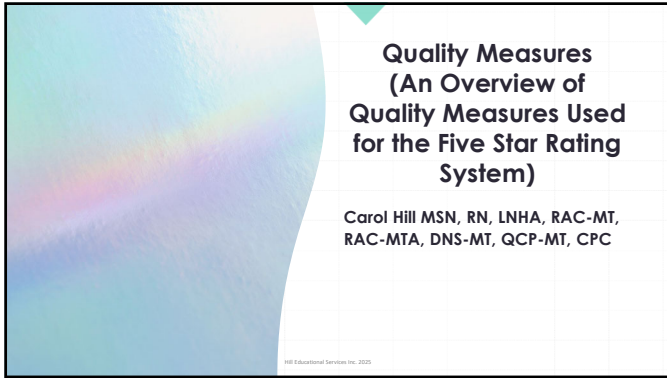
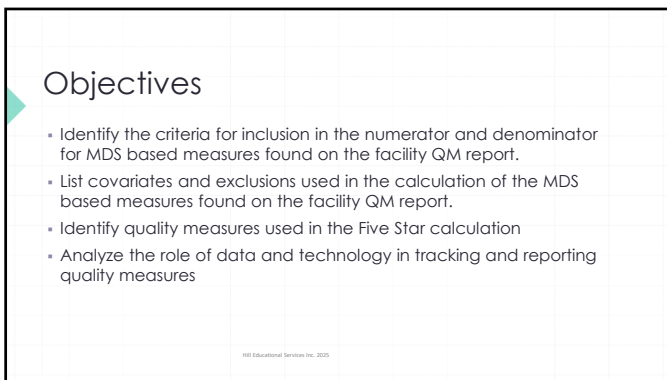




Quality Measures (An Overview of Quality Measures Used for the Five Star Rating System)

Carol Hill MSN, RN, LNHA, RAC-MT,
RAC-MTA, DNS-MT, QCP-MT, CPC

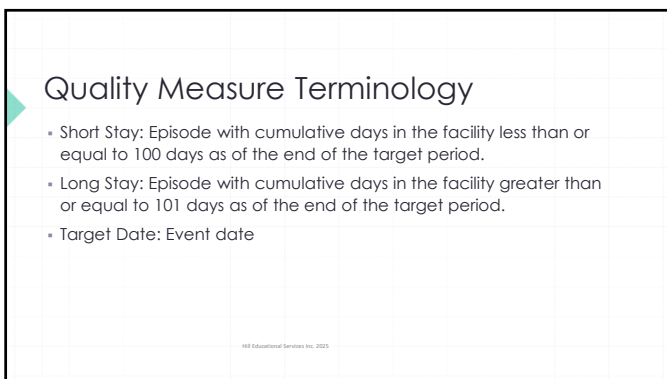
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Objectives

- Identify the criteria for inclusion in the numerator and denominator for MDS based measures found on the facility QM report.
- List covariates and exclusions used in the calculation of the MDS based measures found on the facility QM report.
- Identify quality measures used in the Five Star calculation
- Analyze the role of data and technology in tracking and reporting quality measures

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Quality Measure Terminology

- Short Stay: Episode with cumulative days in the facility less than or equal to 100 days as of the end of the target period.
- Long Stay: Episode with cumulative days in the facility greater than or equal to 101 days as of the end of the target period.
- Target Date: Event date

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Frozen Measures

- Percent of Skilled Nursing Facility (SNF) Residents Who Are At or Above an Expected Ability to Care for Themselves and Move Around at Discharge will replace Percentage of Residents Who Made Improvement in Function (short-stay)
- Percentage of Residents Whose Need for Help with Activities of Daily Living Has Increased (long-stay) will be respecified
- Percentage of Residents Whose Ability to Walk Independently Worsened (long-stay) will be respecified
- Percentage of Residents with Pressure Ulcers will replace Percentage of High-Risk Residents with Pressure Ulcers (long-stay)

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Percent of Residents with Pressure Ulcers (Long Stay) (Target Assessment)



- Numerator
 - Stage II-IV or unstageable pressure ulcer (**M0300**)
- Denominator
 - Long-stay residents with selected target assessment except those with exclusions
- Exclusions
 - Target Assessment is an OBRA admission or PPS 5-day assessment
 - Assessments with target dates before 10/1/2023

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Percent of Residents with Pressure Ulcers (Long Stay) (Target Assessment)



- Covariates (on target assessment)
 - Impaired Functional Ability: lying to sitting on side of bed (**GG0170C**)
 - Bowel Incontinence (**H0400**)
 - Diabetes (**I0900**) Peripheral Vascular or Peripheral Arterial Disease (**I2900**)
 - Low body mass index (**K0200A and K0200B**)
 - Malnutrition or risk of malnutrition (**I5600**)
 - Dehydrated (**J1550C**)
 - Infections: Septicemia (**I2100**), Pneumonia (**I2000**), UTI (**I2300**), Multi Drug Resistant Organism (**I1700**)
 - Moisture Associated Skin Damage (**H1040H**)
 - Hospice (**O0110K1b**)

