

“A Knowledgeable and Compassionate partner”



Interpreting your 5-Star Preview Reports

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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, 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.

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

- Contact hours for this program will not be awarded after 1 week

Learning Objectives

Interpreting your 5-Star Preview Reports

- Recognize the specific sections of the report
- Identify the specific data points that contribute to the 5-star rating
- Comprehend the relevance of each data point
- Define how the 5-star rating is determined
- Apply this understanding to facility quality improvement initiatives

Resources

- [Nursing Home Data at Data.CMS.gov](#)
- [5-Star User's Guide](#)
- [MDS 3.0 Quality Measures User's Manual v17.0](#)
- [Claims-Based Quality Measures](#)
- [SNF QRP Quality Measures User's Manual v.7.0](#)
- [SNF QRP Claims-Based Quality Measures](#)
- [PBJ Policy Manual](#)

Interpreting your 5-Star Preview Reports

Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for October 2025

Ratings for Example Facility			
Overall Quality	Health Inspection	Quality Measures	Staffing
4 ★★★★★	1 ★★★★★	3 ★★★	2 ★★

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around November 20, 2025. The health inspection rating incorporates data reported through September 30, 2025. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the second calendar quarter of 2025.

Helpline

The Five-Star Helpline will operate Monday - Friday **November 17 - 21, 2025**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **December 1 - 5, 2025**. During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

Interpreting your 5-Star Preview Reports: **Health Inspections**

Important News

Health Inspection Rating: Dropping cycle 3 standard survey.

Beginning in July 2025, CMS implemented a change to the methodology for calculating the health inspection rating, shifting from using the three most recent standard health inspection surveys to the two most recent standard health inspection surveys. CMS will continue to use a three-year lookback period for complaint and infection control inspections. In calculating the total weighted health inspection score, the most recent standard health inspection survey as well as the most recent 12 months of complaint and infection control surveys are assigned a weighting factor of 3/4. The second most recent standard health inspection survey as well as complaint and infection control surveys from 13-36 months ago are assigned a weighting factor of 1/4. Survey dates are listed in the Health Inspections section of this report under headers that indicate which weighting factor is assigned.

Interpreting your 5-Star Preview Reports: Health Inspection

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on the two most recent standard surveys and three years of complaint and focused infection control inspections and incorporates data reported through September 30, 2025.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the health inspection rating for your facility. The dates listed include standard survey dates as well as dates of complaint inspections and focused infection control inspections that resulted in deficiencies. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.cms.gov/provider-data/>. This website updates on the same day as the Care Compare website. Any additional revisit points can be found in the 'Provider Information' table at the link provided above.

Health Inspection Surveys Weighted at 3/4 (standard survey in bold):

Date of Most recent Survey

Health Inspection Surveys Weighted at 1/4 (standard survey in bold):

Date of Second Most Recent Survey

Total weighted health inspection score for your facility: 18.0

State-level Health Inspection Cut Points for Example State				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>84.00	38.01-84.00	22.01-38.00	9.01-22.00	0.00-9.00



Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

Interpreting your 5-Star Preview Reports: Health Inspection

Rating Cycle 1 Standard Survey Health Date	Rating Cycle 1 Total Number of Health Deficiencies	Rating Cycle 1 Number of Standard Health Deficiencies	Rating Cycle 1 Number of Complaint Health Deficiencies	Rating Cycle 1 Health Deficiency Score	Rating Cycle 1 Number of Health Revisits	Rating Cycle 1 Health Revisit Score	Rating Cycle 1 Total Health Score	Rating Cycle 2 Standard Survey Health Date	Rating Cycle 2 2/3 Total Number of Health Deficiencies	Rating Cycle 2 2/3 Number of Standard Health Deficiencies	Rating Cycle 2 2/3 Number of Complaint Health Deficiencies	Rating Cycle 2/3 Health Deficiency Score	Rating Cycle 2/3 Number of Health Revisits	Rating Cycle 2/3 Health Revisit Score	Rating Cycle 2/3 Total Health Score	Total Weighted Health Survey Score
Date	6	6	0	24	1	0	24	Date	0	0	0	0	0	0	0	0

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

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

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care. Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care. See the Electronic Code of Federal Regulations (https://www.ecfr.gov/cgi-bin/text-idx?SID=9c4d022241818fef427dc79565aba4b5&mc=true&node=pt42.5.488&rgn=div5#se42.5.488_1301) for a definition of substandard quality of care.

* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a "G-level" deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

Health Inspection: Example

Survey Cycle	Unweighted	Weighted
Cycle 1: Ex. Date	24	18.00
Cycle 2: Ex. Date	0	0.00
	Total:	18.00

Example Cut Point Ranges		Current Stars	Next Survey
0.000	9.000	5 Stars	4.00
9.001	22.000	4 Stars	21.33
22.001	38.000	3 Stars	42.67
38.001	84.000	Two Stars	104.00
84.001	∞	One Star	

The **top 10 percent** (with the lowest health inspection weighted scores) in each state receive a health inspection rating of five stars.

The **middle 70 percent** of facilities receive a rating of two, three, or four stars, with an equal number (approximately 23.33 percent) in each rating category.

The **bottom 20 percent** receive a one-star rating.

Interpreting your 5-Star Preview Reports: Quality Measures

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

		Provider #					TN	US	
MDS Long-Stay Measures		2024Q3	2024Q4	2025Q1	2025Q2	4Q avg	Rating Points	4Q avg	4Q avg
Lower percentages are better.									
Percentage of residents experiencing one or more falls with major injury		1.6%	1.7%	6.1%	1.9%	2.7%	60	3.6%	3.3%
Percentage of residents with pressure ulcers ¹	Percentage of residents experiencing one or more falls with major injury (long-stay)	100		0.0000		0.0134			5.2%
		80		0.0135		0.0246			
Percentage of residents with infection		60		0.0247		0.0356			1.8%
		40		0.0357		0.0514			
Percentage of residents with inserted and removed catheters		20		0.0515		1.0000			1.1%
Percentage of residents whose need for help with daily activities has increased		31.1%	17.8%	17.9%	26.2%	23.4%	45	15.9%	15.5%
Percentage of residents who received an antipsychotic medication		17.9%	21.8%	14.9%	10.0%	16.4%	60	16.5%	14.5%
Percentage of residents whose ability to walk independently worsened ¹		39.5%	57.4%	35.0%	34.5%	43.3%	15	21.6%	17.8%

¹These measures are risk adjusted.

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

Interpreting your 5-Star Preview Reports: Quality Measures

		Provider #				TN	US	
Claims-Based Long-Stay Measures		Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Lower rates are better. The time period for data used in reporting is <u>4/1/2024 through 3/31/2025</u> .								
Number of hospitalizations per 1,000 long-stay resident days ¹		3.43	2.27	2.86	15	1.62	1.892	1.86
Number of emergency department admissions per 1,000 long-stay resident days ²	Number of hospitalizations per 1,000 resident days (long-stay)	150		0.0000		0.7179	1.669	1.79
		135		0.7180		0.9433		
		120		0.9434		1.1024		
		105		1.1025		1.2549		
		90		1.2550		1.4058		
		75		1.4059		1.5573		
		60		1.5574		1.7184		
		45		1.7185		1.9283		
		30		1.9284		2.2685		
		15		2.2686		1000.000		
¹ These measures are risk adjusted.		across the four quarters displayed on Care Compare						
² This measure includes some data from the previous quarters. This value is used for comparison.								
³ The observed rate is the actual rate for the facility given the outcome and is calculated as the rate that will appear on Care Compare.								
Total Long-Stay Quality Measure Score							380	
Long-Stay Quality Measure Star Rating							★	

