New York State Department of Health Nursing Home Quality Pool 2013 Methodology

Updated December 9, 2013

The 2013 Nursing Home Quality Pool is comprised of three areas: **[1]** quality measures, **[2]** compliance with reporting, and **[3]** potentially avoidable hospitalizations.

Quality Measures (60 points)

Quality measures are calculated from MDS 3.0 data, the NYS employee flu vaccination data, nursing home cost report data for the annual level of temporary contract/agency staff used, and the CMS five-star quality rating for staffing.

- The allotted 60 points for quality are distributed evenly for all quality measures.
- Four quarters of 2012 MDS 3.0 data are used.
- The quintiles are based on the same measurement year of the results. Therefore only a certain number of nursing homes are able to achieve these quintiles for each measure. The results are not rounded until after determining the quintile for measures. For measures with very narrow ranges of performance, two facilities may be placed in different quintiles and receive different points, but after rounding, the facilities may have the same rate.
- For the 2014 quality pool, nursing homes will be rewarded for achieving high performance as well as improvement from previous years' performance. As an example, assuming each quality measure is worth 4.29 points, the distribution of points based on two years of performance is shown below. (This methodology does not apply to the benchmarking 2012 quality pool (QP) because trend data is not available.)

Quality Point grid for Attainment and Improvement

	Year 1 Performance					
Year 2 Performance	Quintiles	1	2	3	4	5
	1 (best)	4.29	4.29	4.29	4.29	4.29
	2	2.56	2.56	3.41	3.41	3.41
	3	0.85	0.85	0.85	1.7	1.7
	4	0	0	0	0	0.85
	5	0	0	0	0	0

Year 1=2013 Year 2=2014

- **Rewarding of improvement will not go into effect until the 2014 quality pool.**
- If 2014 QP performance is in the second quintile, which is an improvement from 2013 when it was in the third quintile, the facility will receive 3.41 points for the measure. This is 2.56 points for attaining the second quintile and 0.85 point for improvement from the third quintile

The 14 quality measures for the 2013 QP are shown in the table below.

Quality Measures for 2013 Quality Pool

Number	Staffing Measures	Notes
1	Annual level of temporary contract/agency staff used	Maximum points are awarded if the rate is less than 10%, and zero points if the rate is 10% or greater. **Staffing hours associated with specialty beds are included in the denominator of this measure due to the level of data available on the cost report schedule used for contract staff.**
2	CMS five-star quality rating for staffing	As of April 1, 2013
	NYS-Specific Measure	
3	Percent of employees vaccinated for the flu - annually reported to the Bureau of Immunization*	
	MDS 3.0 Quality Measures	
4	Percent of long stay high risk residents with pressure ulcers	Risk adjusted by the New York State Department of Health (NYS DOH)
5	Percent of long stay residents assessed and given, appropriately, the pneumococcal vaccine*	Maximum points are awarded if the rate is 85% or greater, and zero points if the rate is less than 85%
6	Percent of long stay residents assessed and given, appropriately, the seasonal influenza vaccine*	Maximum points are awarded if the rate is 85% or greater, and zero points if the rate is less than 85%
7	Percent of long stay residents experiencing one or more falls with major injury	
8	Percent of long stay residents who have depressive symptoms	
9	Percent of long stay low risk residents who lose control of their bowel or bladder	
10	Percent of long stay residents who lose too much weight	Risk adjusted by the NYS DOH
11	Percent of long stay residents who received an antipsychotic medication.	In addition to the exclusions put forth by CMS, NYS excludes the diagnosis of bipolar disorder/manic depression
12	Percent of long stay residents who self-report moderate to severe pain	Risk adjusted by the NYS DOH
13	Percent of long stay residents whose need for help with daily activities has increased	
14	Percent of long stay residents with a urinary tract infection	

*a higher rate is better

Annual level of temporary contract/agency staff used

After the first HCS posting of the 2013 Nursing Home Quality Pool results on November 13, 2013, an error was discovered in the calculation of the Annual Level of Temporary Contract/Agency Staff. The contract hours associated with cost centers other than the nursing facility cost center were being included in the measure calculation. To work around this problem DOH employed the following method:

- If DOH was able to determine the number of hours associated with only the nursing facility from the cost center information on Schedule O, the rate was recalculated.
- If there was not enough information on Schedule O to determine the number of hours associated with only the nursing facility, the measure was suppressed and the points were redistributed across the remaining quality measures.

