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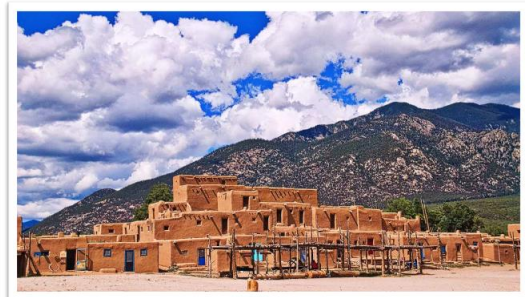
## BEFORE WE START...

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On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico**.

**Learn more:** About Taos Pueblo at [Taospueblo.com](https://Taospueblo.com)



*A cloudy morning looking over Taos Pueblo*  
Photo provided by elpueblolodge.com

HEALTH CARE  
AUTHORITY*Investing for tomorrow. delivering today.*

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# Objectives

1. Identify the core elements of the quality-incentive portion of the redesigned HCQS VBP program.
2. Explain the structural measure requirements and the role they play within the HCQS VBP program.
3. Manage and assess your current performance in the program using the Net Health HCQS VBP Dashboard application.



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# Agenda


1. Introduction - What is HCQS?
2. HCQS VBP Program Overview
3. Structural Measures
4. Provider Review Period
5. Managing & Assessing Performance in the Program
6. Tier Distribution - SFY26 Q1 & Q2
7. Q&A



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# Introduction

## What is HCQS?

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## Executive Summary

The **Health Care Quality Surcharge (HCQS)** was created by Senate Bill 246 (SB246) in the 2019 Regular Legislative Session. The program imposes a daily surcharge on certain types of Facilities, including Nursing Facilities (NF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), for non-Medicare bed days. The purpose of the surcharge is to increase each Facility's Medicaid reimbursement rates by at least the rate of nursing home inflation and to provide bonus payments to Medicaid Certified Facilities (NFs only) based on performance data.

Per SB246, the purpose of the Health Care Quality Surcharge Act is to enhance federal financial participation in Medicaid to increase Medicaid provider reimbursement rates and support facility quality improvement efforts in skilled nursing facilities, intermediate care facilities, and intermediate care facilities for individuals with intellectual disabilities.



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# HCQS Payment Mechanics

**Surcharge Add-On:** Paid on a per diem basis to Facilities (NF and ICD/IID). The Surcharge Add-On is calculated by HCA and provided to the MCOs and Nursing Facilities. This amount will change each July 1<sup>st</sup> in accordance with the statute.

**MBI Increase:** Added to the rate paid on a per diem basis to Facilities (NF only). HCA will increase the current rate by stated MBI Increase percentage on July 1<sup>st</sup> in accordance with the statute.

**Quality Payment:** Quarterly supplemental incentive payment that is only applicable to Nursing Facilities.



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# Goals of HCQS Quality Payment

- Incentivize Nursing Facility providers to improve or maintain high quality outcomes for Medicaid beneficiaries.
- Increase access to services for Medicaid beneficiaries.
- Better value for Medicaid funds spent on care.



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# HCQS VBP Program Overview

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## CMS Expectations

- On 5/10/24, CMS published the [Medicaid Program; Medicaid and CHIP Managed Care Access, Finance, and Quality](#) final rule to advance CMS's efforts to improve access to care, quality and health outcomes, and better address health equity issues for Medicaid and CHIP managed care enrollees.
- One key section of this final rule focuses on **State Directed Payments (SDPs)**.  
Payment to providers under the SDP:
  - Cannot be conditioned upon administrative activities, such as the reporting of data nor upon the participation in learning collaboratives or similar administrative activities
  - Must use a common set of performance measures across all payers and providers
  - Must use measurable performance targets which demonstrate maintenance or improvement over baseline data on all metrics that will be used to measure the performance that is the basis for payment to the provider from the MCO



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## Minimum Requirements for Provider Participation

- Medicaid Certified Nursing Facility
- Required contracts/agreements executed with the Data Intermediary and MCOs
- Must submit required data to Data Intermediary and meet data completeness standards\*
- Must have Medicaid utilization during the measurement quarter to receive payment

\*Net Health will develop data completeness standards for MDS data submission based on historical volumes of Facility data submissions. Failure to meet the minimum data completeness standards will result in suspension of payment calculations pending results of a Facility audit. If the Facility can provide appropriate documentation to support the decrease in MDS volume, payment calculations will resume. Specific audit requirements and timelines will be developed.



