



Final Quality Metrics for Quality Incentive Payment Program (QIPP) FY2020 for Nursing Facilities

Quality Metric Summary

HHSC has designated the following quality metrics for QIPP Year Three capitation rate components, covering the program eligibility period that begins on September 1, 2019.

Component One – Quality Assurance and Performance Improvement (QAPI) Meetings

HHSC designates one quality metric for Component One. Component One is open only to non-state government-owned (NSGO) providers. Funds in this Component are distributed monthly on a “Met” or Not Met” basis, contingent upon proper submission of the QAPI Validation Report form. The metric is:

- **Metric 1:** Facility holds a QAPI meeting each month in accordance with quarterly federal requirements.

This metric entails an attestation by the facility administrator or authorized staff of a monthly meeting that incorporates all of the goals set forth for QAPI development by CMS. These goals are designed around existing federal rule 42 C.F.R. § 483.75 and arranged as follows:

- **F865:** §483.75(a), (b), (f), & (h) Each LTC facility, including a facility that is part of a multi-unit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.
- **F866:** §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring.
- **F867:** §483.75(d) & (e) Program systematic analysis and systemic action and Program activities.
- **F868:** §483.75(g) Quality assessment and assurance.

As part of their QAPI process, the nursing facility (NF) will be required to discuss the workforce development metric (see “Component Two” below) to review progress that is being made to improve the workforce in areas such as recruitment and retention, turnover, and vacancy rates.

HHSC will perform quarterly QAPI reviews on a representative sample of providers. If selected, the NF will have 14 days to submit the following records at the request of HHSC:

- Minutes from QAPI meetings;
- Sign-in or attendance sheets;
- Policies and outcomes developed in/as a result of meetings;
- Records related to results of actions taken in/as a result of meetings; and
- Records demonstrating owner/operator involvement in meetings.

Failure to participate in the review or to provide supporting records could result in a determination that Component One payments should be recouped or adjusted pursuant to 1 T.A.C. §353.1301(k).

Component Two – Workforce Development

HHSC designates three equally weighted quality metrics for Component Two. Component Two is open to all provider types, and funds are distributed monthly. The three metrics are:

- **Metric 1:** NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.
- **Metric 2:** NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.
- **Metric 3:** NF has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes.

For quality metrics one and two, HHSC has outlined the following requirements for how a NF meets these metrics:

- Hours above the federally mandated eight hours of in-person RN coverage must be scheduled non-concurrently with mandated hours.
- Additional hours must be dedicated to direct-care services; Director of Nursing (DON) or managerial hours cannot be counted towards the 4 or 8 additional hours.

- NFs must provide in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period.
- Only hours actually worked count toward additional coverage; meal breaks must be deducted from scheduled hours.
- NFs may use telehealth technologies for scheduling hours beyond the eight-hour in-person mandate.

For quality metric three, each NF will submit a self-directed recruitment and retention plan during the first reporting period and subsequently report outcomes related to that plan throughout the eligibility period. HHSC will not determine specific outcomes required for meeting the metric; rather, each NF must monitor and regularly report ongoing development of its self-directed goals and outcomes. HHSC has outlined the following requirements for how a NF meets this metric:

- NFs must submit a recruitment and retention plan to HHSC during the first reporting period of the eligibility year.
- In subsequent reporting periods, the NF must report all data elements related to recruitment and retention as listed on the QIPP Component Two portal.

HHSC will conduct quarterly reviews of RN hours and development plans on a representative sample of providers. If selected, the NF will have 14 days to submit to HHSC documents related to staff payroll hours and ongoing recruitment and retention outcomes. Failure to participate in the review or to provide supporting records could result in a determination that Component Two payments should be recouped or adjusted pursuant to 1 T.A.C. §353.1301(k).

Component Three – Minimum Data Set CMS Five-Star Quality Measures

HHSC designates three equally weighted quality metrics for Component Three. Component Three is open to all provider types, and funds are distributed quarterly. All three metrics relate to Minimum Data Set (MDS) quality metrics and are measured against fixed as well as facility-specific targets. The three metrics are:

- **Metric 1:** (CMS N015.02) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers.
- **Metric 2:** (CMS N031.02) Percent of residents who received an antipsychotic medication.
- **Metric 3:** (CMS N035.02) Percent of residents whose ability to move independently has worsened.

Because CMS transitioned away from reporting N015.01 to the recently-published N015.02, HHSC has adopted the new MDS N015.02 pressure ulcer measure as metric 1. This measure is designated in Nursing Home Compare by the number 453.

Facility-specific targets are calculated as improvements upon a NF's initial baseline, beginning with a five percent relative improvement in quarter one and increasing by five percent each subsequent quarter. Fixed targets are set at the most recently published national average for each quality metric and remain unchanged for the program year. NF initial baselines and quality metric benchmarks will be posted to the QIPP website in August 2019.

