# The QMs and 5-Star:

## A review of the basics

BROAD RIVER
SIMPLIFY SUCCESS

Date: 03/12/2026

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.

# APPROVAL STATEMENT 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 Presentation**
  - 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

- Identify the quality measures that affect the 5 -star rating
- Recognize the technical specification interpretation skills
- Identify strategic pathways quality improvement through to 5-star enhancements
- Apply 5-star QM knowledge to IDT engagement efforts

# Resources

- MDS 3.0 v20.1
- MDS 3.0 QM User's Manual v18.0
- 5-Star User's Guide
- QRP QM Manual
- QM Claims based Measures
- QRP Claims based Measures

# Quality Measures.

- Metrics used to monitor, report, and improve the care provided in skilled nursing facilities, and are essential for ensuring nursing homes meet regulatory standards and provide high-quality care.

# 5-Star Rating

- CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.
- The Nursing Home Care Compare website features a quality rating system that gives each nursing home a rating of between 1 and 5 stars.
- Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average.
- There is one Overall 5-star rating for each nursing home, and separate ratings for health inspections, staffing and quality measures.

**Care Compare Five-Star Ratings of Nursing Homes**

**Provider Rating Report for February 2026**

| Ratings for Any Nursinghome USA | | | |
|---|---|---|---|
| Overall Quality | Health Inspection | Quality Measures | Staffing |
| ★★★★ | ★★★★ | ★★ | ★★ |

***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.

# 15 Five-Star Quality Measures

| Star Rating | Overall | Health Insp. | QMs | Staffing | | |
|---|---|---|---|---|---|---|
| | 4 | 4 | 2 | 2 | | |
| **Long Stay MDS** | **Q4 '24** | **Q1 '25** | **Q2 '25** | **Q3 '25** | **4 Q Avg.** | **Points** |
| Percentage of long-stay residents whose need for help with daily activities has increased | 17.8 | 17.9 | 26.2 | 17.5 | 19.9 | 60 |
| Percentage of long-stay residents with a catheter inserted and left in their bladder | 0.0 | 5.3 | 2.8 | 1.8 | 2.3 | 40 |
| Percentage of long-stay residents with a urinary tract infection | 7.0 | 8.2 | 7.7 | 11.5 | 8.6 | 20 |
| Percentage of long-stay residents experiencing one or more falls with major injury | 1.7 | 6.1 | 1.9 | 3.8 | 3.3 | 60 |
| Percentage of long-stay residents whose ability to walk independently worsened | | | | | 40.8 | 15 |
| Percentage of long-stay residents with pressure ulcers | 2.1 | 5.5 | 5.0 | 3.2 | 3.9 | 80 |
| Percentage of long-stay residents who received an antipsychotic medication | 19.4 | 20.6 | 21.6 | 13.8 | 19.1 | 60 |
| **Long Stay Claims** | **07/01/24-06/30/25** | | **Observed** | **Expected** | **Adjusted** | **Points** |
| Number of hospitalizations per 1000 long-stay resident days | | | 3.30 | 2.83 | 2.21 | 30 |
| Number of outpatient emergency department visits per 1000 long-stay resident days | | | 2.29 | 1.82 | 2.11 | 30 |
| **Short Stay MDS** | **Q4 '24** | **Q1 '25** | **Q2 '25** | **Q3 '25** | **4 Q Avg.** | **Points** |
| Percentage of short-stay residents who newly received an antipsychotic medication | 2.1 | 0.0 | 4.4 | 7.3 | 3.3 | 20 |
| Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened | | | | | 4.2 | 40 |
| Percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function | | | | | 37.0 | 30 |
| **SNF QRP Claims** | **10/01/22 - 09/30/24** | | **Observed** | **Expected** | **Adjusted** | **Points** |
| Rate of successful return to home or community from a SNF | | | 67.6 | NR | 67.4 | 150 |
| **Short Stay Claims** | **07/01/24-06/30/25** | | **Observed** | **Expected** | **Adjusted** | **Points** |
| Percentage of short-stay residents who were rehospitalized after a nursing home admission | | | 24.1 | 22.2 | 25.9 | 30 |
| Percentage of short-stay residents who had an outpatient emergency department visit | | | 3.4 | 9.5 | 4.0 | 150 |

# The Long Stay Quality Measures

- Measures for Long-Stay residents (defined as residents who are in the nursing home for greater than 100 days) that are derived from MDS assessments:
  - Percentage of long-stay residents whose need for help with daily activities has increased
  - Percentage of long-stay residents who have or had a catheter inserted and left in their bladder
  - Percentage of long-stay residents with a urinary tract infection
  - Percentage of long-stay residents experiencing one or more falls with major injury **(QRP-SS, VBP-LS)**
  - Percentage of long-stay residents whose ability to walk independently worsened
  - Percentage of long-stay residents who got an antipsychotic medication
  - Percentage of long-stay residents with pressure ulcers

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.

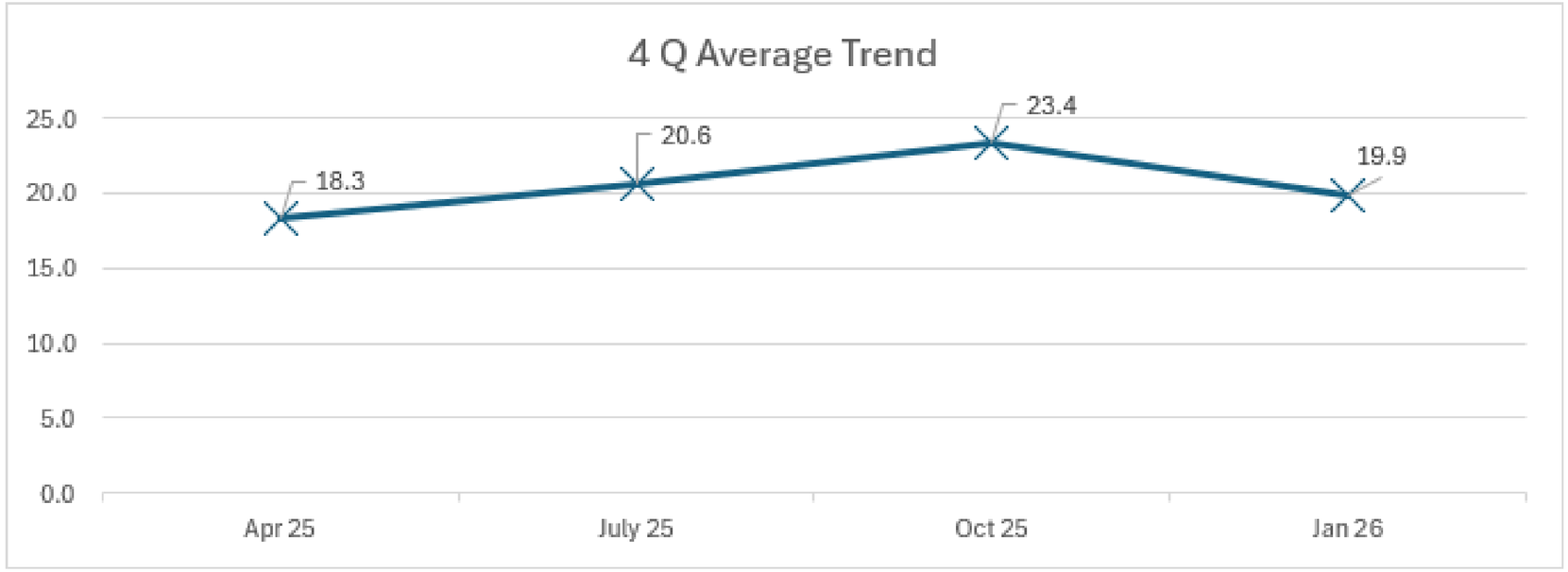
The four late-loss ADL items are Sit to Lying (GG0170B), Sit to Stand (GG0170D), Eating (GG0130A), and Toilet Transfer (GG0170F).

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.

