PBJ and Five Star

July 24, 2020

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PBJ and Five Star

July 24, 2020

Harmony Healthcare International (HHI)

"HHI **C.A.R.E.S. a**bout Care"

Compliance

Audit
nalysis

Reimbursement
egulatory
ehabilitation

Education
fficiency

Survey

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About Kris

Kris Mastrangelo OTR/L, LNHA, MBA

President and CEO

Owns and operates
Harmony Healthcare International (HHI) a
Nationally recognized, premier Healthcare
Consulting firm specializing in C.A.R.E.S.
There are no nonfinancial disclosures to
share.

"HHI C.A.R.E.S. About Care."

C ompliance

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S urvey

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Speaker and Planning Committee Disclosure

- **Disclosures**: The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose. Please visit https://www.harmony-healthcare.com/hhi-team for all speaker's financial and nonfinancial disclosures

- **Planners:**
  - Kris Mastrangelo, OTR/L, LNHA, MBA
  - Joyce Sadewicz, PT, RAC-CT
  - Pamela Duchene, PhD, APRN-BC, NEA, FACHE

- **Presenter:**
  - Kris Mastrangelo, OTR/L, LNHA, MBA

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Learning Objectives

1. The learner will be able to identify **5 components** necessary for **accurate PBJ Submission.**
2. The learner will be able to identify the **timeframes** for **acceptable submission.**
3. The learner will be able to identify the relationship between **Staffing PPD** and the **Five-Star Scoring System.**

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Handouts

- Five-Star Users' Guide April 2020
- FAQ PBJ May 2020

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Five-Star
History

- In December 2008, CMS enhanced the Nursing Home Compare public reporting site to include a set of quality ratings for each nursing home that participates in Medicare or Medicaid
- This website displays facility star rating for the public
- The goal is to provide residents, families and the public with an easy way to understand nursing home quality and make informed decisions regarding high and low performing facilities

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Five-Star
The IMPACT Act

- **Improving Medicare Post Acute Care Transformation Act of 2014** (IMPACT Act)
- Expand and strengthen Medicare's widely-used Five-Star Quality Rating System
- Improve quality home health care received by Medicare beneficiaries through a proposed rule that strengthens patient rights, improves communication and focuses on patient well-being

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Five-Star
Nursing Home Compare

- The **Five-Star Quality Rating** of one to five stars is based on the facility's performance of **3 Domains:**

  1. Health Inspections
  2. Staffing
  3. Quality Measures

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Five-Star
The Rankings

- 5-Star rating = "much above average"
- 4-Star rating = "above average"
- 3-Star rating = "average"
- 2-Star rating = "below average"
- 1-Star rating = "much below average"

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Five-Star

Formula for Calculating "Overall 5-Star Rating"

Step By Step Guidance from CMS

- **Step 1**: Start with the health inspections rating
- **Step 2**: Add 1 star if the staffing rating is 4 or 5 stars and greater than the health inspections rating. Subtract 1 star if the staffing rating is 1 star.
- **Step 3**: Add 1 star if the quality measures rating is 5 stars; subtract 1 star if the quality measures rating is 1 star
- **Step 4**: If the health inspections rating is 1 star, then the overall rating cannot be upgraded by more than 1 star based on the staffing and quality measure ratings
- **Step 5**: If a nursing home is a special focus facility, the maximum overall rating is 3 stars

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Five-Star

Formula "Overall 5-Star Rating"

STEP #1 Health Inspection Score		STEP #1 Health Inspection Stars				
		1	2	3	4	5
		STEP #2 ADD to Staffing Star (if -1) then minus				
STEP #2 Staffing Stars	1	-1	-1	-1	-1	-1
	2	0	0	0	0	0
	3	0	0	0	0	0
	4	1	1	1	0	0
	5	1	1	1	1	0
		STEP #3 ADD Quality Measure Star (if -1) then minus				
STEP #3 Quality Measure Stars	1	-1	-1	-1	-1	-1
	2	0	0	0	0	0
	3	0	0	0	0	0
	4	0	0	0	0	0
	5	1	1	1	1	1
Step #4 Total 1, 2 and 3		Facility Five Star is __ + __ + __ = ___				
Minimum		1	1	1	1	1
Maximum		2	4	5	5	5

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Five-Star
October 2019 Revisions

Impacts

- Health Inspection
- Quality Measure

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Five-Star
October 2019 Revisions

Health Inspection Domain

Abuse Icon added

- **Harm Level abuse citation in the most recent survey cycle:**
  (Scope and Severity G or higher) most recent survey or on a complaint survey within last 12   months

- **Repeat Abuse Citations**: (Scope and Severity D or higher) most recent standard survey or complaint survey within last 12 months and on the Previous (2nd most recent) standard survey or on a complaint survey in the prior 12 months (i.e., from 13-24 months ago)

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Five-Star
October 2019 Revisions

A provider with Abuse Icon

- Health Inspection rating capped at 2 stars
- Best Overall Quality rating is 4 stars

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Five-Star
October 2019 Revisions

Quality Measure Domain

Removal of 2 Quality Measures

- Percentage of short-stay residents who report moderate to severe pain

- Percentage of long-stay residents who report moderate to severe pain

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Health Inspection Domain

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Health Inspection Domain

- Under the most recent recalibration, within a state:
  - Top 10% of all nursing facilities will receive 5 Stars
  - 23.33% of all nursing facilities will receive 4 Stars
  - 23.33% of all nursing facilities will receive 3 Stars
  - 23.33% of all nursing facilities will receive 2 Stars
  - Bottom 20% of all nursing facilities will receive 1 Star

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Health Inspection Domain

- Nursing homes that participate in Medicare or Medicaid programs have an **onsite standard** survey approximately **annually**

- **Surveys are unannounced** and are conducted by a team of health care professionals

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Health Inspection Domain
Scoring Rules

- **Scoring Rules** based on:
  - The **3 most recent recertification** surveys for each facility. Based on two most recent surveys prior to that date
  - **Complaint deficiencies** during based on the two years prior
  - Any **repeat revisits** needed to verify that the corrections were made and the facility is now in compliance

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Health Inspection Domain
Scoring Rules

