

FIVE STARS-ONE MISSION: USING CMS DATA TO DRIVE BETTER RESIDENT OUTCOMES

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MANHA June 7th, 2026



JULY 2025 AND JANUARY 2026 REVISIONS

July 2025

- 1. Shift from using the three most recent standard health inspection surveys to the two most recent standard health inspection surveys
- 2. Update the risk-adjustment models for the four claims-based measures

- 1. Replace the existing long-stay antipsychotic medication quality measure with a respecified measure that incorporates Medicare, Medicaid, and Medicare Advantage encounter data

QSO-25-20-NH REVISED

Jan. 2026



FIVE STAR DOMAINS



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THREE DOMAINS

Health Inspections

Measures based on outcomes from state health inspections

- The Health Inspections rating is based on results from state surveys, including the two most recent annual inspections and findings from complaint investigations and infection control surveys over the past 36 months. Deficiencies are weighted by scope and severity, and the rating also reflects the number of revisit surveys needed to confirm that deficiencies were corrected.

Staffing

Measures based on nursing home staffing levels and staff turnover

- The Staffing rating measures nursing staff levels and staff turnover using data submitted through the Payroll-Based Journal (PBJ) system and resident census data from MDS 3.0. Staffing levels are case-mix adjusted using PDPM nursing case-mix groups, while turnover is calculated using six consecutive quarters of PBJ data for nursing staff and administrators.

Quality Measures

Measures based on MDS, Medicare/Medicaid claims, and Medicare Advantage encounters (Jan. 26')

- The Quality Measures rating is based on performance on 15 selected MDS- and claims-based measures reported on Care Compare, including nine long-stay and six short-stay measures. Ratings are reported as an overall quality score, with separate ratings for short-stay and long-stay residents.

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FIVE-STAR— NOT JUST A PUBLIC SCORE

Five-Star is a QAPI Dashboard

Five-Star reflects system performance

Each domain reveals operational risk

Ratings signal where QAPI should focus

Public score = internal roadmap

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HOW EACH DOMAIN IMPACTS RESIDENT OUTCOMES

Health Inspection

- System failures → resident harm risk
- Abuse citations → safety breakdown

Staffing

- RN hours → hospitalization risk
- Turnover → continuity of care
- Weekend staffing → falls & incidents

Quality Measures

- ADL decline → quality of life
- Rehospitalizations → care transition failure
- Antipsychotics → clinical & regulatory risk



HEALTH INSPECTION DOMAIN



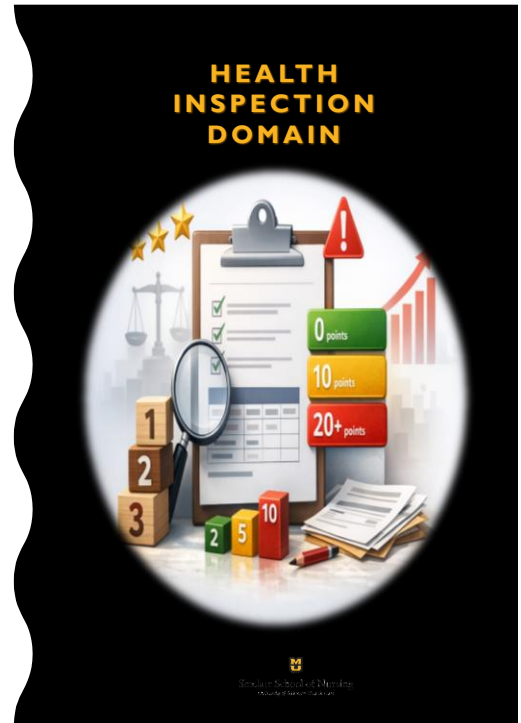
Scoring Rules

Health Inspection Results

- Points are assigned to individual health deficiencies according to their scope and severity –more serious, widespread deficiencies receive more points, with additional points assigned for substandard quality of care.
- Two types of health citations – **F731** (Waiver of requirement to provide licensed nurses on a 24-hour basis) and **F884** (COVID-19 reporting to the Centers for Disease Control) – **ARE NOT** considered in the health inspection score calculation (nor are these reported on Nursing Home Care Compare).
- Comparative Surveys are not reported on Care Compare or included in rating calculations, though the results of State Survey Agency determinations made during a Federal Oversight Survey are included.



