Oklahoma HealthCare Authority

Pay for Performance

Spring 2020

Eboni Bolds-Irene Sanderson

Topics to Cover

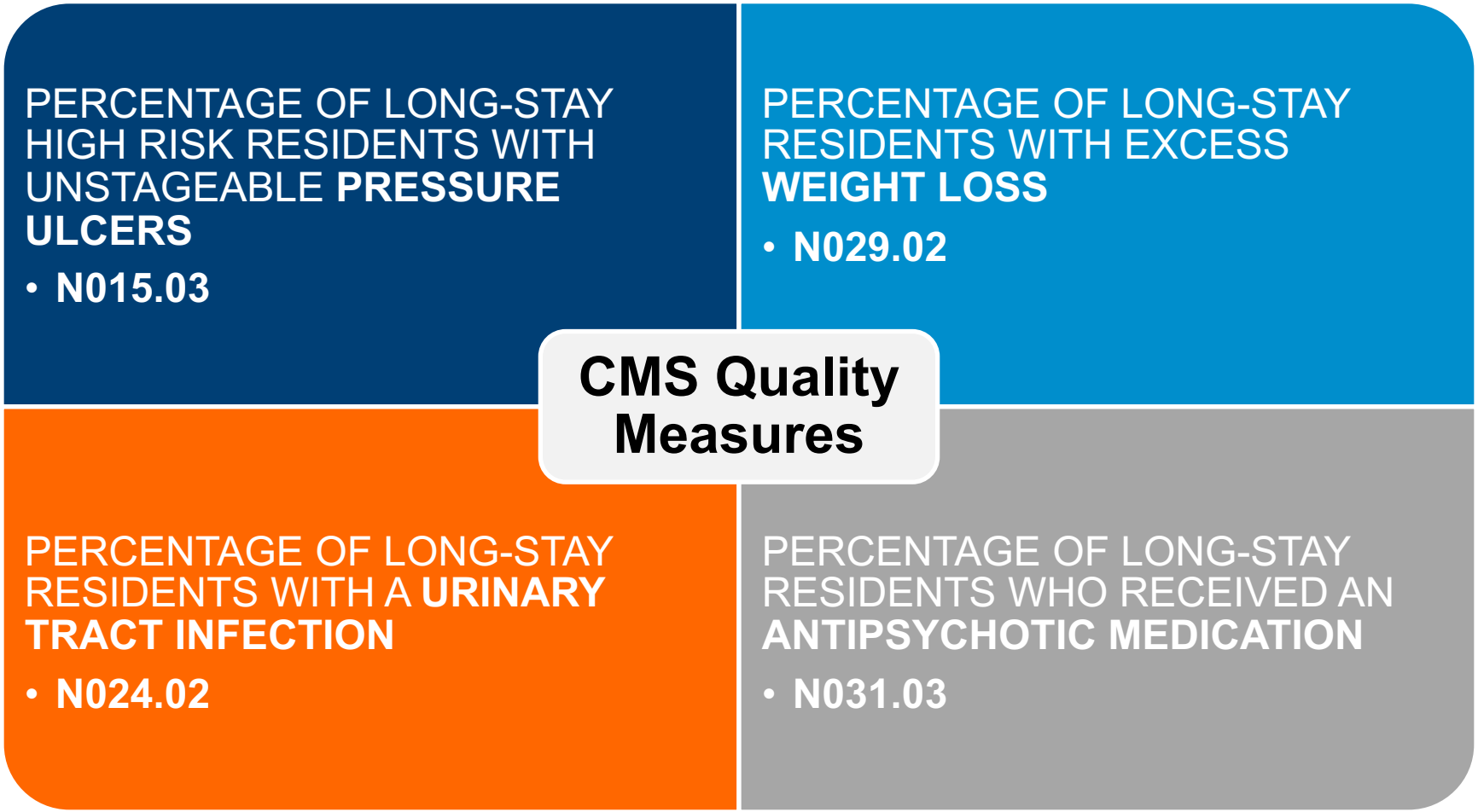
- Quality Measures.
- Data Collection.
- Provider Portal.
- Performance Review.
- Quality of Care.
- Quality Assurance Team.
- In The Works.
- Resources.

Quality Measures

SB 280 signed on May 22, 2019 and approved by Centers for Medicare and Medicaid Service (CMS) on December 4, 2019 with an effective date of October 1, 2019.

