

## Welcome to the Sixth Issue of the QualityWISE Newsletter

This month's edition of the QualityWISE Newsletter focuses on changes to the quality measure domain of the Five-Star Nursing Home Quality Rating System recently announced by the Centers for Medicare and Medicaid Services.

### CMS Releases Updates to Five-Star Quality Report

In July 2016, the Centers for Medicare and Medicaid Services (CMS) made several changes to the quality measure (QM) domain of the Five-Star Nursing Home Quality Rating System. These include the addition of five new measures and several methodological changes.

The new measures are:

- Percentage of short-stay residents who were successfully discharged to the community (claims-based)
- Percentage of short-stay residents who have had an outpatient emergency department visit (claims-based)
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission (claims-based)
- Percentage of short-stay residents who made improvements in function (MDS-based)\*
- Percentage of long-stay residents whose ability to move independently worsened (MDS-based)\*

\*Note: The MDS-based function measures are generated from section G information, not new section GG information that will begin to be collected on October 1, 2016.

These measures greatly expand the number of short-stay measures used on the Nursing Home Compare site and add important domains not covered by other measures. The five new QMs will be phased in between now and January 2017 as follows:

- Beginning in July 2016, the new measures will have 50% the weight of the current measures (50 points possible for each of the new QMs instead of 100).
- Beginning in January 2017, the new measures will have the same weight as the current measures (100 points for each individual QM).

The points are added across all QMs based upon the scoring rules to create a total score for each facility. The total possible score ranges between 275 and 1,350 points beginning in July 2016, and will increase to a range between 325 and 1,600 points in January 2017.

The methodological changes that were introduced in July include:

- Using four quarters of data rather than three for determining QM ratings.
- Reducing the minimum denominator for all measures (short stay, long stay and claims-based) to 20 summed across four quarters.
- Revising the imputation methodology for QMs with low denominators meeting specific criteria. A facility's own available data will be used and the state average will be used to reach the minimum denominator.
- Using national cut points for assigning points for the ADL QM rather than state-specific thresholds.

Quality Measure data for the MDS-based QMs are updated on Nursing Home Compare on a quarterly basis, and the nursing home QM rating is updated at the same time. The updates occur mid-month in January, April, July and October. The claims-based QM data will update every six months (in April and October). Changes in the quality measures may change a facility's star rating.

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## Impact to Overall Nursing Home Rating

Overall Nursing Home Rating continues to be determined by three domains: Health Inspection, Staffing and Quality Measure Domain. The overall rating will be calculated as follows:

**Step 1:** Start with the health inspection rating.

**Step 2:** Add one star to the Step 1 result if the staffing rating is four or five stars and greater than the health inspection rating; 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. If the nursing home is a Special Focus Facility (SFF) that has not graduated, the maximum overall rating is three stars.

## Therapy's Role in Providing Positive Outcomes

Therapy plays a distinct role in providing positive outcomes for patients. These outcomes influence function and can impact the Quality Measures. CMS issued the following statement in regard to the IMPACT Act and outcomes:

"We believe that function is a very unique area of focus for quality because functional attainment — functional goals and preservation — touches on all six priorities and, ultimately, rolls up to all three goals and aims. That function is really central to long-term outcome and success for individuals in their lives."



Remember, every issue of the QualityWISE newsletter is archived at <http://www.rehabcare.com/employees/qualitywise/>, along with helpful FAQs. If you have any questions or concerns related to quality, compliance or the CIA, you can email [RehabCareQualityWISE@rehabcare.com](mailto:RehabCareQualityWISE@rehabcare.com) or contact Kindred's Compliance Department at [compliance@kindred.com](mailto:compliance@kindred.com). And you can always contact the Compliance Hotline at 800.359.7412 to report suspected violations of any federal healthcare program requirements or Kindred's policies and procedures.

**Thank you for everything you do** to ensure exceptional outcomes for our patients and partners.