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Percent of Residents Who Were Physically Restrained (Long Stay) (Target Assessment)

- Numerator
 - Daily physical restraints where:
 - Trunk restraint in bed (**P0100B=2**) or
 - Limb restraint in bed (**P0100C=2**) or
 - Trunk restraint used in chair or out of bed (**P0100E=2**) or
 - Limb restraint used in chair or out of bed (**P0100F=2**) or
 - Chair prevents rising used in chair or out of bed (**P0100G=2**)
- Denominator
 - Long-stay residents with target assessment, except those with exclusions

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Prevalence of Falls (Long Stay) (Look Back Scan)

- Numerator
 - One or more long-stay look-back assessments indicating a fall (**J1800=1**)
- Denominator
 - Long-stay nursing home residents with one or more look-back scan assessments except those with exclusions

HHS Educational Services Inc. 2025

Percent of Resident Experiencing One or More Falls with Major Injury (Long Stay) (Look back Scan)



- Numerator
 - Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (**J1900C=1,2**)
- Denominator
 - Long-stay residents with one or more look-back scan assessments except those with exclusions

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Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay) (Look back Scan not including initial assessment)



- Numerator
 - Short-stay residents with one or more assessments in look-back scan (not including the initial assessment) that indicates antipsychotic use (**N0415A1**)
- Denominator
 - Short-stay residents who do not have exclusions and who have a target assessment and an initial assessment (the target and initial assessment cannot be the same assessment)
- Exclusions
 - Schizophrenia (**I6000**)
 - Tourettes Syndrome (**I5350**)
 - Huntingtons Disease (**I5250**)

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Percent of residents who received any antipsychotic medication (Long Stay) (Target Assessment)



- Numerator
 - Long-stay resident with a selected target assessment coded antipsychotic medication received (**N0415A1**)
- Denominator
 - Long-stay residents with a selected target assessment except those with exclusions
- Exclusions
 - Schizophrenia (**I6000**)
 - Tourettes Syndrome (**I5350**)
 - Huntingtons Disease (**I5250**)

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Prevalence of Antianxiety/Hypnotic Use (Long Stay) (Target Assessment)

- Numerator
 - Long-stay residents with a selected target assessment coded or antianxiety medication (**N0415B1**) or hypnotic medication (**N0415D1**)
- Denominator
 - All long-stay residents with a selected target assessment, except those with exclusions
- Exclusions

Schizophrenia (I6000) Psychotic disorder (I5950) Manic depressive (bipolar disease) (I5900) Post-traumatic stress disorder (I6100) Tourette's syndrome (I5350)	Hallucinations (E0100A) Delusions (E0100B) Anxiety Disorder (I5700) Huntington's disease (I5250)
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Percent of Residents Who Used Antianxiety or Hypnotic Medication (Long Stay) (Target Assessment)

- Numerator
 - Long-stay residents with a selected target assessment coded for antianxiety (**N0415B1**) or hypnotic medication (**N0415D1**)
- Denominator
 - Long-stay residents with a selected target assessment, except those with exclusions
- Exclusions
 - Life expectancy of less than six months (**J1400**)
 - Hospice care while a resident (**O0110K1b**)

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Prevalence of Behavior Symptoms Affecting Others (Long Stay) (Target Assessment)

- Numerator
 - Long-stay residents with a selected target assessment coded for physical behavioral symptoms directed toward others (**E0200A**) or verbal behavioral symptoms directed toward others (**E0200B**) or other behavioral symptoms not directed toward others (**E0200C**) or rejection of care (**E0800**) or wandering (**E0900**)
- Denominator
 - Residents with selected target assessment, except those with exclusions
- Exclusions
 - Target assessment is a discharge assessment

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Percent of Residents Who Have Depressive Symptoms (Long Stay) (Target Assessment)

- Numerator
 - Long-stay residents with a selected target assessment with either
 - Condition A (Mood Interview)
 - Little interest or pleasure in doing things half or more of the days over the last two weeks (**D0150A2= 2,3**) or
 - Feeling down, depressed, or hopeless half or more of the days over the last two weeks (**D0150B2=2,3**)
 - And (**D0160**) ≥ 10 and ≤ 27
 - Condition B (Staff assessment of mood)
 - Little interest or pleasure in doing things half or more of the days over the last two weeks (**D0500A=2,3**) or
 - Feeling down, depressed, or hopeless half or more of the days over the last two weeks (**D0500B2=2,3**)
 - And (**D0600**) ≥ 10 and ≤ 30

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Percent of Residents Who Have Depressive Symptoms (Long Stay) (Target Assessment)

- Denominator
 - Long-stay residents with a selected target assessment, except those with exclusions
- Exclusions
 - Comatose (**B0100**)

