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TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)

IN ORDER FOR MO LNHAS TO GET CREDIT:

- It is **REQUIRED** that you complete a brief survey/evaluation via:
 - ✓ A pop-up at the end of the webinar, or
 - ✓ An automated email from GoToWebinar that will be sent to attendees
 - ✓ You only need to complete it once (*either via the pop-up or the email*)
- It is **REQUIRED** that you answer the question asking for your **LNHA number**.

Please note: the certificate that will be linked in GoToWebinar's automated "thank you for attending" email is NOT YOUR CEU CERTIFICATE. Your official certificate will be sent out by QIPMO staff in approximately 2 weeks.

**The amount of your credit will be adjusted based on time spent on the webinar.*



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SAMPLE EMAIL FROM GOTOWEBINAR



We hope you enjoyed our webinar.

Please send your questions, comments and feedback to: musonqipmo@missouri.edu.

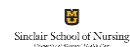
Please take the following survey:

[QIPMO Webinar Survey](#)

Your certificate is available here:

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**← this is NOT your CEU certificate;
← it's just a participation certificate
that GTW emails automatically.**



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NAVIGATING THE FIVE-STAR RATING PROCESS TO ACHIEVE OPERATIONAL SUCCESS

Nicky Martin, MPA, LNHA, QCP



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DISTRIBUTION FOR MISSOURI

ALL MISSOURI PROVIDERS

Number of Providers	Overall Star Rating
50	5
279	4,3,2
171	1

6 PROVIDERS ARE UNRATED
(3 SFF AND 3 ARE TOO NEW)



4

FIVE STAR DOMAINS



8

THREE DOMAINS

Health Inspections

Measures based on outcomes from state health inspections

- Ratings for the health inspections domain are based on the number, scope, and severity of deficiencies identified during the three most recent annual inspection surveys, as well as substantiated findings from the most recent 36 months of complaint investigations and focused infection control surveys.

Staffing

Measures based on nursing home staffing levels and staff turnover

- Ratings for the staffing domain are based on six measures. This includes three nurse staffing level measures (hours per resident per day) and three measures of staff turnover. Five of the six measures include RN hours.

Quality Measures

Measures based on MDS and claims-based quality measures (QMs)

- Ratings for the quality measures are based on performance on 15 of the QMs that are currently posted on the Care Compare website. These include nine long-stay measures and six short-stay measures.



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DATA SOURCES

CMS's health inspection database - Includes the nursing home characteristics and health deficiencies issued during the 3 most recent standard inspections and any complaint investigations or infection control inspections in the past 3 years...These data may not be added in the same cycle as the standard inspection data. The following measures on Care Compare – Nursing homes including rehab services, and Provider Data Catalog come from this data source:

1. Health inspections data
2. Fire Safety inspections & emergency preparedness data
3. Penalties



Payroll-Based Journal (PBJ) system - The PBJ system allows nursing homes to electronically submit the number of hours facility staff are paid to work each day. The information is submitted quarterly and is auditable to ensure accuracy. Staffing data are collected on the director of nursing, registered nurses (RNs) with administrative duties, RNs, licensed practical nurses (LPNs) with administrative duties, LPNs, certified nurse aides (CNAs), medication aides, and nurse aides in training...The following measures on Care Compare – Nursing homes including rehab services, and Provider Data Catalog come from this data source:

1. Total staffing (RN, LPN, CNA)
2. RN staffing
3. Physical Therapist hours
4. Staff Turnover



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DATA SOURCES

The Minimum Data Set (MDS) national database - Data for quality measures come from the MDS database... Information is collected about the resident's health, physical functioning, mental status, and general well-being. These data are used by the nursing home to assess each resident's needs and develop a plan of care. The following measures on Care Compare – Nursing homes including rehab services, and Provider Data Catalog come from this data source:

1. Quality measures
2. Staffing (resident characteristics used to estimate the amount of staffing needed)
3. Resident census (used in calculating staffing hours per resident day)



Medicare claims data - CMS uses bills that nursing homes and hospitals submit to Medicare for payment purposes to identify when hospitalizations and nursing home admissions take place. These are used to calculate hospital readmission rates, emergency room visits, and discharges.



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SEPTEMBER 2023 REVISIONS

Effective with the April 2024 refresh:

- CMS will freeze (i.e., hold constant) the staffing measures for three months and;
- 4 of 15 QMs used in the Nursing Home Five Star Rating System. QMs impacted by the MDS G-GG transition:
 - Percentage of Residents Who Made Improvements in Function (SS)
 - Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS)
 - Percent of Residents Whose Ability to Move Independently Worsened (LS)
 - Percent of High-Risk Residents with Pressure Ulcers (LS)



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MAKE SURE YOUR DATA IS ACCURATE!

The rating system offers valuable and comprehensible information to consumers based on the

BEST DATA AVAILABLE

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HEALTH INSPECTION DOMAIN



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HEALTH INSPECTION DOMAIN

- Scoring Rules
- Health Inspection Results
 - Points are assigned to individual health deficiencies according to their scope and severity –more serious, widespread deficiencies receive more points, with additional points assigned for substandard quality of care.
 - Two types of health citations – **F731** (Waiver of requirement to provide licensed nurses on a 24-hour basis) and **F884** (COVID-19 reporting to the Centers for Disease Control) – **ARE NOT** considered in the health inspection score calculation (nor are these reported on Nursing Home Care Compare).
 - Comparative Surveys are not reported on Care Compare or included in rating calculations, though the results of State Survey Agency determinations made during a Federal Oversight Survey are included.



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HEALTH INSPECTION DOMAIN

RATING METHODOLOGY FOR FACILITIES WITH ABUSE CITATION(S):

1) Harm-level abuse citation in the most recent survey cycle: Facilities cited for abuse² where residents were found to be harmed (Scope/Severity of G or higher) on:

- a. the most recent standard survey,
or
- b. on a complaint or focused infection control survey within the past 12 months.

