Feature Focus

Each edition of the IHCA Regulatory Beat will feature focus articles on specific regulatory topics. If you have a topic you’d like to see covered here, please let us know!

Five-Star Changes - What You Need to Know
On February 12, 2015, CMS announced changes to the Five-Star Quality Rating System that will impact how they assign stars for both the Staffing and Quality Measure components, which may impact a skilled nursing center’s overall rating. The newly rebased Five-Star facility ratings were made available to the public on Friday, February 20, 2015. The CMS News Release can be found here.

The Five-Star Quality Rating System is a tool to help consumers select and compare skilled nursing care centers. Created by the CMS in 2008, the rating system uses information from health care surveys (both standard and complaint), Quality Measures and staffing. The Nursing Home Compare website features the rating system. For additional information, visit the CMS website. On the CMS site, you will find a great deal of information, including the updated Five-Star Technical User’s Guide which explains how the ratings are calculated for the three categories (health inspections, staffing and Quality Measures).

The 2015 changes to the Five-Star Quality Rating System and Nursing Home Compare include:

- **Added Two Quality Measures (QMs)** for antipsychotic medication use in nursing homes to the 5-Star calculations. One measure is for short-stay residents when a nursing home begins use of antipsychotics for people without diagnoses of schizophrenia, Huntington’s disease or Tourette syndrome; and a second measure reflects continued use of such medications for long-stay nursing home residents without diagnoses of schizophrenia, Huntington’s disease or Tourette syndrome. (click here – see slides 13-20)

- **Raised Performance Expectations** by raising the standards for nursing homes to achieve a high rating on all publicly reported measures in the Quality Measures category on the website.

- **Adjusted Staffing Algorithms** to more accurately reflect staffing levels. Nursing homes must earn 4 stars on either the individual Registered Nurse (RN) only or the staffing categories to receive 4 stars on the overall staffing rating and can have no less than a 3-star rating on any of those dimensions. (click here – see slide 11)

- **Expanded Targeted Surveys** by implementing a plan for state Survey Agencies to conduct specialized, onsite surveys of a sample of nursing homes across the U.S. that assess adequacy of resident assessments and the accuracy of information reported to CMS that is used in calculating quality measures used in the

**Please note, though there were no changes made to survey component or the methodology for the overall Five-Star Rating, the staffing and QM components will impact your overall rating.

CMS rescaled the cut points for each star level on the Quality Measure component. As CMS raises the thresholds for performance on the Quality Measures, many nursing homes will initially see a decline in their QM rating – until they make further improvements. Because the QM scores are also used as part of the overall rating, some nursing homes will experience a decline in their overall Five-Star Rating. However, a decline in a nursing home’s Five-Star rating absent any new survey information does not necessarily represent a sudden decline in quality. A change in a nursing home’s QM star ratings may result from either the addition of the antipsychotic data into the QM Star rating or from the rebasing of the QM star boundary lines. The changes being made help CMS communicate the expectation that nursing homes should continuously improve and that the rating system will continue to be adjusted to strengthen the quality measures. The changes will also restore sensitivity to the rating scale so as to help consumers distinguish performance differences among nursing homes.

AHCA Member Resources:
• Template Communication Materials for Members
• Sample Letter for Members to Payers Regarding Five-Star Changes
• How to Access Five-Star Preview Reports
• AHCA Five-Star Changes Presentation
• Member Briefing Webinars on Five-Star

They’re Back...MDS Focused Surveys
During June and July of 2014, CMS conducted an MDS 3.0 Focused Survey Pilot in five states, including Illinois. After a review of the findings, CMS has made some modifications and will be conducting MDS Focused Surveys in all states. In this article, we will discuss the results of the pilot surveys and the CMS plan of moving forward with the new and improved MDS Focused Surveys.

One goal of the pilot study was to evaluate adherence to MDS 3.0 reporting requirements, including the requirement to have an RN conduct or coordinate the assessments, and adherence to the required timelines for assessments. A second goal was to evaluate the agreement between the MDS 3.0 assessments and the resident’s medical record. These comparisons were supplemented with observations of residents and interviews with nursing home staff and/or residents. In the event the resident medical record did not match the MDS 3.0 assessment, surveyors were prompted to evaluate compliance with related regulations.

