Functional Pathways

The Great Thaw: 5 Star Quality Measure Updates

Learning Objectives

- Describe the 4 quality measures that are part of 5 Star that are unfreezing in 2025

- Define each measure's numerator, denominator, exclusion, and covariates

- Know the impact that each quality measure has on our residents and CMS quality programs

- Be able to problem solve how to improve each quality measure

Survey Time!

Rate your understanding of the quality measures that are unfreezing in 2025?

Scale of 1-5

1= Unaware of these measures
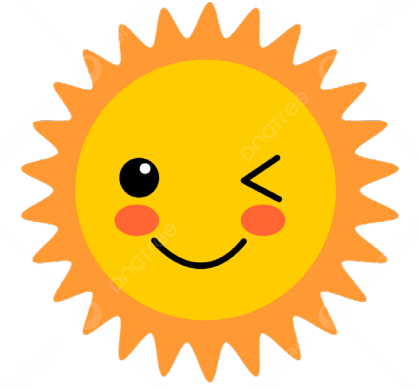
5 = I am an expert regarding these measures

The Freeze

- April of 2024, 4 measures froze to allow for the change from Section G to Section GG that happened in Oct of 2023

- On the January 2025 Care Compare refresh, these measures are now publicly reported

- Data has been available on iQIES reports

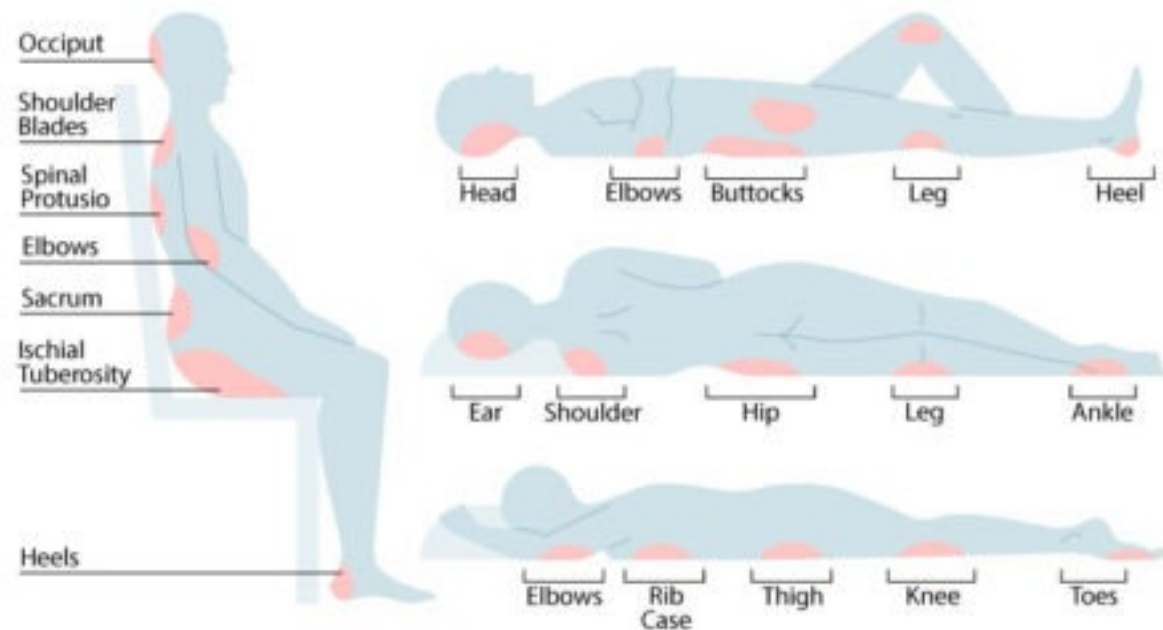- Data is not comparable between old and new measures

The Thaw

Frozen Measure	New Measure
LS Percent of High-Risk Residents with Pressure Ulcers	LS Percent of Residents with Pressure Ulcers
LS Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased	LS Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased
LS Percent of Residents Whose Ability to Move Independently Worsened	LS Percent of Residents Whose Ability To Walk Independently Worsened
SS Percent of Residents Who Made Improvements in Function	SS Percentage of Residents Who are At or Above an Expected Ability to Care for Themselves and Move Around at Discharge