**Percentage of long-stay residents [illegible] need for help with daily activities has increased**

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 17.8 | 17.9 | 26.2 | 17.5 | 19.9 | 60 |

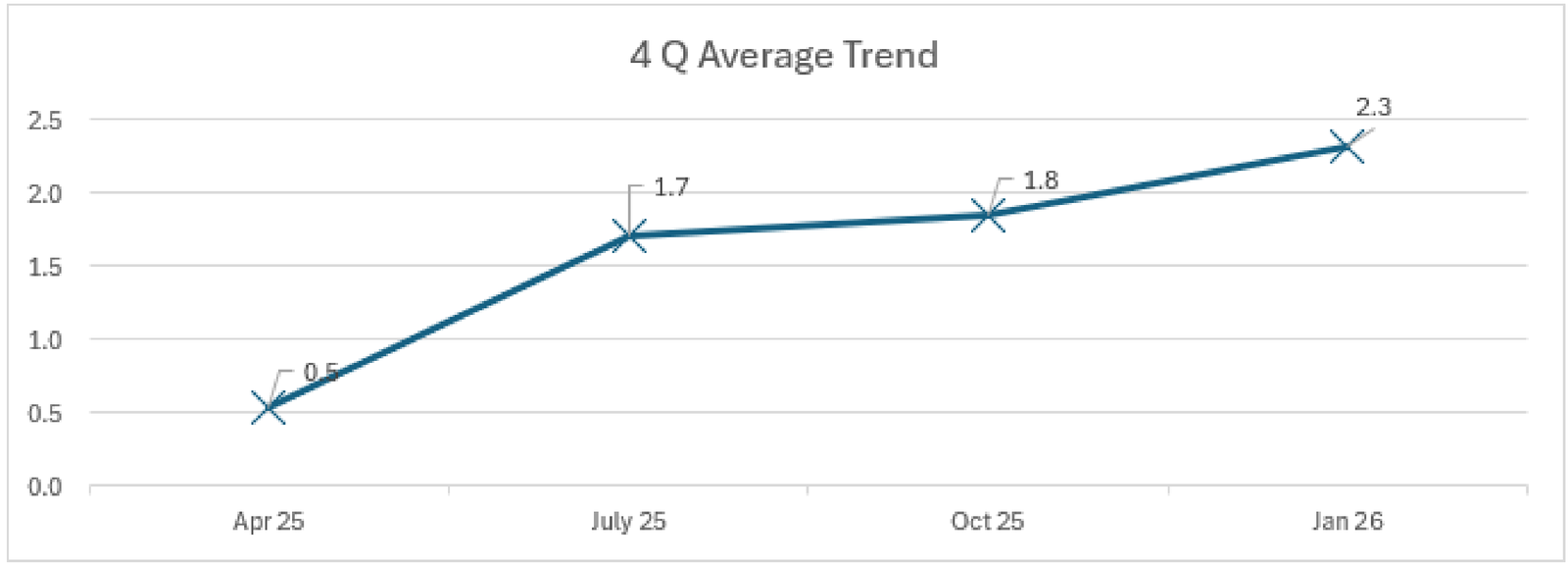



| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0 | 6.62 | 150 | -- |
| 6.63 | 9.66 | 135 | -- |
| 9.67 | 12.2 | 120 | -- |
| 12.21 | 14.63 | 105 | -- |
| 14.64 | 17.02 | 90 | **6.4** |
| 17.03 | 19.61 | 75 | **16.8** |
| 19.62 | 22.45 | 60 | **28.2** |
| 22.46 | 25.74 | 45 | **41.3** |
| 25.75 | 30.19 | 30 | **59.1** |
| 30.2 | 100 | 15 | |

This measure reports the percentage of residents who have had an indwelling catheter in the last 7 days.

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

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 0.0 | 5.3 | 2.8 | 1.8 | 2.3 | 40 |

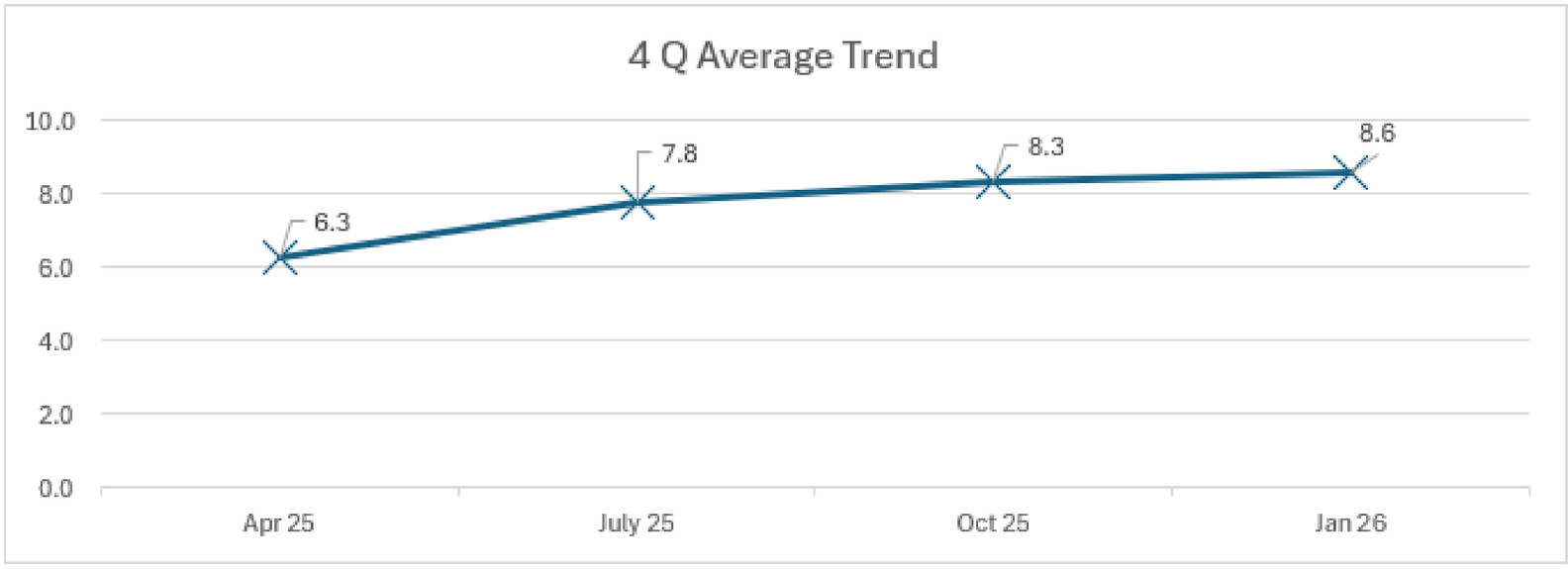



| Cut Points (5 Quintiles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 0.50 | 100 | -- |
| 0.51 | 1.26 | 80 | -- |
| 1.27 | 2.17 | 60 | -- |
| 2.18 | 3.56 | 40 | 4.4 |
| 3.57 | 100.00 | 20 | |

The measure reports the percentage of long-stay residents who have a urinary tract infection in the last 30 days.

## Percentage of long-stay residents with a urinary tract infection

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 7.0 | 8.2 | 7.7 | 11.5 | 8.6 | 20 |



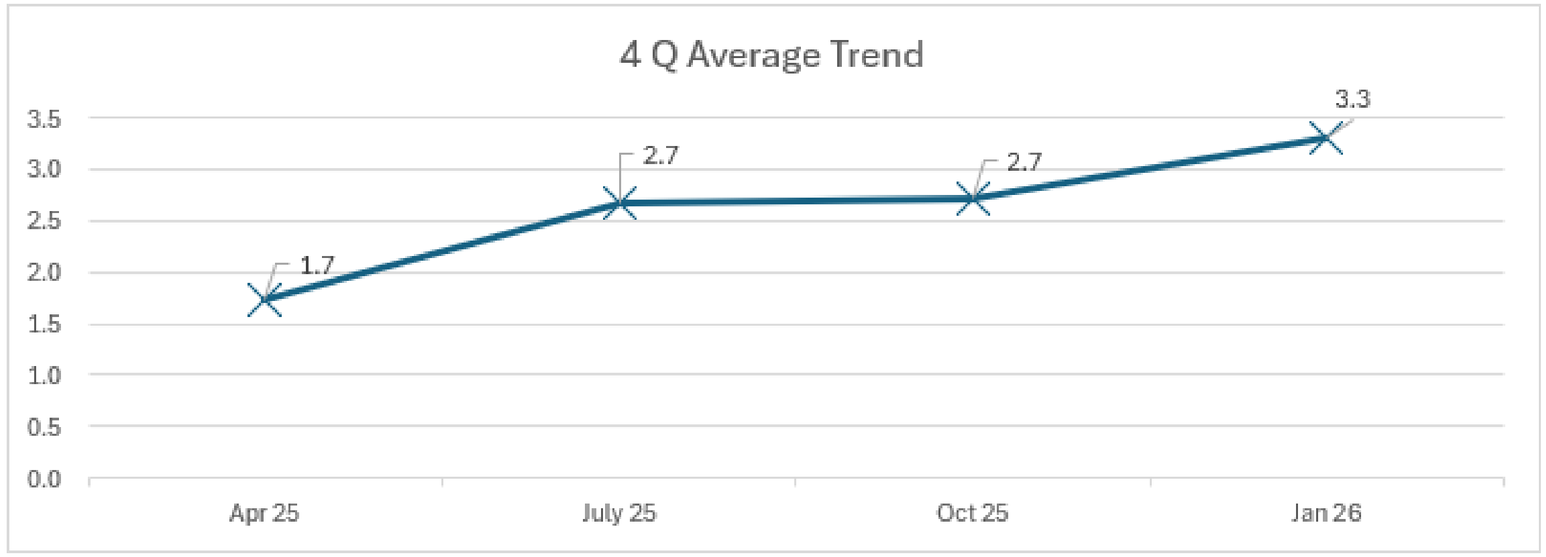

| Cut Points (5 Quintiles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 0.70 | 100 | -- |
| 0.71 | 1.60 | 80 | -- |
| 1.61 | 2.72 | 60 | -- |
| 2.73 | 4.52 | 40 | -- |
| 4.53 | 100.00 | 20 | |

This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period or look -back period.

i.e., Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]). Scan all qualifying RFAs within the current episode that have target dates no more than 275 days prior to the target assessment.

