

Welcome

2022 LTC QIP Kick-Off Webinar

January 5, 2022

Noon – 1 p.m.

Presenters:

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Audio Connection Options

Option 1 - Select Audio Connection: *I Will Call In*

Participant to call event number, enter access code and attendee ID.

The screenshot shows a dialog box titled "Audio and Video Connection" with a close button (X) in the top right corner. It contains two sections: "Select Audio Connection" and "Select Video Connection".

- Select Audio Connection:** A dropdown menu is set to "I Will Call In". Below it is a scrollable list with a search icon (magnifying glass) and a refresh icon (circular arrow). The list contains:
 - Call using other application
 - 1. Call
 - +1-415-655-0001 (US Toll)
 - [All global call-in numbers](#)
 - 2. Enter this access code:
 - 808 013 802 #
 - 3. Enter your Attendee ID:
 - 31 #

- Select Video Connection:** A dropdown menu is set to "No Video".

A red error message box on the right side of the dialog reads: "We can't detect a video camera device. Make sure your camera device is connected and try again."

Three green callout boxes provide instructions:

1. Select: I Will Call In
2. Follow Steps 1 - 3 with information provided in your Webex window
3. Click Close

Audio Connection Options

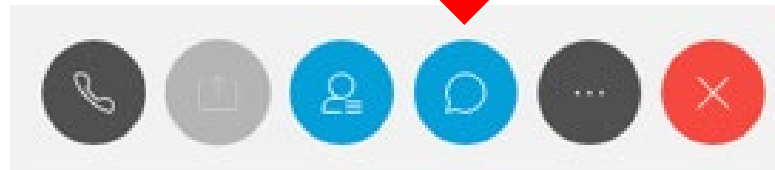
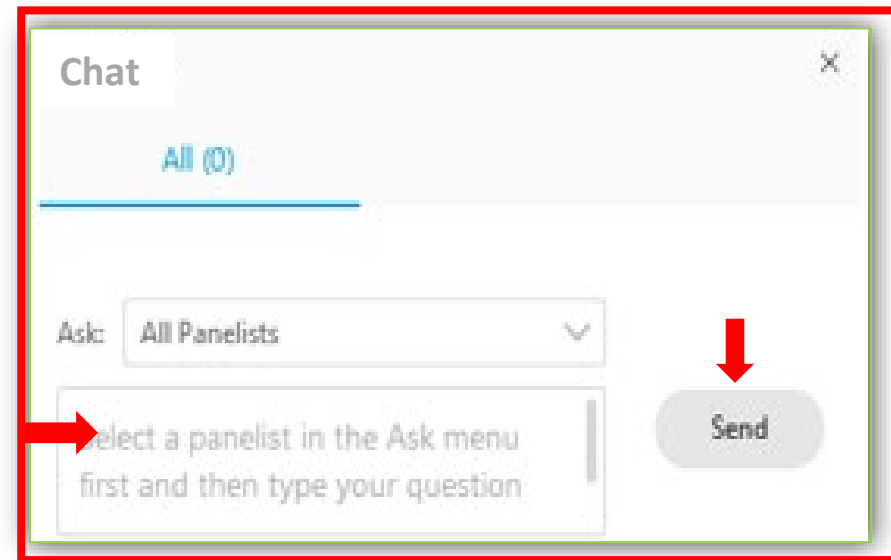
Option 2 - Select Audio Connection: **Call Me**

Participant enters a number to call, Webex will call number, participant answers the phone and follows voice instructions.

The screenshot shows the 'Audio and Video Connection' dialog box. It has two columns: 'Select Audio Connection' and 'Select Video Connection'. Under 'Select Audio Connection', there is a dropdown menu with 'Call Me' selected, a country dropdown with '+1' selected, and an empty phone number input field. Under 'Select Video Connection', there is a dropdown menu with 'No Video' selected. A red error message box on the right says 'We can't detect a video camera device. Make sure your camera device is connected and try again.' At the bottom, there is a 'Connect Audio' button. Three yellow callout boxes provide instructions: 1. '1. Select: Call Me' points to the 'Call Me' dropdown. 2. '2. Enter phone number you want to be called on' points to the phone number input field. 3. '3. Click Connect Audio when it turn green and wait for the call on the number you provided' points to the 'Connect Audio' button.

