U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OFFICE OF MANAGEMENT AND BUDGET
PAPERWORK REDUCTION ACT
CLEARANCE PACKAGE

SUPPORTING STATEMENT-PART A

REVISION OF THE MINIMUM DATA SET (MDS) 3.0 (v1.21.1) NURSING HOME AND SWING BED PROSPECTIVE PAYMENT SYSTEM (PPS) FOR THE COLLECTION OF DATA PERTAINING TO THE PATIENT DRIVEN PAYMENT MODEL (PDPM) & THE SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM (QRP)

SUPPORTING STATEMENT-PART A

MDS 3.0
FOR THE COLLECTION OF DATA PERTAINING TO
THE PDPM AND SNF QRP

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Minimum Data Set 3.0 Nursing Home and Swing Bed Prospective Payment System (PPS)
For the collection of data related to the Patient Driven Payment Model and the Skilled Nursing Facility Quality Reporting Program (QRP)
CMS-10387, OMB control number: 0938-1140

1. Background of the MDS in Nursing Homes (NH)

The MDS is a uniform instrument used in every Medicare/Medicaid certified nursing home in the United States to assess resident condition. It was developed in response to the landmark Institute of Medicine (IOM) Report on Nursing Home Quality in 1987 where the MDS was seen as a critical component in efforts to improve the quality of care in nursing homes. From its inception, the MDS was intended to serve several purposes:

(1) Collect data to inform care plans
(2) To generate quality indicators to evaluate nursing homes and guide improvement interventions
(3) To serve as a data source for nursing home payment systems.

Pursuant to sections 4204(b) and 4214(d) of OBRA 1987, the current requirements related to the submission and retention of resident assessment data are not subject to the Paperwork Reduction Act (PRA), but it has been determined that requirements for skilled nursing facility (SNF) staff performing, encoding and transmitting patient assessment data necessary to administer the payment rate methodology described in 413.337, are subject to the PRA.

The SNF Quality Reporting Program (SNF QRP) was established in CMS-1622-F (August 4, 2015; 80 FR 46390) and began collecting data from SNFs in FY 2016 using the MDS.

Regarding the SNF QRP, **Table 1** lists the quality measures collected via the MDS 1.20.1, currently in use.

Table 1: Quality Measures Collected via the MDS 1.20.1

Quality Measures Adopted for the FY 2027 SNF QRP Short Name	Measure Name
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: Percentage of Patients/Residents Who Are Up to Date

Both the Patient Driven Payment Model (PDPM) in the SNF PPS and the SNF QRP collect data through the MDS 3.0. The PDPM was described and adopted for SNFs and Swing Beds in CMS-1696-F (August 8, 2018; 83 FR 39162).

2. Background of this Information Collection Request

This package is a request for a revision to the current MDS assessment instrument for the SNF and is associated with the July 2026 "Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2027" final rule (CMS-1843-F, RIN 0938-AV75) available at https://www.federalregister.gov/. As outlined in the FY 2027 SNF PPS final rule, we are finalizing our proposal to remove the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID-19 Vaccine) measure beginning with the FY 2028 SNF QRP. SNFs will no longer be required to collect and submit the Patient/Resident COVID–19 Vaccine measure data to CMS, therefore the Resident's COVID–19 vaccination is up to date (O0350) data element is removed from the MDS effective October 1, 2027. As a result of this change, the total annual hour burden and cost across SNFs has decreased. This change is reflected in Table 6 in Section 15.

This package is a request for a revision to the currently approved Minimum Data Set (MDS) assessment instrument for the Skilled Nursing Facility (SNF). This package represents a request to implement the MDS 3.0 v1.21.1 beginning October 1, 2027 in order to meet the requirements of policies finalized in the Federal Fiscal Year (FY) 2027 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) final rule (CMS-1843-F, RIN 0938-AV75). The changes are summarized here and in the document included with the package, titled *Final MDS 3.0 Item Set Change Table v1.21.1.pdf.*

- REMOVED:
  - Item O0350. Resident's COVID-19 vaccination is up to date collected on the MDS v1.20.1 will be removed from the MDS v1.21.1.