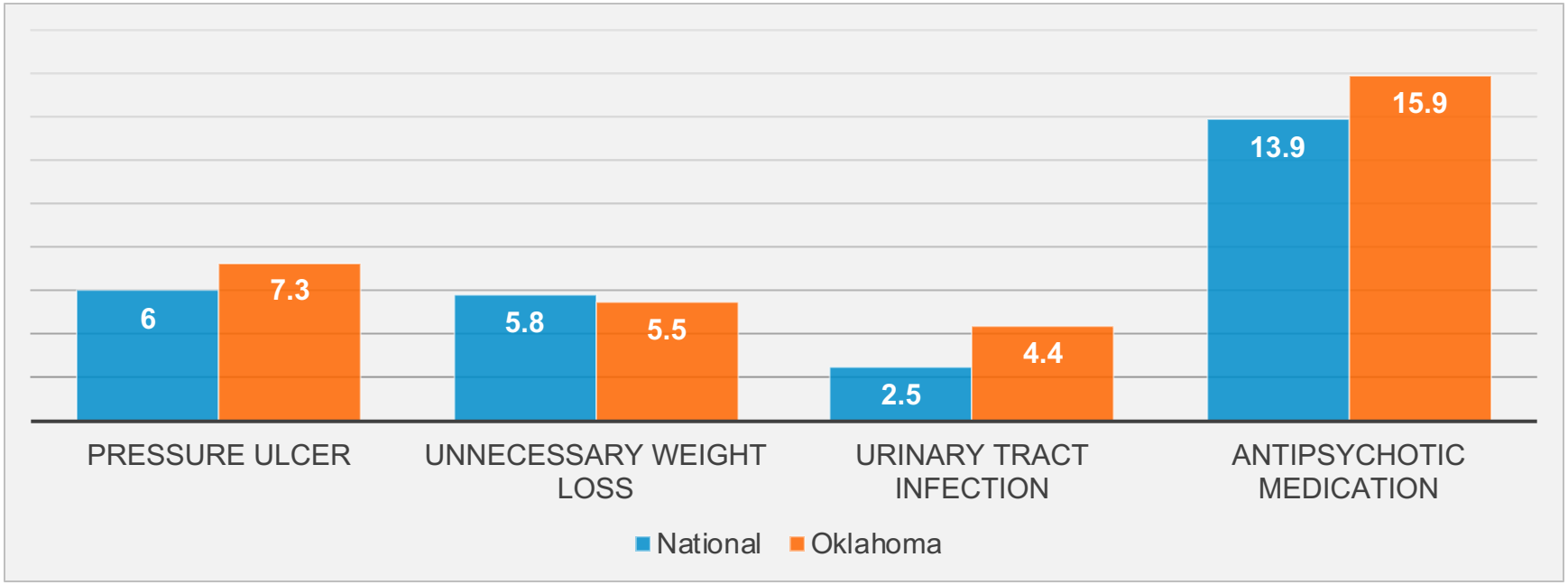
Please visit www.okhca.org for most up to date information.

Quality Measures



Quality Measures

Oklahoma Average vs National Average



***Lower** percentages are better*

Quality Improvement and Evaluation System (QIES) Business Intelligence Center (QBIC) Database October 31, 2019

Quality Measures

Payment

- Earn payment.
  - Meet or exceed national average.
  - 5% relative improvement each quarter from baseline or better.
- Four equally-weighted CMS Long-Stay Quality Measures.
  - Minimum of $1.25 per Medicaid patient per day for each qualifying metric.
- Facilities with deficiency of “I” or greater related to a targeted quality measure in the program is disqualified from receiving an award related to that measure for that quarter and every quarter after until the facility comes into compliance.
  - Facility deficiency tags can be viewed at https://surveys.health.ok.gov/.

Quality Measures

Example: Facility Baseline Calculation

2019 Q1 Metric Score	2019 Q2 Metric Score	2019 Q3 Metric Score	2019 Q4 Metric Score	2020 Baseline
10.00%	15.00%	12.00%	14.00%	12.75%

Example: Improvement Target Calculation

2020 Baseline	2020 Q1 Improvement Target	2020 Q2 Improvement Target	2020 Q3 Improvement Target	2020 Q4 Improvement Target
12.75%	12.11%	11.48%	10.84%	10.20%
	5% improvement from baseline.	10% improvement from baseline.	15% improvement from baseline.	20% improvement from baseline.

Quality Measures

Example: Facility Actual QM Performance

Quarter	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Baseline	12.75%	12.75%	12.75%	12.75%
National Avg. Benchmark	10.50%	10.50%	10.50%	10.50%
Improvement Target	12.11%	11.48%	10.84%	10.20%
Facility Actual QM Score	**14.65%**	**11.15%**	**9.54%**	**10.45%**
Outcome	**Failed**	**Achieved**	**Achieved**	**Achieved**

