SKILLED NURSING FACILITY WORKFORCE & QUALITY INCENTIVE PROGRAM: CY2023 (PY1) ANNUAL EVALUATION REPORT

May 2025

DHCS
CALIFORNIA DEPARTMENT OF
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Please provide any comments regarding the WQIP Annual Evaluation Report to DHCS' email: SNFWQIP@DHCS.ca.gov.

TABLE OF CONTENTS

INTRODUCTION

Background

The Workforce & Quality Incentive Program (WQIP) incentivizes Skilled Nursing Facilities (SNFs) to improve quality of care and invest in workforce by directing managed care payments to SNFs on a per diem basis based on performance on workforce and quality metrics. Assembly Bill (AB)[1] 186 authorizes the State to implement the SNF WQIP to succeed the former Quality and Accountability Supplemental Payment (QASP) program. This bill was introduced in June 2022 and the financing methodology authorized by AB 186 is effective January 1, 2023, through December 31, 2026. Any eligible provider furnishing qualifying skilled nursing services to Medi-Cal managed care enrollees may earn performance-based directed payments from the Medi-Cal MCPs they contract with. The program is budgeted to target total payments of $280 million in calendar year (CY) 2023, which represents about 4 percent of total payments to SNFs. The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG) to develop an Annual Evaluation Report to assess if SNF performance on WQIP metrics improved from baseline, to better understand the factors driving performance for high- and low-performing SNFs, and to assess the impacts to overall WQIP scores and payments. Additionally, HSAG assessed if any WQIP metrics were topped out (meaning performance of a majority of SNFs was consistently very high and/or benchmarks for the metric were consistently high).

WQIP Development Timeline

As a part of the development of WQIP PY 1, a series of engagement meetings and documents were publicly released to keep stakeholders informed regarding updates to the program design of WQIP. These stakeholders included individual organizations and larger associations representing SNF owners/operators, individual providers and medical directors, and advocates for patients and their families. The timeline below outlines when stakeholders were informed about program updates and when key documents were released for PY 1.

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[1] State of California Legislative Counsel Bureau. Assembly Bill No. 186, Chapter 46. Available at: https://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=202120220AB186&version=20210AB18695CHP

- June 2022: AB 186 is approved by Governor Gavin Newsom authorizing the implementation of WQIP.
- October 2022: WQIP was announced to stakeholders along with the initial program design. Stakeholders were given the opportunity to provide feedback.
- November 2022: DHCS presented updates and clarifications to stakeholders that were implemented based on their feedback.
- December 2022: DHCS presented the final program design and metric list. The WQIP Directed Payment Preprint was submitted to CMS for approval.
- February 2023 to April 2023: DHCS presented adjustments to the staffing hour minimum to stakeholders.
- June 2023: DHCS introduced the public comment period for the WQIP Technical Program Guide to stakeholders.
- October 2023: DHCS informed stakeholders that it will begin posting unblinded facility-level data to the Open Data Portal before the end of 2023.
- December 2023: DHCS informed stakeholders that it is working to post a facility-specific WQIP report to the Open Data Portal.

Key Documents

- March 2023: The final PY 1 (2023) SNF WQIP Technical Program Guide was posted on DHCS' website.
- May 2024: The PY 1 (2023) SNF WQIP Data Release Notification Letter was released which allowed for facilities to provide updates to their National Provider Identifiers (NPIs) for PY 1.

PY 1 Policy Letters

- July 2024: DHCS issued provisional Guidance on SNF WQIP Payment Process.
- August 2024: DHCS updated the Minimum Data Set (MDS) Data Completeness Metric methodology using 150-day exclusion approach which is effective retroactively for Program Year (PY) 1 (2023) of SNF WQIP.
- September 2024: DHCS issued corrections to the PY 1 (2023) Technical Program Guide for WQIP.
- December 2024: DHCS informed stakeholders that it will reallocate the percent of the total score for the Claims-Based Clinical Metrics Measurement Area due to data delays.

Overall Findings

This report provides an evaluation of WQIP PY 1 metrics in comparison to the established baseline performance targets. It also assesses the factors driving the facilities' performance levels on the metrics and factors impacting their overall WQIP scores and subsequent payments.

In PY 1, HSAG found a lack of improvement compared to the baseline year. Among the metrics with a set performance target, all three MDS Clinical Metrics failed to meet the performance target, and only the *Staffing Turnover* and *MDS Racial and Ethnic Data Completeness* Metrics met the target. For all MDS Clinical Metrics, more facilities earned their metric scores through the achievement of benchmarks rather than improvement from the baseline year. As a result, the inclusion of improvement points did not appear to be a large driving force for MDS Clinical Metric performance. It is important to note the timeline on which stakeholders (including SNF owners and operators) were informed of the WQIP metrics that were to be evaluated for PY 1. Stakeholders were informed of the final program design and metric list in December 2022, but the measurement period for the MDS Clinical Metrics for PY 1 was July 1, 2022-June 30, 2023; therefore, facilities were already being evaluated for performance before they were informed of the list of WQIP metrics. As a result, facilities had limited time and opportunity to focus their improvement efforts for the MDS Clinical Metrics during PY 1. This is an area that can be reviewed in future program years to evaluate if facilities show improved performance when they are informed and aware of the metrics on which they will be scored. Finally, HSAG found that the *MDS Racial and Ethnic Data Completeness* Metric was the only WQIP metric that was topped out based on CMS' Topped-Out methodology.

In addition to the lack of improvement resulting in lower performance for some WQIP metrics, HSAG found that effective penalties (i.e., for the Acuity-Adjusted Staffing Hour Metrics and MDS Clinical Metrics Measurement Areas) were large factors in driving the scores among low-performing facilities. For these facilities, the percentage of days compliant for the *Acuity-Adjusted Total Nursing Hours*, *Acuity-Adjusted Weekend Total Nursing Hours*, and *Acuity-Adjusted CNA Hours* Metrics were approximately 61.73 percent, 47.42 percent, and 41.93 percent, respectively, which resulted in reduced scores and lower performance. Additionally, for the MDS Clinical Metrics, 82 percent of low-performing facilities received an effective penalty due to low MDS Data Completeness, resulting in them earning either half or zero points for the MDS Clinical Metrics Measurement Area. This is an area that can be reviewed in future program years to evaluate the long-term impact of implementing effective penalties for WQIP metrics.

Finally, the findings regarding the lack of improvement from baseline and the impact of effective penalties are reflected in the final score, which determines the incentive payments received by WQIP facilities. For most facilities, their final score was distributed across all measurement areas with the MDS Clinical Metrics Measurement Area making up a higher proportion due to the reallocated weight from the removal of the Claims-Based Clinical Metrics Measurement Area. However, among low-performing facilities, the MDS Clinical Metrics contributed the least towards their final score which aligns with the finding that low-performing facilities received less points due to penalties from low MDS Data Completeness. Additionally, while the WQIP model appears to reward facilities that improved from the baseline year (i.e., facilities that showed improvement earned more points on average for the Acuity-Adjusted Staffing Hour Metrics, and the MDS improvement points helped increase their metric scores), the effective penalties from the MDS Data Completeness rates may decrease their final adjusted score and overall incentive payments. Finally, the WQIP program was successful in distributing the majority of the expected budgeted amount of $280 million to help motivate facilities to improve moving forward.

METHODOLOGY

Evaluation Questions

This evaluation was conducted to determine the following:

1. How did facilities perform overall compared to the baseline period? Did the facilities demonstrate any improvement? Are any measures topped out (i.e., there is little opportunity for improvement in rates)?
2. How did facilities score on WQIP metrics? Are there any factors driving performance levels among high- and low-performing facilities?
3. Was the scoring model effective at rewarding facilities that showed improvement, and were sufficient funds distributed?

