

# PAY FOR PERFORMANCE

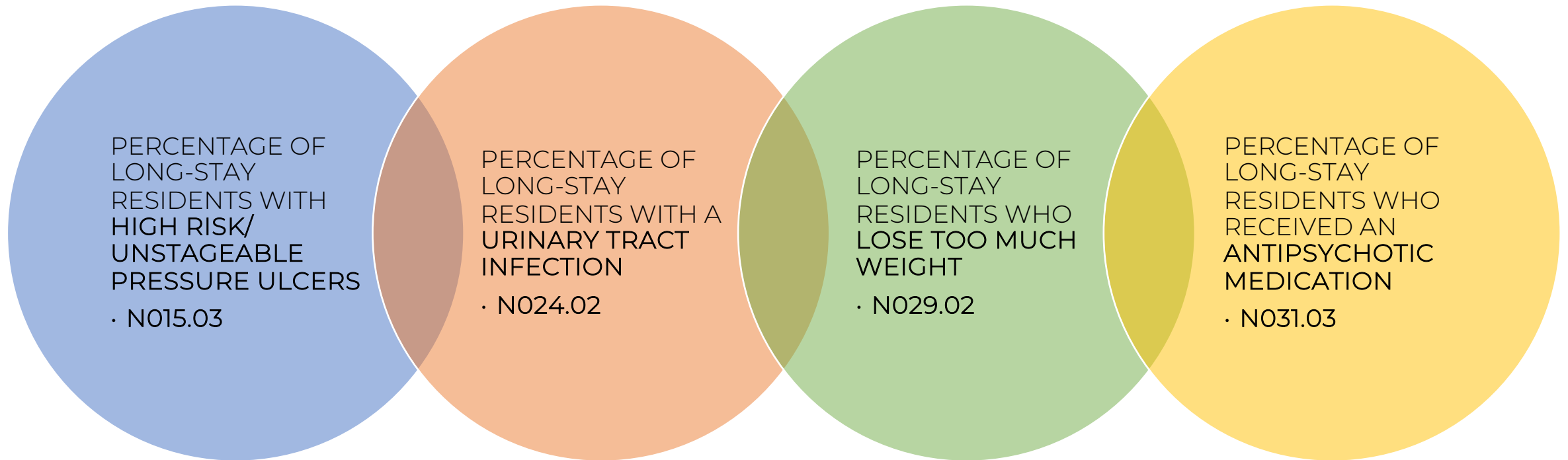


# OBJECTIVES

- Quality Measures.
- Data Collection and Submission.
- Performance Reviews.
- Facility Performance.
- Quality of Care Report.
- Updates.

# QUALITY MEASURES

# QUALITY MEASURES



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- 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 following quarters until the facility comes into compliance.
  - Facility deficiency tags can be viewed here <https://surveys.health.ok.gov/>.

# 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

# DATA COLLECTION AND SUBMISSION

# DATA COLLECTION & SUBMISSION

- Facilities enter the facility adjusted percent score from the CASPER MDS 3.0 facility level quality measure report for each of the four quality measures.
- Facilities **upload** the CASPER MDS 3.0 facility level quality measure report for each of the four quality measures.

DATA COLLECTION PERIOD	SUBMISSION DEADLINE	PAYMENT
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 AND SUBMISSION

CMS		CASPER Report		Page 1 of 1					
CENTERS FOR MEDICARE & MEDICAID SERVICES		MDS 3.0 Facility Level Quality Measure Report							
Facility ID: NH5531		Report Period: <b>check the report period</b>							
CCN: 375256		Comparison Group: 05/01/2019 - 10/31/2019							
Facility Name: <b>check facility name</b>		Report Run Date: 01/03/2020							
City/State: OKLAHOMA CITY, OK		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

## Assistance with obtaining CASPER report:

- Oklahoma State Department of Health.
  - Quality Improvement and Evaluation Service helpdesk.
  - 405-271-5278.

# DATA COLLECTION AND SUBMISSION

Remember:

- Add multiple e-mail addresses separated by a comma.
- Remember to update profile information.
- Reports: Baseline and National Average.
- Trainings: Trainings and Resources.

Oklahoma HealthCare Authority Extranet PFP/QOC Data Collection Portal

Currently logged in as: Nursing Facility

Default Pages Forms and Documents Reports Contact Us Profile Trainings Print Log Out

### User Profile

Note: Please take a moment to verify your user profile before proceeding.  
Click "Save Profile" to save your changes and continue to your default screen.

Medicaid/User ID: 100234567A  
State ID: 001  
Friendly Name: Nursing Facility Name  
NSGO Name:  
E-mail: **employee1@nh.com, employee2@nh.com**  
Password: PassWord123  
Facility Admin/Owner: First Name Last Name  
# of Licensed Beds: 75

Save Profile

# PERFORMANCE REVIEWS

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The quality assurance team conducts weekly performance reviews of participating facilities structured in three categories:

- Desk review-facility data is reviewed at a desk level capacity. Facilities submit requested data via the PFP/QOC provider portal.
- On-site review-facility data is reviewed in person. Facilities provide requested data to the on-site QA team.
- Assessments- staff and residents participate in questionnaire conducted by the on-site QA team which focus on requirements set through Senate Bill 280 and State Plan 19-0031.

# PERFORMANCE REVIEWS

## DESK REVIEW

- Facilities are randomly selected.
- *Performance Review Audit* box checked in PFP/QOC provider portal.
- Requested documentation due **within 15 business days**.
  - Quality Assurance and Performance Improvement Plan and quarterly QAA activities.
  - Program Improvement Project.
  - CASPER Report-MDS 3.0 facility level quality measure report.
  - Other documents as requested.
- Summary report.

# PERFORMANCE REVIEWS

## ON-SITE REVIEW

- Facilities are randomly selected.
- Documentation requested.
  - Quality Assurance and Performance Improvement Plan and quarterly QAA activities.
  - Program Improvement Project.
  - CASPER Report-MDS 3.0 facility level quality measure report.
  - Other documents requested.
- Summary report.

