

# APRIL 2019 CHANGES TO CMS FIVE-STAR QUALITY RATING SYSTEM

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## HEALTH INSPECTION DOMAIN

- Return to three surveys used to calculate the rating
- Return to 36 months of complaints used to calculate rating
- Return of the Aging of Complaints
- Using surveys both before and after the new survey process

*Nursing Home Compare*  
**Five-Star Quality Rating System:**  
**Technical Users' Guide**

### **State-Level Health Inspection Cut Point Table**

10 70 20

# Health Inspection Domain Survey Weighting

Inspection Cycle	1	2	3
Deficiency Score			
Complaint Score			
Revisits Score			
Total Score			
Survey Weighting	1/2	1/3	1/6
Weighted Survey Score			
Total Weighted Survey Score			



## STAFFING DOMAIN

## New RN threshold for 1 Star rating

## New Cut point table

## RN incentivized weighting

## RN incentivized weighting

## Staffing Cut Points

Table 4		Staffing and Rating (updated April 2019)				
RN rating and hours		Total nurse staffing rating and hours (RN, LPN and nurse aide)				
		1	2	3	4	5
		<3.108	3.108-3.579	3.580-4.037	4.038-4.407	>or=4.408
1	<0.317	★	★	★★	★★	★★★
2	0.317-0.507	★★	★★	★★★	★★★	★★★
3	0.508-0.730	★★★	★★★	★★★	★★★	★★★
4	0.731-1.1048	★★★	★★★	★★★	★★★	★★★
5	>or= 1.049	★★★	★★★	★★★	★★★	★★★

# Calendar for Payroll Based Journal (PBJ) Staffing Reporting on Nursing Home Compare

PBJ Reporting Quarter	PBJ Deadline	Five-Star Reporting Quarter
10/1/18 – 12/31/18	2/14/19	April 2019
1/1/19 – 3/31/19	5/15/19	July 2019
4/1/19 – 6/30/19	8/14/19	October 2019
7/1/19 – 9/30/19	11/14/19	January 2020
10/1/19 – 12/31/19	2/14/20	April 2020

## NHC Staffing Domain Footnotes



Footnote 1 Too New to Rate - Newly certified nursing home with less than 12 – 15 months of data available.

Footnote 2 Not Available – Not enough data available to calculate a star rating.

Footnote 6 Not Available – This facility didn't submit staffing data, or submitted data that didn't meet the criteria required to calculate a staffing measure.

Footnote 8 Not Available – Not available

Footnote 12 One star rating— This facility either didn't submit staffing data, has reported a high number of days without a registered nurse onsite, or submitted data that couldn't be verified through an audit.

Staffing ratings are no longer being suppressed

## QUALITY MEASURE DOMAIN

## Changes:

### Reports Long and Short-Stay Rating and an Overall Rating

## Scoring, Weighting and Points Threshold

## New Measures

## Retired Measures

## Replaced Measures

## Specification Changes

## QUALITY MEASURE DOMAIN SHORT-STAY RATING

### Measures used to calculate the Short-Stay Rating:

## MDS-Based

Percent of Short Stay Residents-  
Who Made Improvements in Function  
Who Self-Report Moderate to Severe Pain  
Who Newly Received an Antipsychotic

## Claims-Based

or  
Medicare A FFS Stays-  
Discharge to the Community  
Re-Hospitalized After a NH Admission  
Out-Patient ED Visit  
Pressure Ulcer New or Worsened

# QUALITY MEASURE DOMAIN LONG-STAY RATING

## Measures used to calculate the Long-Stay Rating:

## MDS-Based

Percent of Long-Stay Residents-  
Whose Need for Help with ADL's Worsened  
Who Self-Report Moderate to Severe Pain  
Who Received an Antipsychotic  
Whose Ability to Move Independently Worsened  
High-Risk Pressure Ulcers  
Catheter Inserted and Left in Their Bladder  
UTI  
Falls With Major Injury