LS Percent of Residents With Pressure Ulcers Changes

- Slight name change
- Removed high-risk stratification
- Part of 5 Star Program

Placements of Pressure Ulcers

Occiput
Shoulder Blades
Spinal Protusio
Elbows
Sacrum
Ischial Tuberosity
Heels

Head | Elbows | Buttocks | Leg | Heel

Ear | Shoulder | Hip | Leg | Ankle

Elbows | Rib Case | Thigh | Knee | Toes

Specification of Percent of Residents With Pressure Ulcers Measure

- **Numerator:** all long stay residents with Stage II-IV or unstageable pressure ulcers

- **Denominator:** All long stay residents with a target assessment except those with exclusions

- **Exclusions:** Admission assessments, PPS 5-day assessment. M0300B1, C1, D1, E1, F1, G1 dashed

- **Covariates:** lying to sitting on side of bed, bowel incontinence, PVD or PAD, DM, low BMI, malnutrition or risk of malnutrition, dehydrated, infections (MDRO, pneumonia, septicemia, or UTI), moisture associated skin damage, hospice care

How to Improve LS PU QM

Coding

- Accuracy in pressure ulcer staging and coding of covariates

Clinical Care

- ID those at risk
- Proactive interventions based on Braden or other risk assessment
- Accurate skin assessment and staging
- Pressure relief devices
- Pressure relief programming
- Dietary consults for wound healing, i.e. protein intake, supplements
- Wound nurse/doctor driven treatment
- Monitoring for effectiveness of treatment, weekly measurements, and documentation
- Seating and positioning programs
- Continence management

LS Percent of Residents Whose Ability to Walk Independently Worsened Changes

- Slight name change
- Includes only walk 10 feet score
- Part of 5 Star Program

Specification of Percent of Residents Whose Ability to Walk Independently Worsened

- **Numerator**: residents with a selected target assessment and at least one qualifying prior assessment with noted decline of at least 1 point in Walk 10 feet score

- **Denominator:** Long-stay residents who have a qualifying target assessment and at least one qualifying prior assessment, except those with exclusions

- **Exclusions:** comatose, prognosis of less than 6 months, hospice, prior Walk 10 feet D or NA, missing data, no prior assessment, admission and PPS 5-day assessments, prior assessment is a discharge assessment

LS Walk Independently Worsened Covariates

- **Covariates:**
  - From prior assessment: eating, toilet transfer, sit to stand, walk 10 feet, severe cognitive impairment
  - Age
  - Gender
  - Vision
  - Oxygen use
  - Missing information on covariates on prior assessment

Percent of Residents Whose Need for Help With Activities of Daily Living Has Increased

New Measure

- Sit to Lying
- Sit to Stand
- Eating
- Toilet transfers

Old Measure

- Bed Mobility
- Transfers
- Eating
- Toileting

- Looks for a change of 2 levels for one of the items above, OR
  Change of 1 level for two items above
- Part of 5 Star Program

Percent of Residents Whose Need for Help With Activities of Daily Living Has Increased

- **Numerator:** Long-stay residents with selected target assessments and prior assessment that have a decrease in 2 points in 1 late loss ADL or 1 point in 2 late loss ADLs

- **Denominator:** All long-stay residents with a selected target and prior assessment, except those with exclusions.

- **Exclusions:** All late-loss ADLs D or NA on prior assessment, 3 of the late-loss ADLs D or NA and the 4th is substantial/max on previous assessment, comatose, prognosis of less than 6 months, hospice care, no prior assessment, resident is not in numerator and any of the four late-loss ADLs are dashed

- **Covariates:** NA

Early Data

- Unfortunately, many of the iQIES reports for the new measures were incomplete or inaccurate due to the updated specifications.