Evaluation Designs and Methods

To evaluate the quality of care within SNFs, DHCS established the following domains and measurement areas:

- Workforce Metrics
  - Acuity-Adjusted Staffing Hour Metrics Measurement Area
  - Staffing Turnover Metric Measurement Area
- Clinical Metrics
  - MDS Clinical Metrics Measurement Area
  - Claims-Based Clinical Metrics Measurement Area
- Equity Metrics
  - Medi-Cal Disproportionate Share Measurement Area
  - MDS Racial and Ethnic Data Completeness Measurement Area

For each metric within the measurement areas, facilities' rates were compared to established rate thresholds to derive a score for each WQIP metric. Once each of the metric scores were calculated, the measurement area score was then derived by summing the points for each metric and dividing by the total possible points for each measurement area. Finally, each measurement area was assigned a weight to derive the final WQIP score. The weights of each measurement area are outlined in Table 1.

Please note, the Claims-Based Clinical Metrics Measurement Area was not included in the PY 1 Final Report due to data issues, so an evaluation of the Claims-Based Clinical Metrics is not included.

Table 1—WQIP Domains and Score Distribution

**If a facility had a missing or non-reportable rate for Staffing Turnover, the Staffing Turnover Measurement Area weight (i.e., 15 percent) was reallocated to the Acuity-Adjusted Staffing Hour Metrics Measurement Area, resulting in a weight of 50 percent.*

***The weight for the Claims-Based Clinical Metrics Measurement Area (i.e., 20 percent) was reallocated to the MDS Clinical Metrics Measurement Area for all facilities, resulting in a weight of 40 percent. If a facility was missing all three MDS Clinical Metrics, the 40 percent was reallocated to the Acuity-Adjusted Staffing Hour Metrics Measurement Area.*

Domain	Measurement Area	Percent of Total Score
Workforce Metrics	Acuity-Adjusted Staffing Hour Metrics	35%
	Staffing Turnover Metric	15%*
Clinical Metrics	MDS Clinical Metrics	40%**
	Claims-Based Clinical Metrics	0%
Equity Metrics	Medi-Cal Disproportionate Share Metric	7%
	MDS Racial and Ethnic Data Completeness Metric	3%
Total		**100%**

HSAG evaluated facilities' rates, WQIP scores, and associated payment as a part of the PY 1 Annual Evaluation Report. Please refer to the 2023 WQIP Technical Program Guide for more information on the WQIP methodology.

Overall Performance

To measure overall performance in PY 1, HSAG assessed how many facilities met the performance target from the baseline year for each WQIP metric and how many facilities had improved rates compared to their baseline year rates. The baseline year, the baseline statistic (i.e., 50th percentile), and the performance targets for each metric are listed in Table 2. Please note, the MDS Clinical Metrics and the *Staffing Turnover* Metric are lower is better metrics, meaning lower rates indicate better performance.

Performance targets were not set for the Acuity-Adjusted Staffing Hour Metrics in the evaluation plan outlined in the PY 1 Technical Preprint, but HSAG assessed the number

of facilities that performed better than the 50th percentile from the baseline year. A performance target for the *Medi-Cal Disproportionate Share* Metric was not set since the metric is designed to award only 50 percent of facilities, and therefore improvement on the measure is not expected.

Table 2—Evaluation Metrics, Baseline, and Performance Targets

** The Acuity-Adjusted Weekend Total Nursing Hours was first reported in 2022, so only two quarters of rates (i.e., Q1 2022 and Q2 2022) were averaged to calculate the baseline statistic.*

*** A lower rate indicates better performance.*

Metric	Baseline Year	Baseline Statistic	Performance Target
Workforce Metrics Domain			
Acuity-Adjusted Staffing Hour Metrics Measurement Area			
Acuity-Adjusted Total Nursing Hours	7/1/21–6/30/22	4.129	N/A
Acuity-Adjusted Weekend Total Nursing Hours	1/1/22-6/30/22*	3.716	N/A
Acuity-Adjusted Registered Nurse (RN) Hours	7/1/21–6/30/22	0.486	N/A
Acuity-Adjusted Licensed Vocational Nurses (LVN) Hours	7/1/21–6/30/22	1.145	N/A
Acuity-Adjusted Certified Nursing Assistant (CNA) Hours	7/1/21–6/30/22	2.479	N/A
Staffing Turnover Metric Measurement Area			
*Staffing Turnover***	4/1/21–3/31/22	47.000%	Any improvement from baseline statistic in PY 1.
Clinical Metrics Domain			
MDS Clinical Metrics Measurement Area			
*Percent of High-Risk Residents with Pressure Ulcers, Long Stay***	7/1/21–6/30/22	6.356%	Any improvement from baseline statistic in PY 1.

Metric	Baseline Year	Baseline Statistic	Performance Target
*Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay***	7/1/21–6/30/22	1.333%	Any improvement from baseline statistic in PY 1.
*Percent of Residents who Received an Antipsychotic Medication, Long Stay***	7/1/21–6/30/22	7.792%	Any improvement from baseline statistic in PY 1.
Equity Metrics Domain			
MDS Racial and Ethnic Data Completeness Measurement Area			
MDS Racial and Ethnic Data Completeness	7/1/19–6/30/22	95.960%	At least 50% of facilities at or above 95.00%.

HSAG also assessed the PY 1 WQIP metrics to determine if any were topped out (i.e., had little room for improvement or had rates that were tightly grouped making it difficult to identify improvement). HSAG applied CMS' Topped-Out methodology recommended for outcome measures to *Staffing Turnover*, the MDS Clinical Metrics, and *MDS Racial and Ethnic Data Completeness*; this methodology was not applied to the Acuity-Adjusted Staffing Hour Metrics, which are ratios. Please refer to the 2024 MIPS Annual Call for Quality Measures Fact Sheet for more information on the Topped-Out methodology.

WQIP Scoring

HSAG assessed the distribution of facility scores for each metric by determining the count and percent of facilities that earned each possible score for the metric (i.e., 0-5, 0-6, or 0-10). For the MDS Clinical Metrics, HSAG evaluated the distribution of achievement and improvement points and the number of facilities that earned points from achievement or improvement for the overall metric score (i.e., the higher of the two scores).

HSAG also assessed the factors driving performance for high- and low-performing facilities. High performers were defined as facilities with a final WQIP score above the WQIP 90th percentile, while low performers were defined as facilities with a final WQIP score below the WQIP 10th percentile. HSAG compared the average scores, weighted

scores, percentage of days compliant, missing rates, data completeness penalties, and geographical locations among the high- and low-performing facilities to determine factors that drove performance.

A Pearson correlation analysis was also performed between each measurement area score to determine if scores in one area were directly tied to scores in another. HSAG designated measures as significantly correlated if they met both of the following criteria: 1) the correlation was statistically significantly different from zero (p value <0.001), and 2) the absolute value of the correlation coefficient (i.e., the effect size) was at least moderate (Pearson correlation coefficient > 0.50).

Payments

HSAG did not have access to the MCPs' calculated final payment for facilities, so HSAG estimated the final payments for each facility to determine if the WQIP scoring model was effective at rewarding facilities that showed improvement. To estimate final payments, the per diem rates for each facility were multiplied by the number of contracted managed care Medi-Cal bed days (MCBDs) for each facility. The contracted managed care MCBDs were extracted from DHCS' data warehouse, and the per diem rate was calculated by DHCS based on facility performance and the curve factor and provided to HSAG for this evaluation. Because the final payment information displayed in the Payments section of the report are only estimates, please exercise caution when reviewing these results.

Based on the estimated final payments, HSAG calculated the average MCBDs, per diem, and final payment by performance (i.e., final WQIP score) percentiles. HSAG also calculated the average proportion that each measure contributed to the final score by performance percentile. Lastly, the sum of final payments for all facilities was calculated to determine if a sufficient amount of funds was distributed compared to DHCS' $280 million budget for PY 1.