Justification

1. Need and Legal Basis

Pursuant to sections 4204(b) and 4214(d) of OBRA 1987, the current requirements related to the submission and retention of resident assessment data are not subject to the Paperwork Reduction Act (PRA), but it has been determined that requirements for SNF staff performing, encoding and transmitting patient assessment data for the PPS 5-day (NP item set), the Swing Bed PPS (SP item set), the Interim Payment Assessment (IPA item set), the Swing Bed discharge (SD), and the PPS discharge (NPE item set) assessments, necessary to administer the payment rate methodology described in 413.337, are subject to the PRA.

Section 1888(e)(6)(B)(i)(II) of the Act requires that each SNF submit, for FYs beginning on or after the specified application date (as defined in section 1899B(a)(2)(E) of the Act), 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. Section 1888(e)(6)(A)(i) of the Act requires that, for FYs beginning with FY 2018, if a SNF does not submit data, as applicable, on quality and resource use and other measures in accordance with section 1888(e)(6)(B)(i)(II) of the Act and standardized patient assessment in accordance with section 1888(e)(6)(B)(i)(III) of the Act for such FY, the Secretary reduce the market basket percentage described in section 1888(e)(5)(B)(ii) of the Act by 2 percentage points.

Section 2(a) of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act amended the Social Security Act (the Act) by adding section 1899B to the Act, which requires, among other things, SNFs to report standardized patient assessment data, data on quality measures, and data on resource use and other measures. Under section 1899B(m) of the Act, modifications to the SNF assessment instrument, here the MDS, required to achieve standardization of patient assessment data are exempt from PRA requirements. Standardization has been met upon our adoption of the standardized patient assessment data in CMS-1718-F. For FY 2020 and thereafter, the exemption of the SNF QRP from the PRA is no longer applicable such that the SNF QRP requirements and burden will be submitted to OMB for review and approval. The active ICR serves as the basis for which we now address the previously exempt requirements and burden.

2. Information Users

CMS uses the MDS 3.0 PPS Item Sets (NP, NPE, SP, SD, IPA) to collect the data used to reimburse skilled nursing facilities for SNF-level care furnished to Medicare beneficiaries and to collect information for quality measures and standardized patient assessment data under the SNF QRP.

In addition, the public/consumer is a data user, as CMS is required to make SNF QRP data available to the public after ensuring that a SNF has the opportunity to review its data prior to

public display. Measure data is currently displayed under the Nursing homes including rehab services provider type on the compare tool on Medicare.gov at https://www.medicare.gov/care-compare/?providerType=NursingHome. The public display of quality measure data by CMS imposes no additional burden on SNFs.

a) Consideration of Burden of Information Collection Requests

CMS continually looks for opportunities to minimize burden associated with the collection of the MDS for information users through strategies that (1) simplify collection and submission requirements, (2) improve MDS comprehension, (3) enhance communication, navigation, and outreach, and (4) minimize learning costs.

First, interviews are conducted with information users before new items are introduced. The interviews provide valuable evidence to ensure the item(s) are precise and result in meaningful information.

Second, improving MDS comprehension is a priority. Several strategies are used, including standardizing the collection instructions across all SNFs, ensuring that all instructions and notices are written in plain language, and by providing step-by-step examples for completing the MDS. Human-centered design best practices are used, such as prioritizing key communication in headings, text boxes, and bold text. Close attention is paid to the amount of information required in the forms so that only the necessary data is collected on the MDS.

Third, CMS looks for opportunities to improve communication with users and conducts outreach. CMS provides a dedicated help desk to support users and respond to questions about the data collection. Additionally, a dedicated SNF QRP webpage houses multiple tools, such as instructional videos, case studies, user manuals, and frequently asked questions which support understanding of the MDS. CMS utilizes a listserv to facilitate outreach to users, such as communicating timely and important new material(s), as well as reminders and alerts related to the MDS completion. Finally, CMS provides a free internet-based system through which users can access on-demand reports for feedback on the collection of the MDS associated with their facility.

Fourth, CMS is aware of the learning costs that SNFs may incur when new data collection is required. CMS provides multiple free training resources and opportunities for SNFs to use, reducing the burden to SNFs in creating their own training resources. These training resources include live training, online learning modules, tip sheets, and/or recorded webinars and videos. Having the materials online and on-demand gives SNFs the flexibility to use the materials in a group setting or on an individual basis at times that work for them.

