

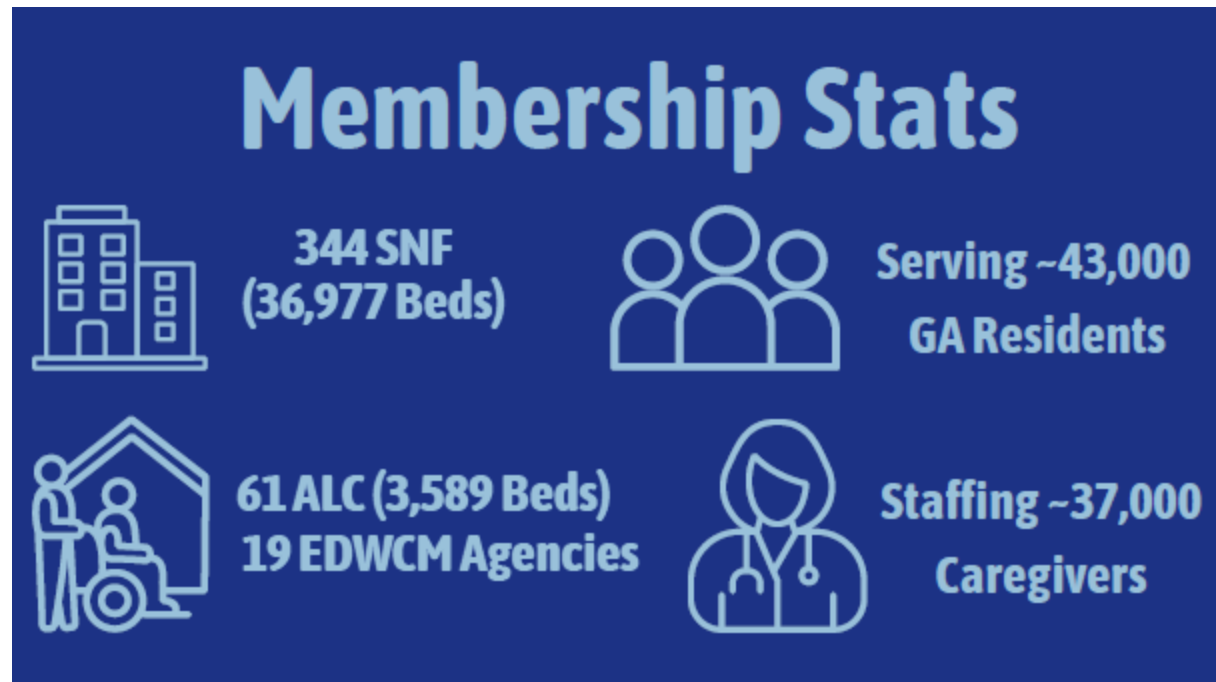
Advancing Quality Through Engagement

GA PALTMED SYMPOSIUM, AUGUST 2026



Caring People Caring for People

Enhancing members' abilities to provide competent, compassionate long-term care to elderly and disabled Georgians while continuously improving their quality of life and championing sound regulatory policies.



Objectives

1. Understand current political and regulatory landscape impacting post acute care systems and delivery
2. Explore the Medical Director's impact on quality, compliance, and outcomes.
3. Identify barriers to effective engagement.



Statewide elections

Governor

Lieutenant Governor

Secretary of State

Attorney General

Ag Commissioner

Labor Commissioner

Insurance Commissioner

Supreme Court & Court of Appeals

All House and Senate seats

Federal shifts

2025 Federal Budget Reconciliation Act (H.R.1)

- New requirements related to eligibility, cost sharing, and work requirements
- Restrictions impacting provider financing mechanisms
- Changes to payment models

State Level Implications

- Increased pressure on provider reimbursement
- Need to optimize eligibility, enrollment, and care navigation
- Ongoing importance of workforce and service delivery capabilities

Ripple

CMS Enrollment Moratorium in Effect

Effective May 13, 2026, CMS has imposed a nationwide moratorium on new Medicare enrollment for Home Health Agencies and Hospices. Initial enrollment applications, new branch or practice location applications, and majority ownership changes requiring new enrollment will not be processed during this period. For details, visit the [Federal Register Notice](#).

Moratorium on enrollment of Elderly & Disabled Case Management Agencies until 2027

FY27 SNF Payment Rule

Payment Rates: The final rule will increase SNF PPS rates by 2.4% - or approximately \$883 million - beginning October 1, 2026. This is based on the SNF market basket increase of 3.3%, minus a 0.9% productivity adjustment. This net update will vary geographically.

SNF Quality Reporting Program (QRP) Updates:

- The rule finalizes removal of two measures starting in FY 2028: 1) The COVID-19 Vaccination Coverage among Healthcare Personnel measure, and 2) The COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure (Oct 2026).
- CMS finalized a revision to the timeframe for data submission from 4.5 months to approximately 45 days, beginning with the FY 2029 SNF QRP.
- CMS finalized a significant expansion of the SNF QRP with additional reporting requirements starting in October 2029. SNFs will need to submit MDS quality information for all residents receiving covered skilled care, regardless of payer, aligning with other post-acute care quality programs. While still a few years away, we're disappointed to see this provision finalized and will continue to advocate for CMS to get back to the original intent of the QRP.

SNF Value-Based Purchasing (VBP) Updates:

- CMS provided estimated performance standards for the FY 2029 and FY 2030 program years to comply with the Program's statutory notice deadline.
- The agency finalized an update to the "snapshot dates" for two MDS-based measures (1. DC Function and 2. Major Injury [Long-Stay]) to maintain alignment with the finalized revisions to SNF QRP submission deadlines for MDS assessment data, beginning with FY 2027 data.

Request for Information on the Patient Driven Payment Model (PDPM): CMS did not provide responses to comments submitted on this RFI. We will continue to work with CMS on understanding the impact of any future payment reforms.

Request for Information on Updating the Patient Driven Payment Model Payment System to Address Case-Mix Upcoding.

Reference: [CMS Fact Sheet](#)

OIG Medicare Advantage Authorization Review

In June 2024, the 19 MAOs in this review collectively denied **12 percent** of requests for SNF admission. MAO denial rates ranged from 23 percent to 0.4 percent.

Enrollees and their providers appealed 18 percent of SNF denials. When SNF denials were appealed, MAOs overturned **95 percent in favor of the enrollee**. The extremely high overturn rate indicates that some enrollees were initially denied medically necessary care and raises concerns about denials that were not appealed.

The contractor naviHealth processed half of all requests for SNF admission and denied 14 percent of them—a higher denial rate than MAOs that processed requests internally (11 percent) and other contractors (9 percent). MAOs later overturned 97 percent of SNF denials issued by naviHealth when enrollees appealed. This raises concerns about whether contractors are receiving appropriate training and oversight from MAOs. NaviHealth is a subsidiary of the MAO United Health Group, Inc.

MAOs and their contractors denied requests for SNF-level care from nursing home residents 40 percent of the time, a much higher rate than requests from all other enrollees (11 percent).

