Richter

LTPAC Performance Advisors

Enhancing Outcomes

New CMS Quality Measures
Five Star Quick Reference Guide

On July 1, 2016, six new Quality Measures were added to the calculations that the Centers for Medicare and Medicaid Services utilizes for the Five Star Quality Ratings. Five of the new Quality Measures will impact Long Term Care Post-Acute Care facilities.

As an LTPAC facility, it is imperative your team members understand all of these measures and how they are calculated in order to minimize any negative impact to your Five-Star rating.

At Richter Healthcare Consultants, we advise using our Quality Measures/Five Star Quick Reference Guide to get descriptions of the new Quality Measures and to ensure your team understands how the numerator, denominator, exclusions and covariates will be calculated.

Remember, you have to manage your Quality Measures and not let them manage you!

QM Number	Quality Measure Description	QM Numerator	QM Denominator	Additional Information, Exclusions, and Covariates
Short Stay CMS: N001.01 NQF: 0676	Percent of short stay residents, with at least one episode of moderate/severe pain or horrible/excruciating pain of any frequency, in the last 5 days.	Short stay residents with a selected target assessment where the target assessment meets either or both of the following two conditions: Condition #1: resident reports daily pain with at least one episode of moderate/severe pain. Both of the following conditions must be met: • Almost constant or frequent pain (J0400=[1,2]) and • At least one episode of moderate to severe pain (J0600A = [05, 06, 07, 08, 09] or J0600B = [2, 3]). Condition #2: resident reports very severe/horrible pain of any frequency (J0600A = [10] or J0600B = [4]).	All short stay residents with a selected target assessment, except those with exclusions.	**Exclusions:** The pain assessment interview was not completed (J0200= [0, - , ^]). The pain presence item was not completed (J0300 = [9, - , ^]). The pain frequency item was not completed (J0400 = [9, - , ^]). Neither of the pain intensity items was completed (J0600A = [99, - , ^] and J0600B= [9, - ,, ^]). The numeric pain intensity item indicates no pain (J0600A = [00]).
CMS: N002.02 NQF: 0678	Percentage of short stay residents with new or worsening Stage II-IV pressure ulcers.	Short stay residents for which a look-back scan indicates one or more new or worsening Stage II-IV pressure ulcers where on any assessment in the look-back scan: (M0800A) > [0] **and** M0800A < = M0300B1, OR (M0800B) > [0] **and** M0800B < = M0300C1, OR (M0800C) > [0] **and** M0800C < = M0300D1.	All residents with one or more assessments that are eligible for a lookback scan, except those with exclusions.	**Exclusions:** Residents are excluded if none of the assessments that are included in the look-back scan has a usable response for M0800A, M0800B, or M0800C. (M0300C1 = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] **and** M0800B = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] **and** M0800B ≤ M0300C1). or (M0300C1 = [^] **and** M0800B = [^]). **Covariates:** 1. Indicator of requiring limited or more assistance in bed mobility self-performance on the initial assessment: • Covariate = [1] if (G0110A1 = [2, 3, 4, 7, 8]) • Covariate = [0] if (G0110A1 = [0, 1, -]) 2. Indicator of bowel incontinence at least occasionally on the initial assessment: • Covariate = [1] if (H0400 = [1, 2, 3]) • Covariate = [0] if (H0400 = [0, 9, - , ^]) 3. Have diabetes or peripheral vascular disease on initial assessment: Covariate = [1] if any of the following are true: • (I0900 = [1]) (checked) • (I2900 = [1]) (checked) • I8000A through I8000J contains any of the following peripheral vascular disease diagnosis codes: [250.7, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.31, 440.32, 443.81, 443.9] • Covariate = [0] if (I0900 = [0, missing3]) and (I2900 = [0, -]) and I8000A through I8000J do not contain any of the peripheral vascular disease diagnosis codes listed above. 4. Indicator of Low Body Mass Index, based on Height (K0200A) and Weight (K0200B) on the initial assessment: • Covariate = [1] if BMI ≥ [12.0] and ≤ [19.0] • Covariate = [0] if BMI has a value which is less than 12.0 or greater than 19.0 or if BMI cannot be computed because (K0200A = [0, -]) or (K0200B = [0, -])

