Virginia Department of Medical Assistance Services:

Revised/UPDATED - SFY 2025 Nursing Facility Value-Based Purchasing Methodology

Table of Contents

Executive Summary

In 2021, the Virginia General Assembly directed the Department of Medical Assistance Services (DMAS) to establish a nursing facility (NF) Value-Based Purchasing (VBP) program designed to improve the quality of care furnished to Medicaid members. The NF VBP program methodology for SFY23 exists on the DMAS website currently. This document details the NF VBP program methodology for SFY 2025.

Program Components

In SFY 2025, payments made under the NF VBP program will consist of three parts shown in Exhibit A.

Exhibit A: The Components of the Total NF VBP Payment
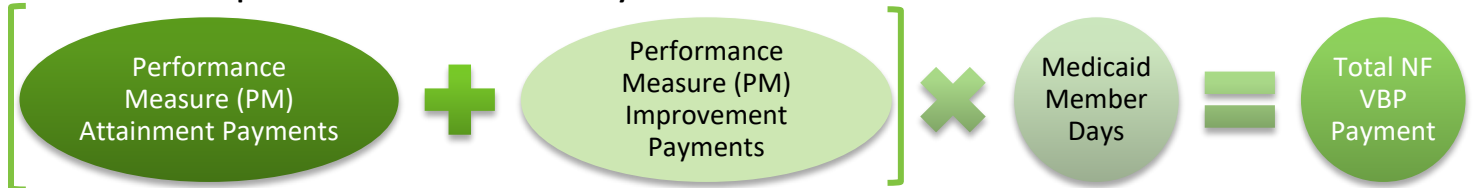
The size of PM payments under the program are contingent on NF performance across six measures addressing staffing and avoidance of negative care events. All payments are adjusted to account for the volume of Medicaid member days at a given NF. Per enacting budget language, the program funding will increase over time for the first three years.

Table 1: NF VBP SFY 2025 Program Components and Measures

NF VBP Program Components	PM Weight	SFY 2025 Funding
Days without Minimum RN hours	20%	$37.0 M
Total nursing hours per resident day (RN + LPN + nurse aide hours)	20%	$37.0 M
Number of hospitalizations per 1,000 long-stay resident days	15%	$27.7 M
Number of outpatient ED visits per 1,000 long-stay resident days	15%	$27.7 M
Percentage of long-stay residents with pressure ulcers	15%	$27.7 M
Percentage of long-stay residents with a UTI	15%	$27.7 M
Performance (Attainment and Improvement)	**100%**	**$185 M**

Performance Measure Tiers

Under the PM portion of the model, NFs can earn funds through both attainment on individual measures and improvement over prior years. For the attainment portion of PM payments, NFs earn funds through performance that falls into one of three categories: Fair, Better, and Best. If the NF falls below the minimum thresholds of the Fair category, it will not receive any attainment funds for a particular measure. Table 2 illustrates the performance and improvement thresholds associated with each measure.

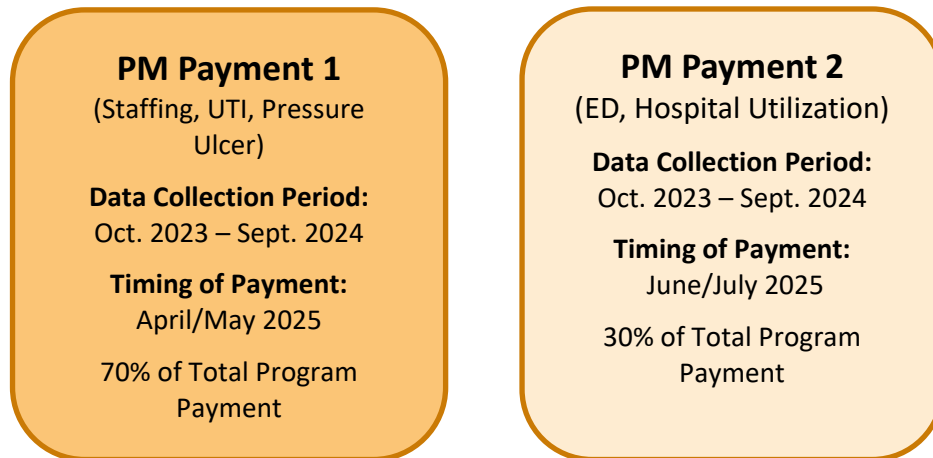**Table 2: NF VBP SFY 2025 PM Attainment and Improvement Thresholds**

PM Tiers	Fair Thresholds	Better Thresholds	Best Thresholds	Improvement Thresholds
Days without Minimum RN Hours	13.00 – 16.00	5.00 – 12.00	**0.00 – 4.00**	>5%; Up to the **Best** tier*.
Total Nurse Staffing Hours per resident day (RN, LPN, CNA) – case-mix adjusted[1]	Attainment thresholds will be determined and provided at a later date based on 3 quarters of data from SFY25/FFY24. There will be no Improvement pool.			
Number of hospitalizations per 1,000 long-stay resident days	1.36 – 1.75	1.00 – 1.35	0 – 0.99	>5%
Number of outpatient ED visits per 1,000 long-stay resident days	0.64–0.95	0.39 – 0.63	0 – 0.38	>5%
Percentage of long-stay residents with pressure ulcers[2]	See Performance Measure Tiers & Payment Calculation section			N/A
Percentage of long-stay Resident with a Urinary Tract Infection (UTI)	2.39– 4.36	1.31 – 2.38	0 – 1.30	>5%

NF can earn improvement when they move into a higher tier than previously held.