For a quality metric to be considered "Met" in a quarter, the NF must perform equal to or better than its facility-specific target or equal to or better than the quality metric's fixed benchmark.

Component Four – Infection Control Program

HHSC designates three equally weighted quality metrics for Component Four. Component Four is open only to NSGO providers, and funds are distributed quarterly. The first metric is a Five-Star MDS quality metric and is measured against quarterly targets in the same way as those in Component Three. This metric is:

- **Metric 1:** (CMS N024.01) Percent of residents with a urinary tract infection.

The second metric will require providers to self-report vaccination data and submit documentation through the QIPP Web portal each quarter. The metric is measured against a fixed benchmark that is set as the most recently published national average for the related MDS quality metric (CMS N020.01) and remains unchanged for the program year. This metric is:

- **Metric 2:** Percent of residents whose pneumococcal vaccine is up to date.

The third metric of Component Four entails the development of an infection control program that supports federal initiatives and aligns with federal requirements going into effect during the eligibility period. This metric is:

- **Metric 3:** Facility has an infection control program that includes antibiotic stewardship. The program incorporates policies and training as well as monitoring, documenting, and providing staff with feedback.

The metric encompasses a list of nine infection control elements that each facility must incorporate into its infection control program. Seven of these nine elements must be present each reporting period for the facility to meet the quality metric:

- Facility has identified leadership individuals for antibiotic stewardship
- Facility has written policies on antibiotic prescribing
- Facility has a pharmacy-generated antibiotic use report from within the last six months
- Facility audits (monitors and documents) adherence to hand hygiene
- Facility audits (monitors and documents) adherence to personal protective equipment use
- Facility has infection prevention policies that are evidence-based and reviewed at least annually
- Facility has a current list of reportable diseases
- Facility's coordinator of infection control has received infection control training
- Facility knows points of contact at local or state health departments for assistance

Facilities will report additional data elements each quarter for tracking purposes. Reporting these elements is mandatory, but the specific values reported will not factor into a facility meeting or not meeting the quality metric.

HHSC will conduct quarterly reviews of infection prevention and control documentation on a representative sample of providers. If selected, the NF will have 14 days to submit to HHSC documents related to the data elements listed for metrics two and three. Failure to participate in the review or to provide supporting records could result in a determination that Component Four payments should be recouped or adjusted pursuant to 1 T.A.C. §353.1301(k).

Component One – Sample Quality Assurance and Performance Improvement (QAPI) Validation Report

I, [insert name of responsible party], on behalf of [insert facility name] hereby attest that this facility conducted its monthly QAPI meeting on [insert meeting date] at [insert meeting time].

I further attest that this meeting provided for meaningful contribution to a program of quality assurance and performance improvement per the Code of Federal Regulations requirements and definitions contained in 42 C.F.R. §483.75(a) thru (h), as noted in the State Operations Manual (SOM) Appendix PP under the following F Tags:

- **F865:** Quality Assurance Performance Improvement (QAPI) program;
- **F866:** Program feedback, data systems and monitoring;
- **F867:** Program systematic analysis and systemic action; and
- **F868:** Quality assessment and assurance. I understand that both holding the monthly meeting and correctly submitting this document are required to receive payments under Component One of the Quality Incentive Payment Program (QIPP), as set out in the UMCM contract, and in compliance with the rules set forth in 1 T.A.C. §§353.1302 and 353.1304.

I further understand that this report will be considered submitted correctly only if the report is:

- Received by HHSC by close of business on the first business day of the following month;
- Completed through the following link:
https://www.surveymonkey.com/r/QIPP_QAPI_Submission; and
- Titled clearly with the following information:
 - ▶ Provider Name
 - ▶ Facility ID
 - ▶ Month and Year of Meeting
 - ▶ e.g. "Stony Creek – 49679 – October 2019"

I further understand that HHSC will audit quarterly a sample of reports submitted by participating facilities. The facility that filed the report must provide the following documents for any and all months under review:

- Meeting minutes;
- Attendance and/or sign-in sheets;
- Demonstration of owner and/or operator involvement, as delineated in §483.75(f), such as proof of oversight, monitoring, or attendance;

- All documents related to program feedback and monitoring, as delineated in §483.75(c), such as records of the development and evaluation of performance indicators, adverse event monitoring, and collecting input from staff, residents, and resident representatives; and
- All documents related to program analysis and action, as delineated in §483.75(d), such as root cause analyses, corrective action plans, program interventions, and impact of projects on clinical care, quality of life, and consumer choice.

HHSC may recoup Component One payments when a facility's documentation does not support the information reported. Failure of a facility to provide supporting documentation to HHSC within 14 days may result in recoupment of Component One payments.