- **Health Inspection** results
  - Points are assigned to individual health deficiencies according to their **scope** and **severity**
  - **More serious**, widespread deficiencies receive **more points**
  - **G-level deficiencies** are assigned if the status of the deficiency is "**past non-compliance**" or the severity is "**immediate jeopardy**"

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Health Inspection Domain
Scoring Rules

Substantial Compliance

Substandard Quality of Care

Health Inspection
Scope, Severity and Levels

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate Jeopardy to resident health or safety	J **PoC Required** **50 points** (75 points)	K **PoC Required** **100 points** (125 points)	L **PoC Required** **150 points** (175 points)
Actual harm that is not immediate jeopardy	G PoC Required **20 points**	H **PoC Required** **35 points** (40 points)	I **PoC Required** **45 points** (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D PoC Required **4 points**	E PoC Required **8 points**	F **PoC Required** **16 points** (20 points)
No actual harm with potential for minimal harm	A **No PoC Required** No Remedies Commitment to Correct Not on CMS- 2567 **0 points**	B PoC Required **0 points**	C PoC Required **0 points**

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Health Inspection Domain
Scoring Rules

- **Life Survey** deficiencies are not included in the calculations

- **Federal Comparative Surveys** are not reported on Nursing Home Compare or included in the Five-Star calculations

- **Results of the State Survey determinations** made during a Federal Oversight Survey **are** included

- **Complaint inspections are** included based on the calendar year in which the complaint survey occurred

Health Inspection Domain
Scoring Rules

- **Points** from **complaint deficiencies** from a given period are added to the health inspection score before calculating revisit points, if applicable

- **If only two standard surveys** are available the surveys will be weighted at **60% and 40%**

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Health Inspection Domain
Scoring Rules

- To avoid potential double-counting:
  - If a **deficiency** appears on both **standard and complaint surveys** and the complaint survey is conducted **within 15 days of the standard survey**, it will only be counted once
  - If scope and severity differ, the **highest scope-severity** combination is used

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Health Inspection Domain
Scoring Rules

- **Repeat Revisits** – Number of repeat revisits required to confirm that correction of deficiencies have restored compliance

- **No points** are assigned for the **first revisit**

- **Points are** assigned for the **second, third** and **fourth revisits** and are proportional to the Health Inspection Score for the survey cycle

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Health Inspection Domain
Scoring Rules

Revisit Number	Non-Compliance Points
First	0
Second	50% of health inspection score*
Third	70% of health inspection score*
Fourth	85% of health inspection score*
*Note: Includes points from deficiencies cited on standard health inspection and complaint inspections during a given survey cycle	

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Health Inspection Domain
Scoring Rules After November 28, 2017

- In calculating the total weighted score, more recent surveys are weighted more heavily than earlier surveys:
  - The most recent survey (Cycle 1) is weighted 60%
  - The previous survey (Cycle 2) is weighted 40%
- The individual weighted scores for each cycle are then summed to calculate the total weighted score for each facility

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Health Inspection Domain
Rating Methodology

- **Variation remains among states** in the inspection process and outcomes for factors including:

  - **Survey Management**: Skill sets of inspectors, supervision of inspectors and the process

  - **State Licensure**: Differences between State enforcement and Federal enforcement in complaint investigations

  - **Medicaid Policy**: Nursing Home eligibility rules, payment in the State administered program may be associated with differences in survey outcomes

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Health Inspection Domain
Rating Methodology

- Because of these variations, the Five-Star ratings in Health Inspections are based on the **relative performance of facilities within a state:**
  - The **top 10%** (lowest health inspection weighted scores) in each state receive a health inspection rating of **5 stars**
  - The **middle 70%** receive a rating of **2, 3 or 4 stars**
  - The **bottom 20%** receive a **1 star** rating

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Health Inspection Domain
Rating Methodology

- The rating for a facility stays the same until there is a change in the weighted health inspection score regardless of the statewide distribution. Items that will change health inspection score include:

  - A **new health inspection**

  - A **complaint investigation** that result in deficiencies

  - A second, third or fourth revisit

  - **Changes in scope/severity of deficiency** related to **IIDR** Resolution of an Informal Dispute Resolution or Independent Informal Dispute Resolution

  - **"Aging"** of complaint deficiencies

Staffing Domain

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Staffing Domain
PBJ Job Titles

Labor Cat.	Labor Description	Job Title	Job Description
1	Administration Services	1	Administrator
2	Physician Services	2	Medical Director
2	Physician Services	3	Other Physician
2	Physician Services	4	Physician Assistant
3	Nursing Services	5	Registered Nurse Director of Nursing
3	Nursing Services	6	RN with Administrative Duties
3	Nursing Services	7	Registered Nurse
3	Nursing Services	8	LPN with Administrative Duties (NEW)
3	Nursing Services	9	Licensed Practical/Vocational Nurse
3	Nursing Services	10	Certified Nurse Aide
3	Nursing Services	11	Nurse Aide in Training
3	Nursing Services	12	Medication Aide/ Technician
3	Nursing Services	13	Nurse Practitioner
3	Nursing Services	14	Clinical Nurse Specialist
4	Pharmacy Services	15	Pharmacist
5	Dietary Services	16	Dietitian
5	Dietary Services	17	Paid Feeding Assistant
6	Therapeutic Services	18	Occupational Therapy
6	Therapeutic Services	19	Occupational Therapy Assistant
6	Therapeutic Services	20	Occupational Therapy Aide