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HEALTH INSPECTION DOMAIN

RATING METHODOLOGY FOR FACILITIES WITH ABUSE CITATION(S):

1) Harm-level abuse citation in the most recent survey cycle: Facilities cited for abuse² where residents were found to be harmed (Scope/Severity of G or higher) on:

- a. the most recent standard survey,
or
- b. on a complaint or focused infection control survey within the past 12 months.

2) Repeat abuse citations: Facilities cited for abuse where residents were found to be potentially harmed (Scope/Severity of D or higher) on:

- a. the most recent standard survey or
- b. on a complaint or focused infection control survey within the past 12 months,
and
- c. on the previous (i.e., second most recent) standard survey or
- d. on a complaint survey in the prior 12 months (i.e., from 13 to 24 months ago).



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HEALTH INSPECTION DOMAIN – SURVEY & DEFICIENCY WEIGHTING

Component	Timeframe	Weight	Key Rules
Standard Survey – Cycle 1	Most recent standard survey	.75	Most heavily weighted survey cycle
Standard Survey – Cycle 2	Second most recent survey	.25	Weighted less than Cycle 1
Complaint Surveys	Within last 12 months	.75	If within 15 days of recert → count once; use highest scope/severity
Complaint Surveys	13–36 months ago	.25	Same 15-day duplicate rule applies
Focused Infection Control	Within last 12 months	.75	If 2+ within 15 days → ALL included
Focused Infection Control	13–36 months ago	.25	If overlapping with recert/complaint → count infection control only

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HEALTH INSPECTION DOMAIN REVISIT & FINAL SCORING

Component	When Applied	Weight	Key Rules
Revisit Points	After deficiency points are totaled	N/A	Reflect failure to correct deficiencies timely
Duplicate Deficiency Rule	Within 15-day window	N/A	Prevents double counting; highest scope/severity used
Total Weighted Score	36-month lookback	Cycle 1 = .75 Cycle 2 = .25	Weighted cycles are summed; lower score = better
Only One Standard Survey	Insufficient data	N/A	Rating = “Not Available” (no Overall, Staffing, or QM rating)

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HEALTH INSPECTION DOMAIN

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

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HEALTH INSPECTION DOMAIN

Table 2
Weights for Repeat Revisits

Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

Note: The health inspection score includes points from deficiencies cited on the standard health inspection and complaint inspections during a given survey cycle.

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HEALTH INSPECTION DOMAIN

- CMS bases Five-Star quality ratings in the health inspection domain on the relative performance of facilities within a state. CMS determines facility ratings using these criteria:
 - 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.



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HEALTH INSPECTION DOMAIN

Cut Point Table 1
Star Cut Points for Health Inspection Scores - by State - (01-01-2026)

State	Number of facilities	Health Inspection Score							
		1 star	2 stars		3 stars		4 stars		5 stars
			Upper	Lower	Upper	Lower	Upper	Lower	
Missouri	482	>175.500	≤175.500	>102.000	≤102.000	>55.000	≤55.000	>24.000	≤24.000



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HEALTH INSPECTION DOMAIN

CMS bases Five-Star quality ratings in the health inspection domain on the relative performance of facilities within a state. This approach helps control for variation among states.

		Health inspection Rating:	Approximate Number of Providers that will receive rating:
Top 10%	Lowest health inspection weight scores	5 Stars	48
Middle 70%	Middle inspection weight scores	2 Star 3 Star 4 Star	112-113 (per star)
Bottom 20%	Highest inspection weighted scores	1 Star	96



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HEALTH INSPECTION DOMAIN

When are scores changed and what changes them?

