DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-14-NH

DATE: July 1, 2024

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Nursing Home Data and Care Compare Updates

Memorandum Summary

- **Update Nursing Home Guides Posted on the Medicare.gov Care Compare website:** CMS will post new guides for consumers on the Medicare.gov Nursing Home Care Compare website to further support consumers choosing a nursing home and those already admitted to a nursing home.

- **Implement the New Staffing Level Case-Mix Methodology:** CMS will implement the new staffing level case-mix adjustment methodology, announced in September 2023 (QSO-23-21-NH), for staffing measures reported on Nursing Home Care Compare.

- **Revise the Staffing Turnover Methodology:** CMS will revise the nursing home staffing turnover methodology so that employees who are on leave for 90 days or less are not counted as staff turnover.

- **Post Facility Data:** To increase transparency CMS, will post data on characteristics of nursing homes and their residents on data.cms.gov.

Background:
In 2008, CMS added the Nursing Home Five Star Quality Rating System to the Medicare.gov website Nursing Home Compare (now known as Care Compare). A set of staffing quality rating measures were developed from Payroll-Based Journal (PBJ) data to describe the staffing provided in nursing homes and quality measures were developed to describe the quality of care provided in nursing homes. On July 31, 2024, CMS will begin posting new guides for consumers on Nursing Home Care Compare to further support those choosing a nursing home and to provide helpful information for residents already admitted to a nursing home. CMS will also implement the new staffing level case-mix adjustment methodology, announced in September 2023 (QSO-23-21-NH), for staffing measures reported on Nursing Home Care Compare. Additionally, CMS will revise the nursing home staffing turnover measure methodology so that employees on leave for 90 days or less are not counted as staff turnover. Lastly, to increase transparency, CMS will post characteristics of nursing homes and their residents on data.cms.gov. The data is collected from the CMS-671 form, which includes

facility-submitted data obtained during each nursing home's standard annual inspection and resident assessment data collected through the minimum data set (MDS), and will be aggregated for all residents in a facility. This supplements existing MDS data that is aggregated and posted at the state and national level.

Discussion:
Update Nursing Home Guides Posted on Care Compare

As part of our commitment to transparency, CMS is posting new nursing home guides for consumers to promote our minimum health and safety expectations in consumer-friendly terms. The new guides will allow consumers and residents to more easily interpret the information we post on Care Compare for choosing a nursing home, and increase awareness of residents' rights once admitted to a nursing home.

We believe these new, user-friendly nursing home guides will better support resident and consumers' nursing home health care decisions. This effort is consistent with the White House's Fact Sheet's initiative that "…will further improve Care Compare by improving the readability and usability of the information displayed—giving you and your family insight into how to interpret key metrics."

Implement the New Staffing Level Case-Mix Adjustment Methodology
Staffing in nursing homes has a substantial impact on the quality and outcomes of care residents experience. In September 2023, CMS announced an update to the staffing level case-mix adjustment methodology used to calculate staffing star ratings on Nursing Home Care Compare (QSO-23-21-NH). Beginning in April 2024, CMS froze (i.e., held constant) the staffing measures while we made this transition. On July 31, 2024, CMS will begin posting nursing home staffing measures based on the new staffing level case-mix adjustment methodology. To minimize the potential disruption associated with the implementation of the new case-mix adjustment methodology, CMS will revise the staffing rating thresholds to maintain the same overall distribution of points for affected staffing measures. More information about the new methodology is provided in the Nursing Home Care Compare Five Star Technical Users' Guide.

Note, while CMS will maintain the same overall distribution of points for staffing measures it is still possible for a facility's staffing star rating to change. Changes to facility staffing ratings after July 31, 2024, may be due to a few reasons, including:
- The updated staffing level case-mix adjustment methodology;
- Changes in the number of staffing hours reported by facilities from one quarter to the next; and/or
- Updates to the staffing turnover methodology, as described below.

In addition to updating the staffing level case-mix adjustment methodology, CMS will revise the risk adjustment methodology for the claims-based quality measures to incorporate the most recent data available. Technical specifications for all of the quality measures are available in the downloads section at https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures

Revise the Staffing Turnover Measure Methodology
CMS posts staffing turnover measures on Nursing Home Care Compare. These turnover measures include the percent of nurse staff that stop working at a facility, and the number of

administrators who have left the facility within a given year. Lower turnover is preferred because staff who work in facilities for longer periods of time become more familiar with the residents and the facility's operating procedures. This can help staff better understand residents' preferences and needs, and more readily identify and care for a resident's condition. Currently, employees on leave for 60 days or more are counted as turnover in the staffing turnover measure calculation. To accommodate this leave and ensure the staffing turnover measure allows for necessary maternity and paternity leave, we are revising the turnover gap to 90 days so that 60 days of leave will no longer be considered staff turnover. For example, the [Family and Medical Leave Act](#) (FMLA) provides up to 12 weeks of maternity leave or parental leave for eligible employees. This change will allow facilities with employees who qualify and take the full time allowed off under FMLA to not have them considered turnover under the measures.

Posting Facility Data
All Medicare- and/or Medicaid-certified nursing homes are required to assess each resident's health status through the minimum data set (MDS) resident assessment instrument. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. Details about this assessment can be found on the CMS [webpage for the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual](#). Currently, aggregate MDS data is reported at the state and national level for each MDS question. On July 31, 2024, CMS will start posting this aggregate information at the facility level (i.e., aggregated for all residents within a facility) on [data.cms.gov](#). Additionally, CMS will also post facility characteristics collected on the [CMS-671 form](#) on each nursing home's annual standard inspection. This includes information such as the type of services a facility provides, (e.g., dedicated special care units and organized residents' groups), type of ownership details (e.g., non-profit, government-owned, multi-facility owned or leased), and resident census. The availability of this information aligns with our commitment to transparency and could incentivize facilities to enhance their quality standards. This supports our policy objectives of improving the health and safety of nursing home residents nationwide. This is the first time this data has been released. If stakeholders have suggestions for how the data should be structured to support their efforts, they can email suggestions to NursingHomeData@cms.hhs.gov. Note: the MDS dataset contains more records than most spreadsheet programs can handle. The use of a database or statistical software is generally required. CMS will also provide instructions for how to download the data without additional software.

More information about the changes described in this memorandum is provided in the [Nursing Home Care Compare Five Star Technical Users' Guide](#).

<u>Contact:</u>
For questions or concerns relating to this memorandum, please contact BetterCare@cms.hhs.gov

<u>Effective Date:</u>
Immediately. Please communicate to all appropriate staff within 30 days.

<center>/s/</center>

Karen L. Tritz	David R. Wright
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<u>Resources to Improve Quality of Care:</u>

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus

Get guidance memos issued by the Quality, Safety and Oversight Group by going to [CMS.gov page](#) and entering your email to sign up. Check the box next to "CCSQ Policy, Administrative, and Safety Special Alert Memorandums" to be notified when we release a memo.