- Need for Help With ADLs Increased and Ability to Walk Independently Worsened
  - Require comparison between a target and prior assessment
  - Need up to six months to meet the criteria for the denominator
  - Led to anomalies in early data, with some facilities showing disproportionately high percentages that will now impact the Five-Star ratings in January

How to Improve LS ADL and Walk QMs

<u>Coding</u>

- Accuracy of coding for numerators and covariates

<u>Clinical Care</u>

- IDT process for accuracy of GG
- Proactively identify residents' needs and possible declines
- Therapy referrals for declines early enough to intervene prior to next assessment
- Medication review
- Screened for restorative/functional maintenance/activities
- Address pain
- Look for signs and address social isolation, depression, anxiety
- Assistive device use
- Staff encouraging resident to remain as independent as possible
- Address refusals
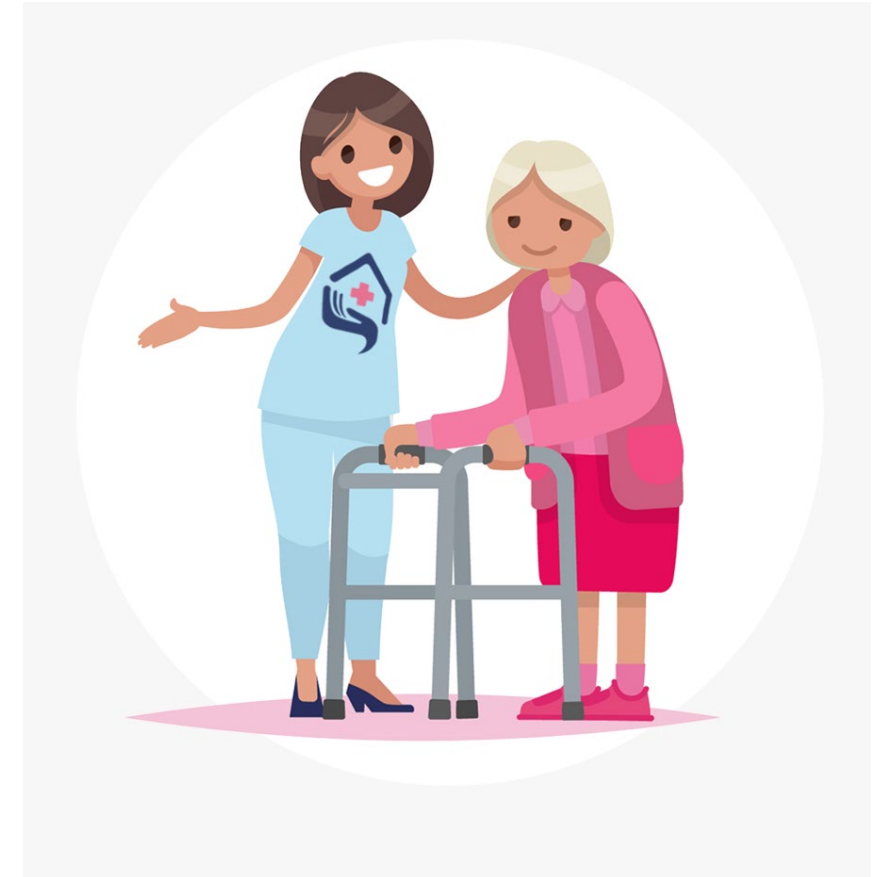
DC Function Score Definition

- Measure reports Medicare Part A stays during a 12-month period that have an observed discharge score that met or exceeded the expected discharge score
  - Also known as Short Stay Residents who are at or above an expected ability to care for themselves and move around at discharge
  - Replaces the Short Stay Movement Improved Quality Measure
  - Now the standard for discharge therapy outcomes across post-acute care
  - Is a 5 Star measure and Quality Reporting Program (QRP) Measure
  - Finalized for FY 2027 Value Based Purchasing (VBP) Program

DC Function Score Calculation

- The function assessment items used for discharge function score calculations are:
  - GG0130A3. Eating
  - GG0130B3. Oral hygiene
  - GG0130C3. Toileting hygiene
  - GG0170A3. Roll left and right
  - GG0170C3. Lying to sitting on side of bed
  - GG0170D3. Sit to stand
  - GG0170E3. Chair/bed-to-chair transfer
  - GG0170F3. Toilet transfer
  - GG0170I3. Walk 10 feet*
  - GG0170J3. Walk 50 feet with 2 turns*
  - GG0170R3. Wheel 50 feet with 2 turns*

