

# Refreshing Your Nursing Home Care Compare Five-Star Knowledge

Thursday, May 4, 2023

Facilitator: Gina Anderson, Sr. Quality Improvement Facilitator

Guest Speaker: Angie Barrett, Quality Improvement Manager



# What Do QIN-QIOs Do?

## QIO Program Purpose

- To improve the efficiency, effectiveness, economy and quality of services delivered to Medicare beneficiaries

## QIN-QIOs

- Bring Medicare beneficiaries, providers and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care and improve clinical quality
- Provide technical assistance and convene learning and action networks at no-cost to support healthcare QI at the community level



### Partnering to Improve Health Outcomes Through Relationships and Data

Telligen QI Connect™ is a network of healthcare quality improvement initiatives that are data-driven and locally-tailored to improve healthcare quality and outcomes by implementing and spreading evidence-based and best practices. They aim to make healthcare safer, more accessible and more cost-effective through the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) programs. Telligen QI Connect™ is operated by Telligen, which is funded by CMS to deliver improvement services at no cost to you or your organization.

Telligen QI Connect™ encompasses our work as a QIN-QIO across Colorado, Illinois, Iowa and Oklahoma, and our work as a HQIC across more than a dozen states.

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## Before We Begin

- Be sure to add [qiconnect@telligen.com](mailto:qiconnect@telligen.com) to your trusted list of email contacts
  - If you unsubscribe, you'll miss out on every communication we share
- We're on social media, follow us for updates and events!



Facebook: <https://www.facebook.com/telligenqiconnect>



LinkedIn: <https://www.linkedin.com/company/telligen-qi-connect>



Twitter: <https://twitter.com/TelligenQI>

Partner with Telligen QI Connect™! (For those who reside in the states of CO, IA, IL and OK)

# Objectives

- Define the Five-Star rating system
- Discuss each of the Five-Star domains and review recent changes
- Recognize the value in the Five-Star Provider Rating Report
- Discover Five-Star resources
- Identify drivers for improvement

## Today's Speaker



**Angie Barrett, MSPT**

Quality Improvement Manager  
Telligen

# Nursing Home Care Compare: Five-Star Ratings

- Nursing Home Care Compare website: [www.Medicare.gov/care-compare](http://www.Medicare.gov/care-compare)
- Helps consumers, families and caregivers make more informed care choices
  - Compare nursing homes
  - Identify areas to ask questions
- Allows providers to track and compare performance
  - Local community
  - State averages
  - National benchmarks
- Five-Star ratings began in December 2008
- Star ratings calculated for Medicare and/or Medicaid certified facilities

# Find & compare providers near you.



Not sure what type of provider you need?

[Learn more about the types of providers.](#)



Welcome



Doctors & clinicians



Hospitals



**Nursing homes including rehab services**



Home health services

## Find nursing homes including rehab services near me

Find and compare Medicare-certified nursing homes based on a location, and compare the quality of care they provide and their staffing. A nursing home is a place for people who can't be cared for at home and need 24-hour nursing care.

MY LOCATION \*

NAME OF FACILITY (optional)

Search





# Five-Star Ratings

- Health Inspection rating
  - Staffing rating
  - Quality Measure rating
  - Overall rating
- 
- All ratings: maximum of 5 stars, minimum of 1 star



## > Health Inspection Rating

# Health Inspection Rating

- Updated monthly
- Three most recent standard surveys
- Thirty-six months of complaints and focused infection control surveys
- Uses three survey cycles (details to follow)
- Points based on the scope and severity of deficiencies
- Points for additional revisits (on standard surveys)
- Lower scores are better
- Total weighted health inspection score is compared to the others in the same states (only when there is a change)
  - Top 10% = 5 stars; middle 70% (23.33% each) = 4, 3 or 2 stars; lower 20% = 1 star
- Special Focus Facilities (SFFs) will not receive ratings

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

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

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.

Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care. See the Electronic Code of Federal Regulations ([https://www.ecfr.gov/cgi-bin/text-idx?SID=9c4d022241818fef427dc79565aba4b5&mc=true&node=pt42.5.488&rqn=div5#se42.5.488\\_1301](https://www.ecfr.gov/cgi-bin/text-idx?SID=9c4d022241818fef427dc79565aba4b5&mc=true&node=pt42.5.488&rqn=div5#se42.5.488_1301)) for a definition of substandard quality of care.

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

Source: Centers for Medicare & Medicaid Services

# Health Inspection Rating Calculation – Three Survey Cycles

## Cycle 1 (weighted 1/2)

- Most recent standard survey
- Complaint and focused infection control surveys from 0-12 months ago (from the date the data are uploaded) ~ *data for the May refresh were pulled from the national database on April 30, 2023*

## Cycle 2 (weighted 1/3)

- Previous standard survey
- Complaint and focused infection control surveys from 13-24 months ago

## Cycle 3 (weighted 1/6)

- Second prior standard survey
- Complaint and focused infection control surveys from 25-36 months ago

## Abuse Icon



### Criteria:

- 1. Abuse deficiency G-level or higher in health inspection cycle one **or***
  - 2. Repeat abuse deficiencies (D-level or higher) in health inspection cycle one and health inspection cycle two*
- Health Inspection Rating capped at maximum of two stars
  - Maximum overall Five-Star rating is four stars

### Abuse Citations

**F600** – Free from Abuse and Neglect

**F602** – Free from Misappropriation/Exploitation

**F603** – Free from Involuntary Seclusion

**F223** – Free from all abuse, physical punishment and involuntary separation from others

**F224** – Free from mistreatment, neglect and misappropriation of personal property

# Events that Could Change the Health Inspection Rating

- A new standard survey
- A complaint investigation or focused infection control survey that results in one or more deficiency citations
- A second, third or fourth revisit
- Resolution of Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies
- The “aging” of complaint and/or focused infection control deficiencies

## > Staffing Rating



# Staffing Rating – Six Staffing Measures (since July 2022)

## Three measures that use one quarter of data

- Total nurse staffing
- RN staffing
- Weekend staffing

## Three measures that use six quarters of data

- Total nurse turnover
- RN turnover
- Administrator turnover

- *The Staffing rating updates quarterly in January, April, July and October*
- *Staffing data are from the Payroll Based Journal (PBJ) submissions*
- *The data for calendar quarter four of 2022 were added with the April 2023 refresh*

# Points for the Staffing Measures

## Staffing Measure

## Maximum Possible Points

- |   |            |
|---|------------|
| ▪ Adjusted total nurse staffing         | 100 points |
| ▪ Adjusted RN staffing                  | 100 points |
| ▪ Adjusted weekend total nurse staffing | 50 points  |
| ▪ Total nursing turnover rate (%)       | 50 points  |
| ▪ RN turnover rate (%)                  | 50 points  |
| ▪ Number of administrator departures    | 30 points  |

## Total

**380 points**

- *The value for each measure is compared to the national cut points in the appendix of the Technical Users' Guide to determine the points*
- *If any of the six measures are missing, the remaining measures are rescaled, so the maximum total remains 380 points*

# PBJ Submission Deadlines and Reporting Periods

Submission Deadline	PBJ Reporting Period	Posted on Care Compare and used for Staffing Ratings
February 14, 2023	October 1, 2022 - December 31, 2022	April 2023 - June 2023
May 15, 2023	January 1, 2023 - March 31, 2023	July 2023 - September 2023
August 14, 2023	April 1, 2023 - June 30, 2023	October 2023 - December 2023
November 14, 2023	July 1, 2023 - September 30, 2023	January 2024 - March 2024

## ***No PBJ data changes or corrections after the submission deadline***

After submitting data (but before the deadline) CMS recommends running three reports in CASPER (to ensure accuracy and completeness of the data submitted):

