



Long-Term Care Quality Improvement Program (LTC QIP) 2016 Program Description and Measure Specifications

Background

Partnership HealthPlan of California (PHC) has value-based purchasing programs in the areas of primary care, hospital care, specialty care, community pharmacy, and mental health. Beginning January 1, 2016, the Long-Term Care (LTC) Quality Improvement Program (QIP) is established to offer sizeable financial incentives to support and improve the quality of long-term care provided to our members. In collaboration with LTC representatives, a simple, meaningful measurement set has been developed and includes measures in the following areas: Clinical, Functional Status, Resource Use, and Operations.

Eligibility Criteria

LTC must have a PHC contract, within the first three months of the measurement year, by March 31, to be eligible. LTC must remain contracted through December 31, 2016 to be eligible for payment. Participation will require signing a Letter of Agreement by March 31, 2016 to participate in the 2016 LTC QIP. LTC facilities must be in good standing with state and federal regulators as of the month the payment is to be disbursed. Good standing means that the LTC is open, solvent, not under financial sanctions from the state of California or Centers for Medicare & Medicaid Services. If an LTC appeals a financial sanction and prevails, PHC will entertain a request to change the LTC status to good standing.

Financing Policy

The Board of Directors has approved that each participating LTC can earn up to a 2% increase to its reimbursement for care provided to PHC custodial patients. The LTC QIP incentives are separate and distinct from a facility's usual reimbursement. Each LTC's potential earning pool is structured as a withheld bonus, with 2% of the facility's payments set aside each month and paid out at the end of the measurement year according to the number of points earned. The withheld funds are specific to each facility and will only be paid out to the extent points are awarded. Unspent funds will be retained by PHC. Year-end payments will be mailed by April 30 following the measurement year.

In the event that an LTC receives a retroactive rate change from DHCS after April 1 following the measurement year, the QIP payment will be based on the rate in effect as of April 1 for the measurement year. All QIP payments will be considered final.

Example:

	Number of PHC Custodial Members (assumed the same number for all 365 days)	Annual Payment (\$300 per custodial member per day)	Potential Earning Pool (Annual payment*2%)	QIP Score (out of 100)	QIP Dollars Earned
LTC Facility 1	20	\$2,190,000	\$43,800	45 points	\$19,710
LTC Facility 2	10	\$1,095,000	\$21,900	90 points	\$19,710
LTC Facility 3	50	\$5,475,000	\$109,500	90 points	\$98,550

Contact Information

If you have any questions with regards to this program, please contact us at LTCQIP@partnershiphp.org.

Guiding Principles

The LTC QIP will adhere to the following principles:

1. Where possible, pay for outcomes instead of processes
2. Actionable Measures
3. Feasible data collection
4. Collaboration with providers in measure development
5. Simplicity in the number of measures
6. Representation of different domains of care
7. Align measures that are meaningful
8. Stable measures

Summary of Measures

Measure	Source	Threshold ¹	Points
CLINICAL			
% of high-risk residents with pressure ulcers	NQF 0679	Lower is better Pay for performance based on being better than the average US performance of 5.9%	10
% of residents who lose too much weight	NQF 0689	Lower is better Pay for performance based on being better than the average US performance of 7.0%	5
% of residents with diagnosis of dementia with feeding tube in place		None; pay for reporting	5
FUNCTIONAL STATUS			
% of residents experiencing one or more falls with major injury	NQF 0674	Lower is better Pay for performance based on being better than the average US performance of 3.2%	10
% of residents who have/had a catheter inserted and left in their bladder	NQF 0686	Lower is better Pay for performance based on being better than the average US performance of 3.1%	10
RESOURCE USE			
Transfers resulting in admission to hospital as an inpatient		None; pay for reporting	10
Transfers resulting in ED visit only	INTERACT	None; pay for reporting	10
OPERATIONS/ SATISFACTION			
Results of last CMS audit		Most recent CMS stars rating with 4 and above for full credit, 3 or 3.5 for half credit	15
Implementation plan for INTERACT 4 or Advancing Excellence program		None, pay for reporting	10
QI Training by Health Services Advisory Group (HSAG)		None, pay for reporting	15

