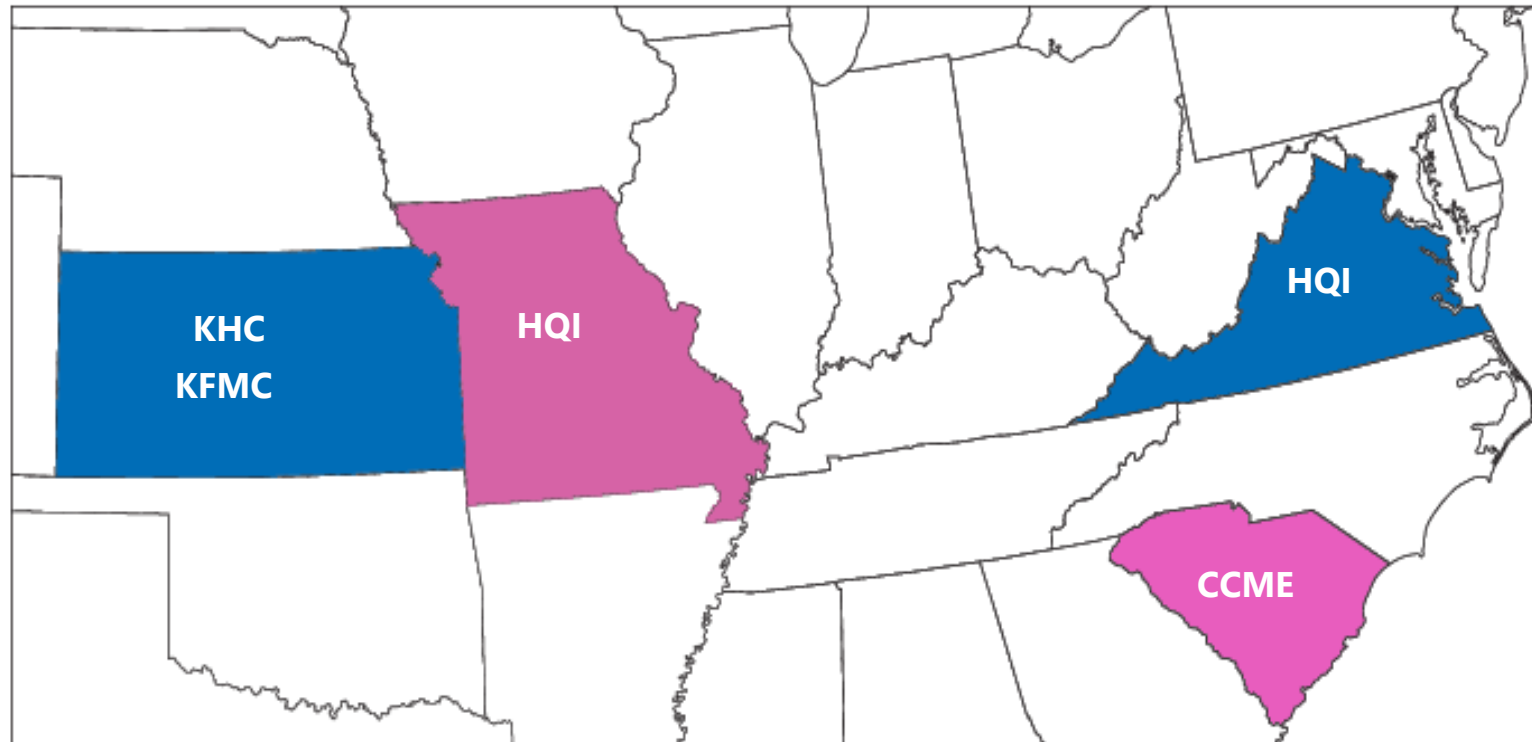


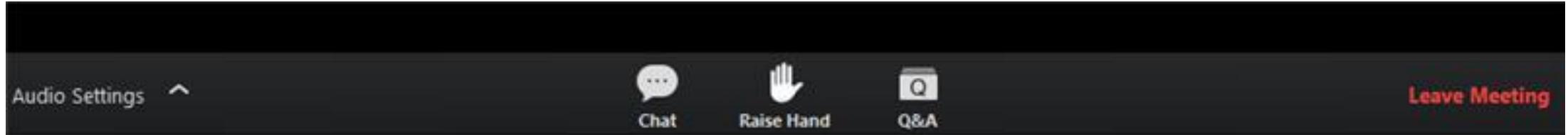


# 5 Star System Unfrozen: What this means for your QM Domain

# Health Quality Innovation Network



# Logistics – Zoom Webinar



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# Star System Unfrozen: What this means for your QM Domain

Feb 2021



# Agenda:

- Examine how the QM Domain is calculated
- Learn which QMs are used in the QM Domain
- Explain how 5 star QMs are weighted to understand which ones count more than others
- Understand how to know exactly how a QM triggers by using the appropriate CMS manuals



In July 2020, the quality measures domain began a “freeze” only using data based on a data collection period prior to December 31, 2019. The last possible update was for two QMs in October 2020 that brought them up to the end of 2019.

