

NAVIGATING QUALITY MEASURES TOWARD 5-STAR IMPROVEMENT

April 2019 Changes & Impact



- ▶ List the 12 MDS measures used to calculate the quality measure (QM) rating of 5 star
- ▶ State the five claims based measures used in calculating the QM rating of 5 star
- ▶ Verbalize understanding of how the MDS based measures 'trigger'
- ▶ Describe the five-risk adjusted MDS measures
- ▶ Classify the 5-star QMs into the appropriate weighted CMS system
- ▶ Integrate a basic understanding of QMs into improving your 5-star rating.

OBJECTIVES



2008—it all began!

2012—changes to design & usability

2015—included measures of antipsychotics and adjusted QM/staffing ratings

2018—replaced the traditional staffing data with data collected through the Payroll-Based Journal (PBJ) system

2019...what changed?

5-STAR HISTORY



SURVEY 'UNFROZEN' April 2019.

Resumed the 'traditional' method of calculating scores using 3 cycles of inspections. Inspections occurring on/after 11/28/17 included in star rating.

1. Cycle 1-- $\frac{1}{2}$ (50%)
2. Cycle 2-- $\frac{1}{3}$ (33%)
3. Cycle 3-- $\frac{1}{6}$ (17%)

Revisits: >1 can cost you!

- 2nd 50% of survey score
- 3rd 70% of survey score
- 4th 85% of survey score

SURVEY

CMS enforces survey ratings relative to the State.


- Top 10% 5 star
- Middle 70% get a 2-3-4 rating
- Bottom 20% receive a 1 star rating.

- ▶ CMS adjusted the thresholds for staffing ratings.
- ▶ Updated staffing grid **increases the IMPACT of RN hours**
- ▶ Regulations require 8 RN hours per day, 7 days a week
 - ▶ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-17-NH.pdf>
 - ▶ With the April update 4+ days/quarter without RN = automatic 1 star staffing rating (based on PBJ data submitted to CMS).
 - ▶ This is a change from 7+ days/quarter.

STAFFING

- ▶ How CMS determines your facility staffing star
 - ▶ Based on your PBJ DAILY staffing for **RNs, LPNs and CNAs**
 - ▶ There are 2 staffing values for your staffing rating—RN hours and TOTAL nursing hours.
 - ▶ RNs count as RN hours (value 1)
 - ▶ RNs, LPNs and CNAs count as total hours (value 2)
 - ▶ Based on your DAILY acuity/case mix (from MDS)
 - ▶ Based on your DAILY census (from MDS)—make sure you are completing dc assessments TIMELY so your census/acuity is not falsely over-inflated.
 - ▶ Then they do some math and 'adjust' (e.g., lower) your actual hours based on resident acuity and census.
 - ▶ **Adjusted hours=(Hours reported/Case-mix)*National Average**

STAFFING

Feb-19	F	S	Su	M	T	W	T	F	S	Su	M	T	W	T	TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14				
RN	57	8.5	39.75	59.25	67.5	85.5	67	67.75	27.25	32.5	87.5	76.75	79.25	76.75	832.25	Facility specific 		
LPN	81.75	58.75	55.5	90.75	100.5	71.75	106	113.75	64.75	47.25	103.5	90.25	95.25	110.25	1190			
C.N.A	157	162.6	151.25	169	186.5	180.5	179.25	173.5	184.25	163.25	165.5	159	174.25	163.75	2370			
census	89	89	88	88	90	90	89	89	90	90	90	90	88	86	1246			
RN HPPD	0.6404	0.0955	0.4517	0.6733	0.7500	0.9500	0.7528	0.7612	0.3028	0.3611	0.9722	0.8528	0.9006	0.8924	0.6679		RN Exp	0.4016
LPN HPPD	0.9185	0.6601	0.6307	1.0313	1.1167	0.7972	1.1910	1.2781	0.7194	0.5250	1.1500	1.0028	1.0824	1.2820	0.9551		Total Exp	3.3135
C.N.A HPPD	1.7640	1.8270	1.7188	1.9205	2.0722	2.0056	2.0140	1.9494	2.0472	1.8139	1.8389	1.7667	1.9801	1.9041	1.9018			
Total HPPD	3.3230	2.5826	2.8011	3.6250	3.9389	3.7528	3.9579	3.9888	3.0694	2.7000	3.9611	3.6222	3.9631	4.0785	3.5248		RN Avg	0.3746
Adjusted RN Hours	0.597	0.089	0.421	0.628	0.700	0.886	0.702	0.710	0.282	0.337	0.907	0.795	0.840	0.832	0.623		Total Avg	3.2096
Adjusted Total Hours	3.219	2.5016	2.7133	3.5113	3.8154	3.6351	3.8338	3.8637	2.9732	2.6153	3.8369	3.5086	3.8388	3.9506	3.414			
Staffing Star Rating	3	1	2	3	3	4	3	3	1	2	4	3	4	4	3			