# PERFORMANCE REVIEWS STAFF AND RESIDENT ASSESSMENTS

- QA team randomly selects staff and residents to conduct questionnaires during on-site review.
- Facility provides list of staff and residents present day of the review to review team.
  - Staff selection include all levels who have been employed for at least 30 days. Resident selection include residents with a Brief Interview for Mental Status score of 13-15 (intact/borderline) and residents with BIMS scores of 8-12 (moderate impairment) who have been at the facility for at least 30 days.

*\*Questions focus on requirements set through Senate Bill 280 and State Plan 19-0031.*

# PERFORMANCE REVIEWS PROCESS DURING COVID-19 PANDEMIC

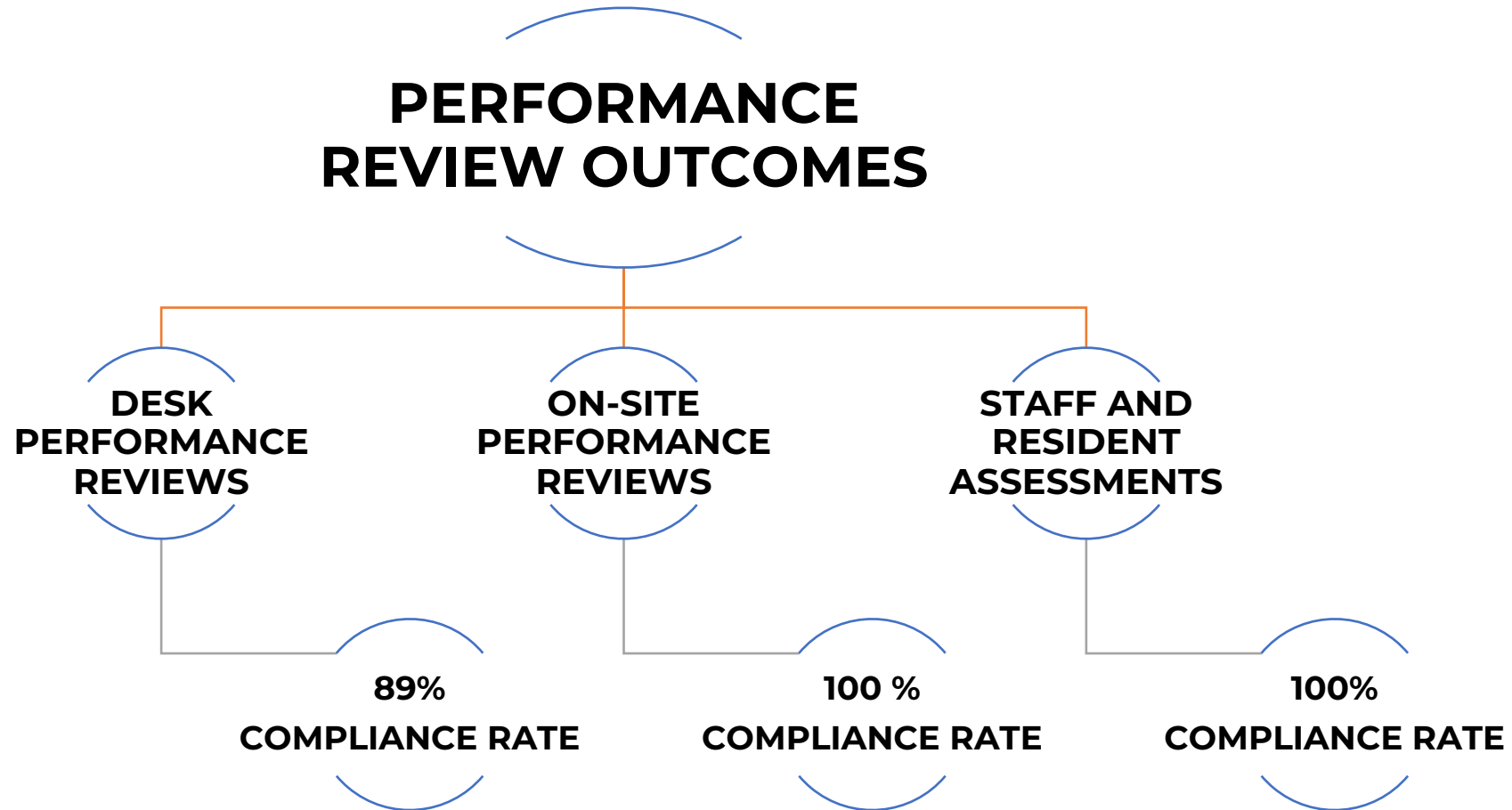
- Randomly selected.
- QA team notifies facility via telephone of selection for on-site review and verify e-mail(s) obtained from PFP/QOC provider portal.
- Submit requested documentation via e-mail at [lqcqualityassurance@okhca.org](mailto:lqcqualityassurance@okhca.org).
  - Quality Assurance and Performance Improvement Plan.
  - Pay for Performance-Performance Review Assessments form (staff and residents names).