Normally, the October update\* would have included:


Q2 19  
Q3 19  
Q4 19  
Q1 20

On Jan 27<sup>th</sup>, CMS returned to normal operations for calculating the QM star rating.

Q3 19  
Q4 19  
Q1 20  
Q2 20

\* For MDS based QMs

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



**Center for Clinical Standards and Quality/Quality, Safety, and Oversight Group**

Ref: QSO 21-06-NH

**DATE:** December 4, 2020

**TO:** Nursing Home Stakeholders and State Survey Agencies

**FROM:** Director, Quality Safety and Oversight Group

**SUBJECT:** Updates to the Nursing Home Compare website and Five Star Quality Rating System

**Memorandum Summary**

*The Centers for Medicare & Medicaid Services (CMS) is committed to being transparent with the public about changes in publicly reported information related to long term care facilities (i.e., nursing homes) through the COVID-19 public health emergency (PHE).*

*Changes to the Nursing Home Compare Website and Five Star Quality Rating System:*

- CMS will resume calculating nursing homes Health Inspection and Quality Measure ratings on January 27, 2021.
- CMS is completing its transition to the new [Care Compare website](#).

<https://www.cms.gov/files/document/qso-21-06-nh.pdf>



# Overview: Health Inspection Rating **will be overall rating** unless influenced by Staffing or QM Ratings





Overview: Health Inspection Rating **will be overall rating** unless influenced by Staffing or QM Ratings



# 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.
- The better you do on a particular measure, the more points you get.
- 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
- For measures that have a maximum score of 150 points, the points are determined based on deciles.
- Quintiles are used for measures that have a maximum score of 100 points.



# 5 Star Quality Measures

Technical Specifications for each 5 star measure covered separately in “5 Star Quality Measures” webinar

## MDS Based

**Seven Long Stay: Resident for > 100 days not based on pay source**

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

## MDS Based

**Three Short Stay:**

- Percent of residents who made **improvement in function**
- Percent of residents who newly received an antipsychotic medication
- Percent of SNF residents with **pressure ulcers that are new or worsened\*** (**Medicare A SNF resident <=100 days only**)

\*Also used in SNF-QRP, called: *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury*

Measures in red count 150 points each  
Measures in black count 100 points each



# 5 Star Quality Measures

## Claims Based

### Long Stay:

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

## Claims Based

### Short Stay:

- Percent of short-stay residents who were re-hospitalized after a nursing home admission
- Percent of short-stay residents who have had an outpatient emergency department (ED) visit
- Rate of successful return to home and community from a SNF\* (SNF-QRP)

Note: All Claims Based measures are for Medicare Fee-For-Service (FFS) beneficiaries only. FFS is an Original Medicare Part A beneficiary. Not an enrollee in a MA plan or state dual-eligible HMO. Claims based measures are updated twice yearly, in April and October, using a full year of data.

All claims based 5-star measures count 150 points.

## Example:

Quality Measure	For QM values ...		Number of QM points is...
	Between...	And...	
Percent of residents whose ability to move independently worsened (long-stay)	0.0000	0.0821	150
	0.0822	0.1121	135
	0.1122	0.1350	120
	0.1351	0.1568	105
	0.1569	0.1760	90
	0.1761	0.1955	75
	0.1956	0.2153	60
	0.2154	0.2394	45
	0.2395	0.2747	30
	0.2748	1.0000	15
Percent of high-risk residents with pressure ulcers (long-stay)	0.0000	0.0377	100
	0.0378	0.0584	80
	0.0585	0.0783	60
	0.0784	0.1057	40
	0.1058	1.0000	20

Deciles

10 groups

Quintiles

5 groups



	Provider 111111						VA	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	Rating Points	4Q avg	4Q avg
<b>MDS Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	3.0%	1.4%	1.4%	3.9%	2.4%	80	3.5%	3.4%
Percentage of high-risk residents with pressure sores	3.9%	5.3%	5.2%	7.7%	5.6%	80	7.6%	7.3%
Percentage of residents with a urinary tract infection	1.5%	1.4%	2.7%	1.3%	1.7%	60	3.2%	2.6%
Percentage of residents with a catheter inserted and left in their bladder <sup>1</sup>	9.6%	9.1%	7.5%	4.9%	7.7%	20	1.3%	1.8%
Percentage of residents whose need for help with daily activities has increased	15.3%	20.3%	8.1%	12.3%	14.0%	90	15.5%	14.5%
Percentage of residents who received an antipsychotic medication	4.5%	9.6%	12.2%	14.3%	10.3%	105	14.2%	14.3%
Percentage of residents whose ability to move independently worsened <sup>1</sup>	39.2%	31.3%	20.5%	26.0%	29.1%	15	19.7%	17.1%

**Percent of high-risk residents with pressure ulcers (long-stay)**

0.0000	0.0377	100
0.0378	0.0584	80
0.0585	0.0783	60
0.0784	0.1057	40
0.1058	1.0000	20



# Process

- 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.

