Understanding CMS Star Ratings

The Centers (see cms.gov) for Medicare and Medicaid Services (CMS) developed a Star Rating System to help consumers, their families, and caregivers compare health care centers.

What is captured in the Star Rating?

Three categories are factored into the Star Ratings

HEALTH INSPECTION RATING **1**

contains information from the last three years of state onsite inspections, including both standard surveys and any complaint surveys.

STAFFING RATING **2**

includes information about the number of hours of care provided on average to each resident each day by the nursing staff.*

QUALITY MEASURES (QMs) RATING **3**

combines information on 16 different physical and clinical measures for nursing home residents.

*The staffing reporting model may change in 2017-2018.

With a basic understanding of what's captured in the Star Ratings, let's look at how it reflects overall care. We'll also explore the key factors that may be missing, but worth considering, when choosing a health center.

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How does the rating reflect overall care?

There's notable industry debate surrounding the CMS Star Rating System, because it fails to reflect important considerations.

SURVEYS

- The survey rating spans a period of three years, so it may not accurately weight recent staffing changes or improvements in survey performance.

- The Star Rating is impacted by the total number of violations, including non-critical maintenance violations that often have nothing to do with care.

STAFFING

- A two-week snapshot of staffing performance represents less than 5% of yearly staffing performance.

- When comparing sub-acute transitional and short-term care with custodial or dementia-related long-term care, nurse ratios and staffing will differ.

QUALITY

- The 16 metrics measured assume all health care communities offer the same services and levels of care rather than accurately reflecting the specific care residents receive at each community.

- The overall quality metrics are weighted toward custodial or dementia-related long-term care rather than sub-acute transitional short-term care.

What key factors are missing?

- Patient Satisfaction Metrics are not captured, ignoring resident satisfaction relating to the level of care provided by nurses and nursing aides, therapists, and consulting physicians.

- Therapy results (physical, occupational and speech) are not included; nor are metrics surrounding return to home, percentage of goals met and total length of stay.

- Clinical Program Performance measures are omitted for critical disease care such as cardiac and stroke specialty care.

- Turnover rates for nursing and therapy staff are not factored into measurements.

- Risk Adjustment is ignored—failing to recognize communities managing more complex patients.

Every situation is different. At Vista Grande Villa, we also understand that each patient and resident is unique. We'd be happy to discuss the most important factors that will impact your choice of the right health center.

Call our health & rehab team to schedule an appointment.