

Indiana Medicaid SNF Quality Program Transition

November 14, 2025

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Nursing Facility Quality Program

Effective July 1, 2024 – June 30, 2027

- Nursing facility quality reimbursement is based on the Total Quality Score (TQS) computed in accordance with the Indiana Medicaid Quality Program Manual posted on the Myers @ Stauffer website:

<https://myersandstauffer.com/client-portal/indiana/indiana-long-term-care/#toggle-id-13>

- Over this time period, nursing facility quality reimbursement will transition from the nursing facility base rates to the nursing facility supplemental payments.

Transition Percentages – Base Rate & UPL/IGT

SFY 2025		SFY 2026		SFY 2027		SFY 2028	
Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun
PROPOSED BASE RATE TRANSITIONAL BLENDS							
LEGACY METHOD 100%	83%	67%	50%	33%	17%	100%	100%
	17%	33%	50%	67%	83%		
PROPOSED SUPPLEMENTAL PAYMENT TRANSITIONAL BLENDS*							
LEGACY METHOD 80%	50%		25%		100%		NEW METHOD
	50%		75%				
20%							

Transition Percentages – UPL/IGT Quality

SFY 2025	SFY 2026	SFY 2027	SFY 2028	SFY 2029	SFY 2030
10%	12%	14%	16%	18%	20%

States are being pressured by CMS to increase quality, increase funding tied to quality in general and more specifically the percentage of supplemental payments tied to quality and quality improvement. It is very possible that a higher percentage of the UPL/IGT program funds than those stated above may be required in the future.

Nursing Facility Quality Program

Effective July 1, 2024 – June 30, 2027

The Total Quality Score is be based initially on quality performance on five metrics:

- % of Long-Stay Residents Experiencing One or More Falls w/ Major Injury
- % of Long-Stay Residents with Pressure Ulcers
- Number of Hospitalizations Per 1000 Long-Stay Resident Days
- Number of Outpatient ED Visits Per 1000 Long-Stay Resident Days
- Total Nurse Staffing Ratio – (CMS Staffing per PBJ plus Respiratory Therapy Hours per PBJ)/CMS Expected Staffing PBJ

Total Quality Score

Effective July 1, 2024 – June 30, 2027

The TQS is nursing facility specific and comprised of calculated quality points from the following quality domains:

1. CMS published Minimum Data Set (MDS) Based Long-Stay Quality Measures
2. CMS published Claims Based Long-Stay Quality Measures
3. CMS published Staffing Data from Payroll Based Journal Records

Points are assigned to each individual measure as detailed in the Quality Program Manual.

Total Quality Score

Effective July 1, 2024 – June 30, 2027

The CMS data is pulled in January for the July 1 rate calculation and in July for the January 1 rate calculation. The CMS data typically is delayed by a quarter (e.g. the July pull ends with the March quarter). An example of the actual periods used for TQS are:

July 1, 2026 rate: October 1, 2024 – September 30, 2025 (published in January, 2026)

January 1, 2027 rate: April 1, 2025 – March 31, 2026 (published in July, 2026)

MDS Long-Stay Quality Measures Effective July 1, 2024 – June 30, 2027

The MDS Based Quality Measures Data Table published by CMS

- a. File Location: <https://data.cms.gov/provider-data/>
 - i. Select Nursing home including rehab services link
 - ii. Select MDS Quality Measures
 - iii. Archived data: <https://data.cms.gov/provider-data/archived-data/nursinghomes>
 - iv. For Archived data
 1. Download the respective January or July zip file for Nursing_homes_including_rehab_services
 2. The MDS measures are found in the zip file under NH_QualityMsr_MDS
- b. Quality Domain Supported: CMS Published MDS Based Long-Stay Quality Measures

Claims Based Long-Stay Quality Measures Effective July 1, 2024 – June 30, 2027

The Medicare Claims Based Quality Measures published by CMS.

