Navigating the Five-Star Quality Measurement Updates and Performance Improvement

A Functional Pathways White Paper

Functional Pathways

30 Years of Excellence

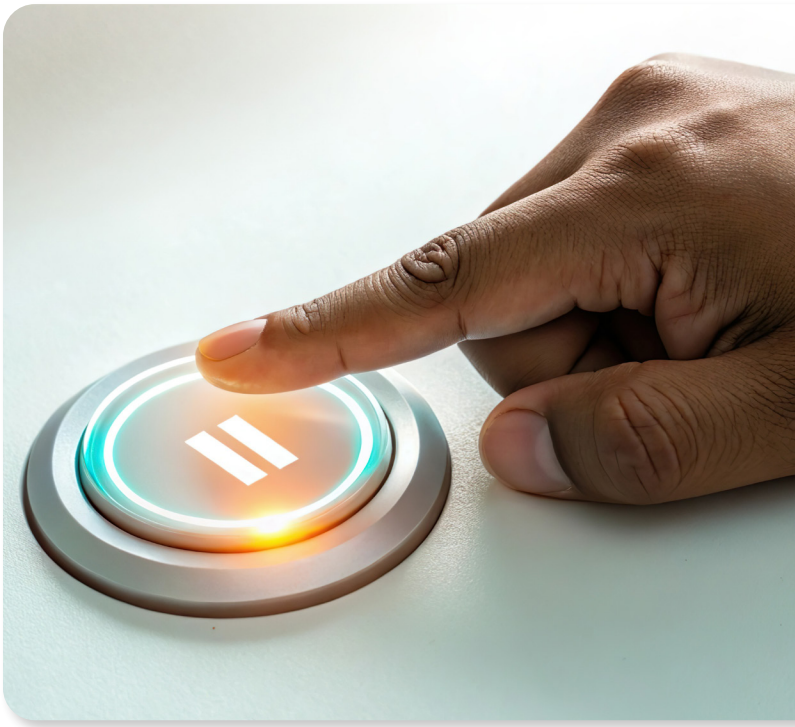
Five-Star Quality Measurements

The Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System plays a critical role in how skilled nursing facilities (SNFs) are evaluated by families, hospitals, and payers. Recent updates to quality measures have reshaped the landscape, raising the bar for performance.

For both long-term care residents and short-stay patients, these changes present challenges and opportunities for improvement and differentiation. This white paper outlines four key quality measures of the Five-Star system that were "unpaused" in the Jan 2025 Care Compare refresh as a result of changes that were announced in 2023. This paper will discuss the factors in the calculations, the impact on residents, and actionable strategies for improving performance that impact these measures.

Understanding the "Unpause"

The discussion of the changes begins with changes in the MDS that took place in October 2023. The primary change was a move from Section G to Section GG. There was a "pause" in publicly reported data based on the changed measures. The majority of quality reporting is based on four quarters of data. With the change in data, measures were frozen from Q4 of 2023 through Q3 of 2024. The new measures were first reported on for Q4 of 2024 in the January 2025 Care Compare refresh. Additionally, a good comparison period of a minimum of six months is needed.



Now that the data is unpaused, it's time to review SNF performance against that data and implement strategies for improvement. First, a clear understanding of the changes is required.

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Out with the Old and In with the New

The following table summarizes the four changes. At first glance, they look like only nomenclature changes, and in one case the name of the measure didn't change. However, the minor wording changes have far-reaching impacts, and although the name of one measure didn't change, the factors being measured did in fact change.

OLD MEASURE (Paused Measure)	NEW MEASURE (Unpaused Measure)
LS Percent of High-Risk Residents with Pressure Ulcers	LS Percent of Residents with Pressure Ulcers
LS Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased	LS Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased
LS Percent of Residents Whose Ability to Move Independently Worsened	LS Percent of Residents Whose Ability to Walk Independently Worsened
SS Percent of Residents Who Made Improvements in Function	SS Percent of Residents Who are At or Above Expected Ability to Care Themselves and Move Around at Discharge

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How the Quality Measures Are Calculated

It's important to have a clear understanding of how the measures are calculated, including the numerators, denominators, applicable exclusions, and covariates. Covariates are measures that allow facilities to be risk-adjusted for comparison with other facilities that may have very different populations.

