Nursing Home Quality Pool Webinars: Q & A
NYSDOH Office of Quality and Patient Safety
June 10 and 12, 2013

This document contains responses to the questions from the Nursing Home Quality Pool webinars that were held on June 10 and 12, 2013.

For questions about the payment methodology, please contact the Bureau of Finance at **nfrates@health.state.ny.us.**

For questions about the quality pool methodology, please contact the Office of Quality and Patient Safety at **NHQP@health.state.ny.us.**

Quality Measures

Q: *Is the pressure ulcer measure measured on in-house acquired pressure ulcers?*
A: Currently there is not an item on the MDS 3.0 that specifies the setting in which the pressure ulcer was acquired. If there is a Stage II-IV pressure ulcer indicated on the assessment, the resident qualifies for the numerator of the measure. Numerator criteria for the pressure ulcer measure are a Stage II-IV pressure ulcer present, as indicated by any of the following four conditions:

1. M0300B1 = 1, 2, 3, 4, 5, 6, 7, 8, or 9
2. M0300C1 = 1, 2, 3, 4, 5, 6, 7, 8, or 9
3. M0300D1 = 1, 2, 3, 4, 5, 6, 7, 8, or 9
4. Any of the active diagnoses (variable I8000) is a Stage II-IV ulcer indicated by ICD-9 codes 707.22, 707.23, or 707.24

Q: *Why is male considered a covariate for the pressure ulcer model?*
A: Previous studies have shown that gender has a confounding effect on the outcome. To control for the disproportionate levels of gender across plans, we included gender in our risk-adjusted model. Our methodology follows the NYS Gold Stamp project and a 2001 article published in the Journal of the American Geriatrics Society (Berlowitz DR, Brandeis GH, Morris JN et al. Deriving a risk-adjustment model for pressure ulcer development using the minimum data set).

Q. *The risk-adjusted weight loss measure listed a covariate of hospice. The presenter spoke of "end of life". Will this be broader than just hospice?*
A. We are risk adjusting the weight loss measures to adjust for disporportiate differences among facilities that care for people at the end of their life. To account for these population differences we are adjusting for age, hospice care, a prognosis of less than six months of life expected, cancer, and renal failure. These five covariates from the MDS 3.0 assessment, we feel we have adequately identified facilities that serve a greater proportion of people who are in the end of life stage.

Q: *Please explain in more detail the cognitive covariate for self-reporting moderate to severe pain.*
A: For the quality measure of Long stay residents who self-report moderate to severe pain, NYSDOH followed the risk adjustment method that is done by CMS. The only covariate included in the model is cognitive skills for daily decision making on the prior assessment.

Q: *If employees decline the flu shot, are they excluded from the denominator?*

A: For the Percent of employees vaccinated for the flu measure, health care workers who decline the flu vaccination are not excluded from the denominator.

Q: *The facility's one-page result shows an incorrect percentage of employees vaccinated for the flu. Why is this?*
A: Some facilities have Adult Day Health Care Programs associated with them, and in some cases, the nursing home and the ADHCP share the same PFI. The current flu data reporting system does not allow for facilities in this situation to submit two separate reports, so the numerators and denominators for both the nursing home and the ADHCP are combined, often resulting in a lower employee vaccination rate overall. NYSDOH is aware of this issue and is working with the Bureau of Immunization toward a solution.

Q: *When a resident refuses the flu vaccine, how is that calculated in the statistics?*
A: If a resident refuses the influenza vaccine, he or she is included in the numerator of the CMS measure, Percent of long stay residents assessed and given, appropriately, the seasonal influenza vaccine. A resident who meets any of the criteria below will qualify for the numerator of this measure:

1. Resident received the influenza vaccine
2. Resident was offered and declined the influenza vaccine
3. Resident was ineligible for the vaccine due to contraindications

Q: *How is utilization of PPE-masks counted toward the employee flu vaccination measure?*
A: At this time, the employee flu reporting survey does not contain questions on how many employees wore masks in place of the flu vaccine.

Q: *Will residents in specialty units be omitted from the quality measures?*
A: MDS assessments indicating that the resident was in a specialty unit are excluded from the quality pool, prior to any calculations. These units are also not contributing to the quality pool.

Staffing Measures

Q: *How will the level of contract staff be determined for a facility that is only submitting a Part 1 cost report as a result of ownership change?*
A: Facilities that submit as a Part 1 filer will not have the percent of contract staff calculated because Part 1 filers do not need to submit the level of data needed to calculate this rate. In such cases, the facility will not be penalized and the 60 points in the quality component will be redistributed across the other measures.