Signature of Responsible Party Listed Above

Date of Signature

If you have any questions or concerns about monthly QAPI attestations, please email MCS_QIPP_QAPI@hhsc.state.tx.us with a clearly titled Subject line.

Component Two – Workforce Development Portal Instructions

Data will be collected monthly through a Web portal developed by HHSC. Facilities will have three business days into the following month to complete their submission for the reporting period (the previous calendar month).

Facilities must attest to the number of days the additional RN staffing hours were met and how services were rendered (in-person or via telehealth). For telehealth services, facilities must report total hours covered, summary encounter data, and any encounters that do not meet an in-person level of care.

Only direct-care services count toward the additional 4 or 8 hours of RN coverage each day. As per the Payroll-Based Journal Manual, RN hours are counted according to the RN's primary role for the hours logged; only non-administrative, direct-care hours count toward the Component Two RN coverage metrics.

Telehealth Services

Telehealth technologies can be used to provide a flexible modality of additional RN coverage, not to provide an alternative to additional RN coverage. This section will outline requirements regarding the appropriate use of telehealth technologies in meeting the first two quality metrics for Component Two.

For purposes of the QIPP, when health care services are delivered by a provider to a resident at a different physical location than the provider using telecommunications or information technology, such services are considered to be telehealth services. In accordance with 1 T.A.C. §353.1304(g)(2), telehealth services may be provided only by an RN, APRN, NP, PA, or physician.

To be considered appropriate and sufficient, telehealth services must be provided in compliance with all standards established by the respective licensing or certifying board of the provider. The requirements for telehealth services in acute care settings do not apply to the use of telehealth services in the QIPP context.

The provider must obtain informed consent to treat from the resident, resident's parent, or the resident's legal guardian prior to rendering services via telehealth. Healthcare providers at the resident's physical location cannot give consent on behalf of the resident.

HHSC will review telehealth performance during quarterly quality assurance reviews and will not approve policy. Many private telehealth services do not provide direct access to RNs or an in-person level of care, and so would not count toward coverage for the purposes of QIPP. For example, dispatchers do not count as RNs. Each facility is responsible for meeting all requirements, including those related to patient privacy and consent, if telehealth services are used as a modality of RN coverage.

Service Delivery Modalities

In accordance with 1 T.A.C. §353.1304(g)(1), telehealth services may engage the following modalities to meet the first two quality metrics for Component Two:

- Synchronous audio-video interaction established and maintained between the provider and the resident; or
- Asynchronous forwarding technology that supplements or works in conjunction with a synchronous audio or video interaction between the provider and the resident.

To provide appropriate and sufficient service that would meet the in-person standard of care, the provider may need access to:

- Clinically relevant photographic or video images, including diagnostic images; or
- The resident's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories; or
- Other forms of audiovisual telecommunication technologies that allow the provider to meet the in-person visit standard of care.

Availability

Telehealth services are considered available only when the telehealth technologies are working properly and the RN is available to provide an in-person level of care. If either element is lacking, the hours do not count toward additional coverage metrics.

Further considerations relating to availability include:

- Hours wherein telehealth services are unavailable for any reason will not count toward RN metric hours, whether an encounter was requested during that time or not.
- Hours wherein telehealth services are available may count toward RN metric hours, whether an encounter was requested during that time or not.

- If an RN is engaged by one facility, the RN is considered unavailable for any other facility, whether another encounter is requested during that time or not.
- Telehealth services will be considered unavailable during any encounter that does not meet the in-person level of care.

Timeliness

If the time that elapses between facility staff recognizing a need for RN-level care and initiating a telehealth service request exceeds 15 minutes, the encounter does not meet the in-person standard of care. Furthermore, if the time that elapses between a completed request for telehealth services and the engagement of the telehealth professional in a resident consultation exceeds 15 minutes, the encounter does not meet the in-person standard of care.

If the timeliness requirement is not met, then the RN is considered unavailable for at least the 30-minute window represented by the missed encounter duration. Hours cannot be counted for any time the RN is unavailable.

Portal Data Elements

HHSC proposes to develop a Web portal with the following specifications. Page 1 of the Component Two Web portal includes the following required questions:

1. How many days during the reporting period (the previous calendar month) did the facility meet 4 hours of additional RN coverage?
2. How many days during the reporting period (the previous calendar month) did the facility meet 8 hours of additional RN coverage?
3. By checking this box, I attest that additional RN hours used to meet these metrics were not concurrent with otherwise mandated RN hours.

The first two items are tied directly to meeting the first two quality metrics for Component Two.

4. Did the facility use telehealth services for any of these shifts?

If the facility answers 'Yes' to item 4, then the Web portal will load the following questions on Page 2:

5. How many days during the reporting period did the facility use telehealth services to meet the additional RN coverage hours?
6. How many hours during the reporting period did the facility use telehealth services to meet the additional RN coverage hours?

