

## Leveraging Your Facility's 5-Star Analysis to Improve Quality

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## Today's Objectives

- Provide brief history of CMS' 5-Star Rating System
- QM Methodology
- Describe and demonstrate three LeadingAge tools available for members to monitor quality
- Review an actual facility's 5-Star Analysis
- Q&A



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## Growing Importance of Nursing Home 5-Star Ratings

1. **Consumers:** Initially to provide consumers and families with informed decisions regarding choice of NHs
2. **Regulators:** CON approval for lending and new construction can be affected by star ratings
3. **Providers:** Ratings used by hospitals and practitioners for referral decisions
4. **Insurers:** Medicare Advantage plans and hospitals participating in CJR (and more) will not refer to SNFs rated below three Stars
5. **Accountable Care Organizations (ACOs):** Beginning in 2017, 3-day hospital stay waiver will not be given to SNFs rated below three Stars
6. **Lenders and investors:** HUD is now using star ratings as a component of its risk assessments.

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## 5-Star Rating System

- 2008, CMS enhanced Nursing Home Compare website by implementing the 5-Star Rating System
- March 2011 to July 2012, QM component of 5-Star was held constant due to transition from MDS 2.0 to 3.0
- July 2012, new MDS 3.0 QMs publicly reported and subset incorporated into 5-Star Rating System
- 2014, executive order to make changes to the system
- February 2015
  - Revised *staffing* scoring algorithm
  - Re-scaled the cut points for each star level so it would take more total points to achieve a 5-Star *QM* rating
  - Added two antipsychotic measures

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## Impact of 2015 changes: National 5-Star Analysis

| 5 Star Overall | For Profit | Government | Non Profit | Total | 5 Star QM  | For Profit | Government | Non Profit | Total |
|----------------|------------|------------|------------|-------|------------|------------|------------|------------|-------|
| 1 Current      | 19.6%      | 10.4%      | 7.9%       | 16.2% | 1 Current  | 13.8%      | 16.0%      | 9.8%       | 12.9% |
| 1 Previous     | 10.5%      | 5.1%       | 3.5%       | 8.5%  | 1 Previous | 1.5%       | 3.4%       | 1.8%       | 1.7%  |
| 2 Current      | 22.0%      | 17.0%      | 13.4%      | 19.6% | 2 Current  | 19.9%      | 23.9%      | 17.2%      | 19.5% |
| 2 Previous     | 23.0%      | 16.8%      | 13.1%      | 20.2% | 2 Previous | 5.1%       | 8.9%       | 5.1%       | 5.3%  |
| 3 Current      | 19.5%      | 17.5%      | 18.3%      | 19.0% | 3 Current  | 18.0%      | 18.4%      | 19.1%      | 18.3% |
| 3 Previous     | 17.7%      | 15.5%      | 14.0%      | 16.7% | 3 Previous | 12.4%      | 15.4%      | 12.0%      | 12.5% |
| 4 Current      | 21.2%      | 30.3%      | 27.2%      | 23.2% | 4 Current  | 20.6%      | 16.5%      | 22.1%      | 20.7% |
| 4 Previous     | 24.3%      | 30.1%      | 28.5%      | 25.7% | 4 Previous | 33.0%      | 34.7%      | 33.6%      | 33.2% |
| 5 Current      | 17.7%      | 24.7%      | 33.2%      | 21.9% | 5 Current  | 26.8%      | 23.7%      | 30.7%      | 27.6% |
| 5 Previous     | 24.6%      | 32.4%      | 40.8%      | 28.9% | 5 Previous | 47.0%      | 36.0%      | 46.3%      | 46.1% |

- Based on the updated (2015) CMS methodology for calculating nursing home star ratings, there was:
- A decline in the percentage of Overall 5-Star nursing homes nationally from 28.9% to 21.9%
  - An increase in the percentage of Overall 1-Star nursing homes nationally from 8.5% to 16.2%
  - A decline in the percentage of nursing homes nationally who achieved a 5-Star Quality Measure rating from 46.1% to 27.6%
  - An increase in the percentage of nursing homes nationally who achieved a 1-Star Quality Measure rating from 1.7% to 12.9%

