Long Term Care

-CMS 5 STAR RATING SYSTEM
-FACILITY PLACEMENT

By Christina VanZee, RHIA

ABOUT ME

- Family is my everything! We love to travel the world together.

- Attended Regis University, University of Northern Colorado

- NCHIMA Board Member- President Elect

- 23 years in Long Term Care (SNF/IL/AL/Secured Units)

Nursing Home Compare Five-Star Quality Rating System

- December 2008 CMS - Nursing Home Compare.

- Per CMS, "The primary goal in launching this rating system is to provide residents and their families with an easy way to understand assessment of nursing home quality, making meaningful distinctions between high and low performing nursing homes."

- Public Reporting site to include set of quality ratings which are driven by 3 domains.

Nursing Home Compare Five-Star Quality Rating System

- 3 Domains -

  - Survey

  - Staffing

  - Quality Measures

How is the Star Rating Calculated (composite Measure)

(1) Staffing
(2) Quality Measures
(3) Health Inspections (Survey's)
(4) April 2020- Temporary Changes due to COVID-19

Health Inspections

- *Health Inspections - Measures based on outcomes from state health inspections:* Ratings for the health inspection domain are based on the number, scope, and severity of deficiencies identified during the three most recent annual inspection surveys, as well as substantiated findings from the most recent 36 months of complaint investigations. All deficiency findings are weighted by scope and severity. This measure also takes into account the number of revisits required to ensure that deficiencies identified during the health inspection survey have been corrected.

Survey

- Medicare/Medicaid Facilities- surveyed Annually

- Private pay facilities surveyed every 3 years

- Complaint Surveys

- COVID Surveys/Infection control

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. See the Electronic Code of Federal Regulations (https://www.ecfr.gov/cgi-bin/text-idx?SID=9c4d022241818fef427dc79565aba4b5&mc=true&node=pt42.5.488&rgn=div5#se42.5.488_1301) for a definition of substandard 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

Survey - Rating

Health inspections are based on federal regulations, which surveyors implement using national interpretive guidance and a federally-specified survey process.

- State Licensure
- Survey management
- Medicaid Policies

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CMS' Five-Star quality ratings for the health inspection domain are based on the relative performance of facilities within a State. This approach helps to control for variation between States. Facility ratings are determined using these criteria:

- The top 10 percent (lowest 10 percent in terms of health inspection deficiency score) in each State receive a five-star rating.

- The middle 70 percent of facilities receive a rating of two, three, or four stars, with an equal number (approximately 23.33 percent) in each rating category.

- The bottom 20 percent receive a one-star rating.

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Calculation

- This distribution is based on CMS experience and input from the Project's TEP. The cut points are re- calibrated each month so that the distribution of star ratings within States remains relatively constant over time in an effort to reduce the likelihood that the rating process affects the health inspection process. In the rare case that a State or territory has fewer than 5 facilities upon which to generate the cut points, the national distribution is used. Cut points for the health inspection ratings by state for the month of July 2020 are shown in Cut Point Table 1 (CP Table 1).

* * * * * COLORADO

- Star Cut Points for Health Inspections Scores

- 223 **Facilities (as of 7/1/2020)**

- >92.667 1 star

- <_92.667 >48.667 2 star

- <_48.667 > 32.667 3 Star

- <_32.667 >15.333 4 Star

- <_15.33 5 Star

SO…. WHAT DOES THIS MEAN…

What does this mean?

IN COLORADO

- 1 star- 18 facilities

- 2 star- 112 Facilities

- 3 star- 45 Facilities

- 4 star- 38 Facilities

- 5 star- 33 Facilities

Complaint Surveys.. they count too!