- a. File Location: <https://data.cms.gov/provider-data/>
 - i. Select Nursing home including rehab services link
 - ii. Select Medicare Claims Quality Measures
 - iii. Archived data: <https://data.cms.gov/provider-data/archived-data/nursinghomes>
 - iv. For Archived data
 - 1. Download the respective January or July zip file for Nursing_homes_including_rehab_services
 - 2. The Medicare Claims measures are found in the zip file under NH_QualityMsr_Claims

- b. Quality Domain Supported: CMS Published Medicare Claims Based Long-Stay Quality Measures

Nurse Staffing Hours

Effective July 1, 2024 – June 30, 2027

The Provider Information file published by CMS.

a. File location: <https://data.cms.gov/provider-data/>

i. Select Nursing home including rehab services link

ii. Select Provider Information

iii. Archived data: <https://data.cms.gov/provider-data/archived-data/nursinghomes>

iv. For Archived data

1. Download the respective January or July zip file for Nursing_homes_including_rehab_services

2. The Provider Information file is found in the zip file under NH_ProviderInfo

b. Quality Domains Supported:

i. Staffing Ratio (without RT hours)

1. Reported Total Nurse Staffing Hours per Resident per Day

2. Case-Mix Total Nurse Staffing Hours per Resident per Day

Respiratory Therapy Hours

Effective July 1, 2024 – June 30, 2027

The Payroll Based Journal Employee Detail Nursing Home Staffing published by CMS

- a. File Location: <https://data.cms.gov/quality-of-care/payroll-based-journalemployee-detail-nursing-home-staffing>
- b. Quality Domain Supported: Staffing Ratio (utilized for Respiratory Therapy hours)

Missing Information

Effective July 1, 2024 – June 30, 2027

Long-Stay Measures (both MDS and Claims Based)

Nursing facilities missing a raw value for a long-stay quality measure will be assigned quality points based on the statewide average points for each individual measure.

Staffing Measure

Nursing facilities with missing staffing information for the base quality period will utilize information from prior quarter CMS published staffing values with the following adjustments:

1. CMS Data available from one (1) calendar quarter previous will have the calculated nursing facility staffing quality points multiplied by 0.80.
2. CMS Data available from two (2) calendar quarters previous will have the calculated nursing facility staffing quality points multiplied by 0.60.
3. CMS Data available from three (3) calendar quarters previous will have the calculated nursing facility staffing quality points multiplied by 0.40.
4. CMS Data available from four (4) calendar quarters previous will have the calculated nursing facility staffing quality points multiplied by 0.20.
5. If no information is available for any of the four (4) previous CMS calendar quarters, the facility will receive a zero (0) for the measure.

For the most recent quarter, 6 facilities incurred the 20% penalty on their staffing measure due to lack of PBJ data.

Quality Measure Scoring

Effective July 1, 2025 – June 30, 2027

Quality Measure General Information					
Quality Metric	Domain	Quality Direction	Percentile Universe	Minimum Performance Percentile	Maximum Performance Percentile
Percentage of long-stay residents experiencing one or more falls with major injury (Measure Code 410)	MDS Based Measure	Lower	National	0.4	0.9
Percentage of long-stay residents with pressure ulcers (Measure Code 479)	MDS Based Measure	Lower	National	0.4	0.9
Number of hospitalizations per 1000 long-stay resident days (Measure Code 551)	Claims Based Measure	Lower	National	0.4	0.9
Number of outpatient emergency department visits per 1000 long-stay resident days (Measure Code 552)	Claims Based Measure	Lower	National	0.4	0.9
Total nurse staffing ratio	Staffing	Higher	Indiana	0.4	0.9

The TQS points for each measure of these domains are determined using the four quarter average percentage for each long-stay quality measures.

Quality Measure Scoring – Nurse Staffing

Effective July 1, 2024 – June 30, 2027

The staffing ratio is calculated as the Reported Total Nurse Staffing Hours per Resident per Day (includes RN/LPN/CNA hours) divided by the Case-Mix Total Nurse Staffing Hours per Resident per Day.

