ratings based on Scoring
    - Higher the score on Quality Measures the higher the star rating

What Matters

- Make the "Thing" the "Thing"
  - Health Inspection sets the tone
  - Quality and Staffing can help paint the picture
- Health Inspection
  - ¾ of the Score is **Current Year**
  - ¼ of the Score is **Prior Year**
  - Complaint Investigations last 3 years
  - Process for fixing things the first time
- Quality and Staffing
  - Focus on these to help enhance your rating

SNF Payment Updates

Market Basket, PDPM, and
Case-Mix Changes
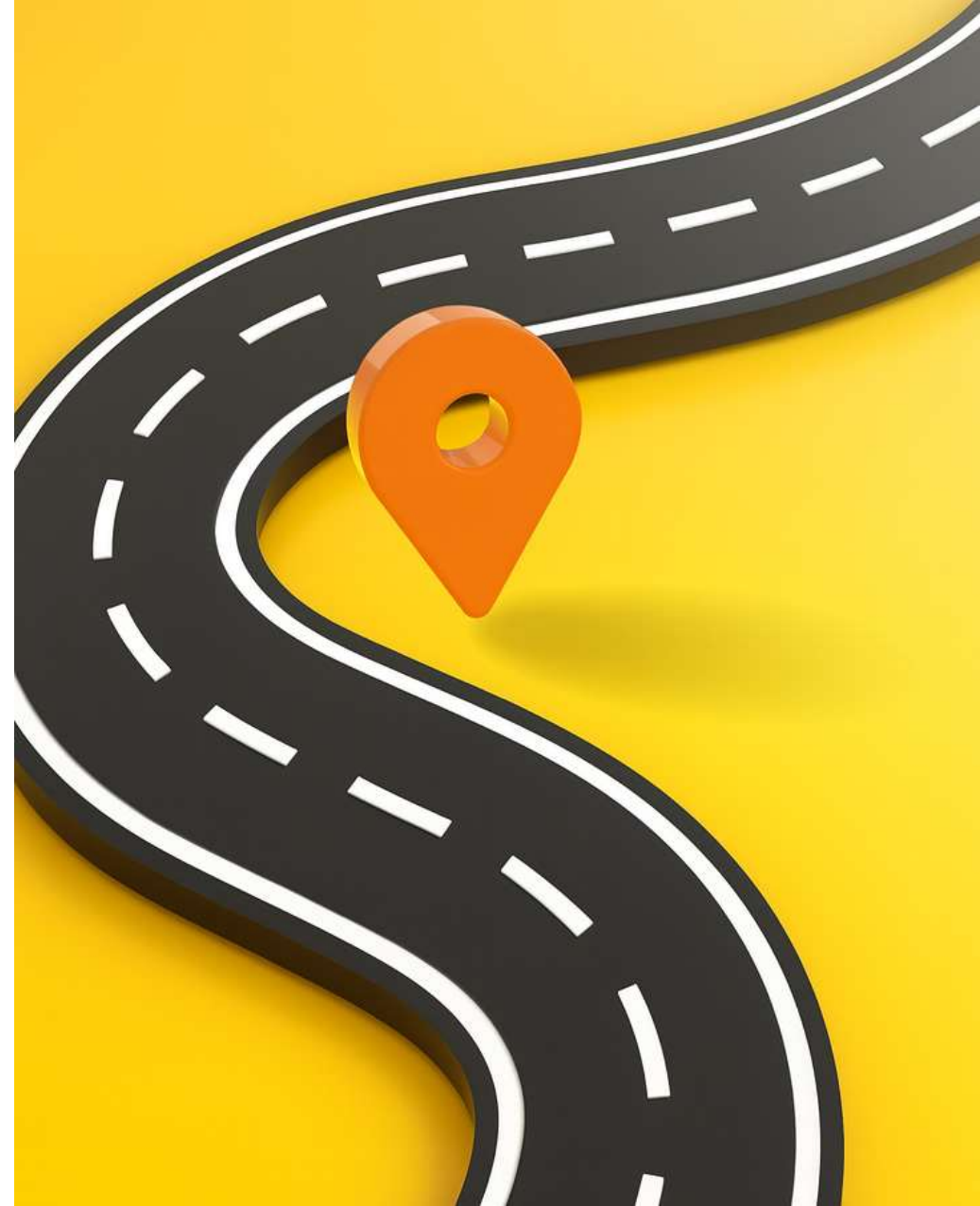
Payment Factors

- Market Basket Update
  - Initial Market Basket increase of **3.3%**
  - Increase based on error adjustment rate of **0.7%**
  - Reduction based on productivity adjustment of **0.8%**
  - Actual Market Basket Update in 2026 of **3.2%**
- Unadjusted Federal Per-Diem Rates
  - Rate Component based on service and Rural vs Urban
- Case-Mix Adjusted
  - Based on MDS assessment for each Medicare Beneficiary

Patient-Driven Payment Model (PDPM)

- ## Payment focused on the Patient
  - Consists of 5 case-mix adjusted components

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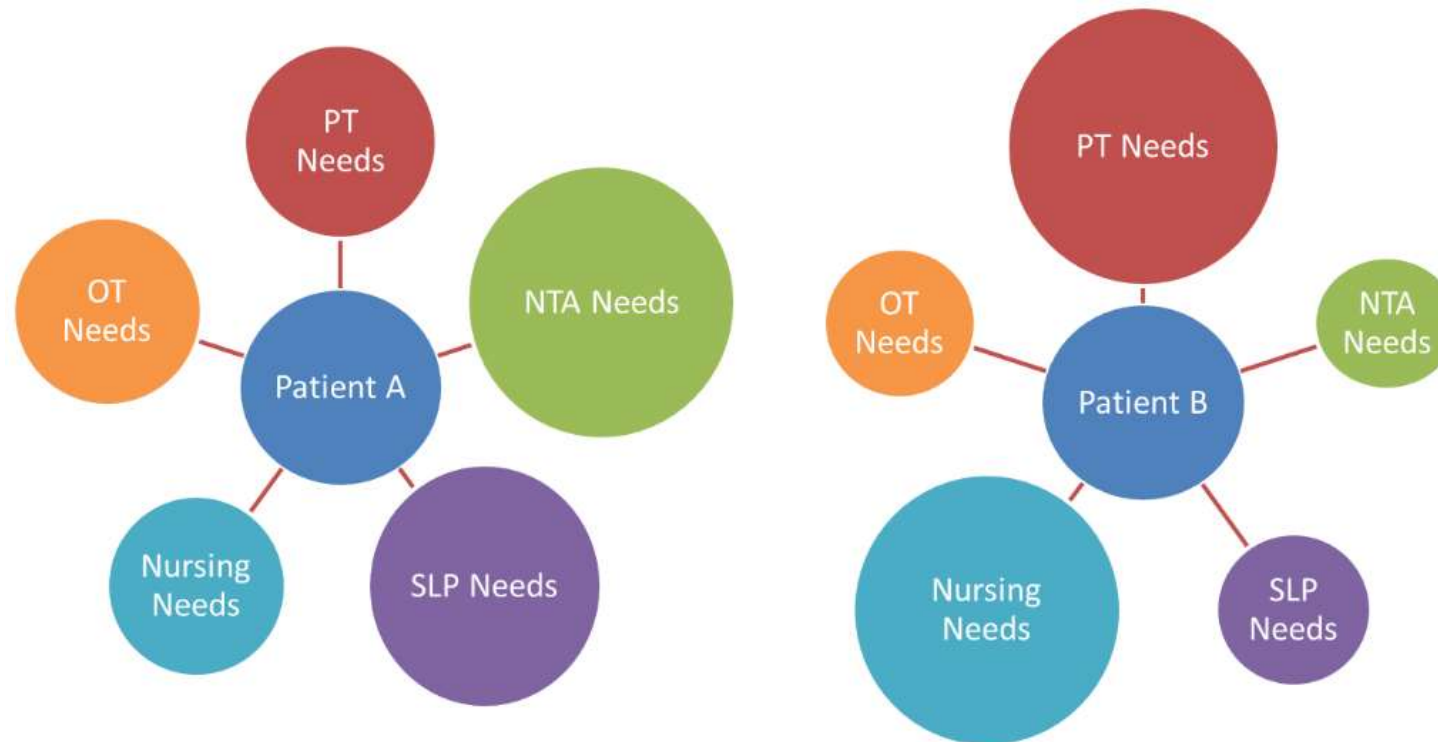
Figuring the Payment Rate

- CMS Configured Payment

  - **Step 1**: Resident Assessment using MDS (upon admission)

  - **Step 2**: Classification into PDPM Case-Mix Component

  - **Step 3**: Unadjusted Federal Per-Diem Rate (Rural vs Urban)

  - **Step 4**: Apply appropriate Case-Mix adjustment

  - **Step 5**: Apply appropriate Variable Per-Diem Adjustment (Length of Stay)

  - **Step 6**: Apply the Wage Index Adjustment

  - **Step 7**: Apply other Variable Adjustments (VBP or QRP)

