



**Department
of Health**

New York State 2018 Nursing Home Quality Initiative Results and 2019 Proposals

**New York State Department of Health
November 28, 2018**

Status Updates

Nursing Home Quality Pool (NHQP) to be Paid in November for 2013 - 2017

- The award/contribution for each of the five years was calculated individually and then summed to arrive at one NET award/contribution amount per facility
- Quality funding was calculated for all facilities, and facilities who scored in quintiles 1, 2, and 3 receive payouts
- Facilities receiving an award will receive it in Medicaid cycle checks: cycle # 2152 and cycle # 2153, with respective check release dates of 12/5/18 and 12/12/18



Nursing Home Quality Pool (NHQP) to be Paid in November for 2013 - 2017

- Facilities who owe funds as a result of NHQP will have the funds recovered through their Medicaid cycle checks
- 1% Nursing Home Restoration payments, \$140 million statewide, will be used to offset amount facilities owe for retro NHQP
- For facilities that owe funds, recoupments will be recovered through cycle check withholdings, and full balance of amount owed will be recouped by the end of the State Fiscal Year (3/31/2019)



2018 Nursing Home Quality Initiatives (NHQI)

- 2018 NHQI State Planning Amendment was approved by CMS on July 18, 2018
- Facility-specific results for feedback expected to be released on the Health Commerce System in December 2018*
- Final results, quintile ranking, continued top performer list, and downloadable data on Health Data NY to follow

*Feedback may be delayed due to completeness issues with the fourth quarter of SPARCS data
(Potentially Avoidable Hospitalization measure)

2018 NHQI Measures and Methodology

2018 NHQI Structure

Quality Component: 70 points

- Percent of Long Stay High Risk Residents With Pressure Ulcers*
- Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
- Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
- Percent of Long Stay Residents Who have Depressive Symptoms
- Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowels or Bladder
- Percent of Long Stay Residents Who Lose Too Much Weight*
- Percent of Long Stay Antipsychotic Use in Persons with Dementia (PQA)
- Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain*
- Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
- Percent of Long Stay Residents with a Urinary Tract Infection
- Percent of Employees Vaccinated for Influenza
- Rate of Staff Hours per Day
- Percent of Contract/Agency Staff Used

Compliance Component: 20 points

- NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
- Timely Submission of Nursing Home Certified Cost Reports
- Timely Submission of Employee Influenza Immunization Data

Efficiency Component: 10 points

- Number of Potentially Avoidable Hospitalizations per 10,000 Long Stay Days*

*denotes risk adjustment by NYSDOH



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Scoring Details - Quality Component

- Quintile 1: 5 points
- Quintile 2: 3 points
- Quintile 3: 1 point
- Quintiles 4 and 5: 0 points

Two measures were awarded 5 or 0 points based on threshold values:

1. Percent of Contract/Agency Staff Used (5 points for a rate of less than 10%)
2. Percent of Employees Vaccinated for Influenza (5 points for a rate of 85% or higher)

12 measures were eligible for improvement points based on the previous year's quintile

1. Percent of Long Stay High Risk Residents With Pressure Ulcers
2. Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
3. Percent of Long Stay Residents Who have Depressive Symptoms
4. Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowels or Bladder
5. Percent of Long Stay Residents Who Lose Too Much Weight
6. Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain
7. Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
8. Percent of Long Stay Residents with a Urinary Tract Infection
9. Percent of Long Stay Residents who Received the Seasonal Influenza Vaccine
10. Percent of Long Stay Residents who Received the Pneumococcal Vaccine
11. Percent of Long Stay Antipsychotic Use in Persons with Dementia
12. Rate of Staff Hours per Day

2017 Performance						
2018 Performance	Quintile	1	2	3	4	5
	1 (best)	5	5	5	5	5
	2	3	3	4	4	4
	3	1	1	1	2	2
	4	0	0	0	0	1
	5	0	0	0	0	0

If 2017 NHQI performance was in the third quintile, and 2018 NHQI performance was in the second quintile, the facility received 4 points. This is 3 points for attaining the second quintile and **1 point for improvement** from the previous year's third quintile.



