

# SUMMARY OF THE CHANGES TO FIVE STAR ANNOUNCED BY CMS

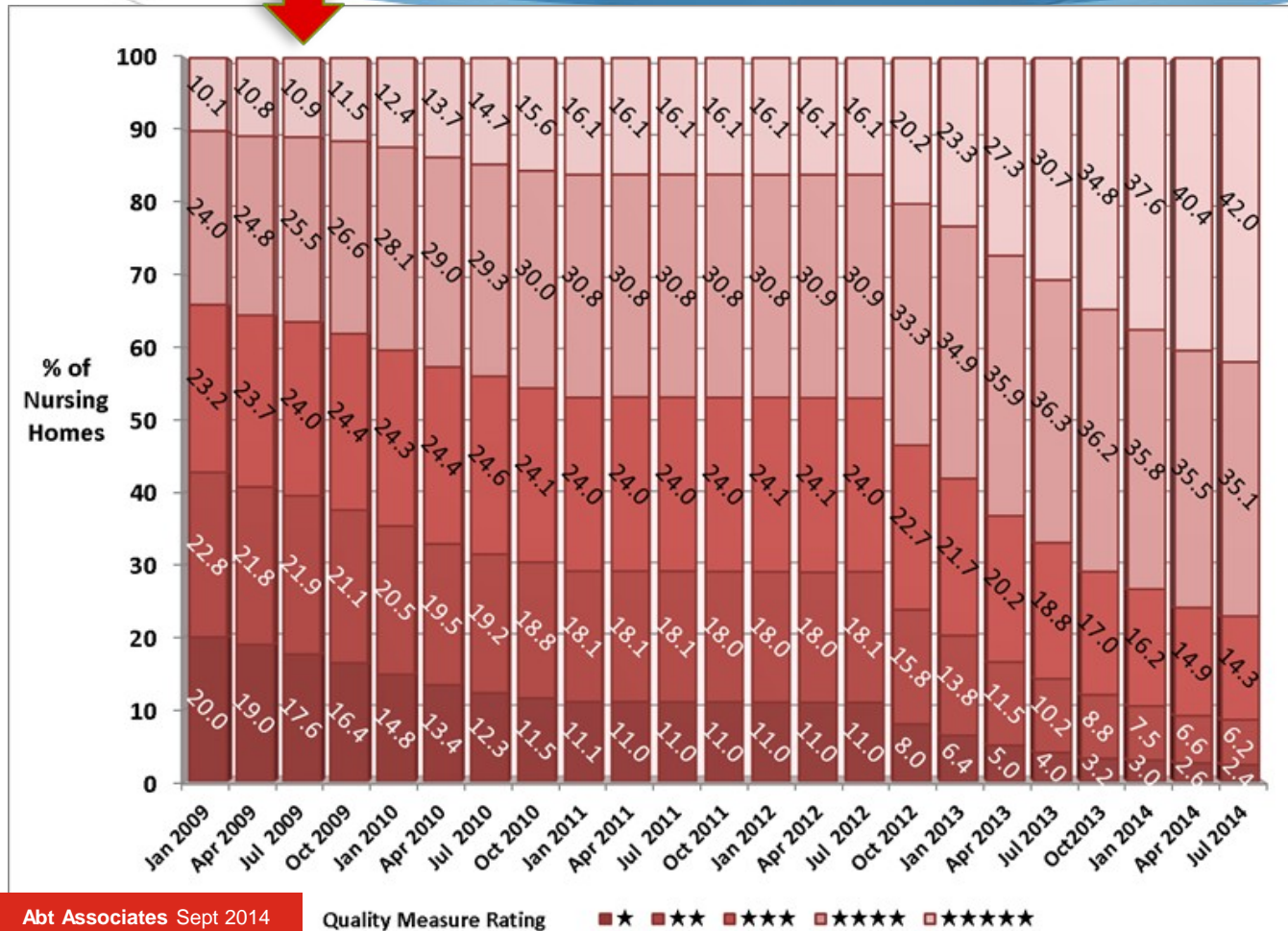
Mark Parkinson  
AHCA/NCAL President & CEO

