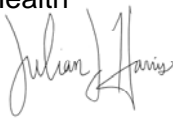




**MassHealth
Nursing Facility Bulletin 134
November 2012**

TO: All Nursing Facilities Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director 
RE: **Nursing Facility Pay for Performance (NF P4P) Program for Fiscal Year (FY) 2013**

Background

The purpose of this bulletin is to describe the MassHealth Nursing Facility Pay for Performance (NF P4P) Program for Fiscal Year 2013 (FY13) and the requirements nursing facilities must meet in order to participate in and receive incentive payments under that program.

Participation in the program is voluntary. Interested facilities must submit an application by **February 6, 2013**, as further described in this bulletin.

About the Program

The intent of the NF P4P program is to reward nursing facilities for excelling in or improving the quality of services they provide to MassHealth members as well as for facilities to report on consistent staff assignment model of care.

The program awards incentive payments to eligible nursing facilities in an effort to improve quality of care within facilities. Funding is based on the total budget for the NF P4P program (\$2.8 million) and the number of facilities that apply and meet the threshold requirements as well as achieving certain performance levels on a selected quality measure. The payout (\$2.8 million) will be split between the program's two components: Consistent Assignment (\$1.4 million) and Quality Measure (\$1.4 million).

MassHealth will determine the number of facilities that qualify and the amounts of incentive payments to be made to those qualifying facilities based on the criteria set forth below.

Program Participation Requirement

Participation in the NF P4P program is a three-step process. Participation in FY13 is open to all nursing facilities. All facilities must meet program participation requirements, including those facilities that qualified for participation in FY12.

(continued on next page)

Program Participation Requirement
(cont.)

First, nursing facilities must meet certain threshold requirements (see Step 1: Threshold Requirements below). Upon meeting these thresholds, they must complete and submit the application in the prescribed format (see Step 2: Application Requirements below). Applications are due to MassHealth on **February 6, 2013**.

Nursing facilities received their baseline performance score from the selected Nursing Home Compare quality measure in the beginning of October 2012 (Quality Measure Baseline Report). **Due to the Centers for Medicare & Medicaid Services (CMS) data processing schedule, calculated scores from Quarter 4, 2011 (October through December) were sent to facilities before this bulletin announcement.**

Additionally, Quality Measure Comparison Reports with the baseline performance score, attainment threshold, high performance threshold and results will be disseminated in May 2013 (see Step 3: Quality Measure).

Step 1: Threshold Requirements

To be considered eligible for the program, nursing facilities must meet the following five threshold requirements for the program.

1. Facilities must not have an immediate jeopardy designation by the Massachusetts Department of Public Health, or be designated by CMS as a special focus facility between July 1, 2012, and June 30, 2013.
2. Facilities must be enrolled as a MassHealth nursing facility for at least one day between July 1, 2012, and June 30, 2013.
3. Facilities must have at least one paid MassHealth day during the measurement year of FY13 (July 1, 2012, through June 30, 2013).
4. Facilities must demonstrate the existence of the Cooperative Effort policy.

A Cooperative Effort policy is defined as the establishment of a committee whose purpose is to help improve quality of care within a facility for the NF P4P program.

- a. The MassHealth NF P4P program does not envision that individual nursing facilities will create a new committee for this program. The policy can leverage the resources used for the Quality Assurance Committee (QC) that currently exists within facilities to focus on quality improvement efforts on a consistent staff assignment model of care and that, at a minimum,
 - i. has at least quarterly meetings;
 - ii. for all committee discussions about the MassHealth NF P4P program, must
 1. **include at least one certified nursing assistant (CNA)/geriatric nursing assistant (GNA)**. The goal of the program is to have a balanced number of managers and non-licensed direct care staff attending the QC meetings when discussing the P4P program; and

Step 1: Threshold Requirements
(cont.)

2. occur before the facility submits the application by **February 6, 2013**.
 - iii. Additional staff that attend the QC meetings for other items not related to the NF P4P program can leave the committee meeting once the program components are discussed.
 - b. Demonstration of the Cooperative Effort policy
 - i. The facility will sign and return to MassHealth an attestation (see Attachment A), indicating compliance with this policy, as defined above in item 4(a). Facilities may use electronic signatures to formally sign the attestation. Along with the attestation, the facility will also submit a copy of its written Cooperative Effort policy and minutes from the last QC meeting. Minutes must be typed and not handwritten, and include names, titles, and signatures of the key members attending the meeting. Information in the minutes that do not pertain to the MassHealth NF P4P program must be redacted from the minutes submitted to MassHealth. **Please review Attachment B, which is a sample application, before completing the FY13 program application.**
 - ii. The facility will extend full cooperation to MassHealth, if audited, to ensure that the policy is as defined in item 4(a) above and contains the documentation indicated in 4(b)(i) above.

This may include, but is not limited to

 1. review of documentation about the QC that consists of
 - a. committee roster;
 - b. meeting agendas;
 - c. meeting minutes; and
 - d. other documentation that MassHealth deems appropriate to determine the existence of the committee and its focus on quality improvement efforts on consistent staff assignment; and
 2. on-site audit activities such as:
 - a. interviewing staff involved in committee to validate participation in the committee and involvement developing quality improvement projects focused on consistent assignment; or
 - b. other relevant activities as determined by Office of Long Term Services and Supports (OLTSS).
5. Nursing facilities must enroll in the Advancing Excellence in America's Nursing Homes Campaign, as described at www.nhqualitycampaign.org/star_index.aspx?controls=mission (Copy and paste this link into your Internet browser to get to the appropriate page.) and select About the Campaign and then Goal 2 as an organizational goal, which is defined by Advancing Excellence as being regularly cared for by the same caregiver (www.nhqualitycampaign.org/star_index.aspx?controls=resByGoal#goal2).

