Quality Metric Management and Maximizing your Payments for NMVBP and HCQS

Presented by Jill Matthews, LVN, RAC-CT, BS

Executive Director of Support Services

Heritage Management Services

QM’s: What they mean to NM SNF’s

Quality metrics are a standardized way to measure clinical performance as a facility

As Value Based Payment models have been initiated and continue to evolve, QM’s are becoming a basis for reimbursement

Finally, a facility’s QM data is often the basis for a resident’s choice of facilities and for payers’ choice regarding to whom they contract

Managing Qm's and Value based Programs

Tools for monitoring QM performance

Casper reports published by CMS

Reports in the facilities EMR

Pointright software – real time QM data is available in PR so that performance can be monitored that is as current as the last MDS submission

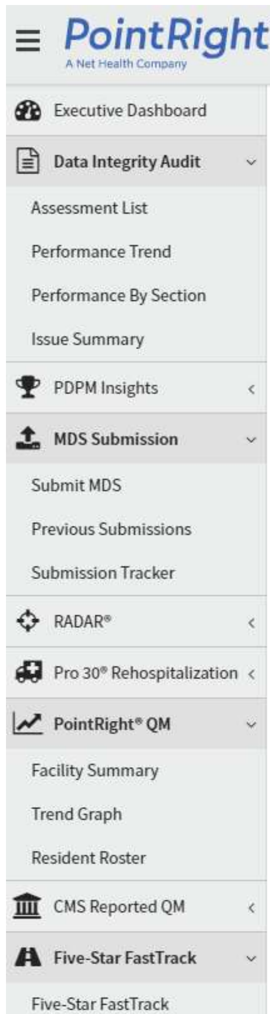
Using Pointright

Ensure that you are using Chrome to open Pointright so that all charts and grafts can be viewed

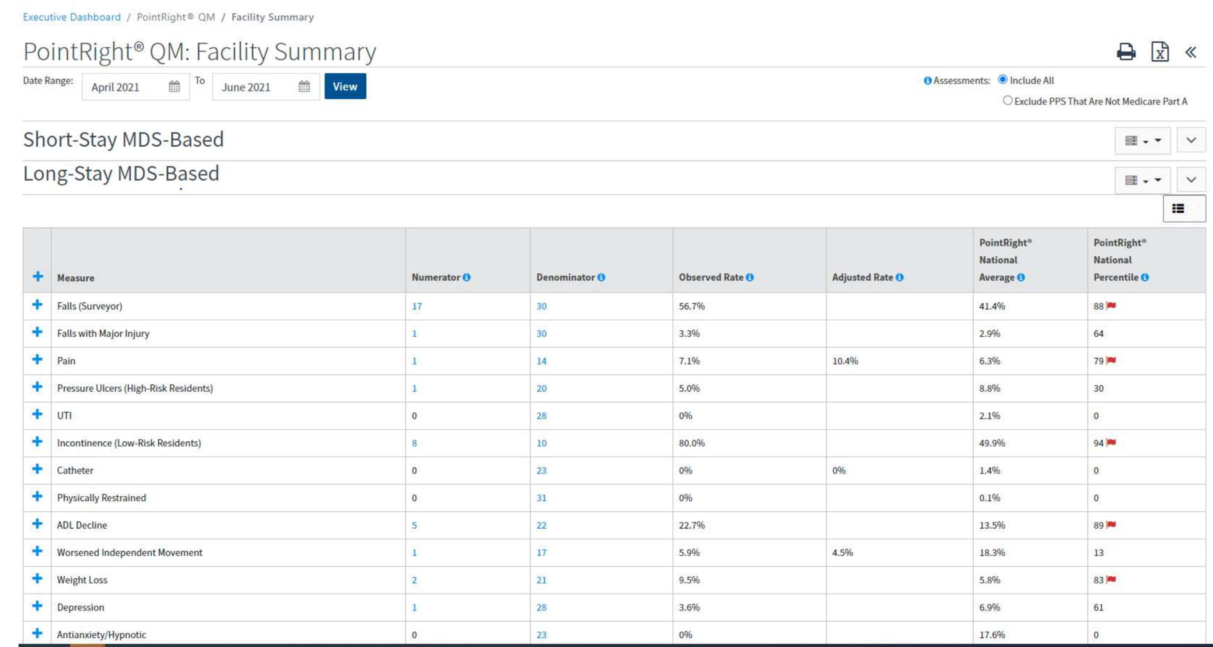
After logging in, choose the report in the executive dashboard that you would like to review. For general QM management, The Pointright QM reports and the Five-star fast track report are the ones that will be most useful.