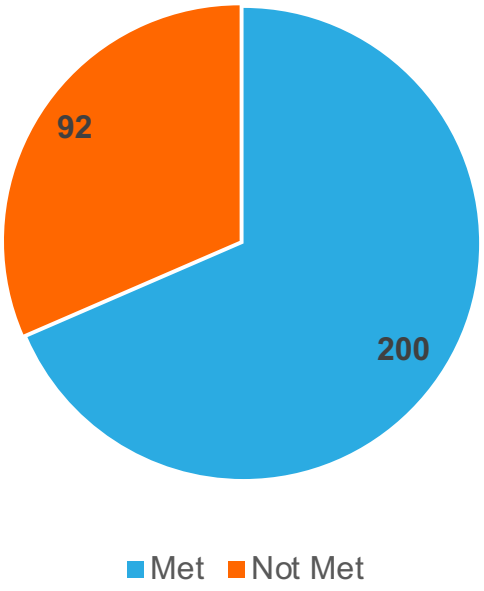
Quality Measures

Quarter 1
PFP Points

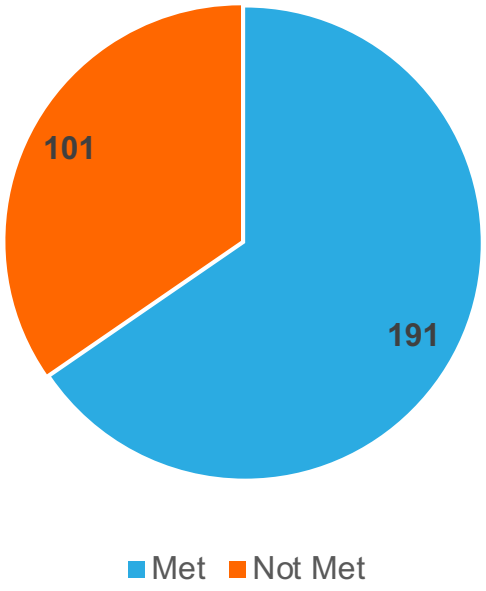
Quality Measures

Quarter 1
PFP Metrics

Pressure Ulcers
68% Met Metric



Urinary Tract Infections
65% Met Metric

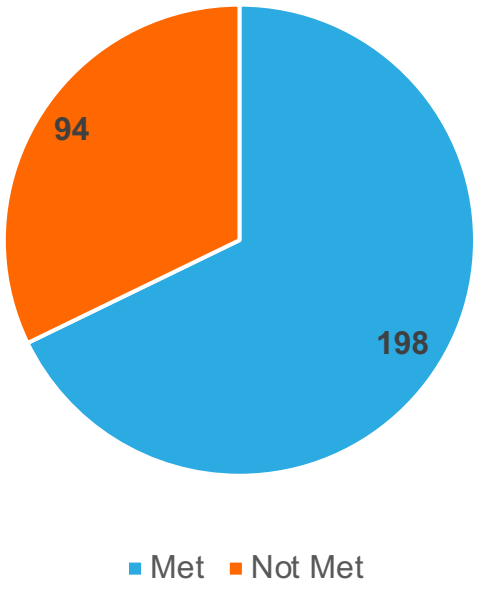


*One facility received an “I” or greater tag

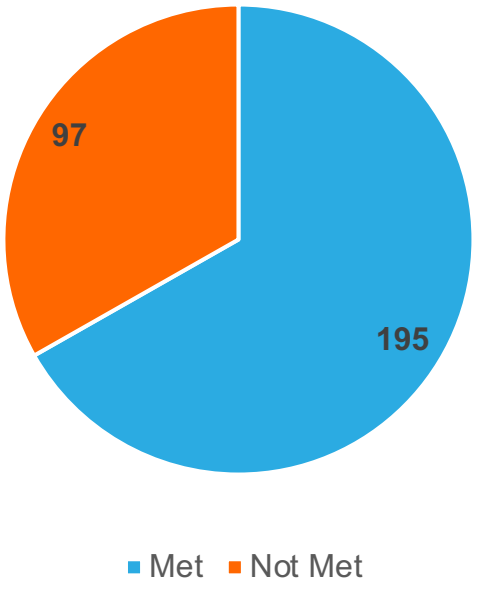
Quality Measures

Quarter 1
PFP Metrics

Weight Loss
68% Met Metric



Anti-Psychotic Meds
67% Met Metric



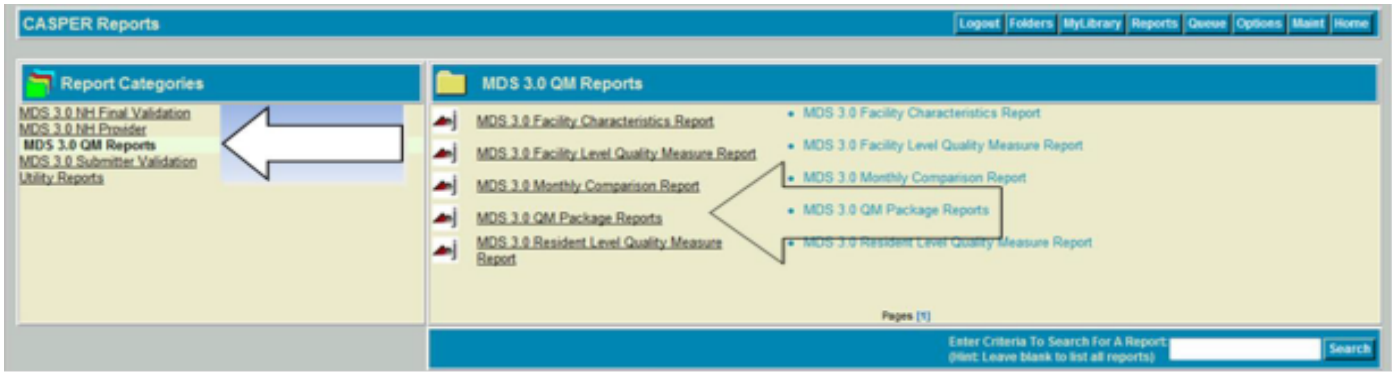
Data Collection

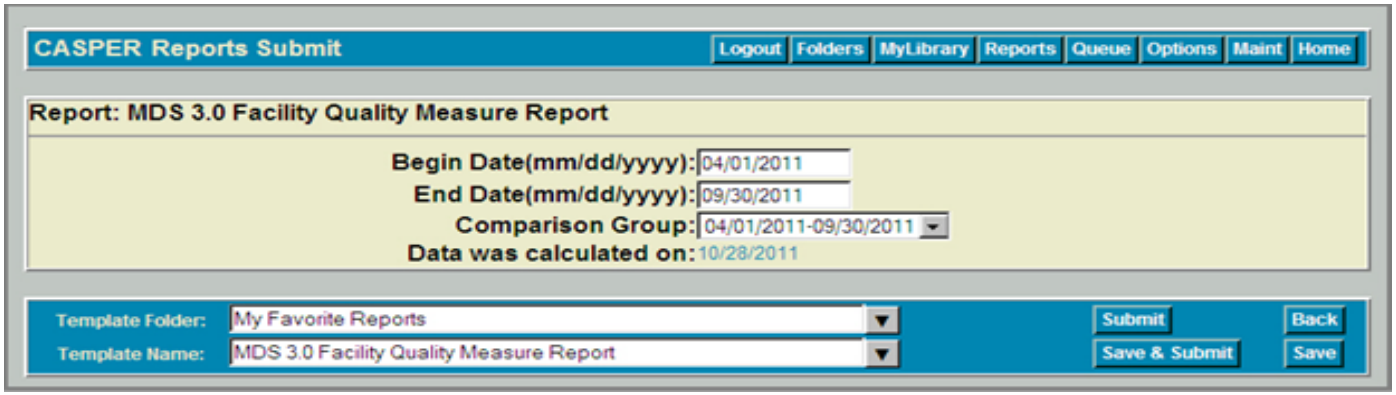
Data Source: Facilities will enter the facility adjusted percent score from the CASPER MDS 3.0 Facility Level Quality Measure Report for each of the four Quality Measures and upload the CASPER MDS 3.0 Facility Level Quality Measure report for **each** of the four QMs.