# PERFORMANCE REVIEWS PROCESS DURING COVID-19 PANDEMIC

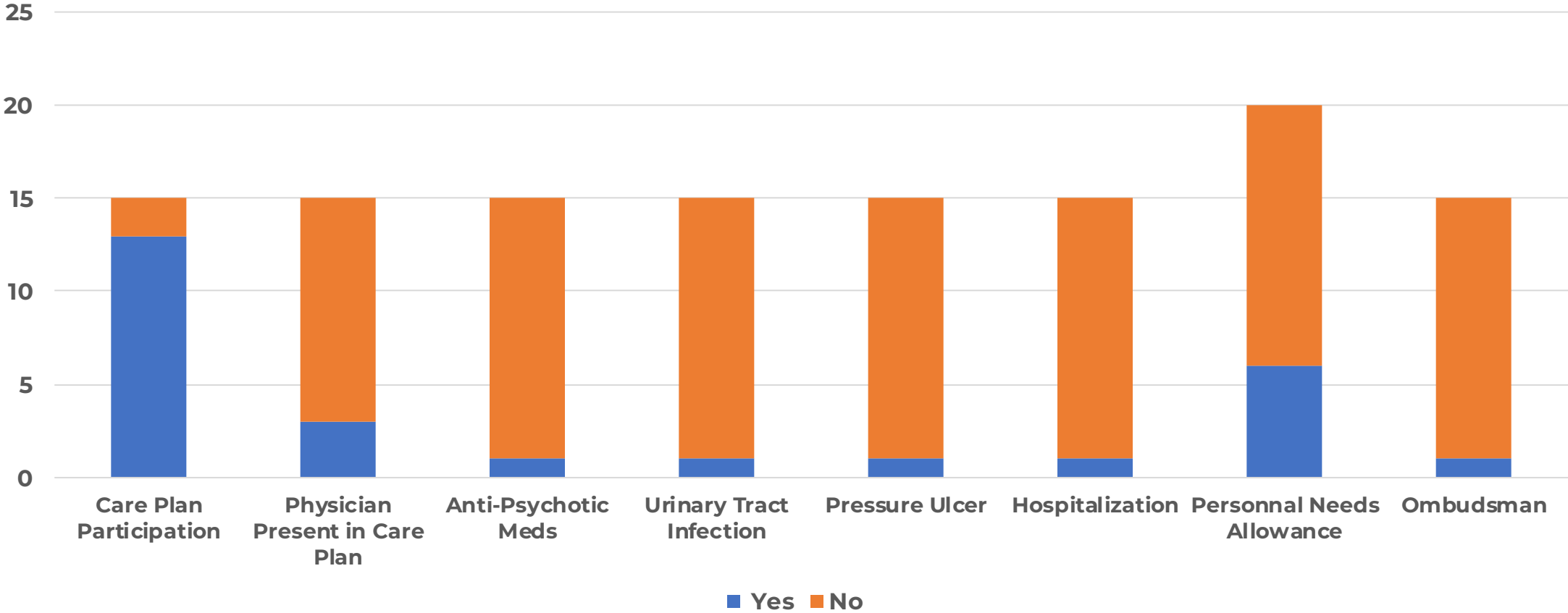
- Criteria for selecting staff and resident:
  - Staff must have been employed at facility for at least 30 days.
  - Residents with a Brief Interview for Mental Status score of 13-15 (intact/borderline) and residents with BIMS scores of 8-12 (moderate impairment) who have resided at facility for at least 30 days.
- QA team conducts assessments over the phone.
- Summary report.

# FACILITY PERFORMANCE

# FACILITY PERFORMANCE

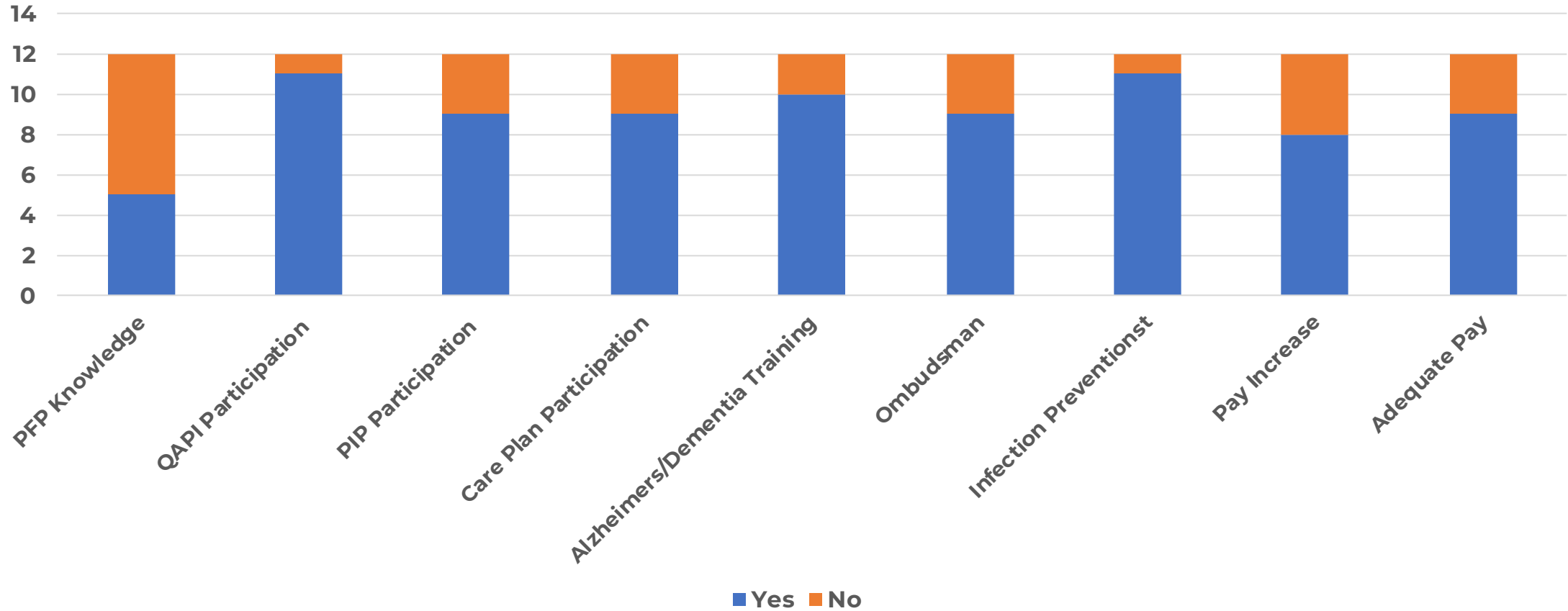


# RESIDENT ASSESSMENTS



# FACILITY PERFORMANCE

# STAFF ASSESSMENTS



# FACILITY PERFORMANCE

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# FACILITY PERFORMANCE QAPI AND QAA SUMMARY

- **Observations.**
- **Technical Assistance.**
- **Do's and Don'ts.**

- Facility physician during care plan meeting.
- Frequency and attendance of care plan meetings.
- Wellbeing.
- Personal Needs Allowance.
- Ombudsman.

