

CMS Announces Significant Updates to Nursing Home Care Compare and the 5-Star Rating System

The Centers for Medicare & Medicaid Services (CMS) issued **QSO-25-20-NH**, outlining substantial updates to the [Nursing Home Care Compare](#) website and the [Five-Star Quality Rating System](#), to start **July 2025**.

The changes are consistent with CMS' overall strategic goals of heightened transparency, accuracy, and accountability in the assessment of nursing home performance and ownership to help consumers make informed decisions about their care settings.

Key Takeaways

The memo released in June 2025, outlines several changes to how information is displayed on Nursing Home Care Compare, including:

1. **Health Inspection Rating Calculation:** The health inspection rating will now be based on the two most recent standard surveys instead of three, to make the rating more consistent with current care performance.
2. **Display of Performance Data for Nursing Home Chains:** Starting July 30, 2025, Nursing Home Care Compare will display chain-level performance information, including average 5-star ratings, health inspection ratings, staffing, and quality measure ratings, to increase transparency for consumers and enhance accountability for chain operators.
3. **Updated Long-Stay Antipsychotic Measure:** The long-stay antipsychotic measure will be updated to supplement MDS data with Medicare and Medicaid claims data, and Medicare Advantage encounter data, to improve accuracy of the assessment.
4. **Removal of COVID-19 Vaccination Measures:** COVID-19 vaccination measures will be removed from the main profile pages on Nursing Home Care Compare.

Additional information on these updates is detailed below-

Updated Health Inspection Ratings - Effective July 2025

CMS in citing survey backlogs attributed to the COVID-19 pandemic and resource limitations, acknowledges many third-cycle survey inspections are now over 45 months old and not reflective of current nursing home performance.

To give consumers a better picture of a nursing home's current quality level, **CMS will only use the two most recent standard surveys for the health inspection rating calculation beginning July 2025.**

CMS will continue to use a three-year lookback period for complaint and infection control inspections as these surveys reflect more recent care conditions. 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

CMS' preliminary analysis indicates that ~20% of nursing homes will see a shift in their inspection rating, rewarding facilities that have demonstrated care improvements over recent years. The majority of nursing home facilities (~80%) will not see a significant change in their inspection rating.

Chain-Level Performance Transparency- Effective July 30, 2025

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."

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.

As the next phase in this effort, 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 allow families and referral sources to view chain operators' performance compared to the individual facility when deciding on where to place individuals for care.

Updated Long-Stay Antipsychotic Use Measure - Effective October 29, 2025

In response to long-standing concerns from the Office of Inspector General (OIG) and other stakeholders about the unnecessary use of antipsychotic medications and potential for underreporting via the MDS dataset, CMS is revising how it calculates the long-stay antipsychotic use quality measure for nursing homes.

The new methodology will include:

- **Medicare Fee-for-Service (FFS) claims**
- **Medicaid claims**
- **Medicare Advantage (MA) encounter data**

These data sets will supplement the MDS, allowing CMS to more accurately capture antipsychotic use, particularly for prescriptions not falling within the MDS's 7-day lookback window. MDS-reported exclusion diagnoses (i.e. schizophrenia) will be validated with claims and encounter data to reduce the likelihood of errant exclusion reporting.

Removal of COVID-19 Vaccination Metrics - Effective July 30, 2025

Resident and staff COVID-19 vaccination rates will be removed from the main profile pages on Nursing Home Care Compare. CMS originally introduced these metrics in 2021 to promote vaccine uptake during the pandemic.

How to Prepare

Administrators should review how these changes may affect their facility's public ratings and quality performance profiles. All facilities should evaluate their antipsychotic prescribing practices and ensure appropriate diagnoses are included on submitted claim forms.

With greater emphasis on the most recent survey cycle, quality improvement initiatives and proactive survey preparation can help maximize inspection ratings and performance metrics.

References:

CMS. Ref: QSO-25-20-NH – Updates to Nursing Home Care Compare. June 18 2025. Available from:

<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos/>