# Supporting Statement—Part A

# Quality Measures and Administrative Procedures for the Skilled Nursing Facility Value-Based Purchasing Program and Quality Reporting Program for the FY 2025 SNF PPS Final Rule (CMS-10895; OMB control number: 0938-1472)

## A Background

The Centers for Medicare & Medicaid Services (CMS) is committed to promoting higher quality healthcare and improving outcomes for Medicare beneficiaries.

The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program is authorized by section 1888(h) of the Social Security Act (the Act), and it applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-Critical Access Hospital (CAH) swing-bed rural hospitals. Beginning with payment for services furnished on October 1, 2018, section 1888(h) of the Act requires the Secretary to reduce the adjusted Federal per diem rate determined under section 1888(e)(4)(G) of the Act otherwise applicable to a SNF for services furnished during a fiscal year (FY) by 2 percent, and to adjust the resulting rate for a SNF by the value-based incentive payment amount earned by the SNF based on the SNF's performance score for that FY under the SNF VBP Program. Through the SNF VBP Program, incentive payments are awarded to SNFs to encourage improvements in the quality of care provided to Medicare beneficiaries.

The Skilled Nursing Facility Quality Reporting Program (SNF QRP) is authorized by section 1888(e)(6) of the Act, and it applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-CAH swing-bed rural hospitals. Section 1888(e)(6)(A)(i) of the Act requires the Secretary to reduce by 2 percentage points the otherwise applicable Annual Payment Update (APU) to a SNF for a FY if the SNF does not comply with the requirements of the SNF QRP for that FY. Section 1888(e)(6)(B)(i)(II) of the Act requires that each SNF submit data on quality measures specified under section 1899B(c)(1) of the Act and data on resource use and other measures specified under section 1899B(d)(1) of the Act in a manner and within the timeframes specified by the Secretary. In addition, section 1888(e)(6)(B)(i)(III) of the Act requires, for FYs beginning on or after October 1, 2018, that each SNF submit standardized patient assessment data required under section 1899B(b)(1) of the Act in a manner and within the timeframes specified by the Secretary.

The SNF VBP Program relies on data collections currently approved under OMB control number 0938-1140 (Expiration date November 30, 2024) for the SNF QRP to administer its requirements. In addition, the SNF QRP relies on data collected via the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN), currently approved under OMB control number 0920-1317 (Expiration date March 31, 2026).

For the FY 2027 program year, the SNF VBP Program will assess participating SNFs on improvement and achievement across measures that utilize Medicare Fee-for-Service (FFS) claims data, Payroll-Based Journal (PBJ) data, and Minimum Data Set (MDS) data. For the FY

2027 program year, the SNF QRP will require participating SNFs to report on measures that utilize Medicare FFS claims data, NHSN data, and MDS data.

Section 1888(h)(12)(A) of the Act (as added by section 111(a)(4) of Division CC of the Consolidated Appropriations Act, 2021 (Pub. L. 116–260)), requires the Secretary to apply a process to validate data submitted under the SNF VBP Program and the SNF QRP.

For the SNF VBP Program, the FY 2027 program year will be the first year to account for MDS-based measures based on data from the FY 2025 performance period. To comply with section 1888(h)(12)(A) of the Act, in the FY 2024 SNF PPS final rule (88 FR 53325), CMS finalized for the SNF VBP Program the initial components of a validation process for MDS-based measures to start beginning with the FY 2027 program year.

To comply with section 1888(h)(12)(A) of the Act, CMS finalized in the FY 2025 SNF PPS final rule (89 FR 64118 through 64122) that SNFs participating in the SNF QRP will be required to participate in the SNF MDS validation process beginning with the FY 2027 SNF QRP. In addition, CMS finalized a policy to reduce a SNF's otherwise applicable annual market basket percentage update by 2 percentage points if the SNF fails to submit the required medical records.

The collection of information for validation is necessary to ensure that the data utilized in the SNF VBP Program and the SNF QRP are accurate.

