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# SNF January 2027 Preview Sprint Pack: Pull, Check & File Before Nov 14

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 in the January 2027 refresh. Facilities have until November 14, 2026 at 11:59:59 p.m. PST to review data and submit requests for review.

## 1. 30-DAY WINDOW COUNTDOWN & PHASE ACCOUNTABILITY PLAN

**Window Opening** — OCT 15, 2026

**Posting System:** iQIES (My Reports > SNF Provider Preview Reports).
**Available Files:** Preview summary PDF and measure-level CSV files.
**Owner:** Quality Lead / Director of Nursing (DON).

**Window Cutoff** — NOV 14, 2026 (11:59:59 PM PST)

**Cutoff Rule:** CMS strictly refuses late review requests for any reason.
**Target Publication:** Care Compare & Provider Data Catalog (Jan 2027).
**Sign-Off Authority:** Licensed Nursing Home Administrator / CEO.

## 2. 5-PHASE SPRINT COUNTDOWN CHECKLIST

| Phase / Days | Action Items & Quality Milestones | Responsible Lead | Target Date | Sign-Off |
|---|---|---|---|---|
| **Phase 1 (Days 1–5)** Oct 15–19 | **Report Retrieval & Access Verification:** Log in to iQIES via HARP. Open My Reports > SNF Provider Preview Reports folder. Download latest report. Confirm folder access. If missing, escalate to iQIES Service Center immediately. | Quality Lead / DON | Oct 19, 2026 | [ ] Done Initials: ____ |
| **Phase 2 (Days 6–15)** Oct 20–29 | **5-Block Look-Back Period Verification:** Crosswalk every preview score against its look-back period (MDS Q2 2025-Q1 2026, Flu Q4 2025-Q1 2026, Claims Q4 2023-Q3 2025, HAI Q4 2024-Q3 2025). Rule out recency mismatch before assuming an error. | MDS Coordinator / Clinical Lead | Oct 29, 2026 | [ ] Done Initials: ____ |
| **Phase 3 (Days 16–22)** Oct 30–Nov 5 | **Challenge Grounds Eligibility Audit:** Check potential discrepancies against CMS calculation grounds (numerator, denominator, quality metric). Verify that discrepancy is CMS math, NOT facility late/inaccurate data. Verify 2 removed COVID measures. | DON / HIM / Billing | Nov 5, 2026 | [ ] Done Initials: ____ |
| **Phase 4 (Days 23–28)** Nov 6–11 | **Review Request Dossier Preparation:** Complete the standardized submission form. Verify CEO contact info and physical mailing address (no PO Box). Conduct 100% PHI redaction audit — confirm zero resident identifiers. | Administrator / Compliance Lead | Nov 11, 2026 | [ ] Done Initials: ____ |
| **Phase 5 (Days 29–30)** Nov 12–14 | **Formal Submission & Receipt Tracking:** Transmit email to SNFQRPPRquestions@cms.hhs.gov before Nov 14, 2026 11:59:59 p.m. PST. Archive sent email, timestamp, and confirm receipt response from CMS. Brief leadership. | Administrator / CEO Representative | Nov 14, 2026 (Hard Cutoff) | [ ] Done Initials: ____ |

**Sprint Discipline Rule:** The 30-day preview window exists exclusively to challenge CMS calculation errors. It does not reopen facility data submission. If a score looks unexpected, complete Phase 2 (period audit) before drafting a challenge.

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## 3. STANDARD OPERATING PROCEDURE: IQIES PREVIEW REPORT RETRIEVAL

| | |
|---|---|
| **STEP 1:** | **HARP Authentication:** Log in to the iQIES portal using your Health Care Quality Information Systems Access Roles and Profile (HARP) user ID and password. Ensure 2-factor authentication is completed. |
| **STEP 2:** | **Reports Navigation:** On the main top navigation menu bar, locate and click the **Reports** dropdown, then select **My Reports**. |
| **STEP 3:** | **Folder Selection:** Locate the folder named **SNF Provider Preview Reports**. Click to open. Reports within this folder are listed in reverse chronological order (newest first). |
| **STEP 4:** | **File Download:** Download the latest report generated on or after October 15, 2026. Save both the summary PDF and data CSV files to the secure internal compliance drive. |
| **STEP 5:** | **New User Access:** New iQIES users assigned to the facility will receive the latest preview report in their My Reports folder automatically once their user role is approved by the Security Official. |

## 4. INACCESSIBLE OR MISSING REPORT FIX-IT PROTOCOL

A missing or inaccessible preview report is an **access problem, not a data problem**. It is fully resolvable inside the 30-day preview window:

**Symptom: Folder Missing / Access Denied** — ACTION REQUIRED

**Root Cause:** HARP user profile lacks the necessary SNF QRP reporting role or facility CCN linkage.
**Resolution:** The facility Security Official (SO) must approve the user's role in HARP. Once approved, the preview report populates automatically in My Reports.

**Symptom: Report Not In Folder** — SERVICE ESCALATION

**Root Cause:** Profile newly created or system sync delay across iQIES databases.
**Resolution:** Contact the iQIES Service Center immediately to re-trigger delivery to the provider folder. Do not wait until the final week of the preview window.