Step 2: Application Requirements

To be considered for participation in the program, applicants must submit a completed NF P4P program application, prepared by the facility's QC lead, to MassHealth by **February 6, 2013**. The application form is available at www.mass.gov/masshealth, on the MassHealth Provider Forms page, under Long Term Care – Nursing Facilities.

Facilities are strongly encouraged to send the application electronically via e-mail to NFP4PProgram@state.ma.us. You can also send the application by mail to the following address.

Nursing Facility Pay for Performance Program
Office of Long Term Services and Supports
One Ashburton Place, 5th Floor
Boston, MA 02108

Please see Attachment A for information on how to submit your application.

Please note: If you are submitting your application via e-mail, make sure you send it by midnight, February 6, 2013. If you are submitting it by mail, please post mark the envelope by midnight, February 6, 2013.

If you have questions, please submit an e-mail to NFP4PProgram@state.ma.us.

Step 3: Quality Measure

The NF P4P program will measure facility performance on a selected quality measure that focuses on improving the quality of care and services delivered to MassHealth members. OLTSS generated Quality Measure Baseline Reports (Baseline Reports), which are based on Minimum Data Set (MDS) 3.0 data reports that nursing facilities submit to CMS. The MDS 3.0 data reports are federally required under 42 CFR 483.20. This quality measure is developed in accordance with 42 CFR 483.25(l), titled "Unnecessary drugs."

The selected long stay quality measure below will be used in the FY13 program.

Percent of long-stay residents who received an antipsychotic medication

Specifications for the measure can be found in Attachment C. These specifications were used in the Baseline Reports.

Facilities received their Baseline Reports from the OLTSS via mail in early October 2012. The Baseline Report provides the facility's baseline performance score, as well as the benchmarks for the quality measure. The MDS 3.0 data from Quarter 4 of 2011 represents the baseline, or starting period, for each facility's performance on the quality measure.

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Step 3: Quality Measure
(cont.)

The benchmarks consist of the high performance threshold and the attainment threshold. The high performance threshold is the 25th percentile of all Massachusetts nursing facility baseline performance scores, representing high performance on the measure and the standard for achievement for the quality measure. The attainment threshold is the 50th percentile, representing the minimum performance threshold for the quality measure.

The NF P4P program will reward nursing facilities for achieving certain performance levels on the quality measure. The baseline performance score and benchmark results will be compared with performance in Quarter 4 of 2012 (October through December 2012). Also, the baseline data will be used to calculate improvement between the baseline reporting period and the comparison (payment) period. OLTSS will use the CMS MDS 3.0 data for Quarter 4 of 2012 to generate a Quality Measure Comparison Report (Comparison Report).

Nursing facilities have an opportunity to qualify for incentive payments based on performance in Quarter 4 of 2012. The Comparison Report will demonstrate, using MDS 3.0 data from Quarter 4 of 2012, whether facilities have improved upon their baseline performance score and/or met or performed better than the high performance or attainment thresholds (25th and 50th percentiles respectively). Based on this data, OLTSS will determine which facilities qualify for payment based on their comparison scores. Please note that lower scores represent better performance on the measure selected for this program.

The quality measure comparison report will be disseminated in May 2013 and will demonstrate, using Quarter 4 of 2012 (October through December), whether facilities either improve upon the baseline performance score and/or meet or perform better than the performance benchmarks (25th and 50th percentiles).

Thus, facilities will have three months (October through December 2012) to work toward improving their score for the selected quality measure.

The incentive payment structure for the NF P4P program centers on rewarding high performance and improvement. NF P4P incentive payments will be made as follows.

Payments will be calculated on a MassHealth paid day basis for nursing facilities that

- meet or perform better than the 25th percentile high performance threshold for the quality measure; or
- meet or perform better than the 50th percentile attainment threshold for the quality measure; or
- demonstrate improvement over their baseline performance score.

Step 3: Quality Measure
(cont.)

To participate in the quality measure component, your facility must have at least 10 residents (as defined in Attachment C) who meet the requirements as defined by CMS for this quality measure.

(Please note that, for the selected quality measure for this program, a lower score is better.)

Facilities received a detailed letter with their Baseline Report. The letter also describes the Comparison Report. Attachment D contains information on the methodology of how facilities will be scored and paid for the quality measure.

Submission Items

Applicants should submit the following by February 6, 2013.

1. **Application:** Submit the NF P4P program application completed by the nursing facility's QC lead that includes the following elements.
 - a. The legal name of the facility, facility address, provider ID number, name and contact information, including e-mail address, for the primary contact for the P4P applications, as well as the name and contact information for the facility's administrator and business office manager
 - b. The 2012 Advancing Excellence in America's Nursing Homes Campaign's Tool for Calculating Consistent Assignment. Advancing Excellence's definition for consistent assignment is:

at least 85% of long stay residents (over 100 days) in the nursing home have no more than eight CNA caregivers over a four-week period, and at least 85% of short-stay residents (100 days or less) have no more than eight CNA caregivers over a two-week period. CNAs must be those who provide actual care for the resident.