Payment Timing and Structure

Due to regulatory, budget, and data availability constraints associated with the program, DMAS will distribute NF VBP payments in lump sums at two different points throughout the year as shown in Exhibit B.

Exhibit B: Payment Timeline for the PM Payments

PM Payment 1
(Staffing, UTI, Pressure Ulcer)

Data Collection Period:
Oct. 2023 – Sept. 2024

Timing of Payment:
April/May 2025

70% of Total Program Payment

PM Payment 2
(ED, Hospital Utilization)

Data Collection Period:
Oct. 2023 – Sept. 2024

Timing of Payment:
June/July 2025

30% of Total Program Payment

Project Overview

In 2021, the Virginia General Assembly directed DMAS to establish a NF VBP program. This program seeks to improve the quality and outcomes of care furnished to Medicaid members by enhancing performance accountability in the areas of staffing and avoidance of negative care events. To achieve this goal, the Budget provides approximately $185 million in year 3 of the program in enhanced funding for facilities that meet or exceed designated performance and improvement thresholds associated with the provision of high-quality care to Medicaid members.[3]

This document provides the NF VBP program methodology for SFY 2025, which includes the period of July 1, 2024 through June 30, 2025, and is the third year of the NF VBP program. The designated performance funding will be distributed based on NF performance on specified criteria.

Stakeholder Engagement

DMAS convened a wide range of NF stakeholders to consult on development of the NF VBP model. This group consists of NF executives, NF association representatives, Aging Services representatives, Medicaid MCOs and MCO association representatives, hospital association representatives, member advocacy via the State Long-Term Care Ombudsman, Virginia's Quality Improvement Organization (QIO), and the Virginia Veterans Administration. In addition, DMAS identified participants for ad hoc subgroups specifically devoted to financial and performance measurement expertise to be consulted as needed. Stakeholder engagement began in summer 2021 with meetings held one-to-two times per month, in addition to periodic subgroup meetings as needed for select topics. DMAS also held a public listening session to solicit feedback from NF staff, care coordinators, residents, families and others. DMAS solicited stakeholder feedback on key aspects of the model such as, but not limited to, timing and methods of payment, measure selection, measure weights, and measure performance thresholds. DMAS based the NF VBP design and stakeholder engagement process on several key principles shown in Exhibit C.

Exhibit C: DMAS NF VBP Design Principles

Feasability
Design a NF VBP program that DMAS, NFs, and managed care organizations (MCOs) can implement in SFY 2023.

Familiarity
Structure the program on concepts and performance measures known to NFs.

Achieve Budget Goals
Prioritize policy elements that achieve budget language objectives.

Focus on Attainment *and* Improvement
Include incentives for both measure attainment and incremental improvement.

Evolution
Incorporate processes to improve upon and evolve the program methodology

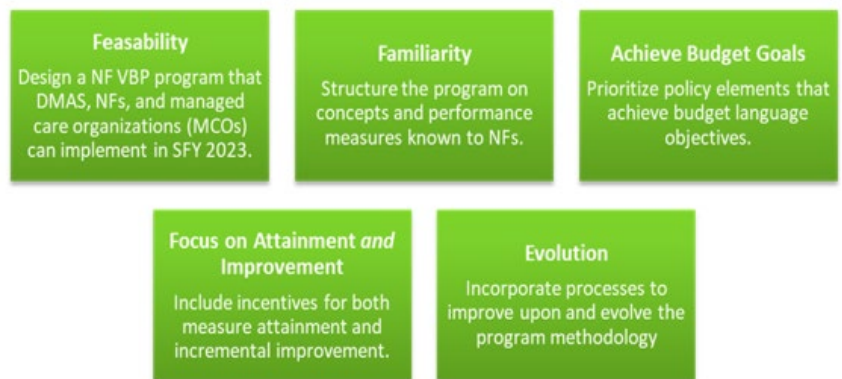*Exhibit C - DMAS NF VBP Design Principles Considered-feasibility, familiarity, budget goals, Attaining and Improving, Evolving*

DMAS convened stakeholders in the first and second year of the program to review progress and discuss any necessary updates or modifications, including, but not limited to, timing of payments, performance metrics, and threshold determinations.[4] DMAS will continue working with stakeholders as part of implementation and feedback efforts related to NF VBP.

Due to a significant change by the Centers for Medicare & Medicaid Services (CMS) to an underlying data source (the Minimum Data Set) affecting two performance measures[5], DMAS reconvened members from the original ad hoc subgroup for two of the PMs in the fall of 2024 to provide additional input into the SFY25 methodology.

