Questions & Answers

Improving the *Nursing Home Compare* Web site:

The Five-Star Nursing Home Quality Rating System

Volume I

December 18, 2008

Centers for Medicare and Medicaid Services

A. Background – *Nursing Home Compare* Tool

A.1 What is *Nursing Home Compare*?

CMS first launched *Nursing Home Compare* in 1998, a Web site designed to help consumers choose a nursing home, as part of 22 initiatives to improve nursing home quality of care. The *Nursing Home Compare* Web site (which has 1.3 million page views per month) has evolved--adding information on quality measures as well as survey results and information about individual nursing homes such as the name, address, and participation in Medicare, Medicaid or both programs.

A.2 What information is already available? What might be improved?

Nursing Home Compare currently features different types of content. In the long-term each dimension might be improved.

	Dimension	Examples: Existing Information	Examples of Improvement Ideas Already Received
1	**Characteristics** of Each Nursing Home	Number of beds, Medicare/Medicaid participation, resident council, address and phone, etc.	Collect and describe specialty services (e.g. special services for dementia care, ventilator-dependency services, rehabilitation capabilities, etc). Begin to collect information on culture change efforts.
2	**Quality of Care** and Safety Information	Survey results for 3 years, Staffing level data, Quality measures (19 discrete quality measures, such as pressure ulcer prevalence, immunization rates, etc)	Develop methods to case-mix adjust the staffing information. Develop methods for more frequent and accurate reporting of staffing data based on payroll information. Develop a Five-Star Rating System for nursing home quality. Begin to include information on resident and family satisfaction.
3	**Explanations** + Technical Assistance	Explanations of the survey results, quality measures, staffing data, how to use the Web site. Information about other resources. Maps and directions.	Expand on the explanations and on other resources available to assist in decision-making or interpreting the data. Emphasize even more that there is no substitute to visiting the nursing home, talking with staff and residents, and talking with other knowledgeable sources in the community (e.g. ombudsman programs). Provide information on additional community resources (e.g. assisted living, home, & community-based programs).

A.3   How will the new Web site be different from the old *Nursing Home Compare*?

As part of continued efforts, CMS has improved the layout for *Nursing Home Compare*. Consumers will be able to access the same information in addition to the new 5 Star quality ratings for each nursing home. Each nursing home will have an overall star rating between 1 star for much below average to a 5 star for much above average. The Web site also includes star ratings for each of the components of health inspections, quality measures and staffing.

Consumers will see a number of improvements; the layout of information has been edited to be more user-friendly, the ability to search and sort on more variables of interest to the consumers, and the ability to better compare nursing homes. We have added Google mapping ability and enhanced print functions so that users may print out directions and the ratings and take those with them when they visit the nursing home. As we emphasize repeatedly, the NH Compare Web site is a good starting point in the search for good information about nursing homes – but definitely not the ending point. In particular, there is no substitute for visiting the nursing homes, talking with staff, with residents, with families of residents, and other knowledgeable people in the community, such as the State Ombudsman Office.

A.4   Timing – When will CMS make improvements to *Nursing Home Compare*?

CMS is making certain improvements in the near-term, starting with a revised Web site on December 18, 2008. In order to allow time for data analysis, quality checks, and Web site programming, the major design elements were accomplished by mid November 2008, with an opportunity for final edits to the Web site at the beginning of December 2008. Individual ratings were emailed to individual nursing homes a few days before the December 18th postings, and a helpline for nursing homes began on December 16, 2008. The next update will occur in mid-January 2009.

A.5   Are there any materials for consumers on the Five-Star System besides on *Nursing Home Compare*?

CMS provides various materials for consumers regarding the Five-Star Rating System and the Web site. All are available through 1-800-medicare, and printable through *Nursing Home Compare*. Materials include:
- *The Guide to Choosing a Nursing Home* (CMS Publication No. 12174).
- *Use Information About Quality on Medicare.gov* (CMS Publication No. 11266)
- *Medicare Nursing Home Compare (*CMS Publication No. 11384), a new brochure to assist consumers.
- *Checklist*

A.6   Many advocates for those with disabilities believe CMS is focusing too much on nursing home placement, what has CMS done to address this?

The *Nursing Home Compare* Welcome page includes a statement that consumers and their family members may have other long-term care choices like community-based services, home care, or assisted living depending on their needs and resources. Additionally, there is a detailed

section on alternatives with links and descriptions of various community programs that can help a consumer get the care they need:

"Information about home and community based services is also included in the CMS publication 'How to Choose a Nursing Home' and in the 'Patient Discharge Planning Checklist.' The checklist, for consumers and their families to use with providers to plan for care before being discharged from a hospital or other institution has been widely distributed by CMS and is available at: www.medicare.gov/publications. In addition, CMS has implemented grant programs to States to assist them to divert and transition individuals from nursing homes and 31 States are in the process of implementing these programs. For more information about the Money Follows the Person Grant program including the States who have these programs see http://www.cms.hhs.gov/DeficitReductionAct/20_MFP.asp."

A.7 Will the Web site or materials about the Five-Star Rating System be in other languages? Spanish?

Nursing Home Compare is currently available in Spanish and the five-star rating will also be provided in Spanish. CMS does not anticipate translating the site into other languages at this time.

A.8 Has *Nursing Home Compare* been consumer tested?

Within the past few years CMS has conducted user testing on *Nursing Home Compare* and several of the other compare tools on medicare.gov. We have interviewed hundreds of beneficiaries, caregivers, coming-of-agers, and SHIP counselors to improve the language, content, and navigability of our Compare sites. The cumulative experience from this research was applied to the redesigned *Nursing Home Compare* site.

In early 2009, CMS is planning to conduct a web-based survey of *Nursing Home Compare* users to measure the sites' performance, interactivity, appearance, navigation, ease of use, and ease of understanding. It is expected that the survey will include a minimum of 1,500 respondents. This information will be used as part of our ongoing continuous improvement of *Nursing Home Compare*.

B.   Public Participation Process

B.1 How did CMS seek public comments and suggestions?

CMS provided a variety of ways for the public to participate in feedback about the five-star rating system.

- **Email Box**: CMS established a dedicated email box to receive comments (BetterCare@cms.hhs.gov). Initial suggestions were due by July 23, 2008. However, CMS will consider additional comments for future improvements to the Web site.
- **Open Door Forum**: On June 24th CMS hosted a national phone "call-in" to discuss the five-star plans and to take suggestions. Descriptive information about the quality rating

system and its progress was made available on the CMS "Hot Topics" webpage at http://www.cms.hhs.gov/SurveyCertificationGenInfo/02_HotTopics.asp#TopOfPage. (Now known as the CMS "Spotlight" page – see http://www.cms.hhs.gov/SurveyCertificationGenInfo/02_Spotlight.asp#TopOfPage)

- **Stakeholder Meetings:** CMS met with several stakeholders groups including the campaign for *Advancing Excellence in America's Nursing Homes.* A final meeting was held with the national nursing home associations and consumer advocacy organizations on December 5, 2008, and a national "Open Door Forum" was held via conference call on December 11, 2008 to discuss the roll-out of the revised Web site.

B.2   Did CMS provide an individual response to comments?

Due to the number of comments CMS' requests generated, CMS did not provide each commenter with an individual response. Each commenter who sent an email received an automated response. This was CMS' way of acknowledging the email. The automated response indicated that CMS would identify and analyze the comments as they come in and develop both short-term and long-term strategies for addressing the commenter' suggestions.

B.3   How many comments were received and by whom?

CMS received 147 public comments 130 were received within the comment period of July 23, 2008. We received comments from all facets of the nursing home community, including nursing home administrators and executive directors, family members of residents, directors of nursing, long-term care ombudsmen, researchers, fiscal analysts, quality performance and compliance officers, consumer groups, advocacy groups, representatives of State governments, risk managers, and various members representing health systems.

B.4   What did CMS do with the public comments?

CMS requested commenters provide input based on 9 key questions, divided into 3 sections.
- Section A represented general questions on the rating system, the commenters' position on the Five-Star Rating System as proposed, the potential pitfalls of the rating system, and the benefits of the rating system.
- Section B represented questions regarding the data sources CMS currently gathers. We asked commenters (a) of the nineteen quality measures currently available which would be considered top selections, (b) are there any concerns regarding case-mix adjusting the staffing data, (c) would posting the full 2567 forms on *Nursing Home Compare* be beneficial or should this function be maintained by the States.
- Section C represented questions on additional nursing home characteristics. We asked if it would be useful to have resident satisfaction surveys, and commenters' opinion on consumer and staff survey results, and what kinds of nursing home characteristics would prove informative for consumers that are not presently available on the CMS Web site.

CMS captured and addressed all the comments in this document. Where there were many comments on a particular topic we have indicated it in the response to the questions. In addition,

CMS has developed a summary of all public comments received; this document is available
http://www.cms.hhs.gov/CertificationandComplianc/13_FSQRS.asp#TopOfPage)

B.5 Did CMS consumer test this rating system and/or the new Web site design?

CMS has consumer tested various aspects of our compare Web sites. Since CMS consumer
tested aspects of its *Hospital Compare* Web site, we incorporated changes, and consumer
comments into the updated version of *Nursing Home Compare*. CMS will continue to provide
updates to this system, and will continue to maintain opportunities for the public to have input
into the new rating system and the Web site display.

C.   Five-Star Rating Overview

C.1 What is the <u>purpose</u> behind the Five-Star?

It is CMS' intention to increase the usefulness of the CMS *Nursing Home Compare* Web site to
consumers, family members, and the general public. This new rating system is rooted in the
tradition of the OBRA'87 nursing home reform law and quality improvement campaigns such as
the Advancing Excellence in America's Nursing Homes, a collaborative coalition of consumers,
health care providers, labor, and nursing home professionals.

C.2 What does a specific rating mean (5, 4, 3, 2, or 1-star)?

