FREE WEBINAR | THU, DEC 12 | 2 PM ET

Elevate Your Five-Star

Hidden SNF Insights for Health Inspections, Staffing, & Quality

PRESENTED BY:
Steven Littlehale

ZIMMET HEALTHCARE SERVICES GROUP, LLC

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YOUR SPEAKER

Steven Littlehale, MS, RN, CNS
Chief Innovation Officer
Zimmet Healthcare Services Group, LLC

PRESENTED BY:

ZIMMET HEALTHCARE SERVICES GROUP, LLC

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Key Discussion Points:

- Survey is best predicted by location, history and contemporary issues
- Choosing the “best comparative benchmark” yields the greatest insights
- Accurate capture that improves star ratings can have opposite effect on reimbursement
- Someone who doesn’t influence Five-Star is someone who doesn’t work in post-acute care

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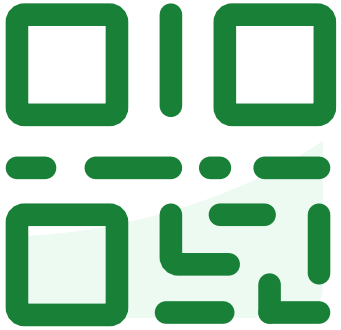

Join at slido.com
#Zimmet

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Which domain carries the most weight in your Overall Five-Star score

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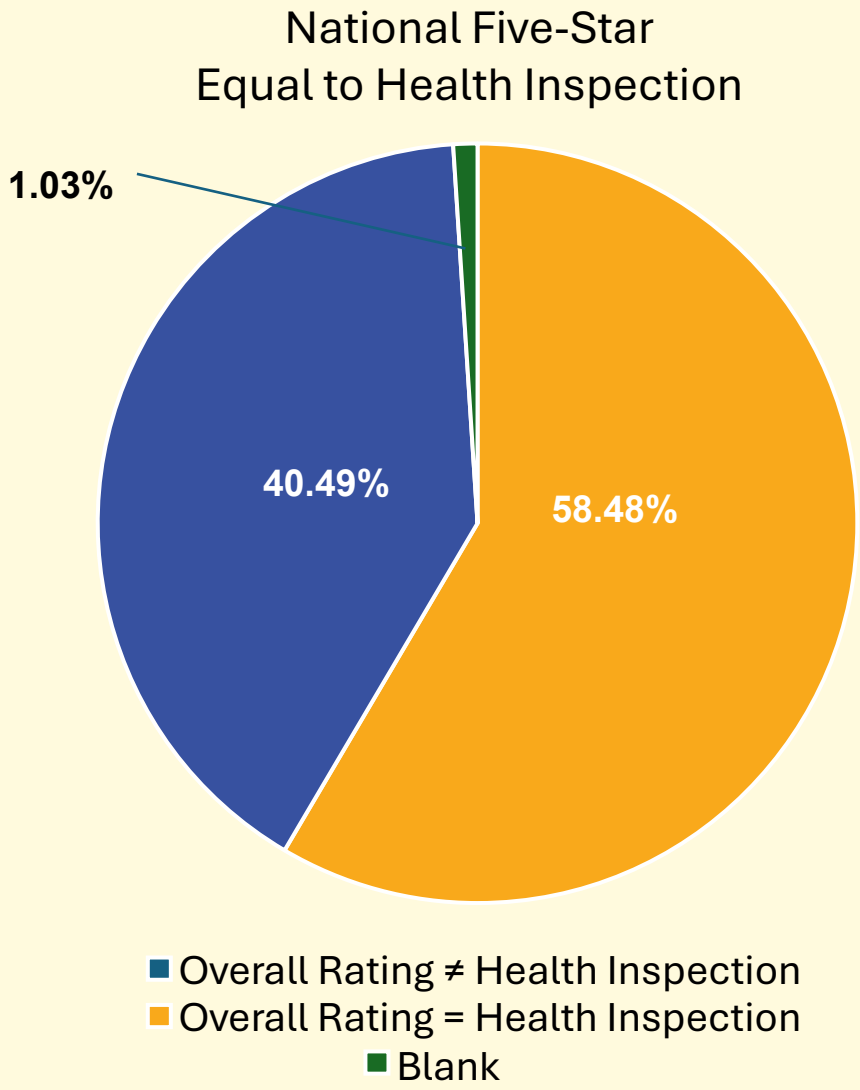
SNFs with Overall Rating same as Health Inspection Rating



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You just got an IJ, in terms of Five-Star, would you rather

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The more agency that you use, the worse your Five-Star outcomes will be

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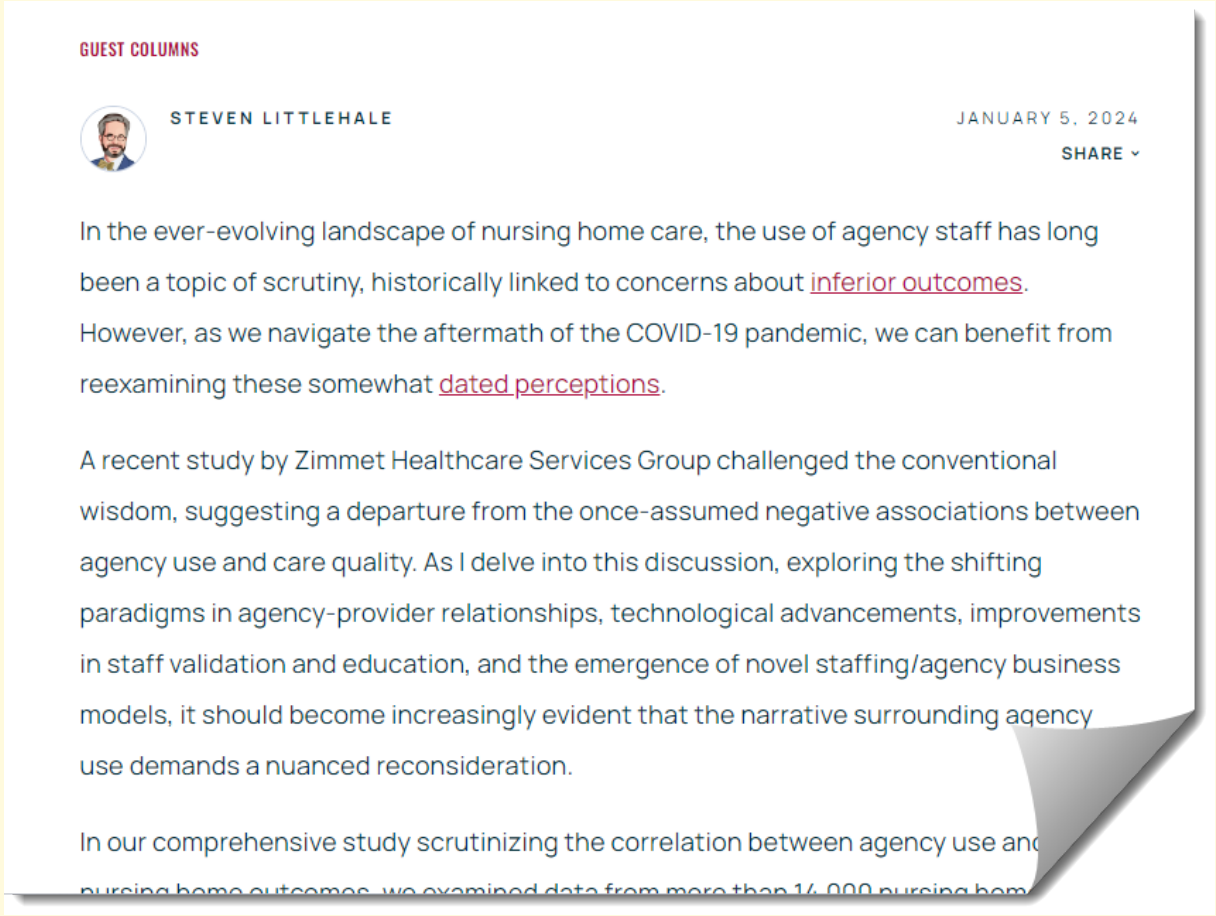
Redefining the Role of Agency Staff in Nursing Homes: Unveiling New Realities



GUEST COLUMNS

STEVEN LITTLEHALE

JANUARY 5, 2024

SHARE

In the ever-evolving landscape of nursing home care, the use of agency staff has long been a topic of scrutiny, historically linked to concerns about inferior outcomes. However, as we navigate the aftermath of the COVID-19 pandemic, we can benefit from reexamining these somewhat dated perceptions.

A recent study by Zimmet Healthcare Services Group challenged the conventional wisdom, suggesting a departure from the once-assumed negative associations between agency use and care quality. As I delve into this discussion, exploring the shifting paradigms in agency-provider relationships, technological advancements, improvements in staff validation and education, and the emergence of novel staffing/agency business models, it should become increasingly evident that the narrative surrounding agency use demands a nuanced reconsideration.