HHS Educational Services Inc. 2025

Percent of Residents With a Urinary Tract Infection (Long Stay) (Target Assessment)



- Numerator
 - Long-stay residents with a selected target assessment that indicates a urinary tract infection within the last 30 days (**I2300**)
- Denominator
 - Long-stay residents with a selected target assessment, except those with exclusions
- Exclusion
 - Target Assessment is an admission or PPS 5-day assessment

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Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) (Target Assessment)



- Numerator
 - Long-stay residents with a selected target assessment that indicates indwelling catheter (**H0100A**)
- Denominator
 - Long-stay residents with a selected target assessment, except those with exclusions
- Exclusions
 - Target Assessment indicates neurogenic bladder (**I1550**) or obstructive uropathy (**I1650**)
 - Target Assessment is an admission or PPS 5 assessment
- Covariates
 - Frequent bowel incontinence (**H0400**) on prior assessment
 - Pressure ulcers at stages 2,3 or 4 (**M0300**) on prior assessment

HHS Educational Services Inc. 2025

Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Long Stay) (Target Assessment and Prior Assessment)

- Numerator
 - Long-stay residents with a selected target assessment and prior assessment that indicates a new or worsened case of bladder (**H0300**) or bowel (**H0400**) incontinence
- Denominator
 - Long-stay residents with a selected target assessment and prior assessment, except those with exclusions

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Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Long Stay) (Target Assessment)

- New or worsened
 - New case of bowel incontinence: increase in one or more coding points on bowel continence (**H0400**) from always continent to either occasionally, frequently or always incontinent
 - Worsened case of bowel incontinence: increase in one or two coding points on bowel continence (**H0400**) from occasionally to frequently or always incontinent or from frequently to always incontinent

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Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Long Stay) (Target Assessment)

- New or worsened
 - New case of bladder incontinence: increase in one or more coding points on bladder continence (**H0300**) from always continent or occasionally incontinent to frequently or always incontinent
 - Worsened case of bladder incontinence: increase in one coding points on bladder continence (**H0300**) from frequently to always incontinent

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Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Long Stay) (Target Assessment)

- Exclusions
 - Target assessment is an admission assessment
 - Comatose (**B0100**)
 - Has indwelling catheter (**H0100A**)
 - Has an ostomy (**H0100C**)
 - No prior assessment to assess prior function
 - Prior or target assessments with dates before 10/1/2023

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Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Long Stay) (Target Assessment)

- Covariates
 - Severe cognitive impairment (target assessment) (**C1000**, **C0700**, **C0500**)
 - Sit to lying (prior assessment) (**GG0170B**)
 - Sit to stand (prior assessment) (**GG0170D**)
 - Walk 10 feet (**GG0170I**) or Wheel 50 Feet with two turns (**GG0170R**) prior assessment, depending on resident's wheelchair use **GG0170Q**

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Percent of Residents Who Lose Too Much Weight (Long Stay) (Target Assessment)

- Numerator
 - Long-stay residents with selected target assessment coded for weight loss (5% or more in last month or 10% or more in last 6 months) who are not on a physician prescribed weight-loss regimen (**K0300=2**)
- Denominator
 - Long-stay residents with a selected target assessment except those with exclusions
- Exclusions
 - Target assessment is OBRA admission assessment or PPS 5-day assessment
 - Prognosis of life expectancy is less than six months (**J1400**)
 - Hospice care (**O0110K1b**)

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) (Target and Prior assessment)



- Numerator
 - Long-stay residents with selected target and prior assessment that indicates the need for help with late-loss ADLs has increased when the selected assessments are compared. (**Late loss: Sit to lying (GG0170B), Sit to Stand (GG0170D), Eating (GG0130A) and Toilet Transfer (GG0170F)**)
 - An increase is defined as a decrease in two or more coding points in one late-loss ADL item or one point decrease in two or more late-loss ADL items. (Values of 07, 09, 10 or 88 then recode equal to 01)
- Denominator
 - Long-stay residents with a selected target and prior assessment, except those with exclusions

HHS Educational Services Inc. 2025

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) (Target and Prior assessment)



- Exclusions
 - All four late-loss ADL items indicate dependence or activity was not attempted on the prior assessment
 - Three of the late-loss ADLs indicate dependence or activity was not attempted and the fourth late-loss ADL indicates substantial/maximal on the prior assessment
 - Comatose (**B0100=1**)
 - Prognosis of life expectancy is less than 6 month (**J1400=1**)
 - Hospice (**O0110K1b is checked**)
 - No prior assessment is available to assess prior function
 - Prior or target date before 10/1/2023

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Percentage of Residents Whose Ability to Walk Independently Worsened (Long Stay) (Target and Prior Assessment)



