Quality Measures (QM) & Five Star Rating System

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Objectives

- At the conclusion of this educational offering the participant will be able to:
  - Identify MDS items that are used to calculate the quality measures
  - Identify how risk adjustments are used to calculate the quality measures
  - Interpret quality measure reports
  - Identify how Five Star ratings are calculated

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MDS CODING FOR QUALITY MEASURES

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- All items on the MDS should be supported by documentation in the medical record with the exception of interviews (BIMS, PHQ-9, Pain and Preferences)

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- Follow coding instructions outlined in the Resident Assessment Instrument (RAI) Manual
  – Have the most up to date version of the RAI manual

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Comatose

- Requires documentation of coma or persistent vegetative state by physician, nurse practitioner or clinical nurse specialist.

Interviews

- Utilize scripts
- Utilize cue cards (PHQ-9, Pain, Preferences)
- Interview techniques-Appendix D of RAI Manual
- VIVE (Video on Interviewing Vulnerable Elders) on YouTube

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Behaviors

- Documentation to support presence of behaviors
  - Coding is based on presence of behaviors not just a diagnosis

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Activities of Daily Living

- All staff understand terminology and components of the activity
- Appropriate application of rule of 3
  - Algorithm G-8 of RAI Manual
- Discuss with therapy how to convert therapy terminology to MDS terminology

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Activities of Daily Living

- Ongoing auditing of documentation
- Ongoing staff education
- Capturing documentation for all episodes of care
- Documentation beyond just the late loss ADLs (bed mobility, eating. toileting and transfers)

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Continence versus Incontinence

- Number of incontinent episodes in look back period
- Presence of any continent episodes in the look back period

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Diagnosis

- The disease conditions in this section require a physician-documented diagnosis or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws, in the last 60 days.
- Once a diagnosis is identified it must be determined if the diagnosis is active during the 7 day look back period.
- Coding Instructions
  - Check off each active disease
  - Check all that apply

UTI

Look back period to determine an active diagnosis of UTI is 30 days

- Code for UTI only if all of the following criteria are met:
  - Diagnosis of UTI in last 30 days
  - Signs and symptoms attributed to UTI
  - "Significant laboratory findings" and
  - Current medication or treatment for UTI in the last 30 days

Prognosis

Code yes if medical record includes physician documentation: 1) that the resident is terminally ill; or 2) the resident is receiving hospice services.

Terminally ill means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.

Fall

- Unintentional change in position coming to rest on the ground, floor, onto the next lower surface.
- Intercepted fall is considered a fall.
- A fall is not a result of an overwhelming external force.

Fall with Major Injury

- Any documented injury that occurred as a result of, or was recognized within a short period of time (e.g., hours to a few days) after the fall and attributed to the fall.
  - J1900 C. Major injury-bone fractures, joint dislocations, closed head injuries with altered level of consciousness, subdural hematoma

Height

- Measure height on admit/readmit and yearly

Weight

- Weight within 30 days of Assessment Reference Date

Weight Loss

- Compare weight in current observation period to weight closest to 30 days ago to determine 5% weight loss
- Compare weight in current observation period to weight closest to 180 days ago to determine 10% weight loss

Weight Loss

- Physician-Prescribed Weight-Loss Regimen
  - Weight reduction plan ordered by the physician with care plan goal of weight reduction

Pressure Ulcer

- A localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.

(RAI Manual Chapter 3 M-4)

Pressure Ulcers

- Coding based on deepest anatomical stage
- Must utilize definitions for pressure ulcer stages from the RAI Manual
- No reverse staging of pressure ulcers

Worsening in Pressure Ulcers

- Progression to a deeper level of tissue damage
- Increase in numerical stage

Worsening in Pressure Ulcers

- **Not worsened**
  - First time numerically staged after unstageable on admission
  - Numerically staged then becomes unstageable due to slough or eschar
  - Two pressure ulcers merge without increase in numerical stage
  - Pressure ulcers acquired in the hospital
  - Pressure ulcer increases in numerical stage while in the hospital

Worsening in Pressure Ulcers

- Stageable pressure ulcer becomes unstageable
  - Compare the numerical stage before and after a pressure ulcer was unstageable to determine worsening
    - **Example**
      - » Stage III now unstageable due to slough once debrided it is still a stage III (Not worsened)
      - » Stage III now unstageable due to slough once debrided it is now a stage IV (Worsened)

Medications

- Code based on classification of medication not indication for use
- Any route

  - A. Antipsychotic
  - B. Antianxiety
  - D. Hypnotic

Special Treatments, Procedures, and Programs

- Hospice care while a resident
- Influenza Vaccine Status
  - Flu season begins when vaccine becomes available in geographic area and ends when there is no longer active cases in geographic region
- Pneumococcal Vaccine Status

Physical Restraints

- Manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.

