

LeadingAge 5-Star Analysis Update

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Presented by:

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Today's Objectives

- Review recent changes to the 5-Star Rating System
- Explain new methodology for imputing rates and rescaling for facilities with missing data
- Demonstrate how these changes will affect the QM portion of the 5-star analysis
- Learn how you can use your CASPER report to complete your analysis if you have missing QM data
- Q&A

6 New Quality Measures

Posted in April 2016 & included 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.

Changes to the 5-Star QM Calculations

- 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)

Missing Data and Imputation

- QM rates can be calculated if at least 20 residents' assessments summed across 4 quarters are available for the LS and SS MDS-based QMs. Claims-based QMs must have 20 NH stays over the course of a year
- If not, all available data from facility is used and remaining assessments or stays are ***imputed*** to get the facility to the minimum sample of 20

New Imputation Strategies

If NH has adequate sample size for:

1. At least 5 of the 9 LS QMs, values for remaining LS QMs are imputed using the state average
2. At least 4 of the 7 SS QMs including at least one of the claims-based QMs, values are imputed for the remaining SS QMs
3. 4 or fewer LS QMs, the QM rating is based on the SS Measures only. *No LS QMs are used in determining the QM rating*
4. 3 or fewer SS QMs or no claims-based QMs, the QM rating is based on the LS measures only. *No SS measures are used in determining the QM rating*

Exception: A small number of NHs have adequate sample sizes for all 4 MDS-based SS QMs but none of the claims-based QMs. Values are not imputed for the claims-based measures, however points are assigned to the MDS-based QMs.

Rating Methodology

- **After** any imputation for individual QMs, points are summed across all QMs to create a total score for each facility
- Total score ranges between 275 and 1,350 points in July and between 325 and 1,600 in January 2017
- Facilities that receive a QM star rating:
 - Have points for all the QMs
 - Have points for only the 9 LS QMs (long-stay facilities)
 - Have points for the 9 LS QMs and the 4 MDS-based SS
 - Have points for only the 7 SS QMs (short-stay facilities)
 - Have points for only the 4 MDS based SS QMs
- No values are imputed for NHs with data on fewer than 5 LS and fewer than 4 SS QMs. No QM rating is generated for these NHs

Rescaling

After imputation, when the facility has rates:

- For all QMs
 - no rescaling is needed
- For only LS QMs
 - Average of these LS QM point values is assigned for all of the seven (missing) SS measures and the total score is recalculated
- For the 9 LS QMs and the 4 MDS based SS QMs but no claims-based QMs
 - Average of the point values for the MDS based SS QMs is used for each of the 3 missing claims-based QMs
- For only the seven SS measures
 - Average of their point values is assigned to each of the 9 LS measures
- For only the 4 MDs-based SS QMs but none of the LS QMs or the claims-based QMs
 - Average of the point values for the MDS-based SS QMs is assigned for each of the 9 missing LS measures and each of the 3 missing claims based measures

How does this update affect NHs?

5 Star Analysis Report: Facility Rating Category	QM Analysis Type	July 2016	
		Count	Percentage
No QM Rating	No analysis	164	1.05%
Imputed Rates	Partial analysis	2,406	15.38%
Re-scaled Points	Complete analysis	1,948	12.45%
No Imputation or Re-scaling		11,126	71.12%
Total		15,644	100.00%

Demo of Updated Analyses

1. Normal Report

- Facility has at least 20 residents summed across 4 quarters for each QM (or 20 stays over the course of a year for the claims-based QMs)
- Complete analysis
- Few changes to the updated analysis

Demo of updated Analyses

2. Report with rescaled points

- Rescaled QMs are without rates (and interpretations) because CMS does not publish the imputed or missing rates
- Rescaled QMs however **are** awarded points, therefore analysis of total points is available on the report

Demo of updated Analyses

3. Report with imputed rates (and no rescaling)

- CMS does not publish the imputed rates
- 5 Star analysis does not contain these missing QMs so the total points cannot be calculated
- NHs will receive a *partial* 5 Star analysis and instructions on how to complete the analysis by using the CASPER report

How to use your CASPER report to complete the analysis

MDS 3.0 Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ^{2,3}	d<20	d<20	d<20	NA	62.0% ⁷	20.00	65.9%	63.0%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	4.8%	5.0%						

CMS provides imputed measure adjusted rates and points

	Observed Rate ⁴	Expected Rate ⁵	Risk-Adjusted Rate	Rating Points ¹	Risk-Adjusted Rate	Risk-Adjusted Rate
Claims-Based Measures						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community ^{2,3}	NA	NA	28.2% ⁷	10.00	50.6%	50.7%

Step 1: Locate the "Total Quality Measure Points" on the CASPER provider report.

Total Quality Measure Points	
Total QM points with new quality measures weighted 50%	910

How to use your CASPER report to complete the analysis

Step 2: Add the number of points you have the potential to gain based on the LeadingAge Five Star Analysis (scroll down to the bottom of the QM portion of the report) to your total quality measure points.

Imputed Due To Missing Data Or An Inadequate Denominator Size

CMS does not release imputed rates to the public. To see imputed rates and the points assigned to missing QMs, view the "Nursing Home Compare Five-Star Ratings of Nursing Homes - Provider Rating Report" on Casper. Based on the above analysis of the non-missing or re-scaled QMs, here are the points values that can be combined with the total points from the Casper report to finish the analysis:

- To Gain: +20
- To Lose: -40
- To Gain and Lose: -20

Please view the [instructions](#) for more detail on how to complete this analysis.

Functional Improvement (short-stay)					
High Risk Pressure Ulcers (long-stay)					

910 (total QM points) plus 20 (gain) = 930

How to use your CASPER report to complete the analysis

Step 3: Subtract the number of points you have the potential to lose from your total quality measure points.

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- To Gain: +20
- To Lose: -40
- To Gain and Lose: -20

Please view the [instructions](#) for more detail on how to complete this analysis.

Functional Improvement (short-stay)					
High Risk Pressure Ulcers (long-stay)					

$$910 \text{ (total QM points) minus } 40 \text{ (lose) } = 870$$

How to use your CASPER report to complete the analysis

Step 4: If you gain in some areas and lose in others, you have a potential to gain *and* lose. Add or subtract this number (based on either a plus or minus sign indicated on the LeadingAge Five Star Analysis) from your total quality measure points.

Imputed Due To Missing Data Or An Inadequate Denominator Size

CMS does not release imputed rates to the public. To see imputed rates and the points assigned to missing QMs, view the "Nursing Home Compare Five-Star Ratings of Nursing Homes - Provider Rating Report" on Casper. Based on the above analysis of the non-missing or re-scaled QMs, here are the points values that can be combined with the total points from the Casper report to finish the analysis:

- To Gain: +20
- To Lose: -40
- To Gain and Lose: -20

Please view the [instructions](#) for more detail on how to complete this analysis.

Functional Improvement (short-stay)					
High Risk Pressure Ulcers (long-stay)					

910 (total QM points) minus 20 (gain and lose) = 890

How to use your CASPER report to complete the analysis

Step 5: View the Quality Measure cut point table (on the instruction document) to determine how your star ratings may change based on your potential to gain points, lose points or gain and lose points.

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

QM Rating	Point Range July 2016
★	275 – 669
★★	670 – 759
★★★	760 – 829
★★★★	830 – 904
★★★★★	905 – 1350

Total QM Points = 910

If they gain (930), they will remain 5-stars

If they lose (870), they will drop to 4 stars

If they gain and lose (890), they will drop to 4 stars

Questions?

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