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## Components of the Program



Funding mechanism



Quality measurement



Assessing performance



Linking performance to payment



Ongoing evaluation & changes



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## HCQS VBP Quality Measures

	Name	Identifier	Data Source
1	LS prevalence of pressure ulcers	CMS N045.01	Calculated from MDS data
2	LS falls with major injury	CMS N013.02	Calculated from MDS data
3	LS weight loss	CMS N029.02	Calculated from MDS data
4	LS worsened ADL	CMS N028.03	Calculated from MDS data
5	LS Hospitalization (Pro Long Stay)	Net Health NQF #2827	Calculated from MDS data
6	Infection Control Program Structural Measure	State-Derived	Facility attestation
7	Patient Experience Structural Measure	State-Derived	Facility attestation
8	Behavioral Health Care Coordination Structural Measure	State-Derived	Facility attestation
9	CMS Health Inspection Score	CMS	Reported by CMS



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## Structural Measures

For structural measures, Facilities will attest each quarter to whether specific, auditable performance requirements have been met or not met.

### Infection Control Program Structural Measure

- Facility has an effective infection control program that includes pursuing improved outcomes in resident and employee vaccination rates, prevention of healthcare-acquired infections, and antibiotic stewardship.

### Patient Experience Structural Measure

- Facility completes the operational readiness, training, implementation, and operationalization activities necessary to measure patient experience, which is directly related to the quality and safety of healthcare services delivered and impacts health outcomes.

### Behavioral Health Care Coordination Structural Measure

- Facility completes the operational readiness, training, implementation, and operationalization activities necessary to effectively coordinate care for residents with behavioral health needs.



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## Monitored Only Measures

Monitored only measures are quality metrics that are tracked and reported but not directly tied to financial incentives or penalties. Changing QMs to “monitored only” after performance targets have been achieved helps ensure that performance does not decline on these measures when providers shift focus and resource allocation to new measures in the program.

- **Long Stay Antipsychotic (Net Health)**
- **Long Stay Influenza Vaccine (CMS N016.03)**
- **Long Stay Pneumococcal Vaccine (CMS N020.02)**
- **Long Stay Depression (CMS N030.03)**



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## Assessing Performance & Linking Performance to Payment

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Each Quality Measure (QM) is worth a certain number of points

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Compare each facility's QM values to established cut points

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Assign points for each QM based on cut point range, then sum the points

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Total number of points determines the Facility's performance tier

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Performance tier determines percentage of maximum facility-specific payment the Facility receives

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Residual funds are distributed to the High-Acuity Add-On pool



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# Scoring (Calculation of Points)

NAME	IDENTIFIER	DATA SOURCE	BASELINE TIMEFRAME	POINTS				
				20	40	60	80	100
Long Stay Prevalence of Pressure Ulcers	CMS N045.01	Calculated from MDS data	CY 2024	≥16.28%	11.11-16.27%	7.63-11.10%	4.28-7.62%	< 4.28%
Long Stay Falls with Major Injury	CMS N013.02	Calculated from MDS data	CY 2024	≥7.48%	4.97-7.47%	3.20-4.96%	1.67-3.19%	< 1.67%
Long Stay Weight Loss	CMS N029.02	Calculated from MDS data	CY 2024	≥12.13%	8.66-12.12%	5.84-8.65%	2.97-5.83%	< 2.97%
Long Stay Worsened ADL	CMS N028.03	Calculated from MDS data	CY 2024	≥29.30%	21.51-29.29%	15.64-21.50%	10.39-15.63%	< 10.39%
Long Stay Hospitalization	Net Health NQF #2827	Calculated from MDS data	CY 2024	≥19.45%	13.80-19.44%	9.03-13.79%	4.30-9.02%	< 4.30%
NAME	IDENTIFIER	DATA SOURCE	BASELINE TIMEFRAME	POINTS				
				0	100			
Infection Control Program Structural Measure	State-Derived	Facility attestation	CY 2025	Requirements not met	Requirements met			
Patient Experience Structural Measure	State-Derived	Facility attestation	CY 2025	Requirements not met	Requirements met			
Behavioral Health Care Coordination Structural Measure	State-Derived	Facility attestation	CY 2025	Requirements not met	Requirements met			
NAME	IDENTIFIER	DATA SOURCE	BASELINE TIMEFRAME	POINTS				
				0	50	100	150	200
CMS Health Inspection Score	CMS	Reported by CMS	CY 2024	≥ 396	257.25 – 395.99	165.50 – 257.24	90.00 – 165.49	< 90.00

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## Determination of Performance Tier

The total number of points determines the Facility's performance tier. The performance tier determines the percentage of maximum Facility-specific payment the Facility receives.

TIER	POINTS REQUIRED
Tier 1	820-1000
Tier 2	640-810
Tier 3	460-630
Tier 4	290-450
Tier 5	100-280

## Calculation of Tiered Percentage Quality Payment

The applicable tier percentage is applied to the per diem rate, and the resulting rate is multiplied by the number of Medicaid Bed Days attributable to the Facility to determine the Tiered Percentage Quality Payment for that Facility.

