"A ***Knowledgeable*** and ***Compassionate*** partner"

BROAD RIVER REHAB

Significant Change in Status:

Updates to the Quality Measures, Staffing and 5-star Without Section G

Joel VanEaton, BSN, RN, RAC-CTA, Master Teacher:
Executive Vice President of PAC Regulatory Affairs and Education

ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after November 18, 2022

Significant Change in Status: Updates to the Quality Measures, Staffing and 5-star Without Section G

Learning Objectives

- Understand the removal of the 672 survey from
- Detail the updates to Quality Measure specifications.
- Recognize the staffing calculation revisions.
- Comprehend the effect on 5-star ratings.

Resources

- QSO-23-21-NH
- 672 Form
- SNF QRP
- SNF QMs
- SNF 5-Star Rating

Significant Change in Status

- Changes to Form 672: Resident census and Condition of Residents
  - The changes to the MDS necessitate changes to forms that are completed on surveys. Specifically, fields on the CMS-672 form can no longer be completed due to the removal of Section G from the MDS.
  - Also, CMS and surveyors no longer use these MDS-based fields on the CMS-672 form as part of the survey process.
  - **Effective September 29, 2023,** facilities are no longer required to complete these fields (F79 – F145) and surveyors are no longer be required to enter this information (fields F79 – 93) in the survey system.
  - **The census information (fields F75-F78), the ombudsman information (fields F146 and F147), and the medication error rate (field F148) should still be completed.**
  - On October 22, the census, medication error rate, and ombudsman information fields will be relocated to the form CMS-671: Long-Term Care Facility Application for Medicare and Medicaid, and the CMS-672 form will be removed.

Significant Change in Status

- **Adjustments to Staffing**
  - Currently, CMS adjusts the nurse staffing measures using a case-mix methodology that is based on MDS items from the previous Medicare Prospective Payment System (SNF PPS), RUG-IV/66.
  - CMS also uses some of these MDS items to risk-adjust some of the QMs.
  - However, in October 2023, items in the MDS (Section G) were eliminated and replaced by (Section GG) items.
  - This necessitates changes to the staffing case-mix adjustment method that currently uses Section G items.
  - CMS will be changing the staffing case-mix adjustment methodology to a model based on the SNF payment Patient-Driven Payment Model (PDPM)
  - Beginning in April 2024, **CMS will freeze (i.e., hold constant) the staffing measures for three months** while they make this transition.
  - In July 2024, CMS will post nursing home staffing measures based on the new PDPM methodology.

Significant Change in Status

- **Adjustments to Staffing (Cont.)**
  - To minimize the potential disruption associated with the implementation of the new case-mix adjustment methodology, CMS will revise the staffing rating thresholds to maintain the same overall distribution of points for affected staffing measures.
  - Currently, nursing homes that fail to submit staffing data or submit erroneous data for staffing levels (hours per resident per day) receive a one-star staffing rating for the quarter in which the data are reported.
  - However, nursing homes that fail to submit data in order to calculate staff turnover, have their staff turnover measures excluded from the staffing rating calculation. Thus, there is no impact to their score.
  - Posting accurate and complete staffing data is important to CMS's commitment to transparency.
  - Therefore, to further incentivize facilities to submit accurate staffing data, beginning in April 2024, CMS will revise the staffing rating methodology so providers that fail to submit staffing data or submit erroneous data receive the lowest score possible for corresponding staff turnover measures.

