

*“A **Knowledgeable** and **Compassionate** partner”*



5-Star Cut Point Updates:

What's Changed? What's Changing

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APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
 - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
 - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
 - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after December 17, 2022



Learning Objectives

5-Star Cut Point Changes

After this course participants will be able to:

- Understand CMS' 5-Star cut point initiative
- Grow in their understanding of the 5-Star Quality Measures
- Recognize what changes occurred in April and October
- Consider what future updates might be

Agenda

5-Star Cut Point Changes

- The 5-Star Quality measures, an overview
- CMS' quality measure cut point initiative
- What changed? A look at national and state data
- What does the future hold? What to expect in the April update.
- Q&A

5-Star Overview - References

- 5-Star User's Guide
- Quality User's Manual v15.0
- Claims Based Measures
- Changes in Skin Integrity
- Claims Based Measures DTC
- PBJ Policy Manual

5-Star Overview - History

- 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.
- The star ratings are compiled from Health Inspection data, **Quality Measure Data** and Staffing data

5-Star Overview – Quality Measures

- Measures are 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.
- **Note** that not all the quality measures that are reported on Care Compare are included in the rating calculations.
- In addition to an overall quality measure rating, separate QM ratings for short-stay measures and long-stay measures are also reported.

5-Star Overview – Quality Measures

- 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.
- The weight for each measure was determined based on the opportunity for nursing homes to improve on the measure and the clinical significance of the measure.
- For all measures, points are calculated based on performance relative to the national distribution of the measure.
- Points are assigned after any needed imputation of individual QM values.

5-Star Overview – Quality Measures

- Quality Measures with a maximum score of 150 points:
- **Long-stay**
 - Percentage of residents whose need for help with daily activities increased
 - Percentage of residents who received an antipsychotic medication
 - Percentage of residents whose ability to move independently worsened
 - Number of hospitalizations per 1,000 resident days
 - Number of outpatient emergency department (ED) visits per 1,000 resident days
- **Short-stay**
 - Percentage of residents who improved in their ability to move around on their own
 - Rate of successful return to home and community from a SNF
 - 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

5-Star Overview – Quality Measures

- Quality Measures with maximum score of 100 points:
- **Long-stay**
 - Percentage of residents experiencing one or more falls with major injury
 - Percentage of high-risk residents with pressure ulcers
 - Percentage of residents with a urinary tract infection
 - Percentage of residents who have or had a catheter inserted and left in their bladder
- **Short-stay**
 - Percentage of residents who got an antipsychotic medication for the first time
 - Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened

5-Star Overview – Quality Measures

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

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

5-Star Overview – Quality Measures

- **Quality Measure Rating Threshold Changes with the October 2022 Refresh**
 - In March 2019, CMS released memorandum [QSO-19-08-NH](#), which outlined a plan to update the quality measure (QM) rating thresholds every six months.
 - The plan was to increase the thresholds by 50% of the average rate of improvement in QM rating scores.
 - **For example**, if there is an average rate of improvement of 2%, the QM rating thresholds would be raised 1%.
 - Similar to setting new thresholds, this action also aims to incentivize continuous quality improvement.
 - Additionally, it reduces the need to have larger adjustments to the thresholds in the future.
 - Due to COVID 19, these updates were put on hold; however, CMS began implementing them in April 2022, updated them again with the October 2022 refresh.
 - CMS also released a new Five-Star Quality Rating System Technical Users' Guide with the updated QM rating thresholds in October 2022.

5-Star Overview – Quality Measures

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

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–477	144–488	299–966
★★	478–574	489–585	967–1,160
★★★	575–655	586–674	1,161–1,330
★★★★	656–746	675–762	1,331–1,509
★★★★★	747–1,150	763–1,150	1,510–2,300

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)

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

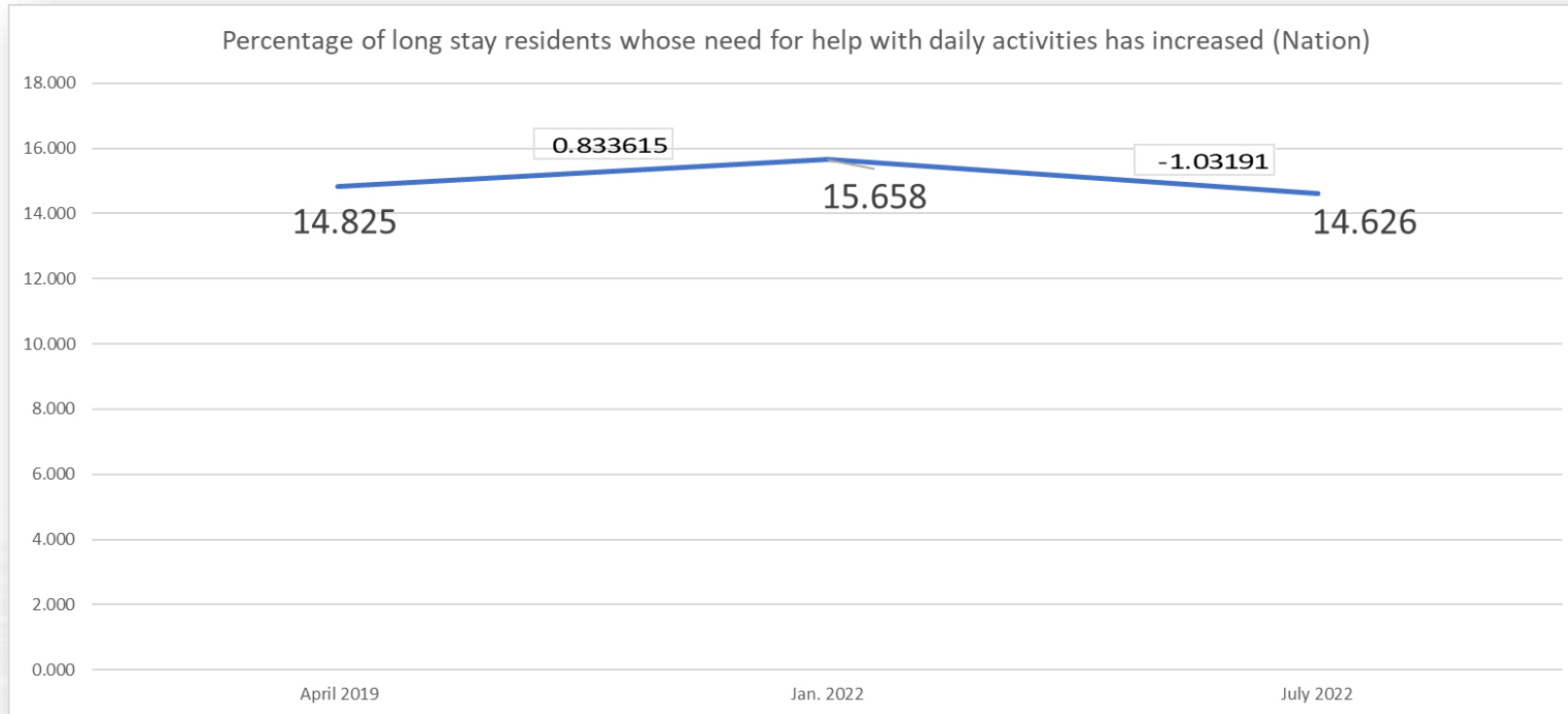
QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–483	144–491	299–975
★★	484–581	492–588	976–1,170
★★★	582–663	589–678	1,171–1,342
★★★★	664–755	679–766	1,343–1,522
★★★★★	756–1,150	767–1,150	1,523–2,300

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)

• In the October Update (Avg. Improvement Jan. '22 – Jul. '22)

- The long-stay QM thresholds increased by an average 1.225%
- The short-stay QM thresholds increased by 0.561%
- Overall QM thresholds increased by 0.889%

Improvement Breakdown



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

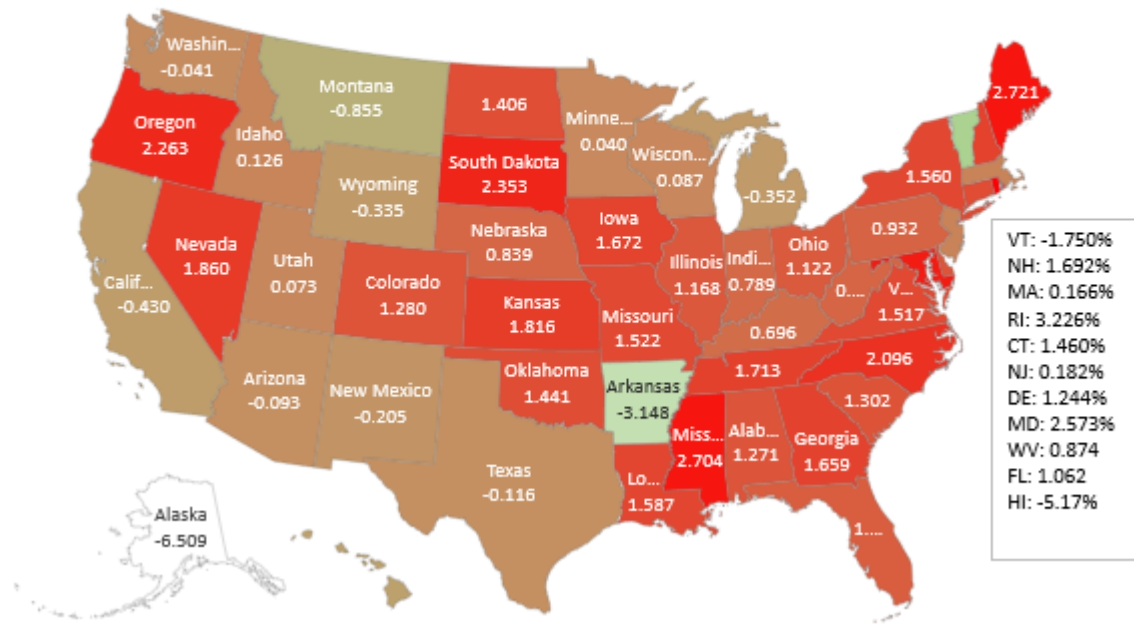
This measure reports the percentage of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment. This is a change measure that reflects worsening performance on at least two late loss ADLs by one functional level or on one late loss ADL by more than one functional level compared to the prior assessment. The late loss ADLs are bed mobility, transfer, eating, and toileting. Maintenance of ADLs is related to an environment in which the resident is up and out of bed and engaged in activities. The CMS Staffing Study found that higher staffing levels were associated with lower rates of increasing ADL dependence.

Improvement Breakdown

April Update (April 2019 - January 2022 Change)

