"A **Knowledgeable** and **Compassionate** partner"

BROAD
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REHAB

5-Star Updates:
What you need to know!

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Vice President of PAC Regulatory Affairs and Education

ACCREDITED
PROVIDER

AMERICAN NURSES
CREDENTIALING CENTER

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 30 days

5-Star Updates:
What you need to know!

Learning Objectives

- Understand the Manual Updates

- Differentiate the overall cut point changes

- Interpret the individual measure cut point changes

- Apply this knowledge to facility specific data

Resources

- [5-Star User's Guide](#)

- [MDS Based Quality Measures Manual v17.0](#)

- [Claims Based Measures Technical Specifications 2024](#)

- [SNF QRP MDS Based Quality Measures Manual v6.0](#)

- [SNF QRP Claims Based Quality Measures Manual 2023](#)

Changes Overview

- Effective with the January 2025 refresh, CMS will unfreeze four quality measures (QMs) that were frozen beginning with the April 2024 refresh. These measures were updated to accommodate recent changes to the Minimum Data Set (MDS). Please refer to the CMS Memorandum QSO-25-01-NH for more information about these updates. The impacts to these QMs are as follows:

  - Percentage 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 Improvements 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).

- To address these changes in measure specifications, **the scoring cut points for each of these four measures were recalculated to achieve an even distribution across scores.** Also, to minimize the potential disruption associated with these changes, **the QM rating cut points were adjusted to maintain the same overall distribution**

Cut Point Changes Overview

* The QM rating cut points were adjusted to maintain the same overall distribution

Jan 25

QM Rating	LS QM Rating Thresholds		SS QM Rating Thresholds		Overall QM Rating Thresholds	
1 Star	155	465	144	438	299	904
2 Star	466	565	439	525	905	1091
3 Star	566	640	526	625	1092	1266
4 Star	641	735	626	719	1267	1455
5 Star	736	1150	720	1150	1456	2300

Oct 22   **- 67 points**

QM Rating	LS QM Rating Thresholds		SS QM Rating Thresholds		Overall QM Rating Thresholds	
1 Star	155	483	144	491	299	975
2 Star	484	581	492	588	976	1170
3 Star	582	663	489	678	1171	1342
4 Star	664	755	679	766	1343	1522
5 Star	756	1150	767	1150	1523	2300

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QM Rating	LS QM Rating Thresholds		SS QM Rating Thresholds		Overall QM Rating Thresholds	
1 Star	-	-4%	-	-11%	-	-7%
2 Star	-4%	-3%	-11%	-11%	-7%	-7%
3 Star	-3%	-3%	8%	-8%	-7%	-6%
4 Star	-3%	-3%	-8%	-6%	-6%	-4%
5 Star	-3%	-	-6%	-	-4%	-

Updated QM Review

Discharge Function Score

G to GG QM Changes Compare Table

Current Measure: Percent of Residents Who Made Improvements in Function (SS) (CMS ID: N037.03)	GG Equivalent Measure: Discharge Function Score (CMS ID: S042.02)
Measure Description: This measure reports the percentage of short-stay residents who were discharged from the nursing home that gained more independence in transfer, locomotion, and walking during their episodes of care.	**Measure Description:** This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
Numerator Short-stay residents who: 1. Have a change in performance score that is negative ([valid discharge assessment] - [valid preceding PPS 5-Day assessment or OBRA Admission assessment] < [0]). Performance is calculated as the sum of G0110B1 (transfer: self-performance), G0110E1 (locomotion on unit: self-performance), and G0110D1 (walk in corridor: self-performance), with 7's (activity occurred only once or twice) and 8's (activity did not occur) recoded to 4's (total dependence). **Denominator** Short-stay residents who: Meet all of the following conditions, except those with exclusions: 1. Have a valid discharge assessment (A0310F = [10]), and Have a valid preceding PPS 5-Day assessment (A0310B = [01]) or OBRA Admission assessment (A0310A = [01]).	**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. **Denominator** The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria. **GG Function items used for discharge function score calculations:** • GG0130A3. Eating • GG0130B3. Oral hygiene • GG0130C3. Toileting hygiene • GG0170A3. Roll left and right • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170I3: Walk 10 Feet* • GG0170J3: Walk 50 Feet with 2 Turns* • GG0170R3: Wheel 50 feet with 2 Turns*
Exclusions Residents satisfying any of the following conditions: 1.1. Comatose (B0100 = [1]) on the PPS 5-Day assessment or OBRA Admission assessment, whichever was used in the QM. 1.2 Life expectancy of less than 6 months (J1400 = [1]) on the PPS 5-Day assessment or OBRA Admission assessment, whichever was used in the QM. 1.3 Hospice (O0100K2 = [1]) on the PPS 5-Day assessment or OBRA Admission assessment, whichever was used in the QM.	**Exclusions** Medicare Part A SNF stays are excluded if: 1. The Medicare Part A SNF stay is an incomplete stay: Unplanned discharge - Discharge to acute hospital, psychiatric hospital, long-term care hospital indicated - SNF PPS Part A stay less than 3 days - The resident died during the SNF stay 2. The resident has any of the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment): Coma, persistent vegetative state, complete tetraplegia, severe brain