RESULTS

Overall Performance

The following sections outline how facilities performed overall compared to the baseline period.

Performance Targets

To determine if the performance targets were met for each metric, HSAG compared PY 1 performance to performance in the baseline year. Table 3 compares the 50th percentile of PY 1 performance to the 50th percentile of the baseline year performance for each metric. Please note, the MDS Clinical Metrics and *Staffing Turnover* Metric are lower is better metrics, meaning lower values indicate better performance.

Table 3— PY 1 Median Performance and Performance Target by Metric

** *indicates the median rate was better than the baseline year.*

*** *indicates the median rate was worse than the baseline year.*

Metric	Baseline Median	PY 1 Median	Change in Median
Workforce Metrics Domain			
Acuity-Adjusted Staffing Hour Metrics Measurement Area			
Acuity-Adjusted Total Nursing Hours	4.129	4.160	0.031**
Acuity-Adjusted Weekend Total Nursing Hours	3.716	3.788	0.072**
Acuity-Adjusted RN Hours	0.486	0.424	-0.062***
Acuity-Adjusted LVN Hours	1.145	1.191	0.046**
Acuity-Adjusted CNA Hours	2.479	2.515	0.036**
Staffing Turnover Metric Measurement Area			
*Staffing Turnover**	47.000%	46.600%	-0.400%**
Clinical Metrics Domain			
MDS Clinical Metrics Measurement Area			

Metric	Baseline Median	PY 1 Median	Change in Median
*Percent of High-Risk Residents with Pressure Ulcers, Long Stay**	6.356%	6.621%	0.265%***
*Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay**	1.333%	1.441%	0.108%***
*Percent of Residents who Received an Antipsychotic Medication, Long Stay**	7.792%	8.138%	0.346%***
Equity Metrics Domain			
MDS Racial and Ethnic Data Completeness Measurement Area			
MDS Racial and Ethnic Data Completeness	95.960%	99.542%	3.582%**

Of the WQIP metrics that had performance targets set in the evaluation plan outlined in the PY 1 Technical Preprint, only the *Staffing Turnover* Metric and the *MDS Racial and Ethnic Data Completeness* Metric met the targets. The 50th percentile for each of the MDS Clinical Metrics in PY 1 was worse than the 50th percentile from the baseline year. Although no targets were set for the Acuity-Adjusted Staffing Hour Metrics, the 50th percentile for all metrics in PY 1 improved from the baseline 50th percentile from the baseline year, apart from the *Acuity-Adjusted RN Hours* Metric, which performed worse. Please refer to Appendix Table 19 and Table 20 for the full percentile values for each WQIP metric.

Table 4 provides the count and percentage of facilities with reportable rates that performed better than the baseline 50th percentile for each metric. Please note that the Acuity-Adjusted Staffing Hour Metrics Measurement Area did not have established performance targets. For the purposes of this evaluation, HSAG considered a facility to have met the targets for the Acuity-Adjusted Staffing Hour Metrics if they performed better than the respective baseline 50th percentile.

Table 4— Percent of Facilities that Met Performance Target

Metric	Met Target	Not Met	Percent Met
Workforce Metrics Domain			
Acuity-Adjusted Staffing Hour Metrics Measurement Area			
Acuity-Adjusted Total Nursing Hours	551	493	52.78%
Acuity-Adjusted Weekend Total Nursing Hours	607	437	58.14%
Acuity-Adjusted RN Hours	419	625	40.13%
Acuity-Adjusted LVN Hours	584	460	55.94%
Acuity-Adjusted CNA Hours	578	466	55.36%
Staffing Turnover Metric Measurement Area			
Staffing Turnover	490	458	51.69%
Clinical Metrics Domain			
MDS Clinical Metrics Measurement Area			
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	484	532	47.64%
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	471	559	45.73%
Percent of Residents who Received an Antipsychotic Medication, Long Stay	485	527	47.92%
Equity Metrics Domain			
MDS Racial and Ethnic Data Completeness Measurement Area			
MDS Racial and Ethnic Data Completeness	918	137	87.01%

Table 4 shows that over half of WQIP facilities met the target for each metric except for the three MDS Clinical Metrics and the *Acuity-Adjusted RN Hours* Metric. Additionally, over 87 percent of facilities met the *MDS Racial and Ethnic Data Completeness* target.

Improvement

HSAG compared each facility's PY 1 rate to their baseline year rate for each metric to determine if their rates improved relative to the baseline year. Table 5 displays the number and percentage of facilities with an improved rate compared to the baseline year as well as the number of facilities with reportable rates for PY 1 and the baseline year for each metric.

Table 5— Percent of Facilities with Improved Rate Since Baseline Year

Metric	Facilities with Improved Rates from the Baseline Year	Facilities with Reportable Rates for Both Years	Percent of Facilities with Improved Rates
Workforce Metrics Domain			
Acuity-Adjusted Staffing Hour Metrics Measurement Area			
Acuity-Adjusted Total Nursing Hours	553	1035	53.43%
Acuity-Adjusted Weekend Total Nursing Hours	560	1029	54.42%
Acuity-Adjusted RN Hours	354	1035	34.20%
Acuity-Adjusted LVN Hours	599	1035	57.87%
Acuity-Adjusted CNA Hours	579	1035	55.94%
Staffing Turnover Metric Measurement Area			
Staffing Turnover	451	863	52.26%
Clinical Metrics Domain			
MDS Clinical Metrics Measurement Area			
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	471	1012	46.54%
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	467	1026	45.52%
Percent of Residents who Received an Antipsychotic Medication, Long Stay	444	1006	44.14%

The percentage of facilities that improved compared to the baseline year varied by metric. Table 5 shows that more than half of facilities improved in the *Staffing Turnover* Metric and the Acuity-Adjusted Staffing Hour Metrics (apart from *Acuity-Adjusted RN Hours*), while only approximately 45 percent of facilities improved for each MDS Clinical Metric. The most facilities improved for the *Acuity-Adjusted LVN Hours* Metric (58 percent of facilities), while the least facilities improved for the *Acuity-Adjusted RN Hours* Metric (34 percent of facilities).

Table 6 displays the average metric rate among facilities that improved or worsened for each metric. Only facilities with reportable rates for PY 1 and the baseline year were included.

Table 6— Average Metric Rate among Facilities that Improved and Worsened Compared to Baseline Year

** A lower rate indicates better performance.*

Metric	Facilities that Improved			Facilities that Worsened		
	Average Baseline Rate	Average PY 1 Rate	Average Increase in Performance	Average Baseline Rate	Average PY 1 Rate	Average Decrease in Performance
Workforce Metrics Domain						
Acuity-Adjusted Staffing Hour Metrics Measurement Area						
Acuity-Adjusted Total Nursing Hours	4.023	4.360	0.337	4.418	4.097	0.321
Acuity-Adjusted Weekend Total Nursing Hours	3.526	3.901	0.375	4.041	3.724	0.317
Acuity-Adjusted RN Hours	0.476	0.587	0.111	0.592	0.451	0.141
Acuity-Adjusted LVN Hours	1.110	1.273	0.163	1.255	1.114	0.141
Acuity-Adjusted CNA Hours	2.380	2.625	0.246	2.676	2.467	0.209
Staffing Turnover Metric Measurement Area						
*Staffing Turnover**	53.188%	41.869%	11.319%	42.089%	51.562%	9.474%
Clinical Metrics Domain						
MDS Clinical Metrics Measurement Area						
*Percent of High-Risk Residents with Pressure Ulcers, Long Stay**	9.176%	6.005%	3.171%	5.624%	8.625%	3.001%

Metric	Facilities that Improved			Facilities that Worsened		
	Average Baseline Rate	Average PY 1 Rate	Average Increase in Performance	Average Baseline Rate	Average PY 1 Rate	Average Decrease in Performance
*Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay**	2.787%	1.280%	1.507%	1.196%	2.694%	1.498%
*Percent of Residents who Received an Antipsychotic Medication, Long Stay**	11.633%	8.254%	3.379%	7.515%	11.161%	3.646%

Table 6 shows that facilities that improved their rates compared to the baseline year had better rates on average than facilities whose rates worsened compared to the baseline year. For example, facilities that improved their *Staffing Turnover* rate in PY 1 compared to the baseline year performed nearly 10 percentage points better than facilities who worsened in PY 1 compared to the baseline year (41.869 percent and 51.562 percent, respectively). However, facilities that improved in PY 1 also had worse rates in the baseline year on average compared to the facilities who worsened in PY 1. This inconsistent performance helps explain why facilities did not meet the target of improving from the baseline 50th percentile for the MDS Clinical Metrics overall.

