New Medicaid Rate System

*Legislative Mandated Change*

- 2015 Legislature – SHB 1274
  - Converted from Cost, to Price based
  - Four year phase-in, beginning July 1, 2016
  - Established **stakeholder workgroup** to recommend improvements
- Reason for change [Legislative Perspective]
  - Simplify the system
  - More closely aligned to value based purchasing
  - Fairness
  - Could not “walk back” Old System
Why The Change?

Legislative / Department Perspective

- Prior system – Facility Based Rate
  - Reward cost behavior – to a point
  - Chiseled away for over a decade
  - Last major change 1998
- New System - Focus on Outcomes
  - Focus on function and outcomes – aligns with Medicare initiatives
  - Move towards integration and managed care
  - Align payment based on geographic area and care needs
    - State is a purchaser of goods and services

Stakeholder Work Group

- Managed by Department
  - Oversite by Office of Financial Management [OFM]
- Collaborative Effort
- Players
  - Washington Healthcare Association
  - Leading Age Washington
  - State Ombudsman Office
  - Sisters of Providence
  - SEIU 775
- Meetings began July 2015, culminating December 2015
  - Over a dozen meetings plus technical workgroup meetings
- Made recommendations to 2016 Legislature – SHB 2678
SHB 2678

- Primarily written by WHCA / LAW
- Addressed technical details not addressed by workgroup
- Provided additional dollars
  - Updated rebase to 2014
- Improved payment metrics
  - Regional Wage Index
- Signed into law March 31, 2016

Medicaid Low Acuity Issue [PA-PE]

- Originally passed as part of ESSB 5581 effective July 1, 2011
- Reduce bottom 10 RUG CMI scores by 13%
- Medicaid Case-mix frozen beginning July 1, 2011
  - Allowed one half of one percent increase each six months
- Case-mix reimbursement system ceased functioning July 1, 2011
- PA – PE are not the lowest acuity by CMI score
  - PA-PE are at the bottom of the hierarchy
  - PA-PE are not the 10 lowest by based on acuity measures
  - Let’s not let details get in the way of a good story
Budget Proviso [PA-PE] – A One Year Fix

Low Acuity Issue

- Proviso effectively sunsets June 30, 2017
- Statewide, 45% of all Medicaid Resident Days Fell in PA-PE
- Proviso Added 6 Million in Funding
  - Cap on Allowable Direct Care Rate at 118% of 2014 Direct Care Costs
  - Existing Funds Repurposed
- Proviso does NOT, amend RCW 74.46.485(1)(a)
  (a) Employ the resource utilization group III case mix classification methodology. The department shall use the forty-four group index maximizing model for the resource utilization group III grouper version 5.10, but the department may revise or update the classification methodology to reflect advances or refinements in resident assessment or classification, subject to federal requirements. The department may adjust the case mix index for any of the lowest ten resource utilization group categories beginning with PA1 through PE2 to any case mix index that aids in achieving the purpose and intent of RCW 74.39A.007 and cost-efficient care; and

RCW 74.39A.007

Purpose and intent. It is the legislature’s intent that:

1. Long-term care services administered by the department of social and health services include a balanced array of health, social, and supportive services that promote individual choice, dignity, and the highest practicable level of independence;
2. Home and community-based services be developed, expanded, or maintained in order to meet the needs of consumers and to maximize effective use of limited resources;
3. Long-term care services be responsive and appropriate to individual need and also cost-effective for the state;
4. Nursing home care is provided in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident and timely discharge to a less restrictive care setting when appropriate; and
5. State health planning for nursing home bed supply take into account increased availability of other home and community-based service options.
Direct Care Costs [Old System]

- DNS
- RN
- LPN
- Nursing Assistants
- Rehab Aides
- Activities
- Medical Director
- Social Worker
- Medical Records
- In-service Director
- Patient Care Coordinator
- Staff Development
- Quality Assurance
- Infection Control
- Related payroll taxes
- Related fringe benefits
- Direct Care supplies
Direct Care [New System]