Program Eligibility

Nursing Facilities eligible for NF VBP program payments encompass NFs participating in Medicaid managed care; NFs that do not participate in managed care but previously received enhanced per diem payments as part of COVID-19 response support and assistance; and NFs not currently under a cost settlement structure. NFs shall be defined as Provider Types 010 (Skilled Nursing Home) or 015 (Intermediate Care Nursing Home).

Performance Measures

To prioritize simplicity and reduce administrative burden, DMAS selected PMs that are already standard reporting for Virginia NF's through the Centers for Medicare & Medicaid Services' (CMS') Minimum Data Set (MDS), Nursing Home (NH) Care Compare claims-based quality measures and Payroll Based Journal (PBJ) NF staffing measures. Utilizing these established measure sources allows Virginia NFs to participate in the NF VBP program without additional reporting requirements.

For SFY 2025, the program will continue to use the same six measures as selected in SFY 2023 and SFY 2024. Details on performance measures are provided in Table 3, below.

Table 3: SFY 2025 Nursing Facility VBP Performance Measures

Performance Measure	Description	Domain	NF VBP Performance Weight
Days without Minimum RN hours[6]	Facility reported RN staffing hours each day within a quarter. Required standards addressed 42 CFR§ 483.35(b).[7]	Staffing	20%
Total nursing hours per resident day (RN + LPN + nurse aide hours) – case-mix adjusted[8]	Total nurse staffing hours per resident day within a quarter, adjusted for case-mix.	Staffing	20%
Number of Hospitalizations per 1,000 Long-Stay Resident Days[9,10]	Number of unplanned inpatient admissions or outpatient observation stays that occurred during a one-year period among long-stay residents.	Avoidance of Negative Care Events	15%
Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days[11]	Number of all-cause outpatient ED visits occurring in a one-year period while the individual is a long-term NH resident.	Avoidance of Negative Care Events	15%
Percentage of long-stay Residents with Pressure Ulcers[12]	Percentage of long-stay, residents with Stage II-IV or unstageable pressure ulcers.	Avoidance of Negative Care Events	15%
Percentage of long-stay Residents with a Urinary Tract Infection (UTI)[13]	Percentage of long-stay residents who have had a UTI within the past 30 days.	Avoidance of Negative Care Events	15%

As previously noted in the Stakeholder Engagement section, CMS made significant changes to an underlying data source (the Minimum Data Set) affecting two performance measures – Total Nursing Staffing and Pressure Ulcers. As described further in the Performance Measure Tiers & Payment Calculation section, these changes required subsequent revisions to the ways in which NF performance for SFY25 are determined against those two measures.

Data Collection

A combination of existing data sources currently used by CMS' Nursing Home Care Compare Five-Star Quality Rating will be used to evaluate performance on the NF VBP PMs. These data sources include CMS' nursing home provider information, nursing home claims-based quality measures, nursing home MDS based quality measures, and PBJ staffing data. Utilizing these data sources does not require additional reporting, data collection, or submission on the part of participating NFs. The chosen measures, data collection, and reporting are managed by CMS and therefore the methodology for calculation and collection may change at CMS' discretion. The NF VBP program will evaluate eligible facilities' performance based on the applicable methodology for PMs based on available data.

Calculating Resident Days

For all NFs participating in Medicaid managed care, resident days for each facility will be based on their eligible Medicaid days using managed care encounter records submitted to DMAS' Enterprise Data Warehouse Solution (EDWS) system. DMAS will use resident days in the calculation of payment levels under the program, as discussed below.

For the limited number of NFs eligible for the NF VBP program, but that do not participate in managed care, resident days for each facility will be based on fee-for-service paid Medicaid claims. Days are calculated by taking the header end date of service and subtracting the header first day of service and adding 1 (for the discharge date). If this calculation is 0 (because the header starts and end dates are the same date), then the days count is set to 1. DMAS will use the timeframe October 1, 2023, to September 30, 2024, to calculate Medicaid days for SFY 2025. The Medicaid days' data for this period will be considered final after the third month following the end of the prior performance year. This allows for at least 90 days of runout prior to data compilation. DMAS reserves the right to decide the appropriate days used for payment determination.

Performance Evaluation Period

SFY 2025 performance-based payments will consider both attainment on the specified measures, as well as improvement from the previous performance year. In the third year of the NF VBP program, the PM performance evaluation period will run from October 2023 through September 2024. This 12-month period from October through September will also continue to serve as the PM performance evaluation window in subsequent years.

NF VBP Payment Mechanics

Components of Total NF VBP Payment

As depicted in Exhibit D, DMAS will derive payment under the NF VBP program based on several components. These components include (1) earned attainment funds for each measure, (2) earned improvement funds for applicable measures (if available), and (3) the number of applicable Medicaid days for the facility.

Exhibit D: Components of the NF VBP Payment

Performance Measure Weights

PM weights define the total dollar amount allocated to each PM based on available funding for the program. Table 4 demonstrates the distribution of total funds across the PMs for SFY 2025. Staffing measures account for 40% of the total available funds for the PM component of the program. Measures for avoiding negative care events account for the remaining 60% of performance funds.