Scoring Details - Compliance and Efficiency Components

Compliance Component

- NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
 - Used CMS health inspection survey scores as of May 2018 to calculate cut points for each region in the state
 - Regions include the Metropolitan Area, Western New York, Capital District, and Central New York
 - Within each region, the top 10% of nursing homes received five stars, the middle 70% received four, three, or two stars, and the bottom 20% received one star
 - Each nursing home was awarded a Five-Star Quality Rating based on the cut points calculated from the health inspection survey scores **within its region**
 - 10 points for 5 stars, 7 points for 4 stars, 4 points for 3 stars, 2 points for 2 stars, 0 points for 1 star
- Timely Submission of Nursing Home Certified Cost Reports – 5 points
- Timely Submission of Employee Influenza Immunization Data – 5 points

Efficiency Component

- Potentially Avoidable Hospitalizations
 - Quintile 1: 10 points
 - Quintile 2: 8 points
 - Quintile 3: 6 points
 - Quintile 4: 2 points
 - Quintile 5: 0 points



2018 NHQI Results



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Measures Higher Rate is Better	Statewide Average		P100 (max)		P80		P60		P40		P20		P0 (min)	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Overall score	50	--	89	--	60	--	53	--	46	--	39	--	19	--
Percent of long stay residents who received the pneumococcal vaccine	80	79	100	100	92	91	87	85	80	78	71	70	14	21
Percent of long stay residents who received the seasonal influenza vaccine	84	83	100	100	92	92	88	87	84	82	78	76	44	46
Rate of staff hours per day	3.4	--	5.9	--	3	--	2.7	--	2.5	--	2.2	--	0	--

Measures Lower Rate is Better	Statewide Average		P0 (min)		P20		P40		P60		P80		P100 (max)	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Percent of long stay low risk residents who lose control of their bowel or bladder	48.8	50.7	1	5	34	37	47	49	55	57	65	67	98	98
Percent of long stay residents experiencing one or more falls with major injury	2.6	2.6	0	0	1.2	1.3	2	2.1	3	2.9	4.3	4.1	20.8	11
Percent of long stay residents who have depressive symptoms	10.3	7.7	0	0	0.7	0.4	2.3	1.8	4.9	4.0	15.4	9.6	84.8	87.6
Percent of long stay residents with dementia who received an antipsychotic medication	11.1	9.1	0	0	6	4	9	7	12	11	16	14	40	40
Percent of long stay residents whose need for help with daily activities has increased	13.1	12.8	3	2	9	9	12	12	15	15	18	18	33	34
Percent of long stay residents with a urinary tract infection	3.2	2.5	0	0	1.5	1.1	2.6	1.9	3.6	2.9	5.1	4.4	18.1	14
Percent of long stay high risk residents with pressure ulcers	7	7	0	0	4.4	4.5	5.9	5.8	7.4	7.4	9	9.2	20.6	20.6
Percent of long stay residents who lose too much weight	5.8	6	0.4	0.5	4	4.2	5.2	5.3	6.4	6.5	7.8	7.9	13.7	15.7
Percent of long stay residents who self-report moderate to severe pain	4.7	3.9	0	0	0.9	0.5	2.5	1.8	4.9	3.9	8.8	7.3	25.2	26.4
Number of potentially avoidable hospitalizations per 10,000 long stay days	5.6	--	0	--	3.4	--	4.8	--	6.2	--	8	--	23.7	--

-- Measure rate not available yet

* This slide will be updated when the data is finalized

Quality Component - Employee Vaccination Measure*

- Statewide employee influenza vaccination average remained the same from the 2015-2016, 2016-2017, 2017-2018 influenza seasons

Measurement year	NHQI year	Statewide Average
2012	2013	51%
2013	2014	86%
2014	2015	86%
2015	2016	85%
2016	2017	85%
2017	2018	85%

➡ Flu Mask Regulation

* This slide will be updated when the data is finalized

Quality Component – Improvement Results*

- Facilities will receive one point for improvement if the 2018 NHQI quintile for a measure is an improvement from the 2017 NHQI quintile
- 12 measures are eligible for improvement points based on the previous year's quintile
 - 11 measures available for comparison
 - Rate of staff hours per day is eligible for improvement, but pending cost report data
- 95% of facilities received at least one improvement point in 2018 NHQI (compared to 94% in 2017 NHQI)

Number of Improved Quality Measures	Percent Facilities		
	2016 NHQI	2017 NHQI	2018 NHQI †
1	15	14	16
2	23	22	25
3	24	22	21
4	20	19	16
5 or more	13	17	17
Total	95	94	95

* This slide will be updated when the data is finalized

† 11 measures are available for comparison



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Compliance Component and Deficiencies*

Compliance

- Timely Submission of Nursing Home Certified Cost Reports– 5 points
 - rate not available yet
- Timely Submission of Employee Influenza Immunization Data– 5 points
 - 95% (N=585) of facilities submitted by the May 1, 2018 deadline (compared to 94% in 2017 NHQI)

Deficiencies

- Measurement period of July 1, 2017 - June 30, 2018
- 1.4% (N=8) of facilities received a J, K, or L deficiency, compared to 1.5% (N=11) in 2017 NHQI
 - Final quintile pending

Number (%) of facilities with a J, K, or L deficiency in 2018 NHQI compared to 2017, by Quintile