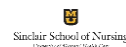
2) Repeat abuse citations: Facilities cited for abuse where residents were found to be potentially harmed (Scope/Severity of D or higher) on:

- a. the most recent standard survey or
- b. on a complaint or focused infection control survey within the past 12 months,
and
- c. on the previous (i.e., second most recent) standard survey or
- d. on a complaint survey in the prior 12 months (i.e., from 13 to 24 months ago).



HEALTH INSPECTION DOMAIN

Survey Cycle Lookback	Weight
0-12 Month Lookback	50.00%
13-24 Month Lookback	33.3%
25-36 Month Lookback	16.7%



HEALTH INSPECTION DOMAIN

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

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HEALTH INSPECTION DOMAIN

Table 2
Weights for Repeat Revisits

Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

Note: The health inspection score includes points from deficiencies cited on the standard health inspection and complaint inspections during a given survey cycle.

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HEALTH INSPECTION DOMAIN

- CMS bases Five-Star quality ratings in the health inspection domain on the relative performance of facilities within a state. CMS determines facility ratings using these criteria:
 - The top 10 percent (with the lowest health inspection weighted scores) in each state receive a health inspection rating of five stars.
 - The middle 70 percent of facilities receive a rating of two, three, or four stars, with an equal number (approximately 23.33 percent) in each rating category.
 - The bottom 20 percent receive a one-star rating.



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HEALTH INSPECTION DOMAIN

When are scores changed and what changes them?

- Rating thresholds are **re-calibrated each month** so that the distribution of star ratings within states remains relatively constant over time. However, the rating for a given facility is held constant until there is a change in the weighted health inspection score for that facility, regardless of changes in the statewide distribution.
- Items that could change the health inspection score include the following:
 - A new health inspection
 - A complaint investigation or focused infection control survey that results in one or more deficiency citations
 - A second, third, or fourth revisit



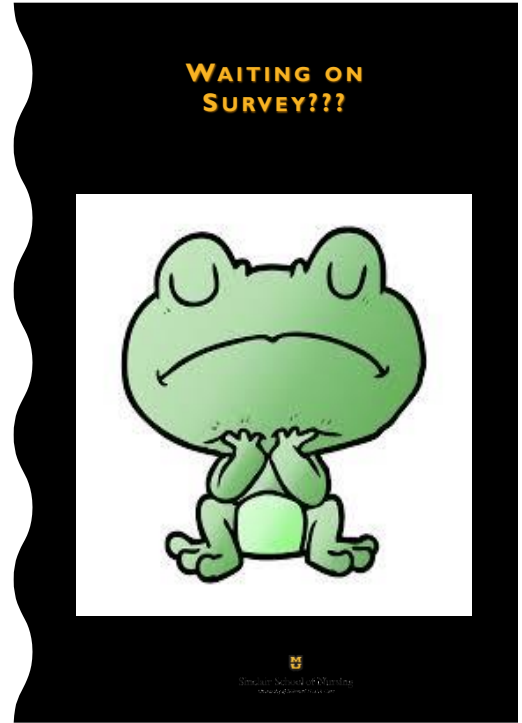
25

Overdue Recertification Surveys 15 Months Since Last Survey Date

Overdue Recertification Surveys Report

Region	Number of Late Surveys	% of Active Providers
(I) Boston	249	30.6%
(II) New York	495	51.6%
(III) Philadelphia	450	32.9%
(IV) Atlanta	1,239	46.4%
(V) Chicago	586	18.1%
(VI) Dallas	227	11.2%
(VII) Kansas City	320	22.8%
Iowa	49	12.0%
Kansas	101	32.9%
Missouri	165	32.8%
Region 1 Nh (1NH)	41	N/A
Region 2 Nh (2NH)	24	N/A
Region 3 Nh (3NH)	19	N/A
Region 4 Nh (4NH)	22	N/A
Region 5 Nh (5NH)	17	N/A
Region 6 Nh (6NH)	10	N/A
Region 7 Nh (7NH)	32	N/A

https://qcor.cms.gov/late_survey.jsp?which=0&report=late_survey.jsp#SMO



HEALTH INSPECTION DOMAIN

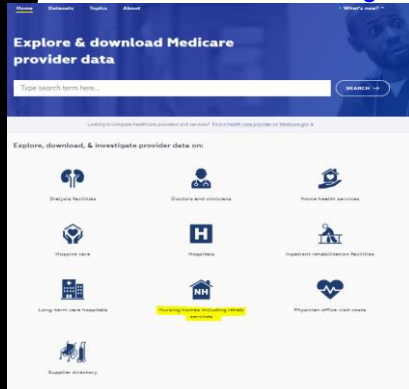
Citation Frequency Report

State	Tag Description	# Citations	% Providers Cited
Tag #			
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Missouri Active Providers=512	
F0884	Reporting - National Health Safety Network	840	33.0%
F0880	Infection Prevention & Control	211	35.4%
F0689	Free of Accident Hazards/Supervision/Devices	193	29.7%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	190	35.0%
F0658	Services Provided Meet Professional Standards	167	26.4%
F0584	Safe/Clean/Comfortable/Homelike Environment	144	22.5%
F0677	ADL Care Provided for Dependent Residents	139	19.9%
F0600	Free from Abuse and Neglect	118	16.2%
F0656	Develop/Implement Comprehensive Care Plan	107	19.1%
F0761	Label/Store Drugs and Biologicals	102	18.9%
F0684	Quality of Care	97	14.3%



HEALTH INSPECTION DOMAIN

- Where's the data????
- [CMS Provider Data Catalog](#)



Nursing homes including rehab services

Provider Information

General information on currently active nursing homes, including number of certified beds, quality measure scores, staffing and other information used in the Five-Star Rating System. Data are presented as one row per nursing home.