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CMS: N002.02 NQF: 0678 (Continued)				• Where: BMI = (weight * 703 / height2) = ((K0200B) * 703) / (K0200A2) and the resulting value is rounded to one decimal. 5. All covariates are missing if no initial assessment is available.
CMS: N011.01 NQF: none ⭐	Percentage of Short stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment.	Short stay residents for whom one or more assessments in a look-back scan (not including the initial assessment) indicates that antipsychotic medication was received: 1. For assessments with target dates on or before 03/31/2012: (N0400A = [1]). 2. For assessments with target dates on or after 04/01/2012: (N0410A = [1, 2, 3, 4, 5, 6, 7]). Note that residents are excluded from this measure if their initial assessment indicates antipsychotic medication use or if antipsychotic medication use is unknown on the initial assessment (see exclusion #3)	All short stay residents who do not have exclusions and who meet all of the following conditions: 1. The resident has a target assessment, and 2. The resident has an initial assessment, and 3. The target assessment is not the same as the initial assessment.	**Exclusions:** 1.The following is true for all assessments in the look-back scan (excluding the initial assessment): • For assessments with target dates on or before 03/31/2012: (N0400A = [-]). • For assessments with target dates on or after 04/01/2012: (N0410A = [-]). 2.Any of the following related conditions are present on any assessment in a look-back scan: • Schizophrenia (I6000 = [1]) or • Tourette's syndrome (I5350 = [1]) or • Huntington's disease (I5250 = [1]) 3.The resident's initial assessment indicates antipsychotic medication use or antipsychotic medication use is unknown: • For initial assessments with target dates on or before 03/31/2012: (N0400A = [1, -]). • For initial assessments with target dates on or after 04/01/2012:N0410A = 1, 2, 3, 4, 5, 6, 7,-
Short Stay CMS: N037.01 NQF: none New ⭐	Percentage of short stay residents who were discharged from the nursing home that gained more independence in transfer, locomotion, and walking during their episodes of care.	Short stay residents who: 1.Have a valid discharge assessment (A0310F = [10]) and a valid preceding 5-day assessment (A0310B = [01]) or admission assessment (A0310A =[01]); **and** 2. Have a change in performance score that is negative ([Discharge] - [5-day or admission assessment] < [0]), using the earlier assessment if resident has both 5-day and admission assessments. Performance is calculated as the sum of G0110B1 (transfer: self- performance), G0110E1 (locomotion on unit: self-performance), and G0110D1 (walk in corridor: self-performance), with 7's (activity occurred only once or twice) and 8's (activity did not occur) recoded to 4's (total dependence).	Short stay residents who meet all of the following conditions, except those with exclusions: 1. Have a valid discharge assessment (A0310F = [10]), and 2. Have a valid preceding 5-day assessment (A0310B = [01]) or admission assessment (A0310A = [01]).	Age on the 5-day or admission assessment (A0900) • <54 years old (Covariate = 1 if age =<54 and Covariate = 0 if age >54) • 54 to 84 years old (Covariate = 1 if age >54 and <=84 and Covariate =0 if age <=54 or age > 84)(reference) • >84 years old (Covariate = 1 if age >84 and Covariate = 0 if age <=84) Gender **Covariate** = 1 if (A0800 = 2]) (Female) or Covariate = 0 if (A0800 = [1]) (Male) Severe cognitive impairment • Covariate = 1 if (C1000 = [3] AND C0700 = [1]) or BIMS summary score (C0500) < [7] • Covariate = 0 if either of the following criteria are met: (C1000 = [0, 1, 2] or C0700 = [0]) and (C0500 = [>7, ^, -, 99]) or (C0500 > [7]) and (C1000 = [0, 1, 2, ^, -] or C0700 = [0, ^, -]) • If Covariate has not been set to 1 or 0 based on logic then Covariate = [.]. Long Form ADL (LFADL) Scale (G0110A1 + G0110B1 + G0110E1 + G0110G1 + G0110H1 + G0110I1 + G0110JI) • Covariate = 0 if LFADL = lowest tercile • Covariate = 1 if LFADL = middle tercile (reference) • Covariate = 2 if LFADL = highest tercile • Covariate = [.] if (G0110A1 or G0110B1 or G0110E1 or G0110G1 or G0110H1 or G0110I1 or G0110JI = [-]).