¹ All clinical and functional measure thresholds from:

<http://www.medicare.gov/NursingHomeCompare/compare.html#cmprTab=3&cmprID=555227%2C555694&cmprDist=1.7%2C3.6&loc=94960&lat=37.9885355&lng=-122.5655549>

Measure Specifications

1. Pressure Ulcers (10 points)

<i>Measure Description</i>	Measures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers
<i>Threshold</i>	5.9% or lower
<i>Specifications</i>	<p>The following is extracted from MDS 3.0 Quality Measures User’s Manual, accessed from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-User%E2%80%99s-Manual-V80.pdf</p> <p>Denominator All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the following three criteria on the target assessment:</p> <ol style="list-style-type: none"> 1. Impaired bed mobility or transfer indicated, 2. Comatose 3. Malnutrition or at risk of malnutrition <p>Numerator All long-stay residents with a selected target assessment that meets both of the following conditions:</p> <ol style="list-style-type: none"> 1. Condition #1: There is a high risk for pressure ulcers, where “high-risk” is defined in the denominator definition above 2. Condition #2: Stage II-IV pressure ulcers are present <p>Exclusions</p> <ol style="list-style-type: none"> 1. Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment 2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator)
<i>Eligible Population</i>	All patients in facility, regardless of payer
<i>Reporting</i>	No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2017.

<i>Data Extraction/ Submission Due Date</i>	February 28, 2017
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2. Weight Loss (5 Points)

<i>Measure Description</i>	<p>Measures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight-loss regimen</p> <p>Note that enteral nutrition via feeding tube should only be used for valid medical indications, not exclusively to prevent weight loss. A variety of intervention options exist to prevent excessive weight loss. See, for example, http://www.annalsoflongtermcare.com/article/using-evidence-based-organizational-strategies-prevent-weight-loss-frail-elders</p>
<i>Threshold</i>	7.0% or lower
<i>Specifications</i>	<p>The following is extracted from MDS 3.0 Quality Measures User's Manual, accessed from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-User%E2%80%99s-Manual-V80.pdf</p> <p>Denominator Long-stay nursing home residents with a selected target assessment except those with exclusions</p> <p>Numerator Long-stay nursing home residents with a selected target assessment which indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen</p> <p>Exclusions 1. Target assessment is an OBRA admission assessment 2. Weight loss item is missing on target assessment</p>
<i>Eligible Population</i>	All patients in facility, regardless of payer

<i>Reporting</i>	No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2017
<i>Data Extraction/ Submission Due Date</i>	February 28, 2017

3. Dementia with Feeding Tube in Place (5 Points)

<i>Measure Description</i>	Measures the percentage of long-stay residents with dementia who have a feeding tube in place
<i>Threshold</i>	None; pay for semi-annual reporting for 5 points in total: 2.5 points for data between January 1 and June 30 2.5 points for data between July 1 and December 31
<i>Specifications</i>	Denominator Long-stay nursing home residents with a diagnosis of dementia in the past 6 months Numerator Those in the denominator who have a feeding tube in place (NG, PEG, or other)
<i>Eligible Population</i>	All patients in facility, regardless of payer. Data to be broken down by PHC vs. non-PHC members
<i>Reporting</i>	Semi-annual self-reporting; use Submission Template I & Submission Template II
<i>Data Extraction/ Submission Due Date</i>	August 31, 2016 for data between January 1 and June 30 February 28, 2017 for data between July 1 and December 31

4. Falls with Major Injury (10 Points)

<i>Measure Description</i>	Measures the percentage of long-stay residents who have experienced one or more falls with major injury
<i>Threshold</i>	3.2% or lower
<i>Specifications</i>	The following is extracted from MDS 3.0 Quality Measures User's Manual, accessed from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-

	<p>Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-User%E2%80%99s-Manual-V80.pdf</p> <p>Denominator All long-stay nursing home residents with a one or more look-back scan assessments except those with exclusions</p> <p>Numerator Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury</p> <p>Exclusions Resident is excluded if one of the following is true for all of the look-back scan assessments: 1. The occurrence of falls was not assessed OR 2. The assessment indicates that a fall occurred AND the number of falls with major injury was not assessed</p>
<i>Eligible Population</i>	All patients in facility, regardless of payer
<i>Reporting</i>	No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2017
<i>Data Extraction/ Submission Due Date</i>	February 28, 2017