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

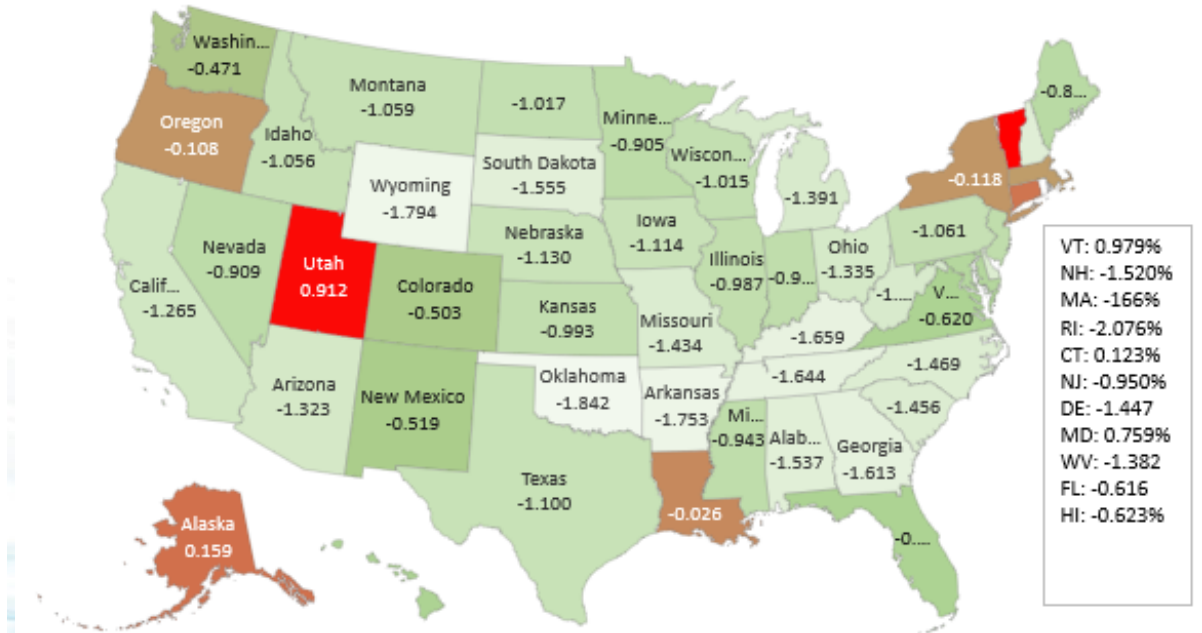
-6.509 -1.641 3.226



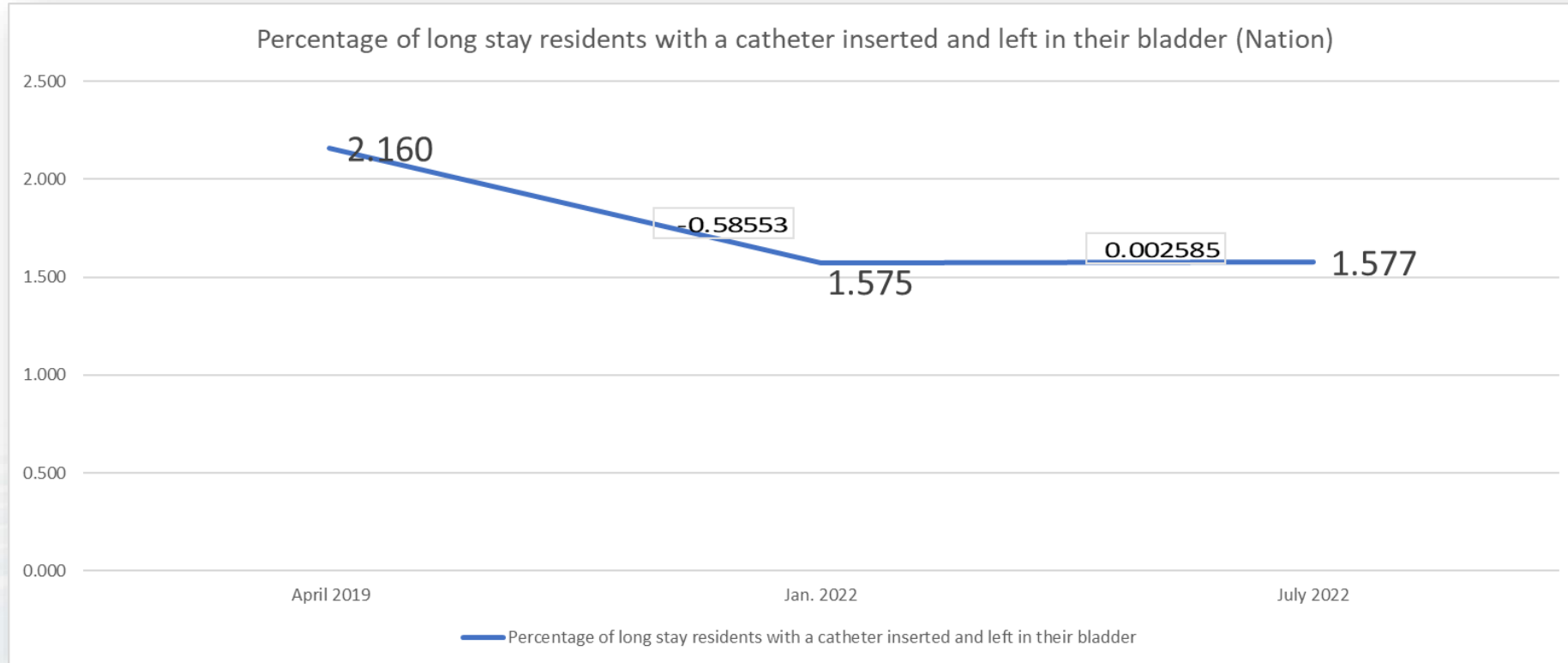
October Update (January 2022 - July 2022 Change)

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

-2.076 -0.549 0.979



Improvement Breakdown



Percentage of residents who have/had a catheter inserted and left in their bladder

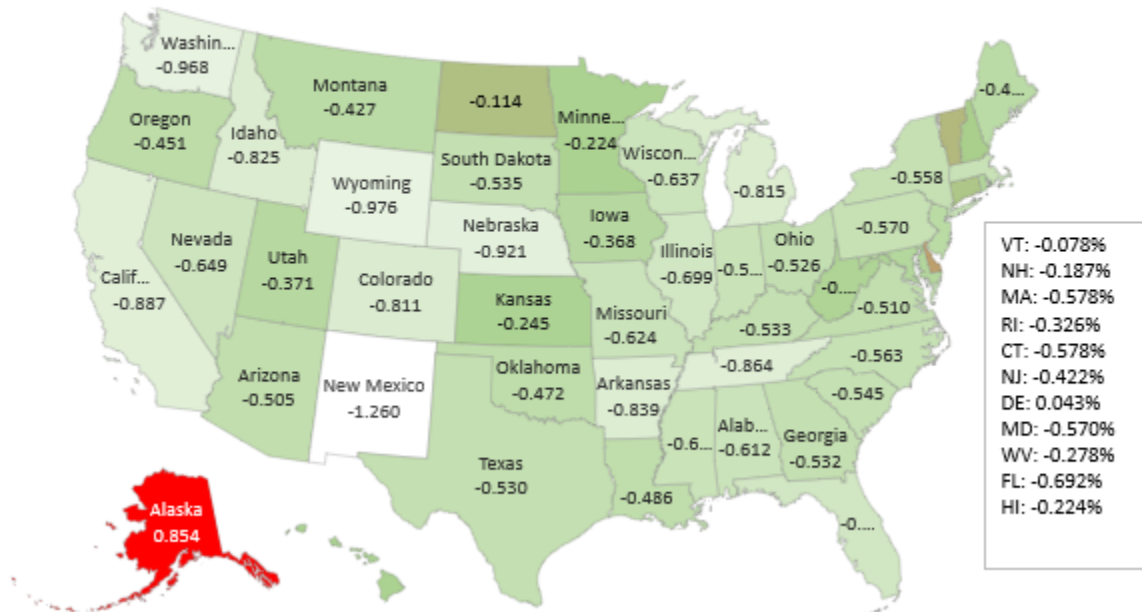
This measure reports the percentage of residents who have had an indwelling catheter in the last seven days. Indwelling catheter use may result in complications, like urinary tract or blood infections, physical injury, skin problems, bladder stones, or blood in the urine.

Improvement Breakdown

April Update (April 2019 - January 2022 Change)

Percentage of long stay residents with a catheter inserted and left in their bladder

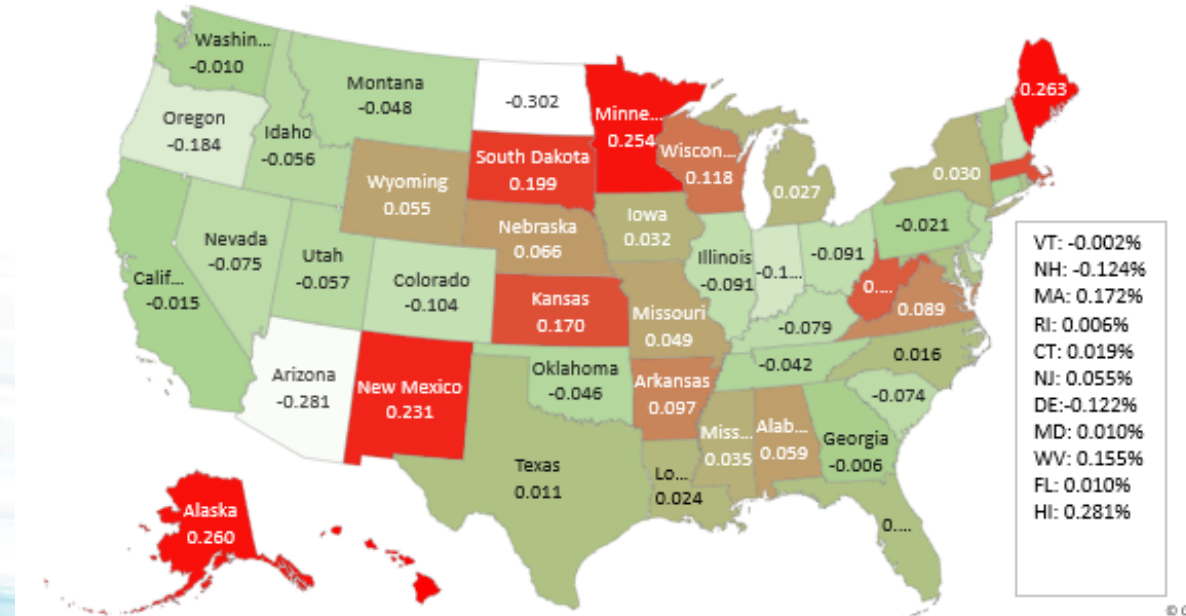
-1.260 -0.203 0.854



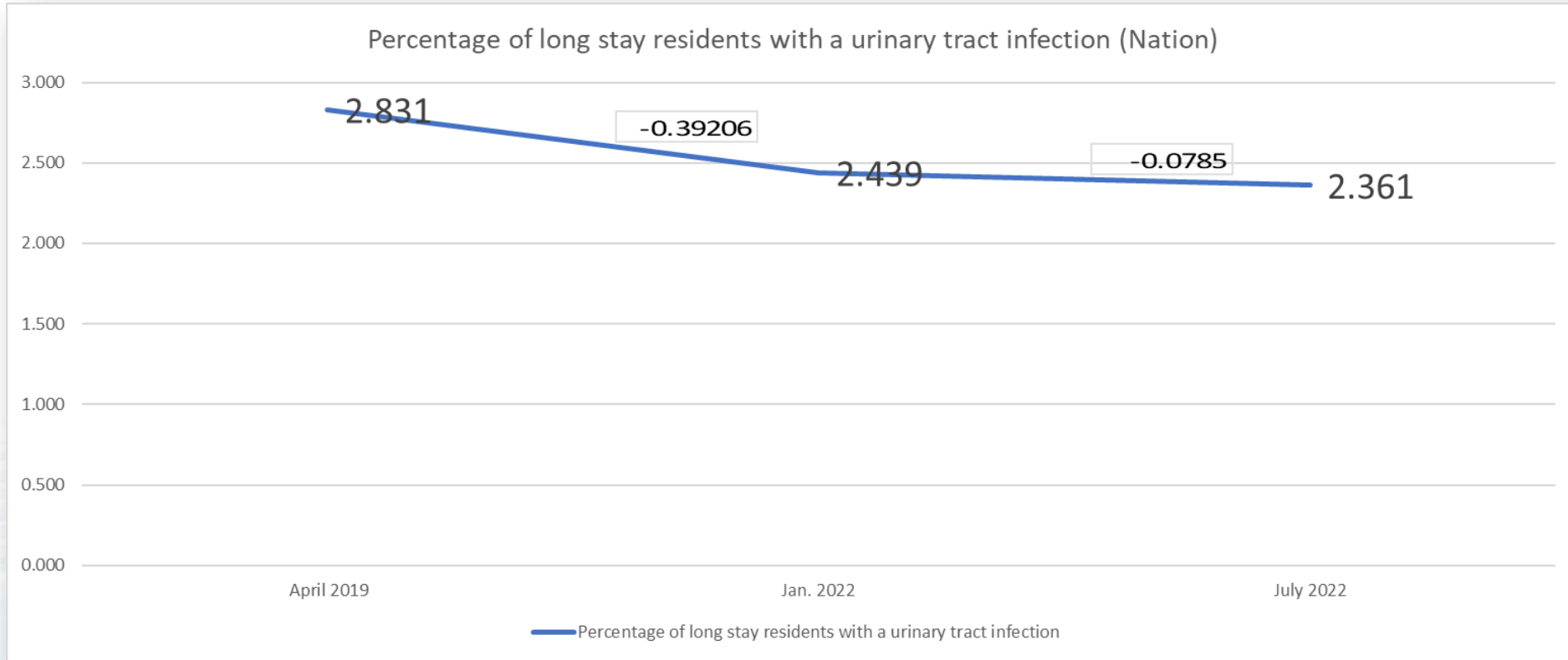
October Update (January 2022 - July 2022 Change)

Percentage of long stay residents with a catheter inserted and left in their bladder

-0.302 -0.010 0.281



Improvement Breakdown



Percentage of residents with a urinary tract infection

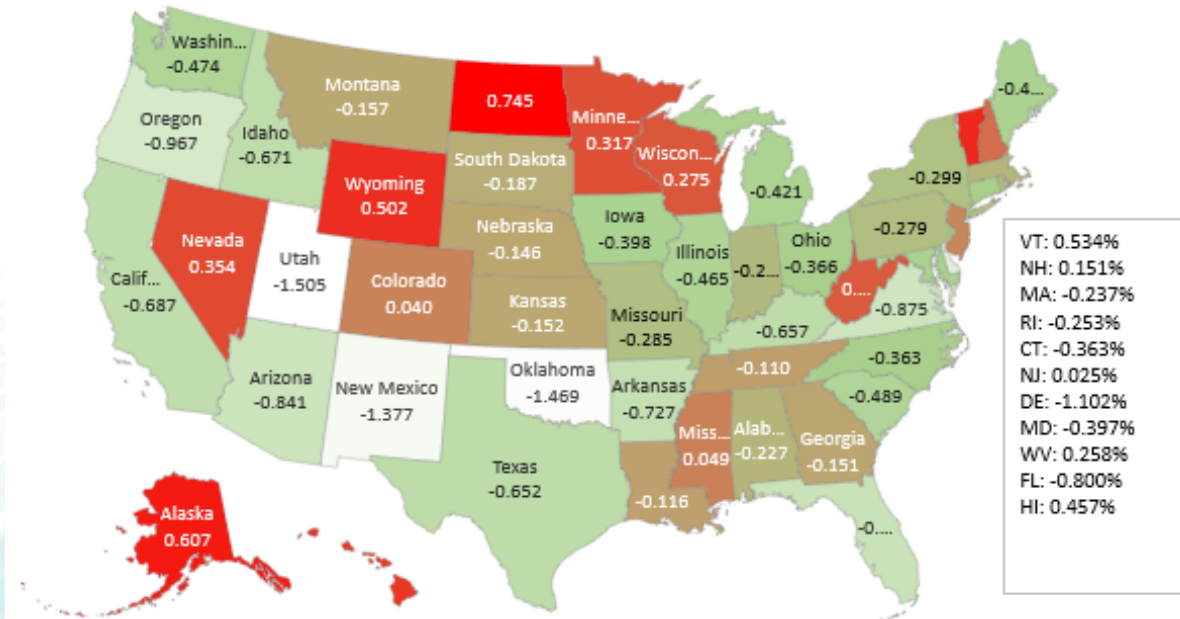
This measure reports the percentage of long-stay residents who have had a urinary tract infection within the past 30 days. Urinary tract infections can often be prevented through hygiene and drinking enough fluid. Urinary tract infections are relatively minor but can lead to more serious problems and cause complications like delirium if not treated.

