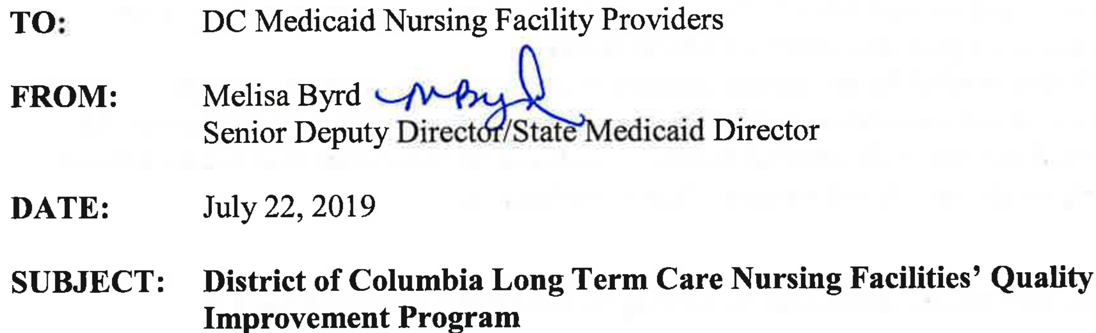
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director/Medicaid Director **Transmittal # 19-17**



TO: DC Medicaid Nursing Facility Providers

FROM: Melisa Byrd
Senior Deputy Director/State Medicaid Director

DATE: July 22, 2019

SUBJECT: **District of Columbia Long Term Care Nursing Facilities' Quality Improvement Program**

The purpose of this transmittal is to outline changes to the DHCF Quality Improvement Program (QIP) for FY 2020 to update, revise and remove quality performance measures as appropriate for nursing facility provider participants. Secondary to these changes, the point allocation which determines a facility's total score on an annual basis will also be updated to coincide with the new measures.

Description:

In FY 2018, DHCF published an amendment to Chapter 65 of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR) entitled "Medicaid Reimbursement to Nursing Facilities" which included the creation of a new quality improvement program, establishing mandatory reporting and a performance payment for participating District nursing facilities that either demonstrate improvement or maintain a high level of performance across a set of quality improvement measures.

The rule also set forth provisions for updating the required performance measures as well as the scoring methodology for those measures. In addition, the rule established the authority and provided notice that DHCF reserved the right to update performance measures, subject to the requirement that any changes must be shared in a transmittal to providers no later than 60 days before the beginning of the next measurement year (MY), which begins October 1.[1]

The current measures in the QIP need to be updated for a variety of reasons:

1. It is possible for a nursing facility provider to have very few patients in its denominator for one or more performance measures. However, per NCQA guidelines, there must be a

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[1] *See* Section 6525.5 of 29 DCMR: DHCF reserves the right to change performance measures, measure specifications, and participation requirements. DHCF will notify nursing facilities of the performance measures, measure specifications, and any changes through transmittals issued to the nursing facilities no later than sixty (60) calendar days prior to October 1st of each measurement year (MY).

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denominator with an "n" greater than or equal to 30 to calculate a valid rate as well as quality benchmarks.
2. Overall performance on certain measures have exceeded the national average and thus there is a very small window for improvement.
3. Upon completion of the baseline period and initial measurement period we have found that certain measures needed further clarity and refinement relative to determining what criteria is used to establish whether the nursing facility has documented sufficient evidence to support attainment of certain measures.
4. DHCF also would like to increase alignment of quality improvement priorities with DC Health's Health Regulation and Licensing Administration (HRLA) that oversees the Nursing Facilities to ensure that facilities can focus on those areas that are the biggest priority for the health and welfare of our beneficiaries.

These changes will require updates to the scoring methodology. See attachment A.

Small Denominators

Current Measure	Domain	Recommendation	Rationale
1. Low-acuity Non-emergent ED visits	Utilization	Retire	Ineffective for structural system changes. Denominator below 30. Will continue to monitor
2. All-cause 30-day Readmissions	Utilization	Retire	Ineffective for structural system changes. Denominator below 30. Will continue to monitor
3. Potentially Preventable Hospital Admissions	Utilization	Retire	Ineffective for structural system changes. Denominator below 30. Will continue to monitor

High Performing Measures

Current Measure	Domain	Recommendation	Rationale
1. Percentage of long-stay residents who received an antipsychotic medication	Quality of Care	Retire	DC Average 10.7% and national average 14.8%. DC already outperforms the nation with this measure. Will continue to track.
2. Percent of long-stay residents with a urinary tract infection	Quality of Care	Pending Outcome	DC Average 3.0% and national average 2.9%. DC is close to at pace with national average. Recommend retiring this measure if the final 2019 performance is well below (at least one percentage point) the national average.