Page 2 includes open text fields and date markers for the facility to upload or enter encounter summaries for all telehealth service encounters.

If the facility answers 'No' on item 4 of Page 1, the portal will skip directly to Page 3, which contains the following items. Definitions of terms and example text will be available on the screen. These data elements must be reported as part of the third quality metric for Component Two, but the entered values do not factor for or against meeting the metric:

7. How many involuntary terminations occurred during the reporting period (the previous calendar month)?
8. How many voluntary terminations occurred during the reporting period (the previous calendar month)?
9. How many nursing staff individuals worked during the reporting period (the previous calendar month) who had worked each of the previous 12 months?
10. How many nursing staff vacancies did the facility have at the beginning of the reporting period (the previous calendar month)?
11. How many nursing staff vacancy postings were activated during the reporting period (the previous calendar month)?
12. How many nursing staff vacancies were filled during the reporting period (the previous calendar month)?

The final page of the forthcoming Web portal allows NFs to upload or update recruitment and retention plans (mandatory for the first reporting period of the eligibility year) and documentation regarding goals and outcomes related to the current plan (mandatory for every subsequent reporting period of the eligibility year).

Component Four – Infection Control Program Portal Instructions

Data for the infection control program metrics of Component Four will be collected quarterly through a Web portal developed by HHSC. In alignment with the process of MDS data submissions, facilities will have a one-month reconciliation window at the end of the quarter to submit and update data related to the MDS-based metrics.

All data will be considered final when HHSC begins calculations at the end of the reconciliation period.

Portal Data Elements

Page 1 of the Component Four Web portal will include fields to enter the necessary data elements of metric two. Participating NFs must attest to resident vaccination status and upload documentation as requested.

1. Number of individuals who have an up to date pneumococcal vaccine status (similar to MDS response O033A = [1])
2. Number of individuals who were offered and declined the vaccine (similar to MDS response O0300B = [2])
3. Number of individuals who were ineligible due to medical contraindications (similar to MDS response O0300B = [1])
4. Total number of all current residents (count from roster)

Documentation for item 4 is required with each submission. Definitions of terms and acceptable sources for reporting data will be included in the portal instructions and covered in provider training webinars. If the NF is selected for quality assurance review, documentation for items 2 and 3 will be required.

Page 2 of the Component Four Web portal will include the nine core data elements of metric three. Participating NFs must report the following elements and answer 'Yes' to seven of nine conditions to meet the quality metric:

5. Facility has identified leadership individuals for antibiotic stewardship
6. Facility has written policies on antibiotic prescribing
7. Facility has a pharmacy-generated antibiotic use report from within the last six months
8. Facility audits (monitors and documents) adherence to hand hygiene

9. Facility audits (monitors and documents) adherence to personal protective equipment use
10. Facility has infection prevention policies that are evidence-based and reviewed at least annually
11. Facility has a current list of reportable diseases
12. Facility's coordinator of infection control has received infection control training
13. Facility knows points of contact at local or state health departments for assistance

Some items may require uploading documentation through the portal.

Page 3 of the portal will include required data elements with numeric values. However, the individual values reported do not factor for or against the facility meeting the metric. The following data elements will be collected and tracked but not measured:

14. Number of vaccines administered to residents and employees
15. Number of *Clostridium difficile* diagnoses among residents
16. Number of residents on antibiotic medications
17. Number of residents with multi-drug resistant organisms

HHSC may add or remove items from Page 3 as needed to include additional infection rates or to track trends. In all cases, reporting the items remains mandatory, but values will not be used to count against the facility for meeting any Component Four metrics.

Proposed Quality Metrics – Table View

Component	Type	Tag(s)	Metric
One	State Benchmark	N/A	Facility holds a QAPI meeting each month in accordance with quarterly federal requirements and attests as such
Two	State Benchmark	N/A	NF maintains 4 additional hours of RN coverage per day, beyond the CMS mandate
Two	State Benchmark	N/A	NF maintains 8 additional hours of RN coverage per day, beyond the CMS mandate
Two	State Benchmark	N/A	Facility has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes
Three	Minimum Data Set	CMS N015.01; NQF 0679	Percent of high-risk residents with pressure ulcers
Three	Minimum Data Set	CMS N031.02	Percent of residents who received an antipsychotic medication
Three	Minimum Data Set	CMS N035.02	Percent of residents whose ability to move independently has worsened
Four	Minimum Data Set	CMS N024.01; NQF 0684	Percent of residents with a urinary tract infection
Four	State Benchmark	N/A	Percent of residents whose pneumococcal vaccine is up to date
Four	State Benchmark	N/A	Facility has an infection control program that includes antibiotic stewardship. The program incorporates policies and training as well as monitoring, documenting, and providing staff with feedback