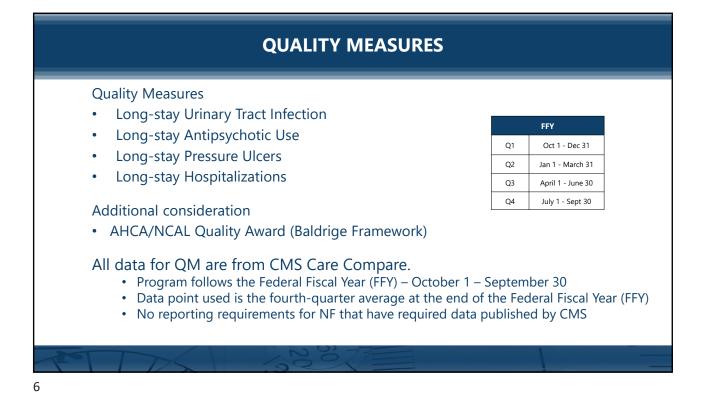
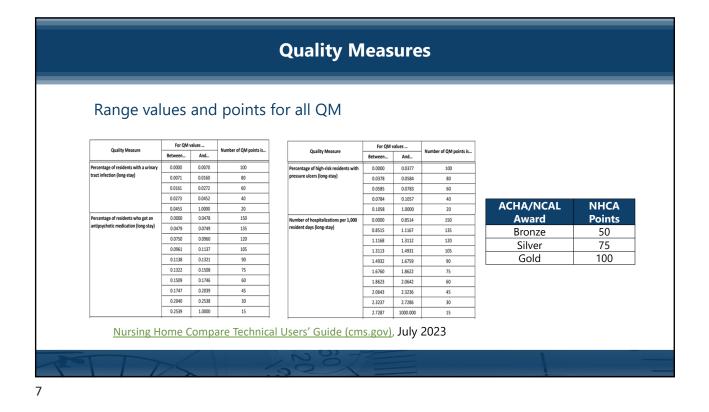
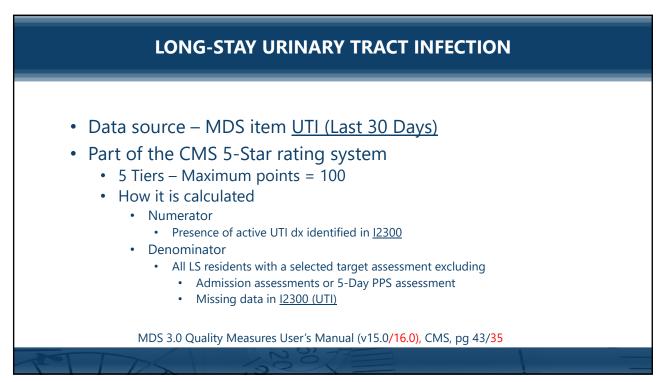
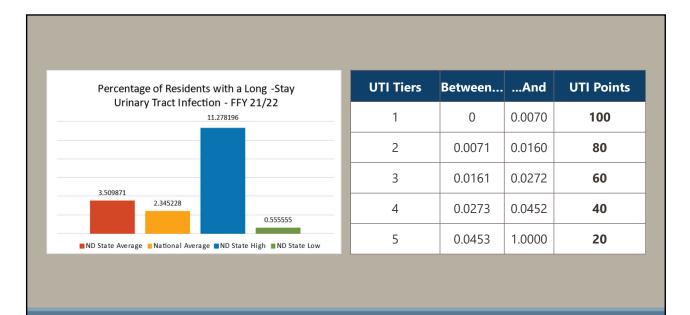


HOW Stakeholder meetings • Held in 2022 and 2023 • Attendees included Medical Services, LTCA, AHCA/NCAL, and NF representatives • Recommendations were developed and agreed upon for • QM • Points • Tiers • Values per Tiers