All member call  
February 13<sup>th</sup>, 2015

# AHCA Requests to CMS

- ✓ Do not go back to a curve
- ✓ Phase in any changes
- ✓ Rebasing should occur from Dec 2014 star levels; and should not go back to 2009
- ✓ Notice needs to be provided that the new ratings can **not** be compared to old ratings and do not reflect changes in quality
- ✓ Organizations (e.g. MCOs, HUD, etc) using Five Star need to be notified that changes do not reflect changes in quality

# Historical Trends for QM Component



Rescaled Distribution	
5 star	25%
4 Star	20%
3 Star	20%
2 Star	20%
1 Star	15%

# CMS Announced Changes

On Feb 12<sup>th</sup> CMS's Open Door Forum conference call

- ✓ Changes to how they assign stars for:
  - Staffing component
  - Quality Measure component
- ✓ These changes may impact your Overall Five Star rating
- ✓ Changes will take effect February 20<sup>th</sup> 2015
  - CMS will hold press briefing on Feb 20<sup>th</sup>
- ✓ SNFs can preview their changes on CMS QIES system starting on February 13<sup>th</sup> “about mid day” per CMS

# CMS Announced Changes

On Feb 12<sup>th</sup> CMS's Open Door Forum conference call

- ✓ Overall Five Star rating
  - No changes to methodology but changes to Staffing and Quality Measure (QM) components will impact your overall rating
- ✓ Survey component
  - No changes
- ✓ Staffing component
  - Changed how 3 and 4 star ratings are determined on Staffing component
- ✓ Quality Measure component
  - Add two new quality measures
  - Reset the cut points to achieve each star rating

# Overall Scoring Methodology

## NO CHANGE

### Remains the same: NO CHANGES

Step 1: Initial star rating based on Survey Score

Step 2: Add or subtract one Star based on Staffing component

- ✓ Subtract 1 star if staffing rating is 1 star
- ✓ Add 1 star if staffing is 4 or 5 stars and higher than Survey rating

Step 3: Add or subtract one additional Star based on QM component

- ✓ Subtract 1 star if QM rating is 1 star
- ✓ Add 1 star if QM rating is 5 stars

**NOTE: The changes to Staffing and QM component impact your overall rating (see later slides)**

# Survey Component Methodology

## NO CHANGE

Step 1: Calculate weighted 3 year average survey score

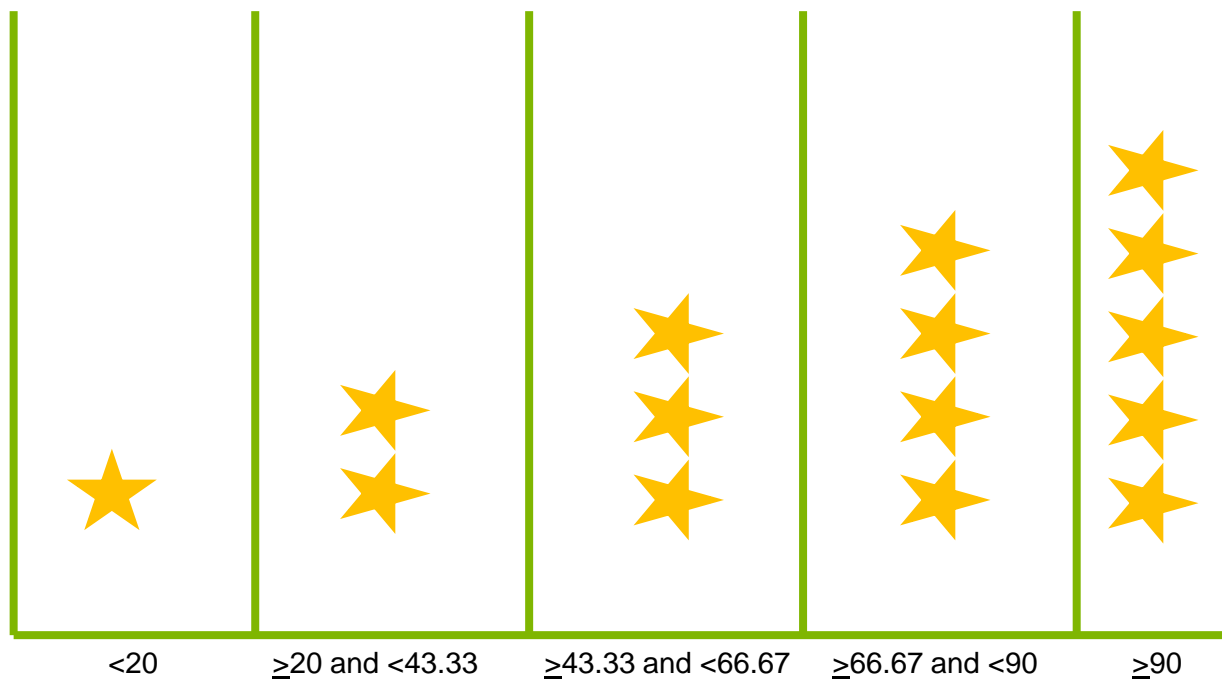
Step 2: Rank all centers within each state based on their scores

