Shifting from PPS to Quality & Value

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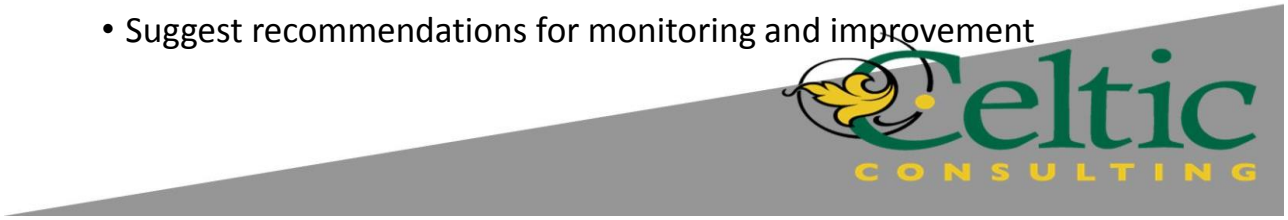
Objectives

- Review CMS initiatives for healthcare reform based on performance
- Review how to use CASPER reports to monitor QAPI
- Explain the SNF Value Based Program
- Explain the SNF Quality Reporting Program
- Discuss how new MDS sections and quality measures affect these initiatives
- Briefly discuss how documentation affects MDS coding
- Suggest recommendations for monitoring and improvement



Medicare Trust Solvency

- Medicare beneficiaries will increase from 54 million to 81 million by 2030.
- Of those, 64 million expected to be FFS

- CMS Triple Aim:
  - Better Care
  - Healthier Population
  - Lower Costs

Interventions to Achieve Triple Aim

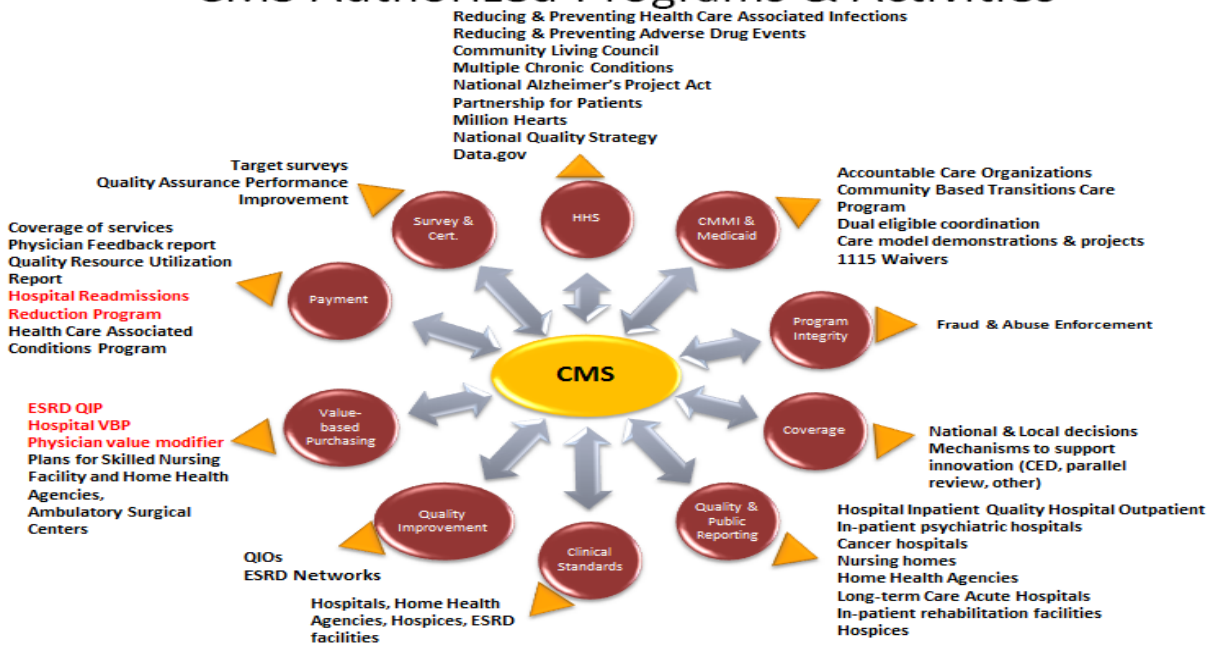
- Reduce Harm
  - Engage patient/responsible party in Care
- Increase communication and coordination
  - Effective prevention and treatment of chronic disease
  - Work with community partners
  - Make it affordable, though reduced spending

Future Payment Reform

- CMS expects 30% of FFS payments to be tied to an quality or value by 2016 (ACO/MSSP)
  - Goal has already been met for 2016
- Then increase to 90% of all FFS payments by 2019

- Quality & Value is the new currency

CMS Authorized Programs & Activities



Federal Oversight

- Reporting structure
  - Quality measures
  - CASPER reporting
  - 5-star rating system
  - PEPPER reports
- Medical record reviews (ADR)

Current CMS Measurement Reporting

- NH Quality Measure Report
- 5-star Rating System
- SNF Value Based Purchasing
- SNF Quality Reporting Program

- And more to follow…

At the Welcome to the CMS QIES Systems for Providers screen, click on the CASPER Reporting hyperlink to access CASPER for the QM and Provider reports.

CASPER Report

MDS 3.0 Facility Level Quality Measure Report

Facility ID: 9999
CCN: 4444
Facility Name: Happy Hills Nursing Home
City/State: City, ST
Data was calculated on: 02/06/2014

Report Period: 08/01/13 - 01/31/14
Comparison Group: 06/01/13- 11/30/13
Run Date: 02/06/14
Report Version Number: 2.00

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged

	Measure ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	N001.01		13	40	32.5%	32.5%	19.1%	19.5%	**83 ***
SR Mod/Severe Pain (L)	N014.01		17	65	26.2%	25.4%	8.1%	8.6%	**96 ***
Hi-risk Pres Ulcer (L)	N015.01		4	64	6.3%	6.3%	6.9%	6.7%	54
New/worse Pres Ulcer (S)	N002.01		1	45	2.2%	1.8%	1.1%	1.2%	**80 ***
Phys restraints (L)	N027.01		0	111	0.0%	0.0%	1.7%	1.4%	0
Falls (L)	N032.01		64	111	57.7%	57.7%	44.5%	44.4%	**82 ***
Falls w/Maj Injury (L)	N013.01		5	111	4.5%	4.5%	2.8%	3.3%	72
Antipsych Med (S)	N011.01		0	25	0.0%	0.0%	1.9%	2.8%	0
Antipsych Med (L)	N031.02		28	90	31.1%	31.1%	13.9%	20.6%	**85 ***
Antianxiety/Hypnotic (L)	N033.01		5	49	10.2%	10.2%	8.5%	10.7%	58
Behav Sx affect Others (L)	N034.01		38	105	36.2%	36.2%	22.2%	24.9%	**79 ***
Depress Sx (L)	N030.01		0	104	0.0%	0.0%	4.5%	6.5%	0
UTI (L)	N024.01		6	109	5.5%	5.5%	5.6%	6.5%	50

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Facility ID: 9999
Facility Name: 4444
CCN: Happy Hills Nursing Home
City/State: City, ST
Data was calculated on: 02/06/2014

Report Period: 08/01/13 - 01/31/14
Run Date: 02/06/14
Report Version Number: 2.00

Note: S = short stay, L = long stay, X = triggered, b = not triggered or excluded
C = complete; data available for days selected, I = incomplete; data not available for all days selected

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Falls (L)	Falls w/Maj injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
Active Residents																				
DOE, JANE1	00000000	04/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	X	2
DOE, JANE2	00000000	99/99/11	b	b	b	b	b	X	b	b	b	b	X	b	b	b	b	b	X	3
DOE, JANE3	00000000	02/99/99	b	X	b	b	b	X	b	b	X	b	X	b	b	b	b	b	b	4
DOE, JANE4	00000000	02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
DOE, JANE5	00000000	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
DOE, JANE6	00000000	99/99/11	b	b	b	b	b	X	b	b	b	b	b	b	b	b	X	b	b	2
DOE, JANE7	00000000	02/99/99	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	1
DOE, JOHN1	00000000	02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
DOE, JOHN2	00000000	02/99/99	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	X	X	3
DOE, JOHN3	00000000	03/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
DOE, JOHN4	00000000	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
DOE, JOHN5	00000000	02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	X	2
DOE, JOHN6	00000000	99/99/11	b	b	X	b	b	X	b	b	b	b	X	b	X	X	b	X	b	6
DOE, JOHN7	00000000	02/99/99	b	b	X	b	b	X	b	b	X	b	b	b	b	b	b	b	X	4

Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report

Incorporating data reported through 06/30/2016

Ratings for				
Overall Quality	**Health Inspection**	**Quality Measures**	**Staffing**	**RN Staffing**
★★★★★	★★★★★	★★★★★	★★★★	★★★★★

The July 2016 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare website on Wednesday, July 27, 2016.