H.R.8375- Medicare Advantage Improvement Act of 2026

Reference: [OIG Brief](#), 06/11/26

OIG Review- Antipsychotic Utilization

“Nursing Homes Inappropriately Diagnosed Residents with Schizophrenia to Mask the Misuse of Antipsychotic Drugs”

Report Highlights

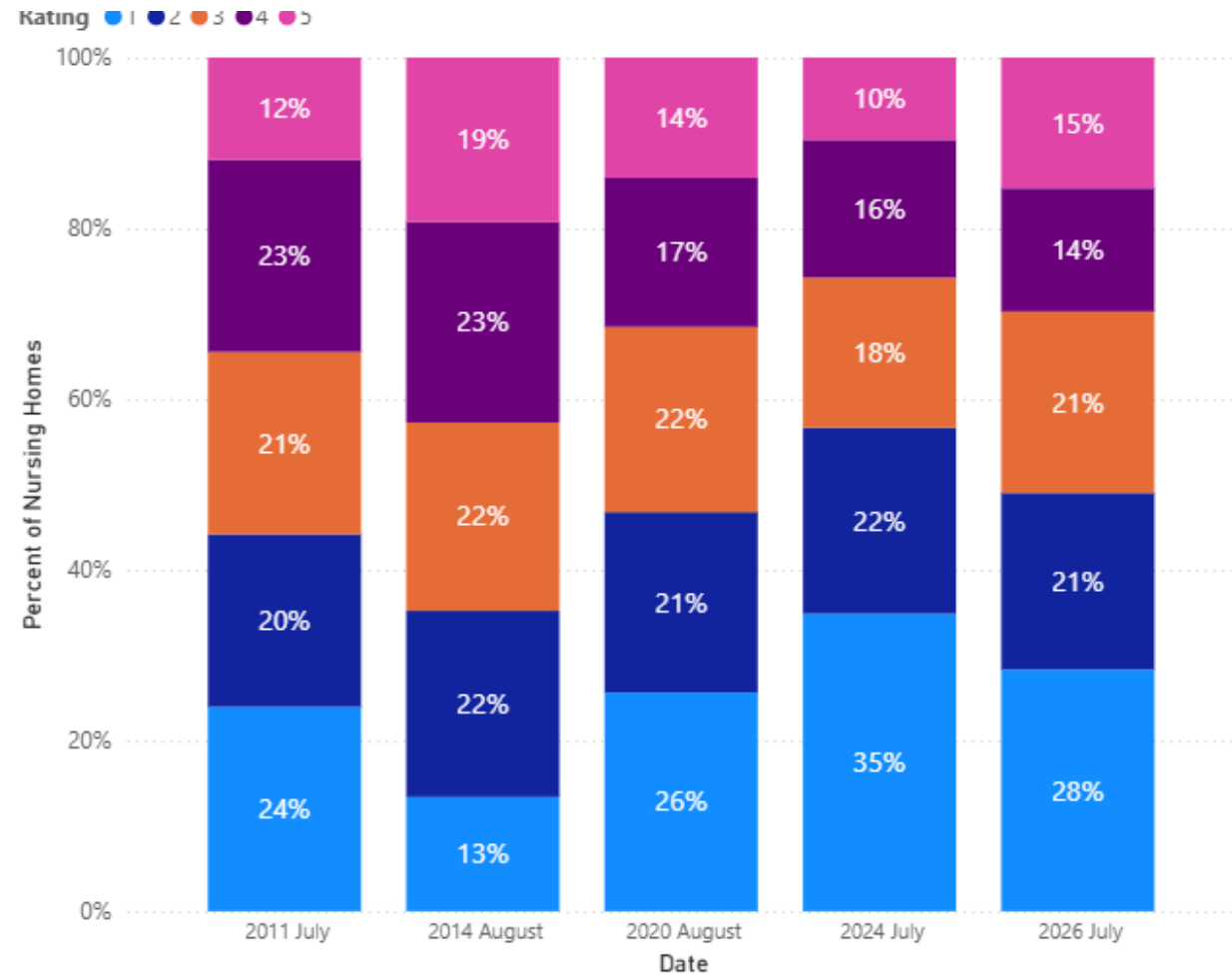
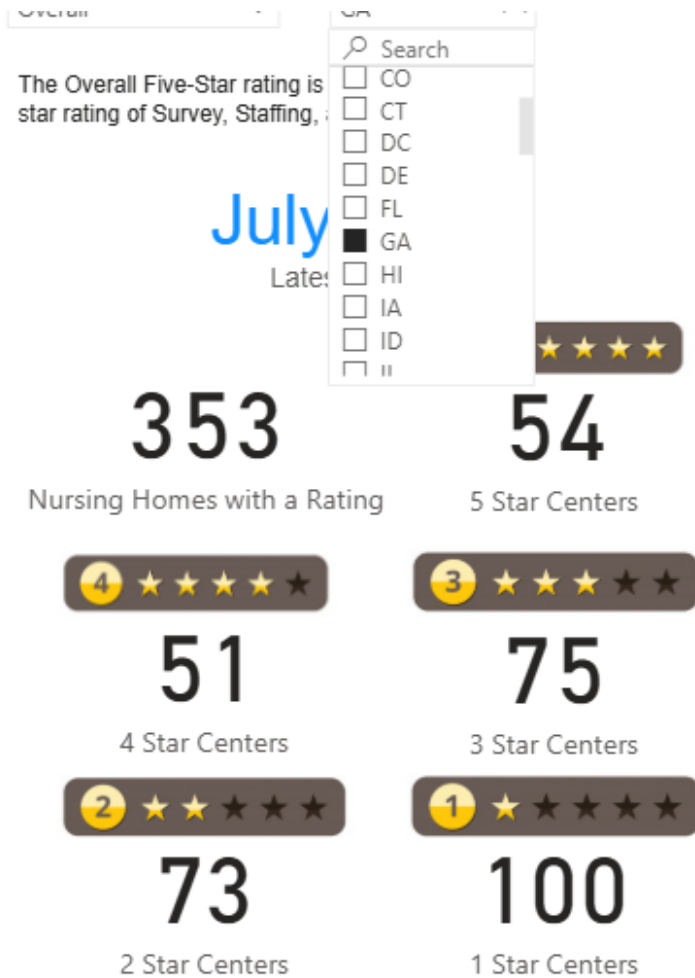
- ❖ Nursing homes inappropriately diagnosed residents with schizophrenia to mask the nursing homes’ misuse of antipsychotic drugs and to artificially inflate their star ratings.
- ❖ Medical directors made inappropriate schizophrenia diagnoses to justify prescribing antipsychotic drugs.
- ❖ Nursing homes also used inappropriate schizophrenia diagnoses to skirt Medicare safeguards intended to protect residents. By inappropriately diagnosing schizophrenia, nursing homes compromised residents’ care.

Five Star Changes- QSO 19-08-NH

Impact of New Quality Rating Thresholds on Five Star Ratings (July 2026)

- On July 9, 2026, CMS published new thresholds for star ratings in the Quality Domain of Five-Star.
- The new thresholds were based on the average improvement from January 2025 – April 2026. There were no updates to the thresholds of individual measures.
- In March 2019, CMS announced a new policy to rebase quality thresholds every six months by 50% of the average rate of improvement. The last rebasing under this policy came in April 2022, but there have been changes to individual measure scoring between then and now.

GA	Current	Facilities-355	Overall- 2.68	QM Rating- 2.86	LS QM-3.08	SS QM-2.60
GA	Previous	355	2.68	2.96	3.18	2.58



Source: CMS Care Compare. Note: Nursing Homes without a rating are excluded

Impact of New Antipsychotics Measure on Five-Star Ratings

State

GA

Search

☐ CO

☐ CT

☐ DC

☐ DE

☐ FL

☒ GA

☐ GU

☐ HI

☐ IA

☐ IN

6, Five-Star

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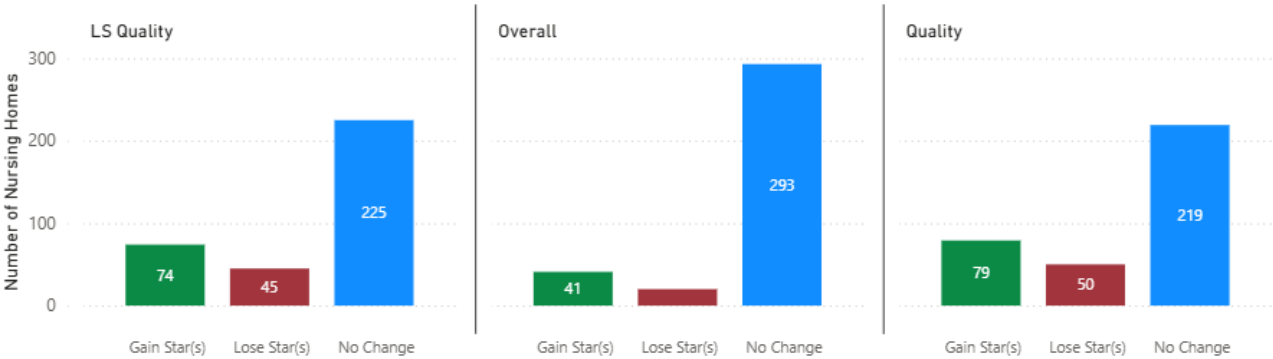
data and

encounter

IDS data.