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# FACILITY PERFORMANCE RESIDENT ASSESSMENTS

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# FACILITY PERFORMANCE STAFF ASSESSMENTS

- **Overview of PFP.**
- **Education of QAPI Plan, Quarterly Assurance and Assessment Activities and Performance Improvement Projects.**
- **Care Plan Meetings.**
- **Alzheimer and Dementia Training.**
- **Infection Preventionist.**
- **Pay increase or adequate pay.**

# FACILITY PERFORMANCE STATE SURVEYS

## QUARTER 1

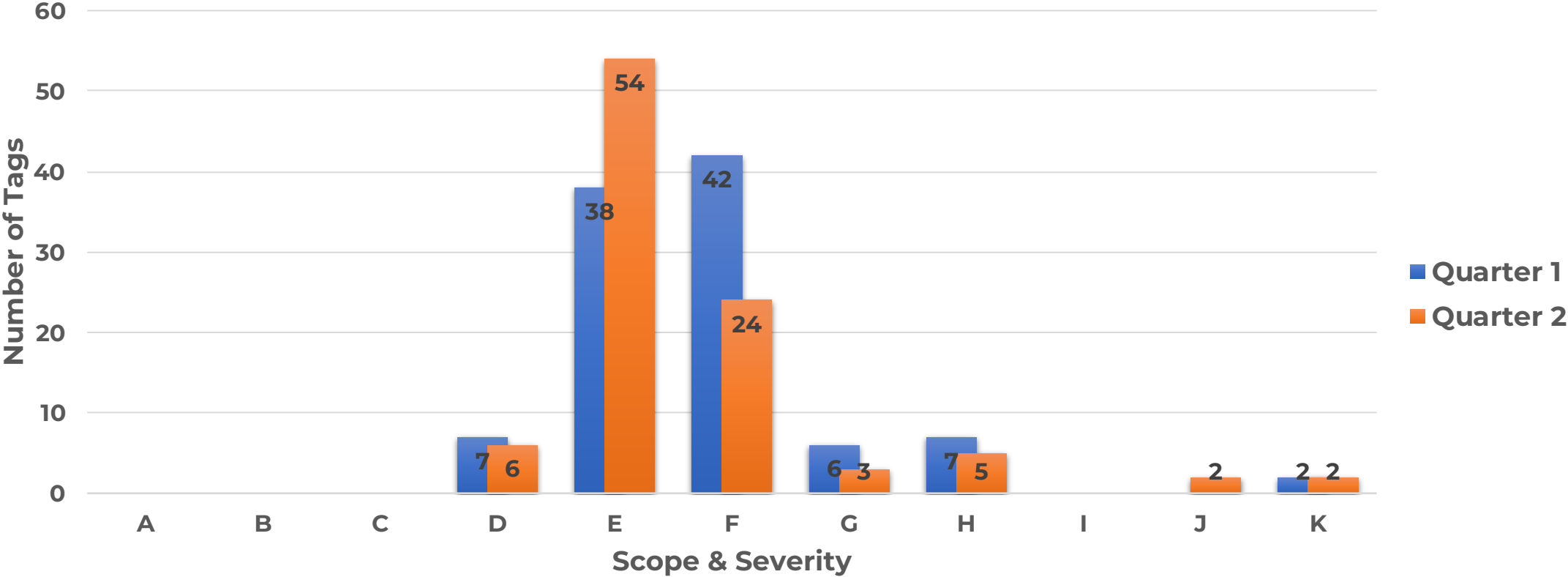
- Oklahoma State Department of Health conducted **102** surveys.
- **Two** facilities earned a scope and severity tag of I or greater.

## QUARTER 2

- Oklahoma State Department of Health conducted **96** surveys.
- **Four** facility earned a scope and severity tag of I or greater.

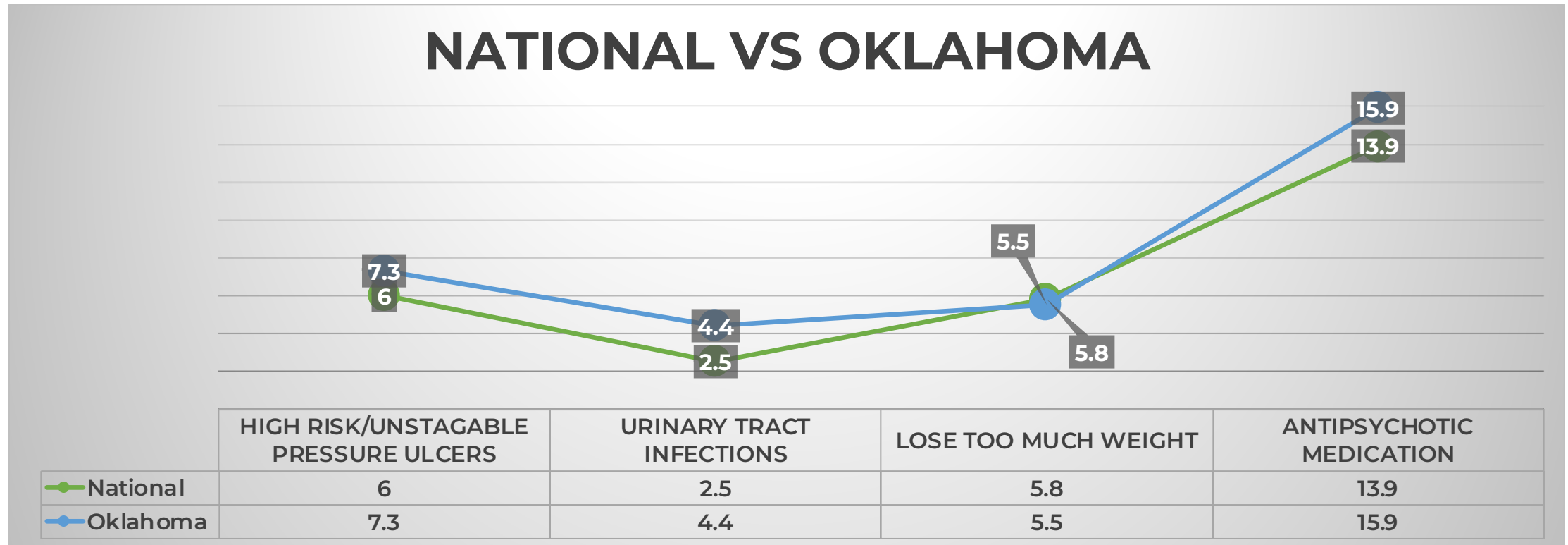
**Surveys were suspended except in cases of immediate jeopardy or revisits to verify that a facility has remedied an IJ situation, targeted infection-control surveys, and initial surveys during COVID-19 public health emergency.**