Interpreting your 5-Star Preview Reports: Quality Measures

Short-Stay Quality Measures that are Included in the QM Rating								
	Provider #						TN	US
MDS Short-Stay Measures	2024Q3	2024Q4	2025Q1	2025Q2	4Q avg	Rating Points	4Q avg	4Q avg
Lower percentages are better.								
Percentage of residents who newly received an antipsychotic medication	2.5%	2.1%	0.0%	4.4%	2.2%	40	1.7%	1.5%
The time per 1/1/2024 thr Percentage of ulcers/press worsened ¹ Higher percentages are better.	Percentage of residents who got antipsychotic medication for the first time (short-stay)		100	0.0000	0.0000			
			80	0.0001	0.0096			
			60	0.0097	0.0168			
			40	0.0169	0.0289			2.5%
			20	0.0290	1.0000			
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge ¹					36.7%	30	54.4%	53.6%

Interpreting your 5-Star Preview Reports: **Quality Measures**

	Provider #				TN	US	
Claims-Based Short-Stay Measures	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Higher percentages are better. The time period for data used in reporting is 10/1/2022-9/30/2024.							
Rate of successful return to home or community from a SNF ¹	67.6%	NR	67.4%	150	52.5%	50.6%	50.6% ⁴
Lower percentages are better. The time period for data used in reporting is 4/1/2024.	Rate of successful return to home and community from a SNF (short-stay)		150	0.6336	1.0000		
			135	0.5976	0.6335		
Percentage of re-hospitalizations and emergency department admissions			120	0.5697	0.5975	6%	
Percentage of outpatient visits			105	0.5453	0.5696	0%	
			90	0.5173	0.5452		
			75	0.4917	0.5172		
			60	0.4609	0.4916		
			45	0.4262	0.4608	re	
			30	0.3763	0.4261	uld be	
	15	0.0000	0.3762	rate is			

¹These measures are calculated based on the number of rehospitalizations and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate. Only the risk-adjusted or risk-standardized rate will appear on Care Compare.

²This measure is calculated based on the number of outpatient visits, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate. Only the risk-adjusted or risk-standardized rate will appear on Care Compare.

³The observed rate is calculated based on the number of rehospitalizations and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate. Only the risk-adjusted or risk-standardized rate will appear on Care Compare.

⁴For this measure, this value is the National Benchmark, rather than the national average of the risk-adjusted rate.

NR = Not Reported. The expected rate is not reported for this measure.

Interpreting your 5-Star Preview Reports: Quality Measures

Short-Stay and Overall Quality Measure Scores and Ratings

Unadjusted Short-Stay Quality Measure Score	505
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) ¹	726
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score ²	1106
Overall Quality Measure Star Rating	★★★

¹An adjustment factor of 1150/800 is applied to the unadjusted total short-stay score to allow the long- and short-stay QMs to count equally in the total QM score.

²The total quality measure score is the sum of the total long-stay score and the total short-stay score. If a provider has only a long-stay score or only a short-stay score, then no total score is calculated and their overall QM rating is the same as the long-stay or short-stay QM rating, depending on which is available.

Interpreting your 5-Star Preview Reports: Quality Measures

Total Long-Stay Quality Measure Score	380
Long-Stay Quality Measure Star Rating	★
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) ¹	726
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score ²	1106
Overall Quality Measure Star Rating	★★★

Table 5
Point Ranges for the QM Ratings (as of January 1, 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)

Interpreting your 5-Star Preview Reports: Staffing

Staffing Levels for April 1 - June 30, 2025 for Provider #						* MDS Census and Acuity
	Reported Hours per Resident per Day (HRD)	Reported HRD (Decimal)	National Average: Reported HRD (Decimal)	Case-Mix HRD	National Average: Case-Mix HRD	Case-Mix Adjusted HRD
All days						
★ Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 20 minutes	3.326	3.902	4.578	3.875	2.815
★ RN hours	29 minutes	0.485	0.683	0.802	0.679	0.410
LPN/LVN hours	50 minutes	0.831	0.871	1.021	0.865	0.704
Nurse aide hours	2 hours and 1 minute	2.010	2.348	2.755	2.332	1.702
Physical therapist ¹ hours	2 minutes					
Weekend (Saturday and Sunday)						
★ Total nurse (RN, LPN, LVN, and Nurse Aide) hours	2 hours and 38 minutes	2.635	3.424	4.018	3.401	2.230
RN hours	15 minutes	0.244				

