



An Informational Bulletin Brought To You By Polaris Group

New Quality Measures Impact Five-Star Quality Ratings System

The Centers for Medicare & Medicaid Services (CMS) announced that five of the six new quality measures for skilled nursing facilities will be phased into the Five-Star Quality Ratings system on July 27, 2016. While the initial phase-in will begin July 27th, the new measures won't carry full weight in determining a nursing home's ranking until January 2017.

The measures that will be added to the Five-Star include:

- Percentage of short-stay (stays of less than or equal to 100 days) residents who have had an outpatient emergency room visit.
- Percentage of short-stay residents who were successfully discharged to the community, and did not die or were readmitted to a hospital or skilled nursing facility within 30 days of discharge.
- Percentage of short-stay residents who were re-hospitalized after SNF admission, including observation stays.
- Percentage of short-stay residents who made improvement in physical function and locomotion.
- Percentage of long-stay (stays of greater than or equal to 101 days) residents whose ability to move independently worsened.

The sixth measure, percentage of long-stay residents who received an anti-anxiety or hypnotic medication, will be left off of the Five-Star system due to concerns about specificity and appropriate thresholds for star ratings. The new measures were initially announced in March, 2016 and were added to the Nursing Home Compare website in April, 2016.

Overview of July 2016 Changes to the Quality Measure (QM) Rating Methodology:

- The QM calculation will now utilize four quarters of data instead of three quarters.
- The four quarter average for the long-stay ADL QM will be compared to the national average (instead of the state average) to provide consistency across QMs.
- Both the short and long-stay QMs will need 20 assessments across the four quarters to be included in the QM calculation.
- The imputation strategy has changed (when

applicable for low denominators) to utilize the data for the individual facility and then to impute the remaining assessments to reach 20 assessments across the four quarters. Please see the updated Technical Users' Guide for more detailed information.

- In July 2016, the five new QMs that were added to the QM rating are given half the weight of the other five-star QMs, that is, they will receive 10 to 50 points for each measure. In January 2017, the weights of the new measures will increase to be 100% (receiving 20 to 100 points for each measure).

Click here for the complete updated Five-Star technical user's guide; (http://polaris-group.com/news_releases.asp)

SNF PEPPER Peer Review Charts

TMF Health Quality Institute has developed peer group charts for the skilled nursing facility (SNF) PEPPER target areas; they are available for three categories:

- Location
- Ownership type
- Size (number of episodes)

For each target area, the charts display the target area percent that is at the 80th, 50th and 20th percentile for each peer group category for episodes ending in fiscal year 2015 (October 1, 2014 through September 30, 2015). SNFs can compare their Q4FY15 target area percent (from their PEPPER) for the target area to the peer group subcategory they consider is most similar to their facility. A document describing the methodology used to develop the peer groups and a listing of all SNFs and their peer group classification are also available on the "Data" page of PEPPERresources.org on the "SNF" tab. These resources will be updated annually.

For additional information ; www.PEPPERresources.org





Skilled Nursing Facility Quality Reporting Program

On September 18, 2014, Congress passed the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act). The Act requires the submission of standardized data by Long-Term Care Hospitals (LTCHs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs). The IMPACT Act establishes a quality reporting program (QRP) for SNFs.

The IMPACT Act of 2014 requires CMS to implement specified clinical assessment domains using standardized (uniform) data elements to be nested within the assessment instruments currently required for submission by LTCH, IRF, SNF, and HHA providers. The Act further requires that CMS develop and implement quality measures from five quality measure domains using standardized assessment data. In addition, the Act requires the development and reporting of measures pertaining to resource use, hospitalization, and discharge to the community.

As finalized in the fiscal year (FY) 2016 SNF PPS rule, beginning with FY 2018 and each subsequent FY, CMS will reduce the market basket update by 2 percentage points for any SNF that does not comply with the quality data submission.

The FY 2018 reporting year is based on one quarter of data from 10/1/16 – 12/31/16. This means that FY 2018 compliance determination will be based on MDS data submitted for admissions to the SNF on and after October 1, 2016, and discharged from the SNF up to and including December 31, 2016. Providers have until May 15, 2017 to correct and/or submit their quality data from the FY 2018 reporting year per a recent CMS fact sheet. Providers must submit all MDS data necessary to calculate SNF QRP measures on at least 80% of the MDS assessments submitted to be in compliance with FY 2018 SNF QRP requirements.