Housekeeping

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- Time is put aside for questions at the end of the webinar.
- If you have a question, please type your question in the CHAT BOX, and address to “ALL PANELISTS.”



Objectives

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Background & Guiding Principles

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Program Structure

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2022 Measurement Set

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Next Steps / Q & A

1

Background & Guiding Principles



About Us



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Background

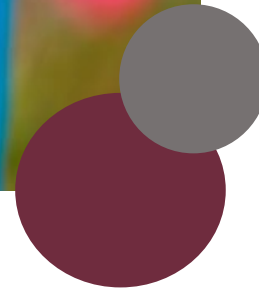
- PHC Mission: To help our members, and the communities we serve, be healthy
- Serves over 625,000 Medi-Cal members in 14 counties through local care providers
- Strategic focus areas: High quality health care, operational excellence, financial stewardship
- Quality Improvement Programs (QIPs) in primary care, hospital care, specialty care, and community pharmacy
- About 75 contracted long-term care facilities

Guiding 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

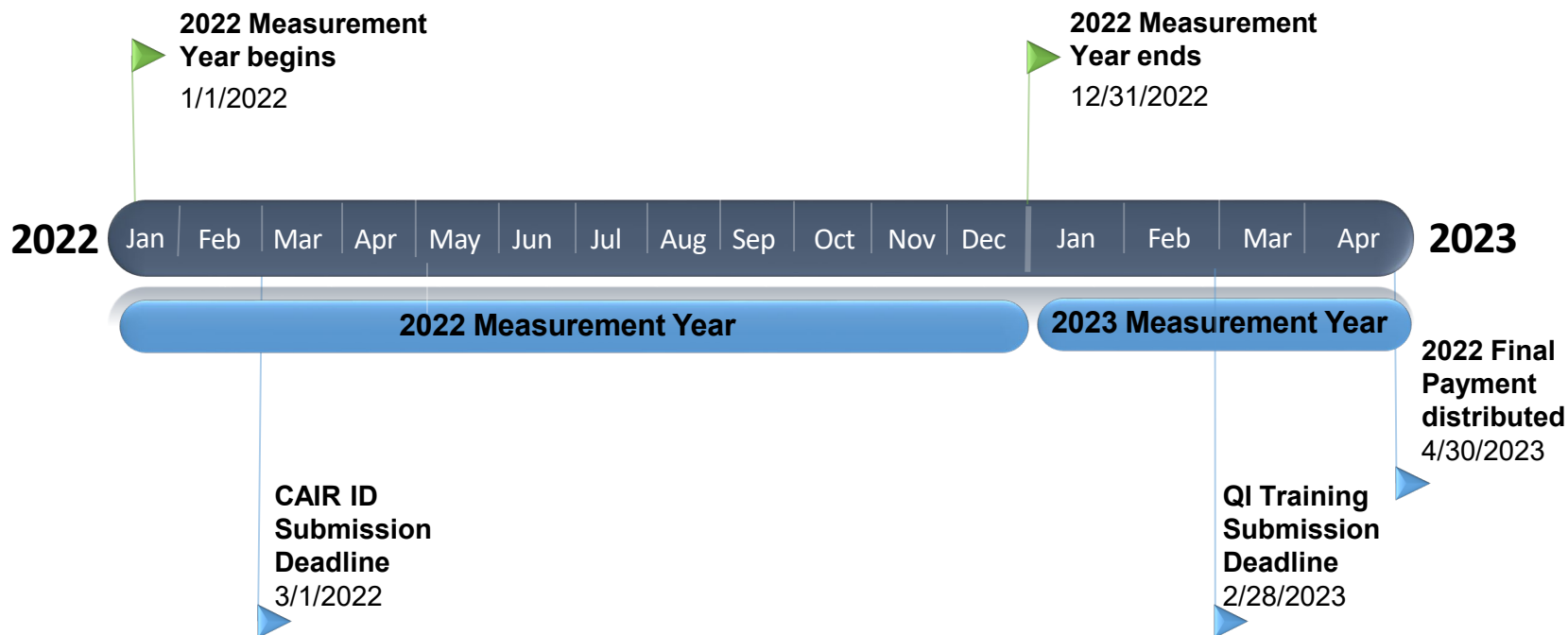
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Program Structure



Program Structure

2022 Measurement Year Timeline



Program Structure

MY 2022 LTC QIP Timeline

January 1, 2022	2022 Measurement Year begins
March 1, 2022	CAIR ID Submission Deadline
December 31, 2022	2022 Measurement Year ends
February 28, 2023	QI Training Submission Deadline
April 30, 2023	2022 Incentive Payments distribution

Program Structure

Eligibility Requirements

- Contracted with PHC from January 1, 2022 to December 31, 2022
- Facilities that are invited to participate must be in Good Standing with state and federal regulators as of the month the payment is to be disbursed. In addition, PHC has the sole authority to further determine if a provider is in Good Standing.