- 1700D - employee report
- 1702D - individual daily staffing report
- 1702S - staffing summary report

# Job Codes Used for Staffing Measures

## **RN hours:**

- RN director of nursing (job code 5)
- Registered nurses with administrative duties (job code 6)
- Registered nurses (job code 7)

## **LPN/LVN hours:**

- Licensed practical/licensed vocational nurses with administrative duties (job code 8)
- Licensed practical/vocational nurses (job code 9)

## **Nurse aide hours:**

- Certified nurse aides (job code 10)
- Aides in training (job code 11)
- Medication aides/technicians (job code 12)

**Administrator:** job code 1

# Total Nurse Staffing, RN Staffing and Weekend Staffing

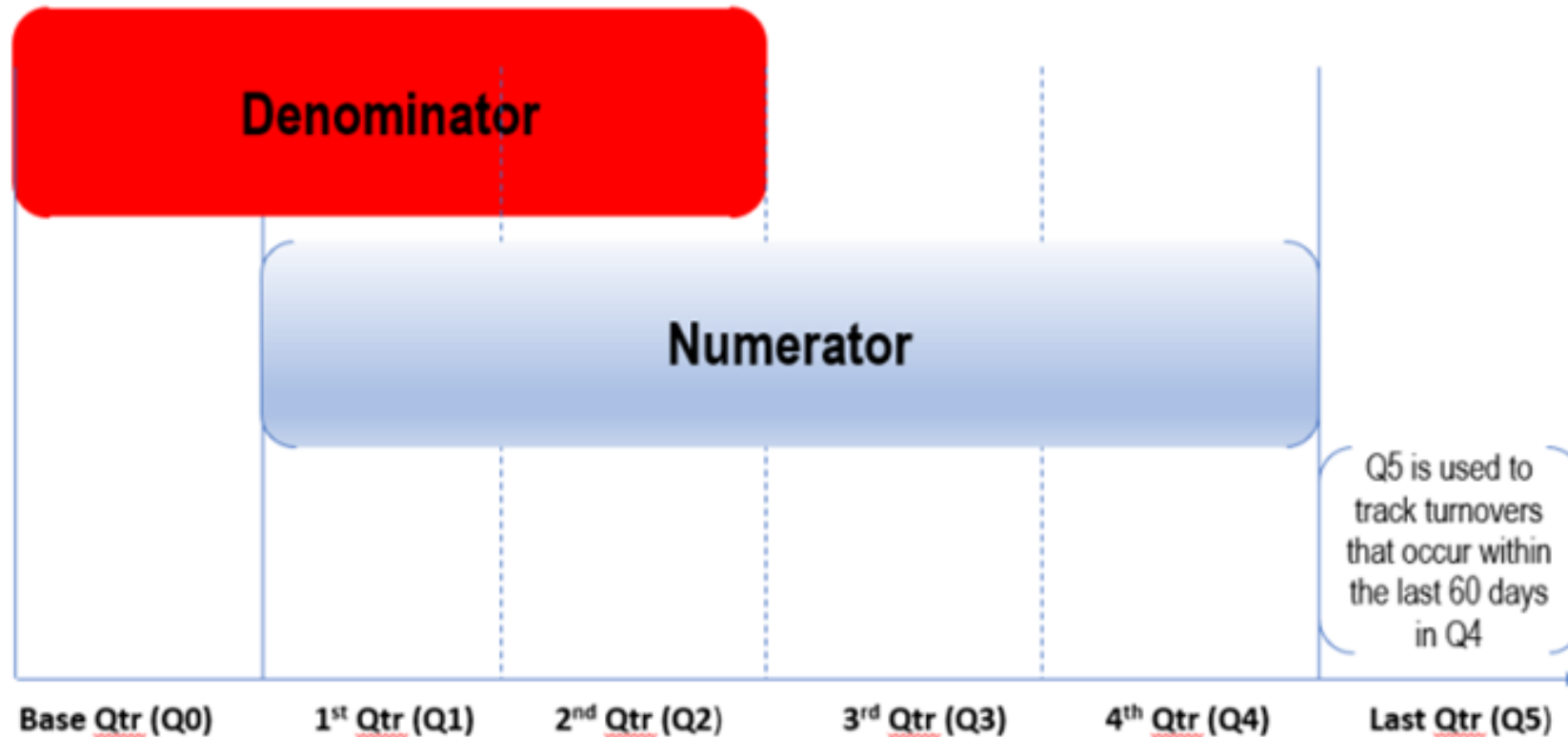
**Case Mix Adjusted Hours** = (reported hours/case-mix hours) X national average

