Leveraging Your Facility’s 5-Star Analysis to Improve Quality

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Today’s Objectives

• Provide brief history of CMS’ 5-Star Rating System
• Discuss 2016 changes to the QM portion of the 5-Star Rating System
• Define and describe important aspects of each of the six new Quality Measures (QMs)
• Describe and demonstrate the two free LeadingAge tools available for members to monitor quality
• Review an actual NY facility’s 5-Star Analysis
• Q&A
5-Star Rating System

- 2008, CMS enhanced Nursing Home Compare website by implementing the 5-Star Rating system
  - 5-Star Rating system consists of three components: health inspections, staffing and quality measures
- March 2011 to July 2012, QM component of 5-Star was held constant due to transition from MDS 2.0 to 3.0
- July 2012, new MDS 3.0 QMs publicly reported and subset incorporated into 5-Star quality rating system
- 2014, executive order to make changes to the system
- February 2015
  - Revised staffing scoring algorithm
  - Re-scaled the cut points for each star level so it would take more total points to achieve a 5-Star QM rating
  - Added two antipsychotic measures (long-stay and short-stay)

Impact of 2015 changes: National 5-star analysis

<table>
<thead>
<tr>
<th>3 Star Overall</th>
<th>Profit</th>
<th>Government</th>
<th>Non Profit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>19.6%</td>
<td>10.4%</td>
<td>7.9%</td>
<td>16.2%</td>
</tr>
<tr>
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<td>10.9%</td>
<td>5.1%</td>
<td>3.5%</td>
<td>8.2%</td>
</tr>
<tr>
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<td>22.0%</td>
<td>17.0%</td>
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</tr>
<tr>
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<td>23.0%</td>
<td>16.8%</td>
<td>13.1%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Current</td>
<td>19.5%</td>
<td>17.5%</td>
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</tr>
<tr>
<td>Previous</td>
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<tr>
<td>Current</td>
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</tr>
<tr>
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<td>30.1%</td>
<td>26.6%</td>
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</tr>
<tr>
<td>Current</td>
<td>17.7%</td>
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<tr>
<td>Previous</td>
<td>24.4%</td>
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<td>40.8%</td>
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<table>
<thead>
<tr>
<th>5 Star QM</th>
<th>Profit</th>
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<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>16.3%</td>
<td>10.9%</td>
<td>12.9%</td>
</tr>
<tr>
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<td>1.3%</td>
<td>3.4%</td>
<td>1.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Current</td>
<td>19.9%</td>
<td>23.8%</td>
<td>12.7%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Previous</td>
<td>5.1%</td>
<td>8.4%</td>
<td>5.1%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Current</td>
<td>18.0%</td>
<td>18.4%</td>
<td>19.1%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Previous</td>
<td>12.4%</td>
<td>15.4%</td>
<td>12.0%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Current</td>
<td>20.4%</td>
<td>14.3%</td>
<td>22.1%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Previous</td>
<td>33.0%</td>
<td>34.7%</td>
<td>33.4%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Current</td>
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<td>23.7%</td>
<td>30.7%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Previous</td>
<td>47.0%</td>
<td>36.0%</td>
<td>46.1%</td>
<td>46.1%</td>
</tr>
</tbody>
</table>

Based on the updated (2015) CMS methodology for calculating nursing home star ratings, there was:
- A decline in the percentage of overall 5-star nursing homes nationally from 28.9% to 21.9%
- An increase in the percentage of overall 1-star nursing homes nationally from 8.5% to 16.2%
- A decline in the percentage of nursing homes nationally who achieved a 5-star Quality Measure rating from 46.1% to 27.6%
- An increase in the percentage of nursing homes nationally who achieved a 1-star Quality Measure rating from 1.7% to 12.9%
Most Recent Changes to the 5-Star Ratings System

6 New Quality Measures posted on NHC in April 2016 & included 5 in the 5 Star Rating in July 2016

Percentage of short-stay residents:
1. Who were successfully discharged to the community (Claims-based)
2. Have had an outpatient emergency department visit (Claims-based)
3. Who were re-hospitalized after a nursing home admission (Claims-based)
4. Who improved Performance in Transfer, Locomotion and Walking (MDS-based)

Percentage of long-stay residents:
5. Whose ability to move independently worsened (MDS-based)
6. Who received an antianxiety or hypnotic medication (MDS-based). Note: This measure will not be incorporated into the 5-star rating system due to concerns about its specificity and appropriate thresholds.