Improvement Breakdown

April Update (April 2019 - January 2022 Change)

Percentage of long stay residents with a urinary tract infection

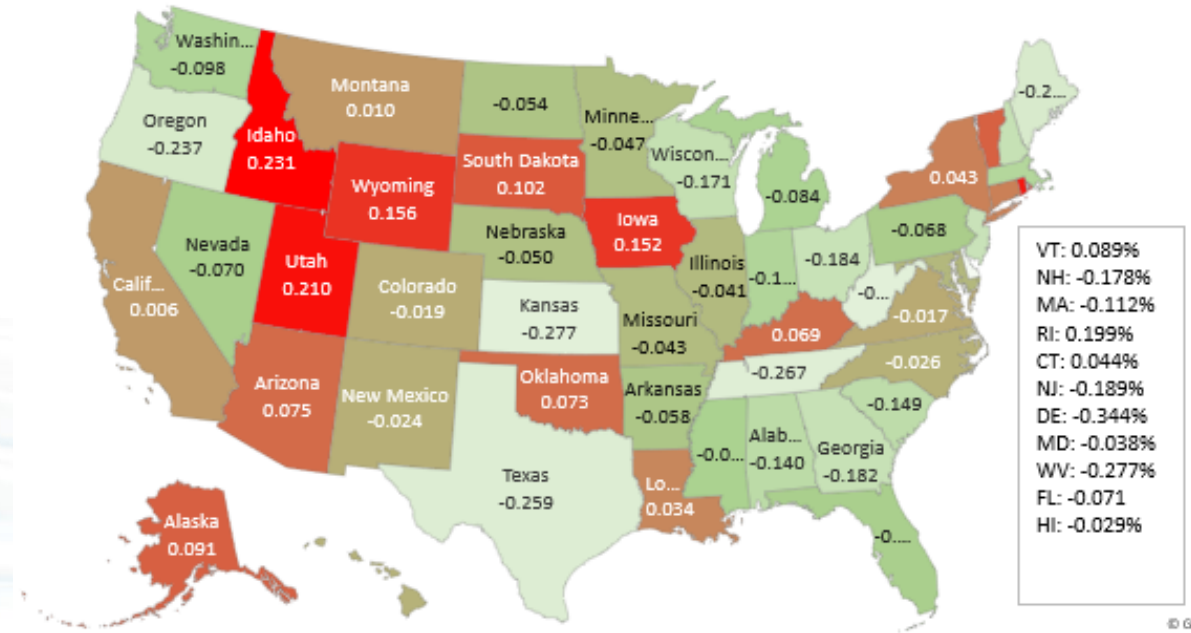
-1.505 -0.380 0.745



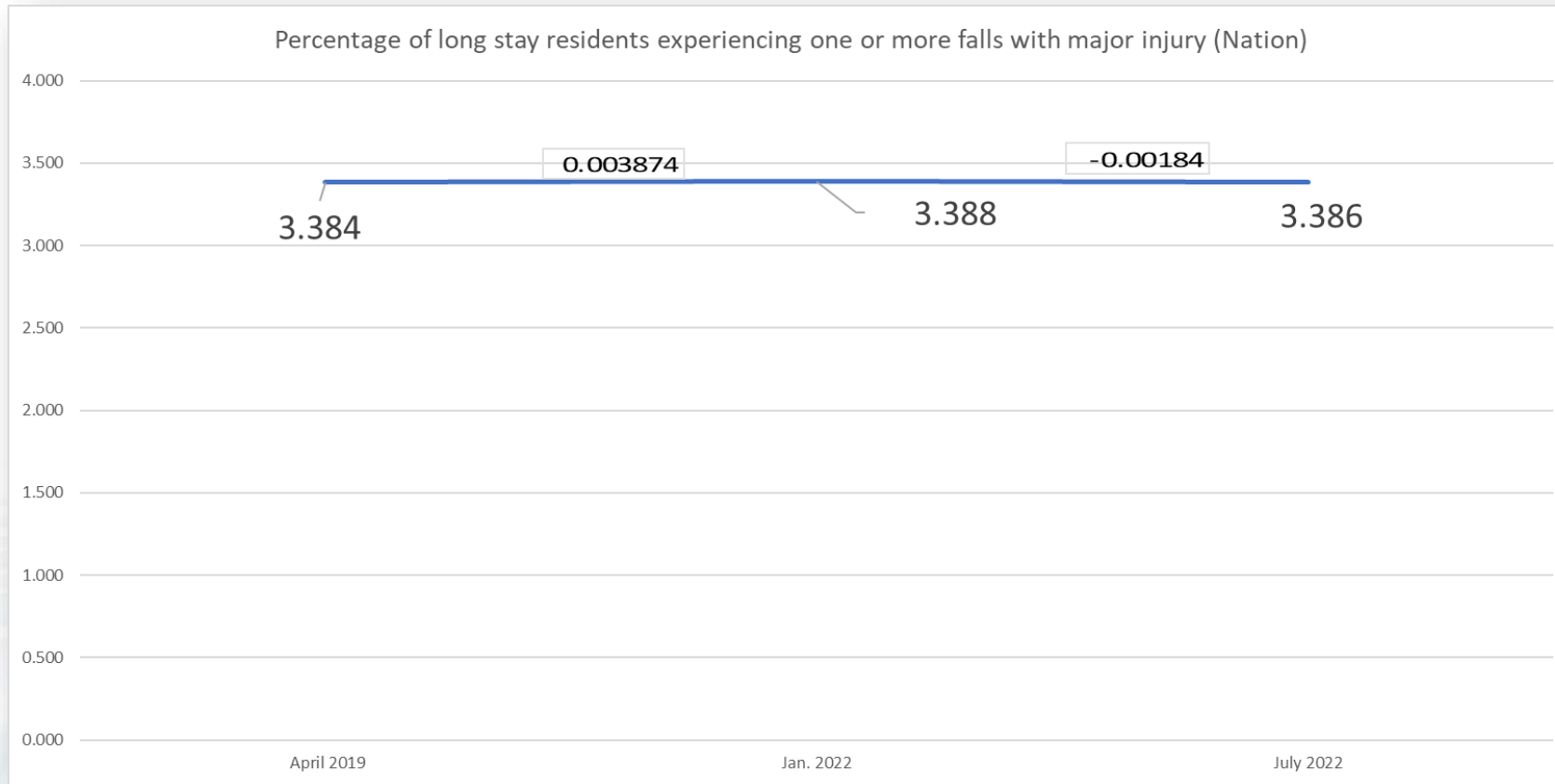
October Update (January 2022 - July 2022 Change)

Percentage of long stay residents with a urinary tract infection

-0.379 -0.074 0.231



Improvement Breakdown

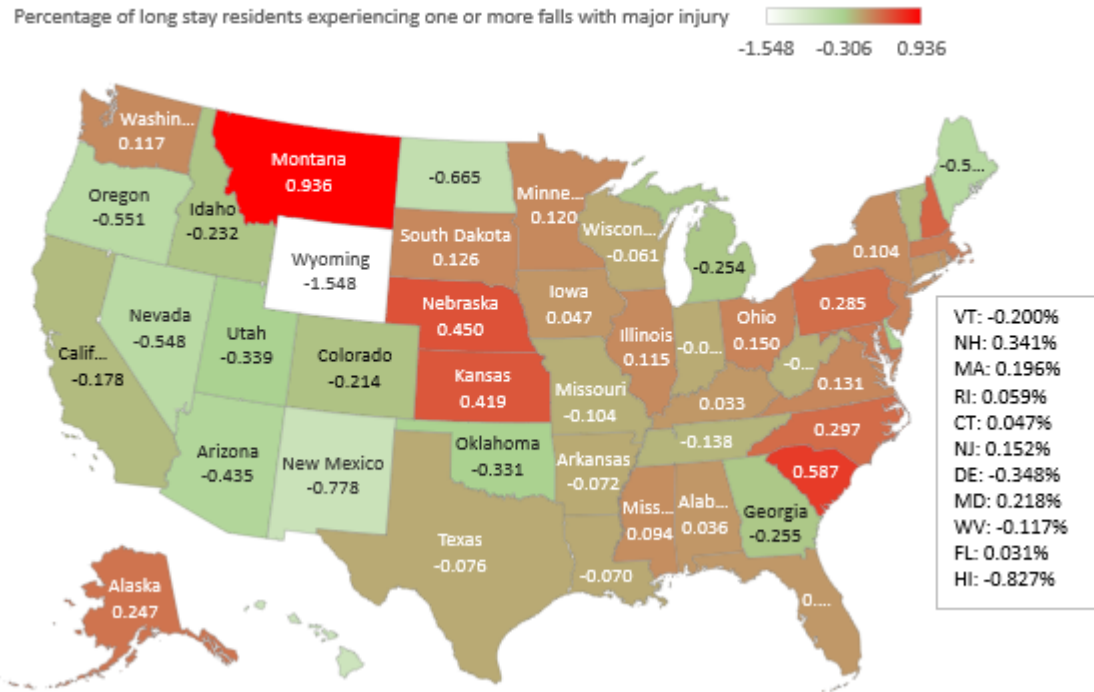


Percentage of residents experiencing one or more falls with major injury

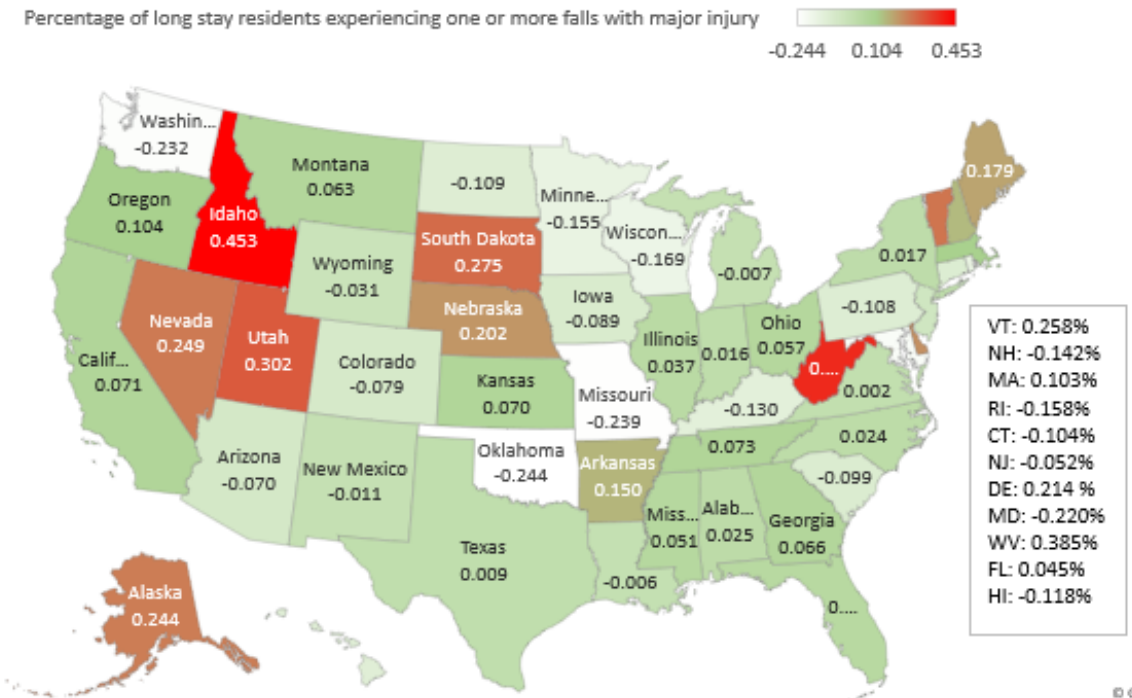
This measure reports the percentage of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period (one full calendar year).