The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the second, third and fourth quarters of 2015 and the first quarter of 2016, and claims-based quality measures using data from 7/1/2014 through 6/30/2015.

Quality Measure Ratings will change beginning July 27, 2016 with the addition of the following five quality measures:

- Percentage of short-stay residents who made improvements in function
- Percentage of long-stay residents whose ability to move independently worsened
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
- Percentage of short-stay residents who have had an outpatient emergency department visit

Physical Therapy Staffing for your nursing home is 6 minutes per resident per day. The nationa average for physical therapy staffing is 6 minutes per resident per day.

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Nursing Home Statement(s) of Deficiencies (CMS 2567) for your nursing home will be posted surveys that took place on the following date(s). This includes both standard surveys and compla **Dates of surveys without deficiencies are not listed.**

October 31, 2013

September 18, 2014

October 16, 2015

****

Ownership Information. *The list below shows all individuals or organizations with a 5 percent o (direct or indirect) ownership interest in your nursing home that are listed on Nursing Home Com This information was supplied on Form CMS-855A. We include individuals listed as owners, dire officers, partners, or those with managerial control. For direct and indirect owners only, the perc ownership is also listed. If the listing indicates 'Ownership Information Not Available', this is beca CMS does not currently have ownership information for your nursing home.*

5 Star calculation

- Survey
- Points are assigned to individual health deficiencies according to their scope and severity – more points are assigned for more serious, widespread deficiencies, and fewer points for less serious, isolated deficiencies

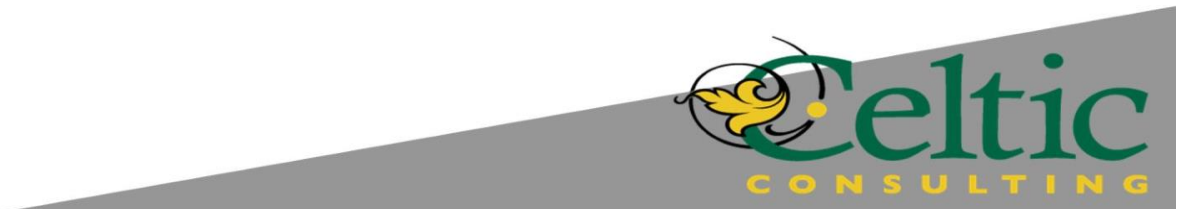


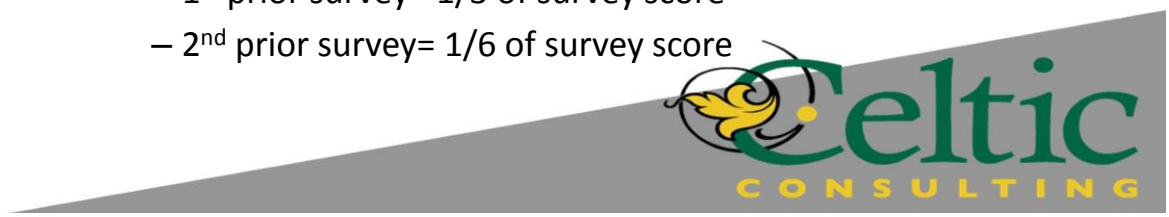
Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	**J** 50 points* (75 points)	**K** 100 points* (125 points)	**L** 150 points* (175 points)
Actual harm that is not immediate jeopardy	**G** 20 points	**H** 35 points (40 points)	**I** 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** 4 points	**E** 8 points	**F** 16 points (20 points)
No actual harm with potential for minimal harm	**A** 0 point	**B** 0 points	**C** 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.
Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices, 42 CFR 483.15 quality of life, 42 CFR 483.25 quality of care.
* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a 'G-level" deficiency (i.e., 20 points) are assigned.
Source: Centers for Medicare & Medicaid Services

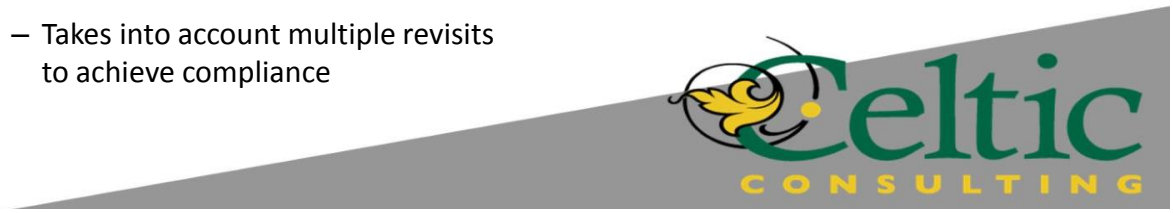
Survey weights

- 3 most recent annual inspections
  - Includes **substantiated** complaint surveys
- Each deficiency is weighted by scope & severity
- More recent surveys weigh more heavily
  - Most recent= ½ of survey score total
  - 1st prior survey= 1/3 of survey score
  - 2nd prior survey= 1/6 of survey score



How resurvey weighs in

- Revisit #
  - 1st
  - 2nd
  - 3rd
  - 4th
  - Takes into account multiple revisits to achieve compliance
- Noncompliance points
  - 0
  - 50% of survey score
  - 70% of survey score
  - 85% of survey score



Cut point tables

- Survey score thresholds for NJ

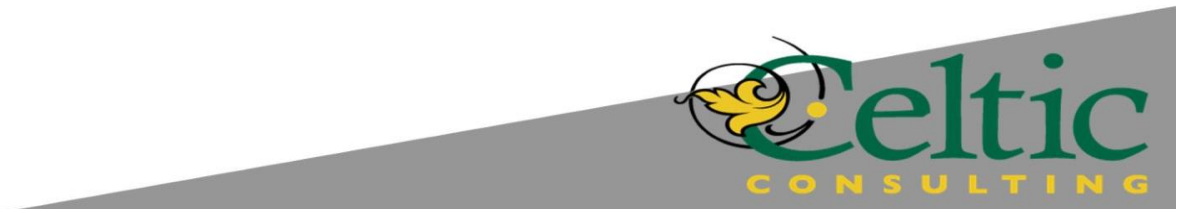
1 star	2 star	3 star	4 star	5 star
42.3 or^	thru 25.3	thru 15.3	through 6	6 or below

Feb 2017

Complaint surveys

- Substantiated findings from last 36 months

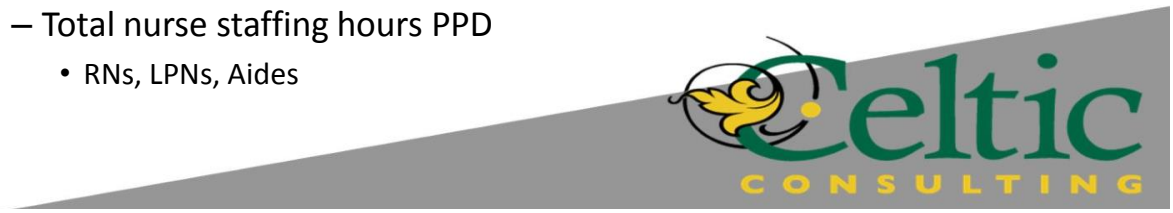
- Within the last calendar year= ½ weight
- 13-24 months ago= 1/3 weight
- 25-36 months ago=1/6 weight



Staffing Stars

- Expected staffing levels calculated based on resident acuity levels using RUGs (MDS data)

- 2 separate staffing measures with equal weight, score based on combination
  - RN staffing hours PPD
  - Total nurse staffing hours PPD
    - RNs, LPNs, Aides



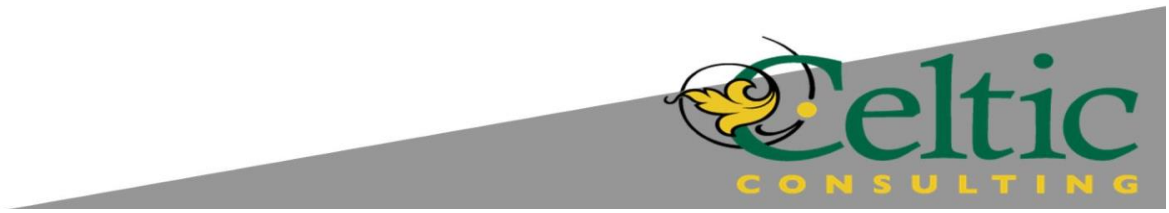
Where does CMS get staffing data

- Staffing numbers come from the CMS-671 form completed during survey
  - Full time employees
  - Part time employees
  - Contracted staff