The Five-Star Rating System will provide a quality of care rating for each nursing home of 1 to 5
stars. Each nursing home will have a separate star rating for performance on health survey,
performance on quality measures, for the hours of care provided per resident by all staff
performing nursing care tasks, and a separate staffing rating for hours of care provided by
registered nurses. There will also be a composite measure to give an overall rating of quality
performance that takes into account health survey inspections, quality measures, and the overall
nursing staffing information from the most recent health survey inspection. The star rating
system will give a more user friendly way for consumers to compare nursing homes within a
State.

- A 5-star rating means that a facility ranks "much above average."
- A 4-star rating means a facility ranks "above average."
- A 3-star rating means a facility ranks "about average."
- A 2-star rating means a facility ranks "below average."
- A 1-star rating means a facility ranks "much below average."

We need to stress that while the Five-Star Rating System is a useful tool for comparing nursing
homes, it is not a substitute for talking with your doctor or other health care provider and visiting
the nursing homes you are considering.

**C.3 How was the Five-Star Rating System developed and who was involved in its
development?**

CMS convened a Technical Expert Panel (TEP) with extensive knowledge of all CMS data systems. The TEP consisted of 9 members of academia, representatives from consumer and provider groups, and nursing home individuals, all with extensive knowledge of CMS data domains and all respected in their fields. From this group we requested input on all three data domains, what scoring rules should be used, what methods CMS should use in determining a nursing home's overall rating, including how each of the data domains would determine the overall rating. In addition, the TEP raised their own individual concerns about the use of an overall rating, case-mix adjusting, use of quality measures and which ones, and the Health Survey data.

In addition, CMS reviewed all other publicly reported rating systems, and identified those States with their own rating systems. CMS' leadership was kept abreast of outcomes identified during the TEP discussions, and was the ultimate decision maker in the determination of the calculations of the overall rating, health inspection rating, star rating, quality measure rating, and the final *Nursing Home Compare* layout design.

C.4   What does the Five-Star Rating System include?

The Five-Star quality rating system provides a nursing home quality of care rating of 1 to 5 stars derived from three data sources. . The rating includes health inspections, staffing and quality measures. CMS' intent for this rating is to provide useful information to consumers in a simple format about how each nursing home performs in terms of quality. While the data from these three sources have been provided on *Nursing Home Compare* for many years, this is the first time that CMS has offered an easy-to-understand method of interpreting the data. At the same time, we have retained the earlier methods of displaying the data so that users can look behind the Five-Star ratings to see the details.

C.5   How did CMS determine what measures to consider in the rating system?

The three domains were chosen because they are all important dimensions of nursing home quality:
- Health inspection surveys provide a comprehensive assessment of the nursing home, including assessment of nursing home administration, environment, kitchen/food services, and resident rights and quality of life.
- The MDS-based quality measures depict the care provided in nursing homes. They are measures of resident outcomes. The 5-star system rating is based on performance of a subset of MDS quality measures that are posted on *Nursing Home Compare*.
- Staffing: There is strong evidence that low nurse staffing levels seriously compromise quality of care. For example, the CMS Staffing Studies demonstrated evidence of the relationship of nurse staffing to quality of care. (Note that the CMS Staffing Studies are available via the CMS Web site.)

C.6   When will CMS start applying the Five-Star Rating System?

The ratings were posted on the agency's *Nursing Home Compare* Web site on December 18, 2008. The website itself will be updated monthly, although some of the underlying data sources are reported less frequently. It would be fair to say that data for all nursing homes will be updated quarterly (since information for the Quality Measure domain is processed quarterly for all nursing homes), while information on the surveys and staffing will be entered on a "flow" basis when the information arrives at CMS . The website can be accessed by consumers at www.medicare.gov.

C.7   What if a nursing home disagrees with the rating it receives?

If a nursing home believes an error has been made, it may contact the Five-Star hotline. The phone number for the hotline was sent to each nursing home along with preview materials before the Five-Star rating was posted.   The hotline has been operational since December 16, 2008. Much of the information used in the Five-Star rating (the quality measures, and the staffing data) is self-reported by nursing homes, and is not new information. With regard to the survey data, nursing homes have the ability to dispute the underlying survey findings through the informal dispute resolution process and, if needed, the administrative law judge (ALJ) process. On a daily basis between December 16, 2008 and December 30, 2008 CMS will be reviewing the issues raised in the hotline and will be communicating with State Survey Agencies and others to resolve any issues that have been identified with respect to individual nursing home data. Reviews will continue in 2009 but not necessarily on a daily basis.

C.8   How would a nursing home be moved from one level to the next?

CMS will update the Five-Star quality rating on a monthly basis. Note that the three underlying data sources, however, are reported and updated on different schedules. The quality measures, for example, are updated quarterly.

A nursing home can take actions to improve its rating through improvements in care processes resulting in having fewer and less serious deficiencies on survey; by increasing their level of registered nurse, licensed practical nurse, and/or certified nurse aide staff; or by concentrating on quality improvement actions in the areas reflected in the quality measures.

C.9   How will CMS work with 1 & 2 star nursing homes? Are these nursing homes still open and are they meeting minimum standards?

First, all nursing homes listed on *Nursing Home Compare* are Medicare and/or Medicaid certified. Second, to continue to participate in the Medicare and/or Medicaid program(s), nursing homes must still meet minimum quality standards. Although some nursing homes are categorized as one-star homes or "much below average," those homes still meet the Federal health and safety requirements. If there are only one-star or two-star nursing homes in your area, CMS encourages consumers not to rely solely on a nursing home's overall rating in making a final determination but to use as a tool for dialogue purposes with the nursing home.

C.10   Why doesn't my facility have an overall Five-Star rating?

The overall Five-Star rating is based on the ratings for each of the three quality domains being considered: health inspection results, nurse staffing data, and quality measures. Facilities that have had only one health inspection under their current Medicare provider number will not have an overall rating.

C.11   Will the distribution of overall ratings change over time or is it fixed?

Except for the 2 QMs dealing with activities of daily living, the statistical boundaries ("cut-points") between each star rating category for the staffing and Quality Measure dimensions will be set based on the data posted to the Web site in December, 2008,. Those boundary points will be in the form of fixed numeric values, in order to allow a facility to understand the level it must achieve in order to move up in the rating system.

We expect the frequency distribution for each dimension to improve over time, as facilities take quality improvement actions to improve their quality and hence their star ratings. The distributions for the health surveys are set on a State-by-State basis in order to control for State-to-State variation. Therefore the boundary points between the star categories for the health survey domain are not fixed at a specific numerical value, although we do not expect large charges over time. The overall star rating is based on the number of stars achieved in each of the dimensions. Boundary points are therefore not fixed for the overall ratings, and the distribution is not fixed.

C.12   What is the distribution of overall ratings? What percentage of nursing homes nationwide (or in a State) one-star? What percentage are five-star?

Since the distribution of overall star ratings is not fixed, the percentage of nursing homes that have one-star ratings or five-star ratings will change over time. CMS expects the distribution to shift towards a higher number of stars over time, as facilities take quality improvement actions to improve their star ratings. In the December 18, 2008 postings, about 23% of the nursing homes were rated at one-star for overall quality, 21% at two-star, 21% at three-star, 23% at four-star, and 12% at five-star. One could also look at this in terms of larger groupings, such as 23% rated at one-star, 42% at either two- or three-stars, and 35% at four- or five-stars. The more "stars" that separate any two nursing homes, the more you can have confidence that there are meaningful differences in the quality of care.

C.13   What is the relative weighting of the survey, staffing, and quality measure domains in determining an overall rating?

The method being used in the Five-Star Rating System to determine the overall nursing home rating does not assign specific weights to the survey, staffing, or QM domains. The overall quality rating starts with the health inspection results, then takes into account the staffing rating, and then the Quality Measure rating. Depending on their performance on the staffing and quality measures domains, a facility's overall rating may be up to two stars higher or lower than their

survey rating. However, five-stars is the top end of the rating scale, and one-star is the lower end.

C.14   What is more important- a nursing home's overall rating or their rating on one or more individual dimensions?

The nursing home's overall rating using the Five-Star Rating System is based on the ratings in 3 individual dimensions: health inspections, quality measures, and nurse staffing. Each of these dimensions also has a separate star rating. A consumer making a decision about a nursing home would want to look at all the ratings.

There are many dimensions to nursing home quality is multi-dimensional and all of the dimensions are important. In recognition of the multi-dimensional nature of nursing home quality, *Nursing Home Compare* will display information on facility ratings on each of these domains alongside the overall performance rating.   While the rating tool looks at three key areas of quality, there are many dimensions to quality that are not measured. That is why it is so important to use *NH Compare* only as a starting point and to visit the nursing home for a more definitive sense of how they are doing.

C.15   How should the overall rating be used in guiding decisions about nursing home placement?

Use *Nursing Home Compare* only as a starting point – not an ending point. While the Five-Star Rating System is a useful tool for comparing nursing homes, it is not a substitute for talking with your doctor and other knowledgeable people in the community (such as the State Ombudsman Office) – and the most important is to visit the nursing homes you are considering and talk to the staff and residents and family members of residents. CMS encourages consumers, to review all information in context of other aspects of a nursing home's information, including visiting a nursing home, asking for family members and physician input on the care and environment in a nursing home. CMS emphasizes, although intended to be of help and easy to understand, a nursing home's overall rating should be only one of many information sources used in making a final determination.

The Five-Star Rating System provides a quality of care rating for each nursing home of 1 to 5 stars. Each nursing home will have a separate rating for performance on health survey, performance on quality measures, for the hours of care provided per resident by all staff performing nursing care tasks, and a separate staffing rating for hours of care provided by registered nurses. There will also be a composite measure to give an overall rating of quality performance that takes into account health survey inspections, quality measures, and the overall nursing staffing information from the most recent health survey inspection. The star rating system will give a more user friendly way for consumers to compare nursing homes within a State. A 5 star rating means that a facility ranks "much above average;" a 4 star rating means a facility ranks "above average;" a 3 star rating means a facility ranks "about average;" a 2 star rating means a facility ranks "below average;" and a 1 star rating means a facility ranks "much below average."