Most Recent Changes to the 5-Star QM Ratings System

Changes to the QM methodology:
- Using 4 quarters of data rather than 3 for determining QM ratings
- Reducing the minimum denominator for all measures to 20 summed across four quarters
- Using national cut points for assigning points for the ADL QM rather than state-specific thresholds
- New calculations will be used for facilities that have missing data or an inadequate denominator size for one or more QMs
- The new measures will have 50% weight of the measures used before July 2016. In January, they will have the same weight (100 points each)
### MDS 3.0-based QMs

#### Percentage of Short Stay Residents Who......

1. Self-report moderate to severe pain *
2. Have pressure ulcers that are new or worsened *
3. Newly received an antipsychotic medication *
4. Were assessed and appropriately given the seasonal influenza vaccine
5. Were assessed and appropriately given the pneumococcal vaccine

*QMs used in the 5-Star calculations

#### Percentage of Long Stay Residents Who.....

1. Experienced one or more falls with major injury *
2. Self-report moderate to severe pain *
3. Are high-risk residents with pressure ulcers *
4. Were assessed and appropriately given the seasonal influenza vaccine
5. Were assessed and appropriately given the pneumococcal vaccine
6. Have a urinary tract infection *
7. Are low-risk residents and lose control of their bowel or bladder

* QMs used in the 5-star calculations
### MDS 3.0-based QMs

**Percentage of Long Stay Residents Who...**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Have/had a catheter inserted and left in their bladder *</td>
</tr>
<tr>
<td>9.</td>
<td>Were physically restrained*</td>
</tr>
<tr>
<td>10.</td>
<td>Have an increased need for help with daily activities*</td>
</tr>
<tr>
<td>11.</td>
<td>Lose too much weight</td>
</tr>
<tr>
<td>12.</td>
<td>Have depressive symptoms</td>
</tr>
<tr>
<td>13.</td>
<td>Received an antipsychotic medication*</td>
</tr>
</tbody>
</table>

* QMs used in the 5-star calculations

### MDS 3.0-based Survey-only QMs

**Percentage of Long Stay Residents Who...**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have had a fall during their episode of care</td>
</tr>
<tr>
<td>2.</td>
<td>Received antianxiety medications or hypnotics but do not have evidence of psychotic or related conditions</td>
</tr>
<tr>
<td>3.</td>
<td>Have behavior symptoms that affect others</td>
</tr>
</tbody>
</table>
Overview of Claims-Based Measures

- Measures use Medicare fee-for-service claims data only
  - Medicare Advantage data is excluded because CMS does not have access to data at this time (~31% of Medicare population nationally)
- MDS is used in building stays and for some risk-adjustment variables
- Claims-based measures include only those residents who were admitted to the nursing home following an inpatient hospitalization and are short-stay
- Measures are risk-adjusted, using items from claims, the enrollment database and the MDS
- Time period
  - 12 months with the initial time period based on claims data from 7/1/14-6/30/15
  - Measures will be updated every 6 months
Percentage of short-stay residents who were successfully discharged to the community

