

THE CMS STORY OF 5-STAR RATING

IN 2008 CMS ENHANCED ITS NURSING HOME COMPARE PUBLIC REPORTING SITE TO INCLUDE A SET OF QUALITY RATINGS. THE GOAL WAS TO:

- PROVIDE AN EASY WAY FOR RESIDENTS AND FAMILIES TO UNDERSTAND ASSESSMENT OF NURSING HOME QUALITY
 PROVIDE A WAY TO MAKE DISTINCTIONS BETWEEN HIGH
- PROVIDE A WAY TO MAKE DISTINCTIONS BETWEEN HIGH AND LOW PERFORMING NURSING HOMES
- TO PRODUCE AN OVERALL SCORE THAT REFLECTS THE QUALITY OF CARE OF A FACILITY

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DOMAINS OF FIVE STAR RATING

- HEALTH INSPECTION DOMAIN
- STAFFING DOMAIN
- QUALITY MEASURES DOMAIN

Each domain holds a certain "weight" that contributes to that specific domain score. Each domain can have up to 5 stars and in turn, the domains together create a total overall star rating.

ARS QUESTION

 WHAT IS THE HIGHEST OVERALL STAR RATING A FACILITY CAN ACHIEVE IF THEY ARE A 1 STAR IN HEALTH INSPECTION DOMAIN EVEN IF THEY HAVE EXCELLENT STAFFING NUMBERS AND OUTSTANDING QM OUTCOMES? ANSWERS:

• 1 STAR

- 2 STARS
- 3 STARS
 4 STARS
- 5 STARS

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HEALTH INSPECTION DOMAIN

THE HEALTH INSPECTION OR "SURVEY" RESULTS ARE CALCULATED USING A METHODOLOGY THAT INCLUDES: • POINTS ASSSIGNED TO INDIVIDUAL HEALTH DEFICIENCIES

- ACCORDING TO THEIR SCOPE AND SEVERITY
- NUMBER OF REPEAT VISITS REQUIRED TO CONFIRM CORRECTION OF DEFICIENCIES
- WEIGHTED SCORE FOR LAST 3 YEARS OF SURVEY DATA. MOST RECENT YEAR 50% PRIOR YEAR 33%

SECOND PRIOR YEAR 17%

*** SURVEY YEAR INCLUDES ANNUAL, COMPLAINTS AND OVERSIGHT SURVEYS

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HEALTH INSPECTION DOMAIN SCORE METHODOLOGY

IT IS IMPORTANT TO NOTE THAT IN THE HEALTH INSPECTION DOMAN REFLECTS RELATIVE PERFORMANCE OF FACILITIES <u>WITHIN A STATE.</u> TO CONTROL VARIATION AMONG STATES CMS USES THIS CRITERIA:

 TOP 10% WITH LOWEST SCORES RECEIVE A 5-STAR IN THIS DOMAIN
 MIDDLE 70% SCORES RECEIVE A RATING OF TWO, THREE OR FOUR STARS IN THIS DOMAIN (APPROXIMATELY 23.33% IN EACH STAR CATEGORY)

BOTTOM 20% SCORES RECEIVE A ONE STAR RATING IN THIS DOMAIN

STAFFING DOMAIN

THIS RATING IS BASED ON TWO QUARTERLY CASE MIX ADJUSTED MEASURES:

- TOTAL NURSING HOURS PER RESIDENT DAY (RN+LPN+NURSE AIDE)
- RN HOURS PER RESIDENTS DAY
- ✓ SOURCE IS THE PAYROLL-BASED JOURNAL (PBJ) SYSTEM
- ✓ FACILITY SUBMITS THIS INFORMATION QUARTERLY
- CMS UTILIZES THIS INFORMATION AND INFORMATION ON RESIDENT CENSUS THAT THEY OBTAIN FROM THE MDS

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Staffing and Rating (u RN rating and hours		pdated April 2019) Total nurse staffing rating and hours (RN, LPN and nurse aide)					
		1	2	3	4	5	V
		< 3.108	3.108 - 3.579	3.580 - 4.037	4.038 - 4.407	≥4.408	
1	< 0.317	*	*	**	**	***	
2	0.317 - 0.507	**	**	**	***	***	
3	0.508-0.730	**	***	***	***	****	
4	0.731 - 1.048	***	***	****	****	****	/
5	>1.049	***	****	****	*****	*****	

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QUALITY MEASURES DOMAIN

A SET OF MEASURES THAT ADDRESS A BROAD RANGE OF FUNCTION AND HEALTH STATUS INDICATORS THAT ARE OBTAINED FROM THE MDS (MINIMUM DATA SET) POINTS ARE ASSIGNED TO EACH AREA

