



GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION

## Managed LTC Expands to Nursing Homes: Are You Ready?

# DSRIP and NHQP

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# DSRIP

## Delivery System Reform Incentive Payments

# DSRIP

- NY's Safety Net relies too heavily on Hospital, ER and NH use
- 25 Programs that target array of providers including NHs
- Goal – Decrease avoidable hospitalization and ER use by 25% over next 5 years

# DSRIP - LTC Transformation

- Ineffective LTC is a major driver of avoidable hospital use
- Example given – Pressure Ulcers
- Other examples –
  - Pneumonia
  - Urinary Tract Infections
  - Falls

# DSRIP - LTC Transformation

- NYS is almost dead last in avoidable hospital admissions
- Goal is to bring the state to the top quartile and to be a national model of health care reform
- Over \$7 billion will be reinvested
- Funded through a federal waiver program and Medicaid savings

# DSRIP Proposals

- DOH wants previously “siloed” providers to collaborate on proposals
- Health Homes should be included
- New and Unique Initiatives
- Address Significant Issues
- Achieve Substantial, Transformative Change

# DSRIP Proposals

- Projected Due Date is April 2014
- Commitment to Life Cycle Change
- DOH will track financial viability of every provider participating in a DSRIP Plan

# Programs for LTC Transformation

## Development of Inpatient Transfer Avoidance Program

- One model uses nurse practitioners and psychiatric social workers
- Behavior management
- Crisis intervention strategies



# Inpatient Transfer Avoidance, Cont'd

- **Interact Program**
  - Staff Training
  - Enhanced communication between SNF and acute care hospitals
  - Quality assessment/root cause analysis of transfers to identify interventions
  - Patient and family education and empowerment

## LTC Transformation, Cont'd

- Expand Pressure Ulcer Prevention Program to Reduce Avoidable Hospitalizations
- Implement Medication Error Prevention Program to Reduce Avoidable Hospitalizations
- Create a Bed buy-back program for nursing homes to reduce avoidable hospitalizations

# Bed Buy-Back Program

- Would allow nursing homes to reduce their bed capacity while expanding other services in the continuum of care
- Facilities with high rates of avoidable hospitalizations would be encouraged to apply
- Reduce the capacity of poorer-performing nursing homes
- Freed space can be used to expand low cost services once done only in acute care settings

# NHQP

## Nursing Home Quality Pool

# NHQP Metrics Overview

## Purpose

- \$50 Million Pool established as part of the 2010-2011 State Budget as means to reward high-quality care compared to peers
- DOH working with industry to design quality scoring system **using existing data sources**
- Recognizes and rewards improvements over time
- Redistributes funds from poor performers to high quality performers

# NHQP Metrics Overview

## 2013 Quality Pool

Three major components:

- 14 Quality Measures ( 60 points)
- Three Compliance Measures (20 points)
- One Efficiency Measure - Potentially  
Avoidable Hospitalizations (20 points)

# NHQP Metrics Overview

## Quality Measures ( 60 points)

	MDS 3.0 QM (Long-stay residents)	Comments	CMS Form 802
1	High risk residents with Pressure Ulcers	Risk-adjusted by NYS DOH	<b>7</b>
2	Residents with Urinary Tract Infection		<b>15</b>
3	Residents who lose too much weight	Risk-adjusted by NYS DOH	<b>18</b>
4	Residents whose need for help with daily activities has increased		<b>19</b>
5	Low risk residents who lose control of their bowels or bladder		<b>17</b>
6	Residents who self-report moderate to severe pain	Risk-adjusted by NYS DOH	<b>6</b>
7	Residents appropriately receiving seasonal flu vaccine	≥85% max points; < 85% no points	
8	Residents appropriately receiving pneumococcal vaccine	≥85% max points; < 85% no points	
9	Residents experiencing falls with major injury		<b>10</b>
10	Residents who have depressive symptoms		<b>14</b>
11	Residents receiving antipsychotic medication	Addl. exclusion to CMS QM (bipolar/manic depression)	<b>11</b>