For staffing ratio calculation purposes the numerator of the staffing ratio score will also include the addition of respiratory therapy hours, payroll based journal job code 24 (Respiratory Therapist) and job code 25 (Respiratory Therapy Technician) hours, published by CMS in the payroll based journal employee detail files for the same reporting quarter.

Quality Measure Scoring Effective January 1, 2026

Quality Measure Cut Point Values							
Quality Metric	Domain	Quality Direction	Percentile Universe	Minimum Performance Percentile	Maximum Performance Percentile	Total Available Points	Statewide Average Measure Points
Percentage of long-stay residents experiencing one or more falls with major injury (Measure Code 410)	MDS Based Measure	Lower	National	3.50877	0.56964	100	24.09728
Percentage of long-stay residents with pressure ulcers (Measure Code 479)	MDS Based Measure	Lower	National	5.67112	1.75585	100	41.41654
Number of hospitalizations per 1000 long-stay resident days (Measure Code 551)	Claims Based Measure	Lower	National	1.95183	0.87472	150	61.90289
Number of outpatient emergency department visits per 1000 long-stay resident days (Measure Code 552)	Claims Based Measure	Lower	National	1.81029	0.61199	150	61.32765
Total nurse staffing ratio	Staffing	Higher	Indiana	0.80684	1.05437	125	

The TQS points for each measure of these domains are determined using the four quarter average percentage for each long-stay quality measure.

Quality Rate Addon Calculation

Effective January 1, 2026

Quality Rate Add-on Calculation		
A. Total Quality Weight	Facility TQS * Facility Medicaid Day Projection for each NF	996,298,625
B. SFY 2024 Quality Rate Add-On Statewide Expenditures Based Upon Projected Days For the Rate Period		\$51,656,520
C. Calculated Value Per Quality Point	B / A	\$0.051848
D. Facility Quality Rate Add- On	Facility TQS * C	
E. Max Quality Rate Add-on	625 points * C	\$32.41

Sample Quality Summary

Effective January 1, 2026

	CMS Measure Code: 410		CMS Measure Code: 479		CMS Measure Code: 551	
Provider	Falls w/ Major Injury Value	Falls w/ Major Injury Adjusted Points (a)	Residents w/ Pressure Ulcers Value	Residents w/ Pressure Ulcers Adjusted Points (b)	Number Of Hospitalizations Per 1000 Long-Stay Resident Days Value	Number Of Hospitalizations Per 1000 Long-Stay Resident Days Adjusted Points (c)
200289420	4.08163	0.00000	6.95229	0.00000	1.94214	1.35006

CMS Measure Code: 552							
Number Of OP ED Visits Per 1000 Long-Stay Resident Days Values	Number Of OP ED Visits Per 1000 Long-Stay Resident Days Adjusted Points (d)	Nursing Facility Staffing Ratio Measure Value	Nursing Facility Staffing Ratio Prior Period Points Adjustment	Nursing Facility Staffing Ratio Points (e)	Total Quality Score (f = a + b + c + d)	Quality Per Diem (g = f * Value Per Quality Point)	Profit Add-On Percentage
1.41230	49.81908	1.0671	100%	125.0000	176	\$9.13	53.953488%

Sample Quality Rate Addon Calculation

Effective January 1, 2026

Minimum Performance Percentile (a)	Maximum Performance Percentile (b)	Difference between Min & Max (c=a-b)	Total Available Points (d)	Available points divided by Difference (e=d/c)	Facility Score (f)	Difference between score and Minimum (If f>a then g=0. If not, then g=a-f)	Quality Points h=(g*e)	\$ per point (i)	Quality Add-on (j=i*h)
3.50877	0.56964	2.93913	100	34.02364	4.08163	0.00000	0.00000	0.05185	0.00000
5.67112	1.75585	3.91527	100	25.54104	6.95229	0.00000	0.00000	0.05185	0.00000
1.95183	0.87472	1.07711	150	139.26175	1.94214	0.00969	1.35006	0.05185	0.07000
1.81029	0.61199	1.19830	150	125.17740	1.41230	0.39799	49.81908	0.05185	2.58300
0.80684	1.05437	0.24753	125	504.99339	1.06714	0.26029	125.00000	0.05185	6.48110