*Measure uses 10 items

Typically use the first 10 listed except:

- Count Wheel 50 feet with 2 turns twice when

  - Walk 10 feet is coded as activity not attempted at admission and discharge,

    And

  - Either Wheel 50 feet with 2 turns or Wheel 150 feet has a code between 01 and 06 at either admission or discharge

GG Item	DC Function Score	Therapy Function Score	Nursing Function Score
Eating	X	X	X
Oral Hygiene	X	X	
Toileting Hygiene	X	X	X
Roll Left and Right	X		
Sit to lying		X	X
Lying to Sitting on Side of Bed	X	X	X
Sit to Stand	X	X	X
Chair/bed to chair transfer	X	X	X
Toilet Transfer	X	X	X
Walk 10 feet*	X		
Walk 50 feet with 2 Turns*	X	X	
Walk 150 feet		X	
Wheel 50 feet with 2 turns*	X		
Possible Points	**10-60**	**0-24**	**0-16**

GG Definitions for DC Function Score

GG0130A:

- **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident

GG0130B:

- **Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment

GG0130C:

- **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment

GG0170A:

- **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed

GG0170C:

- **Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed and with no back support

GG0170D:

- **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed

GG0170E:

- **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair)

GG0170F:

- **Toilet transfer:** The ability to get on and off a toilet or commode

GG0170I:

- **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space

GG0170J:

- **Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns

GG0170R:

- **Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns

DC Function Score Exclusions

- Only includes planned DCs
  - Unplanned excluded
  - Excludes dc to acute care, psychiatric hospital, long-term hospital, hospice, residents who have died, and residents with LOS less than 3 days
- Does not include hospice care or those younger than 18
- Does not include following conditions: coma persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, severe anoxic brain injury, cerebral edema, or compression of brain
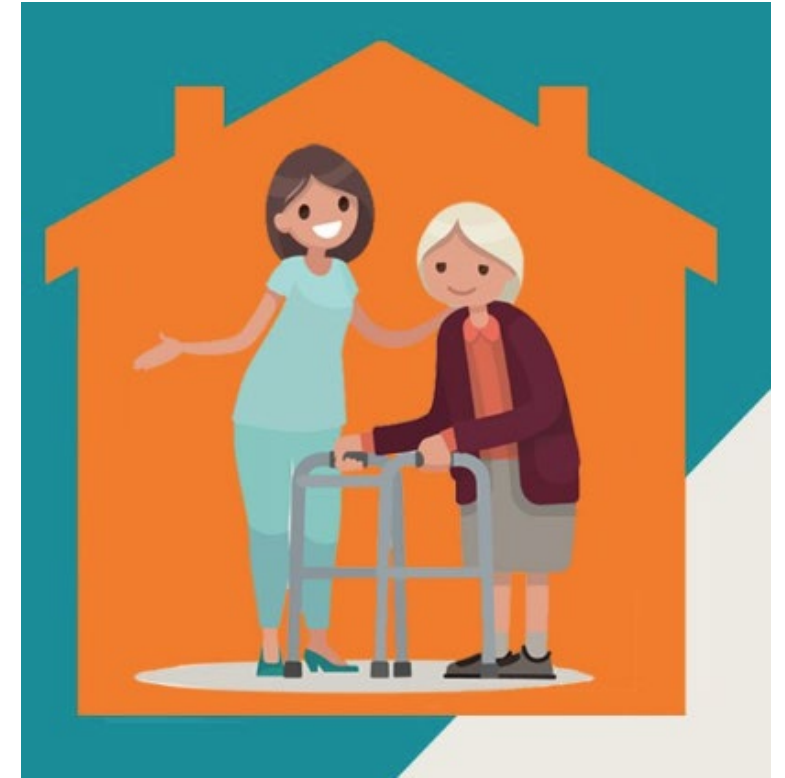
Risk Adjustments

