Affinity Health Services
Senior Community Management and Consulting Advisors

The Impact of Quality Measures on 5 Star
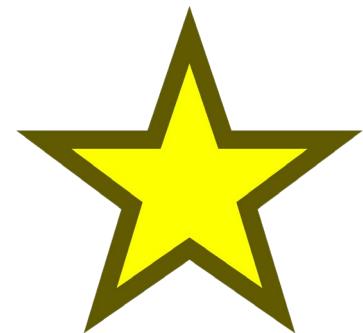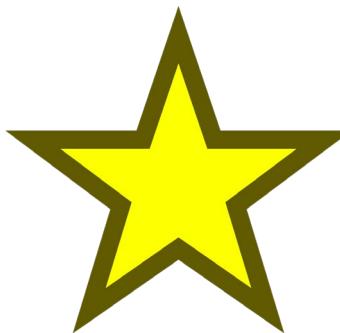
Your QM Five Star Hosts

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Objectives

- Understand the three components of the Five Star Rating
- Identify the impact of Quality Measures on the Star Rating
- Understand how these Quality Measures are scored
- Assess strategies to monitor and manage the Quality Measures

Background

In December 2008, The Centers for Medicare & Medicaid Services (CMS) enhanced its *Nursing Home Compare* public reporting site to include a set of quality ratings for each nursing home that participates in Medicare or Medicaid.

The ratings take the form of several "star" ratings for each nursing home.

The primary goal of this rating system is to provide residents and their families with an easy way to understand assessment of nursing home quality, making meaningful distinctions between high and low performing nursing homes.

Care Compare Website- Find Healthcare Providers: Compare Care Near You | Medicare

Why Five Star Is Important

A new study from the National Bureau of Economic Research found that patients who go to skilled-nursing facilities with higher star ratings have lower mortality rates, spend fewer days in the nursing home and have fewer hospital readmissions

Referrals

Quality of care

Adequate staffing

Reputation

Five Star Rating System

The Nursing Five Star Quality Reporting System rates each nursing home between 1 and 5 stars.

There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information.

Five Star Calculation

1. **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.

   - All deficiency findings are weighted by scope and severity.

   - The health inspections rating also takes into account the number of revisits required to ensure that deficiencies identified during health inspection surveys have been corrected.

Five Star Calculation

2. **Staffing - Measures based on nursing home staffing levels and staff turnover:**

Ratings for the staffing domain is based on six measures:

- Three nurse staffing level measures (hours per resident per day)

- Three measures of staff turnover.

- The staffing measures are derived from data submitted each quarter through the Payroll-Based Journal(PBJ) System, along with daily resident census derived from Minimum Data Set, Version 3.0 (MDS 3.0) assessments.

- The nurse staffing level measures are case-mix adjusted based on the distribution of MDS 3.0 assessments by Resource Utilization Groups, version IV (RUG-IV groups) and cover a single quarter.

- The turnover measures use six consecutive quarters of PBJ data to define annual turnover for nursing staff and administrators.

Five Star Calculation

3. **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.

- Not all the quality measures that are reported on Care Compare are included in the rating calculations.

Quality Measure Domain

MDS 3.0 Quality Measures

USER'S MANUAL

(v16.0)

Effective October 1, 2023

Data is pulled from:
- MDS
- Claims

15 QM's Measures
- 9 Long stay
- 6 Short Stay

Definitions

Episode- A period of time spanning one or more stays. An episode begins with an admission and ends with either a discharge, or the end of the target period, whichever comes first.

Cumulative days in facility (CDIF)- The total number of days within an episode during which the resident was in the facility.

Short stay-An episode with CDIF less than or equal to 100 days as of the end of the target period. Short stays may include one or more interruptions.

Long stay- An episode with CDIF greater than or equal to 101 days as of the end of the target period. Long stays may include one or more interruptions.

Long Stay MDS Measures

Percentage of long-stay residents whose need for help with daily activities has increased

Percentage of long-stay residents whose ability to ~~move~~ walk 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 Claims Based Measures

- Number of hospitalizations per 1,000 long-stay resident days

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

Short Stay MDS Measures

- Percentage of short-stay residents who improved in their ability to move around on their own -   NEW SNF Discharge Function Score measure

- Percentage of 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 Claims Based Measures
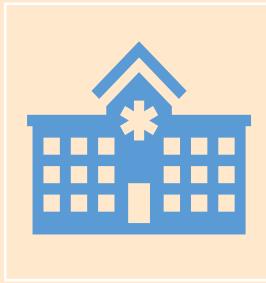
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission

