



## Department of Health

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Governor

JAMES V. McDONALD, M.D., M.P.H.  
Commissioner

JOHANNE E. MORNE, M.S.  
Executive Deputy Commissioner

November 20, 2024

Dear Nursing Home Administrator:

The New York State Department of Health (the Department) is finalizing the results of the 2023 Nursing Home Quality Initiative (NHQI) for public reporting and would like you to review the data submitted by your organization. This is not an opportunity to update your data, but to review your results and reach out if you have any questions. This letter is accompanied by the methodology for the 2023 NHQI and instructions for interpreting your facility's 2023 NHQI results. We request that nursing homes provide feedback by **December 6, 2024**.

If there are any questions about the 2023 NHQI, please email us at [nhqp@health.ny.gov](mailto:nhqp@health.ny.gov). After the feedback period, the finalized results will be released to nursing homes. The Department will also post finalized data on its Health Data NY website, and we will inform you when the file is publicly available.

Sincerely,

Raina Josberger, Director  
Center for Applied Research and  
Evaluation  
New York State Department of Health  
Office of Health Services Quality and  
Analytics

cc: A. Schettine  
L. Cogan  
L. Rosenthal  
V. Wagner  
S. Sambandamoorthy

Attachments:

1. Instructions to access your results on HCS\_NHQI2023
2. NHQI 2023 methodology\_Nov2024updated
3. Instructions for Interpreting facility level results\_NHQI2023

**New York State Department of Health**  
2023 Nursing Home Quality Initiative Results for Feedback  
**Instructions to access on HCS**

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Your facility's report is available for download on the Health Commerce System (HCS). If you **do not have an HCS account**, you need to get an account through CAMU (Commerce Accounts Management Unit): [camu@its.ny.gov](mailto:camu@its.ny.gov) 1-866-529-1890 option 1. If you already have an HCS account or username but **are not accessing the correct facility**, send your request to the mailbox [RHCF-HCS@health.ny.gov](mailto:RHCF-HCS@health.ny.gov) requesting the permission for that specific facility.

To access this report on the HCS, follow the instructions below.

1. Login to HCS: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html).
2. Enter User ID and Password.
3. From “My Applications”, select “Healthcare Finance Data Gateway”. Go to Step 4 if this application does not already exist in your list of applications, otherwise skip to Step 7.
4. From the top line menu under “My Content”, choose “All Applications”.
5. Select “H”, then click the Green “+” button under the Add/Remove column to add the application to your personal “My Applications” list.
6. You may open the application from the page you are already on by clicking “Healthcare Financial Data Gateway” or you may choose it from “My Applications” under the Home page.
7. Go to the **Publications** section:
  - a. Under Collection, click on drop down and select "Nursing Home Rate Sheets"
  - b. Under Package, click on drop down and select "2023 Nursing Home Quality Initiative Results for Feedback"
  - c. Under Organization, click on drop down and select your organization
  - d. Click on Search and download

# New York State Department of Health

## 2023 Nursing Home Quality Initiative Methodology

November 2024 updated

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The 2023 Nursing Home Quality Initiative (NHQI) is comprised of three components: **[I]** the Quality Component (quality measures), **[II]** the Compliance Component (compliance with reporting), and **[III]** the Efficiency Component (Potentially Avoidable Hospitalizations (PAH)). The NHQI 2023 score is worth a maximum ~~100~~ 95 points.