Updated QM Review

Discharge Function Score

G to GG QM Changes Compare Table

1.4 Information on Transfer: self-performance, walk in corridor: self-performance, or locomotion on unit: self-performance is <u>missing on any of the assessments used to calculate the QM</u> (G0110B1, G0110D1, or G0110E1 = [-]) (i.e., valid discharge assessment, and PPS 5-Day assessment or OBRA Admission assessment, whichever was used in the QM). **1.5** <u>Residents with no impairment</u> (sum of G0110B1, G0110D1 and G0110E1 = [0]) on the PPS 5-Day assessment or OBRA Admission assessment, whichever was used in the QM. **1.6.** <u>Residents with an unplanned discharge</u> on any assessment during the care episode (A0310G = [2])	damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain. **3.** The resident is younger than age 18: **4.** The resident is discharged to hospice or received hospice while a resident:
Covariates **1.** Age on the PPS 5-Day assessment **2.** Gender **3.** Severe cognitive impairment **4.** Long Form ADL (LFADL) Scale (G0110A1 + G0110B1 + G0110E1 + G0110G1 + G0110H1 + G0110I1 + G0110J1). If any (G0110A1, G0110B1, G0110E1, G0110G1, G0110H1, G0110I1, G0110J1) = [7, 8], recode the item to equal [4].	**Covariates** **1.** Age group **2.** Admission function – continuous form **3.** Admission function – squared form **4.** Primary medical condition category **5.** Interaction between admission function and primary medical condition category **6.** Prior surgery **7.** Prior functioning: self-care **8.** Prior functioning: indoor mobility (ambulation) **9.** Prior functioning: stairs **10.** Prior functioning: functional cognition **11.** Prior mobility device use **12.** Stage 2 pressure ulcer/injury **13.** Stage 3, 4, or unstageable pressure ulcer/injury **14.** Cognitive abilities **15.** Communication impairment **16.** Urinary Continence **17.** Bowel Continence **18.** History of falls **19.** Nutritional approaches **20.** High BMI **21.** Low BMI **22.** Comorbidities **23.** No physical or occupational therapy at the time of admission

Cut Point Changes Overview: Discharge Function Score

-12% points

>=Exp D/C Fctn. Jan 25			Improve in Fctn. Oct 22			Diff		
150	0.7074	1.0000	150	0.8276	1.0000	150	-15%	-
135	0.6480	0.7073	135	0.7745	0.8275	135	-16%	-15%
120	0.6035	0.6479	120	0.7365	0.7744	120	-18%	-16%
105	0.5661	0.6034	105	0.7039	0.7364	105	-20%	-18%
90	0.5301	0.5660	90	0.6738	0.7038	90	-21%	-20%
75	0.4931	0.5300	75	0.6428	0.6737	75	-23%	-21%
60	0.4498	0.4930	60	0.6091	0.6427	60	-26%	-23%
45	0.3995	0.4497	45	0.5664	0.6090	45	-29%	-26%
30	0.3309	0.3994	30	0.5015	0.5663	30	-34%	-29%
15	0.0000	0.3308	15	0.0000	0.5014	15	-	-34%