This is it!

There are many reports listed, but do not be overwhelmed. Feel free to open each tab and explore



QM Summary Report – Most up to date and complete



Executive Dashboard / PointRight® QM / Facility Summary

PointRight® QM: Facility Summary

Date Range: April 2021 To June 2021 View

Assessments: Include All

Exclude PPS That Are Not Medicare Part A

Short-Stay MDS-Based

Long-Stay MDS-Based

Measure	Numerator	Denominator	Observed Rate	Adjusted Rate	PointRight® National Average	PointRight® National Percentile
Falls (Surveyor)	17	30	56.7%		41.4%	88
Falls with Major Injury	1	30	3.3%		2.9%	64
Pain	1	14	7.1%	10.4%	6.3%	79
Pressure Ulcers (High-Risk Residents)	1	20	5.0%		8.8%	30
UTI	0	28	0%		2.1%	0
Incontinence (Low-Risk Residents)	8	10	80.0%		49.9%	94
Catheter	0	23	0%	0%	1.4%	0
Physically Restrained	0	31	0%		0.1%	0
ADL Decline	5	22	22.7%		13.5%	89
Worsened Independent Movement	1	17	5.9%	4.5%	18.3%	13
Weight Loss	2	21	9.5%		5.8%	83
Depression	1	28	3.6%		6.9%	61
Antianxiety/Hypnotic	0	23	0%		17.6%	0

- Date range can be customized but the reports defaults to a quarter at the time – this is the most useful to manage all QM's
- You can click on the blue hyperlinks to drill down on data

Other reports that are useful

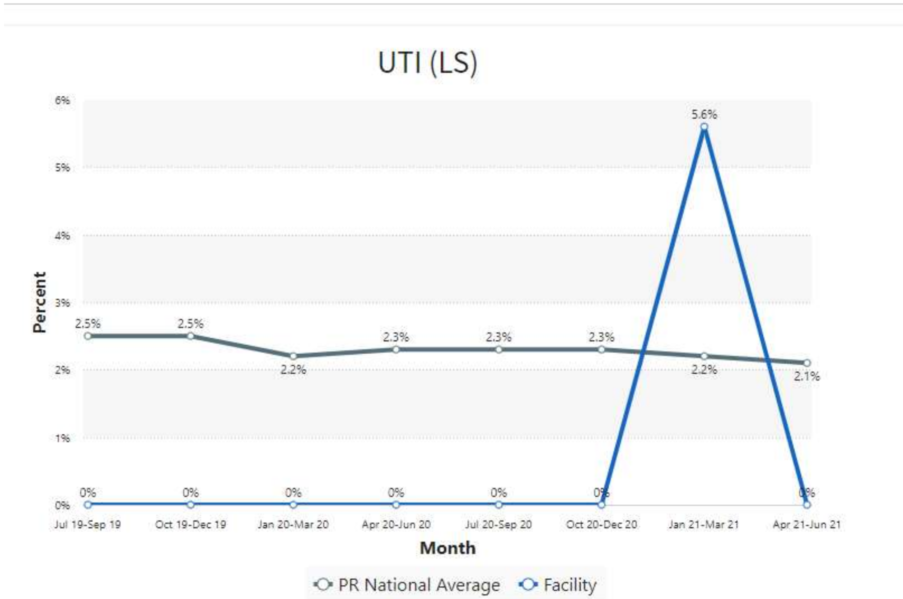
Monitoring and Tracking key indicators

RADAR – this is a clinical complexity and predictive report for potential negative QM impact

If you are focusing on improving specific Metrics, it can be useful to target the residents that are either triggering or at highest risk of triggering as part of your Quality Improvement Program

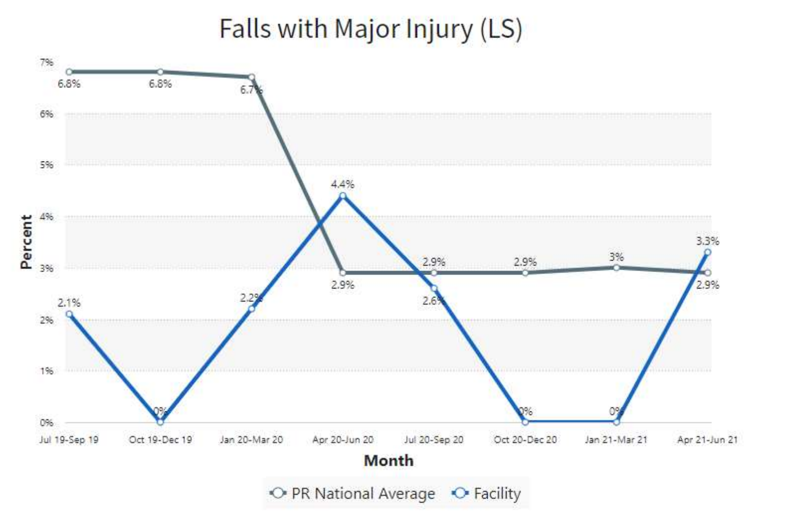
Use the Graphs to Communicate Visually to staff