Improvement Breakdown

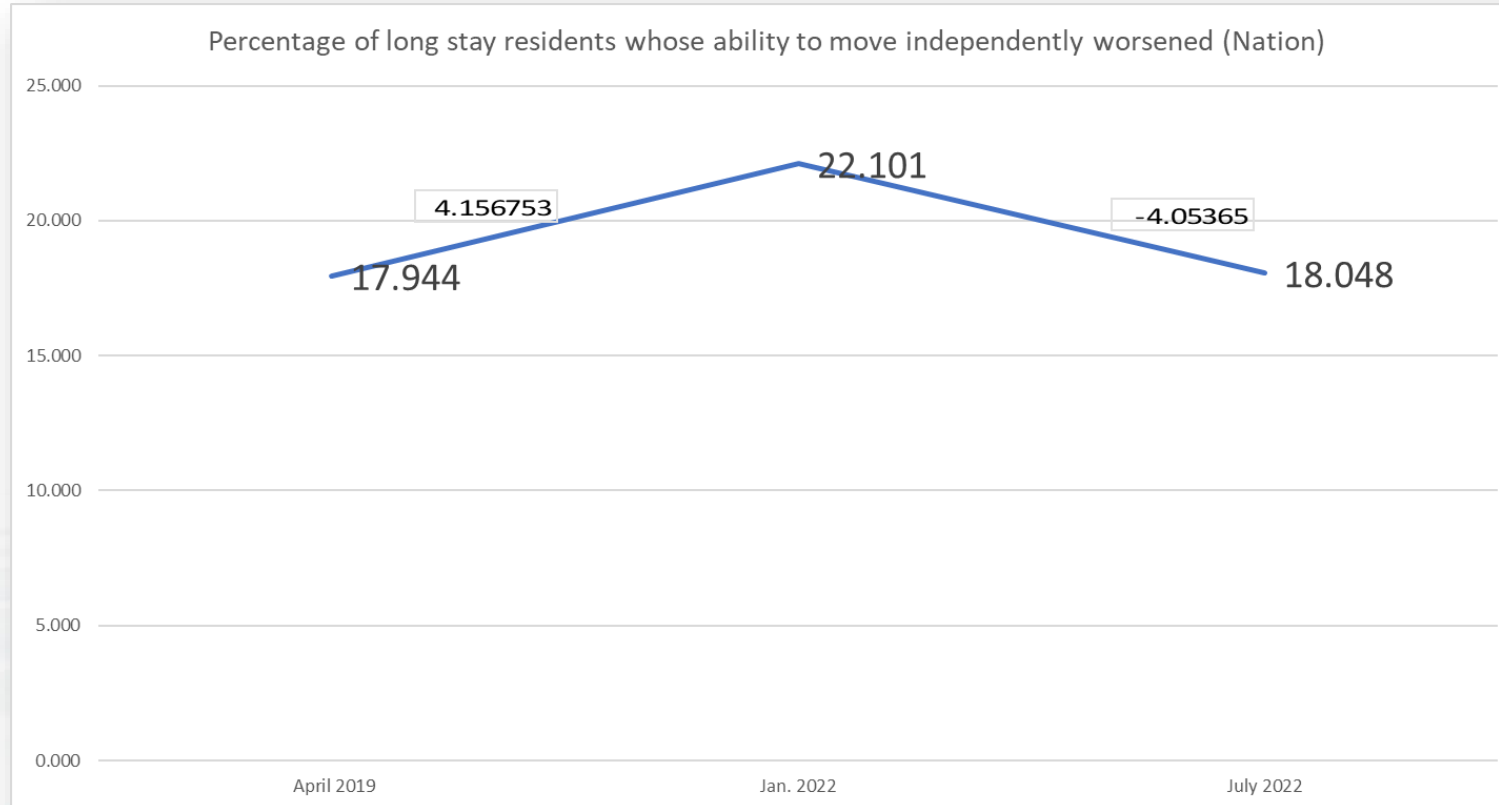
April Update (April 2019 - January 2022 Change)



October Update (January 2022 - July 2022 Change)



Improvement Breakdown



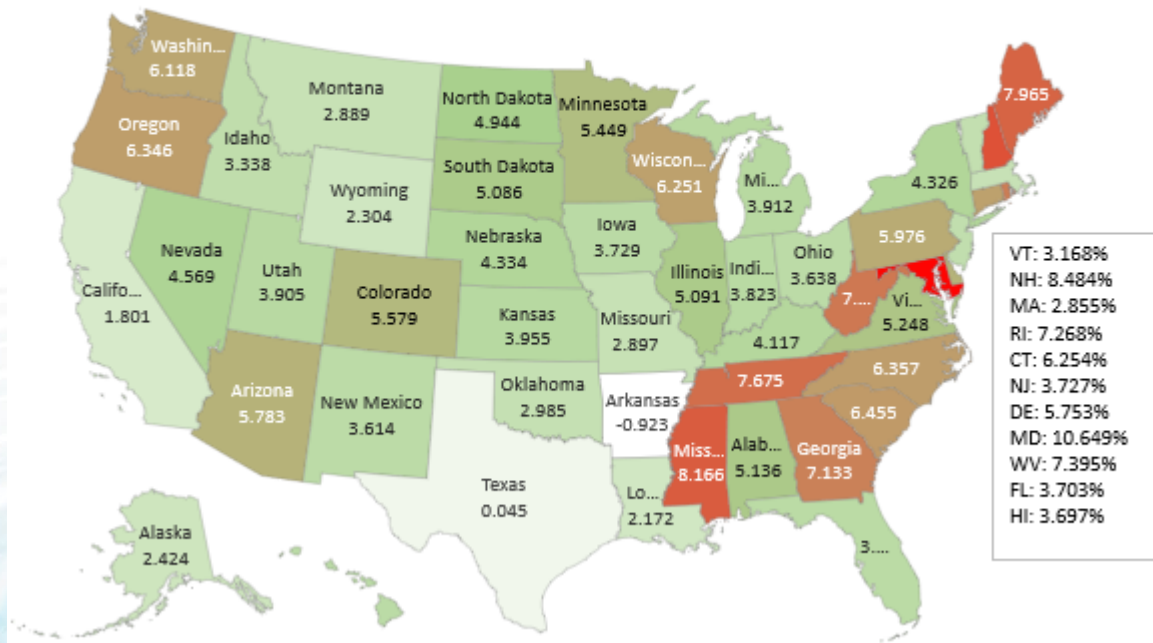
Percentage of residents whose ability to move independently worsened

This measure is a change measure that reports the percentage of long-stay residents who have demonstrated a decline in independence of locomotion when comparing the target assessment to a prior assessment. Residents who lose mobility may also lose the ability to perform other activities of daily living, like eating, dressing, or getting to the bathroom.

Improvement Breakdown

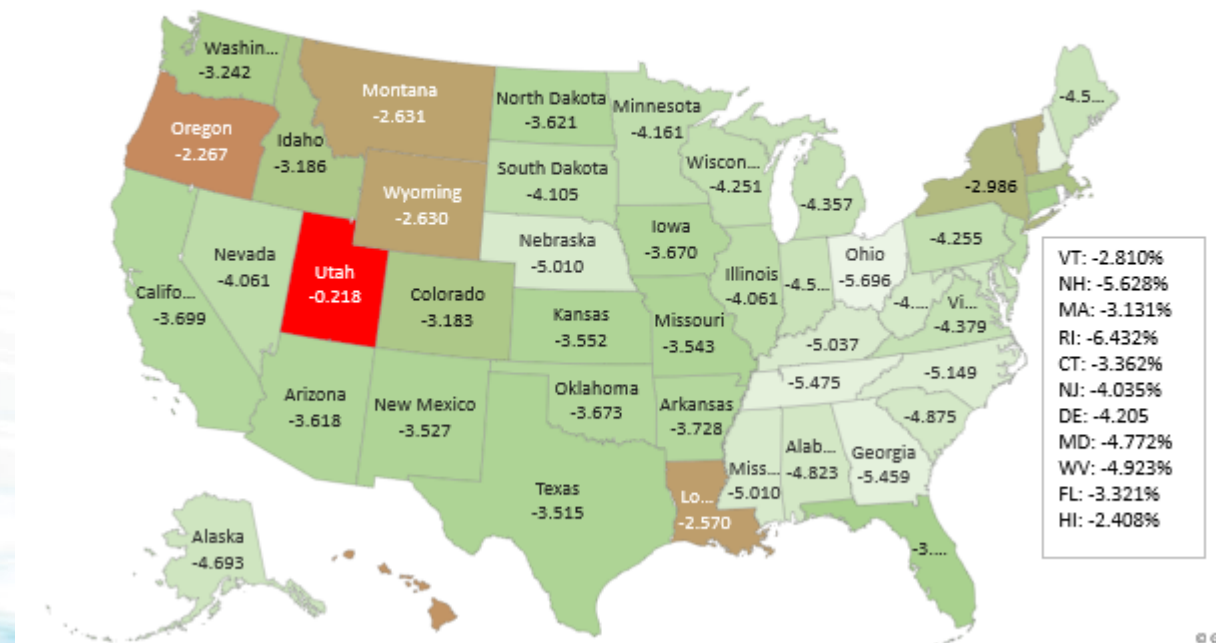
April Update (April 2019 - January 2022 Change)

Percentage of long stay residents whose ability to move independently worsened

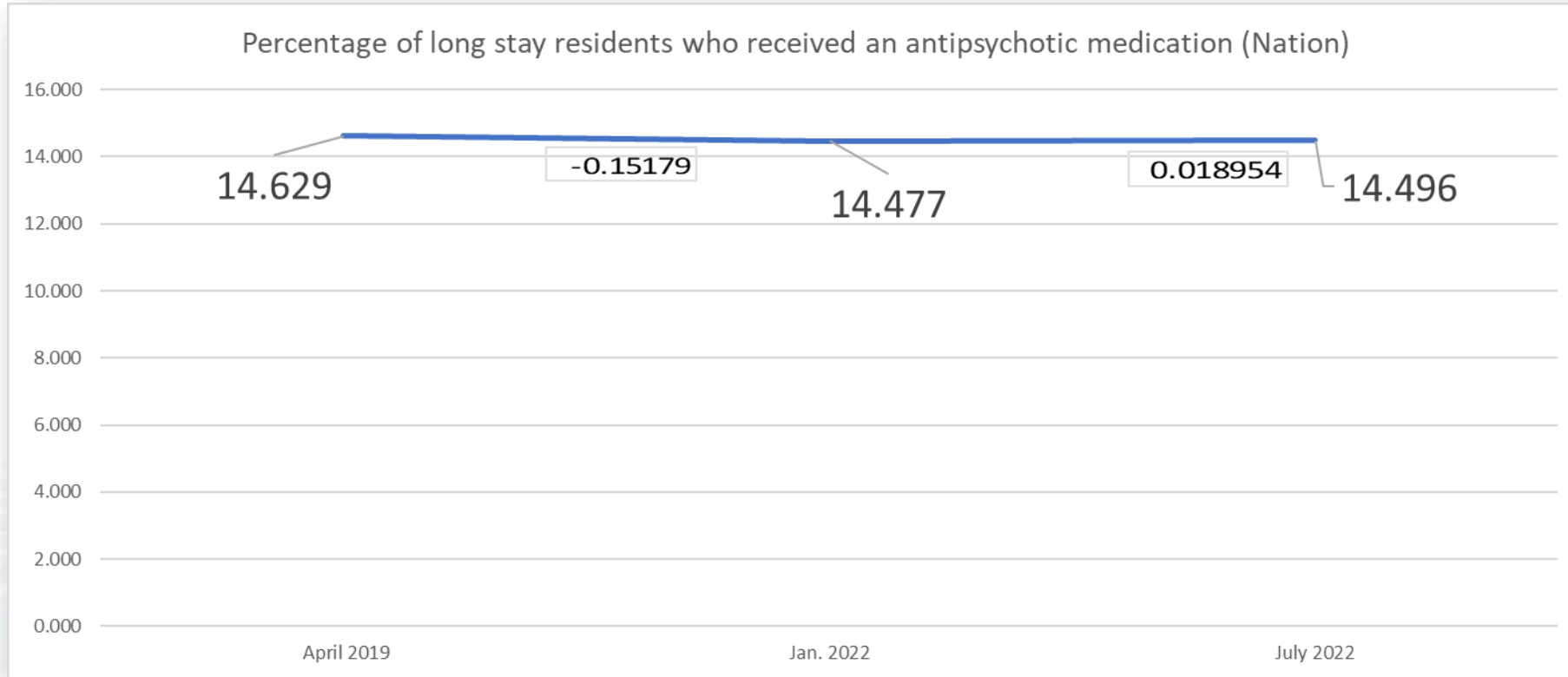


October Update (January 2022 - July 2022 Change)

Percentage of long stay residents whose ability to move independently worsened



Improvement Breakdown




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. Reducing the rate of antipsychotic medication use has been the focus of several CMS initiatives.