3. Improved Information Technology

CMS uses information technology to decrease the burden associated with data collection of the MDS. This is accomplished through strategies that (1) streamline information and submission processes, (2) minimize costly documentation requirements, (3) utilize information technology for improving communication, 4) provide up to date information on the MDS, and 5) provide coding assistance as needed.

First, CMS creates data collection specifications for SNF electronic health record (EHR) software with ‘skip’ patterns to ensure the MDS is limited to the minimum data required to meet

quality reporting requirements and to calculate SNF payment. When implemented, these data collection specifications deliver real-time warnings to the SNF when the data is incomplete and when the data is accepted by the system but may be incomplete for purposes of quality reporting submission. SNFs also receive fatal warnings when the data collection form is not accepted by the system for any reason. These specifications are available free of charge to all SNFs and their technology partners. Further, these minimum requirements are standardized for all users of the MDS assessment forms.

Second, CMS has minimized costly documentation requirements by allowing SNFs to electronically self-attest to the accuracy of the data in the MDS prior to transmitting the MDS, eliminating the need for supportive documentation to be submitted with the MDS.

Third, CMS provides customer support for data collection questions and data submission issues encountered by the providers and their vendors. CMS also has dedicated help desks to respond to questions about issues SNFs may encounter with data submitted through the CMS designated data submission system and its associated reports. CMS also offers SNFs the ability to sign up for listservs that send out timely and important new information, reminders, and alerts via electronic mail related to data submission.

Fourth, CMS has established multiple websites that assist providers with staying up to date with the MDS. These websites include the MDS 3.0 RAI Manual page: https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual. This website contains the current version of the MDS 3.0 RAI Manual and the current MDS item sets.

Finally, CMS partners with each state to ensure that all staff who code the MDS have access to MDS coding assistance. Every state has an RAI Coordinator and an Automation Coordinator who provides expert guidance on coding practices that adhere to the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual.

4. Duplication of Efforts

The data required for reimbursement and monitoring the effects of the SNF PDPM on patient care and outcomes are not available from any other source.

This data collection for the QRP does not duplicate any other effort and the standardized data cannot be obtained from any other source. There are no other data sets that will provide comparable information on residents admitted to SNFs.

5. Small Businesses

As part of our analysis for a revision to our existing approval, we considered whether the change impacts a significant number of small entities. 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 2025, 20% of the total SNF number were non-profit. This equates to 3,098 non-profit SNFs.

Provider participation in the submission of quality data is mandated by Section 3004 of the Affordable Care Act and Section 1899B(c)(2)(A) of the IMPACT Act. Small business providers viewing the data collection as a burden can elect not to participate. However, if a SNF does not submit the required quality data, this provider shall be subject to a 2% reduction in their payment update for the standard Federal rate during that rate year.

6. Less Frequent Collection

Under the PDPM payment system we need to collect this information at the required frequency, that is, at the start of a resident's Part A SNF stay to classify the resident into a payment category, and upon discharge from a SNF stay for monitoring purposes. The IPA is an optional assessment for the PDPM and is not used for the SNF QRP.

For the SNF QRP, the data collection time points and data collection frequency are consistent with the PDPM payment system. Data is collected for the SNF QRP both at the start of a resident's Part A SNF stay and upon discharge from a resident's Part A SNF stay in order to calculate the quality measures adopted under the SNF QRP and to obtain standardized patient assessment data.

7. Special Circumstances

There are no special circumstances that would require the PPS 5-Day and PPS discharge assessments to be conducted more than once during a resident's stay.

8. Federal Register/Outside Consultation

In the FY 2027 SNF PPS Notice of Proposed Rulemaking (NPRM) that was published in the Federal Register in April 2, 2026 (91 FR 17678), CMS proposed the removal of the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure and its associated data element (O0350. Resident's COVID-19 vaccination is up to date). CMS invited public comments on the proposed burden estimate.