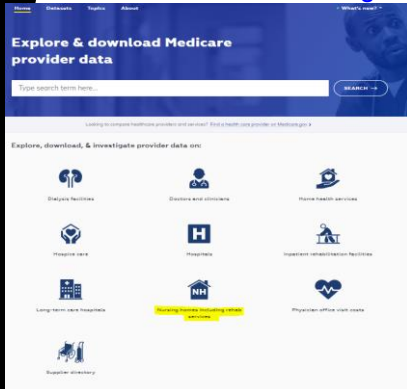
- Rating thresholds are **re-calibrated each month** so that the distribution of star ratings within states remains relatively constant over time. However, the rating for a given facility is held constant until there is a change in the weighted health inspection score for that facility, regardless of changes in the statewide distribution.
- Items that could change the health inspection score include the following:
 - A new health inspection
 - A complaint investigation or focused infection control survey that results in one or more deficiency citations
 - A second, third, or fourth revisit



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HEALTH INSPECTION DOMAIN

- Where's the data????
- [CMS Provider Data Catalog](#)



Nursing homes including rehab services

Provider Information

General information on currently active nursing homes, including number of certified beds, quality measure scores, staffing and other information used in the Five-Star Rating System. Data are presented as one row per nursing home.

Last updated: Aug 1, 2023 • Released: Aug 30, 2023 • [Download CSV](#)



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Provider Information

General information on currently active nursing homes, including number of certified beds, quality measure scores, staffing and other information used in the Five-Star Rating System. Data are presented as one row per nursing home.

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Dataset explorer

Viewing 1 - 20 of 14,993 rows

[Filter dataset](#) [Manage columns](#) [Display settings](#) [Fullscreen](#)

Activate the column resize button and use the right and left arrow keys to resize a column or use your mouse to drag/resize. Press escape to cancel the resizing.

CMS Certi...	Provider ...	Provider ...	City/Town	State	ZIP Code	Te
015009	BURNS NURSIN...	701 MONROE S...	RUSSELLVILLE	AL	35653	25
015010	COOSA VALLEY...	260 WEST WAL...	SYLACAUGA	AL	35150	25
015012	HIGHLANDS HE...	380 WOODS C...	SCOTTSBORO	AL	35768	25
015014	EASTVIEW REH...	7755 FOURTH ...	BIRMINGHAM	AL	35206	20

Nursing homes including rehab services

[View topic details >](#)
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Downloads

DATASET

[Download full dataset](#)
 CSV • 1 KB

DATA DICTIONARIES

[NH_Data_Dictionary](#)
 PDF • 615 KB

Tags

General Information

Address

Location

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CONNECTING FIVE-STAR TO SURVEY READINESS



HEALTH INSPECTION
PREDICTS REGULATORY
RISK



COMPLAINTS INFLUENCE
DOMAIN SCORES



QAPI DOCUMENTATION
SUPPORTS DEFICIENCY
DEFENSE



MOCK SURVEYS =
PREVENTIVE STRATEGY



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Be PREPARED!

1. It's an open book test!
2. Use your data
3. FREE mock survey
4. Rapid response
5. Beef up your grievance program
6. QAPI
7. Direct the survey
8. Know the top deficiencies in your state/region
9. Ask for a briefing at the end of the day (they may or may not indulge you);
10. EVERYONE has a role
11. Pass on first re-visit
12. Keep complaints to a minimum (remember #5?)



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HEALTH INSPECTION DOMAIN

Tips to
improve your
health
inspection
score



STAFFING DOMAIN



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STAFFING DOMAIN

- The rating for staffing is based on six measures. The original two:
 - Case-mix adjusted total nursing hours per resident day (registered nurse (RN) + licensed practical nurse (LPN) + nurse aide hours) for a quarter averaged across all days (weekdays and weekends)
 - Case-mix adjusted RN hours per resident day for a quarter, averaged across all days (weekdays and weekends)

