



Skilled Nursing Facility Quality Reporting Program Provider Training



Public Reporting and Overview of Quality Reporting Program Reports

Debra Weiland
Centers for Medicare & Medicaid
Services

July 31, 2018

Acronyms in This Presentation

- Automated Survey Processing Environment (ASPEN)
- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- CMS Certification Number (CCN)
- Comma-Separated Values (CSV)
- Medicare Administrative Contractor (MAC)



Acronyms in This Presentation (cont.)

- National Quality Forum (NQF)
- Post-Acute Care (PAC)
- QIES Technical Support Office (QTSO)
- Quality Improvement and Evaluation System (QIES)
- Quality Measure (QM)
- Quality Reporting Program (QRP)
- Skilled Nursing Facility (SNF)



Objectives

- Recall the types of quality measures (QMs) by data source
- Recognize the reports available for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
- Describe the purpose of the reports available for the SNF QRP
- Identify how each report may be helpful for quality improvement



Types of QMs by Data Source

Assessment-Based Measures

Minimum Data Set, Version 3.0 (MDS 3.0)

Claims-Based Measures

Current Assessment-Based Measures

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (National Quality Forum (NQF) #0674)
- Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (NQF #0678)
- Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)



Knowledge Check 1

“Medicare Spending Per Beneficiary”
is an example of which type of QM?

- A. Assessment-Based Measure
- B. Claims-Based Measure
- C. Neither of the above



Overview of Reports

Review
and
Correct
Report

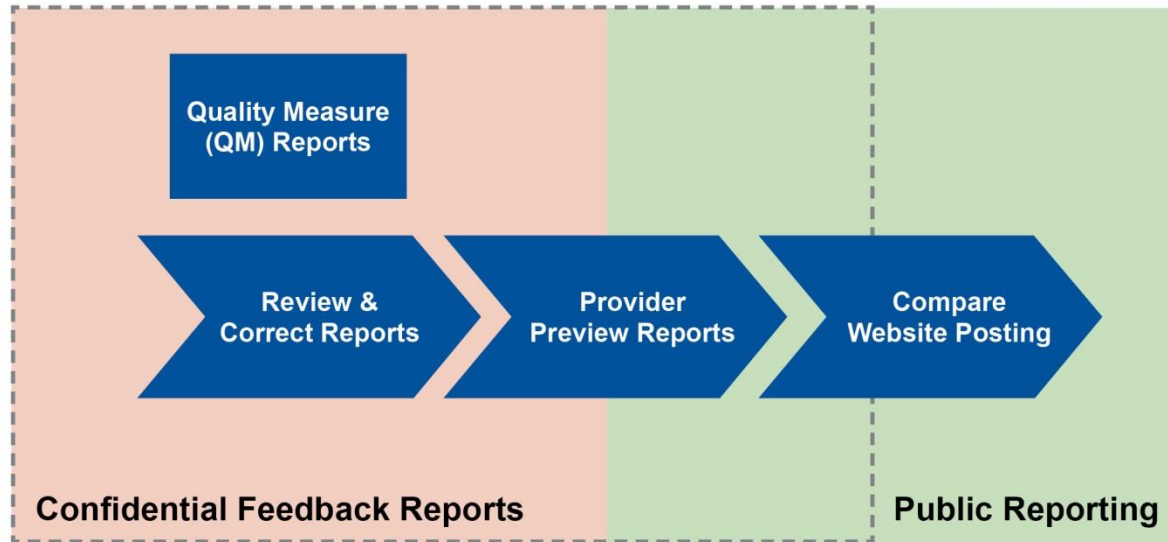
QM
Reports

Provider
Preview
Report

Public Reporting Graphic

Reporting

CASPER Reports



Review and Correct Report

Review and Correct Report

- User on-demand reports
- Confidential to providers
- Displays quarterly data: When reporting quarter ends, the report is available the next calendar day
- Available for providers to run with updated data weekly (until the data correction deadline)
- Displays data correction deadlines and whether the data correction period is open or closed



Review and Correct Report (cont.)

- Providers are able to obtain aggregate performance for up to the past four full quarters as data are available
- Subsequent Review and Correct Reports:
 - After the first quarter, data for the subsequent reporting quarters are added
 - Cumulative data are displayed
 - When a new reporting year begins, the oldest quarter is dropped (i.e., rolling quarters)
- The Review and Correct Report does not display compliance with Annual Payment Update (APU)




Data Collection Periods

Calendar Year Data Collection Quarter	Data Collection/Submission QRP	Quarterly Review and Correction Periods
Quarter 1	January 1 to March 31	April 1 to August 15
Quarter 2	April 1 to June 30	July 1 to November 15
Quarter 3	July 1 to September 30	October 1 to February 15
Quarter 4	October 1 to December 31	January 1 to May 15