**Percentage of long-stay residents experiencing one or more falls with major injury** (QRP-SS, VBP-LS)

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 1.7 | 6.1 | 1.9 | 3.8 | 3.3 | 60 |




| Cut Points (5 Quintiles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 1.34 | 100 | -- |
| 1.35 | 2.46 | 80 | -- |
| 2.47 | 3.56 | 60 | **2.3** |
| 3.57 | 5.14 | 40 | **8.7** |
| 5.15 | 100.00 | 20 | |

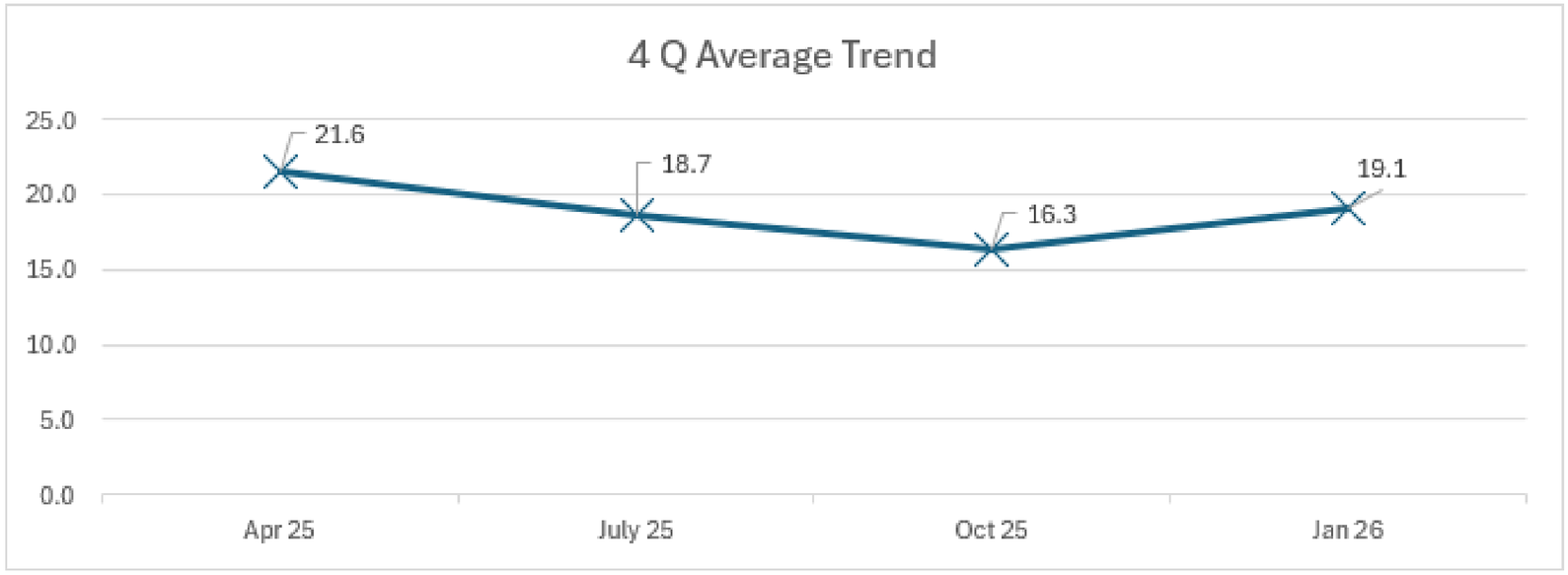
This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.

i.e. Long-stay residents with a selected target assessment who received antipsychotic medication(s). This condition is defined as follows:

1. For assessments with target dates within the target period: N0415A1 = [1]
OR
2. The resident has a claim or encounter record for antipsychotic medication during the target period while the resident is i n the facility.

## Percentage of long-stay residents who received an antipsychotic medication

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 19.4 | 20.6 | 21.6 | 13.8 | 19.1 | 60 |




| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0 | 5.29 | 150 | -- |
| 5.3 | 7.95 | 135 | -- |
| 7.96 | 10.36 | 120 | -- |
| 10.37 | 12.64 | 105 | -- |
| 12.65 | 14.85 | 90 | **3.4** |
| 14.86 | 17.26 | 75 | **13.0** |
| 17.27 | 20.14 | 60 | **24.6** |
| 20.15 | 23.95 | 45 | **39.8** |
| 23.96 | 29.82 | 30 | **63.3** |
| 29.83 | 100 | 15 | |

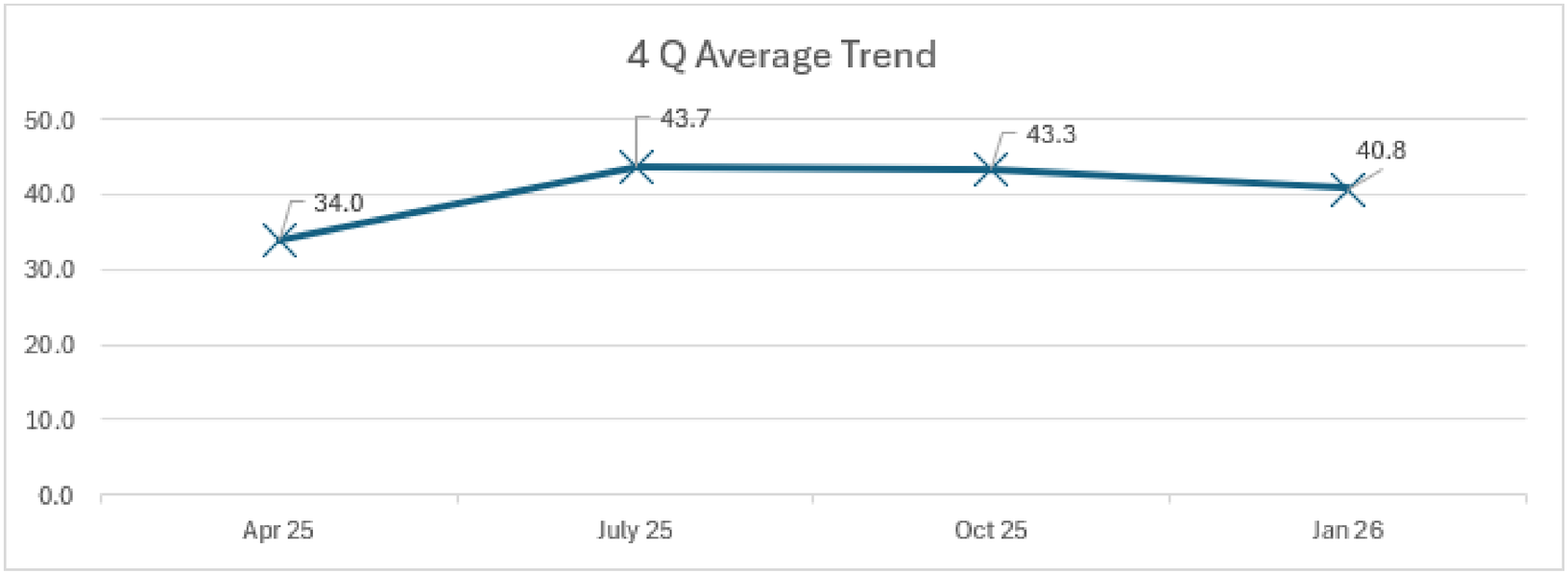
This measure reports the percent of long-stay residents who experienced a decline in the ability to walk independently during the target period.

Long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in the ability to walk independently 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