- Numerator
 - Long stay residents with a target assessment and at least one qualifying prior assessment who had a decline in ability to walk independently when comparing target and prior assessment
Decline: decrease of one or more points on the walk 10 feet (**GG0170I**) item between target and prior assessment.
- Denominator
 - Long-stay residents who have a qualifying target assessment and at least one qualifying prior assessment, except those with exclusions

HHS Educational Services Inc. 2025

Percentage of Residents Whose Ability to Walk Independently Worsened (Long Stay) (Target and Prior Assessment)

Exclusions

- Comatose (**B0100**) on prior assessment
- Prognosis of less than 6 months of life (**J1400**)
- Hospice (**O0110K1b**)
- Dependent or activity not attempted for walk 10 feet on prior assessment
- Prior assessment is a discharge with or without return anticipated
- No prior assessment is available to assess prior function
- Target assessment is an OBRA admission assessment or 5-day PPS assessment or the first assessment after admission (**A0310E**)
- Prior or target dates before 10/1/2023

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Percentage of Residents Whose Ability to Walk Independently Worsened (Long Stay) (Target and Prior Assessment)

Covariates

- Eating (**GG0130A**) from prior assessment
- Toilet transfer (**GG0170F**) from prior assessment
- Sit to stand (**GG0170D**) from prior assessment
- Walk 10 feet (**GG0170I**) from prior assessment
- Severe cognitive impairment from prior assessment (**C1000, C0700, C0500**)
- Linear age (**A2300, A0900**)
- Gender (**A0800**)
- Vision (**B1000**)
- Oxygen use (**O0110C1b**)

HHS Educational Services Inc. 2025

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury



Numerator

- Number of Part A SNF Type 1 Stays (admission and discharge MDS) for which the discharge assessment indicates one or more new or worsened stage 2-4 pressure ulcers or unstageable due to slough/eschar, unstageable non-removable dressing/device or deep tissue injury compared to admission (**M0300**)

Denominator

- Number of Part A Stays (Type 1 SNF stays only) except those that meet exclusion criteria.

Exclusions

- Resident expired during the SNF stay

HHS Educational Services Inc. 2025

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury



- Covariates
 - Functional Mobility Dependent or Substantial/Maximal Assistance for Admission Performance (lying to sitting on side of bed) (**GG0170C1**)
 - Bowel incontinence (**H0400**)
 - Diabetes (**I2900**), Peripheral Vascular Disease or Peripheral Arterial Disease (**I0900**)
 - Low Body Mass Index (**K0200A**, **K0200B**)

WIS Educational Services Inc. 2025

Percentage of Short-Stay Residents at or Above Expected Ability to Care for Themselves and Move Around at Discharge (Discharge Function Score)



- Numerator: The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.
- (**GG0130A3**, **GG0130B3**, **GG0130C3**, **GG0170A3**, **GG0170C3**, **GG0170D3**, **GG0170E3**, **GG0170F3**, **GG0170I3**, **GG0170J3**, **GG0170R3**)

Denominator: Total Number of Medicare Part A Stays (Type 1) except those that meet exclusion criteria

WIS Educational Services Inc. 2025

Percentage of Short-Stay Residents at or Above Expected Ability to Care for Themselves and Move Around at Discharge (Discharge Function Score)



Exclusions:

- Medicare Part A SNF stays are excluded if:
 - The Medicare Part A SNF stay is an incomplete stay
 - The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): a. Coma, persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain, as identified by: **B0100** (Comatose) = 1 or ICD-10 codes (see
 - The resident is younger than age 18
 - The resident is discharged to hospice or received hospice while a resident

WIS Educational Services Inc. 2025

Percentage of Short-Stay Residents at or Above Expected Ability to Care for Themselves and Move Around at Discharge (Discharge Function Score)

150

Covariates Age group, Admission function – continuous form, Admission function – squared form, Primary medical condition category, Interaction between admission function and primary medical condition category, Prior surgery, Prior functioning: self-care, Prior functioning: indoor mobility (ambulation), Prior functioning: stairs, Prior functioning: functional cognition, Prior mobility device use, Stage 2 pressure ulcer/injury, Stage 3, 4, or unstageable pressure ulcer/injury, Cognitive abilities, Communication impairment, Urinary Continence, Bowel Continence, History of falls, Nutritional approaches, High BMI, Low BMI, Comorbidities, No physical or occupational therapy at the time of admission.

Hill Educational Services Inc. 2025

Percentage of Short-Stay Residents Who Were Re-hospitalized After A Nursing Home Admission

150

- Numerator: Number of nursing home stays where the resident had one or more unplanned inpatient admissions or one or more outpatient claims for an observation stay within 30 days of entry/reentry.
 - This includes inpatient or observation stays occurring after discharge from the nursing home but within the 30-day timeframe
 - Planned inpatient readmissions are not counted

Hill Educational Services Inc. 2025

Percentage of Short-Stay Residents Who Were Re-hospitalized After A Nursing Home Admission

150

- Denominator: Residents who entered or reentered the nursing home within one day of discharge from an inpatient hospitalization.