Last updated: Aug 1, 2023 • Released: Aug 30, 2023 • [Download CSV](#)



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Provider Information

General information on currently active nursing homes, including number of certified beds, quality measure scores, staffing and other information used in the Five-Star Rating System. Data are presented as one row per nursing home.

Last updated: Aug 1, 2023 • Released: Aug 30, 2023

Dataset explorer

Viewing 1 - 20 of 14,993 rows

[Filter dataset](#) [Manage columns](#) [Display settings](#) [Fullscreen](#)

Activate the column resize button and use the right and left arrow keys to resize a column or use your mouse to drag/resize. Press escape to cancel the resizing.

CMS Certi...	Provider ...	Provider ...	City/Town	State	ZIP Code	Te
015009	BURNS NURSIN...	701 MONROE S...	RUSSELLVILLE	AL	35653	25
015010	COOSA VALLEY...	260 WEST WAL...	SYLACAUGA	AL	35150	25
015012	HIGHLANDS HE...	380 WOODS C...	SCOTTSBORO	AL	35768	25
015014	EASTVIEW REH...	7755 FOURTH ...	BIRMINGHAM	AL	35206	20

Nursing homes including rehab services

[View topic details >](#)
[View archived data >](#)

Downloads

DATASET

[Download full dataset](#)
CSV • 1 KB

DATA DICTIONARIES

[NH_Data_Dictionary](#)
PDF • 615 KB

Tags

General Information

Address

Location

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Be PREPARED!

1. It's an open book test!
2. Use your data
3. FREE mock survey
4. Rapid response
5. Beef up your grievance program
6. QAPI
7. Direct the survey
8. Know the top deficiencies in your state/region
9. Ask for a briefing at the end of the day (they may or may not indulge you);
10. EVERYONE has a role
11. Pass on first re-visit
12. Keep complaints to a minimum (remember #5?)



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HEALTH INSPECTION DOMAIN

Tips to
improve your
health
inspection
score



STAFFING DOMAIN



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STAFFING DOMAIN

- The rating for staffing is based on six measures. The original two:
 - Case-mix adjusted total nursing hours per resident day (registered nurse (RN) + licensed practical nurse (LPN) + nurse aide hours) for a quarter averaged across all days (weekdays and weekends)
 - Case-mix adjusted RN hours per resident day for a quarter, averaged across all days (weekdays and weekends)



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STAFFING DOMAIN

And the July 2022 additions:

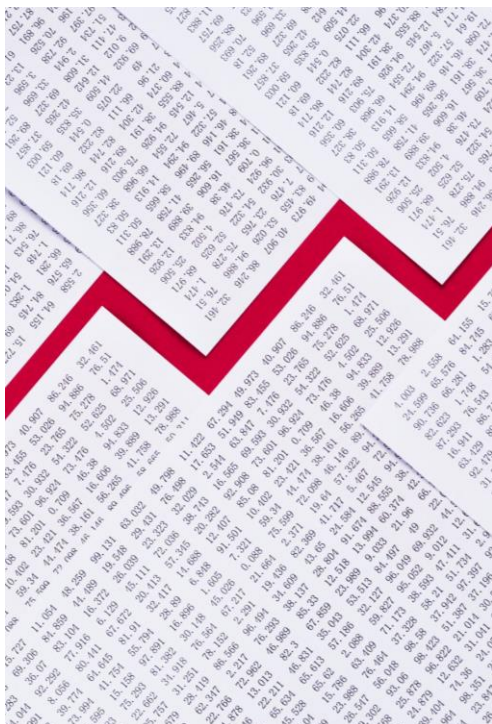
- Case-mix adjusted total nursing hours per resident day (RN + LPN + nurse aide hours) for a quarter averaged across all weekend days (Saturdays and Sundays)
- The percentage of nursing staff that left the nursing home over a twelve-month period.
- The percentage of RNs that left the nursing home over a twelve-month period.
- The number of administrators that left the nursing home over a twelve-month period.



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QSO-23-21-NH

- CMS will be changing the staffing case-mix adjustment methodology to a model based on the SNF payment Patient-Driven Payment Model (PDPM)
- April 2024, CMS will freeze (i.e., hold constant) the staffing measures for three months while we make this transition
- July 2024, CMS will post nursing home staffing measures based on the new PDPM methodology
- CMS will revise the staffing rating thresholds to maintain the same overall distribution of points for affected staffing measures



STAFFING DOMAIN

- The source for reported staffing hours is the Payroll-Based Journal (PBJ) system.
- These data are submitted quarterly and are due 45 days after the end of each reporting period.
- Only data submitted and accepted by the deadline are used by CMS for staffing calculations and in the Five-Star Rating System.
- The resident census is based on a daily resident census measure that is calculated by CMS using MDS assessments.



STAFFING DOMAIN

- The specific PBJ job codes that are used in the RN, LPN, and nurse aide hour calculations are:
 - RN hours: Includes RN director of nursing (job code 5), registered nurses with administrative duties (job code 6), and registered nurses (job code 7).
 - LPN hours: Includes licensed practical/licensed vocational nurses with administrative duties (job code 8) and licensed practical/vocational nurses (job code 9)
 - Nurse aide hours: Includes certified nurse aides (job code 10), aides in training (job code 11), and medication aides/technicians (job code 12)



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STAFFING DOMAIN



- Note that the PBJ staffing data include both facility employees (full-time and part-time) and individuals under an organization (agency) contract or an individual contract.
- The PBJ staffing data do not include “private duty” nursing staff reimbursed by a resident or his/her family. Also not included are hospice staff and feeding assistants.



