

QM Analyzer User Tutorial

How to use the QM Analyzer Report on CHS.care

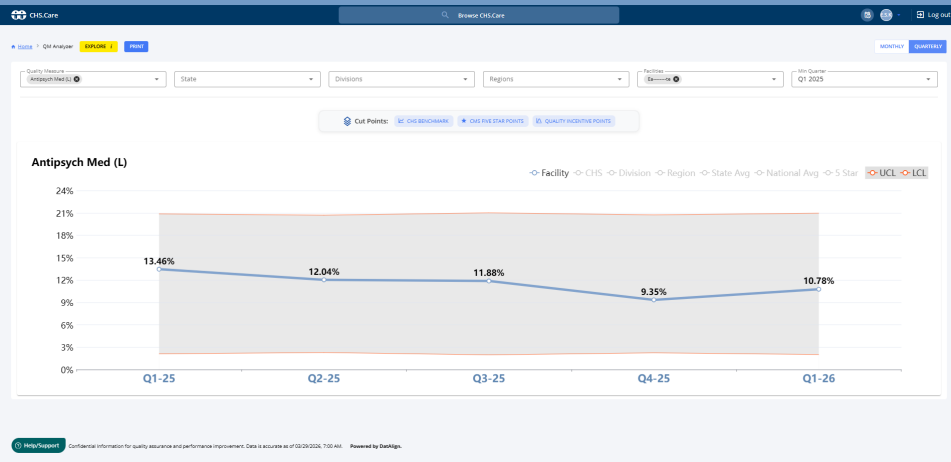
Version: 1.0
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CHS.care



Report Overview & Key Benefits



What this report offers

The QM Analyzer allows you to track quality measure performance over time and compare your facility to key benchmarks.

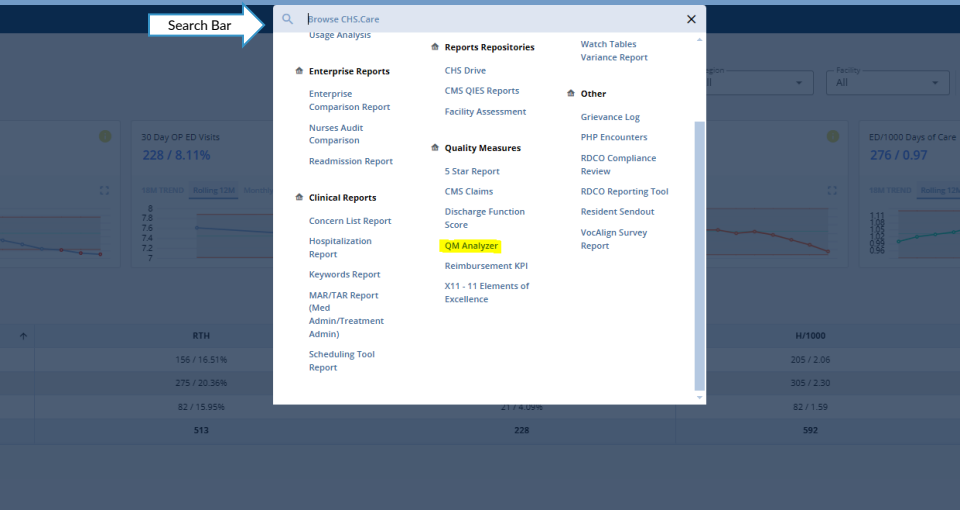
It is designed to help you quickly understand:

- How your performance is trending across quarters
- How you compare to company, regional, and national benchmarks
- Whether you are within expected performance ranges

How the data is presented

- **Trend Chart (Default View)**
Displays performance over time for the selected quality measure, with comparison lines (Facility, Company, Region, State, National).
- **Benchmark & Control Lines**
Upper and Lower Control Limits and optional overlays (e.g., National Average, 5-Star thresholds) provide context for performance.
- **Interactive Detail Panel**
Clicking a data point opens a side panel with detailed results, including numerator and denominator level resident detail.