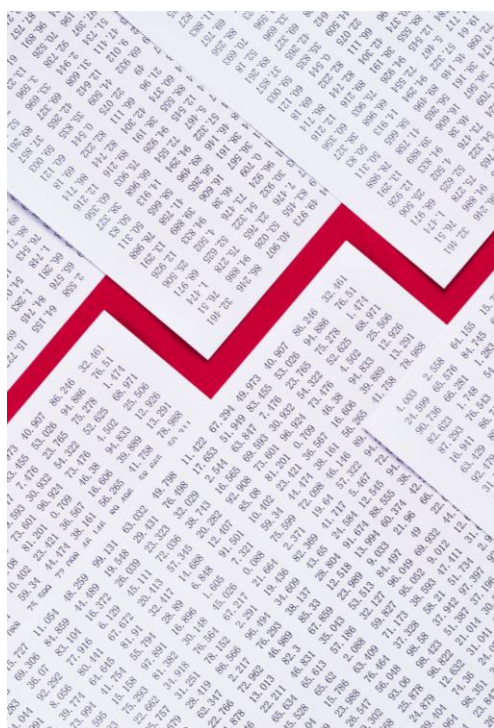


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STAFFING DOMAIN

And the July 2022 additions:

- Case-mix adjusted total nursing hours per resident day (RN + LPN + nurse aide hours) for a quarter averaged across all weekend days (Saturdays and Sundays)
- The percentage of nursing staff that left the nursing home over a twelve-month period.
- The percentage of RNs that left the nursing home over a twelve-month period.
- The number of administrators that left the nursing home over a twelve-month period.



STAFFING DOMAIN

- The source for reported staffing hours is the Payroll-Based Journal (PB) system.
- These data are submitted quarterly and are due 45 days after the end of each reporting period.
- Only data submitted and accepted by the deadline are used by CMS for staffing calculations and in the Five-Star Rating System.
- The resident census is based on a daily resident census measure that is calculated by CMS using MDS assessments.



PBJ REPORTING DEADLINES

FISCAL QUARTER	REPORTING PERIOD	DUE DATE
1	October 1–December 31	February 14
2	January 1–March 31	May 15
3	April 1–June 30	August 14
4	July 1–September 30	November 14



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STAFFING DOMAIN



- The PBJ staffing data include both facility employees (full-time and part-time) and individuals under an organization (agency) contract or an individual contract.
- The PBJ staffing data do not include “private duty” nursing staff reimbursed by a resident or his/her family. Also not included are hospice staff and feeding assistants.



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STAFFING DOMAIN

- The daily resident census, used in the denominator of the reported nurse staffing ratios, is derived from MDS resident assessments and is calculated
- For any resident with an interval of 150 days or more with no assessments, assume the resident no longer resides in the facility as of the 150th day from the last assessment.
- Therefore, to achieve an accurate census, it is imperative that, in addition to having complete assessment data for each resident including Discharge assessment data, residents are assigned correct Resident Internal IDs.
- Providers must also carefully monitor the Final Validation Report, generated upon MDS submission, for any errors.



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STAFFING DOMAIN

Exclusion Criteria

Total nurse staffing (job codes 5-12), aggregated over all days in the quarter with at least one resident, is zero (0 hours per resident per day).

Total nurse staffing (job codes 5-12), aggregated over all weekend days in the quarter with at least one resident, is zero (0 hours per resident per day).

Total nurse staffing (job codes 5-12), aggregated over all days in the quarter with at least one resident, is excessively high (>12 hours per resident day).

Total nurse staffing (job codes 5-12), aggregated over all weekend days in the quarter with at least one resident, is excessively high (>12 hours per resident day).

Nurse aide staffing (job codes 10-12), aggregated over all days in the quarter with at least one resident, is excessively high (>5.25 hours per resident day).

Nurse aide staffing (job codes 10-12), aggregated over all weekend days in the quarter with at least one resident, is excessively high (>5.25 hours per resident day).



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STAFFING DOMAIN: CASE-MIX ADJUSTMENT

- CMS adjusts the reported staffing ratios for case-mix, using the Patient-Driven Payment Model (PDPM) case-mix system.
- CMS calculates case-mix adjusted hours per resident day for each facility for each staff type using this formula:

$$\text{Hours}_{\text{Adjusted}} = (\text{Hours}_{\text{Reported}} / \text{Hours}_{\text{Case-Mix}}) * \text{Hours}_{\text{National Average}}$$