Please note: Based on discussions with Advancing Excellence, the algorithm for calculating the threshold will change in fall 2012.

For purposes of FY13 incentive payments, Advancing Excellence's definition for 2012 described above will apply.

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Submission Items
(cont.)

Facilities are encouraged to complete the tool using the last four weeks of the period leading to the application deadline to ensure that changes made by Advancing Excellence to the tool are captured.

- c. Facilities may opt out of providing consistent assignment data in their application. However, facilities that choose to opt out are ineligible to receive payment for the consistent assignment component of the program. Thus, the submission of current consistent assignment performance scores is optional. For facilities that wish to participate, current performance scores for FY13 submission will consist of the current level of consistent staff assignment used by the facility as calculated using the methodology from the Advancing Excellence in America's Nursing Homes Campaign. Consistent staff assignment should be calculated using Advancing Excellence's Tool for Calculating Consistent Assignment by going to: www.nhqualitycampaign.org/star_index.aspx?controls=resByGoal#goal2, selecting Goal 2: Consistent Assignment, and then selecting Tool for Tracking Consistent Assignment v1.0 (XLS).

Submit a copy of the Summary tab from the tool, which contains consistent assignment data.

2. **Attestation:** Sign the attestation that the Cooperative Effort policy has been met and that the nursing facility is not in jeopardy and not a special focus facility during the measurement year (July 2012 through June 2013). Facilities may use an electronic signature to formally sign the attestation.
- Attestation must be accompanied by
- a written policy for a cooperative effort process; and
 - minutes from the most recent Quality Committee meeting.

Attachments

This bulletin includes the following attachments.

- Copy of the Nursing Facility P4P Program FY13 Application Form (Attachment A)
- A sample filled-in application form (Attachment B)
- Measure specification (Attachment C)
- Explanation of Performance Payment Methodology for the Quality Measures (Attachment D)

NF P4P Incentive Payments

The FY13 incentive payments will be distributed among those nursing facilities eligible for payment.

Questions

If you have any questions about the information in this bulletin, please e-mail your inquiry to NFP4PProgram@state.ma.us.



Nursing Facility Pay for Performance (NF P4P)
Program FY 13 Application Form

Application Instructions

Applications must not exceed 15 pages in length and must not be handwritten. All applications must be submitted to MassHealth by February 6, 2013. A copy of the written policy for a cooperative effort process and minutes from the most recent Quality Committee meeting must be included with this application. Applications can be sent electronically to NFP4PProgram@state.ma.us or by U.S. mail to the following address.

Nursing Facility Pay for Performance Program
Office of Long Term Services and Supports
One Ashburton Place, 5th Floor
Boston, MA 02108

Important!

If you are submitting your application via e-mail, make sure you send it by midnight, February 6, 2013. If you are submitting it by mail, please post mark the envelope by midnight, February 6, 2013.

Facility Information

Facility legal name: _____

Facility address: _____

Primary contact name: _____

Primary contact e-mail address: _____

Facility administrator's name: _____

Facility administrator's e-mail address: _____

Provider ID: _____

Business office administrator's name: _____

Clear form

Print

Cooperative Effort Policy

1. Describe the written policy for a cooperative effort policy in the facility. *(Note: For facilities that have passed and participated in the FY 12 NF P4P program, the same policy may be used for this application.)*

Cooperative Effort Policy (cont.)

2. Provide a copy of the minutes from the last Quality Assurance Committee (QC) meeting. Minutes must be typed and include names, titles, and signatures of the key members attending the meeting (refer to #3, Table 1: Quality Committee Staff Roster). Information in the minutes that do not pertain to the MassHealth NF P4P program must be redacted from the minutes submitted to MassHealth. *(Note: Minutes must be from a meeting that took place between October 1, 2012, and February 5, 2013.)*

Cooperative Policy (cont.)

3. Provide details of the key staff members attending the QC meeting in the following Quality Committee Staff Roster table. The committee must include a non-licensed direct care staff member. A non-licensed staff must be a Certified Nursing Assistant or Geriatric Nursing Assistant.

Table 1-Quality Committee Staff Roster

Position	Printed Staff Name	Credentials	Signed Staff Name	Date

Consistent Assignment (participation is optional)

4. Submit data consisting of the current level of consistent assignment. Use the methodology from the Advancing Excellence in America's Nursing Homes Campaign and Tool for Calculating Consistent Assignment found at: www.nhqualitycampaign.org/star_index.aspx?controls=resByGoal#goal2. (Select Goal 2: Consistent Assignment and then select Tool for Tracking Consistent Assignment v1.0 (XLS).) Submit a copy of the Summary tab from the tool, which contains consistent assignment data.

If you have any questions about this application, please send inquiries to NFP4PPProgram@state.ma.us.

Attestation (Please read carefully and sign.)

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

I also certify that this nursing facility is in compliance with the Cooperative Effort Policy for participation in the Nursing Facility P4P Program. This policy includes the existence of a committee that will include a non-licensed direct care staff member. A non-licensed staff must be a Certified Nursing Assistant or Geriatric Nursing Assistant.

I understand that the Office of Long Term Services and Supports (OLTSS) may audit this facility to ensure that the standard is being met. This may include, but not be limited to, providing documentation about the committee, on-site review of documentation, and discussions with applicable facility staff, and other activities as determined necessary by OLTSS.

