

**Quality Improvement and Evaluation System (QIES),
Certification and Survey Provider Enhanced Reports (CASPER)
&
SNF Quality Reporting Program (QRP)**

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Topics

● QIES ASAP & CASPER

● iQIES MDS 3.0
Missing OBRA
Assessment Report

● iQIES

● SNF QRP
Requirements

QIES ASAP & CASPER

QIES ASAP & CASPER

Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP)

- A Centers for Medicare and Medicaid Services (CMS) National Reporting Database.
- NHs still transmit electronic staffing/Payroll Based Journal (PBJ) data to the QIES ASAP system.

Certification and Survey Provider Enhanced Reports (CASPER)

- Is a part of QIES ASAP where NHs can request and/or retrieve reports.
- PBJ reports still come from CASPER.
- The 0003D Provider History Profile and 0004D Provider Full Profile reports still come from CASPER.
- Notification of noncompliance with required COVID-19 weekly reporting is still deposited in the CASPER shared facility folder.

MDS & PBJ Individual Access

<https://qtso.cms.gov/access-forms/mds-individual-access>

All providers must request a CMSNet User ID to access secure CMS sites (e.g., submissions pages / reports) unless an otherwise secure connection has been established.

Requesting access to CMS systems requires two steps to obtain two separate login IDs.

Step 1: Call CMSNet Helpdesk (888-238-2122) for questions with Step 1

Use the [CMSNet Online Registration](#) application to request a CMSNet User ID.

The CMSNet ID is needed to access secure CMS sites (e.g., submissions pages/reports) unless an otherwise secure connection has been established.

[CMSNet Online Registration Instructions](#)

Step 2: Call QIES Helpdesk (800-339-9313) for questions with Step 2

Use the QIES online User Registration tool to obtain a QIES Submission ID.

Once you have registered for a CMSNet User ID, you will receive an email from MDCN.mco@palmettogba.com containing your login information. Using this information you will connect through the 'CMS Secure Access Service'.

Once securely connected, select the 'CMS QIES Systems for Providers' link to access the QIES online 'User Registration' tool. New users must utilize the online 'User Registration' tool to obtain a QIES Submission login ID (the only exception is Corporate/Third-Party accounts).

Please NOTE: CMS allows a total of TWO (2) Individual User accounts per facility. ****Exception: CMS allows a total of FOUR (4) ePOC user accounts****

[MDS / ePOC / PBJ Individual User Account Maintenance Request](#) (Only use this form to remove individual accounts or request additional users.)

[CMSNet Access Request Form](#) (Only use this form to remove individual access or request access if online registration is unavailable)

❖ To delete a QIES Submission ID access send an email to ijqes@cms.hhs.gov with the access you need deleted and the CCN of the facility.

https://web.qiesnet.org/qiesmds/mds_home.html

Welcome to the CMS QIES Systems for Providers

The MDS submissions portion of the QIES Assessment Submission and Processing (ASAP) system is no longer available. Providers are required to submit MDS records to the internet Quality Improvement and Evaluation System (iQIES) at: <https://ijqes.cms.gov>.

The user-requested Provider and Quality Measure reports previously found in Certification and Survey Provider Enhanced Reporting (CASPER) system should now be accessed in iQIES instead. Users will continue to access their Provider Preview Reports and SNF VBP files in CASPER until summer of 2023.

NOTE: The MDS 0003D/0004D Package Report will remain available in the MDS Provider report category in the CASPER Reporting application.

Thank you for your patience during this transition period. If you need assistance with accessing iQIES, please consult the designated Security Official for your organization or contact the iQIES Service Center via phone at (800) 339-9313 or by email: ijqes@cms.hhs.gov. Please note that call volume may be higher than normal during this time. For information and instructions to register for an iQIES account, please visit: <https://qtso.cms.gov/news-and-updates/action-required-register-iqies-account>.