- Everything from old System
- Therapy
  - Therapy lids were eliminated [16 lids]
- Food
- Dietary
- Laundry

Note: Direct Care is mostly variable costs

Direct Care Price

- Cost / Patient Day by Provider
  - Allowable Direct Care cost for each provider
  - Divided by Total Days
- Cost per Case Mix Unit [CMU]
  - Cost PPD
  - Divided by Base Year Facility Case Mix Index
- Cost per Case mix Unit are arrayed from low to high
  - Median is used [Half above, Half Below]
- Direct Care is Priced at 100% of the Median

Provider Located at Median

- Direct Care Cost = $3,000,000
- Patient Days = 30,000
- Cost PPD = $100
- FACMI = 2.0
- CMU = $50.00
Provider Rate is Set

- Regional Price
  - Direct Care Price
  - Multiplied by Regional Wage Index
- Facility Rate
  - Regional Price
  - Medicaid Case Mix
- Limit
  - Direct Care Rate cannot exceed 118%
  - Of Base Year Direct Care costs

Direct Care Rate

<table>
<thead>
<tr>
<th>Direct Care Rate</th>
<th>Rate Est</th>
<th>MACMI Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Cost PPD</td>
<td>$157.90</td>
<td>$157.90</td>
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<tr>
<td>Direct Care Median</td>
<td>$56.20</td>
<td>$56.20</td>
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<tr>
<td>Regional Wage Adj</td>
<td>87.63%</td>
<td>87.63%</td>
</tr>
<tr>
<td>MACMI - Prv Qtr</td>
<td>2.40</td>
<td>2.40</td>
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<tr>
<td>MACMI - CHG</td>
<td>-</td>
<td>0.10</td>
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<tr>
<td>Final MACMI</td>
<td>2.40</td>
<td>2.50</td>
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<tr>
<td><strong>Direct Rate</strong></td>
<td>$118.20</td>
<td>$123.12</td>
</tr>
</tbody>
</table>
Understanding MACMI

- Medicaid Case Mix Index [MACMI]
- This is a weighted average of all Medicaid patients during the period
- Medicaid payer determination is based on the MDS
  - Includes all Medicaid patients
  - And, Dual Eligible Medicare Part A Residents
- Reports are provided quarterly by DSHS
- MACMI used for Medicaid Rate is 6 month weighted average
  - April 1, 2016 to September 30, 2016; sets January 1, 2017 Rate
  - October 1, 2016 to March 31, 2017; sets July 1, 2017 Rate

Weighted Average MACMI

<table>
<thead>
<tr>
<th>Patient</th>
<th>RUG</th>
<th>CMI</th>
<th>Payer</th>
<th>Start</th>
<th>End</th>
<th>Days</th>
<th>Total</th>
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<tbody>
<tr>
<td>Resident 1</td>
<td>ES3</td>
<td>5.423</td>
<td>Other</td>
<td>10/1/2016</td>
<td>12/15/2016</td>
<td>75</td>
<td>406.7250</td>
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<td>Resident 1</td>
<td>ES1</td>
<td>4.112</td>
<td>Medicaid</td>
<td>12/16/2016</td>
<td>1/31/2017</td>
<td>46</td>
<td>189.1520</td>
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<tr>
<td>Resident 2</td>
<td>HE2</td>
<td>4.110</td>
<td>Other</td>
<td>10/15/2016</td>
<td>10/31/2016</td>
<td>16</td>
<td>65.7600</td>
</tr>
<tr>
<td>Resident 3</td>
<td>LB2</td>
<td>2.977</td>
<td>Other</td>
<td>1/1/2017</td>
<td>1/15/2017</td>
<td>14</td>
<td>41.6780</td>
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<tr>
<td>Resident 4</td>
<td>BA1</td>
<td>1.206</td>
<td>Medicaid</td>
<td>10/1/2016</td>
<td>3/31/2017</td>
<td>181</td>
<td>218.2860</td>
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<table>
<thead>
<tr>
<th>Total</th>
<th>361</th>
<th>1,038.41</th>
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<tbody>
<tr>
<td>Total CMI</td>
<td>2.8765</td>
<td></td>
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<tr>
<td>Medicaid</td>
<td>256</td>
<td>524.25</td>
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<tr>
<td>Medicaid CMI</td>
<td>2.0470</td>
<td></td>
</tr>
</tbody>
</table>
How to Manage Medicaid Acuity

- Eliminate defaults
- Assure residents are in correct RUG
- Reduce PA-PE
- Assure duals are correctly counted as Medicaid
- Review quarterly case-mix report
- Monitor case-mix through internal software

Which Resident Are Medicaid?