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## 2016 A year of Change

1. New measures both MDS and Claims based publicly reported
2. MDS additions section A and GG October 2016
3. Final rule (The Mega Rule) Phase 1 November 2016
4. Phase 2 November 2017
5. QAPI
6. PBJ



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### QM Methodology

- Using 4 quarters of data rather than 3 for determining QM ratings
- Reducing the minimum denominator for all measures to 20 summed across four quarters
- Using national cut points for assigning points for the ADL QM rather than state-specific thresholds
- Using new calculations for facilities that have missing data or an inadequate denominator size for one or more QMs
- January 2017 all QM's are weighted 100%

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### MDS BASED MEASURES

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### Knowing the Quarterly Concept

**Data Collection Period for MDS Based Quality Measures**  
The font highlights the 4 quarters used to calculate the Quality Measures for each reporting period.

| Measure         | Q1 | Q2 | Q3 | Q4 |
|-----------------|----|----|----|----|
| ADL             | Q1 | Q2 | Q3 | Q4 |
| Gait            | Q1 | Q2 | Q3 | Q4 |
| Incontinence    | Q1 | Q2 | Q3 | Q4 |
| Medication      | Q1 | Q2 | Q3 | Q4 |
| Mobility        | Q1 | Q2 | Q3 | Q4 |
| Nutrition       | Q1 | Q2 | Q3 | Q4 |
| Pressure Ulcers | Q1 | Q2 | Q3 | Q4 |
| Respiratory     | Q1 | Q2 | Q3 | Q4 |
| Staffing        | Q1 | Q2 | Q3 | Q4 |
| Transfers       | Q1 | Q2 | Q3 | Q4 |
| Wound Care      | Q1 | Q2 | Q3 | Q4 |

**Data Collection Period for MDS Based Quality Measures**  
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| Measure         | Q1 | Q2 | Q3 | Q4 |
|-----------------|----|----|----|----|
| ADL             | Q1 | Q2 | Q3 | Q4 |
| Gait            | Q1 | Q2 | Q3 | Q4 |
| Incontinence    | Q1 | Q2 | Q3 | Q4 |
| Medication      | Q1 | Q2 | Q3 | Q4 |
| Mobility        | Q1 | Q2 | Q3 | Q4 |
| Nutrition       | Q1 | Q2 | Q3 | Q4 |
| Pressure Ulcers | Q1 | Q2 | Q3 | Q4 |
| Respiratory     | Q1 | Q2 | Q3 | Q4 |
| Staffing        | Q1 | Q2 | Q3 | Q4 |
| Transfers       | Q1 | Q2 | Q3 | Q4 |
| Wound Care      | Q1 | Q2 | Q3 | Q4 |

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## MDS 3.0-based QMs

### Percentage of Short Stay Residents Who.....

- 1. Self-report moderate to severe pain\*
- 2. Have pressure ulcers that are new or worsened \*
- 3. Newly received an antipsychotic medication \*
- 4. Were assessed and appropriately given the seasonal influenza vaccine
- 5. Were assessed and appropriately given the pneumococcal vaccine
- 6. Who made improvements in function\*

\*QMs used in the 5-Star calculations

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## MDS 3.0-based QMs

### Percentage of Long Stay Residents Who.....

- 1. Experienced one or more falls with major injury\*
- 2. Self-report moderate to severe pain \*
- 3. Are high-risk residents with pressure ulcers\*
- 4. Were assessed and appropriately given the seasonal influenza vaccine
- 5. Were assessed and appropriately given the pneumococcal vaccine
- 6. Have a urinary tract infection\*
- 7. Are low-risk residents and lose control of their bowel or bladder

\* QMs used in the 5-star calculations

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## MDS 3.0-based QMs

### Percentage of Long Stay Residents Who.....

- 8. Have/had a catheter inserted and left in their bladder \*
- 9. Were physically restrained\*
- 10. Have an increased need for help with daily activities\*
- 11. Lose too much weight
- 12. Have depressive symptoms
- 13. Received an antipsychotic medication\*
- 14. Whose ability to move independently worsened\*
- 15. Who received an antianxiety or hypnotic medication