### List of NHQI 2023 measures:

#### I. Quality Component: ~~75~~ 70 points

1. Percent of Contract/Agency Staff Used
2. ~~Percent of Current Healthcare Personnel Up to Date with COVID-19 Vaccines (new measure)~~
3. Percent of Current Residents Up to Date with COVID-19 Vaccines (revised measure)
4. Percent of Employees Vaccinated for Influenza
5. Percent of Long Stay High-Risk Residents with Pressure Ulcers
6. Percent of Long Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder
7. Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
8. Percent of Long Stay Residents Who Have Depressive Symptoms
9. Percent of Long Stay Residents Who Lose Too Much Weight
10. Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
11. Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
12. Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
13. Percent of Long Stay Residents with a Urinary Tract Infection
14. Rate of Staffing Hours per Resident per Day
15. Total Nursing Staff Turnover

#### II. Compliance Component: 15 points

1. NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
2. Timely Submission of Employee Influenza Immunization Data

#### III. Efficiency Component: 10 points

1. Potentially Avoidable Hospitalizations

## I. Quality Component (75 70 points)

Quality measures are calculated from MDS 3.0 data, the CMS' Payroll Based Journal (PBJ) Daily Nurse Staffing data, the Care Compare Provider data, the Nursing Home COVID-19 Public File, and the NYS Employee Flu Vaccination data.

- The allotted 75 70 points for quality are distributed evenly for all quality measures. The NHQI includes 15 14 quality measures with each measure being worth a maximum of 5 points.
- Quality measures are awarded points based on quintile-based or threshold-based scoring methodology. For the quintile-based measures, a facility will receive points as follows: Quintile 1: 5 points, Quintile 2: 3 points, Quintile 3: 1 point, Quintiles 4 and 5: 0 points. For the threshold-based measures, a facility will receive 5 or 0 points based on the threshold value for each measure.
- The quintiles and results are based on the same measurement year. Therefore, only a certain number of nursing homes are able to achieve these quintiles for each measure. The results are not rounded until after determining the quintile for measures. For measures with very narrow ranges of performance, two facilities may be placed in different quintiles and receive different points, but after rounding, the facilities may have the same rate.
- For quality measures that are awarded points based on their quintile distribution, nursing homes will be rewarded for achieving high performance as well as improvement from previous year's performance. Note that improvement points will not apply to quality measures that are based on threshold values. See the Quality Point Grid for Attainment and Improvement below. Assuming each quality measure is worth 5 points, the distribution of points based on two years of performance is demonstrated in the grid.

**Quality Point Grid for Attainment and Improvement**

		Year 1 Performance				
		Quintiles	1	2	3	4
Year 2 Performance	1 (best)	5	5	5	5	5
	2	3	3	4	4	4
	3	1	1	1	2	2
	4	0	0	0	0	1
	5	0	0	0	0	0

Year 1 = 2022 (2021 measurement year)

Year 2 = 2023 (2022 measurement year)

For example, if 2022 NHQI performance (Year 1) is in the third quintile, and 2023 NHQI performance (Year 2) is in the second quintile, the facility will receive 4 points for the measure. This is 3 points for attaining the second quintile and 1 point for improvement from the previous year's third quintile.

**Table 1a. Quality Component – Measurement Period by Data Sources**

Data source	Measurement Period
MDS 3.0	<ul style="list-style-type: none"> <li>October 1, 2021 - June 30, 2022 (Percent of long stay residents who received the seasonal influenza vaccine)</li> <li>Calendar year 2022 (all other MDS based quality measures)</li> </ul>
The CMS' Payroll Based Journal Daily Nurse Staffing data	<ul style="list-style-type: none"> <li>2022 - quarter 1, quarter 2, quarter 3, quarter 4</li> </ul>
The CMS' Care Compare data (NH_providerinfo files)	<ul style="list-style-type: none"> <li>Rate of staffing hours per resident per day (2022 - quarter 1, quarter 2, quarter 3 &amp; quarter 4)</li> <li>Total nursing staff turnover (calendar year 2022)</li> </ul>
Employee vaccination data submitted to the Bureau of Immunization through HERDS	<ul style="list-style-type: none"> <li>2022 - 2023 influenza season</li> </ul>
Nursing Home COVID-19 Public File	<ul style="list-style-type: none"> <li>Q42023 – weekly report</li> </ul>