QUALITY MEASURES

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- Stay: entry or reentry to discharge or end of target period whichever comes first
- Episode: time spanning one or more stays
- Cumulative days in facility (CDIF): total number of days resident is in a facility within an episode

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- Short stay: CDIF less than or equal to 100 days at the end of the target period
- Long Stay: CDIF greater than or equal to 101 days at the end of the target period
- Target date: event date(entry date, death date, discharge date or ARD whichever is applicable)

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Short Stay

- Initial assessment
  - first assessment following the admission entry record at the beginning of the residents selected episode with a target date no more than 130 days prior to the target date of the target record
  - Initial assessment cannot be the same as a Target assessment

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Short Stay

- Target Assessment
  - Latest assessment with a target date no more than 120 days before the end of the episode.
  - Selection period- most recent 6 months

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Short Stay

- Lookback Scan
  - Scan all assessments within the current episode

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Long Stay

- Target Assessment
  - Latest assessment with a target date no more than 120 before the end of the episode

- Selection period- Most recent 3 months

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Long Stay

- Prior assessment
  - Latest assessment that is 46 to 165 days before the Target assessment

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Long Stay

- Lookback Scan
  - Scan all assessments within the current episode that have target dates no more than 275 days prior to the Target assessment.

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Long & Short Stay

- Influenza vaccination assessment
  - Scans all assessments with target dates on or after October 1 of the most recently completed influenza season.

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Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) (Target Assessment) (Public Reported, Five Star, Survey)

- Numerator
  - Either or both of the following conditions must be met
    - Condition 1: Daily pain with at least one episode of moderate/severe pain
      - » Almost constant or frequent pain **(J0400=1, 2) and** at least one episode of moderate to severe pain **(J0600A=05,06,07,08, 09 or J0600B=2,3)**
    - Condition 2: Very severe/horrible pain of any frequency **(J0600A=10 or J0600B=4)**

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Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay) (Look back Scan) (Public Report, Five Star, Survey)

– Numerator
  • One or more new or worsening Stage 2-4 pressure ulcers **(M0800)**
– Covariates
  • On the Initial assessment
    – Limited or more assistance in bed mobility self-performance **(G0110A1)**
    – Bowel incontinence at least occasionally **(H0400)**
    – Diabetes or peripheral vascular disease **(I0900, I2900 or I8000)**
      » PVD only a covariate prior to 4/1/12
    – Low body mass index **(K0200A, K0200B)**

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Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay) (Look back Scan not including Initial Assessment) (Public Reported, Five Star, Survey)

• Numerator
  – **N0410A checked (Prior to 4/1/12 N0400A)**
  – Must have a Target and Initial assessment
• Exclusions
  – Schizophrenia **(I6000)**
  – Tourettes Syndrome **(I5350)**
  – Huntingtons Disease **(I5250)**

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Percent of Resident Experiencing One or More Falls with Major Injury (Long Stay) (Look back Scan) (Public Reported, Five Star, Survey)

• Numerator
  – One or more falls that resulted in major injury **(J1900C=1,2)**

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Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay) (Target Assessment) (Public Reported, Five Star, Survey)

- Numerator
    - Condition 1: Almost constant or frequent pain **(J0400=1,2) and** at least one episode of moderate to severe pain **(J0600A=05,06,07,08.09) or (J600B=2,3)**
    - Condition 2: Resident reports very severe/horrible pain of any frequency **(J0600A=10 or J0600B=4)**
- Covariates
    - Independence or modified independence in daily decision making on the Prior assessment **(C1000 and C0500)**
- Exclusion
    - Target assessment is an admission, PPS 5 day or readmission/return assessment

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Percent of High-Risk Residents with Pressure Ulcers (Long Stay) (Target Assessment) (Public Reported, Five Star, Survey)

