

New York State Department of Health
March 7, 2013

New York State Nursing Home Quality Pool

2012 Quality Pool

- 2012 Pay for Reporting Requirements
 - Timely Submission and Certification of the 2011 Cost report (including staffing information)
 - Timely Submission of 2011 Employee Flu Immunization data
 - 13 nursing homes did not submit 2011 cost reports on time
 - 6 nursing homes did not submit 2011 employee flu data on time
- The 19 homes that did not properly submit the cost report or immunization data are subject to a per diem/ failure to report rate adjustment
 - Per Diem Reduction = (Total 2011 Medicaid SNF Days of the Facility divided by Total 2011 Medicaid SNF Days) multiplied by \$50 Million
 - Total per diem reduction amounted to about \$1 million
 - DOH significantly reduced impact of the penalty by extending the due date for submissions from \$8.8 million for 136 facilities to \$1 million for just 19 facilities.
 - The rate adjustment was sent to eMedNY for processing on 2/20/2013 and the reduction is expected to be in cycle 1854 with the check release date of 3/20/2013

Proposed 2013 Quality Pool

- 13 Quality Measures using 2012 MDS 3.0 data (60 points)
 - Percent of Long Stay High Risk Residents With Pressure Ulcers*
 - Percent of Long Stay Residents Assessed and Given, Appropriately, the Pneumococcal Vaccine
 - Percent of Long Stay Residents Assessed and Given, Appropriately, 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*
 - Prevalence of Long Stay Residents Who Received an Antipsychotic Medication
 - 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 the Flu
 - Composite Staffing measure
 - CMS' 5-Star Staffing
 - Percent Level of Temporary Contract Staff
- Compliance (20 points)
 - 5-Star Rating for Health Inspections
 - Timely submission of Nursing Home Cost Reports
 - Timely submission of Employee Flu data
- Potentially Avoidable Hospitalizations (20 points)
 - The rate of potentially avoidable hospitalizations for long stay episodes

*risk adjusted by NYS

Excluded facilities

- Facilities that will be excluded from the Quality Pool pre-calculation (N=33)
 - Non-Medicaid Facilities (N=2)
 - CMS Special Focus Facilities (N= 6)
 - Continuing Care Retirement Center (CCRC) Facilities (N=11)
 - Transitional Care Units (N= 5)
 - Specialty-only facilities (N= 9) – AIDS and Pediatrics

Exclusions - continued

- MDS assessments that will be excluded from the Quality Pool pre-calculation
 - Specialty units
 - Any assessment indicating the resident is in a specialty unit (NY-specific variable)
 - Specialty units include: Discrete AIDS, Ventilator Dependent, Traumatic Brain, Behavioral Intervention, and Pediatric Specialty
 - Total number of facilities in the benchmarking quality pool dataset after exclusions: 602

Summary statistics

Benchmark data uses Q3 and Q4 from 2011 and Q1 from 2012

MEASURE	P100 (%)	P80 (%)	P60 (%)	P40 (%)	P20 (%)	P0 (%)	Statewide average (%)	N
Percent long stay high risk residents with pressure ulcers*	0.0	5.5	7.3	8.9	11.3	26.3	8.5	598
Percent long stay residents assessed and given, appropriately, the pneumococcal vaccine	100	100	99.5	98.5	96.3	57.4	97.4	599
Percent long stay residents assessed and given, appropriately, the seasonal influenza vaccine	100	99	97.4	94.4	88.4	9.2	92.6	599
Percent long stay residents experiencing one or more falls with major injury	0.0	1.3	2.3	3.3	4.5	16.7	3.1	599
Percent long stay residents who have depressive symptoms	0.0	1.3	3.6	7.3	15.2	90.4	10.41	598
Percent long stay residents who lose control of their bowels or bladder	4.5	27.7	35.3	46	57	93.8	41.9	580
Percent long stay residents who lose too much weight*	0.0	3.9	5.3	6.5	8.5	24.5	6.3	599
Percent long stay residents who received an antipsychotic medication	1.2	16.2	20.9	26.1	35	84.4	26.3	598
Percent long stay residents who self-report moderate to severe pain*	0.0	2.6	5.6	9.4	14.7	35.2	8.8	597
Percent long stay residents whose need for help with daily activities has increased	1.7	9.6	13.3	16.4	21	47.2	15.6	599
Percent long stay residents with a urinary tract infection	0.0	3.5	5.5	7.1	9.5	27.4	6.8	599
Percent employees who received flu vaccine	100	66	52	38	27	0.0	46.04	587
Percent contracted staff	0	0	0	2.36	11.57	100	8.27	538
Percent potentially avoidable hospitalizations	0.0	10.4	13.8	16.2	19.2	57.4	14.96	590

* risk adjusted by NYS

Calculation Issues

- For the 13 Quality Measures
 - If a facility has less than 30 residents in a denominator for a measure, that measure is suppressed for that facility and quality points are redistributed to other quality measures
- For Potentially Avoidable Hospitalization
 - If a facility has less than 30 episodes in the denominator, the measure is suppressed for that facility and total points of the Quality Pool are based on 80 points , instead of 100.