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STAFFING DOMAIN

- Case-Mix Adjustment
- To determine the number of residents in each RUG-IV grouping for each day of the quarter for each nursing home, the same algorithm is used as that used to generate the daily MDS census (with slight adjustment to count RUG-IV groupings specifically, instead of just counting residents)



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STAFFING DOMAIN

Turnover Measures

- Three staff turnover measures are reported on the Care Compare website and included in the staffing rating:
 - Total Nurse (RNs, LPN, and Nurse Aides)
 - Registered Nurse (RN)
 - Nursing Home Administrator



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STAFFING DOMAIN

Turnover Measures

- Staff turnover measures are constructed using the daily staffing information submitted through the PBJ system.
- Turnover is identified based on gaps in days worked, allowing the creation of a turnover measure that is defined the same way across all nursing homes and that does not depend on termination dates reported by nursing homes.
- Individuals are identified based on the employee system ID and nursing home identifiers in the PBJ data.



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STAFFING DOMAIN

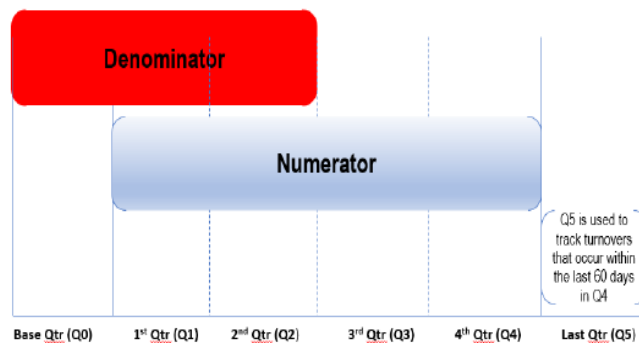
- **Denominator:** The turnover measures include only individuals who work at least 120 hours in a 90-day period across the baseline quarter (the quarter prior to the first quarter used in the turnover calculation) and the first two quarters used in the turnover calculation. This specification excludes individuals who work infrequently (e.g., occasionally covering shifts at a nursing home). Note that both regular employees and agency staff are included in the turnover measure if they work sufficient hours to be eligible for the denominator.
- **Numerator:** Individuals who no longer work at the nursing home are defined as eligible individuals who have a period of at least 60 consecutive days in which they do not work at all. The 60-day gap must start during the period covered by the turnover measure. This lengthy period without any reported work hours suggests that the individual is no longer working at the nursing home.



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STAFFING DOMAIN

Figure 1: Time Period Used for Calculating Turnover Measures



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STAFFING DOMAIN

- **Exclusions:** Several types of nursing-home level exclusion criteria are applied:
 - Nursing homes that failed to submit staffing data or submitted data that are considered invalid (using the current exclusion rules for the staffing domain) for one or more of the quarters used to calculate the turnover measures are excluded
 - if a nursing home has no resident census information (derived from MDS assessments and needed for the calculation of staffing levels)
 - Nursing homes that failed an audit of the PBJ staffing data for one of the covered quarters are excluded

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STAFFING DOMAIN

Scoring Rules for the Staffing Measures

- Points are assigned to each of the six staffing measures
- For the staffing level measures, more points are assigned for higher case-mix adjusted staffing levels
- For the turnover measures, more points are assigned for lower turnover.
- Then there are weights for the measures.

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STAFFING DOMAIN

case-mix adjusted total nurse staffing and case-mix adjusted RN staffing	a maximum of 100 points is assigned. Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the lowest decile receive 10 points. Points are increased in 10- point increments so that nursing homes in the highest decile receive 100 points.
case-mix adjusted total nurse staffing on the weekends	a maximum of 50 points is assigned. Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the lowest decile receive 5 points. Points are increased in 5-point increments so that nursing homes in the highest decile receive 50 points.
total nurse turnover and RN turnover	a maximum of 50 points is assigned. Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the decile with the highest turnover receive 5 points. Points are increased in 5-point increments so that nursing homes in the decile with the lowest turnover receive 50 points.
administrator turnover	a maximum of 30 points is assigned. Nursing homes with no administrator departures during the measurement period receive 30 points; nursing homes with one administrator departure receive 25 points; and nursing homes with two or more administrator departures during the annual measurement period receive 10 points.