- MDS Section A0700 - Provide the resident’s 9-digit Client Identification number from the Award Letter or the 9-digit plus WA number from the Provider One Services Card or a “+”:
  - The resident receives Medicaid reimbursement currently to meet part or all of his or her needs in the nursing home.
  - The resident received a client award letter from the Department for Medicaid nursing home care.
  - The resident was on Medicaid services in the community through the COPES program and will likely be transferred to Medicaid nursing home services through ACES.
  - The resident [or an authorized representative] has submitted a written, signed application for Medicaid benefits to the Department either in person, by mail, by fax, or by completing the application online.
  - The resident has received a client award letter from the Department for Medicaid nursing home care, but his or her payment is totally covered by some other payor(s) (such as Medicare, Veteran’s Administration, Hospice, or private insurance).
Regional Wage Index

- Reset at each rebase
- Using most recent BLS Labor Data
- RN, LPN, & Nursing Assistance
- Calculate weighted wage by geographic area [CBSA]
- Compare CBSA wage to Statewide average wage
- Wage Index will adjust to changes to wages
  - Over time

Regional Wage Calculation

<table>
<thead>
<tr>
<th>Job Code</th>
<th>291141</th>
<th>292061</th>
<th>311014</th>
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</thead>
<tbody>
<tr>
<td>Percent of Wage</td>
<td>20%</td>
<td>16%</td>
<td>64%</td>
</tr>
<tr>
<td>Statewide</td>
<td>$ 37.76</td>
<td>$ 23.66</td>
<td>$ 14.06</td>
</tr>
<tr>
<td>PAC Mtn</td>
<td>$ 33.73</td>
<td>$ 22.70</td>
<td>$ 14.41</td>
</tr>
<tr>
<td>Snohomish</td>
<td>$ 40.52</td>
<td>$ 25.95</td>
<td>$ 15.24</td>
</tr>
<tr>
<td>King</td>
<td>$ 40.52</td>
<td>$ 25.95</td>
<td>$ 15.24</td>
</tr>
<tr>
<td>Pierce</td>
<td>$ 37.27</td>
<td>$ 23.25</td>
<td>$ 14.06</td>
</tr>
</tbody>
</table>
Direct Care Settlement

- If Cost is less than rate in Direct Care
  - The facility will have payback
- Provider is able to Retain 1% of Direct Care Rate
- Cost savings not allowed if
  - Not in Substantial Compliance for > 90 days
  - Provide Sub-Standard Quality of Care
- 2016 Mixed Settlement [Two Systems]
  - No idea how 2016 will be settled
  - Key Question: How will cost be split before and after July 1?

Quality
Quality Rate

- What is your % of Long Stay residents with Urinary Tract Infection?
- What is your % of Long Stay residents with high risk residents with Stage II-IV pressure ulcers?
- What is your % of Long Stay residents who experienced a fall with major injury?
- What is your % of Long Stay residents who reported moderate to severe pain in the past 5 days?
- What is your % of short Stay residents who newly reported antipsychotic medications?
- How is Long Stay [vs Short Stay] Determined?