5. Catheter Inserted and Left in Bladder (10 Points)

<i>Measure Description</i>	Measures the percentage of long-stay residents who have had an indwelling catheter in the last 7 days
<i>Threshold</i>	3.1% or lower
<i>Specifications</i>	<p>The following is extracted from MDS 3.0 Quality Measures User’s Manual, accessed from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-User%E2%80%99s-Manual-V80.pdf</p> <p>Denominator</p>

	<p>All long-stay residents with a selected target assessment, except those with exclusions</p> <p>Numerator Long-stay residents with a selected target assessment that indicates the use of indwelling catheters</p> <p>Exclusions</p> <ol style="list-style-type: none"> 1. Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment 2. Target assessment indicates that indwelling catheter status is missing 3. Target assessment indicates neurogenic bladder or neurogenic bladder status is missing 4. Target assessment indicates obstructive uropathy or obstructive uropathy status is missing
<i>Eligible Population</i>	All patients in facility, regardless of payer
<i>Reporting</i>	No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2017
<i>Data Extraction/ Submission Due Date</i>	February 28, 2017

6. Inpatient Admissions (10 Points)

<i>Measure Description</i>	Measures the rate of long-stay residents who were transferred and resulted in inpatient admissions in the past 6 months
<i>Threshold</i>	None; pay for semi-annual reporting for 10 points in total: 5 points for data between January 1 and June 30 5 points for data between July 1 and December 31
<i>Specifications</i>	<p>Denominator All long-stay residents in the 6-month reporting period</p> <p>Numerator Total number of transfers resulting in admission to hospital as an inpatient</p>

	Note that the rate can potentially be greater than 1. For example, if a facility has 30 long-stay residents in the reporting period and 8 of them each has 4 transfers that meets the measure requirement, the rate is $32/30 = 1.06$
<i>Eligible Population</i>	All patients in facility, regardless of payer. Data to be broken down by PHC vs. non-PHC members
<i>Reporting</i>	Semi-annual self-reporting; use Submission Template I & Submission Template II
<i>Data Extraction/ Submission Due Date</i>	August 31, 2016 for data between January 1 and June 30 February 28, 2017 for data between July 1 and December 31

7. ED Visits (10 Points)

<i>Measure Description</i>	Measures the rate of long-stay residents who were transferred and resulted in ED visits only in the past 6 months
<i>Threshold</i>	None; pay for semi-annual reporting for 10 points in total: 5 points for data between January 1 and June 30 5 points for data between July 1 and December 31
<i>Specifications</i>	Denominator All long-stay residents in the 6-month reporting period Numerator Total number of transfers resulting in ED visits only (i.e. billing codes for observation stays and inpatient admissions have to be absent) Note that the rate can potentially be greater than 1. For example, if a facility has 30 long-stay residents in the reporting period and 8 of them each has 4 transfers that meets the measure requirement, the rate is $32/30 = 1.06$
<i>Eligible Population</i>	All patients in facility, regardless of payer. Data to be broken down by PHC vs. non-PHC members

<i>Reporting</i>	Semi-annual self-reporting; use Submission Template I & Submission Template II
<i>Data Extraction/ Submission Due Date</i>	August 31, 2016 for data between January 1 and June 30 February 28, 2017 for data between July 1 and December 31

8. CMS Audit Results (15 Points)

<i>Measure Description</i>	Measures the results of the most recent CMS audit
<i>Threshold</i>	15 points for CMS Stars rating of 4 or above, or 7.5 points for CMS Stars rating of 3
<i>Specifications</i>	<p>CMS' Five Star Nursing Home Quality Rating System is based on the following components:</p> <ul style="list-style-type: none"> - Health inspections - Staffing - Quality measures <p>To find out more about how ratings are calculated, visit https://www.medicare.gov/NursingHomeCompare/About/HowWeCalculate.html</p>
<i>Eligible Population</i>	N/A
<i>Reporting</i>	No reporting by facility to PHC is required. PHC will check Stars score on Nursing Home Compare in February 2017
<i>Data Extraction/ Submission Due Date</i>	February 28, 2017

