Be a Winner: How Therapy Can Impact Your 5 Star Rating

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Objectives

• Explain the 5 Star Quality Rating and its impact on a facility
• Understand how the Quality Measures are determined
• Describe different ways the therapy department can impact the QMs

5 Star Rating System

• Began December 2008
• Enhancement to Nursing Home Compare website
• Allows for a set of quality ratings for each facility that participates in Medicare or Medicaid
• These ratings take the form of “stars” for several areas
• Primary goal was to make it usable for residents and families to understand assessment of nursing home quality.
Star Ratings

- Quality rating of 1 to 5 stars based on facility performance in 3 areas:
  - Health Inspections
  - Staffing
  - Quality Measures

- These combine for an Overall Measure

What Do the Stars Mean?

- Much Above Average
- Above Average
- Average
- Below Average
- Much Below Average

Health Inspection Rating

- The methodology for constructing the health inspection rating is based on points assigned to deficiencies from:
  1. The most recent three standard surveys for each nursing home
  2. Results from any complaint investigations during the most recent three-year period
  3. Any repeat revisits needed to verify that required corrections have brought the facility back into compliance
Health Inspection Score

• More recent surveys are weighted more heavily than earlier surveys
  – The most recent period (cycle 1) is assigned a weighting factor of \( \frac{1}{2} \)
  – The previous period (cycle 2) has a weighting factor of \( \frac{1}{3} \) and
  – The second prior survey (cycle 3) has a weighting factor of \( \frac{1}{6} \)

• The weighted time period scores are then summed to create the survey score for each facility.

Scoring

• Calculated based on points assigned to deficiencies identified in each active provider’s current health inspection survey and the two prior surveys, as well as deficiency findings from the most recent three years of complaints information and survey revisits
  • Based on Scope and Severity

Complaint Survey Scoring

• Complaint surveys are assigned to a time period based on the calendar year in which the complaint survey occurred.
  – Complaint surveys that occurred within the most recent 12 months preceding the current website update date receive a weighting factor of \( \frac{1}{2} \)
  – Those from 13-24 months ago have a weighting factor of \( \frac{1}{3} \)
  – Those from 25-36 months ago have a weighting factor of \( \frac{1}{6} \)
Revisits

Number of repeat revisits required to confirm that correction of deficiencies have restored compliance: No points are assigned for the first revisit. Points assigned for second, third, and fourth revisits are proportional to the Health Inspection Score.

<table>
<thead>
<tr>
<th>Revisit Number</th>
<th>Noncompliance Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>0</td>
</tr>
<tr>
<td>Second</td>
<td>0.5</td>
</tr>
<tr>
<td>Third</td>
<td>0.75</td>
</tr>
<tr>
<td>Fourth</td>
<td>0.875</td>
</tr>
</tbody>
</table>

Note: The health inspection score includes points from deficiencies cited on the standard annual survey and complaint surveys during a given survey cycle.

Health Inspection Overall

- Five-Star quality ratings on the health inspection domain are based on the relative performance of facilities within a state. This approach helps control for variation among states. Facility ratings are determined using these criteria:
  - The top 10 percent (lowest 10 percent in terms of health inspection deficiency score) in each state receive a five-star rating.
  - The middle 70 percent of facilities receive a rating of two, three, or four stars, with an equal number (approximately 23.33 percent) in each rating category.
  - The bottom 20 percent receive a one-star rating.

Staffing

- The rating for staffing is based on two case-mix adjusted measures:
  1) Registered nurse (RN) hours per resident day; and
  2) Total staffing hours (RN + licensed practical nurse (LPN) + nurse aide hours) per resident day.
- Other types of nursing home staff such as clerical or housekeeping staff are not included in these staffing numbers.
Staffing Scoring

• The (current) source data for the staffing measures is CMS form CMS-671 (Long Term Care Facility Application for Medicare and Medicaid) from CASPER.
• The resident census is based on the count of total residents from CMS form CMS-672 (Resident Census and Conditions of Residents).
• Scoring is case-mix adjusted based on the distribution of MDS 3.0 assessments by RUG-III group.