Abt Associates was contracted by CMS to develop the pilot survey and to evaluate the results. Their reported key findings (click here) were:

• 25 percent of MDS 3.0 assessments reviewed for falls showed disagreement between the MDS 3.0 and the medical record.
• 18 percent of MDS 3.0 assessments reviewed for pressure ulcers showed disagreement between the MDS 3.0 and the medical record.
• 17 percent of MDS 3.0 assessments reviewed for restraints other than side rails showed disagreement between the MDS 3.0 and the medical record.
• 15 percent of MDS 3.0 assessments reviewed for late loss ADLS (including bed mobility, toileting, transfer and eating) showed disagreement between the MDS 3.0 and the medical record.
It is important to note that the report states several times the findings cannot be generalized to all nursing centers because the sample is quite small and not representative of the total number of nursing centers in the country. The report cautions how the findings from the pilot are interpreted.

CMS released S&C 15-25 (click here) on Friday, February 13, 2015 entitled MDS/Staffing Focused Surveys Update. This S&C Letter provides additional information regarding the nationwide expansion of the MDS Focused Surveys and expansion to review nursing home staffing. The key points of S&C 15-25 are:

- Training for surveyors will begin in early April 2015.
- Training and surveys will be rolled out in two phases with regions and states assigned to one of two groups.
- Deficiencies identified during the surveys will result in relevant citations and enforcement actions.
- Surveys will include a review of nursing home staffing to help CMS assess how staffing levels may fluctuate throughout the year.
- Based on what was learned during the pilot, CMS revised the survey structure and processes (e.g. worksheets) to improve the usability, scalability and effectiveness of the surveys.
- No additional training or materials will be available to providers. CMS advises providers to (a) review the information in the MDS RAI manual related to accurate completion of MDS assessments, and (b) review the guidance in Appendix PP relative to how to comply with requirements associated with the Resident Assessment.

Based on discussions AHCA and IHCA had with members that experienced one of the pilot surveys, the following are some guiding principles they noted:

- All direct care staff need to know their residents, including their needs, abilities, deficits and general demeanor. Facilities that had a good MDS Pilot Survey knew their residents inside and out.
- Make sure your MDS and medical records are in agreement. Many of the deficiencies from the MDS Pilot Surveys were a result of the MDS and medical records not lining up or not being in agreement.
- An RN must conduct/coordinate the MDS assessment.
- Be aware of and in compliance with the timeframes for assessments and updates.

In general, most of the deficiencies focused/centered on the failure of the facility to accurately reflect the status of the resident.

These MDS Focused Surveys are separate from your annual survey and deficiencies and enforcement action can result directly from them. It is not known yet how many of these surveys will be conducted in Illinois. CMS will decide what LTC facilities in Illinois will receive one of these special surveys. Their decision process is unknown at this time. We expect that CMS will train the state surveyors and will begin these focused surveys sometime in either late April or May. As we find out more information, we will pass it on to our members.

**Trending Statistics**

*Each issue of* Regulatory Beat *features an interesting statistic or trend in the long term care regulatory arena.*

**Partnership to Improve Dementia Care in Nursing Homes – Antipsychotic Drug Use in Nursing Homes Trend Update**

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The Partnership has a mission to deliver health care
that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need. The Centers for Medicare & Medicaid Services (CMS) promotes a multidimensional approach that includes; research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

CMS is tracking the progress of the Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette’s Syndrome. In 2011 Q4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 19.4 percent to a national prevalence of 19.2 percent in 2014 Q3. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 20 percent.

A three-quarter measure is posted to the Nursing Home Compare website (click here). The long-stay measure on Nursing Home Compare, is the exact same measure as below, except each facility’s score is averaged over the last three quarters in order to give consumers information on the past history of each facility.

Click here for the graphs, CMS Regional statistics and state specific information. Illinois sits at 23.54 percent usage of antipsychotics, which ranks us at 49th in the nation (including District of Columbia –DC). Only Texas and Kentucky are rated lower than Illinois. We have work to do!!!

**Important Rules, Regulations & Notices**

1) The following federal Survey and Certification (S&C) Letters were released since the last issue of Regulatory Beat:

- **S&C 15-24 – Hospitals** - On November 21, 2014 the CMS Survey & Certification Group released SC 15-10-Hospitals concerning EMTALA Requirements and Implications Related to the EVD. CMS has received follow-up questions regarding EMTALA and Ebola and has produced this Q+A document in response.

- **S&C 15-25 – Nursing Homes** - In 2014, CMS and five volunteer states piloted a focused survey to assess MDS coding practices and its relationship to resident care in nursing homes. A report on the findings from the pilot can be found here. CMS subsequently announced that they would expand the MDS focused surveys to all states and include a review of nursing home staffing. This memo provides an update on the pilot and the status of the expansion.

