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

CMS Quality Measures

PERCENTAGE OF LONG-STAY HIGH RISK RESIDENTS WITH UNSTAGEABLE PRESSURE ULCERS
• N015.03

PERCENTAGE OF LONG-STAY RESIDENTS WITH EXCESS WEIGHT LOSS
• N029.02

PERCENTAGE OF LONG-STAY RESIDENTS WITH A URINARY TRACT INFECTION
• N024.02

PERCENTAGE OF LONG-STAY RESIDENTS WHO RECEIVED AN ANTIPSYCHOTIC MEDICATION
• N031.03
Quality Measures

Oklahoma Average vs National Average

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

Lower percentages are better
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

<table>
<thead>
<tr>
<th></th>
<th>2019 Q1 Metric Score</th>
<th>2019 Q2 Metric Score</th>
<th>2019 Q3 Metric Score</th>
<th>2019 Q4 Metric Score</th>
<th>2020 Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.00%</td>
<td>15.00%</td>
<td>12.00%</td>
<td>14.00%</td>
<td>12.75%</td>
</tr>
</tbody>
</table>

## Example: Improvement Target Calculation

<table>
<thead>
<tr>
<th></th>
<th>2020 Baseline</th>
<th>2020 Q1 Improvement Target</th>
<th>2020 Q2 Improvement Target</th>
<th>2020 Q3 Improvement Target</th>
<th>2020 Q4 Improvement Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.75%</td>
<td>12.11%</td>
<td>11.48%</td>
<td>10.84%</td>
<td>10.20%</td>
</tr>
</tbody>
</table>

- 5% improvement from baseline.
- 10% improvement from baseline.
- 15% improvement from baseline.
- 20% improvement from baseline.
## Quality Measures

### Example: Facility Actual QM Performance

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2020 Q1</th>
<th>2020 Q2</th>
<th>2020 Q3</th>
<th>2020 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>12.75%</td>
<td>12.75%</td>
<td>12.75%</td>
<td>12.75%</td>
</tr>
<tr>
<td>National Avg.</td>
<td>10.50%</td>
<td>10.50%</td>
<td>10.50%</td>
<td>10.50%</td>
</tr>
<tr>
<td>Benchmark</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement</td>
<td>12.11%</td>
<td>11.48%</td>
<td>10.84%</td>
<td>10.20%</td>
</tr>
<tr>
<td>Target</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>14.65%</td>
<td>11.15%</td>
<td>9.54%</td>
<td>10.45%</td>
</tr>
<tr>
<td>Actual QM Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome</td>
<td>Failed</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
</tbody>
</table>
Quality Measures

Quarter 1
PFP Points

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total Points Available</th>
<th>Total Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcer</td>
<td>36,500</td>
<td>25,000</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>36,500</td>
<td>23,875</td>
</tr>
<tr>
<td>Weight Loss</td>
<td>36,500</td>
<td>24,750</td>
</tr>
<tr>
<td>Anti-Psychotic Meds</td>
<td>36,500</td>
<td>24,375</td>
</tr>
</tbody>
</table>
Quality Measures

Quarter 1
PFP Metrics

Pressure Ulcers
68% Met Metric

- Met: 200
- Not Met: 92

Urinary Tract Infections
65% Met Metric

- Met: 191
- Not Met: 101

*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.

<table>
<thead>
<tr>
<th>Collection Period</th>
<th>Submission Date</th>
<th>Lump Sum Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>October, November and December</td>
<td>Jan. 30</td>
<td>Feb.</td>
</tr>
<tr>
<td>January, February and March</td>
<td>Apr. 30</td>
<td>May</td>
</tr>
<tr>
<td>April, May and June</td>
<td>Jul. 30</td>
<td>Aug.</td>
</tr>
<tr>
<td>July, August and September</td>
<td>Oct. 30</td>
<td>Nov.</td>
</tr>
</tbody>
</table>
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

