Methodology Report
U.S. News & World Report
2017-18 Nursing Home Finder

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Background

U.S. News & World Report’s Nursing Home Finder is a decision tool, created to help consumers seeking a residential facility for themselves or a family member needing temporary or long-term skilled nursing care.

Such a tool has wide application. On any given day, the nearly 16,000 nursing facilities in the U.S. care for an estimated 1.4 million people, most of them elderly. Of those in the U.S. population who are 85 and older, one in 10 is a nursing home resident.

Some residents are in a nursing home for just a few days to rehabilitate from a hospital stay. Many, however, live there for years, and die there.

Selecting a nursing home for a family member must include an in-depth site visit, preferably more than one at different times. But there are many homes to choose from, especially in metropolitan areas, and credible ratings can winnow down the number and offer a realistic place to start.

Methodology and eligibility for ratings

U.S. News began publishing online ratings of nursing homes in 2009. Until the 2016-17 release, the tool reflected a faithful snapshot of the star ratings posted on Nursing Home Compare (https://www.medicare.gov/nursinghomecompare), the consumer website administered by the federal Centers for Medicare & Medicaid Services, or CMS. CMS assigns an overall rating of one to five stars to nursing homes according to their performance in three areas, or domains: state-conducted health inspections, nurse staffing and medical quality measures. Homes also receive CMS star ratings in each domain.

Starting in 2016-17, U.S. News modified the CMS ratings approach in three ways:

1. Nursing home performance was evaluated over time, by averaging monthly data over a year;
2. more emphasis was placed on strong performance in medical quality measures, by capping overall star ratings of homes with low ratings in this domain; and
3. to receive a high U.S. News rating, homes had to provide significantly more than the required minimum of rehabilitation therapy to residents who had been classified as having received high levels of rehabilitative services.

These changes have been retained for the 2017-18 Nursing Home Finder ratings.

The ratings profile each of the nearly 16,000 U.S. skilled nursing facilities whose data were posted by CMS in August 2017. All rated homes accept residents covered by Medicare, Medicaid or both.

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1 Nursing homes file data on the 1st date of every month that represent data from the previous month. For example, October 2016 data pertain to information from September and were filed October 1.
To be rated by U.S. News, a facility had to receive an overall star rating from CMS for August 2017. Facilities lacking a CMS rating for August 2017 are displayed in Nursing Home Finder without ratings and with information only about the facility’s location and basic characteristics. Nursing homes absent from the CMS data for August 2017 are not displayed on Nursing Home Finder even if their CMS data were included in a prior or subsequent month.

Conversely, facilities that lacked CMS ratings for one or more of the 10 months in the U.S. News analytic period (November 2016-August 2017) but had an overall CMS rating for August 2017 were eligible to receive U.S. News ratings.

In all, 15,215 nursing homes received U.S. News ratings in the 2017-18 Nursing Home Finder.

Calculation of U.S. News ratings

U.S. News evaluated each home in the nursing home universe by averaging its CMS overall and the individual domain star ratings across the 10-month analytic period. For all months in which a facility received overall and individual domain ratings, overall ratings were summed and divided by the number of its monthly ratings to obtain an average, which was rounded down to the nearest 0.1. Calculation of the average overall rating was independent of individual domain ratings, which were also averaged and displayed by U.S. News to inform consumers. Where appropriate, overall rating caps were applied as an additional step.

U.S. News imposed caps on overall ratings as follows:

1. A nursing home’s overall U.S. News rating was capped at 4.0 if any of the following conditions applied during the reporting period:
   - The home received an overall CMS rating of 3 stars or less in any month.
   - The home received a CMS rating of 2 stars or less in health inspections or nurse staffing in any month.
   - The home was not rated by CMS (i.e., a rating was missing) in medical quality measures or staffing in a month in which it received an overall CMS rating.
   - The home 1) treated patients with “very high” or “ultra-high” rehabilitation therapy, as defined by CMS for reimbursement purposes, and 2) of these patients, 95 percent or more in either or both groups received no more than 10 minutes per week of therapy above the minimum number required to qualify for that reimbursement category.

2. A nursing home’s overall rating by U.S. News was capped at 3.0 if in any month during the 10-month period of analysis the home received a CMS rating of 2 stars or less in medical quality measures.

3. A nursing home’s average 10-month medical quality measures rating was capped at 4.0 if the home’s overall rating was limited under the rehabilitation services cap (above).
Best Nursing Homes recognition and online presentation

For 2017-18, U.S. News recognized facilities as Best Nursing Homes that had overall ratings of 4.5 or greater and labeled them “Top Performing.” Out of 15,215 nursing homes, 2,286 earned this recognition. Their profiles on usnews.com display a badge indicating they are Best Nursing Homes.

U.S. News Overall Ratings: Range Definitions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Performing</td>
<td>4.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Above Average</td>
<td>3.5</td>
<td>4.4</td>
</tr>
<tr>
<td>Average</td>
<td>2.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Below Average</td>
<td>1.6</td>
<td>2.4</td>
</tr>
<tr>
<td>Poor</td>
<td>1.0</td>
<td>1.5</td>
</tr>
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</table>

Within a given state or city, Nursing Home Finder orders facilities by overall rating, from high to low. Homes with insufficient data to be rated are listed below the lowest-rated homes. Within ratings categories, homes are ordered alphabetically or by distance depending on the search parameter. State and major metro area searches are sorted alphabetically. Zip Code searches and searches in smaller cities are sorted by the distance from the geographic center of the Zip Code or city.