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STAFFING DOMAIN

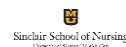
- The daily resident census, used in the denominator of the reported nurse staffing ratios, is derived from MDS resident assessments and is calculated
- For any resident with an interval of 150 days or more with no assessments, assume the resident no longer resides in the facility as of the 150th day from the last assessment.
- Therefore, in order to achieve an accurate census, it is imperative that, in addition to having complete assessment data for each resident including Discharge assessment data, residents are assigned correct Resident Internal IDs.
- Providers must also carefully monitor the Final Validation Report, generated upon MDS submission, for any errors.



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STAFFING DOMAIN

- Exclusion Criteria
- Total nurse staffing (job codes 5-12), aggregated over all days in the quarter with at least one resident, is zero (0 hours per resident per day).
- Total nurse staffing (job codes 5-12), aggregated over all weekend days in the quarter with at least one resident, is zero (0 hours per resident per day).
- Total nurse staffing (job codes 5-12), aggregated over all days in the quarter with at least one resident, is **excessively high** (>12 hours per resident day).
- Total nurse staffing (job codes 5-12), aggregated over all weekend days in the quarter with at least one resident, is **excessively high** (>12 hours per resident day).
- Nurse aide staffing (job codes 10-12), aggregated over all days in the quarter with at least one resident, is **excessively high** (>5.25 hours per resident day).
- Nurse aide staffing (job codes 10-12), aggregated over all weekend days in the quarter with at least one resident, is **excessively high** (>5.25 hours per resident day).



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STAFFING DOMAIN: CASE-MIX ADJUSTMENT

- CMS adjusts the reported staffing ratios for case-mix, using the Resource Utilization Group (RUG-IV) case-mix system.
- CMS calculates case-mix adjusted hours per resident day for each facility for each staff type using this formula:

$$\text{Hours}_{\text{Adjusted}} = (\text{Hours}_{\text{Reported}} / \text{Hours}_{\text{Case-Mix}}) * \text{Hours}_{\text{National Average}}$$



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STAFFING DOMAIN

- Case-Mix Adjustment
- To determine the number of residents in each RUG-IV grouping for each day of the quarter for each nursing home, the same algorithm is used as that used to generate the daily MDS census (with slight adjustment to count RUG-IV groupings specifically, instead of just counting residents)



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STAFFING DOMAIN

Turnover Measures

- Three staff turnover measures are reported on the Care Compare website and included in the staffing rating:
 - Total Nurse (RNs, LPN, and Nurse Aides)
 - Registered Nurse (RN)
 - Nursing Home Administrator

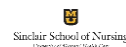


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STAFFING DOMAIN

Turnover Measures

- Staff turnover measures are constructed using the daily staffing information submitted through the PBJ system.
- Turnover is identified based on gaps in days worked, allowing the creation of a turnover measure that is defined the same way across all nursing homes and that does not depend on termination dates reported by nursing homes.
- Individuals are identified based on the employee system ID and nursing home identifiers in the PBJ data.



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STAFFING DOMAIN

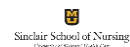
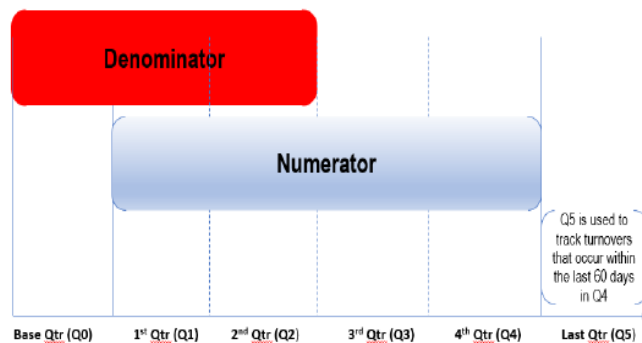
- **Denominator:** The turnover measures include only individuals who work at least 120 hours in a 90-day period across the baseline quarter (the quarter prior to the first quarter used in the turnover calculation) and the first two quarters used in the turnover calculation. This specification excludes individuals who work infrequently (e.g., occasionally covering shifts at a nursing home). Note that both regular employees and agency staff are included in the turnover measure if they work sufficient hours to be eligible for the denominator.
- **Numerator:** Individuals who no longer work at the nursing home are defined as eligible individuals who have a period of at least 60 consecutive days in which they do not work at all. The 60-day gap must start during the period covered by the turnover measure. This lengthy period without any reported work hours suggests that the individual is no longer working at the nursing home.



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STAFFING DOMAIN

Figure 1: Time Period Used for Calculating Turnover Measures



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STAFFING DOMAIN

- Exclusions: Several types of nursing-home level exclusion criteria are applied:
 - Nursing homes that failed to submit staffing data or submitted data that are considered invalid (using the current exclusion rules for the staffing domain) for one or more of the quarters used to calculate the turnover measures are excluded
 - if a nursing home has no resident census information (derived from MDS assessments and needed for the calculation of staffing levels)
 - Nursing homes that failed an audit of the PBJ staffing data for one of the covered quarters are excluded

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STAFFING DOMAIN

Scoring Rules for the Staffing Measures

- Points are assigned to each of the six staffing measures
- For the staffing level measures, more points are assigned for higher case-mix adjusted staffing levels
- For the turnover measures, more points are assigned for lower turnover.
- Then there are weights for the measures.