- Numerator
    - Both conditions must be present
        - High risk for pressure ulcers if one or more of the following present bed mobility **(G0100A1),or** transfer **(G0100B1) coded as 3,4,7 or 8 or** Comatose **(B0100=1) or** Malnutrition or at risk of malnutrition **(I5600 is checked) and**
        - Stage II-IV pressure ulcers present **(M0300)**
- Exclusion
    - Target assessment is an admission, PPS 5 day or readmission/return assessment

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Percent of Residents With a Urinary Tract Infection (Long Stay) (Target Assessment) (Public Reported, Five Star, Survey)

- Numerator
    - Urinary tract infection within the last 30 days **(I2300 is checked)**
- Exclusion
    - Target assessment is an admission, PPS 5 day or readmission/return assessment

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Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay) (Target Assessment) (Public Reported, Survey)

– Numerator
  • Frequently or always incontinence of the bladder **(H0300=2,3) or** bowel **(H0400=2,3)**

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Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay) (Target Assessment) (Public Reported, Survey)

• Exclusions
  – Residents who have any of the following high risk conditions:
    • Severe cognitive impairment on the Target assessment **(C1000=3 and C0700=1) or (C0500 $\leq$ 7)**
    • Totally dependent in bed mobility self-performance **(G0110A1=4,7,8)**
    • Totally dependent in transfer self-performance **(G0110B1=4,7,8)**
    • Totally dependent in locomotion on unit self-performance **(G0110E1=4,7,8)**
  – Resident is comatose **(B0100=1)**
  – Resident has an indwelling catheter **(H0100A is checked)**
  – Resident has an ostomy **(H0100C is checked)**
  – Target assessment is an admission, PPS 5 day or readmission/return assessment

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Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) (Target Assessment) (Public Reported, Five Star, Survey)

• Numerator
  – Use of indwelling catheter **(H0100A is checked)**
• Exclusions
  – Target assessment indicates neurogenic bladder **(I1550)** or obstructive uropathy **(I1650)**
  – Target assessment is an admission, PPS 5 day or readmission/return assessment
• Covariates
  – Frequent bowel incontinence **(H0400=2,3)** on Prior assessment
  – Pressure ulcers at stages 2,3 or 4 **(M0300)** on Prior assessment **(M0300B, M0300C, M0300D)**

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Percent of Residents Who Were Physically Restrained (Long Stay) (Target Assessment) (Public Reported, Five Star, Survey)

– Numerator
  • Daily physical restraints where:
    – Trunk restraint in bed **(P0100B=2) or**
    – Limb restraint in bed **(P0100C=2) or**
    – Trunk restraint used in chair or out of bed **(P0100E=2) or**
    – Limb restraint used in chair or out of bed **(P0100F=2) or**
    – Chair prevents rising used in chair or out of bed **(P0100G=2)**

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) (Target and Prior Assessment) (Public Reported, Five Star, Survey)

– Numerator
  • Need for help with late-loss Activities of Daily Living **(self-performance bed mobility, transfer, eating and toileting)** has increased when the selected assessments are compared.
  • An increase is defined as an increase in two or more coding points in one late-loss ADL item or one point increase in coding points in two or more late-loss ADL items.
    – If the value is equal to 7 or 8 on either the Target or Prior assessment, then recode the item to equal 4 to allow appropriate comparison

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) (Target and Prior Assessment) (Public Reported, Five Star, Survey)

– Exclusions
  • All four late-loss ADL items indicate total dependence (coded 4, 7, or 8) on the Prior assessment
  • Three of the late-loss ADLs indicate total dependence on the Prior assessment and the fourth late-loss ADL indicates extensive assistance on the Prior assessment
  • Comatose **(B0100=1)**
  • Prognosis of life expectancy is less than 6 month **(J1400=1)**
  • Hospice **(O0100K2 is checked)**

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Percent of Residents Who Lose Too Much Weight (Long Stay) (Target Assessment) (Public Reported, Survey)

– Numerator
  • Weight loss of 5% of more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen **(K0300=2)**

– Exclusion
  • Target assessment is an OBRA admission, PPS 5 day or readmission/return assessment

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Percent of Residents Who Have Depressive Symptoms (Long Stay) (Target Assessment) (Public Reported, Survey)