- This graph clearly shows that there was a problem with this metric and that the interventions worked.



This graph shows a problem that has reoccurred.

- This type of visual data can help identify timeframes in which metrics were declining or improving and may be useful in identifying root causes of metric movement.



Use this Data to drive the CLINICAL Outcomes to Improve QM's

Track	Drill down	Anticipate	Manage
Track performance on PIPs	Drill down on data to identify areas that can be impacted quickly	Use the predictive data to proactively manage high risk residents' plan of care	*Also use the predictive data help identify survey samples and manage those residents' care closely.

How can QM’s impact revenue?

HCQS and NMVBP

These programs were initiated in 2019 to invest in quality improvement in NM nursing facilities

These value-based programs are both tracked and reported in Pointright

Managing the QM's specific to these program has the ability to result in significant revenue for nursing facilities

Do you understand the programs?

- How is the data gathered, measured, and reported?
- What are the quality metrics driving each program?
- Who is responsible for oversight of these programs at your facility?
- How has your facility performed in the past?
- Does your facility have a proactive plan to optimize its performance for the quality metrics associated with these programs?

Pointright is the key to gathering, measuring, and reporting data. Report data is accessible from the executive dashboard

- Executive Dashboard
- Data Integrity Audit
- PDPM Insights
- MDS Submission
- RADAR®
- Pro 30® Rehospitalization
- PointRight® QM
- CMS Reported QM
- Five-Star FastTrack®
- NMVBP
- NM HCQS

If you do not fully understand the value-based programs

We will do a review of the basics for each and some strategies

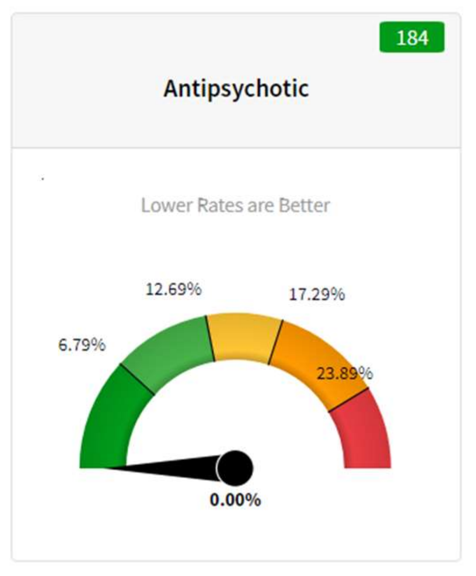
Additional information is available in pointright to explain program mechanics.

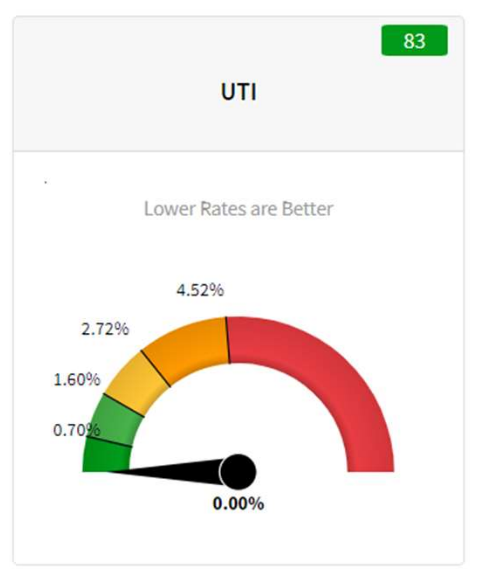
Finally, most facilities have a resource that has a skillset for strategic management of QM's. Reach out to that person for support.

