Long Term Care Pay for Performance (PFP)

November 7, 2019
Topics

• Oklahoma Legislation
• Quality of Care Report
• Quality Measures
• Data Collection Process
• Performance Review (Audit)
• Provider Portal
• Helpful Tools
• Quality Assurance Team
• Questions
Oklahoma Legislation

SB 280 signed on May 22, 2019 shall become effective October 1, 2019 pending approval from Centers for Medicare and Medicaid Service (CMS)

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

Personal Needs Allowance: Effective 10/1/2019-Personal needs allowance shall increase for residents for nursing homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) from $50 to $75 per month

Ombudsman: Effective 10/01/2019-Department of Human Services will employ fifteen ombudsman rather than ten
Alzheimer's/Dementia Training: Effective 1/1/2020-All clinical employees working in a licensed nursing facility shall be required to receive at least four (4) hours of annual Alzheimer's or Dementia training
# Oklahoma Legislation

## Direct-Care-Staff-To-Resident Ratios:

<table>
<thead>
<tr>
<th>Hours</th>
<th>Now</th>
<th>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>
Facilities are still required to complete the Quality of Care (QOC) Report by the fifteenth of every month by 5 p.m. If the fifteenth falls on a weekend or a holiday, the report will then 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](mailto:www.LTCAUDIT@okhca.org)

**Financial Analyst**  
Karen Stinson: 405-522-7124  
[Karen.Stinson@okhca.org](mailto:Karen.Stinson@okhca.org)

**Payments and/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  
Tel. 405-522-7268 Fax 405-530-3444
CMS Quality Measures: Effective 10/1/2019-Contracted Medicaid long-term care providers may earn payment by

achieving five percent (5%) relative improvement each quarter from baseline

or

achieving the CMS national average or better quarterly
Quality Measures

PERCENTAGE OF LONG-STAY HIGH RISK RESIDENTS WITH PRESSURE ULCERS
• N015.01

PERCENTAGE OF LONG-STAY RESIDENTS WHO LOSE TOO MUCH WEIGHT
• N029.01

PERCENTAGE OF LONG-STAY RESIDENTS WITH A URINARY TRACT INFECTION
• N024.01

PERCENTAGE OF LONG-STAY RESIDENTS WHO RECEIVED AN ANTIPSYCHOTIC MEDICATION
• N031.02

CMS Quality Measures
Quality Measures

National Average vs Oklahoma Average

Lower percentages are better

Quality Measures

- Payments are earned quarterly and based on facility-specific performance achievement of four (4) equally-weighted, CMS Long-Stay Quality Measures
- A facility may earn a minimum of $1.25 per Medicaid patient per day for each qualifying metric
- A facility receiving a 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

Quality Measure Baseline:

- OHCA will produce individual facility-specific baselines based on the previous 4 quarters average of published CMS data, before the start of the program each new year.
- Facility(s) baseline is calculated annually and will remain the same for a 12 month period.

National Average Benchmark:

- All nursing facilities will be measured against the most recent CMS-published national percentage.
- National Benchmarks will be the same for all facilities and will not change for that entire year.
# Quality Measures

## Example: Facility Baseline Calculation

<table>
<thead>
<tr>
<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>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>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>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>12.11%</td>
<td>11.48%</td>
<td>10.84%</td>
<td>10.20%</td>
</tr>
<tr>
<td>Improvement Target</td>
<td>14.65%</td>
<td>11.15%</td>
<td>9.54%</td>
<td>10.45%</td>
</tr>
<tr>
<td>Facility Actual QM Score</td>
<td>Failed</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
</tbody>
</table>
Data Collection Process

**Data Source:** OHCA will obtain the quarterly CASPER report from Oklahoma State Department of Health

<table>
<thead>
<tr>
<th>Collection Period</th>
<th>Lump Sum Payment 45 days after Qtr closes</th>
</tr>
</thead>
<tbody>
<tr>
<td>October, November &amp; December</td>
<td>February</td>
</tr>
<tr>
<td>January, February &amp; March</td>
<td>May</td>
</tr>
<tr>
<td>April, May &amp; June</td>
<td>August</td>
</tr>
<tr>
<td>July, August &amp; September</td>
<td>November</td>
</tr>
</tbody>
</table>
Performance Review (Audit)

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 provide requested documentation via the PFP/QOC Provider Portal within fifteen business days
  – Quality Assurance and Performance Improvement (QAPI)
  – Program Improvement Project (PIP)
  – 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 Reviews (Audit)

On-Site Review:

• Facilities will be randomly pulled for quarterly on-site review
• Facilities will provide requested documentation to on-site review team
  – Quality Assurance and Performance Improvement (QAPI)
  – Program Improvement Project (PIP)
  – 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
Performance Reviews (Audit)

Quality Assurance + Performance Improvement = QAPI:

- **QAPI** - data-driven, proactive approach to improving the quality of life, care and services in nursing homes; it involves all levels of the organization to identify opportunities for improvement; address gaps in systems or processes; develop/implement an improvement plan; and continuously monitor effectiveness of interventions

- Review the QAPI five elements
- Use **SMART** formula to develop goal
Performance Reviews (Audit)

Quality Assurance + Performance Improvement = QAPI:

**QA** - process of meeting quality standards and assuring that care reaches an acceptable level; nursing homes typically see QA thresholds to comply with regulations

**PI** - pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systematic problems
Performance Reviews (Audit)

QAPI Five Strategic Elements

- Design & Scope
- Feedback, Data Systems & Monitoring
- Systematic Analysis & Systematic Action
- Governance & Leadership
- Performance Improvement Projects

Quality of Care, Quality of Life, Resident Choice
Performance Reviews (Audit)