 **QIPMO**
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STAFFING DOMAIN

case-mix adjusted total nurse staffing and case-mix adjusted RN staffing	a maximum of 100 points is assigned. Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the lowest decile receive 10 points. Points are increased in 10- point increments so that nursing homes in the highest decile receive 100 points.
case-mix adjusted total nurse staffing on the weekends	a maximum of 50 points is assigned. Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the lowest decile receive 5 points. Points are increased in 5-point increments so that nursing homes in the highest decile receive 50 points.
total nurse turnover and RN turnover	a maximum of 50 points is assigned. Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the decile with the highest turnover receive 5 points. Points are increased in 5-point increments so that nursing homes in the decile with the lowest turnover receive 50 points.
administrator turnover	a maximum of 30 points is assigned. Nursing homes with no administrator departures during the measurement period receive 30 points; nursing homes with one administrator departure receive 25 points; and nursing homes with two or more administrator departures during the annual measurement period receive 10 points.

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Table A2. Ranges for Point Values for Staffing Measures¹

Staffing Measure	Points	Min	Max
Adjusted RN Staffing (Hours per Resident per Day)	100	1.298	Or higher
	90	0.992	1.297
	80	0.819	0.991
	70	0.692	0.818
	60	0.591	0.691
	50	0.505	0.590
	40	0.426	0.504
	30	0.352	0.425
	20	0.261	0.351
	10	0.000	0.260
Adjusted Total Nurse Staffing (Hours per Resident per Day)	100	4.954	Or higher
	90	4.429	4.953
	80	4.105	4.428
	70	3.869	4.104
	60	3.653	3.868
	50	3.445	3.652
	40	3.248	3.444
	30	3.030	3.247
	20	2.747	3.029
	10	0.000	2.746
Adjusted Total Nurse Staffing on weekends (Hours per Resident per Day)	50	4.328	Or higher
	45	3.896	4.327
	40	3.623	3.895
	35	3.382	3.622
	30	3.174	3.381
	25	2.985	3.173
	20	2.810	2.984
	15	2.613	2.809
	10	2.350	2.612
	5	0.000	2.349

Part 1

Illinois Board of Nursing
ILLINOIS

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Staffing Measure	Points	Min	Max
RN Turnover (%)	50	0.000	24.528
	45	24.529	33.108
	40	33.109	39.623
	35	39.624	45.161
	30	45.162	49.123
	25	49.124	56.977
	20	56.978	62.963
	15	62.964	71.053
	10	71.054	81.081
	5	81.082	100.000
Total Nurse Turnover (%)	50	0.000	34.416
	45	34.417	40.594
	40	40.595	44.848
	35	44.849	48.696
	30	48.697	52.353
	25	52.354	56.391
	20	56.392	60.699
	15	60.700	65.741
	10	65.742	72.678
Number of Administrator Departures	30	0	0
	25	1	1
	10	2	Or more

⁴For all measures except for Number of Administrator Departures, these cut points are based on the national distribution of data through 2022Q1. For the staffing level measures, the cut points are based on deciles of case-mix adjusted staffing for 2022Q1. For the total nurse and RN turnover measures, these cut points are based on the national distribution of turnover for calendar year 2021. As described in the specifications for the turnover measures in this document, data from 2022Q1 is used to identify staff that left the nursing home during the last Partner quarter of 2021.

Nursing
100%

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STAFFING DOMAIN

- Once points are assigned for each of the six staffing measures, these points are summed to provide a total staffing score for each nursing home.
- There is a maximum of 380 possible points.
- No staffing rating is assigned to nursing homes with reported nurse staffing levels for the quarter that are considered invalid according to the staffing level exclusion rules described previously.
- However, if a nursing home has valid data for the nurse staffing level measures but is missing one or more of the turnover measures, a rating will be assigned based on the staffing level measures and any available turnover measures.
- These nursing homes will have a maximum possible score of less than 380 points; thus, their staffing score is rescaled according to the following formula....



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STAFFING DOMAIN

Table 3

Point Ranges for the Staffing Rating (maximum possible score = 380 points)

1 star	2 stars	3 stars	4 stars	5 stars
< 155	155 - 204	205 - 254	255 - 319	320 - 380

Note: These cut points are applied after any necessary rescaling of the staffing score to have a maximum possible value of 380 points. The rescaled score is rounded to the nearest integer. Cut points for each of the six measures that contribute to the total staffing Score are shown in Appendix Table A2.



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How It Works...

1. We take the 6 measures and find the corresponding data for each
2. Find the corresponding points for each data set on the tables
3. Add all 6 points.
4. Find our staffing rating on the point range table.
5. And then we analyze how to get our numbers up using the data....



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STAFFING DOMAIN

Analyze the Data

PUT YOUR EFFORTS INTO THE AREA THAT WILL CAUSE THE BIGGEST IMPACT WITH THE LEAST AMOUNT OF WORK/MONEY



STAFFING DOMAIN

- Example...
- Adjusted RN Staffing is .372 Adjusted
- Total nursing is 3.12
- Adjusted Nursing on Weekend is 3.172
- Just by looking at the points table, which would be the easiest to move point wise?



STAFFING DOMAIN

Table A2. Ranges for Point Values for Staffing Measures¹

Staffing Measure	Points	Min	Max
Adjusted RN Staffing (Hours per Resident per Day)	100	1.298	Or higher
	90	0.992	1.297
	80	0.819	0.991
	70	0.692	0.818
	60	0.591	0.691
	50	0.505	0.590
	40	0.426	0.504
	30	0.352	0.425
	20	0.261	0.351
	10	0.000	0.260
	Adjusted Total Nurse Staffing (Hours per Resident per Day)	100	4.954
90		4.429	4.953
80		4.105	4.428
70		3.869	4.104
60		3.653	3.868
50		3.445	3.652
40		3.248	3.444
30		3.030	3.247
20		2.747	3.029
10		0.000	2.746
Adjusted Total Nurse Staffing on weekends (Hours per Resident per Day)		50	4.328
	45	3.896	4.327
	40	3.623	3.895
	35	3.382	3.622
	30	3.174	3.381
	25	2.985	3.173
	20	2.810	2.984
	15	2.613	2.809
	10	2.350	2.612
	5	0.000	2.349

3.72

3.12

3.172

Example Answer:
Adjusted (Case mix) Weekend points table is 2.985 through 3.173 for 25 points.

