

## Interpreting the facility-level report from the 2012 benchmarking Nursing Home Quality Pool

The facility-level report is comprised of five areas: [1] quality component, [2] compliance component, [3] potentially avoidable hospitalizations component, [4] scoring, and [5] deficiencies.

### 1. Quality Component

The quality component contains 14 quality measures worth a combined maximum of 60 points. Each measure is weighted equally. The quality component consists of the MDS 3.0 quality measures (using the last two quarters of 2011 and the first quarter of 2012), the staffing measures (using the CMS five-star quality rating for staffing as of March 2012, and the annual level of temporary contract/agency staff used from 2011 nursing home certified cost report data), and the NYS-specific employee flu immunization measure (using data from the 2011 flu season).

#### *MDS 3.0 quality measures*

- The 'Value' column shows the rates of each MDS 3.0 quality measure. A value of 'SS' (small sample) indicates that the denominator for the measure was less than 30 and thus the sample was too small to create a meaningful rate. This did not result in a loss of points. In cases of a small sample size, the points in the quality component were redistributed among the remaining measures. For example, if a facility had a small sample size for one of the 14 measures, the 60 quality points were distributed among the 13 remaining measures.
- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the QP (one is the top quintile, while five is the bottom). Two quality measures were not separated into quintiles and will show 'NA' (not applicable) for their quintile assignment: *Percent of Long Stay Residents Assessed and Given, Appropriately, the Seasonal Influenza Vaccine* and *Percent of Long Stay Residents Assessed and Given, Appropriately, the Pneumococcal Vaccine*. A rate of 85% or better in these measures resulted in the maximum number of points awarded, while a rate below 85% resulted in zero points. If the measure had too small of a sample size and the value indicates 'SS', the quintile will indicate 'NA'.
- The 'Points' column shows the number of points awarded to the facility based on its quintile.

#### *Staffing measures*

- CMS five-star quality rating for staffing
  - ▲ The 'Value' column shows the number of stars awarded by CMS' five-star rating as of March 2012. A value of 'N/A' indicates that data from CMS was not available, or the facility was too new to rate. In this case, the facility was not penalized and points were redistributed across the remaining quality measures.
  - ▲ This measure does not require a quintile ranking and will indicate 'NA'.
  - ▲ The 'Points' column shows the number of points awarded to the facility based on its five-star rating.
- Annual level of temporary contract/agency staff used
  - ▲ The 'Value' column shows the percent of temporary contract/agency staff used by the facility in 2011. This value was calculated using the 2011 nursing home cost report data. A value of 'DNS' (did not submit) indicates that the facility did not submit cost report data. In this case, the facility received zero points and points were not redistributed. A value of 'NA' indicates that the

facility was not required to submit the level of data needed to calculate a rate because the facility was designated as a Part 1 filer. In this case, the facility was not penalized and points were redistributed across the remaining measures.

- ▲ The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the QP. In cases where the value column is 'DNS' or 'NA', the quintile will indicate 'NA'.
- ▲ The 'Points' column shows the number of points awarded to the facility based on its quintile.

#### *NYS-specific employee flu immunization measure - Percent of employees vaccinated for the flu*

- The 'Value' column shows the percent of nursing facility staff who received the flu vaccine. A value of 'DNS' indicates that the facility did not submit employee flu immunization data. In this case, the facility received zero points and the points were not redistributed across the remaining measures.
- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the QP. If the value column is 'DNS', the quintile will indicate 'NA'.
- The 'Points' column shows the number of points awarded to the facility based on its quintile.

## **2. Compliance Component**

The compliance component contains three measures worth a combined maximum of 20 points. The CMS five-star health inspection rating as of March 2012 is worth ten points. The timely submission of 2011 nursing home certified cost reports and timely submission of 2011 employee flu immunization data are each worth five points.

#### *CMS five-star quality rating for health inspections*

- The 'Value' column shows the number of stars awarded by CMS' five-star rating. A value of 'NA' indicates that data from CMS was not available, or the facility was too new to rate. In this case, the facility was not penalized and points were redistributed across the remaining compliance measures.
- This measure does not require a quintile ranking and will indicate 'NA'.
- The 'Points' column shows the number of points awarded to the facility based on its five-star rating.
- Ten points are awarded for obtaining five stars or the top 10 percent (lowest 10 percent in terms of health inspection deficiency score). Seven points are awarded for four stars, four points for three stars, two point for two stars, and zero points for one star.

#### *Timely submission of nursing home certified cost reports and timely submission of employee flu immunization data*

- The 'Value' column indicates whether or not the facility submitted the data by the established deadline.
- This measure does not require a quintile ranking and will indicate 'NA'.
- The 'Points' column shows the number of points awarded to the facility.
- Five points are awarded if the value is 'Yes', and zero points if the value is 'No'.

## **3. Potentially Avoidable Hospitalizations Component**

The potentially avoidable hospitalizations component was based on data from all four quarters of 2011. It indicates the number of potentially avoidable hospitalizations per 10,000 long stay days and is worth 20 points. This measure was calculated by summing the number of potentially avoidable hospitalizations for long stay residents and dividing by the total number of days for all long stay episodes. The rates were then risk adjusted.

- The 'Value' column shows the number of potentially avoidable hospitalizations per 10,000 long stay days.
- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of values from all facilities in the QP.
- The 'Points' column shows the number of points awarded to the facility based on its quintile.
- 20 points are awarded for obtaining the first quintile, 16 points for the second quintile, 12 points for the third quintile, four points for the fourth quintile, and zero points for the fifth quintile.

#### 4. Scoring

The scoring component contains the overall score and the quintile ranking.

##### *Overall score*

- The 'Points' column shows the sum of the points earned for each measure, with a maximum potential value of 100 points. For reporting purposes, points for individual measures and the overall score were rounded at the completion of the quality pool. Therefore, the sum of the points shown on the report may not equal the overall score on the report.

##### *Quintile ranking*

- The 'Quintile' column shows the quintile for which the facility qualified based on the distribution of scores from all facilities in the QP. The first quintile is the top, while the fifth quintile is the bottom.

The following table shows the score ranges for each quintile.

Quintile	Minimum	Maximum
First (best)	60.72	84.86
Second	53.86	60.57
Third	47.57	53.72
Fourth	40.86	47.43
Fifth	18.57	40.72

#### 5. Deficiency

The purpose of the deficiency component is to show a facility whether or not it would have been ineligible for QP payment, had deficiency data been part of the benchmarking criteria used to determine non-compliance. For the purposes of benchmarking the nursing home quality pool, a level J/K/L deficiency in the measurement year (2011) or the reporting year (2012) **did not** result in a negative per diem rate adjustment.