Review and Correct Report Example 1



CASPER Report
SNF Review and Correct Report
SNF MDS 3.0 Quality Measures: Report #4 for 2017

Run Date: 06/13/2018
Page 1 of 3

CMS Certification Number: 999999
Facility Name: BEST SKILLED NURSING FACILITY
Street Address Line 1: 1234 MAIN ST
Street Address Line 2:
City: ANYWHERE
State: US
ZIP Code: 12345
County Name: BEST
Telephone Number: 555 123-4567

SNF Quality Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
CMS Measure ID: S013.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Closed	0	7	0.0%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Closed	0	70	0.0%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Closed	3	60	5.0%
Q1 2017	01/01/2017	03/31/2017	05/15/2018	Closed	0	62	0.0%
Cumulative	01/01/2017	12/31/2017	-	-	3	199	1.5%

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.



Review and Correct Report Example 2

SNF Quality Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
CMS Measure ID: S013.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Open	-	-	-
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Closed	0	7	0.0%
Q3 2017	07/01/2017	09/30/2017	05/15/2018	Closed	0	70	0.0%
Q2 2017	04/01/2017	06/30/2017	05/15/2018	Closed	3	60	5.0%
Cumulative	04/01/2017	03/31/2018	-	-	3	137	2.2%




Upcoming Enhancements to the Review and Correct Report

- Addition of a resident-level data table to supplement facility-level data
- Resident-level data will be available as comma-separated values (CSV) flat file
- Ability to sort resident-level data by fields such as:
 - Resident last name
 - Resident ID
 - Resident status
- Ability to request report by individual QM



How to Obtain the Review and Correct Report




WELCOME TO THE CMS QIES SYSTEMS FOR PROVIDERS

[MDS and ePOC User Registration](#)

[Payroll Based Journal User Registration](#)

[Add ePOC - PBJ - MDS Access to your Active Individual User Account](#)

 [MDS 3.0 Submissions](#)

[PBJ Submissions](#)

[Look Up Facility ID](#)

[Payroll Based Journal \(PBJ\) Provider User Guide](#)

MDS 3.0 Provider User's Guide

CASPER Reporting User's Guide for MDS Providers:

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

[Change Password - QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[ASPEN Access \(ePOC\)](#)



Distinction Between Compliance Calculation (Annual Payment Update) and QM Score Calculation

	Compliance Calculation	QM Score Calculation in CASPER Reports
What is the purpose?	Ensure completeness of data needed to calculate the measures on each MDS assessment submitted	Calculate and report facility-level performance on each quality measure
Numerator	Number of MDS assessments with complete data	Number of SNF stays that trigger the measure
Denominator	Number of MDS assessments	Number of SNF stays that meet the measure denominator criteria
Dates	Compliance is calculated based on the date of the assessment	Quality measures are calculated based on the end date of the resident's Medicare Part A SNF stay
Summary	QM scores \neq Compliance	

Examples of APU Calculation and Observed Measure Score Calculation

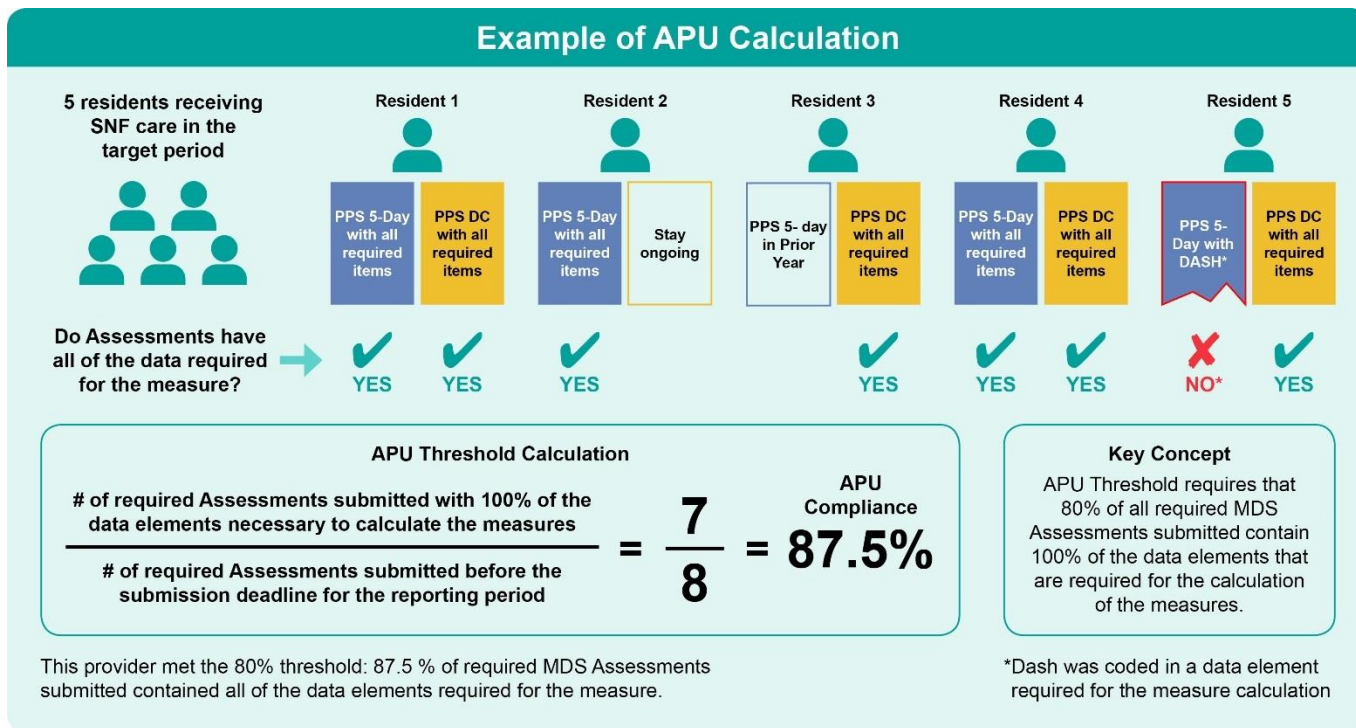
SNF QRP QM Example:

- Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

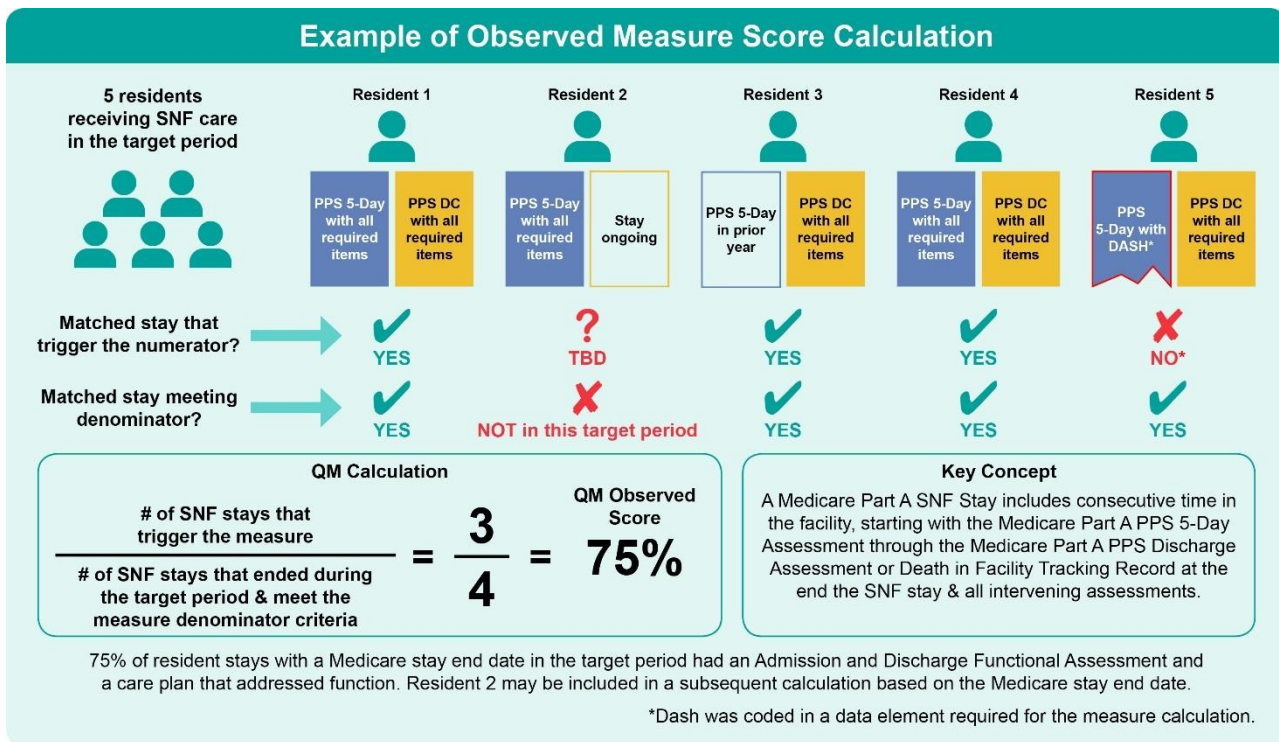
Note: This is one scenario using this measure for purposes of providing an example. The results will vary in different situations and with other SNF QRP measures.