* The scoring cut points for each of these measures were recalculated to achieve an even distribution across scores

* For the Discharge Function Score (higher score is better), the percent necessary to achieve a higher point value declined. That indicated that the overall performance nationwide decreased. Now a facility can have fewer residents that trigger this measure and still achieve a higher point value compared to the prior cut point ranges

Updated QM Review

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased

G to GG QM Changes Compare Table

Current Measure: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS) (CMS ID: N028.02)	GG Equivalent Measure: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS) (CMS ID: N028.04)
Measure Description: This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.	**Measure Description:** This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.
Numerator Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1). An increase is defined as: - an increase in two or more coding points in one late-loss ADL item or - one point increase in coding points in two or more late-loss ADL items. **Note** that for each of these four ADL items, if the value is equal to [7, 8] on either the target or prior assessment, then recode the item to equal [4] to allow appropriate comparison.	**Numerator** Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are Sit to Lying (GG0170B), Sit to Stand (GG0170D), Eating (GG0130A), and Toilet Transfer (GG0170F). An increase in need for help is defined as: - a decrease in two or more coding points in one late-loss ADL item or - one point decrease in coding points in two or more late-loss ADL items. **Note** that for each of these four ADL items, if the value is equal to [07, 09, 10, 88] on either the target or prior assessment, then recode the item to equal [01] to allow appropriate comparison.
Denominator All long-stay residents with a selected target and prior assessment, except those with exclusions.	**Denominator** All long-stay residents with a selected target and prior assessment, except those with exclusions.
Exclusions 1. All four of the late-loss ADL items indicate total dependence, activity occurred only once or twice, or activity did not occur on the prior assessment 2. Three of the late-loss ADLs indicate total dependence on the prior assessment, as in #1 AND the fourth late-loss ADL indicates extensive assistance on the prior assessment. 3. If resident is comatose missing data on comatose on the target assessment.	**Exclusions** 1. All four of the late-loss ADL items indicate dependence or activity was not attempted on the prior assessment 2. Three of the late-loss ADLs indicate dependence or activity was not attempted on the prior assessment, as in exclusion 1 AND the fourth late-loss ADL indicates substantial/maximal assistance on the prior assessment. 3. Comatose or missing data on comatose (B0100 = [1, -]) on the target assessment.

Updated QM Review

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased

G to GG QM Changes Compare Table

4. Prognosis of life expectancy is less than 6 months on the target assessment. 5. Hospice care on the target assessment. 6. The resident is not in the numerator and data is missing for the four late loss ADLs on the prior or target assessment.	4. Prognosis of life expectancy is less than 6 months on the target assessment. 5. Hospice care on the target assessment. 6. The resident is not in the numerator and data is missing for the four late loss ADLs on the prior or target assessment. 7. No prior assessment is available to assess prior function. 8. Prior or target assessment date before 10/01/2023.18
Covariates: Not Applicable	Covariates: Not Applicable

Cut Point Changes Overview: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased

+1.67% points

ADL Incr. Jan 25			ADL Incr. Oct 22			Diff		
150	0.0000	0.0662	150	0.0000	0.0719	150	-	-8%
135	0.0663	0.0966	135	0.0720	0.0956	135	-8%	1%
120	0.0967	0.1220	120	0.0957	0.1141	120	1%	7%
105	0.1221	0.1463	105	0.1142	0.1296	105	7%	13%
90	0.1464	0.1702	90	0.1297	0.1441	90	13%	18%
75	0.1703	0.1961	75	0.1442	0.1589	75	18%	23%
60	0.1962	0.2245	60	0.1590	0.1759	60	23%	28%
45	0.2246	0.2574	45	0.1760	0.1978	45	28%	30%
30	0.2575	0.3019	30	0.1979	0.2323	30	30%	30%
15	0.3020	1.0000	15	0.2324	1.0000	15	30%	-

* The scoring cut points for each of these measures were recalculated to achieve an even distribution across scores

* For the Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (lower scores are better), the percent necessary to achieve a higher point value increased. That indicates overall performance nationwide decreased. Now, a facility can have a higher rate of decline in this measures and still achieve a higher score compared to the prior cut point ranges.