Q: *Regarding the 2011 cost report, is this calendar year or fiscal year 2011?*
A: Cost report data for both calendar year and fiscal year filers will be used in the 2013 quality pool. For calendar year filers, the deadline to submit cost reports is August 16, 2013. For fiscal year filers, the deadline to submit cost reports is September 30, 2013.

Q: *Please clarify the calculation for percent of contract staff. Which cost centers are used?*
A: To calculate the percent of contract staff, the following data from the cost reports are used:

<u>FOR 4-FILERS:</u>
Schedule O: Hours of service purchased for RNs, LPNs, Aides, Orderlies, and Assistants (Column 0565, Rows 003, 004, 005)

Schedule 5: RHCF Hours paid for RNs, LPNs, Aides, Orderlies, and Assistants (Row 051, Columns 0128, 0130, 0132)

FOR 2-FILERS:
Schedule O: Hours of service purchased for RNs, LPNs, Aides, Orderlies, and Assistants (Column 0565, Rows 003, 004, 005)
Direct Charge Employees Wage Schedule Residential Health Care Facility RHCF: Hours paid for RNs, LPNs, Aides, Orderlies, and Attendants (Column 0455. Rows 003-009)

The hours from each schedule are summed to determine the total hours of full-time and contract staff. The percent of contract staff is the hours of contract service purchased divided by the total hours of full-time and contract staff.

Q: *If a facility ranks in the first quintile overall, why should use of staffing agencies matter as a quality measure, especially if agency staff have consistent and steady unit assignments?*
A: Literature has shown that the use of temporary nursing staff to provide care has been associated with lower performance. Based on analysis using the 2012 benchmarking results, a facility that demonstrates high performance with a higher contract staff rate is not reflective of the other facilities that had contract staffing levels over 10%.

Q: *Is physical therapy staffing calculated into the CMS five-star rating for staffing?*
A: Physical therapy staffing is not included in the CMS five-star rating. The facility ratings on the staffing domain are based on two measures: (1) RN hours per resident day; and (2) total RN, LPN, and Aide hours.

Q: *What is your definition of an orderly?*
A: NYSDOH uses the data for Aides, Orderlies, and Assistants as defined in the cost report. Aides, Orderlies, and Assistants is presented as one field in the cost report.

Compliance Measures

Q: *To clarify, from what date will the CMS five-star health inspection rating be taken?*
A: For the 2013 Nursing Home Quality Pool (NHQP), NYSDOH will use the CMS five-star rating for health inspections as of April 1, 2013. This is the same date for the CMS five-star rating for staffing.

Potentially Avoidable Hospitalization (PAH) Measure

A note on the potentially avoidable hospitalization measure:

*The PAH measure is **not** a rehospitalization measure. The NHQP currently does not include a rehospitalization measure, but NYSDOH recognizes the importance of this type of measure and is working toward developing one for the future.*

Q: *What if the family/resident is adamant that they want to go, but facility can manage them in the facility? Has there been consideration of family member/resident who arranges a discharge to a hospital beyond the control of the facility?*
A: We do not have a way to identify this, so if the resident is admitted to the hospital for a PAH, it is counted. We believe this happens across all nursing homes, so all homes will experience this situation.

Q: *Is the diagnosis for PAH the admitting diagnosis to the hospital or the admitting diagnosis back to the facility?*
A: The admitting diagnosis listed on the hospital inpatient record is used to identify a PAH.

Q: *For PAHs, the diagnoses are general. Do they also include their sub-categories? For example, looking at electrolyte Imbalance, would that include hyperkalaemia and hyponatraemia, and would respiratory Infection include flu and pneumonia?*
A: The ICD-9-CM admitting diagnosis codes on the hospital inpatient record are as follows:

Respiratory infections

466	Acute bronchitis
480.0-487.8	Pneumonia
507	Pneumonia

Sepsis

038.0-038.9	Septicemia

UTI

590.00-590.9	Infections of kidney
595.0-595.4	Cystitis
595.9	Cystitis
595.89	Other type of cystitis
597	Urethral abscess
598	Urethral stricture due to infection
598.01	Urethral stricture due to infection
599	Urinary tract infection
601.0-604	Inflammation of prostate

Electrolyte imbalance

276.0-276.9	Disorders of fluid, electrolyte and acid-base balance

CHF

428.0-428.9	Heart Failure
398.91	Rheumatic heart failure

Anemia

280-280.9	Iron deficiency anemias
281.0-281.9	Other deficiency anemias
285.1	Acute posthemorrhagic anemia
285.29	Anemia of chronic illness

Q: *Is there a way for us to get access to SPARCS information so we can assess our hospital PAH rates based on the NYS definition?*

A: The SPARCS inpatient hospital data is a very large data file with all hospitalizations in NYS from all payors. This data is on an individual level and is not aggregated, so calculating the PAH rate would

require data analysis. The data can be requested through the state, and there is an approval process and a fee associated with obtaining the data.