APU Threshold Calculation



QM Observed Performance Calculation



How to Obtain the Review and Correct Report (cont. 1)

**QIES National System Login**

Welcome to CASPER Reporting

Please enter your User ID and Password

User ID:

Password:

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

[Skip navigation links](#) [Skip to Content](#)

CASPER Topics Logout Folders MyLibrary **Reports** Queue Options Maint Home

Topics

- Home Page
- Merge PDF Feature
- IE Active X Plug-in
- Zip Feature
- Java JRE
- PSR/Jasper Report Viewer & Unzip Utility
- CMS Tally Template

Home Page

Welcome to CASPER

Use the buttons in the toolbar above as follows:

Logout - End current session and exit the CASPER (dvqsap33) Application

Folders - View your folders and the documents in them

Reports - Select report categories and request reports

Queue - List the reports that have been requested but not yet completed

Options - Customize the report format, number of links displayed per page and report display size

Maint - Perform maintenance such as creating, renaming and/or deleting folders

Home - Return to this page

Welcome: **Training - Training**

How to Obtain the Review and Correct Report (cont. 2)

The screenshot displays the CASPER Reports application interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports (highlighted with a red circle), Queue, Options, Maint, and Home. Below this, the main content area is divided into two sections. The left section, titled 'Topics', lists various features: Home Page, Merge PDF Feature, IE Active X Plug-in, ZIP Feature, Java JRE, PSR/Jasper Report Viewer & Unzip Utility, and CMS Tally Template. The right section, titled 'Home Page', contains a 'Welcome to CASPER' message and a list of instructions for using the toolbar buttons: Logout (End current session), Folders (View your folders), Reports (Select report categories), Queue (List the reports), Options (Customize the report format), Maint (Perform maintenance), and Home (Return to this page). Below the 'Welcome' message, there is a 'Welcome: [Name]' field. The bottom section of the interface is titled 'CASPER Reports' and contains a 'Report Categories' list on the left and a 'SNF Quality Reporting Program' section on the right. The 'Report Categories' list includes: Auto Payroll Based Journal FVR, MDS 3.0 NH Final Validation, MDS 3.0 NH Provider, MDS 3.0 QM Reports, MDS 3.0 Submitter Validation, OMR Reports, Payroll Based Journal (PB-J) Reports, SNF Quality Reporting Program (highlighted with a red circle), Submitter Final Validation Rpt, and Utility Reports. The 'SNF Quality Reporting Program' section lists three reports: SNF Facility-Level Quality Measure Report, SNF Resident-Level Quality Measure Report, and SNF Review and Correct Report. At the bottom of the interface, there is a search bar with the text 'Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)' and a 'Search' button.

How to Obtain the Review and Correct Report (cont. 3)

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: SNF Review and Correct Report

Begin Date: Q2 2017
End Date: Q1 2018

Template Folder: My Favorite Reports
Template Name: SNF Review and Correct Report

Submit Back
Save & Submit Save

Skip navigation links Skip to Content


CASPER Folders Logout Folders MyLibrary Reports Queue Options Maint Home

Folders

My Inbox

Facility NV	SNF Inbox
* NV LTC	SNF
* NV LTC	SNF VR
* NV PBJ	SNF VR
* NV PBJ	SNF

My Inbox

Info	Click Link to View Report	Date Requested	Select
	SNF Review and Correct Report	06/13/2018 12:57:18	<input type="checkbox"/>

Pages [1]

SelectAll Print PSRs Zip MergePDFs Move Delete

Knowledge Check 2

The Review and Correct Report provides information for which type of quality measure(s)?

- A. Claims-Based Measures
- B. Assessment-Based Measures
- C. Both of the above



QM Reports

QM Reports

- User-Requested Reports available in CASPER
- Also referred to as Confidential Feedback Reports
- Available to providers prior to public reporting for internal purposes only and not for public display
 - Used for feedback to help providers to improve quality of care
- Contain QM information at the facility and resident levels for a single reporting period



QM Reports (cont.)

- Available on demand
- Providers are able to select the data collection end date and obtain aggregate performance data
- Claims-based QMs are not included in resident-level reports



QM Report: Facility-Level Report Submit Page

Skip navigation links

CASPER Reports Submit

Logout Folders MyLibrary Reports Queue Options Maint Home

Report: SNF Facility-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 07/01/2017

End Date (mm/dd/yyyy): 06/30/2018 ▼

Template Folder: My Favorite Reports ▼

Template Name: SNF Facility-Level Quality Measure Report ▼

Submit Back

Save & Submit Save



QM Report: Facility-Level Example



CASPER Report SNF QRP Facility-Level Quality Measure Report

Page 1 of 5

Facility ID: XXXXX
CCN: 999999
Facility Name: BEST SKILLED NURSING FACILITY
City/State: ANYWHERE, US

Report Period: 07/01/2017 - 06/30/2018
Data was calculated on: 06/01/2018
Comparison Group Period: 07/01/2017 - 06/30/2018
Report Run Date: 06/14/2018
Report Version Number: 1.01

Table Legend

Note: Dashes represent a value that could not be computed
N/A = Not Available

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	Comparison Group: National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	S002.01	1	14	7.1%	2.8%	1.8%

[1]: National observed mean is .0122654.