9. Implementation Plan for INTERACT 4.0 or Advancing Excellence Program (10 Points)

<i>Measure Description</i>	Measures the progress toward implementing INTERACT 4 or Advancing Excellence in America's Nursing Homes
<i>Threshold</i>	None; pay for reporting for 10 points in total: 5 points for Implementation Plan Part I 5 points for Implementation Plan Part II

<p><i>Specifications</i></p>	<p>Facilities can draft an implementation plan focusing on either INTERACT 4.0 or Advancing Excellence. Resources are available to help facilities implement either program step-by-step: INTERACT 4.0: http://interact2.net/tools_v4.html Advancing Excellence: https://www.nhqualitycampaign.org/goalSpecificResources.aspx#</p> <p><i>INTERACT 4.0</i> <u>Part I. Submit to PHC by August 31, 2016:</u></p> <ul style="list-style-type: none"> - Initial assessment using INTERACT Implementation Checklist - Selection of 2 items under “INTERACT Implementation and Care Processes” on the checklist as milestones to be accomplished during the measurement year - Steps identified to implement these 2 milestones (see resources here) <p><u>Part II. Submit to PHC by February 28, 2017:</u></p> <ul style="list-style-type: none"> - Progress report on the 2 milestones identified in Part I <p><i>Advancing Excellence</i> <u>Part I. Submit to PHC by August 31, 2016:</u></p> <ul style="list-style-type: none"> - Selection of 1 organizational or clinical goal from this list to be accomplished during the measurement year, along with the selection rationale - Steps identified to achieve this goal (see resources here) <p><u>Part II. Submit to PHC by February 28, 2017:</u></p> <ul style="list-style-type: none"> - Progress report on the goal identified in Part I
<p><i>Eligible Population</i></p>	<p>N/A</p>
<p><i>Reporting</i></p>	<p>See measure specifications above; use Submission Template III</p>
<p><i>Data Extraction/ Submission Due Date</i></p>	<p>August 31, 2016 for Implementation Plan Part I (5 points) February 28, 2017 for Implementation Plan Part II (5 points)</p>

10. Attend Training by HSAG (15 Points)

<i>Measure Description</i>	Measures attendance of training conducted by the California Quality Improvement Organization, i.e. Health Services Advisory Group (HSAG)
<i>Threshold</i>	None; 15 points for attending PHC-approved training organized by HSAG and completing training requirements
<i>Specifications</i>	<p>Facilities sending two or more staff members to attend PHC-approved training conducted by HSAG will earn points for submitting the following:</p> <ol style="list-style-type: none"> 1) Proof of attendance such as registration confirmation 2) Preparation/follow-up assignment specific to each training, as instructed by HSAG* <p>*Training content and requirements are to be finalized. Schedule of trainings will be announced in the measurement year</p>
<i>Eligible Population</i>	N/A
<i>Reporting</i>	See measure specifications above
<i>Data Extraction/ Submission Due Date</i>	To be determined by HSAG

Submission Timeline

Measure	Submission Required	Submission Due Date
CLINICAL		
% of high-risk residents with pressure ulcers	No; based on Nursing Home Compare data extracted February 2017	N/A
% of residents who lose too much weight	No; based on Nursing Home Compare data extracted February 2017	N/A
% of residents with diagnosis of dementia with feeding tube in place	Yes	August 31, 2016 (Submission Template I) February 28, 2017 (Submission Template II)
FUNCTIONAL STATUS		
% of residents experiencing one or more falls with major injury	No; based on Nursing Home Compare data extracted February 2017	N/A
% of residents who have/had a catheter inserted and left in their bladder	No; based on Nursing Home Compare data extracted February 2017	N/A
RESOURCE USE		
Transfers resulting in admission to hospital as an inpatient	Yes	August 31, 2016 (Submission Template I) February 28, 2017 (Submission Template II)
Transfers resulting in ED visit only	Yes	August 31, 2016 (Submission Template I) February 28, 2017 (Submission Template II)
OPERATIONS/ SATISFACTION		
Results of last CMS audit	No; based on Nursing Home Compare data extracted February 2017	N/A
Implementation Plan for INTERACT 4 or Advancing Excellence	Yes	August 31, 2016 (Submission Template III) February 28, 2017 (Submission Template III)
QI Training by Health Services Advisory Group (HSAG)	Yes (to be determined by HSAG)	To be determined by HSAG