3. Percent of long-stay residents experiencing one or more falls with major injury	Quality of Care	Retire	DC Average 1.2% and national average 3.4%. DC already outperforms the nation with this measure. Will continue to track.
4. RN hours per resident day	Infrastructure	Retire	DC Average 1 hr. and 23 minutes and national average is 40 minutes DC already outperforms the nation with this measure due to DC requirements. Will continue to track.

Methodology Changes

Current Measure	**Domain**	**Recommendation**	**Rationale**
1. Staff Turnover	Infrastructure	Revise	Update methodology to calculate actual turnover rate utilizing an individual turnover rate, whereas currently there is a straight calculation of total number of employees.
2. Quality Improvement Plan (*This measure will be retired in FY2020 and will become a participation requirement for the NFQII program.*)	Infrastructure	Revise	Revise to measure implementation/integration of QIP and alignment with Federal guidelines. Current process is, determining whether the facility has a QIP in place regardless of whether that QIP follows the federal guidelines; it does not measure implementation of that plan.
3. Certified EHR Adoption *(NFQII only)*	Infrastructure	Revise	Align with HCRIA HIE initiatives for implementation of technology into daily practice to improve quality of care delivery.
4. Enrollment and Integration in the Chesapeake Regional Information System for our Patients (CRISP) to receive ENS *(NFQII only)*	Infrastructure	Revise	Align with HCRIA HIE initiatives and technical assistance for implementation of technology into daily practice to improve quality of care delivery, including (but not limited to) accurate daily census.

cc: Medical Society of the District of Columbia
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers

Attachment A – Measure Methodology

Current Measure	Domain	Measure Description	Measure Steward	Measure Specification	Scoring
1. Percent of high risk, long-stay residents with pressure ulcers	Quality of Care	This measure captures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.	CMS	*Numerator* All residents with a selected target assessment that meets *both* of the following conditions: 1. Condition #1: There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition below. 2. Condition #2: Stage II-IV pressure ulcers are present, as indicated by *any* of the following three conditions: 2.1 M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] *or* 2.2. M0300C1 =[1, 2, 3, 4, 5, 6, 7, 8, 9] *or* 2.3. M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], *or* 2.4 Any of additional active diagnoses is a Stage II-IV ulcer ICD-9 (I8000 = [707.22, 707.23, 707.24]). *Denominator* All residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet *one or more* of the following three criteria on the target assessment: 1. Impaired bed mobility or transfer indicated, by *either or both* of the following: 2. 1.1. Bed mobility, self-performance (G0110A1) = [3, 4, 7, 8]. 3. 1.2. Transfer, self-performance (G0110B1) = [3, 4, 7, 8]. 4. Comatose (B0100 = [1])	5

				5. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked). *Exclusions* 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) AND *any* of the following conditions are true: a. M0300B1 = [-] b. M0300C1 = [-] c. M0300D1 = [-].	
2. Percent of low risk long-stay residents who lose control of their bowels or bladder		The measure reports the percent of long-stay residents who frequently lose control of their bowel or bladder.	CMS	*Numerator* Long-stay residents with a selected target assessment that indicates frequently or always incontinence of the bladder (H0300 = [2, 3]) or bowel (H0400 = [2, 3]). *Denominator* All long-stay residents with a selected target assessment, except those with exclusions. *Exclusions* 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Resident is not in numerator and H0300 = [-] OR H0400 = [-]. 3. Residents who have any of the following high risk conditions: a. Severe cognitive impairment on the target assessment as indicated by (C1000 = [3] and C0700 = [1]) OR (C0500 ≤ [7]). b. Totally dependent in bed mobility self-performance (G0110A1 = [4, 7, 8]).	5

