The Great Eight

The Future of C.A.R.E.

Overview

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Harmony Healthcare International (HHI), Inc.
*We **C.A.R.E.** About Care*

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About Kris

Kris Mastrangelo, OTR/L, LNHA, MBA
President and CEO

- Owns and operates
- Harmony Healthcare International (HHI)
- Nationally recognized, premier Healthcare Consulting firm specializing in **C.A.R.E.**

Compliance,
Audit and **A**nalysis,
Reimbursement, **R**egulatory, **R**ehabilitation
Education and **E**fficiency

Follow Me! @KrisMastrangelo

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Disclosure

- **Disclosures**: The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose
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- **Presenter:** Kris Mastrangelo, OTR/L, LNHA, MBA

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Learning Objectives

- The learner will be able to state the **8 key areas** of focus for **SNF operational success** in 2017 and beyond
- The learner will be able to describe how the **PEPPER** Report supports an effective Compliance Program in the SNF
- The learner will be able to **identify the major changes to the overall** Five-Star Rating
- The learner will be able to state 3 key elements to **Value-Based Purchasing**

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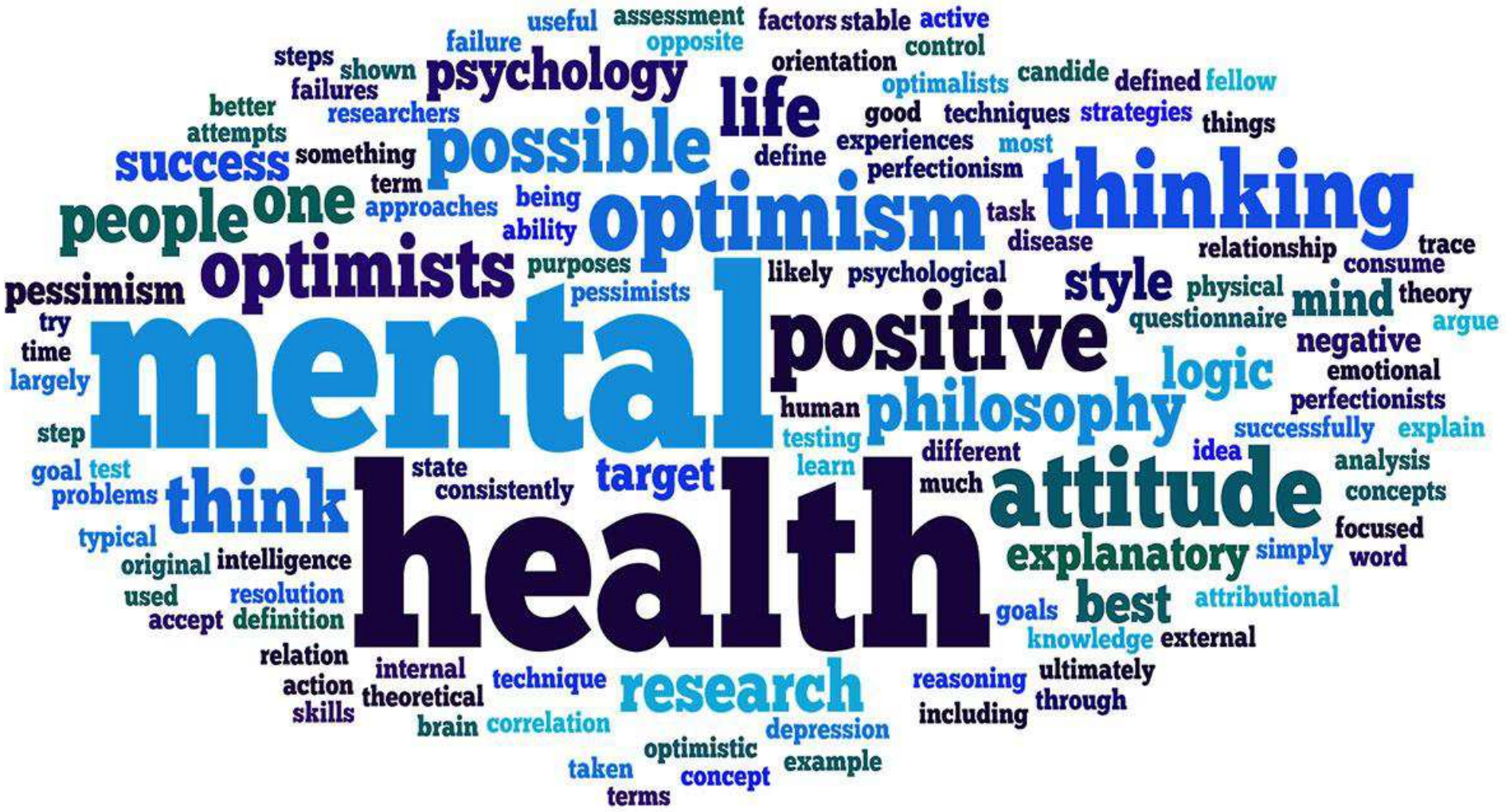
Mental Health



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SAMHSA

- Substance
- Abuse
- Mental
- Health
- Services
- Administration

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The Future

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The Future of C.A.R.E.

- When we talk about the future….the Future of care, we need to take a look at today and the **confluences of technology**

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The Future of C.A.R.E

- The **speed** of technology
- The **volumes** of information
- Transparency and **messaging**
- The evolution of the **brain**
- Impact on **Human Labor**
- Law of Unintended **Consequences**

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The Future of C.A.R.E

- Evolution of the Brain
  - Mapping of the Human Brain will determine how we live
  - More connections in the human brain than stars in the universe
  - Man Kind to Mind Kind
  - Singularity