[ePOC User Registration](#)

[Payroll Based Journal User Registration](#)

[Add ePOC - PBJ Access to your Active Individual User Account](#)

[PBJ Submissions](#)

[Look Up Facility ID](#)

[Payroll Based Journal \(PBJ\) Provider User Guide](#)

CASPER Reporting User's Guide for MDS Providers:

[CASPER Reporting](#) - Select this link to access Provider reports.

[Change Password - QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[ASPEN Access \(ePOC\)](#)

CASPER

Folders Tab: Where you retrieve reports and notifications.

- **My Inbox:** Contains reports you requested to be run.
- **Facility MO [Fac ID] Inbox:** Contains information automatically deposited by CMS.
 - **MO LTC [Fac ID] folder:** Contains reports (other than Validation Reports) and special notifications automatically deposited by CMS (such as the notification of noncompliance with required COVID-19 weekly reporting).

Reports Tab: Where you request to run certain reports (such as the 0003D Provider History Profile Report, the 0004D Provider Full Profile report, and the PBJ Reports).

The screenshot displays the CASPER web interface for a folder named '* MO LTC'. The interface includes a navigation bar with tabs: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below the folder name, there is a table of reports with columns for 'Info', 'Click Link to View Report', 'Date Requested', and 'Select'. The table contains 15 rows of report entries, each with a PDF icon and a checkbox. The reports include 'Impose Letter', 'Warning Letter', and '5star report' for various dates and times. At the bottom of the table, there is a pagination control showing 'Pages [1] [2] [3] [4] [5]'. Below the table, there is a status bar that says 'This Folder is Read-Only' and buttons for 'SelectAll', 'Zip', and 'MergePDFs'.

Info	Click Link to View Report	Date Requested	Select
	Impose Letter: [redacted]	08/15/2023 09:04:31	<input type="checkbox"/>
	2567-CDC- [redacted]	08/15/2023 09:04:31	<input type="checkbox"/>
	Warning Letter: [redacted]	08/07/2023 17:00:38	<input type="checkbox"/>
	2567-CDC- [redacted]	08/07/2023 17:00:38	<input type="checkbox"/>
	Warning Letter: [redacted]	07/31/2023 17:08:05	<input type="checkbox"/>
	2567-CDC- [redacted]	07/31/2023 17:08:05	<input type="checkbox"/>
	5star report173_20230701	07/18/2023 16:17:15	<input type="checkbox"/>
	Impose Letter: [redacted]	06/27/2023 08:12:18	<input type="checkbox"/>
	2567-CDC- [redacted]	06/27/2023 08:12:17	<input type="checkbox"/>
	5star report172_20230601	06/21/2023 10:55:52	<input type="checkbox"/>
	Impose Letter: [redacted]	06/20/2023 12:58:58	<input type="checkbox"/>
	2567-CDC- [redacted]	06/20/2023 12:58:57	<input type="checkbox"/>
	Warning Letter: [redacted]	06/12/2023 17:05:30	<input type="checkbox"/>
	2567-CDC- [redacted]	06/12/2023 17:05:30	<input type="checkbox"/>

Pages [1] [2] [3] [4] [5]

This Folder is Read-Only SelectAll Zip MergePDFs

iQIES Access

iQIES

Internet Quality Improvement and Evaluation System

On April 17, 2023, CMS transitioned to the Internet Quality Improvement and Evaluation System (iQIES) for Minimum Data Set (MDS) record submissions and reports. iQIES is now 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 *
User ID

Password *
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 skilled nursing facility (SNF) Value Based Purchasing (VBP) files are distributed.
- Non-Compliance Notifications folder is where the SNF (Quality Reporting Program (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 (16 different reports).
- Select **Run Report** for the report you wish to run.
- Enter any required criteria and select **Run Report**
- You can **Save to My Reports** and/or **Download**

iQIES User Guides, Manuals, and Documents

iQIES MDS User Guides and Manual: Located at <https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>

- iQIES MDS FAQs for Providers
- CMS iQIES MDS Upload an Assessment
- iQIES Reports User Manual
- CMS iQIES MDS Error Message

iQIES Documents: Located at <https://qtso.cms.gov/software/iqies/reference-manuals>