- 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/Points

QM SCORING ON THE CARE COMPARE SITE IS THE AVERAGE OF THE POSTED 4 QUARTERS
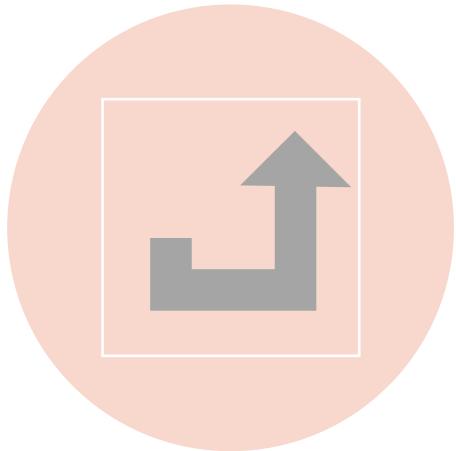
POINTS ARE ASSIGNED TO EACH QM BASED ON THE 4 QUARTER AVERAGE.

PERCENTAGE IS ALSO DISPLAYED FOR THE STATE AND NATIONAL AVERAGES ON THE CARE COMPARE REPORT

Long Stay MDS Based Measures – The Details

MDS Section GG – Functional Abilities

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by themself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

Percentage of residents whose ability to ~~move~~ walk independently worsened

- This measure reports the percent of long-stay residents who experienced a decline in independence of locomotion during the target period.

- MDS Section: GG01701

I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 88 → Skip to GG0170Q5, Does the resident use a wheelchair and/or scooter?

Long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in locomotion when comparing their target assessment with the prior assessment. Decline identified by:

- Recoding all values (GG0170I = [07, 09, 10, 88]) to (GG0170I = [01]).

- A decrease of one or more points on the "Walk 10 feet" item between the target assessment and prior assessment (GG0170I on target assessment – GG0170I on prior assessment ≤ -1).

Percent of Residents Whose Ability to ~~Move~~ Walk Independently Worsened- *Exclusions*

Residents satisfying any of the following conditions:

1. Comatose or missing data on comatose B0100 on the prior assessment.

2. Prognosis of less than 6 months at the prior assessment as indicated by:
   - Prognosis of less than six months of life J1400
   - Hospice use O0110K1b
   - Neither indicator for being end-of-life at the prior assessment and a missing value on either indicator (J1400 = [-] or O0110K1b = [-]).

3. Resident dependent or activity was not attempted during locomotion on prior assessment (GG0170I = [01, 07, 09, 10, 88]).

4. Missing data on locomotion on target or prior assessment

5. Prior assessment is a discharge with or without return anticipated

6. No prior assessment is available to assess prior function.

7. Prior or target assessment dates before 10/01/2023.

Percentage of residents whose ability to ~~Move~~ Walk independently worsened- *Scoring*

Quality Measure	For QM values ...		Number of QM points is...
	Between...	And...	
Percentage of residents whose ability to move independently worsened (long-stay)	0.0000	0.0821	150
	0.0822	0.1121	135
	0.1122	0.1350	120
	0.1351	0.1568	105
	0.1569	0.1760	90
	0.1761	0.1955	75
	0.1956	0.2153	60
	0.2154	0.2394	45
	0.2395	0.2747	30
	0.2748	1.0000	15

Percentage of residents whose ability to ~~Move~~ Walk independently worsened- *Monitoring*

Certification And Survey Provider Enhanced Reports (CASPER):iQIES Onboarding Guide | QIES Technical Support Office (cms.gov)	Internal ADL audits/ Reports	Restorative and/or Therapy Intervention	ADL Training	Monitoring accuracy and compliance

Percentage of residents whose need for help with daily activities has increased

B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.

D. **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.

A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

F. **Toilet transfer:** The ability to get on and off a toilet or commode.

- This measure reports the percentage of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.

