



Skilled Nursing Facility Value-Based Purchasing Program

Performance Score Report User Guide
FY 2026 Program Year

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Acronyms

CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
FFS	fee-for-service
FY	fiscal year
HARP	HCQIS Access Roles and Profile
HCQIS	Health Care Quality Information Systems
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
IPM	incentive payment multiplier
iQIES	Internet Quality Improvement and Evaluation System
LPN	licensed practical nurse
MDS	Minimum Data Set
MLN	Medicare Learning Network
PAMA	Protecting Access to Medicare Act of 2014
PBJ	Payroll-Based Journal
PHI	protected health information
PII	personally identifiable information
PPS	Prospective Payment System
PSR	Performance Score Report
R&C	Review and Correction
RN	registered nurse
RSRR	risk-standardized readmission rate
SNF	skilled nursing facility
SNF HAI	Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization measure
SNF VBP	Skilled Nursing Facility Value-Based Purchasing
SNFRM	Skilled Nursing Facility 30-Day All-Cause Readmission Measure

I. Overview

The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program is a Centers for Medicare & Medicaid Services (CMS) program that awards incentive payments to skilled nursing facilities (SNFs) to encourage SNFs to improve the quality of care they provide to patients. Beginning in the Fiscal Year (FY) 2026 Program year, the SNF VBP Program is expanding to assess performance on multiple quality measures rather than a single measure of all-cause hospital readmissions. For the FY 2026 Program year, performance in the SNF VBP Program will be based on performance across four quality measures.

This user guide accompanies the Performance Score Report (PSR) for the FY 2026 SNF VBP Program year. It describes the data in each worksheet of the PSR and provides reference information and instructions for interpreting those data. The guide includes four sections:

1. [Overview](#)
2. [Background](#)
3. [PSR File Contents and Descriptions](#)
4. [Contacts and Additional Resources](#)

The PSR is available to download in Microsoft Excel format from the Internet Quality Improvement and Evaluation System (iQIES). [Section I.B](#) of this guide provides instructions on how to access your facility's PSR in iQIES.

The PSR contains your SNF's performance results for the FY 2026 SNF VBP Program year. The results include the incentive payment multiplier (IPM) that CMS will apply to your SNF's Medicare fee-for-service (FFS) Part A claims in FY 2026, from October 1, 2025, through September 30, 2026.

To determine performance in the FY 2026 SNF VBP Program, CMS assesses SNFs' performance on four quality measures during a baseline period and a performance period. In Table 1, we provide the baseline and performance periods for the FY 2026 Program year, as finalized through rulemaking.

Table 1. Data periods used for the FY 2026 Program year

Quality measure	Baseline period	Performance period
SNF 30-Day All-Cause Readmission Measure (SNFRM)	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)
Total Nursing Staff Turnover (Nursing Staff Turnover)	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)
Total Nursing Hours per Resident Day (Total Nurse Staffing)	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)

A. Confidential feedback reports

Since October 2016, CMS has provided SNFs with quarterly confidential feedback reports containing information about SNFs' performance in the SNF VBP Program. CMS distributes four quarterly confidential feedback reports each Program year: an interim (partial-year) workbook, two full-year workbooks (one each for the baseline period and performance period), and a PSR.

The first three confidential feedback reports contained your SNF's measure results for the FY 2026 Program year:

- A full-year workbook containing all baseline period (FY 2022, that is, 10/1/2021–9/30/2022) measure results, distributed in December 2024
- An interim workbook containing partial performance period (10/1/2023–6/30/2024) stay-level data for the SNFRM, distributed in March 2025
- A full-year workbook containing all performance period (FY 2024, that is, 10/1/2023–9/30/2024) measure results, distributed in June 2025

In this user guide, we describe the data in each worksheet of the fourth and final confidential feedback report for the FY 2026 Program year, the PSR, and provide reference information and instructions for interpreting the report.

PSRs are read-only documents, which prevents users from unintentionally altering content. To edit your SNF's PSR, use the File → Save As option to save the report with a different file name.

B. Accessing confidential feedback reports in iQIES

CMS distributes confidential feedback reports through iQIES. To locate your SNF's PSR in iQIES, 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.
 - a. 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 Performance Score Report (file name: SNFVBP_[CCN]_FY2026_IPM_AUG2025PSR.xlsx).
5. Once located, select **More** next to your desired SNF VBP Program Performance Score Report and the report will be downloaded through your browser. Once downloaded, open the file to view your facility's report.

When reports are disseminated to SNFs, CMS distributes email blasts through iQIES and other CMS distribution lists announcing the reports are available for download. To subscribe to CMS's email blasts, such as the MLN Connects newsletter and the Skilled Nursing Facility - Long Term Care Open Door Forum, go to the [CMS GovDelivery website](#).

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

C. Review and Correction process

CMS grants SNFs a 30-day Review and Correction (R&C) period to review their results in their PSR before the data are made publicly available. This is known as Phase 2 of the R&C process. During this phase, SNFs may submit requests for corrections to only their performance score and ranking contained in their PSR.

