



2020 Long-Term Care Quality Improvement Program (QIP)

Program Description & Measurement Specifications

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I. Program Contact Information

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Website: [Long-Term Care Quality Improvement Program](#)

II. Program Overview and 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) was 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

The LTC QIP is eligible to LTC facilities within the 14 counties PHC serves. LTC facilities must have a PHC contract by December 15, 2019, to be eligible. LTCs must remain contracted through December 31, 2020, to be eligible for payment. Participation will require signing a Letter of Agreement by December 15, 2019, to participate in the 2020 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. Please refer to the Gateway Measure information in this document for additional eligibility requirements.

Measure Selection

The measurement set for the QIP is reviewed and developed annually. In order to maintain a stable measurement set, major changes are only made every other year. With input from the network and internal departments, the measurement set requires approval from the Physician Advisory Committee. Once approved, the finalized set for the next year is shared with the network and specifications are developed. It is possible that for the measurement set to change slightly during the measurement year due to new information becoming available (i.e. evaluation of the previous program year, or a change in financial performance). Any mid-year changes to the measurement set will be announced through e-mail to all providers as well as through the program's newsletter.

Measures may evaluate a provider's utilization of a certain service or provision of treatment. PHC recognizes the potential for underutilization of care and services and takes appropriate steps to monitor for this. The processes utilized for decision making are based solely on the appropriateness of care and services and existence of coverage. PHC does not offer incentives or compensation to providers, consultants, or health plan staff to deny medically appropriate services requested by members, or to issue denials of coverage.

Payment

LTC QIP incentives are separate and distinct from a facility's usual reimbursements. Contracted facilities participating in the LTC QIP will be eligible to achieve a portion of an individually established incentive pool.

Each individual incentive pool is calculated to equal 4% of the facility's overall claims reimbursements during the Measurement Year. The QIP score achieved in the program determines the percentage of the individual incentive pool that the facility will receive.

More simply put, 4% of a facility's overall reimbursements for Dates of Service performed January 1 – December 31 (paid as of March 31st of the following Calendar Year) becomes the facility's "individual incentive pool." Achieving a score of 100% in the LTC QIP will result in a payment of 100% of the individual incentive pool, whereas achieving a 90% QIP score will result in payment of 90% of the individual incentive pool, etc.

The incentive will be paid after the close of the LTC QIP point calculation period.

Example:

	Claims Reimbursements based on Dates of Service between January 1 – December 31 of Measurement Year	Individual Incentive Pool: 4% of overall reimbursements during Measurement Year	Final QIP Score Achieved (out of 100 points)	QIP Dollars Earned
Facility 1	\$1,635,200	\$65,408	100 points (or 100%)	\$65,408
Facility 2	\$817,600	\$32,704	90 points (or 90%)	\$29,434
Facility 3	\$4,088,000	\$163,520	80 points (or 80%)	\$130,816

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

III. 2020 Summary of Measures

Measure	Points Assigned	Data Source & Target ¹
Gateway Measure: CMS Five-Star Quality Rating	n/a	CMS Nursing Home Compare (February 2021) Target: 2 or more stars in order to be eligible for other program measures
Clinical Domain		
Percent of high-risk residents with pressure ulcers (NQF 0679)	10	CMS Nursing Home Compare (February 2021) National Average: 7.3%
Percent of residents who lose too much weight (NQF 0689)	10	CMS Nursing Home Compare (February 2021) National Average: 5.5%
Long-stay residents who needed and got a flu shot (NQF 0681)	5	CMS Nursing Home Compare (February 2021) National Average: 95.8%
Long-stay residents who got a vaccine to prevent pneumonia (NQF 0683)	5	CMS Nursing Home Compare (February 2021) National Average: 93.7%
Functional Status Domain		
Percent of residents experiencing one or more falls with major injury (NQF 0674)	10	CMS Nursing Home Compare (February 2021) National Average: 3.4%
Percent of residents who have/had a catheter inserted and left in their bladder (NQF 0686)	10	CMS Nursing Home Compare (February 2021) National Average: 2.0%
Resource Use Domain		
Number of hospitalizations per 1,000 long-stay resident days	10	Target: TBD
Operations & Satisfaction Domain		
Health Inspection Star Rating	10	CMS Nursing Home Compare (February 2021) 10 Point target: 4 or more stars 5 Point target: 3 stars
Staffing Rating	10	CMS Nursing Home Compare (February 2021) 10 Point target: 4 or more stars 5 Point target: 3 stars
Implementation Plan for INTERACT 4 or Project Improvement Plan Charter for QAPI	10	None, facilities to submit provided templates
QI Training and QAPI Self-Assessment	10	5 Points: Facilities to submit evidence of training attendance 5 Points: Facilities to complete and submit self-assessment