- Census from the 672 (total residents)
  - Resident census & conditions report

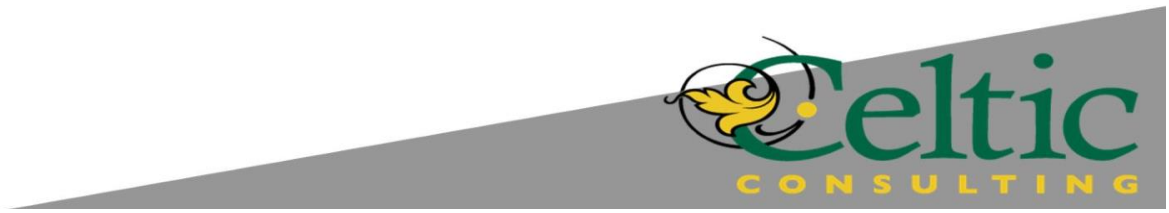
Staffing Stars

- Compares 3 areas of staffing
  - **Actual** staffing hours per patient day (PPD)
  - **Expected** staffing hours PPD-based on CMI/RUGs
  - **Adjusted** staffing hours PPD



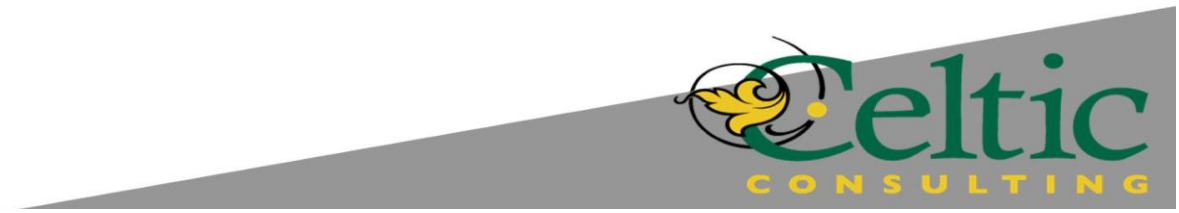
Expected Staffing weights

- Staffing is a case-mix adjusted based on RUG categories
  - RUGs for each resident are calculated on the last business day of each quarter using the most recent assessment for each resident at the facility during the quarter
  - Facilities with higher acuity are expected to have higher staffing levels



Expected Staffing Stars

- Based on percentile ranking compared to other facilities nationwide
- Staffing thresholds for RUGs from time studies (STRIVE) 1995-1997
- Uses the quarter closest to the date of the most recent standard (annual) survey



Case mix adjustment-RUGs

- Case-mix adjustment PPD
  - Hours reported on 671 divided by hours expected times National average hours
    - Hrs reported/hrs expected x national hrs= adjusted hrs
  - Reported hours-671 form at survey
  - Expected hours-reported hours with case-mix adjustment
  - National average- average across the country

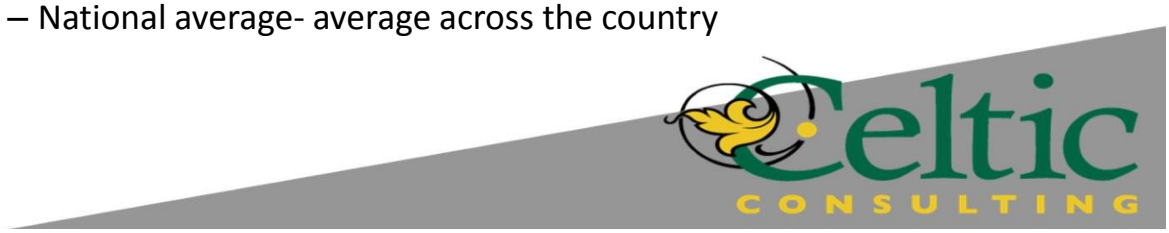


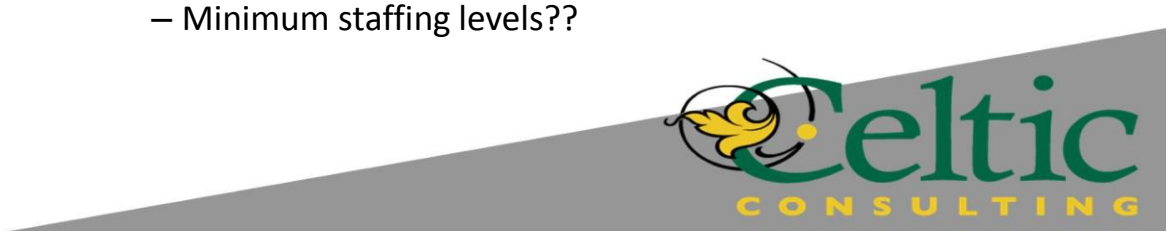
Table 5
Staffing Points and Rating (updated February 2015)

RN rating and hours		Total nurse staffing rating and hours (RN, LPN and nurse aide)				
		1	2	3	4	5
		<3.262	3.262 – 3.660	3.661 – 4.172	4.173 – 4.417	≥4.418
1	<0.283	★	★	★★	★★	★★★
2	0.283 – 0.378	★	★★	★★★	★★★	★★★
3	0.379 – 0.512	★★	★★★	★★★	★★★★	★★★★
4	0.513 – 0.709	★★	★★★	★★★★	★★★★	★★★★
5	≥0.710	★★★	★★★	★★★★	★★★★	★★★★★

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

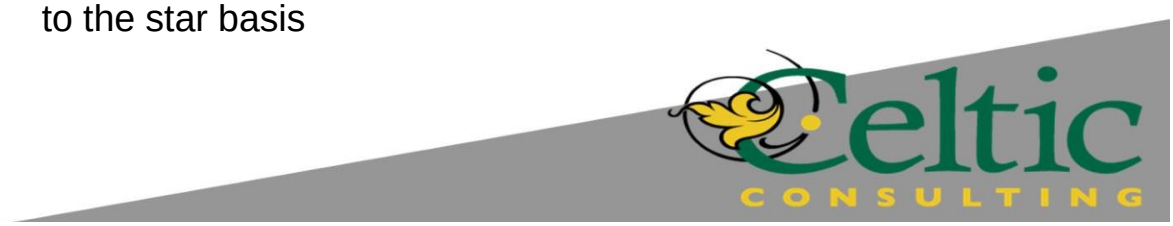
Payroll-based staffing reporting

- Quarterly electronic reporting of payroll
  - Reported staffing levels auditable back to payroll
  - Allows CMS to calculate QMs for staff turnover/retention and changes throughout yr
    - Report types and levels of staffing for each facility
    - CMS expects providers to use the data to improve staffing and quality of care
  - Minimum staffing levels??



5 Star Ratings/Quality Metrics

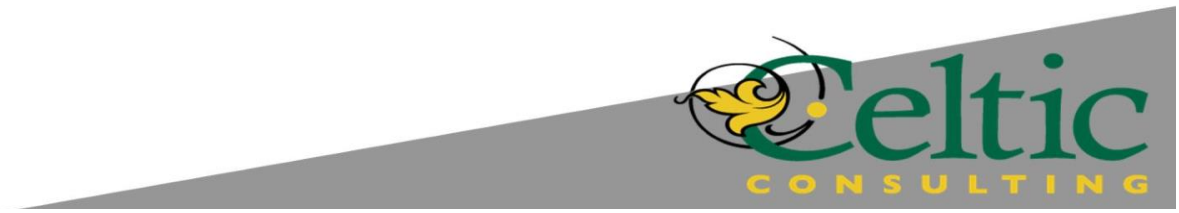
- Star Ratings fluctuate
  - MDS Data can go back as far as 369 days
  - Monitor your QM reports regularly
    - CASPER vs. Nursing Home Compare
  - Survey sets the basis for your stars, then QMs and staffing add to the star basis



QM star ratings

- Long Term & Short Term measures
- Determined by CDIF (cumulative days in facility)
- Long Term-101 or more days in the facility

- Short Term-100 or fewer days in the facility



Long Term QMs

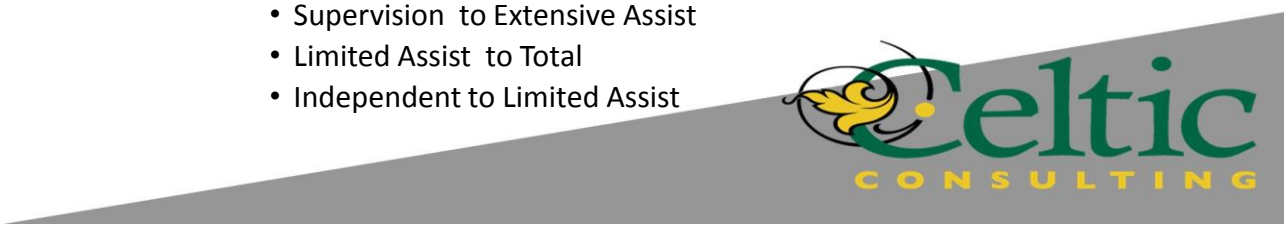
- Pain pre-scripted, watch timing, interviews only
- High risk PU is striated, watch covariates
- Restraints-very low threshold
- Falls with injury-longest look-back
- UTI-watch for s/s, positive test results, and treatment
- Catheter-neurogenic bladder/obstructive uropathy
- Psych meds-any use
- Late loss locomotion
- Late loss ADL decline