Total 176 0.05185 9.13

Quality Rate Addon Calculation – Best in State Effective January 1, 2026

Minimum Performance Percentile (a)	Maximum Performance Percentile (b)	Difference between Min & Max (c=a-b)	Total Available Points (d)	Available points divided by Difference (e=d/c)	Facility Score (f)	Difference between score and Minimum (If f>a then g=0. If not, then g=a-f)	Quality Points h=(g*e)	\$ per point (i)	Quality Add-on (j=i*h)
3.50877	0.56964	2.93913	100	34.02364	1.73267	1.77610	60.42935	0.05185	3.13320
5.67112	1.75585	3.91527	100	25.54104	0.67937	4.99175	100.00000	0.05185	5.18480
1.95183	0.87472	1.07711	150	139.26175	1.05259	0.89925	125.23077	0.05185	6.49300
1.81029	0.61199	1.19830	150	125.17740	0.93911	0.87118	109.05215	0.05185	5.65420
0.80684	1.05437	0.24753	125	504.99339	1.10128	0.29444	125.00000	0.05185	6.48110

Total 520 0.05185 26.96

Quality Profit Addon Percentage

Profit Add-On For facilities that have allowable rate component costs lower than the direct care, indirect care, or capital rate ceiling, a profit add-on is determined for the Medicaid base rate in accordance with 405 IAC 1-14.7. The profit add-on will be reduced depending on the facility's TQS percentage. The calculation of the TQS percentage is as follows:

TQS	Percentage for Profit Add-on Calculation
275 – 625	100%
61 - 274	Proportional percentage calculated as follows: $100\% + ((\text{Facility TQS} - 275) / 215))$
60 and below	0%

Quality Profit Addon Percentage

		Best	Example	Low
a	TQS	520	176	45
b	Score to achieve 100% Quality Profit Add-on	275	275	275
c=a-b	Difference	-245	99	230
d	Range below Highest to Score (per manual)	215	215	215
e=c/d	Percentage Adjustment (if zero or negative, then 0)	0.00%	46.05%	106.98%
f	Best Possible Quality Profit Add-on Percentage	100.00%	100.00%	100.00%
g=f-e	Profit Add-on Percentage (if zero or negative, then 0)	100.00%	53.95%	0.00%

Quality Measures Trend

	1/1/26 Rate Statewide Average	7/1/25 Rate Statewide Average	1/1/25 Rate Statewide Average	7/1/24 Rate Statewide Average
Falls w/ Major Injury Value	3.82	3.74	3.75	3.93
Falls w/ Major Injury Adjusted Points (100 points)	24.10	26.49	26.92	23.98
Residents w/ Pressure Ulcers Value	4.63	4.91	6.80	6.84
Residents w/ Pressure Ulcers Adjusted Points (100 points)	41.42	41.14	41.81	41.72
Number Of Hospitalizations Per 1000 Long-Stay Resident Days Value	1.63	1.61	1.48	1.74
Number Of Hospitalizations Per 1000 Long-Stay Resident Days Adjusted Points (150 points)	61.90	60.76	62.48	57.86
Number Of OP ED Visits Per 1000 Long-Stay Resident Days Value	1.51	1.54	1.49	1.24
Number Of OP ED Visits Per 1000 Long-Stay Resident Days Adjusted Points (150 points)	61.33	56.78	56.39	48.46