Issues with specific Quality Measures

- Prevalence of Long Stay Residents who Received an Antipsychotic Medication
 - CMS measure
 - Not risk adjusted
 - Higher use may not be inappropriate care for some facilities
 - Recommendation – The removal of this measure from the Quality Pool with the intention of replacing with an antipsychotic measure that captures quality care

Issues with specific Quality Measures - continued

- Percent of Long Stay Residents Assessed and Given, Appropriately, the Seasonal Influenza Vaccine
 - Mean 92.6%
 - Range 9.2% - 100%
- Percent of Long Stay Residents Assessed and Given, Appropriately, the Pneumococcal Vaccine
 - Mean 97.4%
 - Range 57.4% - 100%
 - Lack of ability to improve rates
- Recommendation – The removal of these measures or determine a different point awarding methodology for these measures
 - Flu measure has 83 facilities below 85% (144 below 90%)
 - Pneumococcal measure has 17 facilities below 85% (35 below 90%)

Issues with specific Quality Measures - continued

- Composite staffing measure
 - Percent Level of Temporary Contract Staff
 - 2-filers (N= 47)
 - Hospital-based facilities - using Schedule O and the Direct Charge Employees Wage Schedule RHCF of cost reports
 - 4-filers (N= 548)
 - Stand-alone facilities - using Schedule O and Schedule 5 of cost reports
 - 1-filers (N= 7)
 - New facilities or changes in ownership - excluded from the measure
 - Proportion of annual contract staff hours paid over the sum of annual full-time and contract staff hours paid
 - CMS' 5-Star Staffing measure
 - 2-week snapshot from survey
- Work in progress
 - Goal to create an annual patient day by RUG dataset, from the MDS data to compare to the annual cost report hours paid information

Risk Adjusted Measures

- Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain
 - Covariate
 - Cognitive skills for daily decision making on the prior assessment – independence/modified independence, missing, dependence (ref)

- Percent of Long Stay High Risk Residents With Pressure Ulcers
 - Covariates (24)
 - Male
 - Age groups zero to 30, 31 to 45, 46 to 60, 61-75, 76 and older (ref)
 - Healed pressure ulcer since prior assessment
 - BMI - low, normal, high (ref)
 - Weight loss of 5% or more in the last month, or 10% or more in the last 6 months
 - ADL bed mobility - extensive assistance, total dependence, other (ref)
 - ADL locomotion on unit - total dependence, other (ref)
 - Comatose
 - Prognosis of less than 6 months of life expected
 - Hospice care
 - Diabetes
 - Heart failure
 - Deep vein thrombosis
 - Anemia
 - Renal failure
 - Hip fracture
 - Incontinence – always, other (ref)
 - Paraplegia
 - Quadriplegia

Risk Adjusted Measures - continued

- Percent of Long Stay Residents Who Lose Too Much Weight
 - Covariates (23)
 - Age groups zero to 60 (ref), 61 to 70, 71 to 80, 81 to 90, 91 or older
 - ADL walk in corridor - total dependence, other (ref)
 - Cognitive skills for daily decision making - moderately impaired, severely impaired, other (ref)
 - Mechanically-altered diet
 - Parenteral feeding
 - Malnutrition
 - Swallowing disorder
 - Hospice care
 - Anemia
 - Pneumonia
 - Cancer
 - Anorexia/Bulimia
 - Multi-drug resistant organism
 - Asthma/COPD/Chronic lung disease
 - Depression
 - Renal failure
 - Dialysis
 - Hip fracture
 - Prognosis of less than 6 months of life expected

Issues with compliance measures

- 5-Star Health Inspections
 - QIS vs. Standard survey and regional variation

STARS		REGION				TOTAL
		CDRO	CNYRO	MARO	WRO	
1	N	21	27	42	24	114
	%	18.4	36.8	36.8	21.1	19.0
2	N	11	32	60	41	144
	%	7.6	22.2	41.7	28.5	24.0
3	N	12	14	97	28	151
	%	8.0	9.3	64.2	18.5	25.2
4	N	15	7	83	31	136
	%	11.0	5.2	61.0	22.8	22.7
5	N	8	0	39	8	55
	%	14.6	0.0	70.9	14.6	9.2
TOTAL	N	67	80	321	132	600
	%	11.2	13.3	53.5	22.0	100.0

