Quality Managed:
Your Guide to the NEW FP Q Card

Learning Objectives

- Complete a quick review of CMS Quality Programs

- Understand what changes are occurring to 5 Star in 2024

- Define the 5 Star rating components

- Determine how the QM points are calculated

- Recognize why 5 Star ratings might have changed

- Introduce the Functional Pathways Q Card

- Strategize how to manage quality utilizing resources

Value Based Purchasing?

Quality Reporting Program?
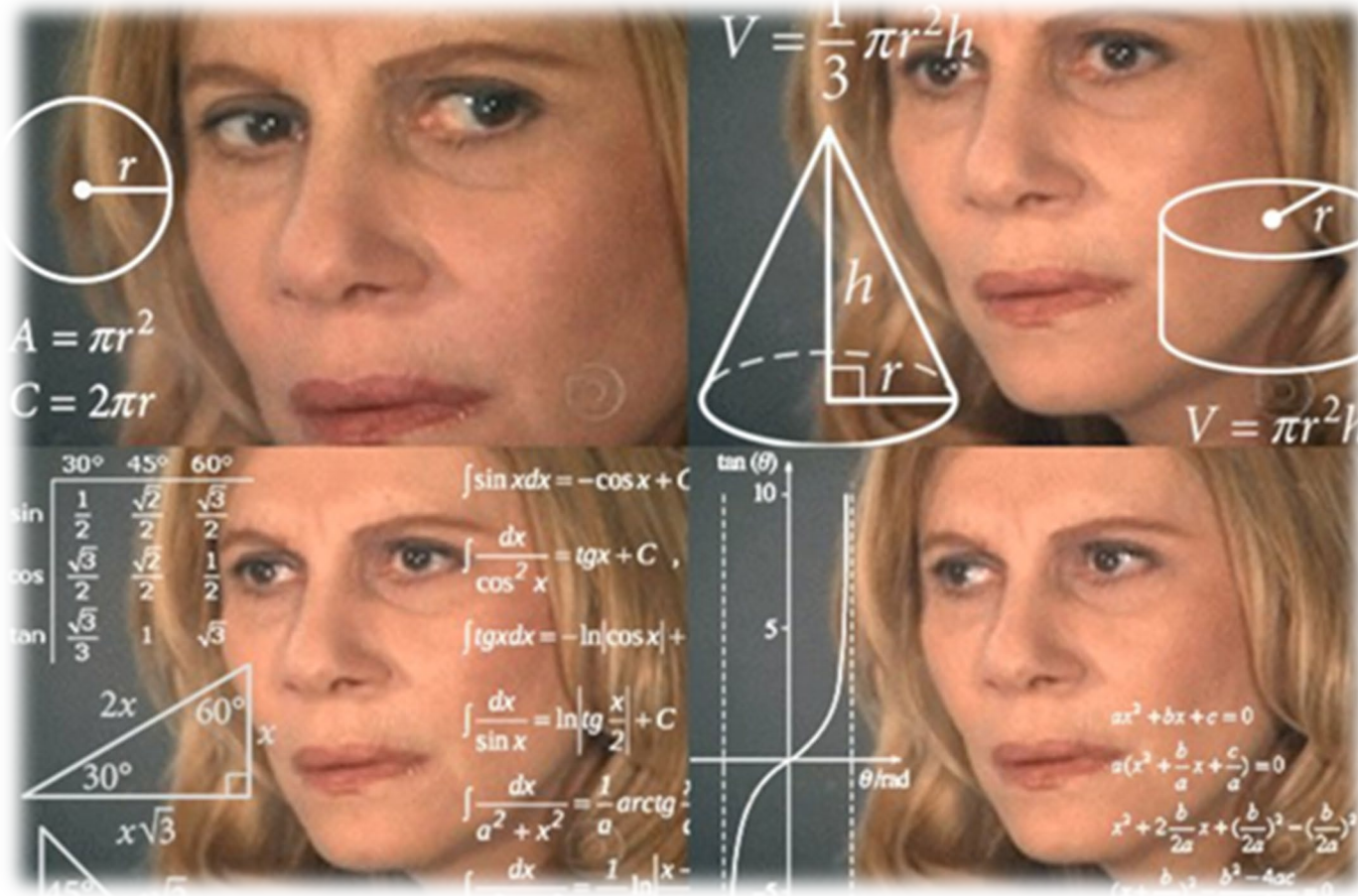
Thresholds?

Update?

5 Star?

Claims-based?

Cut Points?

Freezing?

iQIES?

Care Compare?