**iQIES Service Center Direct Contacts:**
- **Email Support:** iqies@cms.hhs.gov — Subject: *SNF Preview Report Access Request - CCN: [XXXXXX]*
- **Toll-Free Phone: 1-800-339-9313** (Monday through Friday, standard business hours)
- **Required for Call:** Facility CCN, exact facility legal business name, user HARP User ID, and Security Official contact info.

## 5. REPORT RETRIEVAL CHAIN OF CUSTODY & ARCHIVAL LOG

| Log Field | Field Record / Verification | Operational Note |
|---|---|---|
| **Facility Business Name** | | Exact legal name per CMS records |
| **CMS Certification Number (CCN)** | | 6-digit provider CCN |
| **Date & Time Downloaded** | | Must be between Oct 15 & Nov 14, 2026 |
| **Retrieved By (Name & Title)** | | Named HARP account holder |
| **HARP User ID** | | Account user ID used for download |
| **Internal Storage Location** | | Secure restricted folder path |
| **Distributed To** | [ ] Administrator [ ] DON [ ] MDS [ ] QA | Core review sprint team |

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## 6. MASTER 5-BLOCK LOOK-BACK PERIOD CROSSWALK

**The Core Cause of False Discrepancies:** Most facility "errors" are actually comparisons against the wrong timeframe. The preview report reflects historical look-back windows, NOT current quarter performance:

| Data Block | Look-Back Period | Data Foundation | Recency Pitfall & Audit Instruction |
|---|---|---|---|
| **Block 1: Assessment-Based Quality Measures** | **Q2 2025 – Q1 2026** (Apr 1, 2025 – Mar 31, 2026) | MDS 3.0 / assessment data submitted by facility | **Pitfall:** Comparing preview scores against current 2026 clinical rosters. **Audit:** Reconcile against final validation reports from Q2 2025 through Q1 2026 submissions only. |
| **Block 2: Healthcare Personnel Influenza** | **Q4 2025 – Q1 2026** (Oct 1, 2025 – Mar 31, 2026) | CDC NHSN Healthcare Personnel component | **Pitfall:** Comparing against current fall 2026 staff flu campaigns. **Audit:** Verify against historical NHSN summary submitted for the 2025–2026 flu season. |
| **Block 3: Claims-Based Discharge & Readmission** | **Q4 2023 – Q3 2025** (Oct 1, 2023 – Sep 30, 2025) | Medicare Fee-for-Service inpatient/SNF claims (24 mo) | **Pitfall:** Trying to reconcile claims using internal discharge logs from last month. **Audit:** Covers 2 full years of Medicare claims. 30-day readmissions are calculated from Medicare claims. |
| **Block 4: Medicare Spending Per Beneficiary (MSPB)** | **Q4 2023 – Q3 2025** (Oct 1, 2023 – Sep 30, 2025) | Medicare FFS claims; annual refresh (24 mo) | **Pitfall:** Assuming MSPB reflects current operating costs. **Audit:** Annual refresh covering 24 months of episode spending across Part A & B claims. |
| **Block 5: SNF Healthcare-Associated Infections (HAI)** | **Q4 2024 – Q3 2025** (Oct 1, 2024 – Sep 30, 2025) | Medicare FFS claims requiring hospitalization (12 mo) | **Pitfall:** Comparing against internal infection control surveillance logs. **Audit:** Tracks HAI cases resulting in hospital admission over the 1-year claims window. |

## 7. REMOVED MEASURES CROSSWALK (EFFECTIVE JANUARY 2027 REFRESH)

**Two COVID-19 Measures Officially Removed from Public Reporting**

| Measure Title | Status in Jan 2027 Preview | Regulatory Disposition & Guidance |
|---|---|---|
| **COVID-19 Vaccination Coverage among Healthcare Personnel** | REMOVED Does not appear | Removed from Care Compare & Provider Data Catalog in Jan 2027. Historical data archived on Provider Data Catalog only. *Cannot be challenged.* |
| **COVID-19 Vaccine: Percent of Patients/Residents Up to Date** | REMOVED Does not appear | Removed from Care Compare & Provider Data Catalog in Jan 2027. Historical data archived on Provider Data Catalog only. *Cannot be challenged.* |

**Review Rule:** Facilities comparing this report against prior quarterly reports will see two fewer measures. This is intentional regulatory removal, not a software bug or reporting defect.

## 8. FACILITY-LEVEL QM REPORT VS PREVIEW REPORT FREEZE GUIDE

**Understanding the Preview Freeze:** If your clinical team updates assessment data in iQIES today, that updated data will populate in your internal *Facility-Level Quality Measure report* and *Patient-Level Quality Measure report*. However, it **WILL NOT** populate into this preview report, and it **WILL NOT** appear on Care Compare or the Provider Data Catalog in January 2027. The data underlying the preview report is completely frozen for the January release.