Quality Source Data & Look Back

- All quality data comes from MDS via CMS Five Star data reporting
  - These are not the same measures as CMS Five Star
  - Provider could score as five star quality and receive $0 in Medicaid rate!
- Washington Medicaid will use a three (3) quarter average
  - Change in one quarter is tempered by past experience
  - Changed to 4 Quarter average effective January 1, 2017
- Quality scores are updated twice per year
  - July 1 & January 1
- Data has significant time lag, January 1 rate uses:
  - 3rd quarter 2015
  - 4th quarter 2015
  - 1st quarter 2016
  - 2nd quarter 2016
Quality Benchmarks

• Each quality category has its own benchmarks
• Benchmarks are established based on Nursing Home Compare Five Star Quality Rating System
  • QM Score >= 80 yields maximum points [25]
  • QM Score >= 60 yields 2nd tier points [20]
  • QM Score >= 40 yields 3rd tier points [15]
  • QM Score <40 yields zero point [0]

<table>
<thead>
<tr>
<th>Quality Metrics</th>
<th>Top level</th>
<th>2nd level</th>
<th>3rd level</th>
<th>Bottom level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality Measures [QM Scores]</td>
<td>&gt;=80</td>
<td>&gt;=60</td>
<td>&gt;=40</td>
<td>&lt;40</td>
</tr>
<tr>
<td>• UTI</td>
<td>1.85%</td>
<td>25</td>
<td>3.42%</td>
<td>20</td>
</tr>
<tr>
<td>• Have a Pressure Ulcer (High Risk)</td>
<td>2.65%</td>
<td>25</td>
<td>4.45%</td>
<td>20</td>
</tr>
<tr>
<td>• Experience One or More Falls With Major Injury</td>
<td>1.32%</td>
<td>25</td>
<td>2.40%</td>
<td>20</td>
</tr>
<tr>
<td>• Pain [CMS Risk Adj Data?]</td>
<td>2.20%</td>
<td>25</td>
<td>4.99%</td>
<td>20</td>
</tr>
</tbody>
</table>

Sub Total 100 80 60 0
Converting Points to Medicaid Rate

• With 4 measures and max points for each measure = 25
  • Obvious max points is 100
  • This will change July 1, 2017 [adding two additional measures]
• All measures are equally weighted
  • Summarize points for all four measures
• Score of 80 points or greater yields max rate
• Score of 70 points or greater yields 75% of max rate
• Score of 60 points or greater yields 50% of max rate
• Score of 50 points or greater yields 25% of max rate

<table>
<thead>
<tr>
<th>Points</th>
<th>Stars</th>
<th>% of Rate</th>
<th>Rate</th>
<th>Count</th>
<th>Mcd Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>5</td>
<td>100%</td>
<td>$7.69</td>
<td>28</td>
<td>435,748</td>
</tr>
<tr>
<td>70</td>
<td>4</td>
<td>75%</td>
<td>$5.77</td>
<td>18</td>
<td>296,971</td>
</tr>
<tr>
<td>60</td>
<td>3</td>
<td>50%</td>
<td>$3.85</td>
<td>36</td>
<td>583,422</td>
</tr>
<tr>
<td>50</td>
<td>2</td>
<td>25%</td>
<td>$1.92</td>
<td>27</td>
<td>511,340</td>
</tr>
<tr>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>101</td>
<td>1,739,825</td>
</tr>
</tbody>
</table>

Weighted Rate & Totals

| $2.33| 210 | 3,567,306 |
What if No Data for Quality?

- In order to calculate percentage for Long Stay measures
  - Must have at least 20 MDS's in Denominator
- If data = No value for any data point:
  - Default to five star quality measure
- Five Star quality:
  - Five Stars = 80 points
  - Four Stars = 70 points
  - Three Stars = 60 points
  - Two Stars = 50 points
  - One Star = 0 points

The Problem with Quality

- Appropriation is $8,324,694 per year
  - Amount is relatively fixed
- Upper rate is dependent on performance of all providers:
  - Current estimate of high rate is $7.34
- If 10 Providers move up one level [quality improves]
  - Top rate goes down to $6.12
- If 10 Providers move down one level [quality gets worse]
  - Top rate goes up to $8.40
- Overall dollars must stay the same
Understanding Long Stay vs Short Stay

- Resident samples are selected for computing the QM:
  - Short stay sample
  - Long stay sample