Complaint inspections are assigned to a time period based on the 12-month period in which the complaint survey occurred. Complaint inspections that occurred within the most recent 12 months from when the 150 points* (175 points)

data are uploaded receive a weighting factor of 1/2; those from 13-24 months ago have a weighting factor of 1/3, and those from 25-36 months ago have a weighting factor of 1/6. There are some deficiencies that appear on both standard and complaint inspections. To avoid potential double-counting, deficiencies that appear on complaint inspections that are conducted within 15 days of a recertification inspection (either prior to or after the recertification inspection) are counted only once. If the scope or severity differs between the two inspections, the highest scope-severity combination is used. Points from complaint deficiencies from a given period are added to the health inspection score before calculating revisit points, if applicable.

Abuse Citations

- Abuse has been a focus!

- Repeat abuse citations: Facilities cited for abuse where residents were found to be potentially harmed (Scope/Severity of D or higher) on the most recent standard survey or on a complaint survey within the past 12 months and on the previous (i.e., second most recent) standard survey or on a complaint survey in the prior 12 months (i.e., from 13 to 24 months ago).

Staffing

- ***Staffing - Measures based on nursing home staffing levels***

- The staffing measures are derived from data submitted each quarter through the Payroll-Based Journal (PBJ) System, along with daily resident census derived from Minimum Data Set, Version 3.0 (MDS 3.0) assessments, and are case-mix adjusted based on the distribution of MDS 3.0 assessments by Resource Utilization Groups, version IV (RUG-IV group). In addition to the overall staffing rating, a separate rating for RN staffing is also reported.

Staffing

There is considerable evidence of a relationship between nursing home staffing levels and resident outcomes.

The rating for staffing is based on two quarterly case-mix adjusted measures:

- Total nursing hours per resident day (RN + LPN + nurse aide hours)
- RN hours per resident day

PBJ

Payroll Based Journal System

- RN hours: Includes RN director of nursing (job code 5), registered nurses with administrative duties (job code 6), and registered nurses (job code 7).

- LPN hours: Includes licensed practical/ licensed vocational nurses with administrative duties (job code 8) and licensed practical/ vocational nurses (job code 9)

- Nurse aide hours: Includes certified nurse aides (job code 10), aides in training (job code 11), and medication aides/technicians (job code 12)

PBJ does not include

- Feeding assistance

- Hospice care

- Private Duty nursing staff (outside services)

PBJ Includes

- Identify the reporting period (quarter specific)

- Extract MDS Assessment Data

- Discharge Data - MDS Discharge Assessment/Death tracking record, or if no MDS in 150 days the information from the last assessment - assume discharge assessment.

- Resident Data - State ID, Facility ID, SSN, Last name, First Name, DOB, Gender

- Census Summary

- Staffing data

- Case Mix Adjustment

Quality Measures

- *Quality Measures - Measures based on MDS and claims-based quality measures (QMs):* Ratings for the quality measures are based on performance on 15 of the QMs that are currently posted on the *Nursing Home Compare* website. These include nine long-stay measures and six short-stay measures. Note that not all of the quality measures that are reported on *Nursing Home Compare* are included in the rating calculations. In addition to an overall quality of resident care rating, separate ratings for the quality of resident care for short-stay residents and long-stay residents are also reported.

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Long Stay QM's (>100 day stay)

•Percent of residents whose need for help with activities of daily living has increased

•Percent of residents whose ability to move independently worsened

•Percent of high-risk residents with pressure ulcers

•Percent of residents who have/had a catheter inserted and left in their bladder

•Percent of residents with a urinary tract infection

•Percent of residents experiencing one or more falls with major injury

Measures for Long-Stay residents that are derived from claims data:

Number of hospitalizations per 1,000 long-stay resident days

- Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days

Measures for Short-Stay residents that are derived from MDS assessments:

- Percent of residents who made improvement in function

- Percent of SNF residents with pressure ulcers that are new or worsened

- Percent of residents who newly received an antipsychotic medication

Measures for Short-Stay residents that are derived from claims data:

- Percent of short-stay residents who were re-hospitalized after a nursing home admission

- Percent of short-stay residents who have had an outpatient emergency department (ED) visit

- Rate of successful return to home and community from a SNF

How is the QM captured?