> In the FY 2027 final rule, published in the Federal Register in July 2026, we finalized the removal of the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure and its associated data element. We also summarized and responded to public comments (below), but note we did not receive any comments specific to our burden estimate *Comment*: Several commenters supported the proposal to remove this measure, because they believed the burden associated with collecting and reporting measure data outweighs its current value. Some of these commenters stated that continued reporting requires staff time and resources while providing limited benefit in the current clinical environment. Commenters also noted that evolving COVID-19 vaccination guidance and changing definitions related to vaccination status have created challenges for reporting the measure.
>
> *Response*: We acknowledge commenters' support for the proposal and their concerns regarding the burden associated with continued collection and reporting of this data. We agree that the burden of continued reporting is an important consideration. Therefore, we also believe removal of this measure is further supported by Measure Removal Factor 8,

the cost associated with a measure outweighs the benefit of its continued use in the program.

CMS informed the provider community in July 2026 when the final rule went on public display. A reference to the announcement can be found on the SNF QRP webpage found here: https://www.cms.gov/medicare/quality/snf-quality-reporting-program/spotlights-announcements.

9. Payment/Gifts to Respondent

There will be no gifts and no payment to respondents for the use of the MDS.

10. Confidentiality

The system of records notices (SORN) establishes privacy stringent requirements. The MDS SORN was published in the Federal Register on May 22, 1998 (63 FR 28396). A SOR modification notice was subsequently published in the Federal Register on July 16, 1998 (63 FR 38414), Aug 18, 2000 (65 FR 50552), February 13, 2002 (67 FR 6714), and March 19, 2007 (72 FR 12801).

CMS has also provided, as part of the current Manual, a section that addresses in writing statements of confidentiality consistent with the Privacy Act of 1974. To address concerns about confidentiality of resident data, 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)). Data will be kept private to the extent allowed by law.

11. Sensitive Questions

There are no sensitive questions on the MDS 3.0 v1.21.1.

12. Collection of Information Requirements and Annual Burden Estimates

The active information collection request (approved November 30, 2025) sets out burden estimates for the item sets NP, NPE, SP, SD and IPA, which are the item sets used for the PDPM. The NP, NPE, SP and SD are also used for the SNF QRP. We continue to use the number of items (272) on the OMRA (NO/SO) item set as a proxy for all assessments, consistent with the active information collection request.

We have updated the MDS burden estimates on skilled nursing facilities. The assessment-level burden hours approved for the previous version MDS 3.0 v1.20.1 remain intact in the estimate. However, the updated MDS burden estimates reflect updated information:

a) We used FY 2025 data to calculate the frequency and number of assessments completed, as well as the number of SNFs;
b) We updated the salary estimate using the U.S. Bureau of Labor Statistics (BLS) from May 2023 to May 2024.

c) We have accounted for the removal of the 1 assessment item used to calculate the Patient/Resident COVID-19 Vaccine measure as finalized in the FY 2027 SNF PPS final rule.

As a result, the total burden has decreased. We provide additional details about the changes in Section 15 of this package.

Wage Estimates
For the purposes of calculating the costs associated with the collection of information requirements, we obtained median hourly wages for these staff from the U.S. Bureau of Labor Statistics' (BLS) May 2024 National Occupational Employment and Wage Estimates.[1] To account for other indirect costs and fringe benefits, we have doubled the hourly wage. These amounts are detailed in Table 2.

Table 2. U.S. Bureau of Labor and Statistics' May 2024 National Occupational Employment and Wage Estimates.

Occupation title	Occupation code	Median Hourly Wage ($/hr)	Overhead and Fringe Benefit ($/hr)	Adjusted Hourly Wage ($/hr)
Registered Nurse (RN)	29-1141	$45.00	$45.00	$90.00
Licensed Vocational Nurse (LVN)	29-2061	$29.97	$29.97	$59.94
Administrative Assistants	43-6013	$21.46	$21.46	$42.92

Assumptions
According to the On-Line Survey and Certification System (OSCAR), there were approximately 14,894 skilled nursing facilities in FY 2025. Based on our SNF monitoring information, there were approximately 1,584,102 5-day PPS assessments and 1,485,115 discharge assessments completed and submitted by Part A SNFs in FY 2025. Based on FY 2025 data, an Interim Payment Assessment (IPA) was completed for approximately 5.0% of residents admitted for a Part A PPS stay resulting in 82,875 IPAs completed.

