



IMPACT Act and Star Ratings for Dialysis Facility and Home Health Compare



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Why Star Ratings?

- The ACA calls for transparent, easily understood public reporting of quality of care information.
 - Star ratings present quality of care information in a way that is easy for consumers to understand.
 - Public reporting is a key driver for improving health care quality, supporting consumer choice and incentivizing provider quality improvement.
- CMS plans to adopt star ratings across all Medicare.gov Compare websites.
 - Already in place on Nursing Home Compare and Physician Compare.
 - Implementation in 2015 planned for Dialysis Facility Compare, Hospital Compare, and Home Health Compare.

Helping consumers use star ratings

- The star rating only uses quality information reported on the compare websites.
- Star ratings are a measure of the quality of clinical care, and not patient satisfaction.
- Star ratings provide a comparison of one facility/agency to others.
- Star ratings should be used in combination with other information when selecting a facility/agency.

Home Health Compare (HHC) Star Ratings: Quality Measures Used

Process measures	Outcome measures (risk adjusted)
<ul style="list-style-type: none">▪ Timely Initiation of Care▪ Drug Education on all Medications Provided to Patient/Caregiver▪ Influenza Immunization Received for Current Flu Season▪ Pneumococcal Vaccine Ever Received	<ul style="list-style-type: none">▪ Improvement in Ambulation▪ Improvement in Bed Transferring▪ Improvement in Bathing▪ Improvement in Pain Interfering With Activity▪ Improvement in Shortness of Breath▪ Acute Care Hospitalization

HHC Star Ratings: Star Rating Calculation

1. For each measure, rank agencies based on score and assign into 10 equally sized groups.
2. Ratings are adjusted if individual measure score is **not** statistically different from the overall median across all agencies.
3. Calculate an overall score by averaging the adjusted ratings across all measures (at least five) and rounding to the nearest half star.
4. Assign an overall final HHC Star Rating that ranges from 1 to 5 in half star increments. There are 9 star rating categories with a middle category of 3 stars.

HHC Star Ratings: Implementation Timeline

- Preview reports showing ratings calculations will be sent end of March:
 - Agencies have several weeks to review and provide feedback on any data errors identified that affect the final star rating.
- Star ratings to be published on HHC in mid-July 2015:
 - QMs and star ratings will be based on OASIS data from January through December 2014, and claims data from October 2013 through September 2014.
 - These are the same data that will be published on HHC in April 2015 under the usual schedule.
- Star ratings will be updated quarterly.

HHC Star Ratings: Questions and Comments

- Further reading and FAQs:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html>
- Questions or comments about HHC star ratings – send email to: [HHC Star Ratings Helpdesk@cms.hhs.gov](mailto:HHC_Star_Ratings_Helpdesk@cms.hhs.gov)
- Home Health Compare:
<http://www.medicare.gov/homehealthcompare>

Dialysis Facility Compare (DFC) Star Ratings: Quality Measures Used

- Standardized Outcome Domain:
 - Standardized Mortality Ratio (SMR)
 - Standardized Hospitalization Ratio (SHR)
 - Standardized Transfusion Ratio (STrR)
- Other Outcomes Domain 1:
 - % patients receive treatment through AV fistula
 - % patients catheter > 90 days
- Other Outcomes Domain 2:
 - Dialysis Adequacy: 3 Kt/V (waste removal measures) combined
 - % patients with hypercalcemia

DFC Star Ratings: Star Rating Calculation

- Each measure scored 1-100 based on national ranks.
- Average the measure scores within each domain into a domain score.
- Average the domain scores to create a final score.
- Assign star ratings based on the final score:
 - Top 10% final scores = 5 stars
 - Next 20% highest final scores = 4 stars
 - Middle 40% final scores = 3 stars
 - Next 20% lowest final scores = 2 stars
 - Bottom 10% final scores = 1 star

HHC Star Ratings: Questions and Comments

- Further reading and FAQs:
<http://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDGeneralInformation/index.html>
- Questions or comments about DFC star ratings – send email to: dialysisdata@umich.edu or by calling 855-764-2885. We also have a “contact us” form: <https://dialysisdata.org/contact-us>
- Dialysis Facility Compare:
<http://www.medicare.gov/dialysisfacilitycompare>

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- Bi-partisan bill introduced in March, U.S. House & Senate; passed on September 18, 2014 and signed into law by President Obama October 6, 2014
- Standardized Patient Assessment Data to enable:
 - Assessment and QM uniformity
 - Quality care and improved outcomes
 - Comparison of quality across PAC settings
 - Improve discharge planning
 - Interoperability
 - Facilitate care coordination

Definitions

- Applicable PAC settings and Prospective Payment Systems (PPS):
 - Home health agencies (HHA) under section 1895
 - Skilled nursing facilities (SNF) under section 1888(e)
 - Inpatient rehabilitation facilities (IRF) under section 1886(j)
 - Long-term care hospitals (LTCH) under section 1886(m)

Requirements for Standardized Assessment Data

- Post-Acute Care (PAC) providers must report:
 - Standardized assessment data
 - Data on quality measures
 - Data on resource use and other measures
- Data must be standardized and interoperable to allow:
 - Exchange of data using common standards and definitions
 - Facilitation of care coordination
 - Improvement of Medicare beneficiary outcomes
- PAC assessment instruments must be modified to:
 - Enable the submission of standardized data
 - Compare data across all applicable providers

Standardized Patient Assessment Data

- Requirements for reporting assessment data:
 - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions
 - The data must be submitted with respect to admission and discharge for each patient, or more frequently as required
- Data categories:
 - Functional status
 - Cognitive function and mental status
 - Special services, treatments, and interventions
 - Medical conditions and co-morbidities
 - Impairments
 - Other categories required by the Secretary

Use of Standardized
Assessment Data:
HHAs: no later than
January 1, 2019
SNFs, IRFs, and LTCHs:
no later than
October 1, 2018

Thank you!

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