

## MDS Alert

### Quality Ratings: Heed These Crucial Guidelines To Increase Your 5-Star Quality Rating

**Heads up: CMS made these significant changes to its calculation methods.**

As the **Centers for Medicare & Medicaid Services** (CMS) marches onward in its mission to move reimbursement from volume to value, your quality of care is under more scrutiny than ever before.

Big changes have become effective for the Five-Star Quality Rating System, which is no longer a simple consumer tool but instead is now a measuring stick for Medicare payment. Here are a few tips that will help your facility to stay afloat in the new quality-based reimbursement era:

#### Identify the New QM Hot-Spots

The latest changes to the Five-Star Quality Rating System became effective in July, with the addition of six new QMs. Five of these QMs are now scored, but they won't carry the full weight when determining your SNF's ratings until January 2017, according to **Life Care Services** (LCS), a provider of senior lifestyle products and services.

The new QMs focus on outcomes of short-stay rehab residents — in particular whether they return to a hospital, visit the ER, or successfully return to the community, LCS explained in a recent analysis for Washington, D.C.-based **Leading Age**

([www.leadingage.org/Seeing\\_Stars\\_How\\_Improving\\_Your\\_Skilled\\_Nursing\\_Ratings\\_Can\\_Affect\\_Your\\_Bottom\\_Line.aspx](http://www.leadingage.org/Seeing_Stars_How_Improving_Your_Skilled_Nursing_Ratings_Can_Affect_Your_Bottom_Line.aspx)).

Other QMs focus on changes in residents' mobility and functional abilities, as well as the use of antianxiety or hypnotic medications.

The five new QMs (excluding the antianxiety/hypnotic measure) will hold only 50 percent of their full value until January 2017, at which time they will count for their full 100 percent value, according to a recent analysis by Keri Hart and Christine Twombly of Harmony Healthcare International

([www.harmony-healthcare.com/blog/five-star-alert-sweet-16-quality-measures-not-so-sweet](http://www.harmony-healthcare.com/blog/five-star-alert-sweet-16-quality-measures-not-so-sweet)).

#### Take Advantage of Preview Reports

The first Five-Star Preview Reports following these changes became available to providers on Aug. 4. These were the preview reports for July 2016, which CMS made available to providers via the QIES system prior to the public release on Nursing Home Compare, Hart and Twombly stated.

You can access your preview report by clicking on the CASPER Reporting link on the CMS QIES Systems for Providers webpage. Then, select the "Folders" button to access the Five Star report in your "st LTC facid" folder — the "st" is the two-character postal code of the state in which your facility is located, and the "facid" is your facility's state-assigned Facility ID.

**Essential:** You should pay attention to your QMs and where you rank on a monthly basis, according to LCS. "If you're not five-star rated, be able to communicate why to stakeholders and what you're doing to improve ratings."

**What's more:** Keep in mind that star ratings are more than a consumer tool □ "they're essential to developing partnerships with hospitals, generating referrals and gaining payment methods," LCS stressed. "Important benchmark: Having three stars or more is crucial."

The provider preview reports will be available every month prior to public reporting, Hart and Twombly said. A Five-Star Help Line (800-839-9290) is also available around the time of releasing the report. You can also email BetterCare@cms.hhs.gov with inquiries.

### **Boost Your Performance during Health Inspections**

In addition to QMs, the two other important elements that impact your facility's star ratings are health inspections and staffing ratios. For staffing, CMS will scrutinize the differences in the levels of residents' care need in each nursing home, coupled with the number of hours of care provided on average to each resident each day by nursing staff.

For health inspections, your star rating will reflect survey findings from the last three years of onsite inspections. This includes both standard surveys and any complaint surveys.

Consider conducting mock health inspections, as well as mitigating risk and writing plans to correct potential deficiencies, LCS recommended. Be prepared, "so when state inspectors do come for the annual survey, it's as natural as going through a fire drill in elementary school."

### **Pay Attention to Important Calculation Changes**

In addition to the new QMs, CMS also made a handful of important changes to the way it calculates the star rating scores. According to Hart and Twombly, these changes will impact the:

- Activities of Daily Living (ADL) QM □ CMS will no longer base the ADL QM on state cut points and instead will use the same national cut points for all facilities. If your facility is in a Medicaid Case Mix state with a six-month snapshot, you're more likely to see changes to your ADL QMs.
- Lookback Period for MDS-Based QMs □ The lookback period for Five-Star calculations will now be one year for the MDS-based QMs, instead of three quarters. This means that the first reporting will include the last three quarters of 2015 and the first quarter of 2016 for MDS-based QMs, and then July 1, 2014 through June 30, 2015 for the claims-based measures.
- Short-Stay Measures □ The way CMS computes scores for facilities that don't generate long- and/or short-stay QMs has changed significantly. For instance, CMS will now use a calculation method that will average your facility's long-stay measures to compute the short-stay measures, instead of using a computation method based on the national average.
- Minimum Data Submission □ CMS changed the Minimum Data Submission requirements to generate QMs. This is the number of MDS records needed to trigger the QM. CMS reduced this minimum threshold to 20 assessments during the year.

**Resources:** For more information on the Five-Star Quality Rating System, go to [www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html](http://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html).