Clinical Category Assignments
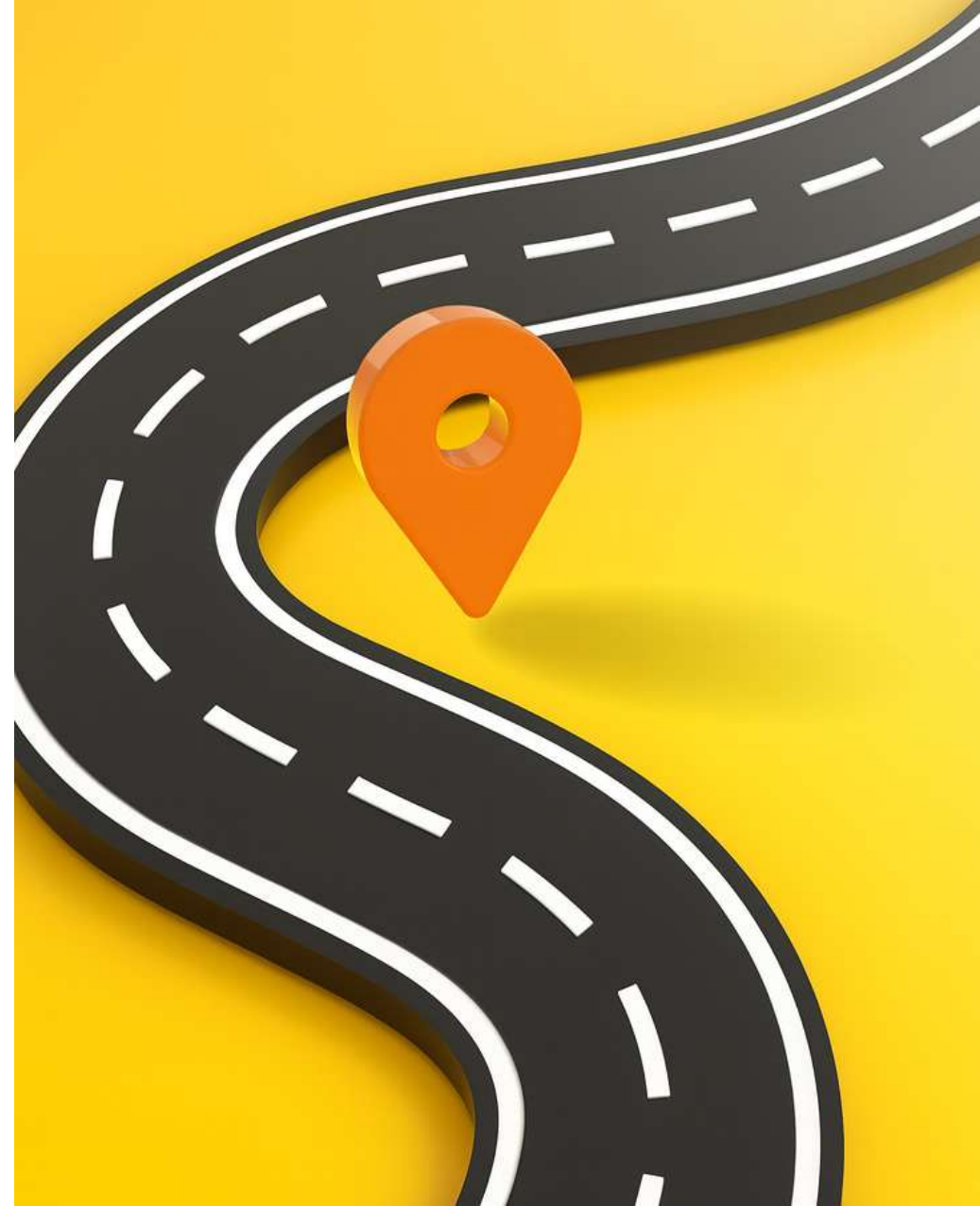
ICD-10 Code Assignment Updates
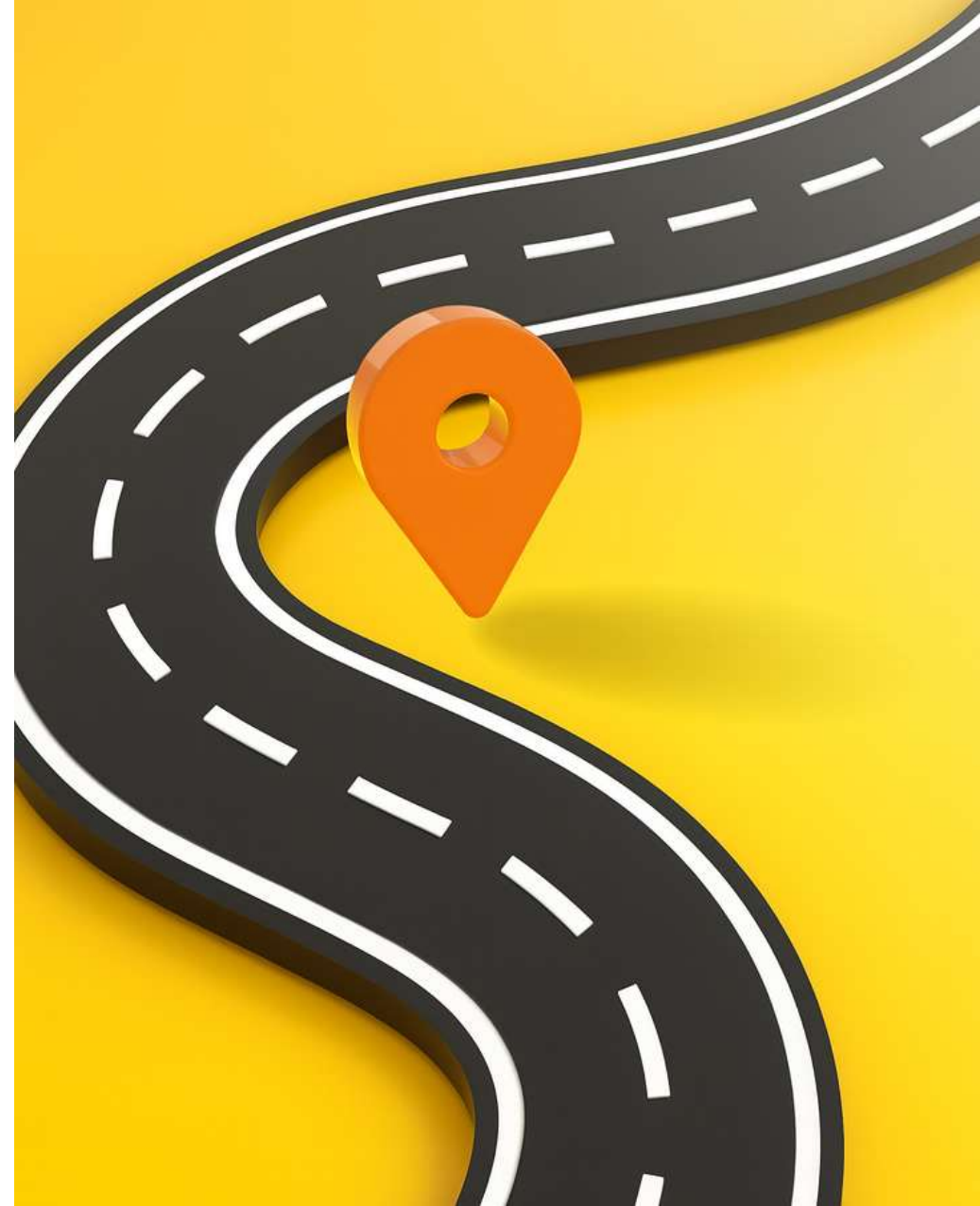
Code Classification

- How are ICD-10 Code updates used?
  - Patient's primary diagnosis assigns the patient's clinical categories under PDPM
  - 34 New Codes under 9 different categories have updated assignments
    - **Type 1 Diabetes Mellitus**: "Medical Management" → "Return to Provider"
    - **Hypoglycemia**: "Medical Management" → "Return to Provider"
    - **Obesity:** "Medical Management" → "Return to Provider"
    - **Anorexia Nervosa, Restricting Type**: "Medical Management" → "Return to Provider"
    - **Anorexia Nervosa, Binge Eating/Purging Type**: "Medical Management" → "Return to Provider"
    - **Bulimia Nervosa**: "Medical Management" → "Return to Provider"
    - **Binge Eating Disorder**: "Medical Management" → "Return to Provider"
    - **Pica and Rumination Disorder**: "Medical Management" → "Return to Provider"
    - **Serotonin Syndrome**: "Acute Neurologic" → "Medical Management"

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Updates to Standard Patient Assessment Data

SNF Quality Reporting Program (QRP)