Quality Programs

Variety of Measures Reported for Different Purposes

- 5 Star Program
  - Program to help consumers, families and caregivers compare nursing homes
  - Care Compare Website
- Quality Reporting Program (QRP) – thinking beyond data entry
  - CMS created quality reporting requirements as mandated by IMPACT Act of 2014
  - 2% reduction in Annual Payment Update if data is not reported
- Value Based Purchasing (VBP)-
  - Linking provider payments to improved performance by health care providers
  - "Rewards SNFs with incentive payments based on quality of care they provide to Medicare beneficiaries, as measured by hospital readmissions measure" (CMS.gov)
  - CMS withholds 2% of payments and redistributes 60% as incentive payments

Defining Your Success-What People See

Reported in Different Places

- Care Compare
  - Consumer facing data
    - Not all MDS 3.0 quality measures are reported on Care Compare
    - Measures involved in all quality programs are reported on Care Compare
- MDS 3.0 Quality Measure Reports (formerly CASPER)
  - Facility facing data
  - iQIES (Internet Quality Improvement and Evaluation System): CMS system that includes survey, certification, and MDS data
    - Resident Level Quality Measure Report
    - Facility Level Quality Measure Report
    - Not all quality measures ,QRP and VBP are reported here
- Provider Preview Reports: Facility Facing

Where Quality Data Comes From

Pulled from different Data Sources

- MDS
- Claims-based
- NHSN (National Healthcare Safety Network)
- PBJ (Payroll Based Journal)

Defining Your Success-What is Being Measured

- 34 Total MDS 3.0 QMs
  - 11 SS QMs
  - 23 LS QMs
  - * QM used in a variety of ways; some are frozen during transition from G to GG
- **5 Star**
  - **6 Short Stay Measures**
  - **9 Long Stay Measures**
  - ***MDS QM and claims-based data, some are frozen during transition from G to GG data**
- QRPs: Current
  - 15 QRPs
  - *NHSN: claims based, and assessment based (some MDS QMs are used as part of the QRPs)
- Value Based Purchasing
 - FY 2024: 1 measure: 30 Day All Cause Readmission

Calculation of Overall 5 Star

- **Step 1**: Start with the health inspection rating
- **Step 2**: Add one star to the Step 1 result if the staffing rating is five stars; subtract one star if the staffing rating 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 the quality measure rating is five stars; subtract one star if the quality measure rating is one star. The overall rating cannot be more than five stars or less than one star
- **Note:** If the health inspection rating is one star, then the overall rating cannot be upgraded by more than one star based on the staffing and quality measure ratings

Calculation of Overall 5 Star

- If abuse deficiency noted during survey
  - Tags F600, F602, F603, F223, F224
  - Icon on Care Compare will ID Abuse
  - Health inspection capped at 2 stars
    - Best rating abuse facility could have is 4 stars if health inspection =2, and staffing and QM stars = 5

- Special Focus Facilities:
  - Not Available posted for all 3 domains
    - Icon on Care Compare as seen on the right of slide
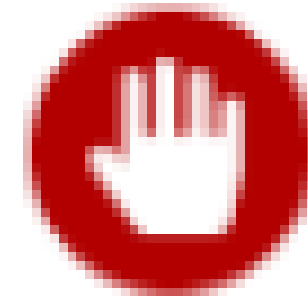
5 Star Changes for 2024

- Staffing: April 2024 Refresh update staffing level case mix adjustments
  - Frozen for 3 months until transition to PDPM case mix adjustments
  - Will receive lowest score possible for corresponding staffing turnover measures if fail to submit staffing data or submit erroneous data
- QMs:
  - 4 frozen items with 3 Name Changes
    - SS Improvement in Function, LS Pressure Ulcers, LS Help with ADLs Increased, LS Ability to Move I Worsened

5 Star QM Timeframes for Data

- MDS-based QM use 4 quarters of data except SS PU measure
  - Example:

January 2024 Care Compare Update

Q4 2023 Data SKIPPED Data Submission and Correction	Q3 2023 Data	Q2 2023 Data	Q1 2023 Data	Q4 2022 Data

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

5 Star Timeframes

- Claims-based and short-stay pressure ulcer/injury use full year

- Successful return to home and community is 2 years

- Threshold updates-supposed to be every 6 months according to CMS-Oct of 2022 is the latest we can find....