Selection Process:
1. Select all resident whose latest episode ends or is ongoing during target period
2. Compute cumulative days in the facility [CDIF]
3. If cumulative days is less than or equal to 100 days; resident is included in the short stay sample
4. If the CDIF is greater than 100 days resident is in long stay sample

Urinary Tract Infection

- Numerator:
  - All Long Stay residents with a assessment that indicates Urinary Tract Infection with the past 30 days [I2300=1]

- Denominator:
  - All long stay residents with an assessment except those with exclusions

- Exclusions:
  - Admission assessments
  - PPS five day assessment
  - Readmission/return assessment
  - Urinary tract infection value is missing
Stage II-IV Pressure Ulcers

- **Numerator [Must meet both criteria]:**
  - There is a "high-risk" for pressure ulcers as defined below
  - Stage II-IV pressure ulcers are present as indicated by any of the following
    - M0300B1 = 1,2,3,4,5,6,7,8,9 or,
    - M0300C1 = 1,2,3,4,5,6,7,8,9 or,
    - M0300D1 = 1,2,3,4,5,6,7,8,9
- **Denominator:**
  - All long stay residents with an assessment that meets "high-risk" except exclusions
- **Definition of "high-risk" is one or more of the following**
  - Impaired bed mobility, self performance [G0110A1 = 3,4,7,8]
  - Transfers, self performance [G0110B1 = 3,4,7,8]
  - Comatose [B0100 = 1]
  - Malnutrition or risk of malnutrition [I5600 = 1]
- **Exclusions:**
  - Admission assessments
  - PPS five day assessment
  - Readmission/return assessment
  - Pressure ulcer level II-IV = n/a

Falls with Major Injury

- **Numerator:**
  - One or more lookback scans that indicated falls with major injury [J1900C = 1 or 2]
- **Denominator:**
  - All long stay residents with one or more lookback scans except those with exclusions
- **Exclusions:**
  - Occurrence of falls was not assessed [J1800 = -] or,
  - Assessment indicates falls occurred [J1800=1] and the number of falls with major injury was not assessed [J1900C = -]
Moderate to Severe Pain

• Numerator:
  • Condition 1 – resident report almost constant or frequent moderate to severe pain in last five days and both of the following are met:
    • Almost constant or frequent pain [J0400 = 1 or 2] and
    • At least one episode of moderate to severe pain [J0600A = 05,06,07,08,09 or J600B =2,3]
  • Condition 2 – resident reports very severe or horrible pain of any frequency [J0600A = 10] or [J0600B = 4]

• Denominator:
  • Any long stay resident with selected target assessment except those with exclusions

• Exclusions:
  • Admission assessment
  • PPS 5 day assessment
  • Readmission/return assessment

Moderator to Severe Pain

• Exclusions –cont
  • Pain assessment interview as not completed
  • Pain presence item was not completed
  • For residents with pain or hurting at any time in last five days and:
    • Pain frequency item was not completed
    • Neither of pain frequency items was completed
    • Numeric pain intensity indicated no pain
Practical Example [Bayview Manor]

- L.S Pressure Ulcers = 2.128 [25 points]
- L.S. Falls with Major Injury = 0.000 [25 points]
- L.S. Moderate to Severe Pain = 1.113 [25 points]
- L.S. Urinary Tract Infection = 5.000 [15 points]
- Total points = 90
- Quality rate = $7.69
- CMS Five Star Quality score = 5 Stars
- If anyone one area does not score; rate would be $7.69