Updated QM Review

Percent of Residents Whose Ability to Walk Independently Worsened

G to GG QM Changes Compare Table

Current Measure: Percent of Residents Whose Ability to Move Independently Worsened (LS) (CMS ID: N035.03)	GG Equivalent Measure: Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)
Measure Description: This measure reports the percent of long-stay residents who experienced a decline in independence of locomotion during the target period.	**Measure Description:** This measure reports the percent of long-stay residents who experienced a decline in independence of locomotion during the target period.
Numerator Long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in locomotion when comparing their target assessment with the prior assessment. Decline identified by: 1. Recoding all values (G0110E1 = [7, 8]) to (G0110E1 = [4]). 2. An increase of one or more points on the "locomotion on unit: self-performance" item between the target assessment and prior assessment (G0110E1 on target assessment – G0110E1 on prior assessment ≥1) **Denominator** Long-stay residents who have a qualifying MDS 3.0 target assessment and at least one qualifying prior assessment, except those with exclusions.	**Numerator** Long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in locomotion when comparing their target assessment with the prior assessment. Decline identified by: 1. Recoding all values (GG0170I = [07, 09, 10, 88]) to (GG0170I = [01]). 2. A decrease of one or more points on the "Walk 10 feet" item between the target assessment and prior assessment (GG0170I on target assessment – GG0170I on prior assessment ≤ -1) **Denominator** Long-stay residents who have a qualifying target assessment and at least one qualifying prior assessment, except those with exclusions.
Exclusions (Any of the following) 1. Comatose or missing data on comatose at the prior assessment. 2. Prognosis of less than 6 months at the prior assessment as 3. Resident totally dependent during locomotion on prior assessment 4. Missing data on locomotion on target or prior assessment 5. Prior assessment is a discharge with or without return anticipated 6. No prior assessment is available to assess prior function.	**Exclusions (Any of the following)** 1. Comatose or missing data on comatose at the prior assessment. 2. Prognosis of less than 6 months at the prior assessment 3. Resident dependent or activity was not attempted during locomotion on prior assessment 4. Missing data on locomotion on target or prior assessment 5. Prior assessment is a discharge with or without return anticipated 6. No prior assessment is available to assess prior function. 7. Prior or target assessment dates before 10/01/2023
Covariates 1. Eating (self-performance) from prior assessment 2. Toileting (self-performance) from prior assessment 3. Transfer (self-performance) from prior assessment 4. Walking in Corridor (self-performance) from prior assessment 5. Severe cognitive impairment from prior assessment 6. Linear Age	**Covariates** 1. Eating from prior assessment 2. Toilet Transfer from prior assessment 3. Sit to Stand from prior assessment 4. Walk 10 Feet from prior assessment 5. Severe cognitive impairment from prior assessment 6. Linear Age

Updated QM Review

Percent of Residents Whose Ability to Walk Independently Worsened

G to GG QM Changes Compare Table

7. Gender	7. Gender.
8. Vision	8. Vision.
9. Oxygen use	9. Oxygen use.
10. All covariates are missing if no prior assessment is available.	10. All covariates are missing if no prior assessment is available.

Cut Point Changes Overview: Percent of Residents Whose Ability to Walk Independently Worsened

+2.98% points

Walk Decrease. Jan 25			Move Decrease Oct 22			Diff		
150	0.0000	0.0830	150	0.0000	0.0821	150	-	1%
135	0.0831	0.1235	135	0.0822	0.1121	135	1%	10%
120	0.1236	0.1559	120	0.1122	0.1350	120	10%	15%
105	0.1560	0.1866	105	0.1351	0.1568	105	15%	19%
90	0.1867	0.2168	90	0.1569	0.1760	90	19%	23%
75	0.2169	0.2491	75	0.1761	0.1955	75	23%	27%
60	0.2492	0.2845	60	0.1956	0.2153	60	27%	32%
45	0.2846	0.3286	45	0.2154	0.2394	45	32%	37%
30	0.3287	0.3904	30	0.2395	0.2747	30	37%	42%
15	0.3905	1.0000	15	0.2748	1.0000	15	42%	-

* The scoring cut points for each of these measures were recalculated to achieve an even distribution across scores

* For the Percent of Residents Whose Ability to Walk Independently Worsened (lower scores are better), the percent necessary to achieve a higher point value increased. That indicates overall performance nationwide decreased. Now, a facility can have a higher rate of decline in this measures and still achieve a higher score compared to the prior cut point ranges.

