

Maximizing Your SNF 5 Star Rating

Overview

- ▶ Stars calculation are based on:
 - ▶ State Health Inspections
 - This is the foundation for your final rating
 - Facility must have had at least 2 standard surveys or they will have no rating
 - ▶ Staffing
 - Level of staffing can pull basic score in one direction or the other
 - ▶ Quality Measures
 - QM score can pull star rating in one direction or the other

Overview

- ▶ Facility receives four different star ratings
 - ▶ One for each domain
 - ▶ Overall, cumulative rating

Overall Rating

- ▶ 1. Start with your star rating for survey
- ▶ 2. Look at staffing star rating:
 - ▶ A. If 5 stars => add 1 star
 - ▶ B. If 1 star => subtract 1 star
- ▶ 3. Look at QM overall star rating:
 - ▶ A. If 5 stars => add 1 star
 - ▶ B. If 1 star => subtract 1 star

Overall Rating

- ▶ Health Inspection rating counts more than the other two
- ▶ If Health Inspection is one star, the Overall rating cannot be upgraded by more than one star based on Staffing and QM
- ▶ For a Special Focus Facility that has not graduated, no rating is displayed - a yellow caution sign show up

State Health Inspections

- ▶ Points are assigned to deficiencies found during the three most recent surveys
 - ▶ Each deficiency weighted by scope and severity (see chart)
 - ▶ More recent annual surveys weighted more heavily than earlier surveys
 - ▶ Most recent = $\frac{1}{2}$ of overall score
 - ▶ 1st Prior = $\frac{1}{3}$ of overall score
 - ▶ 2nd prior = $\frac{1}{6}$ of overall score
- ▶ Substantiated complaints for the previous 36 months also count and are weighted the same as the standard surveys

Table 1**Health Inspection Score: Weights for Different Types of Deficiencies**

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care. Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices; 42 CFR 483.15 quality of life; 42 CFR 483.25 quality of care.

* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a 'G-level" deficiency (i.e. 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

State Health Inspections

- ▶ Penalizes for *revisits* after the first one

Weights for Repeat Visits	
Revisit Number	Noncompliance Points
First	0
Second	50% health inspection score
Third	70% health inspection score
Fourth	85% health inspection score

- ▶ Points from complaint deficiencies are added to health inspection score before calculating revisit points

State Health Inspections

- ▶ Star rating
 - ▶ Based on relative performance within the state
 - ▶ The 10% with lowest deficiency scores = 5 stars
 - ▶ Middle 70% = 2, 3, or 4 stars, with equal number (~23.22%) in each category
 - ▶ The 20% with highest deficiency scores = 1 star

Staffing

- ▶ Effective with the July 2022 refresh, CMS revised the methodology for calculating the Staffing star rating.
- ▶ The new rating is based on six separate staffing measures; points are assigned based on the facility's performance in each of the six measures.
- ▶ The points are then summed and the total number of points is used to determine the overall staffing star rating

Staffing

- ▶ Several of the staffing measures are adjusted for acuity:
 - ▶ Adjusted Total nurse staffing
 - ▶ Adjusted RN staffing
 - ▶ Adjusted Total nurse staffing weekends
- ▶ These measures have been using RUG-IV to calculate each facility's case mix (expected) staffing used in the adjustment
- ▶ With the MDS changes effective October 1, 2023, CMS is transitioning to using the nursing component of PDPM to calculate the case mix (expected) staffing for the adjustment
- ▶ The April 5-Star refresh is using the same data that was used in the January refresh (based on the July 1, 2023 - September 30, 2023 PBJ reporting)

Staffing

- ▶ The July 5-Star refresh will use the new methodology and will be based on the January 1, 2024 - March 31, 2024 PBJ reporting and acuity adjustment
- ▶ Due to this one quarter freeze, the October 1, 2023 - December 31, 2023 PBJ data will never be used in the 5-Star calculations

Six Staffing Measures, Effective July 2022

- ▶ Case-mix adjusted total nurse staffing (100 points)
- ▶ Case-mix adjusted RN staffing (100 points)
- ▶ Case-mix adjusted total nurse staffing on the weekend (50 points)
- ▶ Total nurse turnover (50 points)
- ▶ Registered Nurse turnover (50 points)
- ▶ Administrator turnover (30 points)

Staffing - Case Mix Adjusted Hours PPD

- ▶ RN hours per patient day
 - ▶ RNs
 - ▶ RN director of nursing
 - ▶ RNs with administrative duties
- ▶ Total staffing hours per patient day includes
 - ▶ RN (as described above)
 - ▶ LPN/LVN
 - ▶ Nurse aide hours
 - ▶ Certified nurse aides
 - ▶ Aides in training
 - ▶ Medication aides/technicians