Key Updates to MDS

Added Items

- Sex – A0810
- Transportation Access – A1255
- Therapy Services – O0390

Removed Items

- Gender – A0800
- Transportation – A1250
- Therapies (mostly) – O0400
- Distinct Calendar Days of Therapy – O0420
- Section R – SDOH
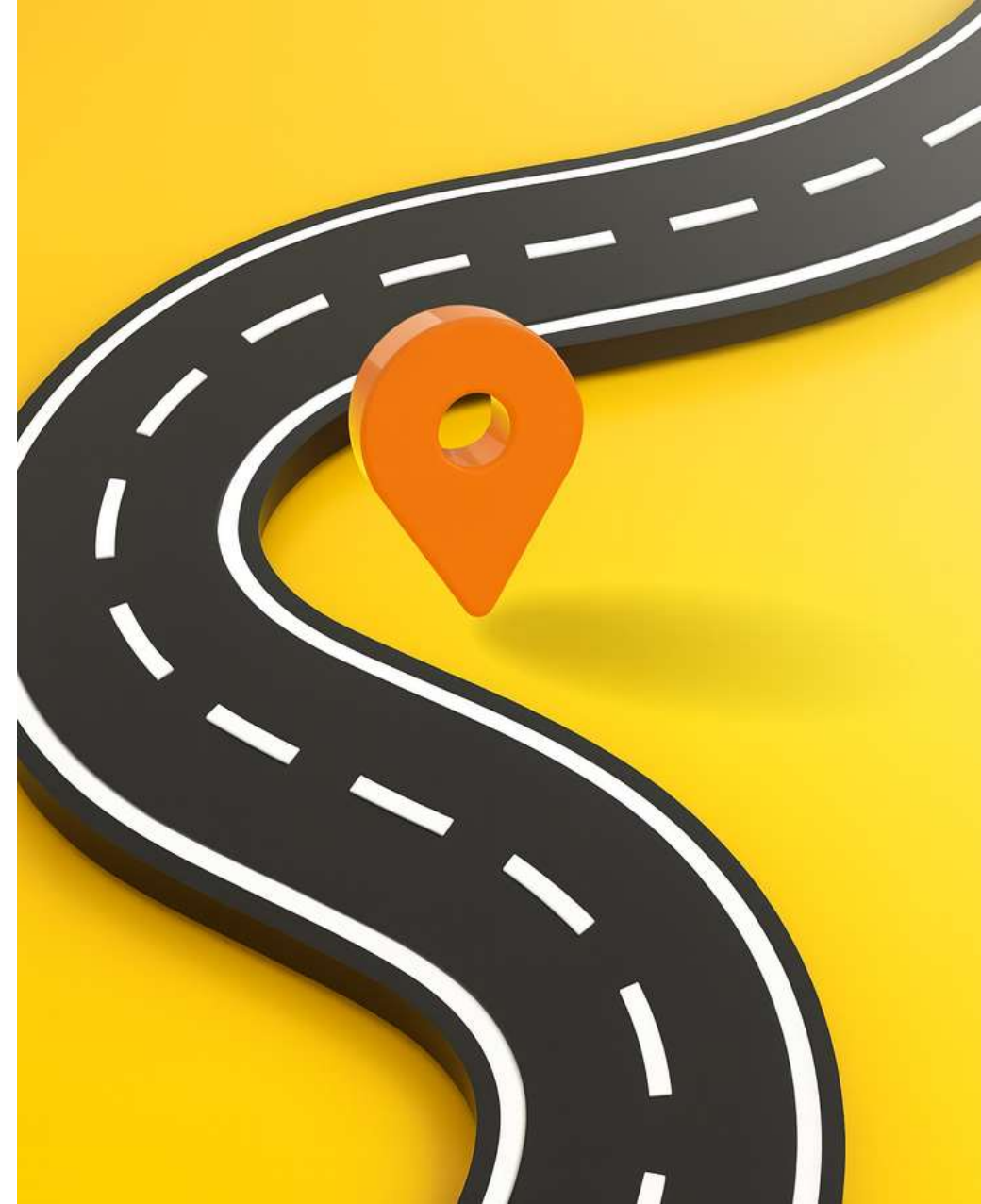
SNF QRP Measure Concepts

- Interoperability
  - Focus on information systems' readiness and capabilities
    - Enable secure exchange and use of EHI without requiring special efforts.
    - Complete access, exchange, and use of EHI by authorized users (including providers and residents)

- Well-Being
  - Comprehensive approach to disease prevention and health promotion
    - Integration of mental and physical health and emphasizing preventative care
    - Person-centered care by promoting the well-being of patients

SNF QRP Measure Concepts (cont.)

- Nutrition
  - Assessment of a patient's nutritional status
    - Measuring various strategies, guidelines, and practices designed to promote healthy eating habits and ensure the patient receives proper nutrition for overall well-being
    - This can also include things like sleep and physical activity

- Delirium
  - Evaluate for sudden and serious changes in a person's mental state
    - Those with delirium are more likely to undergo rehospitalization, or poor recovery
    - Identifying delirium quickly and managing it before it becomes harmful

Value-Based Purchasing & Your Bottom Line

How CMS Scoring Changes Affect SNF Reimbursement

SNF VBP Performance Standards

- Simplifying the SNF VBP
  - **Removal of the Health Equity Adjustment** will provide clear incentives and understanding of the program
- Value Based Care Scoring Methodology
  - 10 points for each measure based on improvement or achievement
    - Still must reach a case minimum threshold
  - Sum all points based on the SNF performance for each measure
    - This will be normalized so the resulting point total is out of 100 points total
  - Add the normalized point total to any applicable bonus points
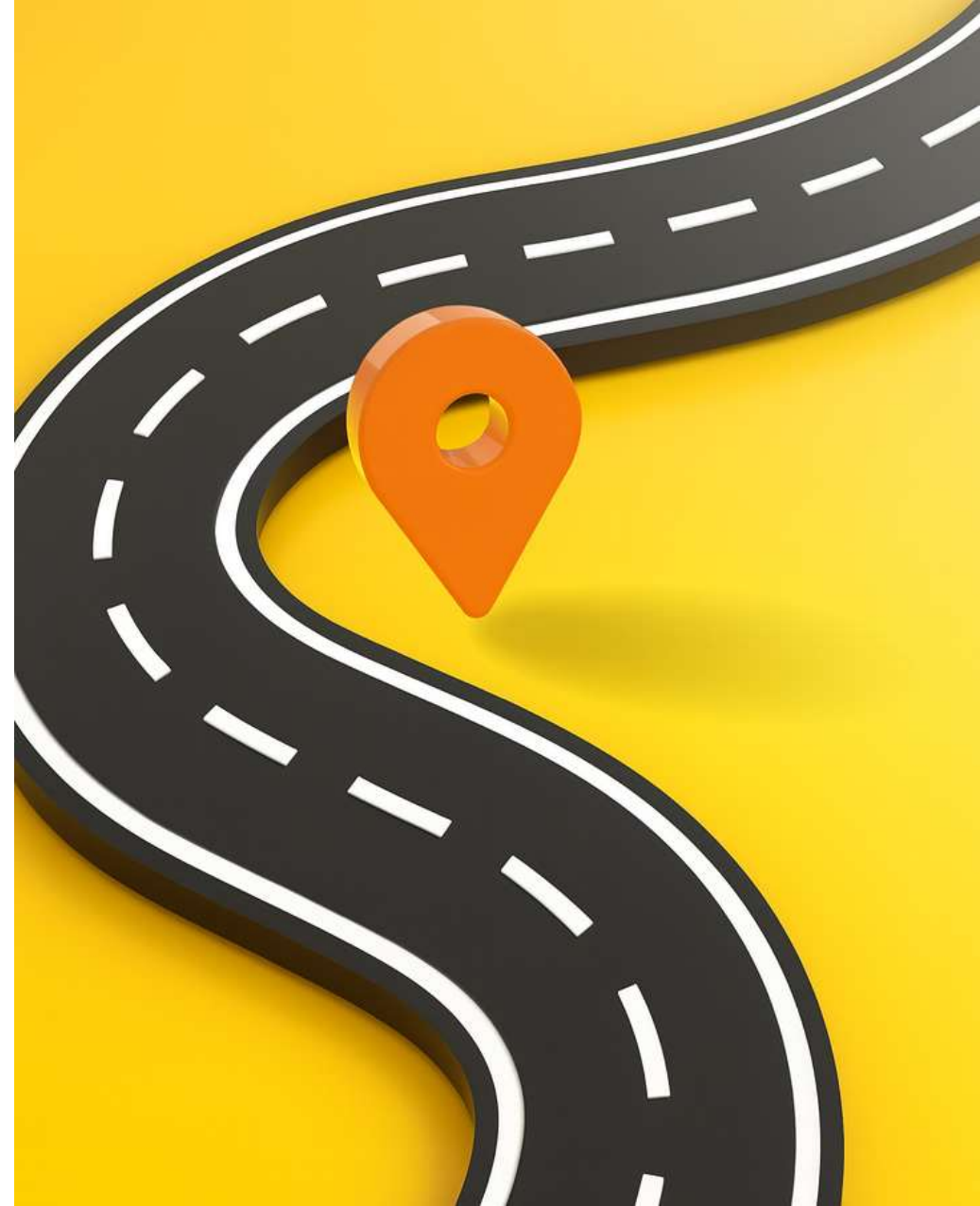   - May not exceed 100 points in total

Attendee poll

What have been your biggest challenges in the industry's most recent regulatory changes? (select all that apply)

- <u>Staffing</u>: Keeping the right people in the right seats

- <u>Survey Process</u>: The route keeps changing and it's hard to keep up

- <u>Value-Based Purchasing Strategies</u>: Navigating the new direction

- <u>Quality Reporting Program</u>: It's hard to choose the best path

- <u>Reimbursement/Revenue Challenges</u>: Trying to keep the gas tank full

- <u>Five-Star Ratings</u>: Pressure to protect stars while measures keep changing

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Navigating FY26 CMS Changes

Preparing Now to Stay Ahead of the Curve

FY26 CMS Changes – What's Changing?