\* QMs used in the 5-star calculations

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## MDS 3.0-based Survey-only QMs

### Percentage of Long Stay Residents Who.....

1. Have had a fall during their episode of care
2. Received anti-anxiety medications or hypnotics but do not have evidence of psychotic or related conditions
3. Have behavior symptoms that affect others

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## CLAIMS-BASED MEASURES

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## Overview of Claims-Based Measures

- Measures use Medicare fee-for-service claims data only
  - Medicare Advantage data is excluded because CMS does not have access to data at this time (~ 31% of Medicare population nationally)
- MDS is used in building *stays* and for some risk-adjustment variables
- Claims-based measures include only those residents who were admitted to the nursing home following an inpatient hospitalization and are *Short-stay*
- Measures are risk-adjusted, using items from claims, the enrollment database and the MDS

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**Data Collection Period for Claims Based Quality Measures**

This tool **highlights** the 12-month time period CMS uses for each of the two reporting periods for the claims based measures.

|                                       | January | February | March  | April  | May    | June   | July   | August | September | October | November | December |
|---------------------------------------|---------|----------|--------|--------|--------|--------|--------|--------|-----------|---------|----------|----------|
| April Quality Measures are based on   | Year-2  | Year-2   | Year-2 | Year-2 | Year-2 | Year-2 | Year-2 | Year-2 | Year-2    | Year-2  | Year-2   | Year-2   |
|                                       | Year-1  | Year-1   | Year-1 | Year-1 | Year-1 | Year-1 | Year-1 | Year-1 | Year-1    | Year-1  | Year-1   | Year-1   |
| October Quality Measures are based on | Year-2  | Year-2   | Year-2 | Year-2 | Year-2 | Year-2 | Year-2 | Year-2 | Year-2    | Year-2  | Year-2   | Year-2   |
|                                       | Year-1  | Year-1   | Year-1 | Year-1 | Year-1 | Year-1 | Year-1 | Year-1 | Year-1    | Year-1  | Year-1   | Year-1   |

Year minus 1 (Year-1) = The calendar year belonging to 1 year ago or the Previous Year. Year minus 2 (Year-2) = The calendar year belonging to 2 years ago.

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### Percentage of Short-stay residents who were successfully discharged to the community

| Numerator   | Denominator  | Exclusions  | Risk adjustment  |
|---|--|---|--|
| The number of SNF episodes where there was a discharge to the community within 100 days of entry who are not admitted to a hospital (inpatient or observation stay), a nursing home, or die within 30 days of discharge | The number of SNF episodes that began within 1 day of discharge from a prior hospitalization at an acute care, Critical Access Hospital (CAH), or psychiatric hospital | <ul style="list-style-type: none"> <li>Medicare Advantage enrollees</li> <li>Residents who were in a nursing home prior to the start of the stay</li> <li>Residents on hospice</li> <li>Resident was comatose</li> <li>Resident did not have an initial assessment</li> </ul> | Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items<br><br>Calculation used: (actual rate/expected rate) x national average |

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### Important Things to Know

1. Uses MDS to identify community discharges (A2100=1)
2. Uses Claims data to determine if the discharge was **“successful”**
  - Successful discharge is defined as those for which the beneficiary was not hospitalized, was not readmitted to a nursing home, and did not die in the 30 days after discharge
3. Uses Claims *and* MDS data for risk-adjustment
4. If residents are on hospice, ensure accurate MDS coding as these residents will be excluded from the measure (O0100K2= v)
5. This is a positive outcome meaning that a higher rate is better.