Quality Measures 2016

- New long stay measures (101 days or more in the SNF)
  - Mobility decline since prior MDS
    - Decline in locomotion on the unit
      - Either walking or wheelchair mode
      - Risk adjusted based on prior assessment coding of eating, toileting, transfer, walk in corridor
      - 1 point level decline will trigger

Clinical impact on QM's

- ADL changes- based on state comparisons
  - Late loss ADLs (was 40% of QM weight)
    - Bed Mobility
    - Transfer
    - Toileting
    - Eating
- Self performance changes in 2 areas of ADLs OR
- 2 level change in 1 area of self performance
  - Supervision to Extensive Assist
  - Limited Assist to Total
  - Independent to Limited Assist

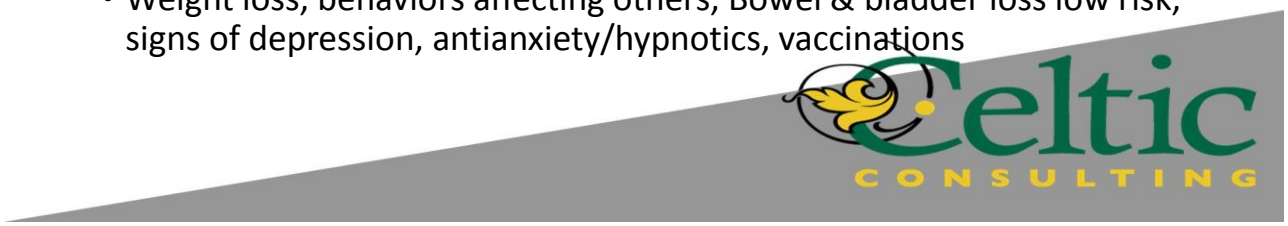


Short Term 5-star QMs

- Moderate to severe pain (interview)
- New or worsened pressure ulcer
- 'New' psych meds
- Improvement in Function-mid-loss (transfer, walking, locomotion)

Each measure has its own cut point tables

- Additional QMs are reported, but not used in 5-star QM calculations.
- Weight loss, behaviors affecting others, Bowel & bladder loss low risk, signs of depression, antianxiety/hypnotics, vaccinations



Quality Measures 2016

- Claims based measures are all short stay (100 days or less in SNF)
- 1 additional SS measure is MDS based
  - Improved mid-loss ADLs
    - Transfer, walking in corridor, locomotion on unit
    - Compares 5-day MDS to DRNA MDS for improvement
    - MDS coding of 7 or 8, translates to 4-total
    - Risk adjusted based on certain indicators

Improvement in function upon DC

- Measuring those who gain independence in transfer, locomotion and walking during their episodes of care.
- Excludes hospice, 6 months or less life expectancy
- Comatose, or unplanned discharge
- Excludes those coded 'independent' on 5-day
- 'Mid-loss' ADLs sum of 3 codes:
  - Transf, loco-unit, walk-corridor
  - Any decrease triggers here

Quality Measures that are Included in the QM Rating

	Provider						State	National
	2015Q2	2015Q3	2015Q4	2016Q1	4Q avg	Rating Points[1]	4Q avg	4Q avg
MDS 3.0 Long-Stay Measures								
Lower percentages are better.								
Percentage of residents experiencing one or more falls with major injury	2.4%	2.4%	4.5%	1.1%	2.6%	60.00	3.4%	3.3%
Percentage of residents who self-report moderate to severe pain[2]	7.6%	9.2%	5.9%	6.4%	7.2%	60.00	6.2%	8.2%
Percentage of high-risk residents with pressure ulcers	2.6%	1.4%	2.6%	2.7%	2.3%	100.00	4.3%	5.8%
Percentage of residents with a urinary tract infection	2.5%	1.3%	3.5%	6.8%	3.6%	60.00	3.5%	4.8%
Percentage of residents with a catheter inserted and left in their bladder[2]	2.6%	0.0%	1.3%	0.0%	1.0%	100.00	2.0%	3.0%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	0.4%	0.8%
Percentage of residents whose need for help with daily activities has increased	9.5%	12.1%	9.7%	19.2%	12.8%	80.00	16.3%	15.4%
Percentage of residents who received an antipsychotic medication	15.0%	16.0%	17.2%	12.6%	15.2%	60.00	17.3%	17.3%
Percentage of residents whose ability to move independently worsened[2,3]	30.5%	29.2%	22.0%	31.3%	28.1%	10.00	19.1%	18.2%
MDS 3.0 Short-Stay Measures								
Higher percentages are better.								
Percentage of residents who made improvements in function[2,3]	80.8%	74.0%	67.4%	69.0%	72.4%	40.00	66.0%	63.0%
Lower percentages are better.								
Percentage of residents who self-report moderate to severe pain	28.9%	21.2%	17.0%	23.4%	22.5%	40.00	16.5%	16.7%
Percentage of residents with pressure ulcers that are new or worsened[2]	0.9%	0.8%	0.0%	0.0%	0.4%	75.00	1.0%	1.2%
Percentage of residents who newly received an antipsychotic medication	0.7%	1.4%	3.2%	2.4%	2.0%	40.00	1.7%	2.2%

Claims Based Measures for 2016

- All cause/all condition rehospitalizations within 30 days of hospital discharge
- Emergency Department use within 30 days of hospital discharge
- Successful Discharge to the Community readmissions or death within 30 days of **SNF discharge**

Emergency Room Measure

- "If a nursing home often sends many of its residents to the ED, it may indicate that the nursing home is not properly assessing or taking care if its residents…"
- Measures residents going to ED within 30-days of a SNF admission
- Excludes hospice and comatose
- Excluded if admitted

Claims-based risk adjustment

- Short stay measure Med A FFS only
- Must have Med A & B
- Stays over 12 mo period/updated every 6 months (April & October)
- 9 month lag time in reporting
- Excludes Hospice, comatose, Managed Care

Discharge to the Community

- Measures successful discharges back to community within 100 days of SNF admission
- Successful=no readmissions, or death for 30 subsequent days
- Measures at the end of the 'episode' not the 'stay'
  - Discharge return not anticipated

Discharge to the Community

- Any use of hospice benefits during SNF stay will exclude the resident from measure
- Reports all residents in the last year (12 mo)
- Updated April & October (q 6mo.)
- Resident must have Medicare A & B during month of hospital stay AND the month after the reporting period ends (1-mo after d/c)

Discharge to the Community

- Risk Adjustments
- Many more functional status items analyzed than other measures
- Takes into account RUG level (Z100A)
  - So CMI, or acuity upon discharge, is collected

Time period for data used in reporting is 7/1/2014 through 6/30/2015	Provider 075333				State	National
	Observed Rate[4]	Expected Rate[5]	Risk-Adjusted Rate[6]	Rating Points[1]	Risk-Adjusted Rate	Risk-Adjusted Rate
Claims-Based Measures						
A higher percentage is better.						
Percentage of residents who were successfully discharged to the community[2,3]	58.5%	56.8%	55.3%	30.00	53.6%	50.7%
Lower percentages are better.						
Percentage of residents who were re-hospitalized after a nursing home admission[2,3]	21.8%	21.9%	21.5%	30.00	21.3%	21.1%
Percentage of residents who had an outpatient emergency department visit[2,3]	13.9%	10.6%	14.5%	20.00	12.2%	11.5%

Total Quality Measure Points

Total QM points with new quality measures weighted 50% for Provider	905.00

MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provi			3		State	National
	2015Q2	2015Q3	2015Q4	2016Q1	4Q avg	4Q avg	4Q avg
Note: For the following long-stay MDS measures, higher percentages are better.							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	97.7%	97.7%	97.7%	98.9%	98.0%	94.4%	94.5%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	100%	100%	98.9%	95.5%	98.5%	94.3%	93.4%
Note: for the following long-stay MDS measures, lower percentages are better.							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	47.1%	42.4%	43.3%	63.3%	48.8%	45.1%	46.6%
Percentage of long-stay residents who lose too much weight	14.8%	13.9%	9.3%	8.0%	11.4%	6.9%	7.1%
Percentage of long-stay residents who have depressive symptoms	1.3%	1.2%	0.0%	1.1%	0.9%	2.5%	5.4%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	24.6%	21.1%	27.6%	25.0%	24.7%	22.0%	23.6%
Note: For the following short-stay MDS measures, higher percentages are better.							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	88.1%	88.1%	88.1%	86.2%	87.6%	80.4%	80.1%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	80.9%	88.2%	86.3%	83.6%	84.8%	81.0%	81.4%

The claims-based QMs will update every six months, while the MDS based QMs continue to update on a quarterly basis.