**Percentage of long-stay residents w…ility to walk independently worsened**

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| | | | | 40.8 | 15 |

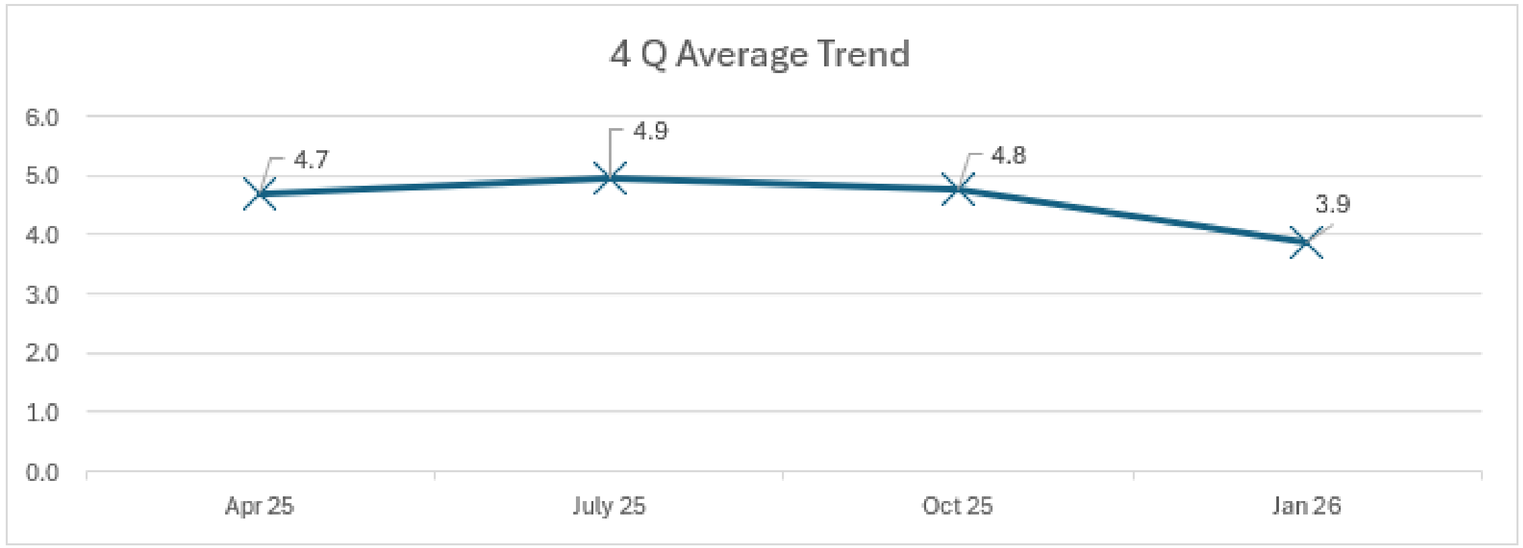



| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0 | 8.3 | 150 | |
| 8.31 | 12.35 | 135 | |
| 12.36 | 15.59 | 120 | |
| 15.6 | 18.66 | 105 | |
| 18.67 | 21.68 | 90 | |
| 21.69 | 24.91 | 75 | |
| 24.92 | 28.45 | 60 | |
| 28.46 | 32.86 | 45 | |
| 32.87 | 39.04 | 30 | |
| 39.05 | 100 | 15 | |

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

## Percentage of long-stay residents with pressure ulcers

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 2.1 | 5.5 | 5.0 | 3.2 | 3.9 | 80 |




| Cut Points (5 Quintiles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 2.88 | 100.00 | -- |
| 2.89 | 4.45 | 80.00 | **4.1** |
| 4.46 | 5.97 | 60.00 | **10.2** |
| 5.98 | 7.97 | 40.00 | **18.2** |
| 7.98 | 100.00 | 20.00 | |

# The Long Stay Quality Measures

- Measures for Long-Stay residents that are derived from **claims data**:
  - Number of hospitalizations per 1,000 long -stay resident days **(VBP)**
  - Number of outpatient emergency department (ED) visits per 1,000 long -stay resident days

The long-stay hospitalizations measure determines the number of unplanned inpatient admissions or outpatient observation stays t hat occurred among permanent (i.e., long-stay) residents of a nursing home during a one-year period, expressed as the number of unplanned hospitalizations for every 1,000 days that the long-stay residents were admitted to the facility (i.e., “long-stay resident days”).

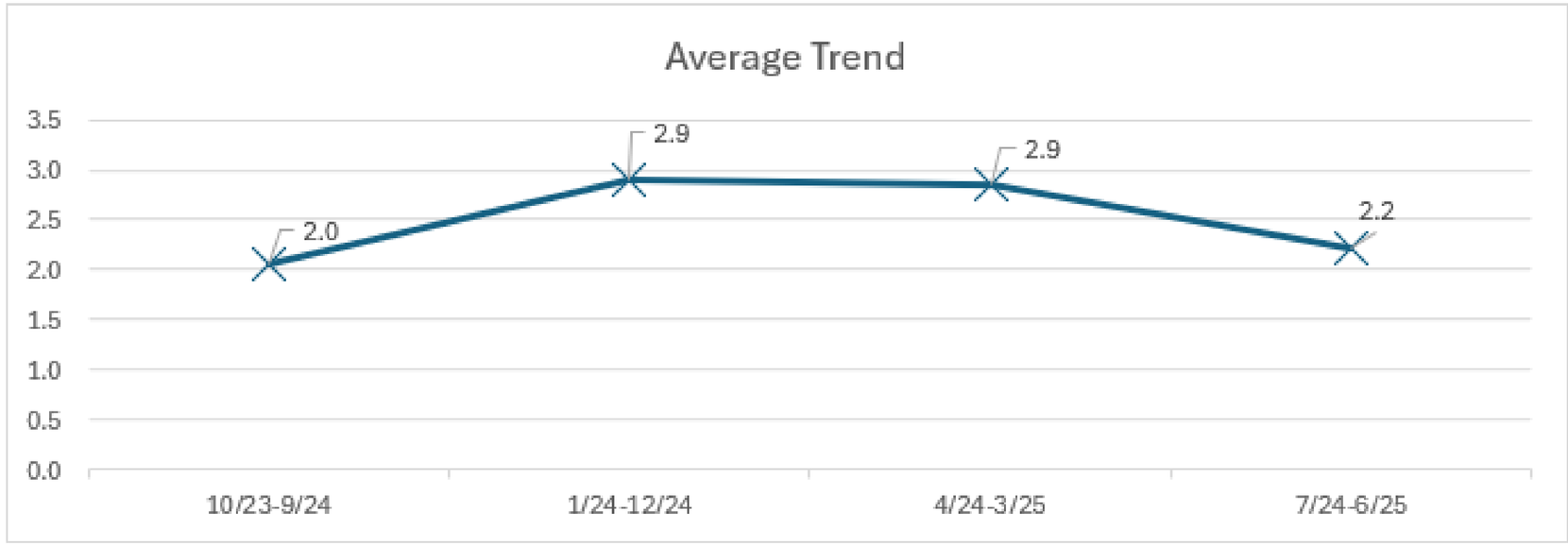
Higher values of the long-stay hospitalizations measure indicate worse performance on the measure.

Numerator: The numerator for the measure is the number of admissions to an acute care or critical access hospital, for an inpatient stay or outpatient observation stay, occurring while the individual is a long-term nursing home resident.

Planned inpatient admissions are not counted in the numerator since they are unrelated to the quality of care at the nursing home.

Denominator: The measure includes Medicare FFS beneficiaries enrolled in both Parts A and B with a single stay or sequence of stays during which the individual resides in the nursing home for a total of 101 days or more without a gap of 30 contiguous days living in the community or other institution.

## Number of hospitalizations per 1000 long-stay resident days (VBP)




| 07/01/24-06/30/25 | | Observed | Expected | Adjusted | Points |
|---|---|---|---|---|---|
| | | % | % | % | |
| | | 3.30 | 2.83 | 2.21 | 30 |

| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 0.72 | 150 | - |
| 0.72 | 0.94 | 135 | - |
| 0.94 | 1.10 | 120 | - |
| 1.10 | 1.25 | 105 | - |
| 1.26 | 1.41 | 90 | - |
| 1.41 | 1.56 | 75 | - |
| 1.56 | 1.72 | 60 | - |
| 1.72 | 1.93 | 45 | - |
| 1.93 | 2.27 | 30 | - |
| 2.27 | 1000.00 | 15 | - |

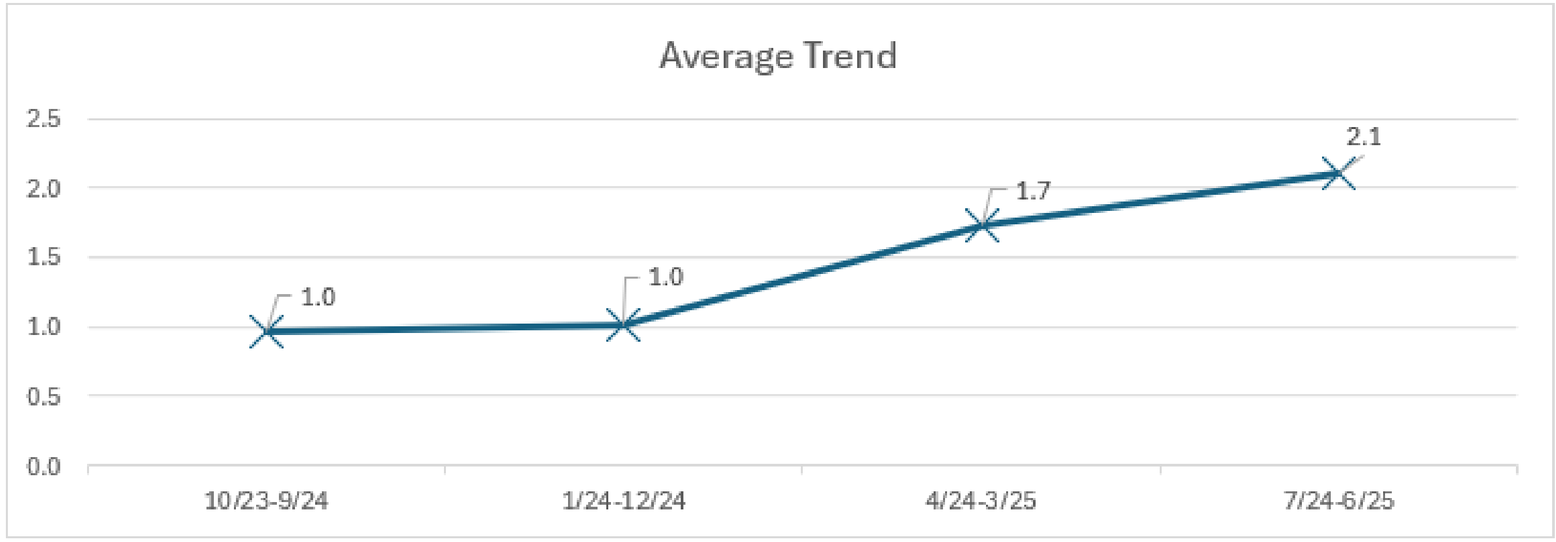
The long-stay outpatient ED visits measure determines the number of outpatient ED visits that occurred among permanent (i.e., lo ng-stay) residents of a nursing home during a one-year period, expressed as the number of outpatient ED visits for every 1,000 days that the long-stay residents were admitted to the facility (i.e., “long-stay resident days”).