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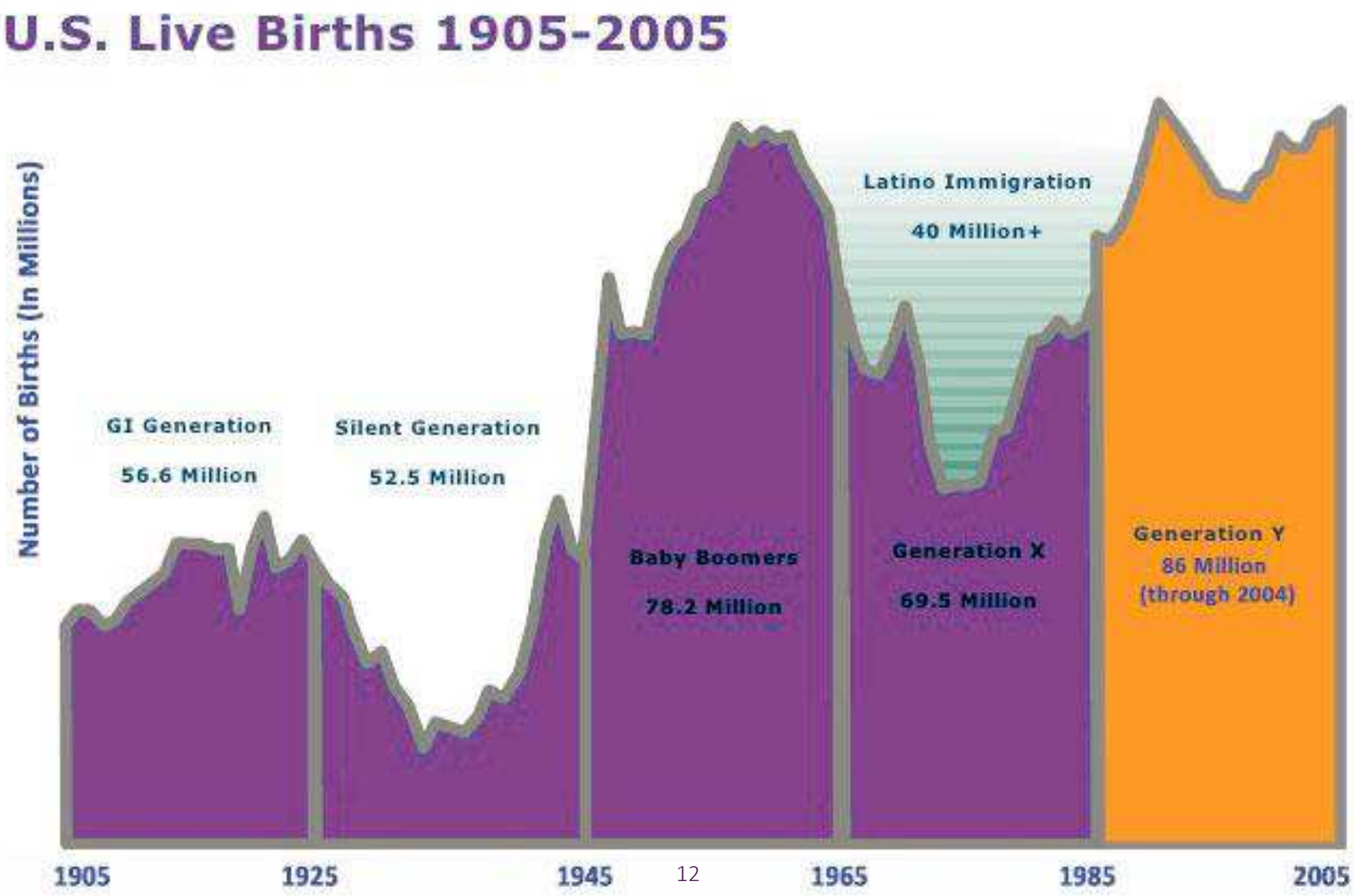
The Future of C.A.R.E.

- Space
  1. Inner Space
  2. Outer Space
  3. Time Space-time is not linear. This will change what we do.
  4. Design Space
  5. Green to Blue Space
  6. Storage Space
  7. Brain Storage
  8. Micro Space – Sensor in teeth to detect disease

Demographics



Key Indicators

Data through June 2016

	Current Month	Mo./Mo. [2] Chg (bps)
Occupancy	82.2%	-11
Quality Mix	34.1%	-38
Skilled Mix	24.5%	-50
Patient Day Mix		
Medicaid	65.9%	38
Medicare	13.5%	-39
Managed Care	5.8%	-28
Private	9.5%	12
Revenue Per Patient Day		
Medicaid	$198	0.1%
Medicare	$499	-0.2%
Managed Care	$438	-0.2%
Private	$252	0.2%

[2] Same Store Data

Source: The National Investment Center for Senior Housing & Care (NIC)

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The Future of C.A.R.E

- Distill and Synthesize
- Time

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The Great Eight

1. The New Gold Standard
2. Requirements of Participation
3. Value-Based Purchasing
   - Clinically Anticipated Stay
   - Bundled Payments
4. Five-Star
5. Sweet Sixteen Quality Measures
6. Compliance
7. PEPPER
8. Rehabilitation

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The New Gold Standard
"Ritz-level" Customer Service

1

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The New Gold Standard Motto

1

"Ladies and Gentlemen
Serving Ladies and Gentlemen"

THE RITZ-CARLTON

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The New Gold Standard
Ladies and Gentlemen

1

Horst Schulze,
Busboy 14 years old

"we could never go to this hotel, it is only for important people"

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The New Gold Standard

1

- As he watched the maitre d' over time, he realized that the staff were as important as the guests. Every guest was proud when he spoke to them. WHY? Because the maitre d' was a **first class professional! He was somebody exceptional because of the excellence he created for his guests.**

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The New Gold Standard

1

- **All of us who serve, can be Ladies and Gentlemen just like our Guests!**
- Treat our guests and each other with **respect and dignity**

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The New Gold Standard
Leadership Qualities

Ritz offers a rich tapestry of leadership successes:

- **Respect** for staff
- **Quality** Improvement
- **Brand** Repositioning
- Corporate **Adaptability**
- Cultural **Consistency**
- Unparalleled **Service Excellence**

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The New Gold Standard
Define and Refine

1

- Define the pillars of enduring excellence that are **fundamental to original success** and longevity
- Refine strategic changes for **growth and evolution**

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The New Gold Standard

"If we could turn back the time to two months before the opening, what would we do to better?"

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The New Gold Standard
Stay Relevant

1

- Shanghai 24 hour club level
- Club level - family and business-separate spots
- Suit and tie, leave the resort

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The New Gold Standard
Cultural Considerations

1

- Omaha
- Indoor playground

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The New Gold Standard
Scenography

1

- San Francisco wine country
- Local relevance
- It's the experience

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The New Gold Standard
Curiosity

1

- **Everyone** you come in contact with in business should be considered a valued customer, whether it's the janitors, the chairman of the board, salespeople, or defined clients.

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The New Gold Standard Messaging

1

- Meet the needs of the customer and message accordingly

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The New Gold Standard Messaging

1

- Motto
- Credo
- 3 Steps of Service

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The New Gold Standard

- Culture versus Cult, carrying around the **CREDO CARD-1986**:

1.) The Ritz Carlton is a place where the **genuine care and comfort** of our guests is our highest mission

2.) We **pledge** to provide the finest personal service and facilities for our guests who will always enjoy a warm, relaxed, yet refined ambiance.

3.) The Ritz-Carlton experience livens the senses, instills well-being, and fulfills even the **unexpressed** wishes and needs of our guests.

The New Gold Standard
3 Steps to Service

1.) A warm, nice greeting. Use the guests **name.**

2.) **Anticipation and fulfillment** of each guests needs.

3.) Fond Farwell. Give a warm goodbye and use the guests **name.**

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The New Gold Standard
Customer Centered

1

"The Art of Anticipation"

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The New Gold Standard
The Basics

1

- **Annual Training** Certification on each position
- Each employee will continually **identify defects**
- Each employee has responsibility to create a work environment **teamwork**
- Uncompromising levels of **cleanliness**
- Recording guest **preferences**
- Whoever receives a complaint, will **own it**, **record it**
- Be an **Ambassador** in and out
- Never point, always **escort**
- Take pride and care of your **personal appearance**
- **Smile** and **eye** contact

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The New Gold Standard
The Basics

1

- Guidelines, not Treadmill
- Follow the cues of the guest

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The New Gold Standard
Starbucks

Starbucks 5 principles of turning ordinary into extraordinary; "coffee staged in an environment of affordable luxury"

- Name on the cup
- Free wifi
- Ample seating and leather couches
- Free coffee if wrong order

Looking to produce transformational customer **experiences**

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The New Gold Standard

- Looking to produce transformational customer **experiences**

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The New Gold Standard
The Daily Huddle

1

- The “Lineup” 3 x per day, motivational quotes, guest feedback throughout the world, includes the top

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The New Gold Standard

1

- Repetition of Values
- Common Language
- Visual Symbols
- Oral Traditions
- Positive Storytelling
- Modeling by Leaders

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The New Gold Standard
You Must Fail to Succeed

1

Just because they have a great reputation does not mean they do not make mistakes

- The pen, not tested fully
- Pool in the shade all day

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Requirements of Participation (RoP)

2

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Requirements of Participation (RoP)

2

- **Three phases**. Focus on Phase One first but immediately address the next two phases as they will take time (QAPI and Compliance).