Table 4: SFY 2025 NF VBP PM Weights

Components of VBP Program	Weight	Total SFY 2024 Funding
Days without Minimum RN hours [14]	20%	$37.0 M
Total Nurse Staffing Hours per Resident Day (RN, LPN, CNA) – case-mix adjusted	20%	$37.0 M
Number of hospitalizations per 1,000 long-stay resident days	15%	$27.7 M
Number of outpatient ED visits per 1,000 long-stay resident days	15%	$27.7 M

Components of VBP Program	Weight	Total SFY 2024 Funding
Percentage of long-stay Residents with Pressure Ulcers	15%	$27.7 M
Percentage of long-stay Resident with a Urinary Tract Infection (UTI)	15%	$27.7 M
Performance (Attainment and Improvement)	**100%**	**$185 M**

Performance Measure Tiers & Payment Calculation

Performance tiers were established by modeling CY 2020 data for all performance measures except the Days without Minimum RN hours staffing measure, which uses 2019 facility data. The Virginia Department of Medical Assistance Services (DMAS) used the 25th, median, and 75th percentile values to set the thresholds for the Fair, Better and Best performance tiers for all measures except the Days without Minimum RN hours. The performance tiers for the Days without Minimum RN hours staffing measure were set by evaluating the 25th, median and 75th percentile values of the annualized 2019 Nursing Home Compare data on RN staffing hours. The Fair tier threshold was then adjusted to use the current Nursing Home Compare technical specification threshold for RN staffing. The Better and Best thresholds were adjusted to encompass the 50th and 75th percentile of facility performance in the 2019 annualized data. DMAS plans to keep the performance tier values constant for the first three years of the program.[15] However, adjustments may occur to tiers and/or weights in subsequent program years based on evaluation by DMAS.

For the Total Nurse Staffing Hours per resident day – case-mix adjusted measure, determination of attainment thresholds and the improvement pool will differ from the other measures for SFY25, as follows:

- **Total Nurse Staffing**
    - o Attainment: attainment thresholds will be determined after three (3) quarters of FFY24 data based on the new methodology posted (i.e., CY2024 Q1 – Q3).
    - o Improvement: As there will not be opportunity for comparison to data from the previous year, there will be no improvement pool for SFY25.
- **Pressure Ulcers**
    - o Attainment: performance will be based on four (4) quarters of FFY24 data based on the new methodology CMS deployed during FFY24. Performance will be determined in one of two ways, with NFs assigned to the tier that corresponds to the better of their performance: 1) the tier the NF falls into based on evenly distributing FFY 2024 performance across the four tiers; 2) the tier that the NF would have fallen into based on the SFY24 program year thresholds.
    - o Improvement: there will be no improvement pool for SFY25. DMAS anticipates that thresholds set based on evenly distributing FFY 2024 performance across the four tiers will serve as the baseline for improvement payments for SFY26.

NFs can earn increasing levels of PM payment for higher levels of performance. Table 5, below, depicts the PM level thresholds associated with each level of performance for each measure and Table 6 illustrates the projected per diem level equivalent each NF can earn through achieving various levels of performance on designated measures. NFs can earn the maximum per diem award for attainment through performance levels in the Best performance tier. Partial awards are made for performance in lower tiers (Better and Fair). As depicted in Exhibit F, attainment in the Better tier will result in payment of 75% of the maximum per diem award, and 50% of the maximum in the Fair tier. Performance below the minimum established performance tier (Fair) will not earn attainment funds. Each PM is evaluated independently for each eligible NF.

Projected per diem amounts listed in Table 6 are calculated from applying the distribution of SFY24 performance across each measure to the total amount of program funding available in SFY25. Should the distribution of SFY25 performance for any of the measures cause a misalignment between the size of the improvement pool relative to program goals, final SFY25 per diem amounts – which can only be calculated once all data are analyzed – may be increased relative to the projected per diem amounts. The magnitude of increases will depend on the magnitude of differences between NF performances in SFY24 compared to performance in SFY25. If the distribution of SFY25 performance for any of the measures causes the expenditure level to exceed allocated funding, the projected per diem amounts may be reduced to cap funding for that measure at the allocated amount.

Exhibit E: SFY 2025 NF VBP Performance Measure Tiers
(Note: Days without Minimum RN hours tiers determined relative to federal requirements[16])

Best	Better	Fair	Below
100% PM per diem earned	**75% PM per diem earned**	**50% PM per diem earned**	**0% PM per diem earned**
75th percentile +	Median – 75th percentile	25th percentile – Median	Below 25th percentile

Table 5: SFY 2025 NF VBP Performance Measure Tier Thresholds[17]

| Domain	Performance Measure	Fair Threshold	Better Threshold	Best Threshold
Staffing	Days without Minimum RN Hours	13.00 – 16.00	5.00 – 12.00	0.00 – 4.00
	Total Nurse Staffing Hours per resident day (RN, LPN, CNA) – case-mix adjusted[18]	Thresholds will be determined and provided at a later date based on 3 quarters of data from SFY25/FFY24		
Avoidance of Negative Care Events	Number of hospitalizations per 1,000 long-stay resident days	1.36 – 1.75	1.00 – 1.35	0 – 0.99
	Number of outpatient ED visits per 1,000 long-stay resident days	0.64 – 0.95	0.39 – 0.63	0 – 0.38
	Percentage of long-stay Residents with Pressure Ulcers	See Performance Measure Tiers & Payment Calculation section		
	Percentage of long-stay Resident with a Urinary Tract Infection (UTI)	2.39 – 4.36	1.31 – 2.38	0 – 1.30