- **Reported hours** from the PBJ data submitted by the facility from the most recent quarter available (*October 1 – December 31, 2022 for April, May, and June 2023*)
- **Case-mix hours** based on RUGs IV levels of residents during the quarter the PBJ data were submitted
- **Case-mix adjusted hours** are compared to the cut points in the appendix of the Technical Users' Guide to get points for each measure (Total Nurse, RN and Weekend Staffing)
- All Calculated in Hours Per Resident Day (HRD) – using the average daily MDS-based census (from active MDS assessments)

## Total Nurse, RN and Administrator Turnover Measures

- **Employee identifiers** are used to track turnover
- Includes individuals (**regular staff or agency**) who work **at least 120 hours in a 90-day period** during the denominator quarters
- **Turnover** is identified by an employee having a **60-day gap** without any hours (beginning in the numerator period)
- A **single employee** can have **multiple employment spells**
- An **employee** must have **qualifying hours in the denominator** to be included in the **numerator** (to be eligible for the turnover measures)
- **Six quarters of valid data** are required to calculate turnover measures
- If any of the six quarters are **missing or invalid**, turnover measures will display **‘not available’** and will **not be used in the staffing rating calculation**

# Time Period (Quarters) Used for Staff Turnover Measures



# Turnover Quarters Used with the April 2023 Refresh

**Q0 (Baseline):** Quarter three 2021

**Q1 – Q4 (Numerator Quarters):**

- Quarter four 2021
- Quarter one 2022
- Quarter two 2022
- Quarter three 2022

**Q5 (Last Quarter):** Quarter four 2022

- ***Baseline quarter** (Q0) used to identify if the 120 hours began in the denominator period*
- ***Last quarter** (Q5) used to track turnover (if 60-day gap goes past Q4)*
- *With each refresh, the oldest quarter drops off and a new quarter is added*



## Staffing Rating Codes for Staffing 'Not Available'

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

## Staffing Rating Set to One Star

- Providers that **fail to submit any staffing data by the required deadline** will receive a one-star staffing rating for the quarter
- Providers that **submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7)** on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star staffing rating for the quarter
- A **CMS audit identifies significant discrepancies** between the hours reported and the hours verified **or those who fail to respond to an audit request** will receive a one-star staffing rating

# Turnover Measure Exclusions

## Total Nurse and RN Turnover:

1. **No data or invalid PBJ nursing data** submitted for one (or more) of the six quarters used for turnover
2. **Fewer than 5 eligible nurse (or RN) employees** or agency staff
3. **100% nurse (or RN) turnover on a single day.**  
\*May need to complete the linking software if employee identifiers were changed. See the References section of the provider preview report for resources.
18. **Other reason**

## Administrator Turnover:

1. **No data or invalid PBJ nursing data** submitted for one (or more) of the six quarters used for turnover
2. **No administrator hours** for one or more of the six quarters used to calculate turnover
3. **No eligible administrator employees** or agency staff
4. **Too many administrators:** 12 or more days with five or more different people reported under job code 1 (administrator) on the same day
18. **Other reason**