Total Long-Stay Quality Measure Score	750
Long-Stay Quality Measure Star Rating	★★★★★
Unadjusted Short-Stay Quality Measure Score	490
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) <sup>1</sup>	704
Short-Stay Quality Measure Star Rating	★★★★
Total Quality Measure Score <sup>2</sup>	1454
Overall Quality Measure Star Rating	★★★★

LS point range: 155 – 1150

Short stay unadjusted: 100 - 800

SS number multiplied by 1150/800

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

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

Key Point: 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 actually counts a little more.

# Point Ranges

**Table 6**

**Point Ranges for the QM Ratings (as of October 2019)**

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–469	144–473	299–943
★★	470–564	474–567	944–1,132
★★★	565–644	568–653	1,133–1,298
★★★★	645–734	654–739	1,299–1,474
★★★★★	735–1,150	740 – 1,150	1,475–2,300





# Two low prevalence QMs: Special Rules

- In these two QMs, more than 20% of nursing homes have a QM value of 0. So, all who have 0 get 100 points. The rest are divided equally:

Quality Measure	For QM values ...		Number of QM points is...
	Between...	And...	
Percent of SNF residents with pressure ulcers that are new or worsened (short-stay)	0.0000	0.0000	100
	0.0001	0.0080	80
	0.0081	0.0160	60
	0.0161	0.0300	40
	0.0301	1.0000	20

Percent of residents who newly received an antipsychotic medication (short-stay)	0.0000	0.0000	100
	0.0001	0.0096	80
	0.0097	0.0168	60
	0.0169	0.0289	40
	0.0290	1.0000	20



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

	Provider 111111						VA	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	Rating Points	4Q avg	4Q avg
<b>MDS Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	3.0%	1.4%	1.4%	3.9%	2.4%	80	3.5%	3.4%
Percentage of high-risk residents with pressure sores	3.9%	5.3%	5.2%	7.7%	5.6%	80	7.6%	7.3%
Percentage of residents with a urinary tract infection	1.5%	1.4%	2.7%	1.3%	1.7%	60	3.2%	2.6%
Percentage of residents with a catheter inserted and left in their bladder <sup>1</sup>	9.6%	9.1%	7.5%	4.9%	7.7%	20	1.3%	1.8%
Percentage of residents whose need for help with daily activities has increased	15.3%	20.3%	8.1%	12.3%	14.0%	90	15.5%	14.5%
Percentage of residents who received an antipsychotic medication	4.5%	9.6%	12.2%	14.3%	10.3%	105	14.2%	14.3%
Percentage of residents whose ability to move independently worsened <sup>1</sup>	39.2%	31.3%	20.5%	26.0%	29.1%	15	19.7%	17.1%

<sup>1</sup>These measures are risk adjusted.

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

	Provider 111111				VA	US	
	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<b>Claims-Based Long-Stay Measures</b>							
<i>Lower rates are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.</i>							
Number of hospitalizations per 1,000 long-stay resident days <sup>1</sup>	0.92	2.05	0.77	150	1.51	1.735	1.70
Number of emergency department visits per 1,000 long-stay resident days <sup>1</sup>	0.37	2.30	0.23	150	0.94	1.436	0.94

<sup>1</sup>These measures are risk adjusted.

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

<sup>3</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) \* US observed rate. Only the risk-adjusted rate will appear on NHC.

Total Long-Stay Quality Measure Score	750
Long-Stay Quality Measure Star Rating	★★★★★

Short-Stay Quality Measures that are included in the QM Rating

	Provider 111111						VA	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	Rating Points	4Q avg	4Q avg
<b>MDS Short-Stay Measures</b>								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>1</sup>	57.8%	57.7%	50.8%	50.5%	54.6%	30	68.2%	67.7%
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	1.4%	1.1%	0.5%	1.2%	1.1%	60	1.7%	1.8%
Percentage of SNF residents with pressure ulcers that are new or worsened <sup>1</sup>	NR	NR	NR	NR	0.0%	100	1.4%	1.4%

NR = Not Reported. This measure is not calculated for individual quarters.

	Provider 111111				VA	US	
	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<b>Claims-Based Short-Stay Measures</b>							
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2018.</i>							
Rate of successful return to home and community from a SNF <sup>1</sup>	55.0%	NR	62.0%	135	55.8%	49.2%	49.6% <sup>4</sup>
<i>Lower percentages are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission <sup>1</sup>	23.0%	23.1%	22.4%	90	21.1%	22.6%	21.9%
Percentage of residents who had an outpatient emergency department visit <sup>1</sup>	9.8%	9.7%	10.3%	75	11.0%	10.1%	10.6%

<sup>1</sup>These measures are risk adjusted.