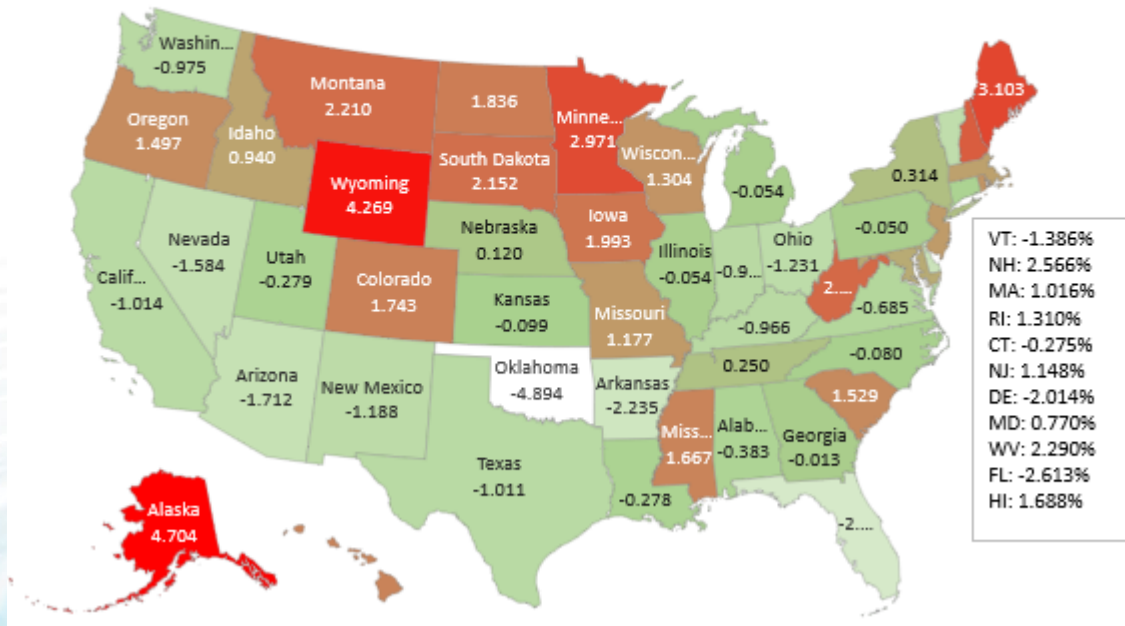
Improvement Breakdown

April Update (April 2019 - January 2022 Change)

Percentage of long stay residents who received an antipsychotic medication

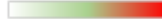


-4.894 -0.095 4.704

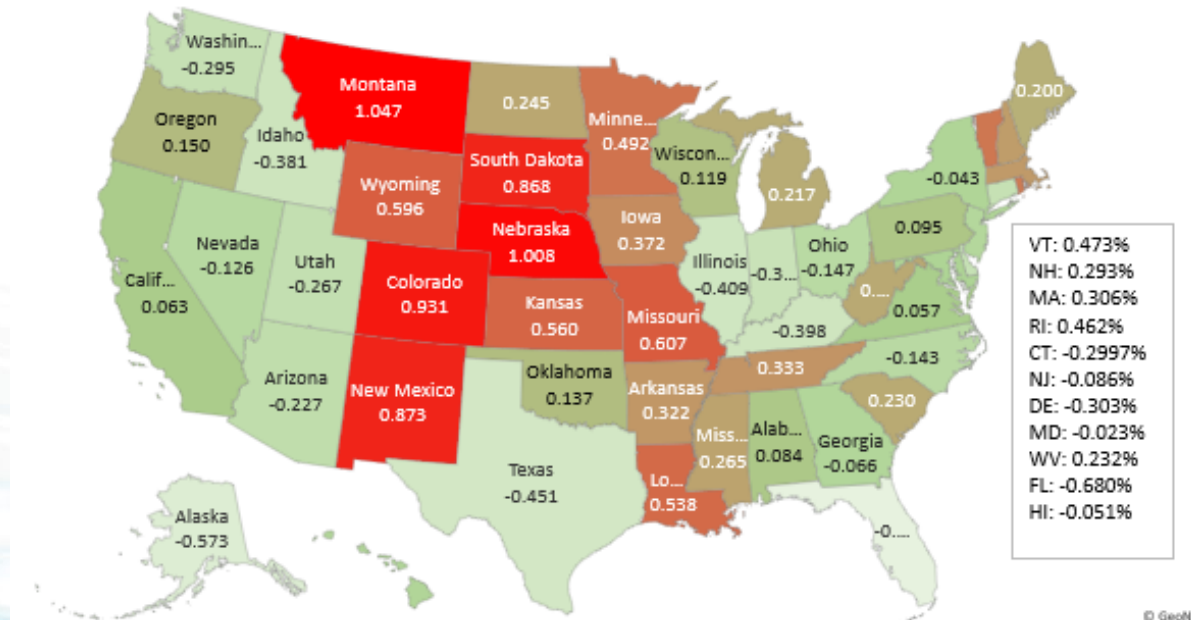


October Update (January 2022 - July 2022 Change)

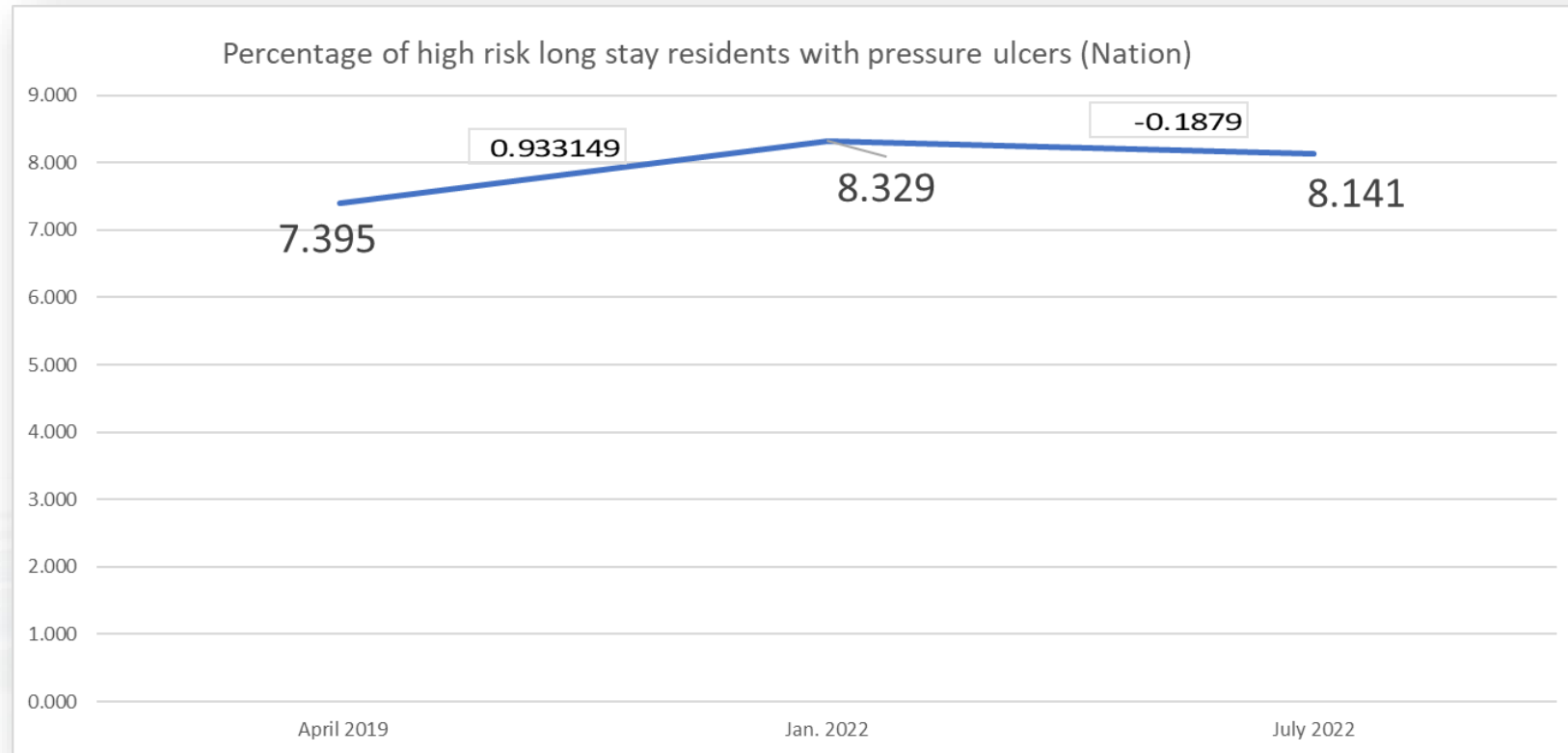
Percentage of long stay residents who received an antipsychotic medication



-0.965 0.041 1.047



Improvement Breakdown




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.

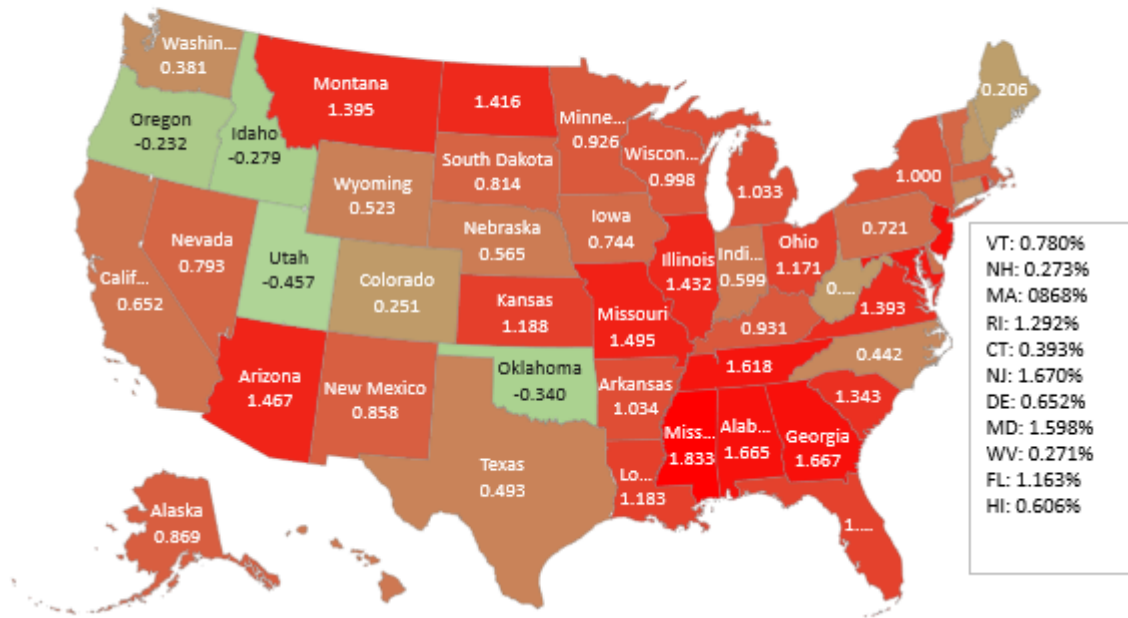
Improvement Breakdown

April Update (April 2019 - January 2022 Change)