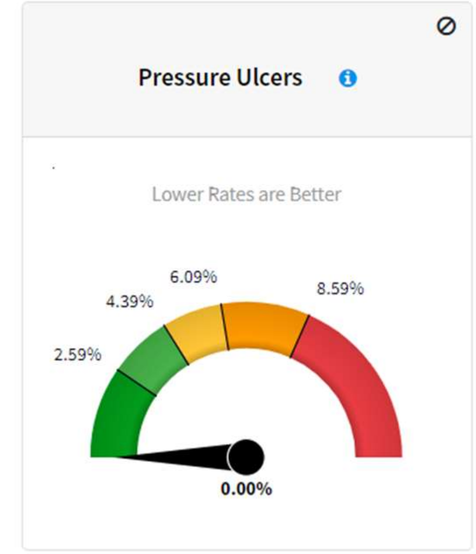
NMVBP

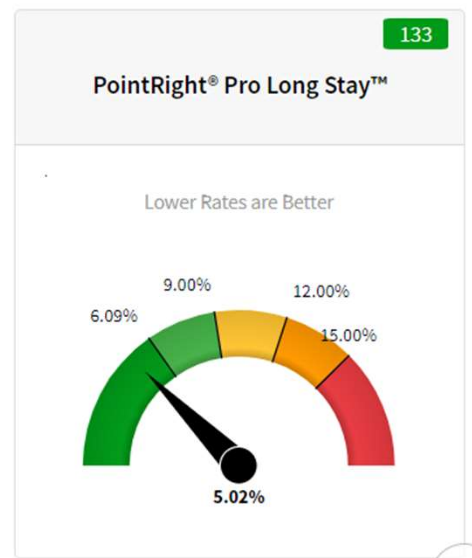
- NMVBP currently has 3 QM’s that are being calculated for tier placement.
- A facility may place tier 1 thru 5 depending on their QM scores. 1 being the best and 5 being the worst tier placement
- Additional monies are available under this program for meeting program participation requirements for the foundational requirement and acuity. The foundational payment has doubled this year to $7500 per quarter when all the requirements are met.

Quality Metrics for NMVBP









Optimizing Performance of these QM's

- Antipsychotics – work closely with your physicians so they understand SNF regulations about antipsychotic medication and the documentation needed to support prescribing these medications.
- Ensure the interdisciplinary team reviews residents for GDR's on an ongoing basis.** TIP: monitor for HNF qualifiers during GDR's
- Review medications upon admission for inappropriate use of antipsychotics. Ex: antipsychotic being used as a sleep aide.
- Ensure proper coding of the MDS for potential risk adjusting diagnosis.

Optimizing performance on UTI

- Audit Nurse Aide performance on handwashing, peri care, and hydration of residents to prevent UTI's.
- Use a standardized tool such as McGreer's criteria to determine the presence of UTI's. Additional education may be needed for interpretation of the McGreer's for accurate reporting.
- Ensure that MDS coding is accurate per the RAI so data is accurately reported.

Pressure Ulcers

Pressure ulcers are temporarily suspended from calculation due to recent changes in the RAI manual associated with coding on the MDS. They are expected to return to the calculation this year once the baseline data is gathered under the new guidelines.

Since this data is suspended by CMS and Pointright, it is recommended that pressure ulcers and pressure ulcer prevention be monitored in all facilities and MDS coding monitored for accuracy under the new guidelines.

Pointright Pro Long Stay

This is a return to acute metric for long stay residents.

To optimize performance and reduce RTA's with LTC resident's, consider the following:

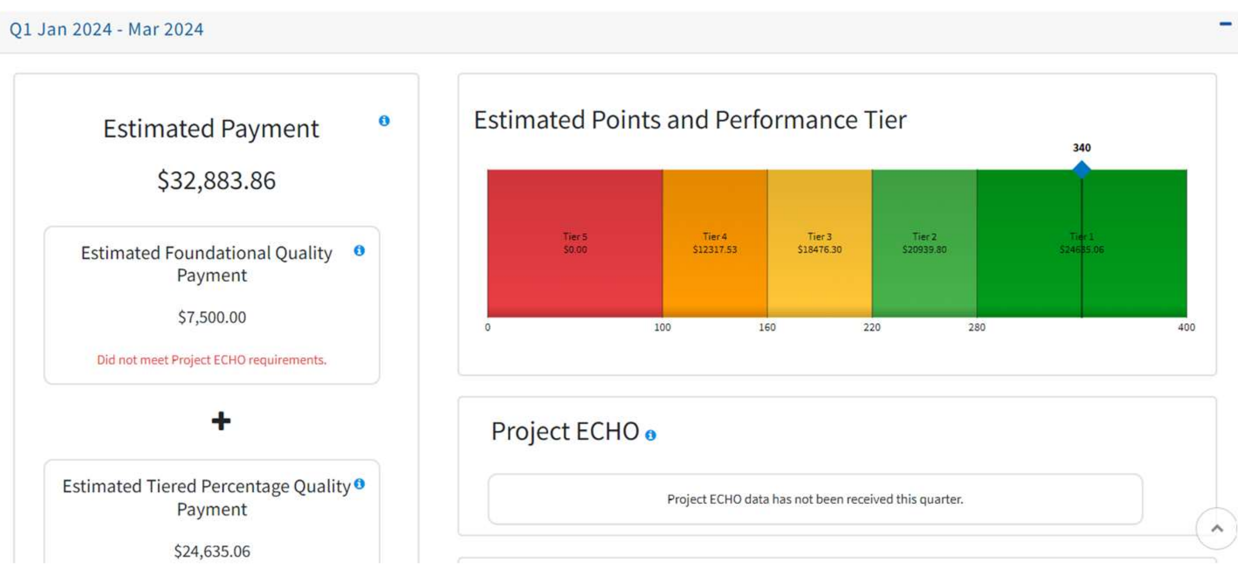
- Addressing response plans as part of the care planning process for those with chronic conditions such as CHF, COPD, DM, etc
- Monitoring the mortality indicators on the Radar report for residents that may need to transition to a palliative/hospice plan of care.
- Establishing and educating nursing staff on clinical pathways and systems such as SBAR to promote better communication between facility staff and physician.