Updated QM Review

Percent of Residents With Pressure Ulcers

G to GG QM Changes Compare Table

Current Measure: Percent of High-Risk Residents With Pressure Ulcers (LS)24 (CMS ID: N015.03)	**GG Equivalent Measure:** Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)
Measure Description: This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers	Measure Description: This measure captures the percentage of long-stay residents with Stage II-IV or unstageable pressure ulcers.
Numerator All long-stay residents with a selected target assessment that indicates Stage II-IV or unstageable pressure ulcers are present. **Denominator** All long-stay residents with a selected target assessment that meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the following three criteria on the target assessment: 1. Impaired bed mobility or transfer 2. Comatose 3. Malnutrition or at risk of malnutrition	**Numerator** All long-stay residents with a selected target assessment that indicates Stage II-IV or unstageable pressure ulcers are present. **Denominator** All long-stay residents with a selected target assessment except those with exclusions.
Exclusions 1. Target assessment is an OBRA Admission assessment (A0310A = [01]) or a PPS 5-Day assessment (A0310B = [01]) 2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) and no data is available for the Stage II-IV or unstageable pressure ulcers items on the target assessment	**Exclusions** 1. Target assessment is an ORBA Admission assessment (A0310A = [01]) or a PPS 5-Day assessment (A0310B = [01]) 2. If the resident is not included in the numerator and no data is available for the Stage II-IV or unstageable pressure ulcers items on the target assessment 3. Assessments with target dates before 10/01/2023.
Covariates: Not Applicable	**Covariates** 1. Impaired Functional Mobility: Lying to Sitting on Side of Bed on target assessment 2. Bowel Incontinence on target assessment. 3. Diabetes Mellitus, Peripheral Vascular Disease or Peripheral Arterial Disease on target assessment. 2. Indicator of low body mass index based on height (K0200A) and weight (K0200B) on target assessment. 3. Malnutrition or at risk of malnutrition on target assessment. 4. Dehydrated on target assessment. 5. Infections: Septicemia, Pneumonia, Urinary Tract Infection or Multidrug-Resistant Organism on target assessment. 6. Moisture Associated Skin Damage on target assessment.

Updated QM Review

Percent of Residents With Pressure Ulcers

G to GG QM Changes Compare Table

	7. Hospice Care on target assessment.

Cut Point Changes Overview: Percent of Residents With Pressure Ulcers

-0.89% points

Pressure Ucers Jan 25			High Risk Pressure Ulcers Oct 22			Diff		
100	0.0000	0.0288	100	0.0000	0.0377	100	-	-24%
80	0.0289	0.0445	80	0.0378	0.0584	80	-24%	-24%
60	0.0446	0.0597	60	0.0585	0.0783	60	-24%	-24%
40	0.0598	0.0797	40	0.0784	0.1057	40	-24%	-25%
20	0.0798	1.0000	20	0.1058	1.0000	20	-25%	-

* The scoring cut points for each of these measures were recalculated to achieve an even distribution across scores

* For the percent of residents with pressure ulcers (lower scores are better), the percent necessary to achieve higher point values decreased. That indicates that overall performance nationwide improved. Now a facility must have a lower rate of pressure ulcer development in order to achieve a higher point value for this measure compared to the prior cut point ranges.