For individual quarters for the MDS-based QMs, d<20 means the denominator for the measure (the number of eligible resident assessments) is too small to report. When d<20 is listed for individual quarters, a four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

Purging Preview Reports from QEIS

- MDS 3.0 Facility and Resident QM **Preview** Reports
- Available to nursing home-based SNFs only
- Effective November 1, 2016, the retention time period for these reports will change from 230 days to 90 days

MDS 3.0 Nursing Home QM Five Star-Rating **Preview** Reports

- Available to nursing home-based SNFs only
- Deleted after 90 days

Contacting QEIS

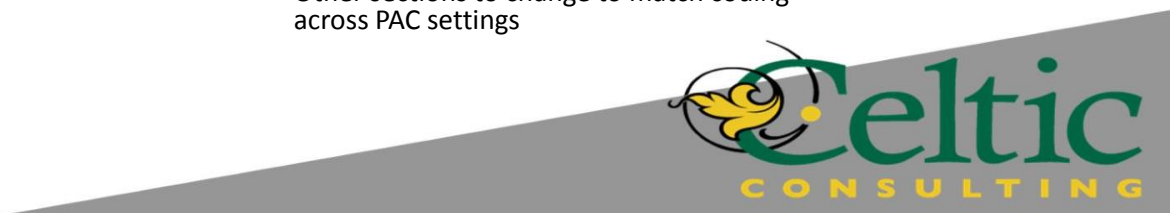
- Contact the QIES Technical Support Office Help Desk for assistance with the following:
- – Support for the MDS 3.0 data submission
- – Locating or interpreting the MDS 3.0 Final Validation report or other CASPER reports
- Contact information:
- Phone: (800) 339-9313
- E-mail: help@qtso.com

SNF Quality Reporting Program

Implementation 10/1/2016

Shifting from FFS to Quality

- Phased in over 5 years
- Standardize reporting over the care continuum
- All PAC providers to report data similarly
- New section to MDS- GG begins 10-1-2016
  - Measures functional limitations on admission and at discharge
  - Can compare Med A vs. all payers
  - Other sections to change to match coding across PAC settings



Improving Medicare PAC Transformation Act of 2014

- This Act is more detailed than Triple Aim and calls for:
  - Data element uniformity (standardized assessment and data)
  - Quality care and improved outcomes
  - Comparison of data across continuum
  - Improved discharge planning
  - Exchangeability of data
  - Coordinated care
- Phased in over 5 years through 2020
- CMS is required to report data within 2 years of inception of the measures

QMs for SNFQRP under IMPACT

- **MDS-Based Measures**:
  - Functional status and cognition changes from admit to d/c (10-1-16)
  - Skin integrity and changes: new or worsening pressure ulcers (10-1-16)
  - Falls with major injury (10-1-16)
  - Care Plan- communication of health info (**10-1-18**)
  - Medication reconciliation (**10-1-18**)
- **FY17 Claims-Based Measures Under Consideration**
- MSPB-Medicare Spending per Beneficiary
- Discharge to community,
- All-cause re-hospitalization,

MDS data affect on FY17 Medicare Rates

CMS currently looking for compliance with submitting SNFQRP data

- At least 80% is expected
- Data collected will be compared and analyzed
- Will likely be used for future payment methodology
- PPS Final Rule refers to 'FY17…and future years'
- Hospital rates affected by measures, SNFs likely to be next

Skin Integrity

- Measures new or worsening pressure ulcer data collected 10-1-16-12-31-16
- Short term measure under 5-star, will be used for all residents under QRP, regardless of length of stay or payer
- Used for FY 2018 payments, your current data will be used against you beginning 10-1-17

Falls with Major Injury

- Resulting in fractures, subdural hematoma, closed head injury with altered consciousness, dislocation, even if not detected until after discharge
- Data collected 10-1-16 through 12-31-16 will be used for 2018 rates.
- MDS section J1900C = 1, 2; Any fall with major injury, counts as a change in function

Change in Functional Independence

- Percentage of patients with admission and discharge functional assessment and a care plan that addresses function
- Introduces Section GG into MDS for Medicare FFS residents
- CMS unsure how the care plan component will be addressed

IMPACTing Section GG

- Satisfies the functional assessment requirement of IMPACT on admission and discharge
- Compares “usual” status observed days 1-3 from admission, to discharge status of “usual” performance on last 3 days of the stay,
- Requires facility to set goals at the time of the 5-day MDS, for improvement in the functional areas assessed in the new section
- Required to be completed for all traditional Medicare Part A PPS admissions 10-1-16 and after
- If ARD is 10-1-16 or after, will be required to be completed, but data will not be used in SNFQRP calculations

Celtic CONSULTING

Admission and Discharge Functional Assessment and Care Plan

- Measures functional and cognitive changes from admission to discharge at the end of the episode of care
  - It is also expected that the resident has at least 1 goal addressing function
- Uses Admission MDS & Discharge return not anticipated, does not include MDSs in between, or Discharge return not anticipated
- Also includes End of PPS stay, which also ends the episode of care
- Measures focus on resident's care needs and mobility in 3 ways:
  1. Admission Performance
  2. Discharge Goals
  3. Discharge Performance

Admission and Discharge Functional Assessment and Care Plan

- Functional care areas include:
  - Eating- using utensils
  - Oral hygiene- using utensils
  - Toileting hygiene- includes clothing and cleaning after using the toileting receptacle
  - Mobility and turning while mobile
  - Transferring position during various situations
  - Tip: When coding discharge goal section, be sure to include in care plan. CMS is expecting licensed clinicians to collaborate on this section (RN, LPN, PT, OT, SLP)

GG0130 Self Care

Resident _____ Identifier _____ Date _____

Section GG | **Functional Abilities and Goals** - Admission (Start of SNF PPS Stay)

GG0130. Self-Care (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B)
Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 6-point scale.

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused.**
09. **Not applicable.**
88. Not attempted due to **medical condition or safety concerns.**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	A. **Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
☐☐	☐☐	B. **Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
☐☐	☐☐	C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	☐☐	**C. Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	☐☐	**D. Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
☐☐	☐☐	**E. Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
☐☐	☐☐	**F. Toilet transfer:** The ability to safely get on and off a toilet or commode.
		☐ **H1. Does the resident walk?** 0. **No**, and walking goal is not clinically indicated → Skip to GG0170Q1, Does the resident use a wheelchair/scooter? 1. **No**, and walking goal is clinically indicated → Code the resident's discharge goal(s) for items GG0170J and GG0170K 2. **Yes** → Continue to GG0170J, Walk 50 feet with two turns
☐☐	☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
☐☐	☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		☐ **Q1. Does the resident use a wheelchair/scooter?** 0. **No** → Skip to GG0130, Self Care (Discharge) 1. **Yes** → Continue to GG0170R, Wheel 50 feet with two turns
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.
		☐ **RR1. Indicate the type of wheelchair/scooter used.** 1. **Manual** 2. **Motorized**
☐☐	☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.
		☐ **SS1. Indicate the type of wheelchair/scooter used.** 1. **Manual** 2. **Motorized**

Admission or Discharge Performance Coding Instructions

- **Code 06, Independent**
- **Code 05, Setup or clean-up assistance:** if the helper SETS UP or CLEANS UP; resident completes activity.
- **Code 04, Supervision or touching assistance:** if the helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

Admission or Discharge Performance Coding Instructions

- **Code 03, Partial/moderate assistance:** if the helper does LESS THAN HALF the effort. *Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.*
- **Code 02, Substantial/maximal assistance:** if the helper does MORE THAN HALF the effort. *Helper lifts or holds trunk or limbs and provides more than half the effort*.
- **Code 01, Dependent:** if the helper does ALL of the effort. Resident does none of the effort to complete the activity; or the assistance of two or more helpers is required for the resident to complete the activity.

