

## MDS Alert

### Industry News to Use: Is Your Star Rating Related To Your Facility's Size?

**Plus: Your Q4 FY 2014 PEPPER is available now.**

Non-profit nursing homes are nabbing higher quality star ratings than for-profit facilities. So says a new study's findings.

On May 14, the **Kaiser Family Foundation** (KFF) released an issue brief entitled, "Reading the Stars: Nursing Home Quality Star Ratings, Nationally and by State." The issue brief provides a national and state-level analysis of nursing homes quality scores based on the Five-Star Quality Rating System on the **Centers for Medicare & Medicaid Services'** (CMS') Nursing Home Compare website.

The KFF's key findings include:

- More than one-third of Medicare- or Medicaid-certified nursing homes have relatively low overall star ratings of one or two stars, accounting for 39 percent of all nursing home residents.
- Approximately 45 percent of nursing homes have overall ratings of four or five stars, accounting for 41 percent of all nursing home residents.
- For-profit nursing homes, which are more prevalent, tend to have lower star ratings than non-profit nursing homes.
- Smaller nursing homes with fewer beds tend to have higher star ratings than larger nursing homes.
- Ratings for self-reported measures (quality measures and staffing levels) tend to be higher than for measures derived from state health inspections.
- In 11 states, at least 40 percent of nursing homes in the state have relatively low ratings (one or two stars).
- In 22 states and the District of Columbia, at least 50 percent of the nursing homes in the state have relatively high overall ratings (four or five stars).
- States with higher proportions of low-income seniors tend to have lower-rated nursing homes.

**Link:** To read the issue brief, go to

<http://files.kff.org/attachment/issue-brief-reading-the-stars-nursing-home-quality-star-ratings-nationally-and-by-state>.

#### In Other News ...

#### Get Your PEPPER, Hot Off The Press

Do you want to know whether your skilled nursing facility (SNF) is at risk for Medicare audits? Of course you do, so get your latest SNF Program for Evaluating Payment Patterns Electronic Report (PEPPER) now.

Your PEPPER for the fourth-quarter of fiscal year (FY) 2014 is now available, and you can access it through the PEPPER Resources Portal: <https://securefile.tmf.org/Default.aspx>. Your SNF PEPPER will be available to download for approximately two years.

According to recent instructions from managing consultant **Suzy Harvey** of Springfield, MO-based **BKD CPAs & Advisors**, your facility's CEO, president or administrator should take the following steps to obtain your SNF's PEPPER:

1. Review the Secure PEPPER Access Guide:

<http://pepperresources.org/Portals/0/Documents/PEPPER/PEPPERresourcesorgSecurePEPPERAccesssGuide.pdf>.

2. Review the instructions and obtain the information required to authenticate access. Note: A new validation code (medical record number or patient control number from a claim for services from Sept. 1, 2014 through Sept. 30, 2014) will be required for this release.

3. Visit the PEPPER Resources Portal: <https://securefile.tmf.org/Default.aspx>.

4. Complete all the fields.

5. Download your PEPPER.

### **Why CMS Is Still Conducting Both Traditional & QIS Surveys**

Do you feel like "the grass is always greener" when other nursing homes endure a different survey process than your facility does? Here's a peek over the proverbial fence to see which is easier to survive: traditional nursing home surveys or Quality Indicator Surveys (QIS).

On May 22, the **Centers for Medicare & Medicaid Services** (CMS) released a Survey & Certification memo to state survey agencies regarding the traditional versus QIS nursing home surveys. The memo is a summary of CMS' ongoing review of both processes during the past three years.

CMS is focusing on adjusting and improving the QIS system for states that have implemented it, rather than expanding the QIS system to additional states, according to the memo. CMS has made improvements such as:

- Improving medication pathways;
- Adding the desk audit report capability for supervisors;
- Making changes to the user interface;
- Adjusting the sample sizes for small facilities;
- Creating solutions to certain computer and security challenges; and
- Adding flexibility in the system design to incorporate complaint investigations (being implemented this year).

In addition to itemizing these improvements, the memo also provides an overview of the two survey processes, with citation rate differences and variations in on-site survey hours. For example, QIS on-site survey time is approximately 20 hours longer on average than traditional surveys, noted **Evvie Munley**, senior health policy analyst for Washington, D.C.-based **Leading Age** in a May 29 analysis.

To read the memo, go to

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-40.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-40.pdf).