Topped Out Metrics

HSAG utilized CMS' criteria to determine topped-out metrics to identify any WQIP metrics that had little room for improvement. The *MDS Racial and Ethnic Data Completeness* Metric was the only WQIP metric that was topped out based on CMS' methodology; none of the other WQIP metrics met CMS' criteria. Please see Appendix Table 21 for the results of the topped-out evaluation. The *MDS Racial and Ethnic Data Completeness* Metric was expected to be topped out because as of October 1, 2023, CMS updated the MDS data to require at least one valid race and ethnicity field to be completed.[2] As a result, any facility that submitted MDS data met the numerator criteria

[2] CMS. LTC facility resident assessment instrument 3.0 user's manual V1.18.1. 2023. Available at: Minimum Data Set 3.0 Resident Assessment Instrument User's Manual v1.18.11. Accessed on: Feb 28, 2025.

for this metric by definition had no room for improvement. As a result, this metric was discontinued in the WQIP program beginning in PY 3 (2025).

WQIP Scoring

The following sections outline the distribution of WQIP scores for each metric and among high- and low-performing facilities. Facilities' rates were compared to performance benchmarks to derive a raw score for each WQIP metric. For more information about the scoring methodology for WQIP, please refer to the 2023 Technical Program Guide.

Metric-Level Analysis

Staffing Metrics

For the Acuity-Adjusted Staffing Hour Metrics and *Staffing Turnover* Metric, facilities could earn between 0 points (below 25th percentile) and 6 points (90th percentile and above). Facilities were assigned points for the Acuity-Adjusted Staffing Hour Metrics even if the facility had a missing rate (i.e., facilities that did not have a reportable rate received 0 points), but for the *Staffing Turnover* Metric, facilities that did not have a reportable rate did not earn a score for that measurement area, and the measurement area weight was instead reallocated to the Acuity-Adjusted Staffing Hour Metrics Measurement Area.

Table 7— Distribution of Staffing Metric Raw Scores Among WQIP Facilities

**Acuity-Adjusted Staffing Hour Metrics were assigned points even if the rate was missing, so the "Missing" column only applies to Staffing Turnover.*

Metric	Percentage of Facilities that Earned Each Raw Score							
	Missing*	0	1	2	3	4	5	6
Acuity-Adjusted Total Nursing Hours	N/A	20.28%	14.22%	13.18%	14.03%	14.03%	15.45%	8.82%
Acuity-Adjusted Weekend Total Nursing Hours	N/A	16.02%	12.13%	14.31%	16.49%	14.98%	17.44%	8.63%
Acuity-Adjusted RN Hours	N/A	37.73%	13.46%	9.10%	10.90%	9.86%	11.85%	7.11%
Acuity-Adjusted LVN Hours	N/A	21.71%	8.53%	13.93%	14.31%	12.42%	19.72%	9.38%

Metric	Percentage of Facilities that Earned Each Raw Score							
	Missing*	0	1	2	3	4	5	6
Acuity-Adjusted CNA Hours	N/A	18.67%	13.27%	13.08%	12.70%	15.17%	16.78%	10.33%
Staffing Turnover	10.14%	19.91%	10.90%	12.32%	12.13%	9.86%	15.64%	9.10%

Overall, the scores for each staffing metric were evenly distributed. Table 7 shows that there was a high percentage of facilities with a raw score of zero for *Acuity-Adjusted RN Hours* (38 percent) due to lower performance compared to the baseline year. For the other Acuity-Adjusted Staffing Hour Metrics, between 16 percent and 21 percent of facilities earned a score of zero. For all Acuity-Adjusted Staffing Hour Metrics except for *Acuity-Adjusted RN Hours*, a raw score of five was the most common score for facilities to earn aside from zero. Additionally, facilities performed similarly on a majority of the Acuity-Adjusted Staffing Hour Metrics. For example, 23 percent of facilities performed well (scores between 5 and 6) on most or all of the Acuity-Adjusted Metrics, and 45 percent of facilities performed poorly (scores between 0-2) on most or all of the Acuity-Adjusted Metrics. Please see Appendix Table 22 for a more detailed table with the number of facilities in each scoring tier.

For the *Staffing Turnover* Metric, over 10 percent of facilities had unreportable rates, and the weight for those facilities was reallocated to the Acuity-Adjusted Staffing Hour Metrics Measurement Area. These facilities tended to have lower performance on the Acuity-Adjusted Staffing Hour Metrics compared to facilities with reportable rates for the *Staffing Turnover* Metric (i.e., only 28.825 percent of the Acuity-Adjusted Staffing Hour Metric points were earned on average for facilities that did not have reportable *Staffing Turnover* rates compared to 40.824 percent for facilities that had reportable *Staffing Turnover* rates). Approximately 20 percent of facilities earned zero points on *Staffing Turnover*, indicating performance worse than the 25th percentile, but otherwise, the distribution of scores from 1-6 points was evenly spread, with the highest percentage of facilities earning 5 points.

MDS Metrics

For the MDS Clinical Metrics, facilities could earn between 0 and 6 achievement points based on where their rate fell in relation to benchmarks and between 0 and 6 improvement points based on the gap closure between the facility's prior year rate and the 90th percentile benchmark. To earn the maximum number of improvement points,

facilities must also have met the 75th achievement benchmark. Please note, for the *Percent of Residents who Received an Antipsychotic Medication, Long Stay* Metric, the maximum achievement and improvement points that a facility could earn was 5 points, since some use of antipsychotics is clinically indicated. Facilities earned the higher of the two (achievement or improvement) for their overall metric score for each MDS Clinical Metric. Table 8 displays the distribution of achievement points, improvement points, and the overall metric score earned for each MDS Clinical Metric.

