DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality

Ref: QSO-25-20-NH

DATE: June 18, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations
                     Group (SOG)

SUBJECT: Updates to Nursing Home Care Compare

Memorandum Summary

- **Post Performance Data for Nursing Home Chains –** "Chains" refers to groups of Medicare-certified nursing homes that are connected through common owners, and operators (also called "affiliated entities"). CMS will begin posting aggregated performance information for these nursing homes on Nursing Home Care Compare in a consumer-friendly format.
- **Drop Third Cycle Standard Surveys from the Nursing Home Care Compare Health Inspection Rating –** To help ensure the Nursing Home Care Compare health inspection rating more accurately reflects current performance in nursing homes, CMS will be removing any inspection in the third cycle, meaning the oldest surveys, from the rating calculation.
- **Incorporate Updated Long-Stay Antipsychotic Measure on Nursing Home Care Compare –** To improve measure accuracy CMS will update the quality measure assessing the number of long-stay residents receiving antipsychotic medications to include Medicare and Medicaid claims and encounter data, in addition to Minimum Data Set (MDS) data currently used in the existing measure.
- **Removing COVID-19 Vaccination Measures** – CMS will be removing the resident and staff COVID-19 Vaccination measures from the main profile page of each nursing home.

Post Performance Data for Nursing Home Chains

On September 26, 2022, CMS began publishing Skilled Nursing Facility (SNF) ownership data on data.cms.gov. As part of that release, CMS identified groups of Medicare-certified nursing homes linked together by common owners and control, referred to as "**affiliated entities**" or "**chains**." Then, in June 2023, CMS began posting performance information for nursing home chains on data.cms.gov ([QSO-23-18-NH](#)). The data included chains' average ratings and performance measures dataset across several staffing and quality measures. These data are posted on CMS's [data webpage](#), where the intended audience is nursing home stakeholders and

researchers. As the next phase in this effort, starting on July 30, 2025, CMS will publish performance information (average overall 5-star ratings, health inspection, staffing, and quality measure ratings) for each chain directly on Nursing Home Care Compare in a more consumer-friendly format. This will increase the transparency of nursing homes' ownership and control for consumers, allowing them to make more informed decisions about their care.

Drop Third Cycle Standard Surveys from the Nursing Home Care Compare Health Inspection Rating

In 2008, CMS added the Five Star Rating System to the Medicare.gov website, Nursing Home Compare (now known as Care Compare). The rating system comprises three rating domains: Health Inspections, Staffing, and Quality Measures. CMS has periodically made improvements to the website and rating system, such as improving the readability and usability of the information displayed and posting new measures. Currently, the health inspection Five-Star rating calculation uses the three most recent inspection cycles, with a maximum of 15 months per cycle. Historically, any inspection in the third cycle (i.e., the oldest standard survey) would not be over 45 months old. However, due to a backlog, there are currently health inspections in this cycle that are older than 45 months that are still used to calculate ratings. This backlog is primarily due to:

- The COVID-19 pandemic, when standard surveys were suspended for more than a year, while survey efforts focused on infection prevention and control for several months
- The federal survey budget has been flatlined since 2015 (while complaint investigations have increased over 20%), despite CMS requesting increases through the President's budget.

While there have been improvements in the backlogs, CMS believes that third-cycle standard health inspections may not accurately reflect the current performance of nursing homes, given their age. Therefore, CMS will no longer use the three most recent standard surveys and will only use the two most recent standard surveys for the health inspection rating calculation beginning in July 2025. Preliminary analyses indicate this change will have minimal impact on overall ratings, with most facilities maintaining their current health inspection ratings. Most nursing homes' (~80%) ratings will not change. However, there are meaningful changes for roughly 20% of nursing homes. For example, for facilities that had serious quality issues three surveys ago, but have taken strong steps to improve their quality, this change removes the negative impacts from their old performance and gives them credit for their efforts. Conversely, facilities that had high performance three surveys ago, but had significant deterioration of quality, this change will no longer allow providers to continue to benefit from old performance that doesn't reflect current conditions. Ultimately, this gives consumers a better picture of a nursing home's current quality level.

CMS will continue, however, to use a three-year lookback period for complaint and infection control inspections as these surveys reflect more recent conditions and provide the most up-to-date information on nursing home quality. As shown in the table below, survey weights will be allocated with greater emphasis on the most recent cycle.

Updates to Health Inspection Rating Calculation Methodology

Standard Survey Cycles Used	Complaint and Infection Control Surveys Used	Weights
Cycles 1 and 2	Three years for all states	75% for Cycle 1 and Complaint and Infection Control Surveys in the past 12 months, 25% for Cycle 2, and all other counted Complaint and Infection Control Surveys

Incorporate Updated Long Stay Antipsychotic Measure on Nursing Home Care Compare

The inappropriate use of antipsychotic medications is very dangerous for nursing home residents in terms of acting as a chemical restraint or causing death. For over a decade, CMS has strived to reduce the unnecessary use of these drugs. CMS publishes the percentage of long-stay residents receiving antipsychotics and includes this information in the Five Star Quality Rating System. In 2021, the Office of Inspector General (OIG) reported that the use of the minimum data set (MDS) for reporting the number of long-stay residents receiving antipsychotic medications may not accurately reflect the number of residents who are prescribed antipsychotic medications. To address this, CMS is updating the measure by including Medicare and Medicaid claims data and Medicare Advantage encounter data to supplement MDS data. Claims and Medicare Advantage encounter data will capture antipsychotic medication use that may be underreported on the MDS. Additionally, MDS-reported exclusion diagnoses are validated with claims and encounter data, reducing the number of excluded residents due to the overreporting of schizophrenia diagnoses on the MDS. These updates leverage data to improve the measure's accuracy. For example, CMS will accurately capture antipsychotic prescribing that falls within the nursing home stay, but not within the 7-day MDS look-back window.

On October 29, 2025, CMS will incorporate the new measure on Nursing Home Care Compare. The national percentage of residents receiving an antipsychotic is 14.64% under the existing measure. Under the new measure, this will increase to 16.98% due to the new measure's inclusion of additional data, resulting in improved accuracy. This measure is one of several quality measures used to calculate the Nursing Home Care Compare Five-Star quality rating. The updated measure will replace the current measure of the percent of long-stay residents receiving an antipsychotic medication. For star rating calculations, the cut points for this measure will be set to place providers into 10 equal deciles based on the distribution of providers' performance. For additional information on how CMS calculates star ratings, see the Nursing Home Care Compare Five Star Technical Users' Guide.

Removing COVID-19 Vaccination measures
In 2021, CMS began collecting data on the percentage of nursing home residents and staff who received their COVID-19 vaccine. At that time, CMS displayed vaccination measures for nursing home residents and staff on the Nursing Home Care Compare website in its own section on each

nursing home's main page. We are removing the COVID-19 vaccination section from the main profile page of each nursing home on the Care Compare website effective July 30, 2025.

<u>Contact:</u>
For questions or concerns relating to this memorandum, please contact
BetterCare@cms.hhs.gov.

<u>Effective Date:</u>
Immediately. Please communicate to all appropriate staff within 30 days.

<div align="center">/s/</div>

Karen L. Tritz	David R. Wright
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<u>Resources to Improve Quality of Care:</u>
Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:
- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus

Get guidance memos issued by the Quality, Safety and Oversight Group by going to CMS.gov page and entering your email to sign up. Check the box next to "CCSQ Policy, Administrative, and Safety Special Alert Memorandums" to be notified when we release a memo.