Percentage of high risk long stay residents with pressure ulcers




-2.434 -0.301 1.833

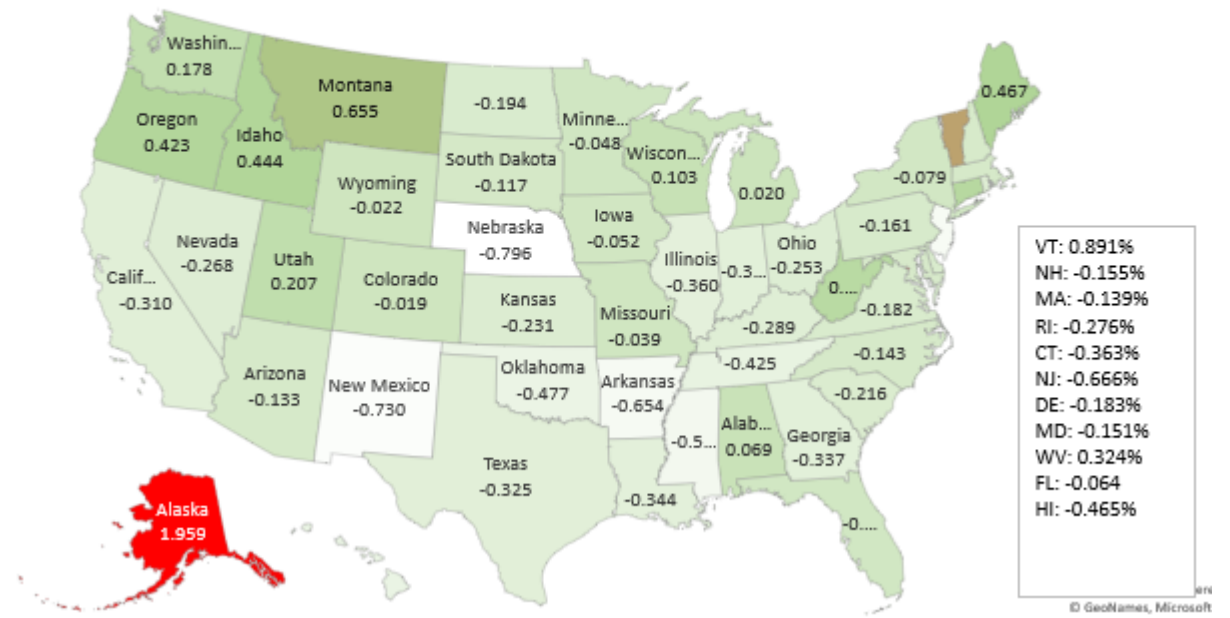


October Update (January 2022 - July 2022 Change)

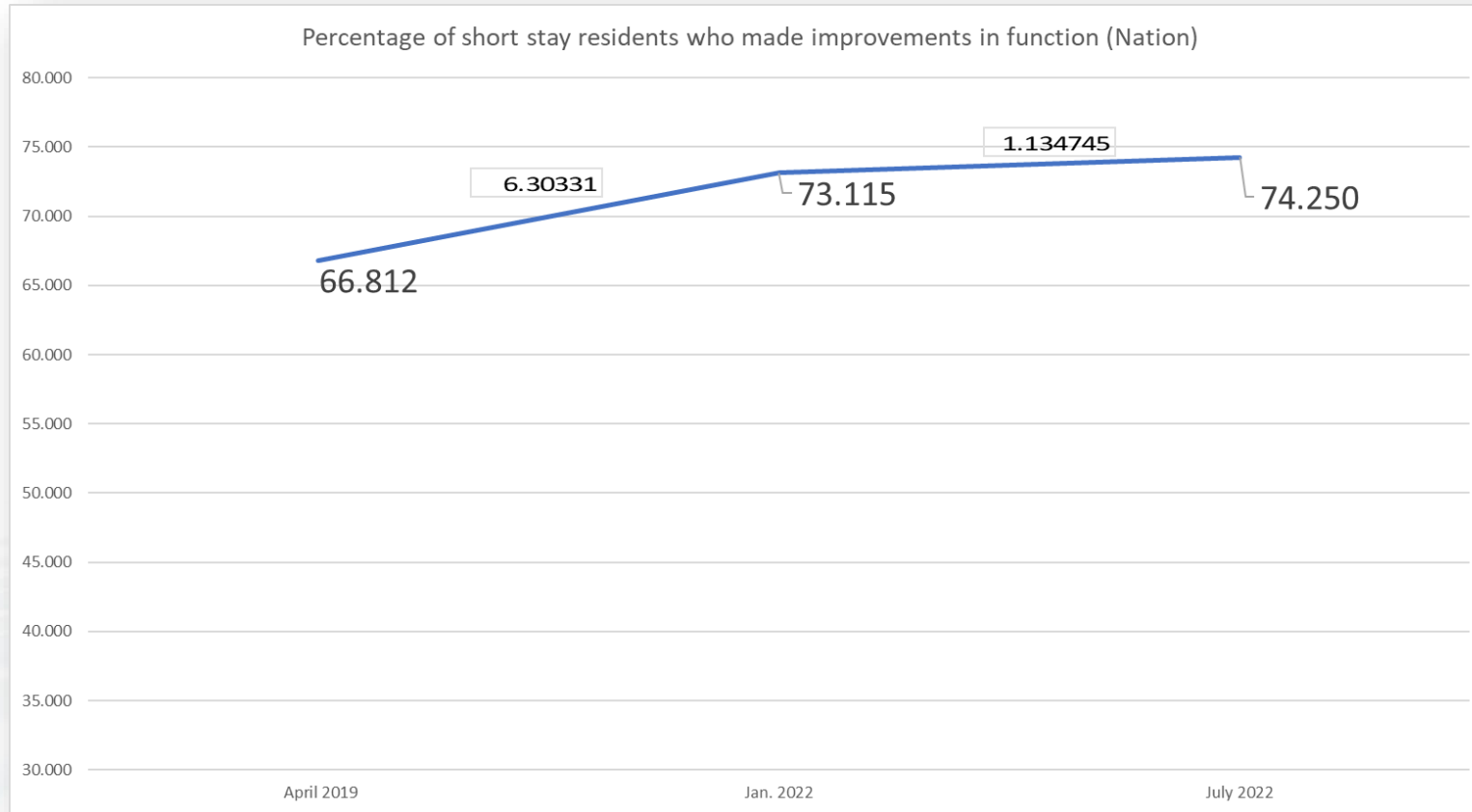
Percentage of high risk long stay residents with pressure ulcers



-0.796 0.582 1.959



Improvement Breakdown



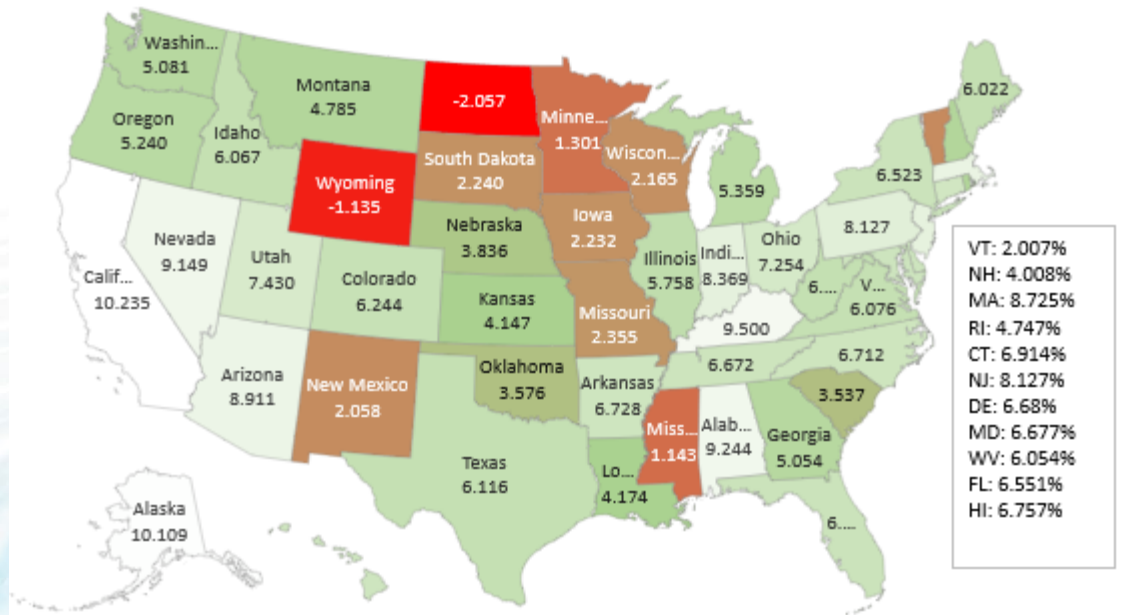
Percentage of residents who improved in their ability to move around on their own

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.

Improvement Breakdown

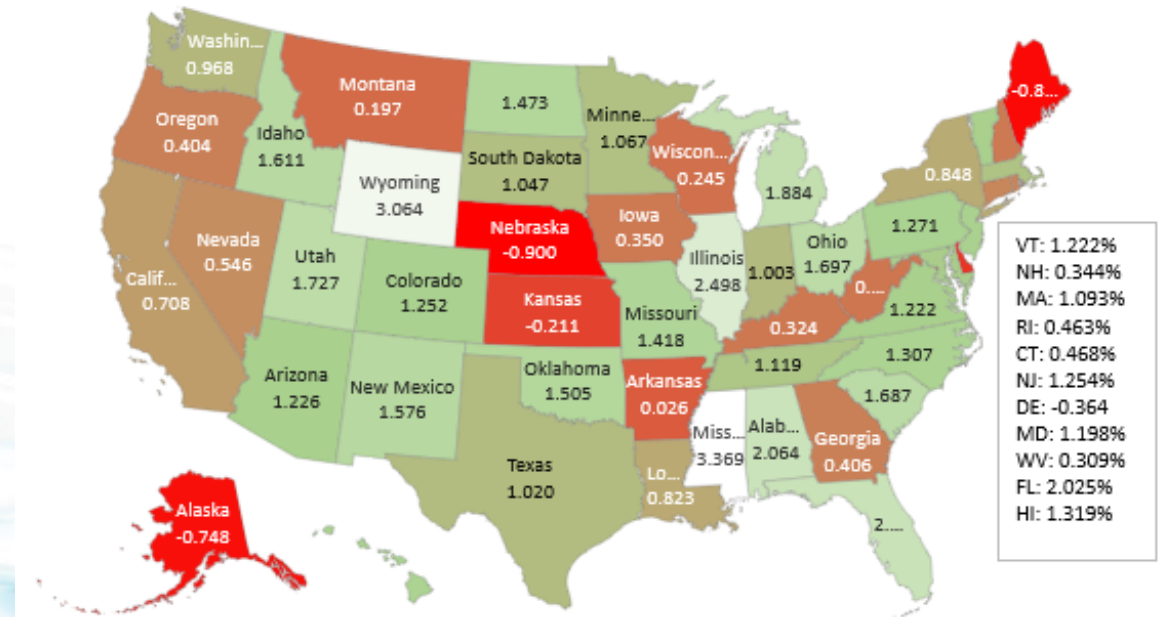
April Update (April 2019 - January 2022 Change)

Percentage of short stay residents who made improvements in function  -2.057 4.089 10.235

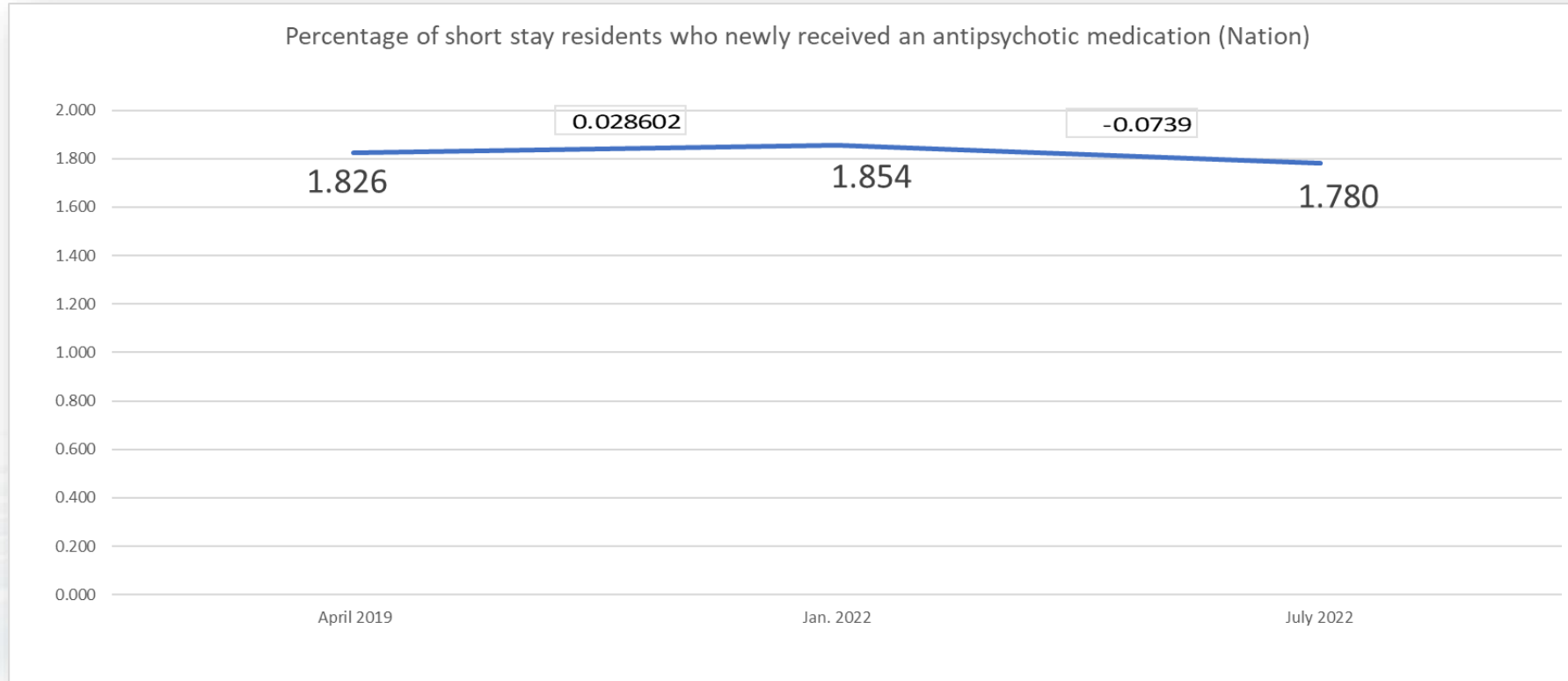


October Update (January 2022 - July 2022 Change)