SNFs must submit correction requests to the SNF VBP Program Help Desk at SNFVBPquestions@cms.hhs.gov within 30 calendar days after dissemination of the PSR. CMS notifies SNFs of the exact dates of the Phase 2 R&C period via email. CMS will not consider correction requests received more than 30 calendar days after dissemination of the PSR. Requests must include the following information:

- The SNF's CMS Certification Number (CCN)
- The SNF's name
- The correction requested
- The reason for requesting the correction

Do NOT submit protected health information (PHI) or personally identifiable information (PII) to the SNF VBP Program Help Desk. Any disclosure of PHI or PII should only be in accordance with, and to the extent permitted by, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules and other applicable laws.

CMS will review the correction requests and notify the requesting SNF of the final decision. CMS will implement any approved corrections before any affected data become publicly available.

SNFs may not submit requests for corrections to measure results during Phase 2 of the R&C process. SNFs had the opportunity to review and submit corrections to the measure results in their confidential feedback reports for the baseline period (distributed in December 2024) and performance period (distributed in June 2025) during Phase 1 of the R&C process.¹ As with Phase 2 of the R&C process, CMS considered correction requests during Phase 1 of the R&C process for up to 30 calendar days after disseminating the applicable reports. CMS used the information from these two reports to calculate the results in the PSRs.

II. Background

CMS awards incentive payments to SNFs through the SNF VBP Program to encourage SNFs to improve the quality of care they provide to patients. In Section 215 of the [Protecting Access to Medicare Act of 2014 \(PAMA\)](#), Congress added Sections 1888(g) and (h) to the Social Security Act, requiring the

¹As finalized in the [FY 2025 SNF PPS final rule](#) (pages 64133–64136), corrections during Phase 1 of the R&C process are limited to errors made by CMS or its contractors when calculating a SNF's measure results. SNFs are not able to correct any of the underlying administrative claims data, Payroll-Based Journal (PBJ) data, or Minimum Data Set (MDS) data used to calculate a SNF's measure results during Phase 1 of the R&C process. For corrections to the underlying data to be reflected in the SNF VBP Program's quarterly confidential feedback reports, SNFs must correct their data before the applicable measure's "snapshot" date. The quarterly confidential feedback reports do not reflect any data corrections made after the snapshot date. CMS cannot recalculate any measure results in the quarterly confidential feedback reports to reflect underlying data corrections made after the applicable measure's snapshot date.

Secretary of the U.S. Department of Health and Human Services (HHS) to establish a SNF VBP Program. PAMA specifies that, under the Program, SNFs:

- Are evaluated by their performance on a hospital readmission measure
- Are assessed on both improvement and achievement, and scored on the higher of the two
- Receive quarterly confidential feedback reports containing information about their performance
- Earn incentive payments based on their performance

All SNFs paid under Medicare’s [SNF Prospective Payment System \(PPS\)](#) are subject to the SNF VBP Program. Inclusion in the SNF VBP Program does not require any action on the part of SNFs.

CMS is required to withhold 2 percent of SNFs’ Medicare FFS Part A payments to fund the SNF VBP Program and then redistribute between 50 and 70 percent of this withhold to SNFs as incentive payments. CMS finalized a 60-percent payback percentage in the [FY 2018 SNF PPS final rule](#) (pages 36619–36621), with the remaining 40 percent of the withhold retained in the Medicare Trust Fund. CMS applies incentive payments prospectively to all Medicare FFS Part A claims paid under the SNF PPS for the applicable Program year (beginning October 1). CMS began applying incentive payments for SNFs on October 1, 2018.

In Section 111 of the [Consolidated Appropriations Act, 2021](#), Congress amended Section 1888(h) of the Social Security Act to allow the HHS Secretary to apply up to nine additional measures to the SNF VBP Program. CMS subsequently adopted additional measures in the [FY 2023 SNF PPS final rule](#) (pages 47564–47580) and the [FY 2024 SNF PPS final rule](#) (pages 53276–53304).

A. FY 2026 Program year updates

1. Three new quality measures included in assessment of SNF performance

For the FY 2026 Program year, performance in the SNF VBP Program is based on SNFs’ performance across four quality measures, as summarized in Table 2. For additional, detailed information about these measures, consult the technical reports linked in the table.

Table 2. Quality measures included in the FY 2026 SNF VBP Program year

Quality measure and technical report	Measure result	Primary data source	SNF VBP Program case minimum
SNF 30-Day All-Cause Readmission Measure (SNFRM)	This measure evaluates the annual risk-standardized rate of unplanned, all-cause hospital readmissions.	Medicare FFS Part A claims	25 eligible stays
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	This measure evaluates the annual risk-standardized rate of healthcare-associated infections requiring hospitalization that are acquired during SNF care.	Medicare FFS Part A claims	25 eligible stays
Total Nursing Staff Turnover (Nursing Staff Turnover)	This measure evaluates the annual turnover rate among eligible SNF staff, including registered nurses (RNs), licensed practical/vocational nurses (LPNs), and nurse aides.	CMS’s Payroll-Based Journal (PBJ) system	5 eligible staff and 1 eligible stay

Quality measure and technical report	Measure result	Primary data source	SNF VBP Program case minimum
Total Nursing Hours per Resident Day (Total Nurse Staffing)	This measure evaluates the average case-mix adjusted total nursing staff hours (including RNs, LPNs, and nurse aides) per resident day.	CMS's PBJ system	25 average residents per day

2. New baseline and performance periods

For the FY 2026 Program year, CMS assigned new baseline and performance periods for assessing SNF performance for all four quality measures. As finalized through rulemaking, the FY 2026 Program year's baseline period is FY 2022 (October 1, 2021–September 30, 2022), and the performance period is FY 2024 (October 1, 2023–September 30, 2024).