Hill Educational Services Inc. 2025

Percentage of Short-Stay Residents Who Were Re-hospitalized After A Nursing Home Admission

• Exclusions

- Did not have fee-for-service parts A and B Medicare enrollment for the entire risk period OR
- The resident was ever enrolled in hospice care during their nursing home stay OR
- The resident was comatose on the first MDS assessment after the start of the stay OR
- Data were missing for any of the claims or MDS items used to construct the numerator or denominator or for risk adjustment OR
- The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment

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Percentage of Short-Stay Residents Who Were Re-hospitalized After A Nursing Home Admission

• Covariates

Table 2. Covariates Constructed from Claims and Used in the Risk-Adjustment Model for Short-Stay Residents who were Re-hospitalized after a Nursing Home Admission

Variable	Rationale
Age	Demographic characteristics that is often important for outcomes of nursing home residents and associated with higher facility and increasing number of comorbidities.
Sex	Demographic characteristics that is important for predicting hospital readmission for the nursing home population.
Length of stay during the hospitalization preceding the nursing home stay	Patients who are hospitalized for longer periods of time may require more complex care because they are often sicker. In addition, bed rest from prolonged hospitalizations often leads to deconditioning and functional impairment.
Any time spent in the intensive care unit (ICU) during the hospitalization preceding the nursing stay	ICU stays are an important indicator of medical severity and a predictor of post-acute care resource use.
Ever enrolled in Medicare under disability coverage	This is an indicator of overall patient complexity, as qualification for Medicare because disability requires the presence of various chronic medical conditions (e.g., the ability to do so).
ESRD	This factor has been identified as a risk factor in prior studies of outcomes among nursing home residents.
Number of acute care hospitalizations in the 365 days before the beginning of the nursing stay	More hospitalizations in the previous year may be associated with declining health and increased complexity of care.
Principal diagnosis as interpreted using AHRC's single-visit Clinical Classification System (CCS)	Final diagnosis from the Medicare claim corresponding to the prior hospitalization as coded by AHRC's CCS.
Outcome-Specific Comorbidity Index	Patients with multiple or more severe comorbidities will tend to be sicker, putting them at increased risk for being readmitted to a hospital. This index is based on the clinical conditions included in the Charlson Comorbidity Index and captures the complexity beyond the lower acuity of the individual comorbidities. See the sub-section below for more details.

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Percentage of Short-Stay Residents Who Were Re-hospitalized After A Nursing Home Admission

• Covariates

Category	MDS Item
Functional status	Easily/never makes self-understood by others (0070) Cognitive status not seriously upset (0080 – 0089) Cognitive assessment missing (0100 and 0300) Ache change in mental status (0100) Reported care for past four to seven days (0100) Wandering most or more than past week (0100) Walks in room independently or with supervision or limited assistance (0110-0119) Walks in center independently or with supervision or limited assistance (0110-0119) Walks on walk-in room or center independently or with supervision or limited assistance (0100, 0110-0119 and 0110-0119) Two-point support needed with one or more ADLs (0110-0119 – 0110-0119) Extensive assistance/dependence in walking (0110-0119) Confused, disoriented, or unable to follow directions (0110-0119)
Clinical conditions	Only pain (A000 and A000) Bowel/urinary tract infection (A000) Bowel/urinary tract infection (A000) End stage organ (A000) Internal bleeding (A000) Venous/arterial ulcer present (A000) Surgical wound (A000)
Clinical measures	Oxygen use (A000) Paracetamol/fever (A000) Feeding tube (A000) Artificially assisted (A000) Catheterized in bladder (A000 or A000) Radiation for cancer (A000 or A000) Oxygen therapy (A000 or A000)
Category	MDS Item
Clinical diagnoses	Ventilator or respirator (A000) Medications (A000 or A000) Transfusion (A000) Respiratory therapy (A000)
Other	Cancer (A000) Asthma (A000) Ulcerative Colitis/Crohn's disease/Inflammatory bowel disease (A000) Viral hepatitis (A000) Alzheimer's disease (A000) Non-Alzheimer's dementia (A000) Stroke disorder or seizure (A000)

All Associates

Claims-based QM Technical Specifications Page 8

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Number of Hospitalizations per 1,000 Long-Stay Resident Days



- Numerator: Inpatient hospital admissions or outpatient observation stays for Medicare beneficiaries who were admitted to an acute care or critical access hospital for an inpatient stay or outpatient observation stay while residing in the nursing home and not enrolled in hospice and were not admitted for a planned hospital inpatient admission.

