



# NURSING FACILITY VALUE BASED PURCHASING FAQs



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# NURSING FACILITY VALUE BASED PURCHASING FAQs

## Dashboard Related FAQs

**Question:** How do I download a flat file from the NF VBP Dashboard?

**Response:** While flat files (e.g., CSV, Excel) can be downloaded from any of the Dashboard's tabs, the Performance Payments tab contains all of the data elements that most users will want to analyze. To download those data:

### Step 1: Select desired data elements

- Select the Performance Payments tab on the dashboard (see red box, below)
- Select which facility/facilities to include in the data from the "Facility Name(s)" dropdown menu. As pictured in the example below, multiple facilities can be included. Click "Apply" (see orange box, below). If desired, click the inverted triangle on the right side of the "Facility Name(s)" dropdown menu to hide selected facilities.
- Select which year(s), measure(s), and/or threshold(s) to include from their respective dropdown menus. If all years, measures, and thresholds are desired, no action is necessary (i.e., the dashboard defaults to including all years, all measures and all thresholds).
- Click "Download" (see yellow box, below)

The screenshot shows the 'Performance Payments' dashboard. The 'Performance Payments' tab is highlighted with a red box. Below the navigation tabs, there are four dropdown menus: 'Facility Name(s)', 'Year', 'Measure(s)', and 'Threshold(s)'. The 'Facility Name(s)' dropdown is open, showing a list of facilities with checkboxes. The 'Apply' button is highlighted with an orange box. At the bottom right, the 'Download' button is highlighted with a yellow box.

Total Improvement Payment				
\$105,969				
and Measure Detail				
Measure	Threshold Met (Below, Fair, Better, Best)	Qualified for Improvement (Yes, No)	Attainment Payment	Improvement Payment
00	Best	No		
15	Better	Yes		
24	Better	No		
17	Best	Yes		
42	Fair	No		
33	Best	Yes		
00	Best	No	\$40,180	\$0
51	Better	No	\$60,270	\$0
75	Best	Yes	\$45,920	\$23,237
05	Better	No	\$34,440	\$0
73	Best	Yes	\$45,920	\$3,258
13	Fair	No	\$40,180	\$0
00	Best	No	\$72,862	\$0
11	NA	No	\$0	\$0
11	NA	No	\$0	\$0
07	Better	Yes	\$61,477	\$23,038
54	Fair	No	\$34,154	\$0
25	Better	Yes	\$102,462	\$56,437

### Step 2: Output to file

- After clicking "Download" in Step 1, click the "Crosstab" option in the dialog box that pops up (see red box in the first screenshot, below)
- Select "CSV" in the dialog box that pops up (see orange box in the second screenshot, below). The dashboard defaults to the "Performance Measure Results Table Final" "story-point" – this sheet contains the data elements that most users will want.

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## Dashboard Related FAQs

Click "Download" in the dialog box (see yellow box in the second screenshot, below).

The screenshot shows the 'Performance Payments' dashboard for 'ABINGDON HEALTH CARE LLC'. The dashboard displays 'Performance Attainment Payment' of \$537,865 and 'Total Improvement Payment' of \$105,969. A 'Download' dialog box is open, showing options for file format: Image, Data, Crosstab (highlighted with a red box), PDF, PowerPoint, and Tableau Workbook.

Facility Name	Program Year Name (Baseline Year, Program Year 1, etc.)	Measure	Value	Rating	Target	Attainment Payment	Improvement Payment
ABINGDON HEALTH CARE LLC	Baseline Year	Days without 8 RN ED Visits					
		Hospitalizations					
		Pressure Ulcers					
	Program Year 1	Urinary Tract Infection	2.42	Fair	No		
		Weighted Case Mix Hours	3.33	Best	Yes		
		Days without 8 RN Hours	0.00	Best	No	\$40,180	\$0
	Program Year 2	ED Visits	0.51	Better	No	\$60,270	\$0
		Hospitalizations	0.75	Best	Yes	\$45,920	\$23,237
		Pressure Ulcers	7.05	Better	No	\$34,440	\$0

The screenshot shows the same dashboard as above, but with a 'Download Crosstab' dialog box open. The dialog box prompts the user to 'Select a sheet from this storypoint' and shows three options: Performance, Total Attain..., and Total Improve... The 'CSV' format is selected, and the 'Download' button is highlighted with a yellow box.