Results

Even a small facility with 40 LTC residents could see an additional $32k in revenue per quarter with a tier 1 performance and the Foundational payment met at the current rate of $7500 before the acuity payment is added.

More importantly, the quality of care and clinical outcomes would improve if the above recommendations are followed.

Example



HCQS

A little effort goes a long way with this program

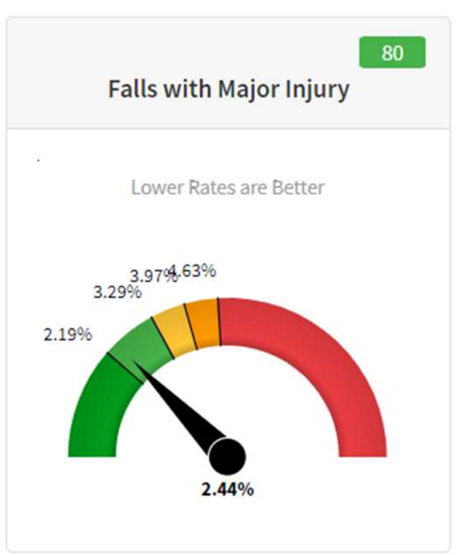
HCQS – the largest value-based program in NM

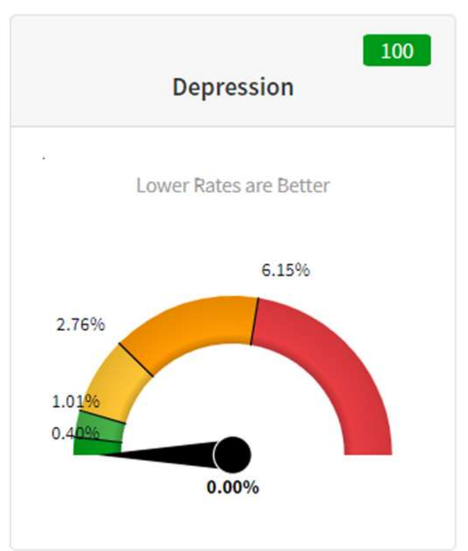
More metrics to manage

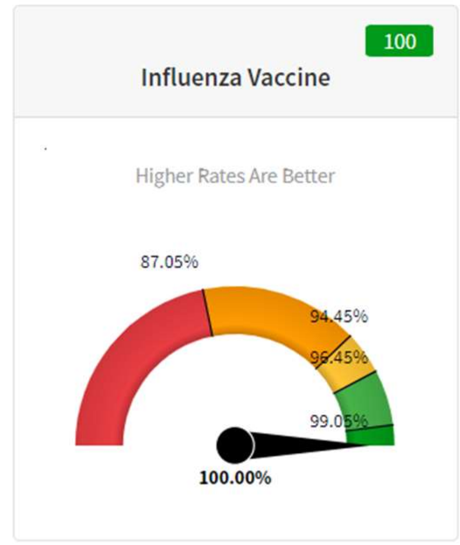
More revenue at stake

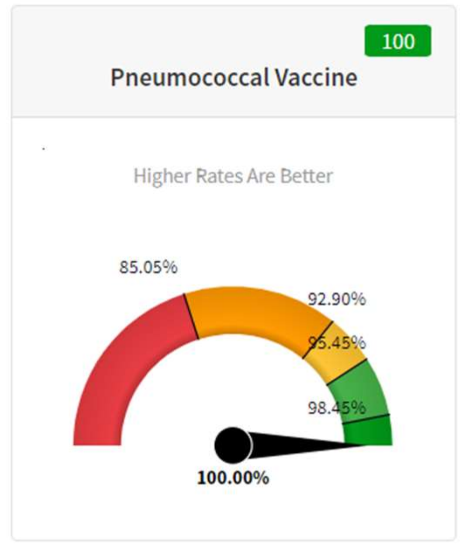
Higher level of performance required to optimize performance

Current Metrics for HCQS









Managing Falls with Major Injury – lookback on this metric is 1 year

- Facilities will always have falls but major injuries such as fractures, dislocations, and subdural hematoma from falls can be prevented.
- Ensure pathways are clear, call lights are in reach and answered promptly, and anticipate needs. Ex; toileting before bed etc.