Domain details

An overall star rating from CMS is based on three elements or domains: state-conducted health inspections, amount of nurse staffing and measures of medical quality. CMS assigns a star rating to each domain. The domains are as follows:

Health inspections: Nearly all nursing homes accept Medicare, Medicaid or both. They are therefore regulated by the federal government and by the states in which they operate. States conduct health inspections on behalf of CMS every 12 to 15 months. Inspections identify deficiencies in matters such as food preparation, infection control, medication management, residents’ rights and quality of life, and proper skin care.

A home’s CMS star rating in this domain depends on the seriousness and scope of the deficiencies found – the degree of risk they pose and the relative number of residents who were or could have been harmed. The star rating is based on the three most recent health inspections as well as findings following complaints during the most recent three years from residents, their families and other members of the public. State inspectors also check for compliance with fire safety rules, although their findings do not factor into
CMS or U.S. News ratings. Nursing Home Finder displays results from all of the health inspections and fire inspections online.

**Nurse staffing:** CMS rates nursing homes on how many minutes of nursing care patients receive daily, based on data self-reported to CMS by each home. Facilities report the average number of registered nurses, licensed practical nurses, licensed vocational nurses and certified nurse aides and assistants on the payroll during the two weeks preceding the latest health inspection. The number of hours worked is also reported. Agency-provided temporary employees do not count in calculating nurse staffing.

The totals are compared with the average number of residents during the same period and arithmetic analysis determines the average number of daily minutes of nursing time. To receive five stars in the CMS ratings used by U.S. News, a home’s nursing staff had to provide nearly 4½ hours of care a day to each resident, including approximately 43 minutes of care from registered nurses.

A 10-month average for each home, as calculated by U.S. News, is displayed on Nursing Home Finder. CMS provides the average number of minutes spent by physical therapists with residents providing rehabilitation therapy, which is not factored into the staffing rating but is displayed on usnews.com.

**Medical quality measures:** CMS requires nursing homes to submit a combination of self-reported and claims-based medical data for the latest four calendar quarters – 24 short-stay and long-stay indicators that cover all Medicare and Medicaid residents. Short-stay indicators apply to stays of fewer than 100 days; long-stay indicators apply to stays of 100 days or more. CMS quality measure star ratings are based on data from a subset of nine long-stay and seven short-stay indicators considered the most valid and reliable. Nursing Home Finder displays all 24 indicators. The 16 medical quality measures in the subset are listed following this section. Similar to the overall rating average, the U.S. News 10-month medical quality measure average was capped at 4.0 if 95 percent of patients receiving very high or ultra-high therapy received no more than 10 minutes per week of therapy above the minimum amount required to qualify for that reimbursement category.

**Rehabilitation therapy minutes:** While the CMS star ratings do not take rehabilitation therapy into account, the U.S. News ratings factor in two quality measures related to the amount of rehabilitation therapy a home provides its residents. The rationale was published soon after CMS released facility-level data in the spring of 2016 on nursing homes’ utilization of rehabilitation therapy. (See [https://health.usnews.com/health-news/blogs/second-opinion/articles/2016-03-18/tying-our-nursing-home-ratings-to-overuse-of-rehabilitation](https://health.usnews.com/health-news/blogs/second-opinion/articles/2016-03-18/tying-our-nursing-home-ratings-to-overuse-of-rehabilitation).)

Besides incorporating the rehabilitation data into our ratings, U.S. News has also published two measures of rehabilitation utilization data on each facility’s usnews.com profile, along with other medical quality measures.

**Short-stay medical quality measures:**

- **Self-reported**
  - Percentage of residents whose physical function improved from admission to discharge
  - Percentage of residents with new or worsened pressure ulcers (bed sores)
• Percentage of residents who reported moderate to severe pain
• Percentage of residents who newly received an antipsychotic medication

Claims-based
• Percentage of residents who were rehospitalized after a nursing home admission
• Percentage of residents who had an outpatient emergency department visit
• Percentage of residents successfully discharged to the community

Long-stay medical quality measures:

All are self-reported
• Percentage of residents whose ability to move independently worsened
• Percentage of residents needing increasing help with activities of daily living
• Percentage of high-risk residents with pressure ulcers
• Percentage of residents who have or had a catheter inserted and left in their bladder
• Percentage of residents who were physically restrained
• Percentage of residents with a urinary tract infection
• Percentage of residents who self-reported moderate to severe pain
• Percentage of residents who experienced one or more falls with major injury
• Percentage of residents who received an antipsychotic medication

Rehabilitation measures:

Both are claims-based.
• Percentage of patients who received very-high rehabilitation therapy but only within 10 minutes of the minimum required by the government
• Percentage of patients who received ultra-high rehabilitation therapy within 10 minutes or less of the minimum required by the government