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Short Stay CMS: N037.01 NQF: none (Continued)				Heart failure • Covariate = 1 if (I0600 = [1]) • Covariate = 0 if (I0600 = [0]) • Covariate = [.] if (I0600 = [-]) Hip Fracture • Covariate = 1 if (I3900 = [1]) • Covariate = 0 if (I3900 = [0]) • Covariate = [.] if (I3900 = [-]) CVA, TIA, or Stroke • Covariate = 1 if (I4500 =[1]) • Covariate = 0 if (I4500 =[0]) • Covariate = [.] if (I4500 = [-] Other Fracture • Covariate = 1 if (I400 = [1]) • Covariate = 0 if (I400 = [0]) • Covariate = [.] if (I400 = [-])
Short Stay CMS: N003.02 NQF: 0680 Long Stay CMS: N016.02 NFQ:0681	Percent of Short Stay or Long Stay residents who are given, appropriately, the influenza vaccination during the most recent influenza season.	Residents meeting any of the following criteria on the selected influenza vaccination assessment: 1. Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or 2. Resident was offered and declined the influenza vaccine (O0250C = [4]); or 3. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain- Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).	All Short Stay or Long Stay residents with a selected influenza vaccination assessment, except those with exclusions	**Exclusions:** Resident's age on target date of selected target assessment is 179 days or less. **Notes:** This measure is only calculated once a year with a target period of October 1 of the prior year to June 30 of the current year and reports for the October 1 through March 31 influenza vaccination season. *Note: Long Stay and Short Stay are to be calculated separately*
Short Stay CMS: N004.02 NQF: 0680A Long Stay N017.02 NFQ:0681A	Percentage of Short Stay or Long Stay residents who received the influenza vaccination during the most recent influenza season.	Residents meeting the following criteria on the selected influenza vaccination assessment: 1. Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).	All Short Stay or Long Stay residents with a selected influenza vaccination assessment, except those with exclusions	**Exclusions:** Resident's age on target date of selected target assessment is 179 days or less. **Notes:** This measure is only calculated once a year with a target period of October 1 of the prior year to June 30 of the current year and reports for the October 1 through March 31 influenza vaccination season. *Note: Long Stay and Short Stay are to be calculated separately*
Short Stay CMS: N005.02 NQF: 0680B Long Stay CMS: N018.02 NFQ: 0681B	Percent of Short Stay or Long Stay residents who are offered and declined the influenza vaccination during the most recent influenza season.	Residents meeting the following criteria on the selected influenza vaccination assessment: 1. Resident was offered and declined the influenza vaccine during the most recent influenza season (O0250C = [4]).	All Short Stay or Long Stay residents with a selected influenza vaccination assessment, except those with exclusions	**Exclusions:** Resident's age on target date of selected target assessment is 179 days or less. **Notes:** This measure is only calculated once a year with a target period of October 1 of the prior year to June 30 of the current year and reports for the October 1 through March 31 influenza vaccination season. *Note: Long Stay and Short Stay are to be calculated separately*

