New quality measures to support long-term care (LTC) initiatives

The Five-Star Quality Rating System
The Centers for Medicare & Medicaid Services (CMS) created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes in their area.¹

- Every Medicare- and Medicaid-certified nursing home in the country is rated¹
- Star ratings for nursing homes range from 1 to 5, with 1 star considered much below average quality and 5 stars considered much above average quality¹
- Ratings are aggregated and searchable on the Nursing Home Compare website¹: www.medicare.gov/nursinghomecompare

![Ratings distribution allowed for each state³]

Each nursing home receives star ratings in 3 categories from CMS¹

Health inspections:
Reports from the last 3 years of onsite inspections

Staffing:
Reports on the average number of hours of care provided to each resident each day by nursing staff

Quality measures (QMs):
Data on multiple physical and clinical measures for nursing home residents

An overall star rating is calculated to reflect an aggregate of the 3 categories.¹

In 2016, six new measures were added to Nursing Home Compare Five-Star QM ratings.⁴
### Key benefits of new Five-Star Quality Rating QMs

**Increase the number of short-stay measures**
- Better preventative care and access to physicians and other HCPs may reduce rates of emergency department (ED) visits

**Cover important categories not covered by other measures**
- Functional improvement and independence are important quality-of-life measures

**Claims-based measures may be more accurate than MDS-based measures**
- MDS data focus on functional improvements and are self-reported by the facility.
  - Claims-based measures track admissions and readmissions
    - 3 of the 5 new measures are claims-based

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### References