– Numerator
  • Meets either of the following two conditions:
    – Condition A(the resident mood interview) Must meet Part 1 and Part 2
      » Part 1 Over last two weeks
        • Little interest or pleasure in doing things half or more of the days **(D0200A2= 2 or 3) or**
        • Feeling down, depressed, or hopeless half or more of the days **(D0200B2=2 or 3)**
      » Part 2
        • The total severity score **(D0300$\geq$10 and $\leq$27)**

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Percent of Residents Who Have Depressive Symptoms (Long Stay) (Target Assessment) (Public Reported, Survey)

– Numerator
  • Meets either of the following two conditions:
    – Condition B: The staff assessment of resident mood Must meet Part 1 and Part 2
      » Part 1 Over last two weeks
        • Little interest or pleasure in doing things half or more of the days **(D0500A2= 2 or 3) or**
        • Feeling down or appearing depressed, or hopeless half or more of the days **(D0500B2=2 or 3)**
      » Part 2
        • The staff assessment total severity score **(D0600$\geq$ 10 and D600 $\leq$ 30)**

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Percent of Residents Who Have Depressive Symptoms (Long Stay) (Target Assessment) (Public Reported, Survey)

- Exclusions
  - Resident is comatose **(B0100=1)**

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Percent of Residents who Received an Antipsychotic Medication (Long Stay) (Target Assessment) (Public Reported, Five Star, Survey)

- Numerator
  - **N0410A (Prior to 4/1/12) N0400A)**
- Exclusions
  - Schizophrenia **(I6000)**
  - Tourettes Syndrome **(I5350)**
  - Huntingtons Disease **(I5250)**

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Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay & Long Stay)(Scan of all assessments in influenza season) (Public Reported)

- Influenza vaccination measures are only calculated once a year
- Target period October 1 of the prior year to June 30 of current year
  - Reports influenza season October 1 through March 31

  - This was a change as of October 1, 2015

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Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay & Long Stay)(Scan of all assessments in influenza season) (Public Reported)

– Numerator
  • Resident received the influenza vaccine during the current or most recent influenza season, either in the facility **(O0250A=1)** or outside the facility **(O0250C=2)** or
  • Resident was offered and declined the influenza vaccine **(O0250C=4)** or
  • Resident was ineligible due to contraindication **(O0250C=3)**
– Exclusion
  • Age on target date is 179 days or less

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay & Long Stay) (Target Assessment) (Public Reported)

– Numerator
  • PPV status is up to date **(O0300A=1)** or
  • Were offered and declined the vaccine **(O0300B=2)** or
  • Were ineligible due to medical contraindications **(O0300B=1)**
– Exclusion
  • Age on target date is less than 5 years

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Percentage of Residents Who Have Had a Fall During Their Episode of Care (Long Stay) (Look back Scan) (Survey)

• Numerator
  – Occurrence of a fall **(J1800=1)**

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Prevalence of Antianxiety/Hypnotic use (Long Stay) (Target Assessment) (Survey)

- Numerator
  - Hypnotic medication **N0410D (before 4/1/12 N0400D)**
  - Antianxiety medication **N0410B (before 4/1/12 N0400B)**

Prevalence of Antianxiety/Hypnotic use (Long Stay) (Target Assessment) (Survey)

- Exclusions
  - Schizophrenia **(I6000)**
  - Psychotic disorder **(I5950)**
  - Manic depression (bipolar disorder) **(I5900)**
  - Tourettes syndrome **(I5350)** (on Prior assessment if not active on Target assessment)
  - Huntingtons disease **(I5250)**
  - Hallucinations **(E0100A)**
  - Delusions **(E0100B)**
  - Anxiety disorder **(I5700)**
  - Post-traumatic stress disorder **(I6100)** (on Prior assessment if not active on Target assessment)

Prevalence of Behavior Symptoms Affecting Others (Long Stay) (Target Assessment) (Survey)

- Numerator
  - Physical behavioral symptoms directed toward others **(E0200A =1,2,3)** or
  - Verbal behavioral symptoms directed toward others **(E0200B= 1,2,3)** or
  - Other behavioral symptoms not directed toward others **(E0200C= 1,2,3)** or
  - Rejection of care **(E0800= 1,2,3)** or
  - Wandering **(E0900= 1,2,3)**

Prevalence of Behavior Symptoms Affecting Others (Long Stay) (Target Assessment) (Survey)