Higher values of the long-stay outpatient ED visits measure indicate worse performance on the measure.

Numerator: The numerator for the measure is the number of visits to an emergency department that did not result in an inpatie nt hospital stay or outpatient observation stay, occurring while the individual is a long -term nursing home resident. Outpatient ED visits are inclu ded in the measure regardless of diagnosis.

Denominator: The measure includes Medicare beneficiaries enrolled in Parts A and B with a single stay or sequence of stays dur ing which the individual resides in the nursing home for a total of 101 days or more without a gap of 30 contiguous days living in the community or other institution.

**Number of outpatient emergency department visits per 1000 long-stay resident days**




| 07/01/24-06/30/25 | | Observed | Expected | Adjusted | Points |
|---|---|---|---|---|---|
| | | % | % | % | |
| | | 2.29 | 1.82 | 2.11 | 30 |

| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 0.47 | 150 | - |
| 0.47 | 0.67 | 135 | - |
| 0.67 | 0.83 | 120 | - |
| 0.83 | 0.99 | 105 | - |
| 0.99 | 1.16 | 90 | - |
| 1.16 | 1.37 | 75 | - |
| 1.37 | 1.60 | 60 | - |
| 1.60 | 1.91 | 45 | - |
| 1.91 | 2.47 | 30 | - |
| 2.47 | 1000.00 | 15 | - |

# The Short Stay Quality Measures

- Measures for Short-Stay residents that are derived from **MDS assessments**
  - Percentage of **short-stay residents** who got antipsychotic medication for the first time
  - Percentage of **Skilled Nursing Facility (SNF) residents** with pressure ulcers/pressure injuries that are new or worsened **(QRP)**
  - Percentage of **Skilled Nursing Facility (SNF) residents** who are at or above an expected ability to care for themselves and move around at discharge (discharge function score) **(QRP, VBP)**

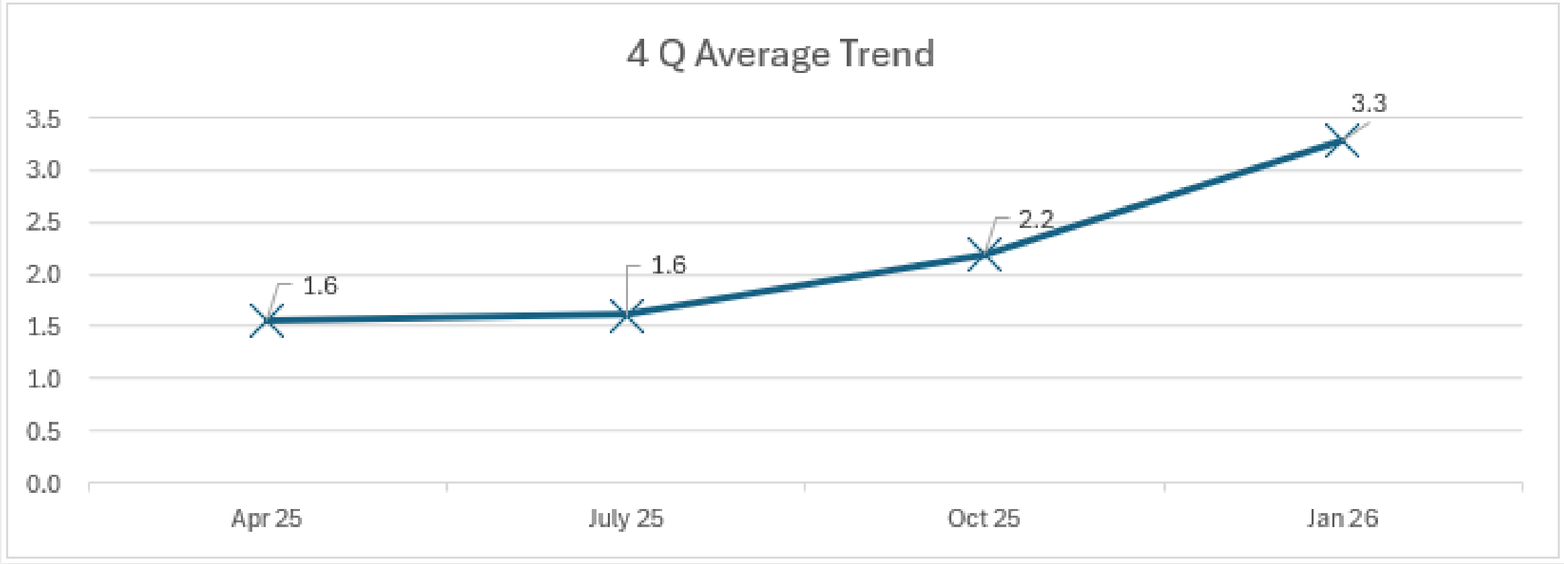
This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target peri od but not on their initial assessment.

Numerator: Short-stay residents for whom one or more assessments in a lookback scan (not including the initial assessment) indicates that antipsychotic medication was received.

Denominator:
All short-stay residents who do not have exclusions and who meet all of the following conditions:
- The resident has a target assessment, and
- The resident has an initial assessment, and
- The target assessment is not the same as the initial assessment.

**Percentage of short-stay residents who newly received an antipsychotic medication**

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 2.1 | 0.0 | 4.4 | 7.3 | 3.3 | 20 |




| Cut Points (5 Quintiles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 0.00 | 100.00 | -- |
| 0.01 | 0.96 | 80.00 | -- |
| 0.97 | 1.68 | 60.00 | -- |
| 1.69 | 2.89 | 40.00 | -- |
| 2.90 | 100.00 | 20.00 | |

This measure reports the percentage of Medicare Part A SNF stays with Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that are new or worsened since admission.

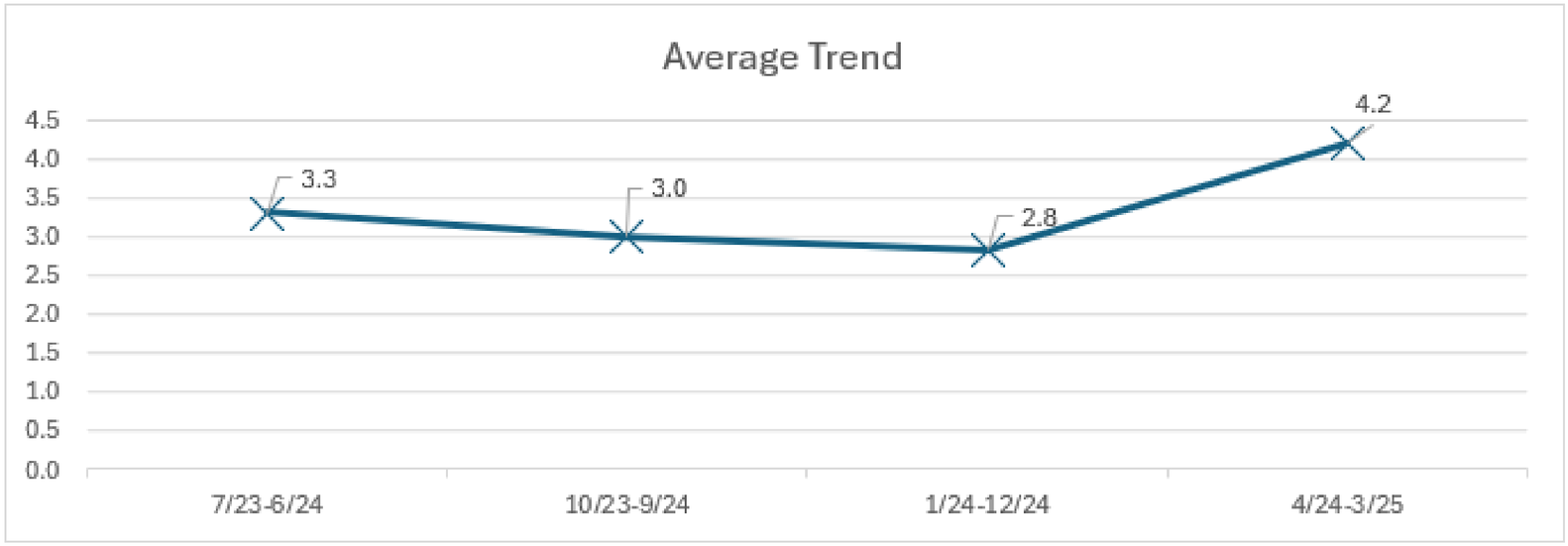
The measure is calculated by reviewing a resident's MDS pressure ulcer discharge assessment data for reports of Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that were not present or were at a lesser stage at the time of admission.