Table A2. Ranges for Point Values for Staffing Measures¹

Staffing Measure	Points	Min	Max
Adjusted RN Staffing (Hours per Resident per Day)	100	1.298	Or higher
	90	0.992	1.297
	80	0.819	0.991
	70	0.692	0.818
	60	0.591	0.691
	50	0.505	0.590
	40	0.426	0.504
	30	0.352	0.425
	20	0.261	0.351
	10	0.000	0.260
Adjusted Total Nurse Staffing (Hours per Resident per Day)	100	4.954	Or higher
	90	4.429	4.953
	80	4.105	4.428
	70	3.869	4.104
	60	3.653	3.868
	50	3.445	3.652
	40	3.248	3.444
	30	3.030	3.247
	20	2.747	3.029
	10	0.000	2.746
Adjusted Total Nurse Staffing on weekends (Hours per Resident per Day)	50	4.328	Or higher
	45	3.896	4.327
	40	3.623	3.895
	35	3.382	3.622
	30	3.174	3.381
	25	2.985	3.173
	20	2.810	2.984
	15	2.613	2.809
	10	2.350	2.612
	5	0.000	2.349



Staffing Measure	Points	Min	Max
RN Turnover (%)	50	0.000	24.528
	45	24.529	33.108
	40	33.109	39.623
	35	39.624	45.161
	30	45.162	49.123
	25	49.124	56.977
	20	56.978	62.963
	15	62.964	71.053
	10	71.054	81.081
Total Nurse Turnover (%)	5	81.082	100.000
	50	0.000	34.416
	45	34.417	40.594
	40	40.595	44.848
	35	44.849	48.696
	30	48.697	52.353
	25	52.354	56.391
	20	56.392	60.699
	15	60.700	65.741
Number of Administrator Departures	10	65.742	72.678
	5	72.679	100.000
	30	0	0
	25	1	1
	10	2	Or more

⁴For all measures except for Number of Administrator Departures, these cut points are based on the national distribution of data through 2022Q1. For the staffing level measures, the cut points are based on deciles of case-mix adjusted staffing for 2022Q1. For the total nurse and RN turnover measures, these cut points are based on the national distribution of turnover for calendar year 2021. As described in the specifications for the turnover measures in this document, data from 2022Q1 is used to identify staff that left the nursing home during the last Partner quarter of 2021.

Nursing
11.08

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STAFFING DOMAIN

- Once points are assigned for each of the six staffing measures, these points are summed to provide a total staffing score for each nursing home.
- There is a maximum of 380 possible points.
- No staffing rating is assigned to nursing homes with reported nurse staffing levels for the quarter that are considered invalid according to the staffing level exclusion rules described previously.
- However, if a nursing home has valid data for the nurse staffing level measures but is missing one or more of the turnover measures, a rating will be assigned based on the staffing level measures and any available turnover measures.
- These nursing homes will have a maximum possible score of less than 380 points; thus, their staffing score is rescaled according to the following formula....

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STAFFING DOMAIN

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.



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How It Works...

1. We take the 6 measures and find the corresponding data for each
2. Find the corresponding points for each data set on the tables
3. Add all 6 points.
4. Find our staffing rating on the point range table.
5. And then we analyze how to get our numbers up using the data....



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STAFFING DOMAIN

Analyze the Data
 PUT YOUR EFFORTS
 INTO THE AREA
 THAT WILL CAUSE
 THE BIGGEST
 IMPACT WITH THE
 LEAST AMOUNT OF
 WORK/MONEY



STAFFING DOMAIN

- Example...
- Adjusted RN Staffing is .372 Adjusted
- Total nursing is 3.12
- Adjusted Nursing on Weekend is 3.172
- Just by looking at the points table, which would be the easiest to move point wise?