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QM Number	Quality Measure Description	QM Numerator	QM Denominator	Additional Information, Exclusions, and Covariates
Short Stay CMS: N006.02 NQF: 0680C Long Stay CMS: N019.02 NQF: 0681C	Percent of short stay residents who did not receive, due to medical contraindication, the influenza vaccination during the most recent influenza season.	Residents meeting the following criteria on the selected influenza vaccination assessment: 1. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillian-Barré Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).	All Short Stay or Long Stay residents with a selected influenza vaccination assessment, except those with exclusions	**Exclusions:** Resident's age on target date of selected target assessment is 179 days or less. **Notes:** This measure is only calculated once a year with a target period of October 1 of the prior year to June 30 of the current year and reports for the October 1 through March 31 influenza vaccination season. *Note: Long Stay and Short Stay are to be calculated separately*
Short Stay CMS: N007.01 NQF: 0682 Long Stay CMS: N020.01 NFQ: 0683	Percent of Short Stay or Long Stay residents whose pneumococcal vaccine status is up to date during the 12-month reporting period.	Residents meeting any of the following criteria on the selected target assessment: 1. Pneumococcal vaccine status is up to date (O0300A = [1]); or 2. Were offered and declined the vaccine (O0300B = [2]); or 3. Were ineligible due to medical contraindication(s) (O0300B = [1]) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).	All Short Stay or Long Stay residents with a selected target assessment.	**Exclusions:** Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date). * Note: Long Stay and Short Stay are to be calculated separately*
Short Stay CMS: N008.01 NQF: 0682A Long Stay CMS: N021.01 NFQ:0683A	Percent of Short Stay or Long Stay residents who received the pneumococcal vaccine during the 12-month reporting period.	Residents meeting the following criteria on the selected target assessment: 1. Pneumococcal vaccine status is up to date (O0300A = [1]).	All Short Stay or Long Stay residents with a selected target assessment.	**Exclusions:** Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date). * Note: Long Stay and Short Stay are to be calculated separately*
Short Stay CMS: N009.01 NQF: 0682B Long Stay CMS: N022.01 NFQ:0683B	Percent of Short Stay or Long Stay residents who were offered and declined the pneumococcal vaccine during the 12-month reporting period.	Residents meeting the following criteria on the selected target assessment: Were offered and declined the vaccine (O0300B = [2]).	All Short Stay or Long Stay residents with a selected target assessment.	**Exclusions:** Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date). * Note: Long Stay and Short Stay are to be calculated separately*
Short Stay CMS: N010.01 NQF: 0682C Long Stay CMS: N023.01 NFQ: 0683C	Percent of Short Stay or Long Stay residents who did not receive, due to medical contraindication, the pneumococcal vaccine during the 12-month reporting period.	Residents meeting the following criteria on the selected target assessment: 1. Were ineligible due to medical contraindication(s) (O0300B = [1]) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).	All Short Stay or Long Stay residents with a selected target assessment.	**Exclusions:** Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date). * Note: Long Stay and Short Stay are to be calculated separately*

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QM Number	Quality Measure Description	QM Numerator	QM Denominator	Additional Information, Exclusions, and Covariates
(Continued) Long Stay CMS: N014.02 NQF: 0677	Percent of long stay residents who report either (1) almost constant or frequent moderate to severe pain in the last 5 days or (2) any very severe/horrible in the last 5 days.	Long stay residents with a selected target assessment where the target assessment meets either or both of the following two conditions: J0400=[1,2], **and** at least one episode of moderate to severe pain: J0600A= [05,06,07,08,09] or J600B=[2,3] or J0600A=[10] OR J0600B=[4]	All long stay residents with a selected target assessment, except those with exclusions.	**Exclusions:** 1. The target assessment is an admission assessment, a PPS 5-day assessment, or a PPS readmission/return assessment (A0310A = [01] or A0310B = [01, 06]). 2. The resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) and any of the following conditions are true: • The pain assessment interview was not completed (J0200 = [0, -, ^]). • The pain presence item was not completed (J0300 = [9, -, ^]). For residents with pain or hurting at any time in the last 5 days (J0300 = [1]), any of these are true: • The pain frequency item was not completed (J0400 = [9, -, ^]). • Neither of the pain intensity items was completed (J0600A = [99, -, ^] and J0600B = [9, -. ^]). • The numeric pain intensity item indicates no pain (J0600A = [00]). **Covariates** Independence or modified independence in daily decision making on the prior assessment • Covariate = 1 if (C1000 = [0, 1] or if C0500 ≥ [13] and C0500 ≤ [15]). • Covariate = 0 if any of the following are true: 1. (C1000 = [2, 3]) or 2. (C0500 ≥ [00] and C0500 ≤ [12]) or 3. (C0500 = [99, -, ^] and C1000 = [-, ^]) All covariates are missing if no prior assessments are available.
Long Stay CMS: N027.01 NQF: 0687	Percent of long stay residents who were physically restrained on a daily basis.	Long stay residents with a selected target assessment that indicates daily physical restraints, where: 1. Trunk restraint used in bed (P0100B = [2]), or 2. Limb restraint used in bed (P0100C = [2]), or 3. Trunk restraint used in chair or out of bed (P0100E = [2]), or 4. Limb restraint used in chair or out of bed (P0100F = [2]), or 5. Chair prevents rising used in chair or out of bed (P0100G) = [2]).	All long stay residents with a target assessment, except those with exclusions.	**Exclusions:** Resident is not in numerator and any of the following is true: 1. (P0100B = [-]), or 2. (P0100C = [-]), or 3. (P0100E = [-]), or 4. (P0100F= [-]), or 5. (P0100G = [-]).
Long Stay CMS: N015.01 NQF: 0679	Percent of long stay, high-risk residents with Stage II-IV pressure ulcers.	All long stay residents with a selected target assessment that meets both of the following conditions: Condition #1: There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition below. Condition #2: Stage II-IV pressure ulcers are present, as indicated by any of the following three conditions: 2.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]) or	All long stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the three criteria on the target assessment: Impaired bed mobility or transfer indicated, by either or both of the following: -Bed mobility, self-performance G0110A =[3, 4, 7, 8]).	**Exclusions:** Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) and any of the following conditions are true: • (M0300B1 = [-]) • (M0300C1 = [-]) • (M0300D1 = [-])