This method was performed **only** on facilities with an original annual level of temporary contract/agency staff of 10% or higher. Facilities with less than 10% were not included in the method because a rate of less than 10% receives full points for the measure. Because these facilities were not included, their reported rates may include contract hours associated with cost centers other than the nursing facility.

Facilities impacted by Superstorm Sandy – Percent of employees vaccinated for the flu

Superstorm Sandy had an impact on some facilities' ability to immunize their healthcare workers. For these facilities, the methodology regarding this data was modified as follows:

- The employee flu vaccination measure was suppressed if it resulted in a higher overall score for the facility affected. In this case, the quality points were redistributed across the remaining quality measures.

Compliance (20 points)

The compliance component consists of three areas: CMS' five-star quality rating for health inspections, timely submission of nursing home certified cost reports, and timely submission of employee flu immunization data.

The proposed measures of the compliance component are shown in the table below.

Category	Measure Description	Timeframe	Points
CMS Five-Star Quality Rating for Health Inspections	CMS' facility ratings for the health inspections domain are based on the number, scope, and severity of the deficiencies identified during the three most recent annual inspection surveys, as well as substantiated findings from the most recent 36 months of complaint investigations. All deficiency findings are weighted by scope and severity. This measure also takes into account the number of revisits required to ensure that deficiencies identified during the health inspection survey have been corrected.	CMS Five-Star for Health Inspection Scores as of April 1, 2013	**Ten** points are awarded for obtaining five stars or the top 10 percent (lowest 10 percent in terms of health inspection deficiency score). **Seven** points for obtaining four stars, **four** points for obtaining three stars, **two** point for obtaining two stars, and **zero** points for one star.
Timely submission of nursing home certified cost reports	Failure to file timely, certified, and complete Nursing Home cost reports for 2012 to the NYS DOH by the deadlines of August 16, 2013 for calendar year filers, and 9/30/2013 for fiscal year filers.	2012 Nursing Home cost reports	**Five** points for timely, certified and complete submission of the 2012 cost report.
Timely	Failure to submit timely data to the NYS DOH	Nursing Home	**Five** points for timely

submission of employee flu immunization data	Bureau of Immunization on Employee health worker annual flu immunization by the deadline of May 1, 2013.	Employee Flu Immunization data for September 1, 2012 - March 30, 2013	submission of immunization data.

Facilities impacted by Superstorm Sandy – Timely submission of employee flu immunization data

Superstorm Sandy had an impact on some facilities' ability to submit their employee immunization data by the designated deadline. For these facilities, the methodology regarding this data was modified as follows:

- Facilities that did not submit timely employee flu immunization data were not penalized. In these cases, the points were redistributed to the timely submission of nursing home certified cost reports measure. This measure was worth 10 points instead of five.

Potentially Avoidable Hospitalizations (20 points)

- NYS DOH has developed a potentially preventable hospitalization quality indicator that is based upon the Nursing Home Value Based Purchasing (NHVBP) demonstration.
- MDS 3.0 data are utilized.
- Only long stay nursing home episodes (101 days or more) are used.
- Nursing home episodes are constructed based on assessments from January 1, 2012 through December 31, 2012. Hospitalizations from the nursing home are identified and the hospital discharge record found in SPARCS. The hospitalization is identified as potentially avoidable or not, based on diagnoses criteria. Rates are calculated for each nursing home by dividing the total number of potentially avoidable hospitalizations by the total number of long stay episode days in that nursing home (lower rates are better). Rates are risk adjusted.