### Scoring By Category [4 Qtr Avg]

<table>
<thead>
<tr>
<th>Clinical Quality Measures</th>
<th>Top level</th>
<th>2nd level</th>
<th>3rd level</th>
<th>Bottom level</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI</td>
<td>1.85</td>
<td>25  3.42</td>
<td>20  5.13</td>
<td>15  5.13</td>
</tr>
<tr>
<td>Have a Pressure Ulcer (High Risk)</td>
<td>2.65</td>
<td>25  4.45</td>
<td>20  6.18</td>
<td>15  6.18</td>
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<tr>
<td>Experience One or More Falls With Major Injury</td>
<td>1.32</td>
<td>25  2.40</td>
<td>20  3.51</td>
<td>15  3.51</td>
</tr>
<tr>
<td>Pain [CMS Risk Adj Data]</td>
<td>2.20</td>
<td>25  4.99</td>
<td>20  8.31</td>
<td>15  8.31</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>100</strong></td>
<td><strong>80</strong></td>
<td><strong>60</strong></td>
<td><strong>0</strong></td>
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<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Scr 7/16</th>
<th>Scr 1/17</th>
<th>Points</th>
<th>Five Star</th>
<th>Points</th>
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<tbody>
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<td><strong>60</strong></td>
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</tbody>
</table>

Note: If CMS does not have enough data to compute a score, the system defaults to the CMS 5-star rating for Quality
### Scoring By Category [4 Qtr Avg]

<table>
<thead>
<tr>
<th>Clinical Quality Measures</th>
<th>Top level</th>
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<tbody>
<tr>
<td></td>
<td>threshold</td>
<td>Points</td>
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<td>25</td>
<td>4.99</td>
<td>20</td>
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<tr>
<td>Sub Total</td>
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<td>100</td>
<td>80</td>
<td>60</td>
</tr>
</tbody>
</table>

| PROVIDENCE MOTHER JOSEPH CARE CENTER              |           |           |           |              |
| Quality Measure                                   | Scr 7/16  | Scr 1/17  | Points    | Five Star    | Points       | Rate     |
| UTI                                              | 6.038     | 6.000     | 4         | 5            | 80 $        | 7.69     |
| Have a Pressure Ulcer (High Risk)                | 4.587     | 5.536     | 15        | 4            | 70 $        | 5.77     |
| Experience One or More Falls With Major Injury    | 1.880     | 2.550     | 15        | 3            | 60 $        | 3.85     |
| Pain [CMS Risk Adj Data]                         | 3.332     | 6.276     | 15        | 2            | 50 $        | 1.92     |
| Ttl Points =                                     |           |           | 45        |              |             |          |

| CMS Five Star Quality Rating                     | 5         | Your Rate = 1 <50 $ |

Note: If CMS does not have enough data to compute a score, the system defaults to the CMS 5-star rating for Quality.

---

| Richland Rehabilitation Center                   |           |           |           |              |
| Quality Measure                                   | Scr 7/16  | Scr 1/17  | Points    | Five Star    | Points       | Rate     |
| UTI                                              | 5.882     | 9.302     | 0         | 5            | 80 $        | 7.69     |
| Have a Pressure Ulcer (High Risk)                | 22.875    | 12.195    | 3         | 4            | 70 $        | 5.77     |
| Experience One or More Falls With Major Injury    | 2.778     | 0.000     | 25        | 3            | 60 $        | 3.85     |
| Pain [CMS Risk Adj Data]                         | #VALUE!   | 17.269    | 0         | 2            | 50 $        | 1.92     |
| Ttl Points =                                     |           |           | 25        |              |             |          |

| CMS Five Star Quality Rating                     | 3         | Your Rate = 1 <50 $ |
### Scoring By Category [4 Qtr Avg]

<table>
<thead>
<tr>
<th>Clinical Quality Measures</th>
<th>Top level</th>
<th>2nd level</th>
<th>3rd level</th>
<th>Bottom level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>threshold</td>
<td>Points</td>
<td>threshold</td>
<td>Points</td>
</tr>
<tr>
<td>UTI</td>
<td>1.85</td>
<td>25</td>
<td>3.42</td>
<td>20</td>
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<tr>
<td>Have a Pressure Ulcer (High Risk)</td>
<td>2.65</td>
<td>25</td>
<td>4.45</td>
<td>20</td>
</tr>
<tr>
<td>Experience One or More Falls With Major Injury</td>
<td>1.32</td>
<td>25</td>
<td>2.40</td>
<td>20</td>
</tr>
<tr>
<td>Pain [CMS Risk Adj Data]</td>
<td>2.20</td>
<td>25</td>
<td>4.99</td>
<td>20</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>100</td>
<td>80</td>
<td>60</td>
<td>0</td>
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</tbody>
</table>