- Through the MDS (Minimum Data Sheets) that are completed upon admission, and then quarterly. These MDS assessments capture all the data and it is pulled into the PBJ either manually or electronically and then submitted on behalf of the facility quarterly.

- It is important to note that the MDS is typically 1 person in the facility, a nurse or certified RAC (resident assessment coordinator).

Health Inspection Rating Changes

Are there ways to change the health inspection score?

- A new health inspection,

- New complaint deficiencies,

- A second, third, or fourth revisit,

- Resolution of Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies
- Time

Changes

The "aging" of complaint deficiencies. Another reason the health inspection data (and therefore the rating) for a nursing home may change is the "aging" of one or more complaint deficiencies. Specifically, complaint investigations are assigned to a time period based on the most recent 12 month period in which the complaint investigation occurred. Thus, when a complaint deficiency ages into a prior period, it receives less weight in the scoring process and thus the weighted health inspection score may change and be compared to the state distribution at that time.

Staffing Rating Changes

PBJ staffing data are reported quarterly, so new staffing measures and ratings are calculated and posted quarterly. Changes in a nursing home's staffing measure or rating may be due to differences in the number of hours submitted for staff, changes in the daily census, or changes in the resident case-mix from the previous quarter.

Quality Measure Rating Changes

Quality Measure rating changes: Data for the MDS-based QMs and the claims-based hospitalization and ED visit measures are updated quarterly, and the QM rating is updated at the same time. The updates typically occur in January, April, July, and October at the time of the Nursing Home Compare website refresh. Changes in the quality measures may change the star ratings.

Due to COVID-19

Due to this action, there was a great shift in the number of nursing homes inspected, and how the inspections were conducted. Without action, this would disrupt the inspection domain of the Five-Star Quality Rating System because many nursing homes that would normally be inspected, will not, thereby over-weighting and impacting the ratings of those facilities that are inspected. This could then potentially mislead consumers. Therefore, CMS will temporarily maintain and hold constant the health inspection domain of the rating system. Specifically, health inspections conducted on or after March 4, 2020, will be posted publicly, but not be used to calculate a nursing home's health inspection star ratings. This action started with the scheduled update to the Nursing Home Compare website on April 29, 2020. The surveys occurring on or after March 4, 2020 will be posted through a link on the front page of the Nursing Home Compare website as the survey data are finalized and uploaded.

Overall Nursing Home Rating

- Step 1- Start with Survey Rating.

- Step 2 - add appropriate staffing ratings and health inspection rating stars…

- If a nursing home has no health inspection rating, then no overall rating because it is too new to have the two standard sruveys.

Special Focus Facilities

Nursing homes that are current participants in the Special Focus Facility (SFF) program will not be assigned overall ratings or ratings in any domain. A yellow warning sign is displayed instead of the overall rating and "Not Available" is displayed in place of the ratings for all other domains.

The Good Stuff

- How do you know how to pick a facility?

- My personal recommendations

Picking A Facility

- Hospital List (based on 5 star system)

- Personal Recommendations

- Friends/Family/ Neighbors

My personal 5 senses approach

- Tour facilities

- Smell facilities

- Read about facilities - Survey's, Yelp, Google, LinkedIn, Hiring websites (glassdoor), etc. BUT USE CAUTION!

- Taste the Food

- Listen - know your needs

- Call your people

- Visit if you can (darn 'Rona)

- Technology

- $$$

- Stay connected with staff/care conferences

- Know your DON, NHA, Social Services, Unit managers, House Keepers, Dietary staff- build those relationships

"Every new thing creates two new questions and two new opportunities."
Jeff Bezos, Founder and CEO of Amazon

Thank you!

Christina VanZee, RHIA
Christina VanZee Consulting, LLC
christinavanzeeconsulting@gmail.com
303-818-3959

Reference: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/ CertificationandComplianc/Downloads/usersguide.pdf

House Keeping

- Thank you for your attendance. Will need to complete the email survey emailed to you in order to receive your CEU's.

- SAVE THE DATE November 13, 2020- NCHIMA's next Conference