- Exclusion
  - If Target assessment is a discharge assessment

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Quality Measure Reports

- Available in the Casper Reporting System
- Updated weekly
- Defaults to six months-with the six months ending on the last day of the previous month
  - Dates can be changed to a look back period other than six months

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Facility Level Quality Measure Report

- Identify measures where your facility is performing lower than other facilities in the state and nation

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Facility Characteristics

- Identify certain facility characteristics where your facility differs from state and nation

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Resident Level Quality Measure Report

- Identify residents that make up the numerator of the quality measures

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New Quality Measures

- April 2016
  - Six new Quality Measures added to Nursing Home Compare
    - 3 MDS based
    - 3 claims based
- July 2016
  - Five new Quality Measures added to Five-Star rating (Use of Antianxiety/Hypnotics will not be added to Five-Star)

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Claims Based Measures

- Calculated from Medicare claims
  - Does not include Medicare Advantage claims
- Only included if admitted to the nursing home following an inpatient hospital stay
- Measures are risk adjusted (actual rate/expected rate)x national average
- Rolling 12 months; updated every six months
  - Data posted in April (July 1, 2014 to June 30, 2015)

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Claims Based Quality Measure

- Percentage of short-stay residents who were successfully discharged to the community
  - Successful discharge within 100 days of admission
    - Successful discharge: beneficiary was not hospitalized (inpatient or observation), not admitted to a nursing home and did not die in the 30 days after discharge.

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Claims Based Quality Measure

- Percentage of short-stay residents who have had an outpatient emergency department visit
  - SNF stays where there was an outpatient ER visit that did not result in an inpatient stay or observation stay within 30 days of SNF admission

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Claims Based Quality Measure

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
  - Hospitalizations for any reason to any hospital within 30 days after admit to SNF (only counts if admitted to SNF directly from hospital)

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Claims Based Quality Measure

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
  - Includes readmissions during and after SNF admit if within the 30 days of SNF stay start date
  - Includes observation stays
  - Excludes planned readmissions
  - Excludes hospice patients

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MDS Based Quality Measure

- Percentage of short-stay residents who made improvements in function
  - Mid-loss activities of daily living (MLADL) score change that is negative
    - Self-performance three mid-loss ADLs (transfer, locomotion on unit, walk in corridor)
  - Improvement from 5-day assessment to discharge assessment (return not anticipated)
  - Excludes hospice and those with life expectancy of less than six months

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MDS Based Quality Measure

- Percentage of short-stay residents who made improvements in function
  - Exclusions
    - 5-day assessment
      - Comatose
      - Prognosis <6 months
      - No MLADL impairment (MLADL=0)
      - Hospice
    - Missing data on any of the three MDADL items on the discharge or 5-day assessments

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MDS Based Quality Measure

- Percentage of short-stay residents who made improvements in function
  - Risk Adjustment
    - On 5-day assessment
      - Age, gender, cognitive impairment, long-form ADL score, heart failure, stroke, hip fracture, other fracture, feeding/IV

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MDS Based Quality Measure

- Percentage of long-stay residents whose ability to move independently worsened
  - Locomotion on unit self-performance decline
    - One or more point increase between Target and Prior assessment
  - Risk adjusted based on ADLs from Prior assessment

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MDS Based Quality Measure

- Percentage of long-stay residents whose ability to move independently worsened
  - Exclusions
    - Prior assessment
      - Comatose or missing data on comatose item
      - Prognosis of <6 months
      - Totally dependent during locomotion
      - Missing data for locomotion
      - No Prior assessment available to assess Prior function
    - Prior assessment is discharge assessment

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MDS Based Quality Measure

- Percentage of long-stay residents who received an antianxiety or hypnotic medication (Target Assessment)
  - Exclusions
    - Missing data on number of antianxiety or hypnotic meds
    - Prognosis <6 months
    - Hospice care while a resident
  - Risk Adjustment
    - None

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IMPACT Act of 2014

- Three cross-setting quality measures
  - Skin integrity (New or Worsened Pressure Ulcer Measure)
  - Incidence of major falls (Falls with Major Injury)
  - Function (New MDS section GG)

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New Quality Measures

- Additional Quality Measures to be added to the Five-Star in 2017 or 2018
  - Staffing turnover and retention
  - Staffing levels based on data from Payroll Based Journal
  - Other measures from IMPACT Act