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## 9. CHALLENGE ELIGIBILITY TRIAGE CHECKLIST

Before spending administrative time drafting a request, verify whether the issue meets CMS's strict grounds for review:

### ELIGIBLE: CMS Calculation Errors — ACCEPTABLE

- [ ] **Numerator Calculation Error:** CMS miscounted resident qualifying events or clinical numerator instances despite accurate and timely facility submissions.
- [ ] **Denominator Calculation Error:** CMS included residents who met exclusion criteria or miscalculated the total eligible resident denominator base.
- [ ] **Quality Metric Mathematical Error:** CMS's calculation algorithm produced an arithmetic error in the final published rate or percentile.
- [ ] **Factual Substantiation:** Facility possesses proof from freeze-era validation reports demonstrating CMS's calculation discrepancy.

### INELIGIBLE: Facility Submission Defects — AUTO-REJECTED

- [X] **Facility Late Data:** Assessments submitted after the quarterly submission deadline will NOT be reconsidered.
- [X] **Facility Inaccurate Submissions:** Data that the facility entered incorrectly and failed to correct before quarterly deadlines is barred.
- [X] **Policy Disagreements:** Challenges against CMS's risk adjustment methodologies or measure design are not reviewable.
- [X] **Removed Measures:** Requests to reinstate or challenge removed COVID-19 measures are out of scope.

## 10. THE 4 FATAL REJECTION TRAPS (HARD PROCESS EDGES)

### Trap 1: Protected Health Information (PHI)

**AUTOMATIC DISQUALIFICATION:** Any review request containing resident names, Social Security Numbers, Medicare Beneficiary Identifiers (MBIs), or specific clinical records will *not be reviewed* by CMS. Describe issues using measure identifiers and aggregated arithmetic only.

### Trap 2: Wrong Submission Channel

**EMAIL ONLY:** CMS states email to `SNFQRPPRquestions@cms.hhs.gov` is the *only method* it will review. Paper mail, fax transmissions, iQIES help desk tickets, or phone requests are ignored and forfeited.

### Trap 3: Post Office Box Address Used

**PHYSICAL MAILING ADDRESS MANDATORY:** CMS requires the contact information for the CEO or designated representative to include a *physical street mailing address*. Using a PO Box risks administrative rejection.

### Trap 4: Missing the Nov 14 11:59:59 PM PST Cutoff

**ZERO LATE DISCRETION:** CMS explicitly will not accept any review request submitted after 11:59:59 p.m. PST on November 14, 2026. Timestamp on the sent email is binding. Submit by November 12 to eliminate transmission risk.

## 11. CALCULATION DISCREPANCY WORK SHEET

| Audit Item | Reported in Preview Report | Facility Verified Calculation |
|---|---|---|
| **Target Measure Name** | | |
| **Look-Back Quarter(s)** | | |
| **Numerator Count** | | |
| **Denominator Count** | | |
| **Quality Metric Rate (%)** | | |
| **Discrepancy Variance** | | |

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## 12. CMS REVIEW-REQUEST FILL-IN FORM (EMAIL BLUEPRINT)

Transcribe the fields below into an email sent to **SNFQRPPRquestions@cms.hhs.gov** before November 14, 2026 11:59:59 p.m. PST:

| | |
|---|---|
| **To:** | SNFQRPPRquestions@cms.hhs.gov |
| **Subject Line Format:** | [Facility Name] SNF Public Reporting Request for Review of Data - CCN: [XXXXXX] |
| **Facility Business Name:** | |
| **Facility Business Address:** | |
| **CMS Certification Number (CCN):** | |
| **CEO / Designated Rep Name & Title:** | |
| **Representative Email & Phone:** | |
| **Representative Physical Address:** | (No PO Box allowed) |
| **Affected Quality Measure(s):** | |
| **Aspect in Question:** | [ ] Numerator Calculation [ ] Denominator Calculation [ ] Quality Metric |
| **Supporting Information (No PHI):** | |

## 13. EXECUTIVE & BOARD CORRECTION BRIEFING TEMPLATE

### Correction-Timing Reality

**Subsequent Release Rule:** CMS's stated process is that data it agrees to correct is displayed during the *subsequent quarterly release* of SNF quality data on Medicare.gov.

Filing the review request is vital to initiate correction, but executive leadership and referral partners must know that a granted review does *not rewrite the January number on demand.*

### Upstream Process Fix (Next Cycle)

**Submission Calendar Shift:** Ensure your facility watches performance metrics on the *submission calendar* rather than the public calendar.

Audit internal data using **Review and Correct reports** ahead of quarterly MDS deadlines and **NHSN CMS Reports** for CDC measures while data changes can still be accepted.

### Leadership Briefing Talking Points (Fill & Distribute)

1. **Preview Status:** January 2027 preview report pulled on __________ by _______________.
2. **Removed Measures:** Confirmed COVID-19 HCP and Resident Up-to-Date measures removed from public display.
3. **Calculation Review:** [ ] All scores confirmed accurate [ ] CMS calculation error identified on measure: _______________.
4. **Challenge Status:** Formal review request filed to CMS on __________ with tracking confirmation # __________.
5. **Public Reporting Expectation:** January 2027 Care Compare displays previewed figures; accepted corrections appear in subsequent quarterly refresh.