1 SNF VBP and SNF QRP Quality Measures

a. Introduction

Because the SNF VBP Program and the SNF QRP are programs that may impact payment, they must ensure the accuracy of MDS data submissions and, therefore, must collect information to verify data submissions. To reduce burden, a variety of different data collection mechanisms are employed with every consideration taken to utilize data and data collection systems already in place. Strategies that we leverage to reduce burden include: (1) simplifying collection and submission requirements, (2) improving MDS comprehension through resources such as standardized instructions, and (3) enhancing communication, navigation, and outreach through efforts such as our dedicated help desks.[1]

b. Measures

For the FY 2027 program year, the SNF VBP Program will measure performance across eight measures, which were finalized in previous rulemaking. Four of those measures utilize Medicare FFS claims data, two measures utilize PBJ data, and two measures utilize MDS data. The SNF VBP measures based on MDS data include: (1) Discharge Function Score for SNFs (DC Function) measure, and (2) Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (Falls with Major Injury (Long-Stay)) measure. This information collection request is limited to MDS data since the MDS validation process is the only new validation process and thus will be the only new burden placed on SNFs.

The SNF QRP currently has fifteen measures, which were finalized in previous rulemaking. Four of those measures utilize Medicare FFS claims data, two measures utilize NHSN data, and

[1] https://www.cms.gov/medicare/quality/snf-quality-reporting-program/help

nine measures utilize MDS data. The nine SNF QRP measures that are based on MDS data include: (1) Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure, (2) Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) measure, (3) Application of Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients, (4) Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients, (5) Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) SNF QRP measure, (6) Transfer of Health (TOH) Information to the Provider PAC measure, (7) TOH Information to the Patient PAC measure, (8) Discharge Function Score (DC Function Score), and (9) COVID-19 Vaccine: Percentage of Patients/Residents Who Are Up to Date measure. Similarly, this information collection request is limited to MDS data since the MDS validation process would be the only new burden placed on SNFs.

We note that one of the SNF VBP MDS-based measures, DC Function Score, is the same as the DC Function Score measure in the SNF QRP.

c. Period of Performance

With the exception of the Discharge to Community – Post-Acute Care (DTC PAC SNF) measure, the FY 2027 program year for SNF VBP Program will be based on performance across measures using data from the 12-month FY period of October 1, 2024 through September 30, 2025. The DTC PAC SNF measure will be based on Medicare FFS claims data from the 24-month period of October 1, 2023 through September 30, 2025. For MDS validation, we finalized in the FY 2024 SNF PPS final rule that the validation contractor will select up to 1,500 SNFs that submit at least one MDS record in the CY 3 years prior to the fiscal year of the relevant program year or were included in the SNF VBP Program in the year prior to the relevant program year (88 FR 53324).

With the exception of the COVID-19 Vaccine: Percentage of Patients/Residents Who Are Up to Date measure, the FY 2027 program year for the SNF QRP will be based on performance across measures based on data for the entire 2025 calendar year. MDS data collection for the COVID-19 Vaccine: Percentage of Patients/Residents Who Are Up to Date measure will start on October 1, 2024. For MDS validation, to align the data collection period of medical records with the SNF VBP data collection period, we finalized that the validation contractor will select up to 1,500 SNFs that submit one MDS record in the FY 2 years prior to the applicable FY SNF QRP (89 FR 64119 through 64120).

d. Forms Used in the Data Collection Process

In this data collection, SNFs selected for MDS validation will be requested to submit up to ten medical records in the applicable year for the purposes of validation. At this time, we do not intend to require SNFs to use any forms as part of the validation process.

## B Justification

1 Need and Legal Basis

The SNF VBP Program is a payment program that awards incentive payments to SNFs to encourage improvements in the quality of care provided to Medicare beneficiaries. The SNF

QRP is a pay for reporting program that reduces by 2 percentage points the annual market basket percentage increase in the case that a SNF does not submit the required data for the QRP. All claims processing systems utilize validation methods to verify the accuracy of Medicare claims accepted into the claims database and CMS uses an audit process for PBJ data that satisfies the needs of the SNF VBP Program. Unlike claims and PBJ data, MDS data are not sufficiently validated through other CMS processes. While MDS data are audited by Medicare Administrative Contractors (MACs) to ensure accurate payments, we explained in the FY 2024 SNF PPS final rule that we do not believe that the audit process focuses sufficiently on quality measurement data for use in a quality reporting or value-based purchasing program (88 FR 53324). Validation is necessary to ensure the accuracy of MDS data submitted to CMS that is utilized in both the SNF QRP and the SNF VBP Programs.