Table 8— Distribution of Points Earned on Overall MDS Metric Score, Achievement Points, and Improvement Points by MDS Clinical Metric

Metric	Type of Score	Percentage of Facilities that Earned each Point Value							
		Missing	0	1	2	3	4	5	6
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	Overall Metric Score	3.70%	19.81%	12.51%	11.94%	10.52%	12.89%	12.42%	16.21%
	Achievement Points	3.70%	24.93%	13.46%	12.04%	11.28%	13.74%	12.80%	8.06%
	Improvement Points	4.08%	57.16%	5.02%	5.31%	3.70%	4.36%	7.77%	12.61%
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	Overall Metric Score	2.37%	19.81%	11.85%	12.23%	10.24%	10.33%	12.51%	20.66%
	Achievement Points	2.37%	23.89%	14.12%	14.98%	10.81%	12.04%	4.08%	17.73%
	Improvement Points	2.75%	57.91%	3.70%	3.79%	3.70%	4.27%	11.37%	12.51%
Percent of Residents who Received an	Overall Metric Score	4.08%	19.72%	11.47%	12.61%	12.23%	10.33%	29.57%	NA

Metric	Type of Score	Percentage of Facilities that Earned each Point Value							
		Missing	0	1	2	3	4	5	6
Antipsychotic Medication, Long Stay	Achievement Points	4.08%	24.27%	11.66%	14.03%	13.27%	11.66%	21.04%	NA
	Improvement Points	4.64%	62.84%	5.78%	3.89%	3.60%	3.51%	15.73%	NA

Table 8 shows that the highest percentage of facilities earned the lowest or highest number of achievement points for *Percent of Residents who Received an Antipsychotic Medication, Long Stay* (0 or 5) and *Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay* (0 or 6). For the *Percent of High-Risk Residents with Pressure Ulcers, Long Stay* Metric, the highest percentage of facilities earned a zero, and achievement points were more evenly distributed from 1-5, while only 8 percent of facilities earned six achievement points. All MDS Clinical Metrics had a low percentage of facilities with unreportable rates, ranging from 2.37 percent to 4.08 percent. Additionally, only about 40 percent of facilities earned any improvement points for each metric, and when facilities did earn improvement points, it was usually 5 or 6 points.

Table 9 displays the proportion of facilities that either earned more achievement points, earned more improvement points, or if their achievement points and improvement points were equal for each MDS Clinical Metric.

Table 9— Percentage of Facilities that Earned Higher of Achievement or Improvement Points by MDS Clinical Metric

Metric	Percentage of Facilities that Earned Higher of Achievement or Improvement Points			
	Achievement Points	Improvement Points	Equal Points	Both Missing
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	42.94%	25.40%	27.96%	3.70%

Metric	Percentage of Facilities that Earned Higher of Achievement or Improvement Points			
	Achievement Points	Improvement Points	Equal Points	Both Missing
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	41.71%	23.89%	32.04%	2.37%
Percent of Residents who Received an Antipsychotic Medication, Long Stay	47.11%	18.39%	30.43%	4.08%

Table 9 shows that for all MDS Clinical Metrics, most facilities earned higher achievement points than improvement points. Only approximately 18 percent to 25 percent of facilities earned their overall metric score based on improvement points, compared to approximately 41 percent to 47 percent of facilities that earned their overall metric score based on achievement points. This indicates that achievement (current performance on MDS Clinical Metrics) drove the overall MDS metric scores, rather than improvement on MDS Clinical Metrics compared to the baseline year.

Equity Metrics

The *Medi-Cal Disproportionate Share* Metric is considered a health equity metric as Medi-Cal members have disproportionately lower socioeconomic status (compared to individuals with other types of insurance) given the means-tested eligibility criteria for Medi-Cal. Thus Medi-Cal members are more affected by social need and risk. For the *Medi-Cal Disproportionate Share* Metric, facilities earned a score between 0 and 6 based on if the facility's share of MCBDs was above its peer group's 50th percentile.

For the *MDS Racial and Ethnic Data Completeness* Metric, facilities earned between 0 and 10 points based on where their data completeness rate fell between 90 percent and 100 percent.

Table 10 displays the distribution of *Medi-Cal Disproportionate Share* points facilities earned, ranging from 0 to 5.

Table 10— Distribution of Medi-Cal Disproportionate Share Points Earned Among WQIP Facilities

Medi-Cal Disproportionate Share Points Earned	Count of Facilities	Percent of Facilities
0	529	50.14%
1	101	9.57%
2	105	9.95%
3	105	9.95%
4	105	9.95%
5	110	10.43%
Grand Total	**1055**	**100.00%**

Table 10 shows that approximately half of WQIP facilities earned zero *Medi-Cal Disproportionate Share* points. This finding aligns with the expected results, as this metric was intended to only award points to facilities whose proportion of MCBDs was in the top 50th percentile of their peer group. Of facilities that were awarded *Medi-Cal Disproportionate Share* points, the distribution was spread evenly between the other scores with approximately 10 percent of facilities earning each possible point value.

Table 11 displays the distribution of *MDS Racial and Ethnic Data Completeness* points facilities earned, ranging from 0 to 10.

Table 11— Distribution of MDS Racial and Ethnic Data Completeness Points Earned Among WQIP Facilities

MDS Racial and Ethnic Data Completeness Points Earned	Count of Facilities	Percent of Facilities
0	61	5.78%
1	7	0.66%
2	13	1.23%
3	15	1.42%
4	19	1.80%
5	22	2.09%
6	28	2.65%
7	54	5.12%

MDS Racial and Ethnic Data Completeness Points Earned	Count of Facilities	Percent of Facilities
8	77	7.30%
9	113	10.71%
10	646	61.23%
Grand Total	**1055**	**100.00%**

The distribution of *MDS Racial and Ethnic Data Completeness* points is skewed high, which is expected since the metric is topped out. Table 11 shows that nearly 85 percent of facilities earned between 7 and 10 points, with approximately 61 percent of those facilities earning 10 points.

High- and Low-Performing Facilities

HSAG assessed the differences in performance between high- and low- performing facilities based on the facility's final WQIP score. For this analysis, HSAG classified facilities as high-performing if their final WQIP score was above the WQIP 90th percentile and classified facilities as low-performing if their final WQIP score was below the WQIP 10th percentile. Based on these criteria, 105 high-performing facilities and 105 low-performing facilities were identified.

Table 12 provides the average and percentage of weighted scores earned for each measurement area for facilities that were classified as high and low performers based on their final WQIP score. Please note, the final WQIP score has a maximum of 100 points.

Table 12— Average Scores Among High- and Low-Performing Facilities

Measurement Area	Low Performers (Bottom 10th Percentile)		High Performers (Top 10th Percentile)	
	Average Weighted Score	Percentage of Measurement Area	Average Weighted Score	Percentage of Measurement Area
Workforce Metrics Domain				
Acuity-Adjusted Staffing Hour Metrics	5.774	16.496%	20.597	73.134%
Staffing Turnover Metric	3.027	20.183%	12.177	81.178%
Clinical Metrics Domain				
MDS Clinical Metrics	2.721	6.803%	29.039	72.598%

Measurement Area	Low Performers (Bottom 10th Percentile)		High Performers (Top 10th Percentile)	
	Average Weighted Score	Percentage of Measurement Area	Average Weighted Score	Percentage of Measurement Area
Equity Metrics Domain				
Medi-Cal Disproportionate Share Metric	0.924	13.204%	3.187	45.524%
MDS Racial and Ethnic Data Completeness Metric	2.363	78.762%	2.667	88.952%
Total Score				
Final WQIP Score	13.714	13.714%	70.866	70.866%

Table 12 shows that among high- and low-performing facilities, the MDS Clinical Metrics, Staffing Turnover, and Acuity-Adjusted Staffing Hour Metrics Measurement Areas showed the largest disparities, with the high-performing facilities earning more of the possible points within these measurement areas on average. Compared to the low-performing facilities, the high-performing facilities earned approximately 66 percent more of the possible points for the MDS Clinical Metrics Measurement Area, 61 percent more of the possible points for the Staffing Turnover Measurement Area, and 57 percent more of the possible points for the Acuity-Adjusted Staffing Hour Metrics Measurement Area. Please see Appendix Table 23 for a more detailed breakdown of the average raw score, which are the points earned for each metric prior to any adjustment, for high- and low-performing facilities for each WQIP metric.

To identify possible factors that drove performance levels for high- and low-performing facilities, HSAG assessed those facilities for any geographic trends and found that high and low performance did not appear to be regional. Please see Appendix Table 24 for the distribution of high- and low- performing facilities by county. Additionally, HSAG reviewed the impact of effective penalties for the Acuity-Adjusted Staffing Hour Metrics and MDS Clinical Metrics Measurement Areas. Please note, the Staffing Turnover Metric, Medi-Cal Disproportionate Share Metric, and MDS Racial and Ethnic Data Completeness Metric Measurement Areas did not have any effective penalties applied.