# NURSING FACILITY VALUE BASED PURCHASING FAQs

## Performance & Payment-Related FAQs

QUESTION	RESPONSE
<p><b>Measuring Attainment for New Facilities – Less Than Twelve Months:</b> How will the program measure attainment for a facility with less than 12 months participation in Medicaid – and/or less than 12 months of data due to a facility being considered new to CMS – in a performance year?</p>	<p>A new facility – whether new to Medicaid and/or new to CMS – would become eligible to participate in the program for attainment funds with as little as one full quarter of participation in the VA Medicaid program, at the Commonwealth’s discretion and subject to measure data availability. DMAS will ‘annualize’ quarters with performance data for these facilities, and reserves the right to adjust award amounts to align with partial year participation.</p>
<p><b>Scenario:</b> Facility ABC has complete Quarter 1 (Oct – Dec) performance data with CMS; however they joined Medicaid in February. How will DMAS calculate the payment for Facility ABC?</p>	<p>Because Facility ABC has a complete quarter of data with CMS, DMAS will use the complete quarter of data as part of the performance calculation. However, DMAS will use the actual, calculated Medicaid days starting in February for this facility to adjust the payment if they attain for one or more measures.</p>
<p>How will the program handle missing data in cases other than the facility being new to CMS and/or Medicaid?</p>	<p>As a rule, DMAS will base measure results on data that are available. For most measures, DMAS’ measure result will align exactly with the result reported by CMS. For the Total Nurse Staffing Hours per resident day (case-mix adjusted) measure, DMAS will weight available quarters’ results by their respective Medicaid days and divide that result by four. DMAS encourages facilities to review the publically posted CMS data to confirm accuracy prior to DMAS calculating facility program performance and performance payments, thereby ensuring optimal payment amounts. If a measure result is unavailable from the CMS data (e.g., Footnotes 9 and 10 for the hospitalization measure), the facility will not be eligible for a payment for that measure.</p>
<p>How will the program deal with measuring improvement for a new facility that does not have previous performance data?</p>	<p>New facilities without previous performance are not eligible for an improvement payment in their first program year as there is no previous performance data for comparison. The first performance year would become the baseline for the next program year’s improvement analysis.</p>
<p>If a facility has less than 12 months of participation in Medicaid during their first performance year, how will improvement be determined in the second program year?</p>	<p>A facility is eligible to earn improvement funds in the second year of program participation – regardless of whether the first year of participation was less than 12 months. The facility’s first year of attainment – be it a full or weighted performance – is the basis for measuring their subsequent performance year’s improvement.</p>
<p>How will incomplete Q4 Medicaid days be handled?</p>	<p>Due to the steps required to validate MCO Medicaid encounters by DMAS, the 4<sup>th</sup> quarter Medicaid days for a given performance period are not available when the payment 1 performance data is available. To address the incomplete fourth quarter NF days while making timely payments to NFs, the NF VBP program estimates fourth quarter Medicaid days for each Certification Number (CCN) based on an average of the Medicaid days of the performance period’s first three quarters across data sources (i.e., Medicaid fee-for-service and managed care) . The total Performance Year Medicaid Member days for each CCN is the sum of the first three quarters of Medicaid days and the estimated fourth quarter Medicaid days, as follows:</p> $Q1days + Q2days + Q3days + \left( \frac{Q1days + Q2days + Q3days}{3} \right)$ <p>DMAS reserves the right to decide the appropriate days used for payment determination.</p>
<p>When are the measure data considered final?</p>	<p>The program will use the most current measure data reported, as of:</p> <ul style="list-style-type: none"> <li>• Four months post the NF VBP performance year for the Staffing, Urinary Tract Infection (UTI), and Pressure Ulcer measures.</li> <li>• Seven months post the NF VBP performance year for the Emergency Department (ED) Visits and Hospitalizations measures.</li> <li>• Note: once measure data is used for payment of Attainment funds in a performance year, that period’s measure data will be considered final even if CMS releases updated measure data for that period, as that period’s final measure values represent the improvement baseline for the following year.</li> </ul>