**Table 1b. Quality Component - Measures (75 70 points)**

No.	Quality Measures	Measure Steward	Data Source	Scoring Method	Notes	Eligible for Improvement in 2023 NHQI
1	Percent of contract/agency staff used	NYSDOH	The CMS' quarterly Payroll Based Journal Daily Nurse Staffing files	Threshold	Maximum points are awarded if the rate is less than 10%, and zero points if the rate is 10% or greater.	No (threshold-based measure)
2	<del>Percent of current healthcare personnel up to date with COVID-19 Vaccines*</del>	CMS	<del>Nursing Home COVID-19 Public File</del>	Quintile		<del>No (new measure in NHQI2023)</del>
3	Percent of current residents up to date with COVID-19 vaccines*	CMS	Nursing Home COVID-19 Public File	Quintile		No (revised measure in NHQI2023)
4	Percent of employees vaccinated for influenza*	NYSDOH	Employee vaccination data submitted to the Bureau of Immunization through HERDS for the 2022 - 2023 influenza season	Quintile		Yes
5	Percent of long stay high-risk residents with pressure ulcers	CMS	MDS 3.0	Quintile	Risk adjusted by the NYSDOH	Yes

\* a higher rate is better

**Table 1b. Quality Component - Measures (continued)**

No.	Quality Measures	Measure Steward	Data Source	Scoring Method	Notes	Eligible for Improvement in 2023 NHQI
6	Percent of long stay low-risk residents who lose control of their bowel or bladder	CMS	MDS 3.0	Quintile		Yes
7	Percent of long stay residents experiencing one or more falls with major injury	CMS	MDS 3.0	Threshold	Maximum points are awarded if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.	No (threshold-based measure)
8	Percent of long stay residents who have depressive symptoms	CMS	MDS 3.0	Quintile		Yes
9	Percent of long stay residents who lose too much weight	CMS	MDS 3.0	Quintile	Risk adjusted by the NYSDOH	Yes
10	Percent of long stay residents who received the pneumococcal vaccine*	CMS	MDS 3.0	Quintile		Yes
11	Percent of long stay residents who received the seasonal influenza vaccine*	CMS	MDS 3.0	Quintile		Yes
12	Percent of long stay residents whose need for help with daily activities has increased	CMS	MDS 3.0	Quintile		Yes
13	Percent of long stay residents with a urinary tract infection	CMS	MDS 3.0	Threshold	Maximum points are awarded if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.	No (threshold-based measure)
14	Rate of staffing hours per resident per day*	NYSDOH	NH_Providerinfo files are downloaded from the CMS' Care Compare data archive.	Quintile		Yes
15	Total Nursing Staff Turnover	CMS	NH_Providerinfo files are downloaded from the CMS' Care Compare data archive.	Quintile	Regionally adjusted by NYSDOH	Yes

\* a higher rate is better

## II. Compliance Component (15 points)

The compliance component consists of two measures: CMS' five-star quality rating for health inspections and timely submission of employee influenza immunization data.

- CMS Five-Star Quality Rating for Health Inspections (regionally adjusted)
  - The **health inspection survey scores** are downloaded from CMS. These scores are used to calculate cut points for each region in the state. Regions include the Metropolitan Area, Western New York, Capital District, and Central New York. Per CMS' methodology, the top 10% of nursing homes will receive five stars, the middle 70% will receive four, three, or two stars, and the bottom 20% will receive one star. Each nursing home will be awarded a Five-Star Quality Rating based on the cut points calculated from the health inspection survey scores within its region. **Ten** points are awarded for obtaining five stars or the top 10 percent (lowest 10 percent in terms of health inspection deficiency score). **Seven** points for obtaining four stars, **four** points for obtaining three stars, **two** points for obtaining two stars, and **zero** points for one star.
- Timely submission measures
  - Submission of employee influenza vaccination data to the NYSDOH Bureau of Immunization for the 2022 - 2023 influenza season by the deadline is worth five points.