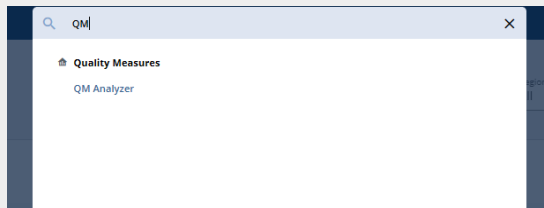
Accessing the QM Analyzer Report



Where do I find this tool?

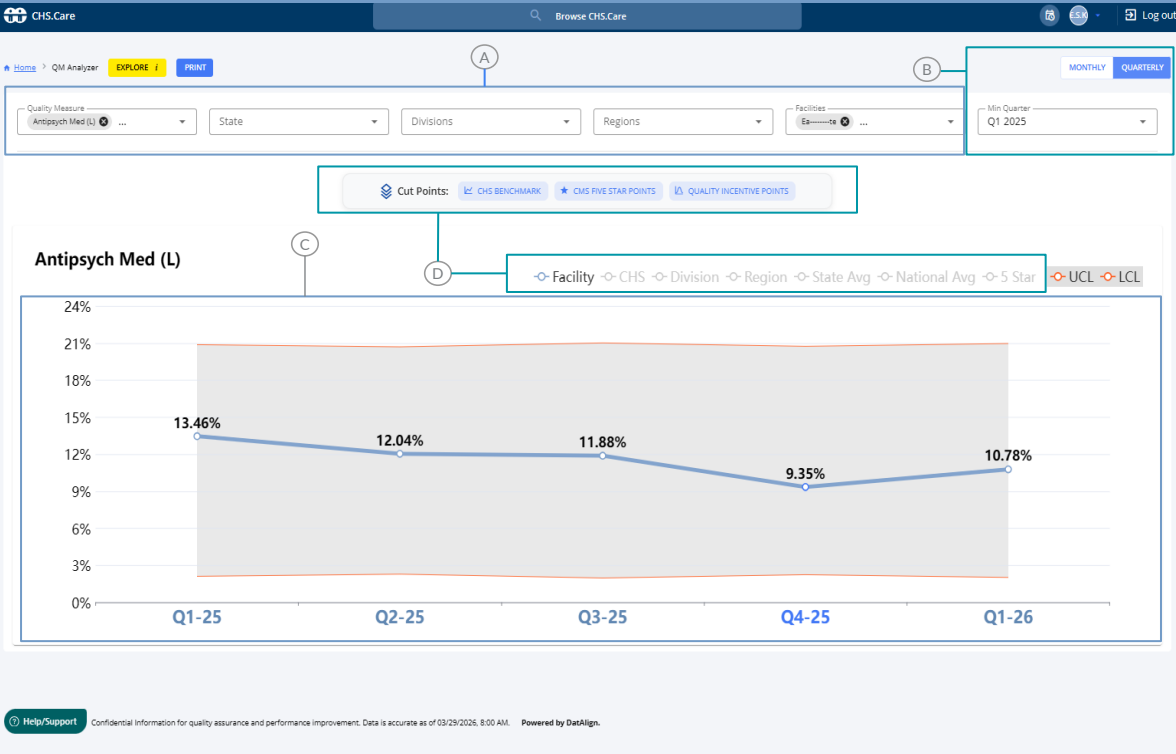
1. Log in to chs.care.
2. Click anywhere in the search bar located at the top center of your screen.
3. The QM Analyzer is located in the **Quality Measures** section of the menu.

Figure 1: Navigating to the QM Analyzer from the Search Bar menu



Pro Tip: Begin typing the word **QM** in the search box for quick navigation to the report.