Admission or Discharge Performance Coding Instructions

- **Code 07, Resident refused**
- **Code 09, Not applicable:** if the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- **Code 88, Not attempted due to medical condition or safety concerns**

Measures for 2017 & 2018

- Full year data collection, updated April & October annually
- MSPB
  - Medicare Spending per Beneficiary
  - Successful discharge to community
  - 30-day **all cause** re-hospitalizations

- Proposed measure for FY 2019, beginning 10-1-18
  - Medication reconciliation

2017 Anticipated Section N

- October 1, 2017 MDS changes
- Did the resident receive antipsychotic meds since admission, reentry or last OBRA assessment?
  - Was a gradual dose reduction (GDR) attempted?
  - Date of last GDR
  - Is GDR contraindicated by physician?
  - Date of determination by physician
- **Not related to SNFQRP** data, but will likely be measured in another program.

N0450. Antipsychotic Medication Review

Enter Code ☐

A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?

0. **No** - Antipsychotics were not received → Skip to O0100, Special Treatments, Procedures, and Programs
1. **Yes** - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted?
2. **Yes** - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted?
3. **Yes** - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?

Enter Code ☐

B. Has a gradual dose reduction (GDR) been attempted?

0. **No** → Skip to N0450D, Physician documented GDR as clinically contraindicated
1. **Yes** → Continue to N0450C, Date of last attempted GDR

C. Date of last attempted GDR:

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

N0450 continued on next page

Resident _____ Identifier _____ Date _____

Section N	Medications

N0450. Antipsychotic Medication Review - Continued

Enter Code ☐

D. Physician documented GDR as clinically contraindicated

0. **No** - GDR has not been documented by a physician as clinically contraindicated → Skip to O0100, Special Treatments, Procedures, and Programs
1. **Yes** - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated

E. Date physician documented GDR as clinically contraindicated:

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

FY18 SNFQRP Medication Reconciliation

- Medication review conducted
- Follow up of identified issues
- Reporting period 10-1-18 to 12-31-18 for FY 2020
- **<u>2018</u> changes to Section N of MDS**

ADMISSION (START OF SNF PPS STAY)

Section N — Medications

N2001. Drug Regimen Review

Enter Code	
☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** 0. **No - No issues found during review** → *Skip to O0100. Special Treatments, Procedures, and Programs* 1. **Yes - Issues found during review** 9. **NA - Resident is not taking any medications** → *Skip to O0100. Special Treatments, Procedures, and Programs*

N2003. Medication Follow-up

Enter Code	
☐	**Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?** 0. **No** 1. **Yes**

DISCHARGE (END OF SNF PPS STAY)

Section N	Medications

N2005. Medication Intervention

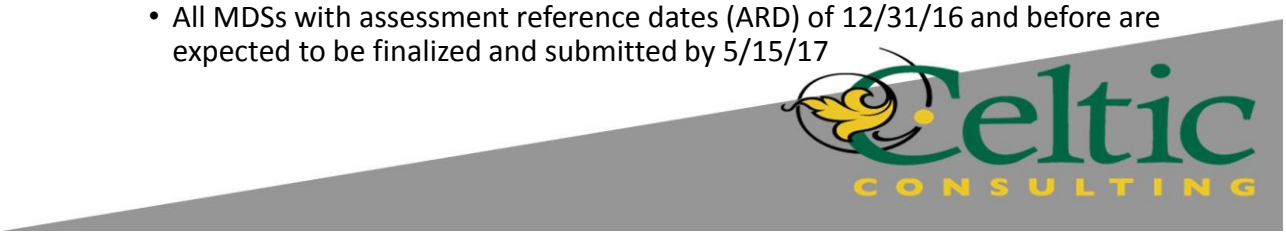
Enter Code	
☐	Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the Admission? 0. No 1. Yes 9. NA - There were no potential clinically significant medication issues identified since Admission or resident is not taking any medications.

Reporting Data

- Collected through MDS submissions
  - Claims data is not covered under this requirement
- At least 80% of all MDSs submitted must report this data (no dashes)
- 2% penalty for not reporting per requirements
  - Penalty is enforced for the entire fiscal year, annual payment update
- Highest risk is with payer source identification upon admission, or with changes in payers

Reporting Data (continued)

- Additional MDS type required to collect data for the PPS stay
  - SNF Part A PPS discharge
  - Both discharges and those ending a PPS stay,
  - Level of care drop-resident not leaving building but cut from Part A benefits, or benefits exhaust
  - Tip: Verify submission status of MDSs via validation report and follow up on warnings
- Deadline to submit data is 5/15/17
  - All MDSs with assessment reference dates (ARD) of 12/31/16 and before are expected to be finalized and submitted by 5/15/17

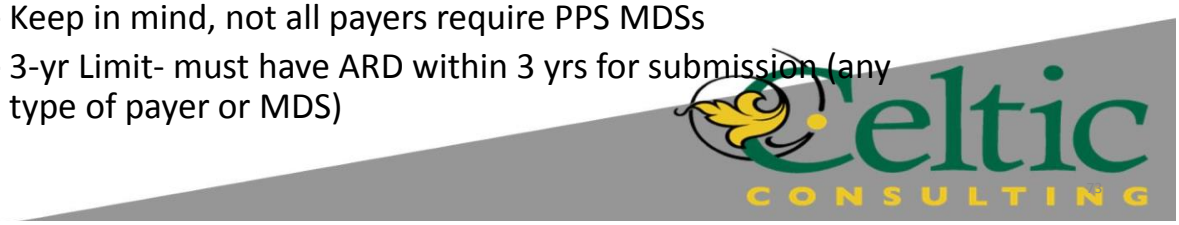


Data Collection Purpose

- CMS is researching future payment methods based on patient characteristics
  - Likely to be based on episodes of care
  - Likely to be paid based on bundled methodology
- Data will be publicly reported Fall 2018
  - CMS training slides state providers will have an opportunity to correct the data claims-based data only, before it becomes public, not the quality data. Recent calls with CMS suggest that there may be an opportunity for MDS data to be corrected as well during Phase 1.

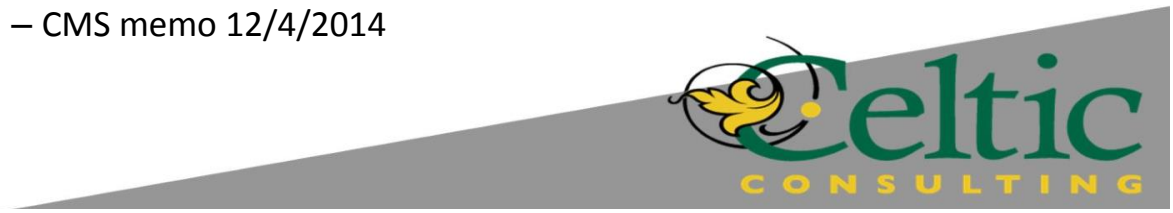
Managed Care MDSs

- Managed Care MDSs (regardless of whether they are Medicare replacement plans or commercial) should not be transmitted to the CMS repository, unless required for OBRA.
  - DO NOT submit managed care MDSs unless needed for survey, i.e. significant change, annual, admission, quarterly
  - So if your facility tracks these MDSs, they should not be submitted
  - Keep in mind, not all payers require PPS MDSs
  - 3-yr Limit- must have ARD within 3 yrs for submission (any type of payer or MDS)



HIPPS & RUGs for HMOs

- If a resident is not in the facility long enough for an admission assessment (14 days), a RUG score and HIPPS modifiers of AAA00 may be used.
- No assessment is required
  - Unless you are contracted to be paid by the RUG
  - CMS memo 12/4/2014



SNF Value-Based Purchasing

The Next CMS Initiative

Hospital Readmissions

- Value-Based Purchasing Readmission Policy
  - Readmission rates will be risk-adjusted
  - CMS is looking at phasing in readmission penalties for SNFs
    - Financial impact to hit in **2019**
  - **Adding additional measures to be monitored**

Purchasing Value

- Value Based Purchasing (VBP) is part of CMSs long standing effort to link Medicare's payment system to 'value-based' system to improve healthcare quality.
- Hospital payments are adjusted based on their performance in 4 weighted domains
- Clinical care process 10%, patient experience 25%, outcomes 40%, and efficiency 25%

SNF Value Based Purchasing

- Part of Protecting Access to Medicare Act of 2014 (PAMA)
- Program begins FY 2019 (10/1/18)

- Concept calls for providers to show their 'value' by reducing costs, so CMS is buying good 'value' with their Medicare dollars. Currently, measures are based on re-hospitalizations.