¹ All thresholds for NQF measures reported by CMS are based on the national averages available September 24, 2018 on

<https://www.medicare.gov/NursingHomeCompare/compare.html#cmprTab=4&cmprID=056376%2C055011&cmprDist=0.0%2C0.0&stsltd=CA&state=CA&lat=0&lng=0>

IV. Gateway Measure: CMS Five Star Quality Rating

Description

To ensure that LTC QIP incentives are consistent with high quality care, facilities must have been granted a minimum of a two-star quality rating by the Centers for Medicare & Medicaid Services (CMS). This program component is mandatory for participation in PHC's LTC QIP. Facilities with a one-star rating will not be eligible to participate.

LTC facilities with a one-star rating, or who failed their annual Health Inspection Survey, or who have recently changed ownership **AND** can demonstrate they have made changes to address these factors, can submit an appeal requesting PHC reconsider their exclusion from the LTC QIP to the QIP team at LTCQIP@PartnershipHP.org. Please be sure to describe the relevant details surrounding the circumstances that lead to the facility's failing their annual Health Inspection Survey or to the CMS rating, as well as the activities and efforts undertaken to address these determinations. This appeal request must be made prior to April 30, of the following Measurement Year (MY). For example, an appeal request must be submitted no later than April 30, 2021, to be considered for participation in the 2020 MY.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare in February 2021.

Measure 1. Percent of Residents with Pressure Ulcers**Description**

Measures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.

Pressure ulcers can cause severe discomfort. Patients with advanced pressure ulcers often have decreased mobility and independent function. As part of the Five-Star Rating System, this measure is an important piece of understanding quality outcomes of Long-Term Care facilities.¹

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

Threshold

- Full points: ≤7.3% (National average of NQF Measure 0679)

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:

1. Impaired bed mobility or transfer indicated
2. Comatose
3. Malnutrition or at risk of malnutrition

Numerator

All long-stay residents with a selected target assessment that meets both of the following conditions:

- There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition.
- Stage II-IV pressure ulcers are present.

Exclusions

Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment.

If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator).

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare in February 2021.

Measure 2. Percent of Residents Who Lose Too Much Weight**Description**

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.

Unmanaged or unintended weight loss in nursing home residents can further complicate existing health conditions. Weight loss complications include frailty, bone fractures, and compromised immune systems. This measure evaluates the rate of residents seeing unintended weight loss.ⁱⁱ

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

Threshold

- Full points: ≤5.5% (National average of NQF Measure 0689)

Denominator

All long-stay residents with a selected target assessment except those with exclusions.

Numerator

Long-stay 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 six months who were not on a physician prescribed weight-loss regimen.

Exclusions

Target assessment is an OBRA admission assessment.

Weight loss item is missing on target assessment.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare in February 2021.

Measure 3. Flu Shot for Current Flu Season

Description

Measures the percentage of long-stay residents who are given, appropriately, the influenza vaccination during the current or most recent influenza season.

The CDC considers residents of long term care facilities to be at greater risk for seasonal influenza.ⁱⁱⁱ Therefore, preventing the flu from occurring and spreading should be a priority for health care residences.

Specifications are extracted from MDS 3.0 Quality Measures User’s Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

Threshold

- Full points: ≥95.1% (National average of NQF Measure 0681)

Denominator

All long-stay residents, regardless of payer, with a selected target assessment, accept those with exclusions.

Numerator

Residents meeting any of the following criteria on the selected target assessment:

1. Resident received the influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or
2. Resident was offered and declined the influenza vaccine (O0250C = [4]); or
3. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).

Exclusions

Resident was not in facility during the current or most recent influenza season.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data on Nursing Home Compare in February 2021.

Measure 4. Residents Receiving a Pneumonia Vaccine**Description**

Measures the percentage of long-stay residents whose pneumococcal polysaccharide vaccine status is up to date.

Pneumonia is a common disease in many long-term care facilities and causes increases in morbidity and mortality.^{iv} This measure is proposed as new to measurement set in order to evaluate adequate preventive opportunities being available to members.

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

Threshold

- Full points: ≥94.0% (National average of NQF Measure 0683)

Denominator

All long-stay residents, regardless of payer, with a selected target assessment.

Numerator

Residents meeting any of the following criteria on the selected target assessment:

1. Have an up to date pneumococcal vaccine status (O0300A = [1]); or
2. Were offered and declined the vaccine (O0300B = [2]); or
3. Were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (O0300B = [1]).

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare in February 2021.

Measure 5. Falls with Major Injury**Description**

Measures the percentage of long-stay residents who have experienced one or more falls with major injury.