Percentage of short stay residents who made improvements in function  -0.900 1.234 3.369



Improvement Breakdown



Percentage of residents who antipsychotic medication for the first time

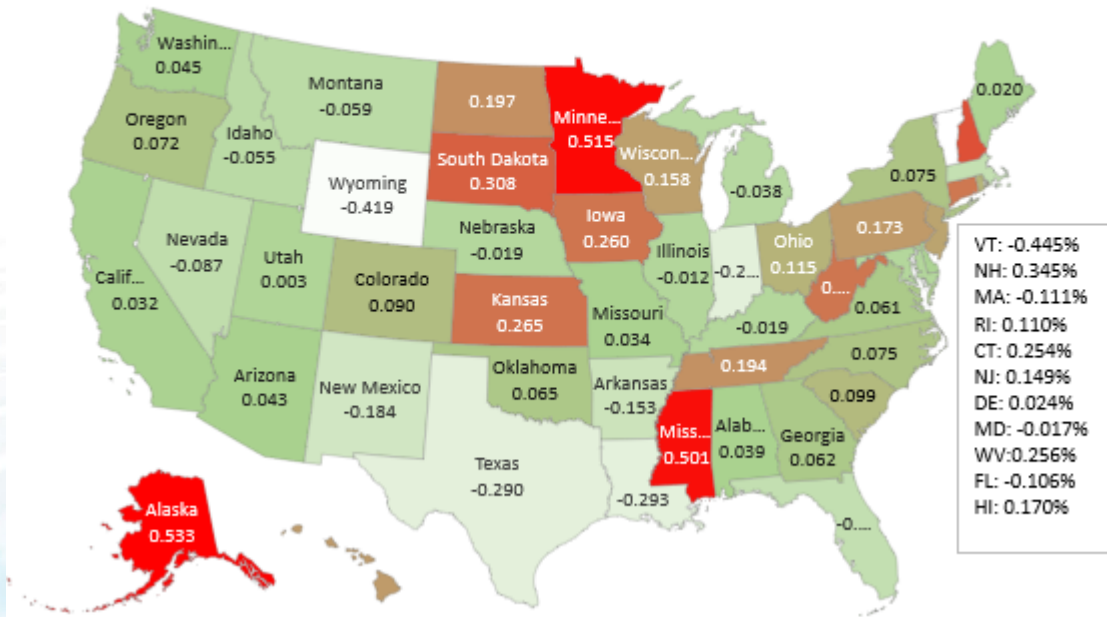
This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment.

Improvement Breakdown

April Update (April 2019 - January 2022 Change)

Percentage of short stay residents who newly received an antipsychotic medication

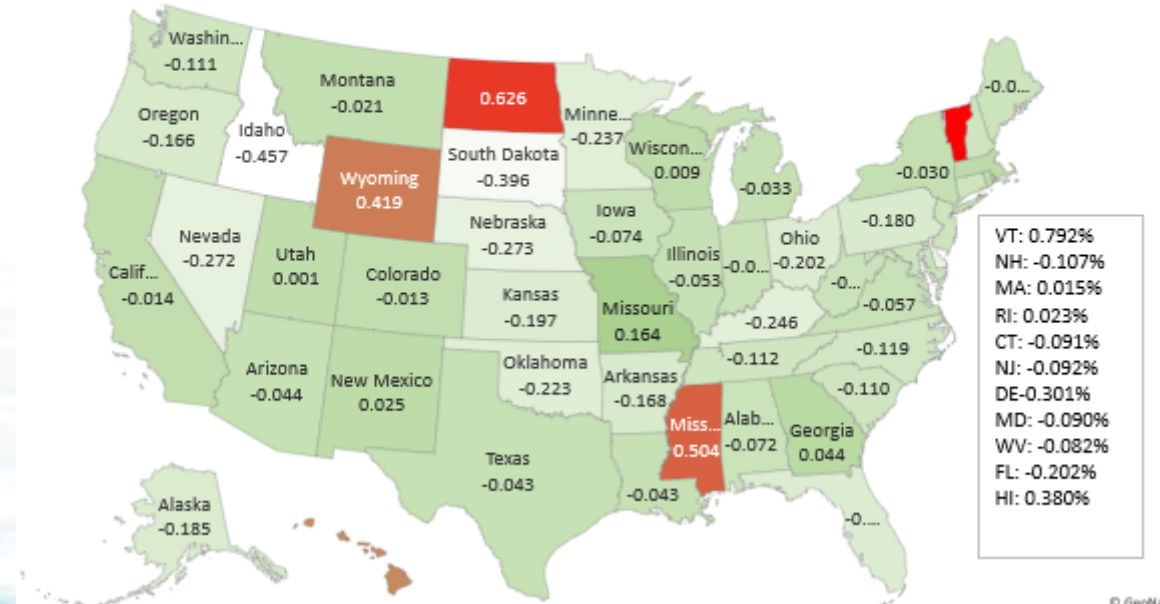
-0.445 0.044 0.533



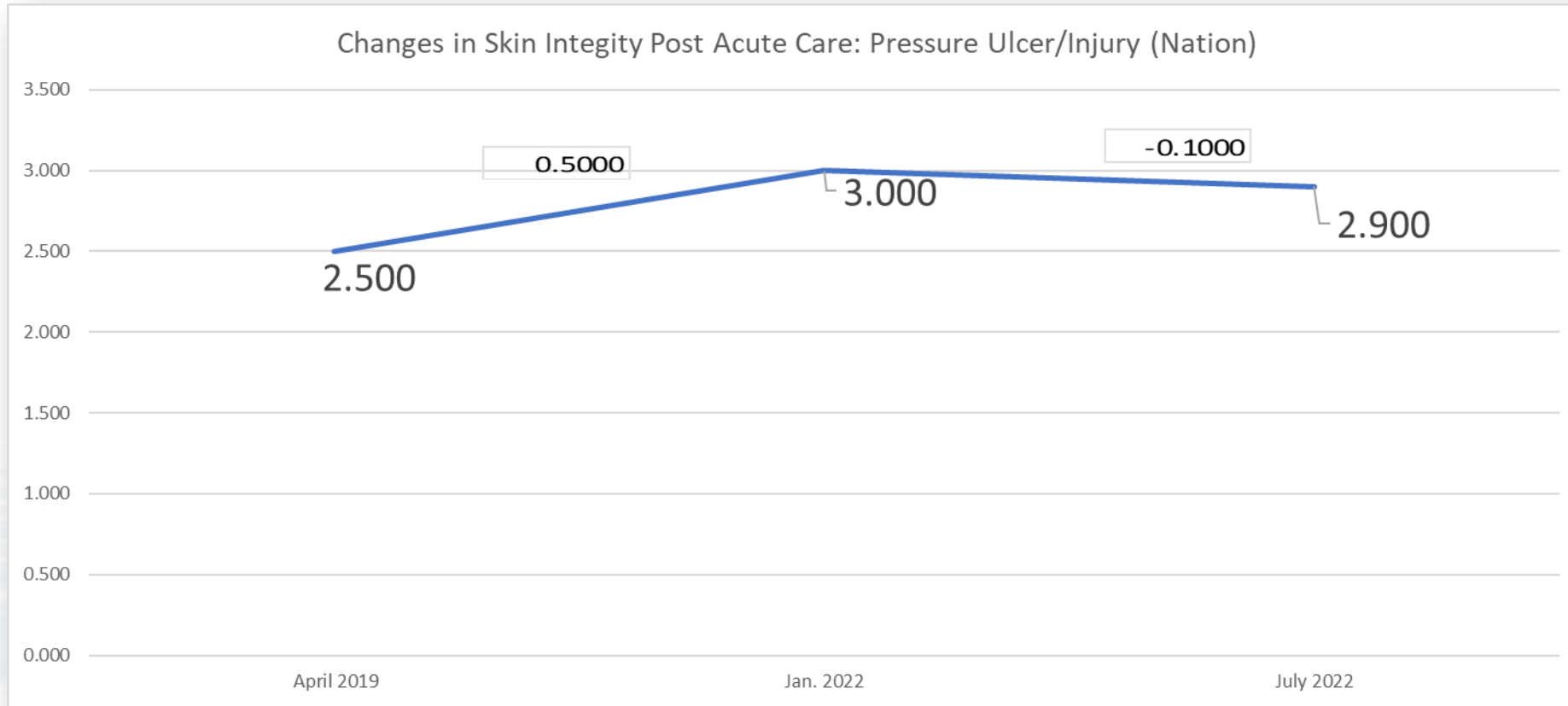
October Update (January 2022 - July 2022 Change)

Percentage of short stay residents who newly received an antipsychotic medication

-0.457 0.168 0.792



Improvement Breakdown



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

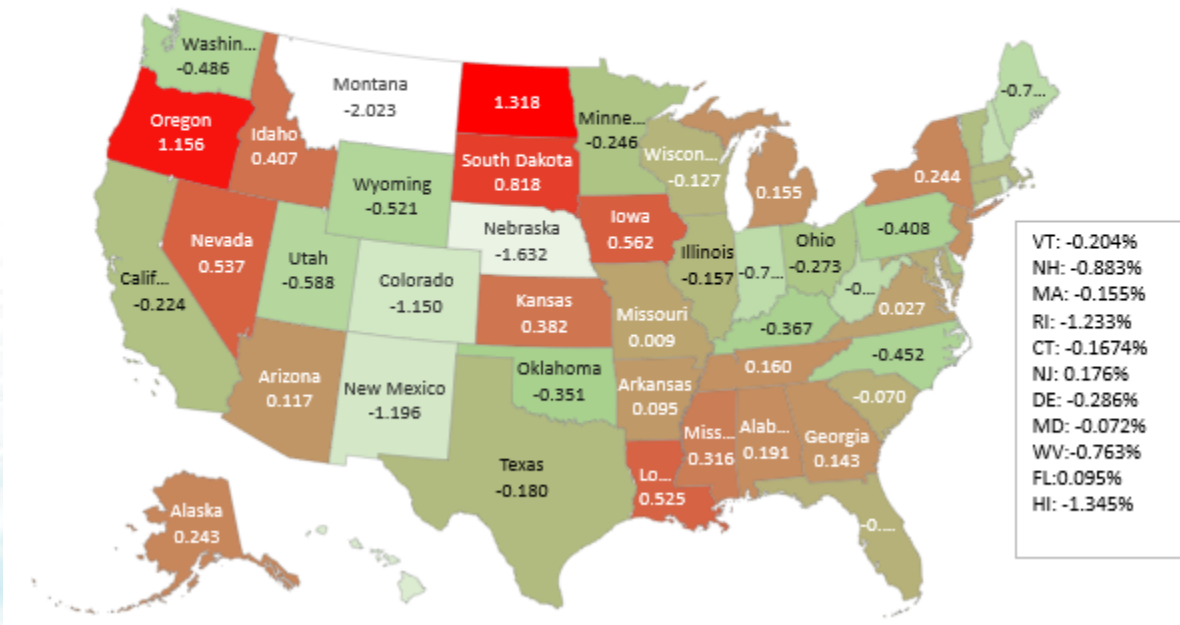
This measure captures the percentage of short-stay residents with pressure ulcers that are new or whose existing pressure ulcers worsened during their stay in the SNF and includes unstageable ulcers.