# NHQP Metrics Overview

## Quality Measures ( 60 points)

	Staffing and Immunization Measures	Comments	
12	Level of temporary contract/agency staff used	<10% max points; ≥ 10% no points; staffing hours associated with specialty beds are included in the denominator b/c the data comes from the cost report which does not differentiate between geriatric and specialty beds.	
13	CMS's 5-star rating for staffing	As of April 1, 2013 (NH Compare)	<b>CMS Form 671</b>
14	Percent of employees vaccinated for the flu – annually reported to the Bureau of Immunization	Includes contract staff	



# NHQP Metrics Overview

## Quality Measures-Scoring

- For each of the 14 QMs (60 points)
  - 4.29 points for measures in the top quintile
  - 2.56 points for measures in the 2nd quintile
  - 0.85 points for measures in the 3rd quintile
  - 0 points for measures in the 4th or 5th quintile

# NHQP Metrics Overview

## Compliance (20 points)

- 5-star rating for health inspections, April 1, 2013
  - 10 points for obtaining 5 stars
  - 7 points for obtaining 4 stars
  - 4 points for obtaining 3 stars
  - 2 points for obtaining 2 stars
  - 0 points for obtaining 1 star
- Timely submission of Nursing Home Cost Reports
  - 5 points for timely, certified and complete submission of 2012 cost report (due August 16, 2013 for calendar year filers; September 30, 2013 for fiscal year filers)
- Timely submission of Employee Flu data for September 1, 2012 – March 30, 2013
  - 5 points for timely submission of immunization data (due May 1, 2013)

# NHQP Metrics Overview

## Potentially Avoidable Hospitalizations (PAH) (20 points)

Four components to the methodology:

1. Define episodes of care in the NH based on MDS 3.0
2. Define if a PAH occurred during each episode
3. Define medical conditions that describe resident's condition during each episode
4. Develop risk adjustment methodology that allows comparisons between NHs

# NHQP Metrics Overview

## PAH Methodology (continued)

- Mirrors the CMS Nursing Home Value Based Purchasing demo:
  - **Numerator** is number of admissions to a hospital while individual is a long-term nursing home resident (over 100 days) for a potentially avoidable condition
  - **Denominator** is total number of days during the year that residents are in the nursing facility during long-stay episodes
    - Example: Facility A has 20 admissions to a hospital for a PA condition during Quality Pool year; there are 43,800 total long-stay days
    - PAH rate=  $(20/43,800 \text{ days}) \times 10,000 \text{ days} = 4.57$

# NHQP Metrics Overview

## PAH Methodology (continued)

- Potentially avoidable conditions

- Heart failure
- Respiratory infection
- Electrolyte imbalance
- Sepsis
- Anemia
- Urinary Tract Infection

Culture change:  
This used to be how  
we made money

Remember NYS  
Medicare Maximization  
mandate?

- Measure is risk-adjusted based on demographics, episode length, prior hospitalizations and comorbidities (e.g. pneumonia, UTI, PU, feeding tube)
- Admitting diagnosis based on SPARCS data is used to determine PAH condition

# NHQP Metrics Overview

## PAH Methodology (continued)

### Defining a PAH

- MDS assessments that indicate a discharge to a hospital are identified
- These hospitalizations are then identified in SPARCS
  - If an episode is not found in SPARCS, it is removed from the analysis (OBSERVATION STAYS)
- Hospitalizations are then either deemed avoidable or unavoidable based on admitting diagnosis
- The number of PAHs are counted

# NHQP Metrics Overview

## PAH Methodology (continued)

### PAH– Scoring

- 20 points - top quintile
- 16 points - 2nd quintile
- 12 points - 3rd quintile
- 4 points - 4th quintile
- 0 points - bottom quintile

# NHQP Metrics Overview

**DAL December 12, 2013**

2013 NHQP results revised to address four issues where appropriate:

- Calculation for contract/agency staff updated to exclude non-nursing facility hours based on Schedule O, or redistribution of points where O inconclusive
- Timely cost report filing for 20112 – No change made
- Programming error corrected affecting three QM's (Pressure ulcer, weight loss, pain)
- Fraud and abuse determination updated to exclude larceny



