December Reflections

FROM AHCA:

The AI & Clinical Practice education program is now available on ahcancalED. The AI and Clinical Practice education program was developed by the AHCA Clinical Practice Committee to help long term care providers understand the current use and implementation of artificial intelligence (AI) in the clinical setting along with the risk and benefits to this advanced technology.
AI is revolutionizing various industries, including skilled nursing and long-term care by enabling computers to perform tasks that traditionally required human intelligence. This program consists of five modules which will explore the history of AI, its key types, and how it has been used in the healthcare industry as well as potential expansion of newer capabilities and how they could be leveraged to support clinical practice. Each module may be used independently of each other or together as a comprehensive program.
AI comes in many different forms and descriptions, each with distinct capabilities. For the purposes of this program, AI is categorized into four main types:

1. Basic AI
2. Machine learning
3. Deep learning
4. Generative AI

Each of these AI types builds on the previous one, becoming more advanced and capable of handling complex tasks.
Registration is free to AHCA/NCAL members.
Questions about the program may be sent to regulatory@ahca.org. Technical assistance may be directed to educate@ahca.org.

FROM CMS:

SNF Provider Preview Reports – Now Available

Because of the lapse in federal appropriations, scheduled data refreshes and other routine updates were temporarily paused. With the resumption of government operations on November 13, these updates are now being released.
The SNF Provider Preview Reports have been updated and are now available. These reports contain provider performance scores for quality measures, which will be published on the compare tool on Medicare.gov and the Provider Data Catalog (PDC) during the **January 2026 release**.

- Data contained within the Provider Preview Reports are based on quality assessment data submitted by SNFs from **Quarter 2, 2024 through Quarter 1, 2025.**
- The COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure and CDC COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure reflect data from **Quarter 1, 2025**.
- The Influenza Vaccination Coverage Among Healthcare Personnel measure from the Centers for Disease Control and Prevention (CDC) reflect data from **Quarter 4, 2024 through Quarter 1, 2025.**
- The claims-based measures are based on data from **Quarter 4, 2022 through Quarter 3, 2024.**
- The SNF Healthcare-Associated Infections (HAI) measure reflect data from **Quarter 4, 2023 through Quarter 3, 2024**.

Providers have until **December 17, 2025,** to review their performance data. Only updates/corrections to the underlying assessment data before the final data submission deadline will be reflected in the publicly reported data on Medicare.gov and PDC. If a provider updates assessment data after the final data submission deadline, the updated data will only be reflected in the Facility-Level Quality Measure (QM) report and Patient-Level QM report. Updates submitted after the final data submission deadline will not be reflected in the Provider Preview Reports or on Medicare.gov. However, providers can request a CMS review of their data during the preview period if they believe the displayed quality measure scores within their Provider Preview Reports are inaccurate.
For those users experiencing issues locating their agency's SNF Provider Preview Report, follow the steps outlined below:

1. Log into iQIES using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) user ID and password. (If you do not have a HARP account, you may register for a HARP ID.)
2. From the Reports menu, select My Reports.
3. From the My Reports page, locate the SNF Provider Preview Reports folder. Select the SNF Provider Preview Reports link to open the folder.
4. Displayed for you is a list of reports available for download. The reports or files are listed in descending order and the newest files are displayed at the top of the list.

5. Select the desired SNF Provider Preview Report name link and the report will display.

New Users

New users will automatically receive the latest Provider Preview Report in their SNF Provider Preview Report folder once their new iQIES user role is approved. Follow the steps above to locate your agency's report in the SNF Provider Preview Report folder.
For questions related to accessing your facility's Provider Preview Report, please contact the iQIES Service Center **by email at** iqies@cms.hhs.gov **or call 1-800-339-9313. For questions about SNF Quality Reporting Program (QRP) Public Reporting, please email** SNFQRPPRQuestions@cms.hhs.gov**.**

FROM AHCA:

New #GetVaccinated Resources: Understanding mRNA Vaccines

AHCA/NCAL has released two new resources to help long term care staff better understand mRNA vaccines and confidently address questions about them.

Enhance Person-Centered Care with CARES® Dementia Care Training Programs

CARES® offers AHCA/NCAL members exclusive savings on all CARES® dementia training and certification programs for long term care professionals and staff members. Read More

Improve Your Interdisciplinary Team with AHCA's Program Learning the Minimum Data Set

AHCA offers a comprehensive training program titled *Learning the Minimum Data Set – Training for the Interdisciplinary Team,* a boot camp training for nursing facility team members who are involved in the resident assessment process. Read More

Simplify Staff Competency and Training with AHCA's RoP eCompetencies Program

AHCA/NCAL offers an online program in conjunction with Healthcare Academy® that incorporates a digital competency platform to digitally assess, remediate, and document real-time demonstration of competencies for all staff.