## > Quality Measure Rating

## Quality Measure (QM) Rating

- Three QM ratings: **long-stay QM rating, short-stay QM rating** and **overall QM rating**
- QM data are pulled 85-90 days after the end of the quarter
- Once data are uploaded to be used in the QM rating calculation, changes can be made and seen in CASPER, but changes won't be reflected in the QM rating
- A summary of the residents that triggered the MDS-based measures will be provided quarterly (with the QM refresh) for the newest quarter of MDS data being added (for April 2023 = quarter four of 2022)
- The dates used to calculate each of the QMs can be seen on the provider preview/provider rating report
- Nine long-stay QMs and six short-stay QMs (15 total)
- Ten MDS-based measures and five claims-based measures

# Long-Stay Quality Measures

## Nine Long-Stay Measures

- Falls with major injury
- High-risk pressure ulcers
- Urinary tract infections
- Catheters
- Help with activities of daily living
- Antipsychotic medications
- Ability to move independently worsened
- Rehospitalizations (claims-based)
- Emergency Department visits (claims-based)

**Total**

## Maximum Possible Points

100 points

100 points

100 points

100 points

150 points

150 points

150 points

150 points

150 points

**1,150 points**

# Short-Stay Quality Measures

## Six Short-Stay Measures

- Improvement in function
- Antipsychotic medication
- Pressure ulcers (new or worsened)
- Discharge to home or community (claims-based)
- Rehospitalizations (claims-based)
- Emergency Department visits (claims-based)

## Maximum Possible Points

150 points

100 points

100 points

150 points

150 points

150 points

**Total**

**800 points**

*The quality measure rating updates quarterly in January, April, July and October*

The short-stay pressure ulcer measure and discharge to home or community are part of the SNF Quality Reporting Program (QRP)

# Quality Measure (QM) Rating Calculation

- **QM Points:** assigned by comparing the four-quarter average (or risk-adjusted rate) to the national cut points in the appendix of the Technical Users' Guide
- **Long-stay QM rating:** Points are summed for the long-stay measures and compared to Table 5 in the Technical Users' Guide (next slide)
- **Short-stay QM rating:** Points are summed for the short-stay measures and the total is adjusted ( $\times 1150/800$ ) to allow the short and long-stay QMs to count equally towards the overall QM rating
- **Short-stay adjusted score** is compared to Table 5 in the Technical Users' Guide
- **Overall QM Rating:** total points for the long-stay and short-stay QMs are summed and compared to table 5
- The QM cut points will be rebased every six months based on the amount of improvement observed in the previous six-month period



**Table 5****Point Ranges for the QM Ratings (as of October 2022)**

<b>QM Rating</b>	<b>Long-Stay QM Rating Thresholds</b>	<b>Short-Stay QM Rating Thresholds</b>	<b>Overall QM Rating Thresholds</b>
★	155–483	144–491	299–975
★★	484–581	492–588	976–1,170
★★★	582–663	589–678	1,171–1,342
★★★★	664–755	679–766	1,343–1,522
★★★★★	756–1,150	767–1,150	1,523–2,300
Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)			

## Quality Measure Rating Calculation (continued)

### Qualifying denominator for individual quality measures:

- 20 assessments across the four quarters (for MDS-based QMs) *or*
- 20 stays across the four quarters (for claims-based QMs)
- If 20 assessments or stays are available for each measure, then all available facility data will be used

**Imputed Data** = using the state average for missing assessments (or stays) for an individual measure to reach the denominator of 20

*For example, if the long-stay pressure ulcer measure only has 18 qualifying assessments across the four quarters (and the remaining eight long-stay measures have an adequate denominator), then two assessments would be imputed (given the state average) to reach 20 assessments for the QM rating calculation*