**Table 2. Compliance Component - Measures**

Number	Measure	Measure Steward	Data Source and Measurement Period	Scoring Method
1	CMS Five-Star Quality Rating for Health Inspections (regionally adjusted)	CMS	CMS health inspection survey scores (as of April 2023)	5 stars=10 points 4 stars=7 points 3 stars=4 points 2 stars=2 points 1 star=0 points
2	Timely submission of employee influenza vaccination data	NYSDOH	Employee influenza vaccination data submitted to the Bureau of Immunization through HERDS for the 2022 - 2023 influenza season	<b>Five</b> points for submission by the deadline

## III. Efficiency Component (10 points)

- To align with the other CMS quality measures, the PAH rate will be calculated for each quarter, then averaged to create an annual average.
- The PAH measure is risk-adjusted.

**Table 3. Efficiency Component - Measure**

Number	Measure	Measure Steward	Data Source and Measurement Period	Scoring Method
1	Potentially Avoidable Hospitalizations (PAH)	NYSDOH	MDS 3.0 and SPARCS, 2022 calendar year	Quintile 1=10 points Quintile 2=8 points Quintile 3=6 points Quintile 4=2 points Quintile 5=0 points



## Scoring

The facility's overall score will be calculated by summing the points for each measure in the NHQI. In the event that a measure cannot be used due to small sample size or unavailable data, the maximum attainable points will be reduced for that facility. For example, if a facility has a small sample size on two of its quality measures (each 5 points), the maximum attainable points will be ~~100~~ 85 rather than ~~100~~ 95. The sum of its points will be divided by ~~90~~ 85 to calculate its total score. The example below provides a mathematical illustration of this method.

**Table 4. Calculating the Overall Score Ratio without and with Small Sample Size**

	Facility A	Facility B
	no small sample size	small sample size on two quality measures
Sum of points	80	80
Maximum points attainable	<del>100</del> 95	<del>90</del> 85
Score ratio (points/maximum)	<del>0.80</del> 0.84	<del>0.89</del> 0.94
Final score	<del>80</del> 84	<del>89</del> 94

## Ineligibility for NHQI Ranking

Due to the severity of letter J, K, and L health inspection deficiencies, receipt of a deficiency is incorporated into the NHQI. Nursing homes that receive one or more of these deficiencies are not eligible to be ranked into overall quintiles. J, K, and L deficiencies indicate a Level 4 immediate jeopardy, which is the highest level of severity for deficiencies on a health inspection. Immediate jeopardy indicates that the deficiency resulted in noncompliance and immediate action was necessary, and the event caused or was likely to cause serious injury, harm, impairment, or death to the resident(s).

- Deficiency data shows a J/K/L deficiency between July 1 of the measurement year (2022) and June 30 of the reporting year (2023).
- Deficiencies will be assessed on October 1 of the reporting year to allow a three-month window for potential Informal Dispute Resolutions (IDR) to process.
- Any **new** J/K/L deficiencies between July 1 and September 30 of the reporting year (2023) will **not** be included in the current NHQI; they will be included in the next NHQI cycle.
- If a JKL citation is found to be expunged or lowered based upon an IDR panel review, the Department reserves the right to make the adjustments.

## Nursing Home Exclusions from NHQI

The following types of facilities will be excluded from the NHQI and will not contribute to the pool or be eligible for payment:

- Non-Medicaid facilities
- Any facility designated by CMS as a Special Focus Facility at any time during 2022 or 2023, prior to the final calculation of the NHQI
- Specialty facilities
- Specialty units within a nursing home (i.e. AIDS, pediatric specialty, traumatic brain injury, ventilator dependent, behavioral intervention, neurodegenerative units)
- Continuing Care Retirement Communities
- Transitional Care Units

**Resources:**

- Measure specifications for the CMS Quality Measures used in the NHQI can be found in the MDS 3.0 Quality Measures User's Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>
- CMS' Care Compare data archive: <https://data.cms.gov/provider-data/archived-data/nursing-homes>
- CMS' Payroll Based Journal Staffing data: <https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing>
- COVID-19 Nursing Home Public file: [COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://data.cms.gov/quality-of-care/covid-19-nursing-home-public-file)

For more information about the NHQI methodology, please contact the Office of Quality and Patient Safety at [NHQP@health.ny.gov](mailto:NHQP@health.ny.gov).