Category	Measure Description	Timeframe	Points
Potentially Avoidable Hospitalizations	The number of potentially avoidable hospitalizations per 10,000 **long stay** episode days	January 1, 2012 – December 31, 2012	**20** points are awarded for obtaining the first quintile. **16** points for obtaining the second quintile, **12** points for the third quintile, **four** points for the fourth quintile, and **zero** points for the fifth quintile

Determination of non-eligibility

Facilities that meet at least one of the following two conditions are not eligible for quality pool distributions in 2013, regardless of their quality score.

1. **Level J/K/L Deficiencies**

2013 NHQP

- Deficiency data shows a level J/K/L deficiency between January 1 of the measurement year (2012) and June 30 of the payment year (2013).
- Deficiencies were assessed on October 1, 2013 to allow a three-month window (after the June 30, 2013 cutoff date) for potential Informal Dispute Resolutions (IDR) to process.
- Any **new** J/K/L deficiencies between July 1, 2013 and September 30, 2013 are **not** included in the 2013 NHQP.

2014 NHQP and later

- Deficiency data shows a J/K/L deficiency between July 1 of the measurement year and June 30 of the payment year.
- Deficiencies will be assessed on October 1 of the payment year to allow a three-month window for potential IDRs to process.
- Any **new** J/K/L deficiencies between July 1 and September 30 of the payment year will **not** be included in the NHQP.

2. Fraud or Abuse Charges

- Facilities that have a determination of either fraud or abuse from a case that closed in the measurement year (2012) or the payment year (2013) are ineligible for payment. The ineligibility criteria exclude cases of larceny.
- Determinations of fraud or abuse are made by the Attorney General's Medicaid Fraud Control Unit.

Exclusions

The following types of facilities will be excluded from the QP and will not be eligible for payment:

- Non-Medicaid facilities
- Any facility designated by CMS as a Special Focus Facility at any time during the measurement year (2012) or the payment year (2013), prior to the final calculation of the 2013 quality pool
- Specialty facilities
- Specialty units within a nursing home (i.e. AIDS, pediatric specialty, traumatic brain injury, ventilator dependent, behavioral intervention)
- Continuing Care Retirement Communities
- Transitional Care Units

2013 Payment Methodology*

A table of the payment methodology is shown below. A facility's per diem quality adjustment will be based on the quintile assignment and its total Medicaid days in 2012. **Facilities in the fourth and fifth quintiles will not receive payment.**

Distribution of Quality Pool and Quality Payments			
Final Quintile	**A Facility's Medicaid Revenue Multiplied by Award Factor**	**B Share of $50 Million Quality Pool Allocated to Facility**	**C Facility Per Diem Quality Payment**
1st Quintile	Each facility's 2012 Medicaid days x 2013 Medicaid Rate as of January 1, 2013 = Total Medicaid Revenue multiplied	Each facility's column A Divided by Sum of Total Medicaid Revenue, Multiplied by $50 million	Each facility's column B divided by the facility's 2012 Medicaid days

	by an award factor of **3**		
2nd Quintile	Each facility's 2012 Medicaid days x 2013 Medicaid Rate as of January 1, 2013 = Total Medicaid Revenue multiplied by an award factor of **2**	Each facility's column A Divided by Sum of Total Medicaid Revenue, Multiplied by $50 million	Each facility's column B divided by the facility's 2012 Medicaid days
3rd Quintile	Each facility's 2012 Medicaid days x 2013 Medicaid Rate as of January 1, 2013 = Total Medicaid Revenue multiplied by an award factor of **1**	Each facility's column A Divided by Sum of Total Medicaid Revenue, Multiplied by $50 million	Each facility's column B divided by the facility's 2012 Medicaid days
Total	Sum of Total Medicaid Revenue for all facilities	Sum of quality pool funds: $50 million	--

***Payment of the 2013 NHQP is pending CMS approval**

For more information about the payment methodology, please contact the Bureau of Finance at **nfrates@health.state.ny.us**. All email correspondence to the Bureau of Finance should include the facility name in the subject line, along with the operating certificate number, the sender's phone number, and question(s) in the body of the email.

For more information about the quality pool methodology, please contact the Office of Quality and Patient Safety at **NHQP@health.state.ny.us**.