LS Percent of Residents with Pressure Ulcers

With the removal of the "high-risk" stratification, the definition changes to all residents who will trigger that quality measure. The numerator for the calculation is all LS residents with Stage II-IV or unstageable pressure ulcers and the denominator is all LS residents with a target assessment except with exclusions. Exclusions include admission assessments, PPS 5-day assessment, M030081, C1, D1, E1, F1, and G1 dashed. Covariates for this measure are lying to sitting on the side of a bed, bowel incontinence, PVD or PAD, DM, low BMI, malnutrition or risk of malnutrition, dehydration, infections, moisture-associated skin damage, and hospice care.

All LS residents with Stage II-IV or unstageable pressure ulcers

All LS residents with a target assessment except with exclusions

LS Percent of Residents Whose Ability to Walk Independently Worsened

This measure changed from the ability to "move" independently to the ability to "walk" independently and is a comparison assessment measure. Therefore, this only pertains to residents who are ambulatory. The key element to pay attention to in this measure is the "walk 10 feet" score. The numerator for the calculation is LS residents with a selected target assessment and at least one qualifying prior assessment with the noted decline of at least one point in the walk 10 feet score. The denominator is LS residents who have a qualifying target assessment and at least one qualifying prior assessment, except those with exclusions. Exclusions include comatose, a prognosis of fewer than six months, hospice, prior walk 10 feet D or NA, missing data, no prior assessment, admission and PPS 5-day assessments, and prior assessment is a discharge assessment. Covariates for this measure include prior assessment results, age, gender, vision, oxygen use, and missing information on prior assessments.

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LS Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased

This ADL measure is a comparison measure and while the name hasn't changed, the criteria being considered has. This measure is looking for a change of two levels for one of the items below or a change of one level for two of the items.

OLD MEASURE	NEW MEASURE
Bed Mobility	Sit to Lying
Transfers	Sit to Stand
Eating	Eating
Toileting	Toilet Transfers

The numerator of this measure is LS residents with selected target assessments and prior assessments that have a decrease of two points in one late loss ADL or one point in two late loss ADLs. The denominator is all LS residents with a selected target and prior assessment, except those with exclusions. The exclusions include all late loss ADLs D or NA on prior assessment, three of the late loss ADLS D or NA and the fourth is substantial/max on previous assessment, comatose, prognosis, of less than six months, hospice care, no prior assessment, resident is not in the numerator and any of the four late lass ADLs are dashed. Covariates do not apply to this measure.

LS residents with selected target assessments and prior assessments that have a decrease of two points in one late loss ADL or one point in two late loss ADLs.

All LS residents with a selected target and prior assessment, except those with exclusions.

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SS Percent of Residents Who are AT or Above and Expected Ability to Care for Themselves and Move Around at Discharge

Also called the DC Function Score, this measure reports Medicare Part A stays during a 12-month period and assesses the percent of patients post-acute care settings who achieve or exceed a risk-adjusted functional score at discharge. While this sounds simple, the factors contributing to its calculation are complex. This measure is typically based on the following ten items with exceptions:

The exception is with Wheel 50 feet with two turns. It is counted twice when:

- Walk 10 feet is coded as activity not attempted at admission and discharge **AND**
- Either Wheel 50 feet with two turns or Wheel 150 feet has a code between 01 and 06 at either admission or discharge

Although this measure is complex, in its simplest form it scores residents as they enter a community to obtain their expected DC function score, and then at discharge their DC function score is assessed again to see if the expected outcome was met. It's important to note that the DC function score is not synonymous with the therapy and nursing function scores that are used to drive case mix scores for PDPM. Understanding the definitions of the above listed factors is the critical foundation of correct coding and calculating the DC function score. Naturally, the DC function score only includes planned discharges. Other exclusions include hospice or those younger than 18 and certain conditions. A number of covariates, which are important to understand, apply to this measurement as well.