- Late loss ADLs
  - Sit to Lying GG0170B
  - Sit to Stand GG0170D
  - Eating GG0130A
  - Toilet Transfer GG0170F

Percentage of residents whose need for help with daily activities has increased

- An increase in need for help is defined as a decrease in two or more coding points in one late-loss ADL item *or* one point decrease in coding points in two or more late-loss ADL items

Residents meet the definition of increased need of help with late-loss ADLs if *either* of the following are true: [17]

1. *At least one* of the following is true:

   1.1 Sit to Lying: [Level at target assessment (GG0170B) - Level at prior assessment (GG0170B)] < [-1], *or*

   1.2 Sit to Stand: [Level at target assessment (GG0170D) - Level at prior assessment (GG0170D)] < [-1], *or*

   1.3 Eating: [Level at target assessment (GG0130A) - Level at prior assessment (GG0130A)] < [-1], *or*

   1.4 Toilet Transfer: [Level at target assessment (GG0170F) - Level at prior assessment (GG0170F)] < [-1].

2. *At least two* of the following are true:

   2.1 Sit to Lying: [Level at target assessment (GG0170B) - Level at prior assessment GG0170B)] < [0], *or*

   2.2 Sit to Stand: [Level at target assessment (GG0170D) - Level at prior assessment (GG0170D)] < [0], *or*

   2.3 Eating: [Level at target assessment (GG0130A) - Level at prior assessment (GG0130A)] < [0], *or*

   2.4 Toilet Transfer: [Level at target assessment (GG0170F) - Level at prior assessment (GG0170F)] < [0].

Percentage of residents whose need for help with daily activities has increased- *Exclusions*

All four of the late-loss ADL items indicate total dependence or three of the late loss ADLs indicate total dependence and the fourth indicates substantial/maximal assistance on the prior assessment

All four of the late loss ADL items are coded as did not occur or only occurred once or twice

Comatose

Prognosis of life expectancy less than 6 months

Hospice care

Resident is not in the numerator and late loss ADL is dashed

Percentage of residents whose need for help with daily activities has increased (long-stay)	0.0000	0.0
	0.0720	0.0
	0.0957	0.1
	0.1142	0.1
	0.1297	0.1
	0.1442	0.1
	0.1590	0.1
	0.1760	0.1
	0.1979	0.2
	0.2324	1.0

Percentage of residents whose need for help with daily activities has increased- *Scoring*

Percentage of residents whose need for help with daily activities has increased

Monitoring

Certification And Survey Provider Enhanced Reports (CASPER):iQIES Onboarding Guide | QIES Technical Support Office (cms.gov)

Internal ADL audits/ Reports

Restorative and or Therapy Intervention

ADL Training

Monitoring accuracy and compliance

Percentage of ~~high-risk~~ residents with pressure ulcers

This measure captures the percentage of long-stay, ~~high-risk~~ residents with Stage II-IV or unstageable pressure ulcers.

Residents at high risk for pressure ulcers are those who are impaired in bed **mobility** or **transfer**, who are **comatose**, or who suffer from **malnutrition**.

MDS Section M

B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

Enter Number ▢

1. **Number of Stage 2 pressure ulcers -** If 0 → Skip to M0300C, Stage 3

Enter Number ▢

2. **Number of _these_ Stage 2 pressure ulcers that were present upon admission/entry or reentry -** enter how many were noted at the time of admission/entry or reentry

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

Enter Number ▢

1. **Number of Stage 3 pressure ulcers -** If 0 → Skip to M0300D, Stage 4

Enter Number ▢

2. **Number of _these_ Stage 3 pressure ulcers that were present upon admission/entry or reentry -** enter how many were noted at the time of admission/entry or reentry

D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

Enter Number ▢

1. **Number of Stage 4 pressure ulcers -** If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device

Enter Number ▢

2. **Number of _these_ Stage 4 pressure ulcers that were present upon admission/entry or reentry -** enter how many were noted at the time of admission/entry or reentry

E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device

Enter Number ▢

1. **Number of unstageable pressure ulcers/injuries due to non-removable dressing/device -** If 0 → Skip to M0300F, Unstageable - Slough and/or eschar

Enter Number ▢

2. **Number of _these_ unstageable pressure ulcers/injuries that were present upon admission/entry or reentry -** enter how many were noted at the time of admission/entry or reentry

F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar

Enter Number ▢

1. **Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar -** If 0 → Skip to M0300G, Unstageable - Deep tissue injury

Enter Number ▢

2. **Number of _these_ unstageable pressure ulcers that were present upon admission/entry or reentry -** enter how many were noted at the time of admission/entry or reentry

G. Unstageable - Deep tissue injury:

Enter Number ▢

1. **Number of unstageable pressure injuries presenting as deep tissue injury -** If 0 → Skip to M1030, Number of Venous and Arterial Ulcers

Enter Number ▢

2. **Number of _these_ unstageable pressure injuries that were present upon admission/entry or reentry -** enter how many were noted at the time of admission/entry or reentry

Pressure Ulcer – Scoring & Monitoring

Percentage 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

📊 Data Reported on Casper Report

✅ Braden and Braden Sub Scale

👥 Weekly Risk Meeting

- This measure reports the percentage of residents who have had an indwelling catheter in the last seven days.