Default View at a Glance

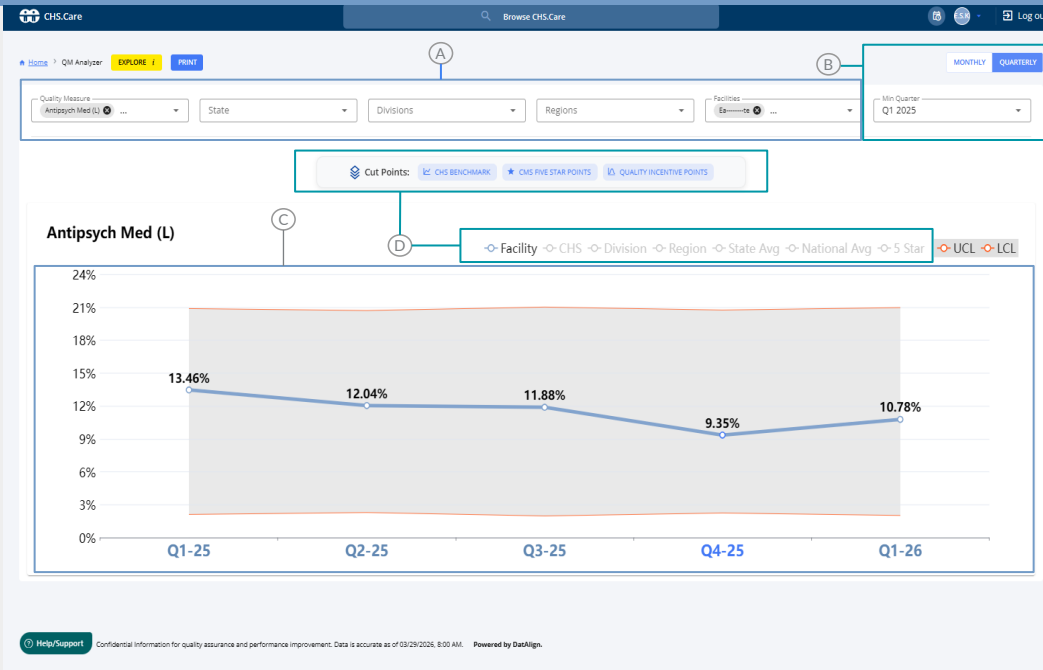


Area	Description
A. Filters	Quality Measure, State, Division, Region, and Facility dropdowns used to define what data is shown.
B. Time Controls	Toggle between Monthly and Quarterly views and select the starting period.
C. Trend Chart	Line chart showing performance over time for the selected quality measure. Shaded area indicates Upper and Lower Control limits. Click a data point or period label to open the detail panel on the right.
D. Comparison Groups	Click on comparison group names to show comparison trend lines (Company, Division, Region, State, National, 5-Star) to compare performance.

Figure 2: QM Analyzer default view

Using the QM Analyzer

Step by Step Walkthrough



Select a Quality Measure

- Use the **Quality Measure** dropdown (A) to choose the measure you want to review
- The chart updates automatically

Set your scope

- Use **State, Division, Region, and Facility** filters (A) to define your view
- Leave filters broad for higher-level trends or narrow to a single facility

Choose time settings (B)

- Toggle between **Monthly** and **Quarterly** views
- Set the **starting period** to control how far back the chart displays

Review the trend chart (C)

- Each point represents performance for a specific period
- The line shows how performance changes over time

Use comparison groups (D)

- Toggle comparison groups (e.g., **Company, Region, National Average, 5-Star**) or benchmark indicators (e.g., **CHS Benchmark, 5-Star, Quality Incentive Points**)
- Use these to understand how performance compares to benchmarks

Viewing Quality Measure Details

Step by Step Walkthrough

Figure 3: QM Detail Panel (Numerators)

Show only present residents

Numerators (11)

Resident Name	Count	Note
Co--ey, E--l MRN# PA---95	1	
Cu-----am, Ro--ld MRN# PA---05	1	
Ha--er, Pa----ia MRN# PA---06	1	
Ha--er, Eu-ah MRN# PA---46	1	
Hu--er, Br-an MRN# 8--3	1	
Mo-re, Mi--ie MRN# 8--1	1	
Pi---tt, Na-cy MRN# 9--5	1	
S--s, Ve-da MRN# PA---29	1	
Sm-th, Be-ty MRN# 9--6	1	
Sp---er, Do-na MRN# PA---92	1	
Sp--er, Be---ly	1	

Displaying 11 records 25

Figure 4: QM Detail Panel (Denominators)

Denominators (102)