We estimate that the total number of 5-day PPS assessments, IPAs, and PPS discharge assessments that would be completed under the PDPM across all facilities is 3,152,092 (1,584,102 + 82,875 + 1,485,115, respectively).

Collection of Information Requirements and Associated Burden Estimates

Based on our understanding of the MDS 3.0 and after discussions with clinicians, we estimate that it will take 51 minutes (0.85 hours) to complete a single PPS Assessment.

MDS 3.0 Burden Estimates for the SNF QRP

The burden associated with the SNF QRP is the time and effort required for complying with the SNF QRP. The estimated burden for completing the MDS was established in the FY 2012 SNF

[1] https://www.bls.gov/oes/current/oes_nat.htm.

PPS Final Rule. Since the establishment of the MDS, CMS has calculated programmatic burden accounting for the time and cost it takes a SNF to encode the MDS, prepare the data for electronic submission, and transmit the data to CMS. Our estimates of time to complete new items is based on past SNF burden calculations, and our assumptions for staff type are based on the categories generally necessary to collect this data, and subsequently encode it.[2] However, individual providers determine their own processes to collect the information and the staffing resources necessary to collect it. We acknowledge that some SNFs will incur a higher cost than was estimated, while some SNFs will incur a lower cost.

a) Assessing Burden of Information Collection

https://www.federalregister.gov/

Estimate of the Burden: As displayed in Table 5, the burden will decrease as a result of CMS' removal of data element O0350. Using data from fiscal year 2025, we estimated 1,485,115 Discharge PPS assessments from 14,894 SNFs annually. Note: this is an increase in the number of SNFs from the estimate provided in the proposed rule (14,868), based on updated information. This equates to a decrease of 7,425.58 hours in burden for all SNFs (1,485,115 planned discharges x 0.005 hour). We believe the SNF item affected by the finalized modification is completed by Registered Nurses (RN) and Licensed Practical and Licensed Vocational Nurses (LPN/LVN). Therefore, we averaged the national median for these labor types and established a composite cost estimate of $74.97. This composite estimate was calculated by weighting each salary based on the following breakdown regarding provider types most likely to collect this data: RN 50 percent and LVN 50 percent. For the purposes of calculating the costs associated with the collection of information requirements, we obtained median hourly wages for these staff from the U.S. Bureau of Labor Statistics' (BLS) May 2024 National Occupational Employment and Wage Estimates.[3] To account for other indirect costs and fringe benefits, we have doubled the hourly wage. These amounts are detailed in Table 2.

Table 5. Burden Hours and Cost Calculation for SNF-MDS v1.21.1 beginning with the FY 2028 SNF QRP:

Number of SNFs in U.S. in 2025	14,894
Estimated number of MDS PPS Discharge assessments submitted for all SNFs for the FY 2028 SNF QRP	1,485,115
Estimated burden hours to collect O0350	0.005
Decrease in Hours for each SNF annually for the FY 2028 SNF QRP	0.50
Decrease in Hours for all SNFs annually	7,426
Previous Total Hours for all SNFs annually	2,682,974
New Total Hours for all SNFs annually	2,675,548
Previous Cost Burden for all SNFs per year	$197,251,047.10
New Cost Burden for all SNFs	$196,694,320

[2] FY 2012 Final Rule (76 FR 48486), FY 2014 Final Rule (78 FR 47936), FY 2015 Final Rule (79 FR 46390), FY 2018 Final Rule (82 FR 39162), FY 2019 Final Rule (83 FR 17620), FY 2020 Final Rule (84 FR 38728), FY 2024 Final Rule (88 FR 53200)

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

Basic Requirements for all Claims. In evaluating the impact of billing changes in the UB-04 common claim form (approved by OMB under control number 0938-0997) our long-standing policy is to focus on changes in billing volume.

Information Collection/Reporting Instruments and Instruction Guidance Documents
The Information Collection/Reporting Instruments for the PDPM and SNF QRP effective 10/1/2027 are the MDS 3.0 forms/Item Sets: NP, NPE, SP, SD, IPA.

