MARQUIS COMPANIES

5 STAR RATING SYSTEM

MEASUREMENTS OF SUCCESS

5 STAR RATING SYSTEM

"The Centers for Medicare & Medicaid Services developed Nursing Home Compare and the Star Rating System to provide consumers with an easy way to search for nursing homes that provide the quality of care they desire. All of the data found on Nursing Home Compare is provided as a service to the public"

-CMS Nursing Home Compare

The score is broken up into 3 main categories

Starting with the facility health inspection score as their base.

- A star is added to the base score if QM is a 5 and/or if their staffing measure is a 4 or 5.
- A star is subtracted from the base if QM is a 1 and/or if their staffing measure is <4.

Health Inspection: At least once every 12 months a federal Health Inspection survey is conducted on all skilled nursing facilities, in addition to any "complaint" inspections that may occur during that year. The Health Inspection score is an accumulation of 3 years of survey history, the number of deficiencies and the seriousness of those deficiencies. The most recent year, carrying the most weight in the scoring. Each facility is ranked against other facilities within their own state. Due to variations, and some subjectivity between states on outcomes in citations, national comparisons are not utilized.

The facility's survey score may be impacted monthly, dependent on any health inspection citation for their facility, or changes that may occur monthly on all facilities state wide.

Only the top 10% will receive a 5 star and the bottom 20% will receive a 1 star. The remaining 70% will be divided out evenly by bell curve 2, 3 and 4.

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QUALITY MEASURES

The 5 star Quality Measure (QM) score is made up of 16 of the 24 QM posted on Nursing Home Compare. These measures include 9 QM that are for long-stay population and 7 for short-stay population, defined as >100 days or <100 days in the facility. Unlike many healthcare providers, the data collected by CMS for Nursing Home Quality Measures does not rely on the providers self-reporting of outcomes, but on automated collection of data improving reliability and consistency amongst providers.

CMS collects the automated data from two main controlled sources:

MDS Data for quality of resident care measures come from the **MDS Repository.**

- The MDS is a complex assessment done by the nursing home at regular intervals on every resident in a Medicare- or Medicaid-certified nursing home. Information is collected about the resident's health, physical functioning, mental status, and general well-being.
- The ratings are based on **4 quarters of reported data.** The facility is assigned points for each individual measure based on their score compared to that measure's national average. The facility is then given a cumulative point total for all measures combined, these cumulative points are then raked nationally.
- The facility's QM score is updated 4 times a year: January, April, July and October; with a quarter lag in the time data is reported.

Medicare claims data — CMS uses bills that nursing homes and hospitals submit to Medicare for payment

- The purpose is to identify when hospitalizations and nursing home admissions take place. These are used to calculate hospital readmission rates, emergency room visits, and discharges.
- The ratings are based on a 12 month data range, versus by quarter. With these QM updating 2 times a year: April and October; with a 9 month lapse in the time data is reported.

Top 10% with 5 star QM, bottom 20% with 1 star QM and middle 70% equally divided across 2, 3 or 4 star.

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STAFF

The rating for staffing is based on two measures:

1. Total nursing hours per resident day (RN + LPN + nurse aide hours)
2. RN hours per resident day

The source document for the ***reported staffing hours*** is ***collected once a year,*** upon the annual Health Survey Inspection visit. It is based on ***hours worked in the 2 weeks prior to the annual inspection*** and ***the number and acuity mix of the patient population at that same time.*** While staffing hours are only reported one time a year, the calculation adjustments throughout the year are based on acuity mix as reported on the MDS data, as described above. What this does not account for are staffing adjustments (hours worked) that facilities make when acuity does increase in the facilities. For example, if the acuity of the facility was lower during the "2 week inspection window" that the staffing hours were collected, it is possible the score that is calculated at a later time with a higher acuity mix may not truly reflect that facility's actual staffing utilized for that period of time.

CMS is working on a new staffing calculation scoring system that will include the quarterly required staffing reporting that is not in place for all nursing facilities, called **Pay-Roll based Journaling (PBJ)**. This has yet to be adopted, but will more accurately reflect the nuances that occur with adjustments throughout the years as acuity/census mix changes.