Nurse Staffing Trend

	1/1/26 Rate Statewide Average	7/1/25 Rate Statewide Average	1/1/25 Rate Statewide Average	7/1/24 Rate Statewide Average
Nursing Facility Staffing Ratio Measure Value	0.86	0.86	0.84	1.06
Nursing Facility Staffing Ratio Points (125 points)	36.19	34.43	36.92	32.70
Nursing Staffing Cut Points (Percentage of Expected CMI Adjusted Staffing):				
Minimum (Bottom 40% - Receive 0 points)	0.80684	0.81475	0.79349	0.99688
Maximum (Top 10% - Receive 125 points)	1.05437	1.06182	1.02376	1.33834

Quality Reimbursement Trend

	1/1/26 Rate Statewide Average	7/1/25 Rate Statewide Average	1/1/25 Rate Statewide Average	7/1/24 Rate Statewide Average
Total Quality Score	224.95	219.61	224.55	204.72
Calculated Value Per Quality Point	0.0518	0.0537	0.0519	0.0570
Quality Per Diem	11.66	11.78	11.65	11.66
Profit Add-On Percentage	65.68%	64.57%	65.11%	59.90%

Quality Profit Addon Percentage

	#	Max TQS	Min TQS
Facilities receiving 100%	158	50	275
Facilities receiving 75% - 99.99%	88	274	223
Facilities receiving 50% - 74.99%	86	222	168
Facilities receiving 25% - 9.99%	86	167	115
Facilities receiving .01% - %	50	114	60
Facilities receiving 0%	33	59	0

UPL/IGT Supplemental Quality Payments

- Set at 0% as the quality add-on was still 100% reimbursed in the July 1, 2024 base rates.
- Quality begin to be a part of the UPL supplemental payment calculations with the January 1, 2025 UPL allocations when base rates are based 83% on legacy rates and 17% on the new system rates.

UPL/IGT Supplemental Quality Payments SFY 2025 Q4

Total UPL Gap	282,922,841
Quality Pool Size	10.0%
Total Quality Pool	28,292,284
Total Quality Weight	146,516,073,218
% of Base Rate Per Quality Point Earned	0.0193%

Provider Number	Provider Name	Owner	Medicaid Days (a)	Adjusted Medicaid Rate (b)	Total Quality* Score Points (c)	Quality Weight (d = a * b * c)
200289420	Adams Heritage	Adams	2,138	296.76	135	85,653,839
100290130	Adams Woodcrest	Adams	5,764	307.66	369	654,366,977
201110380	Addison Pointe Health & Rehab Center	Riverview	5,825	316.50	305	562,301,813
200309330	Woodmont Health Campus	GoodSam	2,465	277.43	156	106,682,932
100283890	Yorktown Manor	Adams	4,492	274.51	0	0
100267290	Zionsville Meadows	HHC	5,543	307.06	194	330,194,515
Totals		501	2,123,753			146,516,073,218

UPL/IGT Supplemental Quality Payments SFY 2025 Q4

Total Quality Pool 28,292,284

Total Tier Quality Weight 6,152,262,867

Tier Break Points	Tier #	Q4 % Value per Tier
0	0	0.00%
1	1	0.46%
26	2	0.92%
51	3	1.38%
76	4	1.84%
101	5	2.30%
126	6	2.76%
151	7	3.22%
176	8	3.68%
201	9	4.14%
226	10	4.60%
251	11	5.06%
276	12	5.52%
301	13	5.98%
326	14	6.44%
351	15	6.90%
376	16	7.36%
401	17	7.82%
426	18	8.28%
451	19	8.74%
476	20	9.20%
501	21	9.66%
526	22	10.12%
551	23	10.58%
576	24	11.04%
601	25	11.50%