To validate MDS data for the SNF VBP Program, in the FY 2024 SNF PPS final rule (88 FR 53324 through 53325), CMS finalized that the validation contractor will select, on an annual basis, up to 1,500 SNFs that submit at least one MDS record in the calendar year (CY) 3 years prior to the applicable program year. CMS also finalized that the validation contractor will request up to 10 medical records from each of the selected SNFs. In the FY 2025 SNF PPS final rule (89 FR 64118 through 64122), CMS finalized that SNFs participating in the SNF QRP will be required to participate in the MDS validation process previously adopted by the SNF VBP Program beginning with the FY 2027 SNF QRP in order to closely align with the validation processes for the SNF VBP Program. Specifically, CMS finalized that the validation contractor will select up to 1,500 SNFs that submitted at least one MDS record in the FY 2 years prior to the applicable SNF QRP program year. CMS also finalized that the SNFs that are selected to participate in the SNF QRP validation for a program year will be the same SNFs that are randomly selected to participate in the SNF MDS validation process for the corresponding SNF VBP program year. Therefore, the total number of SNFs selected for MDS validation will not exceed 1,500 in a year. Each SNF selected will only be required to submit records once in a fiscal year, for a maximum of 10 records for each SNF selected. To decrease the burden for the selected SNF, CMS finalized that the validation contractor will request that the SNFs submit the same medical records, at the same time, that are required from the same SNFs for the purposes of the SNF MDS validation.

### 2 Information Users

CMS will use the information collected to conduct a validation process for MDS-based measures in the SNF QRP and the SNF VBP Program. As stated above, the SNF QRP will reduce by 2 percentage points the annual market basket percentage increase in the case that a SNF does not submit the required data, including medical records for this validation process, for the QRP. The SNF VBP Program adjusts the resulting Federal per diem rate for a SNF by the value-based incentive payment amount earned by the SNF based on the SNF's performance score for that FY. The Programs must collect medical records to validate MDS data reported by SNFs.

### 3 Use of Information Technology

To assist SNFs in standardizing data collection initiatives across the industry, CMS continues to improve data collection tools to make data submission easier for SNFs. SNFs who

submit the medical records electronically will enter submissions using a portal. This software will be available free of charge, and CMS will provide customer support for software and transmission problems encountered by the providers.

Medical records containing MDS data may be submitted electronically, but there still is a manual component for many SNFs. For the purposes of this burden estimation, we estimate that 85% of SNFs in the Programs will submit the medical records electronically, while 15% will submit through manual processes such as printing and shipping.[2]

4 Duplication of Similar Information

We note that the collection of data used to calculate the Programs' MDS-based measures is conducted by the SNF QRP under OMB control number 0938-1140. The separate burden accounted for in this information collection request captures the provider burden associated with submitting full medical records that will be used to validate the MDS-based measure data in order to comply with the MDS validation process. This data collection for the SNF VBP Program and the SNF QRP does not duplicate any other effort and the data cannot be obtained from any other source.

5 Small Businesses

Information collection requirements were specifically designed to allow maximum flexibility to small SNFs randomly selected for the MDS validation process. This effort will assist small SNFs in gathering information for their own quality improvement efforts. In this filing, we utilized the instructions that pertain to the Paperwork Reduction Act Submission Worksheet, Part II to determine the number of small entities. Specifically, a small entity can be defined as a small organization that is any not-for-profit enterprise that is independently owned and operated and is not dominant in its field. Data indicate that in 2022, 23% of the total number of SNFs were non-profit. This equates to 3,550 non-profit SNFs. We do not expect this number to change significantly by the FY 2027 program year.

6 Less Frequent Collection

We have designed the collection of medical records for the MDS validation process to be as minimally burdensome as possible while collecting the information necessary for data validation and for calculation of reliable SNF performance scores. Data validation is expected to occur quarterly, but as noted above, only up to 1,500 SNFs will be selected for validation in any given year. Neither less frequent collection of data nor validation of fewer cases is practicable at this time. Less frequent data collection would strain the ability for CMS to validate the MDS-based measures in a timely manner. If CMS proposed to validate MDS-based measures by reviewing fewer medical records, the SNF VBP Program and the SNF QRP would be less likely to generate meaningful results from validation. We finalized the 10-medical record maximum because we believe it strikes the appropriate balance between creating a reliable annual validation estimate with a quantity of medical records that are least burdensome to SNFs. The 10-medical record maximum is also generally consistent with policies that we have adopted for the Hospital Inpatient Quality Reporting (IQR) Program and the Hospital-Acquired Condition (HAC)

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6591108/#:~:text=In%20a%20nationwide%20sample%2C%20we,EHR%20adoption%20by%20nursing%20facilities

Reduction Program. For the FY 2026 program year, we request up to 8 charts per quarter for the clinical process of care category of measures, for a total of up to 16 charts per quarter for the Hospital IQR Program validation, and we request up to 10 charts per quarter for the HAC Reduction Program validation.