Data here shows the change in Quality and Overall ratings using December 2025 and January 2026 Care Compare data.

Star Rating Change



Star Change Rating	-3		-2		-1		0		1		2		3		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
LS Quality			3	1%	42	12%	225	65%	69	20%	5	1%			344	100%
Overall			1	0%	19	5%	293	83%	40	11%	1	0%			354	100%
Quality	1	0%	3	1%	46	13%	219	63%	73	21%	5	1%	1	0%	348	100%

Nursing Home Risk-Based Survey (RBS) National Implementation

The RBS survey will be implemented nationwide beginning September 8, 2026.

State Agency (SA) Training: CMS is providing SAs and CMS Locations information related to training and implementation to prepare for the RBS launch.

High Performing Facility Icon : CMS will place an icon on Nursing Home Care Compare website identifying facilities that qualify for the RBS which indicates a higher level of performance.

*Deemed Status

Reference: [QSO-26-14-NH](#)

Selective Qualification

A facility must meet every qualifying criterion—and remain free of new disqualifying events.

12%

CMS national estimate

5.62%

**Georgia facilities qualified
June 2026**

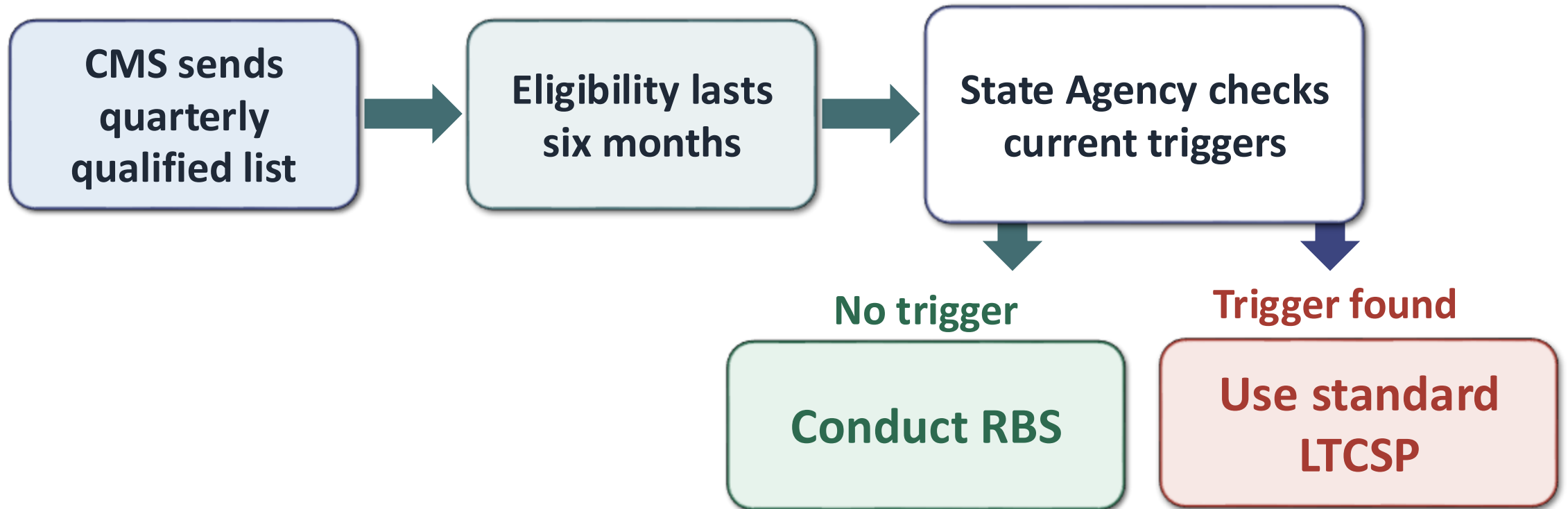
Qualification Starts with Ratings and Recent Performance

1. Overall rating: 5 stars.
2. Staffing rating: 3 stars or higher.
3. Citation history: No actual harm, IJ, or SQC citations in the last survey cycle.
4. Survey recency: A standard survey within the last 18 months.

Data Integrity and Governance Complete the Screen

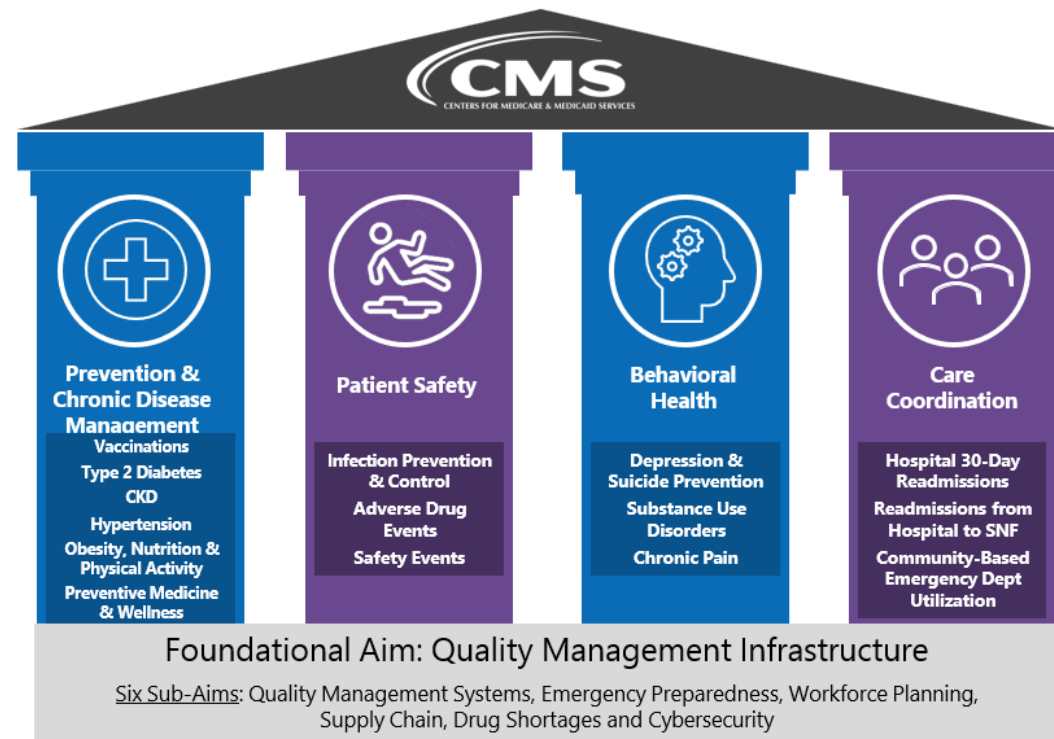
5. No staffing waiver in effect.
6. Passed PBJ staffing-data audit.
7. Passed MDS audit.
8. Health inspection score at or below the state 50th percentile.
9. Fewer than two age-65+ residents with a post-admission schizophrenia diagnosis.
10. No change of ownership since the last standard survey.
11. Not a Special Focus Facility candidate.