UPL/IGT Supplemental Quality Payments SFY 2025 Q4

FFS Quality Per Diem

Pathways Quality Per Diem

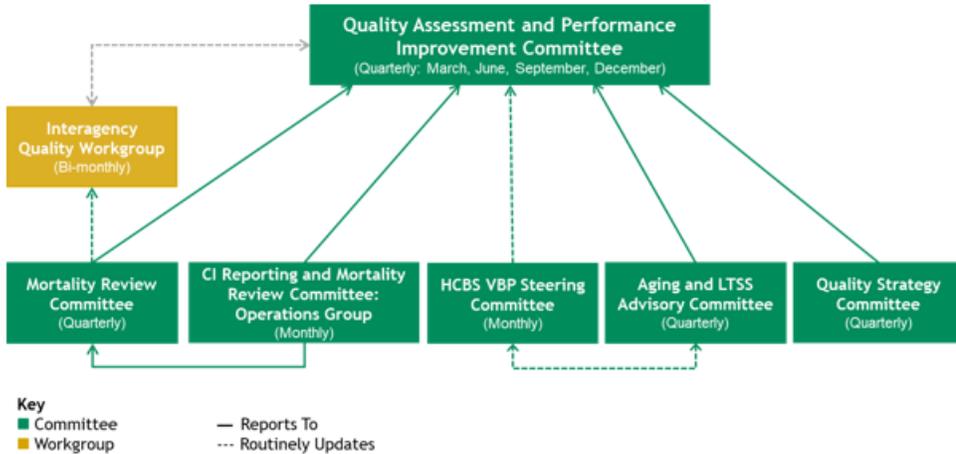
Quality Weight (d = a * b * c)	Percentage of Base Rate Per Quality Point Earned (e)	Quality Percentage (f = c * e)	FFS Quality Pooled Per Diem (g = b * f)	Pathways** Quality Tier (h)	Tier Quality Weight (k)	Pathways Quality % (i)	Pathways Quality Per Diem (j = b * i)
85,653,839	0.0193%	2.61%	7.74	6	3,806,837	2.76%	8.19
654,366,977	0.0193%	7.13%	21.92	15	26,600,284	6.90%	21.22
562,301,813	0.0193%	5.89%	18.64	13	23,966,963	5.98%	18.92
106,682,932	0.0193%	3.01%	8.36	7	4,787,055	3.22%	8.93
0	0.0193%	0.00%	0.00	0	-	0.00%	0.00
330,194,515	0.0193%	3.75%	11.50	8	13,616,269	3.68%	11.30
146,516,073,218			28,292,284 13.32		6,152,262,867		28,292,284 13.32

Transition Percentages – UPL/IGT Quality

	SFY 2025	SFY 2026	SFY 2027	SFY 2028	SFY 2029	SFY 2030		
	10%	12%	14%	16%	18%	20%		30%
FFS Quality Per Deim	35.52	42.62	49.73	56.83	63.94	71.04		106.56
Pathways Quality Per Diem	34.83	41.80	48.76	55.73	62.69	69.66		104.49

States are being pressured by CMS to increase quality, increase funding tied to quality in general and more specifically the percentage of supplemental payments tied to quality and quality improvement. It is very possible that a higher percentage of the UPL/IGT program funds than those stated above may be required in the future.

OMPP Nursing Facility Quality Improvement Committee



- The Quality Committee plans to meet in May. The Director of Quality Improvement is finalizing the Quality Committee Management Manual.

**This structure contains current elements that may evolve over time to address the needs of the Medicaid program. The structure only contains committees and/or workgroups that are in scope for the OMPP Clinical Operations Quality Improvement (QI) team.*



OMPP Nursing Facility Quality Improvement Committee Members

1. Board-certified physician – Ibrar Paracha
2. Nurse Practitioner – Matthew Hunt
3. *Non-Profit/Consumer/Advocacy Group
4. Director of LTC – IDOH – Brenda Buroker
5. Indiana Hospital Association – Lisa Imlay
6. *NF Member/Family member
7. NF Administrator – LeadingAge - Steve Schaff
8. NF Administrator – HOPE – Vince McGowan
9. NF Administrator – IHCA – Alaina Butiste
10. HCBS Provider – Sarah Starcher, Rasheedah Krebs
11. RN/CNA – Rebecca (Becky) Bartle
12. RN/CNA – NF Chain- Heather Carte
13. RN/CNA – NF Chain – Rhonda Stacy