NYSDOH can help nursing facilities with the PAH measure without utilizing SPARCS by providing them with the residents in the denominator. If the nursing facility could identify which of its residents were in the denominator of its PAH measure, this would help the facility to investigate each PAH and work toward improving its PAH rate. The denominators can be provided to nursing facilities upon request.

Q: *Can we get the facility specific examples of the PAHs that were held against us?*
A: For more information about the specific data used to calculate the PAH measure contact NHQP@health.state.ny.us.

Q: *Why are you counting payor as part of the risk adjustment model for medical conditions?*
A: We are looking at all payor data for the PAH rate. Because some nursing homes have different distributions of payor groups in their facilities, by including payor into the model, we are risk adjusting for the effect of payor so that nursing homes can be more evenly compared.

Q: *Why is heart failure considered a PAH?*
A: An admitting diagnosis of Congestive Heart Failure is considered a PAH because these are conditions that result from an acute flare-up of a condition that could have been avoided with appropriate preventative care, or could have been safely and effectively managed in the nursing home.

Q: *If a resident is on bedhold, is that time excluded from the 101 day count to determine the long stay residents in the PAH measure?*
A: To determine if a nursing home episode is long stay and hence included in the PAH calculation, the number of days from admission to the nursing home to discharge from the nursing home are counted. This would include bedhold days.

Q: *If a resident is admitted to the hospital and stays in observation status is that included in the PAH measure?*
A: If a resident has a MDS 3.0 assessment that indicates discharge to the hospital, the hospitalization is eligible to be counted as potentially avoidable, depending on the admitting diagnosis on the hospital record.

Q: *Regarding PAHs, are those residents with a length of stay of less than 30 days included?*
A: Only long stay episodes, where the resident was in the nursing home for 101 or more days, were included in the PAH measure.

Q: *Will you publish the coefficients for the Charlson Index components?*
A: Yes, we will make that data available based on our benchmarking results, upon request.

Q: *What can we do if the hospital admission diagnosis is different from the medical reason we sent them for?*
A: This would be a situation that should be addressed between the nursing home and the hospital.

Q: *Please explain the Charlson index.*
A: The Charlson Index is a group of comorbid conditions. Each condition is assigned a score and then the scores are summed to obtain one value. This index is used in the risk-adjusted statistical model.

Q: *Is there any way to appeal the calculations specifically in the area of PAH?*
A. There is not an appeals process.

Q: *Why is admitting diagnosis used when it rarely is the same as the primary/discharge diagnosis and does not reflect the medical condition or treatment of the resident?*
A. The admitting diagnosis to the hospital on the hospital inpatient record most closely represents the reason the resident was admitted to the hospital from the nursing home. If we were to use the primary/discharge diagnosis, we would be capturing the primary medical condition that occurred during the hospitalization, which could have been acquired or developed as a result of the hospitalization rather than the nursing home.

Deficiencies

Q: *How will the new timeframe for J/K/L deficiencies account for timing of Statement of Deficiencies issued?*
A: The timeframe for J/K/L deficiencies for the 2013 NHQP is January 1, 2012 through June 30, 2013. On October 1, 2013, the deficiency data will be updated to reflect any Informal Dispute Resolutions that were processed between July 1, 2013 and September 30, 2013. Any new deficiencies that were issued between July 1, 2013 and September 30, 2013 will **not** be included in the 2013 NHQP. NYSDOH is including the entire year of 2012 for the 2013 NHQP to establish a starting point for this new protocol.

The timeframe for the 2014 NHQP will be July 1, 2013 through June 30, 2014. On October 1, 2014, the deficiency data will be updated to reflect any Informal Dispute Resolutions that were processed between July 1, 2014 and September 30, 2014. Any new deficiencies that were issued between July 1, 2014 and September 30, 2014 will **not** be included in the 2014 NHQP. Later NHQPs will follow this same timeframe of July 1 of the measurement year through June 30 of the payment year.