Eligibility Follows a Recurring Decision Cycle



Attribution: RB Health Partners

QIN-QIO Program Aims



Southeast
CMS QIN-QIO



Prevention & Chronic Disease Management



**Prevention &
Chronic Disease
Management**

**Prevention and
Wellness
Vaccinations
Type 2 Diabetes
Hypertension
Chronic Kidney
Disease**

Nursing Home

- Nursing Home Residents Discharge Function Score
- Percent of Residents or Patients Who Were Given the Seasonal Influenza Vaccine after Excluding those with Medical Contraindications
- Percent of Residents Assessed Who Were Given the Pneumococcal Vaccine after Excluding those with Medical Contraindications

Patient Safety



Patient Safety

**Infection
Prevention &
Control**

**Adverse Drug
Events**

Safety Events

Nursing Home

- Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (Short-stay)
- Residents Receiving Anti-psychotic Medications
- Drug Regimen Review with Follow-up for Identified Issues (Short-stay residents only)
- Adverse Drug Events Among Medicare Beneficiaries in Nursing Homes
- Percent of Residents Experiencing One or More Falls with Major Injury (Long-stay)
- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

Behavioral Health



**Behavioral
Health**

**Depression &
Suicide Prevention**

**Substance Use
Disorders**

Chronic Pain

Nursing Home

- Percent of Residents Who Have Depressive Symptoms (Long-stay)

Care Coordination



**Hospital 30-Day
Care
Readmissions
Coordination
Readmissions
from Hospital to
SNF**

**Community-Based
Emergency Dept
Utilization**

Nursing Home

- Readmissions to Hospitals from Skilled Nursing Facility (SNF) (Short-stay)
- ED Visits Among Short-stay and Long-stay Nursing Home Residents

Workforce / PBJ Reporting

Average Staffing Hours Per Resident Day (HPRD)

State
GA

Staff
☐ Aide
☐ LPN
☐ RN
☒ Total

Measure
☒ Total Nursing HPRD (Adjusted)
☐ Total Nursing HPRD (Expected)
☐ Total Nursing HPRD (Reported)
☐ Total Nursing Weekday (Reported)
☐ Total Nursing Weekend (Reported)

3.56
Average HPRD

46
State Rank

2026Q1
Latest Data

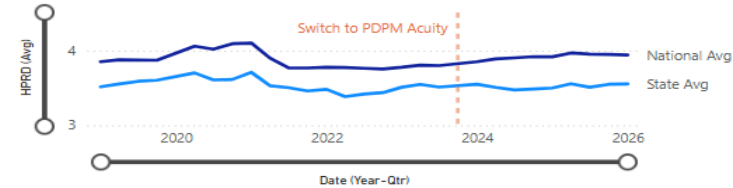
Latest State Avg HPRD and Rank

Date	2026Q1		
State	Average HPRD	Rank	
AK	7.40	1	
OR	5.42	2	
ND	5.15	3	
MS	4.87	4	
DC	4.87	5	
MN	4.83	6	
MT	4.82	7	
HI	4.81	8	
AR	4.71	9	
DE	4.67	10	
ME	4.60	11	
OK	4.58	12	

Average HPRD

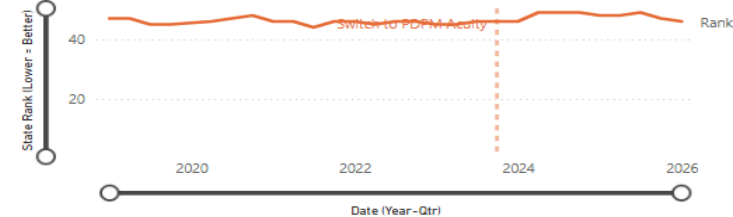
Higher is Better

State Avg National Avg

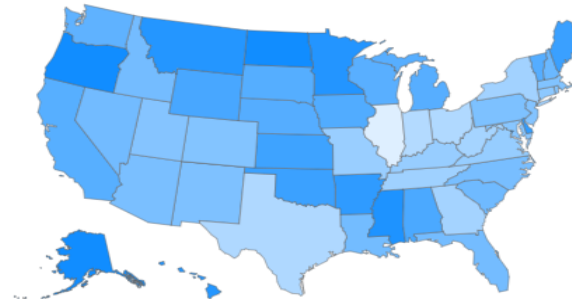


State Rank

Lower is Better



Latest State Average HPRD



Source: CMS Payroll Based Journal (PBJ)

Microsoft Power BI

< 1 of 3 >

- 89% +

🔍 ↗

Turnover Measures

State

GA

2025Q4

Latest Data

Administrator Turnover (#)

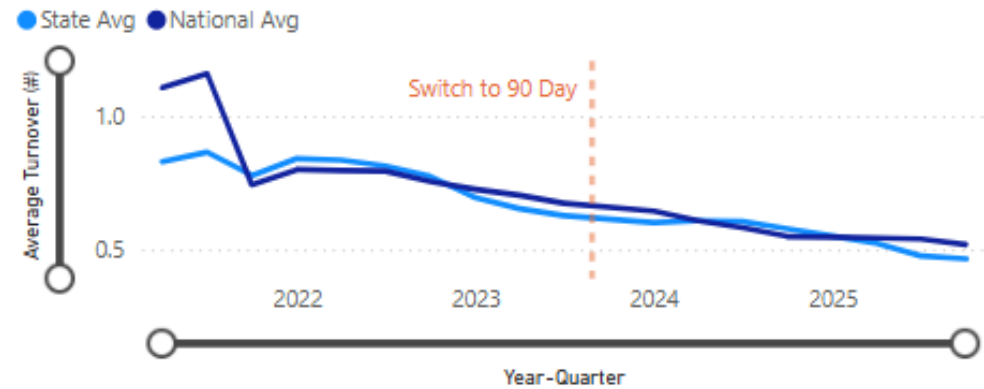
0.47
Avg Admin Turnover

23
State Rank

State Averages and Rank

Yr-Qtr	2025Q4		
State	Administrator Turnover	Rank	
HI	0.13	1	
ND	0.17	2	
ID	0.33	3	
SD	0.34	4	
AR	0.34	5	
SC	0.34	6	
KS	0.34	7	
AZ	0.35	8	
AL	0.37	9	
AK	0.38	10	

Administrator Turnover Trend (#)



Nurse Turnover (%)

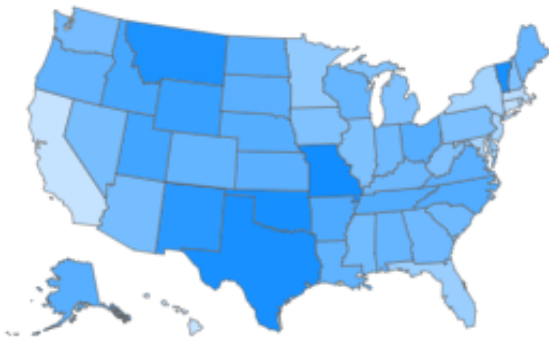
- Nurse Type
- ☐ RN Turnover
 - ☒ Total Nurse Turnover

State Averages and Rank

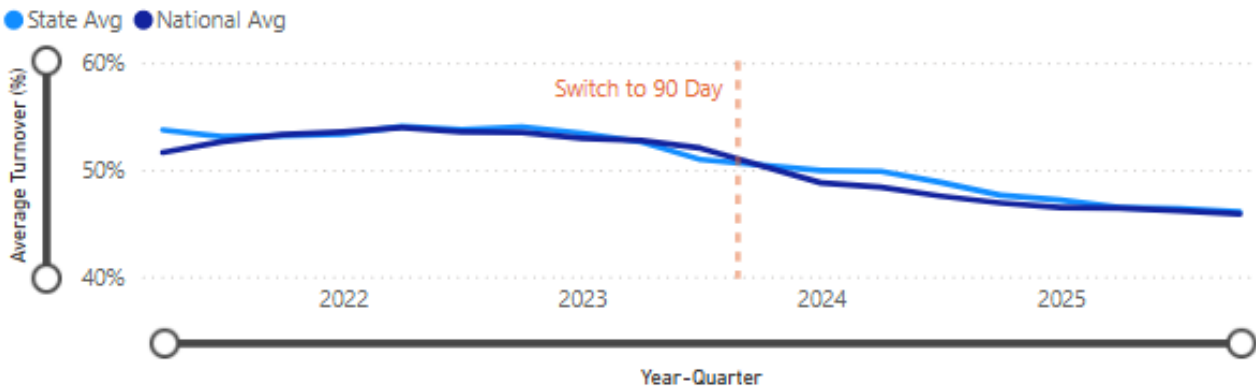
Yr-Qtr	2025Q4		
State	Turnover Rate	Rank	
DC	34.0%	1	
HI	36.4%	2	
CA	36.7%	3	
CT	37.4%	4	
MA	38.2%	5	
NJ	39.7%	6	
MD	40.2%	7	