Staffing

- ▶ Ratings based on “expected” staffing (now called case-mix staffing) levels calculated based on resident acuity using RUGs/PDPM Nursing Component
- ▶ Staffing is **case-mix adjusted**
 - ▶ Uses most recent MDS data available - can be composite from most recent comprehensive, full, quarterly, & PPS assessments for a particular resident

Staffing

$$\text{Hours}_{\text{adjusted}} = (\text{Hours}_{\text{reported}} / \text{Hours}_{\text{case mix}}) * \text{Hours}_{\text{national average}}$$

- ▶ **Reported:** Hours reported through PBJ
- ▶ **Case-Mix:** Reported hours based on RUG-IV
- ▶ **National average:** Mean across all facilities

Total Nursing Staffing Example

3.213 reported ÷ 3.344 case mix ("expected") = .961 x national average
3.2285 =
3.102 adjusted hours

Staffing

▶ Examples:

Reported	Expected	National Average	Adjusted
3.5	3.0	3.21231	3.7476
3.5	3.5	3.21231	3.2123
3.5	4.0	3.21231	2.8107
3.5	4.5	3.21231	2.4984

Note that national averages update quarterly, current national averages are:

RN = 0.41088

Total Nsg = 3.21231

Case-Mix Adjusted RN Staffing Hours PPD

- | | | | |
|-----------------|-----------|-------------------|------------|
| ▶ 000 - 0.260 | 10 points | ▶ 0.591 - 0.691 | 60 points |
| ▶ 0.261 - 0.351 | 20 points | ▶ 0.692 - 0.818 | 70 points |
| ▶ 0.352 - 0.425 | 30 points | ▶ 0.819 - 0.991 | 80 points |
| ▶ 0.426 - 0.504 | 40 points | ▶ 0.992 - 1.297 | 90 points |
| ▶ 0.505 - 0.590 | 50 points | ▶ 1.298 or higher | 100 points |
-
- ▶ These “cut points” will most likely be revised in the July refresh using the new methodology

Case-Mix Adjusted Total Nurse Staffing Hours PPD

- | | | | |
|-----------------|-----------|-------------------|------------|
| ▶ 000 - 2.746 | 10 points | ▶ 3.653 - 3.868 | 60 points |
| ▶ 2.747 - 3.029 | 20 points | ▶ 3.869 - 4.104 | 70 points |
| ▶ 3.030 - 3.247 | 30 points | ▶ 4.105 - 4.428 | 80 points |
| ▶ 3.248 - 3.444 | 40 points | ▶ 4.429 - 4.953 | 90 points |
| ▶ 3.445 - 3.652 | 50 points | ▶ 4.954 or higher | 100 points |
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- ▶ These “cut points” will most likely be revised in the July refresh using the new methodology

Case-Mix Adjusted Total Nurse Staffing on Weekend Hours PPD

▶ 000 - 2.349	5 points	▶ 3.174 - 3.381	30 points
▶ 2.350 - 2.612	10 points	▶ 3.382 - 3.622	35 points
▶ 2.613 - 2.809	15 points	▶ 3.623 - 3.895	40 points
▶ 2.810 - 2.984	20 points	▶ 3.896 - 4.327	45 points
▶ 2.985 - 3.173	25 points	▶ 4.328 or higher	50 points

- ▶ These “cut points” will most likely be revised in the July refresh using the new methodology

RN Turnover %

▶ 81.082 - 100	5 points	▶ 45.162 - 49.123	30 points
▶ 71.054 - 81.081	10 points	▶ 39.624 - 45.161	35 points
▶ 62.964 - 71.053	15 points	▶ 33.109 - 39.623	40 points
▶ 56.978 - 62.963	20 points	▶ 24.529 - 33.108	45 points
▶ 49.124 - 56.977	25 points	▶ 0.000 - 24.528	50 points

- ▶ Turnover is calculated based on a rolling 12 month period
- ▶ The April refresh uses October 1, 2022 - September 30, 2023
- ▶ This is not adjusted for acuity

Total Nurse Turnover %

▶ 72.679 - 100	5 points	▶ 48.697 - 52.353	30 points
▶ 65.742 - 72.678	10 points	▶ 44.849 - 48.696	35 points
▶ 60.700 - 65.471	15 points	▶ 40.595 - 44.848	40 points
▶ 56.392 - 60.699	20 points	▶ 34.417 - 40.594	45 points
▶ 52.354 - 56.391	25 points	▶ 0.000 - 34.416	50 points

- ▶ Turnover is calculated based on a rolling 12 month period
- ▶ The April refresh uses October 1, 2022 - September 30, 2023
- ▶ This is not adjusted for acuity