Provider's signature (Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.):

Printed legal name of provider:

Printed legal name of individual signing (if the provider is a legal entity):

Date:



Nursing Facility Pay for Performance (NF P4P)
Program FY 13 Application Form

Application Instructions

Applications must not exceed 15 pages in length and must not be handwritten. All applications must be submitted to MassHealth by February 6, 2013. A copy of the written policy for a cooperative effort process and minutes from the most recent Quality Committee meeting must be included with this application. Applications can be sent electronically to NFP4PProgram@state.ma.us or by U.S. mail to the following address.

Nursing Facility Pay for Performance Program
Office of Long Term Services and Supports
One Ashburton Place, 5th Floor
Boston, MA 02108

Important!

If you are submitting your application via e-mail, make sure you send it by midnight, February 6, 2013. If you are submitting it by mail, please post mark the envelope by midnight, February 6, 2013.

Facility Information

Facility legal name: ABC Nursing Center

Facility address: 11 Main Street, Boston, MA 02111

Primary contact name: Sarah Smith

Primary contact e-mail address: Sarah.Smith@ABCCenter.com

Facility administrator's name: Sarah Smith

Facility administrator's e-mail address: Sarah.Smith@ABCCenter.com

Provider ID: XXX012

Business office administrator's name: Paul Williams

Clear form

Print

Cooperative Effort Policy

1. Describe the written policy for a cooperative effort policy in the facility. *(Note: For facilities that have passed and participated in the FY 12 NF P4P program, the same policy may be used for this application.)*

ABC Nursing Facility has the following cooperative effort policy which it instituted in February of 2012.

Cooperative Effort Committee Policy

Purpose: To help improve the quality of care within the ABC Nursing Center for MassHealth's Nursing Facility Pay for Performance Program.

Standards:

1. The Cooperative Effort Committee will meet at least quarterly.
2. For all committee discussions about the MassHealth NF P4P program, the committee will include at least one Certified Nursing Assistant (CNA) or Geriatric Nursing Assistant (GNA). Such committee discussions will seek to meet the goal of the program to have a balanced number of managers and non-licensed direct care staff attending the QC meetings when discussing the Pay for Performance Program.
3. The goals of the committee are to assist the facility in the attainment of the Advancing Excellence quality goals of Consistent Assignment.
4. The committee will develop an agenda for its meetings, and record minutes and attendance of staff for all meetings.

Example

Cooperative Effort Policy (cont.)

2. Provide a copy of the minutes from the last Quality Assurance Committee (QC) meeting. Minutes must be typed and include names, titles, and signatures of the key members attending the meeting (refer to #3, Table 1: Quality Committee Staff Roster). Information in the minutes that do not pertain to the MassHealth NF P4P program must be redacted from the minutes submitted to MassHealth. *(Note: Minutes must be from a meeting that took place between October 1, 2012, and February 5, 2013.)*

Cooperative Effort Committee Meeting: December 3, 2012

Meeting Topic	Discussion	Action	Person Responsible
Advancing Excellence Tool	1. Two weeks of CNA assignment data was entered into the advancing excellence tool.	Staff Coordinator will input new data daily	M. Brown
Update on consistent assignment	1. CNAs discussed staff assignments and any issues to date.	CNAs will provide an update at the next QC meeting.	M. Bell

Next Meeting: January 24, 2013

Example

Cooperative Policy (cont.)

3. Provide details of the key staff members attending the QC meeting in the following Quality Committee Staff Roster table. The committee must include a non-licensed direct care staff member. A non-licensed staff must be a Certified Nursing Assistant or Geriatric Nursing Assistant.

Table 1-Quality Committee Staff Roster

Position	Printed Staff Name	Credentials	Signed Staff Name	Date
Physician	Dr. Mark Jones	M.D.	Dr Mark Jones	12/03/12
Nurse Manager	Jane Thomas	DNS	Jane Thomas	12/03/12
Administrator	Mary Brown	Administrator	Mary Brown	12/03/12
Cert Nursing Asst	Chris Jackson	CNA	Chris Jackson	12/03/12

Example

Consistent Assignment (participation is optional)

4. Submit data consisting of the current level of consistent assignment. Use the methodology from the Advancing Excellence in America's Nursing Homes Campaign and Tool for Calculating Consistent Assignment found at: www.nhqualitycampaign.org/star_index.aspx?controls=resByGoal#goal2. (Select Goal 2: Consistent Assignment and then select Tool for Tracking Consistent Assignment v1.0 (XLS).) Submit a copy of the Summary tab from the tool, which contains consistent assignment data.