46.0%
Average Nurse Rate

25
State Rank



Nurse Turnover Trend (%)



Average Nurse Agency Use (%)

State

GA

2026Q1

Latest Data

Measure

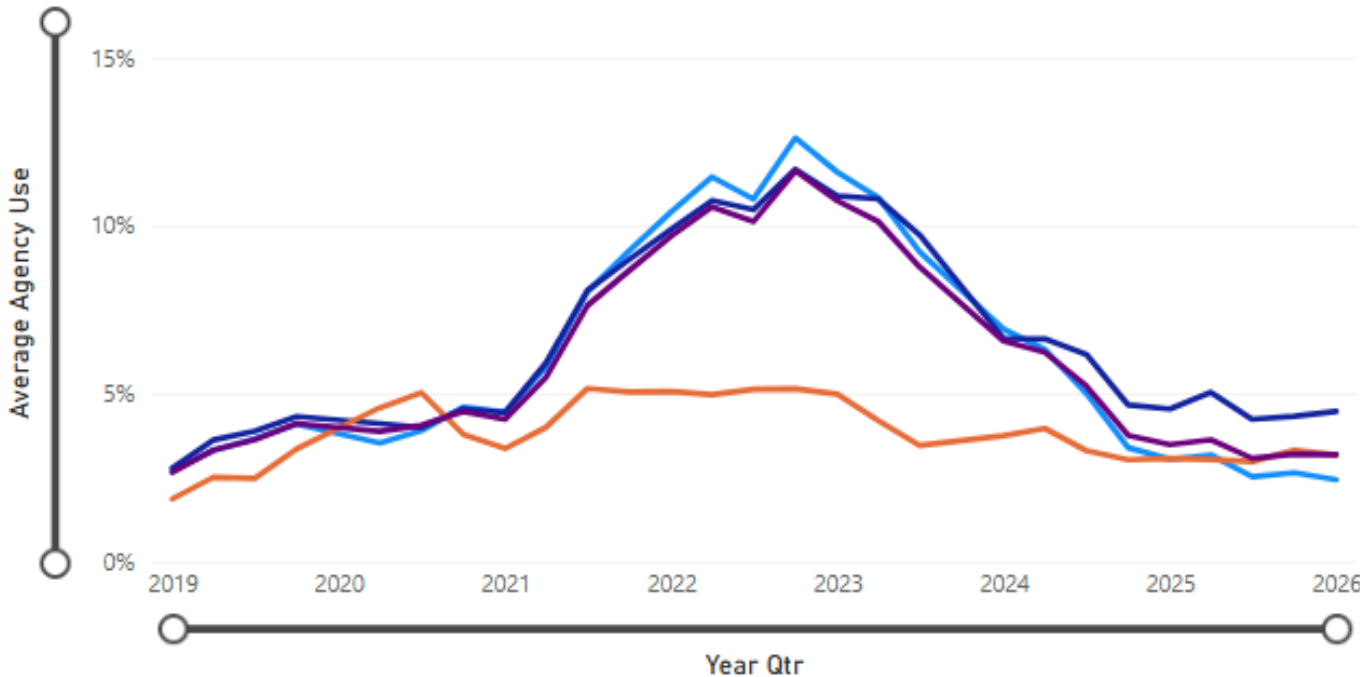
- ☒ Aide Agency Use (%)
- ☒ LPN Agency Use (%)
- ☒ RN Agency Use (%)
- ☒ Total Nurse Agency Use (%)

Latest Averages

- Aide Agency Use (%)
2.44%
- LPN Agency Use (%)
4.47%
- RN Agency Use (%)
3.17%
- Total Nurse Agency Use (%)
3.19%

Average Agency Use Trend (%)

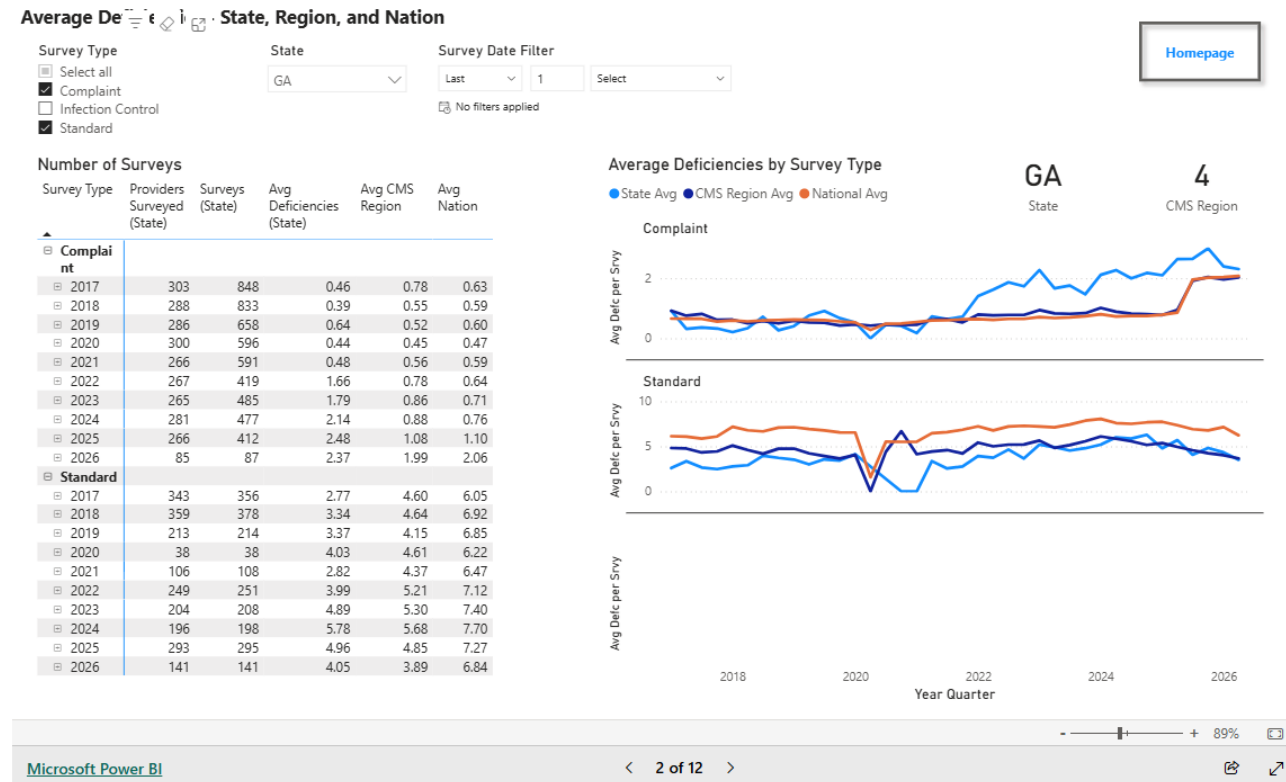
Aide Agency Use (%) LPN Agency Use (%) RN Agency Use (%) Total Nurse Agency Use (%)