5 star: QM Points

- QM Star has Overall Star, Long-stay Star and Short-stay Star
- Scoring
  - 100 point measures
  - 150 point measures

- Scoring exceptions:
  - Schizophrenia audits
  - Special Focus Facilities
  - Abuse ID on Survey

5 Star Short Stay QMs

Short Stay Measures	Maximum Points
% of Residents who newly received an Antipsychotic medication	100
% of SNF residents with pressure ulcers that are new or worsened	100
% of residents who improved in their ability to move around on their own (DC Function score Oct 2024)	150
Rate of successful return to home and community from SNF	150
% of SS residents who were rehospitalized after a nursing home admission	150
% of SS residents who have had an outpatient emergency dept visit	150

5 Star Long Stay QMs

Long Stay Measures	Maximum Points
% of residents experiencing one or more falls with major injury	100
% of residents with pressure ulcers	100
% of residents with UTI	100
% of residents who have or had a catheter inserted and left in bladder	100
% of residents whose need for help with daily activities increased	150
% of residents who received an antipsychotic medication	150
% of residents whose ability to move independently worsened	150
Number of hospitalizations per 1,000 resident days	150
Number of outpatient emergency department visits per 1,000 days	150

5 star: QM Data Exceptions

- To be reported on Care Compare
  - At least 20 resident assessments across 4 quarters of data except Successful Return to Home and Community which requires 25

- If there are not 20 stays
  - To have a short stay or long stay measure reported:
    - Short stay at least 4 of the 6
    - Long stay at least 5 of the 9
      - The missing measures are filled in using available data plus state avg to get to minimum sample size for your star rating
    - May have just short stay or just long stay reported
    - If only SS or LS available, the total QM star will be based on available data

Example of Individual QM Cut Points

Percentage of residents experiencing one or more falls with major injury (long-stay)	0.0000	0.0134	100
	0.0135	0.0246	80
	0.0247	0.0356	60
	0.0357	0.0514	40
	0.0515	1.0000	20

Link to tables for Cut Points:
Nursing Home Compare Technical Users' Guide (cms.gov)

Total QM Score Cut Points

Table 5

Point Ranges for the QM Ratings (as of October 2022)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–483	144–491	299–975
★★	484–581	492–588	976–1,170
★★★	582–663	589–678	1,171–1,342
★★★★	664–755	679–766	1,343–1,522
★★★★★	756–1,150	767–1,150	1,523–2,300

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)

MYSTERY

A suspenseful story about a puzzling event that is not solved until the end of the story.

Change in Health Inspection Rating

Events that could change the health inspection score include:

- A new health inspection

- New complaint deficiencies

- New focused infection control survey deficiencies

- A second, third, or fourth revisit

- Resolution of Informal Dispute Resolutions (IDR) or Independent Informal Dispute

- Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies

- The "aging" of complaint and focused infection control survey deficiencies

- Abuse qualification

- Health inspection data will be included as soon as they become part of the CMS database.

- Timing of monthly cut points compared to timing of change in rating for individual nursing home

Change in Staffing Rating

- PBJ reported quarterly

- Staffing measures are calculated and posted quarterly

- Changes may be due to:
  - Differences in numbers of hours submitted for staff
  - Changes in daily census
  - Changes in resident casemix
  - Changes in staff turnover
  - Audit process could lead to a change if discrepancies are found

Change in QM Rating

- Data for MDS-based QMs and claims-based hospitalization and ED visits update quarterly

- QM rating updated at same time

- Changes in QMs may change the star rating

- Double edge sword:
  - Better QMs do not necessarily   = better reimbursement
  - Better reimbursement does not = better survey

Frozen Measures

- Frozen due to change in data from G to GG

Measure (Old Name)	Freeze on Care Compare	Notes
SS Residents Who Made Improvements in Function	April – Oct 2024	Will be replaced by Discharge Function Score in iQIES Oct 2023 and in 5 Star Oct 2024 Refresh
LS % of High-Risk Residents with Pressure Ulcers	April -- January 2025	Replaced by % of Residents with Pressure Ulcers in iQIES Oct 2023 and in 5 Star Jan 2025 Refresh
LS % of Residents Whose Need for Help with ADL has Increased	April -- January 2025	Name stays the same but changed to GG items
LS % of Residents Whose Ability to Move Independently Worsened	April -- January 2025	Replaced by % of Residents Whose Ability to Walk Independently Worsened iQIEs Oct 2023 and in 5 Star Jan 2025 Refresh

Frozen Measures

- Frozen = Maintaining the previous score on Care Compare until data is ready to report with GG

- Frozen does not = NOT gathering information

- GGs are being gathered now as part of future quarters' data

- Documentation of usual performance is more important than ever!!
  - Collaboration
  - Communication
  - Early screening and intervention