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QUESTION	RESPONSE
	<p>DMAS reserves the right to make exceptions to this policy in instances where measure data are updated due to technical issues with reporting (e.g. updates are the result of systemic issues impacting multiple facilities across the program).</p>
<p>When are the Medicaid days used for per diem calculations considered final?</p>	<p>Medicaid days for a period will be considered final after the third month following the end of the prior performance year. DMAS reserves the right to decide the appropriate days used for payment determination.</p>
<p>What was the process for reviewing measure changes for the SFY 2027 methodology?</p>	<p>In the summer of 2025, DMAS discussed several aspects of the SFY 2027 methodology with stakeholders. To inform this discussion, DMAS reviewed historical performance on all program measures for SFY 2026, performance on select measures not part of the methodology through SFY 2026, and alignment between the potential SFY 2027 measure set and CMS' Nursing Facility value-based performance program for Medicare.<sup>1</sup></p> <p>On August 11, 2025, DMAS presented the evaluation results as well as replacement measure options to the workgroup. DMAS signaled its intent to retire the following measures based on NF VBP facility performance which had outperformed national trends:</p> <ul style="list-style-type: none"> <li>• Number of days without 8 hours of RN care</li> <li>• Percent of long-stay residents with urinary tract infections</li> </ul> <p>DMAS signaled its intent to pause performance assessment on the following claims-based measures due to concerns with data incompleteness<sup>2</sup>:</p> <ul style="list-style-type: none"> <li>• Number of Emergency Department (ED) visits per 1,000 long-stay resident days</li> <li>• Number of hospitalizations per 1,000 long-stay resident days</li> </ul> <p>DMAS will consider alternative sources of data for the claims-based measures in future years.</p> <p>For SFY 2027 staffing measures, DMAS signaled its intent to retain the composite nurse staffing measure – Total Nurse Staffing Hours per Resident Day (RN, LPN, CNA) and add the Total Nurse Staffing Turnover measure. For the Nurse Turnover measure, DMAS's analysis found lower staffing turnover associated with higher-attaining NF VBP facilities. DMAS's analysis showed Virginia facilities' performance on the Total Nurse Staffing Hours per Resident Day was substantially below the national average. Furthermore, DMAS has modified the thresholds for the Total Nurse Staffing measure to ensure alignment with Virginia's minimum standard of 3.08 hours of case mix-adjusted total nurse staffing hours per resident per day.<sup>3</sup></p> <p>For clinical outcome measures, DMAS is retaining the Percent of Long-Stay Residents with Pressure Ulcers measure and adding the Percent of Long-Stay Residents with Falls with Major Injury. For both measures, DMAS's analysis demonstrated Virginia NF performance to be at or lower than national average. In addition, a recent meta-analysis of nursing facility studies found that falls cause significant morbidity, mortality, and health system use.<sup>4</sup></p> <p>Stakeholder response to these changes primarily focused on the addition of the Falls with Major Injury measure. Several stakeholders noted that the CMS methodology for this measure retains fall events in facility performance measurement for a long period of time. For example, if a resident fell in Quarter 1, the fall would continue to be counted in the measure for up to 275 days. Stakeholders believed the methodology could potentially penalize smaller facilities with fewer residents. However, CMS defended this approach as NF episodes of care tend to be quite long for long-stay residents.<sup>5</sup> A recent CMS Technical Expert Panel (TEP) made several recommendations to improve reporting standardization and completeness for the falls measure.<sup>6</sup> Given the substantial impact of falls on resident health and mortality along with recent CMS efforts to refine the measure specifications, DMAS added this measure to the NF VBP program in SFY 2027.</p>