				c. Totally dependent in transfer self-performance (G0110B1 = [4, 7, 8]). d. Totally dependent in locomotion on unit self-performance (G0110E1 = [4, 7, 8]). 4. Resident does not qualify as high risk (see #3 above) and *both* of the following two conditions are true for the target assessment: a. C0500 = [99, ^, -], *and* b. C0700 = [^, -] *or* C1000 = [^, -]. 5. Resident does not qualify as high risk (see #3 above) and *any* of the following three conditions are true: a. G0110A1 = [-] b. G0110B1 = [-] c. G0110E1E = [-]. 6. Resident is comatose (B0100 = [1]) or comatose status is missing (B0100 = [-]) on the target assessment. 7. Resident has an indwelling catheter (H0100A = [1]) or indwelling catheter status is missing (H0100A = [-]) on the target assessment. 8. Resident has an ostomy (H0100C = [1]) or ostomy status is missing (H0100C = [-]) on the target assessment.	
(New) Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia.		This measure reports the percent of long-stay residents who received the pneumococcal polysaccharide vaccine (PPV) during the 12-month reporting period.	CMS	*Numerator* Residents meeting the following criteria on the selected target assessment: 1. PPV status is up to date (O0300A = [1]). *Denominator* All long-stay residents with a selected target assessment.	5
				Domain Total	**15**
6. Resident/ Family Satisfaction Survey	Quality of Life	Resident/family reported satisfaction with care and services received at the facility	AHRQ	The survey will document resident/family satisfaction with the services provided by the nursing facility. The survey will be: • A standardized tool; and • Annually administered and tabulated by an external entity from the nursing facility and DHCF.	5

				A summary report and response rate will be made publicly available.	
7. End of Life Program		Participation in Consortium to refine requirements across spectrum of care delivery systems including hospital and FEMS in FY 2019 and compliance with requirements 2020	DHCF	Combined Rate of policy review for compliance and chart review of no less than 10 randomly selected resident records	5
				Domain Total	**10**
DC Health Inspection ratings	Regulatory Compliance	Percentage of compliance with any DC Health Inspection citation of 2 (minimal harm or potential for actual harm) within the quality of life or quality of care areas	HRLA/ DHCF	*Numerator* Number of citations now in compliance *Denominator* Number of citations in the Quality of Care or Quality of Life areas sited for minimal harm or potential for actual harm or greater	40
				Domain Total	**40**
11. Staff Continuing Education in MDS Training	Infrastructure	Percentage of staff trained at least annually in appropriate MDS assessment and documentation	DHCF	*Numerator* Number of staff trained annually *Denominator* Number of staff who complete the MDS	5
12. Staff Turnover		Percentage of direct care staff who have been terminated during the measurement period	DHCF	*Numerator* Number of direct care staff who continue to be employed at the end of the measurement period *Denominator* All direct care staff *Direct care staff - All full-time, part-time, permanent, short-term, seasonal, salaried and hourly RN, LPN, and CNA staff. Staff of temporary agencies and outside contractors are not included.	5

				Terminated - Any person who is no longer employed by the nursing facility for any reason.	
14. Quality Improvement Plan (*This measure will be retired in FY2020 and will become a participation requirement for the NFQII program.*)		Percentage of compliance with Federal Requirement for QAPI programs for nursing facilities	DHCF/ ACA	*Numerator* Number of areas in compliance with regulations set for in the Affordable Care Act for nursing facilities *Denominator* Total number of requirements	5
1. Certified EHR Adoption *(NFQII only)*		Revise to measure implementation/integration of QIP and alignment with Federal guidelines. Current process is does the facility have a QIP in place	DHCF	Align with HCRIA HIE initiatives for implementation of technology into daily practice to improve quality of care delivery	10
2. Enrollment and Integration in the Chesapeake Regional Information System for our Patients (CRISP) to receive ENS *(NFQII only)*		Revise to measure Enrollment in Chesapeake Regional Information System for our Patients (CRISP). NFQII participants demonstrate ability to receive encounter notifications (Tier 1 Connectivity) and send encounter data (Tier 2 Connectivity)	DHCF	Align with HCRIA HIE initiatives and technical assistance for implementation of technology into daily practice to improve quality of care delivery, including (but not limited to) accurate daily census.	10
				Domain Total:	**35**
				Total Possible Points:	**100**