- iQIES Onboarding Guide
- iQIES Onboarding Process Quick Reference Guide – Provider Security Official
- iQIES Security Official: Manage Access Job Aide
- iQIES User Role Matrix

Additional iQIES Resources

Welcome to iQIES video:

https://www.youtube.com/watch?v=dRbh-VOtrcM&list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb_A1MTIq&index=1

How to Run Reports video:

https://www.youtube.com/watch?v=6Xz9in9dgts&list=PLaV7m2-zFKpj2t7Qhn7ONiM0Zb_A1MTIq&index=4

Upload an Assessment for MDS Users video:

<https://www.youtube.com/watch?v=cEU9MeBOKNk>

How to View and Download Final Validation Reports for MDS Users video:

<https://www.youtube.com/watch?v=mDmh0HYv5ho>

If you have questions or require assistance, please contact the iQIES Service Center at iqies@cms.hhs.gov or by phone at (800) 339-9313.

iQIES MDS 3.0 Missing OBRA Assessment Report

MDS 3.0 Missing OBRA Assessment Report

Lists residents that CMS is expecting an Omnibus Budget Reconciliation Act (OBRA) assessment on:

- Residents for whom the target date of the most recent accepted OBRA assessment (other than a Discharge or Death in Facility MDS) is more than 138 days ago;
- Residents for whom no OBRA assessments were submitted for a current episode that began greater than 60 days ago.

The information included in this report is as current as the date of the last submission by the facility.

Run this report monthly to ensure there are no names on it.

MDS 3.0 Missing OBRA Assessment Report

- You do not want any names listed on this report.
- For a current resident listed on this report, if they are overdue for an OBRA comprehensive or quarterly assessment then complete and transmit one.
 - Do not backdate comprehensive or quarterly assessments. The Assessment Reference Date (ARD) should not be earlier than the date you opened the comprehensive or quarterly assessment.
- For a former resident listed on this report, if an OBRA Discharge Assessment or Death in Facility Tracking Record is still needed then complete and transmit one.
 - This will need to be backdated to the date it occurred.
- If you are unsure why a resident is listed on this report, call the State Automation Coordinator. A merge may be needed if an additional resident was accidentally created in the iQIES system; this can happen when you transmit a MDS record with resident identifier changes from the previous MDS record.

MDS 3.0 Missing OBRA Assessment Report

Note:* indicates an empty value

Facility ID [REDACTED] Report Run Date 01/27/2023
 Facility Name [REDACTED]
 City/State [REDACTED]

Resident Identifiers:					Last Record Identifiers:		
Resident Internal ID	Resident Name	SSN	Date of Birth	Gender	OBRA A0310A	PPS A0310B	Target Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	03	99	09/07/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	02	99	09/07/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	99	99	12/01/2021
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	02	99	09/07/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	01	01	09/08/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	04	99	09/07/2022

SNF Quality Reporting Program (QRP) Overview

SNF QRP

- As a result of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, CMS requires the reporting of standardized Quality Measure (QM) data for Traditional Medicare Part A stays from the four Post Acute Care (PAC) providers: SNFs (includes non-critical access hospital swing beds), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), Home Health Agencies (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 that CMS looks at for the SNF QRP includes:

- **MDS data:** Comes from the MDS records that are transmitted to the CMS iQIES system.
- **Claims based data:** Comes from claims from the hospital and from the SNF.
- **National Healthcare Safety Network (NHSN) Data:** Comes from data transmitted to NHSN.

SNF QRP

The SNF QRP requires that SNFs submit quality measure data to CMS. SNFs must meet or exceed two data completeness thresholds:

- One threshold, set at 80 percent, for completion of quality measures data collected using the MDS and submitted through the CMS iQIES system. **CMS is increasing this to 90% beginning with the CY2024 data.**
- A second threshold, set at 100 percent, for quality measure data collected and submitted using NHSN.