- MDS Section H:

H0100: Appliances

H0100. Appliances	
↓ Check all that apply	
☐	A. **Indwelling catheter** (including suprapubic catheter and nephrostomy tube)

Percentage of residents who have/had a catheter inserted and left in their bladder – Coding & *Exclusions*

- *Exclusions:*
  - I1550 Neurogenic Bladder (= 1 or -)
  - I1650 Obstructive Uropathy (= 1 or -)

Data Reported on CASPER

Percentage of residents who have/had a catheter inserted and left in their bladder- *Scoring & Monitoring*

- Foley Justification
- Query Physician if diagnosis is Retention
- Process for reviewing new admissions and new Foley orders

Quality Measure	For QM values ...		Number of QM points is...
	Between...	And...	
Percentage of residents who have/had a catheter inserted and left in their bladder (long-stay)	0.0000	0.0050	100
	0.0051	0.0126	80
	0.0127	0.0217	60
	0.0218	0.0356	40
	0.0357	1.0000	20

Percentage of residents with a urinary tract infection – Coding & *Exclusions*

- This measure reports the percentage of long-stay residents who have had a urinary tract infection within the past 30 days.

- MDS Section: **I2300**

  I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)

- *Exclusion:*
  Target assessment is an Admission assessment or a PPS 5-day
  Urinary tract infection value is missing on the MDS

- Data Reported on Casper

MDS Item I2300 Urinary tract infection (UTI):

UTI has a look-back period of 30 days for active disease instead of 7 days.

Code only if both of the following are met in the last 30 days:

1. It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN, or Loeb in the last 30 days,

    AND

2. A physician documented UTI diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 30 days.

Percentage of residents with a UTI – Scoring & Monitoring

Percentage of residents with a urinary tract infection (long-stay)	0.0000	0.0070	100
	0.0071	0.0160	80
	0.0161	0.0272	60
	0.0273	0.0452	40
	0.0453	1.0000	20

- New Admission chart review
- 24-hour report monitoring
- Casper review
- Education on the RAI manual criteria for capturing UTI on the MDS

Percentage of residents experiencing one or more falls with major injury – Coding & *Exclusions*

- This measure reports the percentage of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period **(one full calendar year).**

- MDS Section: **J1900C**

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent
☐ C. **Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Exclusion: The occurrence of falls was not assessed J1900C (-)

Data Reported on CASPER

Percentage of residents experiencing one or more falls with major injury- *Scoring* & *Managing*

Percentage of residents experiencing one or more falls with major injury (long-stay)	0.0000	0.0134	100
	0.0135	0.0246	80
	0.0247	0.0356	60
	0.0357	0.0514	40
	0.0515	1.0000	20

- Proactive Fall Prevention
- Fall Risk Assessment
- Frailty Assessment
- Therapy Referral
- Comparison of Risk assessment
- Incident review
- Weekly Risk Meeting

Percentage of residents who got an antipsychotic medication

- This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.

- MDS Section: **N0415A1**

N0415. High-Risk Drug Classes: Use and Indication

1. **Is taking**
Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days
2. **Indication noted**
If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply↓	
A. Antipsychotic	☐	☐

- Data Reported on the CASPER Report

Percentage of residents who got an antipsychotic medication- Exclusions

The resident did not qualify for the numerator, and antipsychotic medication is **dashed**

Schizophrenia

Tourette's syndrome

Huntington's disease

I: Active Diagnoses in the Last 7 Days (cont.)

Active Diagnoses in the last 7 days - Check all that apply
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

☐ I5250. Huntington's Disease

☐ I5350. Tourette's Syndrome

☐ I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

Percentage of residents who got an antipsychotic medication- Scoring & Managing

Percentage of residents who got an antipsychotic medication (long-stay)	0.0000	0.0478	150
	0.0479	0.0749	135
	0.0750	0.0960	120
	0.0961	0.1137	105
	0.1138	0.1321	90
	0.1322	0.1508	75
	0.1509	0.1746	60
	0.1747	0.2039	45
	0.2040	0.2538	30
	0.2539	1.0000	15

- New Admission Chart Review
- New orders review
- Accurate Dementia Staging and Treatment
  - Consider Therapy referral and Staff Education
- "Behavior" Management
- Weekly Risk
- Casper Report Review

