



Nursing Facility Quality Payment Program

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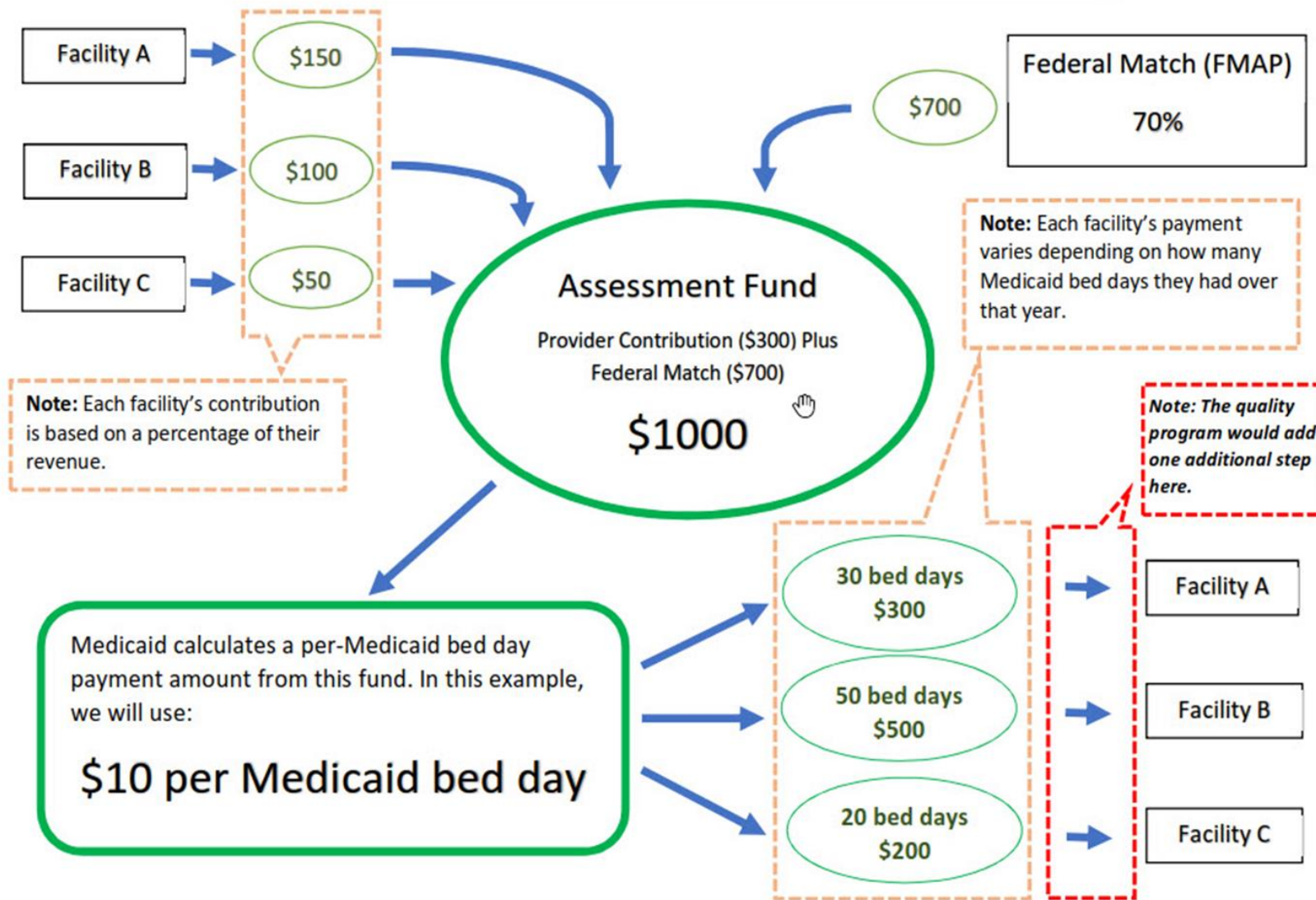
1. What is the Nursing Facility Quality Payment Program (NFQPP)?
2. How does the quality score effect supplemental payments?
3. What dates should I pay attention to?
4. What if I disagree with my reported quality score and the actual quality of care my facility provides?
5. What if I still have questions or want to get involved?



The Nursing Facility Quality Payment Program distributes the Upper Payment Limit supplemental payments according to the overall quality score of each participating nursing facility.

- The Nursing Facility Quality Payment Program (NFQPP) was developed in collaboration between the state and nursing facility stakeholders
- The development of the NFQPP was required in order to continue UPL supplemental payments to nursing facilities.
- The quality component of the UPL distribution was added to statute in 2018

Current Assessment Fund/UPL Distribution





9 Quality Measures – Long Stay

- In 2019 CMS removed the Moderate to Severe Pain not just from the Five Star quality measures but from collecting any data on pain.
- The quality measures AND the tiers have since been adjusted for the NFQPP.
- Eight (8) of the measures are CMS quality measures
- One (1), **Long Stay Hospitalization Rate**, is obtained from the American Health Care Association

- Decline in Mobility on Unit.....20-100 points
- Urinary Tract Infections.....20-100 points
- High Risk Residents with Pressure Ulcers.....20-100 points
- Indwelling Catheter Use.....20-100 points
- Physical Restraints.....20-100 points
- Falls with Major Injury.....20-100 points
- **Long Stay Hospitalization Rate.....20-100 points**
- Antipsychotic Use for Long Stay Residents.....20-100 points
- Decline in Late Loss ADLs.....20-100 points