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CMS: N015.01 NQF: 0679 (Continued)		2.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]) or 2.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]).	-Transfer, self-performance G0110B1 = 3, 4, 7, 8 -Comatose (B0100 = [1]). -Malnutrition or at risk of malnutrition (I5600 = [1])	
Long Stay CMS: N029.01 NQF: 0689	Percentage of long stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight-loss regimen noted in an MDS assessment during the selected quarter.	Long stay nursing home residents with a selected target assessment which indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen (K0300 = [2]).	Long stay nursing home residents with a selected target assessment except those with exclusions.	**Exclusions:** 1. Target assessment is an OBRA admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Weight loss item is missing on target assessment (K0300 = [-]).
Long Stay CMS: N031.02 NQF: none ⭐	Percentage of long stay residents who are receiving antipsychotic drugs in the target period.	Long stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows: 1. For assessments with target dates on or before 03/31/2012: (N0400A = [1]). 2. For assessments with target dates on or after 04/01/2012: (N0410A = [1, 2, 3, 4, 5, 6, 7]).	Long stay residents with a selected target assessment, except those with exclusions.	**Exclusions:** The resident did not qualify for the numerator and any of the following is true: • For assessments with target dates on or before 03/31/2012: (N0400A = [-]). • For assessments with target dates on or after 04/01/2012: (N0410A = [-]). Any of the following related conditions are present on the target assessment (unless otherwise indicated): • Schizophrenia (I6000 = [1]) • Tourette's syndrome (I5350 = [1]) • Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available • Huntington's disease (I5250 = [1])
Long Stay CMS: N036.01 NQF: none New ⭐	Prevalence of antianxiety or hypnotic medication use during the target period.	Long stay residents with a selected target assessment where any of the following conditions are true: 1. For assessments with target dates on or before 03/31/2012: -Antianxiety medications received (N0400B = [1]), -Hypnotic medications received (N0400D = [1]). 2. For assessments with target dates on or after 04/01/2012: -Antianxiety medications received (N0410B = [1, 2, 3, 4, 5, 6, 7]), or -Hypnotic medications received (N0410D = [1, 2, 3, 4, 5, 6, 7]).	Long stay residents with a selected target assessment, except those with exclusions	**Exclusions:** The resident did not qualify for the numerator and any of the following is true: • For assessments with target dates on or before 03/31/2012: (N0400B = [-] or N0400D = [-]). • For assessments with target dates on or after 04/01/2012: (N0410B = [-] or N0410D = [-]). Any of the following related conditions are present on the target assessment (unless otherwise indicated): • Life expectancy of less than 6 months (J1400 = [1]). • Hospice care while a resident (O0100K2 = [1]).