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
100%	75%	50%	25%	0%

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## High-Acuity Add-On



Additional per-diem payment based on Facility's High-Acuity Medicaid Bed Days (residents with certain behavioral and complex neurological diagnoses)



Total funds available is determined by the residual funds from tiered percentage quality payment



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## High Acuity Add-On Diagnoses

Diagnosis	MDS Item
ALS	MDS I8000 = G12.21
Lewy body dementia	MDS I8000 = G31.83
Dementia with behavioral disturbance	MDS I8000 = F02.811, F02.818, F03.911, F03.918
Cerebral palsy	MDS I4400 is checked
Multiple sclerosis	MDS I5200 is checked
Huntington's disease	MDS I5250 is checked
Parkinson's disease	MDS I5300 is checked
Tourette's syndrome	MDS I5350 is checked
Traumatic brain injury	MDS I5500 is checked
Bipolar disorder	MDS I5900 is checked
Schizophrenia	MDS I6000 is checked
Psychotic disorder other than schizophrenia	MDS I5950 is checked
Post-traumatic stress disorder	MDS I6100 is checked



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## Total Quality Payment

Adjusted  
Tiered  
Percentage  
Quality  
Payment



High Acuity  
Add-On  
Payment



Total Quality  
Payment



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## Disqualification Events

To ensure fair and equitable performance across Facilities, certain events will result in no payment for the performance quarter.

- **No MDS submission for the quarter**
- **MDS submission below data completeness standard**
- **No Medicaid utilization (bed days) for the quarter**



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# Structural Measures



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## About Structural Measures in VBP Programs

Focus on whether the **right systems, capabilities, or infrastructure** are in place to support high-quality care, rather than directly measuring patient outcomes or processes of care

- Useful when:
  - There's no standardized process or outcome measure available for a domain
  - Need foundational readiness before expecting outcome improvements
- Assess the capacity of a provider or organization to deliver care that meets quality standards
- Typically involve verifying the presence of:
  - Policies, procedures, and protocols
  - Workforce competencies
  - Health IT systems
  - Reporting capabilities
  - Participation in registries or quality improvement initiatives
- Advantages:
  - Low data collection burden (e.g., attestation or documentation review)
  - Can drive standardization of best practices
  - Provide a foundation for future quality improvements
- Involve activities that are completely within participating providers' control
- **Must lead to meaningful implementation of objective measurement to be effective**



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## Structural Measure Process for Participating Providers


- 1 Listen & Learn
- 2 Share Information & Feedback
- 3 Focus on Current State, Desired State, & Gaps
- 4 Plan for the Desired State
- 5 Operationalize the Desired State
- 6 Transition to Outcomes Measurement



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## Structural Measure Requirements

### Infection Control Program

Quarter	Attestation Requirements	Data Submission	Attest & Submit By
CY25 Q3 SFY26 Q1 Jul - Sep 2025	<b>Active participation in at least one meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Nursing Quality Specialist, ICP*</b> Focus on Education & Information: regulatory requirements, Nursing Facility best practices, current state of Infection Control Program/ICP compliance in NM Nursing Facilities	N/A	10/30/2025
CY25 Q4 SFY26 Q2 Oct - Dec 2025	<b>Active participation in one meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Nursing Quality Specialist, ICP*</b> Focus on Current State Infection Control Programs in NM Nursing Facilities: sharing of best practices, challenges, and outcomes	Answer 5-10 questions about your current Infection Control Program and Infection Preventionist	1/30/2026
 CY26 Q1 SFY26 Q3 Jan - Mar 2026	<b>Active participation in and contribution to discussion at one scheduled meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Nursing Quality Specialist, ICP*</b> , focusing on what areas of your IPCP are most challenging and which are most successful.	N/A	4/30/2026
CY26 Q2 SFY26 Q4 Apr - Jun 2026	TBD	TBD	7/30/2026

\*Other individuals and facility team members are welcome to attend, but there must be at least one active participant with one of the stated roles in the facility.



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# Structural Measure Requirements

## Patient Experience

Quarter	Attestation Requirements	Data Submission	Attest & Submit By
CY25 Q3 SFY26 Q1 Jul – Sep 2025	<b>Active participation in at least one meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Quality Specialist, QAPI Coordinator, Administrator/ED, Director of Social Services*</b> Focus on Education & Information: the importance of patient experience of care, current state in long-term and post-acute care, and Nursing Facility best practices	N/A	10/30/2025
CY25 Q4 SFY26 Q2 Oct – Dec 2025	<b>Active participation in one meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Quality Specialist, QAPI Coordinator, Administrator/ED, Director of Social Services*</b> Focus on Current State of Patient Experience in NM Nursing Facilities: sharing of best practices, challenges, and outcomes	Answer 5-10 questions about your current Patient Experience of Care processes	1/30/2026
CY26 Q1 SFY26 Q3 Jan – Mar 2026	<b>Active participation in and contribution to discussion at one scheduled meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Quality Specialist, QAPI Coordinator, Administrator/ED, Director of Social Services*</b> , focusing on whether a survey is used at your facility, how it is administered, and what are the two most important questions to include.	N/A	4/30/2026
CY26 Q2 SFY26 Q4 Apr – Jun 2026	TBD	TBD	7/30/2026

\*Other individuals and facility team members are welcome to attend, but there must be at least one active participant with one of the stated roles in the facility.