Numerator: The numerator is the number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, compared to admission.

Denominator: The denominator is the number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the selected time window for SNF residents ending during the selected time window, except those that meet the exclusion criteria.

**Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened** (QRP)

| 04/01/24-03/31/25 | | | | | Points |
|---|---|---|---|---|---|
| | | | | % | |
| | | | | 4.2 | 40 |



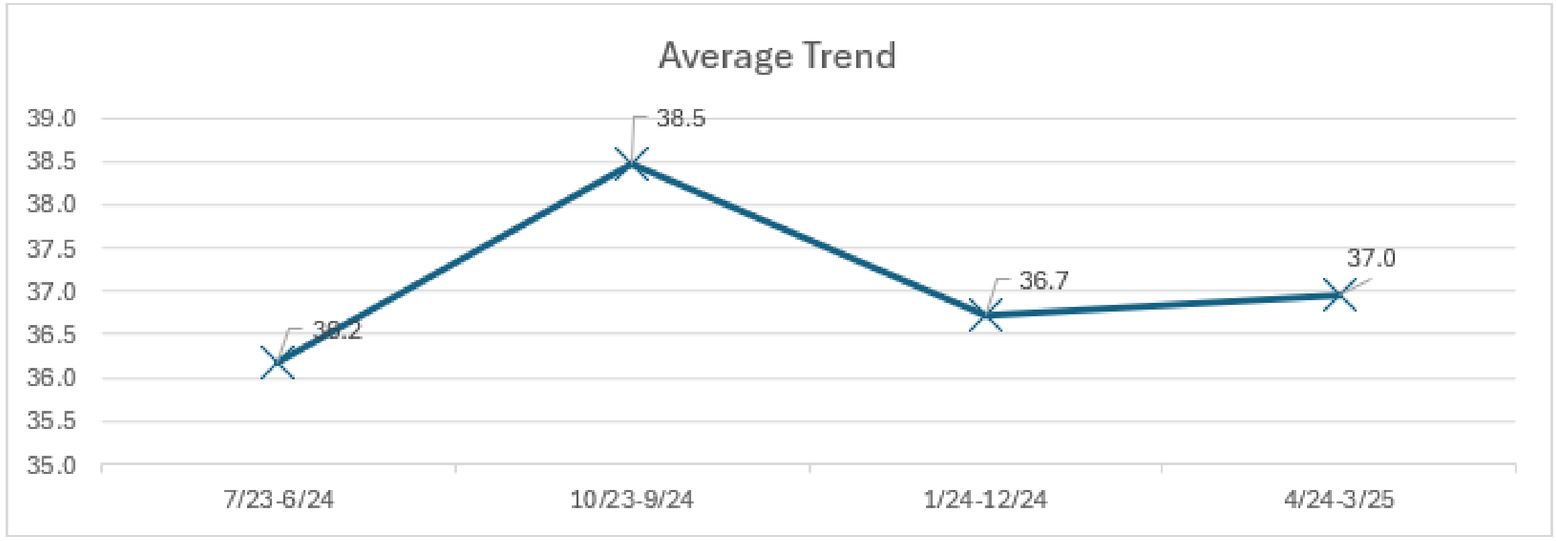

| Cut Points (5 Quintiles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 0.00 | 100.00 | - |
| 0.01 | 2.19 | 80.00 | - |
| 2.20 | 3.95 | 60.00 | - |
| 3.96 | 6.47 | 40.00 | - |
| 6.48 | 100.00 | 20.00 | - |

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

Numerator:
The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusio criteria, with an observed discharge function score that is equal to or greater than the calculated expected discharge functi on score.

Denominator:
The total number of Medicare Part A SNF stays (Type 1 SNF Stays only), except those that meet the exclusion criteria.

**Percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.** (QRP, VBP)




| 04/01/24-03/31/25 | | | | | Points |
|---|---|---|---|---|---|
| | | | | % | |
| | | | | 37.0 | 30 |

| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 70.74 | 100.00 | 150 | - |
| 64.80 | 70.73 | 135 | - |
| 60.35 | 64.79 | 120 | - |
| 56.61 | 60.34 | 105 | - |
| 53.01 | 56.60 | 90 | - |
| 49.31 | 53.00 | 75 | - |
| 44.98 | 49.30 | 60 | - |
| 39.95 | 44.97 | 45 | - |
| 33.09 | 39.94 | 30 | - |
| 0.00 | 33.08 | 15 | - |

# The Short Stay Quality Measures

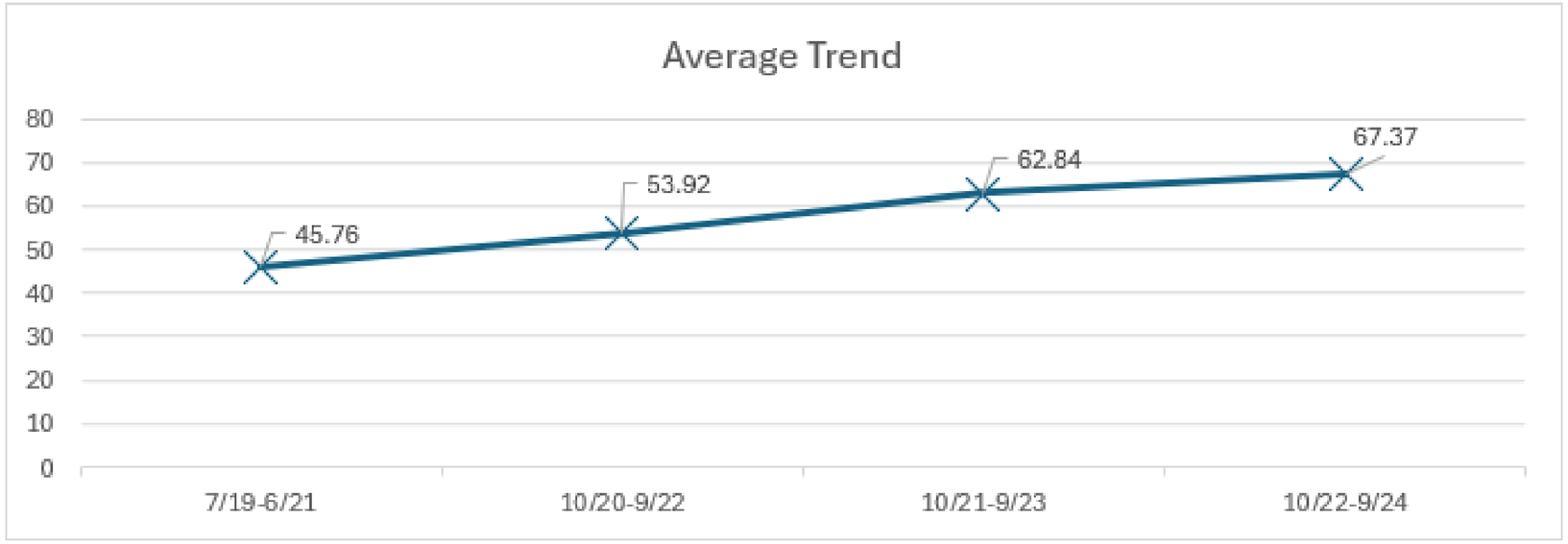
- Measures for Short-Stay residents that are derived from **claims data**:
  - Rate of successful return to home and community from a SNF **(QRP, VBP)**
  - Percentage of short-stay residents who were re-hospitalized after a nursing home admission
  - Percentage of short-stay residents who have had an outpatient emergency department (ED) visit

The SNF DTC measure assesses the rate at which beneficiaries are successfully discharged to the community from the SNF.

Specifically, this measure reports a SNF's risk-standardized rate of Medicare FFS beneficiaries who are
- discharged to the community after a SNF stay, and
- do not have an unplanned readmission to an acute care hospital (ACH) or Long-Term Care Hospital (LTCH), and
- remain alive during the 31 days following that discharge.

Community, for this measure, is defined as home/self-care, with or without home health services, Not institutional care.