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Long Stay CMS: N035.01 NQF: none (Continued) New ⭐ CMS: N035.01 NQF: none (continued)	Percent of long stay residents who experienced a decline in independence of locomotion during the target period.	Long stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in locomotion when comparing their target assessment with the prior assessment. Decline identified by: 1. Recoding all values (G0110E1 = [7, 8]) to (G0110E1 = [4]). 2. An increase of one or more points on the "locomotion on unit: self-performance" item between the target assessment and prior assessment (G0110E1 on target assessment – G0110E1 on prior assessment ≥1).	Long stay residents, who have a qualifying MDS 3.0 target assessment and at least one qualifying prior assessment, except those with exclusions.	**Exclusions:** 1. Residents satisfying any of the following conditions: • Comatose or missing data on comatose (B0100 = [1, -]) at the prior assessment. 2. Prognosis of less than 6 months at the prior assessment as indicated by: • Prognosis of less than six months of life (J1400 = [1]), or • Hospice use (O0100K2 = [1]), or • Neither indicator for being end-of-life at the prior assessment (J1400 ≠ [1] and O0100K2 ≠ [1]) and a missing value on either indicator (J1400 = [-] or O0100K2 = [-]) 3. Resident totally dependent during locomotion on prior assessment (G0110E1 = [4, 7, or 8]). 4. Missing data on locomotion on target or prior assessment (G0110E1 = [-]). 5. Prior assessment is a discharge with or without return anticipated (A0310F = [10, 11]). 6. No prior assessment is available to assess prior function. • Target assessment is an admission assessment (A0310A = [01]), a PPS 5-day (A0310B = [01]), or the first assessment after an admission (A0310E = [01]), or A0310B = [06]. **Covariates:** 1. Eating (self-performance) from prior assessment • Needs Help Covariate = 1 if (G0110H1 = [2, 3]) and Covariate = 0 if (G0110H1 = [0,1,4,7,8]). Covariate = [.] if (G0110H1 = [-]). • Dependence Covariate = 1 if (G0110H1 = [4,7,8]) and Covariate = 0 if (G0110H1 = [0,1,2,3]). Covariate = [.] if (G0110H1 = [-]). 2. Toileting (self-performance) from prior assessment • Needs Help Covariate = 1 if (G0110I1 = [2, 3]) and Covariate = 0 if (G011091 = [0, 1, 4, 7, 8]). Covariate = [.] if (G0110I1 = [-]). • Dependence Covariate = 1 if (G0110I1 = [4,7,8]) and Covariate = 0 if (G0110I1 = [0,1,2,3]). Covariate = [.] if (G0110I1 = [-]). 3. Transfer (self-performance) from prior assessment • Needs Help Covariate = 1 if (G0110B1 = [2,3]) and Covariate = 0 if (G0110B1 = [0,1,4,7,8]). Covariate = [.] if (G0110B1 = [-]). • Dependence Covariate = 1 if (G0110B1 = [4,7,8]) and Covariate = 0 if (G0110B1 = [0,1,2,3]). Covariate = [.] if (G0110B1 = [-]). 4. Walking in Corridor (self-performance) from prior assessment • Independence Covariate = 1 if (G0110D1 = [0,1]) and Covariate = 0 if (G0110D1 = [2,3,4,7,8]). (Covariate = [.] if (G0110D1 = [-]). • Needs Some Help Covariate = 1 if (G0110D1 = [2]) and Covariate = 0 if (G0110D1 = [0,1,3,4,7,8]). Covariate = [.] if (G0110D1 = [-]). • Needs More Help Covariate = 1 if (G0110D1 = [3]) and Covariate = 0 if (G0110D1 = [0,1,2,4,7,8]). Covariate = [.] if (G0110D1 = [-]). 5. Severe cognitive impairment from prior assessment • Covariate = 1 if (C1000 = [3] and C0700 = [1]) or • BIMS summary score (C0500 ≤ [7]). • Covariate = 0 if either of the following criteria are met