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# Structural Measure Requirements

## Behavioral Health Care Coordination

Quarter	Attestation Requirements	Data Submission	Attest & Submit By
CY25 Q3 SFY26 Q1 Jul – Sep 2025	<b>Active participation in at least one meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Quality Specialist, QAPI Coordinator, Administrator/ED, Director of Social Services*</b> Focus on Education & Information: the importance of care coordination for individuals with behavioral health needs, NM Quality Strategy priority, learnings from other care settings	N/A	10/30/2025
CY25 Q4 SFY26 Q2 Oct – Dec 2025	<b>Active participation in one meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Quality Specialist, QAPI Coordinator, Administrator/ED, Director of Social Services*</b> Focus on Current State of Care Coordination in NM Nursing Facilities: sharing of best practices, challenges, and outcomes	Answer 5-10 questions about your current Care Coordination processes	1/30/2026
CY26 Q1 SFY26 Q3 Jan – Mar 2026	<b>Active participation in and contribution to discussion at one scheduled meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Quality Specialist, QAPI Coordinator, Administrator/ED, Director of Social Services*</b> , focusing on what behavioral health populations your facility cares for and one strategy that could help reduce transfers of those patients to the ED.	N/A	4/30/2026
CY26 Q2 SFY26 Q4 Apr – Jun 2026	TBD	TBD	7/30/2026

\*Other individuals and facility team members are welcome to attend, but there must be at least one active participant with one of the stated roles in the facility.



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# Provider Review Period



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## 30-Day Provider Review Period


- For 30 days following the conclusion of each Quarter, Facilities may:
  - Submit any new (i.e., previously unsubmitted) MDS data for the just-concluded Quarter
  - Submit any corrections to previously submitted MDS data for the just-concluded Quarter
  - Complete the structural measure attestation requirements for the just-concluded Quarter
  - Communicate any final questions, concerns, or challenges about the HCQS VBP calculations applicable to their Facility to Net Health
- At the end of the 30-day review period, the Quarter is “locked” for quality performance and payment calculations.



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# Managing & Assessing Performance

## Net Health Application Overview

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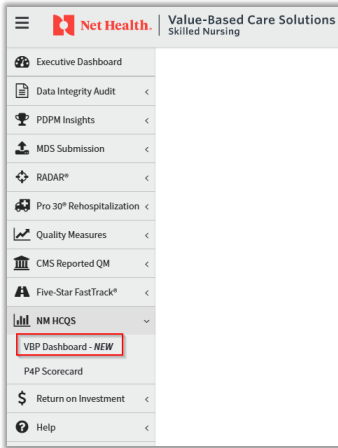
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# Net Health HCQS VBP Dashboard

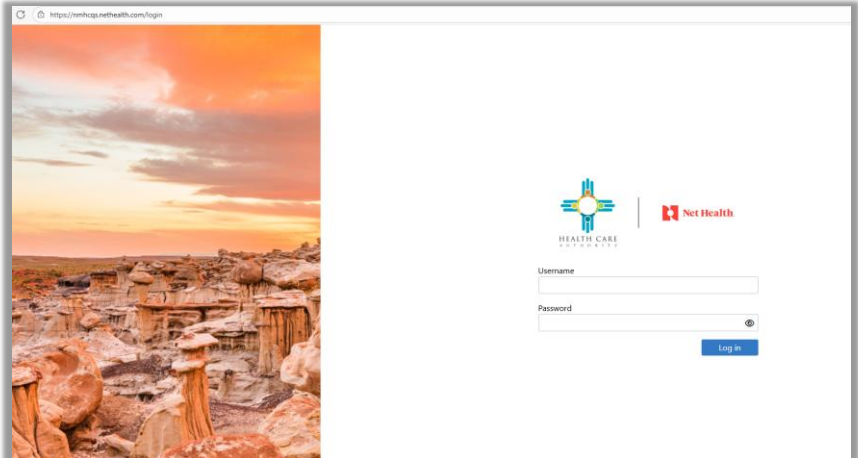


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# Navigation and Login Page



Access the HCQS VBP Dashboard from the Net Health application. Log in using your current Net Health credentials.



Or log in via the separate URL:  
<https://nmhcqs.nethealth.com/login>



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# Landing Page – Structural Measures “To Do” List

Visual display of what is due and the status of each requirement for the quarter. Details who completed the attestations and when.