STAFFING DOMAIN

Table A2. Ranges for Point Values for Staffing Measures¹

Staffing Measure	Points	Min	Max
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	70	0.692	0.818
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	40	0.426	0.504
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	20	0.261	0.351
	10	0.000	0.260
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90		4.429	4.953
80		4.105	4.428
70		3.869	4.104
60		3.653	3.868
50		3.445	3.652
40		3.248	3.444
30		3.030	3.247
20		2.747	3.029
10		0.000	2.746
Adjusted Total Nurse Staffing on weekends (Hours per Resident per Day)		50	4.328
	45	3.896	4.327
	40	3.623	3.895
	35	3.382	3.622
	30	3.174	3.381
	25	2.985	3.173
	20	2.810	2.984
	15	2.613	2.809
	10	2.350	2.612
	5	0.000	2.349



Example Answer:
Adjusted (Case mix) Weekend points table is 2.985 through 3.173 for 25 points.

We are at 3.172.
Bringing it up .002 would give us 30 points on the chart.

Focusing on our weekend staffing (all nursing) would be the easiest to impact.



STAFFING DOMAIN

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.



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QUALITY MEASURE DOMAIN



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QUALITY MEASURE DOMAIN

Performance on 15 QM's
 9 long-stay measures
 6 short-stay measures

Short-stay is less or equal to 100 days
 Long-stay is greater than 101 days



QUALITY MEASURE DOMAIN

LONG STAY MEASURES MDS BASED

- *Percentage of long-stay residents whose need for help with daily activities has increased*
- *Percentage of long-stay residents whose ability to move independently worsened**
- *Percentage of long-stay high-risk residents with pressure ulcers**
- 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
- Percentage of long-stay residents who got an antipsychotic medication



LONG STAY MEASURES CLAIMS BASED

- Number of hospitalizations per 1,000 long-stay resident days
- Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days



QUALITY MEASURE DOMAIN

SHORT STAY MEASURES MDS BASED

- **Percentage of short-stay residents who improved in their ability to move around on their own***
- Percentage of Skilled Nursing Facility (SNF) residents with pressure ulcers/pressure injuries that are new or worsened
- Percentage of short-stay residents who got antipsychotic medication for the first time



SHORT STAY MEASURES CLAIMS BASED

- 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
- Rate of successful return to home and community from a SNF



Scoring Rules for the Individual QMs:

Two different sets of weights are used for assigning QM points to individual QMs. Some measures have a maximum score of 150 points while the maximum number of points for other measures is 100.



QUALITY MEASURE DOMAIN



QUALITY MEASURE DOMAIN

- Scoring Rules for the Individual QMs
- For all* MDS based measures, points are calculated based on performance relative to the **national distribution of the measure** for a four-quarter average.
- *Short Stay New/Worsened Pressure Ulcer does not report quarterly but uses a full year of data.
- For all claims-based measures, points are calculated based on relative national performance, but use a full year of data.
- Two different sets of weights are used for assigning QM points to individual QMs.
- 4 MDS based measures and all 5 claims-based measures have a maximum score of 150 points
- 6 MDS based measures have a maximum score of 100 points



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QUALITY MEASURE DOMAIN

The better you do on a particular measure, the more points you get.



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QUALITY MEASURE DOMAIN

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

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

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)



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QUALITY MEASURE DOMAIN

- Once all scores computed, facility get a star rating for Long Stay, Short stay and Overall QM Rating
- Every six months, the QM thresholds will be increased by half of the average rate of improvement in QM scores. This rebasing is intended to incentivize continuous quality improvement and reduce the need to have larger adjustments to the thresholds in the future.
 - There are 9 LS measures and 6 SS measures. To make LS and SS count equally, they use an adjustment factor for the Short-Stay score...so, each SS measure counts a little more.



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QUALITY MEASURE DOMAIN

Quarterly:

- January
- April
- July
- October

Claims based measures updated twice a year in April and October



QUALITY MEASURE DOMAIN

Quality Measures

Now available! Our new [Provider Data Catalog \(PDC\)](#) makes it easier for you to search and download our publicly reported data. We've also improved [Medicare's compare sites](#).

What's New

December 1, 2025

MDS 3.0 Quality Measures User's Manual v18.0 Effective January 1, 2026, and Associated User Manual Files - Now Available

Scroll down to the bottom of the page

IMPORTANT!!