C.16   There are only one-star nursing homes in my city/county. What should I do?

First, recognize that no rating system can encompass all aspects of nursing home care that are important. So you must visit the nursing home and ask questions before making any decisions. And please appreciate that all nursing homes listed on *Nursing Home Compare* are Medicare and/or Medicaid certified as generally meeting basic quality standards, unless there is a recent set of survey findings that have identified significant problems (and nursing homes are required to make those findings available if you visit). Although the quality of care in some nursing homes is rated at the one-star level or "much below average", those homes still meet the Federal health and safety requirements. If there are only one-star nursing homes in your area, CMS encourages consumers not to rely solely on a nursing home's overall rating in making a final determination.

And again - CMS encourages consumers, to review all information in context of other aspects of a nursing home's information, including visiting a nursing home, asking for family members and physician input on the care and environment in a nursing home. CMS emphasizes, although intended to be of help and easy to understand, we encourage consumer not to rely solely on a nursing homes overall rating in making a final determination.

C.17   Why does a nursing home rank low (high) in one domain but high (low) in another?

Quality performance is multi-dimensional. It is not unusual for a facility to perform well on one dimension of quality and not so well on another. This is why the Web site will rate each dimension separately, in addition to providing the overall composite rating.

C.18   My loved one is living in a one-star facility? Should I try to move him/her to a more highly rated facility?

No - No resident should be moved solely on the basis of a nursing home's ratings on *NH Compare*. The Five-Star quality rating system is a good starting point for information, but must not be the end-point. There are many satisfied residents and families of residents in nursing homes whose quality of care is rated at the one-star level. So ask questions of the nursing home staff about the things that concern you, as well as the things they are doing to improve quality. And remember - all nursing homes listed on *Nursing Home Compare* are Medicare and/or Medicaid certified as generally meeting basic quality of care requirements. Although some nursing homes are categorized as one-star homes or "much below average," those homes still meet the Federal health and safety requirements.

Making a decision to transfer your loved one to a facility that has a higher rating should be balanced with the possible challenges of adjusting to a new nursing home. CMS encourages consumers to review all information in context of other aspects of a nursing home's information, including the experiences you and your loved one have in dealing with the nursing home and its staff. It may also be useful to seek input from the physician or other health care provider caring for your loved one. The Five-Star rating system is intended to offer useful and easy to understand information, but it should not be the only factor used in making a decision about whether or not to move your loved one.

C.19 How is the overall five-star rating calculated?

The overall 5-star rating is calculated in four steps, based on the 5-star rating for the survey domain, the nurse staffing domain and the quality measure domain:

1. Start with the survey domain 5-star rating.
2. Add one star if the staffing rating is 4 or 5 stars <u>and</u> greater than the deficiency rating; subtract 1 star if staffing is 1 star.
3. Add one star if the quality measure rating is 5 stars; subtract 1 star if the quality measure rating is 1 star.
4. If the rating after step 3 is 4 or 5 stars, and the facility is a special focus facility, the overall rating is downgraded to 3 stars.

Note: Regardless of the math in steps 1-4, the composite rating cannot be more than 5 stars or less than 1 star.

This method of determining the overall nursing home rating does not assign specific weights to the survey, staffing, and quality measure domains. The survey rating is the most important dimension in determining the overall rating, but, depending on their performance on the staffing and QM domains, a facility's overall rating may be up to two stars higher or lower than their survey rating.

C.20 Why doesn't my facility have an overall rating (or ratings for any of the domains)?

Overall Rating: Ratings are provided only for nursing homes that have had at least two standard health surveys. Nursing homes that have not yet had two standard health surveys are listed as "too new to rate." If the rating indicates 'data not available' then the needed data were not available in order to rate the nursing home. For facilities that have an overall rating, there still may be missing data for the staffing and QM rating:

- *Staffing rating:* The source data for the staffing measures is our Online Survey Certification and Reporting (OSCAR) system. The data are subject to the same exclusion criteria as is currently used on *Nursing Home Compare*. These are intended to exclude facilities with unreliable OSCAR staffing data and exclude facilities with outlier staffing levels. So, for example, a facility that reports only very low nursing care hours per resident per day or less, or very high nursing hours per resident day, would catch our attention and need careful explanation before being posted. Similarly, facilities with large changes in reported staffing levels over time, and facilities that appear to report incomplete resident census information would have staffing data withheld from the staffing rating until we obtain more information.

- *QM rating:* Consistent with the specifications used for *Nursing Home Compare*, we will include long-stay measures if the measure can be calculated for at least 30 assessments (summed across three quarters of data to enhance stability). We will include the short-stay measures only if data are available for at least 20 assessments (also summed across three

quarters of data to enhance stability). If a facility has data on three or fewer long-stay QMs and less than two short-stay QMs, then it will have missing data for the QM rating.

Please note that historically *NH Compare* has only listed the QM scores for the most recent quarter. If there were fewer resident assessments than required to meet the 30/20 thresholds described above, then QMs would not be reported. This is still the case for the "drill-down" page of *NH Compare* where users access the item-by-item results for the 19 QMs. However, for the Five-Star ratings we use the most recent three (rather than one) quarters of resident assessment data to smooth out seasonal variation and improve statistical reliability. So a facility that usually generates only 25 resident assessments per quarter for long-stay residents usually would not meet the 30-assessment threshold – but when three quarters of data are assembled, a total of 75 would be available. For this reason such a facility would be accorded a QM star rating in the Five-Star system even though the drill-down page would show insufficient data to calculate a QM for the most recent quarter.

C.21 Will nursing homes with specialty populations such as pediatrics or ventilator care could be adversely affected in the way their facility is portrayed because the quality measures could be higher. How is CMS going to take specialty characteristics into consideration?

The purpose of the Five-Star Rating System is to assist consumers in making comparisons among nursing homes. If consumers are looking for a specialty-type nursing home, such as one that serves a pediatric population, then they will be comparing nursing homes that serve that population. In essence, they will be comparing 2 nursing homes that would have the same type population with similar acuity levels and the potential for similar quality measure results. CMS is not contemplating any changes to the way it reports specialty nursing homes at this time.

For pediatric nursing homes, we do not believe their specialty characteristics will disadvantage them because:
- Families seeking a pediatric nursing home will be comparing one pediatric nursing home with another;
- While a pediatric nursing home that relies on crib nets or restraints to secure children in their wheelchairs (thereby scoring high on the restraint quality measure) most other pediatric nursing homes will most likely have a similar population.

D.   Data Sources Used in the Five-Star Rating System

D.1. DATA SOURCES OVERVIEW:

D.1.1 How will the five-star overall rating score be obtained? What's the methodology?

The five-star rating system's overall score is based on three data sources for which information are currently available:

(a) **Health Inspections:** CMS uses the three most recent standard health inspections in addition to all complaint health inspections that have been conducted in the last three years. The primary purpose of onsite inspections is to determine whether the nursing home meets the minimum standard for federal and State health statutes or regulations based upon observation of the nursing homes' performance, practices, and conditions in the facility. If a nursing home has no deficiencies, it means that the facility met the minimum standards at the time of the inspection.

(b) **Quality Measures:** CMS has selected a 10 quality measures, a subset of the nineteen quality measures currently posted on *Nursing Home Compare*. The nursing home quality measures come from resident assessment data that nursing homes routinely collect on all residents at specified intervals during their stay. These data are converted into quality measures that give another source of information about how well nursing homes are caring for their residents' physical and clinical needs. The quality measures have four intended purposes:

1. To give information about the care at nursing homes to help consumers choose a nursing home for themselves or others.
2. To give information about the care at nursing homes where consumers already live.
3. To get consumers to talk to nursing home staff about the quality of care.
4. To give data to the nursing home to help them with their quality improvement efforts.

(c) **Staffing data**: CMS collects staffing data at nursing homes at the time of the standard health inspection. This information is self-reported by each nursing home. Nurse Staffing data collected are for: registered nurses (RNs), licensed practical nurses (LPNs), and certified nurse aides (CNAs). The data currently presented on *Nursing Home Compare* are the average number of hours and minutes of care per resident per day. To best utilize the staffing data collected, CMS developed a case-mix adjustment system which will provide an analytical mechanism that considers the different levels of needs among nursing home residents to fairly compare the data across nursing homes.

D.1.2 How often does CMS intend to update these data?

CMS will update the Five-Star quality rating on a monthly basis. Note that the three underlying data sources, however, are reported and updated on different schedules. The quality measures, for example, are updated quarterly.

D.1.3 Self-Reported Data: Two of the data sets currently available are self-reported by nursing homes (the Quality Measures & the Staffing Data). If nursing homes are being rated for quality, couldn't a nursing home cheat on any self-reported data?

Here again we propose to use multiple approaches to address potential problems with self-reported data.

- *Select Measures that Have the Best Integrity:* Some measures have built-in antidotes to cheating. For example, if a nursing home lowered its reporting of the rate at which

residents were developing pressure ulcers, it would be paid less than it would otherwise. This tends to counteract any temptation to under-report.

- *Audit:* some of the self-reported measures are amenable to audit (e.g. the self-reported staffing information that is provided for the period just prior to a survey).

- *Monitor, Edit, Intervene:* Statistical edits are in place to spot anomalies and require further investigation before scores are rendered, if it appears that score differences may be due to excessive variation rather than true differences in quality.

- *Improve Measure Integrity:* Over time, CMS hopes to improve the integrity of the major measures. For example, CMS has been conducting a major study of the extent to which staffing levels can be reported in a manner that is tied back to payroll data. A report on this potential improvement was recently completed and is available at: http://www.cms.gov/NursingHomeQualityInits/05_Spotlight.asp

D.1.4 Did CMS separate or compare results based on whether a nursing home was freestanding or hospital-based?