Managing Quality

- Use all tools
  - iQIES reports: Casper, Provider Preview, Resident and Facility Level Reporting
  - QAPI
  - At- Risk
  - Screening
  - Grand rounds
  - Documentation Audits for accuracy
  - Clinical programming
  - New FP Q CARD

Community Overall Star Rating

- Star rating for each community
  - Can sort by groups of communities to demonstrate multiple sites under one organization

Community Overall Star Rating - 2023-Q4

7 Total Communities

🔵 5 Star Rating		3
🟢 1 Star Rating		2
🟠 2 Star Rating		1
🔴 4 Star Rating		1

Community QM Rating

- QM standing with 5 Star rating

Community QM Rating - 2023-Q4

7 Total Communities

● 5 Star Rating		4
● 2 Star Rating		2
● 1 Star Rating		1

QM's Flagged % by Group

- Those that are triggering compared to National Score

QM's Flagged % by Group - 2023-Q4

81 Flagged

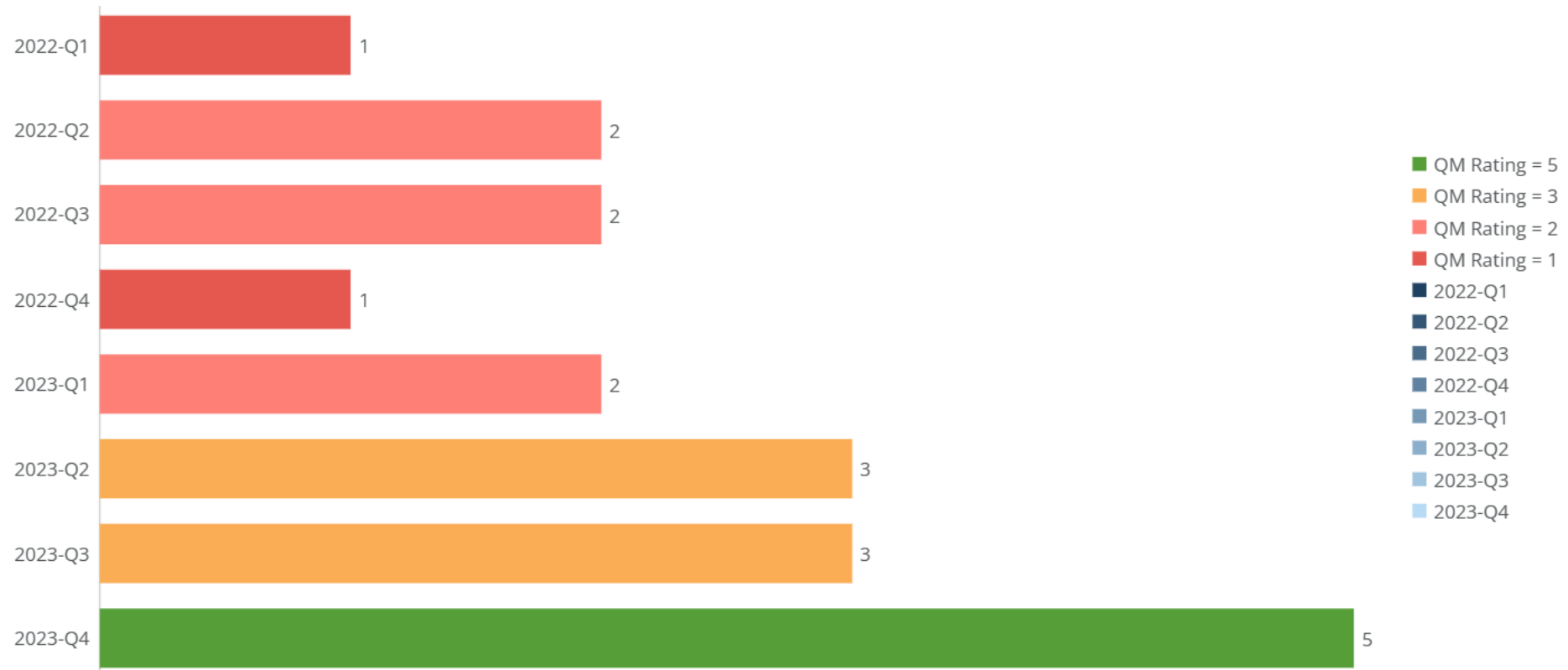|		
● MDS	48	59.3%
● QRP	22	27.2%
● Claims Based	11	13.6%

QM's Flagged Used In Star Rating-Claims Based, MDS, QRP

Quality Measures Flagged Used In Star Rating - Claims Based, MDS, ...