Week 1 - Long Stay Results		Week 1 - Short Stay Results	
Number of Unique Residents in Past 7 Days	27	Number of Unique Residents in Past 7 Days	0
Maximum Number of Unique CNA Caregivers for a Resident in Past 7 Days	12	Maximum Number of Unique CNA Caregivers for a Resident in Past 7 Days	#N/A
Minimum Number of Unique CNA Caregivers for a Resident in Past 7 Days	6	Minimum Number of Unique CNA Caregivers for a Resident in Past 7 Days	#N/A
Average Number of Unique CNA Caregivers per Resident in Past 7 Days	8.3	Average Number of Unique CNA Caregivers per Resident in Past 7 Days	#N/A
Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	51.9%	Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	#N/A
Week 2 - Long Stay Results		Week 2 - Short Stay Results	
Number of Unique Residents in Past 14 Days	27	Number of Unique Residents in Past 14 Days	1
Maximum Number of Unique CNA Caregivers for a Resident in Past 14 Days	16	Maximum Number of Unique CNA Caregivers for a Resident in Past 14 Days	8
Minimum Number of Unique CNA Caregivers for a Resident in Past 14 Days	9	Minimum Number of Unique CNA Caregivers for a Resident in Past 14 Days	8
Average Number of Unique CNA Caregivers per Resident in Past 14 Days	11	Average Number of Unique CNA Caregivers per Resident in Past 14 Days	8
Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	0.0%	Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	100%
Week 3 - Long Stay Results		Week 3 - Short Stay Results	
Number of Unique Residents in Past 21 Days	27	Number of Unique Residents in Past 14 Days	2
Maximum Number of Unique CNA Caregivers for a Resident in Past 21 Days	19	Maximum Number of Unique CNA Caregivers for a Resident in Past 14 Days	10
Minimum Number of Unique CNA Caregivers for a Resident in Past 21 Days	10	Minimum Number of Unique CNA Caregivers for a Resident in Past 14 Days	8
Average Number of Unique CNA Caregivers per Resident in Past 21 Days	14.5	Average Number of Unique CNA Caregivers per Resident in Past 14 Days	9
Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	0.0%	Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	50%
Week 4 - Long Stay Results		Week 4 - Short Stay Results	
Number of Unique Residents in Past 28 Days	27	Number of Unique Residents in Past 14 Days	2
Maximum Number of Unique CNA Caregivers for a Resident in Past 28 Days	20	Maximum Number of Unique CNA Caregivers for a Resident in Past 14 Days	9
Minimum Number of Unique CNA Caregivers for a Resident in Past 28 Days	12	Minimum Number of Unique CNA Caregivers for a Resident in Past 14 Days	8
Average Number of Unique CNA Caregivers per Resident in Past 28 Days	16	Average Number of Unique CNA Caregivers per Resident in Past 14 Days	8.5
Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	0.0%	Campaign Goal #2 - Consistent Assignment Target of 85% or Greater	50%

If you have any questions about this application, please send inquiries to NFP4PPProgram@state.ma.us.

Attestation (Please read carefully and sign.)

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

I also certify that this nursing facility is in compliance with the Cooperative Effort Policy for participation in the Nursing Facility P4P Program. This policy includes the existence of a committee that will include a non-licensed direct care staff member. A non-licensed staff must be a Certified Nursing Assistant or Geriatric Nursing Assistant.

I understand that the Office of Long Term Services and Supports (OLTSS) may audit this facility to ensure that the standard is being met. This may include, but not be limited to, providing documentation about the committee, on-site review of documentation, and discussions with applicable facility staff, and other activities as determined necessary by OLTSS.

Provider's signature (Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.):

Sarah Smith

Printed legal name of provider:

ABC Nursing Center

Printed legal name of individual signing (if the provider is a legal entity):

Sarah Smith

Date:

01/14/13

**Nursing Facility Pay for Performance (P4P) Program FY13
Measure Specification
(Attachment C)**

Measure Specification

Measurement Period	October to December 2011
Numerator	Long-stay residents with a selected target assessment indicating that antipsychotic medications were received
Denominator	All long-stay residents with a selected target assessment, except those with exclusions
Exclusions	Any of the following related conditions are present on the target assessment (unless otherwise indicated) <ul style="list-style-type: none">• Schizophrenia• Tourette's Syndrome• Tourette's Syndrome on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.• Huntington's Disease

**Nursing Facility Pay for Performance (P4P) Program FY13
Explanation of Performance Payment Methodology for the Quality Measures
(Attachment D)**

The MassHealth Nursing Facility Pay for Performance (NF P4P) Program plans to use a method adapted from the Centers for Medicare & Medicaid Services (CMS) Value-Based Purchasing (VBP) initiative to determine performance payments for the quality measure component of the MassHealth NF P4P Program. This method allows nursing facilities to receive payments for

- meeting a specific high-performance threshold;
- meeting a minimum attainment threshold; or
- improving performance from the baseline performance score.

The quality measure component of the NF P4P Program for Fiscal Year 2013 (FY13) focuses on one quality of care measure: **residents who are receiving antipsychotic drugs but do not have evidence of Schizophrenia, Tourette's Syndrome, or Huntington's Disease.**

The NF P4P program will reward nursing facilities for achieving certain performance levels on the quality measure. Office of Long Term Services and Supports (OLTSS) generated Quality Measure Baseline Reports (Baseline Reports), which are based on Minimum Data Set (MDS) 3.0 data reports that nursing facilities submit to CMS. Facilities received their Baseline Reports from OLTSS via mail in early October 2012. The baseline performance score and benchmark results will be compared with the performance in Quarter 4 of 2012 (October through December 2012). OLTSS will use the CMS MDS 3.0 data for Quarter 4 of 2012 to generate a Quality Measure Comparison Report (Comparison Report). OLTSS will send participating facilities the Comparison Report in May 2013.

The Baseline Report provides the facility's baseline performance score, as well as benchmarks for the quality measure. The MDS 3.0 data from Quarter 4 of 2011 represents the baseline, or starting period, for each facility's performance on the quality measure. The benchmarks consist of the high performance threshold and the attainment threshold. The high performance threshold is the 25th percentile of all Massachusetts nursing facility baseline performance scores, representing high performance on the measure and the standard for achievement for the quality measure. The attainment threshold is the 50th percentile, representing the minimum performance threshold for the quality measure. The high performance threshold and the attainment threshold were adapted from the CMS VBP initiative.