Requirement	Time Period	Status	Submitted by	Date Time
Behavioral Health Care Coordination Attestation	Q1	Met	Submitter Name	10/20/2025 5:52PM EDT
Infection Control Program Attestation	Q1	Met	Submitter Name	10/20/2025 5:31PM EDT
Patient Experience Attestation	Q1	Met	Submitter Name	10/20/2025 5:52PM EDT
Behavioral Health Care Coordination Attestation	Q2	Met	Submitter Name	01/09/2026 11:55AM EST
Infection Control Program Attestation	Q2	Met	Submitter Name	01/09/2026 11:53AM EST
Patient Experience Attestation	Q2	Met	Submitter Name	01/09/2026 11:46AM EST
Behavioral Health Care Coordination Attestation	Q3	Upcoming	-	-
Infection Control Program Attestation	Q3	Upcoming	-	-
Patient Experience Attestation	Q3	Upcoming	-	-
Behavioral Health Care Coordination Attestation	Q4	Upcoming	-	-
Infection Control Program Attestation	Q4	Upcoming	-	-
Patient Experience Attestation	Q4	Upcoming	-	-

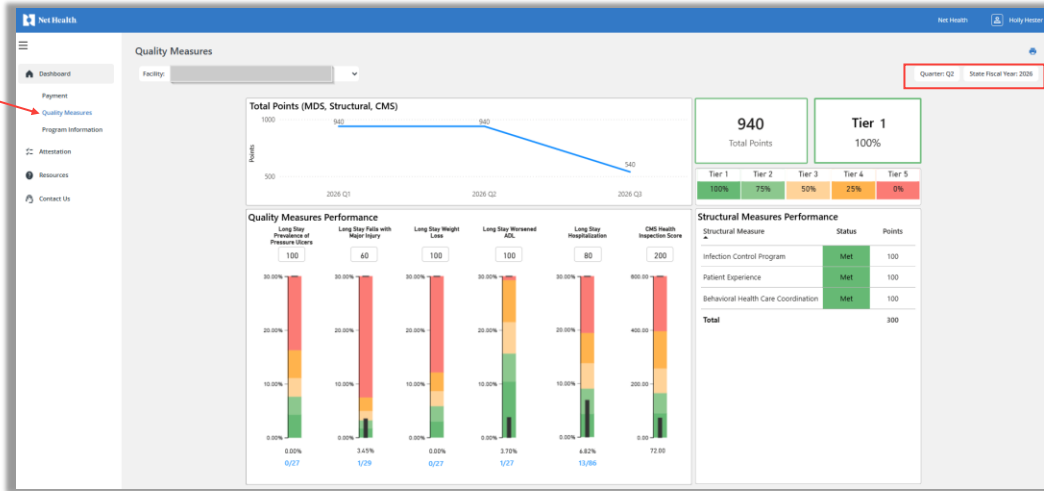


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# Facility Quality Measures Dashboard

Displays MDS-based QM rates, CMS Health Inspection Score, and Structural Measure status. Shows points earned per measure, total points, and applicable Tier Percentage.



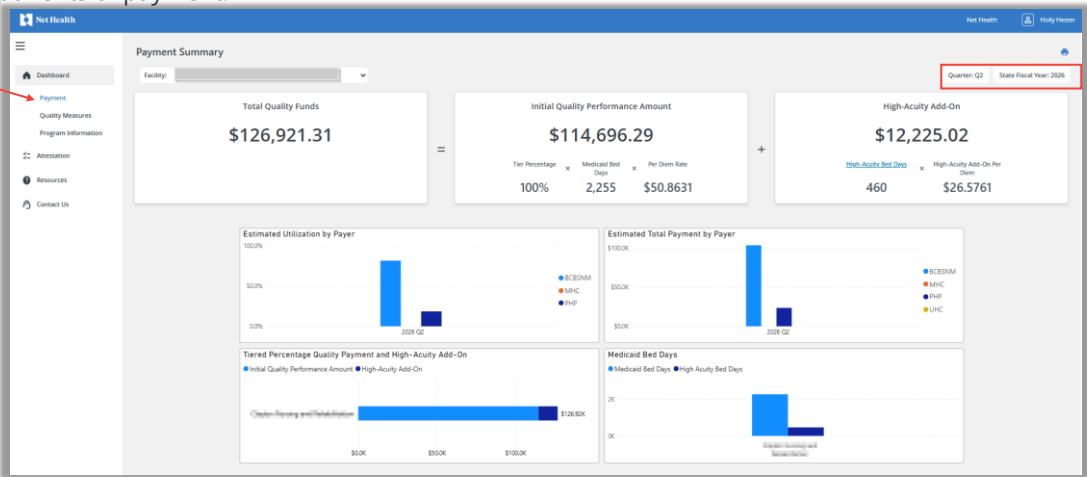
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# Facility Payment Dashboard

Displays the components that make up a facility's estimated quarterly payment. Shows estimated utilization and total payment by payer, as well as visualizations of the two components of payment.



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# Attestations

Facility-level users can attest to meeting the quarterly requirements for each structural measure in the program during the attestation period following the close of the quarter. Select each measure from the dropdown and complete the required action(s).