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### Percentage of Short-stay residents who were re-hospitalized after a nursing home admission

| Numerator   | Denominator  | Exclusions   | Risk adjustment   |
|---|--|--|---|
| The number of SNF stays where there was a resident admitted to an acute care hospital within 30 days of SNF admission | The number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital | <ul style="list-style-type: none"> <li>Medicare Advantage enrollees</li> <li>Planned readmissions</li> <li>Residents on hospice</li> <li>Resident was comatose</li> <li>Resident did not have an initial assessment</li> </ul> | <p>Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items</p> <p>Calculation used: (actual rate/expected rate) x national average</p> |

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### Important Things to Know

- Includes hospitalizations that occur after NH discharge but within 30-days of NH stay start date
  - Includes observations stays
  - Excludes planned readmissions and hospice patients
- A "stay-based" measure that includes both those who were previously in a nursing home and those who are new admits
- Looks at number of stays, not number of residents; therefore a resident could possibly flag more than once during any given time period
- Uses MDS *and* claims data for risk adjustment
- Uses Part A claims data to identify inpatient readmissions and Part B claims for observation stays
- This is a negative outcome meaning a lower rate is better

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### Percentage of Short-stay residents who have had an outpatient emergency department visit

| Numerator   | Denominator  | Exclusions  | Risk adjustment   |
|---|--|---|---|
| The number of SNF stays where there was an outpatient ER visit not resulting in an inpatient stay or observation stay within 30 days of SNF admission | The number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital | <ul style="list-style-type: none"> <li>Medicare Advantage enrollees</li> <li>Residents on hospice</li> <li>Resident was comatose</li> <li>Data missing</li> <li>Resident did not have an initial MDS</li> </ul> | <p>Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items</p> <p>Calculation used: (actual rate/expected rate) x national average</p> |

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## Important Things to Know

1. Outpatient ED visit measure has same 30-day timeframe as the re-hospitalization measure and considers all outpatient ED visits *except* those that lead to an inpatient admission (which are captured by the re-hospitalization measure)
2. Uses MDS and claims data for risk adjustment
3. Uses Part B Claims data to identify outpatient ED visits
4. Looks at number of stays, not number of residents; therefore a resident could possibly flag more than once during any given time period
5. This is a negative outcome meaning lower rates are better

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## Importance of Knowing your Numbers



- Final Episodic Payment Model Rules Issued
- Potential effects for SNFs if these EPMs are rolled out include: Reduced volume for these DRGs if the hospital seeks to discharge more individuals directly home with or without services; and/or shorter lengths of stay.
- To the extent that you have data – *Rehospitalization, Outpatient ED Visit, Successful Discharge* -- on your outcomes for individuals in these categories - *Pain, Pressure Injuries, and UTI's* conduct outreach to the potential participating hospitals to discuss your benefit to reducing cost and maintaining positive outcomes for their Medicare patients with these conditions.

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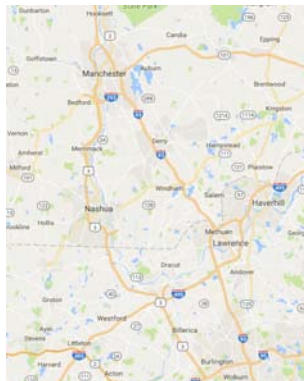
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## New Hampshire Metropolitan Statistical Area



Manchester-Nashua

Myocardial Infarction  
Coronary Artery Bypass Graft



<https://data.cms.gov/dataset/Episode-Payment-Models-Metropolitan-Statistical-Ar/28af-844h>

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### Massachusetts-New Hampshire Metropolitan Statistical Area



Boston-Cambridge-Newton

Myocardial Infarction  
Coronary Artery Bypass Graft  
Cardiac Rehabilitation

<https://data.cms.gov/dataset/Episode-Payment-Models-Metropolitan-Statistical-Ar/28af-bkhh>

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## LEADING AGE TOOLS

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## Nursing Home Quality Metrics

- Analyzes quality metrics such as 5-Star Ratings, staffing, quality measures, and deficiencies in SNFs using the most currently publicly reported data
- Users can create custom benchmark groups using various combinations of attributes such as state, county, non-profits, bed size, nursing home name and many others
- Once groups have been created, comparisons can be made using various types of analyses
- Login with your MyLeadingAge credentials to begin using program
- On-demand training webinars available on website