Collection Period	Submission Date	Lump Sum Payment 4th Wednesday of following month after quarter closes
October, November and December	Jan. 30	Feb.
January, February and March	Apr. 30	May
April, May and June	Jul. 30	Aug.
July, August and September	Oct. 30	Nov.

Data Collection

Facilities go into their CASPER reports and run their MDS CASPER 3.0 Facility Level QM reports for the appropriate quarter:





Data Collection

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
MDS 3.0 Facility Level Quality Measure Report

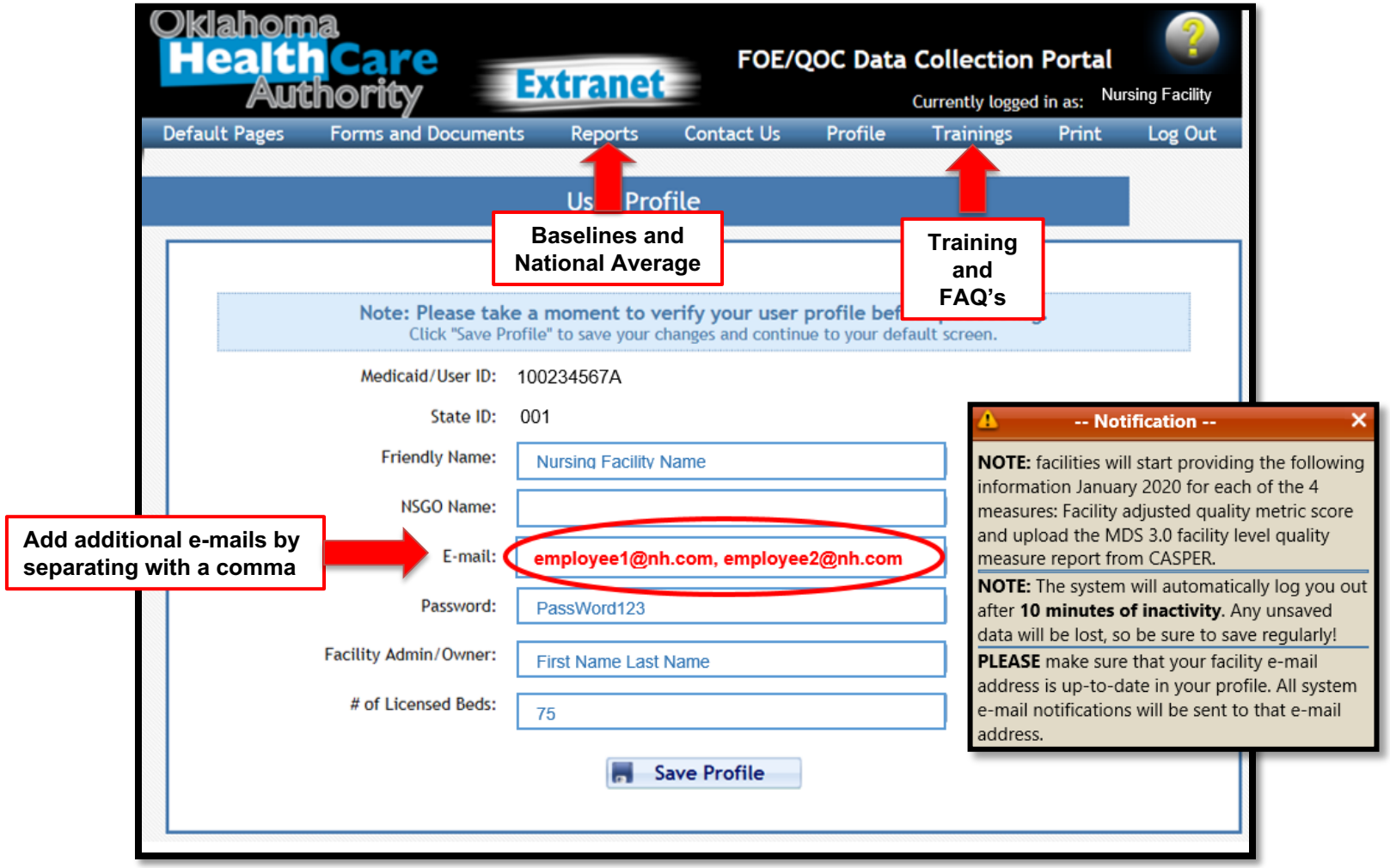
Facility ID: NH5531
CCN: 375256
Facility Name: check facility name
City/State: OKLAHOMA CITY, OK

Report Period:check the report period
Comparison Group: 05/01/2019 - 10/31/2019
Report Run Date: 01/03/2020
Data Calculation Date: 12/30/2019
Report Version Number: 3.02