Failure to submit the required quality data may result in a two-percentage-point (2%) reduction in the SNF's annual payment update (APU).

SNF QRP Data Deadlines

- MDS and NHSN data are submitted to CMS based on deadlines established for the APU determination year. If corrections to the Quality Measure data need to be made, they must be submitted before the SNF QRP submission deadlines.
- Data submission deadlines for the SNF QRP quality measures can be found in the Downloads section of the [SNF QRP Data Submission Deadlines](#) webpage.

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 Noncompliance

- Any SNF found non-compliant with the QRP will receive a letter of notification from its Medicare Administrative Contractor (MAC). 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 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
- Application of % of LTCH Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function - Data collection ends 10-1-23
- SNF Functional Outcome Measure: Change in Self-Care Score for SNF Residents - Data collection ends 10-1-23
- SNF Functional Outcome Measure: Change in Mobility Score for SNF Residents - Data collection ends 10-1-23
- Transfer of Health Information to the Patient Post-Acute Care - Data collection begins 10-1-23
- Transfer of Health Information to the Provider Post-Acute Care - Data collection begins 10-1-23
- Discharge Function Score - Data collection begins 10-1-23

SNF QRP MDS Data Deadlines

Data for 1/1/23 – 3/31/23 due by 8/15/23

Data for 4/1/23 – 6/30/23 due by 11/15/23

Data for 7/1/23 – 9/30/23 due by 2/15/24

Data for 10/1/23 – 12/31/23 due by 5/15/24

- At least 80% of qualifying MDS assessments for calendar year (CY) 2023 must contain 100% completion of the SNF QRP data elements necessary to calculate the QRP MDS-based QMs or the SNF will have a 2% reduction in their APU for fiscal year (FY) 2025 (10/1/24 through 9/30/25).
- For CY 2024 data, the compliance threshold requirement increases from 80% to 90%.

SNF QRP MDS Data

- Complete a Prospective Payment System (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 required for QRP compliance on the PPS 5-day and 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

SNF QRP Overview of Data Elements Used for Reporting Assessment-Based QMs Affecting FY 2025 APU Determination document found at <https://www.cms.gov/files/document/fy-2025-snf-qrp-apu-table-reporting-measures-and-data.pdf>.

- These are the data elements needed to calculate the SNF QRP measures.
- Successful assessment completion means the assessment does not contain dashes for required data elements.

SNF QRP MDS Data

Error codes that will show up on the MDS 3.0 Final Validation Report (VR) to assist providers in meeting their MDS data threshold requirement.

Payment Reduction Warnings:

- Error ID 3891: All discharge goals dashed on PPS 5-day.
- Error ID 3897: SNF QRP required item dashed on PPS 5-day or IPA.
- Error ID 3908: SNF QRP required item dashed on PPS Discharge.

Beginning October 1, 2023, a goal is not required to be coded to fulfill requirements of the SNF QRP. CMS plans to remove the Self-Care Discharge and Mobility Discharge Goals with the next release of the MDS. However, SNFs will continue to receive an APU warning if a MDS is submitted to iQIES without at least one self-care or mobility discharge goal. SNFs can ignore this warning and proceed with submitting their assessment.

SNF QRP NHSN QMs

Two measures are included in the SNF QRP that are reported through Centers for Disease Control (CDC) NHSN.

- COVID-19 Vaccination Coverage among Health Care Personnel (HCP)
- Influenza Vaccination Coverage among HCP

COVID-19 Vaccination Coverage among HCP

- SNF QRP QM as of 10/1/21
- This CDC NHSN-based QM reports the percentage of HCP eligible to work in the facility for at least one day during the reporting period and who are up to date with CDC-recommended COVID-19 vaccines.
- For this QM, 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 SNF QRP NHSN Data Deadlines

Data for 1/1/23 – 3/31/23 due by 8/15/23

Data for 4/1/23 – 6/30/23 due by 11/15/23

Data for 7/1/23 – 9/30/23 due by 2/15/24

Data for 10/1/23 – 12/31/23 due by 5/15/24

- 100% of the required NHSN COVID-19 vaccination among HCP data for CY 2023 must contain the data necessary to calculate the QRP NHSN QM or the SNF will have a 2% reduction in their APU for FY 2025 (10/1/24 through 9/30/25).

