



NURSING FACILITY VBP PROGRAM UPDATE

JCHC Meeting
August 17, 2022

Agenda

- ❑ Program Methodology
- ❑ Baseline NF VBP Dashboard
- ❑ Update on NF Quality Improvement Program

Nursing Facility Value Based Purchasing

Value-based purchasing refers to a range of policies that use both financial and non-financial incentives to drive strong performance within the health care system.

Nursing Facility VBP aligns financial incentives to reward performance attainment and improvement for **staffing and avoidance of negative events**.



Rewards are proportional to performance attainment (higher attainment, higher reward), and



Improvement is incentivized at all levels to encourage improvement across the performance continuum.



Funding Updates

DMAS incorporated the Budget updates from the GA 2022 special session to the NF VBP program methodology for SFY23.

- ✓ The overall program funding for SFY23 increased to \$118,622,500.
 - Quality of Care Investment (guaranteed funding): \$59,311,250
 - Performance Payment Funding: \$59,311,250
- ✓ The Quality of Care investment will be distributed as a regular per diem enhancement of \$10.49.

Performance Measure & Weights, SFY23

To encourage staffing improvement, staffing measures account for 40% of total performance and the avoidance of negative care event measures can be improved with improved staffing.

| Domain | Measure | Description | Weight |
|--|---|--|--------|
| Staffing  | Days without Minimum RN Staffing | Facility reported RN staffing hours each day within a quarter. Required standards addressed 42 CFR§ 483.35(b). | 20% |
| | Total Nurse Staffing, Case-Mix Adjusted | Total nurse staffing hours per resident day within a quarter, adjusted for case-mix. | 20% |
| Avoidance of Negative Care Events  | Number of Hospitalizations per 1,000 Long-Stay Resident Days | Number of unplanned inpatient admissions or outpatient observation stays that occurred during a one-year period among long-stay residents. | 15% |
| | Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days | Number of all-cause outpatient ED visits occurring in a one-year period while the individual is a long-term NH resident. | 15% |
| | Percentage of long-stay High-Risk Residents with Pressure Ulcers | Percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers. | 15% |
| | Percentage of long-stay Residents with a Urinary Tract Infection (UTI) | Percentage of long-stay residents who have had a UTI within the past 30 days. | 15% |

} 40%

Baseline NF VBP Dashboard

Nursing Facility VBP Dashboard Audiences

The NF VBP Dashboard can serve the needs of many audiences.

Nursing Facilities in the program

- Static reports for facilities to view their performance.
- Facilities can see how they perform on performance measures against other facilities and the measure thresholds.
- Facilities can see their improvement over time.

VBP office

- Analyze facility and program performance to support data-driven decisions.

Legislature

- View nursing facilities performance on staffing and avoidance of negative care events.

General Public

- View nursing facilities performance on staffing and avoidance of negative care events.

Nursing Facility Report Card

An individual facility view of performance and associated payments.

Year:
 Measure(s):
 Facility:

ABINGDON HEALTH CARE LLC,

| | | |
|--------------------------------|--------------|---------------|
| Attributed MCO to Make Payment | Program Year | Medicaid Days |
|--------------------------------|--------------|---------------|

MCO Name: _____ Baseline Year: _____ Medicaid Days: 23,134

| | | | |
|------------------------------------|--|--------------------------------|---------------------|
| Total Possible Performance Payment | Total Attainment and Improvement Payment | Performance Attainment Payment | Improvement Payment |
| \$0 | \$0 | \$0 | \$0 |

Total February Payment: \$0

| Measure | Program Year | Threshold Met (Below, Fair, Better, Best) | Measure Result | Attainment Payment | Improvement Payment | Total Performance Payment |
|-------------------------|---------------|---|----------------|--------------------|---------------------|---------------------------|
| Days without 8 RN Hours | Baseline Year | Best | 0.00 | \$0 | \$0 | \$0 |
| Pressure Ulcers | Baseline Year | Best | 5.17 | \$0 | \$0 | \$0 |
| Urinary Tract Infection | Baseline Year | Fair | 2.42 | \$0 | \$0 | \$0 |
| Weighted Case Mix Hours | Baseline Year | Best | 3.43 | \$0 | \$0 | \$0 |

Total May Payment: \$0

| Measure | Program Year | Threshold Met (Below, Fair, Better, Best) | Measure Result | Attainment Payment | Improvement Payment | Total Performance Payment |
|------------------|---------------|---|----------------|--------------------|---------------------|---------------------------|
| ED Visits | Baseline Year | Best | 0.15 | \$0 | \$0 | \$0 |
| Hospitalizations | Baseline Year | Better | 1.24 | \$0 | \$0 | \$0 |

Nursing Facility Performance Payments

A multi-facility view of performance and associated payments.