3. Updated measure minimum policy

To receive a performance score and IPM for the FY 2026 Program year, for at least two of four measures, a SNF must (1) provide reportable data to CMS and (2) meet the case minimum during the performance period. This is known as the measure minimum policy. SNFs that do not meet the measure minimum are excluded from the SNF VBP Program for FY 2026.

If a SNF does not meet the measure minimum for the FY 2026 Program year, payments to these SNFs will not be affected by the SNF VBP Program, and these SNFs will not receive a performance score or IPM for the FY 2026 Program year; instead, they will receive their adjusted federal per diem rate. CMS adopted the measure minimum policy in the [FY 2024 SNF PPS final rule](#) (page 53302).

B. Scoring and incentive payment multiplier calculation methodology

To determine incentive payments for a given Program year, CMS calculates each SNF's IPM. CMS applies this multiplier to a SNF's adjusted federal per diem rate when payments are made for the SNF's Medicare FFS Part A claims for the applicable Program year.

CMS followed nine steps to calculate each SNF's IPM for the FY 2026 Program year. For more information about the methodology used to calculate each SNF's IPM, see the [SNF VBP Program: FY 2026 Incentive Payment Multiplier Infographic](#) available on the [CMS website](#).

Step 1. Calculate measure results. CMS assessed each SNF's performance on four quality measures during a baseline period and performance period. Table 3 summarizes the baseline and performance period used for each measure in the FY 2026 Program.

Table 3. Data periods used for the FY 2026 Program year's calculations

Quality measure	Baseline period	Performance period
SNFRM	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)
SNF HAI	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)
Nursing Staff Turnover	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)
Total Nurse Staffing	FY 2022 (10/1/2021–9/30/2022)	FY 2024 (10/1/2023–9/30/2024)

Step 2. Calculate the performance standards. CMS calculated two performance standards for each quality measure to be used for scoring calculations in the SNF VBP Program: an achievement threshold and a benchmark.

- The achievement threshold is the 25th percentile of all SNFs' performance on a measure during the baseline period.
- The benchmark is the mean of the top decile of all SNFs' performance on a measure during the baseline period.

CMS publishes the performance standards annually in the SNF PPS final rule before the applicable Program year's performance period begins, and on the [CMS website](#). Table 4 summarizes the performance standards for the FY 2026 Program year.

Table 4. Performance standards for the FY 2026 Program year

Quality measure	Achievement threshold	Benchmark
SNFRM	0.78800	0.82971
SNF HAI	0.92315	0.95004
Nursing Staff Turnover	0.38365	0.75149
Total Nurse Staffing	3.21986	5.78096

Step 3. Determine measure scores. CMS calculated achievement, improvement, and measure scores for each quality measure for each SNF. To complete these calculations for the FY 2026 Program year, CMS used baseline period (FY 2022) measure results and performance period (FY 2024) measure results from Step 1, as well as the performance standards calculated using baseline period (FY 2022) measure results from Step 2.

- Improvement scores compare a SNF's measure result in the performance period to that SNF's own past performance during the baseline period. Improvement scores range from 0 to 9; higher scores are better.
- Achievement scores compare a SNF's measure result in the performance period to national SNF performance during the baseline period. Achievement scores range from 0 to 10; higher scores are better.
- Measure scores compare a SNF's improvement and achievement score for each measure; whichever score is higher becomes the measure score. Measure scores range from 0 to 10; higher scores are better.

In the PSR, each SNF received up to four improvement scores, four achievement scores, and four measure scores – one score each for each measure.²

² To receive a measure score, a SNF must (1) provide reportable data to CMS and (2) meet the applicable measure's case minimum during the performance period. This is known as the case minimum policy. If a SNF does not meet the case minimum for a particular measure during the performance period, that measure is not included in the calculation of a performance score or IPM. [Table 2](#) summarizes the case minimum for each measure.

If a SNF does not meet the case minimum for a particular measure during the baseline period only, the SNF will only be scored on achievement; the SNF will not be scored on improvement, so the SNF's achievement score will equal their measure score.

Step 4. Normalize measure scores and determine performance scores. CMS combined all measure scores into an overall, single performance score. Performance scores range from 0 to 100; higher scores are better.

To calculate the performance score, CMS normalized (that is, rescaled) each measure score to determine its contribution to the performance score. Normalizing measure scores confirms that all SNFs' performance scores are on a 100-point scale, regardless of the number of measure scores included in the performance score calculation. CMS then summed the normalized measure scores to calculate the performance score.³

Step 5. Transform performance scores. To translate performance scores into incentive payments, CMS transformed performance scores (which range from 0 to 100) using the logistic exchange function below, where x_i is the SNF's performance score. Transformed performance scores range from 0 to 1.

$$f(X_i) = \frac{1}{1 + e^{-0.1(X_i - 50)}}$$

Step 6. Calculate the incentive payment pool for all included SNFs. CMS calculated the incentive payment pool to determine what payments are available for redistribution in the form of incentive payments. CMS used historical payment data from FY 2023 to estimate the incentive payment pool for the FY 2026 Program year.