On previous versions of *Nursing Home Compare*, CMS presented staffing data separately for freestanding and hospital-based nursing homes. For the Five-Star release of *Nursing Home Compare*, however, CMS is not separating freestanding and hospital-based nursing homes. However, CMS is showing staffing levels adjusted for the case mix of nursing homes in order to provide a more fair comparison between the two. Quality measures will also differ somewhat for freestanding and hospital-based nursing homes, since hospital-based nursing homes tend to have primarily short-stay residents.

D. 2   HEALTH INSPECTIONS:

D.2.1   Which health inspection results were used? How far back did CMS review health inspections results to include in the Five-Star Rating System?

CMS will use the three most recent standard health inspections in addition to all complaint health inspections that have been conducted in the last three years and that resulted in a deficiency finding. Points are assigned to individual health citations based on their scope and severity – more points are assigned for more serious, widespread deficiencies, fewer points are assigned for less serious, isolated deficiencies. More points would correspond to a lower Five-Star rating.

D.2.2   What about inconsistencies between State survey agencies? Won't that be a problem?

There are inconsistencies in every data source in every field of human endeavor. Two things can be done to address this issue:

   (a) Reduce the variation as much as possible, and/or
   (b) Control for the effects of the variation.

At CMS we are using both approaches.

(a) Reducing Variation: First, a number of CMS efforts are designed to reduce the variation between State survey agencies, including:

- *Validation Surveys* + *Regional Follow-up*: Each year CMS regional office surveyors either accompany State surveyors or conduct a follow-up survey on a 5% sample of nursing homes that have recently been surveyed by State surveyors. CMS compares the findings and calculates a disparity rate (CMS v. State). CMS then requires remedial action if the State surveyors have missed important findings.

- *Appeals and Informal Dispute Resolutions*: A nursing home that believes it has been subjected to an erroneous finding has the right to request an informal dispute resolution as well as filing a formal appeal. While the primary purpose of the appeal system is to promote accuracy and justice, it has a secondary effect of promoting improved consistency.

- *Quality Indicator Survey (QIS):* The QIS is a new survey system that is designed to improve consistency both between and within States. The QIS is being implemented statewide in 9 States (CT, FL, KS, LA, OH, MN, NC, NM, & WV).

To what extent are these efforts having a positive effect in addressing inconsistencies? The data are not conclusive but are very encouraging. For example, while the Government Accountability Office (GAO) continues to stress the need for CMS to continue to reduce inconsistencies, in testimony before the Senate Aging Committee in 2007 the GAO also found that the rate at which States missed serious quality of care deficiencies had declined by 39% in the five States that they studied. Meanwhile, the QIS implementation is too new to have many positive effects show up in national data, but reports back from the States that are in the first generation of implementing QIS are also encouraging.

(b) Control the Effects of Variation: In the CMS Five-Star quality rating we control for variation between States by making within-State comparisons with respect to the health inspection data.

D.2.3 What are QIS surveys, How many are done, and which States are involved?

The Quality Indicator Survey (QIS) is a computer-assisted long-term care survey process used by selected State Survey Agencies and CMS to determine if Medicare- and Medicaid-certified nursing homes meet the Federal requirements.

The QIS was designed to achieve several objectives:
- Improve consistency and accuracy of quality of care and quality of life problem identification by using a more structured process;
- Enable timely and effective feedback on survey processes for surveyors and managers;
- Systematically review requirements and objectively investigate all triggered regulatory areas within current survey resources;
- Provide tools for continuous improvement;
- Enhance documentation by organizing survey findings through automation; and
- Focus survey resources on facilities (and areas within facilities) with the largest number of quality concerns.

Currently, surveyors in 9 States are conducting QIS surveys. (CT, FL, KS, LA, OH, MN, NC, NM and WV)

D.2.4   How are QIS States versus National State surveys differentiated in the Five-Star Rating System? Or are they?

QIS States are not separately denoted, but nursing homes that have received a QIS survey are marked with an asterisk.

D.2.5   Why is it possible for a five-star facility to have a bad survey result?

A facility with a 3-star health inspection rating can have a 5-star rating overall if it performs well on both staffing (4 or 5 stars) and quality measures (5 stars). A facility with a 4-star health inspection rating can have a 5-star rating if it performs well on either the staffing or quality measure domains.

Because the health inspection rating is based on the three most recent health inspection surveys, it is possible to have relatively poor performance on one survey but still have a good rating for the Health Inspection domain.

D.2.6   Why is a star-rating reported for health inspections? Why is this used to determine a facility's overall rating?

Health inspection surveys provide a comprehensive assessment of the nursing home, including assessment of nursing home administration, environment, kitchen/food services, and resident rights and quality of life and are based on evaluation by independent assessors (i.e., not self-reported by the nursing home). They are an important measure of nursing home quality. In short: they are the most comprehensive look at a facility's quality of care (about 180 different aspects of health care and resident rights are reviewed), the findings are made by trained, objective professionals conducting onsite visits that enable them to observe care processes, talk to residents and staff, and review records of care.

D.2.7   Why (and how) are revisits considered in determining the health inspection rating?

When a serious deficiency has been identified, CMS requires that an onsite revisit be conducted to verify that the facility has been restored to substantial compliance with CMS quality of care and safety requirements. Usually the surveyors find that problems have been corrected and the surveys are able to verify substantial compliance in only one revisit. However, in some nursing homes the revisit survey finds that the facility remains out of compliance, and a second, third, or rarely a fourth revisit is necessary before the facility is able to demonstrate substantial compliance with federal nursing home requirements.

Facilities that require more than one revisit before being able to demonstrate substantial compliance have generally failed to make systemic changes in quality of care and quality of life and/or failed to monitor and re-evaluate care, treatment and services via the quality assessment and assurance process. The number of revisits that are conducted represents an indicator of more serious problems in achieving or sustaining compliance. As a result, the survey rating is based in

part on the number of revisits required to confirm correction of deficiencies at scope and severity level F or greater. A scope and severity level of F or greater is defined as: No actual harm with potential for more than minimal harm that is widespread. If a provider fails to correct major deficiencies at the time of the first revisit, then these additional revisit points are assigned. There are no points for the first revisit and the points increase to 100 for the fourth revisit.

D.2.8   Why don't facilities with a deficiency for substandard quality of care automatically receive a one-star health inspection rating?

It is possible that a facility with one substandard quality of care deficiency could have otherwise good performance on other health inspections; thus we decided that substandard quality of care deficiencies would not automatically mean that a nursing home receives a one-star rating.

D.2.9   How are the three most recent surveys weighted in determining the health inspection rating?

The most recent survey is assigned a weighting factor of 1/2, the previous survey has a weighting factor of 1/3, and the second prior survey has a weighting factor of 1/6. The weighted time period scores are then summed to create the survey score for each facility.

D.2.10 Why are the three most recent surveys used (instead of just the most recent one)?

CMS has considerable experience in looking at facility performance and determined previously that three years of data were best for obtaining a good picture of the nursing home quality. For example, CMS' Special Focus Facility (SFF) algorithm began with just one year and evolved to using the three most recent surveys. This allows for a longer-term view of facility performance in compliance with the guidelines that are the focus of health inspection surveys and increases the reliability of the scoring.

D.2.11 Will the distribution of health inspection ratings for the nursing homes in a State change over time or is it fixed?

The current design implemented for the distribution for Staffing cut-off points between star rating categories is constant. The Quality Measure cut-off points between star rating categories are constant for all measures except the two ADL measures, which will be reset quarterly. This method allows for better tracking of facility improvement (or decline) over time and affords nursing homes the opportunity to improve performance and therefore their star rating. The Health Inspection cut-off points between star rating categories will be reset each month so that the distribution of star ratings within States remains fixed over time and to control for State survey variation.

D.2.12 Why is the distribution of most ratings fixed over time? What if facilities in a State improve their quality of care?

The current design implemented for the distribution for Staffing cut-off points between star rating categories is constant. The Quality Measure cut-off points between star rating categories

are constant for all measures except the two ADL measures, which will be reset quarterly. This method allows for better tracking of facility improvement (or decline) over time and affords nursing homes the opportunity to improve performance and therefore their star rating. The Health Inspection cut-off points between star rating categories will be reset each month so that the distribution of star ratings within States remains fixed over time and to control for State survey variation. This will allow the Health Inspection rating to report facility's performance on surveys relative to other facilities in their State.

D.2.13 How were the points associated with various scope/severity levels determined?

CMS has considerable experience in looking at facility performance and in weighting deficiency findings to be able to make meaningful distinctions between facilities. For example, CMS' Special Focus Facility algorithm applies a variety of scoring weights. CMS and the Technical Expert Panel examined the SFF algorithm and made some modifications to arrive at the Five-Star weighting system. The reason for the modification is the Five-Star system has the purpose of distinguishing performance along the entire spectrum of much below to much above average, while the SFF focuses on just the "much below average."

D.2.14 What is the distribution of ratings for the health inspection domain?

About ten percent of facilities receive 5 stars, 20 percent receive 1-star, and the remaining 70% are distributed evenly among 2-, 3-, and 4-star facilities for the month of December 2008.

D.2.15 How are deficiencies that are under appeal handled in the rating system?

These are included but will not be counted if reversed on appeal.

D.2.16 Does the Five-Star rating take into account the size of a nursing home when it reports a health inspection rating?

The nursing home health inspection looks at a small, random sample of residents. The resident sample size does not vary significantly between small and large nursing homes. For example, surveyors review a sample of 22 residents in an average sized nursing home of 106 beds, verses reviewing a sample of 30 residents in the very largest nursing home of over 200 beds—surveyors would review a sample of 30 residents.

D.2.17 Are Federal monitoring surveys included in the 5-star quality rating?

No. By law, CMS conducts a Federal survey for a sample of 5% of nursing homes each year. As this is just a sample, reporting additional information on 5% of nursing homes would be inconsistent for the remaining 95% of nursing homes that do not undergo these additional surveys.

D.3   STAFFING:

D.3.1   How will CMS use Staffing data?