COVID-19 Vaccination Coverage among HCP Resources

[Weekly HCP COVID-19 Vaccination CDC NHSN Webpage](#)

- [Combined Covid-19 Vaccination Protocol for Healthcare Personnel](#)
- [Long-term Care Weekly COVID-19 Vaccination Reporting Changes and Updates 508 DSD](#)
- [COVID Vaccination HCP Form June 2023 508c](#)
- [Operational Guidance COVID-19 Vaccination Reporting Rule](#)
- [Up to Date Vaccination Quick Reference Guide](#)
- [Updated Quick Reference Guide, how to check create date DSD508 010923](#)
- [Quick Reference Guide, How to Run Reports for Healthcare Personnel Safety \(HPS\) Component](#)

Influenza Vaccination Coverage among HCP

- SNF QRP QM as of 10/1/22
- This CDC NHSN-based QM reports the percentage of HCP who receive influenza vaccination.
- Data collection for this measure will be from October 1st through March 31st of the following year.
- This measure requires that the provider submit a minimum of one report to the NHSN by the data submission deadline of May 15th for each influenza season following the close of the data collection period each year.

Influenza Vaccination Coverage among HCP

The denominator for this measure consists of HCP who are physically present in the healthcare facility for at least 1 working day between October 1 through March 31 of the following year, regardless of clinical responsibility or patient contact. Denominators are to be calculated separately for three required categories of HCP and can also be calculated for a fourth optional category:

- a) Employees (required): This includes all persons receiving a direct paycheck from the reporting facility.
- b) Licensed independent practitioners (required): This includes physicians, advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it.
- c) Adult students/trainees and volunteers (required): This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it.
- d) Other contract personnel (optional): Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the other - denominator categories.

Influenza Vaccination Coverage among HCP

The numerator consists of all HCP included in the denominator population who received an influenza vaccine any time from when it first became available (such as August or September) through March 31st of the following year and who fall into one of the following categories:

- a) received an influenza vaccination administered at the healthcare facility;
- b) reported in writing or provided documentation that an influenza vaccination was received elsewhere;
- c) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or a history of GBS within 6 weeks after a previous influenza vaccination;
- d) were offered but declined the influenza vaccination; or
- e) had an unknown vaccination status or did not meet any of the definitions of the other numerator categories.

Influenza Vaccination Coverage among HCP SNF QRP NHSN Data Deadlines

Data for 10/1/23 – 3/31/24 due by 5/15/24

- 100% of the required NHSN Influenza vaccination among HCP data for 10/1/23 through 3/31/24 must contain the data necessary to calculate the QRP NHSN QM or the SNF will have a 2% reduction in their APU for FY 2025 (10/1/24 through 9/30/25).

Influenza Vaccination Coverage among HCP NHSN Reporting

- SNFs are required to report **Annual HCP influenza vaccination summary data** through the NHSN Healthcare Personnel Safety (HPS) Component.
- Facilities must activate the HPS Component in NHSN to report annual influenza vaccination summary data. Only the NHSN Facility Administrator can activate a new component.
- The facility administrator must request level 3 access, if it has not already been granted, before they can add the HPS component. To request level 3 access, submit a new ticket to NHSN@cdc.gov and enter “SAMS Level 3 Access” in the subject line. Request that level 1 access be removed and replaced with Level 3.
- Once the HPS Component is activated, the NHSN Facility Administrator can add users, including the HPS Component Primary Contact.
- It is recommended that each facility have at least two NHSN users (including one with NHSN Facility Administrator rights).

Influenza Vaccination Coverage among HCP NHSN Reporting

NHSN Facility Administrator:

- There is only one NHSN Facility Administrator per facility.
- Only person who can re-assign the role of NHSN Facility Administrator to another user.
- NHSN Facility Administrator should transfer role to another user prior to leaving the facility.