Staffing

• The specific fields that are used in the RN, LPN, and nurse aide hours calculations are:
  - RN hours:
    • Includes registered nurses (tag number F41 on the CMS-671 form),
    • RN director of nursing (F39), and nurses with administrative duties (F40).
  - LPN hours:
    • Includes licensed practical/licensed vocational nurses (F42)
  - Nurse aide hours:
    • Includes certified nurse aides (F43), aides in training (F44), and medication aides/technicians (F45)

Staffing

• The two staffing measures (RN and total nursing staff) are given equal weight.
• For each facility, the overall Staffing Rating is assigned based on the combination of the two staffing ratings
• To receive a five-star rating, facilities must meet or exceed the five-star level for both RN and total staffing
Quality Measures (QMs)

- Medicare uses assessment information to measure quality
- 6 new Quality Measures Released March 2016
- Most driven by MDS Data
- NEW claims based QMs
- Based on Quality Measures that are posted on Nursing Home Compare Website
3 (legacy) Short Stay QMs

- Short-stay residents:
  - Percent of residents with pressure ulcers (sores) that are new or worsened
  - Percent of residents who self-report moderate to severe pain
  - Percent of residents who newly received an antipsychotic medication (added 2015)

Short Stay QMs Included on Nursing Home Compare

- **Not** included as part of 5 Star Rating:
  - Percent of short stay residents who are given, appropriately, the seasonal influenza vaccine
  - Percent of short stay residents who are given, appropriately, the pneumococcal vaccine

8 (legacy) Long Stay QMs

- Percent of residents whose need for help with activities of daily living has increased
- Percent of high risk residents with pressure ulcers (sores)
- Percent of residents who have/had a catheter inserted and left in their bladder
- Percent of residents who were physically restrained
8 (legacy) Long Stay QMs (cont.)

- Percent of residents with a urinary tract infection
- Percent of residents who self-report moderate to severe pain
- Percent of residents experiencing one or more falls with major injury
- Percent of residents who received an antipsychotic medication (new 2015)

Long Stay QMs Reported on Nursing Home Compare

- Not included in 5 Star ratings:
  - Percent of long stay residents who are given, appropriately, the seasonal influenza vaccine
  - Percent of long stay residents who are given, appropriately, the pneumococcal vaccine
  - Percent of long stay residents who have depressive symptoms

Quality Measures (QM)

- Long Stay measures
  - CDIF > 101 days (Cumulative Days in facility)
  - Must have at least 30 residents with assessments completed
- Short Stay measures
  - CDIF ≤ 100 days
  - Must have at least 20 residents with assessments completed
- Ratings for the QM domain are calculated using the three most recent quarters for which data are available.
QM Scoring

• Each measure is assigned between 20 and 100 points based on facility performance
• All of the QMs are given equal weight. The points are summed across all QMs to create a total score for each facility. The total possible score ranges between 220 and 1100 points.

Thresholds

• These thresholds were set so that the overall proportion of nursing homes would be approximately
  – 25 percent 5-star
  – 20 percent for each of 2, 3 and 4-stars
  – 15 percent 1-star in February 2015 when the antipsychotic QMs are first included in the QM rating and hence rebasing was required.
• The cut points associated with these star ratings will be held constant for a period of at one year, allowing the distribution of the QM rating to change over time.