CMS currently collects staffing data from nursing homes and uses it to calculate, for each individual nursing home, the number of hours of care on average provided to each resident each day in that nursing home by registered nurses (RN), licensed practical nurses (LPN), and certified nurse aides (CNA). Those data are posted on the *Nursing Home Compare* Web site in order to help consumers or their family members choose a nursing home. In the Five-Star Rating System, the staffing data are case-mix adjusted and then the nursing home is rated between one and Five-Stars based on how adequately they are staffed compared to other nursing homes. This rating will be calculated for all staff providing nursing care (RNs, LPNs, and CNAs) and for RNs separately. The case-mix adjusted star rating will allow consumers to make a real "apples to apples" comparison of the staffing between nursing homes by taking into account the differences in the level of need for care of residents in different nursing homes.

D.3.2   How does CMS collect staffing data?

CMS collects staffing data from nursing homes at the time of their annual onsite survey. The nursing home is asked by the survey team to complete a CMS form that requests data for the two-week period before the survey. Besides the staff employed by the nursing home, data for any agency or contract staff who worked in the nursing home during the two-week time period are also included on this form.

D.3.3   What is case-mix adjusting? Why was this used?

Staffing data have been posted on *Nursing Home Compare* for a number of years, and CMS believes that consumers use that information in decision-making about nursing homes. The staffing data posted have historically not been case-mix adjusted, but rather have been shown as simply the average number of hours and minutes per day of care provided per resident in the nursing home. For comparison, the average hours and minutes of care for nursing homes in the State where the nursing home is located, as well as national averages are also posted. This is the methodology still used in the "drill-down" pages where consumers seek more information. But for the Five-Star ratings we needed to get closer to answering the question of how well staffed the nursing home is compared to levels associated with higher or lower quality of care, and how they compare with other nursing homes with comparable populations. The level of need for nursing care varies from nursing home to nursing home, depending on the needs of the residents. So a nursing home that reports higher care hours may not be as adequately staffed as one reporting lower care hours, if the residents of the nursing home with higher hours are more severely compromised and require higher levels of care. The case-mix adjustment system takes into account the different levels of resident needs in different nursing homes. We believe the case-mix adjustment will make the staffing data more useful to consumers in their decision-making by allowing them to make a real "apples to apples" comparison.

D.3.4   How will CMS use case-mix adjustment to the staffing data?

The case-mix adjustment system is a method to take into account the different levels of resident needs for care in different nursing homes. The adjustment will be based on the Resource Utilization Group (RUG) categories of the residents of the nursing home. Medicare pays for skilled nursing facility stays based on a prospective payment system that categorizes each

resident into a payment group depending upon his or her care and resource needs. These groups are called RUGs. Skilled nursing facilities determine a RUG based on 108 items on the Minimum Data Set (MDS) resident assessment.

The RUG system includes the average minutes of nursing care used to take care of residents in a given RUG class. The minutes for each category are based on data collected separately for RNs, LPNs, and CNAs in a "time" study funded by CMS. For the rating system, we will be using the minutes of care that are used currently for the Medicare Skilled Nursing Facility Prospective Payment System (SNF-PPS).

Once the staffing data from the nursing home are case-mix adjusted using the RUG categories, each nursing home will be assigned a star rating for both total staffing and RN staffing based on the distribution of the adjusted data.

A new "time" study, the Staff Time and Resource Intensity Verification study (STRIVE) has been recently completed, and we expect changes in the RUG categories in time for the next update to the SNF-PPS. We plan to incorporate the updated RUG system into the Five-Star rating when it becomes available.

D.3.5   What staff personnel are included in staffing data? Who is not included, i.e., hospice, clerical?

CMS currently collects data on the hours worked by a number of different types of nursing home staff members at the time of annual onsite survey. The staffing data in the Five-Star Rating System includes the personnel whose data are currently posted on *Nursing Home Compare*, that is registered nurses (RN), licensed practical nurses (LPN), and certified nurse aides (CNA). Hours worked by agency or contract RNs, LPNs, and CNAs are also part of the data on *Nursing Home Compare*, and those hours are included in the Five-Star Rating System. Other types of nursing home staff such as clerical, administrative or house-keeping are not included in these staffing numbers.

D.3.6   Is CMS counting DONs (Directors of Nursing)? Contract or agency staff?

Yes. The Five-Star Quality Rating System uses the staffing data as they are currently collected, and simply presents them in a more consumer-friendly way. The data currently displayed on *Nursing Home Compare* do include the hours for Directors of Nursing, Assistant Directors of Nursing, and contract and agency staff.

D.3.7   Will staffing patterns by shift for RNs, LPNs & CNAs be included in the data?

No. Currently, the *Nursing Home Compare* Web site includes information about the number of hours of care per resident per day provided by RNs, LPNs, licensed staff (RN + LPN), and CNAs. CMS does not collect nursing home staffing data by shift at the present time, so we are not able to provide that information on the Web site.

D.3.8   Rates of staff turnover and staff retention are important factors in quality of care. Will the Five-Star Rating System include turnover and retention rates in the calculations?

No. CMS does not currently collect data on staff turnover or staff retention, so we are not able to provide that information on the Web site or use that information in the Five-Star Rating System.

D.3.9   Why does CMS have a separate "Five-Star" rating for RN staff only? Why isn't CMS counting LPNs separately?

CMS computes the hours of care per resident per day separately for RNs, LPNs, and CNAs. This information has appeared on the *Nursing Home Compare* Web site since 1998, and it will continue to appear. For the Five-Star rating, the total staffing includes RNs, LPNs, and CNAs. A star rating is calculated separately based on RN data because the hours of care provided by RNs have been shown to be correlated with resident quality outcomes in several CMS-funded studies.

D.3.10 How was the staffing cut point for the highest rated nursing homes chosen?

CMS funded a study on staffing that was completed in 2001. That study identified a level, or threshold of staffing in nursing homes above which the addition of more staff didn't confer any increased benefit in quality of care. At staffing levels below the threshold, there was an incremental improvement in quality of care with the addition of staff. The threshold was identified for total direct care staff and for RNs, LPNs, and CNAs separately. Nursing homes that staff at or above this threshold are rated as Five-Star facilities for staffing.

D.3.11 Why doesn't my staffing data appear?

Staffing data for the Five-Star Rating System are calculated from the data reported by the nursing home at the time of annual onsite survey. Nursing facilities that are newly certified by CMS will not have a five-Star Rating and they will have neither their survey data, quality measures, nor staffing data ranked. They do not have enough of a "history" included in the data base to calculate stable measures. The data page for these facilities will be marked "Not Available" with a footnote stating "too new to rate."

Staffing data submitted to CMS currently go through a series of "logical edits" before posting on the *Nursing Home Compare* Web site. Data that "fail" these edits are so extreme that they are very unlikely to be correct. Until problems with these reported data are resolved, the data are not posted on the Web site. The data page for these facilities will be marked "Not Available." Facilities with suppressed data should work with their State Survey Agency to correct their staffing data, if they are not already doing so.

D.3.12 I reviewed my staffing forms (the CMS-671 form) and found that they were filled out incorrectly what can I do?

If a nursing facility discovers errors in the CMS-671 form data they reported at the time of their last survey, the facility should contact their State Survey Agency. The Survey Agency will lead them through the process of getting a correction made to the staffing data base. Once the data base has been corrected, the data on *Nursing Home Compare* will reflect the change after the next scheduled monthly update.

D.3.13 A nursing home has a higher reported staffing level than another nursing home but a lower rating for the staffing measure. Why?

The staffing level data posted on the "drill-down" pages of *Nursing Home Compare* are not case-mix adjusted, but rather are shown as simply the average number of hours and minutes per day of care provided per resident in the nursing home. For comparison, the average hours and minutes of care for nursing homes in the State where the nursing home is located, as well as national averages are also posted. While these data are informative, they fail to address whether the nursing home seems to be adequately staffed or not. The level of need for nursing care varies from nursing home to nursing home, depending on the needs of the residents. So a nursing home that reports higher care hours may not be as adequately staffed as one reporting lower care hours, if the residents of the nursing home with higher hours are more severely compromised and require higher levels of care. The case-mix adjustment system takes into account the different levels of resident needs in different nursing homes. The case-mix adjustment used in the five-star system makes the staffing data more useful to consumers in their decision-making by allowing them to make a real "apples to apples" comparison.

D.3.14 Why are there so few 5-star facilities on the two staffing measures? What are the criteria for receiving a 5-star rating on the staffing domain? Why were these criteria selected?

CMS funded a study on staffing that was completed in 2001. That study identified a level, or threshold of staffing in nursing homes above which the addition of more staff didn't confer any increased benefit in quality of care. At staffing levels below the threshold, there was an incremental improvement in quality of care with the addition of staff. The threshold was identified for total direct care staff and for RNs, LPNs, and CNAs separately. Nursing homes that staff at or above this threshold are rated as Five-Star facilities for staffing. This level of staffing is difficult to achieve, but CMS believes the research data support selecting this high cut point.

D.3.15 How was the distribution of the staffing rating category determined?

CMS convened a Technical Expert Panel (TEP) with extensive knowledge of all CMS data systems. The TEP consisted of 9 members who were academics or representatives from consumer and provider groups, all with extensive knowledge of CMS data domains and nursing home individuals and all were respected in their fields. From this group we requested input on all three data domains including staffing.

In addition, CMS reviewed all other publicly reported rating systems, and identified those States with their own rating systems.

The distribution of the staffing rating category was determined using both these sources, as well as the published literature.

D.3.16 Will the distribution of staffing ratings change over time or is it fixed?

The cut-points for each star rating category for staffing will be set based on the case-mix adjusted data used for the ratings posted to the Web site in December, 2008. Those cut points will be fixed, in order to allow a facility to understand the level it must achieve in order to move up in the rating system. We expect the frequency distribution for staffing to shift over time, as facilities take quality improvement actions to improve their star ratings.

D.3.17 Why does the distribution of staffing ratings vary across States?