*Need recommendation



California Quality Metrics

Metric	Measure Steward/ Developer	Data Source
Workforce Metrics Domain		
Acuity-Adjusted Staffing Hour Metrics Measurement Area		
<i>Acuity-Adjusted Total Nursing Hours</i>	CMS	Care Compare Metrics Data
<i>Acuity-Adjusted Weekend Total Nursing Hours</i>		
<i>Acuity-Adjusted RN Hours</i>		
<i>Acuity-Adjusted LVN Hours</i>		
<i>Acuity-Adjusted CNA Hours</i>		
Staffing Turnover Metric Measurement Area		
<i>Staffing Turnover</i>	CMS	Care Compare Metrics Data
Clinical Metrics Domain		
MDS Clinical Metrics Measurement Area		
<i>Percent of Residents Who Lose Too Much Weight, Long Stay</i>	CMS	MDS 3.0 Data
<i>Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay</i>		
<i>Percent of Residents Who Received an Antipsychotic Medication, Long Stay</i>		
<i>Outpatient ED Visits per 1,000 Long-Stay Resident Days</i>	HSAG-Modified Version of CMS Measure	Audited Claims-Based Metrics Data
<i>Healthcare-Associated Infections Requiring Hospitalization</i>		
<i>Potentially Preventable 30-Day Post-Discharge Readmission</i>		
Equity Metric Domain		
Medi-Cal Disproportionate Share Measurement Area		
<i>Medi-Cal Disproportionate Share</i>	DHCS	MDS 3.0 Data and Medi-Cal Enrollment Data

California Quality Metrics

Table 10—Acuity-Adjusted Staffing Hour Metrics Measurement Area and Staffing Turnover Metric Measurement Area Scoring

Points	Achievement Benchmark
6	90th Percentile
5	75th Percentile
4	62.5th Percentile
3	50th Percentile
2	37.5th Percentile
1	25th Percentile
0	Below the 25th Percentile or Data Are Missing

California Quality Metrics

Table 18—MDS Clinical Metrics Measurement Area Scoring

**Within the MDS Clinical Metrics Measurement Area, the maximum number of possible points for the Percent of Residents Who Received an Antipsychotic Medication, Long Stay Metric is 5 points and the maximum number of possible points for all other metrics in the MDS Clinical Metrics Measurement Area is 6 points.*

Points	Achievement Benchmark	Improvement Threshold
6	90th Percentile	75th Percentile Achievement and 20% Gap Closure
5	75th Percentile	50% Gap Closure
4	62.5th Percentile	40% Gap Closure
3	50th Percentile	30% Gap Closure
2	37.5th Percentile	20% Gap Closure
1	25th Percentile	10% Gap Closure
0	Below the 25th Percentile	Less than 10% Gap Closure
N/A	Data Are Missing	Data Are Missing