CMS Quality Measure/ Five Star Quick Reference Guide				
QM Number	Quality Measure Description	QM Numerator	QM Denominator	Additional Information, Exclusions, and Covariates
CMS: N035.01 NQF: none (continued) New ⭐				-(C1000 = [0, 1, 2] or C0700 = [0]) and (C0500 = [>7, ^, -, 99]) -(C0500 > [7]) and (C1000 = [0, 1, 2, ^, -] or C0700 = [0, ^, -]). • If Covariate has not been set to 1 or 0 based on logic in 5.1 and 5.1, then Covariate = [.]. 6. Linear Age (A0900 calculated from date of birth on prior assessment). 7. Gender • Covariate = 1 if (A0800=[2]) (Female). • Covariate = 0 if (A0800=[1]) (Male). 8. Vision • Covariate = 1 if B1000 change score >0 with change score calculated from B1000 on the prior assessment to B1000 on the latest assessment with non-missing after the prior assessment. • Covariate = 0 if either of the following criteria are met: -B1000 change score ≤ 0 with change score calculated from B1000 on the prior assessment to B1000 on the latest assessment with non-missing B1000 after prior assessment. -B1000 is not missing on the prior assessment, B1000 is missing on the target assessment, and no intermediate assessment has a non-missing value for B1000. -If Covariate has not been set to 1 or 0 based on logic in 8.1 and 8.1, then Covariate [.]. 9. Oxygen use • Covariate = 1 where (O0100C2=[0]) on prior and (O0100C2 = [1]) on the latest assessment with non-missing O0100C2 after prior assessment. • Covariate = 0 if (O0100C2 = [0 or 1]) on the prior assessment and either of the following criteria are met: -(O0100C2 = [0]) on the latest assessment with non-missing O0100C2 after prior assessment. -O0100C2 is not missing on the prior assessment, O0100C2 is missing on the target assessment, and no intermediate assessment has a non-missing value for O0100C2. -If Covariate has not been set to 1 or 0 based on logic in 9.1 and 9.2, then Covariate= [.]. 10. All covariates are missing if no prior assessment is available. Note: residents are excluded from the adjusted measure if they have missing values for any of their covariates.
CMS: N013.01 NQF: 0674 ⭐	Percent of long stay residents who have experienced one or more falls with major injury reported in the target period or look-back period.	Long stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]).	All long stay nursing home residents with a one or more look-back scan assessments except those with exclusions	**Exclusions:** Resident is excluded if one of the following is true for all of the look-back scan assessments: 1. The occurrence of falls was not assessed (J1800 = [-]), or 2. The assessment indicates that a fall occurred (J1800 = [1]) and the number of falls with major injury was not assessed (J1900C = [-]).

