



CMS Adds New Quality Measures to Nursing Home Ratings

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On August 10, 2016, the Centers for Medicare & Medicaid Services (CMS) announced that it has incorporated five new quality measures to the calculations for its nursing home Five-Star Quality Ratings. The five measures are now available on the CMS Nursing Home Compare website, which aggregates data on health inspections, staffing, and quality metrics to provide facility ratings to consumers.

CMS first announced the use of these new quality measures in April 2016.¹ Three of these measures are based on Medicare claims data submitted by hospitals. Until the addition of these quality measures, the CMS quality measures were based solely on data self-reported by nursing homes. The quality measures are:

1. Percentage of short-stay residents who were successfully discharged to the community (Medicare claims- and Minimum Data Set (MDS)-based);
2. Percentage of short-stay residents who have had an outpatient emergency department visit (Medicare claims- and MDS-based);
3. Percentage of short-stay residents who were rehospitalized after a nursing home admission (Medicare claims- and MDS-based);
4. Percentage of short-stay residents who made improvements in function (MDS-based);
5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based)

Beginning in July, these measures count at half of their full value in determining a facility's rating. The measures will fully count in January 2017. An additional quality measure, the percentage of long-stay residents who received an antianxiety or hypnotic medication, has not been incorporated into the Five-Star Quality ratings because CMS has had difficulty determining nursing home benchmarks for the acceptable use of these medications.

CMS launched Nursing Home Compare in 1998, adding the Five Star Nursing Home Quality Rating System in 2008. Through the Five-Star program, CMS summarizes available data for nursing homes in a consumer-friendly format while providing comparisons against state and national data for reference.

The additional quality measures represent a sustained effort by CMS to emphasize quality of patient care. Nursing home providers should be aware that discharges, emergency department visits, and rehospitalizations are now factored into a facility's rating, and CMS will evaluate claims data for this information. As patients and families continue to use Nursing Home Compare to evaluate facility options, providers should be prepared to answer questions and explain the metrics that factor into the facility's star rating.

¹ <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-27.html> (last accessed Aug. 16, 2016).

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