Table 6: SFY 2025 Projected NF VBP Performance Measure Per-Diem Award Based on Tiers

Domain	Performance Measure	Fair	Better	Best
		Per Diem Award	Per Diem Award	Per Diem Award
Staffing	Days without Minimum RN Hours	$2.63	$3.94	$5.25
	Total Nurse Staffing Hours per resident day (RN, LPN, CNA) – case-mix adjusted	Per Diems will be determined when performance data are available.		
Avoidance of Negative Care Events	Number of hospitalizations per 1,000 long-stay resident days	$4.00	$6.00	$8.00
	Number of outpatient ED visits per 1,000 long-stay resident days	$6.50	$9.75	$13.00
	Percentage of long-stay Residents with Pressure Ulcers	Per Diems will be determined when performance data are available.		
	Percentage of long-stay Resident with a Urinary Tract Infection (UTI)	$2.13	$3.19	$4.25

To calculate the full attainment award earned by a facility for a designated measure, multiply the per-diem attainment (determined by DMAS) by the number of applicable Medicaid days in the performance period (Exhibit G).

**Exhibit F: NF VBP Performance Measure Attainment Award Calculation**

Measure Per Diem Award **×** Medicaid Days **=** PM Attainment Payment
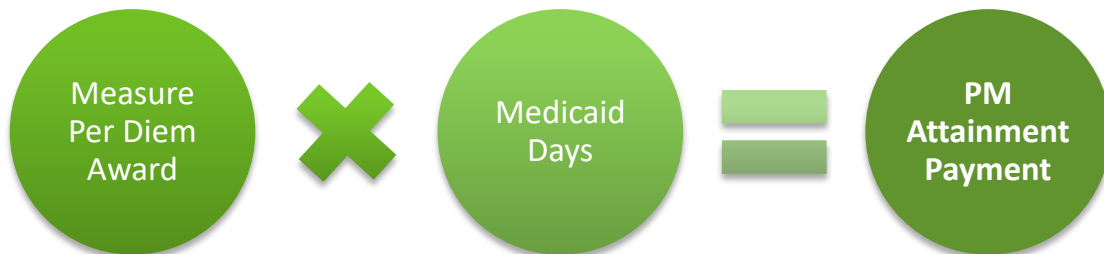
Performance Measure Improvement

After determining all PM attainment award amounts, the NF VBP program creates an "improvement pool" out of any remaining, unearned funds. The improvement pool is the sum of the remaining funds from facilities that did not earn any attainment funding or attained in the Better and Fair tiers (i.e., less than the maximum attainment per diem for a given PM), see Exhibit H. The improvement pools are created on a measure-by-measure basis.

While an unlikely scenario, if all facilities attain at the Best tier for a specific PM, there would be no improvement pool for that PM because the facilities would have already earned all funding available for that PM.

