State of Connecticut Nursing Facility Payment Modernization Project: Quality Payment Program

August 2023

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CERTIFIED PUBLIC ACCOUNTANTS

AGENDA

- Quality Program Overview
- Quality Measure Overview
- Quality Program Calculation
- Quality Program Reporting
- Q&A

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ACRONYMS

- **MDS** - Minimum Data Set; a core set of screening, clinical and functional elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare and/or Medicaid.

- **VBP** - Value Based Purchasing; payment methodology that links provider payments to improved performance by health care providers. Performance measures are defined in the methodology, and utilized in the reimbursement calculations.

NF PAYMENT MODERNIZATION GOALS & OBJECTIVES

- To reflect the Department's overall interest and work in modernizing rates.
- **Establish a framework to align with value-based payment in the future.**
- Align direct care reimbursement with the anticipated resource needs of each provider based on the acuity of their specific residents.
- Provide incentive for nursing homes to admit and provide care to persons in need of comparatively greater care.

Quality Program Overview

QUALITY PROGRAM OVERVIEW

- DSS is implementing a quality payment program to align Medicaid payments with incentives for better resident outcomes
- Program will initially consist of 7 measures
- No dollars at risk for SFY 2024
- Quality data is obtained from publicly available CMS quality and staffing hour data
  - Exception is CoreQ satisfaction survey data
- Underlying quality data will be updated quarterly and distributed to providers
- Provider workgroups have assisted in determination of selected quality measures

QUALITY PROGRAM EXCLUSIONS

- Providers with the following characteristics with be ineligible for the Quality Payment Program:
  - Special Focus Facility Status
  - Special Focus Facility Candidate Status
  - Abuse Icon Present
- Eligibility will be determined on a quarterly basis from information in the CMS public use files
- Source Data for Eligibility: https://data.cms.gov/provider-data/
  - *“Provider Information”* File

QUALITY PROGRAM SOURCE DATA TIMING

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

Quality Measure Overview

QUALITY MEASURES

- Adjusted total nurse staffing hours per resident day
- Percentage of high risk long-stay residents with pressure ulcers (QM # 453)
- Percentage of long-stay residents who lose too much weight (QM # 404)
- Percentage of long-stay residents who received an antipsychotic medication (QM # 419)
- Percentage of long-stay residents assessed and appropriately given the pneumococcal (QM # 415)
- Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine (QM # 454)
- CoreQ - Satisfaction Survey Performance

QUALITY MEASURE TIER CUT-POINTS & SCORES

QM Performance Measure	CMS Measure ID	Tier Assignment Criteria	Quality Measure Tier Cut-Points					
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
			Beginning Value of Tier Range					
Adjusted Total Nursing Staffing HPRD		> =	0.000000	2.880128	3.149080	3.356828	3.631170	4.000136
High-Risk Residents w/ Pressure Ulcers	453	< =	100.0000%	10.6509%	8.7379%	6.7278%	5.1873%	3.9474%
Residents Who Lose Too Much Weight	404	< =	100.0000%	11.2245%	9.3458%	7.5658%	6.0345%	4.3956%
Anti-psychotic Medications	419	< =	100.0000%	25.9358%	21.5909%	16.6166%	12.8319%	9.9338%
Pneumococcal Vaccine	415	> =	0.0000%	59.5699%	69.6429%	82.2464%	92.9227%	97.9592%
Seasonal Influenza Vaccine	454	> =	0.0000%	82.4324%	88.3721%	94.1176%	96.5517%	98.2906%
CORE-Q Performance		Reporting						

*Cut-Points are derived from intrastate percentiles utilizing CMS published information from April 2023