# NURSING FACILITY VALUE BASED PURCHASING FAQs

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<p>What changes in attainment did DMAS make to comply with federal regulations in SFY 2026?</p>	<p>Federal regulations published in 2024 that impact the NF VBP program beginning in SFY 2026, require DMAS to modify the attainment payment schedule for SFY 2026 and beyond. Specifically, the program can only award NFs that demonstrate maintenance (or improvement) compared to the previous year.<sup>7</sup> For SFY 2026, DMAS defines maintenance as not falling by more than one tier compared to SFY 2025 results for a given measure. That is, if an NF's performance on a given measure drops by two tiers from the prior period, no payment is awarded. For NFs that fall by one tier, the attainment payment is reduced compared to the maximum attainment payment possible for the Better and Fair tiers.</p>																																								
<p>How do I determine my facility's attainment per diem if performance on a measure dropped by one or more tiers between SFY 2025 and 2026?</p>	<table border="1"> <tr> <td colspan="2" data-bbox="553 474 1568 506">If a NF scored in "Best" Tier in 2025 and 2026 Tier was:</td> </tr> <tr> <td data-bbox="553 506 1003 541"></td> <td data-bbox="1003 506 1568 541">% Per Diem Earned for 2026</td> </tr> <tr> <td data-bbox="553 541 1003 577">Best</td> <td data-bbox="1003 541 1568 577">100%</td> </tr> <tr> <td data-bbox="553 577 1003 613">Better</td> <td data-bbox="1003 577 1568 613">50%</td> </tr> <tr> <td data-bbox="553 613 1003 648">Fair</td> <td data-bbox="1003 613 1568 648">0%</td> </tr> <tr> <td data-bbox="553 648 1003 684">Below</td> <td data-bbox="1003 648 1568 684">0%</td> </tr> <tr> <td colspan="2" data-bbox="553 684 1568 720"></td> </tr> <tr> <td colspan="2" data-bbox="553 720 1568 751">If an NF scored in "Better" Tier in 2025 and 2026 Tier was:</td> </tr> <tr> <td data-bbox="553 751 1003 787"></td> <td data-bbox="1003 751 1568 787">% Per Diem Earned for 2026</td> </tr> <tr> <td data-bbox="553 787 1003 823">Best</td> <td data-bbox="1003 787 1568 823">100%</td> </tr> <tr> <td data-bbox="553 823 1003 858">Better</td> <td data-bbox="1003 823 1568 858">75%</td> </tr> <tr> <td data-bbox="553 858 1003 894">Fair</td> <td data-bbox="1003 858 1568 894">25%</td> </tr> <tr> <td data-bbox="553 894 1003 930">Below</td> <td data-bbox="1003 894 1568 930">0%</td> </tr> <tr> <td colspan="2" data-bbox="553 930 1568 966"></td> </tr> <tr> <td colspan="2" data-bbox="553 966 1568 997">If an NF scored in "Fair" Tier in 2025 and 2026 Tier was:</td> </tr> <tr> <td data-bbox="553 997 1003 1033"></td> <td data-bbox="1003 997 1568 1033">% Per Diem Earned for 2026</td> </tr> <tr> <td data-bbox="553 1033 1003 1068">Best</td> <td data-bbox="1003 1033 1568 1068">100%</td> </tr> <tr> <td data-bbox="553 1068 1003 1104">Better</td> <td data-bbox="1003 1068 1568 1104">75%</td> </tr> <tr> <td data-bbox="553 1104 1003 1140">Fair</td> <td data-bbox="1003 1104 1568 1140">50%</td> </tr> <tr> <td data-bbox="553 1140 1003 1176">Below</td> <td data-bbox="1003 1140 1568 1176">0%</td> </tr> </table>	If a NF scored in "Best" Tier in 2025 and 2026 Tier was:			% Per Diem Earned for 2026	Best	100%	Better	50%	Fair	0%	Below	0%			If an NF scored in "Better" Tier in 2025 and 2026 Tier was:			% Per Diem Earned for 2026	Best	100%	Better	75%	Fair	25%	Below	0%			If an NF scored in "Fair" Tier in 2025 and 2026 Tier was:			% Per Diem Earned for 2026	Best	100%	Better	75%	Fair	50%	Below	0%
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<p>Why were the Total Nurse Staffing threshold limits for the Best, Better and Fair tiers increased for SFY 2027?</p>	<p>Virginia Acts of Assembly 2023 Chapter 483, Item 1.B.32 establishes a minimum staffing standard for nursing facilities participating in the NF VBP program. The standard requires at least 3.08 hours of case mix-adjusted total nurse staffing hours per resident per day using the program's Total Nurse Staffing measure. The lower bound of the Total Nurse Staffing Fair tier was adjusted upward to 3.08 – an increase of 5.12% from SFY 2026 – to ensure that attainment awards are limited to NFs that meet the State-mandated minimum. Additionally, DMAS analyses indicate that NF VBP program participants' Total Nurse Staffing levels have lagged far below the national average – between 9% and 11% – since the program's inception. To ensure a continued focus on the Total Nurse Staffing measure by program participants, the lower bounds for the Better and Best tiers were also adjusted upwards by 5.12%.</p>																																								