- **GG0130A3. Eating**
- **GG0130B3. Oral Hygiene**
- **GGG0130C3. Toileting hygiene**
- **GG0170A3. Roll left to right**
- **GG0170C3. Sit to stand**
- **GG0170E3. Chair/bed-to-chair transfer**
- **GG0170F3. Toilet transfer**
- **GG0170I3. Walk 10 feet***
- **GG0170J3. Walk 50 feet with 2 turns***
- **GGG0170R3. Wheel 50 feet with 2 turns***

***Measure uses 10 items**

To calculate the DC Function Score:

1. **Collect the data**
2. **Address missing data**
3. **Apply coefficients (weighs each functional item)**
4. **Sum the weighted scores**
5. **Risk adjust**

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Demystifying the Details and Developing a Quality Management Strategy

If the previous section sounded overwhelming that's because it is! With so much detail and nuances affecting quality measures, how can a facility develop a quality management strategy? It boils down to a laser focus on quality of care.

Facilities that are performing well prioritize quality of care over anything else. Those facilities regularly monitor reports of accuracy and quality improvement opportunities. As with most things if no one owns quality then it's no individual person's responsibility. Having a designated "quality champion" prevents the "it's everyone's and no one's job" conundrum. The champion's responsibility will be to pull reports, identify baselines, analyze the data, consult with experts on any given area, and use the findings to direct quality improvement strategies and programs.

Some important reports the champion may want to use are iQIES reports such as MDS 3.0 Facility Level Quality Measure Report, MDS 3.0 Resident Level Quality Measure Report, SNF QRP Review and Correct Report, and SNF QRP Facility and Resident-Level QM Report. Value-Based Purchasing program reports are important as well.

Successful Performance Improvement

Any successful performance improvement program contains at least five key elements:

1. Design and scope: Is your design and scope comprehensive enough that the quality measures are included?
2. Governance and Leadership: Do teams have enough understanding of quality measures enough to be able to provide guidance?
3. Feedback, data systems, and monitoring: Is there a designated role that can gather data and provide feedback? Is someone responsible for motoring data?
4. Performance improvement projects: Is there a focus on "doing" projects and less of a focus on studying and reviewing the results of implemented projects and programs? Is there a tendency for a "once and done" improvement project focus?
5. Systematic analysis and systemic action: Does the program have standardized process in place to analyze results and implement systemic change?

On a regular basis, a performance improvement program would regularly review current quarter data and identify opportunities for improvement, leverage quality measure data to plan and create action plans for improvement, review accountability and follow up of IDT on the action plans and continually strategize next steps.

Summary and Resources

Sustained success in these four key areas of the Five-Start Quality Rating System requires more than awareness of the measures. It calls for well-equipped leadership, reliable data, and actionable steps.

Functional Pathways is committed to quality improvement and offers comprehensive services to assist facilities in creating a tailored quality improvement program. Some of these resources include:

- **G and GG Tools**
- **MDS Resources**
- **CORE4+ Clinical Programs**
- **Documentation and Coding Training**

Functional Pathways CORE 4+

Breathe Steady • Be Steady • Chi • Engagement

30th ANNIVERSARY
Functional Pathways

Celebrating 30 years of service, Functional Pathways is a therapist-founded, -owned, and -led company continually reinventing the therapy market. Spanning the full continuum of care, the company provides its hospital rehab and contract therapy clients with enhanced operational efficiencies, improved patient outcomes, and optimized revenue streams that position them as a leader in their market. Through its 2,500+ therapists caring for close to 7,000 patients a day, Functional Pathways continues to make a difference in every life they touch.