QM Performance Measure	CMS Measure ID	Tier Assignment Criteria	Quality Scores by Tier					
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Adjusted Total Nursing Staffing HPRD		> =	0.00	0.75	1.75	2.75	3.75	5.00
High-Risk Residents w/ Pressure Ulcers	453	< =	0.00	2.25	5.25	8.25	11.25	15.00
Residents Who Lose Too Much Weight	404	< =	0.00	1.50	3.50	5.50	7.50	10.00
Anti-psychotic Medications	419	< =	0.00	0.75	1.75	2.75	3.75	5.00
Pneumococcal Vaccine	415	> =	0.00	0.75	1.75	2.75	3.75	5.00
Seasonal Influenza Vaccine	454	> =	0.00	0.75	1.75	2.75	3.75	5.00
CORE-Q Performance		Reporting						

QUALITY MEASURE SOURCE DATA

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			

- Example collection timeframe for April 2023 CMS published files
- MDS based quality measures utilize a four quarter rolling average
- Staffing hours information is based on provider payroll based journal submissions
  - Staffing measures utilize a one quarter average
- CORE-Q data collection will be forthcoming

MISSING QUALITY MEASURES

- Missing Quality Measure information will be treated differently depending on which measure type is missing
- Missing MDS Based Quality Measures
  - Facilities will be classified in Quality Tier 4
- Missing Staffing Measure Information
  - Prior quarter staffing hours * 90%
  - If prior quarter staffing hours are missing provider classified in Quality Tier 1

Quality Program Calculation

STEP 1: DETERMINE QUALITY MEASURE TIER AND SCORE

QM Performance Measure	CMS Measure ID	Facility Raw Value	Facility Assigned Tier	Facility Assigned Points
Adjusted Total Nursing Staffing HPRD		**3.250000**	**Tier 3**	**1.75**
High-Risk Residents w/ Pressure Ulcers	453	**1.5500%**	**Tier 6**	**15.00**
Residents Who Lose Too Much Weight	404	**1.8500%**	**Tier 6**	**10.00**
Antipsychotic Medications	419	**15.3500%**	**Tier 4**	**2.75**
Pneumococcal Vaccine	415	**100.0000%**	**Tier 6**	**5.00**
Seasonal Influenza Vaccine	454	**100.0000%**	**Tier 6**	**5.00**
CORE-Q Performance				
			Total Points	**39.50**

STEP 2: DETERMINE PROVIDER % OF MAXIMUM QUALITY SCORE

- Divide the providers quality score points by the maximum quality score points for the quarter

Provider Quality Score Points	39.50
Maximum Quality Score Points	45.00
Provider % of Max Quality Points	**87.78%**

STEP 3: DETERMINE PROVIDER QUALITY ADJUSTED MEDICAID DAYS

- Multiply the provider's % of maximum quality points by one quarter of Medicaid Days from the most recently reviewed/audited cost report

Provider Annualized Medicaid Days	35,000
Provider Medicaid Days for One Quarter	8,750
Provider % of Max Quality Points	87.78%
Provider Quality Adjusted Medicaid Days	7,681

STEP 4: DETERMINE PROVIDER % OF QUALITY ADJUSTED MEDICAID DAYS

- Divide the provider's % of quality adjusted Medicaid days by the statewide total quality adjusted Medicaid days

Provider Quality Adjusted Medicaid Days	7,681
Statewide Quality Adjusted Medicaid Days	659,366
Provider % of Quality Adj. Medicaid Days	1.1649%

STEP 5: DETERMINE PROVIDER QUALITY PAYMENT

- Multiply the provider's % of quality adjusted Medicaid days by the quarterly allocated quality program pool of dollars
- Example: Provider would receive 1.1649% of total quarterly quality pool of dollars

Quality Program Reporting

QUALITY PROGRAM REPORTING

- Providers will receive a quarterly report detailing:
  - Raw Quality Score
  - Quality Measure Tier and Scores
  - Provider’s % of Total Statewide Quality Adjusted Medicaid Days
- Quality program is informational only for SFY 2024
- Providers can utilize their CASPER reporting system to review detail of CMS published information

QUESTIONS?