**New York State Department of Health**  
2023 Nursing Home Quality Initiative

Interpreting Your Facility's Report

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The facility-level report is comprised of five sections: **[1]** quality component, **[2]** compliance component, **[3]** efficiency component, **[4]** scoring, and **[5]** determination of ineligibility. The NHQI 2023 score is worth a maximum 95 points.

**List of NHQI 2023 measures:**

**I. Quality Component: 70 points**

1. Percent of Contract/Agency Staff Used
2. Percent of Current Residents Up to Date with COVID-19 Vaccines (revised measure)
3. Percent of Employees Vaccinated for Influenza
4. Percent of Long Stay High-Risk Residents with Pressure Ulcers
5. Percent of Long Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder
6. Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
7. Percent of Long Stay Residents Who Have Depressive Symptoms
8. Percent of Long Stay Residents Who Lose Too Much Weight
9. Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
10. Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
11. Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
12. Percent of Long Stay Residents with a Urinary Tract Infection
13. Rate of Staffing Hours per Resident per Day
14. Total Nursing Staff Turnover

**II. Compliance Component: 15 points**

1. NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
2. Timely Submission of Employee Influenza Immunization Data

**III. Efficiency Component: 10 points**

1. Potentially Avoidable Hospitalizations

## 1. Quality Component (70 points)

The quality component contains 14 quality measures worth a combined maximum of 70 points. Each measure is weighted equally. The quality component consists of the MDS 3.0 quality measures (using four quarters of 2022 data), the staffing measures (the percent of contract/agency staff used, the rate of staffing hours per resident per day, and the total nursing staff turnover) from CMS's Payroll-Based Journal Daily Nurse Staffing data (PBJ) and Nursing home compare data, resident COVID-19 vaccination measure from the Nursing Home COVID-19 public file, percent of employee vaccinated for influenza measure from the NYS Bureau of Immunization's employee flu vaccination data.

### MDS 3.0 quality measures

- The 'Value' column shows the rates of each MDS 3.0 quality measure. A value of 'SS' (small sample) indicates that the denominator for the measure was less than 30 and thus the sample was too small to create a meaningful rate. This did not result in a loss of points. In cases of a small sample size, the maximum points that the facility could obtain were reduced from the base and its final score divided by the maximum points available.
  - For example, if a facility has a small sample size on two of its quality measures (each worth five points), the maximum attainable points will be 85 rather than 95. The sum of its points will be divided by 85 to calculate its total score.
- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the Nursing Home Quality Initiative (NHQI). Quintile one is the top quintile, while five is the bottom.
  - Three quality measures were not separated into quintiles and will show 'NA' (not applicable) for their quintile assignment: These quality measures are assigned all, or no points based on threshold values.
    - For the percent of contract/agency staff used measure, five points are awarded if the rate is less than 10%, and zero points if the rate is 10% or greater.
    - For the percent of long stay residents experiencing one or more falls with major injury, five points are awarded if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.
    - For the percent of long stay residents with a urinary tract infection, five points are awarded if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.
- The 'Points' column shows the number of points awarded to the facility based on its performance in the measure.

### Staffing measures

- Rate of staffing hours per resident per day
  - The 'Value' column shows the rate of staffing hours per resident per day, as calculated using 2022 Quarter1 – Quarter4 of CMS' nursing home care compare staffing data.
  - A value of 'DNA' (data not available) indicates that the facility did not have at least three quarters of staffing information, or the facility may not have staffing information due to the exclusion criteria set by CMS. In these cases, the facility received zero points and the base was not reduced. The exclusion criteria set by CMS can be found in the CMS' Five-Star Quality Rating System Technical Users' Guide <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>.
  - A value of 'NA/Closed' (not applicable) indicates that the facility was closed and was not available to submit the data for this measure. In this case, the facility did not lose points and the base was reduced.

- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the NHQI. Quintile one is the top quintile, while five is the bottom.
  - The 'Points' column shows the number of points awarded to the facility based on its performance in the measure.
- Percent of contract/agency staff used
- The 'Value' column shows the percent of contract/agency staff used, as calculated using 2022 Quarter1 – Quarter4 of CMS' PBJ Daily Nurse Staffing files.
  - A value of 'DNA' (data not available) indicates that the facility did not have at least three quarters of staffing information, or the facility may not have staffing information due to the exclusion criteria set by CMS. In these cases, the facility received zero points and the base was not reduced. The exclusion criteria set by CMS can be found in the CMS' Five-Star Quality Rating System Technical Users' Guide <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>.
  - A value of 'NA/Closed' (not applicable) indicates that the facility was closed and was not available to submit the data for this measure. In this case, the facility did not lose points and the base was reduced.
  - This measure does not require a quintile ranking and will indicate 'NA'.
  - The 'Points' column shows the number of points awarded. Five points were awarded for a percent of contract/agency staff used of less than 10%. Zero points were awarded for 10% or higher.
- Total nursing staff turnover
- The 'Value' column shows the percentage of nursing staff that left the nursing home over a twelve-month period, as calculated by CMS for the calendar year 2022 using nursing home compare staffing data.
  - A value of 'DNA' (data not available) indicates that the facility did not submit staffing data or submitted data that did not meet the criteria required to calculate a staffing measure (example: no or invalid data for at least a quarter, failed an audit). In these cases, the facility received zero points and the base was not reduced. The measure specification set by CMS can be found in the CMS' Five-Star Quality Rating System Technical Users' Guide <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>.
  - A value of 'DNA/Base adjusted' indicates that the data is not available for this facility because there was a 100% turnover listed on specific days during the measurement period. In these cases, the measure was suppressed for the facility and the base was reduced.
  - A value of 'NA/Closed' (not applicable) indicates that the facility was closed and was not available to submit the data for this measure. In this case, the facility did not lose points and the base was reduced.
  - The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values within MARO (Metropolitan Area Region) or non-MARO region of the facilities in the NHQI. Quintile one is the top quintile, while five is the bottom.
  - The 'Points' column shows the number of points awarded to the facility based on its performance in the measure.

### Resident COVID-19 vaccination measure

- Percent of current residents up to date with COVID-19 vaccines.
  - The 'Value' column shows the percentage of current residents up to date with COVID-19 vaccines. The percentages are reported by CMS for the reporting period of the week ending on December 24, 2023 (or previous week where they were missing).
  - A value of 'DNA' (data not available) indicates that the percentages are missing for the reporting week or the week prior. In these cases, the facility received zero points and the base was not reduced. The measure specification set by CMS can be found here [COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://www.cms.gov/medicare/quality-of-care/nursing-home-data).
  - A value of 'SS' (small sample) indicates that the denominator for the measure was less than 30 and thus the sample was too small to create a meaningful rate. This did not result in a loss of points. In cases of a small sample size, the maximum points that the facility could obtain were reduced from the base and its final score divided by the maximum points available. In these cases, the measure was suppressed for the facility and the base was reduced.
  - A value of 'NA/Closed' (not applicable) indicates that the facility was closed and was not available to submit the data for this measure. In this case, the facility did not lose points and the base was reduced.
  - The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the NHQI. Quintile one is the top quintile, while five is the bottom.
  - The 'Points' column shows the number of points awarded to the facility based on its performance in the measure.

### Employee Flu vaccination measure

- Percent of employees vaccinated for influenza.
  - The 'Value' column shows the percent of nursing facility staff who received the influenza vaccine during the July 2022- June 2023. A value of 'DNS' indicates that the facility did not submit employee influenza immunization data by the designated deadline. In this case, the facility received zero points and the base was not reduced.
  - A value of 'NA/Closed' (not applicable) indicates that the facility was closed and was not available to submit the data for this measure. In this case, the facility did not lose points and the base was reduced.
  - This measure is a quintile-based measure. The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the NHQI. Quintile one is the top quintile, while five is the bottom.
  - The 'Points' column shows the number of points awarded based on the quintile.