FROM CMS:

Public Reporting October 2025 Refresh of SNF QRP Data – Now Available

Because of the lapse in federal appropriations, scheduled data refreshes and other routine updates were temporarily paused. With the resumption of government operations on November 13, these updates are being released.

Effective November 20, 2025, the **October 2025** refresh of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) data is now available on **the compare tool on** Medicare.gov and Provider Data Catalog (PDC).

The October 2025 refresh includes the initial public reporting **of three new assessment-based measures**: Transfer of Health (TOH) Information to the Provider – Post-Acute Care (PAC), Transfer of Health (TOH) Information to the Patient – Post-Acute Care (PAC), and COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date.

The October refresh includes:

- Assessment-based measures reflecting data submitted by SNFs to Centers for Medicare & Medicaid Services (CMS) from **Quarter 1, 2024 through Quarter 4, 2024.**
- The Influenza Vaccination Coverage Among Healthcare Personnel measure reflecting data from **Quarter 4, 2024 through Quarter 1, 2025.**
- The CDC COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure and COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure reflecting data from **Quarter 4, 2024.**
- The Potentially Preventable 30-Day Post-Discharge Readmission and Discharge to Community claims-based measures reflect data from **Quarter 4, 2022 through Quarter 3, 2024.** The Medicare Spending Per Beneficiary claims-based measure is based on data from **Quarter 4, 2021 through Quarter 3, 2023** and will be refreshed in January 2026.
- The SNF Healthcare-Associated Infections (HAI) measure reflects data from **Quarter 4, 2023 through Quarter 3, 2024**.

Please visit the compare tool on Medicare.gov and PDC to view the updated quality data. **For questions about SNF QRP Public Reporting, please email** SNFQRPPRQuestions@cms.hhs.gov**.**

FROM SKILLED NURSING NEWS

HHS Repeals Federal Nursing Home Staffing Mandate Provisions

By **Tim Mullaney** | December 2, 2025

The U.S. Department of Health and Human Services (HHS) has officially repealed provisions of the federal nursing home staffing mandate.

"HHS takes this action after determining the final rule imposed by the Biden Administration disproportionately burdened facilities, especially those serving rural and Tribal communities, and jeopardized patient's access to care," the department stated in a Dec. 2 announcement.

This action has been anticipated, as a repeal of the staffing mandate has been under consideration at the White House Office of Management and Budget (OMB).

FROM CMS:

Post-Acute Care Quality Programs

MDS 3.0 Quality Measures User's Manual v18.0 Effective January 1, 2026, and Associated User Manual Files – Now Available

The Minimum Data Set (MDS) 3.0 Quality Measures (QM) User's Manual v18.0 and accompanying Risk Adjustment Appendix File are now available. The MDS 3.0 QM User's Manual V18.0 will be effective beginning January 1, 2026, and contains detailed specifications for the MDS 3.0 QMs. A Notable Changes section in the document summarizes the major changes from the MDS 3.0 QM User's Manual V17.0. The Risk Adjustment Appendix File is a reference to be used in conjunction with the MDS 3.0 Quality Measures User's Manual v18.0 and contains coefficient values used to calculate the risk-adjusted quality measures. The latest coefficient values in this appendix file reflect, where applicable, updates to the measure specifications for the risk-adjusted NHQI measures, effective January 1, 2026.

The manual and associated files can be found in the Downloads section on the NHQI Quality Measures webpage.

FROM AHCA:

CMS Suspends SNF Provider Enrollment Revalidation Deadline Indefinitely

Today, the Centers for Medicare and Medicaid Services (CMS) informed AHCA that the mandatory off-cycle SNF provider enrollment revalidation deadline of January 1, 2026, has been **suspended indefinitely**. AHCA has been regularly advocating to CMS about this deadline, and we appreciate the agency granting our request for relief given the many difficulties providers have faced recently and throughout the process. CMS is not announcing a new compliance date at this time and will post a formal notice in the coming days.

Why This is Happening

Over the past year, SNF providers have experienced various challenges with meeting the complex and extensive new provider enrollment reporting requirements. AHCA advocated to CMS about these issues, which resulted in three prior deadline extensions in 2025.

Over the past several weeks, hundreds of AHCA members reported new, serious technical problems with the CMS PECOS provider enrollment system. AHCA escalated these issues to CMS officials seeking resolution and requesting a suspension of the January 1, 2026, compliance deadline so these issues could be resolved. We voiced concerns about the additional burdens impacted providers are facing, and the significant risk of payment suspensions should they not meet the reporting deadline due to these systems issues. AHCA appreciates that CMS recognized the significance of the current issues and agreed to an indefinite compliance deadline suspension.