To participate in the quality measure component, a nursing facility must have at least 10 residents (as defined in Attachment C) who meet the CMS requirements for this quality measure included in the facility's Baseline Report. Nursing facilities have an opportunity to qualify for incentive payments based on performance in Quarter 4 of 2012. The Comparison Report will demonstrate, using MDS 3.0 data from Quarter 4 of 2012, whether facilities have improved upon their baseline performance score and/or met or performed better than the high performance or attainment thresholds (25th and 50th percentiles respectively). The baseline data will be used to calculate **improvement** between the baseline reporting period and the comparison (payment) period. (See Appendix 1 of this attachment D for data collection time periods, and Appendix 3 of this attachment D for a glossary of terms used in this document.)

Based on this data, OLTSS will determine which facilities qualify for payment based on their comparison scores. Please note that lower scores represent better performance on the measure selected for this program.

To summarize, data and scores from the **baseline** quarter (October through December 2011) will be used to establish thresholds. Data and scores from the **comparison** quarter (October through December 2012) will be used to determine improvement and payments.

Payment Scenarios

Three opportunities exist for nursing facilities to receive pay for performance payments for the quality measure. Nursing facilities can receive payments if they:

1. meet or perform better than the baseline **high performance threshold** in the **comparison** year; **or**
2. improve measure scores in the **comparison** year from their **baseline** year score (please note that a facility does not have to meet or perform better than the attainment threshold in the **comparison** year to be eligible for an improvement); **or**
3. meet or perform better than the baseline **attainment threshold** in the **comparison** year.

The amount of payment depends on which of the above conditions the nursing facility meets. If a facility qualifies for payment under multiple scenarios, it will receive the higher of the applicable payment amounts.

Please note that no payments will be made **solely** on the results of the Baseline Reports that were sent in October 2012. The baseline data were used to establish the 25th percentile high performance threshold, the 50th percentile (median) attainment threshold, and the individual nursing facility baseline performance levels. Please also note that a facility **must** have at least **10** or more residents who are eligible for this measure in order to be eligible for payment.

Quality Measure Example 1: Facility Met/Performed Better Than High Performance Threshold

Calculation 1: XYZ Nursing Facility

Comparison Year Score: **18.3%**

High Performance Threshold: **18.9%** (25th percentile of Nursing Facility Baseline Scores)

Attainment Threshold: **25.6%** (Median of Nursing Facility Baseline Scores)

Based on the CMS MDS 3.0 data that was released, the 25th percentile high performance threshold was 18.9%. This means that the highest performing 25% of Massachusetts nursing facilities had inappropriate antipsychotic medication use scores of 18.9% or lower for their long-stay residents. The attainment threshold, or median (50th percentile), indicates that half of Massachusetts nursing facilities had inappropriate antipsychotic medication use scores of at least 25.6% or lower for their long-stay residents.

The high performance threshold and attainment threshold values established in the baseline data, 18.9% and 25.6%, will be applied to facility scores in the comparison period (October through December 2012).

In this hypothetical example, the facility's comparison score is lower (better) than the high performance threshold of 18.9%, so the facility will be eligible to receive full payment for this measure. (Since the comparison score is lower than the high performance threshold, it does not matter what the facility's baseline score was.) **This payment scenario uses a measure for which lower scores represent better performance.**

Payment Calculation for Example 1: Facility Met/Performed Better Than High Performance Threshold

In Quality Measure Example 1, XYZ Nursing Facility performed better than the high performance threshold score, so it is eligible for the full incentive payment, per MassHealth-paid day. **(Please note that MassHealth-paid resident day data are from fiscal year 2010.)**

Payment Calculation Assumptions

- XYZ Nursing Facility had 10,000 MassHealth-paid days in measurement year.
- Payment level per MassHealth-paid day for meeting/performing was better than high performance threshold = \$1.00.
- Performance score is 1, meaning the facility qualifies for 100% of the per-day payment

Using these hypothetical assumptions, and the following formula, the result is as follows.

$$\begin{aligned} \text{Payment} &= (\# \text{ MassHealth paid days}) * (\text{High Performance Threshold Payment} * \text{Performance Score}) \\ &= (10,000) * (\$1.00 * 1.0) \\ &= (10,000) * (\$1.00) \\ &= \mathbf{\$10,000} \text{ incentive payment to XYZ Nursing Facility} \end{aligned}$$