In our comprehensive study scrutinizing the correlation between agency use and

https://www.mcknights.com/blogs/guest-columns/redefining-the-role-of-agency-staff-in-nursing-homes-unveiling-new-realities/

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What’s most accurate: When anticipating your next standard re-certification, consider

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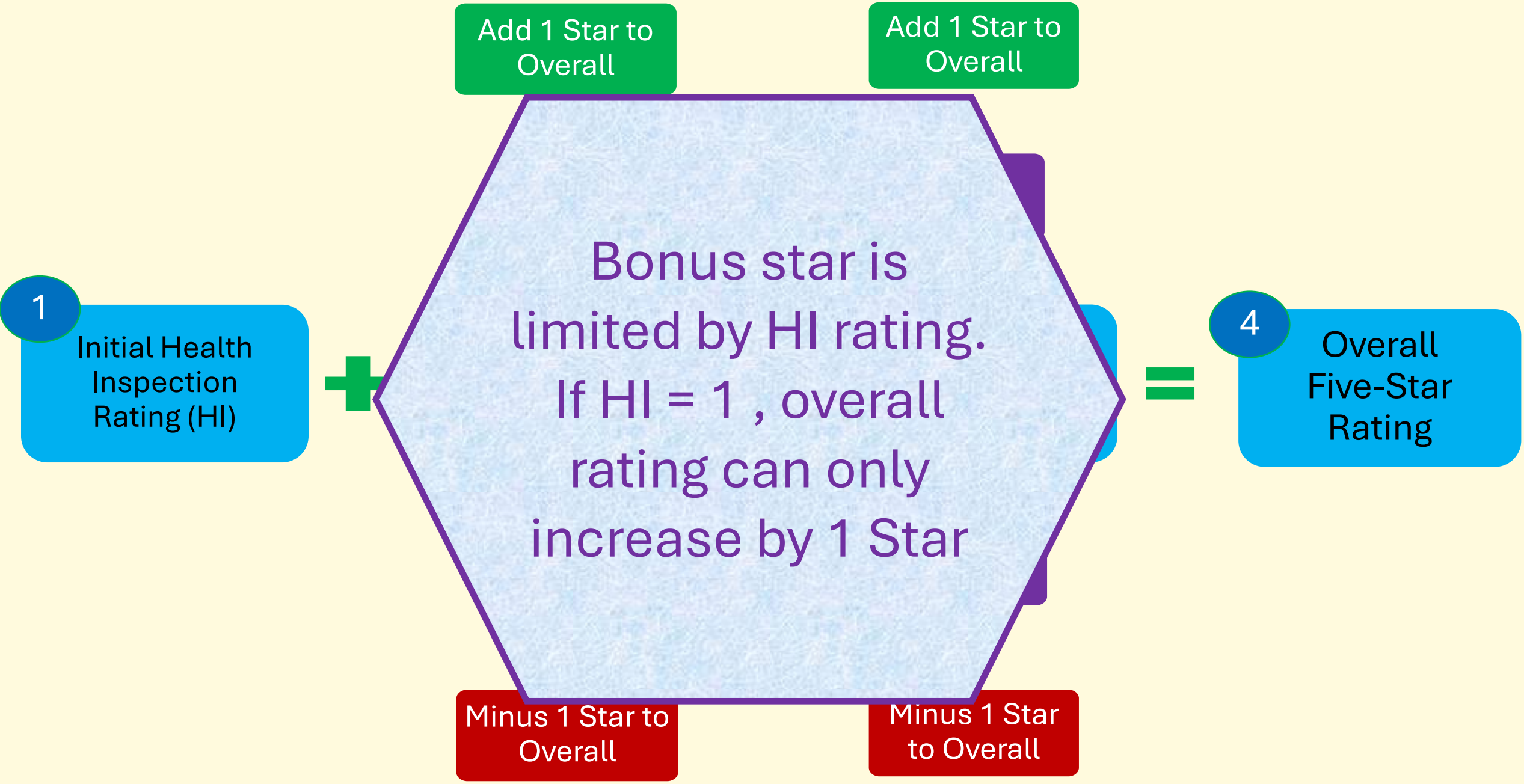
Add 1 Star to Overall
Add 1 Star to Overall
1
Initial Health Inspection Rating (HI)
Bonus star is limited by HI rating. If HI = 1 , overall rating can only increase by 1 Star
4
Overall Five-Star Rating
Minus 1 Star to Overall
Minus 1 Star to Overall

Change Comes in Different Ways...

To Five-Star, to the data that it uses, to external drivers

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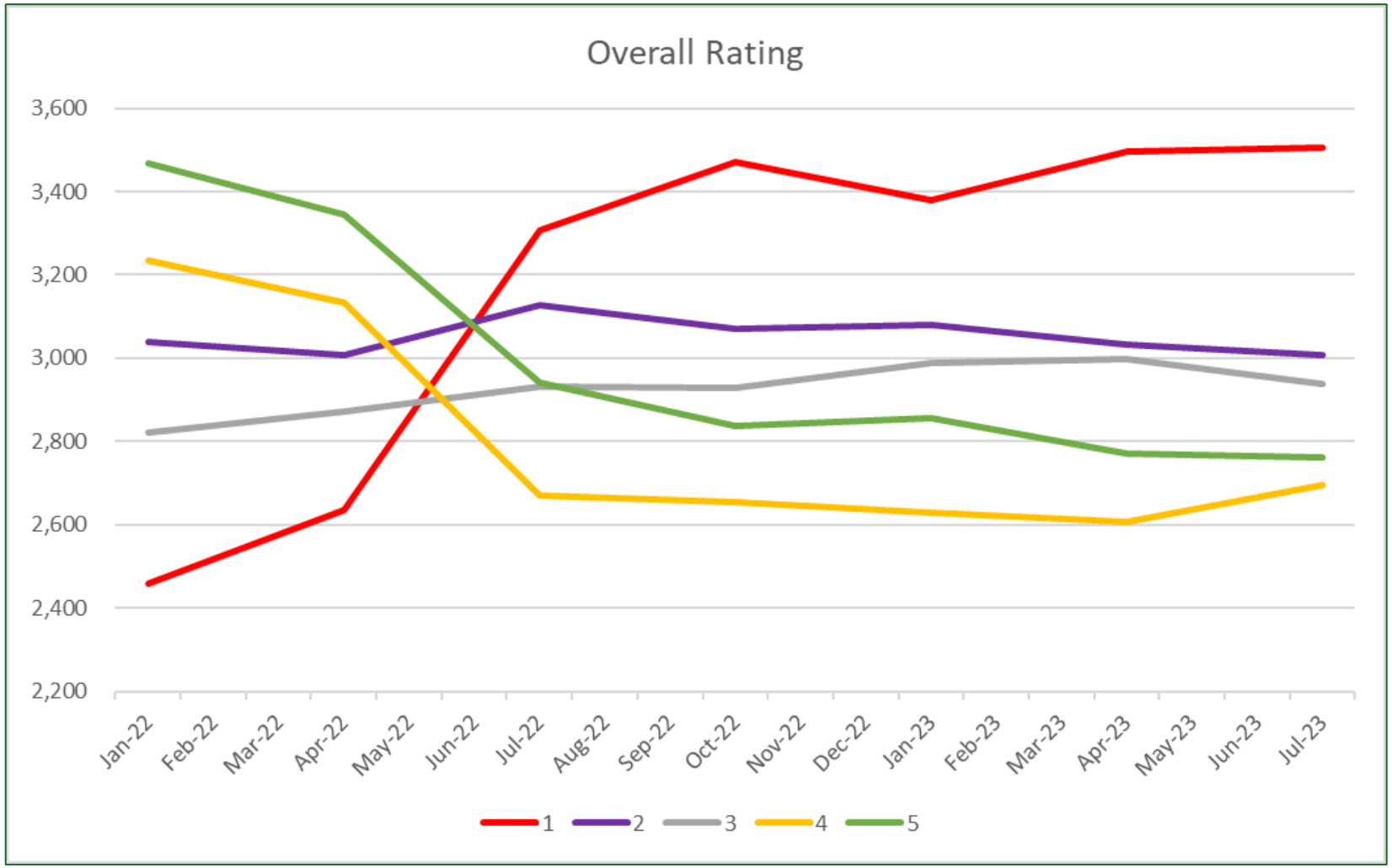
What Happens When CMS Makes Five-Star Changes



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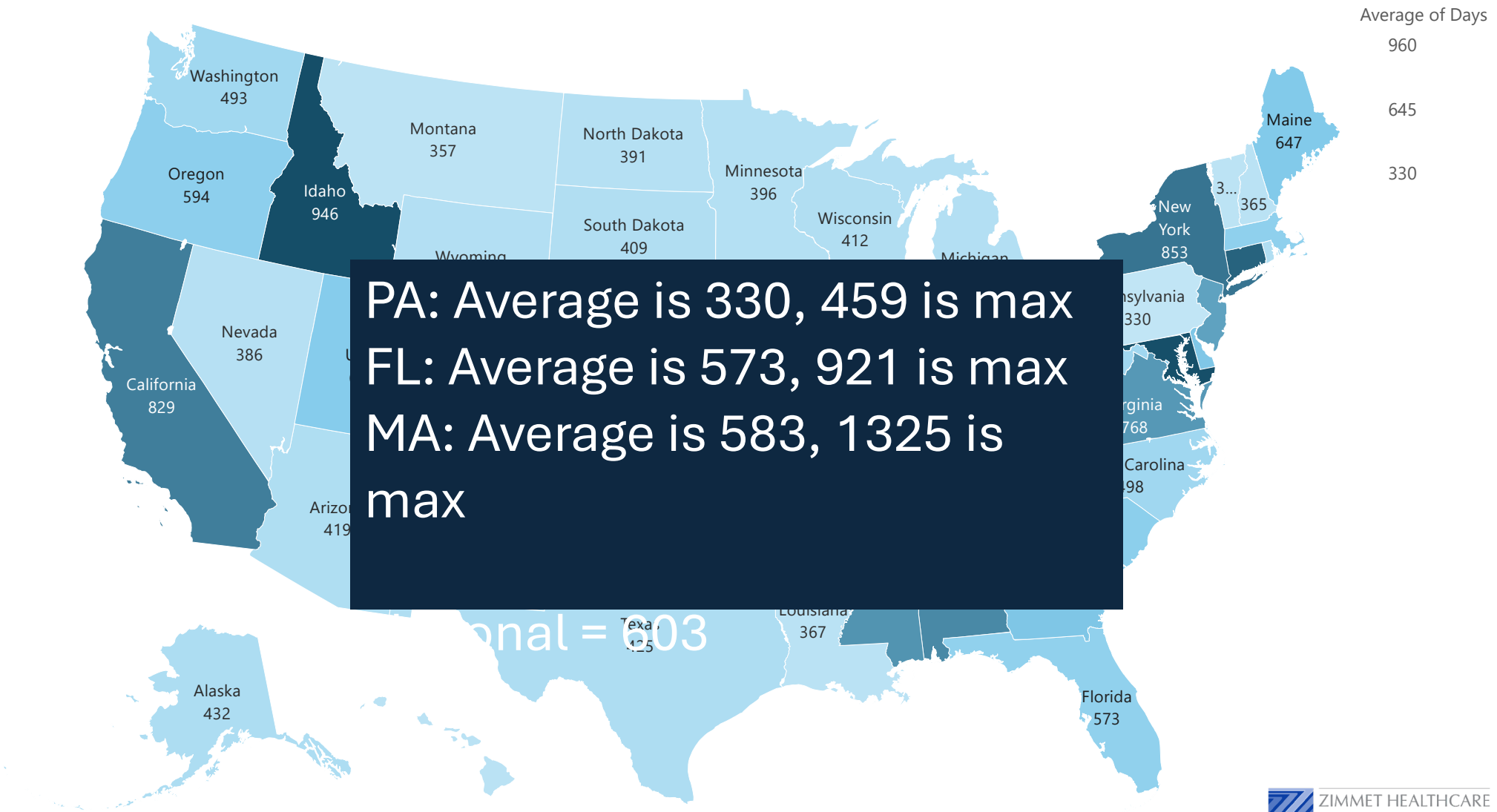
Let’s Talk about the Health Inspection Domain