- **Specific** - describe the goal in terms of 3 “W” questions (What, Who, Where)
- **Measurable** - describe how you will know if the goal is reached
- **Attainable** - defend the rationale for setting the goal measured
- **Relevant** - describe how the goal will address the problem
- **Time-Bound** - define timeline for achieving the goal
Performance Reviews (Audit)

Performance Improvement Projects (PIP):
• Focus on topics that are meaningful and address the needs of residents and staff
• Create PIP teams and roles
• Support staff in being effective PIP team members; use tools that support effective teamwork
• Plan, implement, measure, monitor and document changes using structured performance improvement approach
Performance Reviews (Audit)

Checklist for creating a PIP:

• Name of project
• Problem to be solved
• Background leading up to the need for this project
• The goal(s) for this project
• Scope-the boundary that tells where the project begins and ends
Performance Reviews (Audit)

Example for documenting PIP progress:

<table>
<thead>
<tr>
<th>PROJECT APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended Project Time Table:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECT PHASE</th>
<th>START DATE</th>
<th>END DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation: Project charter developed and approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning: Specific tasks and processes to achieve goals defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation: Project carried out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring: Project progress observed and results documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing: Project brought to a close and summary report written</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Project Team and Responsibilities: |

<table>
<thead>
<tr>
<th>TITLE</th>
<th>ROLE</th>
<th>PERSON ASSIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Sponsor</td>
<td>Provide overall direction and oversee financing for the project</td>
<td></td>
</tr>
<tr>
<td>Project Director</td>
<td>Coordinate, organize and direct all activities of the project team</td>
<td></td>
</tr>
<tr>
<td>Project Manager</td>
<td>Manage day-to-day project operations, including collecting and displaying data from the project</td>
<td></td>
</tr>
<tr>
<td>Team members*</td>
<td>*Choice of team members will likely be deferred to the project manager based on interest, involvement in the process, and availability.</td>
<td></td>
</tr>
</tbody>
</table>

Material Resources Required for the Project (e.g., equipment, software, supplies):
Performance Reviews (Audit)

- Complete analysis of data
- Compare data with predictions
- Summarize what was learned
- What changes are to be made?
- Next Cycle?
- Carry out the plan
- Document problems & unexpected observations
- Begin Analysis of data
- Objective
- Questions & Predictions (why)
- Plan to carry out cycle (who, what where & when)
- Plan
- Do
- Study
- Act
- Plan analysis of data
- Compare data with predictions
- Summarize what was learned
- Plan, Do, Study, Act (PDSA)
Performance Reviews (Audit)

Root Cause Analysis (RCA):
1. Identify the event to be investigated and gather preliminary information
2. Charter and select team facilitator and team members
3. Describe what happened
4. Identify the contributing factors
5. Identify the root causes
6. Design and implement changes to eliminate the root causes
7. Measure the success of changes
Add additional e-mails by separating with a comma.
PFP/QOC Provider Portal

Health Improvement Plan (HIP)
NO31.02 Lower use of anti-psychotic medication

Data Period: 10/1/2019 - 12/31/2019

Nursing Home Information

- Name: [Name]
- Federal/State ID: [ID]
- Facility Name: [Name]
- Address: [Address]
- Phone Number: [Phone]
- Facility Type: [Type]

Instructions

- OSHA will enter data 1 thru 4.
- Each of the 4 measures will have their own provider portal form. 1 for anti-psychotics, one for UTI, one for weight loss and one for pressure ulcers. All language on the forms will be the same.
- OSHA will request information from facilities in row 5 quarterly by audit.
- Not all facilities will upload ICAH 5 facilities being audited.
- Facilities will have to sign and submit the provider portal form as an attestation that all information they have uploaded for audit is true and accurate.

Baseline: 12.75%
National Avg. Benchmark: 18.50%
Quarterly Improvement: 15.74%
Relative Improvement: 12.11%
Facility Actual QM Score: 4.45

Performance Review Audit:

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Uploaded</th>
<th>Actions</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Assurance and Performance Improvement Plans</td>
<td>test.txt</td>
<td>Choose File</td>
<td>No file chosen</td>
</tr>
<tr>
<td>Performance Improvement Project (PPF)</td>
<td>test.txt</td>
<td>Choose File</td>
<td>No file chosen</td>
</tr>
<tr>
<td>Other</td>
<td>test.txt</td>
<td>Choose File</td>
<td>No file chosen</td>
</tr>
</tbody>
</table>

4345 N Lincoln Blvd, OKC | 405-522-7300 | okhca.org |
What's Ahead

- Changes are pending CMS approval
- Development and implementation of PFP Advisory Group
- 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
Helpful Tools/Resources

- Oklahoma Foundation for Medical Quality (OFMQ)
  - www.ofmq.com
- TMF Health Quality Institute
  - www.tmf.org
- American Association of Retired Persons (AARP)
  - www.aarp.org
- National Nursing Home Quality Improvement Campaign
  - www.nhqualitycampaign.org
- Oklahoma State Department of Health (OSDH)
  - https://www.ok.gov/health/
Quality Assurance Team

QA Manager
Jennifer Wynn: (405) 522-7306
Jennifer.Wynn@okhca.org

QA Senior Research Analyst
Eboni Bolds: (405) 522-7847
Eboni.Bolds@okhca.org

QA Senior Research Analyst
Irene Sanderson: (405) 522-7739
Irene.Sanderson@okhca.org

Program Analyst II
Dena Marchbanks
Dena.Marchbanks@okhca.org

Program Analyst II
Brenda Smith
Brenda.Smith@okhca.org