Interpreting your 5-Star Preview Reports: Staffing

Availability of Reported Staffing Data

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility.
4. No nursing hours were reported (0 HRD).
5. Total reported nurse staffing was excessively high (>12.0 HRD).
6. Total reported nurse aide staffing was excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
14. No nursing hours were reported on weekends (0 HRD).
15. Total reported nurse staffing on weekends was excessively high (>12.0 HRD).
16. The total reported nurse aide staffing on weekends was excessively high (>5.25 HRD).
18. Other reason.

Scoring Exceptions for the Staffing Rating

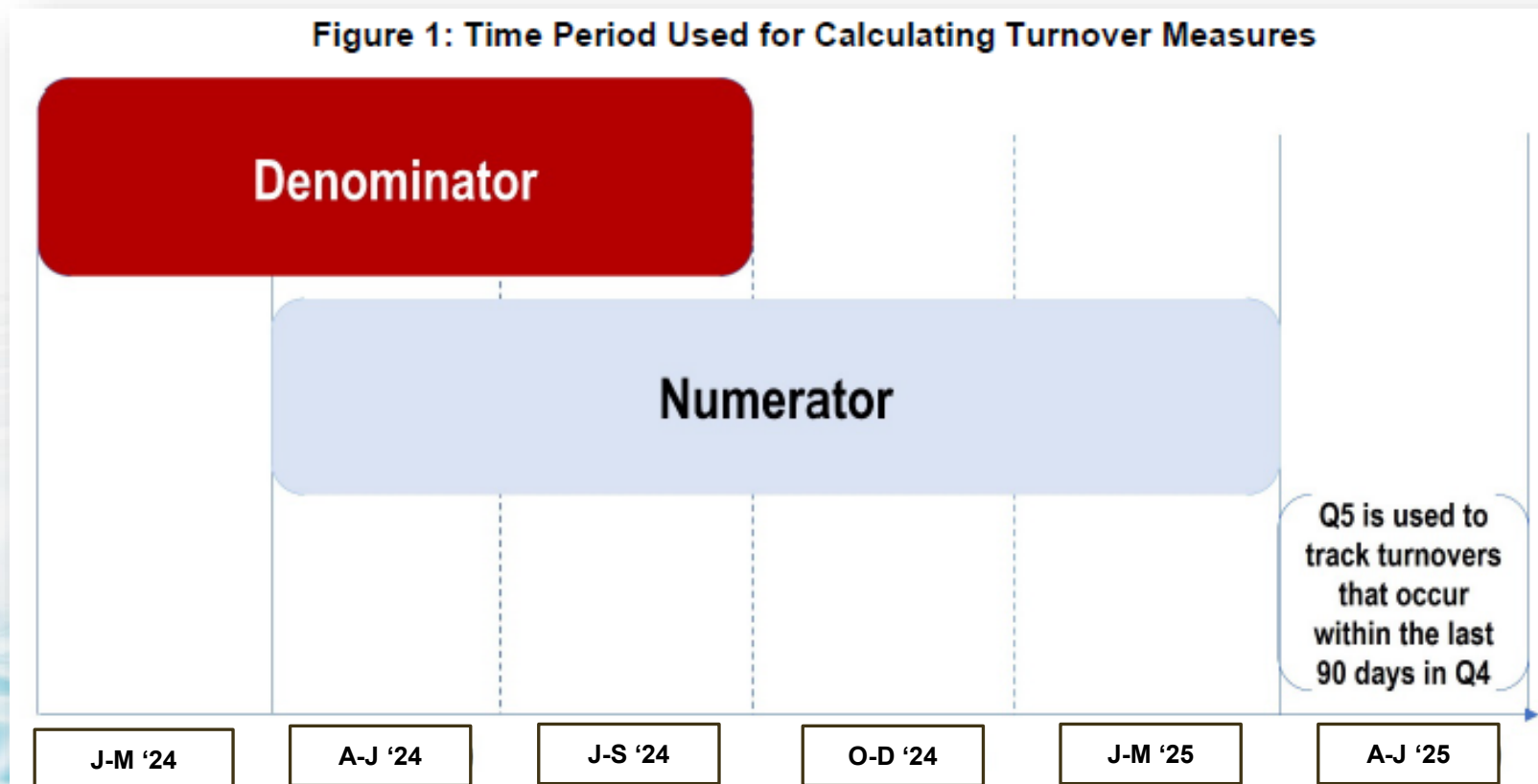
The following criteria have been added to the usual scoring rules for assigning the staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star staffing for the quarter.
2. Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star staffing rating for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star staffing rating.