7 Special Circumstances

There are no special circumstances.

8 Federal Register/Outside Consultation

The Notice of Proposed Rulemaking (NPRM) FY 2025 SNF PPS proposed rule published on April 3, 2024 (89 FR 23483 through 23484).

At this time, CMS has not received outside consultation in the development of the MDS validation process. In the future, CMS will receive support in this initiative from a validation contractor.

9 Payments/Gifts to Respondents

There will be no gifts given for participation. We note that SNFs selected for validation who do not submit the required medical records will be subject to a reduction of 2 percentage points to that applicable FY APU beginning with the FY 2027 SNF QRP.

10 Confidentiality

We pledge privacy to the extent provided by law. As a matter of policy, CMS will prevent the disclosure of personally identifiable information contained in the data submitted. All information collected under this initiative will be maintained in strict accordance with statutes and regulations governing confidentiality requirements for CMS data, including the Privacy Act of 1974 (5 U.S.C. 552a) and the Health Insurance Portability and Accountability Act (HIPAA). Only data at the facility level will be made publicly available as mandated by statute. The CMS clinical data warehouse also voluntarily meets or exceeds the HIPAA standards.

We provide that a facility and a State may not release resident-identifiable information to the public and may not release the information to an agent or contractor without certain safeguards (42 CFR 483.20(f)(5) and 483.315(j)).

11 Sensitive Questions

There are no questions of a sensitive nature associated with these forms.

12 Burden Estimates (Hours & Wages)

a. Background

In the FY 2024 SNF PPS final rule (88 FR 53324 through 53325), CMS finalized for the SNF VBP Program the initial components of a validation process for measures calculated using MDS data beginning with the FY 2027 program year. These include the selection methodology, the notification and submission timeline for selected SNFs, and the number of medical records

requested for submission. In the FY 2025 SNF PPS final rule (89 FR 64118 through 64122), CMS finalized that SNFs participating in the SNF QRP will be required to participate in the MDS validation process previously adopted by the SNF VBP Program beginning with the FY 2027 SNF QRP in order to closely align with the validation processes for the SNF VBP Program. CMS also finalized a policy that, if a SNF does not submit the requested number of medical records within 45 days of the initial request, their otherwise applicable annual market basket percentage update will be reduced by 2 percentage points. The reduction will be applied to the payment update 2 fiscal years after the fiscal year for which the validation contractor requested records. In the three-year period covered under this data collection, no more than 4,500 SNFs (beginning in FY 2025) will be selected for validation. These burden estimates exclude burden associated with the MDS data collection, which is captured under OMB control number: 0938-1140.

For the purposes of burden estimation, we assume all of the activities associated with the MDS validation process, such as the abstraction and submission of medical records, would be completed by Health Information Technologists and Medical Registrars (HIT/MR) (29-9021). The labor performed can be accomplished by these staff with a median hourly wage of $28.01 per hour; [3] however, obtaining data on other overhead costs is challenging. Overhead costs vary greatly across industries and organization size. In addition, the precise cost elements assigned as "indirect" or "overhead" costs, as opposed to direct costs or employee wages, are subject to some interpretation at the organization level. Therefore, we have chosen to calculate the cost of overhead at 100% of the median hourly wage. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative, and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method. Therefore, using these assumptions, we estimate an hourly labor cost of $56.02 per hour ($28.01 per hour base salary + $28.01 per hour fringe).

b. Annual Burden Estimates Beginning with FY 2025

We note that the MDS validation process will start in FY 2025 and failure to submit the required medical records will impact payment for selected SNFs in the FY 2027 program year via the SNF QRP APU.

While we finalized that we will request a maximum of 10 medical records per selected SNF, for estimating purposes, we assume each SNF will submit the maximum number of medical records. We estimate that approximately 85 percent of SNFs (1,275 SNFs) utilize some form of electronic health records (EHRs) and would submit medical records electronically, while the remaining 15 percent (225 SNFs) would instead utilize manual processes such as printing and shipping to submit medical records.