This is an example of how you can track staffing from a star perspective.

The CEO/administrator sent the staffing hours/census...

Then it was 'converted' into adjusted hours/star rating DAILY.

STAFFING



April 2018



Table 5 Staffing Hours 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
		< 3.176	3.176 – 3.551	3.552 – 4.009	4.010 – 4.237	≥4.238
1	< 0.246	★	★	★★	★★	★★★
2	0.246 - 0.382	★	★★	★★★	★★★	★★★★
3	0.383 – 0.586	★★	★★★★	★★★★	★★★★★	★★★★★
4	0.587 – 0.883	★★	★★★★	★★★★★	★★★★★	★★★★★
5	≥0.884	★★★	★★★★	★★★★★	★★★★★	★★★★★

April 2019



Table 4 Staffing and Rating (updated April 2019)						
RN rating and hours		Total nurse staffing rating and hours (RN, LPN and nurse aide)				
		1	2	3	4	5
		< 3.107	3.107 – 3.573	3.574 - 4.037	4.038 – 4.403	≥4.404
1	< 0.316	★	★	★★	★★	★★★
2	0.316 - 0.500	★★	★★	★★	★★★	★★★★
3	0.501 – 0.723	★★	★★★★	★★★★	★★★★★	★★★★★
4	0.724 – 1.041	★★★	★★★★	★★★★★	★★★★★	★★★★★
5	≥1.042	★★★	★★★★★	★★★★★	★★★★★	★★★★★

Where do you see the biggest change?

STAFFING

- ▶ Facilities now have 3 quality measure (QM) ratings—
 - ▶ Overall rating
 - ▶ Long-stay rating
 - ▶ Short-stay rating
- ▶ The QMs come from
 - ▶ MDS (12)
 - ▶ Medicare claims (5)

QUALITY MEASURES

LS QMs from the MDS	LS QMs from Medicare Claims
1-Need for ADL help has increased	9- <i>*Hospitalizations per 1000 resident days</i>
2- <i>*Move independently worsened</i>	10- <i>*ER visits per 1000 resident days</i>
3-High-risk pressure ulcers	
4- <i>*Catheters</i>	
5-UTIs	
6- <i>*Pain</i>	
7-Falls with major injury	
8-Antipsychotic medication	

Long stay=residents who are in the SNF for >100 days

**Risk adjusted QMs*

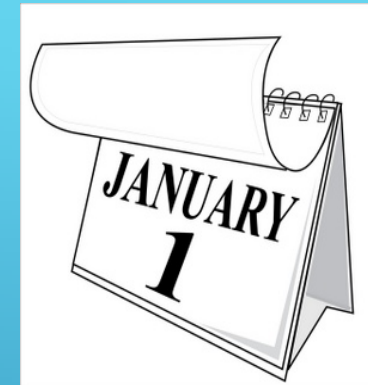
LONG-STAY QMS—10

SS QMs from the MDS	SS QMs from Medicare Claims
11-*Improvement in function	15-*Re-hospitalizations after SNF admit
12-*New/worsening PU	16-*ER visit
13-Pain	17-*Successful community dc
14-Antipsychotics	

*Short-stay=residents at SNF 100 days or <
Risk-adjusted QMs

SHORT-STAY QMS—7

- CMS calculates QM ratings using the FOUR most recent quarters for which data is available.
- QMs are UPDATED on NHCompare QUARTERLY.
- The next update will occur on/around **JULY 25th 2019.**
Claims QMs will update again in October 2019.