By State Average Agency Use

Year-Qtr	2026Q1			
State	Aide Agency Use (%)	LPN Agency Use (%)	RN Agency Use (%)	Total
AK	15.87%	17.45%	8.72%	
AL	0.63%	1.62%	0.81%	
AR	1.26%	2.09%	7.20%	
AZ	3.84%	4.00%	3.57%	
CA	2.56%	1.94%	1.82%	
CO	6.33%	9.54%	4.22%	
CT	6.69%	7.97%	5.57%	
DC	9.69%	9.61%	9.91%	
DE	2.77%	9.84%	5.81%	
FL	0.88%	1.78%	1.31%	
GA	2.44%	4.47%	3.17%	
HI	8.84%	17.92%	4.57%	
IA	4.21%	6.07%	5.68%	
ID	4.23%	9.91%	4.94%	
IL	4.37%	6.03%	7.08%	
IN	2.65%	4.93%	3.88%	
KS	4.32%	7.28%	7.74%	
KY	2.59%	4.22%	3.00%	
LA	3.41%	5.43%	2.40%	
MA	3.18%	8.02%	10.25%	
MD	8.00%	8.17%	6.48%	
ME	8.34%	18.87%	8.90%	
MI	2.42%	3.70%	1.97%	
MN	6.18%	8.04%	8.39%	
MO	3.56%	5.11%	3.23%	
MS	6.23%	5.74%	3.28%	
MT	13.00%	13.67%	11.62%	
NC	6.59%	11.72%	7.09%	
ND	16.71%	17.97%	11.92%	
Nation	4.64%	6.41%	4.78%	

Regulatory Outcomes



Year Type: Year: Quarter:

Citation Frequency Report

State	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Georgia Active Providers=356		Total Number of Surveys=567
F0880	Infection Prevention & Control	117	27.0%	20.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	115	26.7%	20.3%
F0656	Develop/Implement Comprehensive Care Plan	94	23.0%	16.6%
F0689	Free of Accident Hazards/Supervision/Devices	80	17.4%	14.1%
F0695	Respiratory/Tracheostomy Care and Suctioning	63	16.0%	11.1%
F0761	Label/Store Drugs and Biologicals	55	14.0%	9.7%
F0584	Safe/Clean/Comfortable/Homelike Environment	53	10.4%	9.3%
F0600	Free from Abuse and Neglect	51	11.0%	9.0%
F0641	Accuracy of Assessments	36	9.0%	6.3%
F0609	Reporting of Alleged Violations	35	8.1%	6.2%
F0759	Free of Medication Error Rts 5 Prcnt or More	34	7.3%	6.0%
F0554	Resident Self-Admin Meds-Clinically Approp	34	9.0%	6.0%
F0684	Quality of Care	30	7.3%	5.3%
F0677	ADL Care Provided for Dependent Residents	28	6.5%	4.9%
F0550	Resident Rights/Exercise of Rights	27	5.9%	4.8%
F0628	Discharge Process	22	5.6%	3.9%
F0644	Coordination of PASARR and Assessments	21	5.3%	3.7%
F0814	Dispose Garbage and Refuse Properly	18	4.2%	3.2%
F0610	Investigate/Prevent/Correct Alleged Violation	18	3.9%	3.2%
F0688	Increase/Prevent Decrease in ROM/Mobility	14	3.7%	2.5%
F0804	Nutritive Value/Appear, Palatable/Prefer Temp	14	3.7%	2.5%
F0690	Bowel/Bladder Incontinence, Catheter, UTI	13	3.1%	2.3%
F0658	Services Provided Meet Professional Standards	13	3.7%	2.3%
F0645	PASARR Screening for MD & ID	12	3.1%	2.1%
F0755	Pharmacy Svcs/Procedures/Pharmacist/Records	12	3.1%	2.1%

Landscape

- Polarizing political environment
- Increasing publicly reported data
- Heightened focus on REITs, Changes in Ownership, Chains
- Fraud & Abuse ripple
- Value-based purchasing- Claims based/hybrid measures
- Workforce constraints
- Artificial Intelligence/Technological Advancements
- Innovation- PACE, Rural Health Transformation (GREAT)





Celebration

209 active Baldrige Quality Award recipients

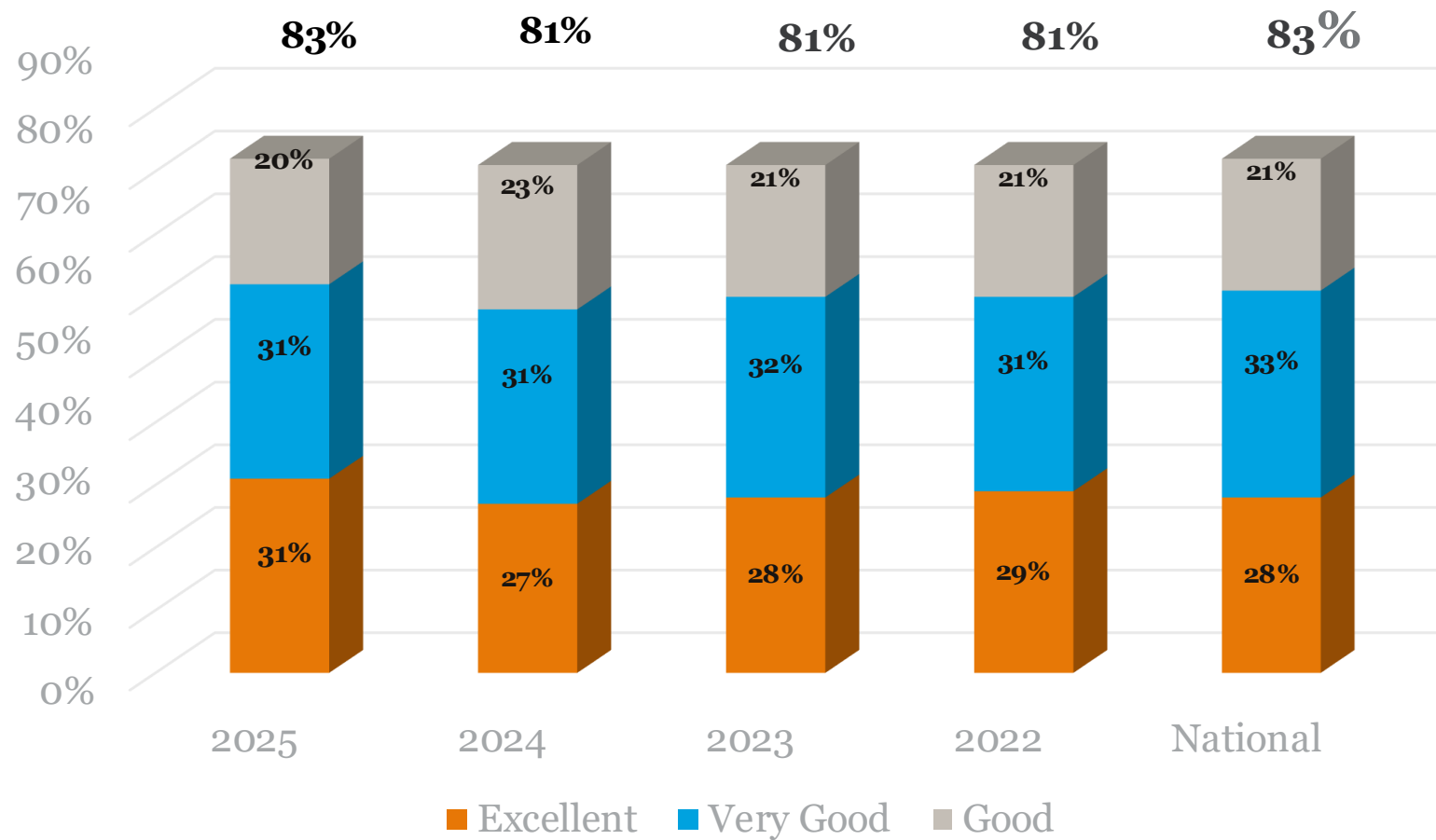
170 JCAHO centers

86% SNFs received quality incentive for improvement in quality measures (Medicaid quality incentive program)