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>Risk adjustment</th>
</tr>
</thead>
</table>
| The number of SNF episodes where there was a discharge to the community within 100 days of entry who are not admitted to a hospital (inpatient or observation stay), a nursing home, or die within 30 days of discharge | The number of SNF episodes that began within 1 day of discharge from a prior hospitalization at an acute care, Critical Access Hospital (CAH), or psychiatric hospital | • Medicare Advantage enrollees  
• Residents who were in a nursing home prior to the start of the stay  
• Residents on hospice  
• Resident was comatose  
• Resident did not have an initial assessment | Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items  
Calculation used: (actual rate/expected rate) x national average |

Percentage of short-stay residents who were successfully discharged to the community:

Important things to know

1. Uses MDS to identify community discharges (A2100=1)
2. Uses Claims data to determine if the discharge was “successful”
   • Successful discharge is defined as those for which the beneficiary was not hospitalized, was not readmitted to a nursing home, and did not die in the 30 days after discharge
3. Uses Claims and MDS data for risk-adjustment
4. If residents are on hospice, ensure accurate MDS coding as these residents will be excluded from the measure (O0100K2= v)
5. This is a positive outcome meaning that a higher rate is better
### Percentage of short-stay residents who were re-hospitalized after a nursing home admission

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>Risk adjustment</th>
</tr>
</thead>
</table>
| The number of SNF stays where there was a resident admitted to an acute care hospital within 30 days of SNF admission | The number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital | • Medicare Advantage enrollees  
• Planned readmissions  
• Residents on hospice  
• Resident was comatose  
• Resident did not have an initial assessment | Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items  
Calculation used: (actual rate/expected rate) x national average |

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### Important things to know

1. Includes hospitalizations that occur after NH discharge but within 30-days of NH stay start date
   1. Includes observations stays
   2. Excludes planned readmissions and hospice patients
2. A “stay-based” measure that includes both those who were previously in a nursing home and those who are new admits
3. Looks at number of stays, not number of residents; therefore a resident could possibly flag more than once during any given time period
4. Uses MDS and claims data for risk adjustment
5. Uses Part A claims data to identify inpatient readmissions and Part B claims for observation stays
6. This is a negative outcome meaning a lower rate is better
### Percentage of short-stay residents who have had an outpatient emergency department visit

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>Risk adjustment</th>
</tr>
</thead>
</table>
| The number of SNF stays where there was an outpatient ER visit not resulting in an inpatient stay or observation stay within 30 days of SNF admission | The number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital | • Medicare Advantage enrollees  
• Residents on hospice  
• Resident was comatose  
• Data missing  
• Resident did not have an initial MDS | Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items  
Calculation used: (actual rate/expected rate) x national average |

### Important things to know

1. Outpatient ED visit measure has same 30-day timeframe as the re-hospitalization measure and considers all outpatient ED visits except those that lead to an inpatient admission (which are captured by the re-hospitalization measure)
2. Uses MDS and claims data for risk adjustment
3. Uses Part B Claims data to identify outpatient ED visits
4. Looks at number of stays, not number of residents; therefore a resident could possibly flag more than once during any given time period
5. This is a negative outcome meaning lower rates are better
### NEW MDS BASED MEASURES

#### Percentage of short-stay residents who made improvements in function

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>Risk adjustment</th>
</tr>
</thead>
</table>
| The number of short-stay residents who have an improved score in transfer, locomotion and walking self performance from the time of admission until the time of discharge | All short-stay residents who have a valid discharge (return not anticipated) assessment and a valid preceding 5-day assessment or Admission assessment | 1. Comatose on the 5-day/admission assessment 2. Prognosis of <6 months to live on the 5-day/admission assessment 3. No impairment in transfer, locomotion and walking on the 5-day/admission assessment 4. Missing data on any of the three items on the discharge or 5-day/admission assessments 5. Hospice on the 5-day/admission assessment 6. Residents with an unplanned discharge | Based on the 5-day assessment:  
- Age  
- Gender  
- Cognitive impairment  
- Long-form ADL score  
- Heart failure  
- Stroke  
- Hip fracture  
- Other fracture |
Percentage of short-stay residents who made improvements in function: Important things to know