- NP PPS (NP) Version 1.21.1 effective 10/1/2027 (Revised, see the Change Table for details)
- NPE Part A PPS Discharge (NPE) Version 1.21.1 effective 10/1/2027 (Revised, see the Change Table for details)
- IPA Version 1.21.1 effective 10/1/2027 (Revised, see the Change Table for details)
- Swing Bed PPS (SP) (SD) Version 1.21.1 effective 10/1/2027 (Revised, see the Change Table for details)
- Swing Bed Discharge (SD) Version 1.21.1 effective 10/1/2027 (Revised, see the Change Table for details)
- Long-Term Care Facility RAI 3.0 User's Manual Version 1.21.1 (Revised) to be posted at: https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

Additional SNF QRP Programmatic Burden
As requested by OMB, CMS acknowledges there is SNF QRP programmatic burden associated with other data collection methods, including the Centers for Disease Control's (CDC) National Healthcare Safety Network (NHSN).

The FY 2027 SNF PPS final rule removed the requirement that SNFs submit data on the COVID-19 Vaccination Coverage among HCP measure beginning with the FY 2028 SNF QRP. However, this collection of information request does not set out such burden since the burden for collecting and reporting vaccination data is waived from the requirements of the PRA under section 321 of the National Childhood Vaccine Injury Act (NCVIA) (Pub. L. 99-660). Section 321 can be found in a note at 42 U.S.C. 300aa-1. However, CMS provided an estimate of the reduction in burden and cost for SNFs in the FY 2027 SNF PPS final rule. Consistent with the CDC's experience of collecting data using the NHSN, we estimate the removal of this measure will result in a reduction of 1 hour(s) per month per SNF to collect data for the HCP COVID-19 Vaccine measure and enter it into NHSN. We believe that this data would be entered by an administrative assistant. For the purposes of calculating the costs associated with the collection of information requirements, we obtained median hourly wages for these staff from the BLS May 2024 National Occupational Employment and Wage Estimates.[4] To account for other indirect costs and fringe benefits, we have doubled the hourly wage. These amounts are detailed in Table 2. We estimate the removal of this measure will result in a decrease of 178,728 hours

[4] https://www.bls.gov/oes/current/oes_nat.htm.

and $7,671,005.76 for all SNFs to collect data for the HCP COVID-19 Vaccine measure and enter it into NHSN.

13. Capital Costs (Maintenance of Capital Costs)

Facilities are currently required to collect, compile, and transmit MDS data. Therefore, there are no capital costs. Any other cost can be considered a cost of doing business.

14. Cost to Federal Government

The Department of Health & Human Services (DHHS) will incur costs associated with the administration of the SNF quality reporting program including costs associated with the IT system used to process SNF submissions to CMS and analysis of the data received.

CMS has engaged the services of an in-house CMS contractor to create and manage an online reporting/IT platform for the MDS. This contractor works with the CMS Center for Clinical Standards and Quality, Division of Post-Acute and Chronic Care (DCPAC) in order to support the IT needs of multiple quality reporting programs. When SNF providers transmit the data contained within the MDS to CMS it is received by this contractor. Upon receipt of all data sets for each quarter the contractor performs some basic analysis which helps to determine each provider's compliance with the reporting requirements of the SNF QRP. The findings are communicated to the SNF QRP lead in a report. Contractor costs include the development, testing, and roll-out of updates to data submission systems.

DCPAC had also retained the services of a separate contractor for the purpose of performing a more in-depth analysis of the SNF quality data, as well as the calculation of the quality measures, and future public reporting of the SNF quality data. Said contractor will be responsible for obtaining the SNF quality reporting data from the in-house CMS contractor. They will perform statistical analysis on this data and prepare reports of their findings, which will be submitted to the SNF QRP lead.

DCPAC has retained the services of a third contractor to assist us with provider training and support services related to the SNF QRP.

In addition to the contractor costs, the total includes the cost of the following Federal employees:

a) GS-13 (locality pay area of Washington-Baltimore-Northern Virginia) at 100% effort for 3 years, or $365,355.
b) GS-14 (locality pay area of Washington-Baltimore-Northern Virginia) at 33.33% effort for 3 years, or $143,913.