Program Structure

Payment Methodology

- Separate and distinct from usual reimbursement
- 2% of average annual payment
- Compete independently of other facilities
- Determined by PHC member volume and performance on quality measures

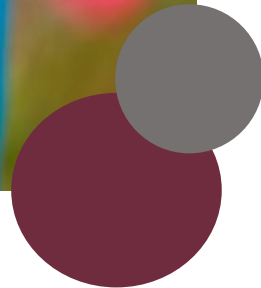
Program Structure

Payment Methodology: Example

A	B	C	D	E	F
	Number of PHC Custodial Members (assume the same number for all 365 days)	Annual Payment (\$224 per custodial member per day on average)	Potential Earning Pool (Annual payment*2%)	QIP Score (out of 100)	QIP Dollars Earned
LTC Facility 1	20	\$1,635,200	\$32,704	45 points	\$14,716
LTC Facility 2	10	\$817,600	\$16,352	90 points	\$14,716
LTC Facility 3	50	\$4,088,000	\$81,760	90 points	\$73,584

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2022 Measurement Set



2022 Measurement Set

- Developed in collaboration with long-term care facility and industry representatives
- Approved by PHC's Physician Advisory Committee
- Simple, yet comprehensive
- Data reporting burden is light
- Measures add up to 100 points
- 10 measures in 4 domains
- Gateway Measure

2022 Measurement Set

Gateway Measure

Facilities must have a minimum of two stars from the CMS Five-Star Quality Rating in order to be eligible for points from all other measures. A rating of one star will make facilities ineligible for incentives, although they are invited to participate in other program elements.





2022 Measurement Set

Domains

Clinical

% of high-risk residents with pressure ulcers (10 pts)

% of residents who lose too much weight (10 pts)

% of residents who needed and got a flu shot AND vaccine logged in CAIR(10 pts)

% of residents who got a vaccine to prevent pneumonia AND vaccine logged in CAIR (10 pts)

Functional Status

% of residents experiencing one or more falls with major injury (10 pts)

% of residents who have or had a catheter inserted and left in their bladder (10 pts)

Resource Use

Hospital Admissions/1000 resident days (10 pts)

Operations / Satisfaction

Health Inspection Rating (10 pts)

Staffing Rating (10 pts)

Quality Improvement Training (10 pts)

2022 Measurement Set

Clinical Domain

Measure	Submission Required	Submission Due Date	Threshold*
% of high-risk residents with pressure ulcers	No; based on Nursing Home Compare data extracted February 2023	N/A	Full Points: $\leq 7.70\%$ Partial Points: 7.80-8.20%
% of residents who lose too much weight		N/A	Full Points: $\leq 6.60\%$ Partial Points: 6.70 - 7.70%
% of residents who needed and got a flu shot AND vaccine was entered into CAIR	Appendix II – Facility CAIR ID template	March 1, 2022	Full Points: $\geq 98.40\%$ Partial Points: 96.20 - 98.30%
% of residents receiving pneumonia vaccine AND vaccine was entered into CAIR	Appendix II – Facility CAIR ID template	March 1, 2022	Full Points: $\geq 98.10\%$ Partial Points: 93.90 - 98%

2022 Measurement Set

Functional Status Domain

Measure	Submission Required	Submission Due Date	Threshold*
% of residents experiencing one or more falls with major injury	No; based on Nursing Home Compare data extracted February 2023	N/A	Full Points: ≤ 1.70% Partial Points: 1.80 - 3.30%
% of residents who have/had a catheter inserted and left in their bladder			Full Points: ≤ 1.60% No Partial Points

2022 Measurement Set

Resource Use Domain

Measure	Submission Required	Submission Due Date	Threshold*
Hospital Admissions/1000 resident days	No; based on Nursing Home Compare data extracted February 2023	N/A	Full Points: $\leq 1.83\%$ No Partial Points