#### KINDRED SEATTLE - NORTHGATE

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Scr 7/16</th>
<th>Scr 3/17</th>
<th>Points</th>
<th>Five Star</th>
<th>Points</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI</td>
<td>VALUE!</td>
<td>7.407</td>
<td>8</td>
<td>5</td>
<td>80</td>
<td>7.69</td>
</tr>
<tr>
<td>Have a Pressure Ulcer (High Risk)</td>
<td>VALUE!</td>
<td>VALUE!</td>
<td>VALUE!</td>
<td>4</td>
<td>70</td>
<td>5.77</td>
</tr>
<tr>
<td>Experience One or More Falls With Major Injury</td>
<td>VALUE!</td>
<td>0.000</td>
<td>25</td>
<td>3</td>
<td>60</td>
<td>3.85</td>
</tr>
<tr>
<td>Pain [CMS Risk Adj Data]</td>
<td>VALUE!</td>
<td>27.101</td>
<td>2</td>
<td>2</td>
<td>50</td>
<td>1.92</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>VALUE!</td>
<td>VALUE!</td>
<td>VALUE!</td>
<td>3</td>
<td>VALUE!</td>
<td></td>
</tr>
</tbody>
</table>

Your Rate =

Ttl Points = VALUE!

CMS Five Star Quality Rating

3

1 <50 -

---

**Note:** If CMS does not have enough data to compute a score, the system defaults to the CMS 5-star rating for Quality

---

**Quality July 1, 2017**

- Newly received antipsychotics [Short Stay]
- Direct Care Turnover
  - Supposed to come from Payroll Based Journal
## CMS 5 Star Quality Measures [January 2017]

<table>
<thead>
<tr>
<th>Source</th>
<th>Stay</th>
<th>Risk Adj</th>
<th>Data</th>
<th>Type</th>
<th>Look Back</th>
<th>Added</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Claims</td>
<td>Short Stay</td>
<td>1Q51-1Q54</td>
<td>7/31/2016</td>
<td>Percentage of residents who have had an outpatient emergency department visit</td>
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<tr>
<td>Claims</td>
<td>Short Stay</td>
<td>1Q51-1Q54</td>
<td>7/31/2016</td>
<td>Percentage of residents who were re-hospitalized after a nursing home admission</td>
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</tr>
<tr>
<td>MDS</td>
<td>Long Stay</td>
<td>1Q51-1Q54</td>
<td>7/31/2016</td>
<td>Percentage of residents who were successfully discharged to the community</td>
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<tr>
<td>MDS</td>
<td>Long Stay</td>
<td>1Q51-1Q54</td>
<td></td>
<td>Percentage of residents experiencing one or more falls with major injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>Long Stay</td>
<td>1Q51-1Q54</td>
<td></td>
<td>Percentage of residents who have/had a catheter inserted and left in their bladder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>Short Stay</td>
<td>1Q51-1Q54</td>
<td>Change</td>
<td>Percentage of residents who newly received an antipsychotic medication</td>
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<td></td>
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</tr>
<tr>
<td>MDS</td>
<td>Long Stay</td>
<td>1Q51-1Q54</td>
<td></td>
<td>Percentage of residents who self-report moderate to severe pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>Short Stay</td>
<td>1Q51-1Q54</td>
<td></td>
<td>Percentage of residents who self-report moderate to severe pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>Long Stay</td>
<td>1Q51-1Q54</td>
<td></td>
<td>Percentage of residents who were physically restrained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>Long Stay</td>
<td>1Q51-1Q54</td>
<td>Change</td>
<td>Percentage of Residents whose ability to move independent worsened</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>Short Stay</td>
<td>1Q51-1Q54</td>
<td>Change</td>
<td>Percentage of residents whose physical function improves from admission to discharge</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>MDS</td>
<td>Short Stay</td>
<td>1Q51-1Q54</td>
<td>Change</td>
<td>Percentage of residents with pressure ulcers (sores) that are new or worsened</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bill J Ulrich

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