We also assume that the submitted medical records would consist of SNF stays that vary in length of stay and, therefore, vary in number of pages per record. We estimate the length of stay for each of the randomly selected medical records could range from 20 days or less, up to or exceeding 366 days. Based on SNF VBP Program history, we assume the submitted medical records would be distributed among the possible lengths of stay: 40 percent (4 stays) would be

[3] https://www.bls.gov/oes/current/oes299021.htm

short (1 to 30 days), 40 percent (4 stays) would be moderate (31 to 100 days), and 20 percent (2 stays) would be long (101 to 366 or more consecutive days). For short stays, we estimate the size of a medical record to average 480 pages in length; for moderate stays, the size would average 780 pages; and for long stays, the size would average 2,400 pages. For medical records submitted electronically, we estimate it would require 18 minutes (0.3 hours), 30 minutes (0.5 hours), and 45 minutes (0.75 hours) to submit a medical record for short, moderate, and long stays, respectively. For medical records submitted manually, we estimate it would require 30 minutes (0.5 hours), 45 minutes (0.75 hours), and 75 minutes (1.25 hours) to submit a medical record for short, moderate, and long stays, respectively. Using these estimates, we estimate each SNF submitting electronically would require 4.7 hours [(4 x 0.3 hours) + (4 x 0.5 hours) + (2 x 0.75 hours)] at a cost of $263.29 (4.7 hours x $56.02/hour). For all 1,275 SNFs, we estimate a total of 5,992.5 hours (1,275 SNFs x 4.7 hours/SNF) at a cost of $335,699.85 (5,992.5 hours x $56.02/hour). We estimate each SNF submitting manually would require 7.5 hours [(4 x 0.5 hours) + (4 x 0.75 hours) + (2 x 1.25 hours)] at a cost of $420.15 (7.5 hours x $56.02/hour). For all 225 SNFs, we estimate a total of 1,687.5 hours (225 SNFs x 7.5 hours/SNF) at a cost of $94,533.75 (1,687.5 hours x $56.02/hour).

In the FY 2013 Inpatient Rehabilitation Facility PPS final rule (77 FR 53745), a cost of $0.12 per page was used to estimate printing costs. Adjusted 42% for inflation, we use an estimate of $0.17 per page.[4] We note that we overestimate the inflation adjustment by 5% in our calculation. Therefore, we estimate a total cost for printing 10 medical records of $1,676.74 {$0.17/page x [(4 x 480 pages) + (4 x 780 pages) + (2 x 2,400 pages)]}. For the purpose of this burden estimation, we estimate the shipping cost for submitting 10 medical records to be approximately $24.75 using a large box through USPS flat shipping.[5] In aggregate, we estimate the total cost to submit 10 medical records manually, including printing and shipping, to be $2,121.64 ($420.15 + $1,676.74 + $24.75) per SNF.

For all 1,500 SNFs, we estimate a total annual burden of 7,680 hours [(1,275 SNFs x 4.7 hours) + (225 SNFs x 7.5 hours)] at a cost of $807,500.10 [(7,680 hours x $56.02/hour) + (225 SNFs x $1,676.74/SNF)]. In addition, we estimate total shipping costs of $5,568.75 (225 SNFs x $24.75/SNF) for the 225 SNFs we estimate will submit medical records manually. In aggregate, we estimate total costs of $813,068.85 for all 1,500 SNFs.

Tables 1 through 3 below illustrate the calculation of annual burden and costs associated with medical record abstraction and submission of 10 medical records for 1,500 SNFs.

[4] http://data.bls.gov/cgi-bin/cpicalc.pl

[5] https://store.usps.com/store/product/shipping-supplies/priority-mail-forever-prepaid-flat-rate-large-box-P_PPLFRB

**Table 1. Estimated Burden for Medical Record Abstraction and Submission Associated with the Estimated 1,275 SNFs Submitting Electronically**

| *Length of Stay* | *Average number medical records per SNF* | *Estimated time per medical record (hours)* | *Annual burden (hours) per SNF* | *Number of SNFs reporting* | *Burden (hours) for all SNFs submitting electronically* | *Burden (cost) for all SNFs submitting electronically* |
|---|---|---|---|---|---|---|
| Short Stay | 4 | 0.3 | 1.2 | 1,275 | 1,530 | $85,711 |
| Moderate Stay | 4 | 0.5 | 2 | 1,275 | 2,550 | $142,851 |
| Long Stay | 2 | 0.75 | 1.5 | 1,275 | 1,912.5 | $107,138 |
| **Total** | **10** | | **4.7** | | **5,992.5** | **$335,700** |