- Low beds, mats, and other interventions are in place as needed
- Review medications. Ex: Diuretics administered in the evening could lead to increased fall risk. What other medication changes increase falls?
- If a resident has had a fracture, ask the physician to document whether the fracture was traumatic or pathological if that information is known.

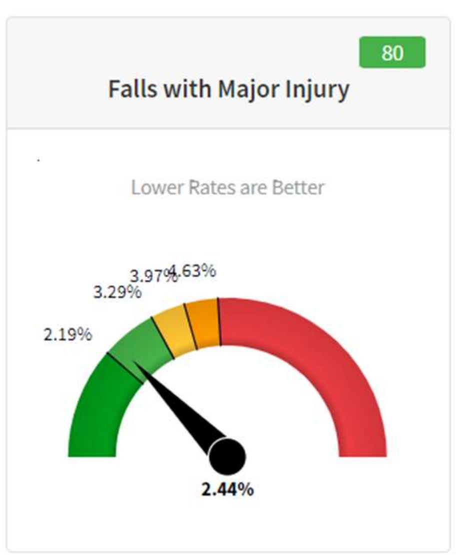
Depression Symptoms – lookback for this is 7 days

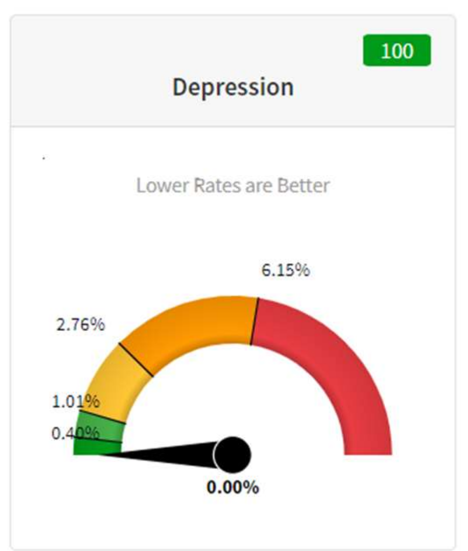
- Ensure depression screens are done at least quarterly
- When a depression screen is positive, re screen for accuracy. Moods can fluctuate.
- If a depression screen is positive, notify the physician with the score and review the resident's mental health plan for possible changes.
- Update the care plan to include non-pharmacological interventions to manage depression symptoms. Increasing activities and family visits can change depression symptoms in many cases.
- Have a zero tolerance for unmanaged depression symptoms.

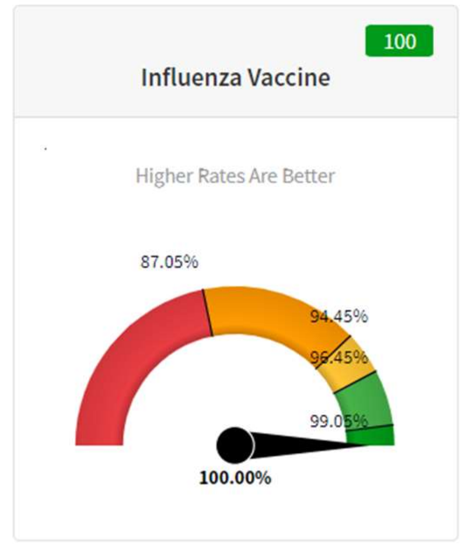
Immunizations – these count for half the possible points under HCQS – manage these aggressively