QM Cut Points

<table>
<thead>
<tr>
<th>QM Rating</th>
<th>Point Range/Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>761 – 1,100</td>
</tr>
<tr>
<td>4</td>
<td>601 – 760</td>
</tr>
<tr>
<td>3</td>
<td>541 – 600</td>
</tr>
<tr>
<td>2</td>
<td>481 – 540</td>
</tr>
<tr>
<td>1</td>
<td>421 – 480</td>
</tr>
<tr>
<td>0</td>
<td>361 – 420</td>
</tr>
<tr>
<td>–</td>
<td>301 – 360</td>
</tr>
<tr>
<td>–</td>
<td>241 – 300</td>
</tr>
<tr>
<td>–</td>
<td>181 – 240</td>
</tr>
<tr>
<td>–</td>
<td>121 – 180</td>
</tr>
<tr>
<td>–</td>
<td>61 – 120</td>
</tr>
<tr>
<td>–</td>
<td>0 – 60</td>
</tr>
<tr>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>
Overall Scoring

• Based on the five-star rating for the health inspection domain, the direct care staffing domain and the MDS quality measure domain, the overall five-star rating is assigned in five steps as follows:
  – Step 1: Start with the health inspection five-star rating.
  – Step 2: Add one star to the Step 1 result 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 more than five stars or less than one star.
  – Step 3: Add one star to the Step 2 result if quality measure rating is five stars; subtract one star if quality measure rating is one star. The overall rating cannot be more than five stars or less than 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 (SFF) that has not graduated, the maximum overall quality rating is three stars.

QUALITY MEASURE UPDATE
MARCH 2016

Updates

• 6 New Quality Measures
  – 4 Short Stay + 2 Long Stay
• Available on Nursing Home Compare in April 2016
• Impact 5 Star rating in July 2016 (exception is Antipsychotic measure which is not included)
• Only Fee for Service Beneficiaries
CMS Focus on Quality

• Transition from a Quantity to Quality based focus
  – Currently tying 30% of Medicare payments to care in alternative models
  – Goal of tying 50% of payments to care provided in alternative payment models by the end of 2018

4 NEW Short Stay QMs

3 CLAIMS BASED
1. Percentage of short-stay residents who were successfully discharged to the community (within 100 days of admission)
2. Percentage of short-stay residents who have had an outpatient emergency department visit (within 30 days of stay start date)
3. Percentage of short-stay residents who were rehospitalized after a nursing home admission (within 30 days of stay start date)

1 MDS BASED
Compared using 5 day and discharge MDS assessments
4. Percentage of short-stay residents who made improvements in function

Percentage of Short-Stay Residents who were Re-Hospitalized After a Nursing Home Admission

• Applies only to FFS Beneficiaries
• Claims based
• Only include those who were admitted to the nursing home following inpatient hospitalization
• Rolling 12 month window, updated every 6 months
• Will reflect care from July 1, 2014 through June 30, 2015
• Counts readmissions to hospital for any reason within 30 days of SNF admit
• Counts readmissions both during and after admission to the SNF, if they are within 30 days of SNF admit
• Risk adjusted (actual rate/expected rate x national average)
• Excludes
  – Planned readmissions
  – Hospice
  – Admissions to SNF not directly from hospital
Percentage of Short-Stay Residents who have had an Outpatient Emergency Department Visit

- Applies only to FFS Beneficiaries
- Claims based
- Only include those who were admitted to the nursing home following inpatient hospitalization
- Rolling 12 month window, updated every 6 months.
- Will reflect care from July 1, 2014 through June 30, 2015
- Counts any ER visit without readmission within 30 days of SNF admit
- Risk adjusted (actual rate/expected rate x national average)

Percentage of Short-Stay Residents who were Successfully Discharged to the Community

- Applies only to FFS Beneficiaries
- Claims based
- Only include those who were admitted to the nursing home following inpatient hospitalization
- Rolling 12 month window, updated every 6 months.
- Will reflect care from July 1, 2014 through June 30, 2015
- Counts discharges to the community within 100 days following admission to the SNF from a hospital who remain community alive for next 30 days
- Risk adjusted (actual rate/expected rate x national average)
- Excludes individuals who resided in SNF prior to being hospitalized

Percentage of Short-Stay Residents who Made Improvements in Function

- MDS Based
- Comparison made on 5 day MDS to Discharge MDS at which return to the nursing home is not anticipated
- Excludes:
  - Hospice Care/those who have a life expectancy of less than 6 months