## Claims-Based

## Medicare A FFS Stays- Hospitalizations per 1,000 Resident Days Out-Patient ED Visits per 1,000 Resident Days



Quick Reference QM Guide

CMS Quality Measure	Reported On			
Percent of Short-Stay Residents:	QRP	5 Star	CASPER	NHC
Who Self-Report Moderate to Severe Pain		X	X	X
Assessed and Appropriately Given the Seasonal Influenza Vaccine				X
Assessed and Appropriately Given the Pneumococcal Vaccine				X
Who Newly Received an Antipsychotic Medication		X	X	X
Who Made Improvements in Function		X	X	X
FFS Medicare A Stays for Short-Stay Residents:	QRP	5 Star	CASPER	NHC
With Pressure Ulcers That are New or Worsened (Replaced Percent of Residents With Pressure Ulcers That are New or Worsened April 2019)	X	X	X	X
Who Were Re-Hospitalized After a Nursing Home Admission		X		X
Who have Had an Outpatient Emergency Department Visit		X		X
Discharged to Community – PAC SNF QRP (replaced Successful Discharge to the Community April 2019)	X	X	X	X
Experiencing One or More Falls With Major Injury			X	X
Whose Functional Abilities Were Assessed, and Functional Goals Were Included in Their Treatment Plan	X		X	X
Rate of Potentially Preventable Hospital Readmissions 30 Days After Discharge From a SNF	X		X	
Medicare Spending per Beneficiary for Residents in a SNF	X		X	X
Percent of Long-Stay Residents:	QRP	5 Star	CASPER	NHC
Experiencing One or More Falls With Major Injury		X	X	X
Prevalence of Falls			X	
Who Self-Report Moderate to Severe Pain		X	X	X
With High-Risk/Unstageable Pressure Ulcers (updated April 2019)	X	X	X	
Assessed and Appropriately Given the Seasonal Influenza Vaccine				X
Assessed and Appropriately Given the Pneumococcal Vaccine				X

April 2015

April 2019

## QUALITY MEASURE DOMAIN

## Weighting Changes

## **Nine measures with point range 15-150:**

## Successful Discharge

## Need for Help with ADL's has Increased

### Antipsychotic Medication Use (LS)

### Ability to Move Independently Worsened

## Improvement in Function

### Rehospitalization After a NH Stay (SS)

## ED Visits (SS)

### Hospitalizations Per 1,000 Resident Days

### ED Visits Per 1,000 Resident Days

## Ranges for Point Values for Quality Measures

Rate of successful return to home and community from a SNF (short-stay)	0.6496	1.0000	 150
	0.6044	0.6495	135
	0.5683	0.6043	120
	0.5332	0.5682	105
	0.4974	0.5331	90
	0.4606	0.4973	75
	0.4198	0.4605	60
	0.3713	0.4197	45
	0.3071	0.3712	30
	0.0000	0.3070	15

# QUALITY MEASURE DOMAIN

## Weighting Changes

## Eight Measures with Point Range 20 -100

## Pressure Ulcers That are New or Worsened

### Self-Reported Pain (LS and SS)

## Catheter Use

UTI's

## Falls With Major Injury

### Newly Received Antipsychotics

## High-Risk Pressure Ulcers

## Ranges for Point Values for Quality Measures

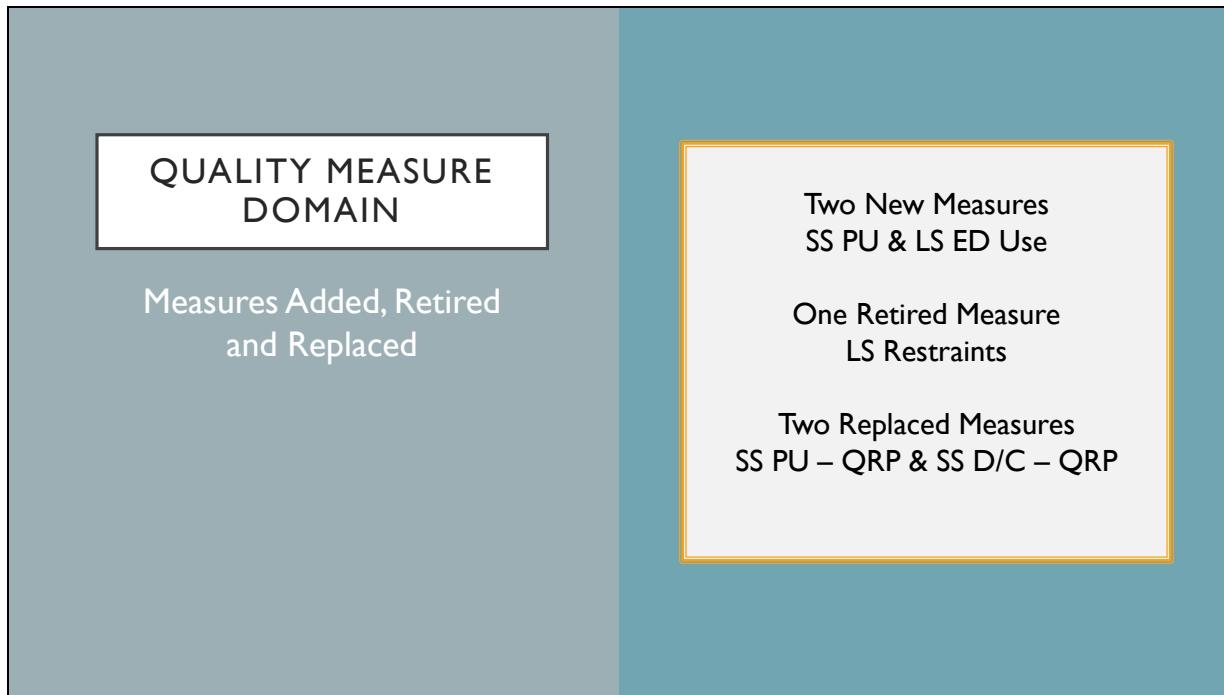
Quality Measure	For QM values ...		Number of QM points is...
	Between...	and...	
Percent of SNF residents with pressure ulcers that are new or worsened (short-stay)	0.0000	0.0000	 100
	0.0001	0.0080	80
	0.0081	0.0160	60
	0.0161	0.0300	40
	0.0301	1.0000	20