1. Measure is based on discharge assessment at which return to the nursing home is *not* anticipated
2. Unplanned discharges are excluded
3. Based on a change in status *between* the 5-day/OBRA admission assessment and the discharge assessment (resident must have valid 5-day/admission and discharge assessments)
4. Excludes residents receiving hospice care (O0100K2= v) or who have a life expectancy of less than six months (J1400=1) so ensure accurate MDS coding of these items
   - In order to code life expectancy of less than six months, there must be supporting physician documentation
5. This measure is a positive outcome so *higher* rates are better

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Percentage of long-stay residents whose ability to move independently worsened

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>Risk adjustment</th>
</tr>
</thead>
</table>
| The number of long-stay residents who have a decline in locomotion since their prior assessment | All long-stay residents who have a qualifying MDS target assessment that is not an Admission or 5-day assessment accompanied by at least one qualifying prior assessment | 1. comatose or missing data on comatose at prior assessment  
2. prognosis of <6 months to live on the prior assessment  
3. resident is totally dependent during locomotion on prior assessment  
4. missing data on locomotion on target or prior assessment, or no prior assessment available to assess prior function  
5. prior assessment is discharge assessment with or without return anticipated  
6. Target assessment is Admission/5-day assessment | • Based on ADLs from prior assessment (eating, toileting, transfer, and walking in corridor)  
• Severe cognitive impairment  
• Age  
• Gender  
• Vision  
• Oxygen Use |

*Note:* a decline in locomotion is defined as an increase in locomotion on unit self performance points since their prior assessment
Percentage of long-stay residents whose ability to move independently worsened: Important things to know

1. Based on change in status between prior and target assessments
2. Based on one item: *Locomotion on unit: self performance (G0110E1)*
3. Includes the ability to move about independently, whether by walking or by using a wheelchair
4. Decline is measured by an increase in one or more points between the target and prior assessment
5. Note that risk adjustments are different for this measure and the functional improvement measure
6. Excludes residents who have a life expectancy of less than six months (J1400=1) so ensure accurate MDS coding of this item
   - In order to code life expectancy of less than six months, there must be supporting physician documentation
7. Ensure accurate coding of all late loss and mid-loss ADL items as this is becoming increasingly important!
8. This measure is a negative outcome so lower rates are better

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>Risk adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of long-stay residents who received any number of antianxiety medications or hypnotic medications</td>
<td>All long-stay residents with a selected target assessment</td>
<td>1. Missing data on number of antianxiety or hypnotic meds 2. Prognosis of &lt;6 months to live 3. Resident on hospice 4. Resident comatose</td>
<td>None</td>
</tr>
</tbody>
</table>
Percentage of long-stay residents who received an antianxiety or hypnotic medication:
Important things to know

1. Purpose of the measure is to prompt nursing facilities to re-examine their prescribing patterns in order to encourage practice consistent with clinical recommendations and guidelines

2. This measure already exists as a surveyor measure on the CASPER report however the exclusions are different:
   - **New measure** excludes residents on hospice or with life expectancy of <6 months
   - **Surveyor measure** excludes residents with schizophrenia, psychotic disorder, manic depression and Tourette’s syndrome (CMS states they will revise or remove this measure)

3. Ensure accurate MDS coding if residents are receiving hospice care (O0100K2=√) or have a life expectancy of less than six months (J1400=1)
   - In order to code life expectancy of less than six months, there must be supporting physician documentation