The incentive payment pool for all SNFs is 60 percent of 2 percent of SNFs' Medicare FFS Part A payments to SNFs. CMS finalized a 60-percent payback percentage in the [FY 2018 SNF PPS final rule](#) (pages 36619–36621).

Step 7. Calculate the scaling factor. CMS calculated the scaling factor to confirm that the sum of all included SNFs' incentive payment adjustments equals the estimated incentive payment pool.

Step 8. Determine each SNF's incentive payment adjustment. CMS calculated each SNF's incentive payment adjustment by multiplying three numbers: 0.02 (to reflect the 2-percent withhold), the scaling factor from Step 7, and the transformed performance score from Step 5.

Step 9. Calculate each SNF's IPM. CMS calculated each SNF's IPM by adding 0.98 to the incentive payment adjustment from Step 8. Each SNF's IPM simultaneously accounts for the 2-percent withhold and the incentive payment adjustment.

CMS applies each SNF's IPM to the adjusted federal per diem rate for the applicable Program year. When payments are made for a SNF's Medicare FFS Part A claims in FY 2026, CMS multiplies the adjusted federal per diem rate by the SNF's IPM for the FY 2026 Program year.

³ To receive a performance score and IPM, for at least two of four measures, a SNF must (1) provide reportable data to CMS and (2) meet the case minimum during the performance period. This is known as the measure minimum policy. SNFs that do not meet the measure minimum are excluded from the SNF VBP Program for FY 2026. If a SNF does not meet the measure minimum for the FY 2026 Program year, payments to the SNF will not be affected by the SNF VBP Program, and the SNF will not receive a performance score or IPM for the FY 2026 Program year; instead, they will receive their adjusted federal per diem rate. CMS adopted the measure minimum policy in the [FY 2024 SNF PPS final rule](#) (page 53302).

See the [SNF VBP Program: FY 2026 Incentive Payment Multiplier Calculation Infographic](#) available on the [CMS website](#) for more information on how CMS determined performance standards, performance scores, and IPMs for the FY 2026 Program year.

C. Public reporting

CMS publicly reports facility-level and national, aggregate-level results for the SNF VBP Program on a [CMS-specified website](#). Generally, CMS makes these results publicly available in the fall following distribution of the annual PSRs.

The publicly reported facility-level results are as follows:

- SNF VBP Program rankings
- Facility information (CCNs, facility names, and facility addresses)
- Baseline period measure results for each measure
- Performance period measure results for each measure
- Achievement scores for each measure
- Improvement scores for each measure
- Measure scores for each measure
- Performance scores
- IPMs

The publicly reported national, aggregate-level results are as follows:

- The national average measure results for the baseline period and performance period
- The achievement thresholds and benchmarks (that is, the performance standards for each measure for a given Program year)
- The range of performance scores
- The total number of SNFs receiving value-based incentive payments
- The range of IPMs
- The range of value-based incentive payments (in dollars)
- The total amount of value-based incentive payments (in dollars)

CMS will not publicly report any data on the [CMS-specified website](#) for excluded SNFs. As discussed in [Section II.B](#), in the [FY 2024 SNF PPS final rule](#) (page 53302), CMS finalized a measure minimum policy for the FY 2026 Program year. To receive a performance score and IPM for the FY 2026 Program year, for at least two of four quality measures, SNFs must (1) provide reportable data to CMS and (2) meet the case minimum during the performance period. SNFs that do not meet the measure minimum are excluded from the SNF VBP Program for FY 2026. Payments to these SNFs will not be affected by the SNF VBP Program; instead, they will receive their adjusted federal per diem rate.

Similarly, CMS will not publicly report measure-specific data on the [CMS-specified website](#) for SNFs that do not meet the case minimum for a particular measure but are still included in the SNF VBP Program for FY 2026. As discussed in [Section II.B](#), CMS finalized case minimum policies for each of the

four quality measures in the FY 2026 SNF VBP Program year in the [FY 2023 SNF PPS final rule](#) (pages 47585–47587) and the [FY 2024 SNF PPS final rule](#) (pages 53301–53302). To receive a measure score, a SNF must (1) provide reportable data to CMS and (2) meet the applicable measure’s case minimum during the performance period. If a SNF does not meet the case minimum for a particular measure during the performance period, that measure is not included in the calculation of a performance score or IPM.⁴

III. PSR File Contents and Descriptions

In this section, we describe the information in your SNF’s PSR, which presents your SNF’s performance results for the FY 2026 SNF VBP Program year. The results include the IPM that CMS will apply to your SNF’s adjusted federal per diem rate when payments are made for your SNF’s Medicare FFS Part A claims in FY 2026 (October 1, 2025–September 30, 2026).