Self Performance
- G0110B1 transfers: how a resident moves between surfaces including to/from bed; chair; wheelchair; standing position (excludes to/from toilet)
- G0110D1 walk in corridor; how resident walks in corridor on unit
- G0110E1 locomotion on unit: how a resident moves between locations in his/her room and adjacent corridor on same floor. If in w/c, self-sufficiency once in w/c
2 NEW Long Stay QMs

MDS BASED

1. Percentage of long-stay residents whose ability to move independently worsened

2. Percentage of long-stay residents who received an antianxiety or hypnotic medication (*not included in 5 Star Rating at this time)

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Percentage of Long-stay Residents Whose Ability to Move Independently Worsened

- Based on change in status between prior and target assessments
- G0110E1: locomotion on unit- how a resident moves between locations in his/her room and adjacent corridor on same floor. If in w/c; self sufficiency once in chair
- Updated Quarterly
Percentage of long-stay residents who received an Antianxiety or Hypnotic Medication

- Includes long-stay nursing home residents with a target assessment where:
  - Antianxiety medications are received
  - Hypnotic medications are received

- This QM is not included as part of 5 Star at this time
Know Your Data

- Pull reports
- Include therapy with all patient discussions
- Look at each QM, discuss a plan
- Implement programs
- Trend hospitalizations
- Talk the same language!

MDS and RehabCare Therapy Score Crosswalk:

<table>
<thead>
<tr>
<th>Score</th>
<th>Crosswalk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Independent: No assistance, no equipment, or extra time required.</td>
</tr>
<tr>
<td>1</td>
<td>Supervision: Stand by assistance for safety/technique and/or single cue to initiate.</td>
</tr>
<tr>
<td>2</td>
<td>Limited Assistance: Occasional assistance (25% or less of the time or effort involved to complete task).</td>
</tr>
<tr>
<td>2.5</td>
<td>Min Mod: Periodic assistance (25-40% of the time or effort involved to complete task).</td>
</tr>
<tr>
<td>3</td>
<td>Mod: Frequent assistance (40-50% of the time or effort involved to complete task).</td>
</tr>
<tr>
<td>3.5</td>
<td>Mod Max: Constant assistance (50-75% of the time or effort involved to complete task).</td>
</tr>
<tr>
<td>4</td>
<td>Max: Constant assistance (75-90% of the time or effort involved to complete task).</td>
</tr>
<tr>
<td>4.5</td>
<td>NTD - Near Total Dependence: Total assistance with only partial task completion.</td>
</tr>
<tr>
<td>5</td>
<td>CD - Complete Dependence: No contribution from patient; task done by others.</td>
</tr>
</tbody>
</table>

Know your Data Nursing Home Compare

Go To:

https://www.medicare.gov/nursinghomecompare/search.html
Facility Level CASPER Report

- **Comparison group state average.** This column shows the average statewide percentage for the QM for comparison with the facility.
- **Comparison group national average.** This column shows the average national percentage for the QM for comparison with the facility.
- **Comparison group national percentile.** The national percentile column ranks facilities relative to other facilities in the nation on each measure.
  - The higher the ranking, the more likely the measure should be reviewed as part of the facility quality improvement process or emphasized on the survey.
  - The values in this column represent the percent of facilities in the nation that are at or below the observed (or adjusted) percentage for the facility.
  - For example, if the facility is at the 85th percentile for a measure, it means that 85% of the facilities in the nation have an observed (or adjusted) percentage that is at or below the facility’s percentage.