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Requirements of Participation (RoP) 2

- Effective date: These regulations are effective on November 28, 2016
- Implementation date:
  - The regulations included in **Phase 1** must be implemented by **November 28, 2016**
  - The regulations included in **Phase 2** must be implemented by **November 28, 2017**
  - The regulations included in **Phase 3** must be implemented by **November 28, 2019**

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Requirements of Participation (RoP) 2

- It's all about **person-centered care**. Read the Preamble. Examples with **meal times** and our society's transition away from set meal times
- **Roommate choices-** same sex, must be in writing
- **HIPAA** focus. Retain HIPAA protections, but understand and clarify the patients right to access the medical record

Requirements of Participation (RoP) 2

- DO NOT discriminate based on payor source. This is being revived and it is VERY good for our industry. It undermines the HMO/ACO angle of pre-defined LOS. Instead, the method of discharge should be driven by Patient Specific Goals.
- The resident has the right to receive notices orally or in writing (including Braille) to understand and contact Aging and Disability resources, "No Wrong Door"
- Report Violations to the administrator no later than 2 hours if abuse

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Requirements of Participation (RoP) 2

- Baseline Care Plan: completed within 48 hours. (Yet most places are completing sooner).
- Neglect and Abuse: Definition means "acted deliberately…..not that must have INTENDED to inflict injury or hard." We are seeing the whole angle of INTENT changing. As seen in Compliance. Intent is not necessary. Very scary.
- Be culturally competent and trauma informed
- ADLs must be supported in the medical record

Requirements of Participation (RoP) 2

- **Behavioral Health**: Big focus!!! PTSD and patient centered care…knowing the triggers.
- Provide the necessary behavior healthcare and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This **includes residents with dementia**!

Requirements of Participation (RoP) 2

- Definition of Psychotropic Drug: any drug that affects brain activities associated with mental process and behavior; includes, but not limited to:
  - Anti-psychotic
  - Anti-depressant
  - Anti-anxiety
  - Hypnotic
  - (Removed Narcotics -it was in the final rule)

Requirements of Participation (RoP) 2

- Pharmacy Services: Drug regimen review includes the review of the **resident's medical chart** (not just the MAR)!
- PRN Orders for Psychotropic Drugs limited to **14 days unless** Physician documents in the medical record the rationale for continuation.
- Need engaged Medical Directors

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Requirements of Participation (RoP) 2

- Compliance 7 elements: START NOW! Does not occur overnight!
- Dentures: You pay for replacement if your fault. Replacement process needs to beginning within 3 days of loss. Need documentation to support the resident was able to eat and drink adequately while waiting and any reasons for delay in new dentures.
- Approval to grow own gardens
- Require a certified Dietary Manager (within 5 years)

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Requirements of Participation (RoP) 2

- Annual Assessment: Very tricky. Updated annually or whenever a change.
- Banned **Pre-dispute** arbitration
- QAPI- Plan needs to be handed to Surveyors!!! Phase III but start now!
- Antibiotic administration estimated at **25%-75%** OVER prescribed

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Requirements of Participation (RoP) 2

- New Construction / OR Reconstruction
  - (If need permit)
    - Each room must have its own BATHROOM!
- Conduct regular inspections of beds and Mattresses

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Facility Assessment

- Facility Assessment Requirement (483.70(e))
  - Due in Phase 2, November 28, 2017
  - Completed at the facility level, not at corporate
  - What resources a center needs to care for its residents competently both during **day-to-day operations and in emergency**
  - Intent:
    - Determining staffing requirements
    - Establishing a QAPI program
    - Conducting emergency preparedness planning
    - Determine niche for competency

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Facility Assessment

- How does the facility assessment link to patient-centered care?
  - A "Competency-Based Approach" rather than a prescriptive approach to staffing and resource allocation
  - Regulatory intent is to accommodate multiple care delivery models to meet needs of diverse populations served by nursing centers and ensure that residents receive care that allows them to **maintain or attain their highest practicable physical, mental and psychological well-being.**

Facility Assessment

- A **systems approach** to ensuring resident health and safety from the **bottom up**
  - Starting with an assessment of residents and their needs and matching those needs to a center's staff and other critical resources.
- Provides and opportunity to seek **input from residents** and their representatives or family members in determining residents needs and wishes

Facility Assessment

- Components of Facility Assessment
  - A facility assessment is a **working tool**
  - Implemented in Phase 2, **November 28, 2017**
  - **3 Components** with **12 topic areas**
    - Resident Population
    - Center Resources
    - Risk Assessment

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Facility Assessment

- Number of Residents and centers resident capacity
- Care required by the resident population, considering
  - Types of diseases and conditions
  - Physical and cognitive disabilities
  - Overall acuity
  - Other pertinent facts present within the population

Facility Assessment
Component 1: Resident Population

2

- **Component 1: Resident Population**
  - **Staff competencies** necessary to provide the level and types of care needed for resident population
  - **Physical environment**, equipment, services, and other physical plant considerations necessary to care for the resident population
  - **Any ethnic, cultural, or religious factors** that may potentially affect the care provided, including activities and food and nutrition services

Facility Assessment
Component 2: Center Resources

2

- **Component 2: Center Resources**
  - All buildings and/or other physical structures and vehicles
  - Equipment (medical and nonmedical)
  - Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies

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Facility Assessment
Component 2: Center Resources

2

- **Component 2: Center Resources**
  - **All personnel**, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care
  - Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the center **during normal operations and emergencies**
  - **Health information technology resources**, such as systems for electronically managing patient records and electronically sharing information with other organizations

Facility Assessment
Component 3: Risk Assessment

2

- **Component 3: Risk Assessment**
  - The facility assessment must include a **center-based and community-based** risk assessment, using an all hazards approach

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Facility Assessment Timeline

2

- **Timeline**
  - At least annually
  - Whenever there is, or the facility plans for any changed that would require a substantial modification to any part of the assessment

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Competency-Based Staffing Assessments

2

- **Competency-Based Staffing Assessments**
  - Nursing centers must use the facility assessment—which includes a review of the resident population, their acuity, diagnoses, and other pertinent factors—to determine **sufficient staffing** as well as the appropriate **competencies and skill sets**. This is true for all staff in your center, and is specifically mentioned in these requirements:
    - Nursing services (483.35)
    - Behavioral health services (483.40)
    - Food and nutri0on services (483.60)
  - Your facility assessment must document how your determinations about sufficient staffing and staff competencies and skill sets are tied to your assessment of the resident population
  - Determinations about staffing needs and competencies must also take into consideration resident assessments and plans of care

Facility Assessment & QAPI

- **Facility Assessment and QAPI** (483.75)
  - The rule requires nursing centers to design a QAPI program that is ongoing, comprehensive, and addresses the full range of care and services provided by the center
  - Your QAPI program must document how your facility assessment (including your resident population and resources, as well as your risk assessment), is being used to inform your data collection, feedback, performance measurement, and monitoring

Facility Assessment & Infection Control

2

- **Facility Assessment and Infection Control** (483.80)
  - The Nursing centers must establish an infection prevention and control program (IPCP) that includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases…**based upon the facility assessment** conducted according to 483.75(e) and following accepted national standards.
  - You must be able to show how your assessment of your resident population and staffing has informed your IPCP
  - For example:
    - How do resident characteristics including acuity and diagnoses inform your assessment of infection risks?
    - How have you incorporated infection control skills and training into your assessment of staff competencies?