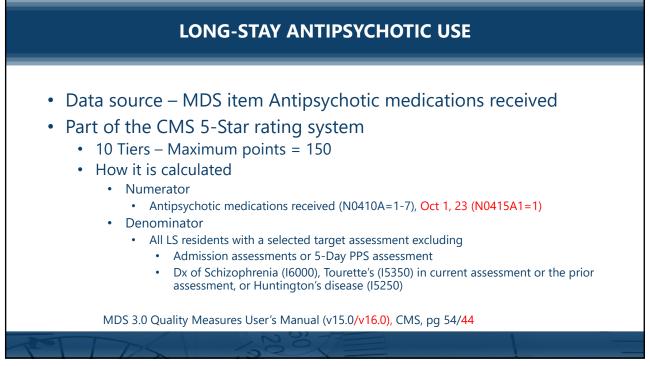


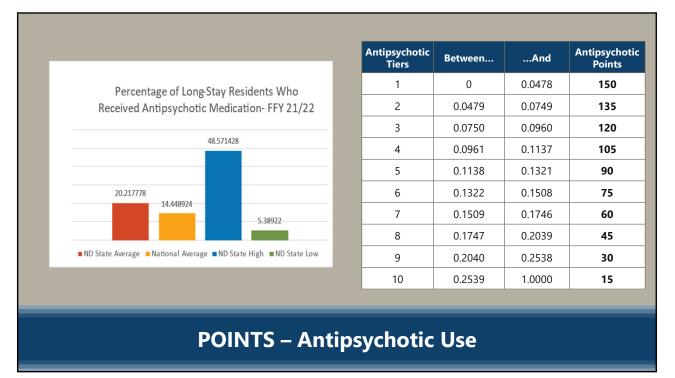


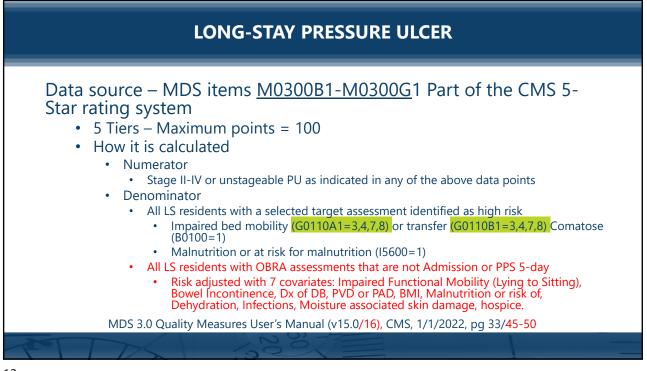


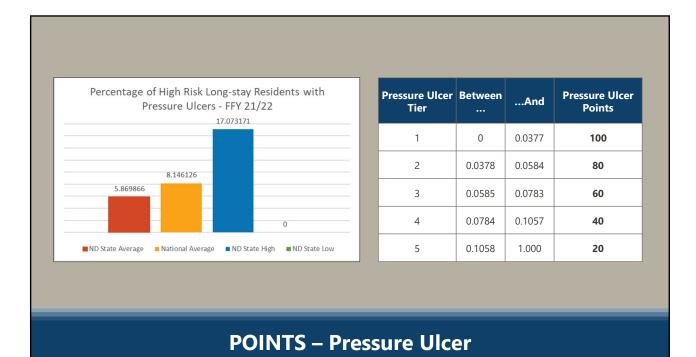


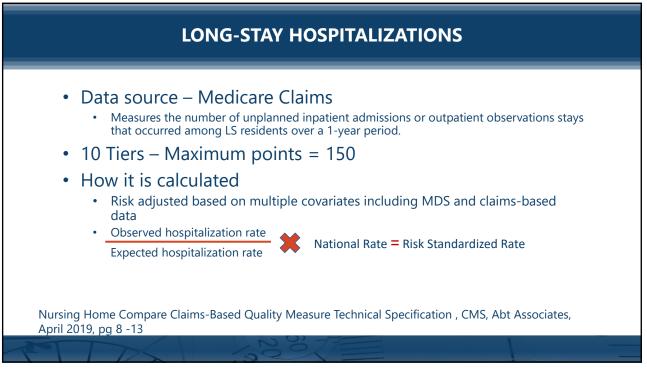
POINTS – Long-stay Urinary Tract Infections

