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

HHSC proposes 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 proposes to designate 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.

Pursuant to 1 TAC Chapter 353, Subchapter O, §353.1301(k), failure to participate in the review or to provide supporting records could result in recoupment of Component One funds.

**Component Two – Workforce Development**

HHSC proposes to designate 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 4 additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.
- **Metric 2:** NF maintains 8 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 8 hours of in-person RN coverage must be scheduled non-concurrently with mandated hours.
- NFs must provide in total 12 or 16 hours of RN coverage, respectively, on at least 90% of the days within the reporting period.
- NFs may use telehealth services for scheduling hours beyond the 8-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 their 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 2 portal.

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

HHSC proposes to designate 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 N015.01) Percent of high-risk residents with 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.

Facility-specific targets are calculated as improvements upon a NF’s initial baseline, beginning with a 5% improvement in quarter one and increasing by 5% 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 proposes to designate three equally weighted quality metrics for Component Four. Component Four is open only to NSGO providers, and funds are distributed quarterly. The first two metrics relate to MDS quality metrics and are measured against quarterly targets in the same way as those in Component Three. These metrics are:

- **Metric 1**: (CMS N024.01) Percent of residents with a urinary tract infection.
- **Metric 2**: (CMS N020.01) Percent of residents whose pneumococcal vaccine is up to date.

HHSC does not currently have a method available for obtaining timely MDS data on the pneumococcal vaccine. While this metric is still being strongly considered for inclusion in the program, it may be removed before the enrollment period begins.

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 in the metric. Pursuant to 1 TAC Chapter 353, Subchapter O, §353.1301(k), failure to participate in the review or to provide supporting records could result in recoupment of Component Four funds.
Component One - 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 FTags:

- 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 TAC Chapter 353, Subchapter O, §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, and 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 will have to 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 will have to report any encounters that do not meet an in-person level of care, which will remove that day from the overall count for the reporting period.

Telehealth Services

This section will outline requirements regarding the appropriate use of telehealth services 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 TAC Chapter 353, Subchapter O, §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.

Service Delivery Modalities

In accordance with 1 TAC Chapter 353, Subchapter O, §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.

Timeliness

If the time that elapses between the 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. In such cases, the telehealth shift will not count towards meeting the metric and must be removed from the count of days attested to.

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?

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

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

If the facility answers ‘Yes’ to item 3, then the Web portal will load the following questions on Page 2:

4. How many days 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 3 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:

5. How many involuntary terminations occurred during the reporting period (the previous calendar month)?

6. How many voluntary terminations occurred during the reporting period (the previous calendar month)?

7. How many nursing staff individuals worked during the reporting period (the previous calendar month) who had worked each of the previous 12 months?

8. How many nursing staff vacancies did the facility have at the beginning of the reporting period (the previous calendar month)?

9. How many nursing staff vacancy postings were activated during the reporting period (the previous calendar month)?

10. 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 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:

1. Facility has identified leadership individuals for antibiotic stewardship.

2. Facility has written policies on antibiotic prescribing.

3. Facility has a pharmacy-generated antibiotic use report from within the last six months.

4. Facility audits (monitors and documents) adherence to hand hygiene.

5. Facility audits (monitors and documents) adherence to personal protective equipment use.

6. Facility has infection prevention policies that are evidence-based and reviewed at least annually.

7. Facility has a current list of reportable diseases.

8. Facility’s coordinator of infection control has received infection control training.

9. Facility knows points of contact at local or state health departments for assistance.

Some items may require uploading documentation through the portal.

Page 2 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:

1. Number of vaccines administered to residents and employees.
2. Number of *Clostridium difficile* diagnoses among residents.

3. Number of residents on antibiotic medications.

4. Number of residents with multi-drug resistant organisms.

HHSC may add or remove items from Page 2 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.
Public Hearing and Comments

Interested parties are encouraged to review these proposed quality metrics and provide comments.

HHSC will accept verbal comments in a public forum on January 14, 2019, from 9:30 a.m. – 11:30 a.m. The forum will be held in the public hearing room of the HHSC Brown-Heatly Building. The Brown-Heatly building is located at 4900 North Lamar Blvd., Austin, Texas 78751; entry is through security at the main entrance of the building facing Lamar Boulevard. Persons with disabilities who wish to attend the forum and require auxiliary aids or services should contact the Quality Monitoring Program at (512) 438-4399 at least 72 hours before the forum so appropriate arrangements can be made.

Interested parties may also provide written comments on the proposed quality metrics by submitting comments to HHSC by 11:59 p.m. on January 16, 2019. Written comments may be sent by U.S. mail, overnight mail, special delivery mail, hand delivery, fax, or email.

**U.S. mail, overnight mail, special delivery mail, or hand delivery**

Health and Human Services Commission
Medicaid and CHIP Services
Quality Monitoring Program, Mailcode W510
Winters Building
701 West 51st Street
Austin, Texas 78751

Phone number for package delivery: (512) 438-4399

**Fax**
Quality Monitoring Program at (512) 438-4415. When faxing, please indicate "Comments on Proposed Quality Metrics For QIPP FY2020” in the subject line.

**Email**
QIPP@hhsc.state.tx.us. When e-mailing, please indicate "Comments on Proposed Quality Metrics For QIPP FY2020” in the subject line.
## Proposed Quality Metrics – Table View

<table>
<thead>
<tr>
<th>Component</th>
<th>Type</th>
<th>Tag(s)</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>State Benchmark</td>
<td>N/A</td>
<td>Facility holds a QAPI meeting each month in accordance with quarterly federal requirements and attests as such</td>
</tr>
<tr>
<td>Two</td>
<td>State Benchmark</td>
<td>N/A</td>
<td>NF maintains 4 additional hours of RN coverage per day, beyond the CMS mandate</td>
</tr>
<tr>
<td>Two</td>
<td>State Benchmark</td>
<td>N/A</td>
<td>NF maintains 8 additional hours of RN coverage per day, beyond the CMS mandate</td>
</tr>
<tr>
<td>Two</td>
<td>State Benchmark</td>
<td>N/A</td>
<td>Facility has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes</td>
</tr>
<tr>
<td>Three</td>
<td>Minimum Data Set</td>
<td>CMS N015.01; NQF 0679</td>
<td>Percent of high-risk residents with pressure ulcers</td>
</tr>
<tr>
<td>Three</td>
<td>Minimum Data Set</td>
<td>CMS N031.02</td>
<td>Percent of residents who received an antipsychotic medication</td>
</tr>
<tr>
<td>Three</td>
<td>Minimum Data Set</td>
<td>CMS N035.02</td>
<td>Percent of residents whose ability to move independently has worsened</td>
</tr>
<tr>
<td>Four</td>
<td>Minimum Data Set</td>
<td>CMS N024.01; NQF 0684</td>
<td>Percent of residents with a urinary tract infection</td>
</tr>
<tr>
<td>Four</td>
<td>Minimum Data Set</td>
<td>CMS N020.01; NQF 0683</td>
<td>Percent of residents whose pneumococcal vaccine is up to date</td>
</tr>
<tr>
<td>Four</td>
<td>State Benchmark</td>
<td>N/A</td>
<td>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</td>
</tr>
</tbody>
</table>