- Behavioral Care Units (BCUs) and nursing facilities providing ventilator and tracheostomy care receive adjusted scores for the
 - Antipsychotic Use for Long Stay Residents
 - Decline in Late Loss ADLs
- These nursing facilities will either use the non-specialty nursing facility median or their actual score, whichever is higher, for these 2 measures
- New BCUs must have a start date on or before July 1 of the calendar year in order to be eligible for the adjusted quality measures



Payment Tiers	
Tier 1	720 - 900 points
Tier 2	620 - 700 points
Tier 3	180 - 600 points

Payments Based on Change in Quality Measures from Previous Year			
Tier	Improved by 40 points or More	No Change	Declined by 40 points or More
1	100%	100%	100%
2	100%	100%	95%
3	100%	95%	90%

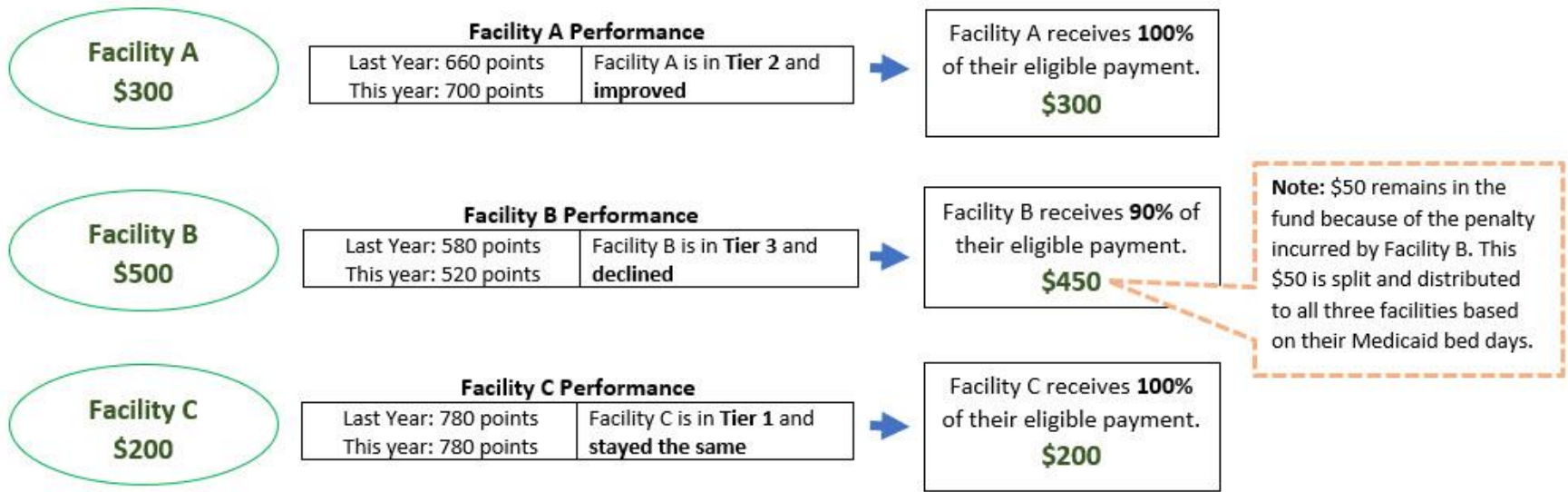


A facility's payment will depend on **their score at the end of the year**, and **how that score compares to the prior year**. Percentages indicate how much of their payment, based on the existing assessment fund calculation, they will receive.

	Tier 1 (720-900)	Tier 2 (620-700)	Tier 3 (180-600)
Improvement	100%	100%	100%
No Change	100%	100%	95%
Decline	100%	95%	90%

Below is a walkthrough of how the sample facilities would be affected under the proposed quality payment program, based on **this year's score** in comparison to **last year's score**.

Note: Funds remaining because of incurred penalties will be distributed amongst all participating facilities based on their Medicaid bed days.





- State Fiscal Year 2019 and 2020 were shadow payment years, providers received their total quality score, tier and percentage of UPL payment *if* the NFQPP were active
- For SFY 2021, supplemental payments will be distributed according to the NFQPP, meaning provider payments will be impacted based upon their score and tier compared to the previous score
- NFQPP work group agreed to adjust the quality measures to align with the calendar year

State Fiscal Year	Quality Measure Quarters
2019	Q4 2016 – Q3 2017
2020	Q1 2018 – Q4 2018
2021	Q1 2019 – Q4 2019
2022	Q1 2020 – Q4 2020



- Nursing facilities receive raw (unadjusted) quality scores on a quarterly basis
- Nursing facilities will receive a Quality Standing report mid-May. The report allows providers:
 - To see adjusted total quality score
 - To see adjusted quality score per quality measure
 - To see expected percentage of supplemental payment to be received
 - To determine if their quality scores are reflective of the quality provided in their facility



- Available to all participating NFs that do not believe their quality scores reflect the quality actually provided
- NF must submit all supporting documentation no later than 21 days after Quality Standing report is sent to the facility
- The Review Committee is comprised of 4 members of the NFQPP Work Group, 3 NF representatives and one member from the Department
- Review Committee will issue a decision no later than June 30th of the same year
- The burden of proof lies with the NF. Documentation submitted should be concise and clear



- MDS 3.0 Quality Measure User Manual
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>
- Idaho Department of Health and Welfare – NFQPP page
 - <https://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidNursingFacilityInformation/NursingFacilityQualityPaymentProgram/tabid/4213/Default.aspx>
- Medicaid Newsletter
 - <https://www.idmedicaid.com/Medicaid%20Newsletters/Forms/All.aspx>
- Further questions or comments can be directed to Alex Childers-Scott
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