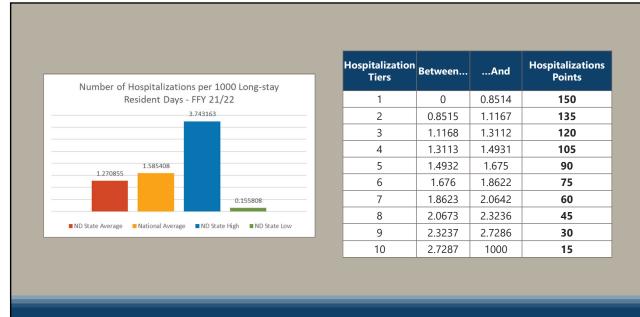












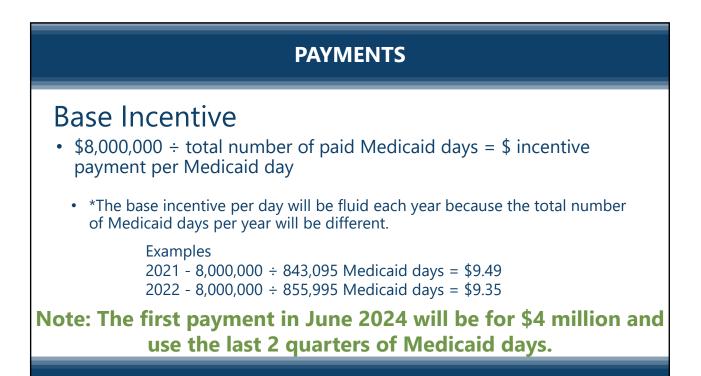
POINTS – Hospitalizations



NHCA Points
50
75
100

POINTS – AHCA/NCAL Quality Award

Quality Measure	ND Average Points	Max Points		Tier	Point Threshold
LS Urinary Tract Infection	60	100		4	> 400
LS Antipsychotic Use	75	150	-	1	≥400
LS Pressure Ulcer	40	100		2	≥300-399
LS Hospitalization	90	150	-	3	≥200-299
AHCA/ALNC Quality Award	0	100	-		
TOTAL	265	600	4	<200	





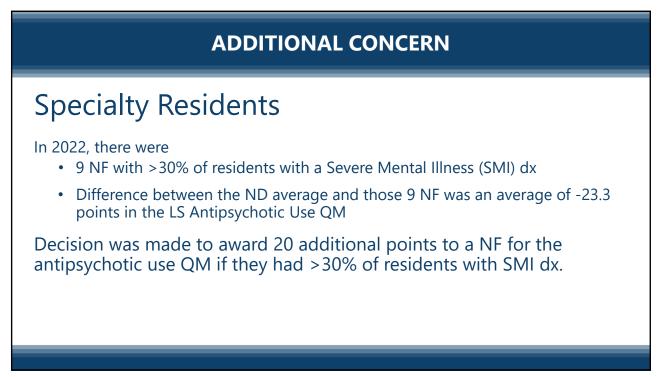
Payments Unspent Funds The base payments are adjusted for tiers 2 and 3. It was decided that the remaining 15% from tier 2 and 40% from tier 3 of the base payment would be paid to tiers 1 and 2. The dollar amount with be a fluid amount due to the variability of Medicaid days and the number of Medicaid days in tier 1 and 2.