Average Time (days) from Cycle 1 to Cycle 2



State	# of days
VT	357
NH	365
MA	583
CT	896
RI	410
NJ	743
MD	943

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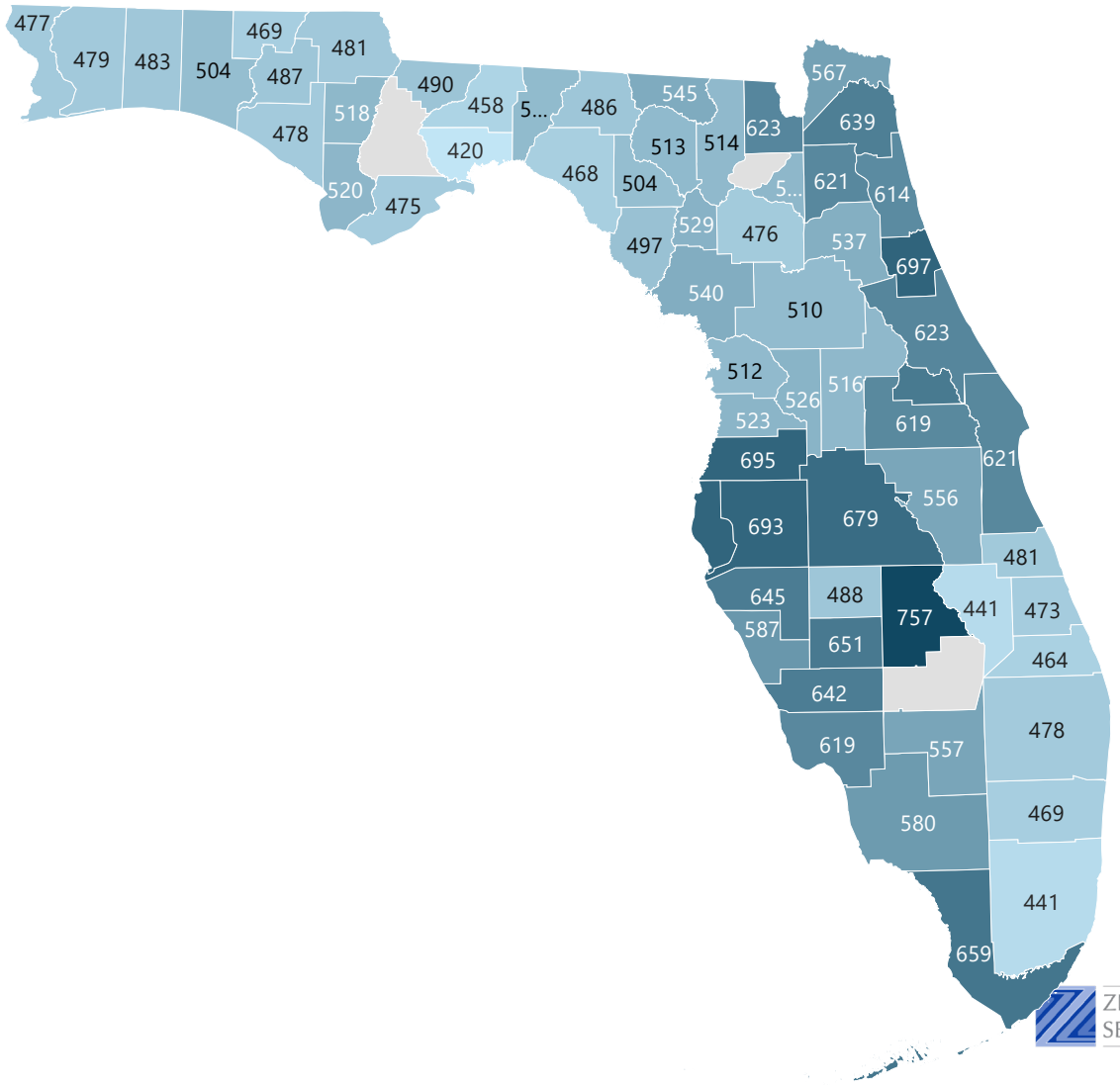
Know Your Local Market
Average Time (days) from Cycle 1 to Cycle 2



Range 420 – 757
Average 549
National 603

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Survey Window

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State	Average Days Between Surveys (county)	Average Days Between Surveys (state)
A	1162.10	916.24
A	714.63	916.24
A	1162.10	916.24
A	806.45	916.24
A	1108.50	916.24
A	1162.10	916.24
A	1162.10	916.24
A	603.83	916.24
A	930.55	916.24
B	580.40	435.82
B	500.19	435.82
B	423.49	435.82
B	560.33	435.82
B	422.48	435.82
B	432.90	435.82
C	439.76	582.96
C	465.91	582.96
C	624.00	582.96
C	624.00	582.96

What Difference Does this Insight Offer?

To your mock survey?

To your family relationships?

To your referral sources?

To your lender?

To your vacation?

Days between standard surveys

State	Survey Rating	County Average	State Average
A	1	2.32	2.75
A	1	1.98	2.75
A	1	2.32	2.75
A	2	3.36	2.75
A	1	2.07	2.75
A	1	2.32	2.75
A	2	2.32	2.75
A	1	1.98	2.75
A	1	2.80	2.75
B	2	1.98	2.90
B	1	2.80	2.90
B	2	2.71	2.90
B	1	1.98	2.90
B	2	2.90	2.90
B	1	3.30	2.90
C	4	2.76	2.77
C	3	3.09	2.77
C	1	2.46	2.77
C	1	2.46	2.77

What Difference Does this Insight Offer?

To your mock survey?

To your family relationships?

To your referral sources?

To your lender?

To your vacation?

Average Five-Star Health Inspection Rating

What Difference Does this Insight Offer?

State	Survey Rating	County Average	State Average
A	1	2.32	2.75
A	1	1.98	2.75
A	1	[illegible]	[illegible]
A	2	3.36	2.75
A	1	[illegible]	[illegible]
A	1	2.32	2.75
A	2	2.32	2.75
A	1	1.98	2.75
A	1	2.80	2.75
B	2	1.98	2.90
B	1	2.80	2.90
B	2	2.71	2.90
B	1	1.98	2.90
B	2	2.90	2.90
B	1	3.30	2.90
C	4	2.76	2.77
C	3	3.09	2.77
C	1	2.46	2.77
C	1	2.46	2.77

State	Survey Rating	County Average	State Average
A	1	2.32	2.75
A	1	1.98	2.75
A	1	2.32	2.75
A	2	3.36	2.75
A	1	2.07	2.75
A	1	2.32	2.75
A	2	2.32	2.75
A	1	1.98	2.75
A	1	2.80	2.75
B	2	1.98	2.90
B	1	2.80	2.90
B	[illegible]	[illegible]	[illegible]
B	1	1.98	2.90
B	2	[illegible]	[illegible]
B	1	3.30	2.90
C	4	2.76	[illegible]
C	3	3.09	2.77
C	1	2.46	[illegible]
C	1	2.46	2.77

Average Five-Star Health Inspection Rating

State	Proportion Complaints	Proportion Standard	Proportion Complaints State	Proportion Standard State
A	45%	55%	22.85%	77.15%
A	25%	75%	22.85%	77.15%
A	40%	60%	22.85%	77.15%
A	15%	85%	22.85%	77.15%
A	53%	47%	22.85%	77.15%
A	29%	71%	22.85%	77.15%
A	39%	61%	22.85%	77.15%
A	82%	18%	22.85%	77.15%
A	29%	71%	22.85%	77.15%
B	7%	93%	39.98%	60.02%
B	54%	46%	39.98%	60.02%
B	55%	45%	39.98%	60.02%
B	36%	64%	39.98%	60.02%
B	38%	62%	39.98%	60.02%
B	66%	44%	39.98%	60.02%
C	10%	90%	17.20%	82.80%
C	3%	97%	17.20%	82.80%
C	21%	79%	17.20%	82.80%
C	24%	76%	17.20%	82.80%

What Difference Does this Insight Offer?

Differences in states?

Differences between SNFs?

What will you do with these insights?