A common safety concern in many nursing homes, injuries due to falls can severely impact a resident's quality of life. Additionally, residents may in turn lose motivation or confidence in independent mobility after a fall.^v

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

Threshold

Full points: $\leq 3.4\%$ (National average of NQF Measure 0674)

Denominator

All long-stay residents with one or more look-back scan assessments except those with exclusions.

Numerator

Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury.

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. Zero (0) assessment indicates that a fall occurred AND the number of falls with major injury was not assessed.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare in February 2021.

Measure 6. Catheter Inserted and Left in Bladder**Description**

Measures the percentage of long-stay residents who have had an indwelling catheter in the last seven days.

Extended use of catheters are associated with urinary tract infections and prolonged hospital or inpatient stays. This measure evaluates the frequency of catheter use in low-risk residents without preexisting conditions.^{vi}

Specifications are extracted from MDS 3.0 Quality Measures User's Manual. The manual can be accessed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

Threshold

Full points: $\leq 2.1\%$ (National average of NQF Measure 0686)

Denominator

All long-stay residents with one or more look-back scan assessments except those with exclusions.

Numerator

Long-stay residents with a selected target assessment which indicates the use of indwelling catheters.

Exclusions

Target assessment is an admission assessment of a PPS 5-day or readmission/return assessment.

Target assessment indicates that indwelling catheter status is missing.

Target assessment indicates neurogenic bladder or neurogenic bladder status is missing.

Target assessment indicates obstructive uropathy or obstructive uropathy status is missing.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare in February 2021.

Measure 7. Inpatient Hospital Admissions/1000 Resident Days

Description

Measures the rate of long-stay residents with one or more hospital admissions during the review period.

Hospitalizations for long-term care facility residents can disrupt their continuity of care and lead to costly complications.^{vii} This measure evaluates facilities' hospitalization rates across the PHC network.

Threshold

Full points: TBD

Denominator

The denominator is the total number of days (in thousands) during the target period that all long-stay residents were in the nursing home facility after they attained long-term resident status (i.e., after 100 cumulative days at the facility). The denominator does not include the days between nursing home stays, including days that a resident is admitted to an inpatient facility or other institution, or days the resident was enrolled in hospice.

Numerator

The numerator for the measure is the number of admissions to an acute care or critical access hospital, for an inpatient or outpatient observation stay, occurring while the individual is a long-term nursing home resident. Planned inpatient admissions are not counted in the numerator since they are unrelated to the quality of care at the nursing home. Hospitalizations are classified as planned or unplanned using the same version of CMS's Planned Readmissions Algorithm used to calculate the Short-Stay hospital readmissions measure used in the Nursing Home Compare Five-Star Rating system. The algorithm identifies planned admission using the principal discharge diagnosis category and all procedure codes listed on inpatient claims, coded using the AHRQ CCS software. Observation stays are included in the measure regardless of diagnosis. The numerator also excludes unplanned inpatient admissions and observation stays that occur while a resident is enrolled in hospice.

Reporting Guidelines

No reporting by the facility is required. PHC will calculate rate using claims and inpatient data.

Measure 8. Health Inspection Rating**Description**

Measures the inspections conducted by federal surveyors to ensure safe and clean conditions for long term care residents.

Because CMS requires most nursing homes to partake in these onsite inspections, this measure ensures that facilities are evaluated through a standardized process and compared objectively against a large number of facilities.

Threshold

- Full Points: Health Inspection rating of 4 or above
- Partial Points: Health Inspection rating of 3

Reporting Guidelines

No reporting by the facility is required. PHC will extract Health Inspection stars score from Nursing Home Compare in February 2021.

To find out more about how ratings are calculated, visit

<https://www.medicare.gov/NursingHomeCompare/About/HowWeCalculate.html>

Measure 9. Staffing Rating

Description

Measures the ratio of staffing hours per resident day for long term care residents.

Higher staff to resident ratios are generally associated with greater care quality.^{viii} CMS uses a standard scale to rate staffing ratios across the state. This measure is proposed as new to the measurement set as a means to ensure sufficient care staff levels for members.

Threshold

- Full Points: Health Inspection rating of 4 or above
- Partial Points: Health Inspection rating of 3

Reporting Guidelines

No reporting by the facility is required. PHC will extract Staffing stars score from Nursing Home Compare in February 2021.

To find out more about how ratings are calculated, visit

<https://www.medicare.gov/NursingHomeCompare/About/HowWeCalculate.html>

Measure 10. Quality Improvement Implementation Plan

Description

Measures the progress toward implementing either INTERACT 4.0, or the Quality Assurance and Performance Improvement program.