- FY26 SNF Final Rule
  - Released July 31, 2025
- MDS Changes
  - Final MDS Items Sets (**1.20.1v3**) and Manual (**v1.20.1**) released
- Nursing Home Compare Changes
  - CMS released QSO-25-20-NH on June 18, 2025

FY26 CMS Changes – Final Rule

- Released July 31 – Implementation October 1
- Includes
  - Payment Rates
  - PDPM ICD-10 Mapping
  - SNF QRP Updates
  - SNF VPB Updates

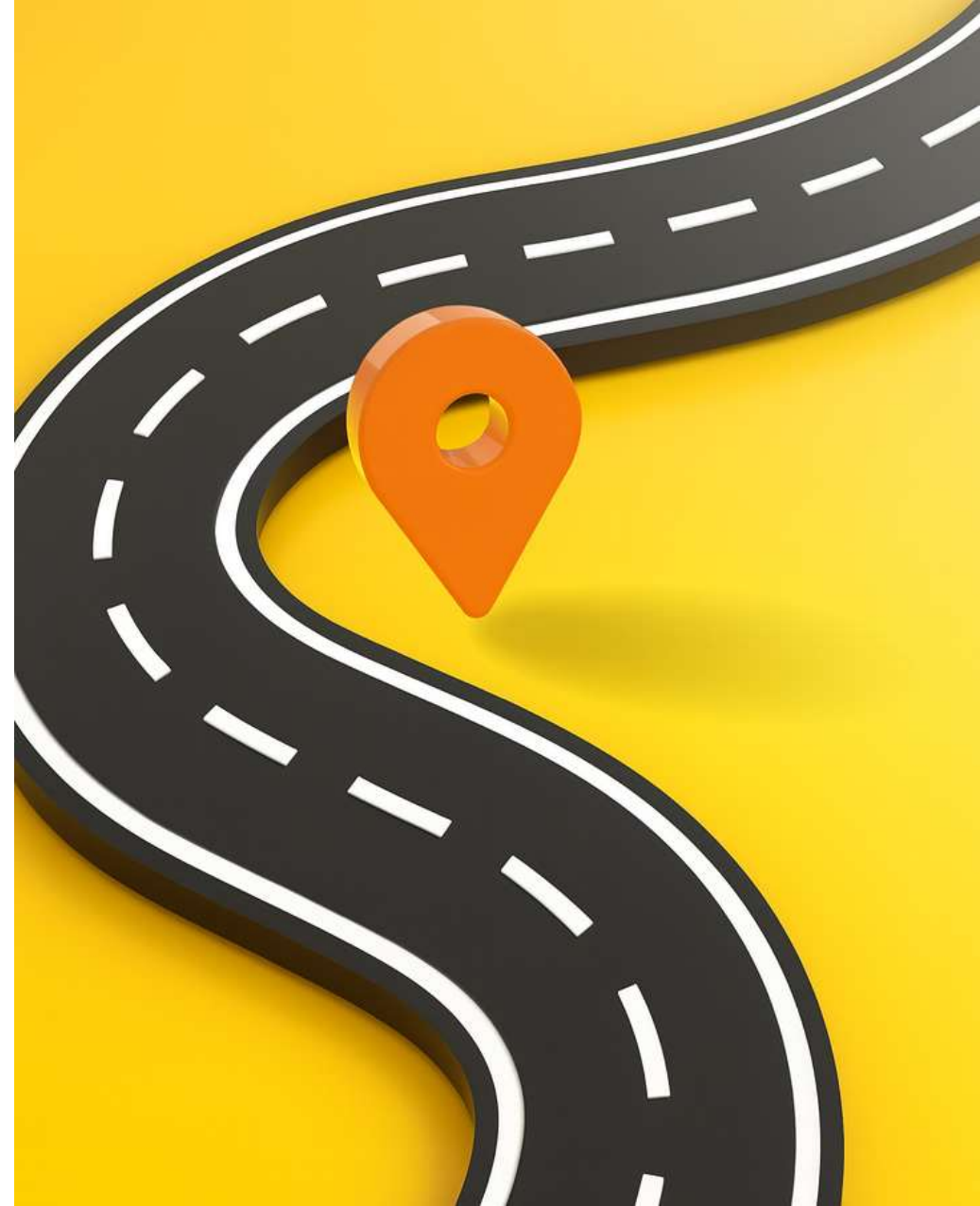# FY26 CMS Changes – Payment Rates

- Payment Rates

  - Rates average increase to **3.2%** based on final SNF Market Basket **3.3%**

  - Continue to apply the Hospital Based Wage Index in developing the SNF Wage Index – CBSA to the labor portion of the PDPM rate

  - Resulting update to FY26 wage index results in close to 50/50 split between negative and positive adjustment to facility rate changes

FY26 CMS Changes – ICD-10 Mapping

- PDPM ICD-10 Mapping
- CMS reviews Clinical Categories and ICD-10 diagnosis codes and makes changes to the clinical categories as needed
  - **FY26 CMS** changing 34 ICD10 Codes
  - 33 from **Clinically Complex** to **Return to Provider**
  - 1 from **Acute Neurologic** to **Clinically Complex**
- Rationale:
  - Interventions for these diagnoses typically can occur as an outpatient and not require SNF inpatient stay
  - As a result – **should not** be used as the primary medical diagnosis for a qualifying Med A stay

FY26 QRP Changes

Turning the Corner for Quality
Reporting Program Changes

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FY26 CMS Changes – QRP Updates

FY26 SNF Final Rule

- SNF QRP (Quality Reporting Program) Updates
  - **"Pay for Reporting" program** – SNFs that do not meet reporting requirements (MDS Completion/Dashes) will be subject to a 2% reduction in the Annual Payment Update (APU)
  - **No changes in Quality Measures for FY27 SNF QRP**
    - Data Collection begins Oct 2025
  - **MDS Change – Section R: Health Related Social Needs**
    - Removal of the 4 items from the social determinants of health (SDOH) category in the SNF QRP beginning FY27 *(Prior to Implementation)*
    - **These items will not be required**
      - R0310 (Living Situation)
      - R0320 (Food)
      - R0330 (Utilities)
    - **R0340 (Transportation) Removed from R** – added to section A as A1255 replacing A1250 – Simplified item