The PSR contains six worksheets:

1. Cover Sheet
2. Overview of Performance
3. Measure Results
4. Measure Scores
5. Performance Score
6. Incentive Payment Multiplier

A. Cover Sheet

The first worksheet of the PSR (Cover Sheet) introduces the SNF VBP Program, describes the contents of the PSR, and includes contact information and links to additional resources.

B. Overview of Performance

The second worksheet in the PSR (Overview of Performance) includes two tables to summarize the highlights of your SNF’s performance in the SNF VBP Program for the FY 2026 Program year.

First, it details whether your SNF is included in the SNF VBP Program for the FY 2026 Program year, details your SNF’s performance score and IPM, and provides national and state-level comparisons of your SNF’s overall performance.

Second, it details your SNF’s measure results and measure scores for each quality measure and provides national comparisons of your SNF’s performance on each measure.

In Table 5, we describe the elements of the Overview of Performance worksheet.

⁴ SNFs that do not meet the case minimum for a particular measure during only the baseline period (FY 2022) will only be scored on achievement; the SNF will not be scored on improvement, so the SNF’s achievement score will equal their measure score. CMS will not publicly report baseline period measure results or improvement scores for these SNFs.

Table 5. Highlights of your SNF's performance (PSR Worksheet 2—Overview of Performance contents)

Table element	Description
Is your SNF included in the SNF VBP Program? (i.e., met measure minimum?)	<p>A Yes/No indicator for whether your SNF satisfied the measure minimum policy requirement.</p> <p>To receive a performance score and IPM in the PSR, for at least two of four measures, a SNF must (1) provide reportable data to CMS and (2) meet the case minimum during the performance period. This is known as the measure minimum policy. SNFs that do not meet the measure minimum are excluded from the SNF VBP Program for the FY 2026 Program year.</p> <p>The Yes/No indicator here in the second worksheet (Overview of Performance) repeats the indicator from the fifth worksheet (Performance Score) for quick reference.</p>
Your SNF's Performance Score (0–100; higher is better)	<p>A calculation of your SNF's overall performance across all quality measures included in the SNF VBP Program for the FY 2026 Program year. Scores range from 0 to 100, with higher scores indicating better performance. Equal to the sum of your SNF's normalized measure scores if your SNF met the measure minimum. See Table 8 of this guide for a summary of how measure scores are normalized.</p> <p>If your SNF did not meet the measure minimum, your SNF will not receive a performance score, and this cell will display "measure minimum not met."</p> <p>The performance score here in the second worksheet (Overview of Performance) repeats the performance score from the fifth worksheet (Performance Score) for quick reference.</p>
Your SNF's Incentive Payment Multiplier (IPM)	<p>A multiplier assigned to your SNF based on its performance in the SNF VBP Program. When CMS makes payments for your SNF's Medicare FFS Part A claims in FY 2026, CMS will multiply the adjusted federal per diem rate by this multiplier.</p> <p>If your SNF did not meet the measure minimum, your SNF will not receive an IPM, and this cell will display "measure minimum not met."</p> <p>The IPM here in the second worksheet (Overview of Performance) repeats the IPM from the sixth worksheet (Incentive Payment Multiplier) for quick reference.</p>
Interpretation of Your SNF's IPM	<p>Text describing how to interpret an IPM's impact on a SNF's Medicare FFS Part A payments if the IPM is less than one, equal to one, or greater than one.</p> <p>See Table 9 of this guide for a summary of the three possible interpretations of an IPM.</p> <p>If your SNF did not meet the measure minimum, your SNF will not receive an IPM, and this cell will display "measure minimum not met."</p>
Your SNF's Program Percent Rank, National	<p>Text describing your SNF's national percent rank among all eligible, included SNFs nationally. Calculated by sorting and ranking all included SNFs' performance scores nationally. Higher percent ranks reflect better performance.</p> <p>Any SNFs with equal performance scores each receive the best (that is, highest) percent rank within the tie.</p> <p>If your SNF did not meet the measure minimum, your SNF will not receive a percent rank, and this cell will display "measure minimum not met."</p>