- Age group
- Admission function – continuous form
- Admission function – squared form
- Primary medical condition category
- Interaction between admission function and primary medical condition category
- Prior surgery
- Prior functioning: self-care
- Prior functioning: indoor mobility (ambulation)
- Prior functioning: stairs
- Prior functioning: functional cognition
- Prior mobility device use
- Stage 2 pressure ulcer/injury

- Stage 3, 4, or unstageable pressure ulcer/injury
- Cognitive abilities
- Communication impairment
- Urinary continence
- Bowel continence
- History of falls
- Nutritional approaches
- High BMI
- Low BMI
- Comorbidities
- No physical or occupational therapy at the time of admission

DC Function Score Calculations

1. Collect Data

2. Address missing data through estimating values

3. Apply coefficients
   - Weighs each functional item based on importance of predicting overall function

4. Sum the weighted scores

5. Risk Adjust

Scores will range from 10-60
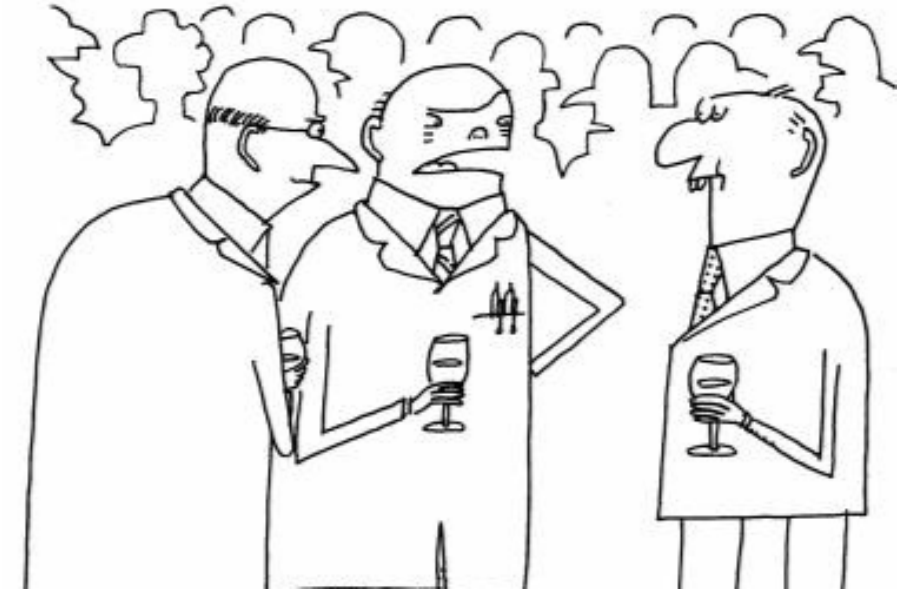
WHEN **WE** SAY "IT'S NOT ROCKET SCIENCE", WE MEAN IT'S SOMETHING FAR MORE COMPLICATED.

Why is the DC Function Score Important

5 Star Measure

- Consumer facing data on outcome of therapy services
- Helps families and caregivers make decisions on where care is received

Quality Reporting Program

- 2% reduction in Annual Payment Update if data is not received
- 90% of all MDS's have 100% Completion

Value Based Purchasing Program

- Links provider payments to improved performance
- CMS withholds 2% and redistributes 60% as incentive payments

Most Importantly

- **Reflects whether the resident was able to progress as far as expected**
- **Describes the outcome of your rehabilitation stay!!**

Interdisciplinary Approach to GG

- No Rule of 3

- Accuracy at admission helps drive the expected outcome

- Accuracy at discharge reflects functional gains that have been achieved for the resident by the whole team

- Participating team members need to be comfortable with 6-point scale
  - Who codes GG? How often?