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

<sup>3</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility. For successful community discharge, the risk-adjusted rate is calculated as (predicted rate / expected rate) \* US Observed rate and is referred to as the risk-standardized rate. For rehospitalization and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) \* US observed rate. Only the risk-adjusted or risk-standardized rate will appear on NHC.

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

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

Unadjusted Short-Stay Quality Measure Score	490
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) <sup>1</sup>	704
Short-Stay Quality Measure Star Rating	★★★★
Total Quality Measure Score <sup>2</sup>	1454
Overall Quality Measure Star Rating	★★★★★

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

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

Preview Report

# QM Star Rating Changes:

## Quality Measures

Quarterly:

-January

-April

-July

-October

Claims based measures  
updated twice a year in  
April and October



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### Quality Measures

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

### What's New

October 19, 2020

**MDS 3.0 QM User's Manual Version 14.0 Now Available**

The MDS 3.0 QM User's Manual V14.0 has been posted. The MDS 3.0 QM User's Manual V14.0 contains detailed specifications for the MDS 3.0 quality measures and includes a Notable Changes section that summarizes the major changes from MDS 3.0 QM

## Downloads

[Users-Manuals-Updated-10-19-2020 \(ZIP\)](#)

[Quality-Measure-Identification-Number-by-CMS-Reporting-Module-Table-V1.8.pdf \(PDF\)](#)

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>



Four manual will download:

- **MDS 3.0 QM User's Manual V14.0:** contains detailed specifications for the MDS 3.0 quality measures
- **Nursing Home Compare Claims-based Quality Measure Technical Specifications**
- **Nursing Home Compare Quality Measures Technical Specifications Appendix**
- **Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V3.0 (contains short stay new/worsened PU measure)**
- **SNF QRP Measure Calculations and Reporting User's Manual Version 3.0.1** contains appendices for the SNF QRP Measure Calculations and Reporting Manual V3.0, including a risk adjustment appendix and Hierarchical Condition Category (HCC) crosswalks.



<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>





MDS 3.0 Quality Measures USER’S MANUAL (v14.0) .....	i
QUALITY MEASURES (QM) USER’S MANUAL CONTENTS .....	i
NOTABLE CHANGES TO THE MDS QUALITY MEASURES (QM) USER’S MANUAL V14 .....	1
Chapter 1 QM Sample and Record Selection Methodology.....	3
Section 1: Definitions .....	3
Section 2: Selecting the QM Samples.....	5
Section 3: Short Stay Record Definitions .....	7
Section 4: Long Stay Record Definitions .....	9
Section 5: Transition from the Pressure Ulcer to Skin Integrity Quality Measures .....	12
Section 6: Transition to the Patient Driven Payment Model .....	12
Chapter 2 MDS 3.0 Quality Measures Logical Specifications .....	15

All terms used in the logical specifications are defined in Chapter 1.



**Table 2-26**  
**Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS)<sup>20</sup>**  
**(CMS ID: N028.02) (NQF: None)**

### Measure Description

This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.

### Measure Specifications

#### *Numerator*

Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1).

An increase is defined as an increase in two or more coding points in one late-loss ADL item *or* one point increase in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [7, 8] on either the target or prior assessment, then recode the item to equal [4] to allow appropriate comparison.

Residents meet the definition of increased need of help with late-loss ADLs if *either* of the following are true

1. ***At least two*** of the following are true (note that in the notation below, [t] refers to the target assessment, and [t-1] refers to the prior assessment):
  - 1.1 Bed mobility:  $([\text{Level at target assessment (G0110A1[t])}] - [\text{Level at prior assessment (G0110A1[t-1])}]) > [0]$ , *or*
  - 1.2 Transfer:  $([\text{Level at target assessment (G0110B1[t])}] - [\text{Level at prior assessment (G0110B1[t-1])}]) > [0]$ , *or*
  - 1.3 Eating:  $([\text{Level at target assessment (G0110H1[t])}] - [\text{Level at prior assessment (G0110H1[t-1])}]) > [0]$ , *or*
  - 1.4 Toileting:  $([\text{Level at target assessment (G0110I1[t])}] - [\text{Level at prior assessment (G0110I1[t-1])}]) > [0]$ .
2. ***At least one*** of the following is true:
  - 2.1 Bed mobility:  $([\text{Level at target assessment (G0110A1[t])}] - [\text{Level at prior assessment (G0110A1[t-1])}]) > [1]$ , *or*
  - 2.2 Transfer:  $([\text{Level at target assessment (G0110B1[t])}] - [\text{Level at prior assessment (G0110B1[t-1])}]) > [1]$ , *or*
  - 2.3 Eating:  $([\text{Level at target assessment (G0110H1[t])}] - [\text{Level at prior assessment (G0110H1[t-1])}]) > [1]$ , *or*
  - 2.4 Toileting:  $([\text{Level at target assessment (G0110I1[t])}] - [\text{Level at prior assessment (G0110I1[t-1])}]) > [1]$ .