Complaint Surveys

State	Total	# of Surveys
Connecticut	1.31	385
Florida	0.48	2,198
Georgia	1.83	480
Illinois	0.89	5,068
Indiana	0.68	2,020
Iowa	1.81	761
Kentucky	3.00	113
Massachusetts	0.98	420
New Jersey	1.53	268
New York	0.60	1,741
Ohio	0.76	4,311
Pennsylvania	0.72	3,245
Texas	0.61	8,244
Virginia	2.72	269

Trending Deficiencies

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Executive Summary

National average survey deficiencies increased by 16% since 2021

National total Health Score (deficiency “points”) increased by 26% since 2021

There are significant variations across CMS regional offices

There are significant variations with states/between state survey offices

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Executive Summary (2)

When a ≥ G tag is awarded, proportionately, more J, K and L level tags are awarded in nursing homes in CMS Region 4 and 6, than most other Regions

When a ≥ G tag is awarded proportionately, more J, K and L level tags are awarded in nursing homes in Florida than many other Region 4 states

Most FL Survey offices cite “IJ” level deficiencies for ≥ G

Most FL offices have increased ≥ G citations since 2019, with wide variations across offices

FL has highest Overall, Staffing and Quality Measure Five-Star rating across Region 4 since 2019

2023

Tag #	Tag Description	# Citations Issued in 2023	% Providers Cited in 2023	CMS Region I (Boston)	CMS Region II (New York)	CMS Region III (Philadelphia)	CMS Region IV (Atlanta)	CMS Region V (Chicago)	CMS Region VI (Dallas)	CMS Region VII (Kansas)	CMS Region VIII (Denver)	CMS Region IX (San Francisco)	CMS Region X (Seattle)
F0884	Reporting - National Health Safety Network	16,265	34.60%	1	1	1	1	1	1	1	1	1	1
F0689	Free of Accident Hazards/Supervision/Devices	6,846	31.10%	2	2	3	4	2	5	2	2	3	4
F0880	Infection Prevention & Control	6,185	31.20%	4	4	6	5	4	2	3	3	2	3
F0812	Food Procurement, Store/Prepare/Serve Sanitary	5,325	30.40%	8	3	5	2	5	3	4	4	6	5
F0684	Quality of Care	4,965	23.90%	7	8	2	9	3	10	5	7	5	2
F0656	Develop/Implement Comprehensive Care Plan	4,245	22.40%	3	6	4	3	-	4	-	-	4	7
F0677	ADL Care Provided for Dependent Residents	3,622	17.40%	-	-	-	8	6	8	6	9	-	6
F0761	Label/Store Drugs and Biologicals	3,473	19.90%	6	-	10	6	10	6	-	6	8	-
F0609	Reporting of Alleged Violations	3,075	15.50%	-	5	-	-	8	-	-	8	9	-
F0600	Free from Abuse and Neglect	2,925	13.50%	-	-	-	-	9	-	-	5	-	-
F0584	Safe/Clean/Comfortable/Homelike Environment	2,885	14.40%	-	7	7	7	-	-	10	-	-	10
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	2,853	14.70%	10	-	-	-	7	-	-	-	-	-
F0755	Pharmacy Srvcs/Procedures/Pharmacist/Records	2,631	13.60%	-	-	-	-	-	7	-	-	7	-
F0550	Resident Rights/Exercise of Rights	2,619	13.90%	-	-	-	-	-	-	9	-	10	-
F0695	Respiratory/Tracheostomy Care and Suctioning	2,598	15.00%	-	-	-	-	-	9	-	-	-	-
F0657	Care Plan Timing and Revision	2,465	13.90%	-	-	9	-	-	-	8	-	-	9
F0842	Resident Records - Identifiable Information	2,131	11.30%	9	-	8	-	-	-	-	-	-	-
F0580	Notify of Changes (Injury/Decline/Room, etc.)	2,074	11.10%	-	-	-	-	-	-	-	-	-	-
F0610	Investigate/Prevent/Correct Alleged Violation	1,990	10.20%	-	10	-	-	-	-	-	-	-	8
F0658	Services Provided Meet Professional Standards	1,985	10.30%	5	9	-	-	-	-	7	10	-	-
	Honorable Mentions (by Region)						10-F0867						

2024

Tag #	Tag Description	# Citations Issued in 2024	% Providers Cited in 2024	CMS Region I (Boston)	CMS Region II (New York)	CMS Region III (Philadelphia)	CMS Region IV (Atlanta)	CMS Region V (Chicago)	CMS Region VI (Dallas)	CMS Region VII (Kansas)	CMS Region VIII (Denver)	CMS Region IX (San Francisco)	CMS Region X (Seattle)
F0884	Reporting - National Health Safety Network	4,524	15.10%	1	1	1	1	1	1	1	1	1	1
F0689	Free of Accident Hazards/Supervision/Devices	2,085	12.00%	3	3	3	5	2	4	2	3	4	3
F0880	Infection Prevention & Control	2,022	11.90%	2	4	6	2	3	2	3	2	2	4
F0812	Food Procurement, Store/Prepare/Serve Sanitary	1,728	10.60%	6	2	4	4	5	3	4	4	5	6
F0684	Quality of Care	1,504	8.90%	9	-	2	7	4	-	5	7	6	2
F0656	Develop/Implement Comprehensive Care Plan	1,333	8.00%	4	5	5	3	-	5	-	-	3	-
F0761	Label/Store Drugs and Biologicals	1,179	7.30%	7	10	9	8	8	6	-	5	8	10
F0677	ADL Care Provided for Dependent Residents	1,104	6.20%	-	8	-	6	7	7	7	8	-	5
F0550	Resident Rights/Exercise of Rights	903	5.30%	-	-	-	-	-	-	6	-	9	-
F0609	Reporting of Alleged Violations	902	5.20%	-	6	-	-	9	-	-	-	10	7
F0695	Respiratory/Tracheostomy Care and Suctioning	902	5.60%	10	-	10	9	-	8	-	-	-	-
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	873	5.20%	-	-	-	-	6	-	-	-	-	-
F0584	Safe/Clean/Comfortable/Homelike Environment	864	4.90%	-	9	7	-	-	10	10	-	-	-
F0755	Pharmacy Srvcs/Procedures/Pharmacist/Records	796	4.80%	-	-	-	-	-	9	-	-	7	-
F0600	Free from Abuse and Neglect	794	4.40%	-	-	-	-	10	-	-	6	-	-
F0657	Care Plan Timing and Revision	759	4.70%	-	-	8	-	-	-	9	10	-	8
F0842	Resident Records - Identifiable Information	678	4.20%	5	-	-	-	-	-	-	-	-	-
F0690	Bowel/Bladder Incontinence, Catheter, UTI	653	4.00%	-	-	-	-	-	-	-	-	-	-
F0641	Accuracy of Assessments	624	4.00%	-	-	-	-	-	-	-	-	-	-
F0658	Services Provided Meet Professional Standards	596	3.60%	8	-	-	-	-	-	8	9	-	-
	Honorable Mentions (by Region)				7-F0610		10-F0867						9-F0610

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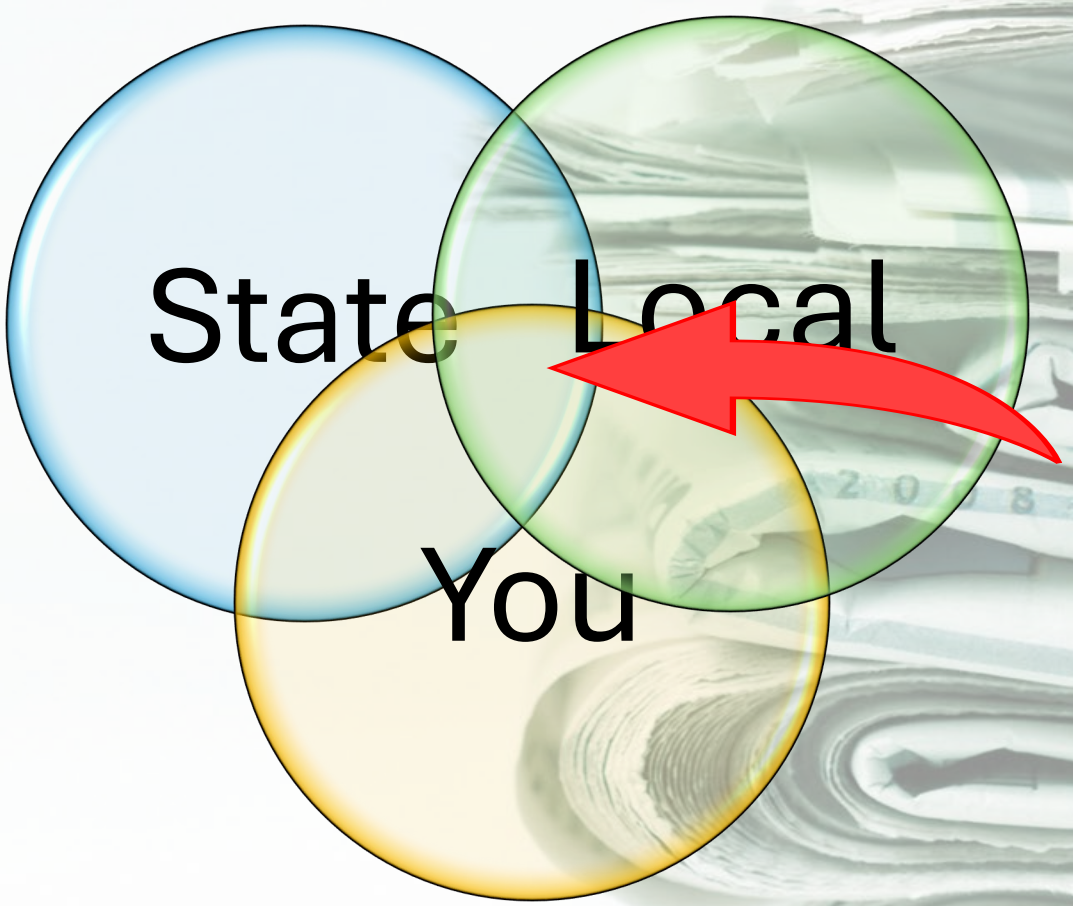

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The Staffing Domain

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Five-Star Adjusted Staffing is most influenced by

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If you meet the CMS Staffing mandated minutes