40 Flagged

●	LS - MDS - Movement Worsened	15%
●	SS - MDS - Movement Improved	10%
●	SS - Claims Based - ER Visit	10%
●	SS - MDS - Antipsychotic Medication	7.5%
●	LS - MDS - Antipsychotic Medication	7.5%
●	LS - MDS - Fall w/ Major Injury	7.5%
●	LS - MDS - UTI	7.5%
●	LS - MDS - Cath Insert	7.5%
●	LS - MDS - Need for Help Daily Incre...	7.5%
●	SS - Claims Based - Rehospital	7.5%
●	LS - Claims Based - ER Visit	5%
●	LS - Claims Based - Hospital	5%
●	Other	2.5%

QM Trending

Top Performers

Demo - Top Performers by All QMs - 2023-Q4

Site	Not Flagged	Flagged	Total
Site-106	91.67%	8.33%	36
Site-5	75%	25%	36
Site-16	69.44%	30.56%	36
Site-60	66.67%	33.33%	36
Site-29	58.33%	41.67%	36
Site-91	58.33%	41.67%	36
Site-86			
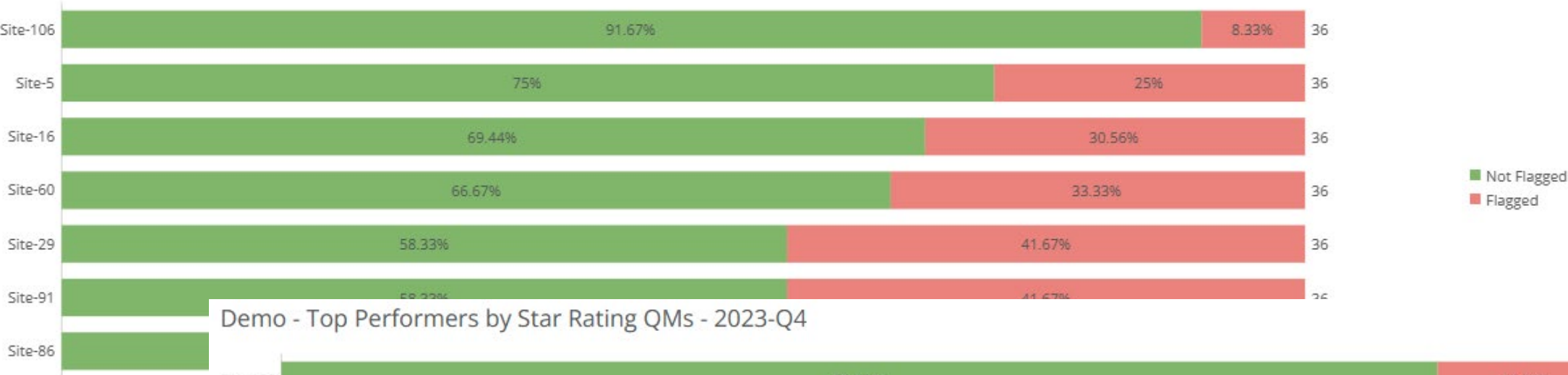
Demo - Top Performers by Star Rating QMs - 2023-Q4

Site	Not Flagged	Flagged	Total
Site-106	86.67%	13.33%	15
Site-5	80%	20%	15
Site-60	80%	20%	15
Site-16	66.67%	33.33%	15
Site-29	40%	60%	15
Site-86	40%	60%	15
Site-91	40%	60%	15
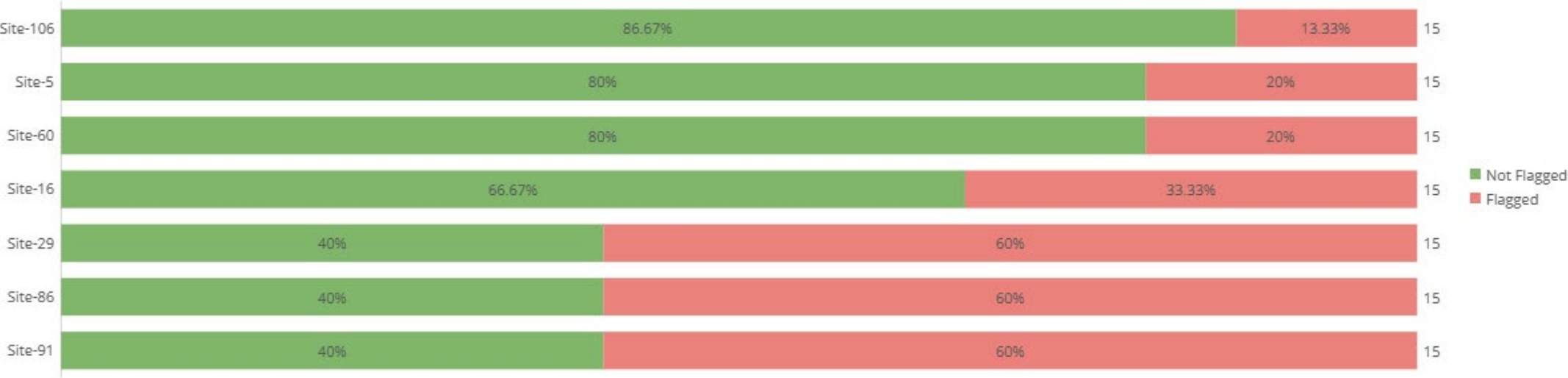
Community Opportunities