Step 3: Assign one to five stars based on ranking (see next slide) within each state

**Implications of new system vs old system: NONE**

# Survey Component Star Rating

Percent of Facilities Survey Star Rating Ranked within each State



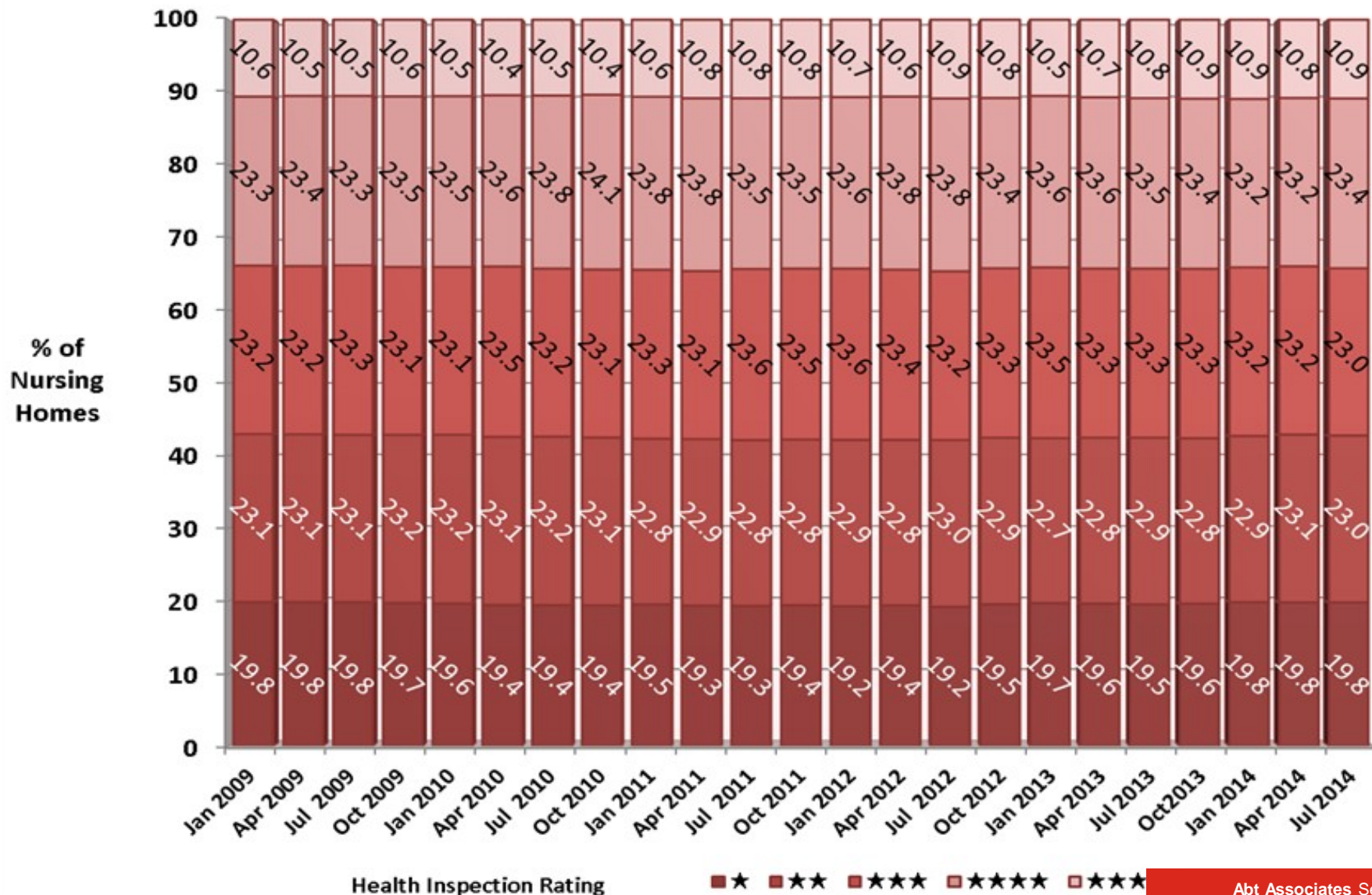
Percentiles

Bottom 20 percent  
within a State

Top 10 percent (facilities  
with lowest survey score)  
within a State



# Trends in Survey Component will continue



# Staffing Component Rating Methodology


Step 1: Calculate risk adjusted staffing based on RN and total Direct Care Staff (DCS) levels

- No change

Step 2: Compare to risk adjusted cut-points to assign stars for RN and for DCS

- No change

Step 3: Compare the RN and DCS staff ratings to assign a Staffing component star rating

- 
- **Changed the criteria to achieve 3 or 4 stars;**
  - **A rating of 3 stars on both RN and DCS no longer results in 4 stars; now it equals 3 stars for the staffing component**

# Staffing Component: Old vs New System

## OLD SYSTEM

**Table 5**  
**Staffing Points and Rating (updated April 2012)**

RN rating and hours		Total staffing rating and hours (RN, LPN and aide)				
		1	2	3	4	5
		<3.262	3.262 – 3.660	3.661 – 4.172	4.173 – 4.417	≥4.418
1	<0.283	1-star	1-star	2-stars	2-stars	3-stars
2	0.283 – 0.378	1-star	2-stars	3-stars	3-stars	4-stars
3	0.379 – 0.512	2-stars	3-stars	4-stars	4-stars	4-stars
4	0.513 – 0.709	2-stars	3-stars	4-stars	4-stars	4-stars