FY26 SNF Final Rule – QRP

FY27 SNF QRP MDS Data Collection: CY25

FY28 SNF QRP MDS Data Collection - not released but potentially: CY 26

TABLE 12: Quality Measures Currently Adopted for the FY 2028 SNF QRP

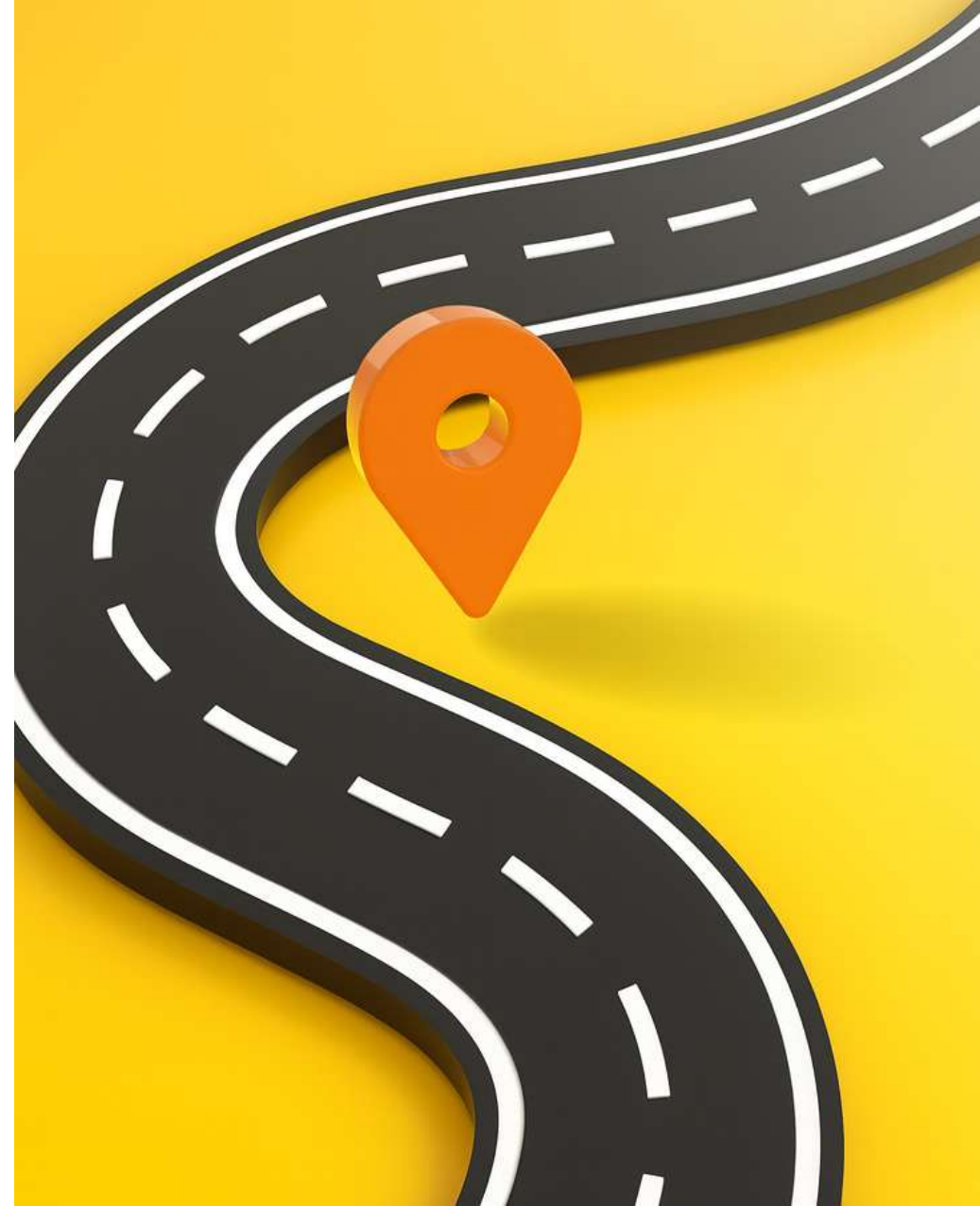| Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set (Assessment-Based)	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
TOH-Provider	Transfer of Health (TOH) Information to the Provider Post Acute Care (PAC)
TOH-Patient	Transfer of Health (TOH) Information to the Patient Post Acute Care (PAC)
DC Function	Discharge Function Score
Patient/Resident COVID-19 Vaccine	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date
Claims-Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
DTC	Discharge to Community (DTC)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
SNF HAI	SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization
National Healthcare Safety Network	
HCP COVID-19 Vaccine	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
HCP Influenza Vaccine	Influenza Vaccination Coverage among Healthcare Personnel (HCP)

FY26 CMS Changes – QRP Updates

FY26 SNF Final Rule

- SNF QRP (Quality Reporting Program) Updates – continued
  - **Reconsideration Request** – finalizing proposal to amend policy
  - Considering feedback on several RFIs (Request for Information)
    - Future measures related to delirium, interoperability, nutrition
    - Advancing digital quality measurements
    - **Revision to submission deadline** –
      - From 4.5 months to 45 days
      - 9-month lag from end of data collection to Public Reporting
      - Biggest contributor is 4.5-month timeframe for data submission
      - If reduced to 45 days, the lag time could be reduced by up to 3 months
      - CMS study indicated only 2.8% of submissions were submitted between 45 days and 4.5 months

FY26 VBP Changes

Navigating Updates in
Value-Based Purchasing

FY26 CMS Changes – VBP Updates

FY26 SNF Final Rule

- SNF VBP (Value Based Purchasing) Updates
  - **"Pay for Performance"** program. CMS withholds 2% of SNF Part A payments (known as "withhold") – Will redistribute a portion as incentive based on performance
  - Changes include
    - **Removal of Health Equity Adjustment** with goal of evaluating all SNFs against the same performance standards to simplify scoring and promote fairness
    - **Adoption of new reconsideration process** allowing SNFs to appeal CMS' initial decision for Review and Correction Requests prior to making data public
    - **Finalize performance standards for FY28 & FY29**

FY26 CMS Changes – SNF VBP Program Measures

Measure	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year	FY 2029 Program Year
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Included	Included		
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) measure	Included	Included	Included	Included
Total Nurse Staffing Hours per Resident Day (Total Nurse Staffing) measure	Included	Included	Included	Included
Total Nursing Staff Turnover (Nursing Staff Turnover) measure	Included	Included	Included	Included
Discharge to Community – Post-Acute Care Measure for Skilled Nursing Facilities (DTC PAC SNF)		Included	Included	Included
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (Falls with Major Injury (Long-Stay)) measure		Included	Included	Included
Discharge Function Score for SNFs (DC Function) measure		Included	Included	Included
Number of Hospitalizations per 1,000 Long Stay Resident Days (Long Stay Hospitalization) measure		Included	Included	Included
Skilled Nursing Facility Within-Stay Potentially Preventable Readmissions (SNF WS PPR) measure			Included	Included

FY26 CMS Changes – Key VBP Measures

Key SNF VBP Measures – FY28 Report

Measure	First Program Year	FY 2028 Performance Period	FY 2028 Baseline Period
Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR)	FY 2028	FY 2025–FY 2026 (Oct. 1, 2024–Sept. 30, 2026)	FY 2023–FY 2024 (Oct. 1, 2022–Sept. 30, 2024)
SNF Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	FY 2026	FY 2026 (Oct. 1, 2025–Sept. 30, 2026)	FY 2024 (Oct. 1, 2023–Sept. 30, 2024)
Total Nursing Staff Turnover	FY 2026	FY 2026 (Oct. 1, 2025–Sept. 30, 2026)	FY 2024 (Oct. 1, 2023–Sept. 30, 2024)
Long-Stay Hospitalization	FY 2027	FY 2026 (Oct. 1, 2025–Sept. 30, 2026)	FY 2024 (Oct. 1, 2023–Sept. 30, 2024)
Long-Stay Falls with Major Injury	FY 2027	FY 2026 (Oct. 1, 2025–Sept. 30, 2026)	FY 2024 (Oct. 1, 2023–Sept. 30, 2024)

FY26 CMS Changes – SNF Validation Program

Skilled Nursing Facility Data Validation Process:

Frequently Asked Questions (FAQs)

Created August 2025

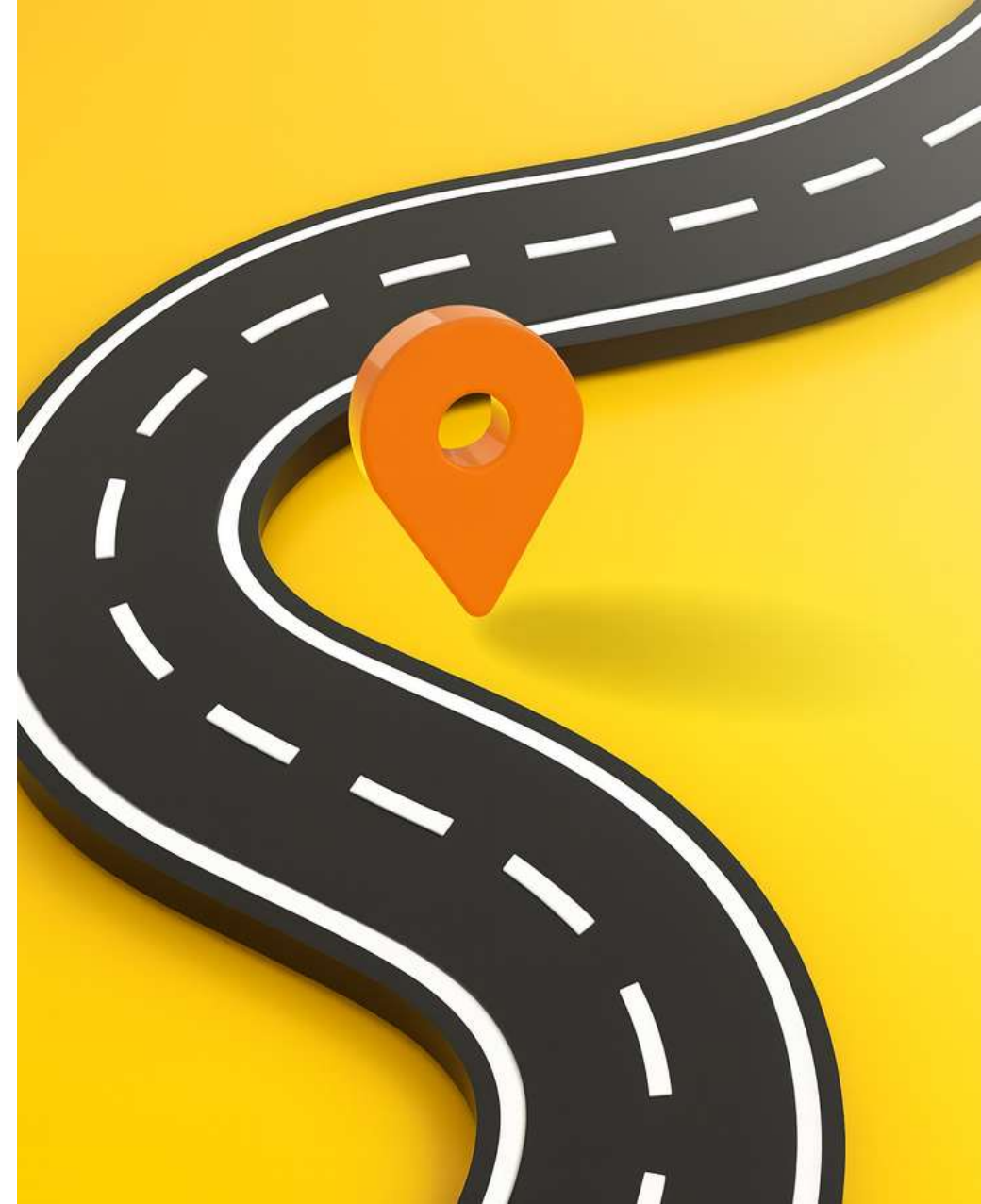The SNF Data Validation Process — assesses the accuracy of MDS-based Quality Measures used in:

- SNF Value Based Purchasing (VBP)
- Quality Reporting Programs (QRPs)

Scheduled to begin Fall 2025

https://www.cms.gov/medicare/quality/value-based-programs/value-based-purchasing-snf-vbp-program/data-validation-process

FY26 MDS Changes

Your Map to MDS Updates
in FY 2026

FY26 CMS Changes – MDS Changes

MDS Changes

- **Section A** – Identification Information
  - **A0810 (Sex)** replaces **A0800 (Gender)**
  - **A1255 Transportation**
    - Moved from Section R
    - Only collected for residents whose episode of care is less than 366 days
- **Section D** D0150 PHQ2-9 Mood Interview
  - Dash is acceptable in Column 2 if resident cannot provide frequency
  - Dash is same as blank to determine if Interview is complete
- **Section GG** – Functional Abilities
  - Clarification in coding and tips

FY26 CMS Changes – MDS Changes

MDS Changes

- **Section J** – Health Conditions – Falls
  - Clarification on coding Major Injury
  - Expanded examples including Differentiating between Traumatic and Pathological Fractures
- **Section K** – Swallowing-Nutrition – Weights
  - Clarification on coding multiple weights
- **Section O** – Special Treatments, Procedures, & Programs
  - **Removal of O0400 and O0420** related to days and minutes of therapy services
  - **Added O0390 Therapy Services** – Therapies administered for at least 15 min a day on one or more days in last 7 days
  - **Note O0425 & O0430 still required** for PPS Discharge (EOS) assessment
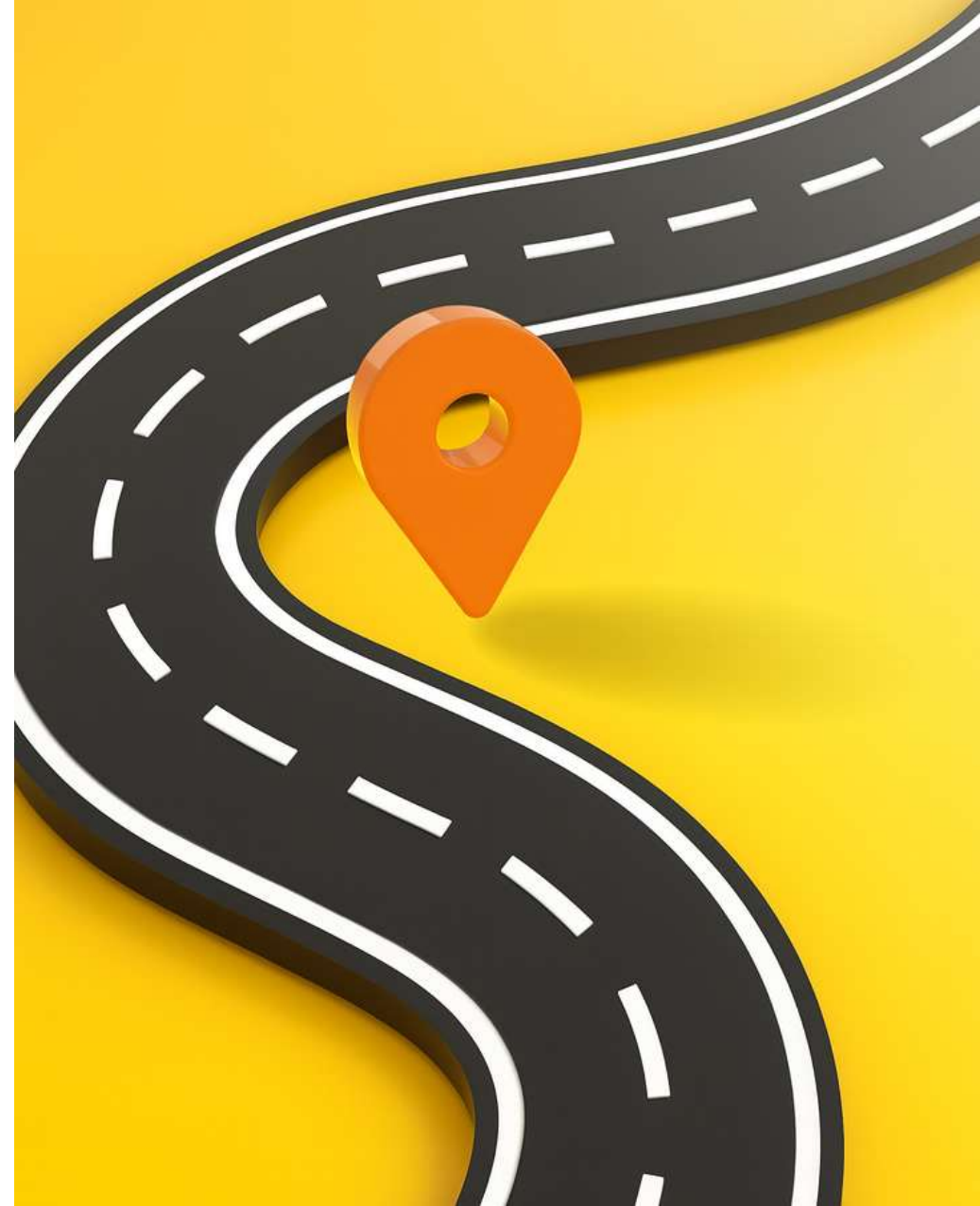
FY26 CMS Changes – MDS Changes

MDS Changes

- **Section R** – Social Determinates of Health

  - Previously Discussed

- **Section X** – Inactivation/Modification

  - Clarification on removing or changing a record that should not be retained in iQIES

    - **Chapter 5** outlines request forms and cases when these special requests are required
    - **MDS 3.0 Individual Deletion Request**
    - **MDS 3.0 Individual Correction Request**

Nursing Home Compare Changes

Your GPS for the Changes to Nursing Home Compare

FY26 CMS Changes – Nursing Home Compare

Nursing Home Compare Changes – *QSO25-20-NH*

- **COVID-19 Vaccine Measures** – removed from Main Public Profile Page of each nursing home on Care Compare July 30, 2025
- **Nursing Home Chains Performance Data** – published for each chain in NH Compare
  - **9/2022:** CMS began publishing ownership data linking groups of nursing homes by common owners – called **Affiliated Entities or Chains**
  - **6/2023:** CMS began posting information for chains including average ratings and performance measures. Posted CMS data webpage primarily for stakeholders and researchers **(QSO-23-18-NH)**
  - **7/2025:** CMS began publishing performance information for each chain directly in Nursing Home Compare

FY26 CMS Changes – Nursing Home Compare

Nursing Home Compare Changes – *QSO25-20-NH (cont.)*

- **Five-Star Changes to Survey:** Dropping 3rd Cycle Standard Survey from the calculation
    - Purpose
        - Historically the Standard Surveys were completed between 12 – 15 months
        - COVID-19 Pandemic caused standard surveys to be suspended for a year as survey efforts were focusing on infection control.
        - Along with budget constraints a significant backlog of surveys resulted in many 3rd cycle surveys being older than 45 months
        - CMS believes these older surveys may not be reflective of current practices
    - Calculations
        - **Cycle 1** – and Complaint/Infection Control Surveys from 0 – 12 months = 75%
        - **Cycle 2** – and Complaint/Infection Control Surveys for 13 – 36 months = 25%

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FY26 CMS Changes – Nursing Home Compare

Nursing Home Compare Changes – *QSO25-20-NH (cont.)*

- **Five-Star Changes to Survey**
  - Result
    - CMS anticipates 80% of facilities will not change
    - 20% will see changes either higher or lower
  - Examples Improve:
    - Facility with poor survey on 3rd cycle may have been over 50 months ago.
    - Working very hard on improvement and had an excellent cycle 1 survey.
    - Could see their star rating improve significantly
  - Example Decline:
    - Facility with great survey 4 years ago and had changes resulting in deterioration of quality will not have the older survey to buffer

Examples: Potential Change in Survey Five-Star Rating

Decrease Star Rating

Cycle / Year	Standard Survey	Complaint / Infection	Old Calculation		New Calculation	
1	40	4	1/2	22	3/4	33
2	56	0	1/3	18.48	1/4	25.25
3	6	45	1/6	8.517		
			4 Star	**48.99**	**3 Star**	**58.25**