## Rate of successful return to home or community from a SNF (QRP, VBP)




| 10/01/22 - 09/30/24 | | Observed | Expected | Adjusted | Points |
|---|---|---|---|---|---|
| | | % | % | % | |
| | | 67.6 | NR | 67.4 | 150 |

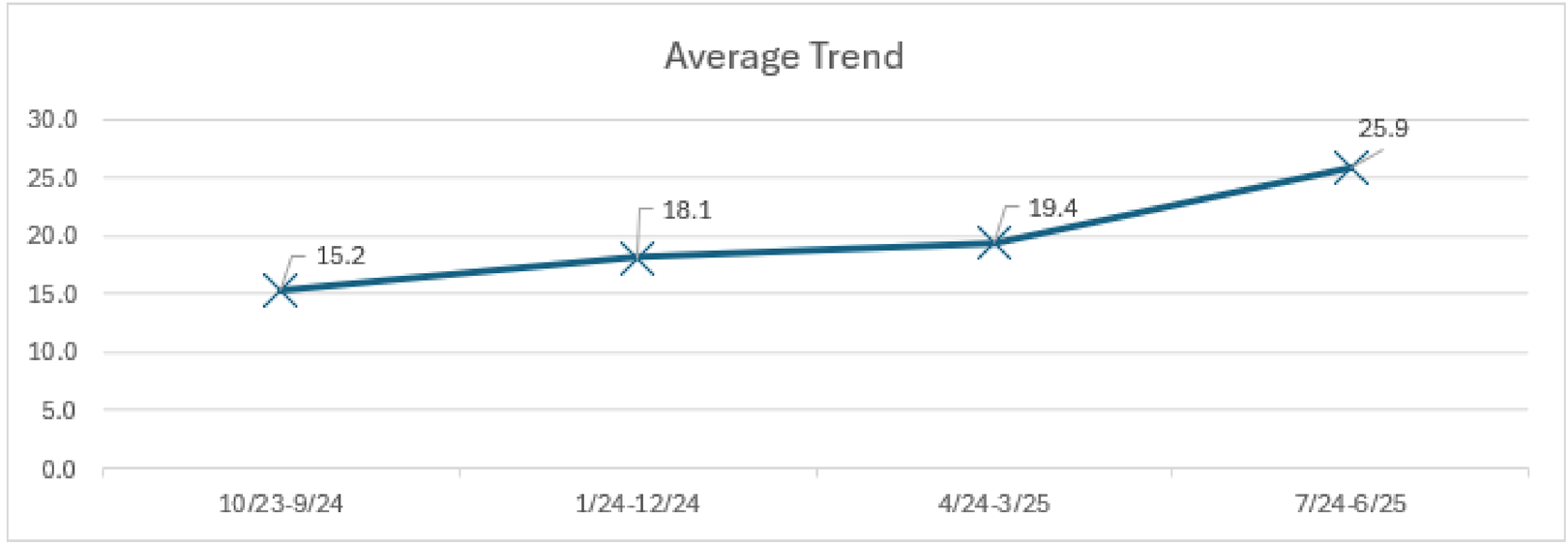
| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 63.36 | 100.00 | 150 | - |
| 59.76 | 63.35 | 135 | - |
| 56.97 | 59.75 | 120 | - |
| 54.53 | 56.96 | 105 | - |
| 51.73 | 54.52 | 90 | - |
| 49.17 | 51.72 | 75 | - |
| 46.09 | 49.16 | 60 | - |
| 42.62 | 46.08 | 45 | - |
| 37.63 | 42.61 | 30 | - |
| 0.00 | 37.62 | 15 | - |

The short-stay re-hospitalization measure determines the percentage of all nursing home residents who entered or reentered a nursing home, from a hospital, who were re-admitted to a hospital for an unplanned inpatient stay or outpatient observation stay within 30 days of entry/reentry. Higher values of the short - stay re-hospitalization measure indicate worse performance on the measure.

Numerator: The numerator for the measure is the number of nursing home stays where the resident had one or more unplanned inpatient admissions or one or more outpatient claims for an observation stay within 30 days of entry/reentry. This includes inpatient or observation stays occurring after discharge from the nursing home but within the 30 -day timeframe.

Denominator: The measure includes Medicare beneficiaries enrolled in both Parts A and B who entered or reentered the nursing home from a hospital, were not enrolled in hospice during their nursing home stay, and who were not identified as comatose based on the MDS admission assessment.

**Percentage of short-stay residents who were rehospitalized after a nursing home admission**




| 07/01/24-06/30/25 | | Observed | Expected | Adjusted | Points |
|---|---|---|---|---|---|
| | | % | % | % | |
| | | 24.1 | 22.2 | 25.9 | 30 |

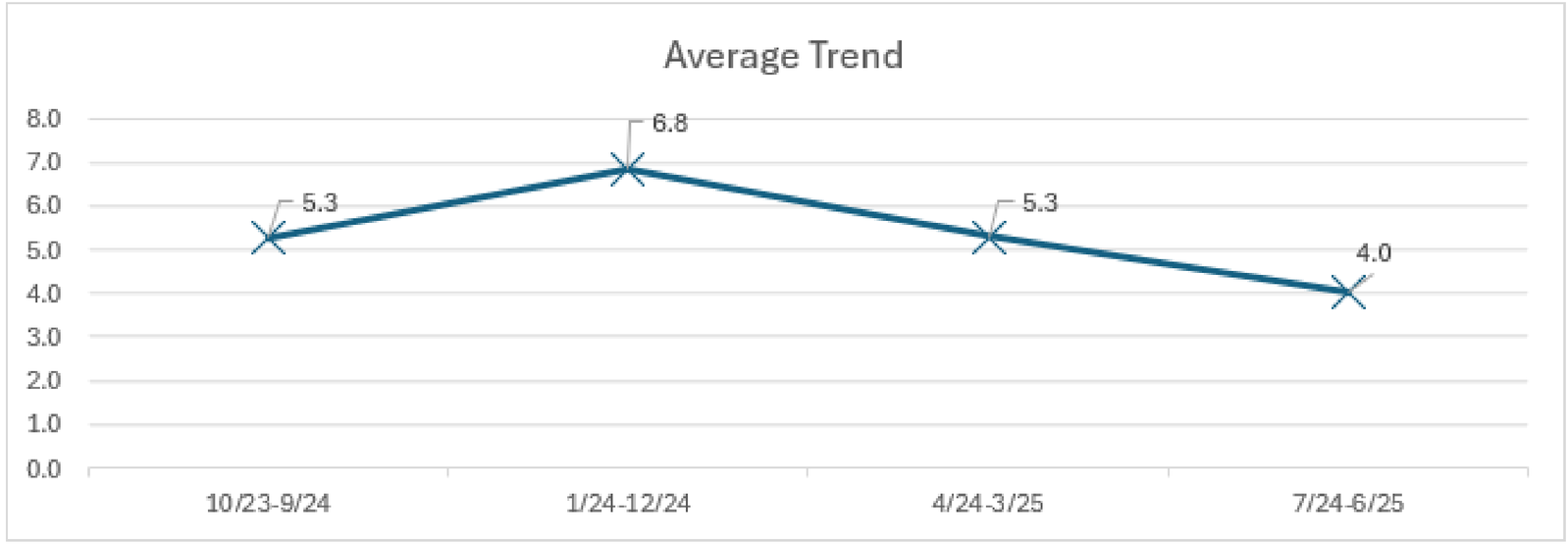
| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 13.03 | 150 | - |
| 13.04 | 15.55 | 135 | - |
| 15.56 | 17.11 | 120 | - |
| 17.12 | 18.45 | 105 | - |
| 18.46 | 19.73 | 90 | - |
| 19.74 | 20.96 | 75 | - |
| 20.97 | 22.32 | 60 | - |
| 22.33 | 23.81 | 45 | - |
| 23.82 | 26.37 | 30 | - |
| 26.38 | 100.00 | 15 | - |

The short-stay outpatient ED visit measure determines the percentage of all nursing home residents who entered or reentered a nursing home, from a hospital, who had an outpatient ED visit (i.e., an ED visit not resulting in an inpatient hospital admission) within 30 days of entry or reentry.

Numerator: The numerator for the measure is the number of nursing home stays where the resident had one or more outpatient claims for an ED visit within 30 days of entry/reentry. This includes outpatient ED visits occurring after discharge from the nursing home but within the 30 -day timeframe. Outpatient ED visits are included in the measure regardless of diagnosis.

Denominator: The measure includes Medicare beneficiaries enrolled in both Parts A and B who entered or reentered the nursing home from a hospital, were not enrolled in hospice during their nursing home stay, and who were not identified as comatose based on the MDS admission assessment.

