

Concerns About 5 Star

AHCA, AHCA State Affiliates and others have expressed great concern regarding the design and methodology of CMS' new 5 Star Quality Rating System. Below is a brief overview of these concerns, followed by talking points that providers may find helpful when speaking to residents/family members or local media regarding this new rating system and/or a facility's specific star ratings.

▪ 5 Star is based on a flawed survey system

- A facility's overall 5 Star rating incorporates ratings in three categories: survey results, Quality Measures (QMs), and staffing levels. The survey rating forms the base "star" rating with stars being added or subtracted depending upon a facility's star rating for QMs and staffing respectively. The overall rating for a facility cannot be greater than 5 Stars or less than 1 Star; however, new facilities where there is insufficient data could receive a rating of "N/A."
- Data may not be accurate nor up-to-date. CMS uses 3 years worth of survey data and complaint data, and averages the three most recent quarters worth of data in calculating a facility's Quality Measures (QMs) rating.
- Star ratings can be affected by the varied timeframes used by 5 Star in calculating each of the three star categories for a facility.
- Criteria for CMS' Special Focus Facility Program and 5 Star Quality Rating System are at odds.

▪ 5 Star provides little useful information for the consumer, and may confound the already difficult decision of which facility best serves the consumer's needs.

- The one function that might prove most useful to the consumer – the ability to compare a facility in one state to that of another – cannot be accomplished using CMS' new 5 Star Quality Rating System. Because 5 Star ranks facilities' star ratings for survey and staffing by state – albeit in an effort to compensate for known inconsistencies in the survey system – consumers cannot use the 5 Star Quality Rating System to compare a facility in one state to that of another state.
- CMS readily admits that there are several limitations inherent in its new rating system. The following posting to CMS' 5 Star webpage is evidence of those limitations. Indeed, a rating system that warrants CMS' use of the term "caution" rather than "note" or "remember" to alert consumers to its use calls into question whether this system should be used at all.

Caution: No rating system can address all of the important considerations that go into a decision about which nursing home may be best for a particular person. Examples include the extent to which specialty care is provided (such as specialized rehabilitation or dementia care) or how easy it will be for family members to visit the nursing home resident. As such visits can

improve both the residents quality of life and quality of care, it may often be better to select a nursing home that is very close, compared to a higher rated nursing home that would be far away. Consumers should therefore use the website only together with other sources of information for the nursing homes (including a visit to the nursing home) and State or local organizations (such as local advocacy groups and the State Ombudsman program).

Source: http://www.cms.hhs.gov/CertificationandCompliance/13_FSQRS.asp

- **5 Star staffing ratings are built on the findings of a study completed eight years ago – one that does not take into account the adoption of culture change within long term care (e.g., where a facility has trained all staff within a facility to serve as CNAs) nor the significant shifts in the health care market overall. Furthermore, CMS determined that it was impossible to require these staffing ratios because of the exorbitant cost.**
 - A facility cannot receive a 5 Star rating for the staffing component unless it meets the threshold of 4.08 nurse staffing hours per resident day (including a minimum of .55 RN hours). CMS' 2001 staffing study, which is the basis for the 4.08 staffing hour threshold, was never set into statute and which CMS has noted previously would be too costly for Medicare – let alone Medicaid – to reimburse.
 - The 671 Staffing Form that CMS uses to calculate nurse staffing hours per patient day (including RN hours per patient day) does not account for Nurse Practitioners or Clinical Specialists. Other caregivers who may provide direct care to patients/residents in a facility include therapists, medication aides, and feeding/hydration specialists – none of whom would be reflected in the Staffing Star Rating. Previously, CMS has argued against including staffing hours for clinical consultants (who work for multi-facility companies and may spend 1 or 2 days within individual facilities), Directors of Nursing, Assistant Directors of Nursing, MDS Coordinators, and In-service Coordinators. CMS has noted that these individuals – even though each is a nurse – should not count toward a facility's total nurse staffing hours unless he/she is assigned specific direct care tasks. This approach seems to ignore the fact that none of these individuals can work in a facility without providing direct care to patients/residents within the facility.

Quick Reference – Resources for Providers

CMS 5-Star Helpline
800.839.9290, help@qtso.com

5 Star Info (CMS 5 Star homepage)
http://www.cms.hhs.gov/CertificationandCompliance/13_FSQRS.asp

5 Star *Technical Users' Guide*
<http://www.cms.hhs.gov/CertificationandCompliance/Downloads/usersguide.pdf>

Audio Recording of AHCA Conference Call
866.550.6338, code “CMS 5 Star Briefing”

Nursing Home Compare (homepage)
www.medicare.gov/NHCompare

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