Nursing Facility Quality Payment Program Work Group

April 16, 2019

10am to 11:30am

Conference Room D-East

Agenda

Introductions

Phone/WebEx – *Nursing Facility Representatives* - Amy Seils, Terri Roche, Michael Christopherson, Kenny Hutchison, Jason McArthur

In-Person: *Nursing Facility Representatives* - Rick Holloway, Robert Vande Merwe, Paul Arnell, James Winfield, Steve La Forte *Myers and Stauffer* - Darin Lloyd Myers and Krista Stephani *Medicaid* – Alexandria Childers-Scott (facilitator), Angela Toomey, George Gutierrez, Aaron Howard

Updates regarding the Patient Driven Payment Model and UPL

Centers for Medicare and Medicaid Services issued a letter to state Medicaid Directors stating the RUG IV system will continue to be available to states beyond what had been anticipated. As an end date to this data availability was not provided it is unknown how long state will be able to utilize this data at this time. State's will be allowed to implement an 'optional state assessment' to capture data needed to calculate the UPL. The Bureau of Financial Operations is working with Myers and Stauffer on this matter and will update the work group and providers as more information is made available.

Quality Measure Availability and Time Lines

Currently as it is written in the Final Report, quarter 4 (Q4) of the prior calendar year through quarter 3 (Q3) of the following year is used to calculate the average of providers' quality scores for that year's supplemental payment. Concern was raised about the quarters not following the calendar year. Considerations for keeping the current quarters versus following the calendar year were; using a calendar year will shorten the time frame for providers to dispute qualify measure scores, using the quarters as they are outlined in the Final Report would use older data. The work group opted to follow the calendar year quarters following the calendar year providing clarity and utilizing the most recent data available. The data will be available on the first of May each year.

Myers and Stauffer will send out a quarterly letter with raw data scores to nursing facilities within the next week or so following the meeting. In May, a letter will be sent to each nursing facility providing adjusted scores, Tier placement and percentage of supplemental payment to be received, this is still part of the shadow period. Provider supplemental payments will not be impacted by quality measures until SFY 2021.

Quality Measure Calculations and CMS Data

CMS recently made changes to the Five Star Program for nursing facility, causing concern that Idaho may not have access to all necessary data for nine (9) of quality measures obtained from CMS. Myers and Stauffer continues to have access to all CMS data points needed to calculate scores for those nine (9) quality measures. If this were to change, the work group will be notified and changes to the program will be discussed.

*One of the measures is obtained from the American Health Care Association for a total of ten (10) quality measures.

Discrepancy Process

The work group agreed upon a Discrepancy/Dispute process for nursing facilities to pursue if they do not agree with their quality measure scores.

The burden of proof lies with the nursing facility. The Department does not have the capability at this time to compare one or more MDS assessments to another set of patients to determine changes in quality measure scores.

The work group decided on a group of four (4) individuals to review documentation provided by the disputing nursing facility. The following individuals will review all disputes, three (3) nursing facility stakeholders - Robert Vande Merwe, Rick Holloway and James Winfield and one (1) representative from the Department – Alexandria Childers-Scott.

Nursing facilities will have 21 days from the date letters are sent to submit documentation to initiate the dispute process. The work group agreed that since facilities receive their quality scores on a quarterly basis, the facility should know whether they may want to dispute the scores once the adjusted scores, tier placement and supplemental payment percentage are provided. At this time, 21 days seems sufficient.

The members designated by the work group to review dispute documentation and will come to a resolution no later than June 30 of that year.

Annual Assessment Fund Contribution – Angela Toomey

Occasionally providers will ask for a payment plan to contribute to the Assessment Fund, which is the provider portion of the supplement payment pool. Most providers will contribute their portion in a single payment. In the event a payment plan is needed, the payment in full should occur within three (3) months. Each percentage of the providers contribution that is paid, the Department will issue the same percentage of supplemental payment in return. The work group was in agreement and no other concerns were raised by attendees.

Open Discussion

The Bureau of Long Term Care is working on updating the information available to nursing facilities on the Department of Health and Welfare website, the webpages would include information for Behavioral Care Units (BCUs), Special Rates, Preadmission Screening and Resident Review (PASRR) in addition to the Nursing Facility Quality Payment Program (NFQPP) page that is already available. When the pages are live, the work group will be provided the links.

It was asked by the work group if it was possible to get information contained in the quarterly letters in an excel format to the owners of the nursing facilities. Myers and Stauffer is able to provide this information on a quarterly basis, those interested should contact Darin Lloyd at dlloyd@MSLC.com.

Another question from the work group was raised regarding when new BCUs are eligible to receive the higher score of either their score or the state median for three (3) of the quality measures. An answer was not readily available during the meeting. The last work group meeting made the following decision and is outlined in the meeting notes dated 10/16/2018 available on the NFQPP webpage.

The work group decided newly approved BCUs will have to be an approved BCU for 6 months of the year to be eligible for the 'state median' score for three of the 10 quality measures. If a facility was approved as a BCU at the beginning of the Rate Period (7/1) within the quality measurement year, then the facility would be considered as a BCU for the Quality Measures calculations.

The next meeting will be scheduled either in September or October. If you would like to attend the next meeting, email Alexandria.Childers-Scott@dhw.idaho.gov.

Adjourn