Interpreting your 5-Star Preview Reports: Staffing

Staffing Turnover

- PBJ data from January 1, 2024 to June 30, 2025 are used to calculate annual nursing staff and RN turnover measures and to report the number of administrator turnovers among eligible administrators in the 12-month reporting period between April 1, 2024 to March 31, 2025.



Interpreting your 5-Star Preview Reports: Staffing

PBJ Nurse Staffing Turnover for <u>April 1, 2024 to March 31, 2025</u> for Provider #				
	Turnover Rate	Number of Eligible Staff ¹	Number of Eligible Staff Identified as Turned over	Displayed on Care Compare ²
Nursing staff turnover	40.7%	54	22	Yes
RN turnover	42.9%	7	3	Yes
Administrator turnover	*	2	0	Yes

*Nursing home administrator turnover is measured as the total number of administrators that left the nursing home during the period covered by the turnover measures not a %.

Interpreting your 5-Star Preview Reports: Staffing

Availability of Turnover Data

Some providers will see 'Not Available' for one or more of the turnover measures in the table above or on Care Compare. There are several reasons this could occur:

Nursing Staff and RN Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between January 1, 2024 to June 30, 2025. See the table below for the quarters with missing or invalid PBJ data.
2. Fewer than 5 eligible nurse (or RN) employees or agency staff.
3. 100% total nurse turnover on a single day. If you see this code in the table above, up to two dates on which it appears your nursing home had 100% turnover on a single day are listed below. In this case, you may need to submit data to link employee identifiers. See additional information on the References page of this report.
18. Other reason.

Administrator Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between January 1, 2024 to June 30, 2025. See the table below for the quarters with missing or invalid PBJ data.
2. No administrator hours were submitted for one or more quarters between January 1, 2024 to June 30, 2025. See the table below for the quarters with no administrator hours.
3. No eligible administrator employees or agency staff.
4. Too many administrators: there are 4 or more days in one or more quarters between January 1, 2024 to June 30, 2025 with five or more different people reported under job code 1 (administrator) on the same day.
18. Other reason

Interpreting your 5-Star Preview Reports: Staffing

Staffing Measure	Data for Provider 445478			Maximum Possible Points	
	Measure Value	Points			
Adjusted Total nurse staffing (7 day)	2.815	20		100	
Adjusted RN staffing (7 day)	0.410	30		100	
Adjusted Total nurse staffing (weekends)	2.230	5		50	
Total nursing turnover (%) RN turnover (%) Number of administrator de Raw point total Total points after rescalin	Adjusted Total Nurse Staffing on weekends (Hours per Resident per Day)	50	4.464	Or higher	50
		45	3.958	4.463	
		40	3.668	3.957	
		35	3.429	3.667	50
		30	3.233	3.428	30
		25	3.044	3.232	
		20	2.862	3.043	
		15	2.637	2.861	
		10	2.354	2.636	380
	5	0.000	2.353		
Staffing rating	★★				

Interpreting your 5-Star Preview Reports: **Staffing**

Table 3

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

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

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

Interpreting your 5-Star Preview Reports

Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for October 2025

Ratings for Example Facility			
Overall Quality	Health Inspection	Quality Measures	Staffing
4 ★★★★★	1 ★★★★★	3 ★★★	2 ★★

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around November 20, 2025. The health inspection rating incorporates data reported through September 30, 2025. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the second calendar quarter of 2025.