If the previous NHSN Facility Administrator has left the facility, NHSN can add an individual as the new NHSN Facility Administrator:

- Do not re-enroll the facility in NHSN.
- Complete the [NHSN Facility Administrator Change Request Form](#).
- After being assigned as the new NHSN Facility Administrator, begin the new NHSN user onboarding process.

Influenza Vaccination Coverage among HCP Resources

[Healthcare Personnel \(HCP\) Flu Vaccination CMS NHSN Webpage](#)

- [Long-Term Care Facility Office Hours-May 2023 – YouTube](#): 16+ minute video
- [Emergency Flu Webinar 508 05162023 \(cdc.gov\)](#): Slides for the 16+ minute video
- [HCP Vaccination Module: Influenza Vaccination Summary Protocol](#)
- [Verification of HCP Influenza Data](#)
- [Guidance for SNFs to Report Annual Influenza Vaccination Data to NHSN for the SNF QRP](#)
- [Tips for Submitting HCP Influenza Vaccination Summary Data for the SNF QRP](#)

NHSN Resource

Health Quality Innovators (HQI)

HQI Main Phone Number: 804-289-5320

LTC Mailbox: lrc@hqi.solutions

HQIN Nursing Home Reporting NHSN Reporting Group:

[Microsoft Word - Joining HQIN Nursing Home Reporting group in NHSN.docx](#)

CMS QRP Resources

[SNF QRP QMs and Tech Info](#)

[SNF QRP Submission Deadlines](#)

[SNF QRP Spotlights and Announcements](#)

[SNF QRP Training](#)

[SNF QRP Public Reporting](#)

[SNF QRP FAQs](#)

[SNF QRP Reconsideration, Exception, Extension](#)

[SNF QRP Help](#)

For questions about SNF quality data submitted to CMS via CDC's NHSN use the new 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.

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

SNFQualityQuestions@cms.hhs.gov

MDS Updates on 10-1-23

The final **MDS 3.0 RAI User's Manual version (v)1.18.11** is now available in the Downloads section on the [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual](#) page. The MDS 3.0 RAI User's Manual v1.18.11 will be effective beginning October 01, 2023.

- This version of the MDS 3.0 RAI Manual contains substantial revisions related to the IMPACT Act, which requires that standardized assessment items be collected across PAC settings. Additionally, the language of the manual has been updated throughout to be gender neutral. Guidance and examples in numerous chapters and appendices have been revised for clarification and to reflect current regulations and best practices.
- A document listing all changes from the MDS 3.0 RAI Manual v1.18.11 draft version to the final version is available for reference in the Downloads section as well.

The final **MDS 3.0 Item Sets version (v)1.18.11** have been updated and are now available in the Downloads section on the [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual](#) page. All item sets have been replaced with revised versions. This will be the final version of the MDS Item Sets v1.18.11 that will be effective beginning October 01, 2023.

MDS Update Resources

CMS SNF 2023 Guidance Training Program located on [SNF QRP Training website](#)

- [Recordings](#):
 - Part 1 pre-recorded training webinars
 - Part 2 virtual coding workshop sessions
- [Part 1 presentations](#)
- [Part 2 presentations](#)
- [Supplemental materials](#):
 - Acronym list
 - Action plan worksheet
 - Case study answer sheet, coding response sheet, and narrative
 - Coding reference packet
 - Resource guide
- [Training Program Q&A](#)

MDS Update Resources

QIPMO MDS Item Coding and Update for 10-1-23 webinar

<https://nursinghomehelp.org/event/rai-and-qm-updates-monthly-webinar/>

Main QIPMO website: <https://nursinghomehelp.org/>

Subscribe to Section for Long-Term Care Regulation's weekly LISTSERV

<https://cntysvr1.lphamo.org/subscribeitc.html>

- Main form of communication from the State to providers.
- Includes changes/updates/educational opportunities.



QUESTIONS?

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