## Imputed or Missing QM Data

- **5/9 long-stay QMs** with an adequate denominator are needed to calculate a **long-stay QM rating** (using imputed data)
- **4/6 short-stay QMs** with a qualifying denominator are needed to calculate a **short-stay QM rating** (using imputed data)
- QM values with imputed data will not be displayed on Care Compare (but can be seen on the provider preview reports)
- If less than 5/9 long-stay measures with an adequate denominator, no long-stay QMs will be used in the staffing rating calculation
- If less than 4/6 short-stay measures with an adequate denominator, no short-stay QMs will be used in the staffing rating calculation
- If there are only long-stay QMs, the overall QM rating is equal to the long-stay QM rating; if only a short-stay QMs, the overall rating is equal to the short-stay QM rating

# Dates Used for the Long-Stay Quality Measures with the April 2023 Refresh

## Long-Stay MDS-based QMs

*Data from **quarters one, two, three and four of 2022** are used to calculate the following QMs:*

- Percent of residents experiencing one or more falls with major injury
- Percent of high-risk residents with pressure ulcers
- Percent of residents with a urinary tract infection
- Percent of residents who have/had a catheter inserted and left in their bladder
- Percent of residents whose need for help with activities of daily living has increased
- Percent of residents who received an antipsychotic medication
- Percent of residents whose ability to move independently worsened

## Long-Stay Claims-based QMs

*Data from **10/01/2021 - 09/30/2022** are used to calculate the following QMs:*

- Number of hospitalizations per 1,000 long-stay resident days
- Number of outpatient ED visits per 1,000 long-stay resident days

# Dates Used for the Short-Stay Quality Measures with the April 2023 Refresh

## Short-Stay MDS-based QMs

*Data from **quarters one, two, three and four of 2022** are used to calculate the following QMs:*

- Percent of residents who made improvement in function
- Percent of residents who newly received an antipsychotic medication

*Data from **07/01/2021 - 06/30/2022** are used to calculate the following QM:*

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

## Short-Stay Claims-based QMs

*Data from **07/01/2019-12/31/2019 and 07/01/2020-06/30/2021** are used to calculate the following QM (uses a split timeframe due to COVID, typically uses a two-year timeframe):*

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

*Data from **10/01/2021 - 09/30/2022** are used to calculate the following QMs:*

- Percent of residents who were re-hospitalized after a nursing home admission
- Percent of residents who have had an outpatient ED visit

# Quality Measure Manuals & Specifications



## Quality Measures | CMS

*All manuals displayed here are in the 'Downloads' section in a zipped file under the most recent link*



MDS 3.0 Quality Measures

USER'S MANUAL

(v15.0)

Effective January 1, 2022

## MDS 3.0 Quality Measures Users' Manual



Nursing Home  
Compare Claims-  
Based Quality  
Measure Technical  
Specifications

Final

April 2019

Prepared for  
Centers for Medicare and  
Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244

Submitted by  
AIA Association  
100 Front Street  
Cambridge, MA 02139

## Nursing Home Compare Claims-Based Quality Measure Technical Specifications



SNF QRP Measure Calculations and  
Reporting User's Manual  
Version 3.0.1

Prepared for  
Centers for Medicare & Medicaid Services  
Contract No. 75F-DAC-15G0015

Quality Measure, Assessment Instrument  
Development, Maintenance and Quality  
Reporting Program Support for the Long Term  
Care Hospital & LTCH, Resident Rehabilitation  
Facility (RRF), Skilled Nursing Facility (SNF)  
QRP and Nursing Home Compare (NHC)

Prepared by  
Alumnus, LLC  
500 Airport Blvd., Suite 305  
Burlingame, CA 94010

Current as of October 2020

## SNF QRP Measure Specifications and Reporting User's Manual

# MDS Schizophrenia Audits

- Audits began in January 2023

If a schizophrenia audit identifies miscoding, the QM ratings will be adjusted as follows:

- The Overall QM and long stay QM ratings will be downgraded to one star for six months (potentially dropping the overall rating by one star)
- The short stay QM rating will be suppressed for those same six months
- The long stay antipsychotic QM will be suppressed for 12 months, and the facility will receive the minimum number of points (15) for this measure for months 7-12