Labor Cat.	Labor Description	Job Title	Job Description	
6	Therapeutic Services	21	Physical Therapist	
6	Therapeutic Services	22	Physical Therapy Assistant	
6	Therapeutic Services	23	Physical Therapy Aide	
6	Therapeutic Services	24	Respiratory Therapist	
6	Therapeutic Services	25	Respiratory Therapy Technician	
6	Therapeutic Services	26	Speech/ Language Pathologist	
6	Therapeutic Services	27	Therapeutic Recreation Specialist	
6	Therapeutic Services	28	Qualified Activities Professional	
6	Therapeutic Services	29	Other Activities Staff	
6	Therapeutic Services	30	Qualified Social Worker	
6	Therapeutic Services	31	Other Social Worker	
7	Dental Services	32	Dentist	OPTIONAL
8	Podiatry Services	33	Podiatrist	OPTIONAL
9	Mental Health Services	34	Mental Health Service Worker	
10	Vocational Services	35	Vocational Service Worker	OPTIONAL
11	Clinical Lab. Services	36	Clinical Laboratory Service Worker	OPTIONAL
12	Diagnostic X-ray Services	37	Diagnostic X-ray Service Worker	OPTIONAL
13	Admin/Stor of Blood Svcs	38	Blood Service Worker	OPTIONAL
14	Housekeeping Services	39	Housekeeping Service Worker	OPTIONAL
15	Other Services	40	Other Service Worker	OPTIONAL

Job Titles used to calculate Five Star Staffing currently

RN Hours

Total Nursing Hours

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Staffing Domain

- CMS stresses the relationship between nursing home staffing levels, staffing stability and resident outcomes

- The CMS Staffing Study found a clear association between nurse staffing ratios and nursing home quality of care

- Lower staff to resident ratios put patients at substantial risk for quality problems and lower quality of care

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Staffing Domain
RN Staffing and COVID-19

- **"Among facilities with at least 1 death, every 20 minutes increase in RN staffing significantly predicted 26% fewer COVID-19 deaths"** As we get more in-depth data, the walls around the false narrative that nothing can be done will crumble. #Geriatrics @CALTCM @AMDApaltc based on COVID -19 infections and deaths among Connecticut nursing home residents: facility correlates. #geriatrics onlinelibrary.wiley.com/doi/10.1111/jg…

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Staffing Domain
Case Mix Adjusted

- The rating for staffing is based on **two case-mix adjusted measures:**

    1. **Total Nursing Hours** Per Resident Day (RN + LPN + Nurse Aide Hours)
    2. **RN Hours** Per Resident Day

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Staffing Domain
1 Star in Staffing

- **Fail to submit** PBJ by submission deadline
  - Plus all staffing ratios removed from Nursing Home Compare
- **Fail to respond** to an Audit request
- **Fail to submit requested documentation** in Audit
- **Significant gap in hours** reported vs. hours validated in Audit
- **Report 4 or more days in a quarter with 0 RN hours**

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Staffing Domain
Five Star Calculation

1. Sum **Hours Paid** over the quarter

2. Sum **Daily Census** over the quarter

3. Calculate **Hours Per Resident Day** (divide hours paid/avg daily census)

4. Calculate **Expected HPRD** using RUGS-IV expected times from STRIVE study

5. **Risk Adjustment** measures by comparing expected Staffing

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Staffing Domain
Job Codes

- **RN Hours** include registered nurses **(Job Code 7)** , RN Director of Nursing **(Job Code 5)** and registered nurses with administrative duties **(Job Code 6)**

- **LPN Hours** include licensed practical/licensed vocational nurses with administrative duties **(Job Code 8)** , and practical/licensed vocational nurses **(Job Code 9)**

- **Nurse Aide Hours** include certified nurse aides **(Job Code 10)** , aides in training **(Job Code 11)** and medication aides/technicians **(Job Code 12)**

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Staffing Domain
COVID-19 and Respiratory Therapy

- **Respiratory Therapy** (Job Code 24) (Job Code 25)

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Staffing Domain

- The staffing data include both **facility employees** (full/part time) and **agency staff**

- The staffing data does **not include "private duty"** staff who are funded by the resident's family

- Also **not included** are **hospice staff** and **feeding assistants**

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Staffing Domain
Job Codes

- **Job Codes** 5, 6, 7, 8, 9, 10, 11 or 12 for nursing services **cannot have remote hours** included
- Will be identified on Audit

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Staffing Domain
Remote Hours

- **Remote hours** can be coded for others such as **dieticians and pharmacists**

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Staffing Domain
Agency Hours

- **Agency hours** easily overlooked

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Staffing Domain
RN Continuous Hours

- **RN hours** must be continuous

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Staffing Domain
Consultant Hours

- **Consultant hours** collect logs daily

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Staffing Domain
Hours

- **Every Department** collects logs
- Verify Data **every payroll period**

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Staffing Domain
Job Title 39 and 40

- Advantageous to code **job title 39 and 40** that are **optional** given PUF being used for things such as the amount of PPE sent to Nursing Homes

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Staffing Domain

- Data for the staffing domain comes from the **Payroll Based Journal (PBJ)** completed and transmitted to CMS (QIES) database quarterly

- Data is due **45 days after the end of each reporting period** and only data submitted by the deadline is used by CMS for staffing calculations

- **Resident Census** data is based on **MDS assessments** using assessments for **the year prior** to the quarter reporting period and the discharge assessments and assuming that if an interval of 150 days with no assessments, the resident no longer lives in the facility

- **Complete and transmit discharge assessments** timely

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Staffing Domain

1. Direct Care Staff

2. Submission Requirements
   - Category
   - Census
   - Turnover

3. Employee from Agency

4. Data Format

5. Submission Schedule

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Staffing Domain
Hours Record

Time entered is calculated in fractions, not as hours or minutes
Submission Requirements

- 01 to 06 minutes = 0.1
- 07 to 12 minutes = 0.2
- 13 to 18 minutes = 0.3
- 19 to 24 minutes = 0.4
- 25 to 30 minutes = 0.5

- 31 to 36 minutes = 0.6
- 37 to 42 minutes = 0.7
- 43 to 48 minutes = 0.8
- 49 to 54 minutes = 0.9
- 55 to 60 minutes = 1.0

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Staffing Domain
Work Day, Date

- **Calendar Day**

- **Midnight is cutoff**
  - 11-7 shift, day 1 has 1 hour and day 2 has 7 hours

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Staffing Domain
Hours

Do not pay hours:

- Paid for leave
- Paid for non-work related absence

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Staffing Domain
Labor Classification

Primary Role

- Can modify if shift primary roles in a day (4 hours as shift manager second 4 hours as a floor nurse)
- However, RN hours must be continuous

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Staffing Domain
Labor Category

- Not needed for electronic uploads

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Staffing Domain
Pay Type Code