Improvement Breakdown

April Update (April 2019 - January 2022 Change)

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

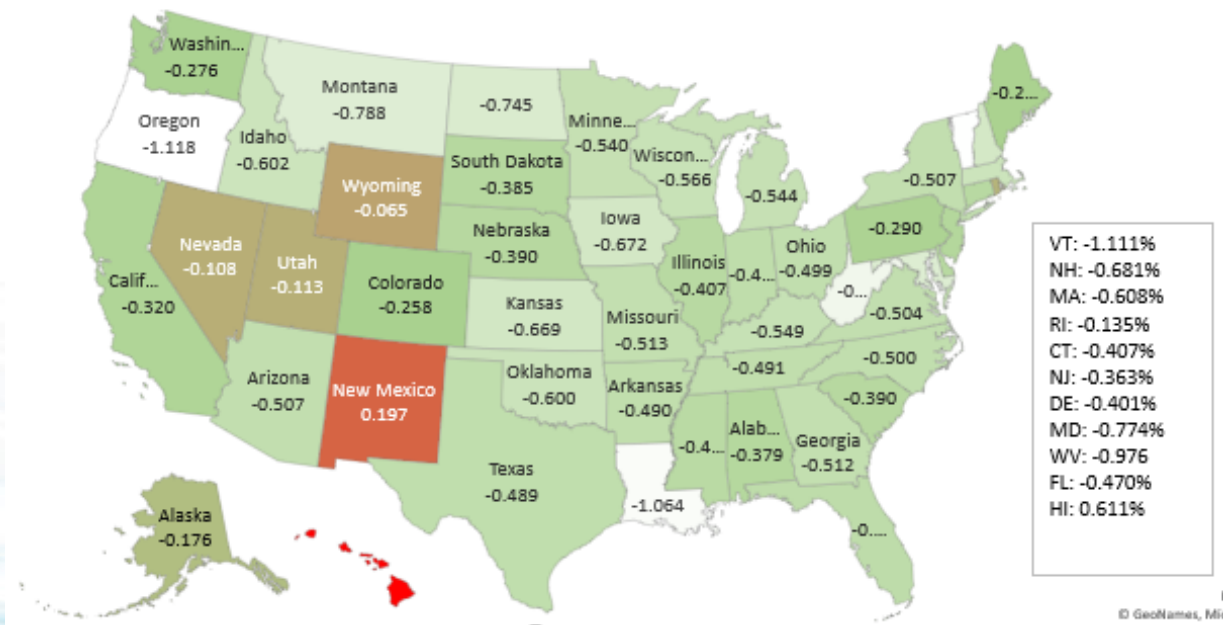
-2.023 -0.353 1.318



October Update (January 2022 - July 2022 Change)

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

-1.118 -0.254 0.611



Improvement Breakdown

QM Measurement Period	Percentage of <u>long stay</u> residents whose need for help with daily activities has increased	Percentage of <u>long stay</u> residents with a catheter inserted and left in their bladder	Percentage of <u>long stay</u> residents with a urinary tract infection	Percentage of <u>long stay</u> residents experiencing one or more falls with major injury	Percentage of <u>long stay</u> residents whose ability to move independently worsened	Percentage of <u>long stay</u> residents who received an antipsychotic medication	Percentage of high risk <u>long stay</u> residents with pressure ulcers	Percentage of <u>short stay</u> residents who made improvements in function	Percentage of <u>short stay</u> residents who newly received an antipsychotic medication	Changes in Skin Integrity Post Acute Care: Pressure Ulcer/Injury
Apr. '19 - Jan. '22	0.833615	-0.585532	-0.392055	0.003874	4.156753	-0.151792	0.933149	6.30331	0.028602	0.5000
Jan. '22 - Jul. '22	-1.031905	0.002585	-0.078501	-0.001845	-4.053646	0.018954	-0.187902	1.134745	-0.073898	-0.1000

Quality Measure Management

Section M		Skin Conditions \$\$ CATs QMs ★ QRP	
M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued \$\$ CATs QMs ★ QRP			
E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device			
Enter Number	<input type="text"/>	1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar CAA: *12, *16, N015.03 ★, S038.02 ★	
Enter Number	<input type="text"/>	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 S038.02 ★	
F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar			
Enter Number	<input type="text"/>	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 CAA: *12, *16, N015.03 ★, S038.02 ★	
Enter Number	<input type="text"/>	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 S038.02 ★	
G. Unstageable - Deep tissue injury:			
Enter Number	<input type="text"/>	1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers CAA: *12, *16, N015.03 ★, S038.02 ★	
Enter Number	<input type="text"/>	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 S038.02 ★	

Care Area Assessments Key / Quality Measures / QRP Key

Care Area Assessments Key:

- A 1 - Delirium
- A 2 - Cognitive Loss/Dementia
- A 3 - Visual Function
- A 4 - Communication
- A 5 - Activity of Daily Living (ADL) Functional / Rehabilitation Potential
- A 6 - Urinary Incontinence and Indwelling Catheter
- A 7 - Psychosocial Well-Being
- A 8 - Mood State
- A 9 - Behavioral Symptoms
- A 10 - Activities
- A 11 - Falls
- A 12 - Nutritional Status
- A 13 - Feeding Tubes
- A 14 - Dehydration/Fluid Maintenance
- A 15 - Dental Care
- A 16 - Pressure Ulcer
- A 17 - Psychotropic Medication Use
- A 18 - Physical Restraints
- A 19 - Pain
- A 20 - Return to Community Referral

Quality Measures Key

Long Stay QMs:

- N03.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine
- N04.03 - Percent of residents who received the seasonal influenza vaccine
- N05.03 - Percent of residents who were offered and declined the seasonal influenza vaccine
- N06.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine
- N07.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)
- N11.02 (C) (N) ★ - Percent of residents who newly received an antipsychotic medication
- N17.03 (C) (N) ★ - Percent of Residents Who Made Improvements in function
- N18.03 (N) ★ - Percentage of residents who were rehospitalized after a nursing home admission
- N19.03 (N) ★ - Percentage of residents who have had an outpatient emergency department visit

Long Stay QMs:

- N13.02 (C) (N) ★ - Percent of residents experiencing one or more falls with major injury
- N15.03 (C) (N) ★ - Percent of high risk residents with pressure ulcers
- N16.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine
- N17.03 - Percent of residents who received the seasonal influenza vaccine
- N18.03 - Percent of residents who were offered and declined the seasonal influenza vaccine
- N19.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine
- N20.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)
- N24.02 (C) (N) ★ - Percent of residents with a urinary tract infection
- N25.02 (C) (N) - Percent of low risk residents who lose control of their bowel or bladder (Still on CASPER and NHC, withdrawn from NQF submission)

Emerald/POPM Crimson/CATs (*) - Single Item Trigger Royal/QMs (Italics = Associated Exclusions, Underline = Associated Covariates) (*) - Single Item Trigger Gold ★/5-Star Violet/QRP (Italics = Associated Exclusions, Underline = Associated Covariates) (1)=performance, (2)=goals

Long Stay QMs (cont.):

- N026.03 (C) (N) ★ - Percent of residents who have/had a catheter inserted and left in their bladder
- N027.02 (C) (N) - Percent of residents who were physically restrained
- N028.02 (C) (N) ★ - Percent of residents whose need for help with activities of daily living has increased
- N029.02 (C) (N) - Percent of residents who lose too much weight
- N030.02 (C) (N) - Percent of residents who have depressive symptoms (Still on CASPER and NHC, withdrawn from NQF submission)
- N031.03 (C) (N) ★ - Percent of residents who received an antipsychotic medication
- N035.03 (C) (N) ★ - Percent of Residents Whose Ability to Move Independently Worsened
- N036.02 (C) (N) - Percent of Residents Who Used Antianxiety or Hypnotic Medication
- Claims (N) ★ - Number of Hospitalizations per 1,000 Long-Stay Resident Days
- Claims (N) ★ - Number of ED visits per 1,000 Long-Stay Resident Days

Additional Survey QMs:

- N032.02 (C) - Prevalence of falls (Long Stay)
- N033.02 (C) - Prevalence of antianxiety/hypnotic use (Long Stay)
- N034.02 (C) - Prevalence of behavior symptoms affecting others (Long Stay)

SNF Quality Reporting Program (SNF QRP) QMs:

- S001.03 (Q) (N) - Application of Percent of Long-Term Care Hospital Patient with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- S007.02 (Q) (N) - Drug Regimen Review Conducted with Follow-Up for Identified Issues
- S013.02 (Q) (N) - Application of Percent of Residents Experiencing One or More Falls with Major Injury
- S022.03 (Q) (N) - SNF Functional Outcome Measure: Change in Self-Care Score for Nursing Facility Residents
- S023.02 (Q) (N) - SNF Functional Outcome Measure: Change in Mobility Score for Nursing Facility Residents
- S024.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Self-Care Score for Nursing Facility Residents
- S025.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Mobility Score for Nursing Facility Residents
- S038.02 (C) (Q) (N) ★ - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- Claims S004.01 (Q) (N) - Potentially Preventable 30-Day Post-Discharge Readmission Measure - SNF QRP
- Claims S005.02 (Q) (N) ★ - Discharge to Community - PAC SNF QRP
- Claims S006.01 (Q) (N) - Medicare Spending per Beneficiary - PAC SNF QRP
- Claims SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization CDC NHSN COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (N)
- NQF #0431 NHSN Influenza Vaccination Coverage among Healthcare Personnel (Q) (10/1/2022)

Payroll Based Journal (PBJ) QMs:

- Staff Turnover Measure (nursing staff + administrators) (N) ★
- Weekend Staffing Measure (total nursing staff + registered nurse) (N) ★

Key:

- (C) (C) = CASPER Report ★ = 5-Star Rating
- (N) (N) = Care Compare (Q) = SNF Quality Reporting Program (SNF QRP) (DCG) = data.cms.gov

Quality Measure Management


Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L) ★	N015.03	C	2	48	4.2%	4.2%	9.9%	9.1%	23
Phys restraints (L)	N027.02	C	0	68	0.0%	0.0%	0.2%	0.2%	0
Falls (L)	N032.02	C	34	68	50.0%	50.0%	45.8%	46.3%	58
Falls w/Maj Injury (L) ★	N013.02	C	4	68	5.9%	5.9%	3.5%	3.6%	81 *
Antipsych Med (S) ★	N011.02	C	0	15	0.0%	0.0%	2.2%	2.2%	0
Antipsych Med (L) ★	N031.03	C	16	63	25.4%	25.4%	14.9%	14.4%	89 *
Antianxiety/Hypnotic Prev (L)	N033.02	C	1	21	4.8%	4.8%	8.1%	6.3%	51
Antianxiety/Hypnotic % (L)	N036.02	C	20	64	31.3%	31.3%	31.7%	19.7%	86 *
Behav Sx affect Others (L)	N034.02	C	10	57	17.5%	17.5%	20.1%	20.6%	51
Depress Sx (L)	N030.02	C	5	54	9.3%	9.3%	9.0%	7.5%	78 *
UTI (L) ★	N024.02	C	3	56	5.4%	5.4%	3.9%	2.8%	83 *
Cath Insert/Left Bladder (L) ★	N026.03	C	1	54	1.9%	1.6%	2.0%	2.1%	54
Lo-Risk Lose B/B Con (L)	N025.02	C	8	16	50.0%	50.0%	51.6%	47.3%	58
Excess Wt Loss (L)	N029.02	C	4	52	7.7%	7.7%	11.0%	8.5%	51
Incr ADL Help (L) ★	N028.02	C	9	64	14.1%	14.1%	20.3%	17.2%	40
Move Indep Worsens (L) ★	N035.03	C	8	30	26.7%	31.0%	36.0%	27.2%	63
Improvement in Function (S) ★	N037.03	C	8	18	44.4%	49.1%	70.3%	70.8%	11 *

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury: SNF QRP ★	S038.02	5	41	12.2%	10.7%	2.9%

¹ The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (01/01/2020 - 12/31/2020).

Quality Measure Management

Figure 11-7. MDS 3.0 Resident Level Quality Measure Report*



CMS
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CASPER Report
MDS 3.0 Resident Level Quality Measure Report

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Facility ID: [REDACTED]
Facility Name: [REDACTED]
CCN: [REDACTED]
City/State: [REDACTED]

Report Period: 04/01/2021 - 09/30/2021
Report Run Date: 10/07/2021
Data Calculation Date: 10/04/2021
Report Version Number: 3.03

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded,
C = complete; data available for all days selected, I = incomplete; data not available for all days selected

Resident Name	Resident ID	A0310A/B/F	Hi-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose BIB Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
[REDACTED]	48207520	04/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207523	05/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207526	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207529	06/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207532	99/01/99	b	b	b	b	b	X	X	X	b	X	b	b	b	b	b	b	b	4
[REDACTED]	48207535	01/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	b	b	b	b	4
[REDACTED]	48207538	03/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207541	04/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207544	05/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207547	02/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207550	06/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207553	99/01/99	b	b	b	b	b	X	X	X	b	X	b	b	b	b	b	b	b	4
[REDACTED]	48207556	01/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207559	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.

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* Fictitious, sample data are depicted.

What's Next

- Value Based Purchasing!!!
- CMS' QM improvement cut point initiative is here to stay.
- Next cut point update will affect 5-star ratings in April 2023.
- Keep current trends in mind.
- Focus on areas where improvements have occurred.
- **Focus on quality.**
- Monitor your QM 5-star data regularly via your CASPER reports.
- **Don't forget** MDS 3.0v1.1.11. Section G ADL data has been eliminated. Stay Tuned!

QUESTIONS?

Find Out More

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