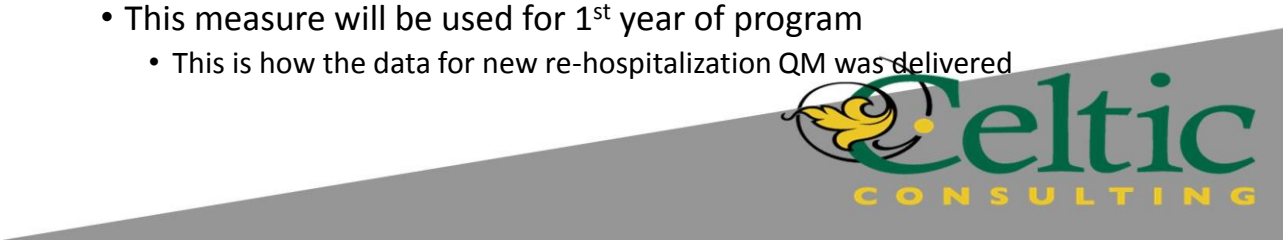
SNF VBP

Result of PAMA of 2014 enacted 4-1-14 under Social Security Act

- Focus of the program:
  - Performance standards including 'achievement' and 'improvement' ratings
  - Rank SNFs for from low to high based on performance
  - 2% of PPS/Medicare payment withheld to fund program
  - Incentive payments to providers must total 50-70% of amount withheld
  - Incentive payments=buying your money back, up to 2%
- Both measures are based on hospital readmissions
  - SNF PPR- potentially preventable, risk adjusted (begins 10/1/18)
  - SNF RM- all-cause/condition, original measure (begins 1-1-17)
    - Payments affected 10/1/18

SNF RM

- Risk- standardized, all cause, all condition, unplanned hospital readmissions within 30 days of hospital discharge
- Identified through Medicare claims
- Regardless of whether SNF discharged resident, or if it happened after discharge from the SNF
- Risk adjustment 'standardized' based on demographics, diagnoses, prior hospitalization
- Excludes planned readmissions
- This measure will be used for 1st year of program
  - This is how the data for new re-hospitalization QM was delivered



SNF PPR

- **Potentially Preventable Re-hospitalizations**
- Also a 30 day window of risk
- Applies a risk adjustment covariate prior to SNF discharge
- Some apply during the SNF stay (within PAC stay)
- Some apply after SNF discharge (past discharge list)
- More risk adjustment opportunities than SNF RM
- Will replace SNF RM measure in future systems

SNF VBP Re-hospitalization measure RM

_____ 2017 your SNF

⬆ 'Improvement' Rating

_____ 2015 your SNF

Better of the two,
Improvement Rating
Achievement Rating

SNF VBP Re-hospitalization measure RM

Benchmark- average of all top performing SNFs in 2015

2017 your SNF

'Achievement' Rating

25% threshold (minimum improvement expected)

2015 ALL SNFs

If your SNF meets the benchmark, then your rating is 100. If your SNF doesn't meet at least the 25th percentile, then your rating is 0.

Remainder will be disbursed, 0-100.

Celtic CONSULTING

SNF VBP Measure

- Results in achievement rating score based on percentage of residents that were not readmitted during the window
- Compares value rating scores between providers
- How did you do in 2017 compared to all SNFs nationwide in 2015?
  - If you did better than benchmarks (100 points)
  - If you did worse than achievement threshold (0 points)
  - All facilities in between points assigned based on "Achievement Score"
- Second score "Improvement Score" based on how well your facility did in 2017 compared to your 2015 data
  - Above benchmark (100 points)
  - If worse than 2015 (0 points)

SNF VBP

- CMS considering how to translate those scores into Medicare payment methodology
- Quarterly reports to SNF before public reporting

New Programs to Encourage Value

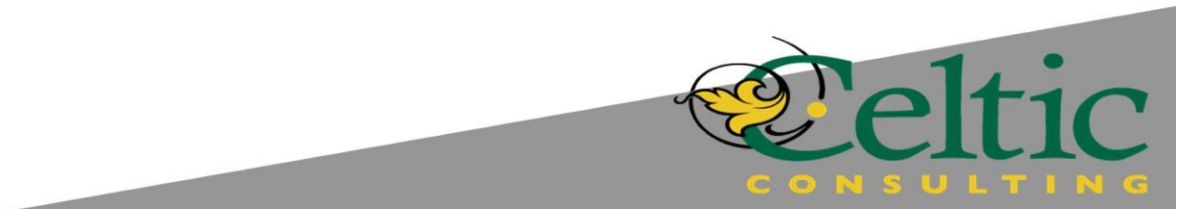
- Payments to nursing homes will be tied to Value

- CJR
- Bundling
- Shared savings & ACO partnerships

CMS directed CCJR Pilot

- Comprehensive Care for Joint Replacements
- 67 MSAs nationally, and begins 4/1/2016

See next slide for NJ Hospitals participating in the project



Hackensack University Medical Center
Newark Beth Israel Medical Center
Hackensack UMC Palisades
St. Mary's Hospital Passaic
Clara Maass Medical Center
University Medical Center of Princeton at Plainsboro
Morristown Medical Center
CarePoint Health-Christ Hospital
Chilton Medical Center
Robert Wood Johnson University Hospital Rahway
CarePoint Health-Bayonne Medical Center
Trinitas Regional Medical Center
Newton Medical Center
Riverview Medical Center
Robert Wood Johnson University Hospital
Raritan Bay Medical Center
CarePoint Health-Hoboken University Medical Center
Community Medical Center
Englewood Hospital and Medical Center

Robert Wood Johnson University Hospital Somerset

Saint Clare's Hospital (Denville/Dover)

Overlook Medical Center

Ocean Medical Center

Bergen Regional Medical Center

Saint Peter's University Hospital

Jersey Shore University Medical Center

Monmouth Medical Center

Saint Barnabas Medical Center

East Orange General Hospital

Monmouth Medical Center-Southern Campus

Saint Michael's Medical Center, Inc.

JFK Medical Center-Anthony M. Yelencsics Community

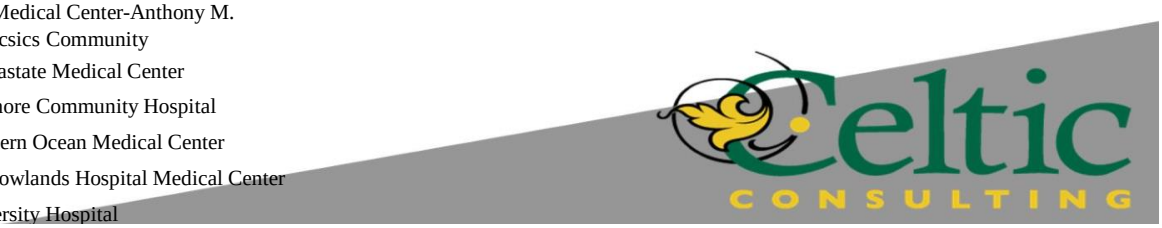
Centrastate Medical Center

Bayshore Community Hospital

Southern Ocean Medical Center

Meadowlands Hospital Medical Center

University Hospital



CJR

- Lower limb joint replacements (hip, knee, ankle)
- Hip & Femur fractures to be included 7/1/17
- Introduces 'episodic' payments to providers
  - Starts at hospital admit through 90 days after discharge
  - One payment for the episode, payments to providers disbursed by episode owner, hospital
- All care is bundled for all providers
- Mandatory participation for providers in MSA

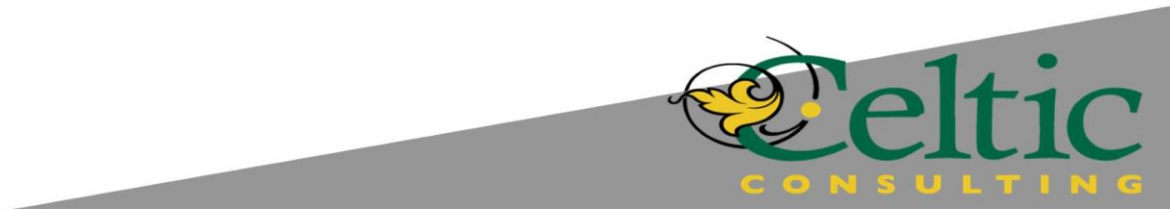
Sharing Risk

Future Payments for SNFs RUG rate minus 1%

- The 1% goes into the shared savings pool
- Quality measures must also be met before any shared savings are disbursed, not just cost savings
- Hospital must provide CMS with structure of how shared savings, if any, will be disbursed.