Improve Star Rating

Cycle / Year	Standard Survey	Complaint / Infection	Old Calculation		New Calculation	
1	40	4	1/2	22	3/4	33
2	56	0	1/3	18.48	1/4	25.25
3	250	45	1/6	49.265		
			2 Star	**89.745**	**3 Star**	**58.25**

FY26 CMS Changes – Nursing Home Compare

Nursing Home Compare Changes – *QSO25-20-NH (cont.)*

- Long-Stay Antipsychotic Quality Measure – Nursing Home Compare
  - A Little History
    - **2021**: OIG Report released related to number of residents receiving antipsychotic medication. Recommend that CMS take additional steps to verify
    - **2023**: CMS initiates MDS Schizophrenia Diagnosis Audit
    - **April 2025**: CMS implemented more stringent surveyor guidance for psychotropic medication management (F-tag 605)

FY26 CMS Changes – Nursing Home Compare

Nursing Home Compare Changes – *QSO25-20-NH (cont.)*

- Long Stay Antipsychotic Quality Measure – Nursing Home Compare
    - **Coming Soon – October 2025** Change to LS Antipsychotic Medication QM
        - New Data Sources to supplement MDS:
            - Medicare and Medicaid Claims
            - Medicare Advantage Encounter Data
        - Will compare Antipsychotic Medication Use and validate MDS reported exclusion diagnoses
        - New Cut Points will be established for this measure
        - Technical Specifications have not been released

Simple Analytics Updates

Keeping You Ready for Regulatory Change

Product Updates for 2026 Compliance

Payment Rate & Clinical Updates

- Supports updates to case-mix, wage index, and VBP/QRP adjustments
- ICD-10 code mappings refreshed
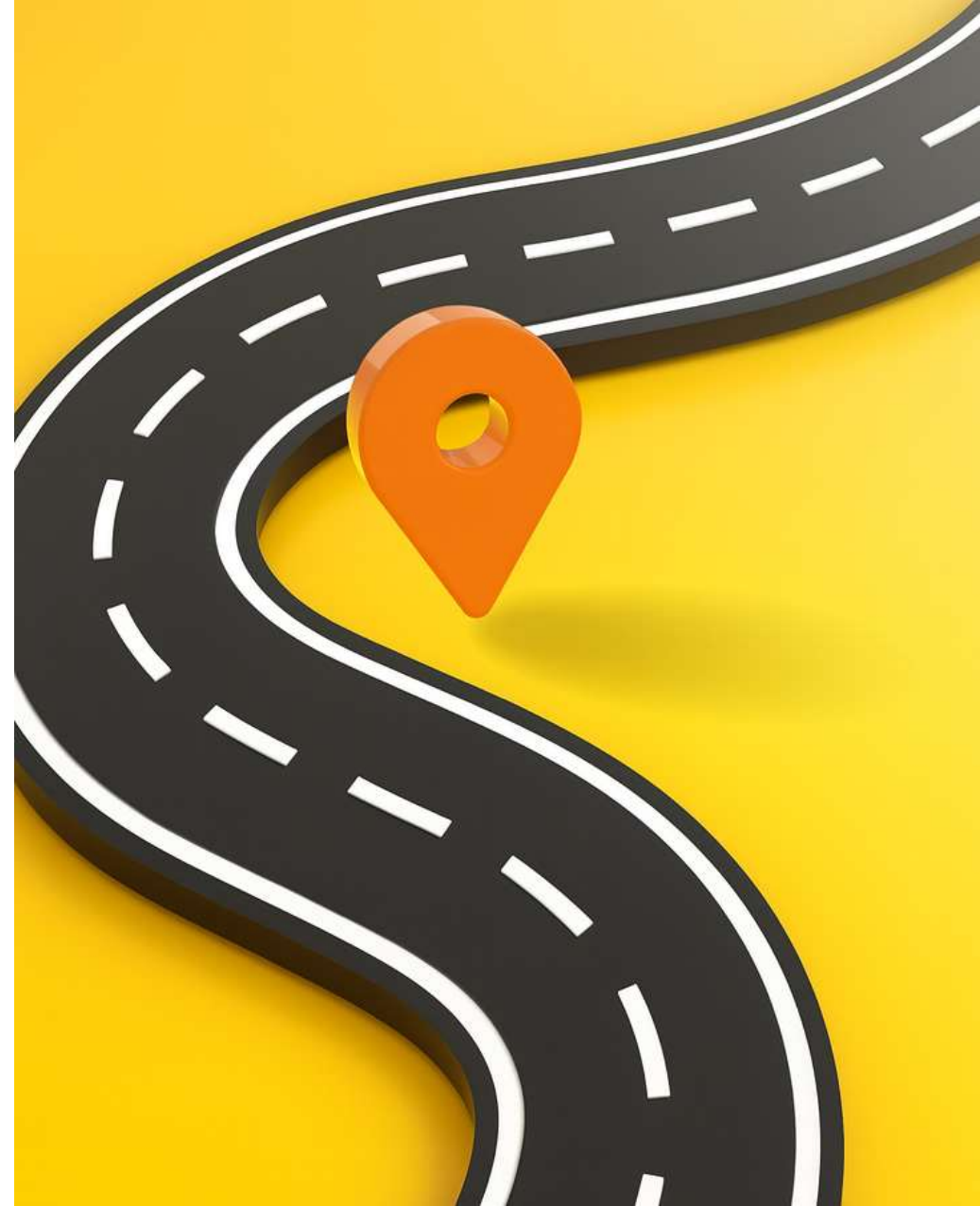- MDS updates incorporated

Five-Star Rating Updates

- Health inspection survey & weighting changes implemented in July 30, 2025
- Long-stay Antipsychotic Measure under evaluation, effective October 29, 2025
  - Awaiting CMS technical specs

myUnity®

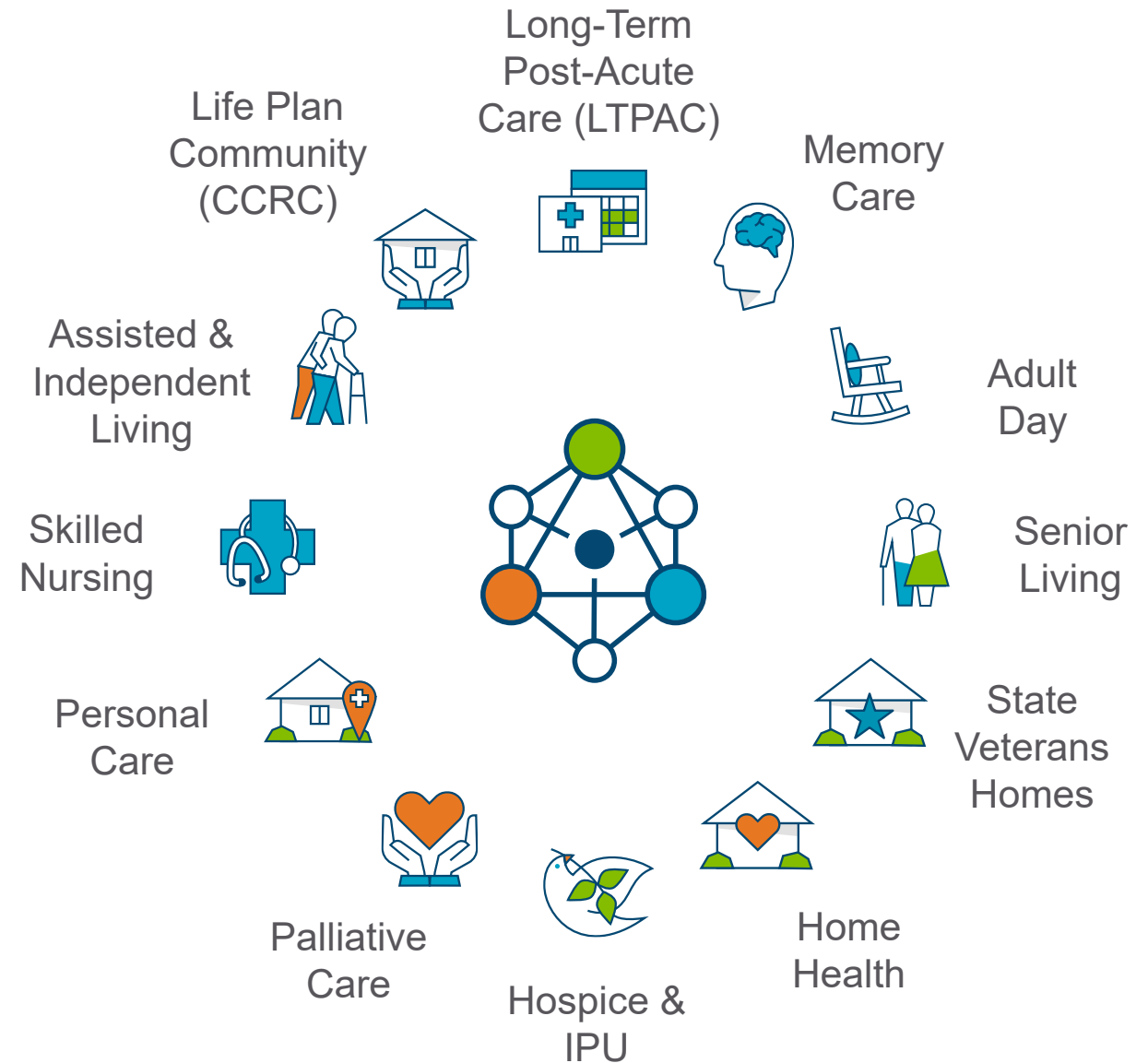- *One Platform for Integrated Care*

myUnity® is the **next generation** EHR that supports the entire continuum of post-acute care.