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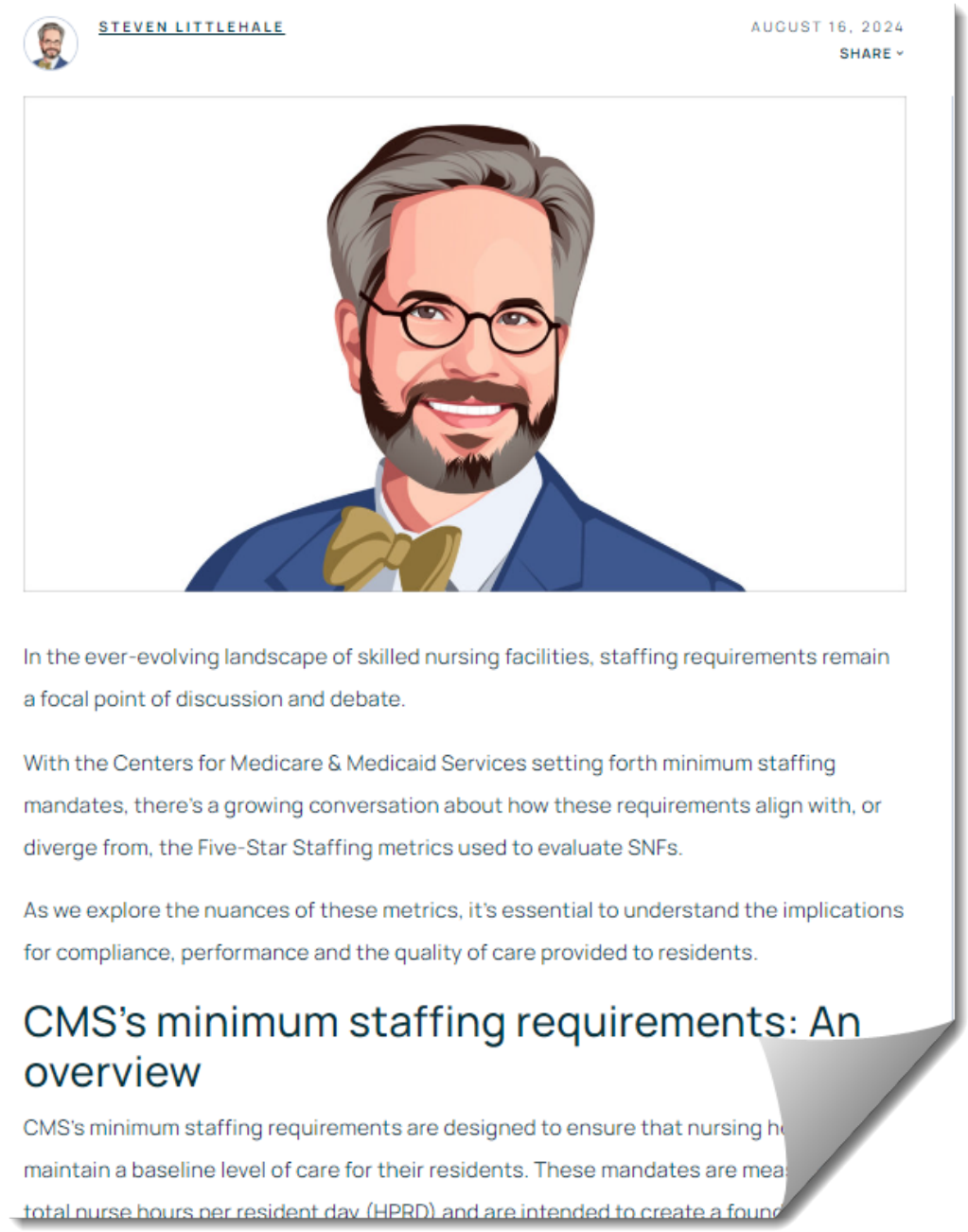
Do CMS's minimum staffing requirements align with Five-Star metrics?
A closer look

https://www.mcknights.com/blogs/guest-columns/do-cmss-minimum-staffing-requirements-align-with-five-star-metrics-a-closer-look/



STEVEN LITTLEHALE

AUGUST 16, 2024

SHARE

In the ever-evolving landscape of skilled nursing facilities, staffing requirements remain a focal point of discussion and debate.

With the Centers for Medicare & Medicaid Services setting forth minimum staffing mandates, there's a growing conversation about how these requirements align with, or diverge from, the Five-Star Staffing metrics used to evaluate SNFs.

As we explore the nuances of these metrics, it's essential to understand the implications for compliance, performance and the quality of care provided to residents.

CMS's minimum staffing requirements: An overview

CMS's minimum staffing requirements are designed to ensure that nursing h
maintain a baseline level of care for their residents. These mandates are mea
total nurse hours per resident day (HPRD) and are intended to create a found

Nursing Home Minimum Staffing Rule

Released on April 22, 2024
All nursing homes that receive federal funding through Medicare and Medicaid
Must have 3.48 hours per resident per day
RNs must be 0.55 HPRD
CNAs must be 2.45 HPRD
All Skilled Nursing Facilities to have a RN onsite 24/7

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Never **to be Confused with the Staffing Case-Mix Adjustment Methodology in Five-Star**

- Changes Began July 2024
- PDPM nursing component instead of RUG IV scores
- Acuity/CMI Acuity is quantified in terms of the nursing hours per patient per day each patient received on average based on their MDS assessment

It’s All Coming from Payroll Based Journal Data and MDS

The Staffing Mandate

- Is based upon reported hours through PBJ, not adjusted hours
- Uses MDS data to identify census

Five-Star Staffing Adjustment

- Starts with PBJ reported hours
- Adjusts based upon Nursing CMI
- Uses MDS data to identify census

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How Does New Five-Star Staffing Adjustment Work?

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Five-Star Changes: Staffing How is this Done

1. Count up the number of residents in each of the 25 PDPM nursing groups for each day in the quarter
2. Then multiply the total number of resident days in each nursing group by the associated CMI value
3. Then add those values up and divide by the total resident days in the quarter
4. CMS creates a national weighted-average CMI score following these same steps for all SNFs
5. Then, CMS compares each SNF, by calculating a CMI ratio as the ratio of its weighted-average nursing CMI to the national weighted-average nursing CMI
6. Finally, calculate the case-mix hours (total nursing, RN or weekend) by multiplying the facility nursing CMI ratio by the national mean of reported hours per resident day

Every Resident with MDS has CMI

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1) The MDS is used to assign a PDPM nursing CMG to each resident for each day in the quarter. The method is similar to that used for calculating the daily MDS census and is described below.
2) This information is aggregated to generate a count of residents in each of the 25 PDPM nursing CMGs in the nursing home for each day in the quarter.
Nursing CMGs that are not represented on a given day are assigned a count of zero. Residents for whom there is insufficient MDS information to assign a nursing CMG are not included.

Nursing CMG	Nursing CMI	Case-Mix Points	Total Resident Days	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
ES3	3.84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ES2	2.90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ES1	2.77	1,019	368	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
HDE2	2.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HDE1	1.88	2,076	1,104	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	
HBC2	2.12	390	184	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
HBC1	1.76	324	184	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
LDE2	1.97	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
LDE1	1.64	905	552	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
LBC2	1.63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
LBC1	1.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CDE2	1.77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CDE1	1.53	282	184	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
CBC2	1.47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CA2	1.03	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CBC1	1.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CA1	0.89	655	736	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
BAB2	0.98	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
BAB1	0.94	1,557	1,656	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
PDE2	1.48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PDE1	1.39	5,243	3,772	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	
PBC2	1.15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PA2	0.67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PBC1	1.07	984	920	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
PA1	0.62	913	1,472	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
Totals		14,347	11,132	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	

3) Weighted by the number of resident-days in each nursing CMG, the average Nursing CMI in the quarter is calculated for each nursing home.
More specifically, it is calculated by dividing a nursing home's aggregate nursing CMIs across nursing CMGs by the number of resident-days in the quarter.

Facility CMI	1.29

4) Similarly, a national weighted-average nursing CMI is calculated using data from all nursing homes.

National average CMI	1.50

5) For each nursing home, a relative nursing CMI ratio is calculated as the ratio of its weighted average nursing CMI to the national weighted-average nursing CMI.

Relative Nursing CMI Ratio	0.86

6) For each nursing home, its case-mix staffing hours per resident day is calculated as:

PDPM Nursing Component

Nursing CMG	Nursing CMI
ES3	3.84
ES2	2.90
ES1	2.77
HDE2	2.27
HDE1	1.88
HBC2	2.12
HBC1	1.76
LDE2	1.97
LDE1	1.64
LBC2	1.63
LBC1	1.35
CDE2	1.77
CDE1	1.53
CBC2	1.47
CA2	1.03
CBC1	1.27
CA1	0.89
BAB2	0.98
BAB1	0.94
PDE2	1.48
PDE1	1.39
PBC2	1.15
PA2	0.67
PBC1	1.07
PA1	0.62

Resident Distribution over the Quarter

Nursing CMG	7/1/2024	7/2/2024	7/3/2024	7/4/2024	7/5/2024	7/6/2024	7/7/2024	7/8/2024	7/9/2024	7/10/2024	7/11/2024	7/12/2024
ES3	-	-	-	-	-	-	-	-	-	-	-	-
ES2	-	-	-	-	-	-	-	-	-	-	-	-
ES1	3	4	4	4	5	5	3	3	3	4	4	4
HDE2	-	-	-	-	-	-	-	-	-	-	-	-
HDE1	11	12	13	13	13	12	12	12	10	12	12	12
HBC2	3	2	3	3	3	2	2	4	2	2	2	2
HBC1	2	3	2	2	2	1	1	1	2	2	2	2
LDE2	-	-	-	-	-	-	-	-	-	-	-	-
LDE1	6	6	6	7	7	7	7	6	6	5	6	6
LBC2	-	-	-	-	-	-	-	-	-	-	-	-
LBC1	-	-	-	-	-	-	-	-	-	-	-	-
CDE2	-	-	-	-	-	-	-	-	-	-	-	-
CDE1	2	2	2	2	2	2	2	2	2	2	2	2
CBC2	-	-	-	-	-	-	-	-	-	-	-	-
CA2	-	-	-	-	-	-	-	-	-	-	-	-
CBC1	-	-	-	-	-	-	-	-	-	-	-	-
CA1	8	8	8	8	8	8	9	8	7	8	8	8
BAB2	-	-	-	-	-	-	-	-	-	-	-	-
BAB1	19	21	21	19	19	18	18	18	17	17	18	18
PDE2	-	-	-	-	-	-	-	-	-	-	-	-
PDE1	41	33	33	33	35	35	40	41	43	41	41	41
PBC2	-	-	-	-	-	-	-	-	-	-	-	-
PA2	-	-	-	-	-	-	-	-	-	-	-	-
PBC1	10	14	13	14	10	15	10	10	10	10	10	10
PA1	16	16	16	16	17	16	16	16	16	16	16	16
Totals	121	121	121	121	121	121	120	121	118	119	121	121