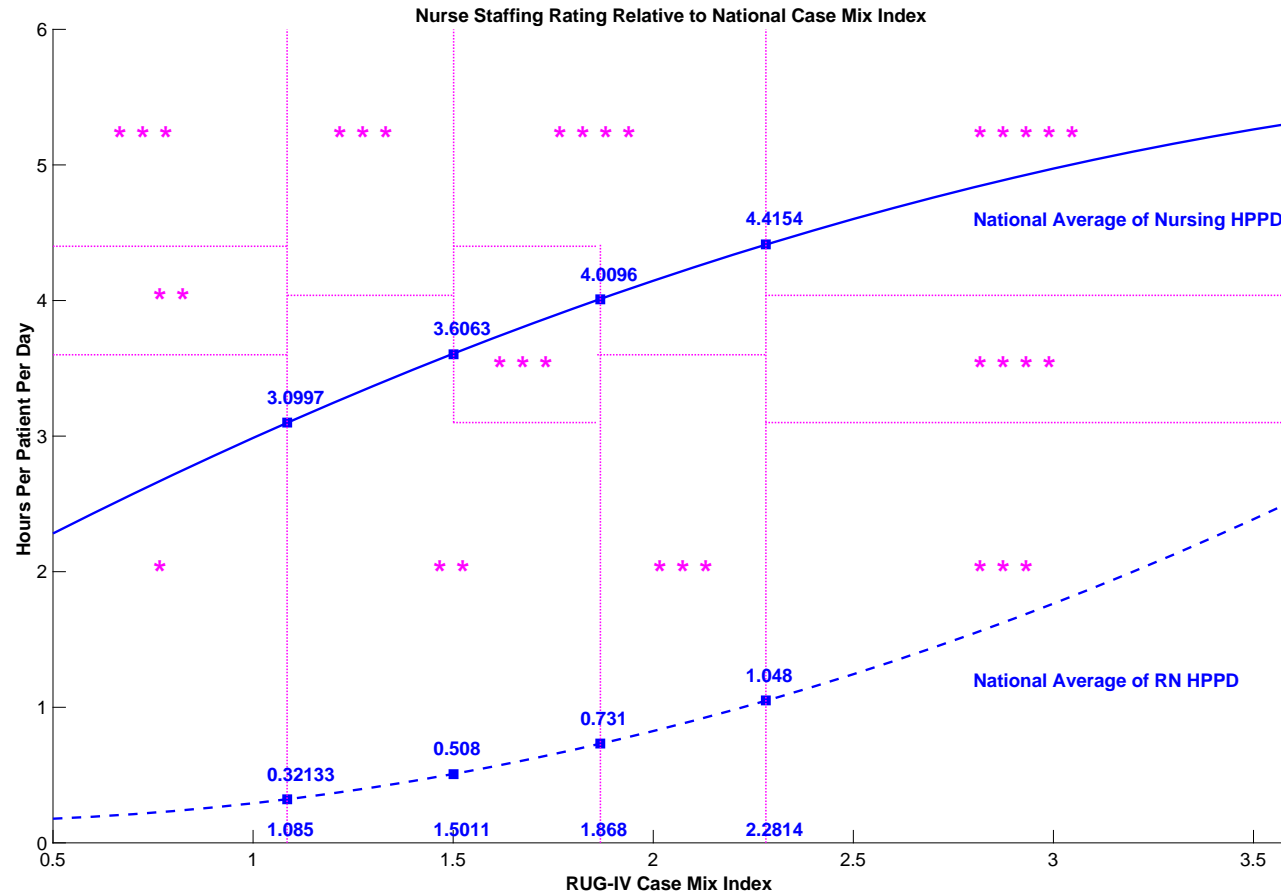| Pay Type Code	Pay Type Description	Comments
1	Exempt	Not entitled to overtime pay
2	Non Exempt	Entitled to overtime pay
3	Contract	All Contract and Agency Staff must each have a unique Employee ID when entered into the system

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Staffing Domain
Resident Acuity

- Ratings based on **expected** staffing levels calculated based on resident **acuity using RUGs**

- Staffing is **case-mix adjusted** based on **RUG-IV (66-grouper version)** categories:

  - **RUG-IV** groups are calculated on **last business day of each quarter** for each active resident during the quarter in which the staffing data was collected

  - Uses most recent info — can be composite from most recent **comprehensive, full, quarterly, and PPS assessments** for a particular resident

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PBJ, CMI and PPD
Preliminary Data 4.28.20

Nurse Staffing Rating Relative to National Case Mix Index

Staffing Domain
Resident Acuity and Staffing Levels

- **Adjusted Staffing** = (Reported/Expected) (National Average)

    Expected = Case mix adjusted acuity based expected staffing

    National Average = Mean across all facilities

Adjusted Hours = (Reported Hours/Case Mix Hours) (National Average Hours)

Staffing Domain
Census

- The **nurse staffing hours** reported through PBJ and the **Daily MDS Census** are both aggregated (summed) across the quarterly reporting period

- The quarterly reported **nurse staffing hours per resident per day (HRD)** are then calculated by dividing the aggregate reported hours by the aggregate resident census

- **Only days** that have at least some **(>0) nurse staffing** (for any job category 5-12) and **at least one resident** are included in the calculations

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Staffing Domain
Census

- The **missing assessment report** to identify through missed discharge assessments

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Staffing Domain
HPD April 2019 (Table 4) Same in April 2020

Staffing and Rating April 2019					
RN Rating and Hours	**Total Nurse staffing rating and hours (RN, LPN and Nurse Aide)**				
		1	2	3	4	5
		<3.108	3.108 – 3.579	3.580 – 4.037	4.038 – 4.407	≥4.408
1	<0.317	★	★	★★	★★	★★★
2	0.317 – 0.507	★★	★★	★★	★★★	★★★
3	0.508 – 0.730	★★	★★★	★★★	★★★	★★★★
4	0.731 – 1.048	★★★	★★★	★★★★	★★★★	★★★★
5	≥1.049	★★★	★★★★	★★★★	★★★★★	★★★★★
Adjusted staffing values are rounded to three decimal places before the cut points are applied.					