Submission Template I: Data Due August 31, 2016

Please report data **between January 1 and June 30, 2016** for all the measures below. Send your submission via email at LTCQIP@partnershiphp.org or fax at 707-863-4316.

Federal Provider Number: _____

Facility Name: _____

Dementia with feeding tube in place

Denominator: Number of long-stay residents with a diagnosis of dementia in the reporting period

Numerator: Those in the denominator who have a feeding tube in place (NG, PEG, or other)

	PHC Members	Non-PHC Members	All Payers
Denominator			
Numerator			
Rate (numerator/denominator)			

Inpatient Admissions

Denominator: Number of all long-stay residents in the reporting period

Numerators: Number of transfers resulting in admission to hospital as an inpatient in the reporting period

	PHC Members	Non-PHC Members	All Payers
Denominator			
Numerator			
Rate (numerator/denominator)			

ED Visits

Denominator: Number of all long-stay residents in the reporting period

Numerators: Number of transfers resulting in ED visit only in the reporting period

	PHC Members	Non-PHC Members	All Payers
Denominator			
Numerator			
Rate (numerator/denominator)			

Submission Template II: Data Due February 28, 2017

Please report data **between July 1 and December 31, 2016** for all the measures below. Send your submission via email at LTCQIP@partnershiphp.org or fax at 707-863-4316.

Federal Provider Number: _____

Facility Name: _____

Dementia with feeding tube in place

Denominator: Number of long-stay residents with a diagnosis of dementia in the reporting period

Numerator: Those in the denominator who have a feeding tube in place (NG, PEG, or other)

	PHC Members	Non-PHC Members	All Payers
Denominator			
Numerator			
Rate (numerator/denominator)			

Inpatient Admissions

Denominator: Number of all long-stay residents in the reporting period

Numerators: Number of transfers resulting in admission to hospital as an inpatient in the reporting period

	PHC Members	Non-PHC Members	All Payers
Denominator			
Numerator			
Rate (numerator/denominator)			

ED Visits

Denominator: Number of all long-stay residents in the reporting period

Numerators: Number of transfers resulting in ED visit only in the reporting period

	PHC Members	Non-PHC Members	All Payers
Denominator			
Numerator			
Rate (numerator/denominator)			

Submission Template III: Implementation Plan

Please draft an implementation plan focusing on either program below and submit Part I by August 31, 2016 and Part II by February 28, 2017 via:

- Email: LTCQIP@partnershiphp.org
- Fax: 707-863-4316

INTERACT 4.0 Part I

1. Attach completed [INTERACT Implementation Checklist](#) as initial assessment
2. What are the 2 items under “INTERACT Implementation and Care Processes” on the checklist that your facility has selected as milestones to be accomplished during the measurement year? Provide rationale and/or to support your selection.
3. Please list steps that you have identified to implement these 2 milestones (see resources [here](#)). Include concrete timelines and responsible staff.

INTERACT 4.0 Part II

1. Report progress on the 2 milestones identified in Part I. Did you achieve each of the milestones?
 - 1a. If yes, what was the key for success? If no, what lessons did you learn and what next steps will you take?

Advancing Excellence Part I

1. What is the organization or clinical goal from [this list](#) that your facility has selected to be accomplished during the measurement year? Provide rationale and/or to support your selection.
2. Please list steps that you have identified to achieve this goal (see resources [here](#)). Include concrete timelines and responsible staff.

Advancing Excellence Part II

1. Report progress on the goal identified in Part I. Did you achieve it?
 - 1a. If yes, what was the key for success? If no, what lessons did you learn and what next steps will you take?