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Life Plan Community (CCRC)

Long-Term Post-Acute Care (LTPAC)

Memory Care

Adult Day

Assisted & Independent Living

Senior Living

Skilled Nursing

State Veterans Homes

Personal Care

Palliative Care

Hospice & IPU

Home Health

SimpleComplete™

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MDS predictive analytics.
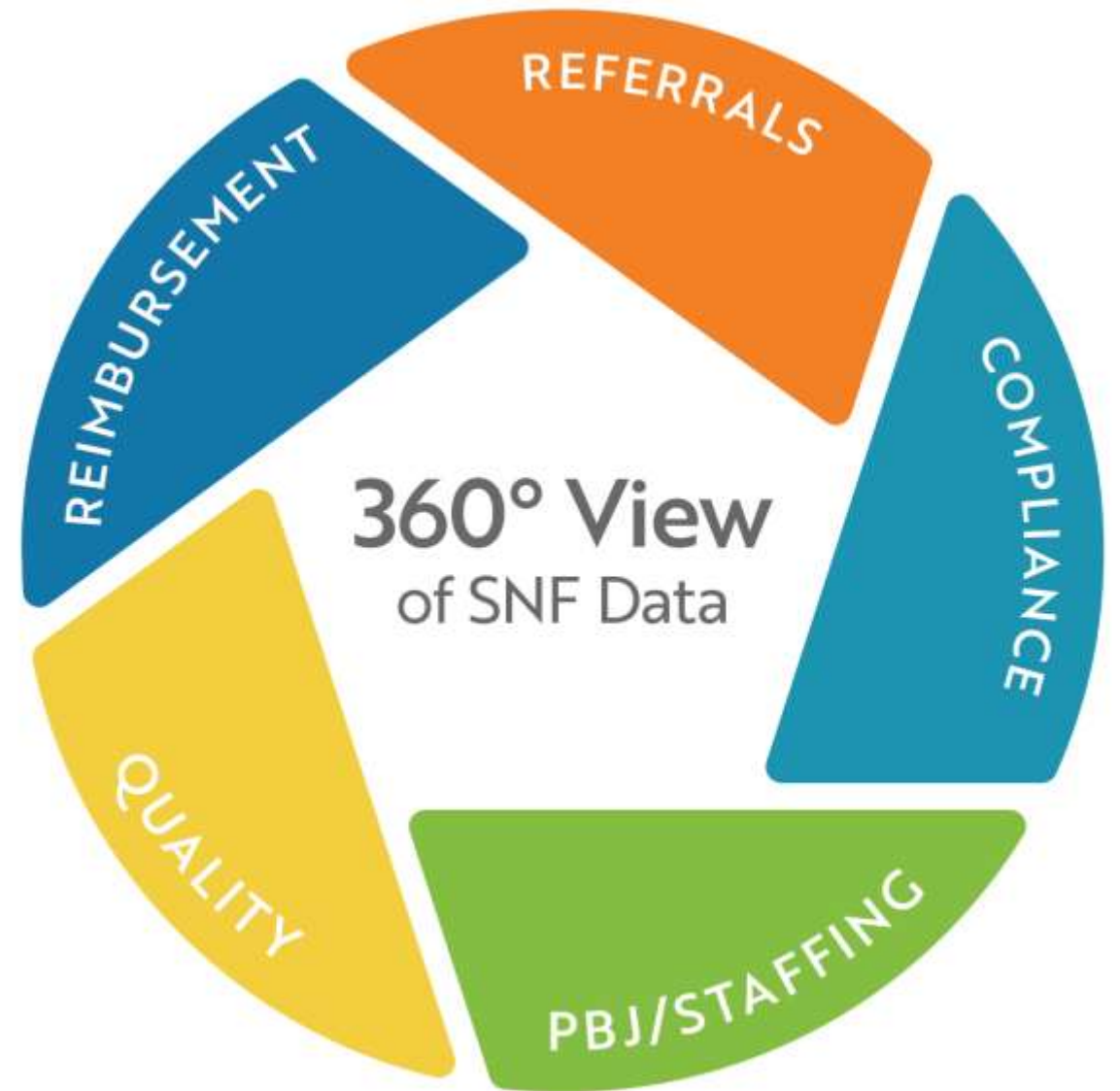
Optimize PDPM, Five-Star/QMs and iQIES workflow

PBJ and staffing.

Simplify Payroll-Based Journal and staffing strategy

Referrals and reimbursement.

Build census and optimize claims revenue in real time

REFERRALS

REIMBURSEMENT

COMPLIANCE

360° View of SNF Data

QUALITY

PBJ/STAFFING

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Netsmart

Scan code or visit simple.health/demo

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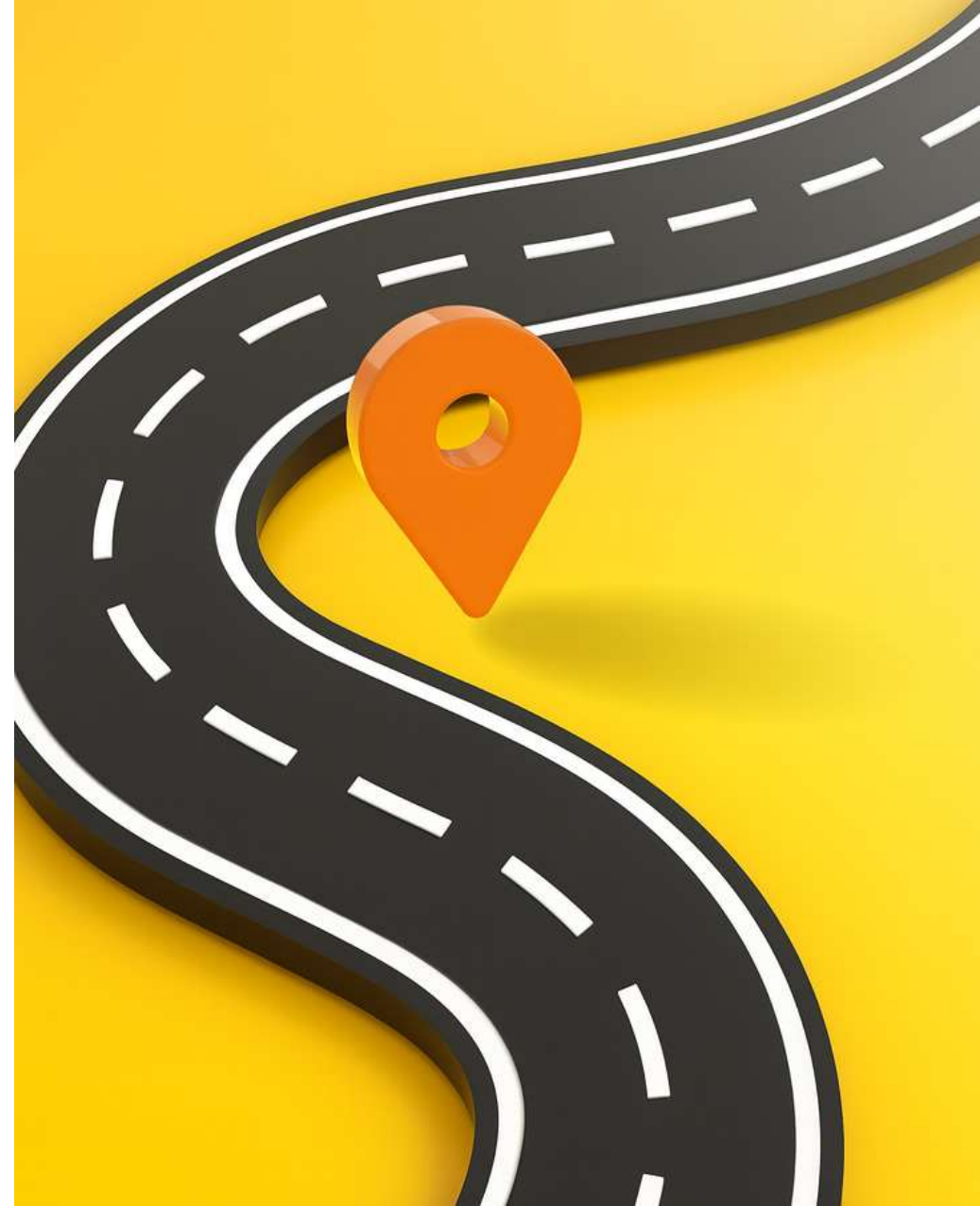GM - Netsmart

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Q&A

SNF Final Rule 2026:
Your Roadmap for MDS, QRP, VBP & Five-Star Changes

Thank you for joining us!

Recording and slides will be available at

simple.health/blog