SNFs currently submit MDS 3.0 data to CMS through the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. The October 1, 2016 implementation of the SNF QRP will not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system. However, in order to collect the standardized data used to calculate SNF QRP measures, an additional MDS submission, the SNF Part A PPS Discharge Assessment, was finalized in the FY 2016

SNF PPS final rule. This discharge assessment includes discharge assessment data needed to inform current and future SNF QRP measures and their calculation.

In the FY 2016 SNF PPS final rule, three quality measures affecting FY 2018 payment determination were finalized for adoption into the SNF QRP. The items for the following QMs should not be dashed, as dashing causes MDS to not be used for that measure, and 80% of MDS submitted must be used to calculate measures or penalty is applied.

Application of Percent of Residents Experiencing One of More Falls with Major Injury

- Items for this measure are currently included in the SNF Part a Discharge Assessment.
- This will only apply to traditional Medicare Part A residents for SNFQRP.

Percent of Residents with Pressure Ulcers that are New or Worsened

- Items for this measure are currently included in the SNF Part a Discharge Assessment
- This is a short stay measure, so most MDS for this measure will be traditional Medicare Part A.

Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function

- Addition of Section GG.
- This measure only applies to Traditional Part A residents.
- New Functional status items assessing self-care and mobility activities are used to calculate this measure. Section GG will appear in the October 1, 2016 MDS 3.0. Section GG is included in the SNF Part A PPS Discharge Assessment.
- This is a process measure, so only measure that the assessment was performed, with at least one Discharge Goal coded on MDS for self-care or mobility.

Click here for the complete CMS fact sheet; (http://polaris-group.com/news_releases.asp)





Five Star Preview Reports Available

The Five Star Preview Reports were available beginning July 21st. To access these reports, select the CASPER Reporting link located on the CMS QIES Systems for Providers page. Once in the CASPER Reporting system, select the 'Folders' button and access the Five Star Report in your 'st LTC facid' folder, where st is the 2-character postal code of the state in which your facility is located and facid is the state-assigned Facility ID of your facility. Nursing Home Compare will update with June's Five Star data on July 27, 2016.

The 5 Star Help line (800-839-9290) will be available from July 25, 2016 through July 29, 2016. Provider preview reports will continue to be available on a monthly basis in advance of public posting and will include the dates and hours of helpline availability.

**Polaris Group Solution Center
Hotline Q&A
"Where No Question Goes Unanswered!"**

Question:

We have a resident that had a 60 day well period but during that 60 day well period they had a home health stay. Does the home health episode interfere with the 60 day well period ?

Answer:

The home health episode does not interfere with the 60 day well period so he should have another 100 days if he had another 3 day qualifying stay.

Question:

I have a resident with a stage III pressure ulcer, present on a prior quarterly assessment. It closed for a period of time and reopened before the following/current quarterly assessment. Do I mark it both as healed since prior and present, or do I just mark it present since it's the same wound reopened.

Answer:

If the prior assessment documents that a pressure ulcer healed between MDS assessments, but another pressure ulcer occurred at the same anatomical location, do **not** consider this pressure ulcer as healed. The re-opened pressure ulcer should be staged at its highest numerical stage until fully healed.

2016 WEBINAR TRAININGS
Polaris Group is pleased to offer the following
CEU approved live Webinars

	<u>Date</u>
<u>New MDS October 2016 Training (2 Part Session)</u> * <i>New Topic</i>	
Section GG and other MDS Updates Oct 1, 2016	8/2&4, 16&18
<u>New QMs for NHC Training</u> * <i>New Topic</i>	
New Quality Measures on Nursing Home Compare	8/19
<u>Bowel & Bladder Management Training</u>	
Bowel & Bladder Management	8/22
<u>Pain Management Training</u>	
Pain Management	8/31
<u>ADRs Training Series</u>	
Additional Development Requests & Appeals Part 1	8/23
Responding to Appeals Part 2	8/24
Systems to Prevent ADRs in the First Place!! Part 3	8/25

Please join us!
**For further information, please contact the Webinar
Department at: 800-275-6252 ext. 233
or register online at: www.polaris-group.com**



Comprehensive 3-day training workshops to implement a compliant and successful Medicare program

**Training Workshops for LTC
Current 2016 Dates & Locations:**

Medicare & PPS Compliance for SNFs
October 11-13 Las Vegas, NV

SNF Billing Training—Basics & More
September 13-15 San Antonio, TX

Advanced Billing for SNFs
August 16-18 Las Vegas, NV
November 15-17 Orlando, FL

Surviving MAC, RAC & ZPIC Audits
October 5-6 Las Vegas, NV

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