Demo - Highest Opportunity by All QMs - 2023-Q4

Site	Flagged	Not Flagged	Total
Site-86	44.44%	55.56%	36
Site-29	41.67%	58.33%	36
Site-91	41.67%	58.33%	36
Site-60	33.33%	66.67%	36
Site-16	30.56%	69.44%	36
Site-5			
Site-106	8.33%		
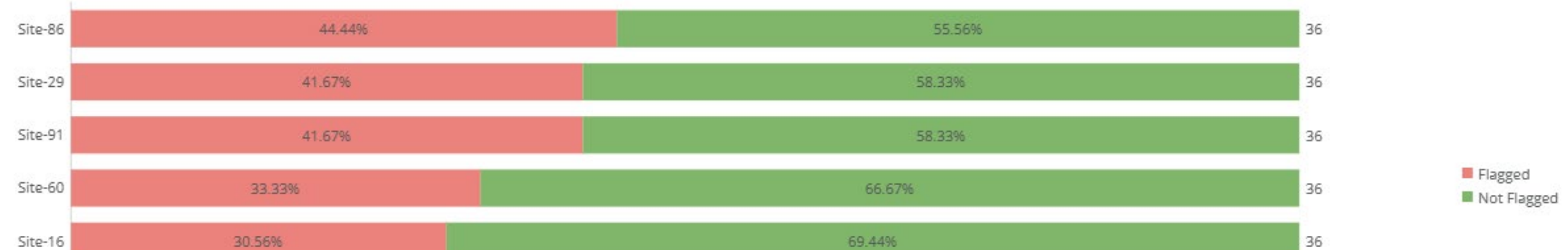
Demo - Highest Opportunity by Star Rating QMs - 2023-Q4

| Site	Flagged	Not Flagged	Total
Site-86	64.29%	35.71%	14
Site-91	64.29%	35.71%	14
Site-29	60%	40%	15
Site-16	45.45%	54.55%	11
Site-106	40%	60%	5
Site-5	33.33%	66.67%	9
Site-60	20%	80%	15

Drill into Individual Building Opportunity

Group	Is Flagged	Current Measure Description - Output	Measure Score	National Score	Heatmap Δ	State Score
Count 13	13	Count 13	217.35	176.65	47.58	185.08
MDS	1	LS - MDS - Antipsychotic Medication	27.20	14.70	12.50	16.55
MDS	1	LS - MDS - Movement Worsened	23.52	15.36	8.16	21.43
QRP	1	SS - QRP - Pressure Ulcer New or Worsened	8.70	2.40	6.30	
MDS	1	LS - MDS - Need for Help Daily Increase	18.92	14.16	4.76	16.75
MDS	1	LS - MDS - Pressure Ulcers	12.24	7.85	4.40	8.48
MDS	1	SS - MDS - Movement Improved	73.29	76.73	3.44	76.39
MDS	1	LS - MDS - Cath Insert	3.13	1.31	1.82	1.40
MDS	1	LS - MDS - Injury	4.80	3.36	1.44	3.46
Claims Based	1	SS - Medicare - Rehospital	24.51	23.08	1.43	21.85
Claims Based	1	LS - Medicare - ER Visit	2.36	1.20	1.16	1.17
MDS	1	LS - MDS -UTI	3.33	2.20	1.13	2.93
MDS	1	SS - MDS - Antipsychotic Medication	2.37	1.72	0.65	1.90
Claims Based	1	SS - Medicare - ER Visit	12.98	12.59	0.39	12.78