**Table 2. Estimated Burden for Medical Record Abstraction and Submission Associated with the Estimated 225 SNFs Submitting Manually**

| *Length of Stay* | *Average number medical records per SNF* | *Estimated time per medical record (hours)* | *Annual burden (hours) per SNF* | *Number of SNFs reporting* | *Burden (hours) for all SNFs submitting manually* | *Burden (cost) for all SNFs submitting manually* |
|---|---|---|---|---|---|---|
| Short Stay | 4 | 0.5 | 2 | 225 | 450 | $25,209 |
| Moderate Stay | 4 | 0.75 | 3 | 225 | 675 | $37,814 |
| Long Stay | 2 | 1.25 | 2.5 | 225 | 562.5 | $31,511 |
| **Total** | **10** | | **7.5** | | **1,687.5** | **$94,534** |

**Table 3. Printing Costs Associated with SNFs Submitting Manually**

| *Length of Stay* | *Average number medical records per SNF* | *Pages per medical record* | *Total pages per SNF* | *Printing costs per SNF* |
|---|---|---|---|---|
| Short Stay | 4 | 480 | 1,920 | $326.40 |
| Moderate Stay | 4 | 780 | 3,120 | $530.40 |
| Long Stay | 2 | 2,400 | 4,800 | $816.00 |
| **Total** | **10** | | **9,840** | **$1,673** |

13 Capital Costs (Maintenance of Capital Costs)

There are no capital costs associated with the finalized policies for either the SNF VBP Program or the SNF QRP.

## 14 Cost to Federal Government

The cost to the Federal Government includes costs associated with the activities the validation contractor will conduct to support the MDS validation process. These activities include:

- Developing and supporting streamlined MDS data elements and the measure validation process including data processing, sampling, and design or modification of data collection templates;
- Developing targeted criteria for SNF selection;
- Developing format and content of all documentation and providing letters;
- Developing request letters and all educational materials;
- Requesting, receiving, and having the capacity to hold and store the associated medical records;
- Retrieving up to 10 MDS assessments for each selected SNF from the Centralized Data Repository (CDR);
- Auditing up to 35 MDS assessment data elements per chart against medical records that are components of the assessment;
- Generating scoring methodology for auditing assessments;
- Performing all scoring calculations for the SNF VBP Program and the SNF QRP;
- Developing and generating facility-level validation reports;
- Responding to questions from SNFs concerning their validation audit;
- Supporting coordination with existing programs within CMS as needed, including the Center for Program Integrity (CPI), Survey and Assessments, and the Quality Improvement Organization (QIO).

The total cost for the four option years of the validation contract is $10,243,000. Therefore, the annual cost is estimated at about $2,560,750 annually for the validation contract. Additionally, the MDS validation process takes two full-time CMS staff at a GS-13 level to operate. A GS level 13 Step 1 approximate annual salary is $117,962 (DC, MD, VA, WV, PA local) for an additional cost of $235,924. To account for fringe benefits, we use a factor of 30% of the annual salary for an additional cost of $70,777. The total annual cost to the Federal Government is $2,867,451.

## 15 Program or Burden Changes

This is a new information collection, therefore, there are no changes in the burden of this information collection.

16 Publication and Tabulation Dates

The goal of the data collection is to validate data submissions used to calculate measures based on MDS data. We will continue to display quality information for public viewing on Care Compare, available at *https://www.medicare.gov/care-compare/* and the Provider Data Catalog, available at *https://data.cms.gov/provider-data/*, as required for the SNF QRP and SNF VBP Program by sections 1899B(g), 1888(g)(6), and 1888(h)(9) of the Act. Data are presented on Care Compare in a format mainly aimed towards consumers, patients, and the general public, providing access to SNF-specific quality measure performance rates along with state and national performance rates. SNF quality data on Care Compare and the Provider Data Catalog are updated on an annual basis or as needed. One of the goals of the SNF VBP Program and the SNF QRP is to publicly display data on all measures adopted for the Programs. We note, however, that in certain circumstances we may decide to delay public display as we evaluate the accuracy of the measure data.

17 Expiration Date

We will display this expiration date on our SNF VBP Program page at: *https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing*. In addition, this information will become available on our SNF QRP page at: *https://www.cms.gov/medicare/quality/snf-quality-reporting-program*. We will display the approved expiration date prominently on our SNF VBP Program pages and SNF QRP pages used to document our measure specifications and reporting guidance.

18 Certification Statement

We are not claiming any exceptions to the Certification for Paperwork Reduction Act Submissions Statement.