Downloads

[mds-qm-users-manual-v18.0-effective-1-1-2026-and-associated-user-manuals \(ZIP\)](#)
[supplemental-files_mds-qm-users-manual-v18.0-effective-1-1-2026-and-associated-user-manuals \(ZIP\)](#)

[FMI_TechnicalSpecificationsReport_NH \(PDF\)](#)

[mds-qm-users-manual-v17.0-effective-1-1-2025-and-associated-user-manuals \(ZIP\)](#)

[May 2025 Cross-Setting Falls with Major Injury TEP Summary Report \(PDF\)](#)



- Each 5 Star QM has technical specifications that can be in one of several manuals, found on CMS website
- MDS accuracy for the numerator, denominator, and risk-adjustments for MDS and claims-based measures is crucial for accurate representation.
- The MDS based QM star rating uses an average of 4 quarters of data.
- New/worsened pressure ulcers uses a year of data consistent with other SNF-QRP QMs
- The claims-based measures use a year of data and are updated quarterly.
- There are many MDS items used to risk adjust the claims-based QMs.
- It is a critical skill to be able to read and correctly interpret the logical specifications of a measure. You can't use data until you understand its relevance.



QUALITY MEASURE DOMAIN



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OVERALL RATING

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.

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.



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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.



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FIVE STAR STRATEGY



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IMPLEMENTING A FIVE STAR STRATEGY

- Know what the facility’s rating is in each domain and understand how those ratings occurred.
- Become familiar with each domain and how the ratings are calculated in the Five-Star Technical User’s Guide.
- Formulate and implement a survey readiness plan.
- Review Quality Measures at least monthly to ensure accuracy.
- Review staffing data to ensure accuracy.
- Be prepared to discuss the facility’s star ratings—both the positive and negative—along with what the facility implemented to correct any issues with potential customers.
- Have a robust and *effective* QAPI Program



IDENTIFY LOWEST-RATED DOMAIN



VALIDATE DATA ACCURACY (MDS, PBJ, CLAIMS)



DRILL DOWN TO MEASURE-LEVEL DETAIL



CONDUCT ROOT CAUSE ANALYSIS



LAUNCH TARGETED PERFORMANCE IMPROVEMENT PROJECT (PIP)



MONITOR MONTHLY AND REASSESS AT NEXT CMS REFRESH

FIVE-STAR → QAPI WORKFLOW

Goal

Sustainable systems improvement that strengthens resident outcomes-not just star ratings.



RESOURCES

- Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide January 2026 <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/usersguide.pdf>
- Quality Measures <https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures>
- Staffing Data Submission Payroll Based Journal (PBJ) <https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission>
- Provider Data Catalog <https://data.cms.gov/provider-data/>
- CMS QCOR https://qcor.cms.gov/index_new.jsp
- Care Compare <https://www.medicare.gov/care-compare/>
- QIPMO Webinar Partnering to Strengthen Your Quality Measures February 2026 <https://nursinghomehelp.org/event/monthly-webinar-partnering-to-strengthen-your-quality-measures/>

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LEADERSHIP COACHES AND ADMIN TEAM

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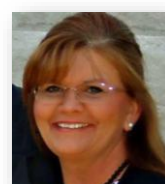
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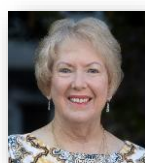
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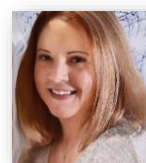
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THANK YOU!!



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TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)

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- It is **REQUIRED** that you complete a brief survey/evaluation via:
 - ✓ A pop-up at the end of the webinar, or
 - ✓ An automated email from GoToWebinar that will be sent to attendees
 - ✓ You only need to complete it once (*either via the pop-up or the email*)
- It is **REQUIRED** that you answer the question asking for your **LNHA number**.

Please note: the certificate that will be linked in GoToWebinar's automated "thank you for attending" email is *NOT YOUR CEU CERTIFICATE*. Your official certificate will be sent out by QIPMO staff in approximately 2 weeks.

**The amount of your credit will be adjusted based on time spent on the webinar.*



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EVALUATION

Please take a few minutes to fill out the evaluation for this training:



EVALUATION



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