Long Stay Claims Based Measures

Number of hospitalizations per 1,000 resident days

- This measures the number of unplanned inpatient admissions or outpatient observation stays that occurred among long-stay residents of a nursing home during a one-year period, expressed as the number of unplanned hospitalizations for every 1,000 days that the long-stay residents were admitted to the nursing home.
- This is the Sum of all long-stay days in the target period, divided by 1,000.
  - A long-stay day is any day after a resident's 100th cumulative day in the nursing home

    OR

  - The beginning of the 12-month target period (whichever is later) and until the day of discharge, the day of death, or the end of the 12-month target period (whichever comes first)

Number of hospitalizations per 1,000 resident days-
Exclusions & Risk Adjustment

Exclusion

- Hospice
- Planned Hospitalization

Data Source

- Inpatient Hospital Stay
- MDS

Risk Adjusted with Multiple Covariates

- Table 5 (Covariates Constructed from Claims and Used in the Risk-Adjustment Model for the Number of Hospitalizations per 1,000 Long-Stay Resident Days) in the claims-based manual

Number of hospitalizations per 1,000 resident days-
Scoring & Managing

Quality Measure	For QM values ...		Number of QM points is...
	Between...	And...	
Number of hospitalizations per 1,000 resident days (long-stay)	0.0000	0.8514	150
	0.8515	1.1167	135
	1.1168	1.3112	120
	1.3113	1.4931	105
	1.4932	1.6759	90
	1.6760	1.8622	75
	1.8623	2.0642	60
	2.0643	2.3236	45
	2.3237	2.7286	30
	2.7287	1000.000	15

- Hospital Tracking
- Root Cause
- Education on Conditions and Diagnoses
  - FP Traffic Lights
- Early Identification of Change

Number of outpatient emergency department (ED) visits per 1,000 resident days

This measures the number of outpatient ED visits that occurred among long-stay residents of a nursing home during a one-year period, expressed as the number of outpatient ED visits for every 1,000 days that the long-stay residents were admitted to the nursing home.

The number of visits to an emergency department that did not result in an outpatient observation stay or inpatient hospital stay and occurred while the individual was a long-term nursing home resident.

Includes: All days after the resident's 100th cumulative day in the nursing home or the beginning of the 12-month target period (whichever is later) and until the day of discharge, day of death, or end of the 12-month target period (whichever is earlier)

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

Exclusions

The resident was not a Medicare beneficiary or the resident was enrolled in Medicare managed care during any portion of the stay, i.e. between admission and discharge or the end of the target period (whichever is earlier);

Resident was enrolled in hospice

Resident was not in the nursing home for any reason during the episode, including days admitted to an inpatient facility or other institution, or days temporarily residing in the community

Data Source

Inpatient Medicare Claims

MDS

Number of outpatient emergency department (ED) visits per 1,000 resident days (long-stay)	0.0000	0.3468	150
	0.3469	0.4968	135
	0.4969	0.6214	120
	0.6215	0.7381	105
	0.7382	0.8749	90
	0.8750	1.0265	75
	1.0266	1.2088	60
	1.2089	1.4696	45
	1.4697	1.9080	30
	1.9081	1000.000	15

- Hospital Tracking
- Root Cause
- Education on Conditions and Diagnoses
  - FP Traffic Lights
- Early Identification of Change

Number of outpatient emergency department (ED) visits per 1,000 resident days- Scoring & Managing

Short Stay MDS Based Measures – The Details

Transition from Improvements in Function to SNF Discharge Function Score Measure

In order to reduce provider burden and duplication of measures, as well as to align measures across the NHQI and the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), the NHQI version of the quality measure.
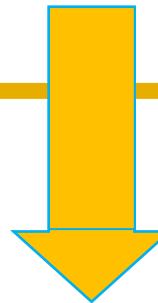
Percent of Residents Who Made Improvements in Function (Short Stay) (CMS ID: N037.03), will be replaced with the SNF Discharge Function Score measure (CMS ID: S042.01) effective October 1, 2023.

<mark>Current</mark> Percentage of residents who improved in their ability to move around on their own

- This measure assesses the percentage of short-stay residents whose independence in three mobility functions (i.e., transfer, locomotion, and walking) increases over the course of the nursing home care episode.

- MDS Sections:
    - Transfer -G0110B1

    > **B. Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)

    - Walk in Corridor- G0110D1

    > **D. Walk in corridor** - how resident walks in corridor on unit

    - Locomotion on Unit- G0110E1

    > **E. Locomotion on unit** - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair

Improvement in noted as a lower total score on discharge assessment in comparison to the 5 day PPS assessment

Performance is calculated as the sum of performance in transfer, locomotion on unit, and walk in corridor.