*The lifting of the downgrade and/or suppression at the timeframes above are subject to CMS verifying that the issues have been corrected*

- For facilities that admit miscoding prior to the start of an audit, CMS will consider a lesser action, such as suppression of the QM rating (rather than a downgrade).
- CMS Memo regarding the audits: [QSO-23-05-NH\(cms.gov\)](https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-states/updates-nursing-home-care-compare-website-and-five-star-quality-rating-system-adjusting-quality)

## MDS: Transition from Section G to Section GG

- Transition scheduled for October 2023
- Section G items are used to calculate RUGs levels (for staffing case-mix)
- Some quality measures use section G items
- CMS is currently evaluating different options for the staffing and quality measure rating calculations when section G is transitioned to section GG
- When a final determination is made, CMS will share the information with providers and stakeholders



## > Overall Rating

# Overall Rating

## Health Inspection Rating

- Standard surveys
- Substantiated complaint and focused infection control deficiencies
- Additional revisits on standard surveys
- Number, scope and severity of deficiencies

## Staffing Rating

- Six staffing measures (based on PBJ data)
- Total nurse staffing
  - RN staffing
  - Weekend staffing
  - Total nurse turnover
  - RN turnover
  - Administrator turnover

## Quality Measure (QM) Rating

- 15 QMs (a subset of the QMs displayed on Care Compare)
- 9 long-stay QMs
- 6 short-stay QMs
- Data: MDS-based QMs and Medicare Claims based QMs

# Overall Rating Calculation



*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*

## > Resources

# Technical Users' Guide

- Contains detailed information about how the Five-Star domains are calculated
- Cut point tables for staffing and QMs
- Updates when there are changes

- Located at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

**Design for *Care Compare*  
Nursing Home Five-Star Quality Rating  
System:**

**Technical Users' Guide**

**January 2023**



# Resources for Facility Specific Questions

## **Five-Star Helpline – 800-839-9290**

*Available the week that Care Compare updates (typically the last Wednesday of the month) – specific dates can be found on the provider preview reports*

**Better Care email:** [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov)

*Available any time during the month for Five-Star or Care Compare questions*

**NH Staffing email:** [NHStaffing@cms.hhs.gov](mailto:NHStaffing@cms.hhs.gov)

*Staffing, PBJ questions, or used if staffing data are excluded for being excessively high*

**SNF QRP QM Questions:** [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)

**State RAI Coordinator:** Under Appendix B in the ‘Downloads’ section at: [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual | CMS](#)

**MDS Coding Questions:** [mdscodinganswers@cms.hhs.gov](mailto:mdscodinganswers@cms.hhs.gov)

# Provider Preview/Provider Rating Report



## Care Compare Five-Star Ratings of Nursing Homes

### Provider Rating Report for March 2023

Ratings for Facility Name (CCN) City, State			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★	★★★	★★	★★

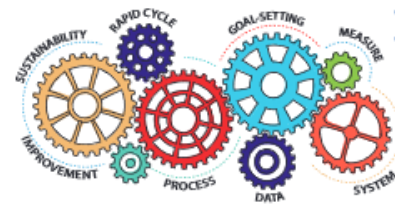
*The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around March 29, 2023. The health inspection rating incorporates data reported through February 28, 2023. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the third calendar quarter of 2022.*

### Helpline

The Five-Star Helpline will operate Monday - Friday **March 27 - 31, 2023**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **April 24 - 28, 2023**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

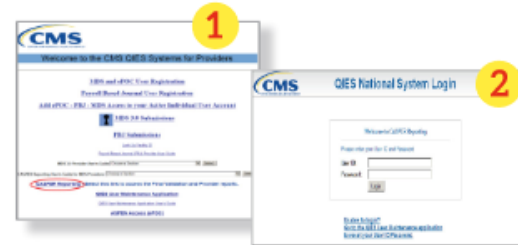
### Important News

- Reports located in the QIES mailbox
- Once transitioned to iQIES:
  - Click on 'Reports'
  - Select 'My Reports'
  - Locate 'Provider Preview Reports' folder
- Must register for iQIES access
- Questions: [iQIES@cms.hhs.gov](mailto:iQIES@cms.hhs.gov)
- Additional information at:  
<https://qtso.cms.gov/system/files/qtso/PA%20MDS%20General%20Onboarding%20QTSO%20posting%20%28508%29.pdf>