SS MDS Measures July 2019 DOS	LS MDS Measures July 2019 DOS
1/1/18-3/31/19	4/1/18-3/31/19

DATES OF SERVICE FOR QM SCORES

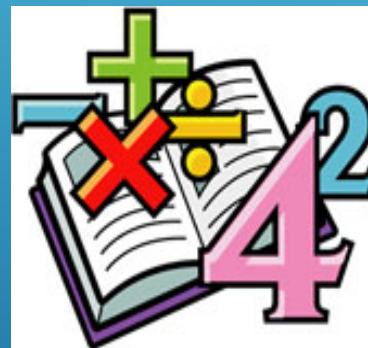
QM WEIGHTS

15-150 Points QMs	20-100 Points QMs
SS Improvement in function	SS Pain
SS Successful community dc	SS Antipsychotic
SS Hospital readmissions	SS New/worse PU
SS ER visits	LS Falls with major injury
LS ADL decline	LS Pain
LS Antipsychotic	LS High risk PU
LS mobility decline	LS UTI
LS Hospitalizations per 1000 days	LS Catheter
LS ER visits per 1000 days	



The more weight (points) you lift, the better!

- ▶ CMS looks at your MDS/Med A Claims data and gives you a % based on residents who 'triggered' for a QM.
- ▶ Example: 1 resident had pain out of 20 qualifying assessments=5%
- ▶ That 5% correlates to 'points.' Each point value for each QM is added together to give the facility a—
 - ▶ LS QM score
 - ▶ SS QM score
 - ▶ Overall QM score



QM WEIGHTS

QM Rating	LS QM Rating Thresholds	SS QM Rating Thresholds	Overall QM Rating Thresholds
★	175-524	167-541	342-1066
★ ★	525-619	542-638	1067-1258
★ ★ ★	620-704	639-714	1259-1419
★ ★ ★ ★	705-799	715-805	1420-1605
★ ★ ★ ★ ★	800-1250	806-1250	1606-2500

...Points needed for QM star rating effective 4/25/19

QM WEIGHTS FOR STAR RATING

▶ MDS Items

▶ Triggers...

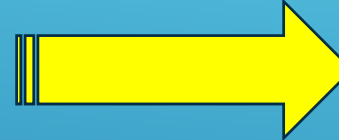
1. Condition 1—**both** of the following must be met
 1. J0400=1 or 2 (***almost constant or frequent pain***) and
 2. At least one episode of ***moderate to severe pain*** (J0600A=5-9 or J0600B=2 or 3)
2. Condition 2
 1. Resident reports ***very severe/horrible pain of any frequency*** (J0600A=10 or J0600B=4)



5 Star Goal
0-3.53% for 100
points

IMPROVING QMS—SS PAIN

- ▶ This measure reports the % of **Medicare Part A** SNF stays for residents with stage 2-4 pressure ulcers that are new or worsened since admission.
 - ▶ MDS DC assessment indicates 1 > new/worsened stage 2-4 PU compared to admission.
 - ▶ Comes from MDS section M0300B/C/D
 - ▶ Covariates (risk adjustment):
 - ▶ Bed mobility self-performance limited or >
 - ▶ Bowel incontinence at least occasionally
 - ▶ DM/PVD or peripheral arterial disease
 - ▶ Low BMI



5 star Goal
0=100 points
0.01-0.80%=80 points
0.81-1.6%=60 points

IMPROVING QMS—NEW/WORSE PU SS

- ▶ N0410A coded 1-7
 - ▶ Exclusions
 - ▶ Schizophrenia
 - ▶ Tourette's syndrome
 - ▶ Huntington's disease



5 Star Goal
 0=100 points
 0.01-0.96%=80 points
 0.97-1.68%=60 points

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="text"/>	A. Antipsychotic

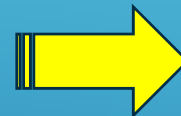
IMPROVING QMS—ANTIPSYCHOTICS SS

- ▶ This QM looks at residents who were dc from the facility and gained more independence in **transfer, locomotion and walking**.
- ▶ MDS G0110B1 (transfer self-performance), G0110E1 (locomotion on unit-self-performance) and G0110D1 (walk in corridor-self-performance)

- ▶ Sum of the above

- ▶ Example

- ▶ Admission assessment=3 (extensive assist for all)=9
- ▶ DC assessment=2(limited assist for all)=6...improvement.