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Facility Assessment & Training Requirements

2

- **Facility Assessment and Training Requirements** (483.95)
- Nursing centers must develop, implement, and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles
  - Nursing centers must determine the amount and types of training necessary **based on the facility assessment** as specified at 483.75(e)
  - Training topics must include but are not limited to:
    - In-service training for nurse aides based on areas of need determined by facility assessment
    - Behavioral health training based on areas of need determined by facility assessment

Value-Based Purchasing Measure

3

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Value-Based Purchasing

- Measure
- Report
- Reward

Value-Based Purchasing Measure

3

Gauge performance by showing if care is:

- Safe
- Timely
- Efficient
- Effective
- Equitable
- Patient-Centered

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Value-Based Purchasing Report

3

The performance measure needs to be **transparent** and **public** for purchasers, payers and consumers to make **informed decisions**

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Value-Based Purchasing
Reward

3

When provider is successful in meeting the performance measure, they are rewarded with:

- Improved **reputations** because of the public reporting
- Enhanced **payments**
- Increased **market share**

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Value-Based Purchasing Measure

3

(SNF RM) **S**killed **N**ursing **F**acility **R**e-admission **M**easure

1. **Re-hospitalizations** during a 30 day window from admission to the SNF During and after the SNF stay (if discharged home prior to 30 days)
2. The current National Average for hospital readmissions is **21.1%**
3. The **Better** of **Achievement Score (Ranking)** or **Improvement Score**
   - The Achievement Score based on SNF's ranking on their rate
   - Performance period based on Calendar Year (Jan 2017 to Dec 2017)
4. The Improvement score based on SNFs improvement over 2 years
5. Compares re-hospitalization rates Calendar Year 2015 to Calendar Year 2017

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Value-Based Purchasing

- CMS Proposed a "potentially preventable re-hospitalization" measures
- Counts re-hospitalizations with a diagnosis on hospital claims that is considered **potentially preventable**
- Including COPD, CHF, etc.

Value-Based Purchasing Report

3

- Provide confidential feedback reports quarterly via QIES (Quality Improvement and Evaluation System) system starting **October 2016**
- Information will be **public in 2018**
- This **measurement** will be **different** than the Five-Star

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Value-Based Purchasing
Reward

3

- The government is using a "withhold approach"
- The amount of money impacted is 2% of total Medicare Revenue. This amount will be "withheld" and given back to the facility if they meet the measure
- If your hospital readmission rate is above 20% hospital readmission level, there is a high likelihood you will lose the 2%
- The 2% withhold of SNF Part A payments is effective October 1, 2018 (based on performance calendar year 2017)

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Value-Based Purchasing Measure

3

- Includes only Medicare FFS Part A Beneficiaries
  - Used data from Part A Medicare Claims
- All cause readmission
- Counts rehospitalizations during 30 day window from admission to the SNF
  - During & after SNF stay (if discharged home prior to 30 days)
- Excludes
  - Elective admits
  - Observations stays
- Risk adjusted
  - (Actual ÷ Predicted) x National average

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Value-Based Purchasing

3

SNF Rehospitalization Rates

National Average
21.1 %

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Bundled Payments for Care Improvement Initiative

3

- Innovative new payment model
- January 31, 2013, CMS announced the health care organizations selected to participate in the BPCI initiative
- Payment arrangements that include **financial and performance** accountability for episodes of care
- Higher quality, more coordinated care at a lower cost to Medicare

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Bundled Payments for Care Improvement Initiative

3

- Medicare makes separate payments to providers for each of the **individual** services they furnish to beneficiaries for a single illness or course of treatment:
  - Payment rewards the **quantity** of services offered by providers rather than the **quality** of care furnished
  - Fragmented care, **minimal coordination** across healthcare settings
  - IMPACT Act

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Harmony CAS Categorization

3

1. Blood Disease
2. Cancer
3. Cardiac
4. Circulatory
5. Endocrine
6. Gastrointestinal
7. Genitourinary
8. Ill-Defined
9. Infectious
10. Injury
11. Musculoskeletal
12. Neurological
13. Orthopedic
14. Psychological
15. Respiratory
16. Skin Disease

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Destination Summary Table

Destination Summary Table

Destination	Days	Patients	CAS	% Patients	% Days
Home	120028	5283	18.6	51.5	55.3
In House	73884	1974	32	31.7	20.7
Hospital	29758	1765	12.1	12.8	18.5
Death	6570	389	11.6	2.8	4.1
Other	2682	138	13.5	1.2	1.4
Total	232971	9552	19.1	100	100

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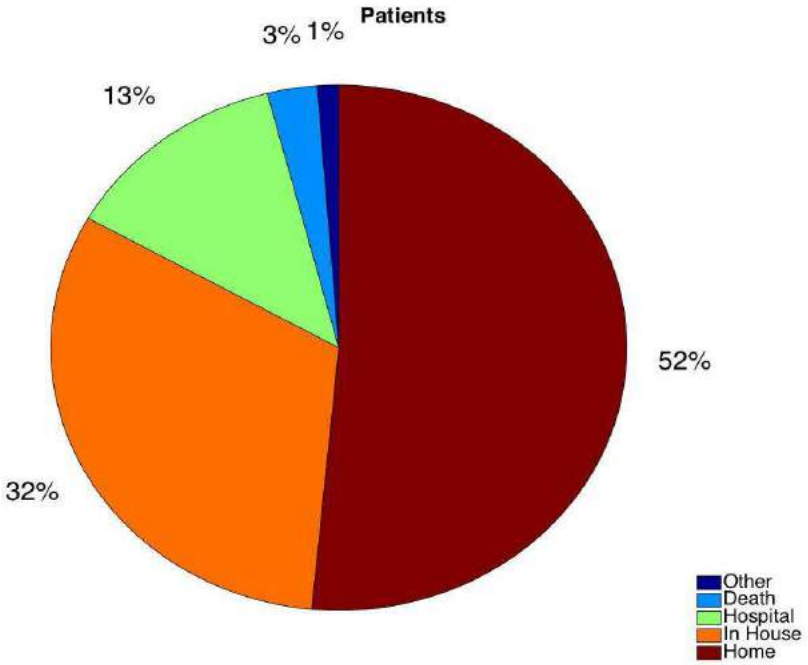
Destination: Percent Patients



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Performance By Diagnosis

3

Diagnosis Summary Table:

Diagnosis	Days	Patients	CAS	% Days	% Patients
PNA	18996	761	19.8	8.2	8
CHF	13674	542	20	5.9	5.7
UTI	13014	525	20.2	5.6	5.5
COPD	9697	394	19.7	4.2	4.1
TKR	7812	327	17.8	3.4	3.4
Fx Hip	7707	324	18.4	3.3	3.4
Fall	5820	204	22.3	2.5	2.1
CVA	5761	252	18.3	2.5	2.6
THR	5311	215	19.1	2.3	2.3
Syncope	3582	127	22.1	1.5	1.3
GIB	3521	138	20.9	1.5	1.4
Sepsis	3293	123	22.4	1.4	1.3
Resp Failure	2632	104	19.8	1.1	1.1
MI	2488	93	8.8	1.1	1
CABG	2476	81	23.9	1.1	0.8
AMS	2357	99	19.1	1	1

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Percent Patients And CAS By Diagnosis

3

- Top 3 Diagnosis

Diagnosis	% Patients	CAS
PNA	8.0%	19.8 Days
CHF	5.7%	20.0 Days
UTI	5.5%	20.2 Days