Issues with compliance measures - continued

- Late submission of cost reports/employee flu information did result in zero points for the compliance measure in the benchmarking analysis, but information was used for computing the contract staffing measure and the employee flu quality measure
- For 2013 Quality Pool, late submissions will not be accepted

Potentially Avoidable Hospitalizations (PAH)

- Four major components to this methodology
 - Define episodes of care in the nursing home based on nursing home assessments
 - Define if a potentially preventable hospitalization occurred during each episode
 - Define the medical conditions that described the resident's condition during each episode
 - Develop a risk-adjustment methodology that permits comparison between nursing homes

Methodology

- Closely mirrors the CMS Nursing Home Value Based Purchasing demonstration except:
 - We measure the rate of episodes that contained at least one PAH (CMS measures the number of PAH per 100 episode days)
 - Our long stay definition is 101 or more days (CMS used 90 or more days)
 - Determine potentially avoidable hospitalization based on primary diagnosis only (CMS used any diagnosis)
 - We added race/ethnicity and payor to the model, removed advanced directive DNR since not collected in MDS 3.0

Constructing an episode of care

- MDS 3.0 data for assessments on January 1, 2011 through December 31, 2011
- A nursing home episode began with a nursing home admission and ended when the resident
 - resided in the community for at least 30 days
 - was discharged to another nursing home
 - died in the nursing home
- We only evaluated long stay episodes
 - Episodes lasting 101 days or longer

Defining a PAH

- Assessments that indicated a discharge to a hospital were identified
- These hospitalizations were then identified in SPARCS
- If an episode indicated a hospitalization and it could not be found in SPARCS, then the episode was removed from analysis
- A hospitalization was considered potentially avoidable if any one of the following conditions was the primary diagnosis
 - heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection
- If any of the hospitalizations in the episode were potentially avoidable, then the episode was considered to contain a PAH
- If none of the hospitalizations in the episode were PAH, or the episode did not contain any discharges to a hospital, then the episode was considered not containing a PAH

Medical Conditions

- The measures used in the risk adjustment model included:
 - Demographic items
 - Gender
 - Age
 - Race/ethnicity
 - Payor
 - Episode Length
 - Prior hospitalization
 - Whether or not there was a hospitalization 90 days before the episode started
 - Comorbidities from the MDS assessments
 - Pneumonia
 - Urinary tract infection
 - Pressure ulcer
 - Feeding tube
 - Septicemia
 - Parenteral nutrition
 - Indwelling catheter
 - Antibiotic resistant infection

Charlson Index

- Charlson Index- As indicated on any MDS assessment in the episode, or a hospitalization 12 months before or 3 days after the episode ends
 - Myocardial Infarction
 - Congestive Heart Failure
 - Peripheral Vascular Disease
 - Cerebrovascular Disease
 - Dementia
 - Chronic Pulmonary Disease
 - Rheumatoid Disease
 - Peptic Ulcer Disease
 - Mild Liver Disease
 - Diabetes with Complications
 - Diabetes without Complications
 - Paraplegia and Hemiplegia
 - Renal Disease
 - Cancer/Leukemia
 - Moderate or Severe Liver Disease
 - Metastatic Carcinoma
 - AIDS/HIV

Risk Adjustment Methodology

- The resident's characteristics were used to calculate the probability that an episode would contain a potentially avoidable hospitalization (c statistic 0.839)
- This resulted in a predicted probability of a potentially avoidable hospitalization on each episode
- Used probabilities to generate the predicted rate for each nursing home
- Using actual and predicted rates, a risk adjusted rate was calculated
- The statewide rate was 14.90, with the risk adjusted rates for nursing homes ranging from 0 to 57.36

Scoring Details

- For each of the 13 quality measures (60 points):
 - 4.62 points for measure in the top quintile
 - 2.77 points for measure in the 2nd quintile
 - 0.92 point for measure in the 3rd quintile
 - 0 points for measure in the 4th or bottom quintile
- Compliance (20 points)
 - Using 5-star Rating of Health Inspections
 - 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 Cost Reports – 5 points
 - Timely submission of Employee Flu data – 5 points
- Potentially Avoidable Hospitalizations (20 points)
 - 20 points for the measure in the top quintile
 - 16 points for the measure in the 2nd quintile
 - 12 points for the measure in the 3rd quintile
 - 4 points for the measure in the 4th quintile
 - 0 points for the measure in the bottom quintile