## Measure Specifications Continued

### *Denominator*

All long-stay residents with a selected target and prior assessment, except those with exclusions.

### *Exclusions*

1. All four of the late-loss ADL items indicate total dependence on the prior assessment, as indicated by:
  - 1.1. Bed Mobility (G0110A1) = [4, 7, 8] *and*
  - 1.2. Transferring (G0110B1) = [4, 7, 8] *and*
  - 1.3. Eating (G0110H1) = [4, 7, 8] *and*
  - 1.4. Toileting (G0110I1) = [4, 7, 8].
2. Three of the late-loss ADLs indicate total dependence on the prior assessment, as in #1 AND the fourth late-loss ADL indicates extensive assistance (value 3) on the prior assessment.
3. If resident is comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months (J1400 = [1, -]) on the target assessment.
5. Hospice care (O0100K2 = [1, -]) on the target assessment.
6. The resident is not in the numerator *and*
  - 6.1. Bed Mobility (G0110A1 = [-]) on the prior or target assessment, *or*
  - 6.2. Transferring (G0110B1 = [-]) on the prior or target assessment, *or*
  - 6.3. Eating (G0110H1 = [-]) on the prior or target assessment, *or*
  - 6.4. Toileting (G0110I1 = [-]) on the prior or target assessment.

### Covariates

Not applicable.



## Breaking it down:

- **Long-stay residents** with **selected target and prior assessments** that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are **self-performance bed mobility (G0110A1)**, **self-performance transfer (G0110B1)**, **self-performance eating (G0110H1)**, and **self-performance toileting (G0110I1)**.

### **Chapter 1, Section 1: Definitions**

#### **Long stay.**

An episode with CDIF greater than or equal to 101 days as of the end of the target period. Long stays may include one or more interruptions, indicated by Interrupted Stay (A0310G1 = [1]).

#### **Cumulative days in facility (CDIF).**

The total number of days within an episode during which the resident was in the facility. It is the sum of the number of days within each stay included in an episode. If an episode consists of more than one stay separated by periods of time outside the facility (e.g., hospitalizations), and/or one or more stays with interruptions lasting 3 calendar days or less, only those days within the facility would count towards CDIF. Any days outside of the facility (e.g., hospital, home, etc.) would not count towards the CDIF total.



# Breaking it down:

## Section 4: Long Stay Record Definitions

ASSESSMENT SELECTED	PROPERTY	SELECTION SPECIFICATIONS
Target assessment	Selection period	Most recent 3 months (the long stay target period).
	Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] <i>or</i> A0310B = [01] <i>or</i> A0310F = [10, 11]
	Selection logic	Latest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, and (c) its target date is no more than 120 before the end of the episode.
	Rationale	Records with a qualifying RFA contain all of the items needed to define the QMs. The target assessment need not have a target date within the target period, but it must occur within 120 days of the end of the resident's episode (either the last discharge in the target period or the end of the target period if the episode is ongoing). 120 days allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. The target assessment represents the resident's status at the end of the episode.