What Providers Should Do

- SNF providers that have ***not yet submitted*** their off-cycle provider enrollment revalidations should be on the lookout for the upcoming formal CMS announcement in the next few days. It may contain additional important details about next steps. AHCA will share that information when it becomes available.
- SNF providers that have ***previously submitted*** their provider enrollment Form CMS-855A information via PECOS or paper submission and received a request for more information to be submitted by a certain date, should still submit that requested information by the specified due date. Contact the Medicare Administrative Contractor (MAC) provider enrollment helpdesk for further guidance if there are systems-related problems that may impact meeting the stated response deadline.

It is important to remember that the underlying SNF provider enrollment reporting policies have not changed. Every effort should be taken to assure the needed data elements regarding ownership and operational and managerial control disclosable entities and individuals are available to submit once further CMS guidance is issued.

FROM SKILLED NURSING NEWS: CMS Tightens Audit Oversight As Improper Payments Rise and Nursing Homes Lead in Doc Errors - Skilled Nursing News

"A nearly 10% rise in improper payments has intensified CMS' oversight of nursing homes, according to Alicia Cantinieri, managing director of clinical reimbursement and regulatory compliance for Zimmet Healthcare Services Group.
Operators need to have proactive compliance systems in order to protect reimbursement and reduce denials. To mitigate risk, facilities need to strengthen internal communication, while also improving documentation practices, said Cantinieri, who led a webinar on Thursday, discussing Medicare audits, along with strategy and protection for CMS claims and compliance…National improper payments for nursing homes increased from 7.79% in 2021 to 17.2% in 2024, and SNF errors were still in the lead compared to other care settings"

FROM MCKNIGHTS: 'Befuddling': CMS MDS Overhaul Could Spike Antipsychotic Use Percentage, Complicate Quality Tracking - Skilled Nursing News

"The Centers for Medicare and Medicaid Services (CMS) this week released the Minimum Data Set 3.0 quality measures user's manual, with notable changes being far more sweeping than many in the sector expected.
Two major updates involve the respecification of the long stay antipsychotic measure and a risk adjustor modification to the discharge function score measure, based on the removal of occupational and physical therapy minutes from the MDS version 1.20.1…
Regarding the antipsychotic medication change, Medicare and Medicaid claims and encounter data will now factor into the percent of residents who had such medication ordered or filled for them during their entire nursing home stay, the agency said. Prior to the change, only the MDS seven-day look-back was used…The national percentage of residents who received an antipsychotic medication is expected to rise significantly as a result of the new methodologies, from 14.64% to 16.98%, and will directly impact the Five-Star Quality Rating System…"They've expanded significantly the amount of time the facilities are going to be dinged for antipsychotics beyond the MDS…Under the MDS change, if the prescription is filled during the target period, it will trigger the measure, even if the medication wasn't received by the resident…"

FROM CMS:

Post-Acute Care Quality Programs

FY 2027 SNF VBP Program December 2025 Quarterly Reports are Now Available

The December 2025 Quarterly Confidential Feedback Reports for the fiscal year (FY) 2027 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program are now available to download via the Internet Quality Improvement and Evaluation System (iQIES).

These reports contain facility-level results for eight quality measures for the baseline period for the FY 2027 SNF VBP Program year:

- SNF 30-Day All-Cause Readmission Measure (SNFRM)
- Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)
- Total Nursing Staff Turnover (Nursing Staff Turnover)
- Total Nurse Staffing Hours per Resident Day (Total Nurse Staffing)
- Discharge to Community—Post-Acute Care Measure for SNFs (DTC PAC SNF)
- Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (Falls with Major Injury)
- Discharge Function Score for SNFs (Discharge Function Score)
- Number of Hospitalizations per 1,000 Long Stay Resident Days (Long Stay Hospitalizations)

These results will be used for the FY 2027 SNF VBP Program year scoring and incentive payment calculations that will take effect October 1, 2026. The data and results for the performance period for the FY 2027 SNF VBP Program year will be disseminated in the June 2026 Quarterly Confidential Feedback Reports.

SNFs may submit correction requests for their measure results up to 30 days following this report being made available, until January 1, 2026. Corrections are limited to errors made by CMS or its contractors when calculating a SNF's measure results. SNFs must submit correction requests to SNFVBPquestions@cms.hhs.gov with the subject line "SNF VBP Review and Correction Inquiry" along with your SNF's CMS Certification Number (CCN), SNF's name, correction request, and reason for requesting the correction.