- **S&C 15-26 – Nursing Homes** - February 20, 2015 Improvements to Nursing Home Compare and Five-Star: Including Quality Measures (QMs) for nursing homes’ use of antipsychotic medication in residents without diagnoses of schizophrenia, Huntington’s disease or Tourette syndrome in the Five Star calculations. One measure is for the new use of these medications in short-stay residents. A second measure reflects continued use of such medications in long-stay nursing home residents. Raising the threshold for nursing homes to achieve a high rating on all measures publicly reported in the QM dimension on the website. Updating expectations for state Survey Agencies to conduct specialized, onsite surveys of a sample of nursing homes across the U.S. that assess adequacy of resident assessments and the accuracy of information reported to CMS that is used in calculating quality measures used in the rating system.

- **S&C 15-27 – Hospital, Critical Access Hospital (CAH) & Ambulatory Surgery Centers (ASC)** - Potential Adverse Impact of Lower Relative Humidity (RH) in Operating Rooms (ORs). Information on OR RH is provided for Ambulatory Surgical Centers (ASCs) & Supplemental Information for Hospitals & Critical
Access Hospitals (CAHs) Using the Categorical Waiver of Life Safety Code (LSC) Anesthetizing Location RH Requirements

The Association for the Advancement of Medical Instrumentation (AAMI) coordinated the release on January 5, 2015 of a Joint Communication of multiple healthcare-related organizations on how a RH of <30% in ORs may affect the performance of some sterile supplies and electro-medical equipment. S&C 13-25-LSC & ASC permits hospitals and CAHs to use a LSC categorical waiver to establish an RH level <35% in anesthetizing locations. Before electing or continuing to use this categorical waiver, hospitals and CAHs are expected to ensure that the humidity levels in their ORs are compatible with the manufacturers’ instructions for use (IFUs) for the supplies and equipment used in that setting. ASCs do not require a categorical waiver in order to use a lower RH level in their ORs but also need to ensure they comply with the IFUs for their OR supplies and equipment.

2) CMS released a notice of interest since the last issue of *Regulatory Beat*. It is:

- CMS releases two new ICD-10 Videos—animated shorts that explain key ICD-10 concepts. Less than four minutes each, the videos are available at [cms.gov/ICD-10](http://cms.gov/ICD-10):
  - “Introduction to ICD-10 Coding” gives an overview of ICD-10’s features and explains the benefits of the new code set to patients and to the health care community.
  - “ICD-10 Coding and Diabetes” uses diabetes as an example to show how the code set captures important clinical details.

- **Keep Up to Date on ICD-10**
  Visit the CMS [ICD-10 website](http://cms.gov/ICD-10) for the latest news and resources to help you prepare. Sign up for [CMS ICD-10 Industry Email Updates](http://www.cms.gov/ICD-10) and [follow them](http://twitter.com) on Twitter.

3) The Centers for Disease Control and Prevention (CDC) released the following *Influenza* News and Highlights. [http://content.govdelivery.com/accounts/USCDC/bulletins/f10e84](http://content.govdelivery.com/accounts/USCDC/bulletins/f10e84)

4) AHCA announced two upcoming Affordable Care Act (ACA) webinars in March.

- **Affordable Care Act: Clearing up the Confusion for Employers in 2015!**
  *March 5, 2015 at 2:00 PM EST (60 minutes)*

- **What Employers Need to Know Regarding ACA Reporting and Tax Requirements**
  *March 25, 2015 at 2:00 PM EDT (60 minutes)*

5) The Illinois Department of Healthcare and Family Services (HFS) released a couple of informational notices since the last issue of *Regulatory Beat*. They include:

- **Informational Bulletin - This bulletin (click here)** informs Long Term Care (LTC) providers of two networking forums between state Agencies and LTC providers. Representatives from Healthcare and Family Services (HFS), Department of Human Services (DHS), and the Department on Aging (DoA) will offer presentations on requested subject matter from our providers followed by a question and answer session as time permits.

- **Macon LTC Unit – Updated Office Contact Information. Click here** for the new Macon LTC Office dedicated phone line.

6) Earlier this month we received a message from Karon McGrath, Division Chief, Administrative Rules and Procedures for the Office of Health Care Regulation at IDPH, informing us of the **final passing of the Fee Sub system from the Illinois State Police**. They have been cautioning for the past year that it was perilously close to its final end and our understanding is that moment has come.
They have a new system called **Chirp** that you can transition to that replaces this functionality. You can get information by emailing: **BOI_Customer_Support@ISP.State.IL.Us**. (Please note: that is BOI underscore Customer underscore.) The Health Care Worker Registry has already transitioned to the new web services architecture that ISP has been moving to and the Registry remains active, valid and up to date with all background check information from the ISP.