### CASPER Report
MDS 3.0 Facility Level Quality Measure Report

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>CMS ID</th>
<th>Data</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Facility Adjusted Percent</th>
<th>Comparison Group State Average</th>
<th>Comparison Group National Average</th>
<th>Comparison Group National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hi-risk/Unstageable Pres Ulcer (L)</td>
<td>N015.03</td>
<td>C</td>
<td>8</td>
<td>62</td>
<td>12.9%</td>
<td>12.9%</td>
<td>9.8%</td>
<td>8.1%</td>
<td>81 *</td>
</tr>
<tr>
<td>Phys restraints (L)</td>
<td>N027.02</td>
<td>C</td>
<td>1</td>
<td>117</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>92 *</td>
</tr>
<tr>
<td>Falls (L)</td>
<td>N032.02</td>
<td>C</td>
<td>70</td>
<td>117</td>
<td>59.8%</td>
<td>59.8%</td>
<td>52.0%</td>
<td>45.4%</td>
<td>86 *</td>
</tr>
<tr>
<td>Falls w/Maj Injury (L)</td>
<td>N013.02</td>
<td>C</td>
<td>12</td>
<td>117</td>
<td>10.3%</td>
<td>10.3%</td>
<td>4.9%</td>
<td>3.5%</td>
<td>97 *</td>
</tr>
<tr>
<td>Antipsych Med (S)</td>
<td>N011.02</td>
<td>C</td>
<td>4</td>
<td>129</td>
<td>3.1%</td>
<td>3.1%</td>
<td>2.2%</td>
<td>2.0%</td>
<td>81 *</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>N031.03</td>
<td>C</td>
<td>19</td>
<td>116</td>
<td>16.4%</td>
<td>16.4%</td>
<td>17.4%</td>
<td>14.2%</td>
<td>66</td>
</tr>
<tr>
<td>Antianxiety/Hypnotic Prev (L)</td>
<td>N033.02</td>
<td>C</td>
<td>4</td>
<td>78</td>
<td>5.1%</td>
<td>5.1%</td>
<td>9.4%</td>
<td>6.5%</td>
<td>51</td>
</tr>
<tr>
<td>Antianxiety/Hypnotic % (L)</td>
<td>N036.02</td>
<td>C</td>
<td>31</td>
<td>89</td>
<td>34.8%</td>
<td>34.8%</td>
<td>25.9%</td>
<td>19.7%</td>
<td>90 *</td>
</tr>
<tr>
<td>Behav Sx affect Others (L)</td>
<td>N034.02</td>
<td>C</td>
<td>3</td>
<td>100</td>
<td>3.0%</td>
<td>3.0%</td>
<td>18.2%</td>
<td>20.8%</td>
<td>8</td>
</tr>
<tr>
<td>Depress Sx (L)</td>
<td>N030.02</td>
<td>C</td>
<td>0</td>
<td>108</td>
<td>0.0%</td>
<td>0.0%</td>
<td>4.0%</td>
<td>5.5%</td>
<td>0</td>
</tr>
<tr>
<td>UTI (L)</td>
<td>N024.02</td>
<td>C</td>
<td>2</td>
<td>112</td>
<td>1.8%</td>
<td>1.8%</td>
<td>4.8%</td>
<td>2.8%</td>
<td>48</td>
</tr>
<tr>
<td>Cath Insert/LEFT Bladder (L)</td>
<td>N026.03</td>
<td>C</td>
<td>4</td>
<td>111</td>
<td>3.6%</td>
<td>3.6%</td>
<td>2.0%</td>
<td>2.2%</td>
<td>75 *</td>
</tr>
<tr>
<td>Lo-Risk Lose B/B Con (L)</td>
<td>N025.02</td>
<td>C</td>
<td>8</td>
<td>39</td>
<td>20.5%</td>
<td>20.5%</td>
<td>37.8%</td>
<td>48.2%</td>
<td>7</td>
</tr>
<tr>
<td>Excess Wt Loss (L)</td>
<td>N029.02</td>
<td>C</td>
<td>10</td>
<td>84</td>
<td>11.9%</td>
<td>11.9%</td>
<td>5.3%</td>
<td>5.7%</td>
<td>89 *</td>
</tr>
<tr>
<td>Incr ADL Help (L)</td>
<td>N028.02</td>
<td>C</td>
<td>9</td>
<td>82</td>
<td>11.0%</td>
<td>11.0%</td>
<td>14.4%</td>
<td>14.9%</td>
<td>32</td>
</tr>
</tbody>
</table>
Provider Portal

Add additional e-mails by separating with a comma:

- employee1@nh.com, employee2@nh.com

Baselines and National Average

Training and FAQ's

--- Notification ---

NOTE: facilities will start providing the following information January 2020 for each of the 4 measures: Facility adjusted quality metric score and upload the MDS 3.0 facility level quality measure report from CASPER.

NOTE: The system will automatically log you out after 10 minutes of inactivity. Any unsaved data will be lost, so be sure to save regularly!