Target Period for Long Stay  
MDS based QMs is a  
calendar quarter

RFA = Reason for Assessment



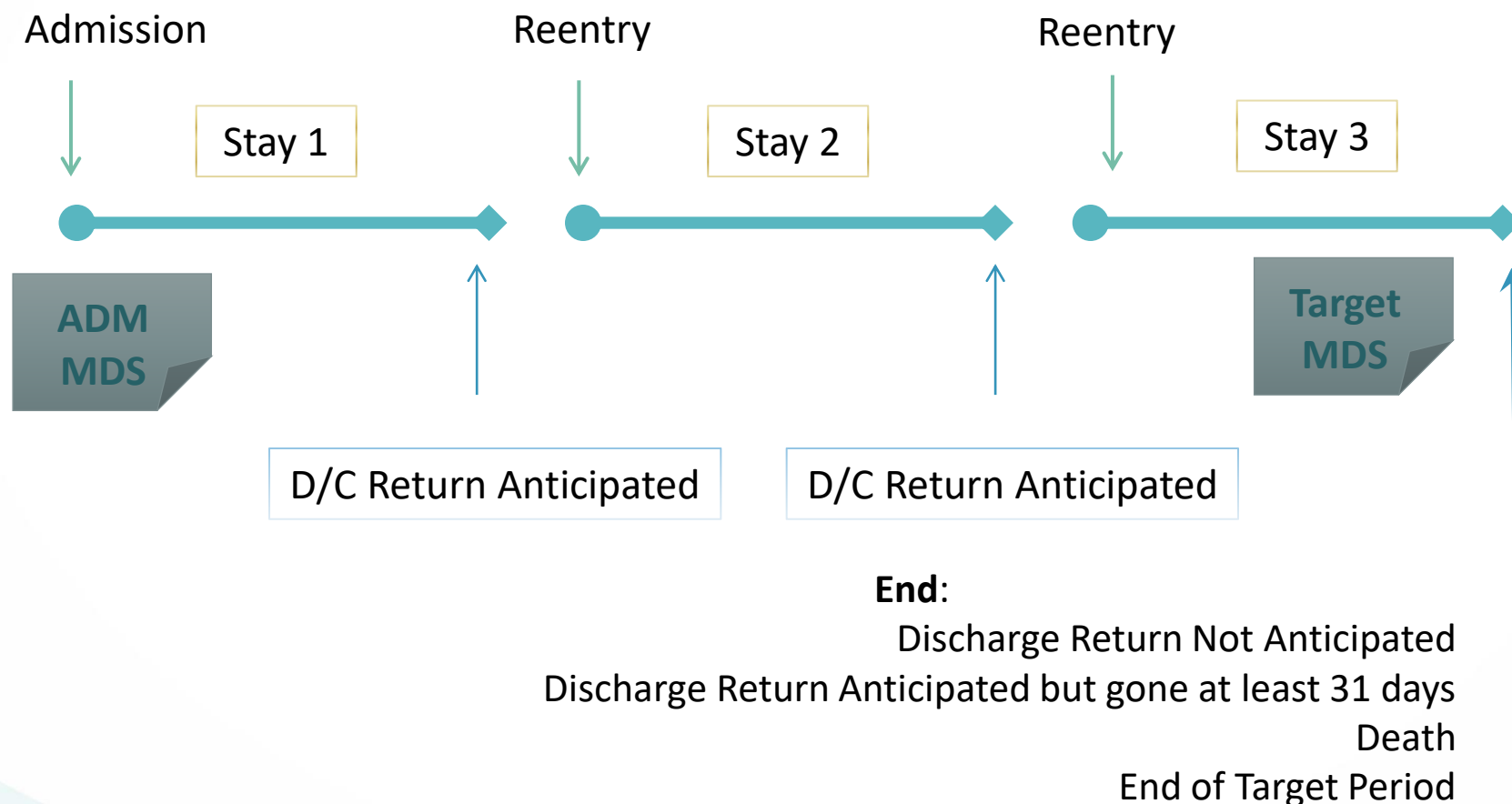
# Episode

- A period of time spanning one or more stays. An episode begins with an admission (defined below) and ends with either (a) a discharge, or (b) the end of the target period, whichever comes first. An episode starts with:
- An admission entry tracking form (A0310F = [01] **and** A1700 = [1]: Admission (not “2: reentry).
- The end of an episode is the earliest of the following:
  - A discharge assessment with return not anticipated (A0310F = [10]), **or**
  - A discharge assessment with return anticipated (A0310F = [11]) but the resident did not return within 30 days of discharge, **or**
  - A death in facility tracking record (A0310F = [12]), **or**
  - The end of the target period.



# Episode & Stays

Three stay episode



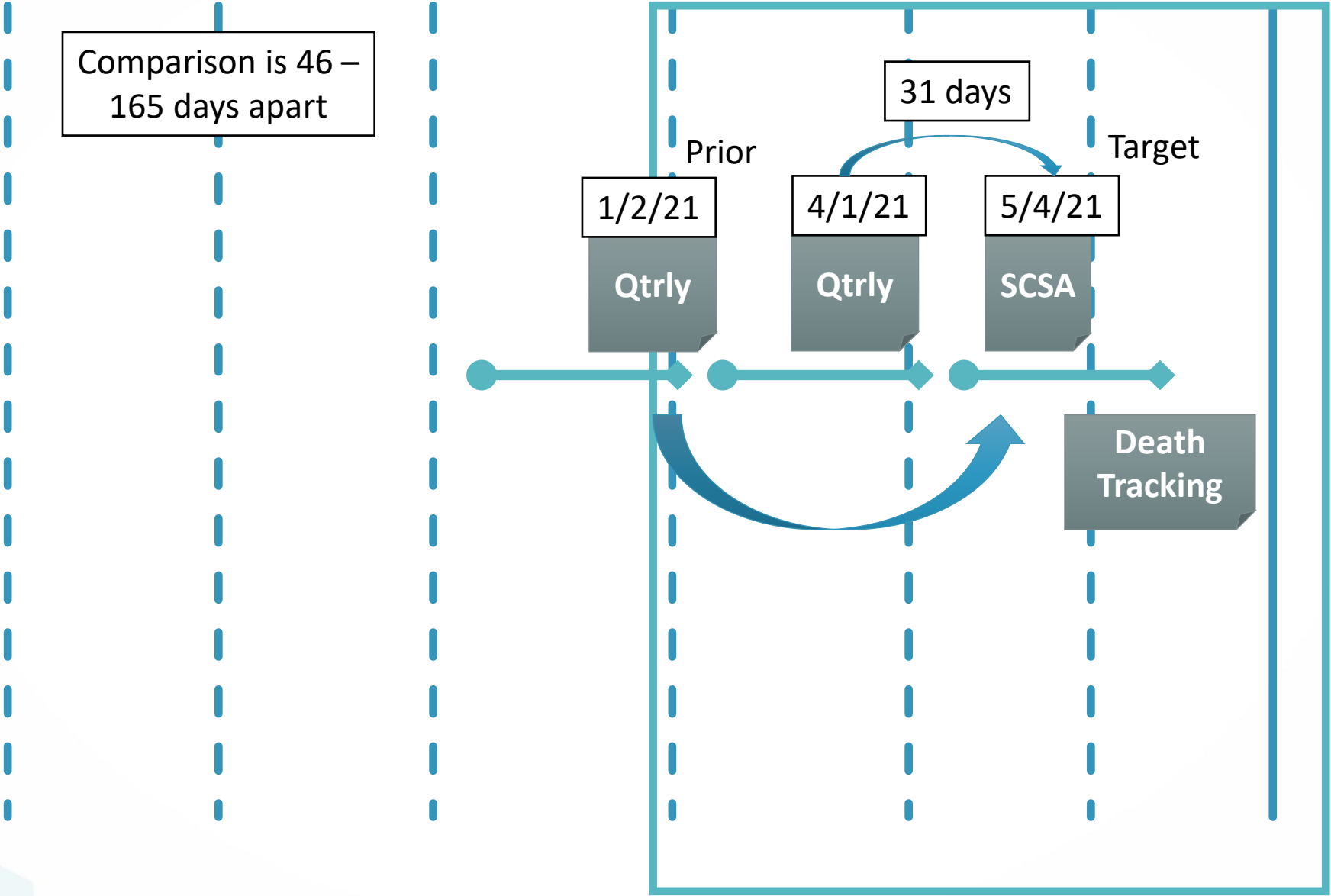
- Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1).