Table element	Description
Your SNF's Program Percent Rank, State	<p>Text describing your SNF's state percent rank among all eligible, included SNFs in your state. Calculated by sorting and ranking all included SNFs' performance scores in your state. Higher percent ranks reflect better performance.</p> <p>Any SNFs in your state with equal performance scores each receive the best (that is, highest) percent rank within the tie.</p> <p>If your SNF did not meet the measure minimum, your SNF will not receive a percent rank, and this cell will display "measure minimum not met."</p>
Your SNF's Baseline Period Measure Result	<p>Your SNF's measure result during the baseline period (FY 2022) for each quality measure. See Table 2 of this guide for a summary of each measure result.</p> <p>If your SNF did not provide reportable data to CMS or meet the applicable measure's case minimum during the baseline period, your SNF will not receive a measure result, and this cell will display "not enough data."</p> <p>The measure results here in the second worksheet (Overview of Performance) repeat the measure results from the third worksheet (Measure Results) for quick reference.</p>
Your SNF's Performance Period Measure Result	<p>Your SNF's measure result during the performance period (FY 2024) for each quality measure. See Table 2 of this guide for a summary of each measure result.</p> <p>If your SNF did not provide reportable data to CMS or meet the applicable measure's case minimum during the performance period, your SNF will not receive a measure result, and this cell will display "not enough data."</p> <p>The measure results here in the second worksheet (Overview of Performance) repeat the measure results from the third worksheet (Measure Results) for quick reference.</p>
Compared to the Baseline Period, Your SNF's Performance Period Measure Result is...	<p>A better/worse/same indicator for whether your SNF's measure performance in the performance period (FY 2024) has improved ("better"), declined ("worse"), or stayed the same ("the same") compared to your SNF's measure performance in the baseline period (FY 2022) for each quality measure.</p> <p>If your SNF did not provide reportable data to CMS or meet the applicable measure's case minimum during the baseline period or performance period, your SNF will not receive a comparison indicator, and this cell will display "not available."</p>
Your SNF's Measure Score (0–10; higher is better)	<p>The higher of your SNF's achievement score and improvement score for each quality measure. Scores range from 0 to 10, with higher scores indicating better performance.</p> <p>To receive a measure score in the PSR, a SNF must (1) provide reportable data to CMS and (2) meet the applicable measure's case minimum during the performance period. This is known as the case minimum policy. If a SNF does not meet the case minimum for a particular measure during the performance period, this cell will display "not enough data," and that measure is not included in the calculation of a performance score or IPM.</p> <p>The measure scores here in the second worksheet (Overview of Performance) repeat the measure scores from the fourth worksheet (Measure Scores) for quick reference.</p>
Your SNF's Measure Score is...	<p>Text describing your SNF's measure performance relative to all eligible, included SNFs nationally for each quality measure. Calculated by sorting and ranking all included SNFs' measure scores. Higher percent ranks reflect better measure performance.</p> <p>Any SNFs with equal measure scores each receive the best (that is, highest) percent rank within the tie.</p> <p>If your SNF did not receive a measure score for the respective measure, your SNF will not receive a percent rank, and this cell will display "not available."</p>

C. Measure Results

The third worksheet in the PSR (Measure Results) provides your SNF's baseline period and performance period measure results for each quality measure and information to assist interpretation of your SNF's measure results. It also details whether your SNF met the case minimum policy for each measure. SNFs that do not meet the case minimum policy for a particular measure will not receive a measure result or measure score for that measure.

In Table 6, we describe the elements of the Measure Results worksheet.

Table 6. Your SNF's measure result calculations (PSR Worksheet 3—Measure Results contents)

Table element	Description
Your SNF's Baseline Period Case Count	<p>Your SNF's count of cases within the baseline period (FY 2022) for each quality measure. The unit displayed is specific to each measure. The count for the Total Nurse Staffing measure is rounded to the nearest whole number.</p> <p>If your SNF did not have any reportable data during the baseline period, this cell will display "no reportable data."</p>
Met Case Minimum Requirement During Baseline Period?	<p>A Yes/No indicator for whether your SNF satisfied the case minimum requirement during the baseline period (FY 2022) for each quality measure.</p> <p>The case minimum is the minimum number of cases needed to reliably calculate each quality measure:</p> <ul style="list-style-type: none"> • 25 eligible stays for the SNFRM • 25 eligible stays for the SNF HAI measure • 5 eligible staff and 1 eligible stay for the Nursing Staff Turnover measure (the measure is considered to have at least one eligible stay if the SNF's average daily census, based on the MDS, is non-zero) • 25 average residents per day for the Total Nurse Staffing measure; meeting the case minimum for this measure is determined by the unrounded average residents per day
Your SNF's Performance Period Case Count	<p>Your SNF's count of cases within the performance period (FY 2024) for each quality measure. The unit displayed is specific to each measure. The count for the Total Nurse Staffing measure is rounded to the nearest whole number.</p> <p>If your SNF did not have any reportable data during the performance period, this cell will display "no reportable data."</p>
Met Case Minimum Requirement During Performance Period?	<p>A Yes/No indicator for whether your SNF satisfied the case minimum requirement during the performance period (FY 2024) for each quality measure.</p> <p>The case minimum is the minimum number of cases needed to reliably calculate each quality measure:</p> <ul style="list-style-type: none"> • 25 eligible stays for the SNFRM • 25 eligible stays for the SNF HAI measure • 5 eligible staff and 1 eligible stay for the Nursing Staff Turnover measure (the measure is considered to have at least one eligible stay if the SNF's average daily census, based on the MDS, is non-zero) • 25 average residents per day for the Total Nurse Staffing measure; meeting the case minimum for this measure is determined by the unrounded average residents per day

Table element	Description
Measure Result Interpretation	<p>An up/down arrow indicator for whether higher or lower measure results indicate better performance for each quality measure. For all SNFs, the following indicators are displayed for each measure:</p> <ul style="list-style-type: none"> • “A higher (↑) result indicates better performance” is applicable to the Total Nurse Staffing measure • “A lower (↓) result indicates better performance” is applicable to the SNFRM, the SNF HAI measure, and the Nursing Staff Turnover measure
Your SNF's Baseline Period Measure Result	<p>Your SNF's measure result during the baseline period (FY 2022) for each quality measure. See Table 2 of this guide for a summary of each measure result.</p> <p>If your SNF did not provide reportable data to CMS or did not meet the applicable measure's case minimum during the baseline period, your SNF will not receive a measure result, and this cell will display “not enough data.”</p>
Your SNF's Performance Period Measure Result	<p>Your SNF's measure result during the performance period (FY 2024) for each quality measure. See Table 2 of this guide for a summary of each measure result.</p> <p>If your SNF did not provide reportable data to CMS or did not meet the applicable measure's case minimum during the performance period, your SNF will not receive a measure result, and this cell will display “not enough data.”</p>

