



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

November 13, 2025

Dear Nursing Home Administrator:

The New York State Department of Health (the Department) is finalizing the results of the 2024 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 instructions to access your results on the Health Commerce System (HCS), the methodology for the 2024 NHQI, and instructions for interpreting your facility's 2024 NHQI results. We request that nursing homes provide feedback by **November 28, 2025**.

If there are any questions about the 2024 NHQI, please email us at 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,

A handwritten signature in cursive script, appearing to read "Raina Josberger".

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_NHQI2024
2. NHQI 2024 methodology_Nov2025updated
3. Instructions for Interpreting facility level results_NHQI2024

New York State Department of Health
2024 Nursing Home Quality Initiative Results for Feedback
Instructions to access on HCS

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 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 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.
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 "2024 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

2024 Nursing Home Quality Initiative Methodology

November 2025 updated

The 2024 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). The NHQI 2024 score is worth a maximum ~~95~~ 90 points.

List of NHQI 2024 measures:

I. Quality Component: ~~70~~ 65 points

1. Percent of Contract/Agency Staff Used
- ~~2. Percent of Current Residents Up to Date with COVID-19 Vaccines~~
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

I. Quality Component (~~70~~ 65 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 ~~70~~ 65 points for quality are distributed evenly for all quality measures. The NHQI includes ~~14~~ 13 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						
Year 2 Performance	Quintiles	1	2	3	4	5
	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 = 2023 (2022 measurement year)

Year 2 = 2024 (2023 measurement year)

For example, if 2023 NHQI performance (Year 1) is in the third quintile, and 2024 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	- October 1, 2022 - June 30, 2023 (Percent of long stay residents who received the seasonal influenza vaccine) - January 1, 2023 - September 30, 2023, for the following 3 measures (due to MDS transition in October 2023): - Percent of Long Stay High-Risk Residents with Pressure Ulcers - Percent of Long Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder - Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased - Calendar year 2023 (all other MDS based quality measures)
The CMS' Payroll Based Journal Daily Nurse Staffing data	Percent contract/agency staff used (2023 - quarter 1, quarter 2, quarter 3, quarter 4)
The CMS' Care Compare data (NH_providerinfo files)	- Rate of staffing hours per resident per day (2023 - quarter 1, quarter 2, quarter 3) (due to change in staffing case-mix adjustment methodology) - Total nursing staff turnover (calendar year 2023)
Employee vaccination data submitted to the Bureau of Immunization through HERDS	July 2023 – June 2024 measurement period
Nursing Home COVID-19 Public File	Q4 2024 – weekly report

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

No.	Quality Measures	Measure Steward	Data Source	Scoring Method	Notes	Eligible for Improvement in 2024 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	Percent of current residents up to date with COVID-19 vaccines*	CMS	Nursing Home COVID-19 Public File	Quintile		Yes
3	Percent of employees vaccinated for influenza*	NYSDOH	Employee vaccination data submitted to the Bureau of Immunization through HERDS	Quintile		Yes
4	Percent of long stay high-risk residents with pressure ulcers	CMS	MDS 3.0	Quintile	Risk adjusted by the NYSDOH	No (altered measurement period used)

* 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 2024 NHQI
5	Percent of long stay low-risk residents who lose control of their bowel or bladder	CMS	MDS 3.0	Quintile		No (altered measurement period used)
6	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)
7	Percent of long stay residents who have depressive symptoms	CMS	MDS 3.0	Quintile		Yes
8	Percent of long stay residents who lose too much weight	CMS	MDS 3.0	Quintile	Risk adjusted by the NYSDOH	Yes
9	Percent of long stay residents who received the pneumococcal vaccine*	CMS	MDS 3.0	Quintile		Yes
10	Percent of long stay residents who received the seasonal influenza vaccine*	CMS	MDS 3.0	Quintile		Yes
11	Percent of long stay residents whose need for help with daily activities has increased	CMS	MDS 3.0	Quintile		No (altered measurement period used)
12	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)
13	Rate of staffing hours per resident per day*	NYSDOH	NH_Providerinfo files are downloaded from the CMS' Care Compare data archive.	Quintile		No (altered measurement period used)
14	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 July 2023 – June 2024 measurement period 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 2024)	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 July 2023 – June 2024 measurement period	Five points for submission by the deadline

III. Efficiency Component (10 points)

- To align with the other CMS quality measures, the Potentially Avoidable Hospitalizations 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	NYSDOH	MDS 3.0 and SPARCS, 2023 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 ~~95~~ 80 rather than ~~95~~ 90. The sum of its points will be divided by ~~95~~ 80 to calculate its total score. The example below provides a mathematical illustration of this method.

Table 4. Calculating the overall score 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 75	80 75
Maximum points attainable	95 90	85 80
Score ratio (points/maximum)	0.84 0.83	0.94
Final score	84 83	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 (2023) and June 30 of the reporting year (2024).
- 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 (2024) 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 2023 or 2024, 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>

For more information about the NHQI methodology, please contact the Office of Health Services Quality and Analytics at NHQP@health.ny.gov.

New York State Department of Health
2024 Nursing Home Quality Initiative

Interpreting Your Facility's Report

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 2024 score is worth a maximum 90 points.

List of NHQI 2024 measures:

I. Quality Component: 65 points

1. Percent of Contract/Agency Staff Used
2. Percent of Employees Vaccinated for Influenza
3. Percent of Long Stay High-Risk Residents with Pressure Ulcers
4. Percent of Long Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder
5. Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
6. Percent of Long Stay Residents Who Have Depressive Symptoms
7. Percent of Long Stay Residents Who Lose Too Much Weight
8. Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
9. Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
10. Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
11. Percent of Long Stay Residents with a Urinary Tract Infection
12. Rate of Staffing Hours per Resident per Day
13. 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 (65 points)

The quality component contains 13 quality measures worth a combined maximum of 65 points. Each measure is weighted equally. The quality component consists of the MDS 3.0 quality measures (using four quarters of 2023 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, 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 80 rather than 90. The sum of its points will be divided by 80 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 2023 Quarter1 – Quarter3 of CMS' nursing home care compare staffing data.
 - A value of 'DNA' (data not available) indicates that the facility did not have at least two 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 2023 Quarter1 – Quarter3 of CMS' PBJ Daily Nurse Staffing files.
 - A value of 'DNA' (data not available) indicates that the facility did not have at least two 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 2023 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.

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 measurement period 2023-2024. 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 2024 is worth ten points and is adjusted for regional variation by NYSDOH. The timely submission of 2024 employee influenza immunization data for the measurement period 2023-2024 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.
 - 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 2023 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 2024 score is worth a maximum of 90 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)
Sum of points	75	75
Maximum points attainable	90	80
Score ratio (points/maximum)	0.83	0.94
Final score	83	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 (2023) and June 30 of the reporting year (2024), 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.