



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

Oklahoma Legislation

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:

Hours	Now	Effective 10/1/2019
7 a.m. to 3 p.m.	one direct care staff to every seven residents	one direct care staff to every six residents
3 p.m. to 11 p.m.	one direct care staff to every ten residents	one direct care staff to every eight residents
11 p.m. to 7 a.m.	one direct care staff to every seventeen residents	one direct care staff to every fifteen residents

Quality of Care Report

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

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Requests for copies of QOC Reports

Carolyn Berry-Greer: Legal Services

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Quality Measures

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

CMS Quality Measures

PERCENTAGE OF LONG-STAY
RESIDENTS WITH A **URINARY
TRACT INFECTION**

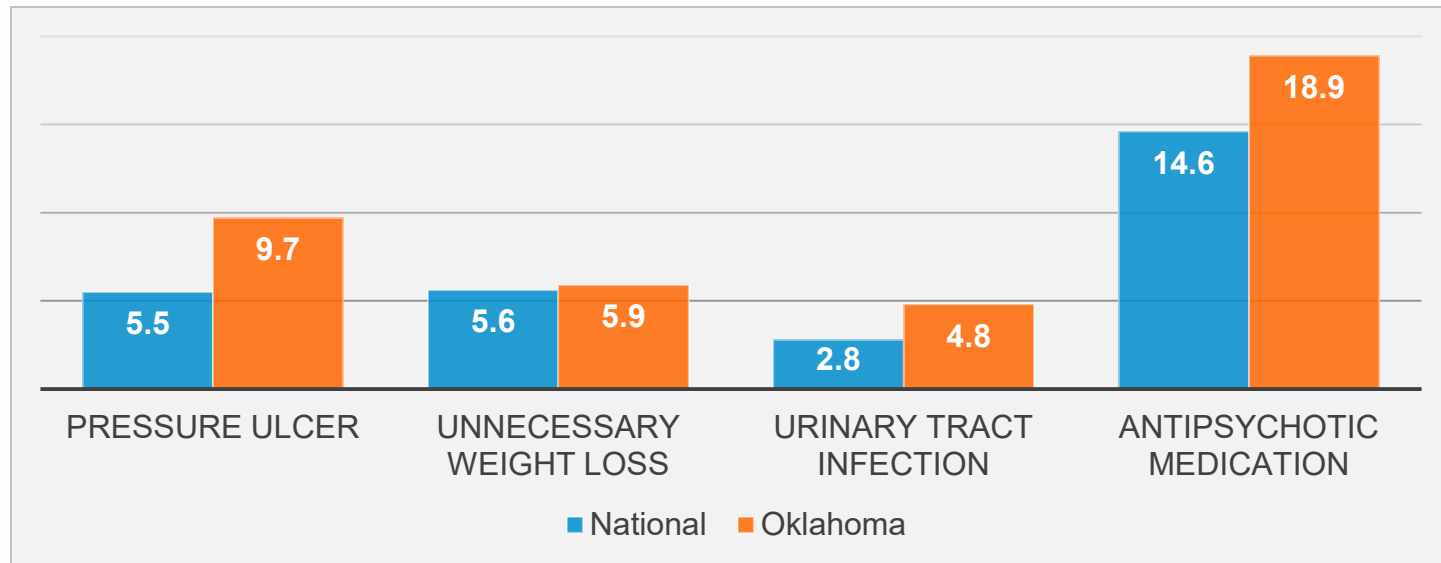
• N024.01

PERCENTAGE OF LONG-STAY
RESIDENTS WHO RECEIVED AN
ANTIPSYCHOTIC MEDICATION

• N031.02

Quality Measures

National Average vs Oklahoma Average



Lower percentages are better

CMS Nursing Home Compare July 2019 <https://www.medicare.gov/nursinghomecompare/search.html?>

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

2019 Q1 Metric Score	2019 Q2 Metric Score	2019 Q3 Metric Score	2019 Q4 Metric Score	2020 Baseline
10.00%	15.00%	12.00%	14.00%	12.75%

Example: Improvement Target Calculation

2020 Baseline	2020 Q1 Improvement Target	2020 Q2 Improvement Target	2020 Q3 Improvement Target	2020 Q4 Improvement Target
12.75%	12.11%	11.48%	10.84%	10.20%

5% Improvement
from baseline

10% improvement
from baseline

15% improvement
from baseline

20% improvement
from baseline

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 Process

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

Collection Period	Lump Sum Payment 45 days after Qtr closes
October, November & December	February
January, February & March	May
April, May & June	August
July, August & September	November

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)