NHQI Year	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Total Facilities with a Deficiency	Total Facilities
2017	1 (<1)	0 (0)	2 (<1)	4 (<1)	4 (<1)	11 (2)	587
2018	-	-	-	-	-	8	585



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* This slide will be updated when the data is finalized

2019 NHQI Measures



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2019 NHQI Structure

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* denotes risk adjustment by NYSDOH



Other CMS Measures

Potential CMS Quality measures to replace topped out current NHQI measures

- Percentage of long-stay residents who have or had a catheter inserted and left in their bladder
- Percentage of long-stay residents whose ability to move independently worsened
- Percentage of long-stay residents who were physically restrained

Averages	Percentage of long-stay residents with a catheter inserted and left in their bladder	Percentage of long-stay residents whose ability to move independently worsened	Percentage of long-stay residents who were physically restrained
Nationwide	1.8	18.3	0.4
NY Statewide	1.4	16.4	0.6

MDS Section S



MDS Section S

- Effective Oct 2018
 - Neurodegenerative (09) is added to S0160: Specialty unit list
 - Following new items are added

Items	Item Label
S0170A	Advanced directive: Guardian
S0170B	Advanced directive: DPOA-HC
S0170C	Advanced directive: Living will
S0170D	Advanced directive: Do not resuscitate
S0170E	Advanced directive: Do not hospitalize
S0170F	Advanced directive: Do not intubate
S0170G	Advanced directive: Feeding restrictions
S0170H	Advanced directive: Other treatment restrictions
S0170Z	Advanced directive: None of the above
S0171A	Resident healthcare proxy exists
S0171B	Resident healthcare proxy invoked

MDS Section S

NYSDOH issued an instructional document for Section S items (effective Oct 2018)

- https://www.health.ny.gov/professionals/nursing_home_administrator/docs/2018-10-01_section_s_instructions.pdf
- Includes instructions for MDS Items S0170A, S0170B, S0170C, S0170D, S0170E, S0170F, S0170G, S0170H, S0170Z, S0171A, S0171B

MDS Section S (S0185) - Discharge to Hospital

- Item Text

- If this is a discharge assessment (A0310F = 10 or 11) and the resident is being discharged to an acute hospital (A2100 = 03), is the discharge to hospital due to the request of the resident's healthcare proxy, and against the opinion of the nursing home?

- Response

- No=0, Yes=1
- If the assessment is not a discharge, or the resident is not being discharged to an acute hospital, the facility should use a dash to indicate that the question is not applicable
- Using dash generates warning - *"Missing Invalid Data. This required item is either missing or contains invalid data. Number fields must be unsigned"*
- Discussing with CMS to resolve this issue
- Please forward your questions: mdstechissues@cms.hhs.gov



MDS Section S

S0185 only needs to be present on ND, NOD, and NSD assessments

https://qtso.cms.gov/system/files/2018-05/October_1_%202018_Consolidated_SectionS_Items_20171120_0_0.pdf

New York									
MDS 3.0 Item ID	NC - Comp	NQ - Quarterly	NP - PPS	NT- Tracking	ND - Discharge	NOD - OMRA Other + Discharge	NSD - OMRA Start of Therapy + Discharge	NO - OMRA Other	NS - OMRA Start of Therapy
S0160	Y	Y	Y	N	Y	Y	Y	Y	Y
S0185	N	N	N	N	Y	Y	Y	N	N
S0170A	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170B	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170C	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170D	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170E	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170F	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170G	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170H	Y	Y	Y	N	Y	Y	Y	Y	Y
S0170Z	Y	Y	Y	N	Y	Y	Y	Y	Y
S0171A	Y	Y	Y	N	Y	Y	Y	Y	Y
S0171B	Y	Y	Y	N	Y	Y	Y	Y	Y
S6500	Y	Y	Y	N	Y	Y	Y	Y	Y
S7000	Y	Y	Y	N	Y	Y	Y	Y	Y
S8015	Y	Y	Y	N	Y	Y	Y	Y	Y
S8055	Y	Y	Y	N	Y	Y	Y	Y	Y

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ND : Nursing Home Discharge
 NOD: Nursing Home OMRA-Discharge
 NSD : Nursing Home OMRA-Start of
 Therapy and Discharge



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MDS Section S – S0171 Health Care Proxy

S0171. Health Care Proxy	
Enter Code <input type="checkbox"/>	A. Does the resident have a healthcare proxy? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Has healthcare proxy been invoked? 0. No 1. Yes
S0185. Discharge to hospital: Healthcare proxy involvement	
Enter Code <input type="checkbox"/>	Discharge to hospital: healthcare proxy involvement. If this is a discharge assessment (A0310F = 10 or 11) and the resident is being discharged to an acute hospital (A2100 = 03), is the discharge to hospital due to the request of the resident's healthcare proxy, and against the opinion of the nursing home? 0. No 1. Yes