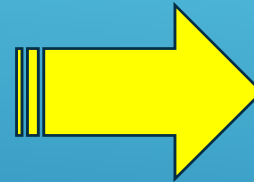
5 Star Goal

82.76%-100%=150 points

77.45-82.75%=135 points...

IMPROVING QMS-SS IMPROVEMENT IN FUNCTION FROM ADMIT TO DC

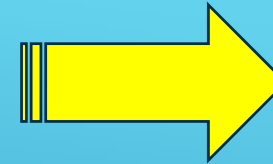
- ▶ Comes from Med A Claims
- ▶ Looks at any new Med A admission/readmission to SNF FROM A HOSPITAL to see if the resident was re-admitted to the hospital for inpatient or observation stay within 30 days.
- ▶ Planned readmissions don't count—examples:
 - ▶ Bone marrow transplants
 - ▶ Kidney/other transplants
 - ▶ Maintenance chemotherapy/rehabilitation
 - ▶ Normal pregnancy
 - ▶ Readmissions to psychiatric hospitals or units



5 Star Goal
0-14.74%=150 points
14.75-17.42%=135 points
17.43-19.25%=120 points
19.26-20.82%=105 points...
If 29.72%>=15 points

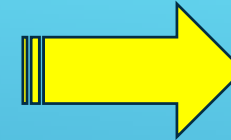
IMPROVING QMS— REHOSPITALIZATIONS SS

- ▶ Comes from Med A claims
- ▶ Looks at new admissions/readmissions to a SNF FROM A HOSPITAL where the resident had an outpatient ER visit within 30 days of SNF admission.
- ▶ If the ER visit results in an admission inpatient/observation it is not 'double counted.' For example, the SNF may be penalized for the readmission, but would not be double penalized for the ER visit (since it resulted in a hospital readmission).



5 Star Goal
0-6.23%=150 pts
6.24-8.08%=135 pts
...19.76-100%=15 pts

IMPROVING QMS—ER VISITS SS



- ▶ Claims driven
- ▶ Residents dc to the community following a SNF stay, and do not have an unplanned readmission to an acute care hospital in the 31 days following dc, AND
- ▶ Who remain alive during the 31 days following dc to community.

5 Star Goal
64.96-100%=150 pts
60.44-64.95%=135 pts

If 30.7% or \leq 15 pts

IMPROVING QMS—SUCCESSFUL
COMMUNITY DC SS

- ▶ Identifies residents with at least one fall with an injury classified as major, which includes *bone fracture, joint dislocation, closed head injury with altered consciousness, subdural hematoma.*

5 Star Goal

0-1.34%=100 points

1.35-2.46%=80 points...

If 5.15% or > 20 points

IMPROVING QMS—FALLS WITH
MAJOR INJURY LS



▶ Triggers...

1. Condition 1—**both** of the following must be met
 1. J0400=1 or 2 (***almost constant or frequent pain***) and
 2. At least one episode of ***moderate to severe pain*** (J0600A=5-9 or J0600B=2 or 3)

2. Condition 2
 1. Resident reports ***very severe/horrible pain of any frequency*** (J0600A=10 or J0600B=4)

5 Star Goal
0-1.18%=100 points
1.19-3.6%=80 points

If 11.96% or >=20 points



IMPROVING QMS—PAIN LS

- ▶ Looks at high-risk residents that have stage 2-4 PU
- ▶ What makes them high risk?
 - ▶ Bed mobility self-performance (G0110A=3,4,7,8)
 - ▶ Transfer self-performance (G0110B)=3,4,7,8)
 - ▶ B0100=1 comatose
 - ▶ I5600 checked, indicating malnutrition or risk of malnutrition

5 Star Goal

0-3.77%=100 points

3.78-5.84%=80 points

5.85-7.83%=60 points

If 10.58% or >=20 points



IMPROVING QMS—HIGH RISK PU LS

Item I2300 Urinary tract infection (UTI):

- The UTI has a look-back period of 30 days for active disease instead of 7 days.
- Code only if both of the following are met in the last 30 days:
 1. It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN, or Loeb in the last 30 days,
AND
 2. A physician documented UTI diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 30 days.