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Attestation

Infection Control Program Structural Measure

Attested By: [User] Date Attested: 10/21/2025 Quarter: Q1 State Fiscal Year: 2026

### Infection Control Program

Active participation in at least one meeting with other Nursing Facilities by one or more of the following from the Facility: DON/DNS, Nursing Quality Specialist, ICF.  
Focus on Education & Information: regulatory requirements, Nursing Facility best practices, current state of Infection Control Program/CP compliance in NM Nursing Facilities.

MET

Submit



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# Program Information

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Program Information

### Health Care Quality Surcharge (HCQS) Value-Based Payment (VBP) Program

**EXECUTIVE SUMMARY**

The Health Care Quality Surcharge (HCQS) was created by Senate Bill 246 (SB246) in the 2019 Regular Legislative Session. The program imposes a daily surcharge on certain types of facilities, including Nursing Facilities (NF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), for non-Medicare bed days. The purpose of the surcharge is to increase each Facility's Medicaid reimbursement rates by at least the rate of nursing home inflation and to provide bonus payments to Medicaid Certified Facilities based on performance data.

**FUNDING MECHANISM AND PAYMENT ARRANGEMENT**

The Health Care Quality Surcharge (HCQS) Value-Based Payment (VBP) Program (the program) is funded through a provider surcharge, a general fund allocation, and a Medicaid Managed Care State Directed Payment (SDP) payment arrangement of the Value-Based Payment (VBP) type to promote increased access to care and improved quality outcomes for Medicaid beneficiaries. Through this payment arrangement, the Managed Care Organizations (MCOs) make specific payments to healthcare providers, as directed by the Health Care Authority (HCA).

**PAYMENT MECHANICS**

There are three payment mechanisms:

- Surcharge Add-On:** Paid on a per diem basis to Facilities (NF and ICF/IID). The Surcharge Add-On is calculated by HCA and provided to the MCOs and Nursing Facilities. This amount will change each July 1st in accordance with the statute.
- MBI Increase:** Added to the rate paid on a per diem basis to Facilities (NF and ICF/IID). The MBI increase percentage will be provided by HCA by May 15th. HCA will increase the current rate by stated MBI increase percentage on July 1st in accordance with the statute.
- Quality Payment:** Only applicable to Nursing Facilities (NF). The quality payment calculation shall follow the methodology contained in this document.

**NOTE:** The remainder of this document refers to the **QUALITY PAYMENT** mechanism.

**GOALS**

- Incentivize Nursing Facility providers to improve or maintain high quality outcomes for Medicaid beneficiaries.
- Increase access to services for Medicaid beneficiaries.
- Better value for Medicaid funds spent on care.



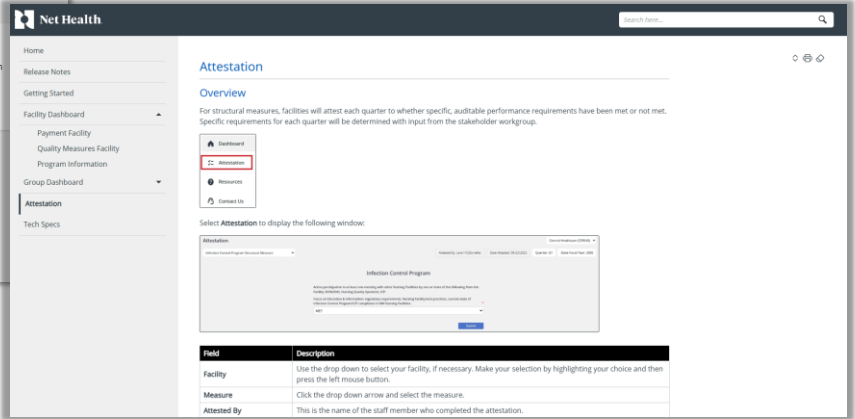
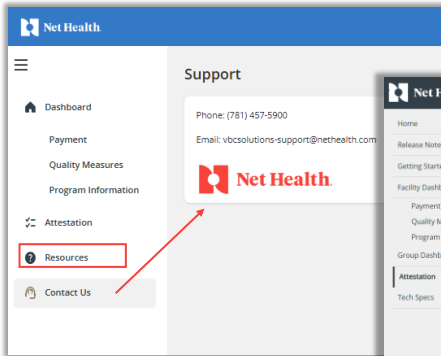
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# Resources and Help

Select Resources to open in-app Help documentation.  
 Select Contact Us to reach our Support Team.



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# Net Health Value-Based Care Solutions



# Evaluate Current Performance - QMs

Check performance on the MDS-based quality measures in the HCQS VBP program in the **Quality Measures** solution in the Net Health Value-Based Care Solutions application.