Payments 20% of Unspent Funds directly to tier 1 and the rest shared with tier 2 • Tiers 1 and 2 Medicaid days would be added together and then divided into the total of unused funds. **Unspent Funds** All dollar amounts and Shared 20% of values are Base Unspent Incentive 2022 Incentive per Tier examples from Funds per Incentive (-20% for Tier day 2022 FFY 21/22 only. Tier 1 Day 1) Remember that \$ 9.35 \$ 8.96 \$ 4.79 \$ 23.10 the Incentive rates are fluid. 2 \$ 4.79 \$ 7.94 0 \$ 12.73 3 \$ 5.61 0 0 \$ 5.61



Incentive Payment Schedule

- Payments will be made annually in the June quarter for the previous year.
 - The Medicare claims based data for hospitalizations for the previous FFY is not available until May.
 - Payments will be made through MMIS.
- The first payment (June 2024) will utilize \$4 million as the total available funds and the second payment be the full \$8 million.



Additional Concern

Missing Data

Why data might not be publicly available?

- 1. The total denominator size throughout the FFY for the QM is inadequate; less than 20 stays.
- If there is an identified coding inaccuracy related to antipsychotic use, CMS will suppress the LS AP QM data for 12 months. QSO-23-05-NH

- Solution:
- If **1** QM is missing in the four-quarter average, the available tier points will be used to prorate the point for the missing tier.
- If **2 or more** QMs is missing in the fourquarter average, the state will request the data from the facility in the form of the Quality Measure Report from CASPER.
- If the requested data is not provided, the NF will not be included in the program for that year.

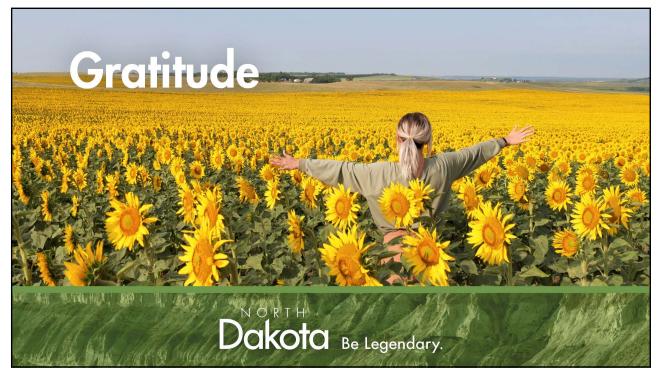


Quality Measure Points Table and Tiers

Quality Measure	For QM v	alues	Number of OM asists is	
Quality Measure	Between And		Number of QM points is	
Percentage of residents with a urinary tract infection (long-stay)	0.0000	0.0070	100	
	0.0071	0.0160	80	
	0.0161	0.0272	60	
	0.0273	0.0452	40	
	0.0453	1.0000	20	
Percentage of residents who got an	0.0000	0.0478	150	
antipsychotic medication (long-stay)	0.0479	0.0749	135	
	0.0750	0.0960	120	
	0.0961	0.1137	105	
	0.1138	0.1321	90	
	0.1322	0.1508	75	
	0.1509	0.1746	60	
	0.1747	0.2039	45	
	0.2040	0.2538	30	
	0.2539	1.0000	15	

Ouelity Measure	For QM	values		
Quality Measure	Between	And	Number of QM points i	
Percentage of high-risk residents with	0.0000	0.0377	100	
pressure ulcers (long-stay)	0.0378	0.0584	80	
	0.0585	0.0783	60	
	0.0784	0.1057	40	
	0.1058	1.0000	20	
Number of hospitalizations per 1,000 resident days (long-stay)	0.0000	0.8514	150	
	0.8515	1.1167	135	
	1.1168	1.3112	120	
	1.3113	1.4931	105	
	1.4932	1.6759	90	
	1.6760	1.8622	75	
	1.8623	2.0642	60	
	2.0643	2.3236	45	
	2.3237	2.7286	30	
	2.7287	1000.000	15	

ACHA/NCAL Award		NHCA Points	
Bronze		50	
Silver		75	
Gold		100	
T !		int Thursday I.d.	
Tier	PC	oint Threshold	
1	≥400		
2	≥	≥300-399	
3	≥200-299		
4	<200		



QUESTIONS

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