Quality Measure Example 2: Facility Improved from Baseline

Calculation 2: ABC Nursing Facility

Baseline Score: **32.3%**

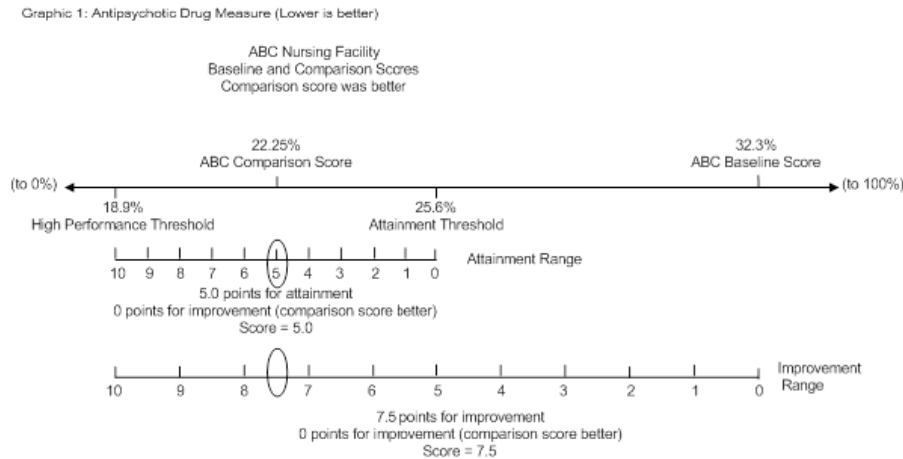
Comparison Year Score: **22.25%**

High Performance Threshold: **18.9%** (25th Percentile of Nursing Facility Baseline Scores)

Attainment Threshold: **25.6%** (Median of Nursing Facility Baseline Scores)

In this second example of performance payment calculation, the facility does not meet the high performance threshold, but could still qualify for payment based on either attainment of the median value, or improvement from its baseline score. Here, the facility's baseline score was 32.3%, but their comparison score improved to 22.25%. This score qualifies for payment under both Scenarios 2 and 3: the comparison score is below the attainment threshold (median) from the baseline period (25.6%), and is also an improvement on the facility's baseline score (32.3%). The facility is eligible to receive the higher of the two payments, either attainment or improvement.

How are the attainment and improvement payments calculated? First, the **attainment range** and the **improvement range** are defined. The attainment range is defined as the scale between the attainment threshold (median) and the high performance threshold (25th percentile), while the improvement range is defined as the scale between the individual facility's baseline measure score and the high performance threshold. For the quality measure, the attainment range is 6.7 (25.6% – 18.9%), and the improvement range is 13.4 (32.3% – 18.9%). The following chart (Graphic 1) uses number lines to help with visualizing this example.



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Facilities are awarded **attainment points** and **improvement points** based on where their comparison scores fall on each range. In this example, ABC Nursing Facility's comparison score of 22.25% is half the "distance" between the attainment threshold (25.6%) and the high performance threshold (18.9%) on the number line representing the attainment range. Thus, the facility receives half of the available points (5) as its attainment score. For the improvement points, the facility's comparison score (22.25%) is three-quarters of the "distance" between the facility's baseline score (32.3%) and the high performance threshold (18.9%), meaning that the facility receives 7.5 points as its improvement score. (See Appendix 2 of this attachment D for details on calculation of points.)

In this example, ABC Nursing Facility would receive a higher score for improvement (7.5) than for attainment (5.0), so their payment will be based on improvement (7.5 points).

Payment Calculation for Example 2: Facility Improved from Baseline

In Example 2, ABC Nursing Facility received 7.5 points for improvement from its baseline score, so it is eligible for 75% of the incentive payment, per MassHealth-paid day. (Please note that MassHealth-paid resident day data are from fiscal year 2010.)

Payment Calculation Assumptions

- ABC Nursing Facility had 10,000 MassHealth-paid days in measurement year.
- Payment level per MassHealth-paid day for meeting/performing was better than the high performance threshold = \$1.00,
- Performance score is 0.75, meaning facility qualifies for 75% of the per-day payment.

Using these hypothetical assumptions, and the following formula, the result is as follows.

$$\begin{aligned} \text{Payment} &= (\# \text{ MassHealth paid days}) * (\text{High Performance Threshold Payment} * \text{Performance Score}) \\ &= (10,000) * (\$1.00 * 0.75) \\ &= (10,000) * (\$0.75) \\ &= \mathbf{\$7,500} \text{ incentive payment to ABC Nursing Facility} \end{aligned}$$

Quality Measure Example 3: Facility Met/Exceeded Attainment Threshold

Calculation 3: LMN Nursing Facility

Baseline Score: **18.0%**

Comparison Period Score: **22.9%**

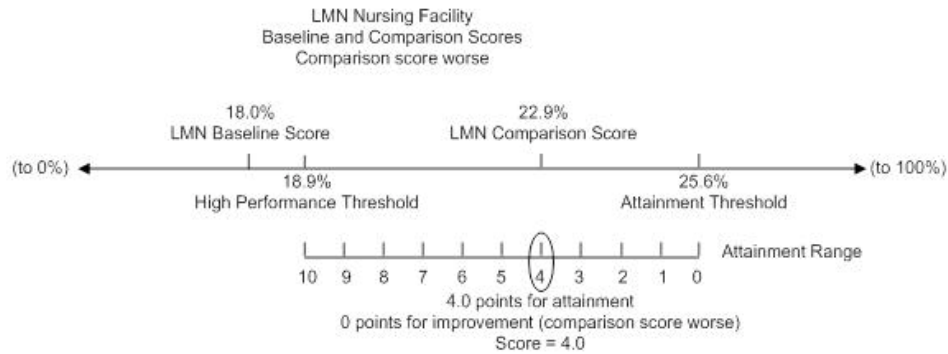
High Performance Threshold: **18.9%** (25th Percentile of Nursing Facility Baseline Scores)

Attainment Threshold: **25.6%** (Median of Nursing Facility Baseline Scores)

In this case, LMN Nursing Facility's baseline score of 18.0% for inappropriate antipsychotic medication use was lower (meaning better) than the 25th percentile high performance threshold of all Massachusetts nursing facility scores, which was 18.9%. However, the performance payments are not based solely on the baseline scores, so the comparison period score will determine their eligibility for payment. In this example, the facility's comparison score was not as good, with the antipsychotic medication use score going up to 22.9% of residents.