We are at 3.172.
Bringing it up .002 would give us 30 points on the chart.

Focusing on our weekend staffing (all nursing) would be the easiest to impact.



STAFFING DOMAIN

Staffing rating changes:

- PBJ staffing data are reported quarterly, so new staffing measures and ratings are calculated and posted quarterly. Changes in a nursing home's staffing measure or rating may be due to differences in the number of hours submitted for staff, changes in the daily census, changes in resident case-mix from the previous quarter, or changes in staff turnover. Additionally, the audit process may lead to a change in the staffing rating for a facility.

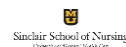


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WHAT'S COMING? PDPM CMI

- Updated Case-Mix Adjustment Methodology for Staffing Level Measures (**Effective July 2024**)
- The case-mix values for each nursing home are based on the daily distribution of residents by PDPM nursing CMG in the quarter covered by the PBJ reported staffing and CMIs for the corresponding nursing CMGs.

Case-mix hours (total nursing, RN, or weekend) per resident day = facility nursing CMI ratio × national mean of reported hours per resident day



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NUMBER OF RESIDENTS IN EACH PDPM NURSING CMG

- 1) Identify the reporting period (quarter) for which the PDPM groupings will be collected (e.g., CY 2023 Q4: October 1–December 31, 2023).
- 2) Extract MDS assessment data (including PDPM Nursing CMGs) for all residents of a facility beginning one year prior to the reporting period to identify all residents that may reside in the nursing home (i.e., any resident with an MDS assessment may still reside in the nursing home). For example, for the CY 2023 Q4 reporting period, MDS data from October 1, 2022, through December 31, 2023, were extracted.
- 3) Identify discharged/deceased residents using the following criteria:
 - a) If a resident has an MDS Discharge assessment or Death in Facility tracking record, use the date reported on that assessment and assume that the resident no longer resides in the nursing home as of the date of discharge/death on the last assessment. In the case of discharges, if there is a subsequent admission assessment, then assume that the resident re-entered the nursing home on the entry date indicated on the admission assessment.
 - b) For any resident with an interval of 150 days or more with no MDS assessments, assume the resident no longer resides in the nursing home as of the 150th day from the last assessment. (This assumption is based on the requirement for facilities to complete MDS assessments on all residents at least quarterly). If no assessment is present, it is assumed the resident was discharged, but the nursing home did not transmit a Discharge assessment.



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Table A4
PDPM Nursing Case-Mix Indexes by Nursing CMG

Nursing CMG	Nursing CMI
ES3	3.84
ES2	2.90
ES1	2.77
HDE2	2.27
HDE1	1.88
HBC2	2.12
HBC1	1.76
LDE2	1.97
LDE1	1.64
LBC2	1.63
LBC1	1.35
CDE2	1.77
CDE1	1.53
CBC2	1.47
CA2	1.03
CBC1	1.27
CA1	0.89
BAB2	0.98
BAB1	0.94
PDE2	1.48
PDE1	1.39
PBC2	1.15
PA2	0.67
PBC1	1.07
PA1	0.62



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QUALITY MEASURE DOMAIN



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QUALITY MEASURE DOMAIN

Performance on 15 QM's

9 long-stay measures

6 short-stay measures

Short-stay is less or equal to 100 days

Long-stay is greater than 100 days



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QUALITY MEASURE DOMAIN

LONG STAY MEASURES

MDS BASED

- *Percentage of long-stay residents whose need for help with daily activities has increased*
- *Percentage of long-stay residents whose ability to move independently worsened**
- *Percentage of long-stay high-risk residents with pressure ulcers**
- Percentage of long-stay residents who have or had a catheter inserted and left in their bladder*
- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of long-stay residents who got an antipsychotic medication



LONG STAY MEASURES

CLAIMS BASED

- Number of hospitalizations per 1,000 long-stay resident days
- Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days



QUALITY MEASURE DOMAIN

SHORT STAY MEASURES

MDS BASED

- *Percentage of short-stay residents who improved in their ability to move around on their own**
- Percentage of Skilled Nursing Facility (SNF) residents with pressure ulcers/pressure injuries that are new or worsened
- Percentage of short-stay residents who got antipsychotic medication for the first time



SHORT STAY MEASURES

CLAIMS BASED

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
- Percentage of short-stay residents who have had an outpatient emergency department (ED) visit
- Rate of successful return to home and community from a SNF



Scoring Rules for the Individual QMs:

Two different sets of weights are used for assigning QM points to individual QMs. Some measures have a maximum score of 150 points while the maximum number of points for other measures is 100.



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QUALITY MEASURE DOMAIN

- Scoring Rules for the Individual QMs
- For all* MDS based measures, points are calculated based on performance relative to the **national distribution of the measure** for a four-quarter average.
- *Short Stay New/Worsened Pressure Ulcer does not report quarterly but uses a full year of data.
- For all claims-based measures, points are calculated based on relative national performance, but use a full year of data.
- Two different sets of weights are used for assigning QM points to individual QMs.
- 4 MDS based measures and all 5 claims-based measures have a maximum score of 150 points
- 6 MDS based measures have a maximum score of 100 points
- For measures that have a maximum score of 150 points, the points are determined based on deciles.
- Quintiles are used for measures that have a maximum score of 100 points.



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QUALITY MEASURE DOMAIN

The better you do
on a particular
measure, the more
points you get.