**Percentage of short-stay residents who had an outpatient emergency department visit**




| 07/01/24-06/30/25 | | Observed | Expected | Adjusted | Points |
|---|---|---|---|---|---|
| | | % | % | % | |
| | | 3.4 | 9.5 | 4.0 | 150 |

| Cut Points (10 Deciles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 4.09 | 150 | - |
| 4.10 | 5.58 | 135 | - |
| 5.59 | 6.65 | 120 | - |
| 6.66 | 7.70 | 105 | - |
| 7.71 | 8.66 | 90 | - |
| 8.67 | 9.74 | 75 | - |
| 9.75 | 10.93 | 60 | - |
| 10.94 | 12.55 | 45 | - |
| 12.56 | 14.89 | 30 | - |
| 14.90 | 100.00 | 15 | - |

# Ongoing Analysis

## 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) | N045.02 | C | 4 | 57 | 7.0% | 4.6% | 6.2% | 5.6% | 46 |
| Phys restraints (L) | N027.02 | C | 0 | 58 | 0.0% | | 0.1% | 0.1% | 0 |
| Falls (L) | N032.02 | C | 32 | 58 | 55.2% | 55.2% | 44.2% | 44.2% | 79* |
| Falls w/Maj Injury (L) | N013.02 | C | 3 | 58 | 5.2% | 5.2% | 3.3% | 3.4% | 77* |
| Antipsych Med (S) | N011.03 | C | 1 | 41 | 2.4% | 2.4% | 1.7% | 1.8% | 79* |
| Antianxiety/Hypnotic Prev (L) | N033.03 | C | 1 | 23 | 4.3% | 4.3% | 9.9% | 7.5% | 41 |
| Antianxiety/Hypnotic % (L) | N036.03 | C | 14 | 44 | 31.8% | 31.8% | 31.2% | 19.6% | 87* |
| Behav Sx affect Others (L) | N034.02 | C | 0 | 51 | 0.0% | 0.0% | 15.3% | 18.2% | 0 |
| Depress Sx (L) | N030.03 | C | 6 | 52 | 11.5% | 11.5% | 14.2% | 13.2% | |
| UTI (L) | N024.02 | C | 5 | 57 | 8.8% | 8.8% | 2.0% | 1.7% | |
| Cath Insert/Left Bladder (L) | N026.03 | C | 2 | 51 | 3.9% | 3.9% | 1.3% | 1.1% | |
| New or Worsened B/B (L) | N046.02 | C | 8 | 48 | 16.7% | 16.3% | 20.7% | 19.9% | |
| Excess Wt Loss (L) | N029.03 | C | 6 | 43 | 14.0% | 14.0% | 7.0% | 5.5% | |
| Incr ADL Help (L) | N028.04 | C | 14 | 40 | 35.0% | 35.0% | 14.9% | 14.7% | |
| Move Indep Worsens (L) | N035.05 | C | 2 | 9 | 22.2% | 22.8% | 21.1% | 16.4% | |

## MDS Hybrid Measures

| Measure Description | CMS ID | Numerator | Denominator | Facility Observed Percent | State Average | National Average | N |
|---|---|---|---|---|---|---|---|
| Antipsych Med (L)[1] | N047.01 | 4 | 27 | 14.8% | 16.9% | 15.5% | 56 |

[1] The Percent of Long-Stay Residents Who Received an Antipsychotic Medication measure is based on 3 months of data (07/01/2025 - 09/30/2025) and is c
and Medicare/Medicaid claims and encounter data.

## SNF Measures

| Measure Description | CMS ID | Numerator | Denominator | Facility Observed Percent | Facility Adjusted Percent | National Average |
|---|---|---|---|---|---|---|
| Pressure Ulcer/Injury[2] | S038.02 | 1 | 49 | 2.0% | 1.7% | 2.6% |

[2] 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 (04/01/2025 - 03/31/2026).





MDS 3.0 Facility-Level Quality Measure (QM) Report

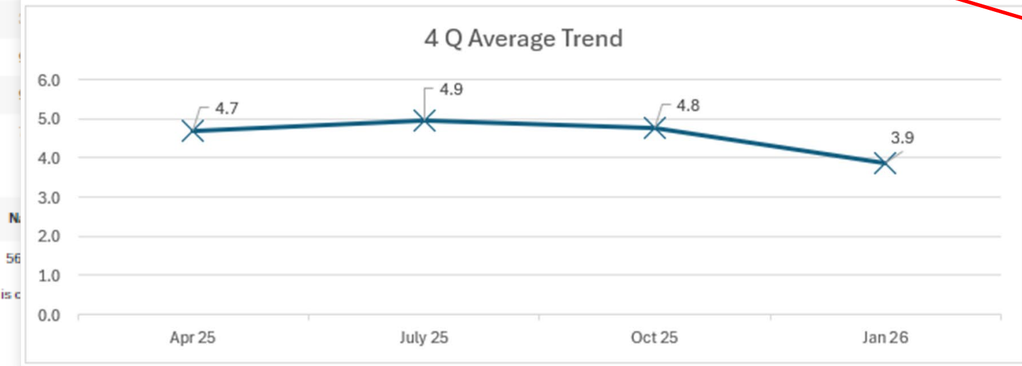
iQIES Report

| Measure Description | CMS ID | Numerator | Denominator | Facility Observed Percent | National Average |
|---|---|---|---|---|---|
| Discharge Function Score[3] | S042.02; S042.03 | 20 | 34 | 58.82% | 59.46% |

[3] The Discharge Function Score measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (04/01/2025 - 03/31/2026).

**Percentage of long-stay residents with pressure ulcers**

| Q4 '24 | Q1 '25 | Q2 '25 | Q3 '25 | 4 Q Avg. | Points |
|---|---|---|---|---|---|
| % | % | % | % | % | |
| 2.1 | 5.5 | 5.0 | 3.2 | 3.9 | 80 |




| Cut Points (5 Quintiles) | | | O/R |
|---|---|---|---|
| % | % | Points | % |
| 0.00 | 2.88 | 100.00 | -- |
| 2.89 | 4.45 | 80.00 | 4.1 |
| 4.46 | 5.97 | 60.00 | 10.2 |
| 5.98 | 7.97 | 40.00 | 18.2 |
| 7.98 | 100.00 | 20.00 | |

# Ongoing Analysis

MDS 3.0 Resident-Level Quality Measure (QM) Report

iQIES Report

| Resident Name | Resident ID | A0310A/B/F | Pressure Ulcers (L) | Phys restraints (L) | Falls (L) | Falls w/Maj injury (L) | Antipsych Med (S) | Antianxiety/Hypnotic Prev (L) | Antianxiety/Hypnotic % (L) | Behav Sx affect Others (L) | Depress Sx (L) | UTI (L) | Cath Insert/Left Bladder (L) | New or Worsened B/B (L) | Excess Wt Loss (L) | Incr ADL Help (L) | Move Indep Worsens (L) | Quality Measure Count |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data | | | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | |
| [redacted] | [redacted] | [redacted] | b | b | b | b | b | b | b | b | b | b | b | b | b | b | b | 0 |
| [redacted] | [redacted] | [redacted] | b | b | X | b | b | b | b | b | b | b | b | b | b | X | b | 2 |
| [redacted] | [redacted] | [redacted] | b | b | X | b | b | b | b | b | b | b | b | b | b | b | b | 1 |
| [redacted] | [redacted] | [redacted] | b | b | b | b | b | b | b | b | b | b | b | b | b | b | b | 0 |
| [redacted] | [redacted] | [redacted] | X | b | b | b | b | b | X | b | X | b | b | b | b | b | b | 3 |
| [redacted] | [redacted] | [redacted] | b | b | b | b | b | b | b | b | b | b | b | b | b | b | b | 0 |
| [redacted] | [redacted] | [redacted] | b | b | b | b | b | b | b | b | b | b | b | b | b | b | b | 0 |
| [redacted] | [redacted] | [redacted] | b | b | b | b | b | b | b | b | b | b | X | b | b | X | b | 2 |
| [redacted] | [redacted] | [redacted] | b | b | X | b | b | b | b | b | b | X | b | b | X | b | b | 3 |
| [redacted] | [redacted] | [redacted] | X | b | X | X | b | b | b | b | b | b | b | b | b | b | b | 3 |

# The Final Verdict

| Total Long Stay Quality Measure Score: | 395 | | |
|---|---|---|---|
| Long Stay Quality Measure Star Rating | Point Range | | ↑ ↓ |
| ★★★★★ | 736 | 1150 | 341 |
| ★★★★ | 641 | 735 | 246 |
| ★★★ | 566 | 640 | 171 |
| ★★ | 466 | 565 | 71 |
| ★ | 155 | 465 | --- |

| Unadjusted Short-Stay Quality Measure Score: | 420 | | |
|---|---|---|---|
| Total Short-Stay Quality Measure Score = (Unadjusted short-stay QM score*1150/800): | 604 | | |
| Short Stay Quality Measure Star Rating | Point Range | | ↑ ↓ |
| ★★★★★ | 720 | 1150 | 116 |
| ★★★★ | 626 | 719 | 22 |
| ★★★ | 526 | 625 | --- |
| ★★ | 439 | 525 | -79 |
| ★ | 144 | 438 | -166 |

**Note:** the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1150/800 to the unadjusted scores)

| TOTAL Quality Measure Score | 999 | | |
|---|---|---|---|
| Overall Quality Measure Star Rating | Point Range | | ↑ ↓ |
| ★★★★★ | 1456 | 2300 | 457 |
| ★★★★ | 1267 | 1455 | 268 |
| ★★★ | 1092 | 1266 | 93 |
| ★★ | 905 | 1091 | --- |
| ★ | 299 | 904 | -95 |

# Next Steps

- Interpreting Quality Measure data with regard to the 5 -star rating is an active IDT process.
- Understanding the definitions that drive the technical specifications is a must for successful 5-Star rating management.
- Having the latest information available is critical including the current RAI Manual and QM manuals.
- Reviewing the quality measures frequently and regularly should be incorporated into the facility meeting footprint.
- Working toward understanding the data and acting on it is a critical step in quality improvement activity and resulting 5 -star representation.
- Quality measure, and therefore 5-star ratings, don’t change spontaneously. This requires effort.

# Any Questions?

# Thank you!


**Email**

jvaneaton@broadriverrehab.com

**Website**

www.broadriverrehab.com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