## 2. Compliance Component (15 points)

The compliance component contains two measures worth a combined maximum of 15 points. The NYS regionally adjusted five-star health inspection rating as of April 2023 is worth ten points and is adjusted for regional variation by NYSDOH. The timely submission of 2023 employee influenza immunization data for the measurement period 2022-2023 is worth five points.

- NYS regionally adjusted five-star quality rating for health inspections
  - The 'Value' column shows the number of stars awarded by the five-star rating. A value of 'NA' indicates that health inspection score data from CMS was not available, or the facility was too new to rate. In this case, the facility was not penalized, and the base was reduced.
  - A value of 'NA/Closed' (not applicable) indicates that the facility was closed and was not available to submit the data for this measure. In this case, the facility did not lose points and the base was reduced.
  - This measure does not require a quintile ranking and will indicate 'NA'.
  - The 'Points' column shows the number of points awarded to the facility based on its five-star rating.
  - Ten points are awarded for obtaining five stars or in the top 10 percent (lowest 10 percent in terms of health inspection deficiency score). Seven points are awarded for four stars, four points for three stars, two points for two stars, and zero points for one star.
  
- Timely submission of employee influenza immunization data
  - The 'Value' column indicates whether or not the facility submitted the data by the designated deadline (June 1, 2023).
  - These measures do not require quintile rankings and will indicate 'NA'.
  - The 'Points' column shows the number of points awarded to the facility. Five points are awarded if the value is 'Yes', and zero points if the value is 'No'.

## 3. Efficiency Component (10 points)

The efficiency component includes the potentially avoidable hospitalizations measure. This measure is based on all four quarters of 2022 and is worth 10 points. It indicates the number of potentially avoidable hospitalizations per 10,000 long stay days.

- Number of potentially avoidable hospitalizations per 10,000 long stay days
  - The 'Value' column shows the number of potentially avoidable hospitalizations per 10,000 long stay days.
  - A value of 'SS' (small sample) indicates that the denominator for the measure was less than 2,700 long stay days and thus the sample was too small to create a meaningful rate.
  
- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the NHQI.
- The 'Points' column shows the number of points awarded to the facility based on its quintile. Ten points are awarded for obtaining the first quintile, eight points for the second quintile, six

points for the third quintile, two points for the fourth quintile, and zero points for the fifth quintile.

#### 4. Scoring

The scoring component contains the overall score ratio per base points and the quintile ranking. The NHQI 2023 score is worth a maximum of 95 points.

##### *Overall Score Ratio per Base Points*

The 'Points' column shows the sum of the points earned for each measure, divided by the maximum points attainable for the facility, multiplied by 100. This method is shown in the examples below.	Facility A No small sample size (no reduction of base points)	Facility B Small sample size on two quality measures, each worth 5 points (10-point reduction of base points)
<b>Sum of points</b>	80	80
<b>Maximum points attainable</b>	95	85
<b>Score ratio (points/maximum)</b>	0.84	0.94
<b>Final score</b>	84	94

##### *Quintile ranking*

- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of scores from all facilities in the NHQI. The first quintile is the top rank, while the fifth quintile is the bottom. In the NHQI results for feedback document, the quintile ranking is listed as "Blank". In the NHQI final results document, the quintile ranking is displayed.

#### 5. Determination of Ineligibility

The determination of ineligibility section indicates that a facility had a level J, K, or L deficiency between July 1 of the measurement year (2022) and June 30 of the reporting year (2023), making it ineligible for potential payment. The overall score ratio per base points and quintile ranking are displayed for these facilities to show where they would have placed in the rankings had they had not received a level J, K, or L deficiency.