Example of Nursing Home Facility Quality Pool scoring sheet

MEASURE	VALUE	POINTS	PERCENTILE
Quality Component			
Percent long stay high risk residents with pressure ulcers	6.10	2.77	80
Percent long stay residents assessed and given, appropriately, the pneumococcal vaccine	100.0	4.62	100
Percent long stay residents assessed and given, appropriately, the seasonal influenza vaccine	96.10	0.92	60
Percent long stay residents experiencing one or more falls with major injury	3.40	0.00	40
Percent long stay residents who have depressive symptoms	2.90	2.77	80
Percent long stay residents who lose control of their bowels or bladder	52.60	0.00	40
Percent long stay residents who lose too much weight	7.30	0.00	40
Percent long stay residents who received an antipsychotic medication	18.10	2.77	80
Percent long stay residents who self-report moderate to severe pain	10.50	0.00	40
Percent long stay residents whose need for help with daily activities has increased	13.20	2.77	80
Percent long stay residents with a urinary tract infection	2.80	4.62	100
Percent staff who received flu vaccine	55.00	2.77	80
5-star staffing rating	3.00	0.46	60
Percent contracted staff	0.08	0.46	60
Compliance Component			
5-star health inspection rating	4.00	7.00	80
Timely submission of cost reports	Yes	5.00	
Timely submission of employee health worker flu immunization data	Yes	5.00	
Potentially Avoidable Hospitalizations Component			
Percent potentially avoidable hospitalizations	16.10	12.00	60
Scoring			
Overall score percentage (maximum 100)	53.92		80
Quintile ranking	SECOND QUINTILE		80
Deficiency			
J/K/L deficiency during the measurement or payment year	No		

Exclusions

- Facilities that will be excluded from the Quality Pool post calculation
 - Level J/K/L deficiency during the measurement year (2012) or the payment year (2013)

Deficiency in 2011/2012	N (facilities)
J	4
K	43
L	9
TOTAL	56

- Determination of fraud or abuse

Distribution of the Quality Pool

- Early fall 2013, Quality Pool will be run and finalized using four quarters of data from 2012
- Proposed distribution plan
 - Quintile ranking of final percent scores
 - Using number of 2012 Medicaid days and facility's Medicaid rate per day
 - Bottom two quintiles receive zero dollars
 - Best performing quintile (1) would have annual Medicaid dollars multiplied by 3, quintile 2 would have annual Medicaid dollars multiplied by 2, and quintile 3 would be multiplied by 1.

Distribution of the Quality Pool - continued

Facility	Annual Medicaid Days	\$ /day	Annual Medicaid \$	Quintile Rank	Share	Annual Medicaid \$ by Share	Distribution
ABC	21,000	\$183	\$3,843,000	1	3	\$3,843,000* 3= \$8,529,000	(8.5 m/26.2m) *50 m =\$16,216,679
XYZ	35,000	\$150	\$5,250,000	2	2	\$10,500,000	\$19,964,254
TTT	46,000	\$158	\$7,268,000	3	1	\$7,268,000	\$13,819,067
RRR	36,500	\$169		4	0	\$0	\$0
YYY	27,500	\$136		5	0	\$0	\$0
Total	166,000		\$16,361,000			\$26,297,000	\$50,000,000

Anticipated Timeline and Method for Making 2013 Quality Rate Adjustments

Schedule of 2013 Quality Adjustment	
Action	Anticipated Date
Submit SPA to implement 2013 Quality Measures and Payment Methodology	March 31, 2013
Submit Regulations to Implement Quality Measures and Payment Methodology	On or about May 1, 2013
Process Rate Adjustments	On or Before December 31, 2013

- \$50 million quality pool is funded from the base
 - Proposed Method
 - All nursing homes (with exception of specialty units/facilities, CCRCs, TCUs, and Special Focus Facilities) subject to the per diem quality pool adjustment
 - (Total 2012 Medicaid SNF Days of the Facility divided by Total 2012 Medicaid SNF Days) multiplied by \$50 Million
 - Concurrently, quality per-diem payments will be made to qualifying facilities based on distribution method previously discussed
 - Statewide prices and the transition gain/loss cap are unaffected

Next Steps

- Distribute benchmark performance information to the 602 facilities
- Set up conference calls by region to discuss methodology and results
- Summer 2013 – work to refine staffing measure
- Early fall 2013 – release of 2013 Quality Pool