7's (activity occurred only once or twice) and 8's (activity did not occur) are recoded to 4's (total dependence).

Current - Percentage of residents who improved in their ability to move around on their own- *Exclusions*

Exclusions- Residents satisfying any of the following conditions:

- Comatose (B0100 = [1]) on the 5-day or OBRA Admission assessment.
- Life expectancy of less than 6 months (J1400 = [1]) on the 5-day or OBRA Admission assessment
- Hospice (O0100K2 = [1]) on the 5-day or OBRA Admission assessment
- Information on Transfer: self-performance, walk in corridor: self-performance, or locomotion on unit: self-performance is missing on any of the assessments used to calculate the QM
- Residents with no impairment (sum of G0110B1, G0110D1 and G0110E1 = [0]) on the 5-day or OBRA Admission assessment
- Residents with an unplanned discharge on any assessment during the care episode (A0310G = [2])

Percentage of residents who improved in their ability to move around on their own- Scoring

- Data Reported on the CASPER report

Percentage of residents who improved in their ability to move around (short-stay)	0.8276	1.0000	150
	0.7745	0.8275	135
	0.7365	0.7744	120
	0.7039	0.7364	105
	0.6738	0.7038	90
	0.6428	0.6737	75
	0.6091	0.6427	60
	0.5664	0.6090	45
	0.5015	0.5663	30
	0.0000	0.5014	15

SNF Discharge Function Score (NEW) S042.01

- This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score

The function assessment items used for discharge function score calculations are:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0170A3. Roll left and right
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170I3: Walk 10 Feet*
- GG0170J3: Walk 50 Feet with 2 Turns*
- GG0170R3. Wheel 50 feet with 2 Turns*

To obtain the discharge function score, use the following procedure:

- If code is between 01 and 06, use the code as the value.
- If code is 07, 09, 10, 88, dashed (-), then use statistical imputation to estimate the item value for that item and use this code as the value.
- If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.

Valid codes and their definitions for the discharge function items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Resident refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

SNF Discharge Function Score (NEW) S042.01 - *Exclusions*

The Medicare Part A SNF stay is an incomplete stay

Discharge to acute hospital, psychiatric hospital, long-term care hospital

SNF PPS Part A stay less than 3 days

The resident died during the SNF stay

The Resident had the following conditions at the time of admission
- Coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain

The resident is younger than age 18

The resident is discharged to hospice or received hospice while a resident

The resident did not receive physical or occupational therapy services at the time of admission

SNF Discharge Function Score (NEW) S042.01 - *Managing*

Regular IDT discussion of Usual Performance and reconciliation process at discharge

Internal ADL audits/ Reports

Restorative and or Therapy Intervention

ADL Training

Monitoring accuracy and compliance

Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened

- This measure captures the percentage of short-stay residents with pressure ulcers that are new or whose existing pressure ulcers worsened during their stay in the SNF and includes unstageable ulcers.

- MDS Section-
  - M0300 (B), (C), (D)

The discharge assessment indicated one or more new or worsened Stage 2-4 pressure ulcers compared to admission

B. **Stage 2:** Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

  1. **Number of Stage 2 pressure ulcers** - If 0 → Skip to M0300C, Stage 3

  2. **Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

C. **Stage 3:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

  1. **Number of Stage 3 pressure ulcers** - If 0 → Skip to M0300D, Stage 4

  2. **Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

D. **Stage 4:** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

  1. **Number of Stage 4 pressure ulcers** - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device

  2. **Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry** - enter how many were noted at the time of admission/entry or reentry

Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened - *Exclusions*

Exclusions
- Data on new or worsened Stage 2, 3, and 4 pressure ulcers is missing on Discharge Assessment
- The resident died during the SNF stay

Covariates
- Bed mobility
- Incontinence
- DM/ PVD
- Low BMI

Data Reported in CASPER

Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened – Scoring & Managing

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

- New Admission Chart Review

- Braden upon admission/ Readmission weekly X4

- Braden comparison

- Staging Competency and consistency

- Documentation Accuracy

- Therapy Referral for mobility assessment

Percentage of residents who antipsychotic medication for the first time

- This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but **not on their initial assessment.**

- MDS Section- N0415A1

N0415. High-Risk Drug Classes: Use and Indication

1. **Is taking**
Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days

2. **Indication noted**
If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply↓	
A. Antipsychotic	☐	☐

- Reported in CASPER

Percentage of residents who antipsychotic medication for the first time-*Exclusions*

The resident did not qualify for the numerator, and antipsychotic medication is **dashed**

Schizophrenia

Tourette's syndrome

Huntington's disease

I: Active Diagnoses in the Last 7 Days (cont.)