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Home CAS By Categories

3

- Top 3 Categories

Categories	% Patients	CAS
Orthopedic	22.0%	16.3 Days
Respiratory	16.2%	19.2 Days
Cardiac	11.1%	19.5 Days

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Five-Star Quality Rating System

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Five-Star

4

1. Health Inspection
2. Staffing Rating
3. Quality Measures

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Quality Measure Rating

4

QM Rating	Minimum Points	Maximum Points
*	275	669
**	670	759
***	760	829
****	830	904
*****	905	1350

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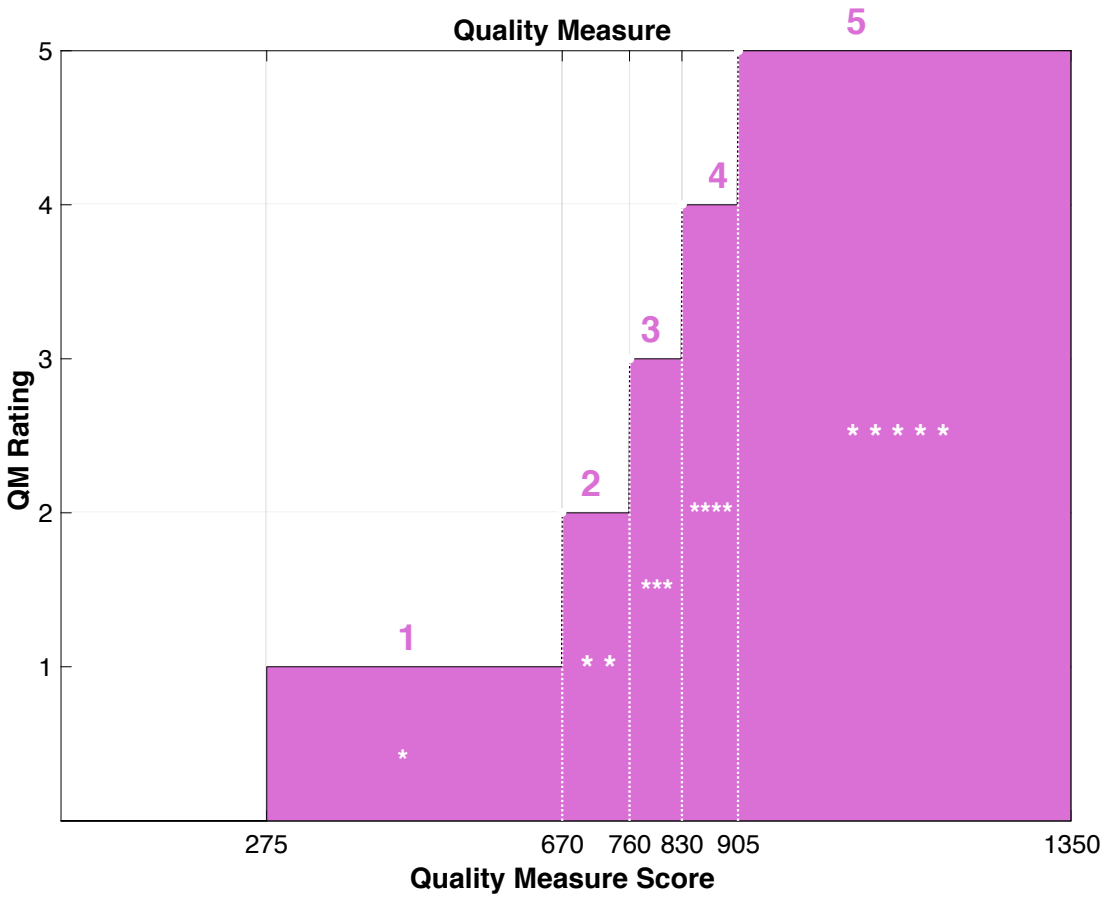
Quality Measure Rating



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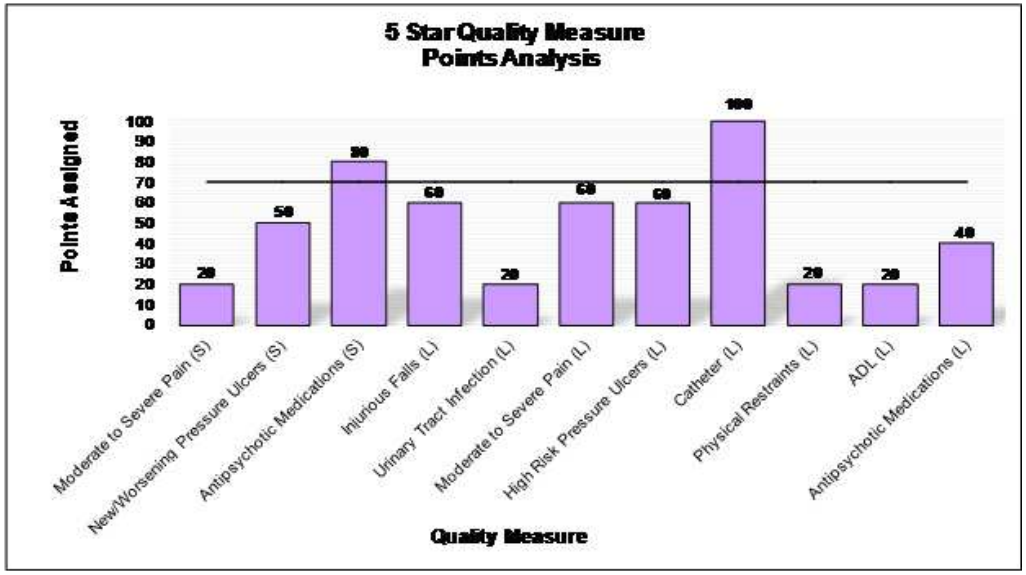
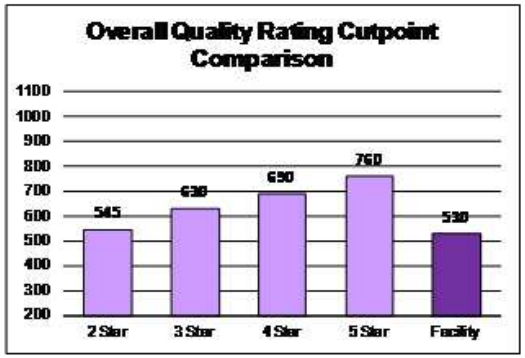
HHI Five-Star Rating Analysis





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HHI Five-Star Rating Analysis