Some States set minimum staffing levels and this may affect staffing ratings, as may problems such as nursing shortages in certain geographic areas and lower Medicaid reimbursements for nursing home care in some States. Nursing shortages may cause more nursing homes in that area to use more licensed practical nurses rather than registered nurses. This the new Five-Star system looks both at overall staffing and the level of RN staffing, overall staffing may be high but the nursing home may be rated lower if its RN staffing in low. In addition, Medicaid payment rates and Medicaid policies vary from State to State, and those rates or policies can have a significant impact on staffing levels.

D.3.18 My nursing home is in an area with a substantial workforce shortage. It is not fair to punish me for this with a low staffing rating.

The staffing ratings are based on case-mix adjusted data and the cut points for the categories use a national data distribution (except for the cut point for the five-star category, which is evidence-based). While CMS recognizes the difficulties in attracting and retaining nursing staff in many geographic areas due to shortages, we also recognize that the level of staffing affects the amount and quality of care delivered to residents in a nursing home. Facilities that staff at a low level (taking their case-mix into account), regardless of reason, will have a lower staffing rating under the five-star system.

D.3.19 Why do RNs count so heavily in the staffing rating?

The weighting of RNs in the staffing rating reflects research that has shown a strong relationship between RN staffing levels and other quality measures.

D.3.20 Why isn't the Staff Time and Resource Intensity Verification (STRIVE) data used for case mix modeling?

The STRIVE data are not yet available. We anticipate that the case mix weights will be refined using STRIVE once the data are available.

D.3.21 How reliable are the Online Survey and Certification and Reporting System (OSCAR) data that are used for the staffing measures?

Previous studies have found that the staffing data from OSCAR are reasonably reliable. A limitation is that they cover only a two-week period corresponding to the health inspection survey.

Staffing data that appears to be unreliable are excluded (set to missing), using the same exclusion criteria as is currently used on *Nursing Home Compare*. These are intended to exclude facilities with unreliable OSCAR staffing data and exclude facilities with outlier staffing levels. So, for example, a facility that reports only very low nursing care hours per resident per day or less, or very high nursing hours per resident day, would catch our attention and need careful explanation before being posted. Similarly, facilities with large changes in reported staffing levels over time, and facilities that appear to report incomplete resident census information would have staffing data withheld from the staffing rating until we obtain more information.

D.4   QUALITY MEASURES:

D.4.1   Will CMS use all 19 Quality Measures now on the CMS Web site?

No, ratings for quality measures (QM) will include 10 measures that are based on a subset of the 19 QMs that are currently posted on *Nursing Home Compare*. These include 7 long-stay measures and 3 short-stay measures. Data on all 19 QMs by facility are still available on *Nursing Home Compare*.

D.4.2   Which quality measures are included in the Five-Star Rating System?

The ten quality measures used in the Five-Star Rating System include 7 measures for long-stay residents and 3 measures for short-stay residents. The measures are:

Long-Stay Residents:
- Percent of residents whose need for help with daily activities has increased.
- Percent of residents whose ability to move about in and around their room got worse.
- Percent of high risk residents who have pressure sores.
- Percent of residents who had a catheter inserted and left in their bladder.
- Percent of residents who were physically restrained.
- Percent of residents with urinary tract infection.
- Percent of residents with moderate to severe pain.

Short-Stay residents:
- Percent of residents with pressure sores.
- Percent of residents with moderate to severe pain.
- Percent of residents with delirium.

D.4.3   Why would you select certain MDS quality measures and not others?

Quality measures were selected based on their validity and reliability, the extent to which the measure is under a facility's control, statistical performance, and overall importance. In addition to data analysis, CMS convened a Technical Expert Panel of leading researchers on nursing home quality and considered public comments when determining which measures to use in the five-star rating system.

D.4.4   How do I affect my scores?

Facility ratings for quality measures are calculated using the three most recent quarters of available data. For specific information on how to improve your facility's outcomes, contact your designated State Quality Improvement Organization (QIO) who will provide you with mechanisms to help your nursing home strengthen their quality of care efforts. Nursing homes should focus on the improvement of care for residents, and not solely for the purpose of affecting their star rating.

D.4.5   How were the quality measures (QMs) selected?

The measures were selected based on their validity and reliability, the extent to which the measure is under the facility's control, statistical performance, and importance. Note that it was not feasible to include any QMs that are not currently posted on *Nursing Home Compare*.

D.4.6   Why do some quality measures (QMs) count more heavily than others in determining the QM rating? How were these weights determined?

Based on input from the project's (technical expert panel (TEP), performance on the two ADL-related measures is weighted 1.6667 times as high as the other measures. This higher weighting reflects the greater importance of these measures to many nursing home residents and ensures that the two ADL measures count for 40 percent of the overall weight on the long-stay measures. The points are summed across all QMs to create a total score for each facility. Note that the total possible score ranges between 0 and 136 points.

D.4.7   Why is the scoring for some quality measures (QMs) based on the nationwide distribution and the scoring for some based on the distribution within a State?

The percentiles are based on the national distribution for all of the QMs except for the two ADL measures, for which percentiles are set on a State-specific basis using the State distribution. There is more variation across-States in the two ADL measures and a belief that this partly reflects differences in coding practices rather than actual quality differences.

D.4.8 Why is the scoring for some quality measures (QMs) based on pre-determined thresholds and the scoring for others based on floating cut points?

For the ADL QMs, these cut points will be reset with each quarterly update of the QM data based on the State-specific distribution of these measures. For the other QMs, these cut points will remain fixed at the baseline national values for a period of two years. This reflects the

design decision to have pre-determined thresholds for measures that are based on the national distribution and floating cut points for measures that are based on the distribution within each State.

D.4.9 Why are data from three quarters used even though *Nursing Home Compare* only reports data from one quarter?

This time period specification was selected to increase the number of assessments available for calculating the QM rating, increasing the stability of estimates and reducing the amount of missing data due to small denominators in a single quarter.

D.4.10 What type of risk adjustment is done for the quality measures (QMs)?

The specifications for the QMs used in the Five-Star system are identical to the specifications used for the measures on *Nursing Home Compare*.

D.4.11 How is information on individual quality measures (QMs) used to determine the QM rating?

For each measure, points are assigned based on the facility quintile. Based on input from the project's TEP, performance on the two ADL-related measures is weighted 1.6667 times as high as the other measures. This higher weighting reflects the greater importance of these measures to many nursing home residents and ensures that the two ADL measures count for 40 percent of the overall weight on the long-stay measures. The points are summed across all QMs to create a total score for each facility. Note that the total possible score ranges between 0 and 136 points. Once the summary QM score is computed for each facility as described above, the Five-Star QM rating is assigned based on the nationwide distribution of these scores, as follow:

- The top 10 percent receive a 5-star rating.
- The middle 70 percent of facilities receive a rating of two, three, or four stars, with an equal number (23.33 percent) in each rating category.
- The bottom 20 percent receive a one-star rating.

D.4.12 How reliable/accurate are the minimum data set (MDS) quality measures?

All of the quality measures (QMs) on *Nursing Home Compare* used for the Five-Star system have been evaluated for validity and reliability, and the measures used in determining facility ratings were selected in part because of their validity and reliability.

D.4.13 How does missing data affect my quality measures (QM) rating?

Some facilities have missing data for one or more measure, usually because of an insufficient number of residents available for calculating the QM. Missing data does not affect QM ratings. If a facility has data for at least four of the seven long-stay QMs, missing values will be imputed based on the statewide average for the measure; otherwise the QM rating is based only on the short-stay QMs. Similarly, the QM rating for facilities with data with zero or 1 short-stay QM is

based only on the long-stay measures. After imputation, all facilities are scored on the same 136 point scale.

D.4.14 What minimum sample size is required for a measure to be used in determining the quality measures (QM) rating?

Consistent with the specifications used for *Nursing Home Compare*, we will include long-stay measures if the measure can be calculated for at least 30 assessments (summed across three quarters of data to enhance stability). We will include the short-stay measures only if data are available for at least 20 assessments (also summed across three quarters of data to enhance stability).

D.4.15 Why is imputation for missing values based on the State average rather than facility-specific data?

The correlations across the individual QMs are low, suggesting that imputation based on the State average is more appropriate than imputation based on facility-specific data.

D.4.16 Why are different measures used for the rating system and the Nursing Home Value-Based Purchasing (NHVBP) demonstration?

The NHVBP Demonstration is not limited to the QMs on *Nursing Home Compare* and includes a different set of short-stay measures. The long-stay measures are similar, although the Five-Star system includes two measures (Urinary Track Infection and pain) that are not included in NHVBP. This reflects a desire to limit the number of QMs used in NHVBP.

D.4.17 Isn't the short-stay quality measure for pressure ulcers unfair to nursing homes because it is influenced by the presence of pressure ulcers in residents admitted from the hospital?

The measure is designed to make an adjustment for pressure ulcers that are present on admission to the nursing home. This measure compares pressure ulcers on day 14 to pressure ulcers present on admission. If the ulcer was not present on admission but is present on day 14, then it is counted. If it was present on admission, it is only counted on day 14 if the pressure ulcer got worse.

E. General Data Questions

E.1 What is CMS doing about data lag issues?

CMS makes every effort to provide consumers accurate and up-to-date data for the comparison of options in long term care. Overall, the process of collecting and entering data, loading and extracting survey, staffing and quality measure data from their respective databases and doing the five-star calculations and finally displaying the information on the *Nursing Home Compare* Web site usually takes as long as 3 months. However, there may be a few specific cases which lead to data being delayed from posting by the time frame above. For example, an ongoing survey enforcement action may delay the termination of a facility from the Medicare program or

an incomplete internal dispute resolution process may prevent the most up-to-date data from being loaded to our national database.

E.2 Why is my nursing home a 1-star and not a 2-star?

The overall five-star rating is based on facility performance on three performance measures (State survey inspections, nursing home staffing, and quality measures). While no specific weights are assigned to the three performance measures, the survey rating is the most important dimension in determining the overall rating. However, depending on a facility's performance on nursing home staffing and/or quality measures, a facility's overall rating may go up or down.