## Point Ranges for the Quality Measures Ratings

QM Rating	January 2017 QM Rating Thresholds	July 2016 QM Rating Thresholds	February 2015 QM Rating Thresholds
★	325 – 789	275 – 669	225 – 544
★★	790 – 889	670 – 759	545 – 629
★★★	890 – 969	760 – 829	630 – 689
★★★★	970 – 1054	830 – 904	690 – 759
★★★★★	1055 – 1600	905 - 1350	760 - 1100

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 ↘



## QUALITY MEASURE DOMAIN

## New Measure Specifications

The LS PU now captures  
Unstageable Ulcers

## NHC Quality Measure Domain Footnotes

**Footnote 13 Not Available –** The number of cases/resident stays is too small to report.

**Footnote 15 –** Results are based on a shorter time period than required.

**Footnote 14, 16, 8 Not Available -** 14 - Data not available for this reporting period.  
16 - Data suppressed by CMS for one or more quarters.

## SPECIAL FOCUS FACILITIES

Will not be given a rating on NHC

## Special Focus Facility (“SFF”) Initiative

**Table A - New Additions:** These are nursing homes newly added to the SFF initiative (but which have not yet had a standard survey since being added to the list). If you wish to learn more about a specific home, please contact the State survey agency or the Ombudsman's office in your area which can be found in the [Helpful Contacts](#) section of *Nursing Home Compare*.

**Table B – Not Improved:** These are nursing homes that have failed to show significant improvement despite having had the opportunity to show improvement in at least one survey after being named a SFF nursing home.

**Table C - Improving:** These are nursing homes that have shown significant improvement, as indicated by the most recent survey, and CMS is waiting to see if the improvement continues over time. If the improvement continues, these nursing homes will graduate from the SFF list.

**Table D – Recently Graduated:** These are nursing homes that not only improved, but they sustained significant improvement for about 12 months (through two surveys). We congratulate these nursing homes and list their names as “graduates” for a few months after they graduate so that anyone who has been tracking their progress will be informed.

**Table E – No Longer in Medicare and Medicaid:** These are nursing homes that were either terminated by CMS from participation in Medicare and Medicaid within the past few months, or voluntarily chose not to continue such participation. In most cases the nursing homes will have closed, although some nursing homes that leave Medicare later seek to show better quality and re-enter the Medicare program after demonstrating their ability to comply with all Federal health and safety requirements.

## NHC Special Focus Facility ICON



If a nursing home has a history of persistent poor quality of care, as indicated by the findings of state or federal inspection teams, it can be considered a Special Focus Facility (SFF). This means that the facility is subjected to more frequent inspections, escalating penalties, and potential termination from Medicare and Medicaid.



# ANY QUESTIONS?

## Resources

Minimum /data Set (MDS) 3.0 RAI Manual Version 1.16 October 2018  
<https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf>

Design for NHC Five-Star Rating System Technical Users' Guide  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/Five-Star-Users-Guide-April-2019.pdf>

## Quality Measures User's Manuals

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinitis/nhqqualitymeasures.html>

## Claims Based Quality Measures User's Manual

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinitis/nhqqualitymeasures.html>