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QUALITY MEASURE DOMAIN

Table 5

Point Ranges for the QM Ratings (as of October 2022)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–483	144–491	299–975
★★	484–581	492–588	976–1,170
★★★	582–663	589–678	1,171–1,342
★★★★	664–755	679–766	1,343–1,522
★★★★★	756–1,150	767–1,150	1,523–2,300

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)

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Long-Stay Quality Measures that are Included in the QM Rating

	Provider 111111					Rating Points	VA 4Q avg	US 4Q avg
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg			
MDS Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	3.0%	1.4%	1.4%	3.9%	2.4%	80	3.5%	3.4%
Percentage of high-risk residents with pressure sores	3.9%	5.3%	5.2%	7.7%	5.6%	80	7.6%	7.3%
Percentage of residents with a urinary tract infection	1.5%	1.4%	2.7%	1.3%	1.7%	60	3.2%	2.6%
Percentage of residents with a catheter inserted and left in their bladder ¹	9.6%	9.1%	7.5%	4.9%	7.7%	20	1.3%	1.8%
Percentage of residents whose need for help with daily activities has increased	15.3%	20.3%	8.1%	12.3%	14.0%	90	15.5%	14.5%
Percentage of residents who received an antipsychotic medication	4.5%	9.6%	12.2%	14.3%	10.3%	105	14.2%	14.3%
Percentage of residents whose ability to move independently worsened ¹	39.2%	31.3%	20.5%	26.0%	29.1%	15	19.7%	17.1%

¹These measures are risk adjusted.
²This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare.

	Provider 111111			Rating Points	VA Risk-Adjusted Rate	US Risk-Adjusted Rate
	Observed Rate ¹	Expected Rate ²	Risk-Adjusted Rate ³			
Claims-Based Long-Stay Measures						
<i>Lower rates are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.</i>						
Number of hospitalizations per 1,000 long-stay resident days ¹	0.92	2.05	0.77	150	1.51	1.735
Number of emergency department visits per 1,000 long-stay resident days ¹	0.37	2.30	0.23	150	0.94	1.436

¹These measures are risk adjusted.
²This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on NHC.
³The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) * US observed rate. Only the risk-adjusted rate will appear on NHC.

Total Long-Stay Quality Measure Score	750
Long-Stay Quality Measure Star Rating	*****

Preview Report

Short-Stay Quality Measures that are Included in the QM Rating

	Provider 111111				Rating Points	VA 4Q avg	US 4Q avg
	2019Q1	2019Q2	2019Q3	2019Q4			
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents who made improvements in function ¹	57.8%	57.7%	50.8%	50.5%	54.6%	30	68.2%
<i>Lower percentages are better.</i>							
Percentage of residents who newly received an antipsychotic medication	1.4%	1.1%	0.5%	1.2%	1.1%	60	1.7%
Percentage of SNF residents with pressure ulcers that are new or worsened ¹	NR	NR	NR	NR	0.0%	100	1.4%

NR = Not Reported. This measure is not calculated for individual quarters.

	Provider 111111			Rating Points	VA Risk-Adjusted Rate	US Risk-Adjusted Rate
	Observed Rate ¹	Expected Rate ²	Risk-Adjusted Rate ³			
Claims-Based Short-Stay Measures						
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.</i>						
Rate of successful return to home and community from a SNF ¹	55.0%	NR	62.0%	135	55.8%	49.2%
<i>Lower percentages are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission ¹	23.0%	23.1%	22.4%	90	21.1%	22.6%
Percentage of residents who had an outpatient emergency department visit ¹	9.8%	9.7%	10.3%	75	11.0%	10.6%

¹These measures are risk adjusted.
²This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on NHC.
³The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility. For successful community discharge, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate and is related to an risk-standardized rate. For rehospitalization and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate. Only the risk-adjusted or risk-standardized rate will appear on NHC.
⁴For this measure, this value is the National Benchmark, rather than the national average of the risk-adjusted rate.
 NR = Not Reported. The expected rate is not reported for this measure.

Unadjusted Short-Stay Quality Measure Score	480
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score ¹ 1150/800)	704
Short-Stay Quality Measure Star Rating	****
Total Quality Measure Score ²	1454
Overall Quality Measure Star Rating	****

¹An adjustment factor of 1150/800 is applied to the unadjusted total short-stay score to allow the long- and short-stay QMs to count equally in the total QM score.
²The total quality measure score is the sum of the total long-stay score and the total short-stay score. If a provider has only a long-stay score or only a short-stay score, then no total score is calculated and their overall QM rating is the same as the long-stay or short-stay QM rating, depending on which is available.

QUALITY MEASURE DOMAIN

Table A3
 Ranges for Point Values for Quality Measures, Using Four Quarter Average Distributions¹

Quality Measure	For QM values ...		Number of QM points is...
	Between...	And...	
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened (short-stay)	0.0000	0.0000	100
	0.0001	0.0219	80
	0.0220	0.0395	60
	0.0396	0.0647	40
	0.0648	1.0000	20
Rate of successful return to home and community from a SNF (short-stay)	0.6336	1.0000	150
	0.5976	0.6335	135
	0.5697	0.5975	120
	0.5453	0.5696	105
	0.5173	0.5452	90
	0.4917	0.5172	75
	0.4609	0.4916	60
	0.4262	0.4608	45
	0.3763	0.4261	30
	0.0000	0.3762	15

% of SNF Residents with PU/PI
 QM is 3.96
 $3.96/100=0.0396$
 QM Points=40



Rate of successful return to home and community from a SNF ¹	55.0%	NR	62.0%	135
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QUALITY MEASURE DOMAIN