This method of handling J/K/L deficiencies ensures that no facility will be penalized for the same J/K/L deficiency in two consecutive NHQPs.

Q: *If a facility rated "first" in the quintile ranking, yet had a "yes" value on the deficiency section, does that automatically disqualify it from any part of the pool share?*
A: Yes. Facilities with J/K/L deficiencies will receive a performance report, but will not be eligible for payment regardless of their final quintile.

Finance

Q: *When will we receive the actual payments to the facilities?*
A: Finance will process the rate adjustment before December 31, 2013.

Q: *In the payment calculation, is the Facility Per Diem Quality Payment an addition to the Medicaid per diem rate, or is it the new Medicaid per diem rate?*
A: The facility per diem quality payment is an addition to the Medicaid per diem rate.

Q: *The $50M is being funded by all facilities, and they will all contribute through the negative adjustment, then depending upon quintile, facilities may get a payment back?*

A: That is correct. Facilities in the first, second, and third quintiles will be eligible to receive payment, while facilities in the fourth and fifth quintiles will not.

Q: *You are talking about 2011 data. Has 2012 been paid?*
A: The negative adjustments for the benchmarking data, which used the last two quarters of 2011 and the first quarter of 2012, have already been processed. These adjustments were based on pay-for-reporting; if a facility did not submit its cost report or employee flu immunization data by the deadlines, it was penalized. The adjustments for the 2013 NHQP, which will use all four quarters of 2012, have not yet occurred. They will occur on or before December 31, 2013, after the results of the 2013 NHQP are released.

Q: *For facilities with small bed size, how are they able to recuperate from the dollars taken away and placed in the pool?*
A: For the 2013 NHQP, the amount that each facility contributes to fund the quality pool is dependent upon the individual facility's Medicaid rate as of January 1, 2013 and its total number of Medicaid days in 2012. Smaller facilities will not contribute the same amount as large facilities because they will not have the same rate and number of Medicaid days.

Q: *What is the difference between the calculation diagrams on Slide 27: Distribution of the Quality Pool – continued, and Slide 28: Anticipated Timeline and Method for Making 2013 Quality Rate Adjustments?*
A: The distribution diagram on Slide 27 of the presentation shows how to calculate the amount of money **that will be given** to each facility, based on its performance in the quality pool. The negative per diem adjustment diagram on Slide 28 shows how to calculate the amount of money **that will be taken** from each facility to fund the quality pool. In the distribution diagram on Slide 27, each facility's Medicaid revenue is multiplied by an award factor, depending on the quintile it is in.

Q: *How can a facility determine whether it will get an add on to its rate or be penalized?*
A: If a facility was issued a J/K/L deficiency during the designated time frame for the quality pool, it will not receive payment regardless of its final quintile. Aside from this situation, it is difficult to determine whether or not a facility will receive an add-on to its rate until the results of the quality pool are released. If a facility ranks in the fourth or fifth quintiles overall, it will not receive any payment from the quality pool.

Q: *What method will be used in distributing the pool share? Will it be a lump sum payment, daily add-on, or a line item on the facility's rate sheets?*
A: The rate adjustments to fund the $50 million and to award the payments will be made at the same time and will be effective in the rate January 1st through December 31st 2013. The formula that will be used to fund the $50 million is each facility's Medicaid revenue divided by total Medicaid revenue for all facilities to yield the facility's percentage of the total revenue. The percentage will be multiplied by the $50 million then divided by the total 2012 Medicaid days to yield a negative per diem adjustment. A line item will be included in the facility rate.

Q: *Will the specialty beds receive revised rates to return the amount carved out for the quality pool?*
A: Facilities are paid separate rates for specialty beds. Since specialty units are excluded from the quality pool, the payment rates for specialty beds will not be affected by the results of the quality pool.

General Questions

Q: *Will you share your predictive model?*
A: NYSDOH is happy to share details about the risk adjusted models. Please contact the Nursing Home Quality Pool BML for more information at **NHQP@health.state.ny.us**.