Staffing Domain
HPD April 2018 (Table 4) Cut Points Table

Staffing Points and Rating (updated April 2018)							
↓ RN rating and hours			↓ Total nurse staffing rating and hours (RN, LPN and nurse aide) ↓				
			1	**2**	**3**	**4**	**5**
	Old 671-based		< 3.262	3.262 - 3.660	3.661 -4.172	4.173 - 4.417	≥ 4.418
		New PBJ	**< 3.176**	**3.176 - 3.551**	**3.552 - 4.009**	**4.010 - 4.237**	**≥ 4.238**
1	< 0.283	**< 0.246**	★	★	★★	★★	★★★
2	0.283 - 0.378	**0.246 – 0.382**	★	★★	★★★	★★★	★★★
3	0.379 - 0.512	**0.383 – 0.586**	★★	★★★	★★★	★★★★	★★★★
4	0.513 - 0.709	**0.587 – 0.883**	★★	★★★	★★★★	★★★★	★★★★★
5	≥ 0.710	**≥ 0.884**	★★★	★★★	★★★★	★★★★	★★★★★

Lose 1 Star   Add 1 Star

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Staffing Domain
PBJ Changes

	Requirements	PBJ April 2018
Census	Report census on last day of each month **Required**	Daily census is calculated by CMS based on MDS submitted
Optional Staff	38: Blood Service Worker 39: Housekeeping 40: Other Service Worker	32: Dentist 33: Podiatrist 35: Vocational Service Worker 36: Clinical Lab Service Worker 37: Diagnostic X-Ray Service Worker
Dates Hired / Terminated	Report first and last date each staff is paid; employees and contractors **Required**	Turnover and tenure will be calculated by CMS **Optional**

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Staffing Domain
PBJ Changes

	Before April 2018	After April 2018
Source Data	Staffing Hours 671	Staffing Hours PBJ
Case Mix Adjustment	RUGS-III (53) 1995-1997 time study	RUGS-IV (66) STRIVE time study
Reported to Adjusted	Staffing Five Start Ratings will continue to be risk adjusted to account for differenced in resident acuity. The formula is unchanged. **Hours adjusted = (Hours reported/Hours expected)*Hours National Average** Resident RUG-IV data based on most recent MDS and "drawn" on **last business day of the last month of the quarter**	

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Staffing Domain
PBJ Deadlines

PBJ Reporting Quarter	PBJ Deadline 45 Days after end of period	Posting to Nursing Home Compare
10.1 to 12.31	2.14	4.26
1.1 to 3.31	5.14	7.25
4.1 to 6.30	8.14	10.24
7.1 to 9.30	11.14	1.23

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Staffing Domain
PBJ Job Titles

Labor Cat.	Labor Description	Job Title	Job Description
1	Administration Services	1	Administrator
2	Physician Services	2	Medical Director
2	Physician Services	3	Other Physician
2	Physician Services	4	Physician Assistant
3	Nursing Services	5	Registered Nurse Director of Nursing
3	Nursing Services	6	RN with Administrative Duties
3	Nursing Services	7	Registered Nurse
3	Nursing Services	8	LPN with Administrative Duties (NEW)
3	Nursing Services	9	Licensed Practical/Vocational Nurse
3	Nursing Services	10	Certified Nurse Aide
3	Nursing Services	11	Nurse Aide in Training
3	Nursing Services	12	Medication Aide/ Technician
3	Nursing Services	13	Nurse Practitioner
3	Nursing Services	14	Clinical Nurse Specialist
4	Pharmacy Services	15	Pharmacist
5	Dietary Services	16	Dietitian
5	Dietary Services	17	Paid Feeding Assistant
6	Therapeutic Services	18	Occupational Therapy
6	Therapeutic Services	19	Occupational Therapy Assistant
6	Therapeutic Services	20	Occupational Therapy Aide

Labor Cat.	Labor Description	Job Title	Job Description	
6	Therapeutic Services	21	Physical Therapist	
6	Therapeutic Services	22	Physical Therapy Assistant	
6	Therapeutic Services	23	Physical Therapy Aide	
6	Therapeutic Services	24	Respiratory Therapist	
6	Therapeutic Services	25	Respiratory Therapy Technician	
6	Therapeutic Services	26	Speech/ Language Pathologist	
6	Therapeutic Services	27	Therapeutic Recreation Specialist	
6	Therapeutic Services	28	Qualified Activities Professional	
6	Therapeutic Services	29	Other Activities Staff	
6	Therapeutic Services	30	Qualified Social Worker	
6	Therapeutic Services	31	Other Social Worker	
7	Dental Services	32	Dentist	OPTIONAL
8	Podiatry Services	33	Podiatrist	OPTIONAL
9	Mental Health Services	34	Mental Health Service Worker	
10	Vocational Services	35	Vocational Service Worker	OPTIONAL
11	Clinical Lab. Services	36	Clinical Laboratory Service Worker	OPTIONAL
12	Diagnostic X-ray Services	37	Diagnostic X-ray Service Worker	OPTIONAL
13	Admin/Stor of Blood Svcs	38	Blood Service Worker	OPTIONAL
14	Housekeeping Services	39	Housekeeping Service Worker	OPTIONAL
15	Other Services	40	Other Service Worker	OPTIONAL

Job Titles used to calculate
Five Star Staffing currently

RN Hours

Total Nursing Hours

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Staffing Domain
Five Star Calculation

The same hours (risk-adjusted) are being used

- **RN Hours** per resident day (expect LPN with admin duties removed)
- **Total Nursing Hours** per resident day

Staffing Domain
Five Star Calculation

1. Sum **Hours Paid** over the quarter

2. Sum **Daily Census** over the quarter

3. Calculate **Hours Per Resident Day** (divide hours paid/avg daily census)

4. Calculate **Expected HPRD** using RUGS-IV expected times from STRIVE study

5. **Risk Adjustment** measures by comparing expected Staffing

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Staffing Domain
Distribution of Five Star Ratings

March 2018

Five Star Rating	# of Facilities	Distribution
None	976	6%
★	1,741	11%
★★	2,082	13%
★★★	4,311	27%
★★★★	4,735	30%
★★★★★	1,802	12%