Resident Days and Total CMI are Calculated

Nursing CMG	Nursing CMI	Case-Mix Points	Total Resident Days
ES3	3.84	-	-
ES2	2.90	-	-
ES1	2.77	1,019	368
HDE2	2.27	-	-
HDE1	1.88	2,076	1,104
HBC2	2.12	390	184
HBC1	1.76	324	184
LDE2	1.97	-	-
LDE1	1.64	905	552
LBC2	1.63	-	-
LBC1	1.35	-	-
CDE2	1.77	-	-
CDE1	1.53	282	184
CBC2	1.47	-	-
CA2	1.03	-	-
CBC1	1.27	-	-
CA1	0.89	655	736
BAB2	0.98	-	-
BAB1	0.94	1,557	1,656
PDE2	1.48	-	-
PDE1	1.39	5,243	3,772
PBC2	1.15	-	-
PA2	0.67	-	-
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1) The MDS is used to assign a PDPM nursing CMG to each resident for each day in the quarter. The method is similar to that used for calculating the daily MDS census and is described below.
2) This information is aggregated to generate a count of residents in each of the 25 PDPM nursing CMGs in the nursing home for each day in the quarter.
Nursing CMGs that are not represented on a given day are assigned a count of zero. Residents for whom there is insufficient MDS information to assign a nursing CMG are not included.

Nursing CMG	Nursing CMI	Case-Mix Points	Total Resident Days	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
ES3	3.84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ES2	2.90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ES1	2.77	1,019	368	4	4	4	4	4	4	4	4	4	4	4	4	4
HDE2	2.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HDE1	1.88	2,076	1,104	12	12	12	12	12	12	12	12	12	12	12	12	12
HBC2	2.12	390	184	2	2	2	2	2	2	2	2	2	2	2	2	2
HBC1	1.76	324	184	2	2	2	2	2	2	2	2	2	2	2	2	2
LDE2	1.97	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
LDE1	1.64	905	552	6	6	6	6	6	6	6	6	6	6	6	6	6
LBC2	1.63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
LBC1	1.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CDE2	1.77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CDE1	1.53	282	184	2	2	2	2	2	2	2	2	2	2	2	2	2
CBC2	1.47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CA2	1.03	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CBC1	1.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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PDE2	1.48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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PBC2	1.15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PA2	0.67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PBC1	1.07	984	920	10	10	10	10	10	10	10	10	10	10	10	10	10
PA1	0.62	913	1,472	16	16	16	16	16	16	16	16	16	16	16	16	16
Totals		14,347	11,132	121	121	121	121	121	121	121	121	121	121	121	121	121

Facility CMI	1.29		
National average CMI	1.50		
Relative Nursing CMI Ratio	0.86		
Case-Mix Nurse Aide Staffing HPRD	1.94	2.26	National Reported Average Nurse Aide Staffing Hours per Resident per Day
Case-Mix LPN Staffing HPRD	0.75	0.87	National Reported Average LPN Staffing Hours per Resident per Day
Case-Mix RN Staffing HPRD	0.56	0.65	National Reported Average RN Staffing Hours per Resident per Day
Case-Mix Licensed Staffing HPRD	1.31	1.53	National Reported Average Licensed Staffing Hours per Resident per Day
Case-Mix Total Nurse Staffing HPRD	3.25	3.78	National Reported Average Total Nurse Staffing Hours per Resident per Day

Three Important Concepts: Which do you Control?

Facility CMI	1.29
National average CMI	1.50
Relative Nursing CMI Ratio	0.86

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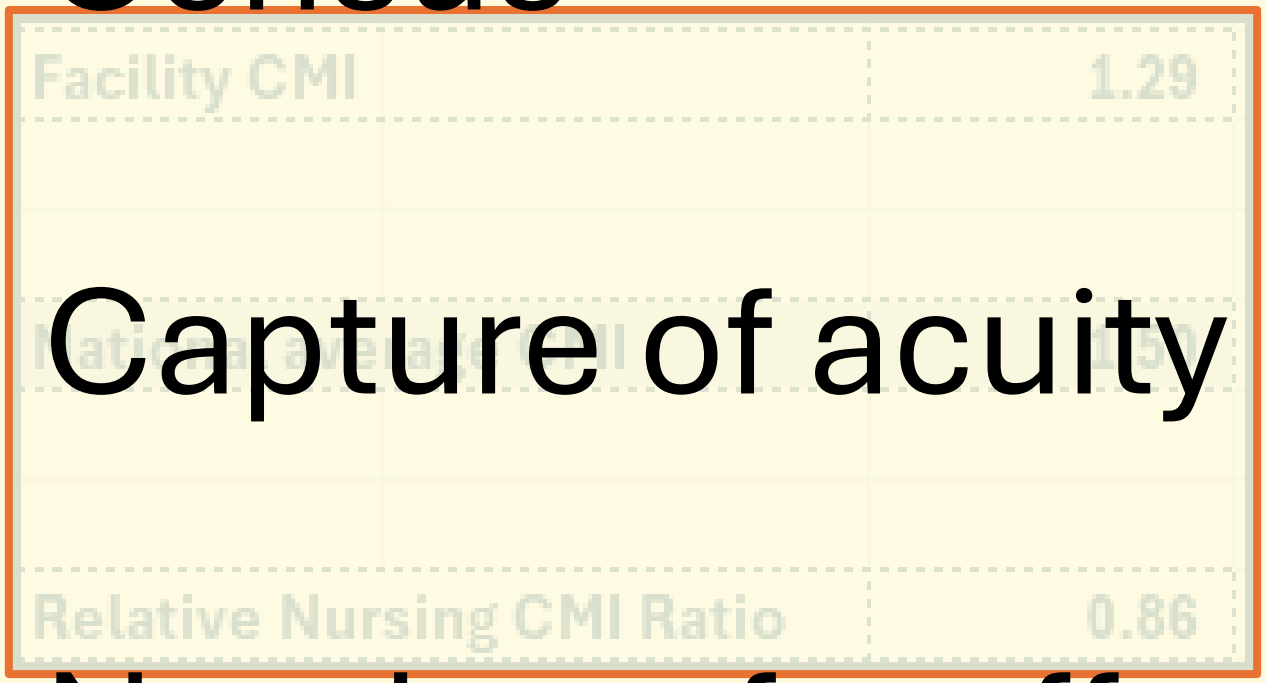
Three Important Concepts: Which do you Control?

1. Census
2. Capture of acuity
3. Number of staff



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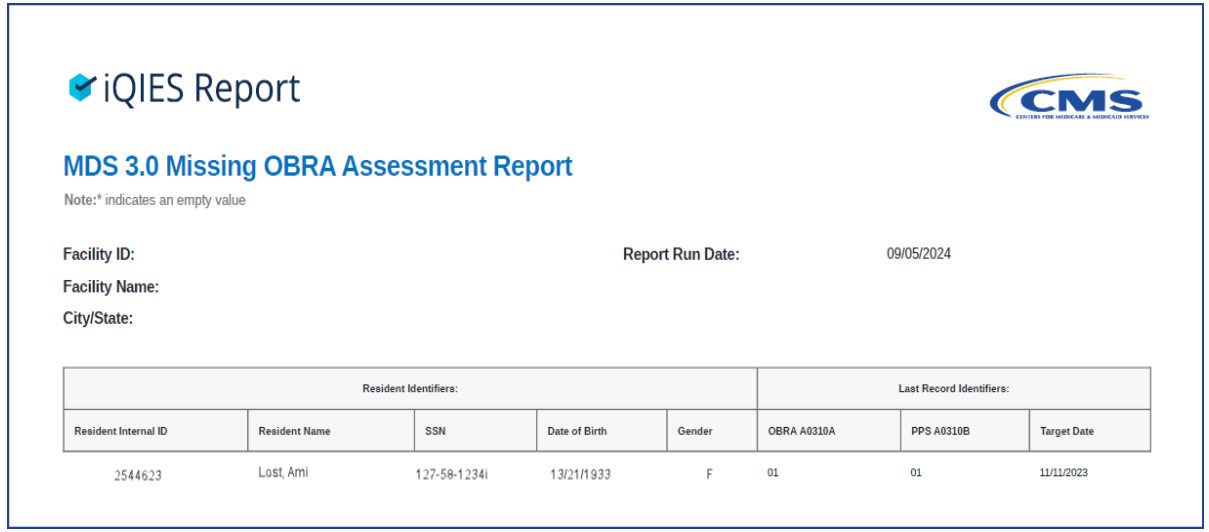
Is Your Census Accurate?

- iQIES System
- Generate a missing resident report
- Reconcile missing residents
- DON/ADM sign-off



iQIES Report

CMS

MDS 3.0 Missing OBRA Assessment Report

Note:* indicates an empty value

Facility ID:

Facility Name:

City/State:

Report Run Date: 09/05/2024

Resident Identifiers:					Last Record Identifiers:		
Resident Internal ID	Resident Name	SSN	Date of Birth	Gender	OBRA A0310A	PPS A0310B	Target Date
2544623	Lost, Ami	127-58-1234	13/21/1933	F	01	01	11/11/2023

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Is Your Census Accurate?