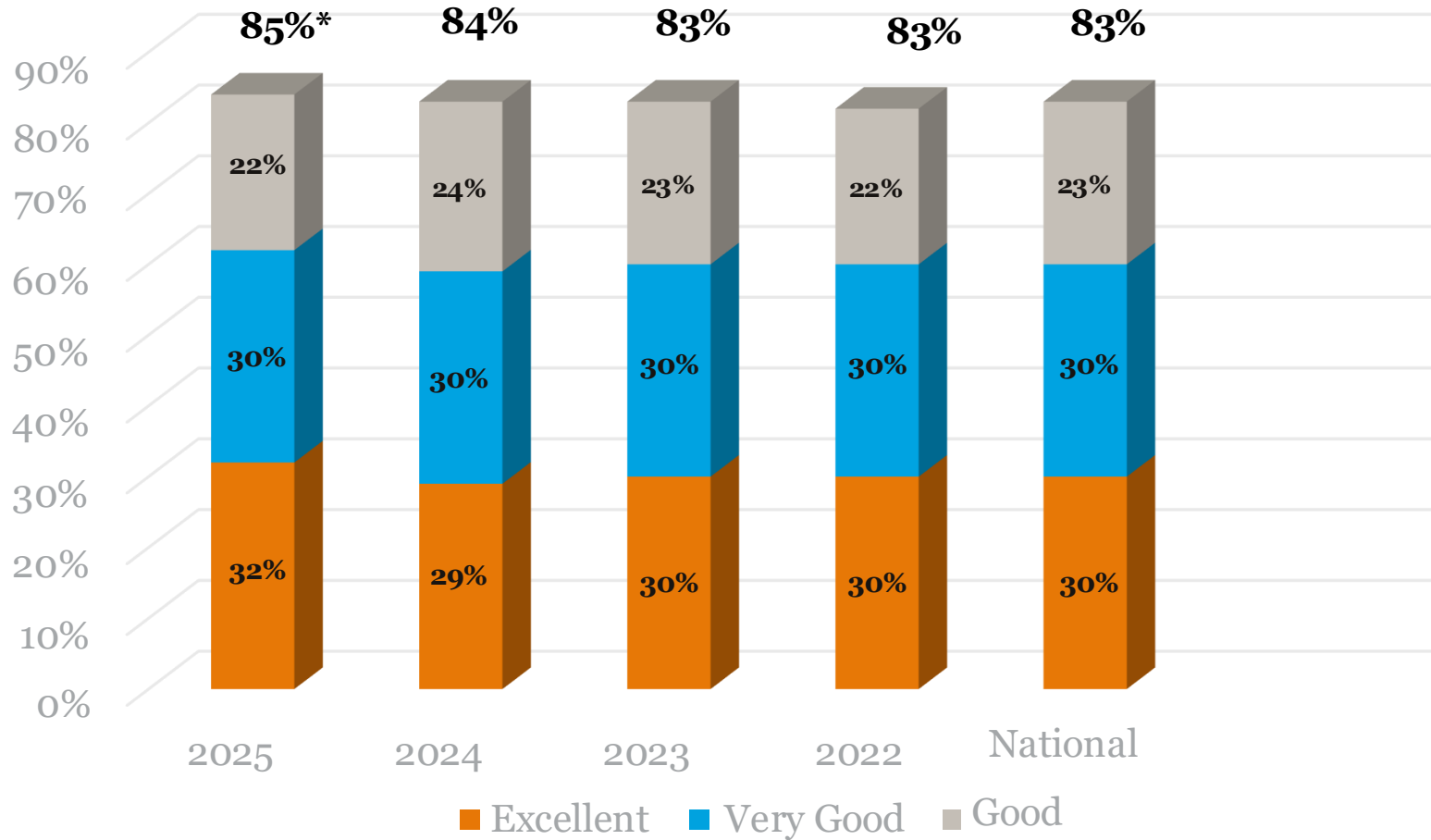
High levels of family and resident satisfaction

