

Frequently Asked Questions (FAQs)

Question: What quality measures are used by this program?

Response:

List of Performance Period 2012-13 Measures (payout April 2014):

- Percent of Residents with Pressure Ulcers That Are New or Worsened (Short Stay)
- Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
- Percent of Residents Who Were Physically Restrained (Long Stay)
- Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
- Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)

List of Performance Period 2013-14 Measures (payout April 2015):

- Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
- Percent of Residents Who Were Physically Restrained (Long Stay)
- Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
- Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)
- Percent of Residents With a Urinary Tract Infection (Long Stay)
- Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
- Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

Question: What specifications are used for the quality measures?

Response: CMS measures are used, see below link, except for the Pressure Ulcer measure which, per current statute, requires slightly modified specifications.

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-User's-Manual-V80.pdf

Question: What specifications are used for the Pressure Ulcer quality measures?

Response: See below specifications

The *Facility-Acquired Pressure Ulcer Incidence* measure is evaluated for both Short and Long Stay residents. The Short and Long Stay measures capture the percentage of residents with new or worsening Stage II-IV pressure ulcers. Please note that the calculation of both the Short and Long Stay measures deviate slightly from CMS standards.

Short Stay Measure

The **numerator** criteria for this measure includes Short Stay residents for which a look-back scan indicates one or more new or worsening Stage II-IV pressure ulcers where any assessment in the look-back scan meets *any* of the following criteria:

1. The presence of a current Stage II pressure ulcer not present or at a lesser stage on a prior assessment ($M0800A > [0]$) and the total number of current Stage II pressure ulcers being greater than or equal to the number of newly formed Stage II pressure ulcers ($M0800A \leq M0300B1$).
2. The presence of a current Stage III pressure ulcer not present or at a lesser stage on a prior assessment ($M0800B > [0]$) and the total number of current Stage III pressure ulcers being greater than or equal to the number of newly formed Stage III pressure ulcers ($M0800B \leq M0300C1$).
3. The presence of a current Stage IV pressure ulcer not present or at a lesser stage on a prior assessment ($M0800C > [0]$) and the total number of current Stage IV pressure ulcers being greater than or equal to the number of newly formed Stage IV pressure ulcers ($M0800C \leq M0300D1$).

The **denominator** criteria for this measure includes all Short Stay residents with one or more assessments that are eligible in the look-back scan except with the following exclusions:

1. The target assessment is either an admission ($A0310A = [01]$), 5-day Prospective Payment System (PPS) scheduled ($A0310B = [01]$), or readmission/return assessment ($A0310B = [06]$).
2. Residents are excluded if none of the assessments that are included in the look-back scan has a usable response for newly formed Stage II ($M0800A$), Stage III ($M0800B$), or Stage IV ($M0800C$) pressure ulcers.

Long Stay Measure

The **numerator** criteria for this measure includes Long Stay residents with a selected target assessment that meets *both* of the following criteria:

1. There is a high-risk for pressure ulcers. “High-Risk” is defined as those residents meeting *any* of the following criteria:
 - a. Bed mobility, which includes moving to and from the lying position and turning side to side, requires staff assistance (G0110A1 = [3,4,7,8]).
 - b. Transfers, or moving from bed to chair to wheelchair, requires staff assistance (G0110B1 = [3,4,7,8]).
 - c. The resident is in a persistent vegetative state with no discernible consciousness (B0100 = [1]).
 - d. The resident exhibits protein calorie malnutrition or is at risk for malnutrition (I5600 = [1]).
2. New or Worsening Stage II-IV pressure ulcers are indicated by *any* of the following:
 - a. The presence of a current Stage II pressure ulcer not present or at a lesser stage on a prior assessment (M0800A > [0]) and the total number of current Stage II pressure ulcers being greater than or equal to the number of newly formed Stage II pressure ulcers (M0800A <= M0300B1).
 - b. The presence of a current Stage III pressure ulcer not present or at a lesser stage on a prior assessment (M0800B > [0]) and the total number of current Stage III pressure ulcers being greater than or equal to the number of newly formed Stage III pressure ulcers (M0800B <= M0300C1).
 - c. The presence of a current Stage IV pressure ulcer not present or at a lesser stage on a prior assessment (M0800C > [0]) and the total number of current Stage IV pressure ulcers being greater than or equal to the number of newly formed Stage IV pressure ulcers (M0800C <= M0300D1).
 - d. Any additional ICD-9 diagnosis codes are present for Stage II-IV pressure ulcers (I8000 = [707.22, 707.23, 707.24]).