Significant Change in Status

- **Case Mix Adjustments to Staffing**
  - CMS adjusts the reported staffing ratios for case-mix, using the nursing Case-mix Groups (CMGs) and corresponding 25 nursing Case-mix Indexes (CMIs) are derived from the Patient-Driven Payment Model (PDPM).
  - CMS calculates “case-mix hours”, or expected hours, based on the distribution of nursing CMGs within each facility, PDPM nursing CMIs, and the reported national average staffing level.
  - CMS calculates case-mix adjusted hours per resident day for each facility for each staff type using this formula:
    - **Hours Adjusted = (Hours Reported/Hours Case-Mix) * Hours National Average**
  - The reported hours are those reported by the facility through PBJ.
  - The case-mix values for each nursing home are based on the daily distribution of residents by PDPM nursing CMG in the quarter covered by the PBJ reported staffing and CMIs for the corresponding nursing CMGs.
  - National average hours for a given staff type represent the national mean of case-mix hours across all facilities.

Staffing Measure	Points	Min	Max
Adjusted RN Staffing (Hours per Resident per Day)	100	1.298	Or higher
	90	0.992	1.297
	80	0.819	0.991
	70	0.692	0.818
	60	0.591	0.691
	50	0.505	0.590
	40	0.426	0.504
	30	0.352	0.425
	20	0.261	0.351
	10	0.000	0.260
Adjusted Total Nurse Staffing (Hours per Resident per Day)	100	4.954	Or higher
	90	4.429	4.953
	80	4.105	4.428
	70	3.869	4.104
	60	3.653	3.868
	50	3.445	3.652
	40	3.248	3.444
	30	3.030	3.247
	20	2.747	3.029
	10	0.000	2.746
Adjusted Total Nurse Staffing on weekends (Hours per Resident per Day)	50	4.328	Or higher
	45	3.896	4.327
	40	3.623	3.895
	35	3.382	3.622
	30	3.174	3.381
	25	2.985	3.173
	20	2.810	2.984
	15	2.613	2.809
	10	2.350	2.612
	5	0.000	2.349

Case Mix Adjustments to Staffing

Table 3

Point Ranges for the Staffing Rating (maximum possible score = 380 points)

1 star	2 stars	3 stars	4 stars	5 stars
< 155	155 - 204	205 - 254	255 - 319	320 - 380

Significant Change in Status

- **Quality Measure Changes**
  - The removal of section G also has implications for a total of 5 QMs, 4 of which are used in the Nursing Home Five Star Rating System.
  - QMs impacted by the MDS G-GG transition:
    - Percentage of Residents Who Made Improvements in Function (short stay)
    - Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long-stay)
    - Percent of Residents Whose Ability to Move Independently Worsened (long stay)
    - Percent of High-Risk Residents with Pressure Ulcers (long stay)
    - The Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder (long-stay)
  - Starting in April 2024, CMS will freeze (hold constant) the 5-star measures on Nursing Home Care Compare.
  - In October 2024, CMS will replace the short-stay functionality QM with the new cross-setting functionality QM, which is used in the SNF Quality Reporting Program (QRP).
  - The remaining three measures will continue to be frozen until January 2025 while the data for the equivalent measures are collected.

Significant Change in Status

- **Quality Measure Changes**
  - Six other measures used items that underwent a label change in version 1.18.11. These measures were re-specified by replacing the old MDS label with the new label:
    - Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)
    - Percent of Residents Who Lose Too Much Weight (Long Stay) Percent of Residents Who Have Depressive Symptoms (Long Stay) Percent of Residents Who Received an Antipsychotic Medication (Long Stay)
    - Prevalence of Antianxiety/Hypnotic Use (Long Stay)
    - Percent of Residents Who Used Antianxiety or Hypnotic Medication (Long Stay)