5	≥0.710	3-stars	4-stars	4-stars	4-stars	5-stars

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

## NEW SYSTEM

**Table 5**  
**Staffing Points and Rating (updated February 2015)**

RN rating and hours		Total staffing rating and hours (RN, LPN and aide)				
		1	2	3	4	5
		<3.262	3.262 – 3.660	3.661 – 4.172	4.173 – 4.417	≥4.418
1	<0.283	1-star	1-star	2-stars	2-stars	3-stars
2	0.283 – 0.378	1-star	2-stars	3-stars	3-stars	4-stars
3	0.379 – 0.512	2-stars	3-stars	3-stars	4-stars	4-stars
4	0.513 – 0.709	2-stars	3-stars	4-stars	4-stars	4-stars
5	≥0.710	3-stars	4-stars	4-stars	4-stars	5-stars

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

# Implications of Staffing Component Changes

- ✓ Changes in star rating for **Staffing component** will result in
  - Drop in the number of SNFs achieving 4 stars
  - Increase in the number of SNFs achieving 3 stars
  - No changes in the number of SNFs achieving 1, 2 or 5 Stars
- ✓ Impact on SNFs' **Overall** Five Star rating
  - Those SNFs that drop from 4 to 3 stars on their staffing component will lose 1 star from their previous overall rating

# QM Component Changes

- ✓ Add two new measures<sup>1</sup>
  - Long Stay use of antipsychotics
  - Short Stay use of antipsychotics
- ✓ Reset the cut points for star assignments on QM component back to 2013 Q3
- ✓ Adjusted the method for assigning points for each QM to fixed cut points based on quintiles (minimal impact)

<sup>1</sup>Current 9 QMs (No change)