# NHQP Metrics Overview

2013 NHQP Results posted publically at:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/nursing\\_home\\_quality\\_pool.htm](http://www.health.ny.gov/health_care/medicaid/redesign/nursing_home_quality_pool.htm)

The screenshot shows a web browser displaying the New York State Department of Health website. The page is titled "Nursing Home Quality Pool" and "2013 Nursing Home Quality Pool". The main content area contains a paragraph describing the NHQP as a \$50 million budget-neutral pool established in 2010-2011. It details the methodology, including 14 quality measures, three compliance measures, and one efficiency measure. The page also includes a "Follow Us" section with Facebook and Twitter icons, a "Search" section with a search box, and an "MRT Home" section. At the bottom, there is a section titled "Information and Results for the 2013 Nursing Home Quality Pool" with two links: "Methodology (PDF, 137KB)" and "NHQP Quintile Ranking (XLS, 128KB)".

File Edit View Favorites Tools Help

New York State State Agencies Search all of NY.gov

Department of Health Information for a Healthy New York

Home Page > Summaries and additional information on key MRT initiatives not listed above > Nursing Home Quality Pool

**Medicaid Redesign Team**

- MRT Waiver Amendment
- 1115 Waivers
- NYS Medicaid State Plan
- NYS MRT Budget
- 2% ATB Reduction
- Global Cap Update
- MRT Progress Updates
- Behavioral Health Transition

**Follow Us**

**Search**

Search Medicaid Redesign:  (Search)

**MRT Home**

Medicaid Redesign Team (MRT) Home Page

## Nursing Home Quality Pool

### 2013 Nursing Home Quality Pool

The New York State Nursing Home Quality Pool (NHQP) is a \$50 million budget-neutral pool that was established in the 2010-2011 final State budget. The New York State Department of Health (NYS DOH) has been working with industry experts to design and compute an equitable quality pool using existing data sources. Under the payment methodology of the 2013 NHQP, eligible nursing homes contribute to the funding of the \$50 million pool, and the pool money is redistributed to the nursing homes based on their performance in the NHQP. The 2013 NHQP contains three measurement components comprised of 14 quality measures, three compliance measures, and one efficiency measure. The NYS DOH assessed the nursing homes on their performance in all components of the NHQP as compared to their peers. Determinations of fraud or abuse by the Attorney General's office or specific deficiencies cited during the health inspection survey process were also incorporated into the results.

The NHQP is worth 100 points; the Quality Component is worth 60 points, and the Compliance and Efficiency Components are each worth 20 points. Facilities were awarded points for each measure based on their performance. For some measures, the facilities were put into quintiles and awarded points accordingly. Other measures were based on meeting threshold values, where a facility could receive only maximum points or zero points. The points for all measures were then summed to create an overall score for each facility. Facilities were ranked into quintiles based on their overall scores. Quintile one represents the top performing facilities and these facilities earn approximately 50% of the pool dollars. Facilities in quintile two and three also receive awards, but a smaller percentage. Facilities in quintile four and five do not receive any awards from the pool. Facilities with certain types of deficiencies during their health inspection surveys or a determination of fraud or abuse by the Attorney General's Office are not eligible for quality pool awards.

The quintile ranking below is a spreadsheet that contains worksheets for each quintile, nursing homes that are ineligible for a quality pool award, and nursing homes that were excluded from the NHQP for various reasons. The nursing homes are sorted alphabetically by quintile. All nursing homes in a quintile are considered to be the same in terms of quality and performance. Please refer to the methodology for more information on these ineligibility and exclusion criteria.

Please note that the NHQP is pending CMS SPA approval. Payment distribution has not gone into effect and is dependent on approval from CMS.

#### Information and Results for the 2013 Nursing Home Quality Pool

- [Methodology \(PDF, 137KB\)](#)
- [NHQP Quintile Ranking \(XLS, 128KB\)](#)

# Resources

## Resources:

- DSRIP:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/](http://www.health.ny.gov/health_care/medicaid/redesign/)
- NHQP:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/nursing\\_home\\_quality\\_pool.htm](http://www.health.ny.gov/health_care/medicaid/redesign/nursing_home_quality_pool.htm)

Thank You



Questions?

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