Note: The FY 2027 SNF VBP Program year is the first to assess performance on eight quality measures rather than four measures, as part of an expansion of the SNF VBP Program. For more information about the SNF VBP Program's measures, see the SNF VBP Program Measures webpage.

To locate your new report in iQIES, please follow the instructions listed below:

1. Log into iQIES at https://iqies.cms.gov/ using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) user ID and password. (If you do not have a HARP account, you may register for a HARP ID.)
2. In the **Reports** menu, select **My Reports**.
3. From the **My Reports** page, locate the MDS 3.0 Provider Preview Reports folder. Select the **MDS 3.0 Provider Preview Reports** link to open the folder.
4. Here you can see the list of reports available for download. Locate the desired SNF VBP Program Quarterly Confidential Feedback Report.
5. Once located, select **More** next to your desired SNF VBP Program Quarterly Confidential Feedback Report and the report will be downloaded through your browser. Once downloaded, open the file to view your facility's report.

For additional questions about accessing your SNF's report, which can only be accessed in iQIES, please contact the QIES/iQIES Service Center by phone at (800) 339-9313 or by email at iqies@cms.hhs.gov.

For more information about the SNF VBP Program, please visit the CMS website: https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing

For additional questions, please contact the SNF VBP Program Help Desk at SNFVBPquestions@cms.hhs.gov.

As of 12-14-25, QCOR has not added any survey data for FY 2025. It is noted that as of October 1, 2025, CMS data is now in FY2026 but FY2026 data is not even an option on the QCOR cite.

For our Kansas facilities, we can provide some data from surveys and complaints posted to the KDADS website that LICA has become aware of. Unfortunately, there are no data changes from the November Reflections.

Average Number of Deficiencies for Standard Surveys in Kansas FY2025 to date posted to KDADS:

175 Facilities
1688 Citations/Tags
9.6 avg/facility

Complaint Surveys FY2025 to date located as posted to KDADS:

97 Facilities
151 Citations/Tags
1.6 avg/facility

Top 10 Deficiencies Cited in Kansas standard surveys FY2025 to date

Most cited resurvey tags			
64.0 %	or	112	F 880
52.6 %	or	92	F 689
49.7 %	or	87	F 812
33.7 %	or	59	F 761
33.1 %	or	58	F 756
33.1 %	or	58	F 757
28.0 %	or	49	F 657
27.4 %	or	48	F 686
26.9 %	or	47	F 758
24.6 %	or	43	F 849

Top 10 Deficiencies in Kansas complaint surveys identified as posted FY2025

Most cited resurvey tags			
33.0 %	or	32	F 689
17.5 %	or	17	F 600
8.2 %	or	8	F 602
8.2 %	or	8	F 609
7.2 %	or	7	F 610
6.2 %	or	6	F 550
5.2 %	or	5	F 880
4.1 %	or	4	F 726
4.1 %	or	4	F 686
4.1 %	or	4	F 760
4.1 %	or	4	F 580

G+ Deficiency Citations for Standard Surveys in Kansas FY2025 to date:

	G								G Total	J					J Total	K		K Total	L	L Total	Grand Tota
Row Labels	600	689	677	686	760	692	688	697		600	684	689	610	697		689	584		689		
NE		4		1	2	1			8	1		1	1		3	1	1	2	1	1	14
NW		3		1		1	1		6	1		1			2						8
SE	1	3				1		1	6		1				1						7
SW		3	1	2	1	3			10			2		1	3						13
Grand Total	**1**	**13**	**1**	**4**	**3**	**6**	**1**	**1**	**30**	**2**	**1**	**4**	**1**	**1**	**9**	**1**	**1**	**2**	**1**	**1**	**42**

G+ Deficiency Citations for Complaint Surveys in Kansas FY2025 to date:

	G											G Total	J													J Total	K	K Total	L	L Total	Grand Total
Row Labels	600	684	689	686	725	760	610	692	550	697	726		600	689	602	760	610	626	678	742	805	604	740	675	806		678		689		
NE			3	1			1	1				6	6	5	1								1		1	14					20
NW	3	1	3	1	1	1			1	1	1	13	3	4					1							8	1	1			22
SE		1								1		2	2	1		1	1			1		1				7					9
SW			2	2								4	1	3		1		1			1			1		8			1	1	13
Grand Total	**3**	**2**	**8**	**4**	**1**	**1**	**1**	**1**	**1**	**2**	**1**	**25**	**12**	**13**	**1**	**2**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**37**	**1**	**1**	**1**	**1**	**64**

If I can help you in any way, please feel free to contact me.

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LICA-MedMan would like to wish you all a blessed and wonderful Christmas and the very, very best new year! You all bless each of us every day. Thank you for all you do!

Linda, Carl and Steve