For the Acuity Adjusted Staffing Hour Metrics Measurement Area, the score of each metric was adjusted based on the percentage of days during the measurement period that the facility was compliant with the established staffing hours per patient day (HPPD)

requirement for each metric. Each facility's score was multiplied by the percentage of days compliant to determine their metric score (e.g., if a facility were compliant for 50 percent of their days, their score would be multiplied by 50 percent). Table 13 shows the average percentage of compliant days for each metric in the Acuity-Adjusted Staffing Hour Metrics Measurement Area.

Table 13— Percentage of Days Compliant Among High- and Low-Performing Facilities

	Average Percentage of Days Compliant	
Acuity-Adjusted Staffing Hour Metric	**Low Performers (Bottom 10th Percentile)**	**High Performers (Top 10th Percentile)**
Acuity-Adjusted Total Nursing Hours	61.782%	95.249%
Acuity-Adjusted Weekend Total Nursing Hours	47.418%	90.728%
Acuity-Adjusted RN Hours	97.974%	100.000%
Acuity-Adjusted LVN Hours	97.974%	100.000%
Acuity-Adjusted CNA Hours	41.933%	92.022%

Table 13 shows that the *Acuity-Adjusted Total Nursing Hours*, *Acuity-Adjusted RN Hours*, and *Acuity-Adjusted CNA Hours* showed the largest differences in the percentage of days compliant between high- and low-performing facilities. The low-performing facilities had a larger effective penalty to their scores (e.g., low performers only received 41.93 percent of their raw *Acuity-Adjusted CNA Hours* score). As a result, this was a driving factor in lowering the metric scores among low-performing facilities which is reflected in the larger gap in the average scores compared to the RN and LVN metrics. Please note that the RN and LVN metrics did not have a minimum staffing standard and are only required to report Payroll Based Journal (PBJ) data for each day to be considered compliant. Please see Appendix Table 23 for more details for the average raw scores for each metric.

For the MDS Clinical Metrics, to ensure facilities submit the appropriate MDS assessments, WQIP requires facilities to meet a 95 percent MDS Data Completeness threshold to receive full points; facilities that earned between 90 and 95 percent MDS Data Completeness received half points for the MDS Clinical Metrics Measurement Area

and facilities that failed to meet a 90 percent threshold received 0 points. Table 14 provides the number of high- and low-performing facilities that fell into each MDS Data Completeness penalty tier.

Table 14— MDS Data Completeness Among High- and Low-Performing Facilities

MDS Data Completeness Tier	Low Performers (Bottom 10th Percentile)	High Performers (Top10th Percentile)
Received Full Points (MDS Data Completeness >= 95%)	19	101
Received Half Points (90% <= MDS Data Completeness < 95%)	19	1
Received Zero Points (MDS Data Completeness < 90%)	67	3

Table 14 shows that MDS Data Completeness was a driving factor in the overall performance of high- and low-performing facilities. Of the 105 facilities in each category, 82 percent (86 facilities) of low-performing facilities received an effective penalty for their MDS Clinical Metrics Measurement Area score; 18 percent (19 facilities) received half points and 64 percent (67 facilities) received zero points for the MDS Clinical Metrics Measurement Area. In contrast, only 4 percent of high-performing facilities received a penalty due to MDS Data Completeness. As the MDS Clinical Metrics Measurement Area makes up 40 percent of the final WQIP score, the lower MDS Data Completeness was a large driver of low-performing facilities' final scores.

Finally, for the *Staffing Turnover* Metric, no effective penalty was used for WQIP. To identify other possible factors influencing the metric rate, HSAG evaluated the metric for the number of facilities with reportable rates. HSAG found that 6 of 105 high-performing facilities (6 percent) did not have reportable rates, while 32 of 105 low-performing facilities (30 percent) did not have reportable rates. The higher proportion of missing rates for low-performing facilities may be an indirect factor as in these cases the 15 percent assigned to the *Staffing Turnover* Metric would be reallocated to the Acuity-Adjusted Staffing Hour Metrics Measurement Area. However, this would not be a factor in the difference in performance for facilities that did report rates which is displayed in Table 12. Based on the available data, these differences in performance do not appear to be driven by additional factors from WQIP.

In addition to the above metrics, HSAG reviewed the *Medi-Cal Disproportionate Share* Metric and the *MDS Racial and Ethnic Data Completeness* Metric. Table 12 shows a difference in the average score of high- and low-performing facilities for the *Medi-Cal Disproportionate Share* Metric. The metric was designed to reward facilities with a large Medi-Cal population as DHCS anticipated that these facilities could have lower scores for the other WQIP metrics due to the increased challenge of serving the Medi-Cal population. Given this, it was expected that the low-performing facilities would have a larger proportion of Medi-Cal residents. However, the low-performing facilities tended to have a smaller proportion of Medi-Cal residents resulting in a lower score for the *Medi-Cal Disproportionate Share* Metric when compared to the high-performing facilities. This metric should be monitored moving forward to see if this trend continues in PY 2. Additionally, Table 12 does not show a large difference in the performance for the *MDS Racial and Ethnic Data Completeness* Metric as that metric was topped out and performance was high for WQIP facilities overall.

Correlation

HSAG did not find a correlation between the measurement area scores and found that performance in one measurement area did not have a significant effect on the other measurement areas. Although the correlation was statistically significantly different from zero (p value <0.001) for some pairs of measurement areas, the size of the Pearson correlation coefficient was negligible. Please refer to Appendix Table 25 for more details about the results of the correlation analysis.

Payment

The following section assesses if the scoring model was effective at rewarding facilities that made performance improvements and if the inclusion of the curve factor had the intended impact of ensuring enough funds were distributed to motivate facilities to pursue performance on WQIP metrics.

Because the final WQIP score determines the per diem amount per MCBD, which in turn determines the total incentive amount each facility receives, the identification of the metrics that drive performance for facilities is important for guiding improvement efforts in future WQIP program years. To assess this, HSAG also evaluated the proportion that each metric contributed to each facility's final WQIP score. Table 15 shows the average proportion that each metric makes of each facility's final WQIP score for facilities with a final score at or below the WQIP 10th percentile, facilities that were above the 90th percentile, and for the overall WQIP population.

Table 15— Average Proportion Each Metric Contributed to the Final WQIP Score, by Performance Percentile

Metric	10th Percentile or Lower	Above 90th Percentile	Overall WQIP Population
Workforce Metrics Domain			
Acuity-Adjusted Staffing Hour Metrics Measurement Area			
Acuity-Adjusted Total Nursing Hours	5.486%	8.098%	6.895%
Acuity-Adjusted Weekend Total Nursing Hours	6.015%	7.849%	6.705%
Acuity-Adjusted RN Hours	8.668%	5.871%	6.395%
Acuity-Adjusted LVN Hours	20.764%	6.077%	9.707%
Acuity-Adjusted CNA Hours	7.452%	7.881%	6.755%
Staffing Turnover Metric Measurement Area			
Staffing Turnover	20.825%	17.099%	16.146%
Clinical Metrics Domain			
MDS Clinical Metrics Measurement Area			
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	6.632%	14.933%	13.050%
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	4.938%	16.008%	13.007%
Percent of Residents Who Received an Antipsychotic Medication, Long Stay	6.022%	11.684%	12.235%
Equity Metrics Domain			
Medi-Cal Disproportionate Share Measurement Area			
Medi-Cal Disproportionate Share	6.518%	4.544%	5.412%
MDS Racial and Ethnic Data Completeness Measurement Area			
MDS Racial and Ethnic Data Completeness	22.477%	3.793%	7.856%