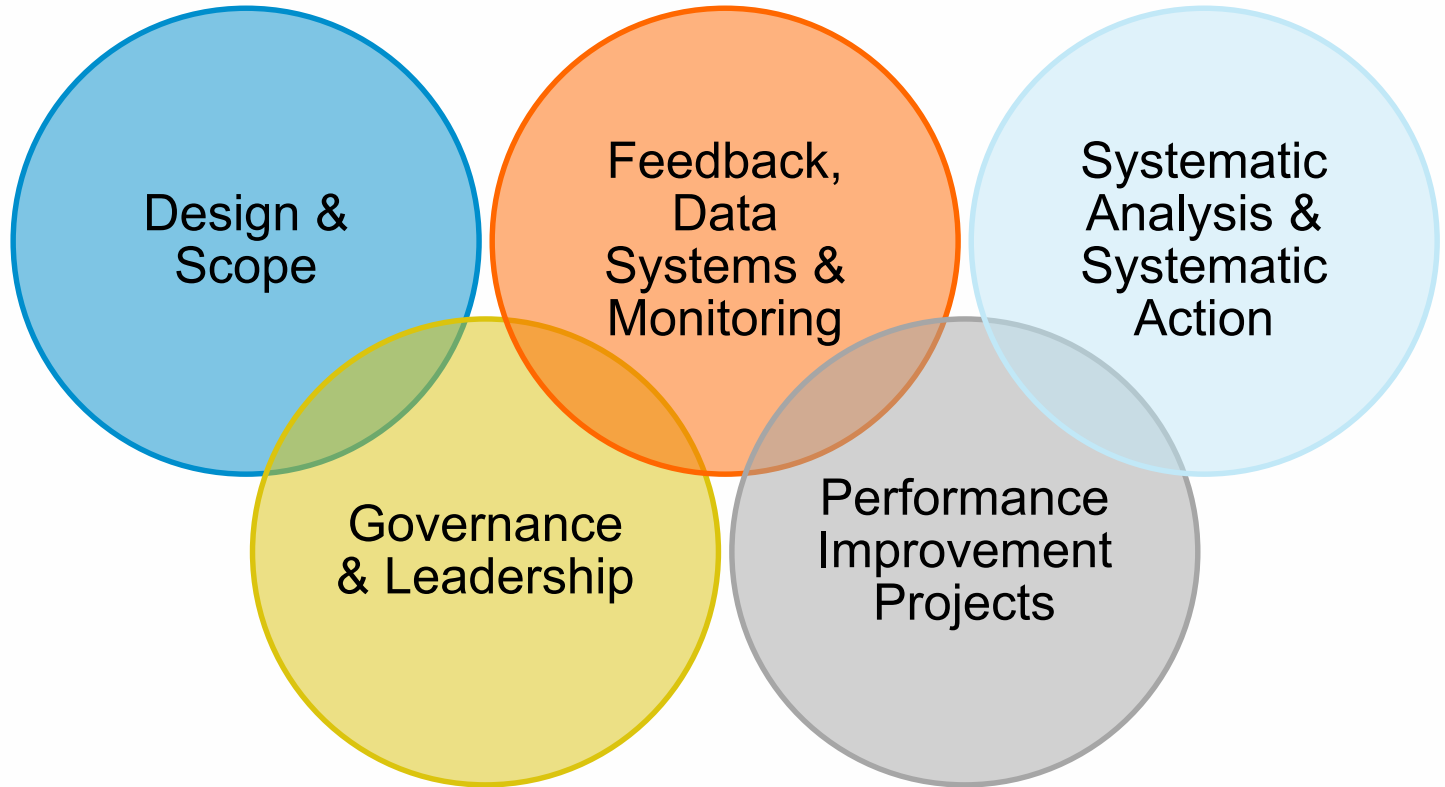
Quality Assurance + Performance Improvement = QAPI:

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



Quality of Care, Quality of Life, Resident Choice

Performance Reviews (Audit)

S

- **Specific**-describe the goal in terms of 3 “W” questions (What, Who, Where)

M

- **Measurable**-describe how you will know if the goal is reached

A

- **Attainable**-defend the rationale for setting the goal measured

R

- **Relevant**-describe how the goal will address the problem

T

- **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)

Performance Improvement Project

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)