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged
Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	8	62	12.9%	12.9%	9.8%	8.1%	**81 ***
Phys restraints (L)	N027.02	C	1	117	0.9%	0.9%	0.2%	0.2%	**92 ***
Falls (L)	N032.02	C	70	117	59.8%	59.8%	52.0%	45.4%	**86 ***
Falls w/Maj Injury (L)	N013.02	C	12	117	10.3%	10.3%	4.9%	3.5%	**97 ***
Antipsych Med (S)	N011.02	C	4	129	3.1%	3.1%	2.2%	2.0%	**81 ***
Antipsych Med (L)	N031.03	C	19	116	16.4%	16.4%	17.4%	14.2%	66
Antianxiety/Hypnotic Prev (L)	N033.02	C	4	78	5.1%	5.1%	9.4%	6.5%	51
Antianxiety/Hypnotic % (L)	N036.02	C	31	89	34.8%	34.8%	25.9%	19.7%	**90 ***
Behav Sx affect Others (L)	N034.02	C	3	100	3.0%	3.0%	18.2%	20.8%	8
Depress Sx (L)	N030.02	C	0	108	0.0%	0.0%	4.0%	5.5%	0
UTI (L)	N024.02	C	2	112	1.8%	1.8%	4.8%	2.8%	48
Cath Insert/Left Bladder (L)	N026.03	C	4	111	3.6%	3.6%	2.9%	2.2%	**75 ***
Lo-Risk Lose B/B Con (L)	N025.02	C	8	39	20.5%	20.5%	37.8%	48.2%	7
Excess Wt Loss (L)	N029.02	C	10	84	11.9%	11.9%	5.3%	5.7%	**89 ***
Incr ADL Help (L)	N028.02	C	9	82	11.0%	11.0%	14.4%	14.9%	32

Provider Portal



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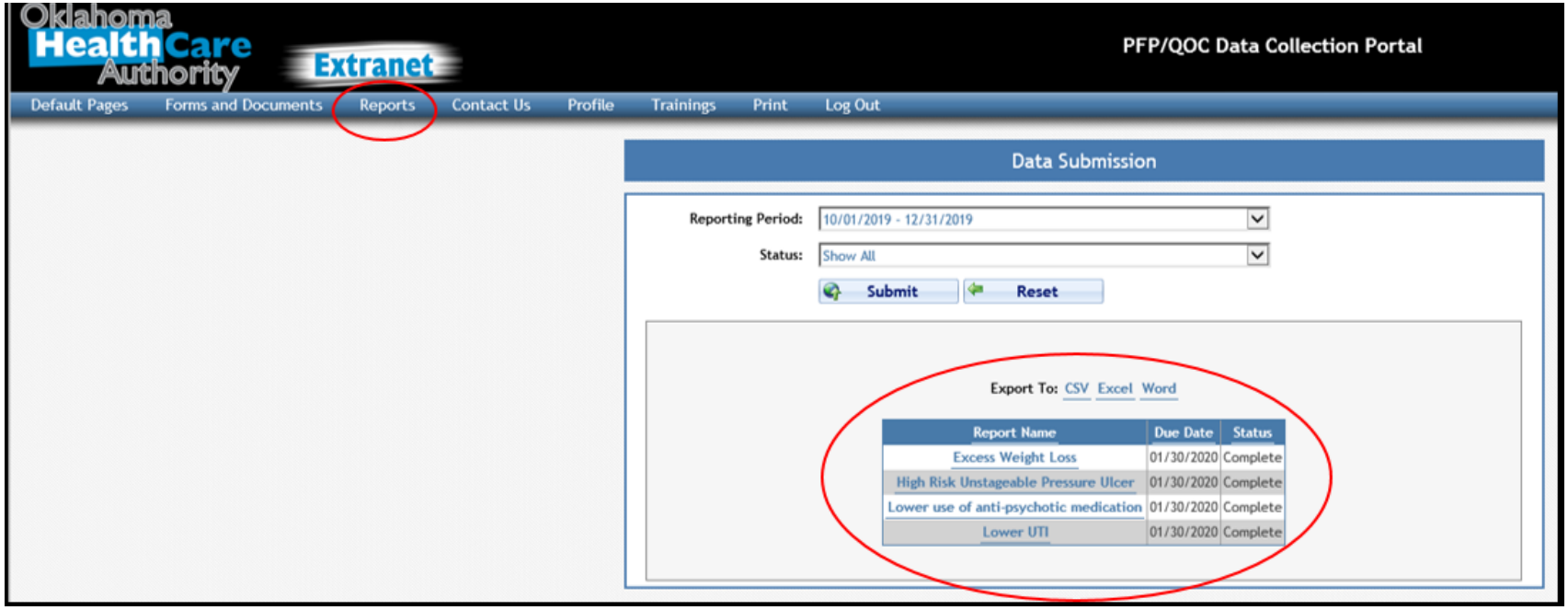