Resident Name	Count
Al-on, Ca--yn MRN# PA---30	1
Am---ca, Ge-----ve MRN# 9--5	1
Ap-----th, Zo-la MRN# 6--7	1
Ba-----on, Ca-ol MRN# PA---26	1
Ba---tt, L--n MRN# PA---12	1
B--m, L--s MRN# PA---87	1
Bl---er, Bo--ie	1
Bo-----ht, Cy---ia MRN# PA---05	1
Br-wn, L--a MRN# 9--9	1
B--k, Pa---ia MRN# PA---83	1
Ca-----er, Em---ne	1

Displaying 102 records 2 of 5

EXPORT PRINT CLOSE

Open the detail panel

- Click any **data point or period label** on the chart.
- The detail panel opens on the right.
- Use this panel to understand which residents are driving the measure result.

A. Filter the population

- Use **Show only present residents** to limit the view to residents who were in the facility during the period.
- By default, the list for the current period includes residents from the recent 92-day lookback period.
- Highlighted rows indicate residents **not present during the period**.

B. Review Numerators

- Shows residents included in the measure result.
- Each row represents one qualifying resident.

C. Review Denominators

- Shows the full population evaluated for the measure.
- Use this to understand the total group behind the rate.

D. Sort and navigate

- Click column headers to sort.
- Use paging controls to move through the list.

E. Export or print

- Use **Export** or **Print** to work with the data outside the system.

F. Close the panel

- Click **Close** or on any area of the page outside the panel to return to the report.

View multiple periods at once

- Hold **Ctrl** and click multiple period labels on the chart
- The detail panel updates to reflect the combined selection
- The **Count** column aggregates across selected periods

Compare multiple facilities

- Select more than one facility to display **multiple trend lines**
- Use this to compare performance across locations

Adjust your scope

- Select one or more Quality Measures from the dropdown
- Use filters to move between company, division, region, and facility views

Understand roll-up behavior

- Results reflect the selected level:
 - Company – all facilities
 - Division – all facilities in the division
 - Region – all facilities in the region

Calculation Logic

Q: How are QM calculations defined?

A: Calculations follow CMS methodology using MDS data from PCC, based on the latest QM manuals for NHQI and QRP measures.

DatAlign's calculations use only those assessments accepted by CMS (status "Accepted" in PCC).

Q: Why doesn't the data for the Short Stay Antipsych QM match the data for that quarter?

A: This measure uses a **rolling 6-month target period**, consistent with CMS Five-Star methodology.

This is why residents not present during that quarter may still be included in the QM.

Validation should be performed using a matching 6-month lookback period.

Resident Inclusion

Q: Why are residents showing for this quarter who left the facility last quarter?

A: The current quarter uses a **rolling 92-day lookback** ending on the current date.

Residents who were present during that period are included in the calculation, even if they are no longer in the facility.

Residents not present are highlighted in red and will drop out of the numerator/denominator over time.

Q: What does "present" mean?

A: "Present" means the resident was in the facility at some point during the selected quarter.

It does not require the resident to still be in the facility today.

Q: Why do results change during the period?

A: QMs are recalculated multiple times daily, and new or modified assessments will affect the score.

In addition, the rolling 92-day calculation updates daily. As time passes, residents who are no longer within the 92-day window will drop out of the numerator or denominator, which affects the result.

Q: How can results change for a previous period?

A: Even assessments from previous quarters can be modified. The metrics will update as modification assessments are accepted by CMS.

Benchmarks

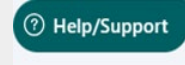
Q: Where do comparison benchmarks come from?

A:

- **CHS Benchmark** – 90th percentile of CHS facilities or QM value corresponding to maximum Five-Star points (whichever is more stringent)
- **State and National Averages** – sourced from CMS data files when available; otherwise, the most recent available period is used
- For QMs not included in the public file, values are derived from iQIES reports using aligned reporting periods

Support / Contact

If you encounter any issues while using this tool, please use the



button at the bottom of the tool page to open a support ticket.

To ensure effective assistance, please include the following with your ticket:

- A screenshot of the issue.
- A comprehensive description, including all pertinent details like the facility name, to help us understand your experience.