

MDS Alert

Quality: They're Here -- New QMs Will Now Impact Your Five-Star Rating

Learn how the point ranges will change to earn each star rating.

It seems like the **Centers for Medicare & Medicaid Services** (CMS) has gone crazy for quality data, and now you have a whole set of new quality measures (QMs) to contend with for your Five-Star Quality Rating.

Watch for 5 New Measures

As of July 2016, CMS has begun phasing-in five new QMs in the Five-Star Nursing Home Quality Rating System. CMS gave a preview of these new QMs back in March (see "Prepare For CMS To Rate Your Facility On 6 New Quality Measures," MDS Alert, Vol. 14, No. 3, page 25). CMS initially included a measure for antianxiety/hypnotic medications, but ended up excluding it due to concerns about specificity and appropriate star rating thresholds.

The five new QMs effective for July are:

1. Percentage of short-stay residents who were successfully discharged to the community (claims-based).

This QM reports the percentage of all new admissions to a nursing home from a hospital where the resident was discharged to the community within 100 calendar days of entry and for 30 subsequent days, did not die, was not admitted to a hospital for an unplanned inpatient stay, and was not readmitted to a nursing home.

2. Percentage of short-stay residents who have had an outpatient emergency department visit (claims-based). This QM reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident had an outpatient ED visit (an ED visit not resulting in an inpatient hospital admission) within 30 days of entry or reentry.

3. Percentage of short-stay residents who were re-hospitalized after a nursing home admission (claims-based). This QM reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident was readmitted to a hospital for an inpatient or observation stay within 30 days of entry or reentry.

4. Percentage of short-stay residents whose physical function improves from admission to discharge (MDS-based). The short-stay improvements in function QM assesses the percent of residents whose independence in three mobility functions (transfer, locomotion, and walking) increases over the course of the nursing home care episode.

5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based). This is a "change measure" that reports the percent of long-stay residents who have demonstrated a decline in independence of locomotion when comparing the target assessment to a prior assessment. The idea behind this QM is that residents who lose mobility may also lose the ability to perform other ADLs, such as eating, dressing, or getting to the bathroom.

Silver lining: CMS is phasing-in the five new QMs between July 2016 and January 2017. At the start, the QMs will have 50 percent the weight of the current QMs, increasing to equal weight by January 2017.

Pay Attention to 4 Methodological Changes

CMS also initiated several methodological changes, which will be effective for July 2016. For these changes, CMS will:

- Use four quarters of data instead of three for determining QM ratings;
- Reduce the minimum denominator for all measures (short-stay, long-stay, and claims-based) to 20 summed across four quarters;
- Revise the imputation methodology for QMs with low denominators meeting specific criteria (CMS will use a facility's own available data and the state average to reach the minimum denominator); and
- Use national cut points for assigning points for the Activities of Daily Living (ADL) QM instead of state-specific thresholds.

Good news: The change with perhaps the most impact overall on your Five-Star rating is CMS's switch to calculate ratings for the QM domain using the four most recent quarters for which data is available. This should increase the number of assessments available for calculating your QM ratings and improve the stability of estimates while reducing the amount of missing data.

Understand the Adjusted Scoring

Because CMS will count only half the weight for the five new QMs in July 2016, the total possible score will range between 275 and 1,350 points. In January 2017, when the weight of the new measures is 100 percent, the total possible score will range between 325 and 1,600.

For now, the Five-Star rating scores will be:

- 1 Star: 275 – 669 points
- 2 Stars: 670 – 759 points
- 3 Stars: 760 – 829 points
- 4 Stars: 830 – 904 points
- 5 Stars: 905 – 1,350 points

Resource: For more information on these changes, access the updated Five-Star Quality Rating System Technical User's Guide at

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf.