

SNF WQIP PL 25-008

**DATE:** September 5, 2025  
**TO:** ALL SNF WQIP PARTICIPANTS  
**SUBJECT:** PL 25-008 SNF WQIP Final Payment Report for CY2024

**PURPOSE:**

This Policy Letter (PL) provides an update to the Clinical Metrics Domain and the MDS Racial and Ethnic Data Completeness Measurement Area methodology for the forthcoming Skilled Nursing Facility (SNF) Workforce and Quality Incentive Program (WQIP) Final Payment Report for Calendar Year (CY) 2024 (Program Year [PY] 2). Please note that the update to the Clinical Metrics Domain includes the Claims-Based Clinical Metrics Measurement Area and Minimum Data Set (MDS) Clinical Metrics Measurement Area.

**BACKGROUND:**

**Claims-Based Clinical Metrics Measurement Area:** All three [Managed Care Accountability Sets \(MCAS\) Long-Term Care \(LTC\) measures](#) are used at the facility level in SNF WQIP and are tied to payment. These LTC metrics form the basis for the facility-specific “claims-based clinical metrics” in the SNF WQIP (see the [CY2024 \(PY2\) Technical Program Guide](#) for more information).

Previously, Managed Care Plans (MCPs) were required to provide audited claims-based clinical metric results containing facility-level numerators, denominators, and rates for each eligible facility. The Health Services Advisory Group (HSAG) then calculated a single facility-level rate for each metric by summing the numerators and denominators reported by each MCP. However, the Department of Health Care Services (DHCS) and HSAG have determined that the *Number of Outpatient ED Visits per 1,000 Long Stay Resident Days* metric had a higher number of unreportable rates due to small denominators compared to CY2023, and a large number of denominator events were reported under an unknown NPI.

**MDS Clinical Metrics Measurement Area:** DHCS and its contractor, HSAG, utilize the MDS through the Centers for Medicare and Medicaid Services (CMS) for SNF WQIP. In late 2024, CMS removed HSAG's access to MDS data. DHCS and HSAG immediately started the process to obtain access to the MDS data via a different method, and these efforts are ongoing.

HSAG currently has access to MDS assessments submitted through August 31, 2024. However, the full look-forward period (i.e., Q3 2024) needed to calculate MDS Data Completeness requires submissions through November 30, 2024, to determine if residents had any additional assessments after the 150-day exclusion period. According to the current methodology outlined in the [SNF WQIP PY2 \(2024\) Technical Program Guide](#), if a facility submits a non-admission assessment for a resident after the 150-day period that is not the start of a true new admission, the resident will be considered to still be in the facility and will be included in the denominator for all prior quarters.

**MDS Racial and Ethnic Data Completeness Measurement Area:** The *MDS Racial and Ethnic Data Completeness* measure requires MDS data for CY2024, which is currently not fully available. In addition, the measure is currently topped out, as the fields used to evaluate the numerator are now required as part of the MDS data system. Consequently, any facility that reports MDS data during the measurement period will receive a rate of 100% and full points for the measure.

#### **POLICY:**

1. **Claims-Based Clinical Metrics Measurement Area:** HSAG will calculate facility-specific rates for the claims-based clinical metrics for SNF WQIP for CY2024 (PY 2). Due to the timing of data availability, this change will push back the timeline for the Final Payment WQIP Report from September to December 2025, delaying final payments to SNFs. Despite this delay, MCP will still be required to issue payment within the timeframe specified in the [APL-25-002](#).
2. **MDS Clinical Metrics Measurement Area:** DHCS utilized MDS data currently available for CY2024 (i.e., assessments submitted through August 31, 2024) to ensure that the SNF WQIP Interim Payment could proceed despite the lack of MDS data availability. As mentioned in [PL 25-005 SNF WQIP Interim Payment CY2024 Update](#), the limited data for MDS Data Completeness (i.e., assessments submitted through August 31, 2024) will also be used in the PY2 Final Report to avoid overpayment.
3. **MDS Racial and Ethnic Data Completeness Measurement Area:** Scoring for the *MDS Racial and Ethnic Data Completeness* measure will be based on MDS data through August 31, 2024 (i.e., the MDS data currently available to HSAG), supplemented by Payroll Based Journal (PBJ) data as needed.

Facilities will receive full points for the measure if either of the following criteria is met:

- The facility submitted MDS data between January 1, 2024, and August 31, 2024, and has a measure rate based on the current methodology (as outlined in the PY2 Technical Program Guide).
- If the facility does not have MDS data but had an MDS census record in the PBJ data at any point during CY2024, DHCS will consider it to have reported MDS data.

Facilities missing both MDS data and PBJ data will receive 0 points for the measure.

Feedback on this PL was due via email to the SNF WQIP Inbox at [SNFWQIP@DHCS.ca.gov](mailto:SNFWQIP@DHCS.ca.gov) by September 12, 2025.

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