Nursing Facility Quality Payment Program Work Group

July 27, 2017

9:30am - 10:30am

Meeting Notes

Meeting attendees:

(In Person) Terri Roche – Consolidated Billing, Kris Ellis - IHCA, James Winfield - Cascadia, Robert Vande Merwe - IHCA, Angela Simpson - Medicaid, William Gibson - Medicaid, Tammy Martin – Myers and Stauffer, Krista Stephani – Myers and Stauffer, Darrin Lloyd – Myers and Stauffer, George Gutierrez – Medicaid, Alex Childers-Scott - Medicaid

(WebEx/Conference Call) Joseph Lubarsky - IHCA, Marsida Domi - AHA, David Gifford - IHCA, Kris Knerr – Myers and Stauffer, Chuck Lloyd – Bell Mountain, Steve La Forte – Cascadia

Quarterly Reports and Education Materials – Myers and Stauffer

Myers and Stauffer requested feedback from the work group regarding the type of education and information to be included with the quarterly reports. The work group came to consensus on the following items:

- The Quality Measures will include the actual score for each facility, meaning the Behavioral Care Units (BCUs) and facilities providing ventilator and tracheostomy care will not receive adjusted scores for 3 of the quality measures as they would in their final scores.
- The report will clearly identify the state and national median.
- Cut points, number of providers within each Tier and the facility's total score will be included in the report.
- A written cover letter will accompany the report to provide additional information about the Nursing Facility Quality Payment Program.
- Report will be sent to provider's next quarter, 10/01/2018.
- Providers requested hypothetical shadow payments (percentage of UPL received) with the quarterly report

Shadow payments will be issued only once a year with the distribution of the UPL.

Work group requested the ability to review or have access to the full nursing facility score report. This report will be available to attendees but will not be posted to the DHW website.

Dispute Process – Case Study

The Department and Myers and Stauffer attempted case studies for the potential impact of "complex residents" on a nursing facility's quality scores. The process proved difficult to calculate and verify. With this finding, it was determined by the Department that the burden of proof would lie with

providers. It was asked that work group attendees think about how the dispute process would work and will be discussed further at the next meeting.

Myers and Stauffer did state that the redistribution of funds could hold payments to all nursing facilities. Work group inquired about the earliest date the data could be available to providers in order to prepare for a dispute, Myers and Stauffer will have these dates for the next work group meeting.

The Department will review appeals and administrative review rules to determine applicability to the dispute process.

Work group recommended that the Department review CMS' rules for appeal and meaningful change and this may be helpful for the dispute process.

Final Document Clarifications

Some concerns had been brought to the Department's attentions since the last work group meeting.

Some work group members were not aware that the 'phase-in' for the reduction of supplemental payments, an incremental decrease in reduced payments until the full reduction is in effect 3 to 4 years after the Nursing Facility Quality Payment Program goes into effect. The work group agreed as the reduction is capped at 10% the 'phase-in' was not necessary.

Earlier drafts of the Final Report had a wider point range for Tier 2, greater than the current 80-point spread. The work group agreed that a 100-point range for Tier 2 would be better and reduce the 'bouncing' of providers between Tiers. This change will add 2 more providers to the Tier 2 based on the data from 12/31/2017. This will be updated in the report.

Long stay hospitalization will be added to appendix B and a full timeline of the Nursing Facility Quality Payment Program roll out will be added to the Final Report.

The work group requested that the Behavior Care Units along with the nursing facilities providing ventilator and tracheostomy care be made available in the final report. This brought up additional questions for how and when new BCU facilities will receive the adjusted median scores. This will be discussed further at the next work group meeting.

Next Meeting Date

The work group agreed meetings should be held in October and April or May instead of January and July. Next meeting will also have the WebEx available for those who are not able to participate in person.

Questions Submitted after Work Group Meeting and Responses

1. At the stakeholder meeting in December 2017, we all agreed the measurement period should be calendar year. By only using the most recent quarter available, instead a four-quarter average, we're concerned the results won't be as accurate and truly reflect the activity in the facility. Why aren't four quarters being used? (See Appendix C – Item No 3)

   As noted in the Final Report Appendix C line, the measurement period is the calendar year. The 9 quality measures pulled from CMS use the last quarter of the calendar year. Each quarter that is pulled is an average of the previous 4 quarters. Even though the Department uses the last quarter of the calendar, the report incorporates a full calendar year of data, reflecting each facilities' quality over the last 12 months. The most recent quarter for the Long Stay

Hospitalization, also, is an average of the last 4 quarters. This is updated quarterly by the American Healthcare Association and available on its website.

Another concern was raised regarding the LS Hospitalization is the Percentrank.inc function. Myers and Stauffer will have an answer for the next work group meeting.

2. During the same meeting in late 2017, we all agreed that reporting and shadow rate calculations would be done quarterly for informational purposes. Why won't shadow rates be calculated and published quarterly? (See Appendix C – Item No. 16)

   During the meeting on July 24, this was also discussed. The UPL payment is issued on an annual basis, not quarterly. We believe that since the payment is made annually and based on the information available as of December 31 of the prior year, annual shadow UPL payments would be sufficient. During the July 24, 2018 meeting it was discussed what information will be included on the Quarterly Quality Scores. Of the items to be added are the tiers listed on these report, as well as the number of providers who fell into each tier, each quarter. In addition, it was noted to also include the % of the UPL payment they would receive, based on those scores.

3. Last week we talked about the creation of a dispute process and BCU scoring. Please share the provider comments you received for clarification. I'm not sure what the issues really are and would appreciate additional information. When will we received an update regarding the research you mentioned in the meeting (what statute to use for dispute language)?

   Answers to this question are listed in the notes above. To clarify, the Department does not wish to create an access issue for individuals with complex medical and/or behavioral conditions. Providers raised concerns that taking certain individuals could reflect poorly on a facility's quality measures, potentially creating a risk to their supplemental payments. The dispute process should allow providers to make such a case and receive a decision from both the Department and their peers. The Department will research current rules and present the findings at the next work group meeting.