Active Diagnoses in the last 7 days - Check all that apply
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

☐ | I5250. Huntington's Disease

☐ | I5350. Tourette's Syndrome

☐ | I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

Percentage of residents who antipsychotic medication for the first time- Scoring & Managing

Percentage of residents who got antipsychotic medication for the first time (short-stay)	0.0000	0.0000	100
	0.0001	0.0096	80
	0.0097	0.0168	60
	0.0169	0.0289	40
	0.0290	1.0000	20

- Hospital administration records

- "Behavior" Management

- 24- hour report review

- Med Reconciliation with resident and family/caregivers

- Restart meds prior to 5 Day ARD if missed in Hospital

Short Stay Claims Based Measures

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

This measure reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident was re-admitted to a hospital for an inpatient or observation stay within 30 days of entry or reentry.

This claims-based quality measure was first reported by CMS in April 2016, and integrated into the Five-Star Quality Rating System in July 2016. It reports the percentage of short-stay residents who were re-hospitalized after a nursing home admission. This section describes the specifications and risk-adjustment methodology for this measure.

Residents who entered or reentered the nursing home within 1 day of discharge from inpatient hospitalization and entered or reentered the nursing home within the target 12-month period

Data Source:

Medicare Claims

MDS

Percentage of short-stay residents who were re-hospitalized after a nursing home admission- *Exclusions*

- Not Part A or B Medicare enrolled for the entire risk period
- Hospice
- Comatose
- Missing MDS or claims data

Percentage of short-stay residents who were re-hospitalized after a nursing home admission- Scoring & Managing

Quality Measure	For QM values ...		Number of QM points is...
	Between...	And...	
Percentage of short-stay residents who were re-hospitalized after a nursing home admission (short-stay)	0.0000	0.1500	150
	0.1501	0.1770	135
	0.1771	0.1956	120
	0.1957	0.2115	105
	0.2116	0.2260	90
	0.2261	0.2403	75
	0.2404	0.2557	60
	0.2558	0.2743	45
	0.2744	0.3032	30
	0.3033	1.0000	15

- Tracking and Trending
- Daily skilled assessment
- 24- hour report
- Early Identification of Change
- FP Traffic Lights

Percentage of short-stay residents who have had an outpatient emergency department (ED) visit

This measure reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident had an outpatient ED visit (i.e., an ED visit not resulting in an inpatient hospital admission) within 30 days of entry or reentry.

The short-stay outpatient ED visit measure determines the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident had an outpatient ED visit (i.e., an ED visit not resulting in an inpatient hospital admission) within 30 days of entry or reentry. Note that higher values of the short-stay outpatient ED visit measure indicate worse performance on the measure.

Data Source:

Medicare Claims

MDS

Percentage of short-stay residents who have had an outpatient emergency department (ED) visit- *Exclusions*

The resident did not have fee-for-service parts A and B Medicare enrollment for the entire risk period

The resident was ever enrolled in hospice care during their nursing home stay; OR

The resident was comatose (B0100 =[01]) or missing data on comatose on the first MDS assessment after the start of the stay

Missing MDS or claims data used for numerator or denominator

No initial MDS used in constructing risk adjustment

Percentage of short-stay residents who have had an outpatient emergency department (ED) visit – Scoring & Managing

Percentage of short-stay residents who have had an outpatient emergency department (ED) visit (short-stay)	0.0000	0.0475	150
	0.0476	0.0640	135
	0.0641	0.0768	120
	0.0769	0.0887	105
	0.0888	0.1000	90
	0.1001	0.1124	75
	0.1125	0.1271	60
	0.1272	0.1465	45
	0.1466	0.1759	30

- New Admission Chart Review
- Tracking and Trending
- Daily Skilled Assessment
- Early Identification of Change
- 24-hour shift report
- FP Traffic Lights

Rate of successful return to home and community from a SNF

- This measure reports the rate at which residents returned to home and community with no unplanned hospitalizations and no deaths in the 31 days following discharge from the SNF.

- The measure does not have a simple form for the numerator and denominator—that is, the risk adjustment method does not make the observed number of community discharges the numerator, and a predicted number the denominator.

- The measure numerator is the risk-adjusted estimate of the number of patients/residents who are discharged to the community, do not have an unplanned readmission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window.