Heart Forward expansion

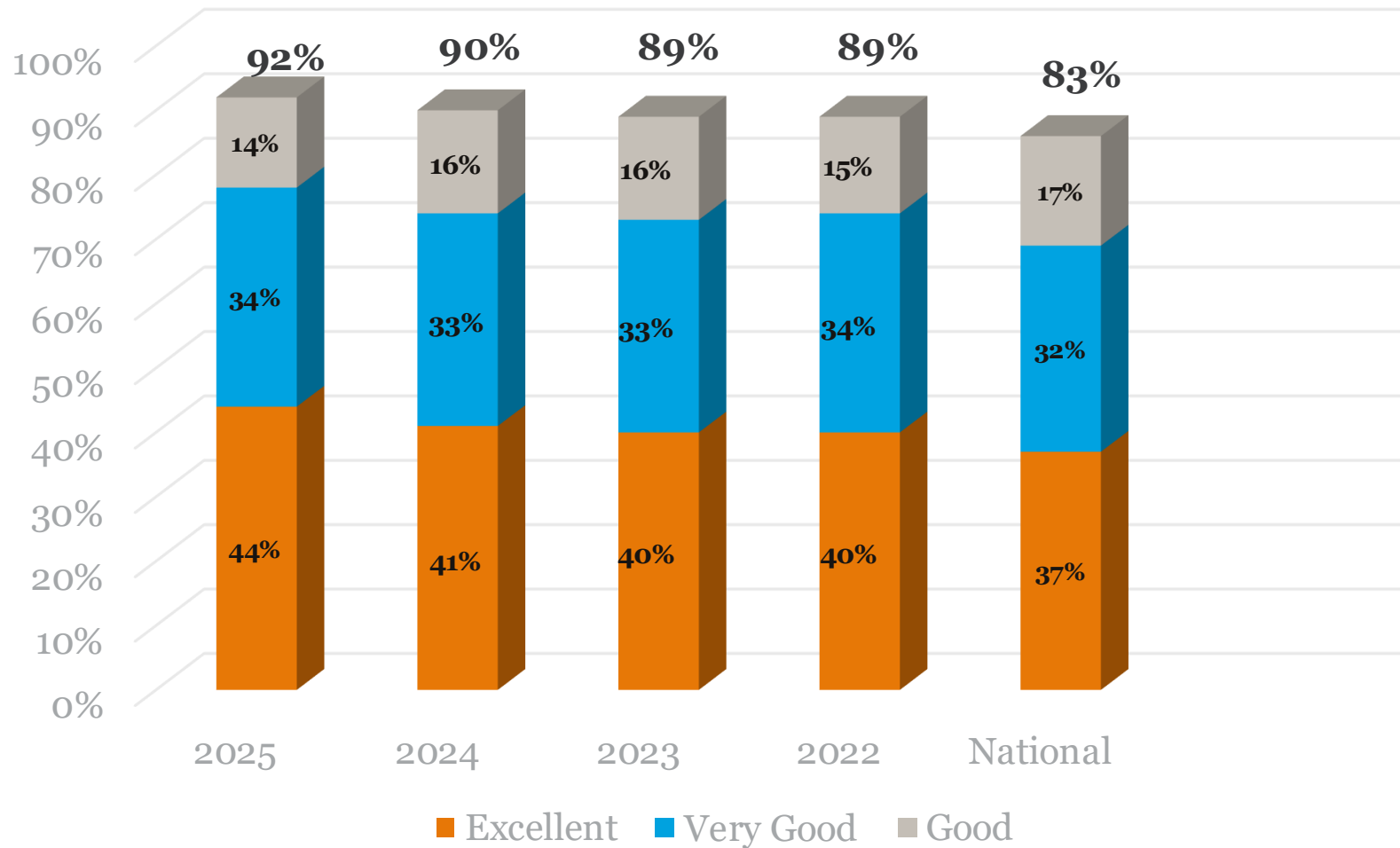
2025 Overall Recommendation- Resident



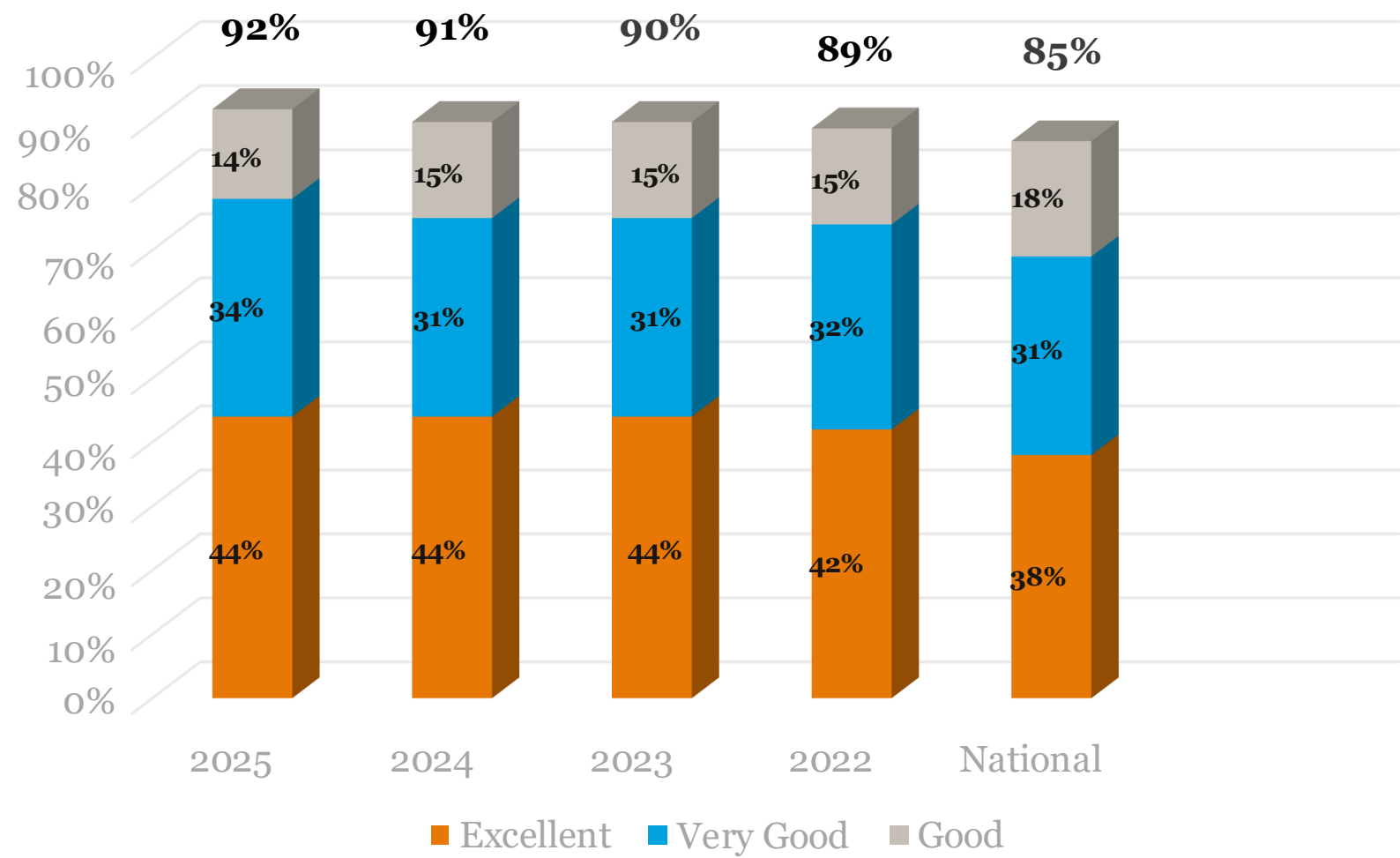
2025 Overall Care Rating- Resident



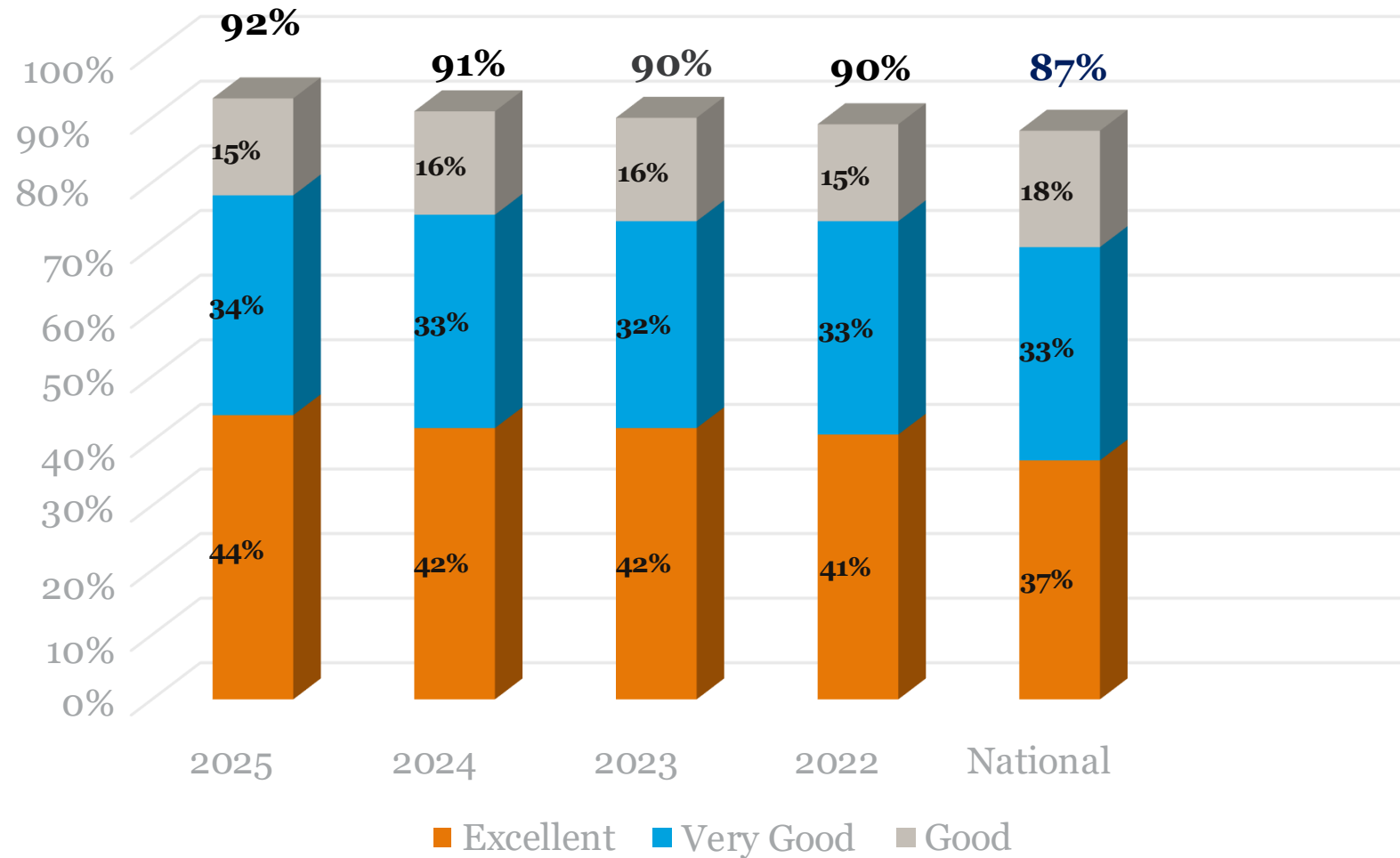
2025 Overall Recommendation- Family



2025 Overall Care Rating- Family



2025 Overall Staff Rating- Family



Our Why



Culture **influences** every resident, employee and family experience.



Great care begins with **great culture.**



Heart Forward provides a framework for **lasting transformation.**



Leaving in Action

- In partnership with center leadership, evaluate staffing in context of clinical acuity.
- Request a listing of all residents on antipsychotic medications and diagnoses. Request trending on when prescribed/original order. Off hours? Prescriber? New Dx? Evaluation?
- Determine if your center is a candidate for Risk-based survey. Support center in establishing a plan to move toward eligibility.
- Consider Medical Director certification.
- Ask center leadership if they have signed a participation agreement with HQI QIN-QIO.
- Cultural assessment- Heart Forward a fit?

Thank you

Pam Clayton

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