The following informational materials were also supplied:

- **CHIRP 2014 Informational Pamphlet**
- **CHIRP Implementation—How to Guide**
- **CHIRP Information—Trouble Shooting Guide**

7) CMS’s Medicare Learning Network (MLN) had several news items of interest since the last issue of **Regulatory Beat**. They include:

- National Partnership to Improve Dementia Care in Nursing Homes and QAPI — Tuesday, March 10; 1:30-3pm ET. Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early. During this MLN Connects™ National Provider Call, CMS subject matter experts will provide National Partnership updates and an overview of Quality Assurance and Performance Improvement (QAPI), as well as a presentation on Adverse Events in nursing homes. Additionally, Advancing Excellence will discuss their campaign for quality in America’s nursing homes. A question and answer session will follow the presentation.

  The **National Partnership to Improve Dementia Care in Nursing Homes** and **QAPI** are partnering on MLN Connects Calls to broaden discussions related to quality of life, quality of care and safety issues. The National Partnership was developed to improve dementia care in nursing homes through the use of individualized, comprehensive care approaches to reduce the use of unnecessary antipsychotic medications. QAPI standards expand the level and scope of quality activities to make sure that facilities continuously identify and correct quality deficiencies and sustain performance improvement.

- The following product is now available as Electronic Publications (EPUBs) and through QR codes. Instructions for downloading EPUBs and how to scan a QR code are available at “[How To Download a Medicare Learning Network Electronic Publication](#).”
  - “Discharge Planning” Booklet (ICN 908184) is designed to provide education on Medicare discharge planning. It includes discharge planning information for Acute Care Hospitals, Inpatient Rehabilitation Facilities, and Long Term Care Hospitals; Home Health Agencies; Hospices; Inpatient Psychiatric Facilities; Long Term Care Facilities; and Swing Beds.

8) **MedlinePlus** had several articles of possible interest. They Include:

- **Chronic Illness, Loneliness May Go Hand-in-Hand for Some Elderly**. For people age 70 or older who struggle with a chronic illness, loneliness is often a complicating factor, a new study finds.

- **Seniors Need 2 Pneumonia Vaccines, CDC Advisory Panel Says**. Adults 65 and older need two vaccines to better protect them from bacterial infection in the blood (called sepsis), meningitis and pneumonia, according to a revised vaccination schedule from the 2015 Advisory Committee on Immunization Practices (ACIP).

- **Infection Most Likely Cause of Hospital Readmission After Surgery**. Infections are the most likely reason people end up back in the hospital after surgery, a new study finds.

- **Just Half of Nursing Home Staff Getting Flu Vaccine**. Only about one in two U.S. nursing home workers gets an annual flu shot, a new study says.
• **Study Ties Shingles Virus to Dangerous Blood Vessel Disease in Elderly.** New research links the virus behind chickenpox and shingles to a blood vessel condition that afflicts the elderly and can sometimes be deadly.

• **Light Activity a Boost to Seniors’ Hearts.** Light physical activity may benefit older adults' hearts -- even if they have mobility issues, a new study suggests.

9) A recent article in **REUTERS** noted that walkers and canes can be lifesavers for the elderly, but a new study highlights the downside of using them without training.

10) Concordia University, in a recent study, has discovered a link between chronic disease and social isolation in the elderly.

11) **McKnight’s** had several articles of possible interest. They include:

• **ICD-10 Transition Going Better Than Expected for Healthcare Operators.** Despite two delays and a host of costly implementation issues over the past year, most healthcare providers will likely make a successful transition to the 10th round of ICD codes, a General Accountability Office report has concluded.

• **Medicare, Medicaid Stay on “High-Risk” List.** Medicare overpayment issues and poor Medicaid data are two of many problems keeping long term care’s biggest payers on a government watch list of “high-risk” programs, according to a new General Accountability Office report.

• **CMS Delays Repayment Final Rule a Year.** CMS made official its plan to postpone implementation of a new rule on collecting hundreds of millions of dollars in overpayments until February 16, 2016 — but providers remain on the hook for returning the money before then.

• **Using Multiple Blood Pressure Drugs Linked to Higher Mortality.** Long-heralded for saving lives, blood pressure medicines could have serious consequences among the over-80 elderly with low systolic blood pressure when multiple kinds are used, researchers announced this week.

• **State Ombudsman Programs Must Follow Federal Rules, HHS Says.** The Department of Health and Human Services is giving states until July 1, 2016 to get in step with long-established federal guidelines governing the Long-Term Care Ombudsman program.

12) Interesting Fact: Once a human reaches the age of 35, he/she will start losing approximately 7,000 brain cells a day. The cells will never be replaced. What day is it again???