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.



How QM Reports May Be Helpful to Providers

- Refreshed monthly; updates providers about facility- and resident-level results for a single reporting period
- Snapshot of performance for quality improvement purposes based on data submitted and results are risk-adjusted as applicable
- The Review and Correct Report and QM Reports are not static and do not “match”



How to Obtain QM Reports

Skip navigation links Skip to Content

CASPER Topics Logout Folders MyLibrary **Reports** Queue Options Maint Home

Topics

- Home Page
- Merge PDF Feature
- IE Active X Plug-in
- ZIP Feature
- Java JRE
- PSR/Jasper Report Viewer & Unzip Utility
- CHS Tally Template

Home Page

Welcome to CASPER

Use the buttons in the toolbar above as follows:

Logout - End current session and exit the CASPER (dvqsap33) Application

Folders - View your folders and the documents in them

Reports - Select report categories and request reports

Queue - List the reports that have been requested but not yet completed

Options - Customize the report format, number of links displayed per page and report display size

Maint - Perform maintenance such as creating, renaming and/or deleting folders

Home - Return to this page

Welcome: [Welcome Page](#)

Skip navigation links Skip to Content

CASPER Reports Logout Folders MyLibrary **Reports** Queue Options Maint Home

Report Categories

- Auto Payroll Based Journal FVR
- MDS 3.0 NH Final Validation
- MDS 3.0 NH Provider
- MDS 3.0 QM Reports
- MDS 3.0 Submitter Validation
- QMR Reports
- Payroll Based Journal (PRJ) Reports
- SNF Quality Reporting Program**
- Submitter Final Validation Rpt
- Utility Reports

SNF Quality Reporting Program

- SNF Facility-Level Quality Measure Report
 - SNF Facility-Level Quality Measure Report
- SNF Resident-Level Quality Measure Report
 - SNF Resident-Level Quality Measure Report
- SNF Review and Correct Report
 - SNF Review and Correct Report

Pages [1]

Enter Criteria To Search For A Report:
(Hint: Leave blank to list all reports)

Knowledge Check 3

Which report currently displays resident-level information?

- A. Review and Correct Report
- B. Provider Preview Report
- C. QM Reports
- D. None of the above



Provider Preview Report

Provider Preview Report

- Contains facility-level QM data
- Automatically generated and saved into your provider's shared folder in the CASPER application
- Displays results that will be posted on the Nursing Home Compare website
- Available approximately 5 months after the end of each data collection quarter



Provider Preview Report (cont. 1)

- After the data collection period has ended, providers are unable to correct the underlying data in these reports
- All corrections must be made prior to the applicable quarterly data submission deadline (quarterly freeze date)
- There will be a 30-day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders



Provider Preview Report (cont. 2)

Important Notes:

- Please review the data about your facility
- Providers may email the Centers for Medicare & Medicaid Services (CMS) Public Reporting Help Desk at SNFQRPPRquestions@cms.hhs.gov if they have questions related to the report
- The order of the measures may not represent the order in which they will be displayed on the Nursing Home Compare website
- The titles of the measure(s) are not the consumer language titles that will appear on the Nursing Home Compare website
- The crosswalk between these titles will be available on the Nursing Home Compare website



Provider Preview Report (cont. 3)

Report Run Date: 06/01/2018	SNF QRP Provider Preview Report	Page 1 of 5				
Reporting Period for Minimum Data Set 3.0 (MDS 3.0) Measures: January 1, 2017 through December 31, 2017						
CMS Certification Number:	999999					
Facility Name:	SAMPLE SKILLED NURSING FACILITY					
Street Address Line 1:	1111 WEST PINE AVENUE					
Street Address Line 2:	SUITE 101					
City:	WALTHAM					
State:	MA					
ZIP Code:	02452					
County Name:	Middlesex					
Telephone Number:	(781) 555-5555					
Type of Ownership:	Non-profit					
Date of Medicare Certification:	01/01/2000					
Minimum Data Set 3.0 (MDS 3.0) Quality Measures						
CMS Measure ID	SNF QRP Quality Measure	Number of SNF Stays Included in the Numerator	Number of SNF Stays Included in the Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
S002.01	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	3	69	4.3%	4.1%	4.0%
Footnote Legend 1. The number of cases/resident stays is too small to report. 2. Data not available for this reporting period. 3. Results are based on a shorter time period than required. 4. Data suppressed by CMS for one or more quarters. 5. Data not submitted for this reporting period.						
Important Notes - Please review the data about your SNF. Providers may email the CMS SNF Public Reporting Help Desk if they have questions related to this report. Contact information for questions is						