	Provider 111111					VA	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	Rating Points	4Q avg
MDS Long-Stay Measures							
<i>Lower percentages are better.</i>							
Percentage of residents experiencing one or more falls with major injury	3.0%	1.4%	1.4%	3.9%	2.4%	80	3.5%
Percentage of high-risk residents with pressure sores	3.9%	5.3%	5.2%	7.7%	5.6%	80	7.6%
Percentage of residents with a urinary tract infection	1.5%	1.4%	2.7%	1.3%	1.7%	60	3.2%
Percentage of residents with a catheter inserted and left in their bladder ¹	9.6%	9.1%	7.5%	8.9%	7.7%	20	1.3%
Percentage of residents whose need for help with daily activities has increased	15.3%	20.3%	8.1%	12.3%	14.0%	90	15.5%
Percentage of residents who received an antipsychotic medication	4.5%	9.6%	12.2%	14.3%	10.3%	105	14.2%
Percentage of residents whose ability to move independently worsened ¹	39.2%	31.3%	20.5%	26.0%	29.1%	15	19.7%

Percent of high-risk residents with pressure ulcers (long-stay)	0.0000	0.0377	100
	0.0378	0.0584	80
	0.0585	0.0783	60
	0.0784	0.1057	40
	0.1058	1.0000	20



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QUALITY MEASURE DOMAIN

- Once all scores computed, facility get a star rating for Long Stay, Short stay and Overall QM Rating
- Every six months, the QM thresholds will be increased by half of the average rate of improvement in QM scores. This rebasing is intended to incentivize continuous quality improvement and reduce the need to have larger adjustments to the thresholds in the future.
 - There are 9 LS measures and 6 SS measures. To make LS and SS count equally, they use an adjustment factor for the Short-Stay score...so, each SS measure counts a little more.



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QUALITY MEASURE DOMAIN

Quarterly:

- January
- April
- July
- October

Claims based measures updated twice a year in April and October



QUALITY MEASURE DOMAIN

Medicare > Quality > Nursing home quality improvement > Quality Measures

Nursing home quality improvement

NHQ Spotlight & Announcements

Quality Measures

Minimum Data Set for Nursing Homes and Swing Bed Providers

Resident Assessment Instrument Manual

Minimum Data Set Technical Information

Value-Based Distribution (VBD)

Quality Measures

Now available! Our new [Provider Data Catalog](#) makes it easier for you to search and download our publicly reported data. We've also improved [Medicare's compare sites](#)

What's New

September 21, 2023

Public Reporting Timeline for NHQI Measures Impacted by the MDS 3.0 G-GG Transition

Effective October 1, 2023, MDS Section G: Functional Status will be replaced with Section GG: Functional Abilities and Goals. This transition will significantly impact the specifications of the following Nursing Home Quality Initiative (NHQI) quality measures (QMs):

- Percentage of Residents Who Made Improvements in Function (Short Stay)
- Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
- Percent of Residents Whose Ability to Move Independently Worsened (Long Stay)
- Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
- Percent of Low-Risk Residents Who Lose Co



Downloads

[MDS-3.0-QM-USER'S-MANUAL-v16.0.pdf \(PDF\)](#)

[User-Manuals-Updated10-19-2020 \(ZIP\)](#)

[Quality-Measure-Identification-Number-by-CMS-Reporting-Module-Table-V1.8.pdf \(PDF\)](#)



- Each 5 Star QM has technical specifications that can be in one of several manuals, found on CMS website
- MDS accuracy for the numerator, denominator, and risk-adjustments for MDS and claims-based measures is crucial for accurate representation.
- The MDS based QM star rating uses an average of 4 quarters of data.
- New/worsened pressure ulcers uses a year of data consistent with other SNF-QRP QMs
- The claims-based measures use a year of data and are updated quarterly.
- There are many MDS items used to risk adjust the claims-based QMs.
- It is a critical skill to be able to read and correctly interpret the logical specifications of a measure. You can't use data until you understand its relevance.



QUALITY MEASURE DOMAIN



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OVERALL RATING

Based on the star ratings for the health inspection domain, the staffing domain and the quality measure domain, CMS assigns the overall Five-Star rating in three steps:

Step 1: Start with the health inspection rating.

Step 2: Add one star to the Step 1 result if the staffing rating is five stars; subtract one star if the staffing rating is one star.

Step 3: Add one star to the Step 2 result if the quality measure rating is five stars; subtract one star if the quality measure rating is one star.



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SPECIAL FOCUS FACILITIES

Nursing homes that are current participants in the Special Focus Facility (SFF) program will not be assigned overall ratings or ratings in any domain. A yellow warning sign is displayed instead of the overall rating and “Not Available” is displayed in place of the ratings for all other domains.



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FIVE STAR STRATEGY



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POTENTIAL FINANCIAL IMPLICATIONS

- Overall rating may impact the number of referral sources and admissions to facility
- Some Medicare Advantage programs look at Five Star rating when negotiating rates
- Other payer sources may tie payments to various components of Five Star rating
- Cost to staff at a Five Star staffing
- Limits borrowing capability
- Potential buyers may turn away



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IMPLEMENTING A FIVE STAR STRATEGY

- Know what the facility's rating is in each domain and understand how those ratings occurred.
- Become familiar with each domain and how the ratings are calculated in the Five-Star Technical User's Guide.
- Formulate and implement a survey readiness plan.
- Review Quality Measures at least monthly to ensure accuracy.
- Review staffing data to ensure accuracy.
- Be prepared to discuss the facility's star ratings—both the positive and negative—along with what the facility implemented to correct any issues.
- Have a robust and effective QAPI Program



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RESOURCES

- Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide September 2023 <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/usersguide.pdf>
- Quality Measures <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>
- Staffing Data Submission Payroll Based Journal (PBJ) <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/staffing-data-submission-pbj>
- Provider Data Catalog <https://data.cms.gov/provider-data/>
- CMS QCOR https://qcor.cms.gov/index_new.jsp
- Care Compare <https://www.medicare.gov/care-compare/>



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THANK YOU!!



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