Significant Change in Status

- **Quality Measure Changes**
  - ***Current:** Percent of Residents Who Made Improvements in Function (Short Stay) (CMS ID: N037.03), will be replaced with the **GG Equivalent:** Discharge Function Score measure (CMS ID: S042.01).
  - ***Current:** Percent of Residents Whose Ability to Move Independently Worsened (long stay) (CMS ID: N035.03) will be replaced by **GG Equivalent:** Percent of Residents Whose Ability to independently Worsened (long stay) (CMS ID: N035.04)
  - ***Current:** Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long-stay) (CMS ID: N028.02) will be replaced with **GG Equivalent:** Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long-stay) (CMS ID: N028.03)
  - ***Current:** The Percent of High-Risk Residents With Pressure Ulcers (Long Stay) (CMS ID: N015.03) will be replaced with **GG Equivalent:** Percent of Residents With Pressure Ulcers (Long Stay) (CMS ID: N045.01) measure.
  - **Current:** The Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder (long-stay) (CMS ID: N025.02) will be replaced by **GG Equivalent:** Percent of residents with new or worsened bowel or bladder incontinence (CMS ID: N046.01)

* These measures affect the 5-Star rating system.

Handout

Quality Measurement Changes

- **IQIES Reports**
  - Replaces the CASPER Reports for facility level and resident level MDS based quality measures. Used internally for quality improvement activities, 5-star rating evaluation, and Survey preparedness.

iQIES Report

MDS 3.0 Facility-Level Quality Measure (QM) Report

Report Period: 04/01/2023 - 09/30/2023
Comparison Group: 02/01/2023 - 07/31/2023
Report Run Date: 10/06/2023
Data Calculation Date: 10/02/2023
Report Version Number: 3.04

Legend

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged
Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

Facility ID: **Facility Name:** **CCN:** **City/State:**

MDS Measures

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
★Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	7	69	10.1%	10.1%	10.0%	8.7%	65
Phys restraints (L)	N027.02	C	0	78	0.0%	0.0%	0.2%	0.1%	0
Falls (L)	N032.02	C	45	78	57.7%	57.7%	42.7%	43.7%	84*
★Falls w/Maj Injury (L)	N013.02	C	6	78	7.7%	7.7%	3.7%	3.5%	91*
★Antipsych Med (S)	N011.03	C	0	39	0.0%	0.0%	2.2%	1.9%	0
★Antipsych Med (L)	N031.04	C	9	66	13.6%	13.6%	16.7%	14.7%	52
Antianxiety/Hypnotic Prev (L)	N033.03	C	0	15	0.0%	0.0%	8.0%	6.9%	0
Antianxiety/Hypnotic % (L)	N036.03	C	38	70	54.3%	54.3%	29.3%	19.6%	99*
Behav Sx affect Others (L)	N034.02	C	2	69	2.9%	2.9%	18.3%	18.8%	10
Depress Sx (L)	N030.03	C	8	73	11.0%	11.0%	11.1%	9.2%	77*
★UTI (L)	N024.02	C	11	77	14.3%	14.3%	3.5%	2.5%	98*
★Cath Insert/Left Bladder (L)	N026.03	C	1	63	1.6%	1.1%	1.9%	1.6%	55
Lo-Risk Lose B/B Con (L)	N025.02	C	6	14	42.9%	42.9%	54.6%	48.9%	38
Excess Wt Loss (L)	N029.03	C	2	69	2.9%	2.9%	6.9%	6.1%	28
★Incr ADL Help (L)	N028.02	C	3	61	4.9%	4.9%	16.6%	14.3%	13
★Move Indep Worsens (L)	N035.03	C	13	30	43.3%	33.1%	23.0%	17.0%	92*
I★mprovement in Function (S)	N037.03	C	20	27	74.1%	78.2%	76.8%	76.0%	46

SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
★Pressure Ulcer/Injury[1]	S038.02	3	70	4.3%	4.4%	2.7%

Questions?

Find Out More

Contact Us:

Tricia Wood: Vice President, Business Development (Southern US)
twood@broadriverrehab.com
(919) 844-4800

Jeff Moyers: Vice President, Business Development (Southern US)
jmoyers@broadriverrehab.com
(828) 319-9618

Sign up for our Blog www.broadriverrehab.com

Ask an Expert https://www.broadriverrehab.com/expert/

Broad River Rehab Reflections are the third Thursday of each month. In November we will deep dive into the SNF QRP expansion.