

Chapter 3

Medicare Claims-Based Measures

CMS uses a range of data sources to calculate quality measures. The quality measures listed below were developed using Medicare claims data submitted for Medicare Fee-For-Service residents. Below are the measure descriptions for the Medicare claims-based measures included in the SNF QRP as of October 1, 2025. Measure specifications and calculation methods are available in the SNF QRP Claims-Based Measures Specifications Manual and accompanying supplemental files posted on the [SNF Quality Reporting Measures and Technical Information website](#).

- **Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S004.01)**
 - This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for residents who are discharged following a skilled nursing facility stay.
- **Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S005.02)**
 - This measure reports a SNF’s risk-standardized rate of Medicare FFS residents who are discharged to the community following a SNF stay, and do not have an unplanned readmission to an acute care hospital or LTCH, and remain alive during the 31 days following discharge. Community, for this measure, is defined as home or self-care, with or without home health services.
- **Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) (CMS ID: S006.01)**
 - This measure evaluates SNF providers’ resource use relative to the use of the national median SNF provider. Specifically, the measure assesses the cost to Medicare for services performed by the SNF provider during an MSPB-PAC SNF episode, which begins at SNF admission and ends 30 days after SNF discharge. The measure is calculated as the ratio of the price-standardized, risk-adjusted MSPB-PAC amount for each SNF divided by the episode-weighted median MSPB-PAC amount across all SNF providers.
- **SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization (CMS ID: S039.01)**
 - This measure estimates the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalizations, as identified using the principal diagnosis on the Medicare inpatient (IP) claims of SNF residents. The hospitalization must occur during the period beginning on day four after SNF admission and within three days after SNF discharge. The measure excludes infections that are pre-existing by applying a 14-day repeat infection timeframe. Since HAIs are not considered never-events, the measure’s objective is to identify SNFs that have higher HAI rates than their peers.