<https://data.leadingagency.org>

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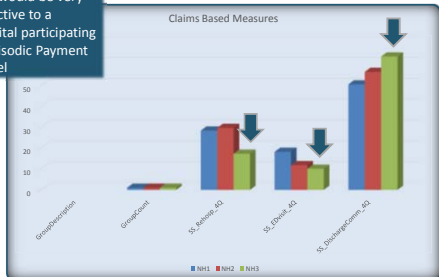
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### Use Quality Metrics for Presentations

NH3 would be very attractive to a Hospital participating in Episodic Payment Model



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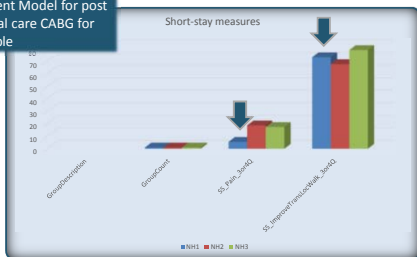
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### Use Quality Metrics for Presentations

NH1 would be very attractive to a Hospital participating in Episodic Payment Model for post surgical care CABG for example



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### LeadingAge 5-Star Analysis

- Facility-specific report
- Provides a comprehensive analysis of your 5-Star Rating
- Explains the three components of the 5-Star Rating
- Indicates where to focus improvement efforts to both improve resident care and increase your 5-Star Rating
- Provided exclusively to LeadingAge members on a quarterly basis as a member benefit

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## How to Calculate the 5-Star Rating

**Step 1:** Start with health inspection Five-Star rating.

**Step 2:** Add one star to the Step 1 results if staffing rating is four or five stars and greater than the health inspection rating; subtract one star if staffing is one star. The overall rating cannot be greater than five or less than one star.

**Step 3:** Add one star to the Step 2 result if the quality measure rating is five stars; subtract one star if the quality measure rating is one star.

**Step 4:** If the health inspection rating is one star, then the overall quality rating cannot be upgraded by more than one star based on the staffing and quality measure ratings.

**Step 5:** If the nursing home is a Special Focus Facility that has not graduated, the maximum overall quality rating is three stars.

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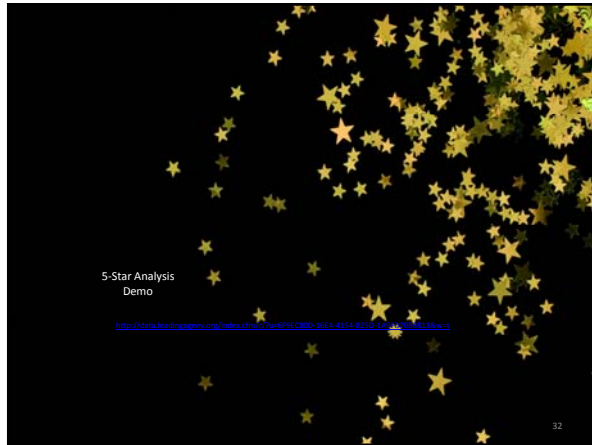
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5-Star Analysis  
Demo

[http://data.leadagency.org/nhsa\\_rdm/2016/9/100-164-4154-8705-1/0000000118.wv](http://data.leadagency.org/nhsa_rdm/2016/9/100-164-4154-8705-1/0000000118.wv)

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## Tips for Using 5-Star Analysis

- Choose the "low hanging fruit" first – those QMs where there is a potential to gain points
  - Concentrate on competencies that focus on prevention and early detection
  - Use cross discipline approach
- Become a data nerd
- QM data in current report is 4-6 months old. Predict the next 5-star QM results by factoring in next quarter's results
  - CMS now uses a four quarter average for the QM rates
  - Example: January 2017 5-Star is using Q,4 2015 and Q,1,2,3 2016 for QMs. Look at CASPER, EQUIP or other software for Q4 2016 rate. Do the math – average Q4, 1, 2 and 3 to see if you will gain or lose points in the next round (April 2017)
- Improvement will not happen overnight. Continuous quality improvement is the key!