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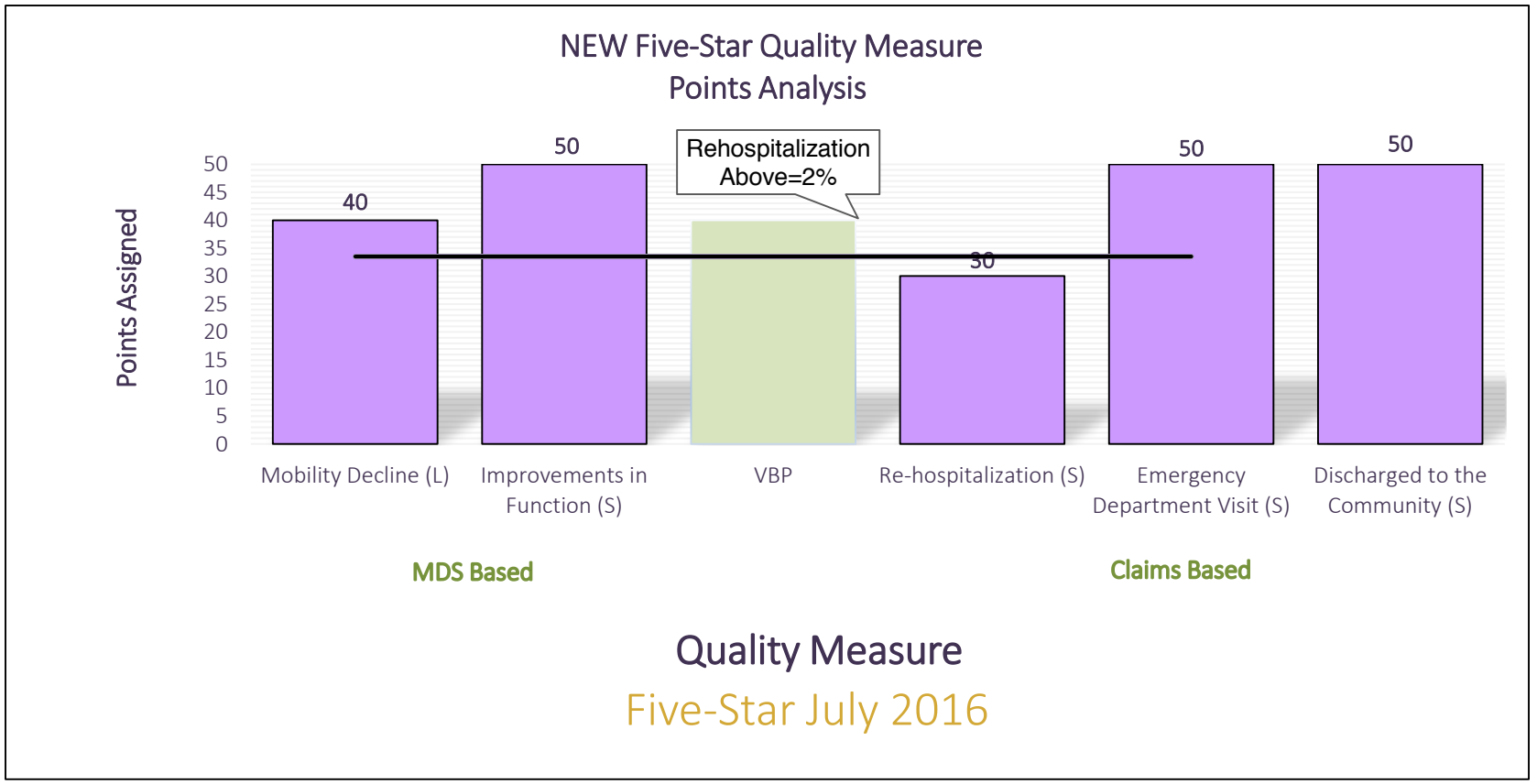
HHI Five-Star Rating Analysis



Five-Star July 2016

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Five-Star July 2016

Star	Low	High
1	270	669
2	670	759
3	760	829
4	830	904
5	905	1350

July 2016 through January 2017

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Five-Star Composite Rating Calculator

2016

STEP #1 Health Inspection Score		Health Inspection Stars				
		1	2	3	4	5
		STEP #2 ADD to Staffing Star (if -1) then minus				
Staffing Stars	1	-1	-1	-1	-1	-1
	2	0	0	0	0	0
	3	0	0	0	0	0
	4	1	1	1	0	0
	5	1	1	1	1	0
		STEP #3 ADD Quality Measure Star (if -1) then minus				
Quality Measure Stars	1	-1	-1	-1	-1	-1
	2	0	0	0	0	0
	3	0	0	0	0	0
	4	0	0	0	0	0
	5	1	1	1	1	1
Step #4 Total 1, 2 and 3						
Minimum		1	1	1	1	1
Maximum		2	4	5	5	5

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Five-Star Composite Rating Calculator

2016

STEP #1 Health Inspection Score		Health Inspection Stars				
		1	2	3	4	5
		STEP #2 ADD to Staffing Star (if -1) then minus				
Staffing Stars	1	-1	-1	-1	-1	-1
	2	0	0	0	0	0
	3	0	0	0	0	0
	4	1	1	1	0	0
	5	1	1	1	1	0
		STEP #3 ADD Quality Measure Star (if -1) then minus				
Quality Measure Stars	1	-1	-1	-1	-1	-1
	2	0	0	0	0	0
	3	0	0	0	0	0
	4	0	0	0	0	0
	5	1	1	1	1	1
Step #4 Total 1, 2 and 3		Facility Five Star is 3 +1 + 0 = 4				
Minimum		1	1	1	1	1
Maximum		2	4	5	5	5

		Conversion
Health Inspection	3	3
Staffing	5	1
Quality	4	0

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Five-Star Quality Measures

4

Short Stay

1. Long Stay Discharge to Community*
2. Emergency Room Use *
3. Rehospitalization *
4. Improvement in Function Since Admission *

1. Decline in Mobility *
2. Use of Hypnotics/Anxiolytics

*July 2016

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New Quality Measures

4

- **Three** of the new measures are on Medicare claims and include events that occur **after** discharge from the **SNF**
  1. Rehospitalization
  2. Emergency Room Use
  3. Discharge to Community

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Data Preview

4

- Data will be available for SNFs to preview before it is posted on Nursing Home Compare
- Rates on the 6 measures can be previewed on QIES (Quality Improvement and Evaluation System)

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Future Changes to Five Star

4

2017-2018

CMS plans to add additional measures to Five Star

1. Staffing turnover and retention
2. Staffing levels based on data from PBJ
3. Other measure from IMPACT Act

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Nursing Home Compare

4

- In April 2016, CMS began posting data for **six new Quality Measures (QMs)** on **Nursing Home Compare**:
  1) Percentage of short-stay residents who were successfully **discharged** to the **community** (Claims-based)
  2) Percentage of short-stay residents who have had an outpatient **emergency department** visit (Claims-based)
  3) Percentage of short-stay residents who were **re-hospitalized** after a nursing home admission (Claims-based)
  4) Percentage of short-stay residents who made **improvements in function** (MDS-based)
  5) Percentage of long-stay residents whose ability to **move independently worsened** (MDS-based)
  6) Percentage of long-stay residents who received an anti-anxiety or hypnotic medication (MDS-based)

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Sweet 16
Quality Measures
5

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Sweet 16:
Quality Measures Short-Stay

1. Improvements in Function (Short-Stay)- New
2. Successful Community Discharge (Short-Stay)- New
3. Re-Hospitalized Following Nursing Home Admission (Short-Stay)- New
4. Outpatient Emergency Room Visits (Short-Stay)- New
5. New or Worsening Pressure Ulcers (Short-Stay)
6. New Antipsychotic Medications (Short-Stay)
7. Moderate to Severe Pain (Short-Stay)

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Sweet 16:
Quality Measures Long-Stay

8. Residents Whose Ability to Move Independently Worsened (Long-Stay)- New
9. Moderate to Severe Pain (Long-Stay)
10. High Risk Pressure Ulcers (Long-Stay)
11. Antipsychotic Medications (Long-Stay)
12. Injurious Falls (Long-Stay)
13. Urinary Tract Infection (Long-Stay)
14. Catheter (Long-Stay)
15. Physical Restraints (Long-Stay)
16. ADL Decline (Long-Stay)

Improvements in Functions (Short Stay – New) Section G

Keyword: "Performance"

- **Improvements in Function (Short Stay):**
  - Do all staff understand the definition of locomotion on the unit, walking in the corridor and transfers?
  - Is ADL coding investigated for accuracy for all ADL tasks?