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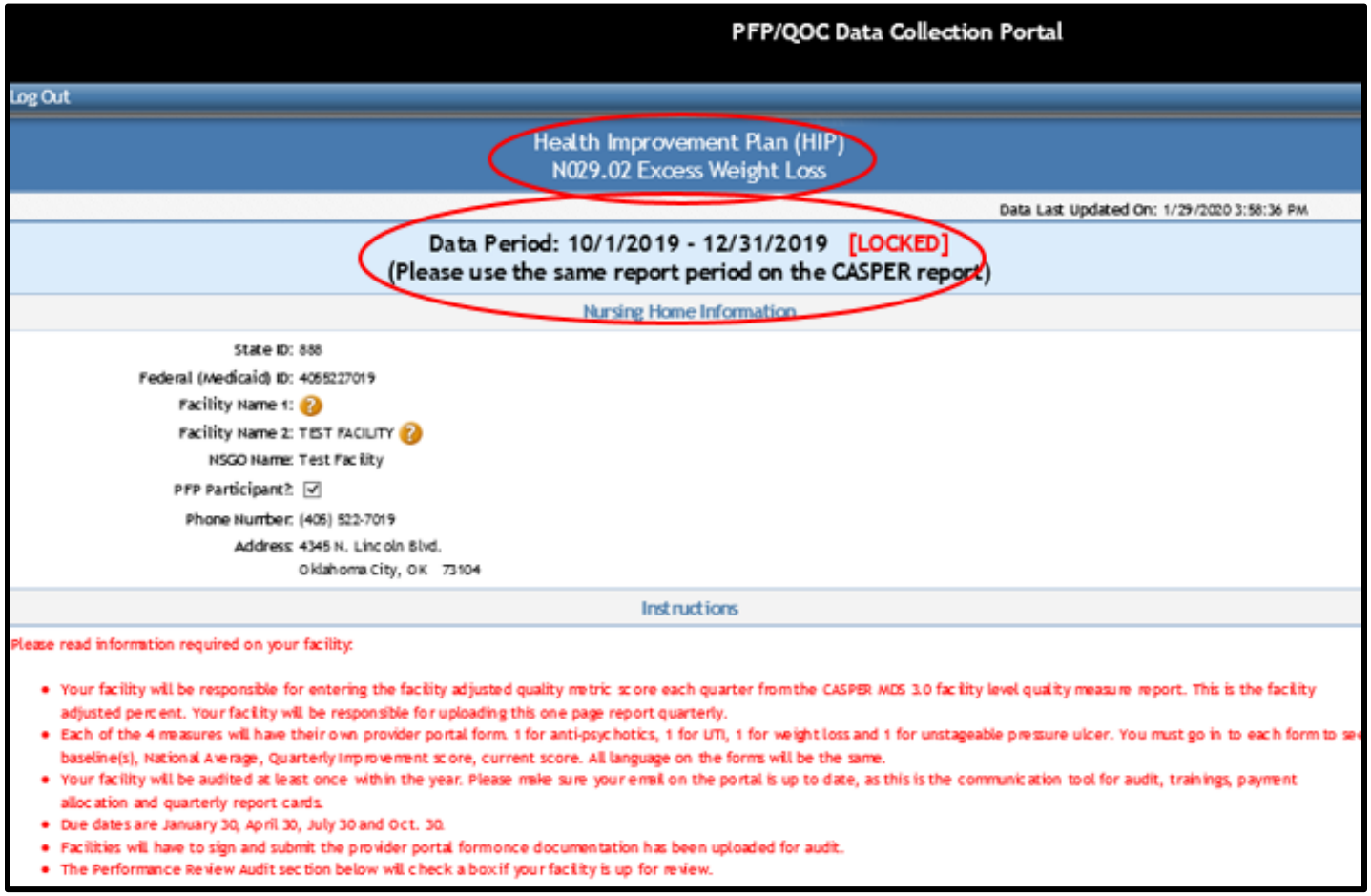
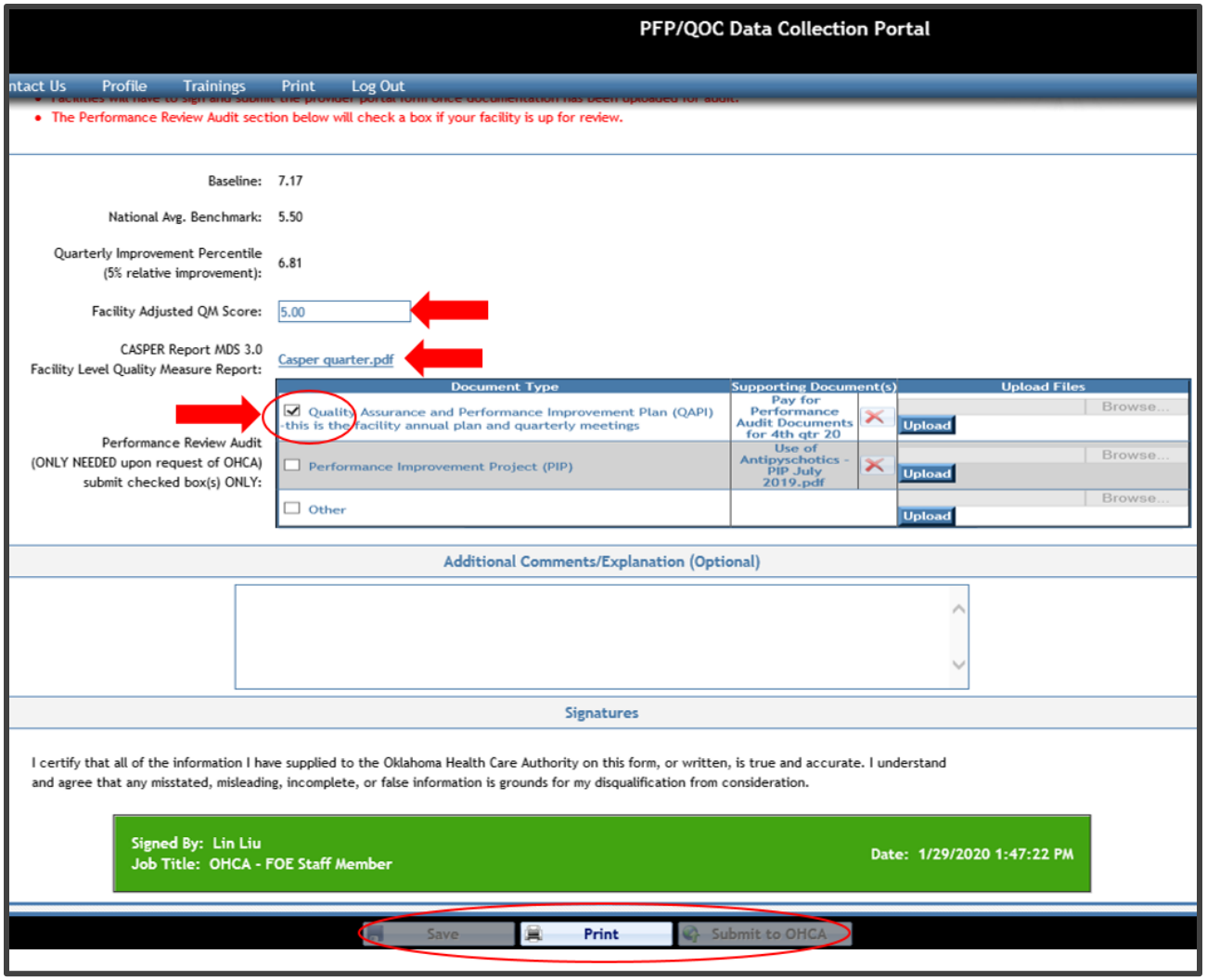