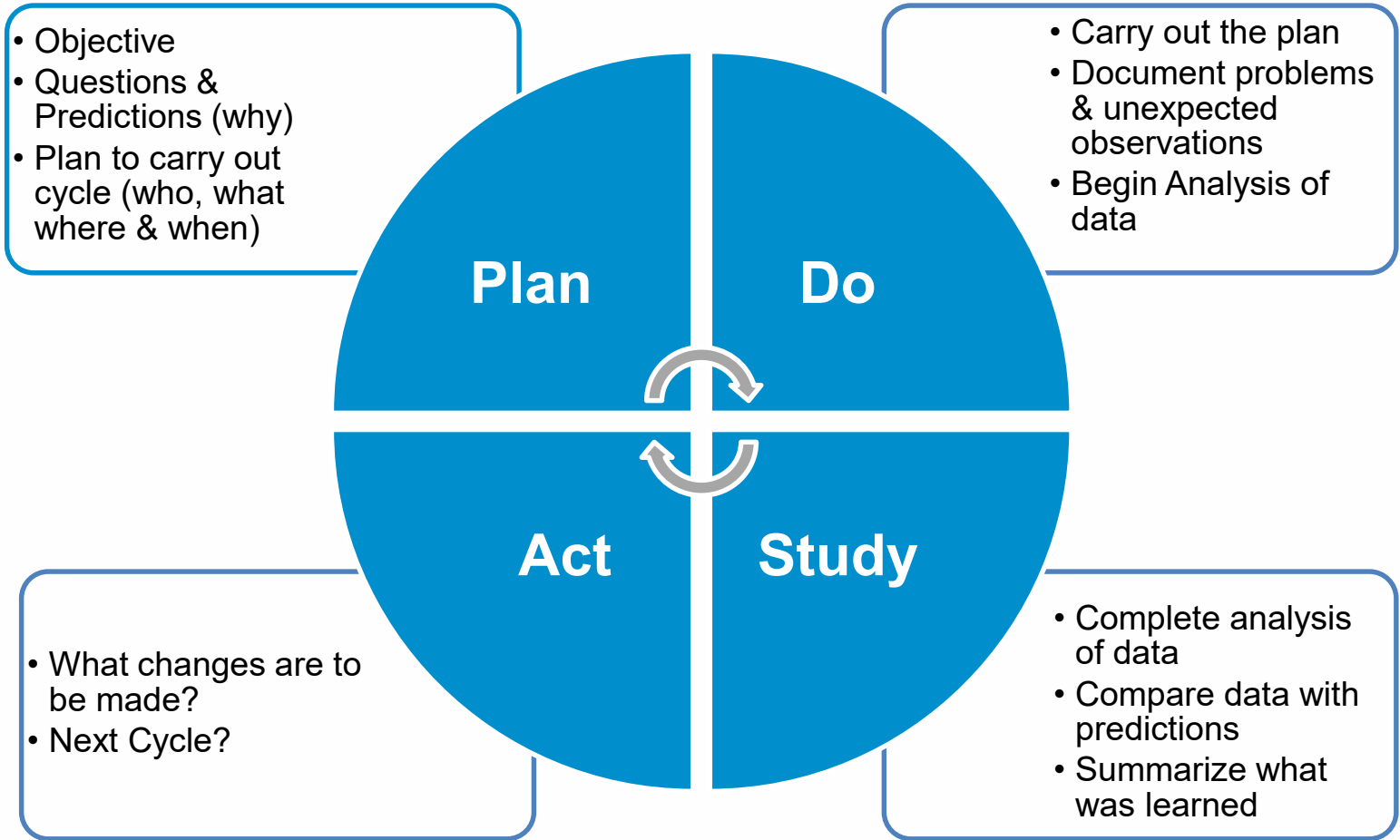
Example for documenting PIP progress:

Performance
Improvement
Project

PROJECT APPROACH		
Recommended Project Time Table:		
PROJECT PHASE	START DATE	END DATE
Initiation: Project charter developed and approved		
Planning: Specific tasks and processes to achieve goals defined		
Implementation: Project carried out		
Monitoring: Project progress observed and results documented		
Closing: Project brought to a close and summary report written		
Project Team and Responsibilities:		
TITLE	ROLE	PERSON ASSIGNED
Project Sponsor	Provide overall direction and oversee financing for the project	
Project Director	Coordinate, organize and direct all activities of the project team	
Project Manager	Manage day-to-day project operations, including collecting and displaying data from the project	
Team members*		
*Choice of team members will likely be deferred to the project manager based on interest, involvement in the process, and availability.		
Material Resources Required for the Project (e.g., equipment, software, supplies):		

Performance Reviews (Audit)

Plan
Do
Study
Act



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

PFP/QOC Provider Portal

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

Baselines & National Average

Training & FAQ's

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

PFP/QOC Provider Portal

Burn ▾ Open ▾



FOE/QOC Data Collection Portal

Currently logged in as: Test Facility

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

Back

Health Improvement Plan (HIP)
N031.02 Lower use of anti-psychotic medication

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

Nursing Home Information

State ID: 888
 Federal (Medicaid) ID: 405227019
 Facility Name 1: ?
 Facility Name 2: Text Facility ?
 NSGO Name: Text Facility
 FOE Participant?:
 Phone Number: (405) 522-7019
 Address: 4345 N. Lincoln Blvd.
 Oklahoma City, OK 73104

Instructions

- OHCA will enter rows 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 ulcer. All language on the forms will be the same.
- OHCA will request information from facilities in row 5 quarterly for audit. Not all facilities will upload just the facilities being pulled for audit. 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: 10.50%

Quarterly Improvement Percentile (5% relative improvement): 12.11%

Facility Actual QM Score:

Document Title	Uploaded File	Actions
<input type="checkbox"/> Quality Assurance and Performance Improvement Plan	test.txt ✖	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
<input type="checkbox"/> Performance Improvement Project (PIP)	test.txt ✖	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
<input type="checkbox"/> Other	test.txt ✖	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>

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
- 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

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