

## Concerns/Talking Points About the CMS Five Star Rating System

Below is a brief overview of concerns and talking points regarding the CMS Five Star Rating System that providers may find helpful when speaking to residents and family members or local media regarding this new rating system and/or a facility's specific star ratings.

### \* **Five Star is based on a flawed survey system**

- A facility's overall Five 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 five stars or less than one 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 three 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 Five Star in calculating each of the three star categories for a facility.
- Criteria for CMS' Special Focus Facility Program and Five Star Quality Rating System are at odds.

*These ratings have the potential to inaccurately characterize skilled nursing facilities and the care they provide. The Five Star Rating System is solely based on regulatory data, and does not include the family and resident satisfaction surveys that are factored in on the state level. Condensing all of these regulatory indicators into one rating system doesn't present the whole picture, and doesn't factor in the human component that is essential to making an informed choice.*

### \* **Five 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 Five Star Quality Rating System. Because Five 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 Five 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' Five 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. Source:  
[http://www.cms.hhs.gov/CertificationandCompliance/13\\_FSQRS.asp](http://www.cms.hhs.gov/CertificationandCompliance/13_FSQRS.asp)

## The CMS Five-Star Rating System

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*The Academy supports the concept of helping consumers make informed decisions, but believes that consumers are best served by visiting facilities and talking personally with the staff and families of the facilities. Not having the capability to conduct an “apples to apples” comparison between the states will ultimately hinder the ability of many families to make informed choices.*

- \* **Five 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 Five 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.

*The long-term care profession has changed dramatically since the initial findings of an eight-year old study. By acknowledging that requiring certain staffing ratios would come at an exorbitant cost to the facilities, CMS has, in effect, negated the validity of the ratio requirement in the rating system.*