Footnotes

Footnote Legend:

1. The number of cases/resident stays is too small to report
2. Data not available for this reporting period
3. Results are based on a shorter time period than required
4. Data suppressed by CMS for one or more quarters
5. Data not submitted for this reporting period



Footnote Details

1. The number of cases/resident stays is too small to report.

- When the number of cases/resident stays does not meet the required minimum amount for public reporting
- When the number of cases/resident stays is too small to reliably tell how well a SNF is performing
- To protect personal health information

Footnote Details (cont. 1)

2. Data not available for this reporting period.

- Provider has been open for less than 6 months
- There were no data to submit for this measure
- The SNF had no claims data (claims-based measures)



Footnote Details (cont. 2)

3. Results are based on a shorter time period than required.

- The results were based on data reported from less than the maximum possible time period used to collect data for the measure

4. Data suppressed by CMS for one or more quarters.

Footnote Details (cont. 3)

5. Data not submitted for this reporting period.

- The provider did not submit required data for the QRP



Provider Preview Report Format

Report Run Date: 06/01/2018	SNF QRP Provider Preview Report	Page 1
Reporting Period for:		January 1, 2017 through December 31, 2017
Minimum Data Set (MDS 3.0) Quality Measures:		October 1, 2015 through September 30, 2017
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program:		October 1, 2016 through September 30, 2017
Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program:		October 1, 2016 through September 30, 2017
Medicare Spending Per Beneficiary (MSPB) - Post-Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program:		October 1, 2016 through September 30, 2017
CMS Certification Number:	999999	
Facility Name:	SAMPLE SKILLED NURSING FACILITY	
Street Address Line 1:	1111 WEST PINE AVENUE	
Street Address Line 2:	SUITE 101	
City:	WALTHAM	
State:	MA	
ZIP Code:	02452	
County Name:	Middlesex	
Telephone Number:	781-555-5555	
Type of Ownership:	Non-profit	
Date of Medicare Certification:	01/01/2000	
MINIMUM DATA SET 3.0 (MDS 3.0) QUALITY MEASURES		

CMS Measure ID:	S002.01	
SNF QRP Quality Measure:	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	
- Number of SNF Stays Included in the Numerator:	3	
- Number of SNF Stays Included in the Denominator:	69	
- Facility Observed Percent:	4.3%	
- Facility Risk-Adjusted Percent:	4.1%	
- National Average:	4.0%	



How to Access the Provider Preview Report

Skip navigation links Skip to Content

CASPER Folders

Logout Folders MyLibrary Reports Queue Options Maint Home

Folders

My Inbox
* AZ LTC
* AZ LTC VR

*** AZ LTC**

Info	Click Link to View Report	Date Requested	Select
	Public Reporting Resident Report	07/10/2018 15:39:25	<input type="checkbox"/>
	Public Reporting Preview	07/10/2018 13:43:15	<input type="checkbox"/>
	FY2019 Non Compliance Notification	07/09/2018 12:04:43	<input type="checkbox"/>
	5star report114 20180601	06/22/2018 07:55:39	<input type="checkbox"/>
	SNF QRP Provider Preview Report	06/01/2018 09:25:10	<input type="checkbox"/>
	5star report113 20180501	05/22/2018 10:45:05	<input type="checkbox"/>
	5star report112 20180401	04/23/2018 12:20:07	<input type="checkbox"/>

Pages [1]

This Folder is Read-Only

SelectAll Print PSRs Zip MergePDFs

CASPER Resources

- The CASPER Reporting User's Guide is available online:
 - MDS 3.0 User Guides & Training
<https://qtso.cms.gov/mdstrain.html>
 - Welcome to the CMS QIES Systems for Providers webpage



How the Provider Preview Report May Be Helpful to Providers

- Refreshed quarterly; CASPER reports are delivered to providers quarterly via CASPER, not “on demand” reports
- Allow 30 day-review period prior to posting on Nursing Home Compare website
- Provides results of performance for quality improvement purposes



Requesting CMS Review of Preview Report Data

- CMS encourages providers to review data in the Provider Preview Report each quarter, prior to public display
- If a provider disagrees with the accuracy of performance data contained within its report (numerator, denominator, or other QM result), the provider can request review of that data by CMS



Requesting CMS Review of Preview Report Data (cont. 1)