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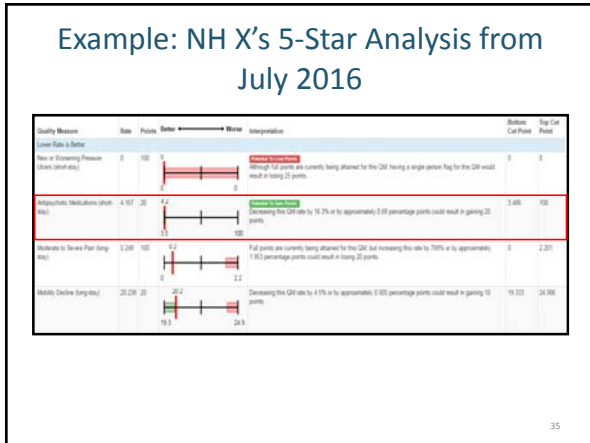
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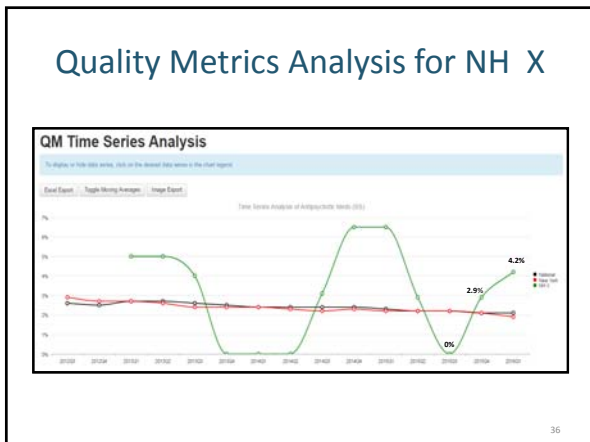
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## NH X's CASPER Report for Q2 2016

| Measure Description         | CMS ID  | Data Num | Denom | Facility Observed Percent | Facility Adjusted Percent | Comparison Group State Average | Comparison Group National Average | Comparison Group National Percentile |
|-----------------------------|---------|----------|-------|---------------------------|---------------------------|--------------------------------|-----------------------------------|--------------------------------------|
| Falls w/High Injury (L)     | N013.01 | 11       | 182   | 6.0%                      | 6.0%                      | 3.0%                           | 3.4%                              | 34*                                  |
| Antipsych Med (S)           | N011.01 | 0        | 0     | 0.0%                      | 0.0%                      | 1.6%                           | 2.3%                              | 0                                    |
| Antipsych Med (L)           | N031.02 | 20       | 181   | 11.0%                     | 11.0%                     | 14.1%                          | 16.4%                             | 32                                   |
| Antianxiety/Depres (L)      | N033.01 | 1        | 87    | 1.1%                      | 1.1%                      | 5.6%                           | 8.6%                              | 15                                   |
| Behavior Disturb Others (L) | N034.01 | 32       | 179   | 17.9%                     | 17.9%                     | 19.1%                          | 22.5%                             | 40                                   |

To calculate next 5-Star QM points for this measure, add the four quarters: 0 + 4.2 + 2.9 and 0 to equal 7.1. Then divide by 4 to average the rates. That equals 1.9, which is well below the cut point of 3.5. The facility will gain at least 20 points in Quality Measures Domain on the next 5-Star.

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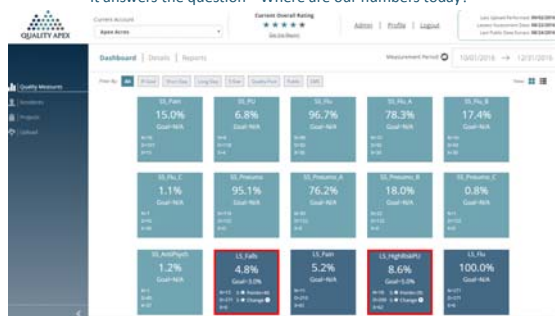
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## Quality Apex the Next Generation

It answers the question "Where are our numbers today?"