### Long Stay Definitions

Prior assessment	Selection period	Latest assessment that is 46 to 165 days before the target assessment.
	Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] or A0310B = [01] or A0310F = [10, 11]
	Selection logic	Latest assessment that meets the following criteria: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, and (c) its target date is contained in the window that is 46 days to 165 days preceding the target date of the target assessment. If no qualifying assessment exists, the prior assessment is considered missing.
	Rationale	Records with a qualifying RFA contain all of the items needed to define the QMs. The prior assessment need not have a target date within the target period, but it must occur within the defined window.  The window covers 120 days, which allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. Requiring a 45-day gap between the prior assessment and the target assessment insures that the gap between the prior and target assessment will not be small (gaps of 45 days or less are excluded).



Long Stay target assessment selection period  $CDIF \geq 100$



Calendar quarter





**Table 2-26**  
**Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS)<sup>20</sup>**  
**(CMS ID: N028.02) (NQF: None)**

Measure Description
<p>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.</p>
Measure Specifications
<p><b>Numerator</b></p> <p>Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1).</p> <p>An increase is defined as an increase in two or more coding points in one late-loss ADL item <i>or</i> one point increase in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [7, 8] on either the target or prior assessment, then recode the item to equal [4] to allow appropriate comparison.</p> <p>Residents meet the definition of increased need of help with late-loss ADLs if <i>either</i> of the following are true</p> <ol style="list-style-type: none"> <li>1. <b>At least two</b> of the following are true (note that in the notation below, [t] refers to the target assessment, and [t-1] refers to the prior assessment):             <ol style="list-style-type: none"> <li>1.1 Bed mobility: ([Level at target assessment (G0110A1[t])] - [Level at prior assessment (G0110A1[t-1])]) &gt; [0], <i>or</i></li> <li>1.2 Transfer: ([Level at target assessment (G0110B1[t])] - [Level at prior assessment (G0110B1[t-1])]) &gt; [0], <i>or</i></li> <li>1.3 Eating: ([Level at target assessment (G0110H1[t])] - [Level at prior assessment (G0110H1[t-1])]) &gt; [0], <i>or</i></li> <li>1.4 Toileting: ([Level at target assessment (G0110I1[t])] - [Level at prior assessment (G0110I1[t-1])]) &gt; [0].</li> </ol> </li> <li>2. <b>At least one</b> of the following is true:             <ol style="list-style-type: none"> <li>2.1 Bed mobility: ([Level at target assessment (G0110A1[t])] - [Level at prior assessment (G0110A1[t-1])]) &gt; [1], <i>or</i></li> <li>2.2 Transfer: ([Level at target assessment (G0110B1[t])] - [Level at prior assessment (G0110B1[t-1])]) &gt; [1], <i>or</i></li> <li>2.3 Eating: ([Level at target assessment (G0110H1[t])] - [Level at prior assessment (G0110H1[t-1])]) &gt; [1], <i>or</i></li> <li>2.4 Toileting: ([Level at target assessment (G0110I1[t])] - [Level at prior assessment (G0110I1[t-1])]) &gt; [1].</li> </ol> </li> </ol>

