

Long-Term Care Survey Alert

Quality Initiative: FACILITIES GET TO PREVIEW QM SCORES BEFORE CMS POSTS THEM

While the national **Nursing Home Quality Initiative** has been pushed back until after the November elections, facilities will get to preview their quality performance scores in October before the **Centers for Medicare & Medicaid Services** posts them on its Nursing Home Compare website.

According to CMS' Sept. 20 satellite and Webcast on the NHQI rollout, the preview period will be from Oct. 14 through Oct. 22. The measures posted in November 2002 will reflect the care delivered to post-acute care nursing home residents between January and June 30, 2002, and to chronic care residents between April and June 30, 2002.

CMS says the facility specific rates will be available via each facility's QIES mailbox (folder) with access to a shared directory that will contain all state and national averages. (To view the webcast, go to <http://cms.internetstreaming.com>. The handouts are at <http://cms.hhs.gov/providers/nursinghomes/nhi>.)

Don't Let Denominator Confuse You

As they preview their data, nursing homes should keep in mind that the denominator for the chronic care measure may exceed the number of beds in the facility, says **David Gifford**, clinical coordinator for the Rhode Island quality improvement organization.

"In the pilot, we had facilities calling CMS or the QIOs to ask: 'How can I have 120 residents in the denominator when I am a 100-bed facility?'," he reports. But CMS counts the number of admissions over 90 days, which may exceed the facility's total bed capacity. Even more confusing: the opposite is true for the post acute measure, which only counts residents with both a 5-day and 14-day MDS.

So a facility may have had 60 post-acute admissions during the 90-day stay but only 30 residents counted in the denominator on the post-acute measures. "That's because some of those 60 residents were discharged before a 14-day MDS was due," Gifford explains.

Managed Care Patients Don't Count

Managed care patients and those with insurers other than Medicare don't show up on the quality measures at all.

"We had one Colorado facility in the pilot initiative with a large percentage of its post acute residents on managed care," Gifford recalls. "And its administrators could not understand how the facility didn't have enough patients to have post-acute measures reported," he says.

Keep in mind: Your facility must have 20 post-acute patients to be reported on the short-stay quality measures, and 30 chronic care residents to generate a report on those measures, Gifford says.