# How to Access the Nursing Home Five-Star Rating Preview Report

Nursing Home Compare Five-Star Ratings of Nursing Homes Provider Rating Report



## STEP 1 | QIES System for Providers

Access the Centers for Medicare & Medicaid Services (CMS) Quality Improvement and Evaluation System (QIES) for providers and click CASPER Reporting on the left.

## STEP 2 | Login

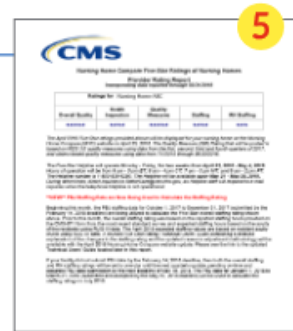
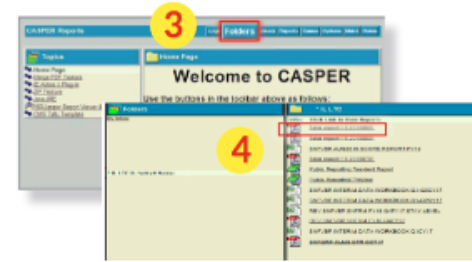
Use your User ID and Password to access the CASPER site.

## STEP 3 | Folders

Click **Folders** at the top of your screen.

## STEP 4 | Five-Star Report

Click the first **Five-Star Report** PDF at the top of your screen.



## STEP 5 | View SNF Five-Star Report

Review the SNF (skilled nursing facility) Five-Star Report.



# Significance of the Provider Preview/Provider Rating Report

- Currently located in the QIES mailbox but will transition to iQIES
- Automatically generated monthly (only two most recent are in the mailbox)
- Important News section – stay up to date with any changes
- Summary of the current ratings/details for each domain
- Use the data to track progress, ensure data are accurate
- First page: CMS Certification number (CCN) next to facility name, Helpline dates, [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) email address for questions about individual ratings
- ‘References’ page has links to important documents
- Months prior to the staffing rating update give a summary of the PBJ data (except January due to not having a December preview report)

> Questions?

# Telligen's Five-Star Quality Measure (QM) Rating Calculation Tool

- Interactive and visual representation
- Identifies QMs impacting the overall score
- Supports prioritizations for improvement
- Builds staff buy-in
- Examines data in leadership meetings

## Care Compare Nursing Home Five-Star Quality Measure Rating Calculation Tool

Version 6.1

Originated in October 2022



## Call to Action

- Support knowledge growth by sharing this information with all staff members who impact the Five-Star Rating system
- Access key resources used in calculating the Five-Star Ratings
- Identify gaps in your Five-Star Rating program and build mitigation strategies
- Test out Telligen's Five-Star QM Calculation Tool and prioritize improvement opportunities

# Upcoming Events



For all other events, visit our website:  
<https://www.telligenqiconnect.com/calendar>

Don't miss out on these upcoming events:



## Root Cause Analysis Training

10:30 – 11:15 am CT

[Register here](#)



## QAPI 101 Mini Collaborative

11:30 am – 12:30 pm CT

[Register here](#)

Check out the [Telligen QI Connect™](#) website resources for past event recordings, on-demand learning and podcasts

# Contact Us



- General Inquiries | [QIConnect@telligen.com](mailto:QIConnect@telligen.com)
- [www.telligenqiconnect.com](http://www.telligenqiconnect.com)
- [nursinghome@telligen.com](mailto:nursinghome@telligen.com)