- Bed mobility: ( $[\text{Level at target assessment (G0110A1[t])}] - [\text{Level at prior assessment (G0110A1[t-1])}]) > [0]$ )
  - Possible codes for Bed Mobility Self Performance: 0,1,2,3,4
  - (7&8 count as 4)

Target Assessment Bed Mobility = 3

Prior Assessment Bed Mobility = 2

$3 - 2 = 1$ , which is  $>0$  so that would count

Bed mobility: ( $[\text{Level at target assessment (G0110A1[t])}] - [\text{Level at prior assessment (G0110A1[t-1])}]) > [1]$ ,

Target Assessment Bed Mobility = 3

Prior Assessment Bed Mobility = 1

$3 - 1 = 2$ , which is  $>1$ , so that would count





**Table 2-26**  
**Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS)<sup>20</sup>**  
**(CMS ID: N028.02) (NQF: None)**

### Measure Description

This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.

### Measure Specifications

#### *Numerator*

Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1).

An increase is defined as an increase in two or more coding points in one late-loss ADL item *or* one point increase in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [7, 8] on either the target or prior assessment, then recode the item to equal [4] to allow appropriate comparison.

Residents meet the definition of increased need of help with late-loss ADLs if *either* of the following are true

1. ***At least two*** of the following are true (note that in the notation below, [t] refers to the target assessment, and [t-1] refers to the prior assessment):
  - 1.1 Bed mobility:  $([\text{Level at target assessment (G0110A1[t])}] - [\text{Level at prior assessment (G0110A1[t-1])}]) > [0]$ , *or*
  - 1.2 Transfer:  $([\text{Level at target assessment (G0110B1[t])}] - [\text{Level at prior assessment (G0110B1[t-1])}]) > [0]$ , *or*
  - 1.3 Eating:  $([\text{Level at target assessment (G0110H1[t])}] - [\text{Level at prior assessment (G0110H1[t-1])}]) > [0]$ , *or*
  - 1.4 Toileting:  $([\text{Level at target assessment (G0110I1[t])}] - [\text{Level at prior assessment (G0110I1[t-1])}]) > [0]$ .
2. ***At least one*** of the following is true:
  - 2.1 Bed mobility:  $([\text{Level at target assessment (G0110A1[t])}] - [\text{Level at prior assessment (G0110A1[t-1])}]) > [1]$ , *or*
  - 2.2 Transfer:  $([\text{Level at target assessment (G0110B1[t])}] - [\text{Level at prior assessment (G0110B1[t-1])}]) > [1]$ , *or*
  - 2.3 Eating:  $([\text{Level at target assessment (G0110H1[t])}] - [\text{Level at prior assessment (G0110H1[t-1])}]) > [1]$ , *or*
  - 2.4 Toileting:  $([\text{Level at target assessment (G0110I1[t])}] - [\text{Level at prior assessment (G0110I1[t-1])}]) > [1]$ .

## Long Stay Increased Need for ADL Help in Plain Language

- Compares target to prior assessment for Self Performance in late loss ADLs:
  - Bed mobility, transfers, eating, toileting
  - Prior assessment ARD must be 46 to 165 days before the target ARD
- Triggers if:
  - Two late loss ADLs decline by 1 OR
  - One late loss ADL declines by 2
- Examples:
  - Bed mobility goes from 2 to 3 and toileting goes from 0 to 1
  - Transfers goes from 2 to 4



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## Measure Specifications Continued

### *Denominator*

All long-stay residents with a selected target and prior assessment, except those with exclusions.

### *Exclusions*

1. All four of the late-loss ADL items indicate total dependence on the prior assessment, as indicated by:
  - 1.1. Bed Mobility (G0110A1) = [4, 7, 8] *and*
  - 1.2. Transferring (G0110B1) = [4, 7, 8] *and*
  - 1.3. Eating (G0110H1) = [4, 7, 8] *and*
  - 1.4. Toileting (G0110I1) = [4, 7, 8].
2. Three of the late-loss ADLs indicate total dependence on the prior assessment, as in #1 AND the fourth late-loss ADL indicates extensive assistance (value 3) on the prior assessment.
3. If resident is comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months (J1400 = [1, -]) on the target assessment.
5. Hospice care (O0100K2 = [1, -]) on the target assessment.
6. The resident is not in the numerator *and*
  - 6.1. Bed Mobility (G0110A1 = [-]) on the prior or target assessment, *or*
  - 6.2. Transferring (G0110B1 = [-]) on the prior or target assessment, *or*
  - 6.3. Eating (G0110H1 = [-]) on the prior or target assessment, *or*
  - 6.4. Toileting (G0110I1 = [-]) on the prior or target assessment.

### Covariates

Not applicable.

# Key Take-aways

- 5 Star QM Domain has returned to normal, no longer frozen due to pandemic
- 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.
- Some QMs count 150 points and some count 100 points for the star rating system.
- 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.



## Questions/Discussion



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