

NF Quality Payment Program Frequently Asked Questions (FAQ) 9/22/2023

Note: All responses are as of the date indicated in the FAQ title above. As additional information becomes available or further clarification is deemed necessary, this document may be updated to provide further guidance.

Q1: What impact will the quality reporting information have on my facility for State Fiscal Year 2024 (7/1/2023 – 6/30/2024)?

A: There is no fiscal impact associated with the quarterly quality reporting information for state fiscal year (SFY) 2024. The provided reporting is intended to give sufficient information to the provider community in order to assist in facilitating continued quality improvement and prepare providers for the eventual implementation of financial impacts related to their quality performance.

Q2: When will the NF quality program begin to have a financial impact related to provider quality performance?

A: The Department of Social Services will provide further guidance related to the implementation of financial impact for provider quality performance and its related funding pool at a future date.

Q3: How will the pool of dollars for the NF quality program be funded?

A: The Department of Social Services will provide further guidance related to the implementation of financial impact for provider quality performance and its related funding pool at a future date.

Q4: What are the data collection timelines associated with the NF quality payment program?

A: The NF quality payment program will update underlying data on a quarterly basis. The following table indicates the general publication dates for the CMS public use file information utilized in the provider quality reports.

CMS Public Use File Incorporation	
Published Date	Quality Payment Quarter
April	Jul 1 - Sept 30
July	Oct 1 - Dec 31
October	Jan 1 - Mar 31
January	Apr 1 - Jun 30

For those published dates, the MDS based quality measures utilize a four quarter rolling average, while staffing hours information is based on provider payroll based journal submissions and include one calendar quarter. Additional information on CORE-Q data collection and performance periods will be forthcoming.

The following table includes an example data collection timeframe for each measure. The example data collection period would relate to the CMS files published in April 2023 and utilized for the July 1, 2023 – September 30, 2023 provider quality reports.

QM Performance Measure	CMS Measure ID	CMS Source File	Source File Data Collection Timeframe
Adjusted Total Nursing Staffing HPRD		Provider Information	Oct 2022 - Dec 2022
High-Risk Residents w/ Pressure Ulcers	453	MDS Quality Measures	Jan 2022 - Dec 2022
Residents Who Lose Too Much Weight	404	MDS Quality Measures	Jan 2022 - Dec 2022
Antipsychotic Medications	419	MDS Quality Measures	Jan 2022 - Dec 2022
Pneumococcal Vaccine	415	MDS Quality Measures	Jan 2022 - Dec 2022
Seasonal Influenza Vaccine	454	MDS Quality Measures	Jan 2022 - Dec 2022
CORE-Q Performance			

Q5: What remedy does a provider have if they believe the source data utilized in the NF quality payment program is inaccurate?

A: For non-CORE-Q measures, DSS utilizes information directly for CMS public use files. These public use files calculate provider raw score values directly from provider MDS submissions. As such, DSS is not currently considering modification to the underlying source data to be allowed as it is required of providers to accurately complete and submit timely MDS resident assessment

information to CMS.

For CORE-Q additional information will be forthcoming related to the calculation of the measure, as well as provider rights around reported values.

Should providers believe other information included in the quality, such as Medicaid Days or a mathematical error is present, they should submit those concerns directly to DSS.

Q6: If my facility has been deemed ineligible for the NF quality payment program for a quarter, how can I regain eligibility?

A: Eligibility for the NF quality payment program will be determined on a rolling quarterly basis and will be dependent on information present in the CMS public use files. Source data for eligibility is the “Provider Information” file found under the “Nursing home including rehab services link located at the following CMS website: <https://data.cms.gov/provider-data/>

Q7: What Medicaid days will be utilized?

A: For the current NF quality payment program reporting, generally 2022-year end cost reports are being utilized for annualized Medicaid day totals. However, DSS is considering utilizing more current MMIS paid claims day as an alternative and welcomes provider feedback relating to Medicaid day determinations and associated timing.