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Staffing Domain
Distribution of Five Star Ratings

- Overall distribution of Five Star Staffing Ratings will be approximately the same using PBJ data as it was prior

- Average National Hours Per Resident Day for Risk Adjusted Calculations

	Previous	New
RN	0.7472	0.3804
Total	4.0309	3.2285

March 2018 Staffing Five Star Distribution

Five Star Rating	# of Facilities	Distribution
None	976	6%
★	1,741	11%
★★	2,082	13%
★★★	4,311	27%
★★★★	4,735	30%
★★★★★	1,802	12%

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Staffing Domain
Distribution of Five Star Ratings

- **Significant change in calculation**
  - RN and LPN administrative hours split
  - Averages from latest PBJ data
  - **STRIVE time study** breaks out LPN and RN hours differently so expected hours ratio is different
  - **RUGS distribution** has likely changed

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Staffing Domain
PBJ Census

- CMS is **calculating your census** based on MDS submitted
  - Census is **calculated daily** and averaged for the quarter
  - If there's no discharge assessment, CMS will count a resident in your facility **for 150 days after the last MDS assessment** then exclude them
- Inflated census will **lower your HPRD**, which may lower your staffing five star rating
- Studies have shown a **correlation** between missing discharge assessments and lower reported staffing HPRD

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Staffing Domain
HPRD Hours Per Resident Day

- To avoid inaccurate turnover calculations, keep consistent ID's

- Aberrant HPRD is calculated

- Facilities with Aberrant HPRD are not reported and displayed as "data not available" on Nursing Home Compare (NHC)
  - Excessively low total nursing staffing (Job Codes 5-12): < 1.5 HPRD
  - Excessively high total nursing staffing (Job Codes 5-12): > 12 HPRD
  - Excessively high nurse aide staffing (Job Codes 10-12): > 5.25 HPRD

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Staffing Domain
PBJ Data

PBJ data is **publicly available after** a 4-6 month period

https://data.cms.gov

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PBJ, CMI and PPD
MDS Accuracy

- Need accurate MDS Assessments! They are the foundation for everything!

Staffing Domain
PBJ Submission

- **PBJ Submission** – QSO 20-34-NH
  - PBJ data submission for 2020 Calendar Year Q2 required for the **August 14, 2020 deadline**
  - PBJ data submission for 2020 Calendar Year Q1 not required

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Staffing Domain
PBJ Submission

- It appears that if **other government workers** provided assistance during COVID-19 outbreak, that those hours can be counted

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Staffing Domain
PBJ Submission

- **PBJ reports in QIES system** should be checked for accuracy

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Staffing Domain
Changes to PBJ Previously 671

- Frequency every 9 – 15 months during Survey (2 weeks of data)

- Methods Unaudited worked hours

- Required Page 1: Facility Info and Page 2: Staffing Hours

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Staffing Domain
Changes to PBJ

- Frequency every 3 months, every day of the quarter

- Methods Auditable worked and paid hours,

- New LPN with Admin category,

- Overtime hours for salaried staff no longer included

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Staffing Domain
Changes to PBJ

	What Was PBJ	What is PBJ (As Of April 2018)
Census	Report census on last day of each month – **Required**	Daily census is calculated by CMS based on MDS submitted **Optional**
Optional Staff	38: Blood Service Worker 39: Housekeeping 40: Other Service Worker **All Optional**	32: Dentist 33: Podiatrist 35: Vocational Service Worker 36: Clinical Lab Service Worker 37: Diagnostic X-Ray Service Worker **All Optional**
Dates Hired / Terminated	Report first and last date each staff is paid; employees and contractors **Required**	Turnover and tenure will be calculated by CMS by a TBA method **Optional**

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Staffing Domain
Changes to PBJ

	What Was Last Quarter	What is After April 2018
Source Data	Staffing Hours 671	Staffing Hours PBJ
Case – Mix Adjustment	RUGS-III (53) 1995-1997 time study	RUGS-IV (66) STRIVE time study
Reported to Adjusted	Staffing Five Start Ratings will continue to be risk adjusted to account for differenced in resident acuity. The formula is unchanged. **Hours adjusted=(hours reported/Hours expected)*Hours National Average** Resident RUG-IV data based on most recent MDS and "drawn" on last business day of the last month of the quarter	

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Staffing Domain
Technical Users Guide

- Latest **Technical Users" Guide** for Five Star Quality Rating System is from **April 2020**

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Staffing Domain
PBJ FAQs

- The **May PBJ FAQs** are attached and have helpful links including:
  - **PBJ Policy** questions should be submitted to the policy mailbox

    nhstaffing@cms.hhs.gov

  - **Data Specification** questions should be directed to

    iqies@cms.hhs.gov

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Staffing Domain

Data Submission

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Staffing Domain
PBJ Submission Deadlines

PBJ Reporting Quarter	PBJ Deadline 45 Days after end of period	Posting to Nursing Home Compare
10.1 to 12.31	2.14	4.26
1.1 to 3.31	5.14	7.25
4.1 to 6.30	8.14	10.24
7.1 to 9.30	11.14	1.23

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Staffing Domain
PBJ Submission Deadlines

Fiscal Quarter	Reporting Period	Due Date
1	October 1 – December 31	February 14
2	January 1 – March 31	May 15
3	April 1 – June 30	August 14
4	July 1 – September 30	November 14

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Staffing Domain
PBJ Submission Deadlines History

PBJ Reporting Quarter	PBJ Deadline	Approximate Five Star Posting to Nursing Home Compare
Jul 1 – Sep 30 2017	11.14.17	PBJ Not Used
Oct 1 – Dec 31 2017	2.14.18	4.26.18
Jan 1 – Mar 31 2018	5.15.18	7.25.18
April 1 – Jun 30 2018	8.14.18	10.24.18
Jul1 – Sep 30 2018	11.14.18	1.23.19
Oct 1 – Dec 31 2018	2.14.19	4.24.19

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Staffing Domain
PBJ Submission

- **Payroll-Based Journal (PBJ)**
  - Exported file (XML) from automated systems (e.g., payroll, timekeeping), or
  - Manual entry directly through PBJ system, or
  - Combination of XML and manual entry (merging data)

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Staffing Domain
PBJ Submission

Direct care staffing and **census data** will be collected for **each fiscal quarter**

- **Staffing data** includes the **number of hours each staff member is paid** for working each day within a quarter.
- **Census data** includes the facility's census on the last day of each of the three months within a quarter.
- Submissions must be received by the end of the **45th calendar day (11:59 PM Eastern Standard Time) after the last day in each fiscal quarter** to be considered timely.