The **denominator** criteria for this measure includes Long Stay residents who are defined as high-risk, except those with *any* of the following exclusions:

1. The target assessment is either for an admission (A0310A = [01]), 5-day Prospective Payment System (PPS) scheduled (A0310B = [01]), or readmission/return assessment (A0310B = [06]).
2. A missing value is entered when indicating the number of Stage II-IV pressure ulcers (M0300B1 = [-], M0300C1 = [-], M0300D1 = [-]).

Deviations from CMS MDS 3.0 Measure Specifications

Modifications were made to both the Short and Long Stay measure specifications for pressure ulcer incidence in order to align with California's statutory requirements. For the Short Stay measure, an exclusionary criterion was added to exclude admission, 5-day PPS, and readmission/reentry assessments. Furthermore, the Short Stay pressure ulcer measure will not be risk-adjusted, and only raw counts and their corresponding scores will be calculated. For the Long Stay pressure ulcer measure, the numerator criteria were modified in order to only capture those pressure ulcers that are new or worsening (e.g., pressure ulcers present on admission were excluded). The addition of these exclusionary criteria limits the evaluation of pressure ulcer incidence to those that were acquired at the facility.

Question: How does a facility receive points from each of the quality measures?

Response: Each quality measure is awarded points using a three tiered system; see below bullets for each tier. Possible points and total points are rounded to three decimal places throughout the methodology.

- ◆ If the SNF is performing worse than the Statewide average for a given measure, the facility will receive no points for that measure (i.e., red shading in the facility-specific worksheet).
- ◆ If the SNF is performing at or better than the Statewide average, but performing below the 75th percentile, it receives half of the eligible points (lower half points) for the quality measure (i.e., light green shading in the Draft_Incentive_Payments worksheet).
- ◆ If the SNF is performing at or better than the 75th percentile, it receives all of the eligible points (upper half points) for the quality measure (i.e., dark green shading in the Draft_Incentive_Payments worksheet).⁵⁻¹

⁵⁻¹ It is important to note that for the pressure ulcer and physical restraint measures, lower scores indicate better performance.

Question: Why do some quality measures show “NA”? How are the points and scoring completed when there is an “NA”?

Response:

- ◆ The SNF quality of care is not evaluated or scored using any quality measure that does not meet the minimum denominator size threshold. Facilities that do not meet the minimum denominator size threshold are denoted as not applicable (NA) on the facility-specific worksheet.⁵⁻²
- ◆ If the SNF does not have a reportable score for a given measure, denoted as NA, the points for that measure will first be reallocated among the other measures within that measurement area. If all measures in a measurement area do not have a reportable score (i.e., reports all NAs), then the points for that measurement area will be reallocated equally across the other measurement areas so that the total number of possible points for each facility is equal to 100.

Question: How are points distributed across the quality measures?

Response: Points are equally divided across the three Measurement Areas and equally divided across the number of quality measures under each Area, see below.

Measurement Areas and Quality Measures (100 points):

- ◆ Pressure Ulcers Measurement Area (33.34)
 - ◆ Pressure Ulcer Incidence (Long Stay) Quality Measure (16.67 points)
 - ◆ Pressure Ulcer Incidence (Short Stay) Quality Measure (16.67 points)
- ◆ Physical Restraints Measurement Area (33.34)
 - ◆ Use of Physical Restraints (Long Stay) Quality Measure (33.34 points)
- ◆ Immunizations Measurement Area (33.32)
 - ◆ Influenza Vaccination (Long Stay) Quality Measure (8.33 points)
 - ◆ Influenza Vaccination (Short Stay) Quality Measure (8.33 points)
 - ◆ Pneumococcal Vaccination (Long Stay) Quality Measure (8.33 points)

⁵⁻² A minimum threshold (i.e., minimum denominator size) of 20 and 30 was applied to the MDS clinical Short and Long Stay measures, respectively, in order to report the measures.