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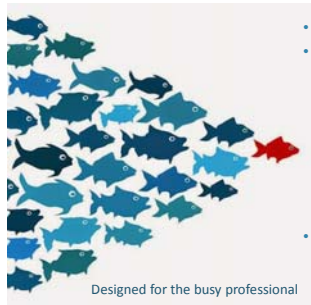
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## NH Trend Report



- General SNF information
- Trend graphs for:
  - QMs
  - Adjusted staffing hours
  - Weighted 3 cycle total health survey score
  - Bed counts
  - Resident counts
  - 5-Star Ratings
- Linked to it from the 5-Star Analysis

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| SNF Information   |                               |
|---|-------------------------------|
| This section provides details for the selected organization including trends for certified beds and total census. |                               |
| Information for Alice Byrd Taxes Nursing Home, Somerset County, MD as of 2016-11-01                               |                               |
| Provider Number   | 215058                        |
| Name  | Alice Byrd Taxes Nursing Home |
| Legal Business Name   | Microeedy Foundation, Inc     |
| State   | MD                            |
| County  | Somerset                      |
| Urban/Rural Designation   | Urban                         |
| Ownership   | Non Profit - Corporation      |
| Certification   | Medicare and Medicaid         |
| In Hospital   | No                            |
| Participation Date  | 05-09-1968                    |
| CCRC Facility   | No                            |
| Special Focus Facility  | No                            |
| Changed Ownership in Last 12 Months   | No                            |
| Resident Family Council   | Resident                      |
| Sprinkler Status  | Yes                           |

**Sponsors**

Quality Apex  
Providing Data Analysis  
Tools Committed to helping  
You Evaluate Your  
Performance

LeadingAge  
Text from LeadingAge

ValueFirst  
Text from ValueFirst

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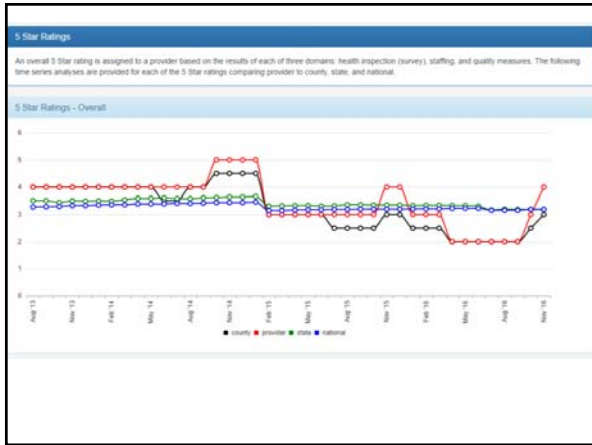
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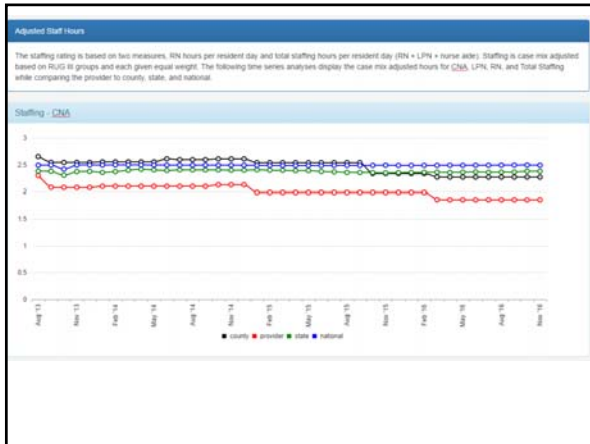
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## Questions?



Contact information:  
Quality Apex  
[contact@qualityapex.com](mailto:contact@qualityapex.com)  
Quality Metrics, NH Trend Report or 5-Star  
[qualitymetrics@leadingagency.org](mailto:qualitymetrics@leadingagency.org)

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**Nursing Home Action Plan**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/2016-2017-Nursing-Home-Action-Plan.pdf>

**PBJ Manual**

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Final-V22.pdf>

**QAPI Manual**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/nhqaapi.html>

**Nursing Home Compare Technical User's Guide**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf>

**Episode Payment Metropolitan Statistical Areas**

<https://data.cms.gov/dataset/episode-payment-models-metropolitan-statistical-areas/28af-bkhh>

Five-Star Helpline # 1-800-839-9290 for 1 week after preview reports or via email to [Bettercare@cms.hhs.gov](mailto:Bettercare@cms.hhs.gov) when telephone helpline is not operational

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