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Staffing Domain
PBJ Audits

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Staffing Domain
PBJ Audits

- Audits – Purpose is to **verify staffing hours** reported in PBJ

- May be **on-site or off-site**

- Providers have **2 weeks** after being notified to provide response

- Requests an explanation of **payroll vs timekeeping** process, including the midnight cutoff process

- Includes **specific requests** for details on

  – Corporate employees

  – Non-nursing hours and secondary positions

  – Exempt time recorded

  – Training hours recorded

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Staffing Domain
PBJ Audits

1. Contact name, phone number and e-mail address
2. Daily census summary report
3. Crosswalk between the employee ID numbers
4. Crosswalk between the job title code/labor category
5. Daily time systems reports
6. Payroll records and reports

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Staffing Domain
PBJ Audits

7. Nursing Staffing Assignment

8. Description of payroll job code/department

9. Invoices to support all contracted personnel reported

10. Documentation to support portion of hours worked

11. Payroll records for corporate office employees included

12. Documentation for Medical Director hours submitted

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Staffing Domain
PBJ Audits

- Required **meal breaks are being reviewed** and have been excluded by auditors for each employee – even if they did not take a meal break

- **MDS discharge assessments not submitted timely** which will cause inaccurate hours per resident day calculations

- Care provided to **non-certified nursing facility residents** must be excluded from reported time

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Staffing Domain
PBJ Audits

- Audits will continue and **providers need to respond quickly** with the details requested once they are contacted

- **Corporate staff hours** can be included but must be documented and verifiable

- Staff working **over 80 hours in a week or over 300 hours in a month** a commonly audited for proof those hours were paid in payroll

- Expect to provide **contractor documentation** for reported hours

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Quality Measures Domain

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Quality Measures Domain

- Most providers will have **three Quality Measure (QM) Ratings**
  - Overall
  - Long-Stay
  - Short-Stay

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Quality Measures Domain

- 15 Measures
  - 10 MDS Based
  - 5 Claims Based

Quality Measures Domain

- 15 Measures
  - 10 MDS Based
  - 5 Claims Based

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Quality Measures Domain

- Starting **April 2020**, every 6 months the QM Thresholds will be **increased by half of the average rate of improvement** in QM Scores.

- **Intent:** Incentivize **(CQI) Continuous Quality Improvement**

- Define and Refine

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Quality Measures Domain
Long-Stay

Measures for **Long-Stay Residents** (defined as residents who are in the nursing home for greater than 100 days) that are derived from **MDS Assessments**

1. Perfect of residents whose **need for help with activities** of daily living has increased
2. Percent of residents whose **ability to move independently worsened**
3. Percent of high-risk residents with **pressure ulcers**
4. Percent of residents who have/had a **catheter inserted** and left in their bladder

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Quality Measures Domain
Long-Stay

5. Percent of residents with a **urinary tract infection**

6. Percent of residents experiencing **one or more falls with major injury**

7. Percent of residents who received an **antipsychotic medication**

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Quality Measures Domain
Long-Stay

Measures for **Long-Stay Residents** that are derived from **Claims Data**

8. **Number of hospitalizations** per 1,000 long-stay resident days

9. Number of outpatient **emergency department (ED)** visits per 1,000 long-stay resident days

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Quality Measures Domain
Short-Stay

Measures for **Short-Stay Residents** that are derived from **MDS Assessments**

10. Percent of residents who made **improvement in function**

11. Percent of SNF residents with **pressure ulcers that are new or worsened**

12. Percent of residents who **newly** received an **antipsychotic medication**

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Quality Measures Domain
Short-Stay

Measures for **Short-Stay Residents** that are derived from **Claims Data**

13. Percent of short-stay residents who were **re-hospitalize**d after a nursing home admission

14. Percent of short-stay residents who have had an **outpatient emergency department (ED) visit**

15. Rate of successful **return to home and community** for a SNF

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Quality Measures Domain

- Values for four of the **MDS-based QMs** (mobility decline, catheter, short-stay functional improvement, and short-stay pressure ulcers) are **risk adjusted**, using **resident-level covariates** that adjust for resident factors associated with differences in the performance on the QM.

- For example, the **catheter risk-adjustment** model takes into account whether or not residents **had bowel incontinence or pressure sores** on the prior assessment.

- All of the **claims-based measures** are risk adjusted. Risk-adjustment for the hospitalization and ED visit measures incorporates items from Medicare enrollment data and Part A claims and information from the first MDS assessment associated with the nursing home stay.

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Quality Measures Domain

- **Risk adjustment** for the SNF **Discharge to Community** measure uses data derived from Medicare enrollment data and Part A claims. The risk-adjustment methodology is described in more detail in the technical specification documents referenced above.

- CMS calculates ratings for the QM domain using the **four most recent quarters** for which data are available. This time period specification was selected to increase the number of assessments available for calculating the QM rating. This **increases the stability of estimates** and reduces the amount of missing data.

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Quality Measures
Domain

- The adjusted four-quarter QM values for each of the MDS-based QM used in the **five-star algorithm**, except the **short-stay pressure ulcer** measure are computed as follows.