Facility Name(s)
 Year
 Measure(s)
 Threshold(s)

Performance Attainment Payment

\$0

Total Improvement Payment

\$0

Payment and Measure Detail

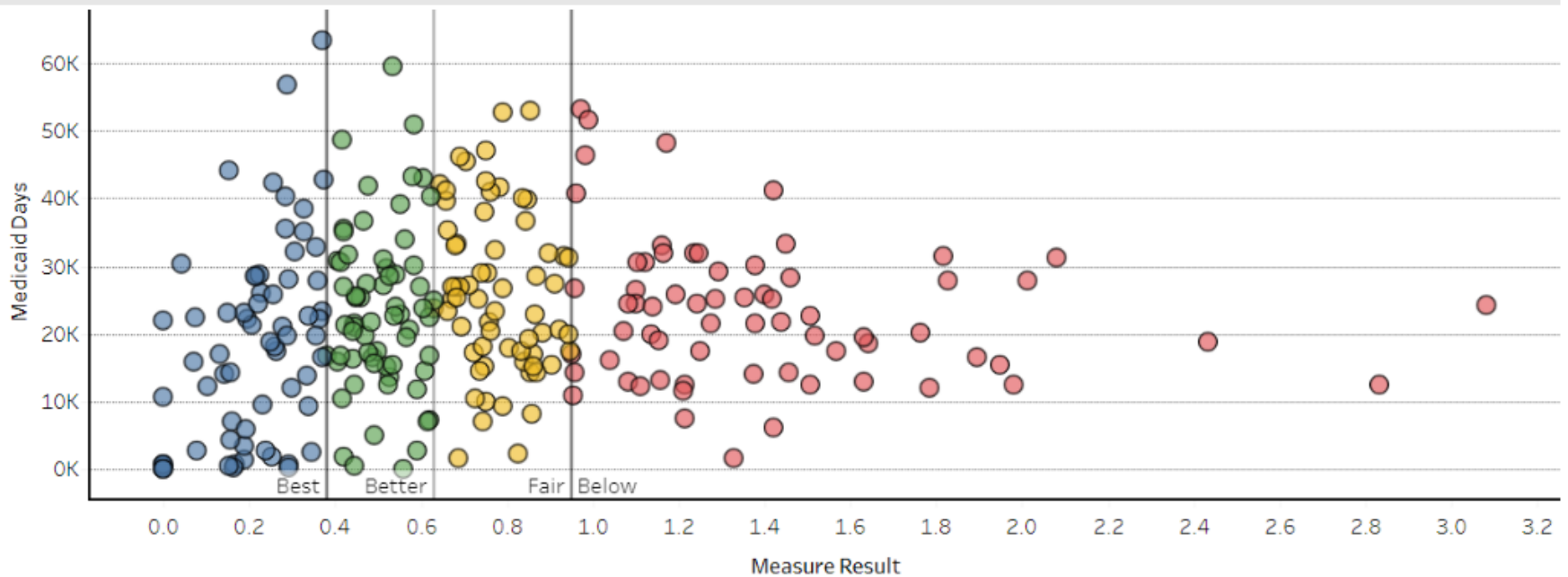
| Facility Name | Program Year | Payment Month | Measure | Measure Result | Threshold Met (Below, Fair, Better, Best) | Qualified for Improvement Threshold (Yes, No) | Attainment Payment | Improvement Payment |
|------------------------------------|---------------|------------------|-------------------------|----------------|---|---|--------------------|---------------------|
| ABINGDON HEALTH CARE LLC | Baseline Year | February | Days without 8 RN Hours | 0.00 | Best | Null | \$0 | \$0 |
| | | | Pressure Ulcers | 5.17 | Best | Null | \$0 | \$0 |
| | | | Urinary Tract Infection | 2.42 | Fair | Null | \$0 | \$0 |
| | | | Weighted Case Mix Hours | 3.43 | Best | Null | \$0 | \$0 |
| | May | ED Visits | 0.15 | Best | Null | \$0 | \$0 | |
| | | Hospitalizations | 1.24 | Better | Null | \$0 | \$0 | |
| ACCORDIUS HEALTH AT BAY POINTE LLC | Baseline Year | February | Days without 8 RN Hours | 17.00 | Below | Null | \$0 | \$0 |
| | | | Pressure Ulcers | 11.97 | Below | Null | \$0 | \$0 |
| | | | Urinary Tract Infection | 1.61 | Better | Null | \$0 | \$0 |
| | | | Weighted Case Mix Hours | 3.45 | Best | Null | \$0 | \$0 |
| | May | ED Visits | 1.42 | Below | Null | \$0 | \$0 | |
| | | Hospitalizations | 1.55 | Fair | Null | \$0 | \$0 | |
| ACCORDIUS HEALTH AT COURTLAND | Baseline Year | February | Days without 8 RN Hours | 10.00 | Better | Null | \$0 | \$0 |
| | | | Pressure Ulcers | 10.34 | Fair | Null | \$0 | \$0 |
| | | | Urinary Tract Infection | 4.17 | Fair | Null | \$0 | \$0 |