Helpline

The Five-Star Helpline will operate Monday - Friday **November 17 - 21, 2025**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **December 1 - 5, 2025**. During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

Interpreting your 5-Star Preview Reports: **Composite Rating**

Overall Nursing Home Rating (Composite Measure)

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

Step 1: Start with the health inspection rating.

Step 2: Add one star to the Step 1 result if the staffing rating is five stars; subtract one star if the staffing rating is one star. The overall rating cannot be more than five stars or less than one star.

Step 3: Add one star to the Step 2 result if the quality measure rating is five stars; subtract one star if the quality measure rating is one star. The overall rating cannot be more than five stars or less than one star.

Note: If the health inspection rating is one star, then the overall rating cannot be upgraded by more than one star based on the staffing and quality measure ratings.

Special Focus Facilities

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



Interpreting your 5-Star Preview Reports: Rating Changes

Change in Nursing Home Rating

Facilities may see a change in their overall rating for a number of reasons. Since the overall rating is based on three individual domains, a change in any one of the domains can affect the overall rating. Any new data for a nursing home could potentially change a star rating domain.

Health inspection rating changes: Events that could change the health inspection score include:

- A new health inspection.
- New complaint deficiencies.
- New focused infection control survey deficiencies.
- A second, third, or fourth revisit.
- Resolution of Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies.
- The “aging” of complaint and focused infection control survey deficiencies. Another reason the health inspection data (and therefore the rating) for a nursing home may change is the “aging” of one or more complaint or focused infection control survey deficiencies. Specifically, these citations are assigned to a time period based on the 12-month period in which the complaint investigation or focused infection control survey occurred. Thus, when a complaint or focused infection control survey deficiency ages into a prior period, it receives less weight in the scoring process and thus the weighted health inspection score may change and be compared to the state distribution at that time.
- If a nursing home newly qualifies for the abuse icon, the health inspection rating is capped at two stars, and this may cause a change in the overall rating. Similarly, when a nursing home no longer qualifies for the abuse icon, the health inspection rating may change.

Interpreting your 5-Star Preview Reports: Rating Changes

Health inspection data will be included as soon as they become part of the CMS database. The timing for this can vary by state and depends on having the complete survey package for the State Survey Agency to upload to the national database. Additional inspection data may be added to the database at any time because of complaint investigations, outcomes of revisits, Informal Dispute Resolutions (IDR), or Independent Informal Dispute Resolutions (IIDR). These data may not be added in the same cycle as the standard inspection data.

Since the cut-points between star categories for the health inspection rating are based on percentile distributions that are not fixed, those cut-points may vary slightly depending on the current nursing home distribution in the database. However, while the cut-points for the health inspection ratings may change from month to month, the rating for a given facility is held constant until there is a change in the weighted health inspection score for that nursing home.

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

Quality Measure rating changes: 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.

5-Star Previews: Next Steps

- **This is an Interdisciplinary task**
- Download and review these reports at least quarterly, maybe monthly.
- Review each section for QAPI analysis
- Review the health inspection data for areas to focus on for survey preparedness
- Look at the quality measures for areas of opportunity for resident quality improvement
- Analyze staffing for areas where there may be PBJ reporting errors.
- Keep a library of the 5-Star User's Guide, PBJ policy Manual and QM manuals available for a better understanding of why your stars are the way they are
- 3 Stars or better is a must for contracts, preferred provider networks and bundled payment inclusion.

QUESTIONS?