California Quality Metrics

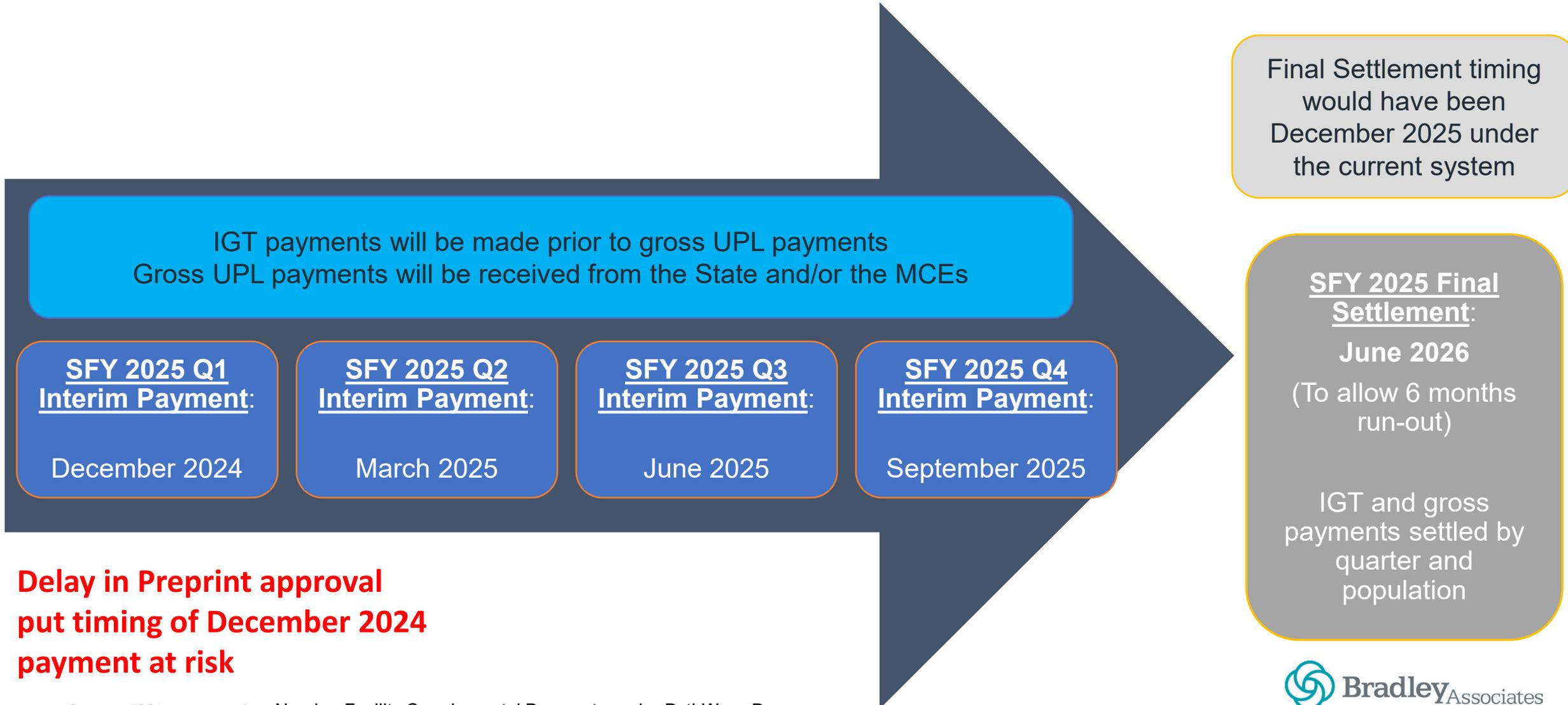
Table 21—MDS Clinical Metrics Gap Closure Calculations Example

NR indicates the facility does not have a reported rate.

N/A indicates a value could not be determined.

Facility	Metric	Prior Year Rate	Current Year Rate	Gap Closure Benchmark	Gap	Improvement Value	Gap Closure Percentage
Facility 1	<i>Percent of Residents Who Lose Too Much Weight, Long Stay</i>	3.400%	2.850%	1.255%	2.145	0.550	25.641%
	<i>Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay</i>	0.850%	0.785%	0.000%	0.850	0.065	7.647%
	<i>Percent of Residents Who Received an Antipsychotic Medication, Long Stay</i>	5.750%	4.800%	4.778%	0.972	0.950	97.737%
Facility 2	<i>Percent of Residents Who Lose Too Much Weight, Long Stay</i>	3.990%	NR	1.255%	N/A	N/A	N/A
	<i>Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay</i>	0.655%	0.300%	0.000%	0.655	0.355	54.198%
	<i>Percent of Residents Who Received an Antipsychotic Medication, Long Stay</i>	5.550%	6.700%	4.778%	0.772	-1.150	-148.964%

Interim Payment Timing Unchanged, Final Settlement Timing Delayed



**Delay in Preprint approval
put timing of December 2024
payment at risk**