D. Measure Scores

The fourth worksheet in the PSR (Measure Scores) provides your SNF's achievement score, improvement score, and measure score for each quality measure for the FY 2026 Program year. In Table 7, we describe the elements of the Measure Scores worksheet.

Table 7. Your SNF's measure score calculations (PSR Worksheet 4—Measure Scores contents)

Table element	Description
Your SNF's Baseline Period Measure Result	<p>Your SNF's measure result during the baseline period (FY 2022) for each quality measure. See Table 2 of this guide for a summary of each measure result.</p> <p>If your SNF did not provide reportable data to CMS or did not meet the applicable measure's case minimum during the baseline period, your SNF will not receive a measure result, and this cell will display “not enough data.”</p> <p>The measure results here in the fourth worksheet (Measure Scores) repeat the measure results from the third worksheet (Measure Results) for quick reference.</p>
Your SNF's Performance Period Measure Result	<p>Your SNF's measure result during the performance period (FY 2024) for each quality measure. See Table 2 of this guide for a summary of each measure result.</p> <p>If your SNF did not provide reportable data to CMS or did not meet the applicable measure's case minimum during the performance period, your SNF will not receive a measure result, and this cell will display “not enough data.”</p> <p>The measure results here in the fourth worksheet (Measure Scores) repeat the measure results from the third worksheet (Measure Results) for quick reference.</p>
Your SNF's Achievement Score (0–10; higher is better)	<p>A calculation of how well your SNF performed during the performance period (FY 2024) compared with national SNF performance during the baseline period (FY 2022) for each quality measure. Scores range from 0 to 10, with higher scores indicating better performance.</p> <p>To receive an achievement score in the PSR, a SNF must provide reportable data to CMS and meet the applicable measure's case minimum during the performance period. If a SNF does not meet these criteria for a particular measure during the performance period, this cell will display “not enough data.”</p>

Table element	Description
Your SNF's Improvement Score (0–9; higher is better)	<p>A calculation of how much your SNF improved from the baseline period (FY 2022) to the performance period (FY 2024) for each quality measure. Scores range from 0 to 9, with higher scores indicating more improvement.</p> <p>To receive an improvement score in the PSR, a SNF must provide reportable data to CMS and meet the applicable measure's case minimum during the baseline period <i>and</i> performance period. If a SNF does not meet these criteria for a particular measure during the baseline period <i>or</i> performance period, this cell will display "not enough data."</p>
Your SNF's Measure Score (0–10; higher is better)	<p>The higher of your SNF's achievement score and improvement score for each quality measure. Scores range from 0 to 10, with higher scores indicating better performance.</p> <p>To receive a measure score in the PSR, a SNF must (1) provide reportable data to CMS and (2) meet the applicable measure's case minimum during the performance period. This is known as the case minimum policy. If a SNF does not meet the case minimum for a particular measure during the performance period, this cell will display "not enough data," and that measure is not included in the calculation of a performance score or IPM.</p>

E. Performance Score

The fifth worksheet in the PSR (Performance Score) includes three tables to present your SNF's performance across all four quality measures for the FY 2026 Program year.

First, it details whether your SNF met the measure minimum policy requirement. SNFs that do not meet the measure minimum are excluded from the SNF VBP Program.⁵

Second, it details each measure score's contribution to the overall performance score and sums those contributions to calculate your SNF's performance score.

Third, it sorts all SNFs' performance scores to calculate your SNF's national rank in the SNF VBP Program among eligible, included SNFs.

In Table 8, we describe the elements of the Performance Score worksheet.

Table 8. Your SNF's performance score calculations (PSR Worksheet 5—Performance Score contents)

Table element	Description
Number of Measures Required for SNF VBP Program Eligibility [a]	For all SNFs, this cell displays "2 of 4." To receive a performance score and IPM in the PSR, for at least two of four measures, a SNF must (1) provide reportable data to CMS and (2) meet the case minimum during the performance period. This is known as the measure minimum policy, and this cell states the measure minimum policy requirement for the FY 2026 Program year.
Your SNF's Number of Measures Receiving a Measure Score	<p>Your SNF's number of quality measures where your SNF (1) provided reportable data to CMS, (2) met the case minimum during the performance period, and thus (3) received a measure score.</p> <p>Possible values include: "0 of 4," "1 of 4," "2 of 4," "3 of 4," and "4 of 4."</p>

⁵ If a SNF does not meet the measure minimum for the FY 2026 Program year, payments to these SNFs will not be affected by the SNF VBP Program, and these SNFs will not receive a performance score or IPM for the FY 2026 Program year; instead, they will receive their adjusted federal per diem rate. CMS adopted the measure minimum policy in the [FY 2024 SNF PPS final rule](#) (page 53302).