* Threshold to be developed by Partnership HealthPlan and shared with participating sites



2022 Measurement Set

Operations & Satisfaction Domain

Measure	Submission Required	Submission Due Date	Threshold
Health Inspection Rating	No; based on Nursing Home Compare data extracted February 2023	N/A	Full Points: 4 or more stars Partial Points (5): 3 stars
Staffing Rating			
QI Training	Submission of evidence of training attendance (not registration)	February 28, 2023	Full Points: Facilities to submit evidence of training attendance No Partial Points



Measure 1: Pressure Ulcers

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

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: Stage II-IV pressure ulcers are present

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2023.

Measure 2: Weight Loss

Description: Measures the percentage of long-stay residents who had significant weight loss

Denominator: Long-stay nursing home residents with a selected target assessment

Numerator: Those in the denominator 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

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2023



Measure 3: Flu Shot

Description: Measures the number of long-stay residents who needed and got a flu shot, and successful entry of the vaccination into CAIR

Denominator: All long-stay residents, regardless of payer, with a selected target assessment, except 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]) AND vaccination was documented in CAIR; 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).

Reporting: Facilities must submit CAIR ID by March 1st, 2022 via email to LTCQIP@PartnershipHP.org. PHC will extract summary data from Nursing Home Compare in February 2023.

Measure 4: Pneumonia Shot

Description: The percentage of long-stay residents whose pneumococcal polysaccharide vaccine status is up to date AND the vaccination is documented in CAIR.

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]) AND vaccination was documented in CAIR; 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: Facilities must submit CAIR ID by March 1st, 2022 via email to LTCQIP@PartnershipHP.org. PHC will extract summary data from Nursing Home Compare in February 2023



Measure 5: Falls with Major Injury

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

Denominator: All long-stay nursing home residents with a one or more look-back scan assessments

Numerator: Those in the denominator whose assessments indicate one or more falls that resulted in major injury

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2023

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 7 days

Denominator: All long-stay residents with a selected target assessment

Numerator: Those in the denominator whose assessment indicates the use of indwelling catheters

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2023



Measure 7: Inpatient Admissions

Description: Measures the rate of long-stay residents who had one or more inpatient hospital admissions during the review period

Denominator: Total number of days (in thousands) that all long-stay residents were in the facility after they attained long-term resident status

Numerator: 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.

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2023

Measure 8: Health Inspection Rating

Description: Measures the results of inspections conducted by federal surveyors to ensure safe and clean conditions for long term care residents

Full Points: Health Inspection rating of 4 stars or above

Partial Points: Health Inspection rating of 3 stars

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2023

Measure 9: Staffing Rating

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

Full Points: Staffing Rating of 4 stars or above

Partial Points: Staffing Rating of 3 stars

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2023

Measure 10: QI Training

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

This measure is intended to introduce resources to all PHC network facilities to provide administrators, physicians, and staff of all levels with tools, strategies, and inspiration for improving the quality of care provided to our members. We offer this event with the desire to encourage PHC-contracted facilities to send staff of all levels to an informative learning session.

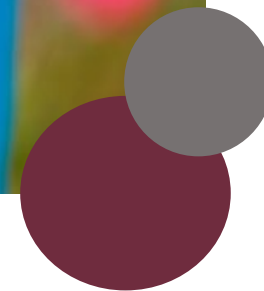
Full Points: Training attendance

No Partial Points

Reporting: Facilities to submit evidence of training attendance by February 28, 2023.

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Next Steps / Q&A



Next Steps

- ✓ Bookmark [LTC QIP webpage](#)
- ✓ Check back for QI training dates
- ✓ Mark your calendar for submission deadlines
- ✓ Look for our quarterly LTC QIP Newsletter

Contact Information & Resources

LTC QIP Team

Staci Vercellotti, Project Manager

Quality Improvement Programs, Northern Region

Deanna Watson, Project Coordinator

Quality Improvement Programs, Southern Region

Contact Us

LTCQIP@partnershiphp.org

Visit the

[LTC QIP webpage](#)

Q & A

Please type your question in the CHAT BOX and address to ALL PANELISTS



Thank you for joining us today!

Resources

Medicare.gov. CMS. Nursing Home Compare.
<https://www.medicare.gov/care-compare/>