LMN Nursing Facility will not be eligible for payment under Scenario 1 (meeting or performing better than the high performance score) or Scenario 3 (improvement from baseline score), but it will be eligible to receive payment under Scenario 2 (meeting the attainment threshold). The facility's comparison score of 22.9% is better than the attainment threshold, or median baseline score, of 25.6%. Graphic 2 (on page 5 of this attachment D) shows how LMN Nursing Facility's attainment points are calculated. (See Appendix 2 of this attachment D for details on calculation of the value of attainment points.)

Graphic 2: Antipsychotic Drug Measure (Lower is better)



Payment Calculation for Example 3: Facility Met/Exceeded Attainment Threshold

In Example 3, LMN Nursing Facility received 4.0 points for performing better than the attainment threshold score, so it is eligible for 40% of the incentive payment, per MassHealth-paid day. (Please note that MassHealth-paid resident day data are from fiscal year 2010.)

Payment Calculation Assumptions

- LMN Nursing Facility had 10,000 MassHealth-paid days in measurement year.
- Payment level per MassHealth-paid day for meeting/performing was better than the high performance threshold = \$1.00.
- Performance score is 0.4, meaning facility qualifies for 40% of the per-day payment.

Using these hypothetical assumptions, and the following formula, the result is as follows.

$$\begin{aligned}
 \text{Payment} &= (\# \text{ Mass Health paid days}) * (\text{High Performance Threshold Payment} * \text{Performance Score}) \\
 &= (10,000) * (\$1.00 * 0.4) \\
 &= (10,000) * (\$0.4) \\
 &= \mathbf{\$4,000} \text{ incentive payment to LMN Nursing Facility}
 \end{aligned}$$

APPENDIX 1: Data Collection Dates

Baseline Data

The CMS MDS 3.0 data used to establish the baseline (25th percentile high performance score and median attainment threshold) was released in July, 2012. The data represent MDS 3.0 resident assessments made from October through December 2011.

Comparison Data

The CMS MDS 3.0 data used as comparison scores will be released in April, 2013. The data will represent MDS 3.0 resident assessments made from October through December 2012.

APPENDIX 2: Formulas Used in Payment Calculations 2 and 3

Calculation of Points in Example 2:

$$\begin{aligned}\text{Attainment Points} &= ((\text{Attain-Score})/\text{AttRange})*10 \\ &= ((25.6-22.25)/6.7)*10 \\ &= (3.35/6.7)*10 \\ &= 0.5*10 \\ &= 5 \text{ Points}\end{aligned}$$

Score = Facility's measure score in comparison period

Attain = The attainment threshold, or median baseline score (25.6%)

AttRange = Attainment range (between median and high performance score, 6.7 percentage points in this example)

$$\begin{aligned}\text{Improvement Points} &= ((\text{PrevScore-Score})/\text{ImpRange})*10 \\ &= ((32.3-22.25)/13.4)*10 \\ &= (10.05/13.4)*10 \\ &= 0.75*10 \\ &= 7.5 \text{ Points}\end{aligned}$$

Score = Facility's measure score in comparison period

PrevScore = Facility's measure score in baseline period

ImpRange = Improvement range (between baseline score and high performance threshold, 13.4 percentage points in this example)

Calculation of Points in Example 3:

$$\begin{aligned}\text{Attainment Points} &= ((\text{Attain-Score})/\text{AttRange})*10 \\ &= ((25.6-22.9)/6.7)*10 \\ &= (2.7/6.7)*10 \\ &= 0.4*10 \\ &= 4.0 \text{ Points}\end{aligned}$$

Attain = The attainment threshold, or median baseline score (25.6%)

Score = Facility's measure score in comparison period

AttRange = Attainment range (between median and high performance threshold, 6.7 percentage points in this example)

APPENDIX 3: Glossary of Terms

Attainment Points – A number between 0 and 10 that represents where a facility’s quality measure score in the comparison period falls on the scale of the attainment range.

Attainment Range – The scale between the attainment threshold (median, or 50th percentile) and the high performance threshold (25th percentile), both of which were established in the baseline data.

Attainment Threshold – The median or 50th percentile of all Massachusetts nursing facility baseline scores for a quality measure. (This includes only facilities that had a sufficient number of eligible residents to meet the measure threshold.) The attainment threshold is the minimum level of performance in the comparison data that will make a facility eligible to receive a performance payment for a quality measure.

Baseline Data – Quality measure scores calculated from CMS MDS 3.0 data, which was collected during the time periods shown in Appendix 1 of this attachment D.

High Performance Threshold – The 25th percentile of all Massachusetts nursing facility baseline scores for a quality measure. (This includes only facilities that had a sufficient number of eligible residents to meet the measure threshold.)

Comparison Data – Quality measure scores calculated from CMS MDS 3.0 data, which was collected for the time periods shown in Appendix 1 of this attachment D. This data represents time periods one year after the baseline data.

Improvement Points – A number between 0 and 10 that represents where a facility’s quality measure score in the comparison period falls on the scale of the improvement range.

Improvement Range – The scale between a facility’s baseline measure score and the high performance threshold (25th percentile) that was established in the baseline data.