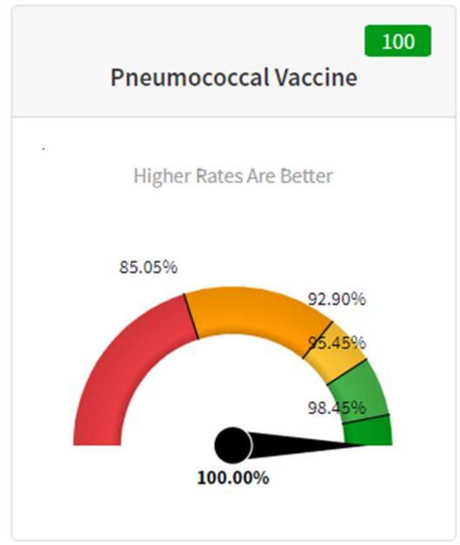
- Ensure that all documentation related to immunization is in a centralized immunization record. Lookback is 1 to 5 years
- If a resident declines immunizations, that too, should be in a centralized immunization record. A progress note months earlier is often too difficult for the MDS coordinator to locate.
- Run a NMSIIS report on all residents and upload to the chart to identify previously administered immunizations.
- 100% compliance on offering immunizations is the standard. Missing just 1 person, can lower the score drastically and place a facility in a lower tier.

Current Metrics for HCQS





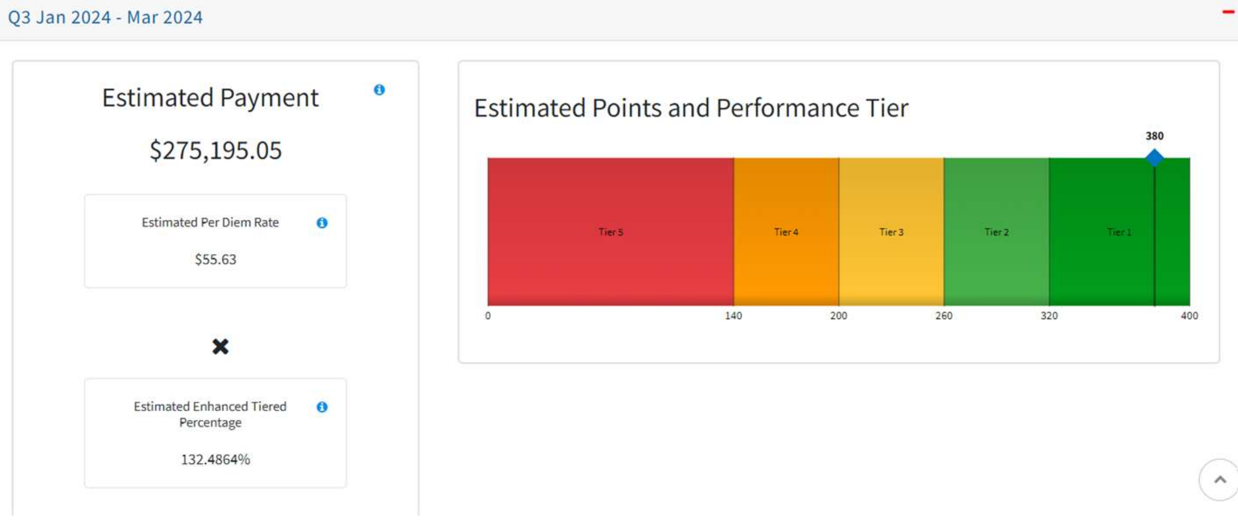




Small improvements make a big difference

- Using the same small facility reference of a LTC census of 40, how much would be lost if a tier 1 is not obtained?
- To understand that, you must first understand how the tiers and revenue are calculated.
- Tier performance is based on the total scores of all 4 QM's
- Revenue is calculated from the daily base rate multiplied by the total number of MCD days. With a tier 1 placement, the multiplier, is over 100%. 100% is for the tier 1 placement, and anything in excess of the 100% is due to monies missed by other participants in lower tiers being distributed to top performers. This amount varies quarter to quarter.

