



## **MISSION. PARTICIPATION. REPUTATION. WHY AND HOW YOU NEED TO OPTIMIZE YOUR 5 STAR RATING**

*Leading Age – Fall Education Fest*

*October 28, 2020*

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## Climate Change

- HHS set explicit goals to shift payments from Volume to Value
- Affordable Care Act (ACA) promotes ACOs and bundling of payments amongst providers
- Hospital Readmissions Reduction Program
- Special Focus Facility Designation
- Increase in AG investigations and prosecutions for abuse/neglect



## Affect on SNFs

- **Managed Care Providers, physicians and hospitals will look for post-acute providers with:**
  - Low cost quality metrics
  - Technology (EMR, telemedicine, etc.)
  - Good outcomes (↓ readmissions and ED visits)
  - Good QMs
  - Good Overall 5 Star Rating



## CMS 5 Star System

- Health Survey Score
- Staffing Score
- Quality Measure Score
- Overall score



## Health Survey Score

- **Based on number, scope and severity of deficiencies in each of last 3 standard survey cycles and last 36 months of complaint investigations**
  - Most Recent annual and previous 12 months from when data uploaded for complaints – 1/2 of total survey points
  - Previous Annual Cycle and complaints that occurred 13 – 24 months ago – 1/3 of total survey points
  - Third Annual Cycle and complaints that occurred 25 – 36 months ago – 1/6 total points



## Health Survey Score

Severity	Isolated	Pattern	Widespread
Immediate Jeopardy	J - 50 pts * (75)	K - 100 pts * (125)	L - 150 pts * (175)
Actual Harm that is not IJ	G - 20 pts	H - 35 pts (40)	I - 45 pts (50 pts)
No actual harm with potential for more than minimal harm that is not IJ	D - 4 pts	E - 8 pts	F - 16 pts (20)
No actual harm and potential for no more than minimal harm	A - 0 pts	B - 0 pts	C - 0 pts



- An IJ cited at Past Noncompliance receives 20 Pts.
- Deficiencies cited at SQC are assigned the higher number of points as designated in parentheses.



## Health Survey Score

### • Revisits:

- Fail the first – add 50% of the health inspection score
- Fail the second – add 70% of the health inspection score
- Fail the third – add 85 % of the health inspection score

### • Graded on Curve

- Top 10% (lowest score) – 5 stars for health score
- Lowest 20% (highest score) – 1 star
- Each state has cut points to give you an idea where you fall (recalibrated each month)



## Infection Control Focused Surveys

- **QSO 20-31 (6/1/20) Requires Focused IC Surveys**

- Any time NF has 3 or more new COVID suspected or confirmed cases on CDC-NHSN or 1 confirmed case in a COVID-free facility.
- FY 2021 – States must perform Focused IC Surveys in 20% of facilities
- Deficiencies generally cited a “F” level and often “IJ”

- **F884 – Mandatory reporting to CDC-NHSN**

- Automatic “F” level deficiency for a failure to report timely or accurately. Each failure is a new “F”.



## Not Included in Health Score

- LSC Deficiencies
- Duplicated complaint citations that occur within 15 days of annual (either way) - Highest s/s will be used
- Deficiencies cited during a federal comparative (look-behind) survey (Note: federal oversight survey deficiencies will be counted)
  - Oversight – CMS team there observing state surveyors
  - Comparative – CMS team comes after state surveyors



## Health Score Updates

- New health inspection (annual)
- Complaint survey that results in one or more deficiencies
- Second, third or fourth revisit survey
- Resolution of IDR or IDR that results in change in deficiencies and/or scope/severity
- The “aging” of complaint deficiencies



## Impact of Abuse Citations

- **“Consumer Alert” – QSO-20-01 (10/7/19) - Red Hand Icon on 5 Star rating when:**
  - G or ↑ level deficiency on any abuse/neglect/misappropriation deficiency (F600, F602 and F603) cited on last annual or in last 12 months on complaint survey
  - D – F level deficiencies at F600, F602 or F603 on the last annual or complaint and the previous annual or complaint
  - Health score is capped at **2 stars** if Red Hand is present



## Staffing Score

- Base on RN hours per resident day and total nurse staffing (RN, LPN and nurse aide) hours per resident per day.
- Staffing Measures obtained from PBJ
- Daily census and case mix adjustment derived from MDS
- Score is updated quarterly



## Staffing Scoring Exceptions

- Failure to submit quarterly PBJ data by deadline = 1 Star rating for quarter
- Data showing 4 or more days in a quarter with no RN staffing = 1 Star rating for quarter
- CMS PBJ Audits
  - Failure to respond = 1 Star for quarter
  - Significant (would change score by 1 or more stars) discrepancies identified = 1 Star for quarter