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Number of Hospitalizations per 1,000 Long-Stay Resident Days



- Denominator: Sum of all long stay days in the target period, divided by 1,000

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Number of Hospitalizations per 1,000 Long-Stay Resident Days



- Exclusions:
 - Long-stay residents meeting any of the following criteria are excluded: a) 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); OR b) the resident did not have a quarterly or comprehensive MDS assessment within 120 days prior to the day the resident became a long-stay resident; OR c) data were missing for any of the claims or MDS items used to construct the numerator or denominator, or for risk-adjustment.
 - Long-stay days meeting any of the following criteria are excluded: a) the resident was enrolled in hospice care; b) the 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.

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Number of Hospitalizations per 1,000 Long-Stay Resident Days

– Covariates



Variable	Rationale
Age	Demographic characteristic that is often important for outcomes of nursing home residents and associated with higher frailty and greater comorbidity
Sex	Demographic characteristic that is important for predicting hospitalization for the nursing home population
Race/Ethnicity	Socio-demographic characteristic that is potentially associated with certain comorbidities and medical history
Number of acute care hospitalizations in the 365 days before the day the resident became a long-stay resident or the beginning of the 12-month target period (whichever is later)	More hospitalizations in the previous year may be associated with declining health and increased complexity of care
Outcome-Specific Comorbidity Index	Patients with multiple or more severe comorbidities will tend to be sicker, putting them at increased risk for being admitted to a hospital. This index is based on 17 clinical conditions included in the Charlson Comorbidity Index and captures the complexity beyond the linear additivity of the individual comorbidities. Diagnoses are identified using inpatient claims in the 365 days before the day the resident became a long-stay resident or the beginning of the 12-month target period (whichever is later).

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Number of Hospitalizations per 1,000 Long-Stay Resident Days

– Covariates



Category	ICD-10 Item
Functional status	Rarely/never makes self-understood by others (B0700) Cognitive status moderately impaired, severely impaired, assessed by staff, or assessment is missing (C0100 – C1000) Rejected care for past four to seven days (E0800) Wandering once or more in the past week (E0900) Walks in room independently or with supervision or limited assistance (G0110C1) Walks in corridor independently or with supervision or limited assistance (G0110C1)

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Number of Hospitalizations per 1,000 Long-Stay Resident Days

– Covariates



Category	ICD-10 Item
Clinical conditions	Extensive assistance/dependence in eating (Z0119H1) Shortness of breath when walking (J110A) Shortness of breath when lying flat (J110C) End-stage congestive (J4403) Internal bleeding (I95003)
Clinical treatments	Anticoagulant treatment (N04002) Antidote treatment (N02027) Chemotherapy treatment (N02002) Chemotherapy for cancer (Z010A2) Radiation for cancer (Z010B2) Oxygen therapy (Z010C2) IV medications (Z010D2) Transfusion (Z010E2) Hospital care after nursing home admission (Z010F2) Isolation or quarantine for active infectious disease (Z010G2) Speech therapy (Z040A4) Respiratory therapy (Z040B3)
Clinical diagnoses	Gastroesophageal reflux disease (E08E5) or ulcer (E08E) Ulcerative Colitis/Crohn's disease/inflammatory bowel disease (I1300) Neurogenic bladder (E08E) Multiple resistant organism (A080C) (I1700) Septicemia (E08E) Cardiovascular accident, transient ischemic attack, or stroke (A000) Quadruplegia (E08E) Multiple sclerosis (E08E) Parkinson's disease (E08E) Anxiety disorder (E08E) Respiratory failure (E08E)
Other	Entered nursing home from a psychiatric facility (A1800)

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Percentage of Short-Stay Residents Who Have Had An Outpatient Emergency Department Visit



- Numerator: Number of nursing home stays where the resident had one or more outpatient claims for an ED visit within 30 days of entry/reentry.
 - This includes outpatient ED visits occurring after discharge from the nursing home but within the 30-day timeframe.
 - Outpatient ED visits are included in the measure regardless of diagnosis
 - If the ED visit resulted in an admission to the hospital for an observation stay or inpatient stay this would not be counted as an ED visit

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Percentage of Short-Stay Residents Who Have Had An Outpatient Emergency Department Visit



- Denominator: Residents who entered or reentered the nursing home within one day of discharge from an inpatient hospitalization (does not include inpatient rehabilitation facility and long-term care hospitalizations)

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Percentage of Short-Stay Residents Who Have Had An Outpatient Emergency Department Visit



- Exclusions:
 - Did not have fee-for-service parts A and B Medicare enrollment for entire risk period OR
 - Resident was ever enrolled in hospice care during their nursing home stay OR
 - Resident was comatose or missing data on comatose on the first MDS assessment after the start of the stay OR
 - Data were missing for any of the claims or MDS items used to construct the numerator or denominator or for risk-adjustment OR
 - The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment

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Percentage of Short-Stay Residents Who Have Had An Outpatient Emergency Department Visit



- Covariates:

Variable	Rationale
Age	Demographic characteristic that is often important for outcomes of nursing home residents and associated with higher frailty and increasing number of comorbidities.
Sex	Demographic characteristic that is important for predicting ED visits and hospital readmissions for the nursing home population.
Length of stay during the hospitalization preceding the nursing home stay	Patients who are hospitalized for longer periods of time may require more complex care because they are often sicker. In addition, bed rest from prolonged hospitalizations often leads to deconditioning and functional impairment.
Any time spent in the intensive care unit (ICU) during the hospitalization preceding the nursing home stay	ICU stays are an important indicator of medical severity and a predictor of 30-day readmission rates.
Ever enrolled in Medicare under disability coverage	This is an indicator of overall patient complexity, as qualification for Medicare because disability requires the presence of serious chronic medical conditions that limit the ability to work.