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# Quality Measures: Facility Summary

Executive Dashboard / Quality Measures / Facility Summary

Quality Measures: Facility Summary

Date Range: Jul 2025 to Jul 2025

Short-Stay MDS-Based

Long-Stay MDS-Based

Measure	Measure Type	Numerator	Denominator	Observed Rate	Adjusted Rate	Client Average	Client Percentile
Falls (Surveyed)	QES	43	70	61.4%		39.7%	96 <sup>th</sup>
Falls with Major Injury	Five Star	4	70	5.7%		2.6%	90 <sup>th</sup>
Plan	Net Health	11	62	17.7%	20.9%	1.3%	91 <sup>st</sup>
Pressure Ulcers - New	Five Star	14	69	20.3%	21.1%	5.8%	100 <sup>th</sup>
UTI	Five Star	1	69	1.4%		1.6%	64
Wound Incidence - New	Care Compare	12	64	18.8%	17.7%	19.1%	48
Catheter	Five Star	2	66	3.0%	1.9%	0.3%	85 <sup>th</sup>
Physically Restrainted	Care Compare	0	70	0%		0.1%	0
Wounded ACL - New	Five Star	8	53	15.1%		14.0%	64
Wounded Wound - New	Five Star	3	25	12.0%	13.0%	14.2%	54
Weight Loss	Care Compare	0	55	0%		4.8%	0
Depression	Care Compare	0	65	0%		10.1%	0
Antipsychotic	Care Compare	13	56	23.2%		16.0%	79 <sup>th</sup>
Antipsychotic (Surveyed)	QES	0	16	0%		5.7%	0
Behavior Change?	QES	11	67	16.4%		14.0%	69
Influenza Vaccine	Care Compare	70	70	100%		96.4%	0
Pneumococcal Vaccine	Care Compare	70	70	100%		95.1%	0
Antibiotic	Five Star	0	60	0%		13.2%	0
Read/High* Pro Long Stay* Hospitalizations	Net Health	Readmits	NA	17.7%	11.0%	17.0%	30

\* Indicates that the facility has a percentile of 75 or greater.



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# Quality Measures: Facility Summary

Executive Dashboard / Quality Measures / Facility Summary

## Quality Measures: Facility Summary

Date Range: Jul 2025 To Jul 2025 View Show/Hide Filters

Short-Stay MDS-Based

Long-Stay MDS-Based

Measure	Measure Type	Numerator	Denominator	Observed Ratio
Falls (Surveyor)	IQIES	43	70	61.4%
Falls with Major Injury	Five-Star	4	70	5.7%
Pain	Net Health	11	62	17.7%
Pressure Ulcers - New	Five-Star	14	69	20.3%
UTI	Five-Star	1	69	1.4%
Worsened Incontinence - New	Care Compare	12	64	18.8%
Catheter	Five-Star	2	66	3.0%
Physically Restrained	Care Compare	0	70	0%
Worsened ADL - New	Five-Star	8	52	15.4%

**Value-Based Care Solutions** Skilled Nursing Location: Southwest Nursing and Rehab

### Falls with Major Injury (LS)

Facility Name: Southwest Nursing and Rehab (DD-PPSRM)  
 Reporting Period: Jul 2025 - Jul 2025  
 Displaying: Residents who triggered for the QM

Name
DLCJZM, HWFDS
GGAM, TDCM
JRQH, HHENZ
TMJREH, KMRW

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## Identify Residents at Risk

Use the **RADAR**® Resident Roster to identify which residents are at risk for triggering the target QMs.

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- Executive Dashboard
- Data Integrity Audit <
- PDPM Insights <
- MDS Submission <
- RADAR**® >
- Resident Roster
- Pro 30® Rehospitalization <
- Quality Measures <
- CMS Reported QM <
- Five-Star FastTrack® <

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# RADAR® Resident Roster

Executive Dashboard / RADAR® / RADAR®: Resident Roster

RADAR®: Resident Roster

07/31/2025 Search Show/Hide Filters Reference Guide

Short Stay Long Stay

Current Residents

Showing 1 to 25 of 61 rows 25 rows per page

Resident Information							Descriptive Scales (Impairment)					Predictive Scales (Risk)			Complexity	
Name	Resident Summary	Room Number	ARD	OBRA	PPS	Admission Date	ADL-PTOT	ADL-Nursing	Cognition	Mood	Pain	Falls	Pressure Ulcer	Hospitalization	Mortality	Discharge Planning
Acnibq, Isawef		203	06/13/2025	Quarterly	None	05/11/2020	Yellow	Yellow	Green	Green	Green	Yellow	Green	Green	Yellow	88
Bvntmv, Adold		409	07/11/2025	Quarterly	None	02/27/2020	Yellow	Yellow	Green	Green	Green	Yellow	Green	Green	Yellow	100
Cpzhzd, Dnwc		210	06/18/2025	Quarterly	None	01/20/2022	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	50
Djiczy, Hwds		16	07/17/2025	Quarterly	None	08/09/2024	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	67
Dmtpwvrima, Inqraqdu	Hospice	20	05/21/2025	Quarterly	None	11/29/2019	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	100
Ejparwof, Cqgo		209	06/13/2025	Quarterly	None	12/07/2023	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	77
Fzbdz, Cqydt		401	05/07/2025	Quarterly	None	10/26/2023	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	88
Gaaap, Dcypr		201	07/02/2025	Quarterly	None	04/09/2024	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	62
Gfcsdq, Ymgz		208	07/15/2025	Quarterly	None	01/23/2023	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Yellow	85
Ggmi, Tocm		5	07/16/2025	Quarterly	None	04/01/2024	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	91
Gqoodca, Rzcn		20	07/22/2025	Significant Change	5-Day	11/30/2018	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	100
Hyciqo, Absrgp		3	07/18/2025	Quarterly	None	08/02/2022	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	100