The estimated cost to the federal government for the contractor is as follows:

CMS in-house contractor – Maintenance and support of IT platform that supports the MDS	$750,000
Data analysis contractor	$1,000,000
Provider training & helpdesk contractor	$1,000,000

GS-13 Step 1 Federal Employee (100% X 3 years at $121,785 annually)	$365,355
GS-14 Step 1 Federal Employee (33.33% X 3 years at $143,913 annually)	$143,913
Total cost to Federal Government:	**$3,259,268**

15. Program Changes

Since the MDS 3.0 v1.20.1 was approved, CMS has removed one data element from the MDS assessment for the SNF QRP. We also continue to monitor the number of SNFs and the number of beneficiaries seeking SNF services. After an increase in SNF admissions in the years following the COVID-19 public health emergency, the total number of SNFs and the number of individuals admitted to SNFs for skilled services has continued to decrease as represented by the 2.5% decrease in the total number of SNFs reported in this ICR from the previous ICR.

These updates resulted in the following changes to the current burden estimate:

a) A decrease of 359 SNFs, with the current number at 14,894. Note: the current number of SNFs is an increase in the number of SNFs from the estimate provided in the proposed rule (14,868), based on updated information.
b) This ICR estimates 1,584,102 SNF PPS 5-day assessments, a decrease of 5,458 assessments over the last approved package.
c) This ICR estimates 1,485,115 SNF PPS Discharge assessments, an increase of 372,293 assessments over the last approved package.
d) This ICR estimates 82,875 SNF PPS IPA assessments, an increase of 860 assessments over the last approved package.

As a result of these changes (see Table 6), the total annual hour burden across facilities has decreased by 7,426 hours (2,682,974 minus 2,675,548), and the annual cost burden across facilities has decreased by $556,727.22 ($197,251,047.10 minus $196,694,320).

Table 6. Burden Hours and Cost Calculation for MDS v1.21.1:

Previous Total Hours for all SNFs annually	2,682,974
New Total Hours for all SNFs annually	2,675,548
Previous Cost Burden for all SNFs per year	$197,251,047.10
New Cost Burden for all SNFs per year	$196,694,320

16. Publication and Tabulation Dates

Not applicable.

17. Expiration Date

The expiration date and OMB control number are visible on the CMS Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual.

18. Certification Statement

There are no exceptions.

B. Collection of Information Employing Statistical Methods

In collecting the data for payment and quality purposes, we do not employ any statistical sampling methods.

APPENDIX A:
MDS 3.0 ITEM SET V1.21.1 ASSOCIATED CHANGE TABLE

See attached MDS 3.0_Item Set Change History_v1.21.1 October 2027.pdf, titled *MDS 3.0 Item Set Change History for October 2027 Version 1.21.1*.

APPENDIX B:
GLOSSARY

CDC: Centers for Disease Control & Prevention
CMS: Centers for Medicare & Medicaid Services
DCPAC: Division of Post-Acute and Chronic Care
DHHS: Department of Health & Human Services
FY: Fiscal Year
IOM: Institute of Medicine
IPA item set: Interim Payment Assessment item set
iQIES: Internet Quality Improvement and Evaluation System
IT: Information Technology
LTC: Long-Term Care
MDS: Minimum Data Set
NC item set: Nursing Home Comprehensive assessment item set
ND item set: Nursing Home PPS Discharge item Set
NH: Nursing Home
NHSN: National Healthcare Safety Network
NO item set: Nursing Home OMRA item set
NP item set: Nursing Home PPS 5-day item set
NPE item set: Nursing Home PPS Discharge item set
NQ item set: Nursing Home Quarterly item set
NT item set: Nursing Home Tracking item set
OBRA: Omnibus Reconciliation Act of 1987
OMB: Office of Management and Budget
OMRA: Other Medicare Required Assessment
OSCAR: On-Line Survey and Certification System
PDPM: Patient Driven Payment Model
PPS: Prospective Payment System
PRA: Paperwork Reduction Act
QIES: Quality Improvement and Evaluation System
QRP: Quality Reporting Program
RAI: Resident Assessment Instrument
RN: Registered Nurse
SD item set: Swing Bed PPS Discharge item set
SNF: Skilled Nursing Facility
SP item set: Swing Bed PPS 5-day item set
ST item set: Swing Bed Tracking item set
TOH Information: Transfer of Health Information
UB-04: Universal Bill Form 04