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[illegible]

Percentage of Short-Stay Residents Who Have Had An Outpatient Emergency Department Visit



- Covariates:

Variable	Rationale
ESRD	This factor has been identified as a risk factor in prior studies of outcomes among nursing home residents.
Number of acute care hospitalizations in the 365 days before the beginning of the nursing home stay	More hospitalizations in the previous year may be associated with declining health and increased complexity of care.
Principal diagnosis as categorized using ICD-9's single-level Clinical Classification System (CCS)	First diagnosis from the HMO case card corresponding to the prior hospitalization was coded as ICD9-CM 230.
Outcome-Specific Comorbidity Index	Patients with multiple or more severe comorbidities will tend to be sicker, putting them at increased risk for an ED visit. This index is based on the clinical conditions included in the Charlson Comorbidity Index and captures the complexity beyond the linear addition of the individual comorbidities. See the sub-section below for more details.

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[illegible]

Percentage of Short-Stay Residents Who Have Had An Outpatient Emergency Department Visit



- Covariates:

[illegible]

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[illegible]

Number of Outpatient Emergency Department Visits Per 1,000 Long-Stay Resident Days



- Numerator: Outpatient Emergency Department visit while residing in nursing home and not enrolled in hospice and where the thru date on the outpatient claim for the Emergency Department visit was not equal to the from date on the outpatient claim for an observation stay or an inpatient claim for a hospitalization

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Number of Outpatient Emergency Department Visits Per 1,000 Long-Stay Resident Days



- Denominator: 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 one-hundredth 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 is earlier).

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Number of Outpatient Emergency Department Visits Per 1,000 Long-Stay Resident Days



- Exclusions:
 - Long-stay residents meeting any of the following criteria are excluded: a) 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); OR b) the resident did not have a quarterly or comprehensive MDS assessment within 120 days prior to the day the resident became a long-stay resident; OR c) data were missing for any of the claims or MDS items used to construct the numerator or denominator, or for risk-adjustment.
 - Long-stay days meeting any of the following criteria are excluded: a) the resident was enrolled in hospice care; b) the 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.

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Number of Outpatient Emergency Department Visits Per 1,000 Long-Stay Resident Days



- Covariates:

Category	MDS Item
Functional status	Rarely/never makes self-understood by others (B0700) Rarely/never able to understand others (B0800) Cognitive status moderately impaired, severely impaired, assessed by staff, or assessment is missing (C0100 – C1000) Repeated care for past four to seven days (E0800) Wandering once or more in the past week (E0900) Walks in room independently or with supervision or limited assistance (G0110C1)

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Number of Outpatient Emergency Department Visits Per 1,000 Long-Stay Resident Days



- Covariates:

Variable	Rationale
Age	Demographic characteristic that is often important for outcomes of nursing home residents and associated with higher frailty and greater comorbidity.
Sex	Demographic characteristic that is important for predicting ED visits and hospitalizations for the nursing home population.
Race/Ethnicity	Socio-demographic characteristic that is potentially associated with certain comorbidities and medical history.
Number of acute care hospitalizations in the 365 days before the day the resident became a long-stay resident or the beginning of the 12-month target period (whichever is later).	More hospitalizations in the previous year may be associated with declining health and increased complexity of care.
Outcome-Specific Comorbidity Index	Patients with multiple or more severe comorbidities will tend to be frailer, putting them at increased risk for being admitted to an ED or hospital. This index is based on 17 clinical conditions included in the Charlson Comorbidity Index and captures the complexity beyond the linear additivity of the individual comorbidities. Diagnoses are identified using inpatient claims in the 365 days before the day the resident became a long-stay resident or the beginning of the 12-month target period (whichever is later).

