FY 2027 SNF PPS FINAL RULE

Every resident. Every payer.

CMS finalized all-payer MDS submission on July 31, 2026. Most operators are reading the date and filing it away.

Something in the same rule lands four years sooner.

WHAT CHANGED

MDS is no longer a Medicare document.

Today, SNFs submit MDS assessments tied to traditional Medicare fee-for-service.

Under the final rule, facilities must submit an MDS for every resident receiving covered skilled care, regardless of who is paying. Medicare Advantage. Medicaid. Commercial.

THE TIMELINE

October 1, 2029

All-payer submission begins for residents admitted on or after this date, for the FY 2031 SNF QRP.

Calendar Year 2030

Full calendar-year submission required, beginning with the FY 2032 SNF QRP.

FY 2029 QRP

The submission window drops from 4.5 months to 45 days. This one uses calendar year 2027 data.

Read that third line again.

45

days, not four and a half months.

MDS data and corrections are due by the 15th day of the second month after each calendar quarter closes.

CMS says this cuts roughly three months off the lag before results go public.

Fee-for-service stopped being the picture.

Medicare Advantage enrollment was estimated at 54 percent of beneficiaries when CMS wrote the rule, projected to reach 64 percent by 2034.

TEXAS

Roughly 2.3 million Texans are enrolled in Medicare Advantage, the second-largest MA market in the country behind California. Statewide penetration now sits near the national rate.

Quality measured on traditional Medicare alone describes a shrinking minority of the people in your building.

THIS IS NOT NEW GROUND

Home health and inpatient rehab have collected all-payer data for years.

CMS is explicit that the change aligns SNFs with other post-acute settings and agency programs that already do this.

Skilled nursing was the outlier. That ends.

On the MDS coordinator.

Every Medicare Advantage plan and every state Medicaid program runs its own authorization rules, its own definitions, its own timelines.

All of it now has to feed one uniform federal submission, on a 45-day clock, with no room to catch it later.

Two percentage points off your annual payment update.

The threshold has not moved. At least 90 percent of submitted assessments must have 100 percent of required data elements.

A dash is not an answer. Dashes do not count toward the threshold.

WHAT TO DO BEFORE 2029

1. Count how many of your skilled residents are non-FFS today. That number is your future workload.
2. Ask your software vendor, in writing, what they are building and when.
3. Staff the MDS office for the 45-day clock, which arrives long before 2029 does.
4. Audit your dash rate now, while a bad number is still only a rehearsal.

THE REAL POINT

2029 is not the deadline. It is the finish line.

Three years to rebuild a workflow sounds generous until you remember it runs through a vendor release cycle, a hiring market, and a training curve you do not control.

Source: FY 2027 SNF PPS Final Rule, CMS-1843-F, 91 FR 48588, published July 31, 2026.