Community vs. National Avg Trending by QM
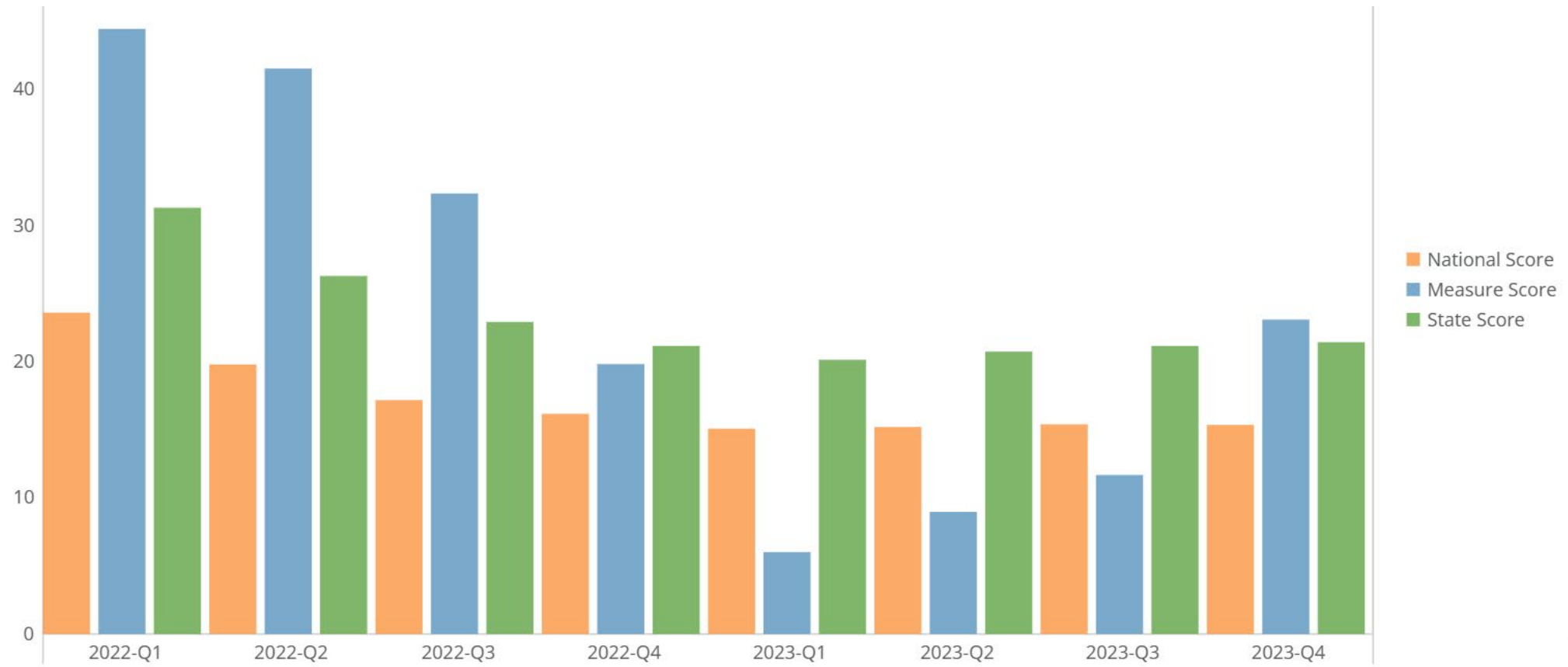
How Can We Help?