Quality Improvement is the foundation of the QIP. Taking time to assess progress towards goals leads to improved outcomes. This measure encourages facilities to set goals and develop plans for achieving them.^{ix}

Threshold

- None: up to ten points earned through semi-annual reporting

Measure Options

LTC facilities can earn up to ten points by reporting on an initial implementation plan and progress towards its goals during the measurement year. There are two eligible resources for improvement programs, of which a site should choose one for the year. LTCs must use the Implementation Plan templates to complete the requirements for the measure. Improvement plans are subject to review and audit by the PHC Quality Department.

Resource 1: INTERACT 4.0

INTERACT Implementation Checklist

Resource 2: Quality Assurance and Performance Improvement program

Performance Improvement Plan (PIP) Charter with goals

Reporting Guidelines

This measure is based on two plan elements. Please see the table below for reporting timeline templates.

Implementation Plan Element	Submission Due Date	Points Available
Part I	August 31, 2020	5
Part II	February 28, 2021	5

Measure 11. QI Training and QAPI Self-Assessment

Description

Measures the attendance of training focusing on quality improvement methods and practices.

Quality Improvement is the foundation of the QIP. The program encourages regular education in quality improvement methods and continuing education of clinical guidelines.

Threshold

- Full points: completion of both measurement steps
- Partial points: completion of either one of the two measurement steps

Measure Steps

LTC facilities can earn up to ten points by completing the following steps. Documentation for all steps is due by February 28, 2021.

Step 1: Quality Improvement Training

Send two or more staff members to attend PHC-approved training focusing on quality improvement, and submit proof of attendance (i.e. certification of attendance). A list of approved trainings and dates can be found as [Appendix IV](#) and will be updated as information becomes available. (5 points)

AND

Step 2: Self-Assessment

A: Quality Assurance Performance Improvement Self-Assessment

Complete and submit a QAPI Self-Assessment. (5 points)

Appendix I. Submission Timeline

Measure	Submission Required	Submission Due Date
Gateway Measure		
CMS Five-Star Rating	No; based on Nursing Home Compare data extracted February 2021	N/A
Clinical		
1. Percent of high-risk residents with pressure ulcers	No; based on Nursing Home Compare data extracted February 2021	N/A
2. Percent of residents who lose too much weight		
3. Long-stay residents who needed and got a flu shot		
4. Long-stay residents who got a vaccine to prevent pneumonia		
Functional Status Domain		
5. Percent of residents experiencing one or more falls with major injury	No; based on Nursing Home Compare data extracted February 2021	N/A
6. Percent of residents who have/had a catheter inserted and left in their bladder		
Resource Use Domain		
7. Inpatient Admissions/1000 Resident Days	No; calculated using PHC data	N/A
Operations/Satisfaction Domain		
8. Health Inspection Rating	No; based on Nursing Home Compare data extracted February 2021	N/A
9. Staffing Rating		
10. Implementation Plan	Yes; reported semi-annually	August 31, 2020: Submission Template I February 28, 2021: Submission Template II
11. QI Training and QAPI Self-Assessment	Yes; reported annually	February 28, 2021: Certificate of Attendance, QAPI Self-Assessment

Appendix IV

Approved Quality Improvement Trainings

Trainings and conferences on this list are approved for the purposes of the 2020 LTC QIP [QI Training Measure](#). In order to earn points for this measure component, facilities should have at least two staff members participate in any of the trainings listed below during the measurement year and submit evidence of attendance (not just registration) by February 28, 2021. Trainings not found on this list will be reviewed for approval. This list will be updated as more training events are scheduled and promoted. Send certificates of attendance to LTCQIP@PartnershipHP.org.

In-person:

Date	Host/Sponsor	Event Name	Event Details
TBD	CAHF	2020 Conference Schedule	https://www.cahf.org/Portals/29/QCHF/Pre-Approved_List_Updated030520.pdf?ver=2020-03-18-114359-883

Web-based:

Date	Event Details	Registration/ Cost
Varies	<p>Joint Commission Resources A variety of online classes available for purchase through the educational section of the Joint Commission. These trainings may be helpful to facilities considering seeking accreditation through the Joint Commission.</p>	<p>https://www.jointcommission.org/accreditation-and-certification/health-care-settings/nursing-care-center/nursing-care-center-on-demand-webinars/</p> <p>https://www.jointcommission.org/covid-19/</p>

Classes for CAHF Chapter Trainings: Courses found on the Quality Care Health Foundation list of Pre-Approved Classes for CAHF Chapter Trainings are approved for the 2020 LTC QIP Training Measure. The list can be found at: https://www.cahf.org/Portals/29/QCHF/Pre-Approved_List_Updated030520.pdf?ver=2020-03-18-114359-883

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Appendix V: Works Cited for Measure Rationale

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