SHORT-STAY

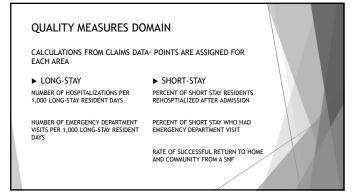
✓ ADL IMPROVEMENT

✓ PRESSURE ULCERS NEW OR WORSENED

 NEWLY RECEIVED ANTIPSYCHOTIC MEDICATION

- LONG-STAY
- ✓ ADL DECLINE
- ✓ DECLINE IN INDEPENDENCE
- ✓ HIGH RISK WITH PRESSURE ULCERS✓ INDWELLING CATHETER
- ✓ INDWEL
- UII
- FALL(S) WITH INJURYANTIPSYCHOTIC MEDICATIONS
- Note CMS removed two quality measures from the Nursing Home Compare and the Five Star Quality Rating System in October 2019: Percentage of short-stay and long-stay residents who report moderate to severe pain.

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Table 6 Point Ranges for	the QM Ratings (as of	April 2019)		
QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds	
*	175 - 524	167 - 541	342 - 1066	
**	525 - 624	542 - 638	1067 - 1263	
***	625 - 709	639 - 721	1264 - 1431	
****	710 – 799	722 - 805	1432 - 1605	
*****	800 - 1250	806 - 1250	1606 - 2500	

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OVERALL NURSING HOME RATING COMPOSITE MEASURE

► START WITH HEALTH INSPECTION RATING

► GO TO STAFFING:

IF STAFFING IS A 4 OR 5 STAR AND GREATER THAN THE HEALTH INSPECTION RATING ADD A STAR

IF STAFFING IS A ONE STAR- SUBTRACT A STAR

► GO TO QUALITY MEASURES

ADD ONE STAR IF QUALITY MEASURE RATING IS A 5-STAR

IF QUALITY MEASURE RATING IS A ONE STAR- SUBTRACT A STAR

** IF HEALTH INSPECTION IS A ONE STAR THEN THE OVERALL RATING CANNOT BE UPGRADED BY MORE THAN ONE STAR BASED ON STAFFING AND QUALITY MEASURES

CMS APRIL/OCT 2019 REVISIONS

- HEALTH INSPECTION DOMAIN- RETURNED TO WHAT IS WAS PRIOR TO FEBRUARY 2018. (FEBRUARY 2018-MARCH 2019 SCORE WAS BASED ON 2 YEARS OF SURVEY, NOT THREE. WEIGHT WAS 60% FOR MOST CURRENT SURVEY YEAR AND 40% FOR PRIOR YEAR)
- * STAFFING DOMAIN- THE THRESHOLDS WERE CHANGED WITH AN EMPHASIS ON RN STAFFING
- CILLING STATING STATING QUALITY MEASURE DOMAIN: LONG STAY EMERGENCY DEPARTMENT AND HOSPITALIZATIONS WERE ADDED. LONG TERM RESTRAINTS WERE DROPED FROM THE ATING. HIGHER WEIGHT WAS GIVEN TO MEASURES WITH GREATER OPPORTUNITY FOR IMPROVEMENT.
- ✤ OCT 2019 PERCENT OF SHORT AND LONG-STAY RESIDENTS WHO REPORT MODERATE TO SEVERE PAIN WERE REMOVED.
- ♦ APRIL 2020 CMS WILL BEGIN INCREASING QM THRESHOLDS BY 50% OF THE AVERAGE RATE OF IMPROVEMENT IN QM SCORE AND WILL DO SO EVERY SIX MONTHS.

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FACILITY BEST PRACTICES

- ✓ REVIEW QUALITY MEASURES FREQUENTLY
 - ✓ ANTIPSYCHOTICS
 - ✓ REHOSPITALIZATIONS- WORK WITH PHYSICIANS TO TREAT IN-HOUSE UNLESS EMERGENCY 911 DISCHARGE
 - ✓ NURSE COMPETENCIES FOR HIGHER ACUITY
- ✓ FOCUS ON RETURN TO HOSPITAL RATES- INTERACT 4
- STAFFING- HIRE RN MANAGERS, HAVE RN ON DUTY EACH SHIFT, CHECK STAFFING LEVELS DAILY
- ✓ SURVEY
 - MOCK SURVEY
 - ✓ SURVEY READY BINDER
 - ✓ QAPI MONTHLY AND QUARTERLY
 - ✓ SELF AUDIT SYSTEMS AND PRACTICES
 - ✓ MITIGATE ISSUES AS THEY HAPPEN

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ARS QUESTION PUTTING IT TOGETHER

 IF A FACILITY HAS A 3 STAR IN HEALTH INSPECTION, 1 STAR IN QMs, AND 5 STARS IN STAFFING WHAT WOULD THEIR <u>OVERALL</u> STAR RATING BE?

ANSWERS:

- 1 STAR
- 2 STARS
 3 STARS
- 3 STARS
- 4 STARS
 5 STARS