Exhibit G: NF VBP Performance Measure Improvement Pool Mechanics

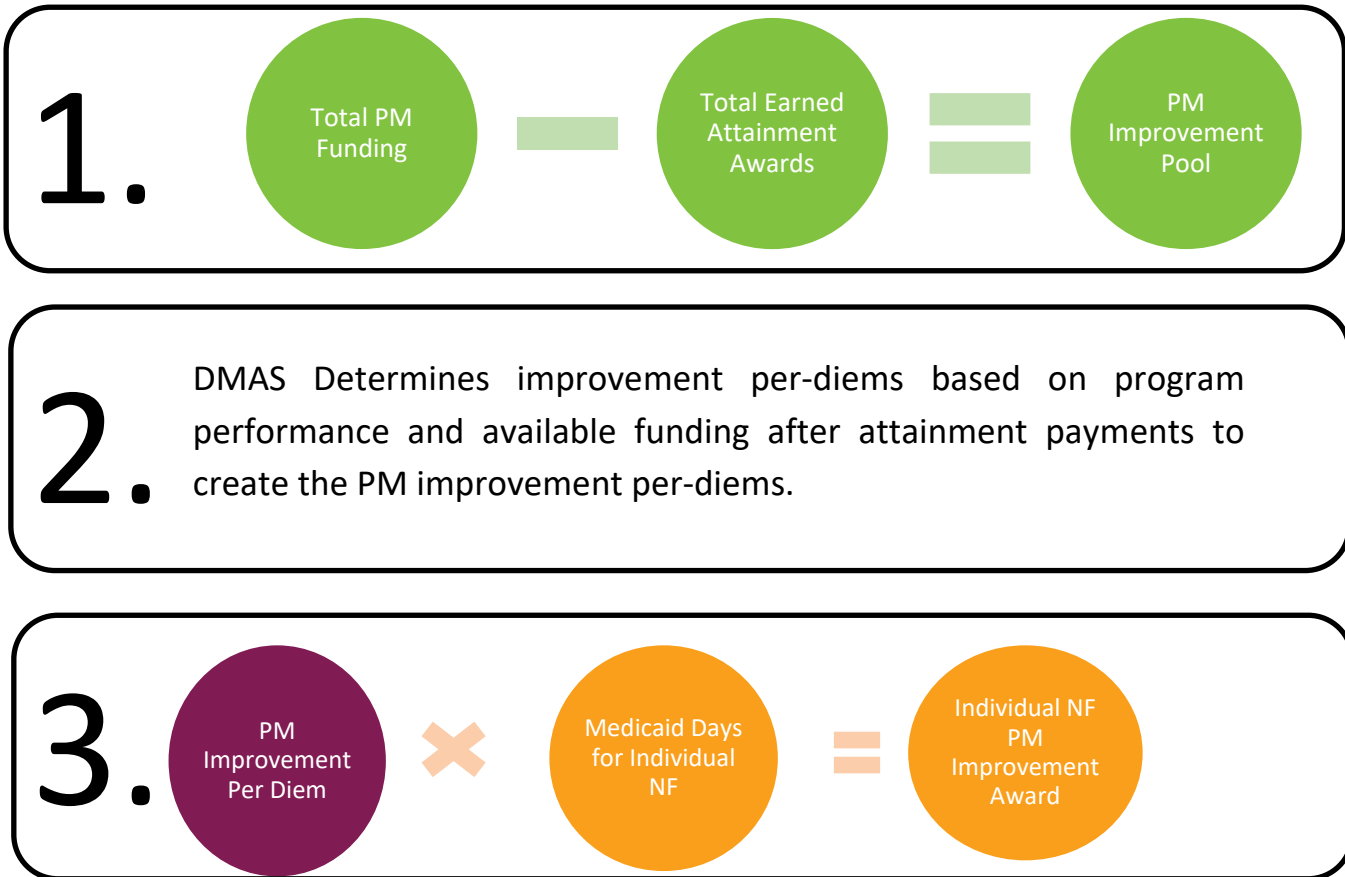| Best	Better	Fair	Below
0% unearned funds	25% unearned funds	50% unearned funds	100% unearned funds

Unearned Funds

Improvement Pool Available
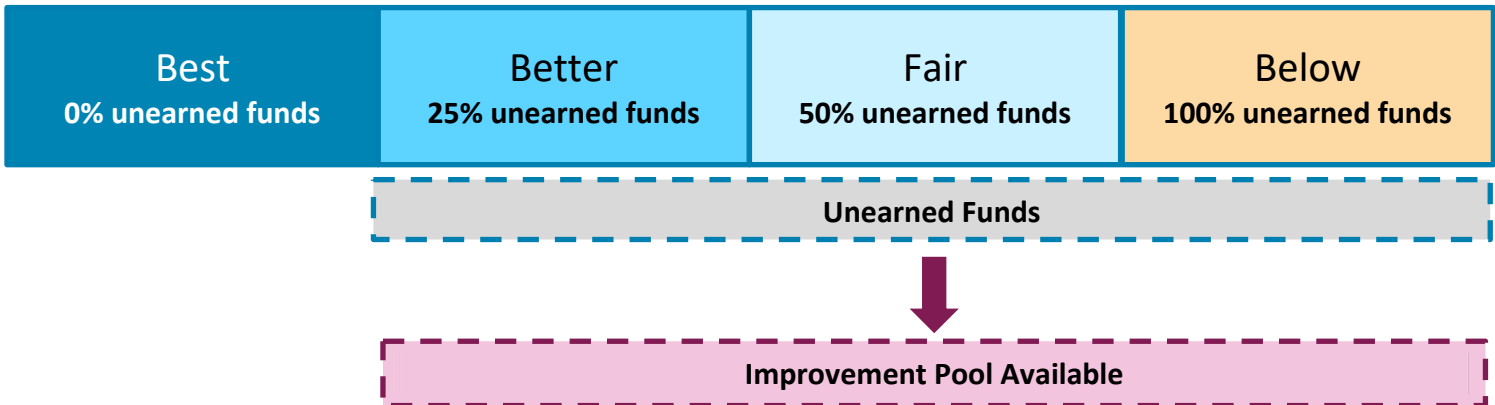
Facilities that participated in the NF VBP program during a previous program year that meet or exceed a PM improvement target are eligible for improvement awards, pending pool availability. Improvement award amounts are dependent on each measure's available improvement pool and the number of Medicaid days for the facilities that met the PM improvement target (see Table 6.) By allowing unearned attainment funds to rollover into an improvement pool for a specific measure, the program can ensure that all funding available for a PM is dispersed based on NF performance, whether that performance be based on attainment and/or improvement. In most circumstances, facilities are eligible to earn funds for both attainment and improvement.