If the resident does not have a health care proxy at all, then S0185 must be 0 and can not be 1

Next Steps

Next Steps:

Potential Measures Under Development

- CMS Payroll-Based Journal
- Dental Measure
- Long-Stay Discharge to Community

CMS Payroll - Based Journal

- As of July 1, 2016, skilled nursing facilities are required to electronically submit staffing data to CMS through the Payroll-Based Journal (PBJ)
- PBJ contains direct care hours and facility census data
- CMS will use this data to calculate the staffing measures used in the Five-Star Quality Rating System
- PBJ Public Use File was made available on November 1, 2017
 - Contains data for 2017 and 2018 Q1 & Q2
 - Total number of hours for RNs, LPNs, and Aides for each day
 - Facility census for each day, calculated using MDS
- CMS will post subsequent quarters of data as they become available
- NYSDOH will analyze this data for cost report data replacement in the contract staff and annual staffing measures

Dental Measure



MDS Section S – Dental Care

- Item Text

1. Routine dental care since last assessment
2. Emergent dental care since last assessment
9. None of the Above

- Clarification

- Routine dental care is planned or scheduled care
- Emergent dental care is unplanned or unscheduled care provided for the purposes described in 10 NYCRR Section 415.17 and any successor regulation

MDS Section S – Dental Care

Type and Frequency of Dental Care Received Since Last Assessment, 2015, 2016, and 2017

	2015				2016				2017			
	All Residents		Long Stay		All Residents		Long Stay		All Residents		Long Stay	
Dental Care	N	%	N	%	N	%	N	%	N	%	N	%
Routine	80,796	33.7	60,581	52.9	76,821	32.2	58,225	51.5	76,605	32.2	58,157	51.5
Emergent	6,876	2.9	6,162	5.4	6,408	2.7	5,755	5.1	6,253	2.6	5,606	5.0
Either	83,689	34.9	63,035	55.1	79,508	33.3	60,512	53.5	79,106	33.2	60,286	53.3
None	156,393	65.1	51,416	44.9	159,136	66.7	52,588	46.5	158,965	66.8	52,729	46.7
Total Unique Residents	240,082*	--	114,451*	--	238,644*	--	113,100*	--	238,071*	--	113,015*	--

* Routine, emergent, either are not mutually-exclusive; a resident can be in more than one category

-- Total is >100% due to overlap

- Table may include residents for whom no dental care was appropriate, depending on length of stay

Long-Stay Discharge to Community

Percentage of Long-Stay Residents Who Were Successfully Discharged to the Community

- Develop a quality metric to reward nursing homes that discharge long stay residents to the community
- Based on CMS short stay measure: Percentage of short-stay residents who were successfully discharged to the community
- Under investigation to include in future NHQI

Percentage of Long-Stay Residents Who Were Successfully Discharged to the Community

- **Numerator:** Number of nursing home long stay residents discharged to the community. Discharges to the community are identified by MDS assessment question A2100_DSCHRG_STUS_CD (Discharge to Community)
- **Denominator:** Total number of days contributed by each nursing home long stay resident during the year 2016
- **Rate:** Numerator/denominator X 10,000 member-days
Due to the small number of discharges per nursing home, rates are presented as the number of discharges per 10,000 member-days
- Rates are unadjusted and exclusion criteria is not applied



Percentage of Long-Stay Residents Who Were Successfully Discharged to the Community

Preliminary results

- In the 2016 MDS data, there were 7,053 long-stay residents discharged to community across 589 nursing homes
- The rate of long stay discharges to the community is calculated for 580 nursing homes after excluding 9 nursing homes which had small sample size (< 8100 member days)
- Four hundred thirty-four nursing homes (75%) had a rate of 1 or above, meaning that these nursing homes had at least 1 discharge per 10,000 member-days

Percentage of Long-Stay Residents Who Were Successfully Discharged to the Community

Next step is to apply non-numerator compliant logic

- Admitted to a nursing home within 30 days of the community discharge (claims-based)
- Have an unplanned inpatient hospital stay within 30 days of the community discharge (claims-based)
- Died within 30 days of the community discharge

Suggestions/Further Discussion/Input

- Feedback of dental results to facilities
- SPARCS issue (completeness issues with the fourth quarter of SPARCS data)
- Survey & Inspection update

Questions/Comments

Methodology

Office of Quality and Patient Safety
(518) 486-9012
NHQP@health.ny.gov

Rate Adjustments

Division of Finance and Rate Setting
NFRATES@health.ny.gov