E.3 How will Minimum Data Sets (MDS) 3.0 affect my overall rating and quality measure rating scores? When will this occur?

Currently, the quality measures used in determining the overall rating and quality measure rating are derived from MDS 2.0. CMS is working toward implementation of MDS 3.0 as early as October 1, 2009. Once MDS 3.0 is fully operational, the quality measures used in the Five-Star Nursing Home Rating System will be changed to reflect the new version. CMS will solicit public opinion and analyze the data before making a final determination.

E.4 What do I do if there is erroneous data on the Web site?

If a nursing home believes that there is erroneous data on the Web site, please contact your State survey agency. For the three weeks following December 16, 2008 we also have a hotline for nursing homes to call about data issues. The hotline number was distributed to nursing homes with the advance emailing of each nursing home's individual ratings on December 15 and December 16, 2008. Two of the three performance measures used in the Five-Star rating system are self-reported by the nursing homes. With regard to survey data, nursing homes have the ability to dispute the underlying survey findings through the informal dispute resolution process and, if needed, the administrative law judge (ALJ) process.

E.5 Are comparisons based on like nursing homes, same bed-size?

The Five-Star nursing home rating system does not make comparisons between nursing homes based on bed size or any other characteristic, as all nursing homes are held to the same standards. Past data analyses have determined that there is no statistically significant relationship between number of beds and deficiencies.

E.6 Are nursing homes that care for pediatric residents included in the Fve-Star rating system? How about nursing homes with dedicated Alzheimer's care units?

The Five-Star Rating System includes all Medicare and Medicaid certified nursing homes. This includes pediatric nursing homes and homes with Alzheimer's units. We would expect that some of the quality measures would need to be interpreted differently in these facilities. For example, the use of physical restraints in a pediatric facility would include the use of crib nets. In Alzheimer's units, the expectation of improvement in mobility or of need for increased help

with daily activities would be different than that in other nursing homes. CMS encourages consumers to visit any facility under consideration, and to discuss any concerns with the nursing home. We consider the rating system to be a tool to help consumers understand the *Nursing Home Compare* data. It should be noted that individual quality measures have a small influence on the overall rating.

F.   Special Focus Facility (SFF)

F.1   What is a Special Focus Facility?

A special focus facility is a nursing home that has a history of poor performance and receives additional attention through more frequent surveys and monitoring. The Special Focus Facility program was initiated because a number of facilities consistently provided poor quality care, yet periodically fixed a sufficient number of the presenting problems to enable them to pass one survey, only to fail the next survey. Moreover, they often failed the next survey for many of the same problems as before. Such facilities with an "in and out" or "yo-yo" compliance history rarely addressed the underlying systemic problems that were giving rise to repeated cycles of serious deficiencies.

F.2   How will the Five-Star quality rating system compare to the Special Focus Facilities?

The special focus facility (SFF) initiative is concerned only with those nursing homes that have had a history of serious and persistent problems. In 2007 CMS began publishing the names of those SFF nursing homes on the CMS Web site. However, there was no recognition on the CMS Web site for those nursing homes that offered high quality of care. The Five-Star rating system will therefore apply to all nursing homes, whereas the Special Focus Facility list is limited to 135 nursing homes nationwide.

The Five-Star rating system provides a mechanism that will rate all nursing homes from 1 to 5 stars. One (1) star will indicate a rating of "much below average" and five (5) stars will indicate a rating of "much above average." Special Focus Facilities, on the other hand, are those nursing homes that have a record of persistently poor survey performance, and have been selected for more frequent inspections and monitoring. Since all nursing homes will receive a star rating, those on the Special Focus Facility list will also receive a star rating.

F.3   How many special focus facilities (SFFs) are there? How does that compare to the number of 1-stars?

The Special Focus Facility list is limited to 135 nursing homes. Approximately 20 - 25% of nursing homes, or about 4,000 nursing homes, will receive a 1-star overall rating

F.4   Will CMS extend the special focus facility (SFF) classification to all or substitute the SFF classification for the 1 or 2 stars?

No. CMS plans to reserve the SFF designation for a small number of nursing homes who, in CMS's opinion, need increased oversight. Not all of the 1-star nursing homes require more frequent onsite inspections, in CMS's opinion.

The SFF classification will not be substituted for 1 or 2 stars. A 1-star rating indicates only that the facility is "much below average" and a 2-star facility as "below average." The Special Focus Facility Program will continue to post a listing of 135 nursing homes, which have a history of serious and persistent problems with yo-yo compliance, on the CMS Web site. These nursing homes will also continue to be identified with a SFF icon on the *Nursing Home Compare* Web site.

F.5   How do these systems come together?

The Special Focus Facility Program and the Five-Star Rating System are two separate systems. The Special Focus Facility Program is concerned only with those nursing homes that have had a record of persistently poor survey performance that continually yo-yo in and out of compliance. The Five-Star rating system includes all nursing homes and in addition, provides recognition of those nursing homes that offer higher quality of care. These two systems are both be featured on the *Nursing Home Compare* Web site.

F.6   If I'm a 1-star and my colleague down the road is a 3-Star and also listed as a SFF, how is this possible? Shouldn't my colleague be considered lower than my facility?

Although Special Focus Facilities (SFF) are selected because of their poor survey performance, over time many of them improve their survey results considerably. As a result, they will likely achieve a higher star rating just before they graduate. Some may also achieve survey results that are good enough to increase their star rating, while not being sufficiently good to allow them to graduate from the SFF program.

The SFF designation indicates that a facility has a record of persistently poor survey performance. The overall Five-Star Rating System in addition to survey performance considers nursing home staff and quality measure performance. A SFF that has a record of poor survey performance, but higher ratings on nursing home staffing and/or quality measures could then increase their overall star rating. However, a nursing home that is designated as a SFF will not receive an overall star rating higher than 3-stars based on their status as a SFF.

F.7   What enforcement actions does CMS take when nursing homes fail to perform?

CMS has a variety of enforcement tools including imposing civil money penalties, directed in-service training, directed plan of correction, denial of payment for new admissions, State monitoring, temporary management and termination of a nursing homes' Medicare and Medicaid provider agreement. Two of these enforcement consequences are mandatory by statute. For example, CMS will impose a denial of payment for new admissions when a nursing home that remains out of compliance with Federal requirements for 3 months. At 6 months, if the nursing home continues to be out of compliance CMS must terminate the Medicare and Medicaid

provider agreement. A termination action is a remedy of last resort and is not frequently imposed.

G. State Web sites

G.1 Do some States already rate nursing home quality on their Web sites?

About eleven States currently have Web sites that rate nursing homes. Those States are: Arizona, Florida, Indiana, Massachusetts, New Jersey, New York, Minnesota, Ohio, Oklahoma, Rhode Island, and Texas. The States use a variety of methodologies to calculate the nursing home ratings. Some States use health inspection information (i.e., Florida, Indiana, Massachusetts and New Jersey); another State uses quality indicators describing resident care but not health inspection information (i.e., New York); and some use a combination of survey information, quality indicators, resident and family satisfaction, and other data (i.e., Minnesota, Ohio, Oklahoma, Rhode Island, and Texas).

G.2 Where can I get more information on those States?

State	Contact	Web site
AZ	Arizona Department of Health Services (602) 542-1000	http://hsapps.azdhs.gov/ls/sod/QualityRatings.aspx
FL	Agency for Health Care Administration (1-888-419-3456)	http://ahcaxnet.fdhc.State.fl.us/nhcguide/
IN	Indiana State Dept of Health, Long-Term Care Division (317-233-7442)	http://www.in.gov/isdh/reports/QAMIS/ltc/repcard/rptcrd1.htm
MA	Commonwealth Mass , Dept of Public Health, Div of Health Care Quality (617-753-8000)	http://www.mass.gov/dph/qtool/qthome.htm
NJ	New Jersey Dept of Health & Senior Services (609- 292-7837) or by email on Web site	http://nj.gov/health/healthfacilities/hcfa/index.shtml
NY	New York State Dept of Health	http://nursinghomes.nyhealth.gov/index.php
MN	Minnesota Dept of Health (651-201-5000) & Dept of Human Services (651-431-2907)	http://www.health.State.mn.us/nhreportcard/ (main page) http://www.health.State.mn.us/nhreportcard/nhreportcardfactsheet.pdf
OH	Ohio Dept of Aging (614-466-5500)	http://www.ltcohio.org/consumer/search2.asp?s=NH
OK	Oklahoma Health Care Authority (405-522-7300) or by email on Web site	http://www.oknursinghomeratings.com
RI	Rhode Island Dept of Health (401-222-5960)	http://www.health.ri.gov/hsr/facilities/nursinghomes/ (main page) http://www.health.ri.gov/hsr/facilities/nursinghomes/survey.php (survey scores)
TX	Texas Dept of Aging and Disability Services (1-800-458-9858)	http://facilityquality.dhs.state.tx.us/ltcqrs_public/nq1/jsp3/qrsHome1en.jsp?MODE=P&LANGCD=en

G.3   If States offer nursing home quality information, why should CMS do so?

CMS is offering nursing home quality information to individuals for nursing homes across the country. At this time only about 11 States offer quality ratings of nursing homes. The 11 different State rating systems do not have a consistent method for providing this quality information. In addition, only a few of the State systems offered utilize the full range of information currently available to CMS (i.e., survey information, resident quality of care measures and staffing).

G.4   What if my State has a rating system already and my State rates a nursing home higher (or lower) than is on *Nursing Home Compare* which is correct?

It is likely that both are correct; CMS and the State may measure nursing home quality slightly differently. For example, a State may include health inspection information from the last two health surveys (which includes a review of management and patient care) and the most recent "life safety code" survey (which includes a review of the physical environment such as sprinkler systems and fire safety) and include any complaints in the last year. CMS' five-star rating for nursing homes uses survey information from health inspection surveys and any complaint investigations from the past three years but does not include findings from "life safety code" surveys of the nursing home's physical environment.

G.5   How do CMS and our State system mesh?