Provider Portal



Performance Review

Desk Review:

- Facilities will be randomly pulled for quarterly desk review.
- Facilities will be notified by the **e-mail(s)** listed on the PFP/QOC Provider Portal.
- Facilities will have **Performance Review Audit** box checked reflecting they have been selected for desk review.
- Facilities will provide requested documentation via the PFP/QOC Provider Portal within 15 business days.
  - Quality Assurance and Performance Improvement.
  - Program Improvement Project.
  - Resident Charts.
  - CASPER Report-MDS 3.0 Facility Level Quality Measure Report.
- OHCA will provide a performance review summary report within fifteen business days of desk review completion.

Performance Review

On-Site Review:

- Facilities will be randomly pulled for quarterly on-site review.
- On-site review team will conduct resident/employee assessments.
- Facilities will provide requested documentation to on-site review team.
  - Quality Assurance and Performance Improvement.
  - Program Improvement Project.
  - Resident Charts.
  - CASPER Report-MDS 3.0 Facility Level Quality Measure Report.
- OHCA will provide a performance review summary report within fifteen business days of on-site review completion.

Quality of Care

Direct-Care-Staff-To-Resident Ratios:

Hours	Previous	Current Effective 10/1/2019
7 a.m. to 3 p.m.	one direct care staff to every **seven** residents	one direct care staff to every **six** residents
3 p.m. to 11 p.m.	one direct care staff to every **ten** residents	one direct care staff to every **eight** residents
11 p.m. to 7 a.m.	one direct care staff to every **seventeen** residents	one direct care staff to every **fifteen** residents

Quality of Care

Facilities are still required to complete the Quality of Care Report by the fifteenth of every month by 5 p.m. If the fifteenth falls on a weekend or a holiday, the report will be due on the next business day by 5 p.m.

QOC Report Team

OHCA Main Number: 405-522-7300

Email: www.LTCAUDIT@okhca.org

Financial Analyst
Karen Stinson: 405-522-7124
Karen.Stinson@okhca.org

Payments and/or Penalties
Ernest Chiang: 405-522-7089
Ernest.Chiang@okhca.org

Manager, LTC Financial Management
Peter Onema: 405-522-7098
Peter.Onema@okhca.org

Requests for copies of QOC Reports
Carolyn Berry-Greer: Legal Services
Tel. 405-522-7268; Fax 405-530-3444

Quality Assurance Team

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Program Analyst II
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Program Analyst II
Brenda Smith
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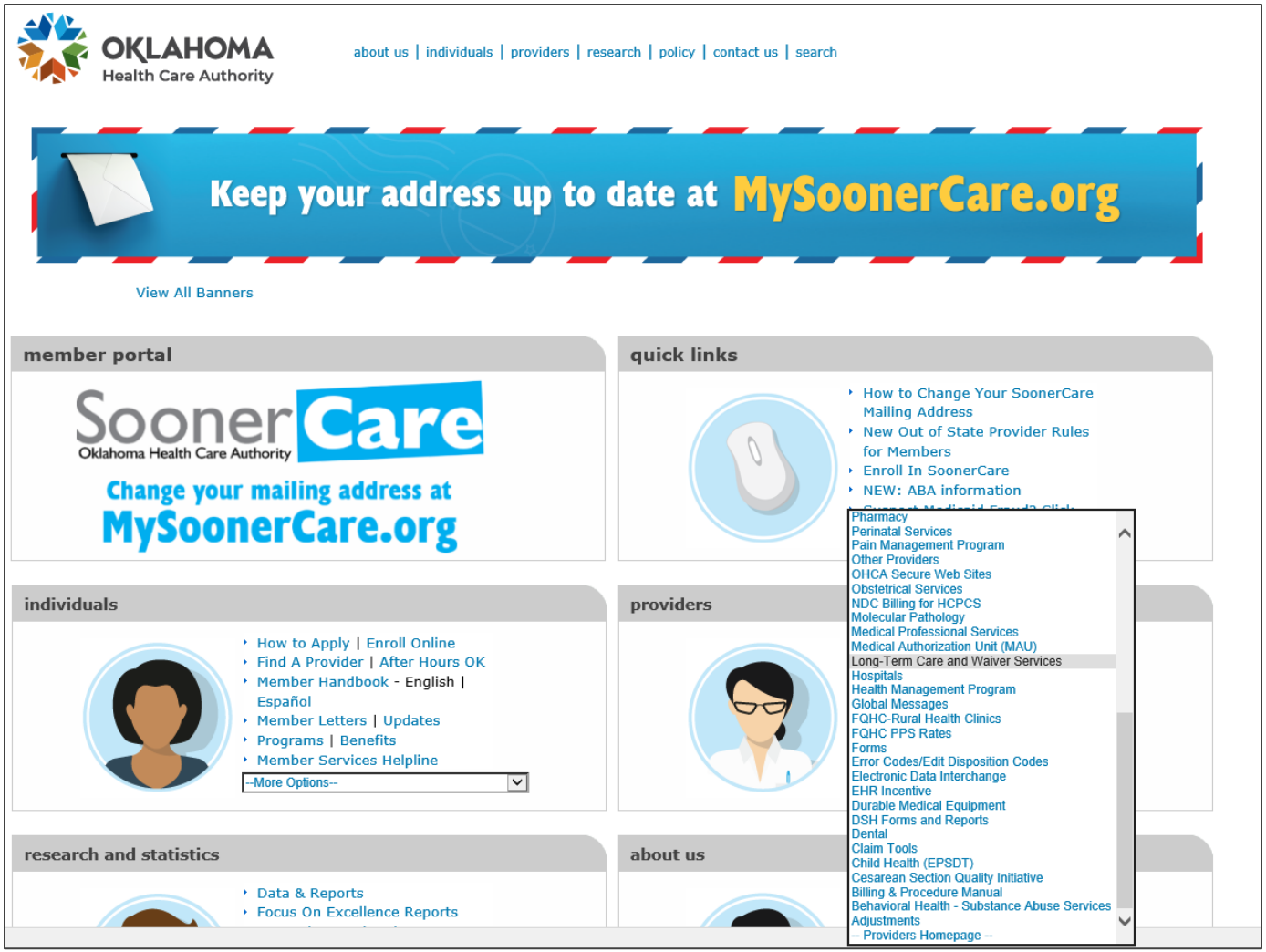
In The Works