Cut points for Tiers and Multipliers



Payment is SUBSTANTIAL

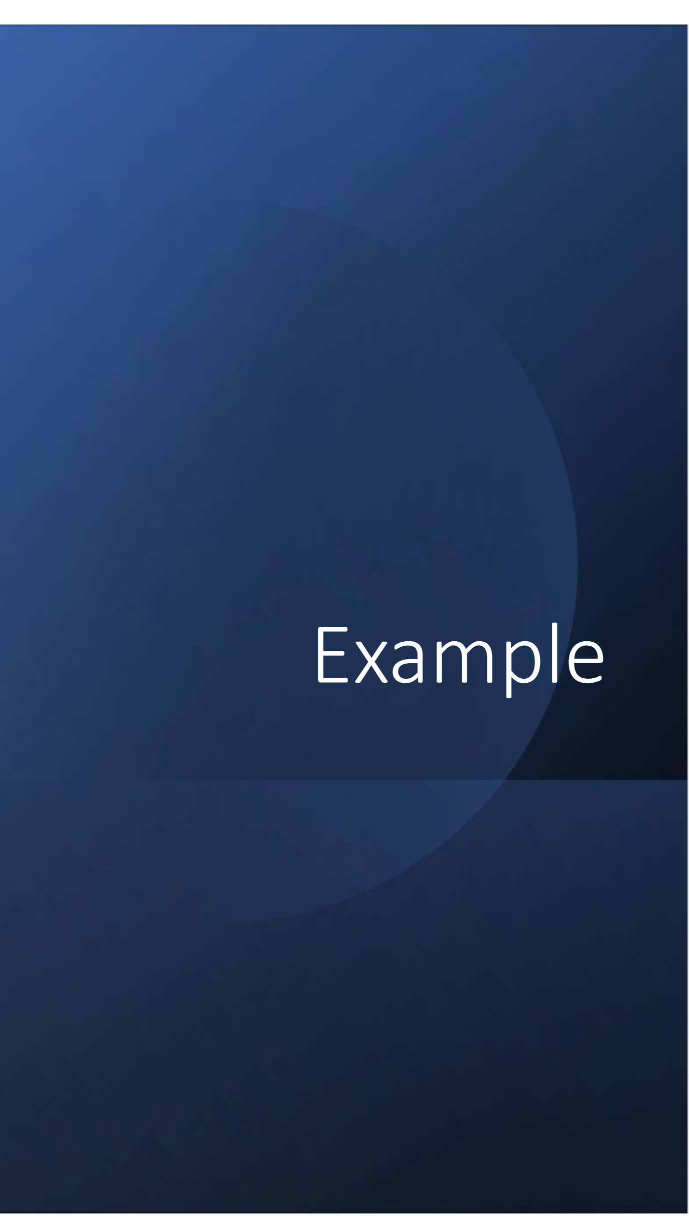
- Even a small facility with a small MCD census of 40 could see an additional $275K in revenue per quarter.
- That is >$1M annually
- More MCD days = more revenue. A facility with a MCD census of 80 could expect to see >$2M annually with optimal performance.

Impact on the aging of the program

- As HCQS has aged tier performance has become more important.
- 2019-2020 was the investment year. All participants received 100% no matter what.
- 2020-2021 the distribution of revenue ranged from 90-100%. This is when the top tier began to have the missed revenue add on. It was as high as 108%
- As the program ages, less revenue is planned to be distributed for lower performing tiers. 50% can be expected soon for a facility at tier 5. This has increased the multipliers for Tier 1 greatly because more money is being missed at the lower tiers. The current quarter has a tier 1 multiplier estimated at 132%

What if I am tier 2 or lower

- Loss of revenue for not achieving a tier 1 is substantial.
- With a lower tier, the base multiplier is reduced and no add on is available.
- For a tier 2 a facility could see a multiplier of 90% with no add on.
- When compared to the tier 1 reimbursement multiplier of 132%, that is a HUGE reduction in revenue.



Example

- When a 132% multiplier yields $275K per quarter that means that a multiplier of 90% as you would see at tier 2, this would yield $187K. That is an $88k reduction in payment for one lower tier placement.
- Again, this example is a very small facility. If your facility has more MCD days, the revenue at risk scales to the Medicaid census.
- A facility with 80 LTC/MCD residents could easily miss 6 figures in revenue per quarter when tier 1 is not achieved.

Can my facility achieve a Tier 1 on HCQS?

- YES!!!
- By monitoring the metrics and implementing the recommendations outlined previously, a tier 1 is possible.
- By making these practices routine, MAINTAINING a tier 1 status is realistic. Many facilities throughout the state have done this.

Other benefits of Success with HCQS and NMVBP

- The biggest benefit of these programs is the impact on resident care.
- Facilities that routinely maintain top tiers, perform better in customer satisfaction, survey performance and 5 star ratings.
- A positive momentum is generated each time a metric improves. This has a positive impact on staff and employee retention.
- The methodology used to improve the program metrics can be applied to other areas in the facility to create stronger systems and better outcomes.
- The facility has the resources to make improvements due to the revenues earned for optimal perormance.

Q & A