Table 15 shows that among facilities for which the final WQIP score was at or below the 10th percentile, the MDS Clinical Metrics made up a lower proportion of their final WQIP score compared to the overall population. As previously discussed, low-performing facilities tended to have a low MDS Data Completeness rate, which caused them to receive either half or zero points for the MDS Clinical Metrics. In addition, because of the removal of the Claims-Based Clinical Metrics Measurement Area during the calculation of the WQIP PY 1 results, the MDS Clinical Metric Measurement Area was worth 40 percent of the final WQIP score. Because of these factors, the MDS Clinical Metrics made up a smaller proportion of the score for low-performing facilities. As a result of the lower contribution of the MDS Clinical Metrics for these facilities, the *Acuity-Adjusted LVN Hours* and the *MDS Racial and Ethnic Data Completeness* Metrics (i.e., the metrics that low-performing facilities performed best on) made up a higher proportion of their score. For the *Acuity-Adjusted LVN Hours* Metric, this appears to be due to the WQIP population's improvement from the baseline year and the much lower effective penalty overall due to the lack of a minimum staffing requirement for LVNs. For the *MDS Racial and Ethnic Data Completeness* Metric, this appears to be due to the topped-out nature of the metric during WQIP PY 1, resulting in high performance overall. Please note that while the *Acuity-Adjusted LVN Hours* and the *MDS Racial and Ethnic Data Completeness* Metrics contributed to a larger proportion of the final scores for low-performing facilities, they were still not performing well on these metrics and only met the threshold to qualify for some payment.

Performance Improvements and Scoring

To evaluate if the scoring model was effective at rewarding facilities that made performance improvements, HSAG compared the average scores of the Acuity-Adjusted Staffing Hours and MDS Clinical Metrics earned by facilities that improved and worsened from the baseline period. Table 16 displays the average adjusted score for the Acuity-Adjusted Staffing Hour Metrics among facilities that improved or worsened for each metric. Only facilities with reportable rates for PY 1 and the baseline year were included.

Table 16— Average Adjusted Score for Acuity-Adjusted Staffing Hours Metrics among Facilities that Improved and Worsened Compared to Baseline Year

Acuity-Adjusted Staffing Hour Metric	Average Metric Score	
	Facilities that Improved	Facilities that Worsened
Acuity-Adjusted Total Nursing Hours	2.808	1.931

Acuity-Adjusted Staffing Hour Metric	Average Metric Score	
	Facilities that Improved	Facilities that Worsened
Acuity-Adjusted Weekend Total Nursing Hours	2.578	2.029
Acuity-Adjusted RN Hours	2.839	1.637
Acuity-Adjusted LVN Hours	3.315	2.202
Acuity-Adjusted CNA Hours	2.701	1.803

Table 16 shows that for the Acuity-Adjusted Staffing Hour Metrics, facilities whose rates improved from the baseline year earned higher adjusted scores on average than facilities whose rates worsened. The difference in the average score for the *Acuity-Adjusted RN Hours* Metric between facilities with improved rates and facilities with worsened rates was the largest. As the adjusted score determines the facility's final WQIP score, which is tied to the incentive payment amount the facility will receive, facilities that improved were, on average, more likely to receive a higher incentive payment for their performance on the Acuity-Adjusted Staffing Hour Metrics.

Table 17 displays the average improvement and achievement scores for the MDS Clinical Metrics among facilities that improved for each metric. Only facilities with reportable rates for PY 1 and the baseline year were included.

Table 17— Average Improvement and Achievement Score for MDS Clinical Metrics among Facilities that Improved Compared to Baseline Year

MDS Clinical Metric	Facilities that Improved	
	Average Improvement Score	Average Achievement Score
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	2.782	2.775
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	3.872	3.186
Percent of Residents Who Received an Antipsychotic Medication, Long Stay	3.554	3.096

Table 17 shows that among the MDS Clinical Metrics, facilities with improved rates from the baseline year earned higher improvement points than achievement points on average for *Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay* and *Percent of Residents Who Received an Antipsychotic Medication, Long Stay*. However, for *Percent of High-Risk Residents with Pressure Ulcers, Long Stay*, the average of the two scores were similar. On average, among facilities that improved from the baseline year, the inclusion of improvement points for the MDS Clinical Metrics allowed facilities to earn a slightly higher score and a higher incentive payment. However, while the model appears to award facilities that improved from the baseline year through the use of improvement points, the effective penalties from the MDS Data Completeness rate may impact their final adjusted score and overall incentive payments.

Finally, to evaluate if the inclusion of the curve factor was effective at ensuring enough funds were distributed to facilities from the budgeted $280 million, HSAG calculated the estimated amount of funding that was paid out to facilities for WQIP PY 1. Table 18 shows the estimated payment information for the WQIP PY 1 population.

Table 18— WQIP PY 1 Payments

Number of WQIP Facilities	Average Contracted Managed Care MCBDs	Average Per Diem	Average Total Payment	Total Sum of Payments
1,055	17,078	$15.16	$260,276.96	$265,482,502.26

Table 18 shows that WQIP PY 1 paid out an estimated $265,482,502.26 based on the contracted managed care MCBDs provided by DHCS, which is approximately 95 percent of the original budgeted amount of $280 million. This shows that the inclusion of the curve factor had the intended impact of ensuring that a sufficient amount of funds was distributed to motivate facilities to pursue performance on WQIP metrics. Please note that these results are based on estimated amounts calculated using the contracted managed care MCBD information and calculated per diem rates for each facility from DHCS. Additionally, these estimated payment amounts do not take into account withheld payments due to A or AA citations.

APPENDIX

Overall Performance

Table 19— Baseline Percentiles for WQIP Metrics

** A lower rate indicates better performance.*

Metric	Baseline Period	Number of Facilities	25th Percentile	37.5th Percentile	50th Percentile	62.5th Percentile	75th Percentile	90th Percentile
Workforce Metrics Domain								
Acuity-Adjusted Staffing Hour Metrics Measurement Area								
Acuity-Adjusted Total Nursing Hours	7/1/21–6/30/22	1,047	3.853	3.997	4.129	4.282	4.473	4.961
Acuity-Adjusted Weekend Total Nursing Hours	1/1/22–6/30/22	1,037	3.409	3.575	3.716	3.856	4.019	4.445
Acuity-Adjusted RN Hours	7/1/21–6/30/22	1,047	0.371	0.429	0.486	0.560	0.645	0.882
Acuity-Adjusted LVN Hours	7/1/21–6/30/22	1,047	0.992	1.067	1.145	1.235	1.331	1.560
Acuity-Adjusted CNA Hours	7/1/21–6/30/22	1,047	2.266	2.385	2.479	2.569	2.698	2.985
Staffing Turnover Metric Measurement Area								
*Staffing Turnover**	4/1/21–3/31/22	927	56.900%	51.000%	47.000%	42.400%	38.000%	29.400%

Metric	Baseline Period	Number of Facilities	25th Percentile	37.5th Percentile	50th Percentile	62.5th Percentile	75th Percentile	90th Percentile
Clinical Metrics Domain								
MDS Clinical Metrics Measurement Area								
*Percent of High-Risk Residents with Pressure Ulcers, Long Stay**	7/1/21–6/30/22	1,030	9.554%	7.721%	6.356%	5.042%	3.676%	1.923%
*Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay**	7/1/21–6/30/22	1,035	2.564%	1.880%	1.333%	0.926%	0.408%	0.000%
*Percent of Residents Who Received an Antipsychotic Medication, Long Stay**	7/1/21–6/30/22	1,029	12.821%	10.000%	7.792%	5.714%	3.614%	0.709%