5 Star Goal

0-0.7%=100 points

0.71-1.6%=80 points

1.61-2.72%=60 points

If 4.53% > 20 points.



IMPROVING QMS—UTIS LS

- ▶ This QM addresses prevalence of residents with indwelling catheters.
- ▶ H0100A coded 1, indicating presence of indwelling catheter
- ▶ Exclusions: neurogenic bladder (I1550), obstructive uropathy (I1650).
- ▶ Covariates
 - ▶ Frequent bowel incontinence on prior assessment
 - ▶ Stage 2-4 PU on prior assessment

5 Star Goal

0-0.5%=100 points

0.51-1.26%=80 points

1.27-2.17%=60 points

If 3.57% or >=20 points

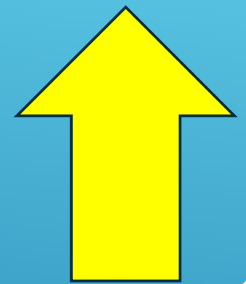


IMPROVING QMS—CATHETERS LS

- ▶ Looks at the LATE LOSS ADLs (bed mobility-transfer-eating-toileting)
- ▶ Was there a (1) point decline in TWO of the ADLs (resident self-performance)?
- ▶ Or, was there a (2) point decline in ONE of the ADLs?
- ▶ Example
 - ▶ Resident went from supervision to extensive assist in one late-loss ADL, or
 - ▶ Resident went from limited assist to extensive assist in two late-loss ADLs.
- ▶ Exclusions
 - ▶ ALL 4 late loss ADLs indicate total dependence on prior assessment
 - ▶ 3 of the 4 ADLs indicate total dependence on prior assess and the 4th ADL is ext asst
 - ▶ Comatose
 - ▶ Life expectancy <6m/hospice

5 Star Goals
0-7.19%=150 points
7.20-9.56=80 points
9.57-11.41%=60 pts

If 23.24% or > =15 pts



IMPROVING QMS—NEED FOR INCREASED ADL HELP LS

- ▶ N0410A coded 1-7
 - ▶ Exclusions
 - ▶ Schizophrenia
 - ▶ Tourette's syndrome
 - ▶ Huntington's disease

5 Star Goal

0-4.78%=150 points

4.79-7.49%=135 points

7.50-9.60=120 points

If 25.39% or $\geq 15\%$



IMPROVING QMS—ANTIPSYCHOTICS LS

- ▶ Looks at (1) ADL—Locomotion on unit
- ▶ An increase of one or more points on the 'locomotion on unit-self performance' defines a decline. CMS compares the current assessment coding with the prior assessment coding—was there a decline in resident self-performance with locomotion on unit?
- ▶ Exclusions:
 - ▶ Comatose
 - ▶ Prognosis <6m/hospice
 - ▶ Resident TOTALLY dependent on prior assessment.
- ▶ Covariates (examples)
 - ▶ Severe cognitive impairment/BIMS
 - ▶ Vision
 - ▶ Oxygen use

5 Star Goal

0-8.21%=150 points

8.22-11.21%=135 points

11.22-13.5%=120 points

If 27.48% or \geq 15 points



IMPROVING QMS—MOVE INDEPENDENTLY
WORSENERD LS

- ▶ Numerator: Unplanned hospitalizations (inpatient or outpatient observation stays) for every 1,000 days that the LS resident were admitted to the facility.
- ▶ Denominator: Includes Medicare FFS enrollees who have been in the facility 101 days or more without a gap of 30 days. Even though this is a LS measure the data still comes from Medicare claims data, and can only be calculated for Medicare FFS.
- ▶ Planned readmissions don't count—examples:
 - ▶ Bone marrow transplants
 - ▶ Kidney/other transplants
 - ▶ Maintenance chemotherapy/rehabilitation
 - ▶ Normal pregnancy
 - ▶ Readmissions to psychiatric hospitals or units