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Number of Outpatient Emergency Department Visits Per 1,000 Long-Stay Resident Days



- Covariates:

Category	MDS Item
Clinical conditions	Shortness of breath with exertion (J1100A) Shortness of breath when lying flat (J1100C) End-stage prognosis (J1400) Internal bleeding (J1500C) Surgical wound (M1500C)
Clinical treatments	Antibiotic received (N0400F) Chemotherapy received (N0400G) Chemotherapy for cancer (O0105A2) Radiation for cancer (O0105B2) Oxygen therapy (O0100C2) Tracheostomy care (O0100C2) Ventilator or respirator (O0100F2) IV medications (O0100H2) Transfusion (O0100J2) Hospice care after nursing home admission (O0100K2) Speech therapy (O0400A4) Respiratory therapy (O0400C2)
Clinical diagnoses	Cancer (I0100) Gastroesophageal reflux disease (GERD) or ulcer (J1200) Neurogenic bladder (J1500) Sepsis/septicemia (J1500) Septicemia (J1500) Cardiovascular accident, transient ischemic attack, or stroke (J4500) Quadriplegia (S100) Multiple Sclerosis (S200) Parkinson's disease (S300) Respiratory failure (S300)
Other	Entered nursing home from a psychiatric facility (A1800)

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Rate of Successful Return to Home and Community from a SNF

- Numerator: the risk-adjusted estimate of the number of patients/residents who are discharged to the community after a SNF stay, do not have an unplanned readmission to an acute care hospital or long-term care hospital and remain alive during the 31 days following that discharge.
- Denominator: Stays are constructed using final action Medicare FFS Part A claims. Stay connection begins by linking claims that share the same beneficiary identifier, facility CCN and admission date.

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Rate of Successful Return to Home and Community from a SNF

Exclusions

- 18 years of age at the start of the stay.
- Not discharged from an acute care facility within 30 days prior to SNF admission.
- Discharged from the SNF against medical advice.
- Discharged from the SNF to a psychiatric hospital or to the same level of care (another SNF).
- Discharged from the SNF to a federal hospital, disaster alternative care site, or court/law enforcement.
- Either discharged from the SNF to hospice, or has a hospice benefit period that overlaps with the 31-day post-SNF discharge window (identified via the presence of a hospice benefit start or end date within 31 days of SNF discharge).
- Not continuously enrolled in Medicare Part A for at least 365 days prior to SNF admission and for at least 31 days after SNF discharge.

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Rate of Successful Return to Home and Community from a SNF

Exclusions

- Discharged from an acute care facility within 30 days prior to SNF admission, but the stay was for non-surgical treatment of cancer.
- Stay is associated with problematic or incomplete data.
- SNF stay ended in planned discharged from the SNF to an ACH, inpatient (IP) psychiatric hospital, or an LTCH. (note that all psychiatric hospital stays are considered planned).
- Received care outside the 50 states, District of Columbia, Puerto Rico, and U.S. Territories (determined via the CCN of the provider rendering care, using the SOM CCN-to-U.S. state mappings).
- Had a long-term nursing home stay in the 180 days preceding their prior proximal hospitalization (identified via NH MDS Omnibus Budget Reconciliation Act [OBRA] assessments) and was not discharged to community from that stay prior to the hospitalization.
- Indexed SNF stay occurred in a Critical Access Hospital (CAH) swing bed.

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Rate of Successful Return to Home and Community from a SNF



Covariates

- Age and sex categories.
- Beneficiary is at least 65 years old and Original Reason for Entitlement Code (OREC) is either (2) disability or (3) both end-stage renal disease (ESRD) and disability.
- CCS category of principal diagnosis from the prior proximal acute stay.
- Comorbidities based on the prior acute care stay and/or a 365-day lookback, depending on the specific comorbidity, mapped to HCCs using principal and secondary ICD-10 diagnoses codes from all IP claims.
- Surgical procedure categories (if present) from the procedure codes from the prior proximal acute care stay.
- Dialysis during the prior proximal acute stay where ESRD not indicated.
- Length of prior proximal acute care stay (if stay was in non-psychiatric hospital), or indicator if prior proximal acute care stay was in a psychiatric hospital.
- Ventilator use during the SNF stay.
- Number of ACH stays in the 365 days prior to SNF admission (excluding the prior proximal acute care admission).

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Table 5
Point Ranges for the QM Ratings (as of **January 2025**)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–465	144–438	299–904
★★	466–565	439–525	905–1,091
★★★	566–640	526–625	1,092–1,266
★★★★	641–735	626–719	1,267–1,455
★★★★★	736–1,150	720–1,150	1,456–2,300

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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Ratings Details Location

RATINGS

Overall rating



Average

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality measures.

[Learn how Medicare calculates this rating](#)

Health inspections



Average

[View Inspection Results](#)

Staffing



Average

[View Staffing Information](#)

Quality measures



Average

[View Quality Measures](#)

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References

- MDS 3.0 RAI Manual V1.19.1 October 2024
- MDS 3.0 Quality Measures USER'S MANUAL (v17.0) Effective January 1, 2025
- Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 6.0 Current as of October 1, 2024
- Design for Care Compare Nursing Home Five Star Quality Rating System: Technical User's Guide January 2025
- Skilled Nursing Facility Quality Reporting Program Claims-Based Measures Specifications Manual December 2023
- SNF QRP Claims Based Measure Specifications Manual December 2023
- Nursing Home Compare Quality Measure Technical Specifications March 2023

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