1704S Daily MDS Census Summary Report	Allows users to retrieve the daily MDS-based resident census (i.e., count of residents) for each day in a quarter
1704D Daily MDS Census Detail Report	Allows users to retrieve a list of the residents that the MDS-based census is comprised of on a given date or dates
CFO/MDS Sign off	PBJ Reports (require PBJ access)

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CMI States	Avg Staff Rating
NY	2.23
PA	2.65
MD	2.59
LA	1.89
Average	2.39

Non-CMI States	Avg Staff Rating
FL	3.13
NJ	3.1
AR	2.99
MI	3.34
MA	3.15
Average	3.16

The Quality Measure Domain

slido

Claims-based quality measures are

ⓘ Start presenting to display the poll results on this slide.

CMI States	Avg Quality Rating
NY	3.09
PA	3.56
MD	3.62
LA	2.24
Average	3.48

Non-CMI States	Avg Staff Rating
FL	3.13
NJ	3.1
AR	2.99
MI	3.34
MA	3.15
Average	3.16

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Medicaid reimbursement systems do not impact my QMs

ⓘ Start presenting to display the poll results on this slide.

New Five-Star Updates- Quality Measures

To address the impact of Section G to GG transition on 2024 Care Compare public reporting schedule, CMS will freeze these measures:

QM	Freeze on Five-Star*	Unfreeze on Five-Star*	The Frame used After Unfrozen
Percentage of Residents Whose Made Improvements in Function (Short-Stay) replaced by Discharge Function Score Measure (CMS ID: S042.01) (SS) (QRP)	April 2024	October 2024	10/1/22 to 9/30/23
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)	April 2024	January 2025	Q4 2023 to Q3 2024
Percent of Residents Whose Ability to Move Independently Worsened (Long-Stay) renamed Percent of Residents Whose Ability to Walk Independently Worsened (Long-Stay)	April 2024	January 2025	Q4 2023 to Q3 2024
Percent of High-Risk Residents with Pressure Ulcers (Long-Stay)	April 2024	January 2025	Q4 2023 to Q3 2024

New Residents with new or worsened B&B incontinence (LS) - this measure is not part of Five-Star QM scoring

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New Residents with new or worsened B&B incontinence (LS) - this measure is not part of Five-Star QM scoring

Strategy (101)

01

Facilities should continue to audit their MDS assessments for accuracy so there are no surprises come January 2025

02

Be prepared for this to change your Overall Star Rating (for worse or better)

03

Discuss how this can potentially change your score with families, residents, hospitals, community

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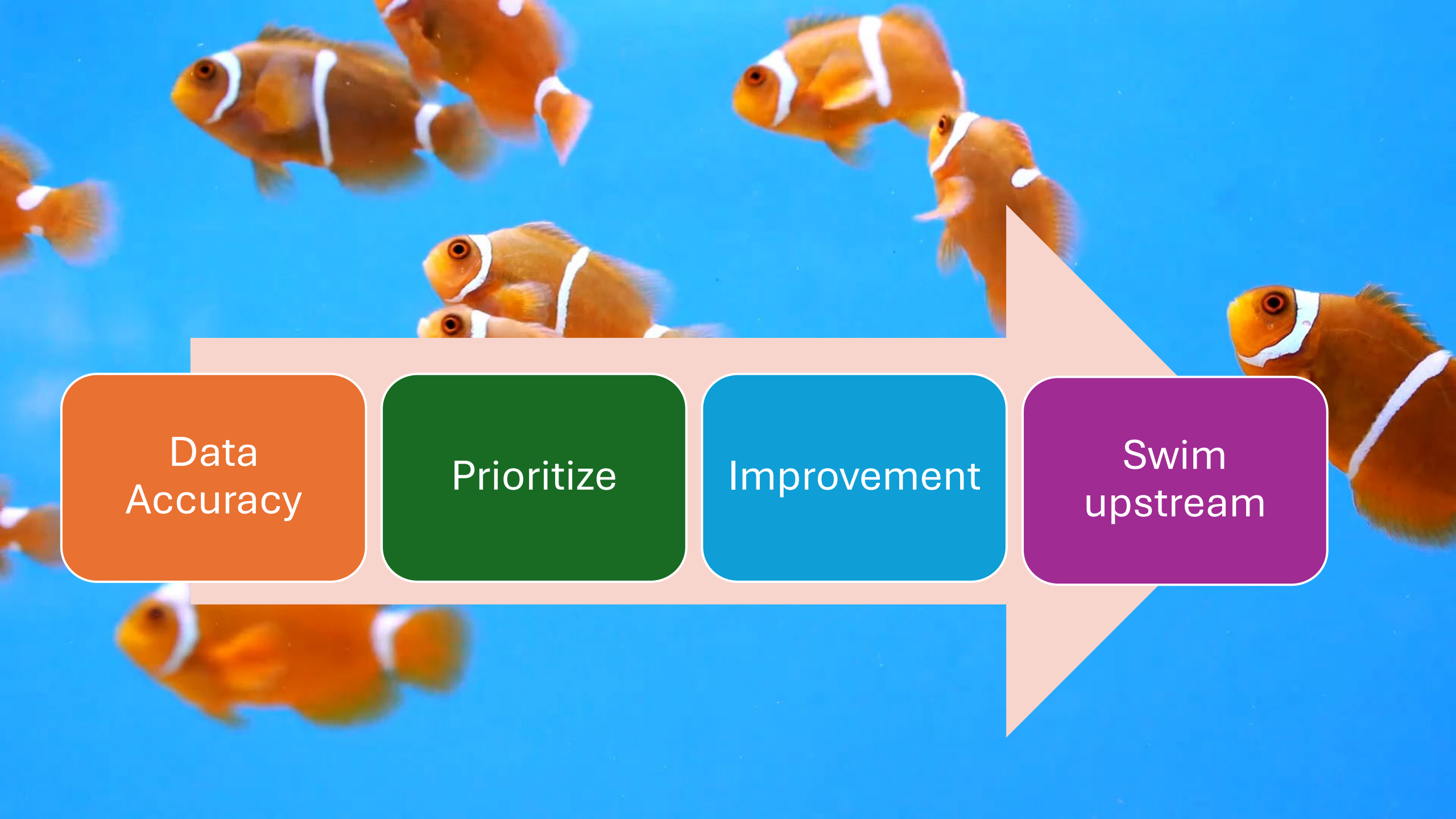

Data Accuracy
Prioritize
Improvement
Swim upstream

QUALITY MEASURES

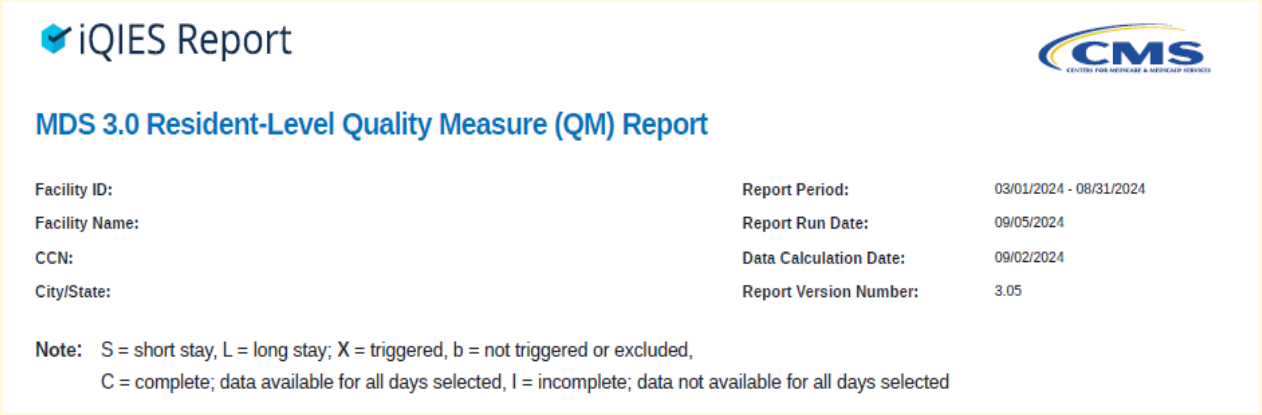
	2019	2020	2021	2022	2023	Current Data
Quality (Five Star) Rating	3	2	2	3	5	5
Short-Stay QM Rating		*3*	*3*	*3*	*5*	*5*
Long-Stay QM Rating		*1*	*1*	*3*	*4*	*4*

	Max Points	Current Rate	Current Points	Next Point Level	Next Point Rate Threshold	Required Change in Current Rate
Short-Stay Five-Star QMs (derived from MDS assessments)						
Antipsychotic Meds	100	1.53%	60	80	1.0%	0.6%
Pressure Ulcers/Injuries	100	3.10%	60	80	2.2%	0.9%
Improved Mobility	150	82.58%	135	150	100.0%	17.4%
Short-Stay Five-Star QMs (derived from claims data)						
Re-Hospitalization	150	15.59%	135	150	13.8%	-13.8%
Outpatient ED Visit	150	7.90%	105	120	7.1%	0.8%
Return to Home/Community	150	60.36%	N/A	150	100.0%	39.6%
Short-Stay Total Points	800		495			
Short-Stay Adjustment (1,150/800)	1.4375		711.56			
Long-Stay Five-Star QMs (derived from MDS assessments)						
Activities of Daily Living	150	16.39%	60	75	15.9%	0.5%
Ability to Move Independently	150	21.94%	45	60	21.5%	0.4%
Pressure Ulcers	100	8.59%	40	60	7.8%	0.8%
Catheter Left in Resident	100	0.00%	100	N/A	N/A	N/A
Urinary Tract Infection (UTI)	100	0.82%	80	100	0.7%	0.1%
Falls with Major Injury	100	1.34%	100	N/A	N/A	N/A
Antipsych Medications	150	11.52%	90	105	11.4%	0.1%
Long-Stay Five-Star QMs (derived from claims data)						
Hospitalization Rate	150	1.48	75	90	1.44	0.04
Outpatient ED Visits	150	1.01	105	120	0.85	0.16