DMAS continues to estimate that attainment awards will constitute at least 75% of the total NF VBP program performance-based funding and improvement awards will constitute up to 25%. To determine the level of improvement payments, the program will take the total available improvement pool funds for a particular measure and divide this amount by the number total Medicaid days for the NFs that meet the improvement threshold. The exact size of this award will vary based on 1) the size of the improvement pool and 2) the number of Medicaid days for NFs that meet the improvement target for any given measure. See Exhibit I for a breakdown of this formula.

For the Days without Minimum RN Hours measure, NFs cannot earn an improvement payment if their previous performance was already within the Best performance tier (i.e. NFs cannot earn improvement funds for improvement *within* the Best tier). For all avoidance of negative care event PMs, NFs are eligible for improvement awards regardless of their previous or current tier.

Exhibit H: Formula for Improvement Award for each NF Meeting PM Improvement Targets

1. Total PM Funding − Total Earned Attainment Awards = PM Improvement Pool

2. DMAS Determines improvement per-diems based on program performance and available funding after attainment payments to create the PM improvement per-diems.

3. PM Improvement Per Diem × Medicaid Days for Individual NF = Individual NF PM Improvement Award

VBP Program Payment Distributions

Payment Responsibility

To limit administrative burden and support transparency of total payments, each participating NF will receive their NF VBP payments from a single entity. For NFs that do not participate in Medicaid managed care, DMAS will be responsible for such payments. For NFs that do participate in Medicaid managed care, participating managed care plans will be responsible for making this payment in accordance with the timing and size of payment directed by DMAS.

As each NF may serve members from multiple managed care plans, DMAS will review available data to attribute each eligible facility to a single managed care plan. The NF to MCO attribution will be available to all eligible NFs prior to any NF VBP payments for the program year.

Payment Timing

The Total NF VBP payments earned –performance attainment and performance improvement will be paid in two lump sums throughout the year. This timeline addresses limitations presented by three significant requirements in implementing the program:

    1. All funds allocated for the SFY must be distributed within that SFY.

2. PM data are available at differing intervals and require certain run-out periods.

Table 7 shows the data collection period, data reporting month, and anticipated payment month for each portion of NF VBP payments in program year 3. This schedule anticipates that eligible NFs will receive lump sum payments associated with the program components in Apr/May 2025 and June 2025 in the third program year.

Table 7: NF VBP SFY 2025 Payment Timing

	Performance Measure	Data Collection Period	Data Reported	Payment Month
Performance Measures	Days without Minimum RN hours	October 2023 – September 2024	January 2025	Apr/May, 2025
	Total Nurse Staffing Hours per Resident Day (RN, LPN, CNA) – case-mix adjusted			
	Percentage of long-stay Residents with Pressure Ulcers			
	Percentage of long-stay Resident with a Urinary Tract Infection (UTI)			
	Number of hospitalizations per 1,000 long-stay resident days		April/May 2025	June/July, 2025
	Number of outpatient ED visits per 1,000 long-stay resident days			

DMAS Consideration of Final Results

The full amount of NF VBP program funding will be distributed to eligible NFs based on the criteria established above. As actual data for the performance period are not known in advance, DMAS reserves the right to review the results and adjust criteria as necessary to distribute available funding equitably and completely. No payments will be made that exceed the available funding for the program in total. DMAS will provide notice of any such changes to program criteria prior to finalizing payments.

DMAS will make all final determinations with regards to payments under the NF VBP program, including, but not limited to, determinations of any features pertaining to PM attainment and PM improvement, as well as any underlying data used to determine such payments. DMAS will work with stakeholders to address any disagreements in determinations on these points, but if DMAS and the stakeholder are unable to come to agreement, DMAS decisions are final and not subject to appeal.

[1]) Due to a methodological change in risk adjustment impacting these measures, CMS revised its thresholds for the measures for calculating performance in the Medicare Nursing Home Five-Star Quality Rating System atbhttps://www.cms.gov/files/document/qso-23-21-nh.pdf . .

[2] Due to a significant change by CMS to the Minimum Data Set for percentage of long-stay residents with pressure ulcers, thresholds have been modified to account for reduced comparability of this measure for SFY25 compared to previous years. See "Updates to Nursing Home Care Compare Staffing and Quality Measures".

[3] Item *313#27c (DMAS) Continue Nursing Home Per Diem Payment & Begin Value-based Purchasing Program. HB1800 – Conference Report*. (2021). Virginia's Legislative Information System. https://budget.lis.virginia.gov/amendment/2021/2/HB1800/Introduced/CR/313/27c/ & *Item 304 Section OOO 2.a-c (DMAS) Medicaid Program Services. HB30 - Chapter 2*. (2022). Virginia's Legislative Information System. https://budget.lis.virginia.gov/item/2022/2/HB30/Chapter/1/304/. & 304#24C (DMAS) Add Funding for Medicaid Value Based Purchasing Program for Nursing Homes. HB30 - Conference Report, Virginia's Legislative Information System, https://budget.lis.virginia.gov/amendment/2022/2/HB30/Introduced/CR/304/24c/.