2 Re-Hospitalized Following Nursing Home Admission (Short Stay – New) Claims-Based 5

Keyword: "Re-Hospitalized"

- **Re-hospitalized Following Nursing Home Admission (Short Stay):**
  - Does the facility currently utilize a formal assessment to address all areas of care prior to sending a patient to the hospital?
  - Has the team completed a root cause analysis of frequent hospital re-admission trends?
- From Hospital, from LTAC, no count, from home no count, 1 day, 30 days

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3 Outpatient Emergency Room Visits (Short Stay – New) Claims-Based 5

Keyword: "Emergency"

- **Outpatient Emergency Room Visits (Short Stay):**
  - Does the facility currently utilize a formal assessment to address all areas of care prior to sending a patient to the hospital?
  - Has the team completed a root cause analysis of frequent Emergency Room visit trends?

Successful Community Discharge (Short Stay – New) Claims-Based

Keyword: "Discharge"

- **Successful community Discharge (Short Stay):**
  - Does your facility have a discharge planning process in place?
- In October, supposed to add list of patients in CASPER

Moderate to Severe Pain (Short Stay): Section J

Keyword: "Self-Report"

- **Moderate to Severe Pain (Long Stay):** Is the MDS pain interview completed per RAI requirements? Are interventions to manage moderate pain and daily pain implemented?
- Pain Interview
  - Why error?
    - Read the interview
    - If cannot answer question, put "9" (then counted)
    - Not done
    - Not done accurately
    - "Pain is 2"
    - PRN Meds
    - Pain all the time
    - Do on the ARD to implement pain management protocol
    - Do on day 8
    - Don't care about record
    - "0" no pain, "10" being the worst pain

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New or Worsening Pressure Ulcers (Short Stay) Section M

Keyword: "New or Worsened"

- New or Worsening Pressure Ulcers (Short Stay):
  - Are pressure ulcers promptly coded upon admission and identification?
  - Are pressure ulcers staged and sized per the requirements in the RAI User's Manual?
  - Are pressure ulcer preventative measures implemented?
- Pressure Ulcer
  - All about documentation (cannot figure it out)
  - Coding accurately, based on date
  - Everyone struggles
  - Only code compared to last MDS – Worsening!
  - Only worsen when new stages
  - Compared to last MDS
  - Not an incident Measure
  - Comparing

New Antipsychotic Medications (Short Stay) Section N

Keyword: "Newly Received"

- **New Antipsychotic Medications (Short Stay):**
  - Are Antipsychotics coded accurately on the MDS based on their pharmacological drug class?
  - What steps has the facility taken to reduce the use of antipsychotics?
  - What alternatives are available?
  - Are psychiatric services promptly referred to for new admissions?

Injurious Fall (Long Stay) Section J

Keyword: "Major"

- **Injurious Falls (Long Stay):**
  - Are falls accurately coded on the MDS with the appropriate injury type?
  - Have falls been analyzed for trends?
  - Are new Care Plan interventions implemented for each fall?
  - How are high fall risk patients identified?
- **Falls**
  - Simple coding
  - Determine is it **major** injury?
  - Need to lose consciousness to be a major injury
  - Mistake – subjectively determine, look at list in manual whether went to hospital, irrelevant
  - Falls meeting – major or not?
  - Definition taped in front book Section J

Urinary Tract Infection (Long Stay) Section I

Keyword: "Infection"

- **Urinary Tract Infection (Long Stay):**
  - Are UTIs coded per the 3 RAI clinical criteria?
  - Are UTI preventative measures implemented within all departments?
  - Have UTIs been analyzed for trends?
    - Positive Test (lab)
    - MD Diagnosis
    - Symptoms
    - Treatment Antibiotic
    - Check box
    - 4 definitions
    - Need to meet all
    - 30 day look back

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Moderate to Severe Pain (Long Stay) Section J

Keyword: "Pain"

- **Moderate to Severe Pain (Long Stay):**
  - Is the MDS pain interview completed per RAI requirements?
  - Are interventions to manage moderate pain and daily pain implemented?
    - Interview on the **ARD** and do right!
    - Do not rush interview
    - How often? Daily and moderate/severe – Trigger – react like a fall
    - One time bad pain
    - System
    - Ask the patient and believe them
    - Not during med pass
    - Severe alone trigger

11

High Risk Pressure Ulcers (Long Stay) Section M

5

Keyword: “High-Risk”

- **High Risk Pressure Ulcers (Long Stay):**
  - Are pressure ulcers promptly coded upon admission and identification?
  - Are pressure ulcers staged and sized per the requirements in the RAI User’s Manual?
  - Are pressure ulcer preventative measures implemented?
- Simply code

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12 Catheter (Long Stay) Section H 5

Keyword: "Catheter"

- **Catheter (Long Stay):** Are weaned catheters still coded on the MDS? What is the facility's procedure to eliminate catheters? Are exclusionary diagnosis correctly coded in Section I of the MDS?
  - Handful exclusions, explore
  - Scrotum swollen
  - Obstructive uropathy
  - Add diagnosis
  - BPH (prostate)

13 Physical Restraints (Long Stay) Section P 5

Keyword: "Daily"

- **Physical Restraints (Long Stay):**
  - Are all devices assessed to determine if they meet the RAI definition?
  - Has a Gradual Restraint Reduction been attempted?
- Don't over code
- Definition confusion
- Range supporting
- Work toward restraint free

14 Residents Whose Ability to Move Independently Worsened (Long Stay) (Based on Locomotion) Section G

5

Keyword: "Locomotion"

- **Residents Whose Ability to Move Independently Worsened (Long Stay):**
  - Do all staff understand the definition of locomotion on the unit?
  - Is ADL coding investigated for accuracy for all ADL tasks?

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ADL Decline (Long Stay) Section G

- ADL Decline (Long Stay):
  - Are MDS Coordinators consistent in coding Section G in the facility?
  - Has there been a change in MDS Staff completing MDS assessments?
  - Are ADLs investigated for accuracy for short and long term patients?
  - Late loss ADLs
  - 2 point decline (before hit significant change criteria)
  - Rehabilitation referrals small change in patient
  - Terrible in MA because MMQ, indirectly

16 Antipsychotic Medications (Long Stay) Section N

5

Keyword: "Antipsychotic"

Antipsychotic Medications (Long Stay):

- Are Antipsychotics coded accurately on the MDS based on their pharmacological drug class?
- What steps has the facility taken to reduce the use of antipsychotics?
- What alternatives are available?
- Are psychiatric services promptly referred to for new admissions?

- **Antipsychotic Medications (Short & Long Totally Different):**
  - Just the presence of being on one!
  - Change might not be possible, let them age in place
- **Examples of Antipsychotic Medications:**
  1. Risperidone
  2. Seroquel
  3. Abilify
  4. Zyprexa

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Compliance
Seven Elements & QAPI

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Seven Elements

P-R-E-P-A-R-E

Policies and Procedures

Reporting and Investigating

Education and Training

Prevention and Response

Auditing and Monitoring

Responsibility/Oversight of Compliance Officer/Committee

Enforcement, Discipline and Incentives

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Compliance

- **The government only needs to show:**
  1. The provider had **"actual knowledge of the information"** or
  2. The person acted in **"deliberate ignorance"** of the truth or the falsity of the information, or
  3. The person or provider acted in **"reckless disregard"** of the truth or falsity of the information

Compliance Programs

- Providers have only **120 days to correct MDS errors and submit a billing adjustment for Medicare Part A claims**
- Late identification of billing errors yields mandatory self disclosure within **60 days of overpayment identification**
- It is a **felony not to return the payment**
- The civil penalty for the aforementioned is **$5,500 to $11,500 per false claim along with three times the amount of damages which the government sustained**

Compliance Programs

The only defense for an incorrect claim is a **great offense** in the form of an effective

Compliance Program

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QAPI

What is QAPI?