- ◆ Pneumococcal Vaccination (Short Stay) Quality Measure (8.33 points)

Question: Can you explain how points are distributed when there is an NA for quality measures or when points are reallocated across measurement areas?

Response: See below examples

Figure 5-1 displays examples of facilities where points have been reallocated within a measurement area and across measurement areas.⁵⁻³

Figure 5-1: Examples of Point Reallocation⁵⁻⁴

Facility ID	Pressure Ulcers: Long Stay	Pressure Ulcers: Short Stay	Physical Restraints: Long Stay	Influenza Vaccination: Long Stay	Influenza Vaccination: Short Stay	Pneumococcal Vaccination: Long Stay	Pneumococcal Vaccination: Short Stay	Total Actual Points
75th Percentile	1.66%	0.21%	0.00%	98.80%	94.00%	100.00%	94.70%	
Statewide Average	3.74%	1.72%	2.64%	92.35%	80.56%	94.20%	79.30%	
Facility 1	5.30%	NA	4.32%	100.00%	NA	70.50%	50.10%	
Possible Points	33.340	0.000	33.340	11.107	0.000	11.107	11.107	
Actual Points	0.000	0.000	0.000	11.107	0.000	0.000	0.000	11.107
Facility 2	NA	NA	0.00%	97.30%	NA	96.50%	NA	
Possible Points	0.000	0.000	50.000	25.000	0.000	25.000	0.000	
Actual Points	0.000	0.000	50.000	12.500	0.000	12.500	0.000	75.000
Facility 3	2.75%	NA	4.13%	99.10%	NA	100.00%	92.30%	
Possible Points	33.340	0.000	33.340	11.107	0.000	11.107	11.107	
Actual Points	16.670	0.000	0.000	11.107	0.000	11.107	5.554	44.437

- ◆ Reallocation of points within a measurement area:
 - ◆ If Facility 1 is not reporting on the Influenza Vaccination Short Stay quality measure, then the possible points for that measure are reallocated equally to each of the other Immunization quality measures. This is done by dividing the measurement area points by the number of scored quality measures (i.e., $33.320/3=11.107$ possible points). After this reallocation, the total possible points for the facility will still be 100 points.
- ◆ Reallocation of points across measurement areas:
 - ◆ If Facility 2 is not reporting on either Pressure Ulcer quality measure (i.e., both measures are reporting NA), then the 33.340 possible points for the Pressure Ulcer measurement area would be reallocated equally to the other measurement areas. The Pressure Ulcer points would be equally allocated into and across the Physical Restraints and Immunizations measurement areas. (i.e., $33.340+16.66=50.000$).

⁵⁻³ For purposes of the examples, numbers have been rounded to three decimal places; however actual calculations and points may differ in the Annual Report.

⁵⁻⁴ Figure includes mock data.

Given that the Immunization measurement area only has two scored quality measures each would be allocated half of the possible points ($50.000/2=25.000$ each). After this reallocation, the total possible points for the facility would still be 100 points.

- ◆ Reallocation of points combined with a score that is between the Statewide average and the 75th percentile:
 - ◆ If Facility 3 only has one scored Pressure Ulcer quality measure, the Long Stay measure, then the points from the Pressure Ulcers Short Stay measure are all reallocated to the Pressure Ulcers Long Stay measure; however, the facility is performing between the Statewide average and the 75th percentile for that quality measure. Facilities that score between the Statewide average and the 75th percentile only receive half of the possible points for any given quality measure. Therefore, the facility only receives half of the possible 33.340 points (i.e., $33.340/2=16.670$ points). If the facility had scored above the 75th percentile, it would receive all of the points.
 - ◆ Facility 3 is also reporting on three of the four Immunization measures. Thus, the available points in that measurement area are divided into and reallocated across the three remaining Immunization measures (i.e., $33.320/3=11.107$ possible points). The score for the Pneumococcal Vaccination Short Stay quality measure is between the Statewide average and the 75th percentile, and because of that it receives only half of the possible points for that measure (i.e., $11.107/2=5.554$). The other Immunization measures score high enough, above the 75th percentile, to receive all possible points (i.e., 11.107). After this reallocation and using this scoring, the total possible points for the facility would still be 100 points.⁵⁻⁵

Question: Why do some facilities have no payment?