Number of Administrator Departures

- ▶ 0 30 points
 - ▶ 1 25 points
 - ▶ 2 + 10 points
-
- ▶ Turnover is calculated based on a rolling 12 month period
 - ▶ The April refresh uses October 1, 2022 - September 30, 2023
 - ▶ This is not adjusted for acuity

Point Ranges for the Staffing Rating Beginning July 2022

- ▶ < 155 points *
 - ▶ 155 - 204 points **
 - ▶ 205 - 254 points ***
 - ▶ 255 - 319 points ****
 - ▶ 320 - 380 points *****
-
- ▶ (REMEMBER - effective July 2022, you must have 5 Stars for staffing to add a star to your overall rating)
 - ▶ These cut points will likely change when the measures are updated in the July refresh

Staffing - Additional Notes

- ▶ Providers with 4 or more days in a calendar quarter without RN (job codes 5, 6 or 7) hours will receive a one-star staffing rating for the quarter
- ▶ Providers that fail to submit staffing data by the required deadline will receive a one-star rating for the quarter
- ▶ Facilities who fail to respond to a PBJ audit, or for whom the audit identifies significant discrepancies between reported hours and verified hours will receive a one-star staffing rating for the quarter

Quality Measures - April 2019 Changes

- ▶ **Short-stay and long-stay ratings:** two separate QM ratings calculated and displayed:
 - ▶ Short stay rating
 - ▶ Long stay rating
- ▶ These two ratings are averaged, using **equal weighting**, to determine an overall QM rating to include in the overall facility rating

Quality Measures - April 2019 Changes

- ▶ **Implement a process for continual improvement of QM thresholds:** “Cut points” will automatically adjust every six months to incorporate 50% of the improvement that has been shown in the preceding six months. (In other words, your QM rating will become a moving target the same way the survey domain is a moving target.)
- ▶ **QM weightings and scoring:** Some QMs will now count more than others, based on clinical significance and room for improvement:
 - ▶ **“High” importance QMs will contribute 150 points per measure to the score; points increase with each decile**
 - ▶ “Medium” importance QMS will contribute 100 points each to the score; points increase with each quintile

Quality Measures Used in the 5 Star - 9 Long Stay Measures

- ▶ MDS Long Stay Measures
 - ▶ Falls with major injury
 - ▶ High-risk with pressure ulcers (*)
 - ▶ UTI
 - ▶ Catheter
 - ▶ Need for help with ADL increased (*)
 - ▶ Antipsychotic meds
 - ▶ Ability to move independently (*) worsened
- ▶ Claims-based Long Stay Measures
 - ▶ Hospitalizations per 1,000 resident days
 - ▶ ED visits per 1,000 resident days
- ▶ (*) These measures are being frozen for public reporting based on the four quarter average for October 1, 2022 - September 30, 2023 for the next four quarters due to the MDS changes effective October 1, 2023
- ▶ They are being replaced with new measures that providers can monitor on their facility QM reports during the transition period
- ▶ When they are unfrozen, they will use data from the four quarters beginning October 1, 2023

Quality Measures Used in the 5 Star - 6 Short Stay Measures

- ▶ MDS Short Stay Measures
 - ▶ **Improvement in function** (*)
 - ▶ New antipsychotic meds
 - ▶ New or worsening pressure ulcers
- ▶ Claims-based Short Stay Measures
 - ▶ **Successful return from home and community from a SNF**
 - ▶ **Rehospitalization after a nursing home admission**
 - ▶ **ED visit**
- ▶ (*) This measure is being frozen for public reporting based on the four quarter average for October 1, 2022 - September 30, 2023 for the next four quarters due to the MDS changes effective October 1, 2023
- ▶ It is being replaced with a new measure that providers can monitor on their facility QM reports during the transition period
- ▶ When it is unfrozen, it will use data from the four quarters beginning October 1, 2023

QM Cut Points as of October 2022

	Long Stay Measures	Short Stay Measures	Overall Rating
▶ ★	155 - 483	144 - 491	299 - 975
▶ ★★	484 - 581	492 - 588	976 - 1,170
▶ ★★★	582 - 663	589 - 678	1,171 - 1,342
▶ ★★★★	664 - 755	679 - 766	1,343 - 1,522
▶ ★★★★★	756 - 1,150	767 - 1,150	1,523 - 2,300

- ▶ Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)

Improving Your Five Star Rating

- ▶ Ensure accurate MDS coding
 - ▶ Capture risk adjustment items
 - ▶ Evaluate ADL documentation systems and MDS coding accuracy
 - ▶ Understand ARD options
- ▶ Evaluate clinical systems
- ▶ Perform root cause analysis
- ▶ Don't try to work on too many things at once
- ▶ Try to resolve clinical issues before they are captured on an MDS

Questions?