4. This measure is NOT be included in the 5-star QM rating

5. This measure is a negative outcome so lower rates are better

LEADING AGE TOOLS
1. Nursing Home Quality Metrics

- Analyzes quality metrics such as 5-star ratings, staffing, quality measures, and deficiencies in SNFs using the most currently publicly reported data
- Users can create custom benchmark groups using various combinations of attributes such as state, county, non-profits, bed size, nursing home name and many others
- Once groups have been created, comparisons can be made using various types of analyses
- Login with your MyLeadingAge credentials to begin using program
- On-demand training webinars available on website

https://data.leadingageny.org

LeadingAge Insights

http://www.leadingage.org/
LeadingAge Insights

Market Position Reports
LeadingAge has engaged National Advisors to produce a series of market analysis reports derived from detailed analysis of Medicare data, customized designed to fit the needs of our members. The LeadingAge national Yenongal CFI reports include:
- 11 reports per state, with reports by state and national level
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- 11 reports per state, with reports by state and national level
- 11 reports per state, with reports by state and national level
- 11 reports per state, with reports by state and national level

Quality Metrics

LeadingAge Quality Metrics
LeadingAge Quality Metrics is a web-based tool that allows users to compare their performance against the industry and the state and nation. It includes information on measures such as staffing, quality, and safety standards. For a sample report, click here. For more information, please contact the LeadingAge State Network.

https://data.leadingagency.org
2. LeadingAge 5-Star Analysis

- Facility-specific report
- Provides a comprehensive analysis of your 5-star rating
- Explains the three components of the 5-star rating
- Indicates where to focus improvement efforts to both improve resident care and increase your 5-star rating
- Provided exclusively to LeadingAge members on a quarterly basis as a member benefit
Refresher on How to Calculate the 5-Star Rating

**Step 1:** Start with health inspection five-star rating.

**Step 2:** Add one star to the Step 1 results if staffing rating is four or five stars and greater than the health inspection rating; subtract one star if staffing is one star. The overall rating cannot be greater than five 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.

**Step 4:** If the health inspection rating is one star, then the overall quality rating cannot be upgraded by more than one star based on the staffing and quality measure ratings.

**Step 5:** If the nursing home is a Special Focus Facility that has not graduated, the maximum overall quality rating is three stars.

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**NY NH’s 5-Star Analysis Report**

<table>
<thead>
<tr>
<th>Overall 5 Star Rating: ★★★★★</th>
<th>Previous Month: ★★★★★</th>
<th>3 Months Prior: ★★★★</th>
</tr>
</thead>
</table>

**Health Inspection 5 Star Rating:** ★★★★★

The health inspection rating is based on the number and severity of deficiencies identified during the three most recent annual inspection surveys and the most recent 36 months of complaint investigations. More recent data will have a smaller impact on the score for a survey cycle. The total score from each survey cycle is weighted so that the most recent survey cycle has more impact on the overall total score as compared to the older survey cycles.

<table>
<thead>
<tr>
<th>Inspection Cycle</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Survey Date</td>
<td>2016-03-11</td>
<td>2015-01-08</td>
<td>2014-01-22</td>
</tr>
<tr>
<td>Total Number of Health Deficiencies</td>
<td>9</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Health Deficiency Score</td>
<td>36</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>Number of Health Violations</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health Violations</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Health Score</td>
<td>36</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>Survey Weighting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocated Total Health Score</td>
<td>102</td>
<td>103</td>
<td>116</td>
</tr>
<tr>
<td>Total Weighted Health Survey Score</td>
<td>33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nursing Home’s score of 33 puts them in the 2-star rating category. They will have to achieve a health score of approximately 18 points or less on their next health inspection in order to increase to 3 stars.
Staffing Template

Based on case-mix (facility input), run scenarios to determine staffing mix needed to increase or decrease a star rating.

Quality Measures

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Quality Measure Cut Points

If this NH gains points in the areas identified by this report, they will remain 5-stars in the QM category and if they lose points, they will lose one star and decrease their overall star rating by 1 star.