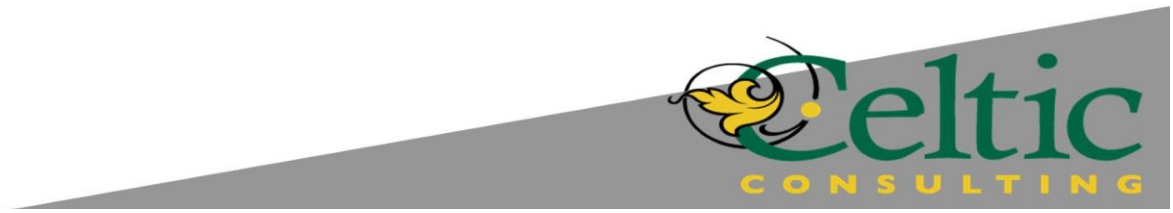
Episode of Care

- Hospital 'owns' the episode of care
- Responsible for spending by all providers
- Responsible for outcomes
  - Tracking data and outcomes
  - Performance measured quarterly
    - Risk adjusted for MCC



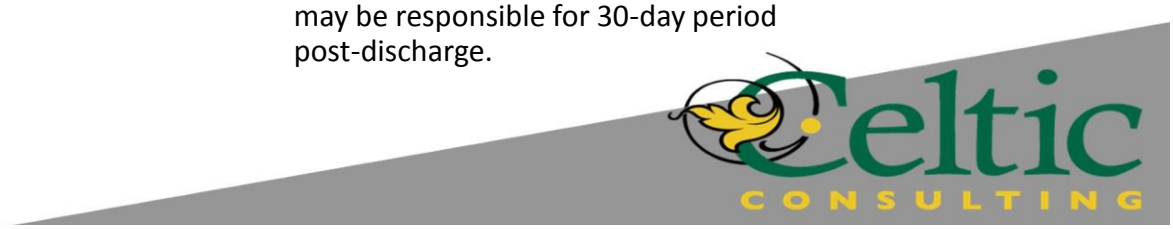
Sweet Spot for SNFs

- The 'carrot' for SNF providers is the safe harbor in CJR program
- 3 stars or higher to waive the 3-night qualifier
- 2 stars or lower can not cover on Medicare A unless 3-night qualifier is met



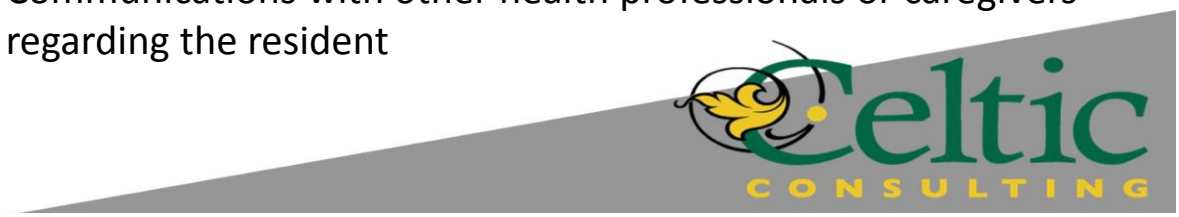
Episodic payment structure

- Payments from CMS based on amount reimbursed for that diagnosis/condition for the 'episode of care'
- No RUG influence , diagnosis based
- No incentive to push up rehab provision
  - Must receive enough to avoid rehospitalization or poor outcome, SNF may be responsible for 30-day period post-discharge.



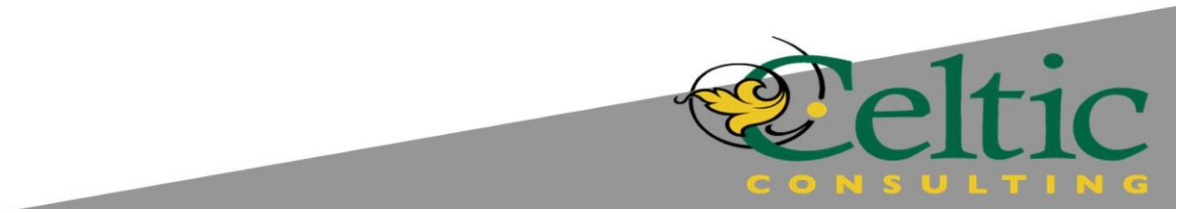
Documenting Quality Care

- Physician's orders
- Treatments and services given
- Resident response
- Any changes from baseline, new symptoms, or changes in frequency or intensity of prior conditions
- Communications with other health professionals or caregivers regarding the resident



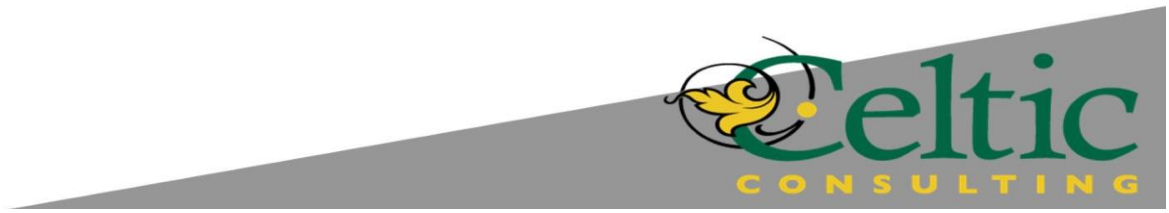
Outside the Box

- ‘continue to monitor’……
- Assess the resident….
- What, why, how are you monitoring?
- What are you doing with the results of this monitoring?
- Was the treatment plan altered?



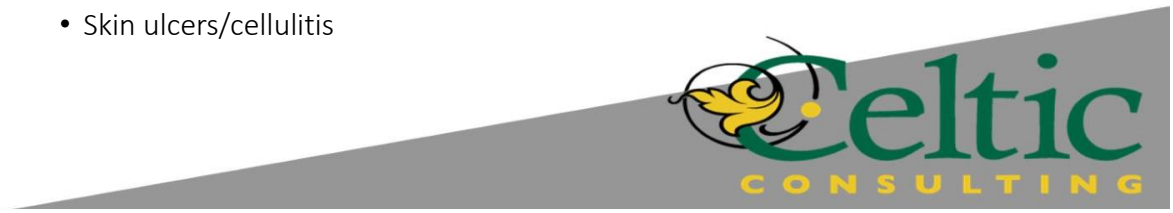
Enhanced Care & Coordination Programs

- Intent-reduce rehospitalizations through funding higher-intensity interventions in LTC
  - Treat in place
  - LTC to train on recognizing acute changes in condition
  - Utilize APRNs to assist with assessing clinical changes



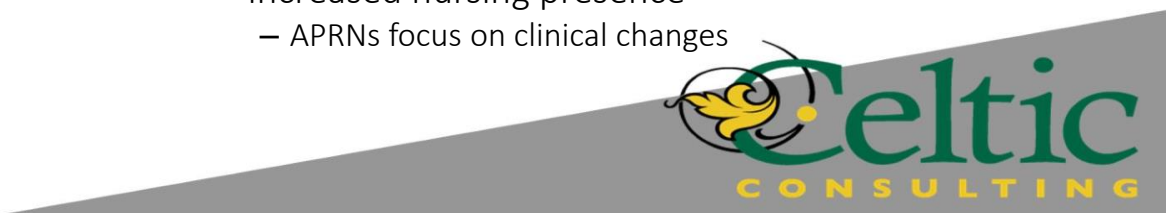
Enhanced Care & Coordination Program

- Current pilot in 7 states (NY, PA, MD, NE, NV, IN, AL)
  - 80% of rehospitalizations related to 6 conditions
    - COPD
    - PNA
    - Dehydration
    - CHF
    - UTI
    - Skin ulcers/cellulitis



Proactive Solutions

- Clinical programming
- Improve nursing skills
  - #1 physical assessment skills
    - Improves physician communication and confidence
    - Enhances SBAR success
- Successful programs include increased nursing presence
  - APRNs focus on clinical changes

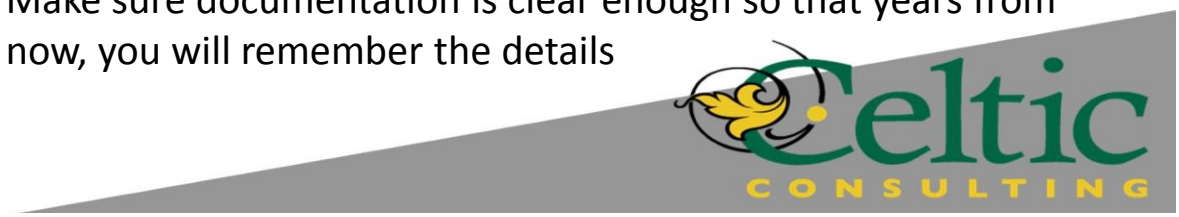


Proactive Solutions

- Use services onsite to decrease costs and avoid disruptive transfers
  - IV starts, IV push meds, or clysis
  - Respiratory treatments and diagnostics
  - NG tube placement and care
  - Medication reconciliation at admission and discharge
    - Both medical and financial benefits
    - Will be required by 10/1/17

Managing Risk

- Audit MDSs for LT or ST QM triggers
- Utilize APRNs to assess changes of condition
- Regularly monitor your quality rating scores
- Monitor nursing documentation regularly
- Avoid using your opinions in nurse's notes
- Make sure documentation is clear enough so that years from now, you will remember the details



Questions?

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