# State Surveys



## FACILITY PERFORMANCE

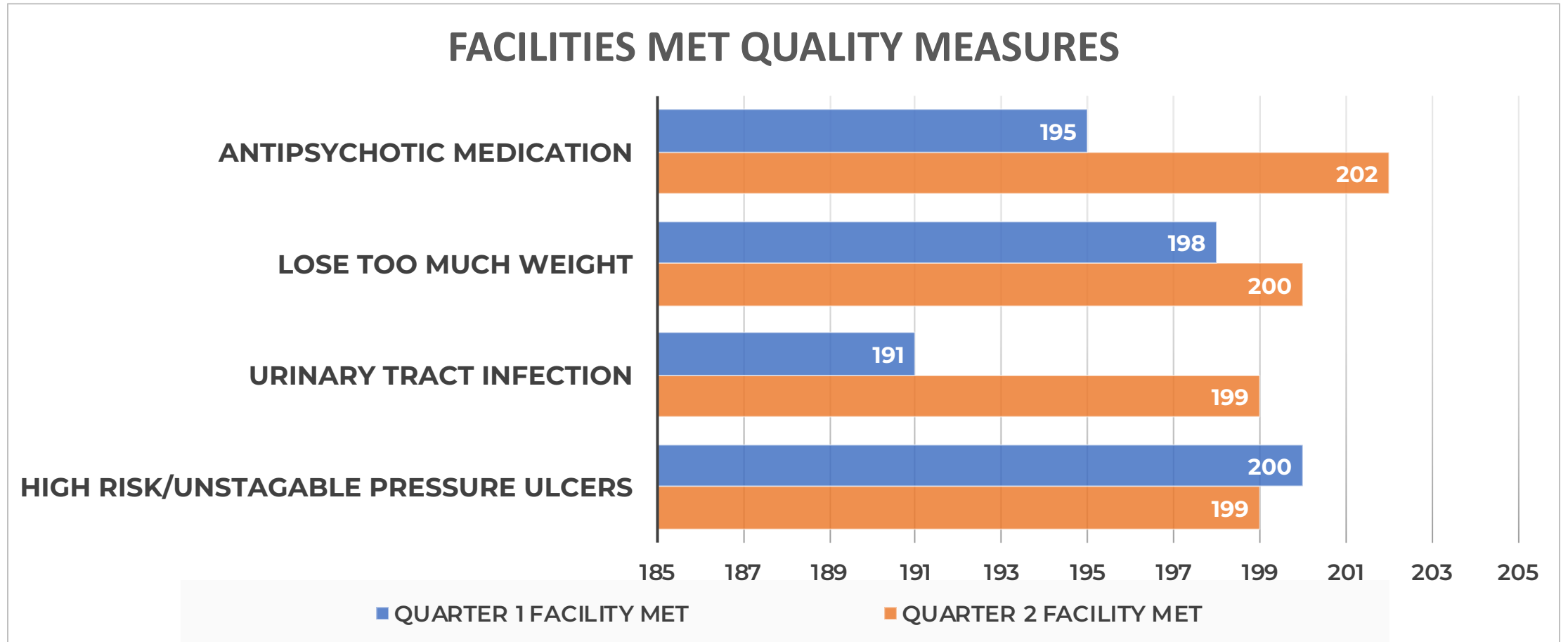
# FACILITY PERFORMANCE



Lower percentages are better.

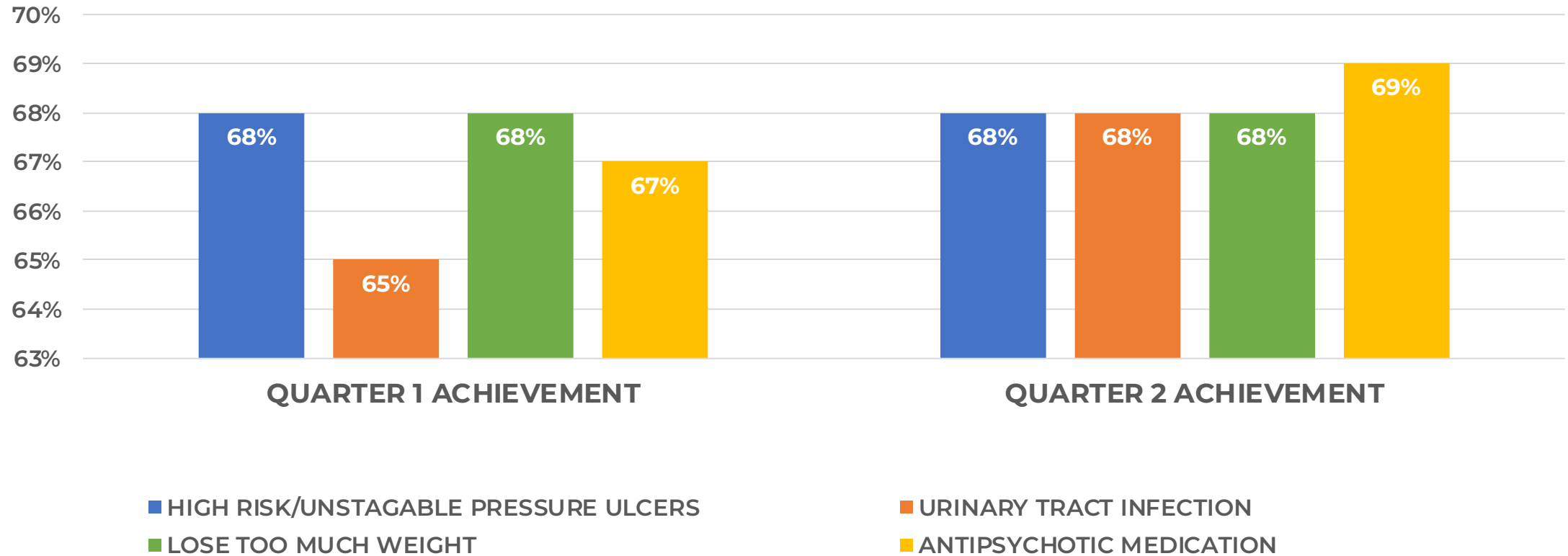
*Quality Improvement and Evaluation System Business Intelligence Center Database Oct. 31, 2019*