Q: *What report is utilized to exclude the specialty beds? For example, a facility may have 20 vent beds but a total of 200 beds. How can we be sure that the numbers are accurate and reflect 180 beds rather than 200?*
A: MDS assessments indicating that the resident was in a specialty unit are excluded from the quality pool, prior to any calculations. To determine specialty unit assessments, Section S item S0160 on the MDS 3.0 assessment was used. NYSDOH excludes the following specialty units as indicated on the Section S item:

1. Discrete AIDS Unit
2. Ventilator Dependent Unit
3. Traumatic Brain (TBI) Unit
4. Behavioral Intervention Unit
5. Pediatric Specialty Unit

Q: *Regarding excluded facilities, what is the definition of "majority" for quality measures with small sample size? Is the small sample size of less than 30 in the denominator an annual aggregate?*
A: Facilities with small sample size on a majority of the quality measures will be removed before any calculation occurs. In the 2012 benchmarking NHQP, the facilities that were removed from the quality pool because of small sample size had such on all of the CMS quality measures. For the future, NYSDOH will handle small sample size on a case by case basis and will be able to assess this once the data for the 2013 NHQP is analyzed. The sample size is the sum of the denominators from each quarter of data. For example, for the 2013 NHQP, the denominators from each quarter of 2012 will be summed. If the sum is less than 30, that measure will be suppressed.

Q: *What tools are being considered for the resident satisfaction measure? Is it publicly available?*

Q: *Are you going to reissue the benchmark results with the changes you mentioned?*
A: No. The benchmarking results are final. The changes that were mentioned will take effect in the 2013 NHQP.

Q: *Can you tell us the number of facilities in each quintile at this point?*
A: There were 599 facilities in the 2012 benchmarking NHQP, so separating them into quintiles results in about 120 facilities in each quintile.

Q: *Can you comment on the effects of improvement from year to year?*
A: Since the 2012 benchmarking NHQP is the first year of results, improvement from year to year cannot be measured. Improvement will not be measured for the 2013 NHQP because the first quarter of 2012 was used in the benchmarking results and will be used again in the 2013 NHQP. Improvement will not begin to be measured until the 2014 NHQP.

Q: *Can we access the data so that we can manage the NYSDOH definitions/calculations as opposed to CMS?*
A: The NHQP uses the measures developed by CMS. The only measures that were modified include the risk-adjusted long stay pressure ulcer and long stay weight loss measures, and the antipsychotic measure (NYSDOH added the exclusion of a diagnosis of Bipolar Disorder/Manic Depression).

Additionally, the results from the NHQP may differ slightly from the CMS rates because the NHQP excludes certain types of facilities and specialty units, while CMS does not. The risk-adjusted measures in the NHQP use statewide averages, while CMS uses national averages. The CMS-calculated quality measure rates are updated quarterly on the New York State Nursing Home Profile page of the New York State Department of Health website (http://nursinghomes.nyhealth.gov/).

Q: *Is the report we have received the final report for 2012?*
A: The results of the 2012 benchmarking NHQP are based on the last two quarters of 2011 and the first quarter of 2012. The benchmarking results are final and will not be calculated again. The 2013 NHQP will utilize all four quarters of 2012.

Q: *Is there an appeal process to the quintile number?*
A: There is not an appeal process to the quintile number.

Q: *Is the 101 days based on cumulative days in the facility?*
A: Yes. If a resident's CDIF (cumulative days in the facility) is 101 or more, he or she is considered long stay. NYSDOH followed the methodology that CMS uses to create long stay and short stay episodes for each resident. For the NHQP, short stay residents are not included.

Q: *What are the definitions of consistent assignment and staff turnover?*
A: At this time, the Department is still investigating the various definitions of consistent assignment and staff turnover. We will provide more information on these future, potential measures when available.

Q: *Where do I access the results of my facility's 2012 quality pool?*
A: Your facility's one-page benchmark report is posted to the HCS. To access this report, follow the instructions below.

1. Go to the website at https://commerce.health.state.ny.us
2. At the security screen, enter your "HCS" id and password
3. At the Health Commerce System Welcome Page, select "NH Rate Sheets 4/2009-Forward" under the heading "My Applications"
4. At the Nursing Home Rates screen, select "2012 Nursing Home Quality Pool Benchmarking Results" from the drop-down list under "Nursing Home Rates Selection List"
5. Identify your facility in the drop-down list under "Nursing Home Selection List", then select "SHOW REPORTS"

Q: *How often is the CMS 5-star rating updated?*
A: CMS updates the 5-star data monthly.

Q: *Are you anticipating that there will be new reporting requirements to determine consistent staffing or are you only working with data you already collect?*
A: Our goal would be to utilize existing data sources and systems, but at this time we are still in the investigation phase.