Twelve States have their own nursing home rating systems. Each system works a little differently, including using different domains of quality, different data sources, different ways of calculating their ratings, and different cut points for each rating. Some States use some or all of the same data sources as CMS and some collect their own data for the domains they rate.   We do not expect that the CMS Five-Star Rating System will mesh perfectly with the State systems because of these differences.

G.6   What is the Five-Star rating implementation plan?

The CMS Web site Five-Star rating information will be available starting on December 18, 2008. In early December, CMS will host meetings with States and other stakeholder groups (i.e., consumers and providers) to highlight the upcoming changes. CMS will also discuss these changes on a CMS Open Door forum on December 11, 2008.

After the Five-Star rating system is released, there will be a helpline available for providers who have any questions. This helpline information will be shared directly with them via their Quality Improvement and Evaluation System (QIES) email box. Consumers who need assistance may call the Medicare helpdesk at 1-800-MEDICARE (1-800-633-4-2273).

G.7 How can you compare nursing homes (markets) across State lines? Are they comparable?

The Five-Star Rating System should not be used to compare nursing home markets that cross State lines. The comparison can only be made relative to other nursing homes within a State. Comparisons are not made on a national basis because there are important differences between States in the information used in the rating system (for example, the health inspection findings). A facility that receives 4-stars, for example, is considered a facility that is "above average" compared to other nursing homes in that State. However, this does not mean that the facility is "above average" compared to facilities in another State or facilities nationwide.

The Five-Star Rating System is one tool for comparing nursing homes. It is not a substitute for talking with your doctor or other health care provider and visiting the nursing homes you are considering.

G.8 Why aren't the comparisons of the stars national?

The comparison can only be made relative to other nursing homes within that State. Comparisons are not made on a national basis because there are key differences between States in the information (e.g., the survey findings). A facility that receives 4-stars, for example, is considered a facility that is "above average" compared to other nursing homes in that State. However, this does not mean that the facility is "above average" compared to all facilities nationwide.

H.   Other CMS Rating Systems

H.1 Has CMS ever done a rating system?

In 2007, CMS initiated a Five-Star Rating System for health and prescription drug plans that are available to Medicare beneficiaries. This can be found on www.medicare.gov link to "Medicare Prescription Drug Plan Finder." CMS has also gathered and researched information on quality Web sites, rating systems, and sought consumer input and feedback.

H.2 CMS intends to implement the Nursing Home Value-Based Purchasing (NHVBP) demonstration soon. What are the similarities and differences between this demonstration and the five-star quality rating system?

The Five-Star Quality Rating System will assess quality in nursing homes nationally using three domains: health inspections, staffing, and quality measures. The ratings will be publicly reported and are intended to help consumers make informed provider choices. The NHVBP demonstration will assess the quality of care of participating nursing homes in four or five States based on four domains: staffing, quality measures, health inspections, and hospitalization rates. Nursing homes that have the highest scores or the most improvement in overall quality will be eligible for a performance payment. While the domains are very similar, there are some differences in the specific measures and the timeframes for updating the measures. The Five-Star ratings must be turned out quickly and updated frequently in order to be of use to

consumers. Thus, the ratings are based on information that is readily available. For instance, the staffing data will be based on information from health inspections (which includes only total staffing per resident day); and, the quality measures will be selected from among those reported on *Nursing Home Compare*.

For the NHVBP demonstration, the measures will only be calculated after each demonstration year. CMS will calculate hospitalization rates when claims data are considered reasonably complete. We will collect data directly from the nursing homes to support three staffing measures (RN hours per resident day, total nurse hours per resident day, and nurse turnover). Also, we will calculate three post-acute care outcome measures that are not currently reported on *Nursing Home Compare*. In addition, CMS will only use health survey inspection information pertaining to the particular demonstration year (rather than the past three years) so that we can determine the improvement in quality.

I.   Future Efforts

I.1   What other improvements are scheduled for *Nursing Home Compare*?

The agency is also considering adding new information to that already available on *Nursing Home Compare* such as whether a nursing home specializes in caring for patients with dementia, on ventilators, or in need of specialized rehabilitation services. Information on patient and family satisfaction with services at a facility may also be added to *Nursing Home Compare*. A "Guide to Choosing a Nursing Home," a publication that includes information about the types of long-term care, local nursing home comparisons, and how to pay for nursing home care, can also be found on the site.

I.2   Will CMS do a rating system for other providers?

CMS is interested in working with other health care providers and consumers to make similar rating systems available for hospitals, home health agencies, and end-stage renal disease facilities in the future.

I.3 Will satisfaction surveys be part of the Five-Star Rating System, or can it be considered for future actions?

Satisfaction surveys are typically used by nursing homes for quality assurance purposes. In such circumstances, the nursing home seeks to identify any negative comments which might signal a need for quality improvement efforts. There is no penalty to the nursing home for the adverse comments in this instance. When using satisfaction survey results as part of a rating system, the incentives change. Under this circumstance, the nursing home seeks to dampen criticism in order to attain a higher rating. Negative comments mean a penalty in the satisfaction rating. Therefore, a tension exists between the two uses of satisfaction surveys.

Satisfaction surveys administered to residents by staff of the nursing home in which they reside may not accurately reflect the true opinions of the residents. Residents may worry about hurting the feelings of the staff member by making adverse comments, or they may worry about reprisals

from staff upon whom they are dependent for care. Therefore, many facilities using satisfaction surveys contract with outside firms to administer the survey to residents and/or their families and to conduct an analysis of the responses. This increases the reliability of the satisfaction data, but entails a burden to the facility, both financially and in disruption of the routine of the nursing home by the presence of outside interviewers.

CMS received quite a few public comments on an interest in adding consumer and staff satisfaction surveys to *Nursing Home Compare*, many commenters advocated for the use of current commercial surveys presently being used by some nursing homes. A few nursing homes identified the benefit they receive in surveying and getting feedback, not only from residents and staff but also resident families. Those in favor of this type of information noted how the information is an indicator of quality, is helpful in internal quality assurance activities, how some nursing homes were able to see how they ranked in comparison to others, many felt that this information could balance what one perceives visually with what actually is occurring in a facility.

Those who opposed this identified that their States have been conducting these for a number of years, and would not support the burden of an additional survey. Some believe the data is very "soft" and that it would leave a lot of room for a self-selection process, the survey return rate tends to be low. A few commenters suggested that CMS await the completion of the CAHPS Nursing Home Survey and coordinate these efforts with stakeholders.

In response, CMS may consider adding information on resident, family and staff satisfaction on the *Nursing Home Compare* Web site in the future. Any survey used would need to have objective measurement and be consistent across all facilities. Resident and family satisfaction survey are currently being used by nursing homes for internal feedback. CMS recognizes the limitations in using any of the current survey tools on a national scale.

I.4 What other characteristics will CMS include on the Web site, which ones were proposed through public comments?

CMS received quite a few comments on the issue of other characteristics that should be identified on *Nursing Home Compare*. Some commenters that identified themselves as family members and future consumers felt that they wanted more to help in their decision than just staffing and survey information. They wanted to know if there were resident satisfaction surveys, whether it was a non-smoking nursing home, if the majority of nurses' working were agency nurses, what amenities were available such as private rooms, van for community outings, and access to computers, personal care services, i.e. hair salon or spa, and the option to listen to music or availability of certain dietary choices, such as fruits and vegetables.

Other commenters raised issues as to whether the nursing home could be identified as participating in the *Advancing Excellence Campaign*, also those identified in culture change activities and providing areas of care specialization such as wound care, dementia, ventilator care, AIDS, pediatrics, end-of life, languages spoken by the staff, what additional accreditation requirements did the nursing home meet, and also other ways of showing complaints made against a nursing home.

I.4.1   What about listing a nursing home's amenities and activities?

Nursing homes have a variety of amenities and activities that consumers may want to consider when selecting a facilities. These may include private rooms, salon services, ability to walk safely outside or to have a place that is quiet, and special activities that provide quality of life. At this time CMS has no way to identify all the different amenities and activities that facilities offer. *Nursing Home Compare* cannot substitute for consumers visiting and asking staff about amenities and activities that they feel are important.

I.4.2   What about third-party accreditation or affiliation?

CMS is aware of accreditation, such as The Joint Commission (JCAHO) and Commission on Accreditation of Rehabilitation Facilities (CARF), and affiliations with quality programs, such as Advancing Excellence Campaign, that might be helpful information for consumers who are selecting a nursing home. As this information would be self-reported and could not be monitor by CMS for accuracy, we are not planning to add this information to *Nursing Home Compare* at this time.

I.4.3   How can CMS identify Culture Change?

CMS supports nursing homes embracing the concept of culture change and offering resident-centered care. However, currently the definition for culture change and resident-centered care is not well defined, leaving it to the facility to self-proclaim this characteristic. CMS would consider adding culture change and resident centered care to *Nursing Home Compare* when the terms are defined objectively. CMS encourages consumers to visit facilities and ask staff if the organization operates in a culture change environment and how the facility is implementing resident-centered care.

I.4.4   What about listing Ownership Information?

Ownership of nursing home chains by private-equity firms has raised concerns regarding accountability. CMS has been collecting information on the ownership of nursing homes through the provider Enrollment Chain Ownership System (PECOS) and may consider adding information on the *Nursing Home Compare* Web site in the future.

I.4.5 It would be of interest to see Complaint Information, can this be done?

State survey agencies are responsible for processing complaints from residents and families, and investigating complaints, when appropriate. CMS would have to consider what information regarding complaints provides the most accurate assessment of the nursing home consistent across all facilities. Currently, CMS is not planning to provide information on complaints.

I.4.6 Can CMS create Links to Other Information, such as State or National Associations?

CMS recognizes that other resources are available for information about nursing home services. Although not directly on the *Nursing Home Compare* Web site, CMS has links to long-term care

information from associations, such as Alzheimer's Association, and other resource, like the booklet, "Selecting a Nursing Home," a CMS publication. These resources are found elsewhere on the Medicare.gov Web site.