# FACILITY PERFORMANCE



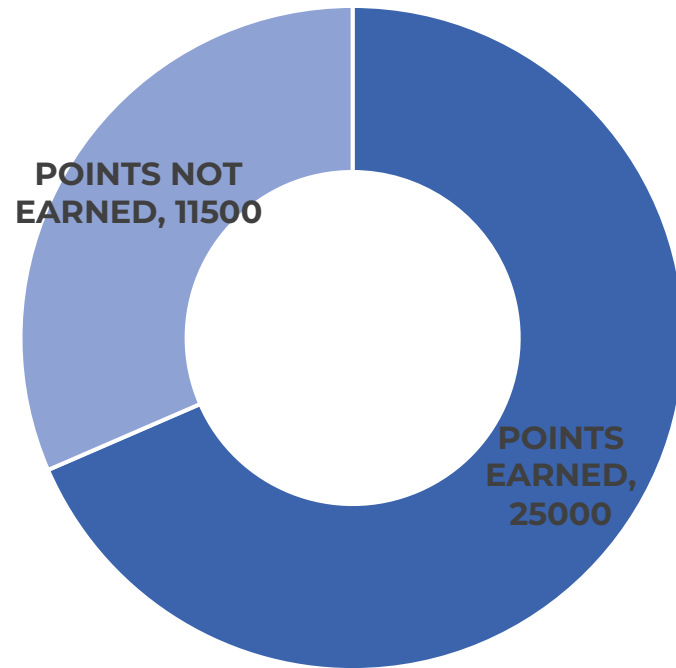
# FACILITY PERFORMANCE

## ACHIEVEMENT PERCENTAGES

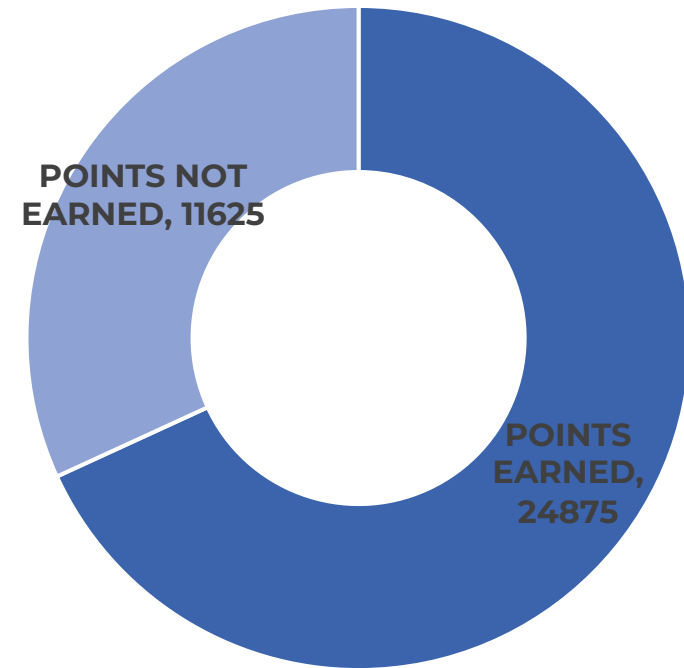


# FACILITY PERFORMANCE

## HIGH RISK/UNSTAGABLE PRESSURE ULCERS



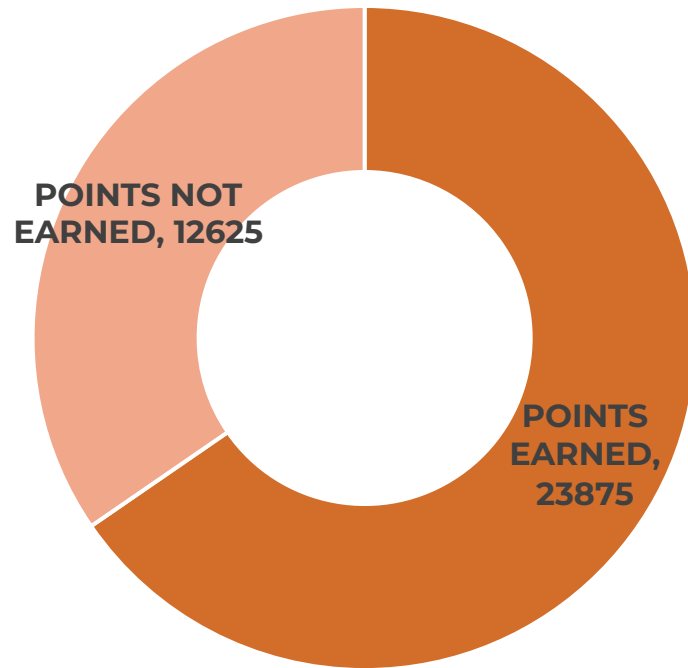
**QUARTER 1**



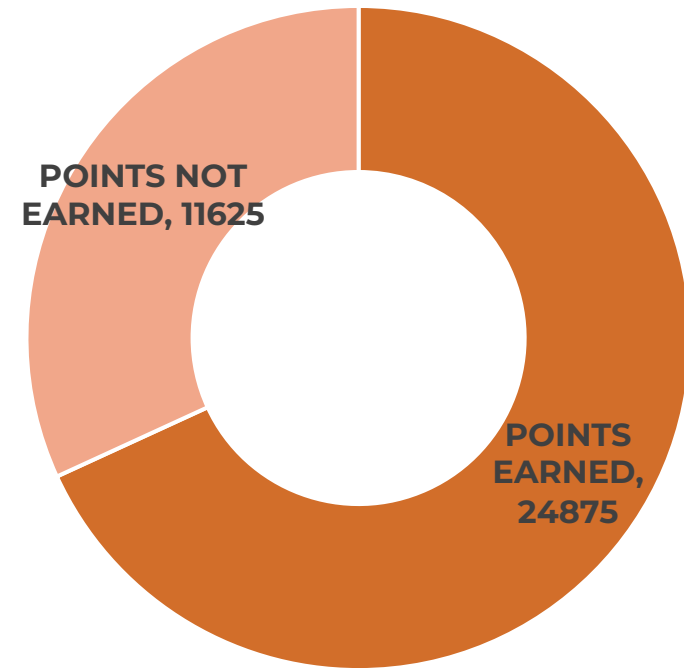
**QUARTER 2**

# FACILITY PERFORMANCE

## URINARY TRACT INFECTIONS



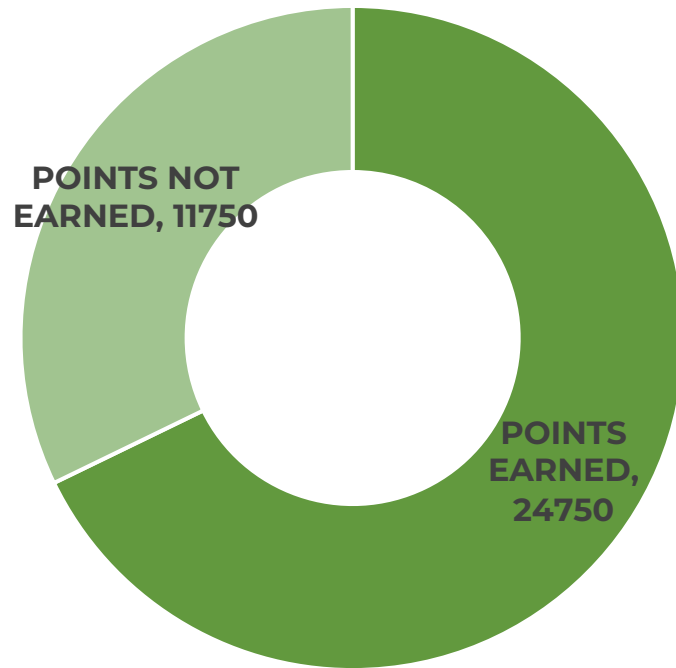
**QUARTER 1**



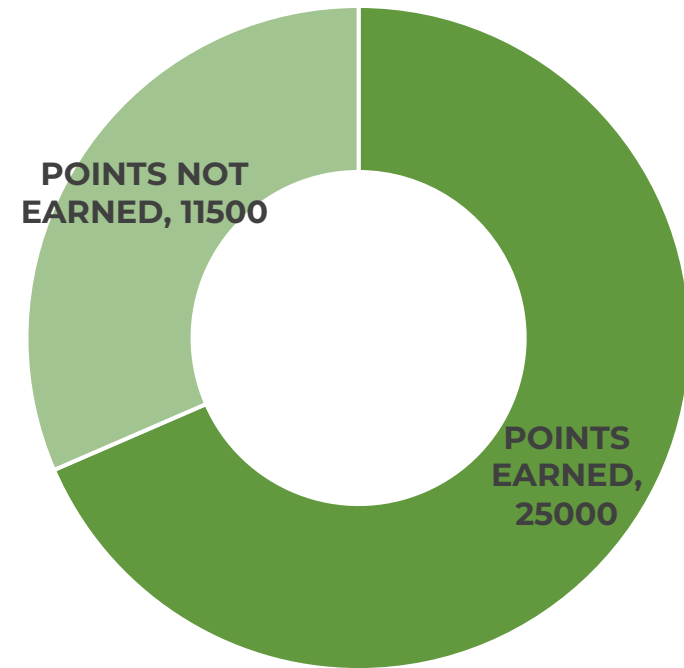
**QUARTER 2**

# FACILITY PERFORMANCE

## LOSE TOO MUCH WEIGHT



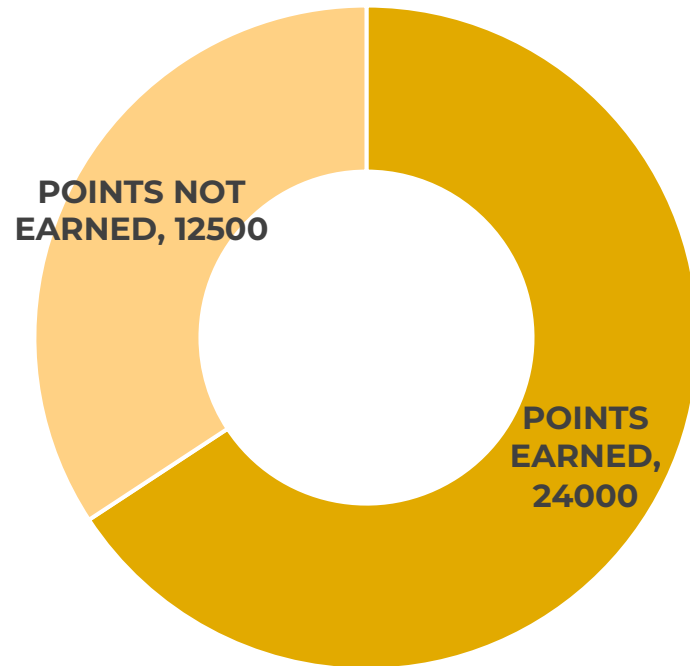
**QUARTER 1**



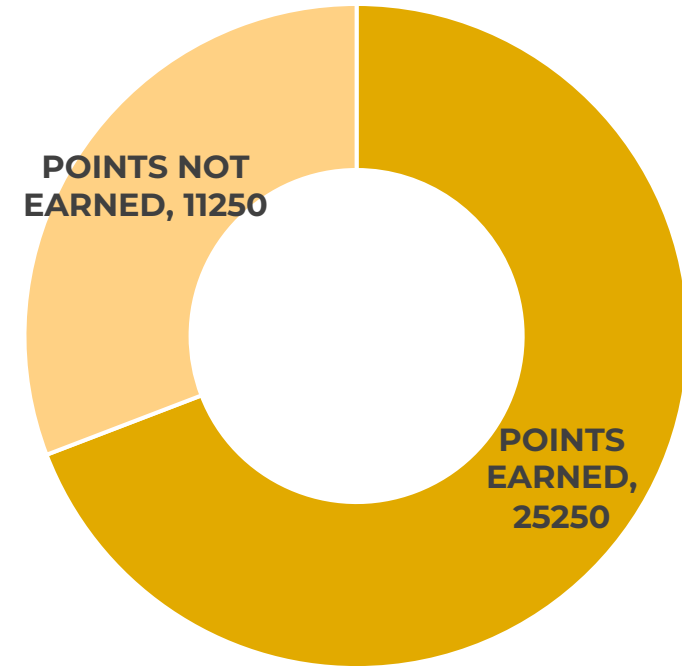
**QUARTER 2**

# FACILITY PERFORMANCE

## ANTIPSYCHOTIC MEDICATIONS



**QUARTER 1**



**QUARTER 2**

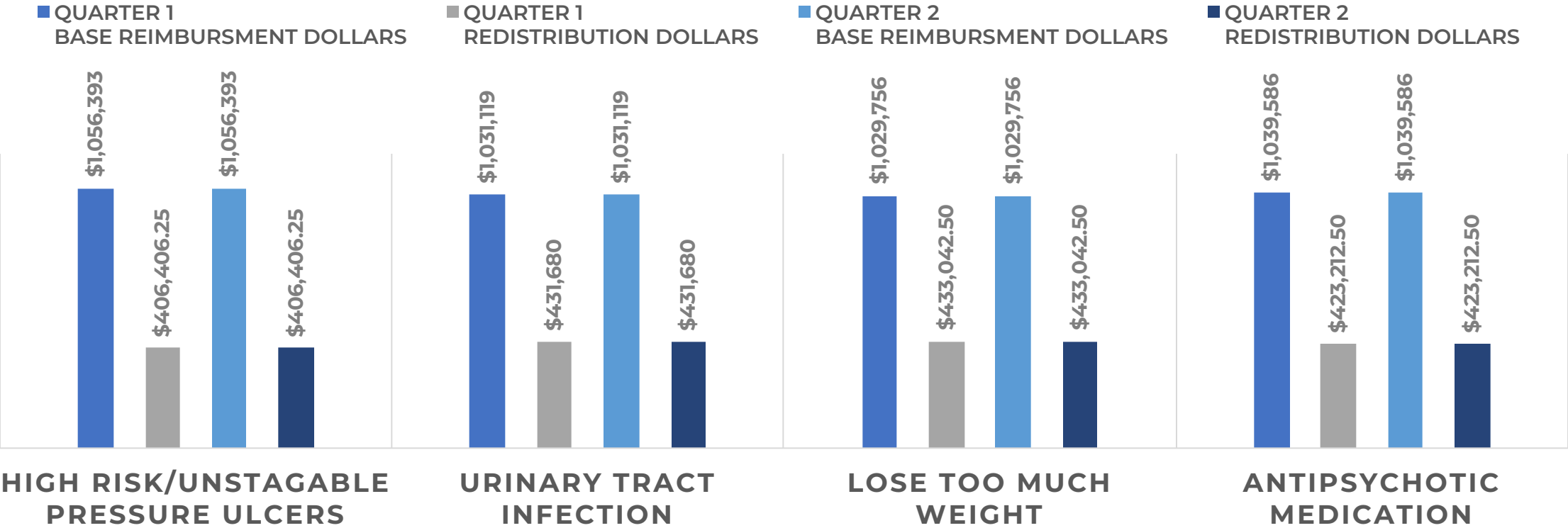
# FACILITY PERFORMANCE

## PERFORMANCE AVERAGES

<b>QUARTER 1</b>	<b>HIGH RISK/ UNSTAGABLE PRESSURE ULCERS</b>	<b>URINARY TRACT INFECTION</b>	<b>LOSE TOO MUCH WEIGHT</b>	<b>ANTIPSYCHOTIC MEDICATION</b>
<b>NATIONAL BASELINE AVERAGE</b>	<b>7.30%</b>	<b>2.80%</b>	<b>5.50%</b>	<b>14.50%</b>
<b>FACILITY BASELINE AVERAGE</b>	<b>7.58%</b>	<b>4.53%</b>	<b>5.63%</b>	<b>19.14%</b>
