



## MARYLAND PAY-FOR-PERFORMANCE PROGRAM

### FREQUENTLY ASKED QUESTIONS

July 30, 2009

#### 1. What measures are used in the P4P program?

The measures are discussed in the report released by the Department of Health and Mental Hygiene in December 2008. This report can be downloaded on the LifeSpan website at <http://www.lifespan-network.org/docs/FINAL-Report-by-DHMH-121708.pdf>.

Category and Assigned Points	Rating Criteria	Data Used to Evaluate Each Category
Family Satisfaction Survey (40 points)	Overall Experience <ul style="list-style-type: none"> <li>▪ Would you recommend this nursing home?</li> <li>▪ How would you rate the care in this nursing home?</li> </ul> Five Domains <ul style="list-style-type: none"> <li>▪ Staff and Administration of the Nursing Home</li> <li>▪ Physical Aspects of the Nursing Home</li> <li>▪ Autonomy and Resident Rights</li> <li>▪ Care Provided to Residents</li> <li>▪ Food and Meals</li> </ul>	2008 MHCC Family Satisfaction Survey
Nursing Staffing and Retention (40 points)	Staffing – 20 points <ul style="list-style-type: none"> <li>▪ Nursing Facility Wage Survey</li> <li>▪ 4.13 hours of nursing per resident benchmark based on CMS Study. Hours will be adjusted for resident acuity.</li> </ul> Retention – 20 points <ul style="list-style-type: none"> <li>▪ Nursing Facility Wage Survey</li> <li>▪ Two years in a position articulated by the nursing facility wage survey</li> </ul>	2005 Work Measurement Study <ul style="list-style-type: none"> <li>▪ Determine total nurse hours by LOC for ADL assistance and ancillary care.</li> </ul> 10/1/2007 – 9/30/2008 MMIS LOCs <ul style="list-style-type: none"> <li>▪ Determine the actual LOC mix for each NH.</li> <li>▪ Determine the ancillary services for each LOC.</li> </ul> Wage Survey, October 2008 <ul style="list-style-type: none"> <li>▪ Calculate the actual nurse hours/resident day for each nursing home.</li> </ul>
MDS Outcomes (16 points)	<ul style="list-style-type: none"> <li>▪ Percent of High-Risk Residents Who Have Pressure Sores</li> <li>▪ Percent of Residents Who Were Physically Restrained</li> </ul>	4 <sup>th</sup> Quarter SFY MDS Outcomes

	<ul style="list-style-type: none"> <li>▪ Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder</li> <li>▪ Percent of Residents with a Urinary Tract Infection</li> <li>▪ Percent of Long-Stay Residents Given Influenza Vaccination During the Flu Season</li> <li>▪ Percent of Long-Stay Residents Who Were Assessed and Given Pneumococcal Vaccination</li> </ul>	
Employment of An Infection Control Coordinator (2 points)	Per COMAR – A facility must designate a coordinator for its infection control program.	DHMH mailed a survey to each nursing home administrator on April 6 <sup>th</sup> requesting information on staff inoculations between 10/2008 – 3/2009 as well as whether the nursing home has an infection control coordinator on the premises that has taken the infection control course. Survey results were due to DHMH by May 1 <sup>st</sup> .
Staff Vaccinations Against Influenza (2 points)	The benchmark will be 80 percent, which is based on an epidemiological threshold necessary to achieve herd-immunity. Nursing facilities reaching the benchmark of 80 percent will receive the full 2 points.	DHMH mailed a survey to each nursing home administrator on April 6 <sup>th</sup> requesting information on staff inoculations between 10/2008 – 3/2009 as well as whether the nursing home has an infection control coordinator on the premises that has taken the infection control course. Survey results were due to DHMH by May 1 <sup>st</sup> .

## 2. How will the program funded?

Legislation from 2007 required that up to 25% of the revenues generated from the quality assessment/provider tax be used to fund a pay-for-performance program. Therefore, the program is essentially funded through a redistribution of existing dollars. The current proposal will require that **all** facilities Medicaid per patient day rate be reduced by approximately \$1.10 to fund a performance payment (please note that this amount could vary for FY2010). This includes non-eligible facilities. Based on the current model (developed July 2009), approximately 46 facilities will then receive this performance payment ranging from \$3.40 to \$6.40 per Medicaid patient day.

## 3. What facilities are not eligible to participate in the program?

- a. Continuing care retirement communities (not subject to quality assessment/provider tax)
- b. Facilities with fewer than 45 day beds (not subject to quality assessment/provider tax)

- c. Facilities with low Medicaid participation (1 standard deviation below the statewide average)
- d. Any facility currently identified by CMS as a “special focus” facility
- e. Any facility which in the previous 12 months has had a denial of payment for new admissions sanction imposed by OHCQ
- f. Any facility which in the previous 12 months has been identified by OHCQ as delivering substandard quality of care. Delivering “substandard quality of care” is defined in the DHMH December 2008 report as:

“ Substandard quality of care means one or more deficiencies related to participation requirements under 42 CFR 483.13, resident behavior and facility practices, 42 CFR 483.15, quality of life, or 42 CFR 483.25, quality of care, that constitutes either immediate jeopardy to resident health or safety, a pattern of or widespread actual harm that is not immediate jeopardy, or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (Defined in the CMS state operations manual chapter 7, section 7001). Substandard quality of care includes any health deficiency (called F-tags) that is of a scope and severity of “F” or higher but not equal to “G” (as “G” represents isolated and not patterned harm).”

**4. How many facilities are awarded money under the program?**

144 facilities are eligible to participate and 46 facilities are awarded money under the program.

**5. How will the program be rolled out?**

Per legislation of the 2009 Session, the program is scheduled to be rolled out as follows:

- July 2009: DHMH releases ratings and score information to individual facilities
- December 2009: Report to the General Assembly on any changes being made to the accountability measures as well as the status of developing an improvement category.
- July 2010: The program will be funded at a 50% level.
- July 2011: The program will be fully funded.

**NEXT STEPS/UNRESOLVED QUESTIONS:** A workgroup with representatives from LifeSpan has been convened to re-examine this program. Issues that need to be resolved during this examination include:

1. Data review: A preliminary review of the data scores released in December 2008 and released July 2009 show a change in facility scores (e.g., some facilities are no longer eligible) even though the accountability measures have not changed. LifeSpan just received the raw data and is reviewing this information.
2. Timing of Accountability Measures: For operational purposes, providers need to have a better understanding of when a measure is being scored.

3. What Should the Timeframe Be for Sanctions: If you are a “special focus facility” for part of the 12-month period but are no longer a “special focus facility” at the time of the ratings and qualify under the criteria, should you be eligible for a performance award?
4. Mechanism for Appealing Rating: There needs to be a process in place to allow providers the opportunity to question their rating before it is made public and money is assigned.
5. Development of Improvement Criteria: Should it be a change in the raw score by a certain amount or percentage? How much should be allocated to improvement?