- Usual performance is a team decision and backed by documentation

Usual Performance

- Admission: First 3 days of the part A stay
  - Assessment should be conducted prior to benefit of services and prior to resident benefitting from intervention
- Discharge: Must be completed within last 3 days of residents stay
  - Resident's performance as close to the time of discharge as possible

"A resident's functional status can be impacted by the environment or situations encountered at the facility. Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance." --RAI Manual Definition

DC Function Score Management

- Identify who is not triggering

- Determine why they did not meet or achieve an expected outcome
  - Coding error
  - Documentation error
  - Programming to evaluate and address covariates
  - Optimally challenging residents

IDT Role

- Accurately capture usual performance at admission, throughout the course of care, and discharge

- Therapy team challenges residents and power punch treatment for optimal outcomes during session

- Interdisciplinary care planning
  - Whole team works toward functional goals
    - Incorporate restorative, HEP, encouraging highest level of participation with nursing staff

- Reconciliation of GG
  - IDT reconciles with MDS coordinator at admission and discharge

Quality Measure Management Strategy

- Prioritize quality of care
- Monitor reports for accuracy and quality improvement
- ID baseline performance
- Designate a "Quality Champion"
- Link with an expert
- Leverage data

Utilization of iQIES Reports

iQIES Reports:

- **MDS 3.0 Facility Level Quality Measure Report** and **MDS 3.0 Resident Level Quality Measure Report**
    - Pay attention to start and end dates. CMS calculates official data by quarters
    - Run a minimum of monthly to track quarter in progress
    - Run quarterly to validate QM data for prior quarter
    - Q1 2024 data in July 2024

iQIES Assessments ⌄ Reports ⌄

Home / Find a Report

Find a Report

Search by report keyword, or category and type.

Reports Main

Find a Report

My Reports

Reports Activity

Report Keyword

Report Category

Select one ⌄

Find Report   Reset

MDS 3.0 Facility-Level Quality Measure (QM) Report
Displays the facility percentage and how the facility compares with other facilities in their state and in the nation for each quality measure. This report helps facilities identify possible areas for further emphasis in facility quality improvement activities or investigation during the survey process.

MDS 3.0 Resident-Level Quality Measure (QM) Report
Displays the residents (active and discharged) who were included in the calculations for the selected facility and period that were used to produce the MDS 3.0 Facility-Level Quality Measure (QM) Report. The report lists the residents by name and indicates the measures, if any, triggered by each.

Utilization of iQIES Reports

iQIES Reports:

- **For MDS 3.0 Measures calculated from SNF QRP Program:**
- **SNF QRP Review and Correct Report, SNF QRP Facility and Resident-Level QM Report**
  - Run report for most recent quarter end date (3/31/24 or Q1 2024)
  - QM Reports can be run for current quarter,
  - Run a minimum of quarterly (suggested monthly)

SNF QRP Review and Correct Report
Allows providers to review their QM data to identify if there are any corrections or changes needed to the assessment-based data prior to the quarter's data submission deadline, which is 4.5 months following the end of the reporting quarter. The report will provide a breakdown by measure and by quarter, of the SNF's assessment-based QM data for four rolling quarters. The report also identifies whether each quarter's data correction period is open or closed as of the report run date.

SNF QRP Facility-Level Quality Measure (QM) Report
Provides facility-level quality measure results for a select 12-month period. Quality measure results are computed from the data submitted in the Minimum Data Set (MDS), Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), and Medicare Fee-For-Service (FFS) Claims data sources.

SNF QRP Resident-Level Quality Measure (QM) Report
Lists each resident with a qualifying Minimum Data Set (MDS 3.0) record used to calculate the assessment-level quality measure values for a select 12-month period. The report displays each resident's name and indicates how/if the resident's stay affected the SNF's quality measure scores.

VBP: Quarterly Confidential Feedback Reports

1. Log into iQIES at https://iqies.cms.gov/ using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) user ID and password.

    - If you do not have a HARP account, you may register for a HARP ID.

2. In the Reports menu, select My Reports.

3. From the My Reports page, locate the MDS 3.0 Provider Preview Reports folder. Select the MDS 3.0 Provider Preview Reports link to open the folder.

4. Here you can see the list of reports available for download. Locate the desired SNF VBP Program Quarterly Confidential Feedback Report.

5. Once located, select More next to your desired SNF VBP Program Quarterly Confidential Feedback Report and the report will be downloaded through your browser. Once downloaded, open the file to view your facility's report.