## Transfer of Ownership-Related FAQs

<p>If a facility(s) has transferred ownership during a measurement period, and it is determined the facility(s) will be awarded a payment based on its performance, does the previous owner or the new owner receive payment?</p>	<p>Payment is to be made to the owner/operator of the NF at the time of payment - regardless of ownership during the relevant measurement period. DMAS/MCOs attempt to remit payments to the most current owner/operator of a NF based on available information at the time of payment. However, if payments are erroneously made to a previous NF owner/operator, DMAS/MCOs will recoup those funds and attribute payment to the current owner. The current owner/operator must provide proof of ownership at the time of payment . Proof of ownership can be established by:</p> <ul style="list-style-type: none"> <li>• <b>Ownership as of the NF VBP payment date as documented in DMAS's "Reimbursement Rates" section of DMAS's "Nursing Facilities" webpage <a href="#">Nursing Facilities   DMAS - Department of Medical Assistance Services</a></b></li> </ul>
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# NURSING FACILITY VALUE BASED PURCHASING FAQs

[virginia.gov](https://www.virginia.gov)), which provides regularly updated information on change of ownership effective dates.

- Other sources of information establishing proof of ownership date (e.g., CMS [Ownership | Provider Data Catalog](#), NPES NPI registry).

Once proof of ownership is successfully established, DMAS/MCOs will follow respective internal protocols for recoupment of funds from the previous owner and the remittance of funds to the current owner.

Under exceptional circumstances, DMAS/MCOs may consider allowing the prior owner to retain NF VBP payments **made to** them in error. DMAS/MCOs may allow the prior owner/operator to retain the payment if both new and old owners provide a signed attestation that both parties are in agreement with payment being retained by the previous owner/operator. DMAS/MCOs will make the final determination about these exceptions on a case-by-case basis.

## Archived FAQs

What is the difference between how the Nursing Home Compare RN star rating is calculated and the NF VBP 8 HR RN measure is calculated?	The NF VBP 8 HR RN measure annualizes the quarterly requirements to build more flexibility into the measure for facilities.
If a facility has less than 12 months of participation in Medicaid during their first performance year, how will the 8-hour Registered Nurse (RN) staffing measure thresholds and improvement be assessed in the next full performance year?	The program will annualize their performance from the available data in the facility's first performance year by weighting the available full quarters of available data by Medicaid days to generate a yearly estimate to measure improvement in the second year.

<sup>1</sup> Information on the CMS NF VBP program measures is available from: <https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing/measures>

<sup>2</sup> Examination of recent CMS data showed 11 NF VBP facilities did not have sufficient ED visits or hospitalizations for reporting and were therefore ineligible for payments based on performance for these measures. DMAS followed up with CMS about this issue and was informed that the issue stemmed from the exclusion of individuals enrolled in Medicare Advantage plans from the CMS NF VBP measure data.

<sup>3</sup> Virginia Acts of Assembly Chapter 330, 1.B.32

<sup>4</sup> Kimura M, et al. Incidence Morbidity and Mortality From Falls in Skilled Nursing Facilities: A Systematic Review and Meta-Analysis. J Am Med Dir Assoc. 2023 Nov;24(11):1690-1699.e6. doi: 10.1016/j.jamda.2023.07.012. Epub 2023 Aug 22. PMID: 37625452.

<sup>5</sup> In the recent Technical Expert Panel report, CMS noted the “[Falls with Major Injury] measure captures falls across a long span of time (up to 275 days into the [nursing home] NH episode) for the [long stay] LS NH measure because episodes of care are so long for this population. Accordingly, there will be cases where facilities have falls on their reports for extended periods of time. The intent is not to compare measure results for an LS NH population and a [post-acute care] PAC population, where stays tend to be much shorter, but rather, to have a consistent underlying approach across settings.” See page 16 of <https://www.cms.gov/files/document/may-2025-cross-setting-falls-major-injury-tep-summary-report.pdf>

<sup>6</sup> <https://www.cms.gov/files/document/may-2025-cross-setting-falls-major-injury-tep-summary-report.pdf>

<sup>7</sup> Federal regulations at 42 CFR 438.6(c)(2)(vi)(B)(5) require that MCO payments to providers made under a State directed payment, such as the NF VBP program, are restricted to providers that demonstrate maintenance or improvement over baseline on the performance metrics upon which payments are based.