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FIVE STAR RATING SYSTEM

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Preview Reports

- Uploaded monthly into the facility inbox by CMS
- Also CMS has a helpline available for approximately two weeks before reports are published to the public

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Preview Reports

- CMS QIES Provider Page
  - Click on Casper Report Link
  - Go to folders
    - "AL LTC facid" folder

Facility ID

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Health Inspections

- Based on relative performance within the state
- 3 most recent annual surveys (weighted 1/2, 1/3, 1/6)
- 36 months complaint investigations-substantiated findings
  - Most recent 12 months weight ½
  - 13-24 months weight 1/3
  - 25-36 months weight 1/6

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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 points	B 0 points	C 0 points

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 regulations: 42 CFR 483013 resident behavior and nursing home practice; 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.

Health Inspections

- Revisits
  - 1st Revisit   0 points
  - 2nd Revisit   50% of health inspection score
  - 3rd Revisit   70% of health inspection score
  - 4th Revisit   85% of health inspection score
- Does not include Life Safety or Federal surveys
- Complaint deficiencies are added to health inspection scores before calculating revisit points, if applicable.

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Health Inspection

- Lowest 10% health deficiency score 5 stars
- Middle 70% (23.33 %) divided between 4, 3, and 2 stars
- Highest 20% health deficiency scores 1 star

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State	Number of facilities	1 star	2 stars		3 stars		4 stars		5 stars
			Upper	Lower	Upper	Lower	Upper	Lower	
Alabama	226	>46.667	≤46.667	>31.333	≤31.333	>21.333	≤21.333	>12.667	≤12.667
Alaska	18	>162.500	≤162.500	>106.667	≤106.667	>58.000	≤58.000	>39.333	≤39.333
Arizona	144	>66.667	≤66.667	>43.333	≤43.333	>25.333	≤25.333	>12.667	≤12.667
Arkansas	228	>114.833	≤114.833	>54.000	≤54.000	>34.000	≤34.000	>18.667	≤18.667
California	1,203	>92.667	≤92.667	>62.000	≤62.000	>43.333	≤43.333	>23.333	≤23.333
Colorado	213	>96.333	≤96.333	>59.333	≤59.333	>42.000	≤42.000	>23.333	≤23.333
Connecticut	228	>72.000	≤72.000	>46.667	≤46.667	>33.333	≤33.333	>18.000	≤18.000
D. C.	19	>191.333	≤191.333	>72.000	≤72.000	>54.667	≤54.667	>37.333	≤37.333
Delaware	45	>102.333	≤102.333	>78.667	≤78.667	>63.333	≤63.333	>25.333	≤25.333
Florida	687	>54.000	≤54.000	>32.667	≤32.667	>21.333	≤21.333	>11.333	≤11.333
Georgia	355	>27.333	≤27.333	>15.333	≤15.333	>9.333	≤9.333	>2.667	≤2.667
Guam	1	>78.000	≤78.000	>43.333	≤43.333	>25.333	≤25.333	>9.333	≤9.333
Hawaii	45	>66.333	≤66.333	>46.000	≤46.000	>32.000	≤32.000	>18.000	≤18.000
Idaho	77	>112.667	≤112.667	>83.000	≤83.000	>55.333	≤55.333	>34.000	≤34.000

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Health Inspection

https://www.cms.gov/medicare/provide
r-enrollment-and-
certification/certificationandcomplian
c/fsqrs.html
- Downloads Section
  - State-Level Cut Point Table
- Related Links Section
  - Full Text of Statement of Deficiencies

Health Inspection

- Things that could impact your health inspection star
  - A new health inspection survey or a complaint investigation with deficiency citations;
  - A 2nd, 3rd or 4th revisit;
  - Resolution of an Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies;
  - The "aging" of complaint deficiencies.