SS Pressure Ulcers	LS Falls with Injury
SS Pain	LS High Risk Pressure Ulcers
LS ADL Decline	LS Pain Adjusted
LS Catheter	LS Physical Restraint
	LS UTI

# Two New Quality Measures

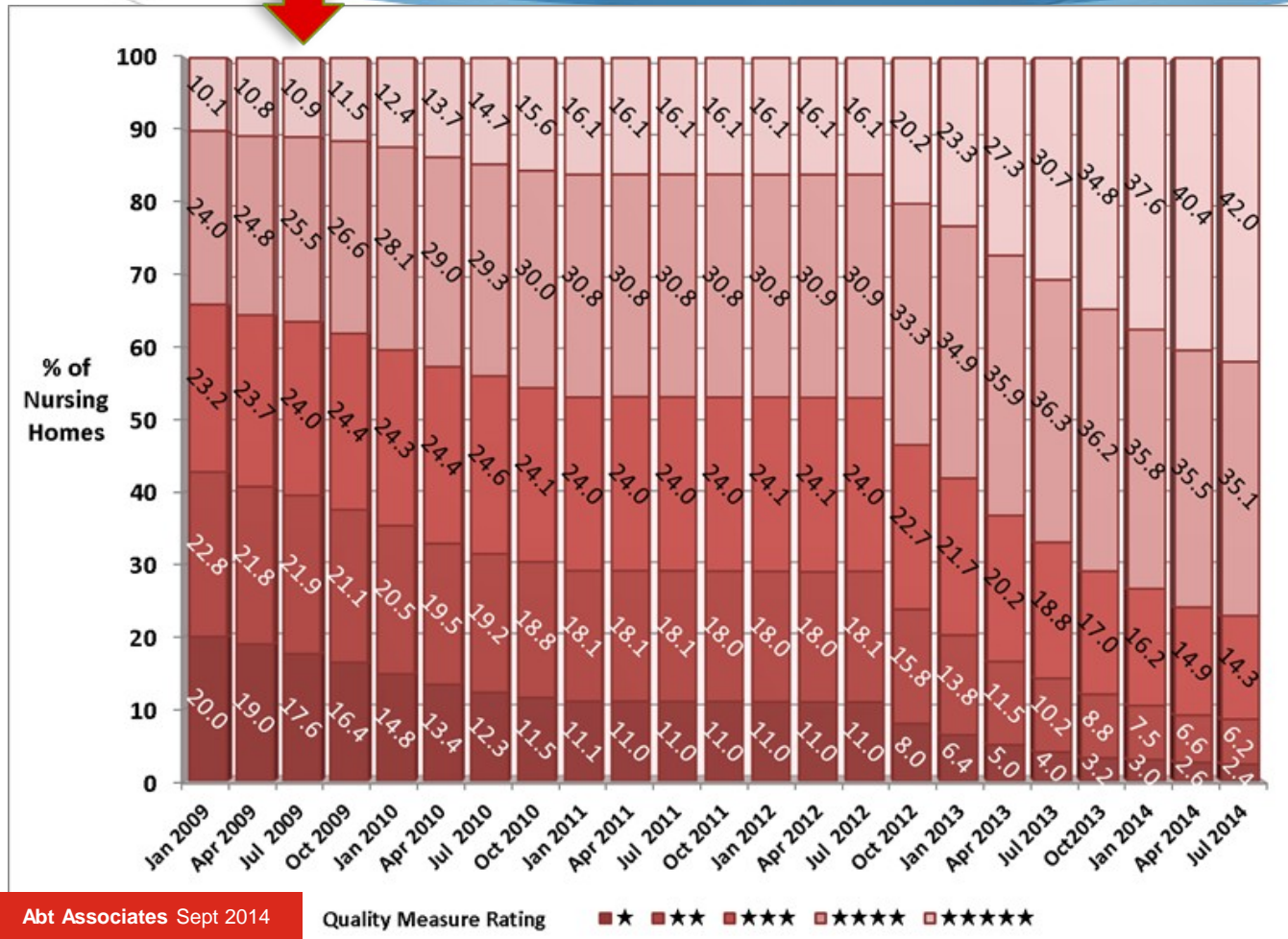
- ✓ Long Stay Antipsychotic Use:
  - Identical to QM currently on Nursing Home Compare:
    - % of residents with at least 100 days in the SNF who receive an antipsychotic (excluding those with schizophrenia, Tourette's or Huntington's)
  
