Current version — Nov 1, 2026. Update history: https://healthcarefacilityhub.org/snf-provider-preview-reports-january-2027/

SNF Provider Preview Reports: January 2027 Quick Card

On October 15, 2026, CMS posted updated SNF Provider Preview Reports in iQIES containing quality-measure scores scheduled for publication on Care Compare (Medicare.gov) and the Provider Data Catalog during the January 2027 refresh. Facilities have until November 14, 2026 to review performance data and file requests for review.

1. CRITICAL TIMELINE & HARD DEADLINES

Report Availability — ACTIVE

Posted: October 15, 2026 in iQIES.
Location: Behind HARP login > Reports > My Reports > SNF Provider Preview Reports folder.
Order: Listed newest first, ready for immediate download.

Challenge Cutoff Deadline — HARD DEADLINE

Deadline: November 14, 2026 at 11:59:59 p.m. PST.
Window Length: Exactly 30 calendar days.
Strict Rule: CMS will not accept any request for review submitted after this posted deadline.

2. WHERE PREVIEW REPORTS LIVE & HOW TO OPEN

1. **Sign in to iQIES:** Use your Health Care Quality Information Systems Access Roles and Profile (HARP) user ID and password.
2. **Navigate to My Reports:** From the top menu, select *Reports*, then click *My Reports*.
3. **Open Folder:** Select the *SNF Provider Preview Reports* folder. Available preview files are listed newest first.
4. **Download & Distribute:** Download the report immediately and route to the Administrator, DON, and Quality Lead.
5. **New User Automatic Delivery:** New iQIES users receive the latest preview report in their My Reports folder automatically once their user role is approved.

Missing or Inaccessible Report Protocol: A missing or inaccessible report is an *access problem, not a data problem*, and it is fully fixable inside the 30-day window. Contact the iQIES Service Center immediately: **iqies@cms.hhs.gov** or call **1-800-339-9313**.

3. WHAT THE 30-DAY WINDOW DOES (AND WHAT IT NEVER DOES)

What You CAN Challenge

- CMS calculation errors in a quality measure's **numerator**.
- CMS calculation errors in a quality measure's **denominator**.
- CMS calculation errors in the resulting **quality metric**.
- A genuine calculation error caught now is caught before the number goes public on Care Compare in January 2027.

What You CANNOT Change

- **Facility's own underlying data:** Every submission and correction deadline for the look-back periods has passed.
- No reconsideration for inaccurate facility submissions not fixed before quarterly deadlines.
- No reconsideration for missing data submitted late.
- Assessment updates now show only in Facility/Patient-Level QM reports, not preview reports or Care Compare (data is frozen).

4. REVIEW REQUEST SUBMISSION ROUTE (EMAIL ONLY)

Destination:	**SNFQRPPRquestions@cms.hhs.gov** (CMS states email is the ONLY method reviewed)
Subject Line:	`[Provider Name] SNF Public Reporting Request for Review of Data` (include CCN)
Required Body:	CCN • Facility Business Name • Facility Business Address • Contact info for CEO or CEO-designated rep (Name, Email, Telephone, Physical Mailing Address — **No PO Box**) • Affected quality measures • Aspect in question (numerator, denominator, or quality metric) • Factual proof of CMS calculation error.
Strict Prohibition:	**NO PROTECTED HEALTH INFORMATION (PHI):** Requests containing PHI will NOT be reviewed.

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5. THE FIVE DATA-PERIOD BLOCKS IN THE JANUARY 2027 REFRESH

Period-First Rule: A score that looks wrong against this quarter's internal numbers may simply be an older look-back period than assumed. Verify the period before assuming a calculation error:

Measure Category	Target Period	Data Source	Operational Notes & Scope
Assessment-Based Measures	**Q2 2025 – Q1 2026** (4 quarters)	MDS Assessment Data	Rest on MDS assessment data facilities submitted across Quarter 2, 2025 through Quarter 1, 2026. Submissions and corrections are frozen.
CDC Influenza Vaccination	**Q4 2025 – Q1 2026** (2 quarters)	CDC / NHSN Reporting	Influenza Vaccination Coverage Among Healthcare Personnel. Covers influenza season data submitted through NHSN.
Discharge to Community & Readmission	**Q4 2023 – Q3 2025** (24 months / 8 quarters)	Medicare Claims Data	Claims-based Discharge to Community and Potentially Preventable 30-Day Post-Discharge Readmission measures. 2-year lookback.
Medicare Spending Per Beneficiary (MSPB)	**Q4 2023 – Q3 2025** (24 months / 8 quarters)	Medicare Claims Data	Annual refresh of claims-based Medicare Spending Per Beneficiary. Reflects historical 24-month claims window.
SNF Healthcare-Associated Infections (HAI)	**Q4 2024 – Q3 2025** (12 months / 4 quarters)	Medicare Claims Data	Claims-based infection measure: Healthcare-Associated Infections Requiring Hospitalization. 12-month claims window.

6. REMOVED MEASURES CROSSWALK (EFFECTIVE JANUARY 2027)

Two COVID-19 Quality Measures Removed by CMS

CMS has removed two measures from SNF QRP public reporting effective with the January 2027 refresh:

- **COVID-19 Vaccination Coverage among Healthcare Personnel**
- **COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date**

Impact on Preview Reports: Neither measure appears on the October 15 preview reports. Both come off Medicare.gov and the Provider Data Catalog in January 2027. Counting two fewer measures is the removal taking effect — *not a reporting error* — and cannot be challenged. Historical data remains available only in SNF QRP archive files.

7. WHAT HAPPENS IF CMS AGREES VS WHAT HAPPENS IF YOU MISS THE WINDOW

Correction Cadence (If Granted)

Cadence, Not On Demand: Corrected data is displayed during the *subsequent quarterly release* of SNF quality data on Medicare.gov.

Corrections submitted after preview reports are generated are reflected in the next quarterly preview report. Filing puts errors into the process, but does not rewrite the January number on demand.

Missed Window Consequences

Scores Publish as Previewed: There is no late door. CMS does not accept late review requests for any reason.

A missed window draws no fine, but forfeits the sole opportunity to correct CMS math errors before publication. Repair work moves upstream to quarterly Review and Correct reports and CDC NHSN CMS reports.

8. FAST-ACTION VERIFICATION CHECKLIST

- [ ] **Pull Report:** Log in to iQIES via HARP, open My Reports > SNF Provider Preview Reports folder, download report.
- [ ] **Count Measures:** Confirm 2 removed COVID measures are absent (expected removal, not error).
- [ ] **Match Look-Back Periods:** Audit scores against MDS Q2 2025-Q1 2026, Flu Q4 2025-Q1 2026, Claims Q4 2023-Q3 2025, HAI Q4 2024-Q3 2025.
- [ ] **Identify Grounds:** Is the discrepancy a CMS calculation error in numerator, denominator, or metric? (Facility data is frozen).
- [ ] **File by Deadline:** Email SNFQRPPRquestions@cms.hhs.gov before Nov 14, 2026 11:59:59 p.m. PST with CCN, CEO physical address, and NO PHI.