    - For additional questions about accessing your SNF's PSR, which can only be accessed in iQIES, please contact the QIES/iQIES Service Center by phone at (800) 339-9313 or by email at iQIES@cms.hhs.gov.
    - Reminder that transitioning to eight measures for FY 2027 program

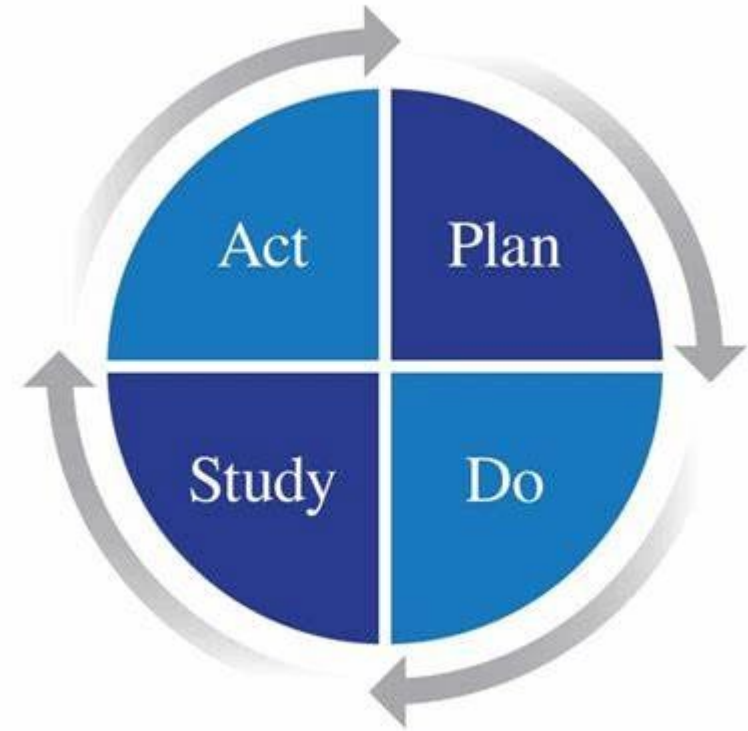# Utilize QAPI Effectively

<u>Five Elements of QAPI</u>

Element 1: Design and scope

Element 2: Governance and Leadership

Element 3: Feedback, Data Systems, and Monitoring

Element 4: Performance Improvement Projects

Element 5: Systematic Analysis and Systemic Action

Quality Measure Meeting Example

1. Review current quarter data in progress and identify:
   - Current resident triggers
   - Apply knowledge to QM calculation
   - Review MDS reporting accuracy

2. Strategize QM Data
   - Leverage IDT for action and results
   - Physician query, Therapy Referrals, Referrals to specialists
   - Ensure your facility has programs and targeted education to support facility efforts to improve quality initiatives

3. Review accountability of IDT follow-up at subsequent meetings
   - Revisit updated QM report to ensure "resolve"
   - Repeat with Step 1, On-going data cycle feedback

4. Higher Level- Next Steps
   - Advanced IDT teams- Review and resolve real-time QM triggers: Use scrubber if available
   - Make appropriate referrals to therapy to prevent/minimize ADL declines

Next Steps

- Continued focus on accuracy of GG items

- Interdisciplinary care to prevent LTC declines and optimize short term rehabilitation

- Prepare to discuss how the old measures can't be compared with new

- Clarify how transition has affected star rating

- Add QM focus to QAPI as needed

- Reach out to Clinical team at Clinical@fprehab.com for help!

https://portal.fprehab.com
Password: academypath

Survey Time!

Rate your understanding of the quality measures that are unfreezing in 2025?

Scale of 1-5

1= Unaware of these measures

5= I am an expert regarding these measures

Questions?

Jennifer Callahan – Director of Clinical and Reimbursement Services – jcallahan@fprehab.com

Melissa Brandt – Clinical Outcomes & Reimbursement Specialist – mbrandt@fprehab.com

Brittany Austin – National Director of Health and Wellness – baustin@fprehab.com

Dani Beveridge – Clinical Program Specialist – dbeveridge@fprehab.com

Michael Wayman – Clinical Outcomes & Reimbursement Specialist – mwayman@fprehab.com