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CMS: N024.01 NFQ: 0684 ⭐	Percentage of long stay residents who have a urinary tract infection	Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [1]).	All long-stay residents with a selected target assessment, except those with exclusions.	**Exclusions** 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Urinary tract infection value is missing (I2300 = [-]). **Covariates:** Frequent bowel incontinence on prior assessment (H0400 = [2, 3]). 1.1 Covariate = [1] if (H0400 = [2, 3]). 1.2 Covariate = [0] if (H0400 = [0, 1, 9, -]). 2. Pressure ulcers at stages II, III, or IV on prior assessment: 2.1 Covariate = [1] if any of the following are true: 2.1.1 (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]), or 2.1.2 (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]), or 2.1.3 (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]). 2.2 Covariate = [0] if the following is true: 2.2.1 (M0300B1 = [0, -, ^]) and 2.2.2 (M0300C1 = [0, -, ^]) and 2.2.3 (M0300D1 = [0, -, ^]). 3. All covariates are missing if no prior assessment is available.
CMS: N026.02 NQF: 0686 ⭐		Long-stay residents with a selected target assessment that indicates the use of indwelling catheters (H0100A = [1]).	All long-stay residents with a selected target assessment, except those with exclusions.	**Exclusions** 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Target assessment indicates that indwelling catheter status is missing (H0100A = [-]). 3. Target assessment indicates neurogenic bladder (I1550 = [1]) or neurogenic bladder status is missing (I1550 = [-]). 4. Target assessment indicates obstructive uropathy (I1650 = [1]) or obstructive uropathy status is missing (I1650 = [-]).
Short Stay New ⭐	Percent of short-stay residents who entered or reentered the nursing home from a hospital and were re-admitted to a hospital for an unplanned inpatient stay or observation stay within 30 days of the start of the nursing home stay.	The numerator includes nursing home stays for beneficiaries who: a) Met the inclusion and exclusion criteria for the denominator; AND b) Were admitted to a hospital for or an inpatient stay or outpatient observation stay within 30 days of entry/reentry to the nursing home, regardless of whether they were discharged from the nursing home prior to the hospital readmission. Note that inpatient hospitalizations and observation stays are identified using Medicare claims; AND c) The hospital readmission did not meet the definition of a planned hospital readmission (identified using principal discharge diagnosis and procedure codes on Medicare claims for the inpatient stay)	Included in the measure are stays for residents who: a) Entered or reentered the nursing home within 1 day of discharge from an inpatient hospitalization (Note that inpatient rehabilitation facility and long-term care hospitalizations are not included). These hospitalizations are identified using Medicare Part A claims; AND b) Entered or reentered the nursing home within the target 12-month period	**Exclusions:** Short-stay residents are excluded if: a) The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR b) The resident was ever enrolled in hospice care during their stay; OR c) The resident was comatose (B0100 =[01]) or missing data on comatose on the first MDS assessment after the start of the stay; OR d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment. **Covariates:** See Tables 2 and 3 for the list of claims-based and MDS-based covariates included in the logistic regression for calculating the facilities' expected rates and the Appendix tables for the risk-adjustment model covariates.

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(Continued) Short Stay New ⭐	Percentage of residents who have had an outpatient emergency department visit	The numerator for the measure is the number of nursing home stay where the resident had one or more outpatient claims for an ED visit within 30 days of entry/reentry. This includes outpatient ED visits occurring after discharge from the nursing home but within the 30 day timeframe. Note that outpatient ED visits are included in the measure regardless of their diagnosis.	The measure includes Medicare fee-for-service enrollees who entered or reentered the nursing home from a hospital, were not enrolled in hospice during their nursing home stay, and who were not identified as comatose based on the MDS admission assessment.	**Exclusions:** Outpatient ED visits are not counted in the numerator if the 'thru' date on the outpatient claim for the ED visit was equal to the 'from' date on an outpatient claim for an observation stay or an inpatient claim for an unplanned hospitalization. Short-stay residents are excluded if: a) The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR b) The resident was ever enrolled in hospice care during their nursing home stay; OR c) The resident was comatose (B0100 =[01]) or missing data on comatose on the first MDS assessment after the start of the stay; OR d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment. **Covariates:** See Tables 5 and 6 for the list of claims-based and MDS-based covariates included in the logistic regression for calculating the facilities' expected rates and the Appendix tables for the risk-adjustment model covariates.
Short Stay New ⭐	Percentage of residents who were successfully discharged to the community	The numerator for the measure is the number of nursing home episodes where the resident was discharge to the community within 100 calendar days of entry, and the resident did not die, did not have a claim for an unplanned inpatient admission, and did not enter/reenter a nursing home within 30 days of discharge to the community.	The measure includes Medicare fee-for-service enrollees who entered the nursing home from a hospital, were not a resident of the nursing home in the previous 30 days, were not enrolled in hospice during their nursing home stay, and were not identified as comatose based on the MDS admission assessment.	**Exclusions:** Short-stay residents are excluded if: a)The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (measured as the month of the index hospitalization and the month after the month of discharge from the nursing home) b)The resident was ever enrolled in hospice care during their nursing home episode; OR c)The resident was comatose (B0100 =[01]) or missing data on comatose on the first MDS assessment after the start of the episode; OR d)Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR e)The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.

Are you an LTPAC provider faced with the challenge of juggling regulatory compliance, uncertain cash flow and shrinking profit margins?

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