- "QAPI is about critical thinking. It involves figuring out what is causing certain problems, and implementing interventions and solutions that address the root causes of the problems, rather than just the symptoms."
- Karen Schoeneman, Past Technical Director, CMS Division of Nursing Homes

PEPPER

Program for Evaluating Payment Patterns Electronic Report

7

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Target Areas

- Therapy RUGs with High **ADLs**
- Non-therapy RUGs with High **ADLs**
- **Change** of Therapy Assessment
- **Ultra** High RUGs
- **Therapy** RUGs
- **90+** Day Episodes of Care

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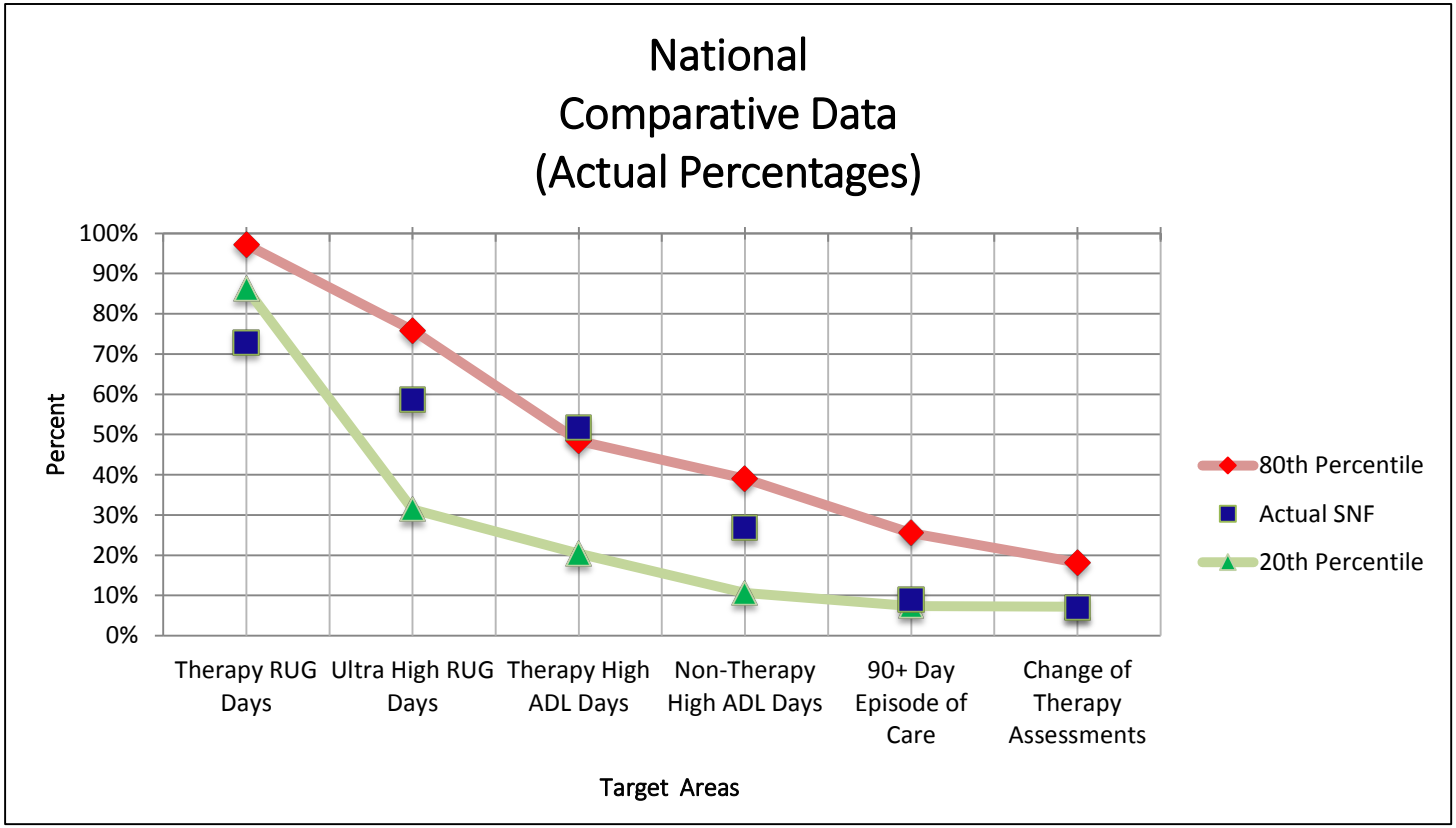
HHI
Comparative Data Analysis



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Analysis

HHI PEPPER ANALYSIS

Harmony Healthcare International, Inc. (HHI)

430 Boston Street, Suite 104, Topsfield, MA 01983

MAC: NHIC

			Percentile Ranking		
Target Areas	Target Count	Percent	National	Jurisdiction (MAC)	State
Therapy High ADL Days	2,730	51.6%	*85.30*	*82.70*	*83.10*
Non-Therapy High ADL Days	528	26.7%	58.30	46.10	40.00
Change of Therapy Assessments	60	6.9%	*19.90*	34.00	40.00
Ultra High RUG Days	3,097	58.5%	64.60	71.40	69.30
Therapy RUG Days	5,292	72.8%	*8.80*	*13.70*	*15.00*
90+ Day Episode of Care	19	9.0%	25.90	36.90	32.90

≥ 80th Percentile

≤ 20th Percentile

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Compare SNF Data
HHI Comparative Data

7

National Comparative Data-Actual Percentages				
Actual SNF	Target Area	20th Percentile	50th Percentile	80th Percentile
72.8%	Therapy RUG Days	86.3%	93.2%	97.2%
58.5%	Ultra High RUG Days	31.4%	57.8%	75.9%
51.6%	Therapy High ADL Days	20.4%	33.4%	48.4%
26.7%	Non-Therapy High ADL Days	10.6%	21.4%	39.0%
9.0%	90+ Day Episode of Care	7.4%	14.0%	25.5%
6.9%	Change of Therapy Assessments	7.2%	12.0%	18.2%

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Linking The Great 8 to C.A.R.E

Compliance	Compliance
Audit	Quality Measures
Analysis	PEPPER
Reimbursement	VBP, CAS, Bundled Pymt
Regulatory	Five Star & RoP
Education	Rehabilitation
Efficiency	The New Gold Standard

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Rehabilitation

8

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Free PEPPER Analysis

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- **C**ALL: For immediate answers, pick up the phone and call our toll-free HarmonyHelp Hotline. The HarmonyHelp Hotline is available 8:00 a.m. to 8:00 p.m. EST, M-F

- **A**SK: Ask a Harmony HealthCARE Specialist a question via submitting an online request and your response will be emailed to you

- **R**ESEARCH: Search for regulations, hot topics, frequently asked questions, direct access to CMS and our Harmony Healthcare International (HHI) Medicare Manual and Rehabilitation Manual

- **E**NGAGE: The HarmonyHelp Community offers the ability to stay social on line and discuss ideas and questions in an open forum. Or, if you simply have a quick question, **Live Chat with one of the Harmony HealthCARE Specialists available**

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Thank You

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