PLEASE make sure that your facility e-mail address is up-to-date in your profile. All system e-mail notifications will be sent to that e-mail address.
Provider Portal
Provider Portal

PFP/QOC Data Collection Portal

Health Improvement Plan (HIP) N029.02 Excess Weight Loss

Data Period: 10/1/2019 - 12/31/2019 [LOCKED]
(Please use the same report period on the CASPER report)

Nursing Home Information

State ID: 888
Federal (Medicaid) ID: 005827019
Facility Name: TEST FACILITY
HSID Name: Test Facility
PFP Participant:
Phone Number: (405) 822-7019
Address: 4345 N. Lincoln Blvd.
Oklahoma City, OK 73104

Instructions

Please read information required on your facility:

- Your facility will be responsible for entering the facility adjusted quality metric score each quarter from the CASPER MOS 3.0 facility level quality measure report. This is the facility adjusted percent. Your facility will be responsible for uploading this one page report quarterly.
- Each of the 4 measures will have their own provider portal form. 1 for anti-psychotics, 1 for UTI, 1 for weight loss and 1 for unstageable pressure ulcer. You must go in to each form to see baseline(s), National Average, Quarterly Improvement score, current score. All language on the forms will be the same.
- Your facility will be audited at least once within the year. Please make sure your email on the portal is up to date, as this is the communication tool for audit, trainings, payment allocation and quarterly report cards.
- Due dates are January 30, April 30, July 30 and Oct. 30.
- Facilities will have to sign and submit the provider portal form once documentation has been uploaded for audit.
- The Performance Review Audit section below will check a box if your facility is up for review.
Provider Portal

PFP/QOC Data Collection Portal

Baseline: 7.17
National Avg. Benchmark: 5.50
Quarterly Improvement Percentile (5% relative improvement): 6.81
Facility Adjusted QM Score: 5.00
CASPER Report NDS 3.0
Facility Level Quality Measure Report:

Additional Comments/Explanation (Optional):

Signature:
I certify that all of the information I have supplied to the Oklahoma Health Care Authority on this form, or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration.

Signed By: Lin Liu
Job Title: OMCA - POE Staff Member
Date: 1/29/2020 1:47:22 PM
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.
• 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.
• 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:

<table>
<thead>
<tr>
<th>Hours</th>
<th>Previous</th>
<th>Current Effective 10/1/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a.m. to 3 p.m.</td>
<td>one direct care staff to every seven residents</td>
<td>one direct care staff to every six residents</td>
</tr>
<tr>
<td>3 p.m. to 11 p.m.</td>
<td>one direct care staff to every ten residents</td>
<td>one direct care staff to every eight residents</td>
</tr>
<tr>
<td>11 p.m. to 7 a.m.</td>
<td>one direct care staff to every seventeen residents</td>
<td>one direct care staff to every fifteen residents</td>
</tr>
</tbody>
</table>
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

**QA Manager**
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[Jennifer.Wynn@okhca.org](mailto:Jennifer.Wynn@okhca.org)

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**Program Analyst II**
Brenda Smith  
[Brenda.Smith@okhca.org](mailto:Brenda.Smith@okhca.org)
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](http://www.nursinghomeratings.com).
• Training.
Resources

• Oklahoma Foundation for Medical Quality.

• Telligen.

• American Association of Retired Persons.

• National Nursing Home Quality Improvement Campaign.

• Oklahoma State Department of Health.
  – https://www.ok.gov/health/.

• Centers for Medicare & Medicaid Services.
Keep your address up to date at MySoonerCare.org
Long-Term Care and Waiver Services

What We Do

Several OHCA divisions develop, operate, and administer long-term care and waiver programs by collaborating with state and private agencies, community organizations, and stakeholders in creating a system of health care, long-term care support and home and community-based services support that meets the needs of every Oklahoma citizen.

Programs

- Focus on Excellence
- Home & Community Based Waivers
- Living Choice
- Long-Term Care Facilities
- Long-Term Care Partnership
- PACE
- PASRR
- TBPRA

Claim Tools

- MMIS Long-Term Care Provider Billing Manual
- Per Diem Rates and Methodology
- PPS Rates
  - Payment Summary
  - Anti-Psychotic
  - Pressure Ulcer
  - UTI
  - Weight Loss

OHCA Rules

- 317:30:5:9 - Long-Term Care Facilities

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