    - $QM_{4Quarter} = [(QM_{Q1} * D_{Q1}) + (QM_{Q2} * D_{Q2}) + (QM_{Q3} * D_{Q3}) + (QM_{Q4} * D_{Q4})] / (D_{Q1} + D_{Q2} + D_{Q3} + D_{Q4})$

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MDS Long-Stay Measures

- Percent of residents whose **ability to move independently worsened**

  - This measure is a change measure that reports the percentage of long-stay residents who have demonstrated a decline in independence of locomotion when comparing the target assessment to a prior assessment. Residents who lost mobility may also lose the ability to perform other activities of daily living, like eating, dressing, or getting to the bathroom

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Quality Measures Domain
MDS Long-Stay Measures

- Percent of residents whose need for help with activities of daily living has increased
  - This measure reports the percentage of long-stay residents whose need for help with late-loss ADLs has increased when compared to the prior assessment. This is a change measure that reflects worsening performance on at least two late loss ADLs by one functional level or on one late loss ADL by more than one functional level compared to the prior assessment. The late loss ADLs are bed mobility, transfer, eating, and toileting. Maintenance of ADLs is related to an environment in which the resident is up and out of bed and engaged in activities. The CMS Staffing Study found that higher staffing levels were associated with lower rates of increasing ADL dependence.

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Quality Measures Domain
MDS Long-Stay Measures

- Percent of high-risk residents with **pressure ulcers**

  - This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers. Residents at high risk for pressure ulcers are those who are impaired in bed mobility or transfer, who are comatose, or who suffer from malnutrition.

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Quality Measures Domain
MDS Long-Stay Measures

- Percent of residents who have/had a **catheter inserted and left in their bladder**

  – This measure reports the percentage of residents who have had an indwelling catheter in the last seven days. Indwelling catheter use may result in complications, like urinary tract or blood infection, physical injury, skin problems, bladder stones, or blood in the urine.

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Quality Measures Domain
MDS Long-Stay Measures

- Percent of residents with a **urinary tract infection**

  - This measure reports the percentage of long-stay residents who have had a urinary tract infection within the past 30 days. Urinary tract infections can often be prevented through hygiene and drinking enough fluid. Urinary tract infections are relatively minor but can lead to more serious problems and cause complications like delirium if not treated.

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Quality Measures Domain
MDS Long-Stay Measures

- Percent of residents experiencing one or more falls with major injury

  - This measure reports the percentage of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period (one full calendar year).

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Quality Measures Domain
MDS Long-Stay Measures

- Percent of residents who received an **antipsychotic medication**

  - This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period. Reducing the rate of antipsychotic medication use has been the focus of several CMS initiatives.

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Quality Measures Domain
MDS Long-Stay Measures

- **Number of hospitalizations per 1,000 resident days**
  - This measures the number of unplanned inpatient admissions or outpatient observation stays that occurred among long-stay residents of a nursing home during a one-year period, expressed as the number of unplanned hospitalizations for every 1,000 days that the long-stay residents were admitted to the nursing home

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Quality Measures Domain
MDS Long-Stay Measures

- Number of outpatient emergency department (ED) visits per 1,000 resident days

  - This measures the number of outpatient ED visits that occurred among long-stay residents of a nursing home during a one-year period, expressed as the number of outpatient ED visits for every 1,000 days that the long-stay residents were admitted to the nursing home

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Quality Measures Domain
MDS Short-Stay Measures

- **Percent of residents who made improvements in function**
  - This measure assesses the percentage of short-stay residents whose independence in three mobility functions (i.e., transfer, locomotion, and walking) increases over the course of the nursing home care episode

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Quality Measures Domain
MDS Short-Stay Measures

- Percent of SNF residents with pressure ulcers that are new or worsened

  - This measure captures the percentage of short-stay residents with pressure ulcers that are new or whose existing pressure ulcers worsened during their stay in the SNF

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Quality Measures Domain
MDS Short-Stay Measures

- Percent of residents who newly received an **antipsychotic medication**
  - This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment

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Quality Measures Domain
Claims-Based Short-Stay Measures

- Percent of short-stay residents who were re-hospitalized after a nursing home admission
  - This measure reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident was re-admitted to a hospital for an inpatient or observation stay within 30 days of entry or reentry

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Quality Measures Domain
Claims-Based Short-Stay Measures

- Percent of short-stay residents who have had an **outpatient emergency department (ED) visit**
  - This measure reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident had an outpatient ED visit (i.e., an ED visit on resulting in an inpatient hospital admission) within 30 days of entry or reentry

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Quality Measures Domain
Claims-Based Short-Stay Measures

- Rate of successful **return to home and community** from a SNF
  - This measure reports the rate at which residents returned to home and community with no unplanned hospitalization and no deaths in the 31 days following discharge from the SNF.

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Thank You!

Our HHI Process

- Prescribed medical record review process that encompasses HHI's core business
- HHI Regional HealthCARE Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
  - MDS Accuracy
  - MDS Supporting Documentation
  - Billing Accuracy
  - Nursing Documentation
  - Therapy Documentation
  - Clinically Appropriate Care

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HHI Services and Plans

Gold C.A.R.E.S.
2 Year Service Plan

Platinum C.A.R.E.S.
3 Year Service Plan

List of HHI Services

PDPM Training and Audits I Medicare I Compliance I Rehab Program Development I Seminars I MMQ Audits I Mock RAC Audits I Rehab Certification I Mock Health Inspection Survey I MDS Competency I Talent Management I Denials Management I Compliance Certification I Clinically Appropriate Stay I QAPI I QIS I Medicare Part B Program I MDSC Mentor Program I Case Mix Consulting I Professional Development I Leadership Trainings I Regulatory and Survey Assistance I Five Star I PBJ I Quality Measures I Analysis I Staff Training I Infection Control and More!

Silver C.A.R.E.S.
1 Year Service Plan

A La C.A.R.E.S.
Customized Service Plan

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Our Senior
HHI Specialists

- Founded in 2000
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America **three years in a row**
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS

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https://www.harmony-healthcare.com/harmonyhelp

Live Support Available
8:00 a.m. – 5:00 p.m. EST

HarmonyHelp

With HarmonyHelp, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a Harmony HealthCARE Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The **Knowledge Center** is loaded with **information** that will assist with your daily responsibilities at your facility. This self-help site is broken up into **5 Sections:**

Manuals I Tools I C.A.R.E.S. Community I Hot Topics I FAQ (Frequently Asked Questions)

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Connect
With Kris

✉ kmastrangelo@harmony-heathcare.com

📞 617.595.6032

in @Krismastrangelo

🐦 @Krismastrangelo

📷 @Krismastrangelo

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Thank You!