Table 20— PY 1 Percentiles for WQIP Metrics

** A lower rate indicates better performance.*

Metric	PY 1 Period	Number of Facilities	25th Percentile	37.5th Percentile	50th Percentile	62.5th Percentile	75th Percentile	90th Percentile
Workforce Metrics Domain								
Acuity-Adjusted Staffing Hour Metrics Measurement Area								
Acuity-Adjusted Total Nursing Hours	4/1/23–9/30/23	1,044	3.915	4.04	4.16	4.3	4.468	4.888
Acuity-Adjusted Weekend Total Nursing Hours	4/1/23–9/30/23	1,044	3.547	3.681	3.788	3.892	4.038	4.367
Acuity-Adjusted RN Hours	4/1/23–9/30/23	1,044	0.325	0.375	0.424	0.502	0.596	0.805
Acuity-Adjusted LVN Hours	4/1/23–9/30/23	1,044	1.029	1.113	1.191	1.268	1.369	1.555
Acuity-Adjusted CNA Hours	4/1/23–9/30/23	1,044	2.331	2.431	2.515	2.604	2.722	3.01
Staffing Turnover Metric Measurement Area								
*Staffing Turnover**	4/1/22–9/30/23	948	55.850%	50.00%	46.600%	42.000%	37.300%	29.300%

Metric	PY 1 Period	Number of Facilities	25th Percentile	37.5th Percentile	50th Percentile	62.5th Percentile	75th Percentile	90th Percentile
Clinical Metrics Domain								
MDS Clinical Metrics Measurement Area								
*Percent of High-Risk Residents with Pressure Ulcers, Long Stay**	7/1/22–6/30/23	1,016	9.658%	7.885%	6.621%	5.200%	4.10%	2.174%
*Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay**	7/1/22–6/30/23	1,030	2.500%	1.938%	1.441%	1.020%	0.549%	0.000%
*Percent of Residents Who Received an Antipsychotic Medication, Long Stay**	7/1/22–6/30/23	1,012	12.914%	10.000%	8.138 %	6.335%	4.260%	1.739%

Table 21— Topped-Out Criteria by WQIP Metric

**Value refers to the value the 90th percentile must not exceed to be considered statistically indistinguishable from the 75th percentile (i.e., within two standard errors of each other).*

Metric	p75	p90	Value*	TCV	Topped Out
Staffing Turnover	0.373	0.293	0.364	0.196	No
Percent of Residents Who Received an Antipsychotic Medication, Long Stay	0.043	0.017	0.037	0.059	No

Metric	p75	p90	Value*	TCV	Topped Out
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	0.005	0.000	0.004	0.011	No
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	0.040	0.022	0.037	0.038	No
Medi-Cal Disproportionate Share	0.779	0.846	0.793	0.278	No
MDS Racial and Ethnic Data Completeness	1.000	1.000	1.003	0.024	Yes

WQIP Scoring

Table 22— Distribution of Acuity-Adjusted Staffing Hour Metric Raw Scores

Acuity-Adjusted Staffing Hour Metric Raw Scores	Count of Facilities	Percent of Facilities	Average of Acuity Area Score
All high (5-6)	34	3.223%	0.848
All low (0-2)	119	11.280%	0.070
All mid (3-4)	10	0.948%	0.538
Mostly high (5-6)	205	19.431%	0.687
Mostly low (0-2)	359	34.028%	0.236
Mostly mid (3-4)	177	16.777%	0.446
Split	151	14.313%	0.457
Grand Total	**1055**	**100.000%**	**0.394**

High- and Low-Performing Facilities

Table 23— WQIP Metric Performance for High- and Low-Performing Facilities

Metric	Average Raw Score	
	Low Performers (Bottom 10th Percentile)	High Performers (Top 10th Percentile)
Workforce Metrics Domain		
Acuity-Adjusted Staffing Hour Metrics Measurement Area		
Acuity-Adjusted Total Nursing Hours	0.810	4.838
Acuity-Adjusted Weekend Total Nursing Hours	0.990	4.895
Acuity-Adjusted RN Hours	0.924	3.333
Acuity-Adjusted LVN Hours	1.952	3.505
Acuity-Adjusted CNA Hours	1.152	4.867
Staffing Turnover Metric Measurement Area		
Staffing Turnover	1.178	4.717
Clinical Metrics Domain		
MDS Clinical Metrics Measurement Area		
Percent of High-Risk Residents with Pressure Ulcers, Long Stay	2.347	4.351
Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay	3.101	4.495
Percent of Residents Who Received an Antipsychotic Medication, Long Stay	2.398	3.432
Equity Metrics Domain		
Medi-Cal Disproportionate Share Measurement Area		
Medi-Cal Disproportionate Share	0.648	2.276
MDS Racial and Ethnic Data Completeness Measurement Area		
MDS Racial and Ethnic Data Completeness	7.876	8.895

Table 24— County Distribution of High- and Low-Performing Facilities

County	Total Number of Facilities	Number of Low-Performing Facilities	Number of High-Performing Facilities
Alameda	67	7	5
Amador	1	0	0
Butte	8	0	0
Calaveras	1	0	0
Colusa	1	0	0
Contra Costa	30	4	1
Del Norte	1	0	0
El Dorado	3	1	0
Fresno	28	2	1
Glenn	1	0	0
Humboldt	4	0	1
Imperial	2	1	0
Inyo	1	0	0
Kern	14	3	0
Kings	3	0	1
Lake	3	0	0
Lassen	1	0	0
Los Angeles	340	32	0
Madera	5	0	1
Marin	11	2	1
Mendocino	4	0	0
Merced	9	1	2
Monterey	12	0	2
Napa	5	0	0
Nevada	4	0	0
Orange	66	6	6

County	Total Number of Facilities	Number of Low-Performing Facilities	Number of High-Performing Facilities
Placer	10	0	1
Riverside	49	8	4
Sacramento	36	2	3
San Bernadino	45	9	3
San Diego	73	5	8
San Francisco	13	1	1
San Joaquin	25	1	5
San Luis Obispo	7	0	2
San Mateo	12	3	2
Santa Barbara	12	0	2
Santa Clara	46	6	4
Santa Cruz	7	1	0
Shasta	7	0	1
Siskiyou	1	0	0
Solano	8	1	1
Sonoma	16	4	1
Stanislaus	18	1	1
Sutter	4	0	0
Tehama	2	0	0
Tulare	14	1	0
Tuolumne	1	0	0
Ventura	17	1	4
Yolo	6	1	1
Yuba	1	0	0

Table 25— Correlation Between WQIP Measurement Areas

Variable		Correlation (R-Value)	P Value
Acuity-Adjusted Staffing Hour Metrics Area Score	Staffing Turnover Area Score	0.159	<0.001
Acuity-Adjusted Staffing Hour Metrics Area Score	MDS Clinical Metrics Area Score	0.086	0.006
Acuity-Adjusted Staffing Hour Metrics Area Score	Medi-Cal Disproportionate Share Area Score	-0.037	0.235
Acuity-Adjusted Staffing Hour Metrics Area Score	MDS Racial and Ethnic Data Completeness Area Score	0.056	0.068
Staffing Turnover Area Score	MDS Clinical Metrics Area Score	0.130	<0.001
Staffing Turnover Area Score	Medi-Cal Disproportionate Share Area Score	0.076	0.019
Staffing Turnover Area Score	MDS Racial and Ethnic Data Completeness Area Score	0.034	0.292
MDS Clinical Metrics Area Score	Medi-Cal Disproportionate Share Area Score	0.103	<0.001
MDS Clinical Metrics Area Score	MDS Racial and Ethnic Data Completeness Area Score	0.077	0.014
Medi-Cal Disproportionate Share Area Score	MDS Racial and Ethnic Data Completeness Area Score	-0.035	0.253