Response: SNFs are ineligible to receive incentive payments (i.e., will receive zero total points automatically) when any of the following scenarios occur:

- ◆ The SNF has zero Fee-For-Service (FFS) Medi-Cal Bed Days (MCBDs)
- ◆ The SNF has one or more non-compliant days for staffing
- ◆ The SNF has an AA or A citation⁵⁻⁶
- ◆ The SNF has all NAs for the measurement areas or quality measures

⁵⁻⁵ Ibid.

⁵⁻⁶ If an “AA” or “A” is entered into the AA/A citations column in the facility-specific worksheet, the calculation for the incentive payment zeros out.

Question: Can you explain the three tiered payment approach?

Response:

A three-tiered approach is used to identify payment tiers. Once points are totaled for each measurement area/quality measure, the SNF falls into one of three tiers or is ineligible for payment. The threshold for payout per MCBBD is based on whether the SNFs meet and/or exceed the points within a payment tier, as described below.⁵⁻⁷

- ◆ Tier 1: Total points are less than 50.
 - ◆ SNFs that fall within the Tier 1 point range receive no payout per MCBBD.
- ◆ Tier 2: Total points are equal to or greater than 50, but less than 66.670.
 - ◆ SNFs that are within the Tier 2 point range receive 1 times the payout per MCBBD.
- ◆ Tier 3: Total points are equal to or greater than 66.670.
 - ◆ SNFs that are within the Tier 3 point range receive 1.5 times the payout per MCBBD.

Question: Can you explain how the Improvement Score and payment is calculated?

Response:

CDPH is using a methodology similar to the methodology used in the CMS, Nursing Home Value-Based Purchasing Demonstration in determining improvement scores and benchmarks.⁵⁻⁸

An improvement score is determined by comparing the final overall performance score (“Total Points for the Facility”) for the current performance period (2012-2013) to the raw performance score (“Raw Score [Before Applying Zero MCBBDs and Non-Compliant Days]) for the baseline period (2011-2012) and calculating the difference between the two performance year scores. The raw score from the prior performance year is used to avoid unfairly penalizing facilities that were not eligible

⁵⁻⁷ Point ranges were provided by the California Department of Health Care Services (DHCS) and CDPH and presented at the July 2013 stakeholder meeting.

⁵⁻⁸ Abt Associates Inc. *Nursing Home Value-Based Purchasing Demonstration*. Abt, 2008. Available at: http://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/downloads/NHP4P_PP_Accessible.pdf. Accessed on: October 29, 2013.

for an incentive payment in the prior year, but are eligible for an incentive payment and/or an improvement payment in the current performance year. The improvement score is then ranked from highest score to lowest score. A facility is eligible for an improvement payment if it meets or exceeds a specified percentile threshold, which is currently set at the 20th percentile.⁵⁻⁹

The improvement payment amount, per MCBBD, is calculated by dividing the total number of eligible MCBBDs, a sum of all the MCBBDs from facilities getting the improvement payment, by the total funds in the improvement payment pool. This establishes a per MCBBD amount that can be used to calculate individual facility payments. This is done by multiplying each facilities' total MCBBDs by the per MCBBD dollar amount to determine a per facility improvement payment amount.

Any facilities that were excluded for having zero MCBBDs in either the performance period or had no MDS clinical data in the baseline or performance period also were excluded from the 20th percentile for improvement scoring ranking. Those facilities display an improvement score of "M" in the improvement payment spreadsheet. This excludes those facilities from the 20th percentile without affecting payment to other facilities.

⁵⁻⁹ SNFs that do not have scores in the baseline year and SNFs that closed in the performance year will not have improvement scores and are ineligible for improvement payments. Additionally, SNFs that are ineligible in 2013 for incentive payments are also ineligible for improvement payments.