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## Evaluate Current Performance - Health Inspection Score

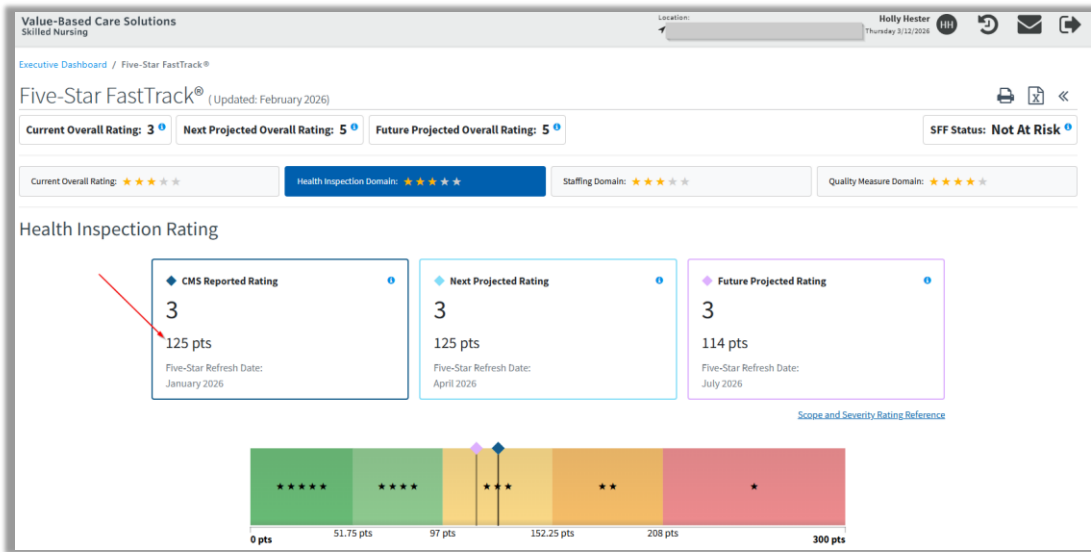
Review current CMS Health Inspection Score and survey results in the new **Five-Star FastTrack®**.

Net Health.

- Executive Dashboard
- Data Integrity Audit <
- PDPM Insights <
- MDS Submission <
- RADAR® <
- Pro 30® Rehospitalization <
- Quality Measures <
- CMS Reported QM <
- Five-Star FastTrack®
- Five-Star FastTrack®
- Five-Star FastTrack® - NEW

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# Five-Star FastTrack®: Health Inspection Score



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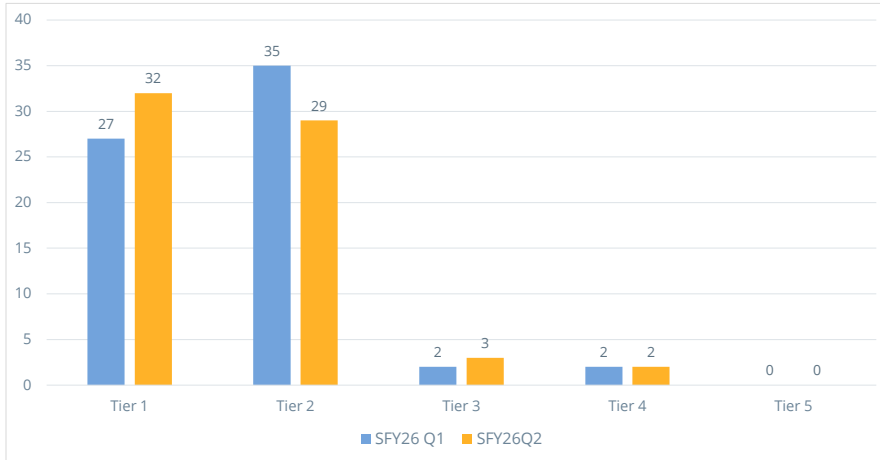
# Tier Distribution

## SFY26 Q1 and Q2

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# Tier Distribution – SFY26 Q1 and Q2



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# Questions?



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