IQIES Reports

iQIES Report

MDS 3.0 Facility-Level Quality Measure (QM) Report

Report Period: 10/01/2024 - 12/31/2024	**Report Run Date:** 01/08/2025
Comparison Group: 05/01/2024 - 10/31/2024	**Data Calculation Date:** 01/06/2025
	Report Version Number: 3.05

Legend

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged

Facility ID: **Facility Name:**   **CCN:**   **City/State:**

MDS Measures

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
Pressure Ulcers (L)	N045.01	C	0	63	0.0%	0.0%	6.5%	6.6%	0
Phys restraints (L)	N027.02	C	0	67	0.0%	0.0%	0.1%	0.1%	0
Falls (L)	N032.02	C	34	67	50.7%	50.7%	44.8%	44.2%	66
Falls w/Maj Injury (L)	N013.02	C	2	67	3.0%	3.0%	3.7%	3.5%	50
Antipsych Med (S)	N011.03	C	1	42	2.4%	2.4%	1.8%	1.8%	78*
Antipsych Med (L)	N031.04	C	12	64	18.8%	18.8%	17.2%	14.9%	71
Antianxiety/Hypnotic Prev (L)	N033.03	C	0	20	0.0%	0.0%	10.3%	7.4%	0
Antianxiety/Hypnotic % (L)	N036.03	C	35	63	55.6%	55.6%	33.0%	20.1%	99*
Behav Sx affect Others (L)	N034.02	C	1	59	1.7%	1.7%	15.6%	18.4%	7
Depress Sx (L)	N030.03	C	0	61	0.0%	0.0%	10.4%	10.1%	0
UTI (L)	N024.02	C	0	63	0.0%	0.0%	2.7%	2.1%	0
Cath Insert/Left Bladder (L)	N026.03	C	1	57	1.8%	2.3%	2.1%	1.7%	73
New or Worsened B/B (L)	N046.01	C	6	55	10.9%	11.1%	21.8%	21.7%	18
Excess Wt Loss (L)	N029.03	C	4	59	6.8%	6.8%	6.4%	5.7%	65
Incr ADL Help (L)	N028.03	C	11	54	20.4%	20.4%	18.1%	17.1%	66
Move Indep Worsens (L)	N035.04	C	5	25	20.0%	21.0%	28.4%	22.6%	51

SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury[1]	S038.02	1	79	1.3%	1.7%	2.7%

[1] The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (01/01/2024 - 12/31/2024).

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	National Average
Discharge Function Score[2]	S042.02	44	72	61.11%	52.21%

[2] The Discharge Function Score measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (01/01/2024 - 12/31/2024).

IQIES Reports

iQIES Report

CMS — CENTERS FOR MEDICARE & MEDICAID SERVICES

SNF QRP Facility-Level Quality Measure (QM) Report

Requested Report End Date: 12/31/2024
Report Run Date: 11/14/2024
Report Version Number: 2.6

Facility ID: **Facility Name:**   **CCN:**   **City/State:**

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
Pressure Ulcer/Injury	01/01/2024 - 12/31/2024	S038.02	01/01/2024 - 12/31/2024	1	79	1.3%	1.7%	2.7%

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Average Observed Discharge Score	Average Expected Discharge Score	Numerator	Denominator	Facility Percent	National Average
Discharge Function Score	01/01/2024 - 12/31/2024	S042.01; S042.02	01/01/2024 - 09/30/2024; 10/01/2024 - 12/31/2024	51.91	48.53	93	122	76.23%	52.25%

IQIES Reports

SNF QRP Resident-Level Quality Measure (QM) Report

Requested Report End Date:	12/31/2024
Report Run Date:	01/09/2025
Data Calculation Date:	01/01/2025
Report Version Number:	2.5

QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	Undesirable Outcomes	01/01/2024 - 12/31/2024	S038.02	01/01/2024 - 12/31/2024
2	Application of Falls	Undesirable Outcomes	01/01/2024 - 12/31/2024	S013.02	01/01/2024 - 12/31/2024
3	Functional Status Outcome: Discharge Self-Care Score	Desirable Outcomes or Processes Performed	01/01/2024 - 12/31/2024	S024.05; S024.06	01/01/2024 - 09/30/2024; 10/01/2024 - 12/31/2024
4	Functional Status Outcome: Discharge Mobility Score	Desirable Outcomes or Processes Performed	01/01/2024 - 12/31/2024	S025.05; S025.06	01/01/2024 - 09/30/2024; 10/01/2024 - 12/31/2024
5	Discharge Function Score	Desirable Outcomes or Processes Performed	01/01/2024 - 12/31/2024	S042.01; S042.02	01/01/2024 - 09/30/2024; 10/01/2024 - 12/31/2024
6	DRR	Desirable Outcomes or Processes Performed	01/01/2024 - 12/31/2024	S007.02	01/01/2024 - 12/31/2024
7	TOH - Provider	Desirable Outcomes or Processes Performed	01/01/2024 - 12/31/2024	S043.01	01/01/2024 - 12/31/2024
8	TOH - Patient	Desirable Outcomes or Processes Performed	01/01/2024 - 12/31/2024	S044.01	01/01/2024 - 12/31/2024

Table Legend

Dash (-): Data not available or not applicable

X: Triggered (Bold indicates an undesirable outcome)

NT: Not Triggered (Bold indicates a desirable outcome did not occur or process was not performed)

E: Excluded from analysis based on quality measure exclusion criteria

IQIES Reports

SNF QRP Resident-Level Quality Measure (QM) Report

Facility ID:　　　**Facility Name:**　　　**CCN:**　　　**City/State:**

Reference page 1 of this report to locate the Table Legend

				Undesirable Outcomes		Desirable Outcomes or Processes Performed					
Resident Name	Resident ID	Admission Date	Discharge Date	QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8
▉	▉	▉	▉	NT	NT	NT	NT	NT	X	E	X
▉	▉	▉	▉	NT	NT	E	E	E	X	X	E
▉	▉	▉	▉	NT	NT	NT	X	X	X	E	X
▉	▉	▉	▉	NT	NT	X	X	X	X	E	X
▉	▉	▉	▉	NT	NT	NT	NT	NT	X	E	X
▉	▉	▉	▉	NT	NT	NT	NT	NT	X	E	X
▉	▉	▉	▉	NT	NT	NT	NT	NT	X	E	E
▉	▉	▉	▉	NT	NT	NT	X	X	X	E	E

SNF QRP Review and Correct Report

Pressure Ulcer/Injury

Reference page 1 of this report to locate the Table Legend

FACILITY-LEVEL DATA

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2024	S038.02	10/01/2024	12/31/2024	05/15/2025	Open	0	21	0.00%
Q3 2024	S038.02	07/01/2024	09/30/2024	02/18/2025	Open	0	20	0.00%
Q2 2024	S038.02	04/01/2024	06/30/2024	11/18/2024	Closed	0	18	0.00%
Q1 2024	S038.02	01/01/2024	03/31/2024	08/15/2024	Closed	1	20	5.00%
Cumulative	-	01/01/2024	12/31/2024	-	-	1	79	1.27%

Discharge Function Score

Reference page 1 of this report to locate the Table Legend

Note: Triggered if the patient had an observed discharge function score that met or exceeded the expected discharge function score

FACILITY-LEVEL DATA

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Average Observed Discharge Function Score	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2024	S042.02	10/01/2024	12/31/2024	05/15/2025	Open	45.73	8	17	47.06%
Q3 2024	S042.01	07/01/2024	09/30/2024	02/18/2025	Open	47.14	11	18	61.11%
Q2 2024	S042.01	04/01/2024	06/30/2024	11/18/2024	Closed	50.55	14	17	82.35%
Q1 2024	S042.01	01/01/2024	03/31/2024	08/15/2024	Closed	42.26	11	20	55.00%
Cumulative	-	01/01/2024	12/31/2024	-	-	46.26	44	72	61.11%

What's Next?

- Download your 5-star preview report as soon as it's available.

- Take note of your facility score and any significant changes compared to the prior reports.

- Did your 5-star rating change? Why? Download a copy of the 5-star user's guide.

- Learn the technical specifications for the 5-star measures.

- Review your IQIES Resident level report frequently to evaluate for needed areas of quality improvement.

- Review your IQIES SNF QRP reports especially review and correct reports.

- Don't ignore your MDS submission validation reports.

- Do a 5-star deep dive to understand areas of opportunity

QUESTIONS?