<b>QUARTER 1 AVERAGE</b>	<b>8.14%</b>	<b>3.52%</b>	<b>4.60%</b>	<b>16.31%</b>
<b>QUARTER 2 AVERAGE</b>	<b>7.80%</b>	<b>3.00%</b>	<b>4.60%</b>	<b>13.80%</b>

# FACILITY PERFORMANCE

## QUALITY MEASURE PAYMENTS



# FACILITY PERFORMANCE

## QUARTER 1 SUMMARY

PAYOUT SUMMARY	AMOUNT	AMOUNT PPD
MINIMUM PAYMENT	\$1,668	\$1.73
AVERAGE PAYMENT	\$21,997	\$5.19
MAXIMUM PAYMENT	\$115,083	\$7.04

Total paid days= 1,170,239

Total payment= \$5,851,195

## QUARTER 2 SUMMARY

PAYOUT SUMMARY	AMOUNT	AMOUNT PPD
MINIMUM PAYMENT	\$3,675	\$1.73
AVERAGE PAYMENT	\$20,254	\$4.97
MAXIMUM PAYMENT	\$106,976	\$7.07

Total paid days= 1,152,608

Total payment= \$5,763,040

# QUALITY OF CARE REPORT

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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.

## Penalty

- Late submission reports are subject to **\$150** per calendar day penalty until the completed report is formally submitted.
- Incomplete reports are subject to the **\$150** per calendar day penalty until a completed report is formally submitted.

# QOC REPORT TEAM

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- OHCA main number:  
405-522-7300
- Email:  
[www.LTCAUDIT@okhca.org](mailto:www.LTCAUDIT@okhca.org)

## Financial Analyst

Karen Stinson: 405-522-7124

[Karen.Stinson@okhca.org](mailto:Karen.Stinson@okhca.org)

## Payments or Penalties

Ernest Chiang: 405-522-7089

[Ernest.Chiang@okhca.org](mailto:Ernest.Chiang@okhca.org)

## Manager, LTC Financial Management

Peter Onema: 405-522-7098

[Peter.Onema@okhca.org](mailto:Peter.Onema@okhca.org)

Requests for copies of QOC reports

Carolyn Berry-Greer, legal services:

405-522-7268; Fax: 405-530-3444

UPDATES



**New facility baselines - October 2020.**

**OHCA public website - PFP.**

**Quarterly and annual report.**

**PFP and QOC provider portal.**

**UPDATES**

# QUALITY ASSURANCE TEAM

- QA Manager

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- QA Senior Research Analyst

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- Program Analyst II

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**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

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[mysoonercare.org](http://mysoonercare.org)

Agency: 405-522-7300  
Helpline: 800-987-7767