Staffing

- Score is assigned based on combination of two staffing ratings
  - RN (Director of Nursing, RNs, nurses with administrative duties)
  - Total staffing (RNs, LPNs, CNAs)

Staffing

- Staffing reported on 671 during health inspection
  - RN hours: Includes registered nurses (F41), RN director of nursing (F39), and nurses with administrative duties (F40).
  - LPN hours: Includes licensed practical/licensed vocational nurses (F42)
  - Nurse aide hours: Includes certified nurse aides (F43), aides in training (F44), and medication aides/technicians (F45)
- Includes facility employees and contract employees
- Does not include private duty, hospice staff, or feeding assistants

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Staffing

- Census reported on 672 during health inspection (includes bed holds) (Block F78)
- Staffing hours are converted to FTEs
  - HRD (hours per resident day)= total hours for each nursing discipline/resident census/14 days
- Case-Mix adjusted based on RUGs
  - Time studies to measure staff minutes associated with each RUG-III group
  - Hours adjusted=(hours reported/hours expected)* Hours national average

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Staffing

- "Expected" hours are calculated by summing the nursing times (from the CMS Time Study) connected to each RUG category across all residents in the category and across all categories. The hours are then divided by the number of residents included in the calculations.
- "reported" hours are those reported by the facility on the CMS-671 form for their most recent survey

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Staffing

- "national average" hours represent the unadjusted national mean of the reported hours across all facilities for December, 2011.
  - Total nursing staff 4.0309
  - Registered nurses 0.7472
- Link to your facilities expected and reported staffing
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/staffingdatafile.zip

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To receive a 5 star in staffing the facility must meet or exceed the 5-star level for RN and total staffing

Staff type	1 star	2 stars	3 stars	4 stars	5 stars
RN	<0.283	≥0.283 to <0.379	≥0.379 to <0.513	≥0.513 to <0.710	≥0.710
Total	<3.262	≥ 3.262 to < 3.661	≥ 3.661 to < 4.173	≥ 4.173 to < 4.418	≥ 4.418

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Overall Staffing Rating

	Total Nurse rating				
	1	2	3	4	5
RN rating					
1	1	1	2	2	3
2	1	2	3	3	3
3	2	3	3	4	4
4	2	3	4	4	4
5	3	3	4	4	5

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Quality Measures

- 11 quality measures (calculated using the three most recent quarters for which data are available)
  - Help with activities of daily living (long stay)
  - High risk pressure sores(long stay)
  - Catheters(long stay)
  - Physical restraints(long stay)
  - UTI(long stay)
  - Moderate to severe pain (long stay)
  - Falls with major injury(long stay)
  - New or worsened pressure sores (short stay)
  - Moderate to severe pain (short stay)
  - Antipsychotic medication (long stay)
  - Newly received antipsychotic medication (short stay)

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Quality Measures

- For each quality measure points are assigned for facility performance based on quintiles
  - Quintile Example   Pain long stay

Points	Value to	Value
100	0.00000000	0.02115460
80	0.02115461	0.04816983
60	0.04816984	0.07929856
40	0.07929857	0.12534518
20	0.12534519	1.00000000

If facility score was 0.05 that would = 60 points

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Quality Measures

- Total possible score ranges from 220 to 1100 points
  - 1 star 225-544
  - 2 star 545-629
  - 3 star 630-689
  - 4 star 690-759
  - 5 star 760-1100
- Percentiles are based on national distribution for all measures except ADL which is based on state distribution

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Quality Measures

- The ranges for the point values of the quality measures is listed in the Five-STAR Quality Rating System Technical User's Guide
- Quality measure data is updated mid-month January, April, July, and October

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_____
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OVERALL STAR RATING

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Step 1	Step 2	Step 3
Health Inspection Rating	Staffing Rating	Quality Measure Rating
Begin with this star	If the staffing rating is greater than the health inspection rating Add 1 star for a 4 or 5 star	Add 1 star for a 5 star
	No change for 2 or 3 star	No change for a 2, 3, or 4 star
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_____
_____
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Step 1	Step 2	Step 3
Health Inspection Rating	Staffing Rating	Quality Measure Rating
☆☆ ☆	☆☆ ☆☆	☆

Overall Star Rating ☆ ☆ ☆

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Overall Rating

- If the health inspection is one star then the overall rating cannot be increased by more than one star based on quality measure and staffing ratings
- Special Focus Facilities that have not graduated can only have a maximum rating of three stars

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References

- Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide February 2015 https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/usersguide.pdf

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References

- MDS 3.0 Quality Measures USER'S MANUAL (v9.0 08-15-2015) Effective October 1, 2015

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V90.pdf

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References

- MDS 3.0 Manual

  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

- CMS Presentation on the new QMs

  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/Improvements-NHC-April-2016.pdf

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