[4]*Item 304 Section OOO 2.a-c (DMAS) Medicaid Program Services. HB30 - Chapter 2. (2022).* Virginia's Legislative Information System. https://budget.lis.virginia.gov/item/2022/2/HB30/Chapter/1/304/.

[5] See "Updates to Nursing Home Care Compare Staffing and Quality Measures".

[6] Based on facility reported total RN staffing hours submitted to CMS within the required 45-day window following the end of the quarter, the count will include days with less than 7.5 hours of RN staffing. The daily requirement is considered met at 7.5 RN hours per day, as CMS instructs NFs to not report the required 0.5-hour meal break. For the purposes of the DMAS NF VBP Program, performance will be evaluated by combining four quarters of data to annualize the measure and will include Registered Nurse (job code 7), Registered Nurse Director of Nursing (job code 5), and Registered Nurse with Administrative Duties (job code 6) hours to encompass total RN hours. The data can be found in the Payroll Based Journal Daily Nurse Staffing File in the PBJ system. These data are submitted quarterly and are due 45 days after the end of each reporting period. Only data submitted and accepted by the deadline are used by CMS for staffing calculations. DMAS will collect and aggregate data from the PBJ Daily Nurse Staffing File. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing

[7] Code of Federal Regulations, 42 CFR§ 483.35(b) https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.35

[8] Data for the total nursing hours per resident day case-mix adjusted measure are found in the NH Provider Info File.
PQDC. (2021). Https://Data.Cms.Gov/Provider-Data/Dataset/4pq5-N9py. https://data.cms.gov/provider-data/dataset/4pq5-n9py. The Total nursing hours per resident day (RN + LPN + nurse aide hours) – case-mix adjusted measure result will be determined through a calculation of the weighted average of the four quarters of data based on Medicaid days.

[9] Long-stay resident quality measures show the average quality of care for certain care areas in a nursing home for those who stayed in a nursing home for 101 days or more.

[10] Data for the Number of Hospitalizations per 1,000 Long-Stay Resident Days is found in the NH Care Compare Quality Measure MDS Claims File *PQDC - MDS Quality Measures*. (2021). Https://Data.Cms.Gov/Provider-Data/Dataset/Djen-97ju. https://data.cms.gov/provider-data/dataset/djen-97ju

[11] Data for the Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days is found in the NH Quality Measure MDS Claims File *PQDC - MDS Quality Measures*. (2021). Https://Data.Cms.Gov/Provider-Data/Dataset/Djen-97ju. https://data.cms.gov/provider-data/dataset/djen-97ju

[12] Data for the Percentage of long-stay Residents with Pressure Ulcers is found in the NH Quality Measure MDS Claims File *PQDC - MDS Quality Measures*. (2021). Https://Data.Cms.Gov/Provider-Data/Dataset/Djen-97ju. https://data.cms.gov/provider-data/dataset/djen-97ju

[13] Data for the Percentage of long-stay Residents with a Urinary Tract Infection (UTI) is found in the NH Quality Measure MDS Claims File *PQDC - MDS Quality Measures*. (2021). Https://Data.Cms.Gov/Provider-Data/Dataset/Djen-97ju. https://data.cms.gov/provider-data/dataset/djen-97ju

[14] The daily requirement is considered met at 7.5 RN hours per day, as CMS instructs NFs to not report the required 0.5-hour meal break. For the purposes of the DMAS NF VBP Program, performance will be evaluated by combining four quarters of data to annualize the measure and will include Registered Nurse (job code 7), Registered Nurse Director of Nursing (job code 5), and Registered Nurse with Administrative Duties (job code 6) hours to encompass total RN hours.

[15] As described in Footnote 1 and 16, performance tiers for this measure for SFY25 differ from those in SFY23 and SFY24 only to correct for an error made in the original calculations of baseline thresholds.

[16] Days without Minimum RN hours tiers are adjusted outside of the 25th, median and 75th percentiles to compliment the CMS staffing hour requirements.

[17] Values are not rounded prior to threshold designation. If a measure value is exactly equivalent to a threshold value, it is determined to be within the set threshold. A value is not determined to be within a tier until that value is more than the minimum threshold for that tier. (e.g., if a facility has Total Nurse Staffing Hours per resident day (RN, LPN, CNA) – case-mix adjusted of 3.4699, this facility would fall within the Better threshold).

[18] Thresholds for SFY25 differ from those in SFY23 and SFY24 due to a correction in the measure originally used to calculate baseline quartile-based thresholds. Specifically, the column "Case-Mix Total Nurse Staffing Hours per Resident per Day" of the CMS dataset (Case-mix adjusted data elements located in the CMS Nursing Home Provider Information File) was erroneously used to calculate thresholds in previous SFYs, instead of the column "Adjusted Total Nurse Staffing Hours per Resident per Day". The former column represents expected hours, while the latter column represents real hours. (Performance data in prior years and in this SFY are based on the "Adjusted Total Nurse Staffing Hours per Resident per Day" column) The thresholds listed in this document for this measure correctly reflect thresholds for data from the "Adjusted Total Nurse Staffing Hours per Resident per Day" column and are calculated according to the methodology described in the section "Performance Measure Tiers & Payment Calculation".