- Requests for CMS review of Provider Preview Report data must be submitted during the 30-day review period
 - The 30-day review period begins the day the Provider Preview Reports are issued in the provider's CASPER folders
- Providers will not have the opportunity to request the correction of underlying data if the data correction deadline has passed



Requesting CMS Review of Preview Report Data (cont. 2)

- SNFs are required to submit their request to CMS via email at the following address:
 - SNFQRPPRquestions@cms.hhs.gov.
- Include the subject line: “[Provider Name] SNF Public Reporting Request for Review of Data, CMS Certification Number (CCN)”
 - For example, ABC Skilled Nursing Facility Public Reporting Request for Review of Data, XXXXXX



Requesting CMS Review of Preview Report Data (cont. 3)

- The email request must include the following information:
 - CCN
 - Business name
 - Business address
 - CEO or CEO-designated representative contact information, including name, email address, telephone number, and physical mailing address
 - Information supporting the provider's belief that the data contained within the Provider Preview Report are erroneous (numerator, denominator, or QM result), including, but not limited to, the following:
 - QMs affected, and aspects of QM affected (numerator, denominator, or other QM result)



Requesting CMS Review of Preview Report Data (cont. 4)

- CMS will review all requests and provide a response with a decision via email
- Data that CMS agrees to correct will be reflected with the subsequent quarterly release of quality data on the Nursing Home Compare website
- **CMS will not review any email requests that include protected health information**



Nursing Home Compare Website

Español | A A A | Print About Us | Glossary | CMS.gov | Medicare.gov | MyMedicare.gov Login

Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

[Nursing Home Compare Home](#) [About Nursing Home Compare](#) [About the data](#) [Resources](#) [Help](#)

Home [Share](#)

Because we're implementing a new Nursing Home health inspection process, we've changed how the star ratings are calculated.

Find a nursing home

Nursing Home Compare has detailed information about every Medicare and Medicaid-certified nursing home in the country. A nursing home is a place for people who can't be cared for at home and need 24-hour nursing care.

Search below to find nursing homes based on a location and compare the quality of care they provide and their staffing.

A field with an asterisk (*) is required.

* **Location**
Example: 45802 or Lima, OH or Ohio

Nursing home name (optional)
Full or partial nursing home name



<https://www.medicare.gov/nursinghomecompare/>

Nursing Home Compare Website

Ⓐ Ⓐ Ⓐ | Print Medicare.gov | Nursing Home Compare Home | Close window

Medicare.gov | **Nursing Home Compare**
The Official U.S. Government Site for Medicare

About Nursing Home Compare

- ❖ How can Nursing Home Compare help you?
- What information can you get about nursing homes?
- About the data
- Resources
- Help

How can Nursing Home Compare help you?

Nursing Home Compare allows you to find and compare nursing homes certified by Medicare and Medicaid. This website contains quality of resident care and staffing information for more than 15,000 nursing homes around the country. Nursing homes provide skilled care to people who can't be cared for at home and need 24-hour nursing care. Skilled care includes skilled nursing or rehabilitation services to manage, observe, or assess a resident's care. Examples of skilled care include occupational therapy, wound care, intravenous (IV) therapies, and physical therapy. You can learn more about other types of long-term care facilities [here](#).

The information on Nursing Home Compare can help you learn:

- How nursing homes have performed on health and fire safety inspections
- How the nursing home is staffed with nurses and other healthcare providers
- How well nursing homes care for their residents

Information on Nursing Home Compare is not an endorsement or advertisement for any nursing home and should be considered carefully. Use the information you find on this website along with other information you gather about nursing homes. Talk to your doctor or other healthcare provider about the information on Nursing Home Compare. If possible, visit the nursing homes you are considering or have someone visit for you. You can also use the [Nursing Home Checklist](#) to get important information to help you make decisions about what nursing home best meets you or your family member's needs. [Read more about finding a nursing home.](#)

Note: Nursing homes are not included on Nursing Home Compare if they are not certified by Medicare or Medicaid. Those nursing homes may be licensed by a state. For information about nursing homes not on Nursing Home Compare, contact your [State Survey Agency](#).

[Learn more about the nursing home certification process.](#)

[Back to top](#)



Nursing Home Compare Website

A A A | Print Medicare.gov | Nursing Home Compare Home | Close window

Medicare.gov | **Nursing Home Compare**
The Official U.S. Government Site for Medicare

About Nursing Home Compare

About the data

Resources

Help

About Nursing Home Compare data

The Centers for Medicare & Medicaid Services developed Nursing Home Compare and the Star rating System to provide consumers with an easy way to search for nursing homes that provide the quality of care they desire. All of the data found on Nursing Home Compare is provided as a service to the public.