- Quality Measures Analysis
  - Audit for Coding Issues
    - Example: GG's **must** be a collaborative process
      - What is your process to collaborate?
      - Do CNA's and Nurses need additional GG training?
  - Clinical Programming for Care Issues
    - Deep dive into the Medicare 3.0 Quality Measure Reports
      - Facility level QM Report
      - Resident level QM Report
    - Proactive vs. Reactive Process
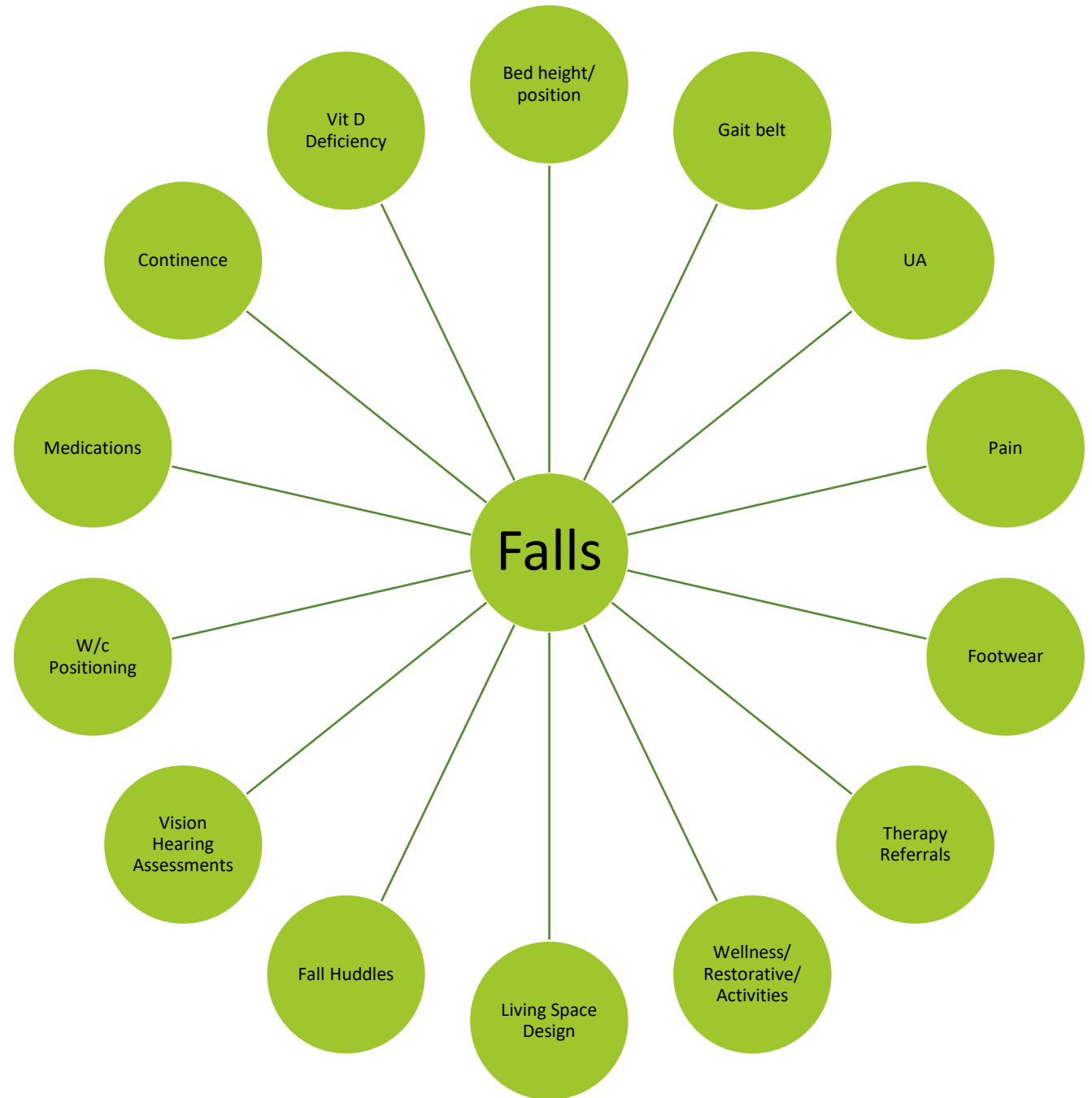
What about this Scenario?

- Falls with Major Injury
    - Coding correct on MDS?
    - Setting ARD date 276 days after major injury
- Clinical Programming:
    - Be Steady Initiative
        - Multifaceted fall prevention programming by Functional Pathways
        - Ask your DOR/ADO for more details
- Nursing Care Planning
    - Are falls being care planned
        - Root cause of falls with thorough analysis
        - Utilization of Restorative Nursing Programs
        - Utilization of Functional Maintenance Programs
        - Wellness/Activities

Universal Environmental Items:

Falls

- Bed height/position
- Gait belt
- UA
- Pain
- Footwear
- Therapy Referrals
- Wellness/Restorative / Activities
- Living Space Design
- Fall Huddle
- Vision/Hearing Assessment
- W/c Positioning
- Medication
- Continence
- Vit D Deficiency

Universal Environmental Items:

Next Steps

- Know your data
  - What is your Star Rating?
  - Can you access iQIES reports?
  - Use Provider Preview reports to ensure correct data?
  - Understand Care Compare?

- Let us partner with you
  - Coding accuracy
  - Clinical Programming

- Q Card as part of Strategic Operations Reviews

QUESTIONS?

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