Table element	Description
Measure Minimum Met?	<p>A Yes/No indicator for whether your SNF satisfied the measure minimum policy requirement for the FY 2026 Program year.</p> <p>To receive a performance score and IPM in the PSR, your SNF must satisfy the measure minimum policy requirement (described above).</p>
Your SNF's Measure Score (0–10; higher is better)	<p>The higher of your SNF's achievement score and improvement score for each quality measure. Scores range from 0 to 10, with higher scores indicating better performance.</p> <p>To receive a measure score in the PSR, a SNF must (1) provide reportable data to CMS and (2) meet the applicable measure's case minimum during the performance period. This is known as the case minimum policy. If a SNF does not meet the case minimum for a particular measure during the performance period, this cell will display "not enough data," and that measure is not included in the calculation of a performance score or IPM.</p> <p>The measure scores here in the fifth worksheet (Performance Score) repeat the measure scores from the fourth worksheet (Measure Scores) for quick reference.</p>
Maximum Possible Score	<p>Your SNF's maximum possible measure score for each quality measure. For all four measures, the maximum is "10.00000." However, this column will display "0.00000" if your SNF did not receive a measure score for the respective measure.</p> <p>The maximum possible measure scores for each quality measure are summed to calculate the denominator for the normalization equation (described below).</p>
Contribution to Performance Score	<p>The number of points that contribute to the performance score for each quality measure. These values are also known as normalized measure scores. This column will display "not enough data" if your SNF did not receive a measure score for the respective measure.</p> <p>Measure scores are normalized (that is, rescaled) so that all SNFs' performance scores are on a 100-point scale, regardless of the number of measures included in a SNF's performance score calculation. Each measure score is normalized by dividing your SNF's measure score by the sum of the Maximum Possible Score column, and multiplying by 100.</p> <p>The normalized measure scores for each quality measure are summed to calculate your SNF's performance score.</p>
Your SNF's Performance Score (0–100; higher is better)	<p>A calculation of your SNF's overall performance across all quality measures included in the SNF VBP Program for the FY 2026 Program year. Scores range from 0 to 100, with higher scores indicating better performance. Equal to the sum of your SNF's normalized measure scores if your SNF met the measure minimum.</p> <p>If your SNF did not meet the measure minimum, your SNF will not receive a performance score, and this cell will display "measure minimum not met."</p>
Your SNF's Program National Rank (out of 13,900 SNFs; lower is better)	<p>Your SNF's national rank among eligible, included SNFs in the SNF VBP Program for the FY 2026 Program year. Calculated by sorting and ranking all included SNFs' performance scores. Lower ranks reflect better performance.</p> <p>Any SNFs with equal performance scores each receive the best (that is, lowest) rank within the tie.</p> <p>If your SNF did not meet the measure minimum, your SNF will not receive a national rank, and this cell will display "measure minimum not met."</p>

F. Incentive Payment Multiplier

The sixth worksheet in the PSR (Incentive Payment Multiplier) repeats your SNF's performance score for quick reference and provides your SNF's IPM for the FY 2026 Program year.

To receive a performance score and IPM in the PSR, for at least two of four measures, a SNF must (1) provide reportable data to CMS and (2) meet the case minimum during the performance period. This is known as the measure minimum policy. If your SNF did not meet the measure minimum, your SNF will not receive a performance score or IPM, and this worksheet will display "measure minimum not met."

In Table 9, we describe how to interpret an IPM's impact on a SNF's Medicare FFS Part A payments. When CMS makes payments for a SNF's Medicare FFS Part A claims in FY 2026, CMS will multiply the adjusted federal per diem rate by the SNF's IPM for the FY 2026 Program year.

Table 9. Interpreting a SNF VBP Program incentive payment multiplier

Incentive payment multiplier (IPM) result	Interpretation
IPM < 1	Your SNF's IPM is net negative, meaning your SNF will receive less than the 2-percent withhold. That is, your SNF will earn less than it would have in the absence of the SNF VBP Program in FY 2026.
IPM = 1	Your SNF's IPM is net neutral, meaning your SNF will receive the 2-percent withhold. That is, your SNF will earn the same amount it would have in the absence of the SNF VBP Program in FY 2026.
IPM > 1	Your SNF's IPM is net positive, meaning your SNF will receive more than the 2-percent withhold. That is, your SNF will earn more than it would have in the absence of the SNF VBP Program in FY 2026.

IV. Contacts and Additional Resources

More information about the SNF VBP Program, including a summary fact sheet, an infographic detailing the methodology used to calculate your SNF's results, and general information regarding the Program's scoring methodology, quarterly confidential feedback reports, R&C process, public reporting efforts, and more, is available on the [CMS website for the SNF VBP Program](#).

For help obtaining access to quarterly reports in [iQIES](#), contact the iQIES Service Center by phone at (800) 339-9313 or by email at iQIES@cms.hhs.gov.

For any additional questions about the SNF VBP Program, email the SNF VBP Program Help Desk at SNFVBPquestions@cms.hhs.gov.