[Download the data](#)

The information on Nursing Home Compare comes from 3 key sources: the Centers for Medicare and Medicaid Services' (CMS) health inspection database, a national database of resident clinical data known as the Minimum Data Set (MDS), and Medicare claims data.

- [Data sources](#)
- [Quality of resident care data collection periods](#)
- [Technical details](#)
- [Using government data](#)



Knowledge Check 4

Which report displays results that will be posted on the Nursing Home Compare website?

- A. Provider Preview Report
- B. QM Reports
- C. Review and Correct Report
- D. Confidential Feedback Report



Knowledge Check 5

The SNF QRP reports reviewed can all be accessed through:

- A. Automated Survey Processing Environment (ASPEN)
- B. Quality Improvement and Evaluation System (QIES)
- C. CASPER



Knowledge Check 6

Requests for CMS to review your Provider Preview Report data must be submitted via email.

- A. True
- B. False



Knowledge Check 7

The Provider Preview Report provides a _____ preview period prior to public reporting.

- A. 15-day
- B. 30-day
- C. 60-day
- D. 90-day



Important Notes

Important Notes

- The numerator is the number of SNF stays in your facility that met the criteria to trigger or be counted in the measure
- The denominator is the number of SNF stays in your facility that could have triggered or been counted in the measure
 - The denominator value may be different across each assessment-based measure for the same reporting period because different criteria are used to determine the denominator for each measure
 - Some SNF stays could be excluded from one measure (not included in the denominator), but are not excluded (are included in the denominator) for a different measure



Important Notes (cont. 1)

- Observed Percent – this is the raw facility percentage or performance calculated by dividing the numerator by the denominator and multiplied by 100
- Risk-adjusted Percent – this is the facility adjusted percentage that takes into account resident-level characteristics or covariates that are found to increase the risk of an outcome (i.e., triggering the measure)
 - Percent of Residents/Patients with New or Worsened Pressure Ulcers



Important Notes (cont. 2)

- SNF QRP Quality Measure User's Manual
 - Available on the CMS website:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>



Summary

- There are two types of QMs based on the following data sources:
 1. Assessment-based
 2. Claims-based



Summary (cont.)

- Key SNF QRP reports:
 1. Review and Correct Report
 2. QM Reports
 3. Provider Preview Report
- All are accessed through CASPER
(Review and Correct Report and QM Reports are user-requested, on-demand reports; Provider Preview Report is automatically saved into the non-validation report (VR) shared folder)



Summary: Review and Correct Report

- The Review and Correct Report provides a snapshot of:
 - Facility-level performance at the time of the report (not risk-adjusted)
 - Data correction deadlines
 - Whether the data correction period is open or closed
- Data are presented by quarter. After four quarters, oldest quarter dropped.



Summary: QM Reports

- QM Reports provide both facility- and resident-level information for a single reporting period
- Also referred to as the Confidential Feedback Reports



Summary: Provider Preview Report

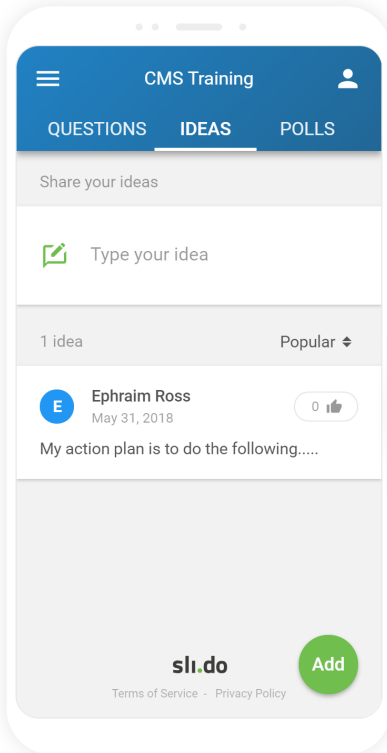
- The Provider Preview Report reflects data to be posted on Nursing Home Compare
- There will be a 30-day preview period prior to public reporting, beginning the day reports are issued to providers via their CASPER system folders



Join at
slido.com
#Econometrica



Share Your Action Plan Ideas



The screenshot shows the Slido mobile app interface. At the top, there's a header with 'CMS Training' and a user profile icon. Below the header, there are three tabs: 'QUESTIONS', 'IDEAS' (which is selected), and 'POLLS'. Under the 'IDEAS' tab, there's a section titled 'Share your ideas' with a text input field labeled 'Type your idea'. Below this, there's a list of ideas. The first idea is by 'Ephraim Ross' dated 'May 31, 2018', with a '0' likes icon. The text of the idea is 'My action plan is to do the following.....'. At the bottom of the screen, there's a 'slido' logo, a link to 'Terms of Service - Privacy Policy', and a green 'Add' button.



Questions?