- This estimate starts with the observed discharges to community, and is risk-adjusted for patient/resident characteristics and a statistical estimate of the facility effect beyond case mix

Rate of successful return to home and community from a SNF- *Exclusions*

Age under 18 years	No short-term acute care Stay within the 30 days preceding an IRF, SNF, or LTCH admission	Discharges to psychiatric hospital	Discharges against medical advice	Discharges to disaster alternative care sites or federal hospitals	Discharges to court/law enforcement
Patient/ Resident discharged to hospice and those with a hospice benefit in the post discharge observation window	Patients/residents not continuously enrolled in Part A FFS Medicare for the 12 months prior to the post-acute admission date, and at least 31 days after post-acute discharge date	Patients/residents whose prior short-term acute care stay was for non-surgical treatment of cancer	Post-Acute stays that end in transfer to the same level of care	Post-acute stays with claims data that are problematic (e.g., anomalous records for stays that overlap wholly or in part, or are otherwise erroneous or contradictory)	Planned discharges to an acute or LTCH setting
	Medicare Part A benefits exhausted	Patients/residents who received care from a facility located outside of the United States, Puerto Rico or a U.S. territory	Swing Bed Stays in Critical Access Hospitals (SNF setting only)	New exclusion: Residents who had a long-term NF stay in the 180 days preceding their hospitalization and SNF stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization for measure inclusion (i.e., baseline NF residents)	

Rate of successful return to home and community from a SNF- Scoring & Managing

Rate of successful return to home and community from a SNF (short-stay)	0.6495	1.0000	150
	0.6044	0.6494	135
	0.5682	0.6043	120
	0.5332	0.5681	105
	0.4973	0.5331	90
	0.4605	0.4972	75
	0.4198	0.4604	60
	0.3713	0.4197	45
	0.3071	0.3712	30
	0.0000	0.3070	15

- Discharge Planning
- Follow up appointment
- Transportation
- Medication
- Home Health/Outpatient
- Routine follow up calls prior to day 31

Quality Measure Star Rating Scoring

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)

Changing Your QM Rating

Data for the MDS-based QMs and the claims-based hospitalization and ED visit measures are updated quarterly, and the QM rating is updated at the same time.

The updates typically occur in January, April, July, and October at the time of the Care Compare website refresh.

Changes in the quality measures may change the star ratings.

- FACILITY CHARACTERISTICS REPORT
  - Provides facility demographic information and includes comparison state and national percentages for a specified timeframe

- FACILITY LEVEL QUALITY MEASURE REPORT
  - Report shows the facility percentage and how the facility compares with other facilities in their state and in the nation. This report helps facilities identify possible areas for further emphasis in facility quality improvement activities or investigation during the survey process.

- RESIDENT LEVEL QUALITY MEASURE REPORT
  - The MDS 3.0 Resident Level Quality Measure Report identifies the residents (active and discharged) that were included in the calculations for the facility and period that were used to produce the MDS 3.0 Facility Level Quality Measure Report. The report lists the residents by name and indicates the measures, if any, triggered by each.

Summary

Understand the details of what information is included in each quality measure

Review MDS coding accuracy

Frequent monitoring/ education of Section G

Look at your clinical systems and care delivery around the quality measures

New admission Chart Review- Diagnosis

Stand-up

Change in condition notification

Grand rounds

Risk assessments

Weekly QA

- Falls
- Weights
- Restorative
- Skin
- Mood/ Behavior (Monthly reduction Meeting)

ED/ Hospital transfer Reviews

Use CASPER monthly comparison reports to monitor changes

Questions?? Feel free to reach out!

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https://fprehab.com/fp-academy/
Password - academypath

Reference

- Care Compare: [Find Healthcare Providers: Compare Care Near You | Medicare](#)

- Five-Star Quality Rating System: [Five-Star Quality Rating System | CMS](#)

- Five Star Survey Cut Points August 2023: [Five star state level cut point table - Updated August 2023 (cms.gov)](#)

- Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 5.0 October 2023

- Design for *Care Compare* System: Technical Users' Guide September 2023

- MDS 3.0 Quality Measures USER'S MANUAL (v16.0) Effective October 1, 2023

- Payroll-Based Journal (PBJ) Electronic Staffing Data Submission

- Payroll-Based Journal Long-Term Care Facility Policy Manual Version 2.6 June 2022: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Final-V25-11-19-2018.pdf

- QSO-23-21-NH September 20, 2023, Updates to Nursing Home Care Compare Staffing and Quality Measures