## QMs

- Receive long-stay QM score, short-stay QM score and those are combined for overall QM measure
- Points calculated based on performance relative to the national distribution of the measure
- Starting April 2020, QM Thresholds will be increased by half of the average rate of improvement in QM Score



## QM – 9 Long Stay Measures

- % of R whose need for help with ADLs has ↑
- % of R who received an antipsychotic medication
- % of R whose ability to move independently ↓
- # of hospitalizations per 1,000 resident days
- # of outpatient ED visits per 1,000 resident days
- % of R with 1 or more falls with major injury
- % of high-risk residents with pressure ulcers
- % of R with UTI
- % of R with indwelling catheter





## QM – 6 Short Stay Measures

- % of R who made improvement in function
- Rate of success to return to home and community from SNF
- % of short-stay R who were re-hospitalized after admission
- % of short-stay residents with ED visit
- % of R who newly received an antipsychotic
- % of R with pressure ulcers that are new or worsened.



## Calculating the Overall 5 Star Rating

- Start with the number of stars based on the **Health Inspection Rating**
- Add 1 Star if the staffing rating is 4 or 5 stars; subtract 1 star if staffing is at a 1 star
- Add 1 star if QM rating is 5 Stars; subtract 1 star if QM rating 1 star
- Note: If the health inspection rating is 1 star, then the overall rating cannot be upgraded by more than 1 star total.



## Survey



- **All Deficiencies Count!!**
  - CMS 5 Star Rating
  - Special Focus Facility Status
  - Contracting/referrals
  - Review by outside agencies (AG) & public
- **Level 4 Severity (IJ/SQC)**
  - Fast track to termination
  - Potential for significant daily fines and DPNA
  - Significant number of survey points

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## Avoid Citations/Points

- Be Perfect!
- Identify & investigate issues and potential issues via QAPI Process
  - Demonstrate compliance during survey and/or that incident/issue unavoidable
  - Demonstrate why something is not pattern/widespread
  - Demonstrate Past Noncompliance
    - Huge point reduction if it is an IJ
    - No POC or revisits survey required

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## Past Noncompliance

- The facility was not in compliance with the tag at the time the situation occurred
- The noncompliance occurred after the exit date of the last standard survey and before the survey currently being conducted
- Facility corrected the noncompliance and is in substantial compliance at the time of the current survey with the tag in questions
- All elements are implemented prior to the **START** of the survey



## Substantial Compliance

- Determined by the survey team and district office
- Evidence all inservicing was done
- Generally, at least 2 weeks of monitoring completed demonstrating compliance
- Staff interviews and observations must demonstrate staff are aware of proper protocols and procedures and they implement them



## Dispute Cited Deficiencies to Reduce Points



State two tier process outlined in ODH letter

Submit in writing w/in 10 days of receipt of 2567  
2<sup>nd</sup> level costs money  
Choice of hearing officers



Federal I-IDR process in case of escrowed fines

CMS offers in Notice of Imposition Letter  
Not available if IDR pending  
Does not cost money  
MPRO is hearing officer, but state agency still reviews



Appealing to the Administrative Law Judge

Formal process  
Note 60 day timeframe  
35% reduction in fine if waive your right to appeal in writing

## IDR/IIDR

- Informal Dispute Resolution (IDR) Process
  - Can dispute any cited tag
  - Must file within 10 days of receiving 2567
  - Two tier process (Level 2 Costs Money)
  - Cannot argue scope/severity
  - Can dispute whether something should have been PNC
- Independent IDR (IIDR) Process
  - Can only request if fine imposed by CMS
  - Cannot file if IDR at the state is pending
  - Must file within 10 days of receiving CMS Imposition Notice



## Formal Appeals

- Right to formally appeal survey/deficiencies if a remedy is imposed by State Agency (SA) or CMS (e.g., CMP (CMS only); DPNA (SA or CMS); Loss of NATP, etc.)
- Must be filed within 60 days of receiving the imposition notice (if fine imposed, forfeit 35% reduction in fine)
  - Note: SA may impose a Discretionary DPNA. If that occurs, the SA letter with the 2567 will start the 60-day time frame.
- Opportunity to negotiate lower scope/severity, shortened DPNA time frame, shortened IJ time frame, PNC with CMS



## Examples

- IDR
  - 4 “F” level deficiencies cited – 2 deleted and 2 reduced to a E levels (↓ of 48 points)
  - Gs reduced to Ds and deleted.
  - “F” deleted and “E” reduced to an “A” (↓ 24 pts)
- IIDR
  - Reduction of 2 “J” level deficiencies under abuse to 1 “J” under F684 (quality of care)



*Questions?*



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