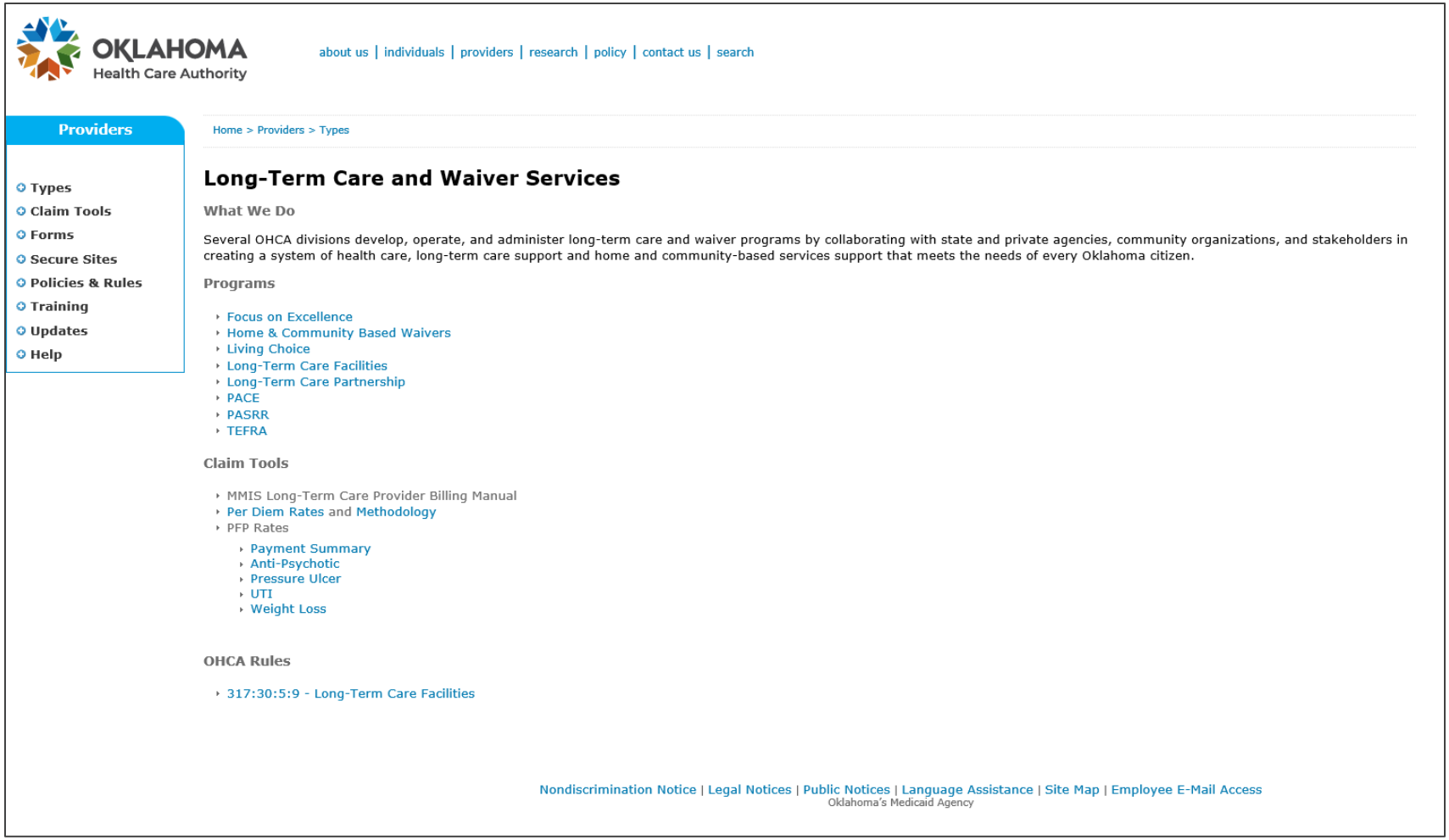
- PFP/QOC Provider Portal (updates, automated e-mail, reporting etc.)
- Quarterly Reporting to state agencies, community stakeholder and other organizations.
- Annual Report to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate.
- www.nursinghomeratings.com.
- Training.

Resources

- Oklahoma Foundation for Medical Quality.
  - www.ofmq.com.
- Telligen.
  - www.TelligenQINQIO.com.
- American Association of Retired Persons.
  - www.aarp.org.
- National Nursing Home Quality Improvement Campaign.
  - www.nhqualitycampaign.org.
- Oklahoma State Department of Health.
  - https://www.ok.gov/health/.
- Centers for Medicare & Medicaid Services.
  - www.cms.gov.

http://okhca.org/





http://okhca.org/providers.aspx?id=812

Questions