Distribution of Nursing Facilities based on Medicaid Days and Measure Result

Year: Measure: Threshold(s): Facility:

Threshold
Best Better Fair Below

Selected Measure for Baseline Year: ED Visits (Visits per 1,000 Long-stay Resident Days)

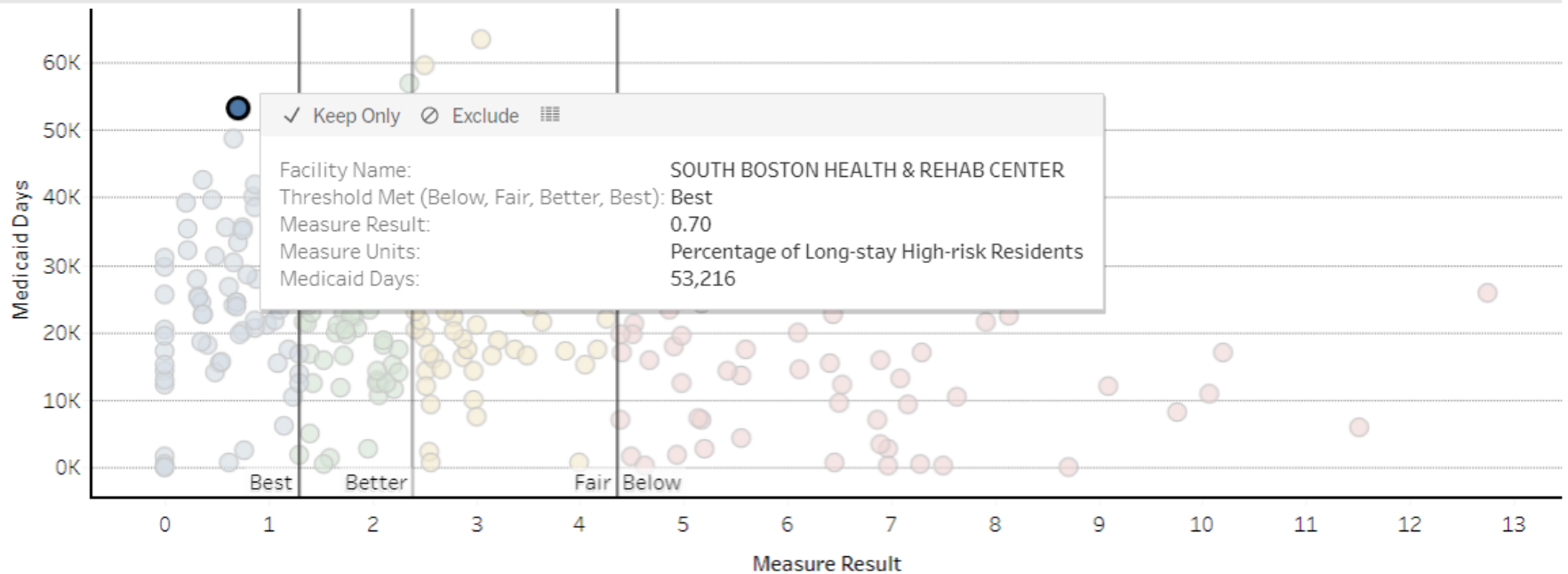


Distribution of Nursing Facilities based on Medicaid Days and Measure Result

Year:
 Measure:
 Threshold(s):
 Facility:

Threshold
 Best Better Fair Below

Selected Measure for Baseline Year: Urinary Tract Infection (Percentage of Long-stay High-risk Residents)



NF Quality Improvement Program

Nursing Facility Quality Improvement Program

Update

- Actively recruiting for a new full time Program Coordinator to serve as subject matter expert and project manager; reporting directly to Deputy Director of Complex Care Services.
- Development of program design will contemplate analysis of existing program landscape in other states in addition to results from the Virginia Gold Quality Improvement Program pilot project.

Questions