5 Star Goal

0-0.8345=150 points

0.8346-1.0870=135 points

1.0871-1.2960=120 points

If 2.6829 or \geq 15 points



IMPROVING QMS—HOSPITALIZATIONS PER 1000 DAYS LS

- ▶ The number of outpatient ER visits that occurred among LS residents of the SNF during a one year period per 1000 patient days.
- ▶ Numerator: Number of visits to the ER that didn't result in outpatient observation stay or inpatient stay.
- ▶ Denominator: Includes Medicare FFS enrollees where the resident resides in the SNF for a total of 101 days or > without a gap of 30 days. Remember, the measure uses Medicare claims data and can ONLY be calculated for Medicare FFS beneficiaries.

5 Star Goal

0-0.4928=150 points

0.4929-0.6966=135 pts

0.6967-0.8585=120 pts

If 2.5329 or >=15 points.



IMPROVING QMS—ER VISITS PER 1000 DAYS LS

- ▶ The more points a facility scores per measure, the better their QM rating
- ▶ Every 6 months QM thresholds (e.g., point spread) will be increased by 50% of the AVERAGE rate of IMPROVEMENT in QM scores
 - ▶ Example
 - ▶ If there is an average rate of improvement of 2% in a measure, the threshold would be raised 1%.
 - ▶ WHY?

QM SUMMARY



Facility	Overall
Arthur B Hodges	5
Clay	5
EA Hawse	5
Good Shepherd	5
Hampshire	5
Hampshire memorial hospital	5
Mcdowell	5
Reynolds	5
Rosewood	5
Springfield	5
St Marys	5
United	5
War Memorial	5
Webster	5

14 facilities in WV ranked 5 star overall as of April 25th 2019—

CONGRATS!

IMPACT OF APRIL 2019 CHANGES—
WV SPECIFIC

Facility	Survey
Clay	5
Columbia St Francis	5
EA Hawse	5
Good Shepherd	5
Hampshire	5
Hampshire memorial hospital	5
Mcdowell	5
Reynolds	5
Rosewood	5
Springfield	5
St Marys	5
War Memorial	5
Webster	5

*13 WV SNFs with 5 star in the survey domain—
Effective 4/25/19.*

IMPACT OF APRIL 2019 CHANGES— WV SPECIFIC

Facility	Staffing
Arthur B Hodges	5
Columbia St Francis	5
John Manchin	5
St Josephs	5
St Marys	5
United	5
War Memorial	5
Weiron medical center	5
Cortland Acres	4
Grant Memorial	4
Harper Mills	4
Hopemont	4
Jackie Withrow	4
Lakin	4
Madison park	4
Mansfield	4
Mapleshire	4
Moundview	4
Ohio Valley	4
Pendleton	4
Sundale	4

21 WV Facilities with a 4-5 star in the staffing domain.

IMPACT OF APRIL 2019 CHANGES— WV SPECIFIC

Facility	QMs
Berkeley Springs	5
Eastbrook	5
Hampshire	5
Hilltop	5
John Manchin	5
Mainstreet	5
Meadow Garden	5
Oakridge	5
Teays Valley	5

9 WV SNFs with a 5 star in Quality Measures

IMPACT OF APRIL 2019 CHANGES— WV SPECIFIC



SUMMARY

What does all of this mean??

1. Start with your survey domain rating. It is the most important and carries the most weight.
2. Add one star to the survey rating IF the staffing rating is 4-5 stars AND greater than the survey rating. Subtract one star if the staffing rating is a one star.
3. Add one star to the above if the quality measure rating is five stars. Subtract one star if the quality measure rating is one star.

*If the survey rating is 1 star, then the overall rating cannot be upgraded by more than one star based on staffing/QM ratings.

- ▶ Five-Star Technical Users' Guide April 2019
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf>
- ▶ MDS 3.0 Quality Measures User's Manual
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>
- ▶ Nursing Home Compare Claims-Based Quality Measure Technical Specifications
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/Nursing-Home-Compare-Claims-based-Measures-Technical-Specifications-April-2019.pdf>
- ▶ Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Measure-Calculations-and-Reporting-Users-Manual-V20.pdf>

REFERENCES