Star Cut-points for MDS Quality Measure Summary Score (updated July 2016)

<table>
<thead>
<tr>
<th>QM Rating</th>
<th>Point Range July 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>★</td>
<td>275 – 669</td>
</tr>
<tr>
<td>★★</td>
<td>670 – 759</td>
</tr>
<tr>
<td>★★★</td>
<td>760 – 829</td>
</tr>
<tr>
<td>★★★★</td>
<td>830 – 904</td>
</tr>
<tr>
<td>★★★★★</td>
<td>905 – 1350</td>
</tr>
</tbody>
</table>

5-Star Rating Scenario

Based on an analysis of this nursing home’s health inspection, staffing, and quality measures, there is potential for their overall star rating to change next quarter.

- Even if their survey rating stays the same (2) as long as they attain 4 or 5 stars for staffing, they will gain a star (3). If they remain 5 stars in QM, they will gain another star (4) however if they lose in the areas that they have a potential to, they will lose a star in QMs and lose a star overall. Their rating could go down to 3 if that is the case.
Tips for Using 5-Star Analysis to Improve Results

• Choose the “low hanging fruit” first – those QMs where there is a potential to gain points
  – Concentrate on competencies that focus on prevention and early detection
  – Use cross discipline approach
• Become a data nerd
• QM data in current report is 4-6 months old. Predict the next 5-star QM results by factoring in next quarter’s results
  – CMS now uses a four quarter average for the QM rates
  – Example: current 5-star is using Q 3,4 2015 and Q 1,2 2016 for QMs. Look at CASPER, EQUIP or other software for Q3 2016 rate. Do the math – average Q4, 1, 2 and 3 to see if you will gain or lose points in the next round
• Improvement will not happen overnight. Continuous quality improvement is the key!

Example: NH X’s 5-Star Analysis
NH X’s CASPER Report for Q3 2016

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>CMS ID</th>
<th>Data Num</th>
<th>Denom</th>
<th>Facility Observed</th>
<th>Facility Adjusted</th>
<th>Comparison Group State Average</th>
<th>Comparison Group National Average</th>
<th>Comparison Group National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls w/No Injury (L)</td>
<td>NC13.01</td>
<td>11</td>
<td>182</td>
<td>0.6%</td>
<td>0%</td>
<td>3.0%</td>
<td>5.4%</td>
<td>64</td>
</tr>
<tr>
<td>Antipsych Med (S)</td>
<td>NC11.01</td>
<td>0</td>
<td>8</td>
<td>0%</td>
<td>0%</td>
<td>1.8%</td>
<td>2.3%</td>
<td>0</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>NC31.02</td>
<td>20</td>
<td>161</td>
<td>11%</td>
<td>11%</td>
<td>14.1%</td>
<td>18.4%</td>
<td>32</td>
</tr>
<tr>
<td>Antianxiety/Hypnotic (L)</td>
<td>NC33.01</td>
<td>1</td>
<td>87</td>
<td>1%</td>
<td>1%</td>
<td>5.5%</td>
<td>8.6%</td>
<td>15</td>
</tr>
<tr>
<td>Behav Sd эффект Others (L)</td>
<td>NC34.01</td>
<td>32</td>
<td>170</td>
<td>17%</td>
<td>17%</td>
<td>19.1%</td>
<td>22.5%</td>
<td>48</td>
</tr>
</tbody>
</table>

To calculate next 5-Star QM points for this measure, add the four quarters: 0 + 4.2 + 2.9 and 0 to equal 7.1. Then divide by 4 to average the rates. That equals 1.9, which is well below the cut point of 3.5. The facility will gain at least 20 points on the next 5-Star.
5-Star Rating Implications

1. Initially score card system for marketing and consumers
2. Now, hospitals, managed care and accountable care organizations are using the star ratings to select candidates for their PAC networks
3. After year one of CCJR, only SNFs rated three stars or above can participate in the program.
4. HUD lenders using star ratings as a factor during risk assessment
5. Bill proposed to limit NH mortgages to 3 stars or more
6. Marketing efforts are emphasizing highly star-rated SNFs while underscoring the short fall of lesser star-rated SNFs

5-STAR ANALYSIS & QUALITY METRICS DEMO
Thank you!

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