- ✓ Short Stay Antipsychotic Use:
  - Identical to QM currently on Nursing Home Compare:
    - % of residents not on an antipsychotic at admission who are started on one within the first 100 days in the SNF (excluding those with schizophrenia, Tourette's or Huntington's)

# Quality Measures Component Rating Methodology

	OLD System	NEW System
# of Quality Measures	9 QMs	11 QMs <sup>1</sup>
Points for each QM	0 to 100	20 to 100
Total Score Range	0 to 900	225 to 1100
Reset cut points	2009 distribution	~2013 Q3 distribution
1 Star	11%	15%
2 star	18%	20%
3 Star	24%	20%
4 Star	31%	20%
5 Star	16%	25%

<sup>1</sup>Two new QMs: Long Stay Antipsychotic use & Short Stay Antipsychotic use

# Historical Trends for QM Component



- During switch from MDS 2.0 to 3.0; QM rating did not change
- Cut Points “frozen” July 2012 to current
- Now 77% SNFs achieve a 4 or 5 Star rating



# Quality Measure Component: Old vs New System

## OLD SYSTEM

Table 7

Star Cutpoints for MDS Quality Measure Summary Score (updated July 2012)

1 star	2 stars lower	2 stars upper	3 stars lower	3 stars upper	4 stars lower	4 stars upper	5 stars
≤355	356	435	436	507	508	615	≥616

Based on  
0 to 900  
score

## NEW SYSTEM

Table 7

Star Cut-points for MDS Quality Measure Summary Score (updated February 2015)

QM Rating	Point Range for MDS Quality Measure Summary Score (updated February 2015)
★	225 – 544
★★	545 – 629
★★★	630 – 689
★★★★	690 – 759
★★★★★	760 – 1,100

Based on  
225 to  
1100  
score

# Impact on your ratings

- ✓ Changes for the **quality measures component** will result in:
  - Some SNFs dropping their ratings from 5, 4, 3 or 2 stars
  - Increase in the number of SNFs achieving 1 Star
- ✓ Impact on SNFs' **Overall** Five Star rating:
  - SNFs that drop from 5 to 4 stars on their QM component will lose 1 star from their overall rating
  - SNFs that drop from 3 or 2 stars to 1 star on their QM component will lose 1 or 2 stars from their overall rating
  - A few SNFs will lose 2 or more stars if their antipsychotic rates are very high
  - A handful of SNFs will gain a star if their antipsychotic rates are very low

# Impact on OVERALL rating (National)

		<i>National – All Centers</i>					
		Centers	-3 Stars	-2 Stars	-1 Star	No Change	+1 Star
Old Ratings (before CMS change)	<b><i>Counts of Centers</i></b>						
	<b><i>OVERALL</i></b>	<b><i>15,513</i></b>	<b><i>-</i></b>	<b><i>308</i></b>	<b><i>4,458</i></b>	<b><i>10,626</i></b>	<b><i>121</i></b>
	★	1,311	-	-	-	1,296	15
	★★	3,136	-	-	1,162	1,958	16
	★★★	2,591	-	66	915	1,579	31
	★★★★	3,984	-	147	1,258	2,520	59
	★★★★★	4,491	-	95	1,123	3,273	-
Old Ratings (before CMS change)	<b><i>Percent of Centers</i></b>						
	<b><i>OVERALL</i></b>	<b><i>15,513</i></b>	<b><i>0%</i></b>	<b><i>2%</i></b>	<b><i>29%</i></b>	<b><i>68%</i></b>	<b><i>1%</i></b>
	★	1,311	0%	0%	0%	99%	1%
	★★	3,136	0%	0%	37%	62%	1%
	★★★	2,591	0%	3%	35%	61%	1%
	★★★★	3,984	0%	4%	32%	63%	1%
	★★★★★	4,491	0%	2%	25%	73%	0%