1. "I don't believe it"
2. Related measures
3. Big impact to rating
4. Otherwise important

Upstream Improvement

- iQIES System
- Generate a resident level QM report
- Change look back to one month (vs default which is six months)
- RCA on newly triggered residents
  - Data accuracy
  - Appropriate care planning
  - Could this have been avoided



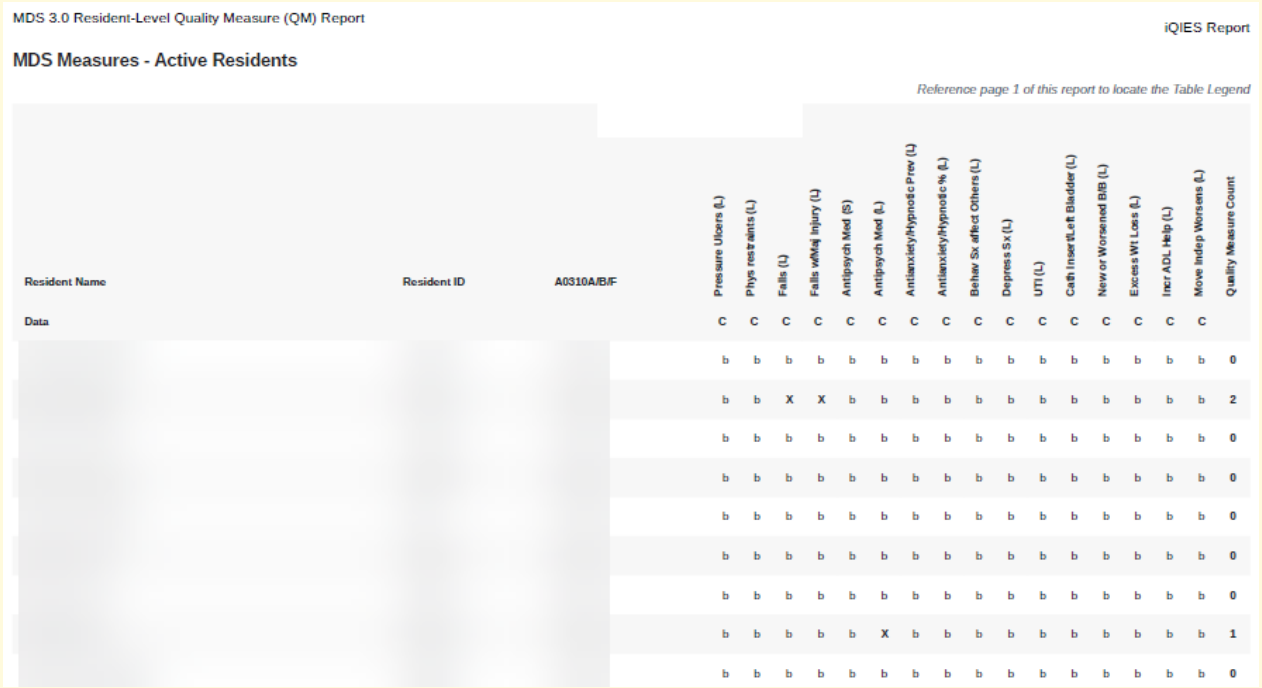
iQIES Report

CMS

MDS 3.0 Resident-Level Quality Measure (QM) Report

Facility ID:		Report Period:	03/01/2024 - 08/31/2024
Facility Name:		Report Run Date:	09/05/2024
CCN:		Data Calculation Date:	09/02/2024
City/State:		Report Version Number:	3.05

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded,
C = complete; data available for all days selected, I = incomplete; data not available for all days selected



MDS 3.0 Resident-Level Quality Measure (QM) Report — iQIES Report

MDS Measures - Active Residents

Reference page 1 of this report to locate the Table Legend

Resident Name	Resident ID	A0310A/B/F	Pressure Ulcers (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic % (L)	Behav Sx affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	New or Worsened BIB (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
			b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
			b	b	X	X	b	b	b	b	b	b	b	b	b	b	b	b	2
			b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
			b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
			b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
			b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
			b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
			b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	1
			b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0

Keep your Quality Measures HOT!!!!

- EDUCATION IS THE KEY!!!
- Ensure staff members, MDS coordinators, DONs, Staff Nurses, C.N.A.s are aware of changes
- Provide training sessions with staff
- Interview the staff, see if there is a knowledge deficit and work towards corrections
- Perform document review- make sure all necessary documentation is captured for MDS coding

QUALITY ASSURANCE/QAPI

- If you have not incorporated a performance improvement plan for MDS coding and documentation, START NOW
- Should be multidisciplinary
- Frequent monitoring- regular audits of MDS assessments
- Address any discrepancies or issues immediately to avoid potential penalties
- STAY IN THE KNOW- subscribe to relevant newsletters, updates, CMS sites, Q&A sites

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www.zhealthcare.com info@zhealthcare.com

R² Reimbursement Reimagined

INTERVENTIONAL-REIMBURSEMENT:
Outsourced MDS & HMO Authorization

ECAPINTEL
eCapIntel.com

SNF INDUSTRY & PROVIDER ANALYTICS

zpax
post-acute eXchange

ConsulTech: Innovation @ the eXchange of Consulting & Technology

Transaction Advisory
Asset Monitoring

Compliance
Auditing

Clinical
Reimbursement

Full-Spectrum
Cost Reporting

Ancillary
Innovations

Innovative Solutions for the Post-Acute Care Industry

Regulatory
Support

Quality Innovations –
Five-Star Management

Litigation Support –
Expert Witness

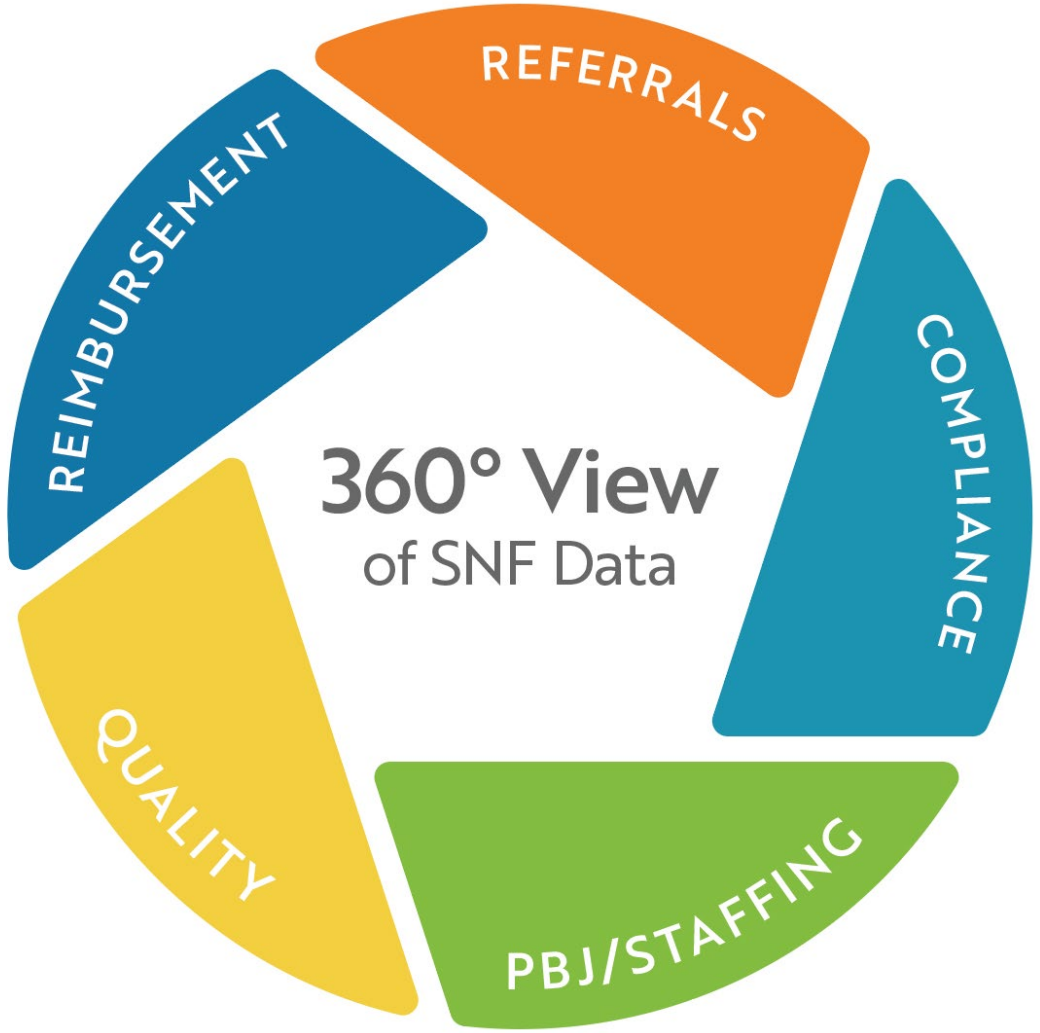
Managed Care /
ISNP Rationalization

Strategy &
Analytics

SimpleComplete™

One simple suite for SNF success

The industry's only complete solution for reimbursement, referrals and regulatory compliance.



MDS predictive analytics.

Optimize PDPM, Five-Star/QMs and iQIES workflow

PBJ and staffing.

Simplify Payroll-Based Journal and staffing strategy

Referrals and reimbursement.

Build census and optimize claims revenue in real time

Scan code or visit simpleltc.com/demo to get started

QUESTIONS

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PRESENTED BY:

ZIMMET HEALTHCARE SERVICES GROUP, LLC

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Netsmart

Thank you for attending!

Recording & slides available here:
www.simpleltc.com/elevate

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