Percentiles

- QMs at or above the 75th percentile in this column are designated with an asterisk (*). This identifies those measures where the facility’s ranking is high enough that it should be investigated or emphasized on the survey or in any internal quality improvement initiative and may indicate a possible concern with regard to quality of care.
- It is an area to highlight for investigation or emphasis during offsite survey preparation or to choose for review in the facility quality assurance or quality improvement processes.
- Note that just because a QM was flagged (exceeds a threshold) does not mean that there is an automatic assumption of a problem. It means that the information suggests that there is a concern that should be reviewed to see whether a problem exists and, if so, how it is being addressed.
- You must consider all of the information available, and use your best clinical judgment.

Resident Level Report
Resident Level Report

- **QM columns.** Following the identifying information, the report contains columns for each QM. An X appears in the QM column when the resident triggers a measure (i.e., is included in the numerator for that measure), and a b ("blank") appears for residents who did not trigger or who were excluded from the measure.
- The last column in each row displays a count of the number of measures that were triggered for the resident.

HOW THERAPY CAN ASSIST

Importance of Function

**CMS Framework for Measurement**

- Measures should include items that are patient- and outcome-oriented where possible.
- Measures should be applicable to all types of post-acute and long-term care settings (e.g., various settings are born to involve a core set of measures).
Function as an indicator of Risk

How to use Function to Measure Quality/Risk

Quality Impact Tool-QM
Quality Impact Tool-OUTCOMES

RehabCare Outcome Information:

<table>
<thead>
<tr>
<th>Outcome Information</th>
<th>DC Score</th>
<th>DC Acute</th>
<th>Ac DC FSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contrast Tube Cognition Rehab</td>
<td>90.0%</td>
<td>90.0%</td>
<td>-</td>
</tr>
<tr>
<td>Contract Management</td>
<td>90.0%</td>
<td>90.0%</td>
<td>-</td>
</tr>
<tr>
<td>Avoid Gram Neg Prevention</td>
<td>90.0%</td>
<td>90.0%</td>
<td>93.0%</td>
</tr>
<tr>
<td>Opine Neuro Rehab</td>
<td>90.0%</td>
<td>90.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>DC to More Urology Rehab</td>
<td>90.0%</td>
<td>90.0%</td>
<td>92.0%</td>
</tr>
<tr>
<td>Pain</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Meds Bladder Cysto/Bladder Exctab</td>
<td>94.0%</td>
<td>94.0%</td>
<td>93.0%</td>
</tr>
<tr>
<td>Pain Care</td>
<td>90.0%</td>
<td>90.0%</td>
<td>-</td>
</tr>
<tr>
<td>Number of Read Aims on this section</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Number of Green Aims on this section</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Overall Section rating color: &gt; 75% red areas=Red, 40%-75% red areas=Yellow, &lt; 35% red areas=Green</td>
<td>17%</td>
<td>31%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Reimbursement Implications

- Impact on bundled payment initiatives
  - CJR
- Payors looking to partner with facilities that have quality outcomes
- Future penalties for hospitalizations

Investigate

- How do you review QMs?
- What is screen process for therapy?
- Is there tracking and trending of data?
- What is follow up?
- Is there a ‘Discussion’ of each patient and QM? (ie QAPI, Care Plan)
Plan

• Be proactive.
  – Track and trend data
  – Utilize trends for QAPI. Review root causes

• Ensure accuracy of the MDS

• Communication
  – Transferring hospitals
  – Physicians regarding change of condition
  – To ensure continuity of care: Home Health, families, etc

Upcoming Changes for 2017/2018

• Staffing turnover and retention
• Staffing levels based on data from Payroll Based Journal (PBJ)
• Penalties for rehospitalizations
• Additional 5 star updates

Resources

• http://qs.ipro.org/nursing-homes-hac/overview/focus-on-building-blocks-for-quality/clinical-quality-measures-qam
• AHCA: A Summary of CMS Five Star Changes
  • Site Website: https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html
• Nursing Home Compare: https://www.medicare.gov/nursinghomecompare/search.html
• White Paper: “Walking Speed: the Sixth Vital Sign”
  Stacy Fritz, PT, PhD; Michelle Lusardi, PT, PhD2
Questions?

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