# Impact on OVERALL rating (AHCA Members)

		<i>National – AHCA Members</i>					
		Centers	-3 Stars	-2 Stars	-1 Star	No Change	+1 Star
Old Ratings (before CMS change)	<b><i>Counts of Centers</i></b>						
	<b><i>OVERALL</i></b>	<b><i>9,455</i></b>	<b><i>-</i></b>	<b><i>205</i></b>	<b><i>2,770</i></b>	<b><i>6,410</i></b>	<b><i>70</i></b>
	★	822	-	-	-	811	11
	★★	1,928	-	-	709	1,213	6
	★★★	1,594	-	40	579	958	17
	★★★★	2,473	-	102	787	1,548	36
	★★★★★	2,638	-	63	695	1,880	-
Old Ratings (before CMS change)	<b><i>Percent of Centers</i></b>						
	<b><i>OVERALL</i></b>	<b><i>9,455</i></b>	<b><i>0%</i></b>	<b><i>2%</i></b>	<b><i>29%</i></b>	<b><i>68%</i></b>	<b><i>1%</i></b>
	★	822	0%	0%	0%	99%	1%
	★★	1,928	0%	0%	37%	63%	0%
	★★★	1,594	0%	3%	36%	60%	1%
	★★★★	2,473	0%	4%	32%	63%	1%
	★★★★★	2,638	0%	2%	26%	71%	0%

# AHCA Requests

- ✓ Do not go back to a curve
- ✓ Phase in any changes
- ✓ Rebasing should occur from Dec 2014 star levels; and should not go back to 2009
- ✓ Notice needs to be provided that the new ratings can **not** be compared to old ratings and do not reflect changes in quality
- ✓ Organizations (e.g. MCOs, HUD, etc) using Five Star need to be notified that changes do not reflect changes in quality

# CMS Language Added to Website

- ✓ *“Many nursing homes will see a lower quality measure rating as a result of these changes, even though the underlying QM data may not have changed. Because of these changes, it is not appropriate to compare a facility's QM ratings that appear in February with those that appeared in earlier months.”*
- ✓ *“For more details on these changes, please review the updated Technical Users' Guide containing detailed information on how the ratings are calculated and the star-rating thresholds for each of the domains. The Technical Users' Guide and other information on the Five Star Quality Rating system can be found on the CMS website.”*

# Center's Response What Can You Do?

- ✓ Centers should consider doing the following:
  - Check your preview data on QIES system
  - Visit AHCA's five star website for resources
  - Proactively communicate about your changes to
    - Residents, families and staff
    - Hospitals, ACOs, MCOs

# Access your Preview Data

- Preview your new Star ratings from CMS on QIES
  - Your MDS coordinator probably has access to QIES
  - Instructions for accessing your preview data in the QIES system on AHCA website



# Resources for Members

## Go to [www.AHCANCAL.ORG/FiveStar](http://www.AHCANCAL.ORG/FiveStar)

To be made available to members:

- ✓ Setting up a website for Five Star for Monday 16<sup>th</sup>
  - Go to [www.AHCANCAL.ORG/FiveStar](http://www.AHCANCAL.ORG/FiveStar)
  - Links to CMS new technical user's manual
  - Speaking points and statement for use with media
  - Template letters members can use with
    - Medicare Managed Care plans, ACOs and Hospitals
    - Residents, Families & Friends

# Updating LTC Trend Tracker

- Adding new five star ratings as soon as we receive them from CMS (estimate by end of Feb or sooner)
- Five Star prediction tools and reports being revised
  - Updating the prediction tool that allow you to see how much you need to change on your staffing or quality measures to increase your ratings by 1 star
  - Estimate prediction tools will be ready within 2-3 weeks
  - Pulled the current prediction tools off system on Feb 12th

# FUTURE CHANGES TO FIVE STAR IN 2015 & 2016

- CMS plans to add additional quality measures to Five-Star
  - Rehospitalizations
  - Discharge back to community
  - Staffing turnover and retention
  - Other measures from IMPACT act
- Change how much measures contribute to scoring based on CMS audits of MDS and Staffing reports
- Linkages to individual state reporting and inspection results

# Open for Questions



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