

OBLIVIOUS!

NMVBP & HCQS 101

PointRight[®] is now



PRESENTED BY:

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AUGUST 17, 2022



New Mexico Value Base Payment Programs

- **Two value-based payment programs**

- ✓ NMVBP

- Voluntary
- Currently in Q3 of Year 3

- ✓ Health Care Quality Surcharge (HCQS)

- Mandatory,
- currently Q1 of Year 4



Both programs require MDS submission to PointRight as the data vendor

NMVBP

4 NMVBP Financial Incentive Payments

- **Foundational Quality Payment (Quarterly Payment):** up to \$3750 per quarter for infrastructure and operations to encourage participation and help offset costs to the facilities for participating in the program. (Tier adjusted, requires Project ECHO participation)
- **Secondary Quality Payment (Yearly Payment):** to encourage facilities to participate or adopt certain behaviors; CY2020 is for telemedicine (Tier adjusted)
- **Tiered Percentage Quality Payment (Quarterly Payment):** per diem rate established for participating facilities; each facility is eligible to receive the full per diem rate for their Medicaid bed days; tier adjustment is applied based on total points achieved for QM rates (tier adjusted)
- **High-Acuity Add-On Payment (Quarterly Payment):** Additional payment is made to facilities based on resident days with certain conditions; determined from Section I of MDS

Payment Changes Implemented for Year 3



- Foundational Payment (Infrastructure support)

- Added MOAB Training requirement for staff

- In order to receive Q2 2022 payment – Attest that no less than 2 employees completed MOAB training certification
- In order to receive Q4 2022 payment - Attest that an additional 3 employees completed MOAB training certification for every 50 beds
- User with “Facility Required Data Entry” role must complete attestation prior to lock of quarter.

- Project ECHO participation remains the same

- Two MQIHA Sessions each quarter and at least 1 case study per year
- Attendance is recorded outside our application and sent to us monthly.
- New UI feature provides visual indicator of progress based on attendance reports sent to us monthly

Number of Beds	Required Staff Attendance
1 to 50	3
50 to 100	6
100 to 150	9
150 to 200	12
200 to 250	15
250 to 300	18
300 to 350	21

- Secondary Payment (Incentivize new behaviors)

- Telemedicine visits increased from 4 per year to **12** per year

- Quality Payment (Incentive based on QM’s)

- Weighting of two quality measures have changed
- Antipsychotic increased to 150 points/UTI decreased to 50 points
- Change in Performance Tier cut points

Tier 1	280 points or more
Tier 2	220 to 279 points
Tier 3	160 to 219 points
Tier 4	100 to 159 points
Tier 5	99 points or less

Attestation Tab - Telemedicine and MOAB® Training



Executive Dashboard / NMVBP

NMVBP

Period: CY 2022: January - December

Payment Quality Measures **Attestation** Program Information

Requirement 12 telemedicine visits

Telemedicine Participation by Quarter

Facility	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total	Last Edited By
	20	0	0	0	20	Crandall, Lara 1/24/2022 9:30:21 AM

MOAB® Training Required by Quarter

Please indicate compliance with MOAB® training requirements per quarter

Quarter	MOAB Requirement	Date Completed	Last Edited by
2	Met		Crandall, Lara 1/24/2022 9:13:37 AM
4	Unmet		Shirish, Joshi 1/21/2022 3:41:04 PM

MOAB Training Requirement

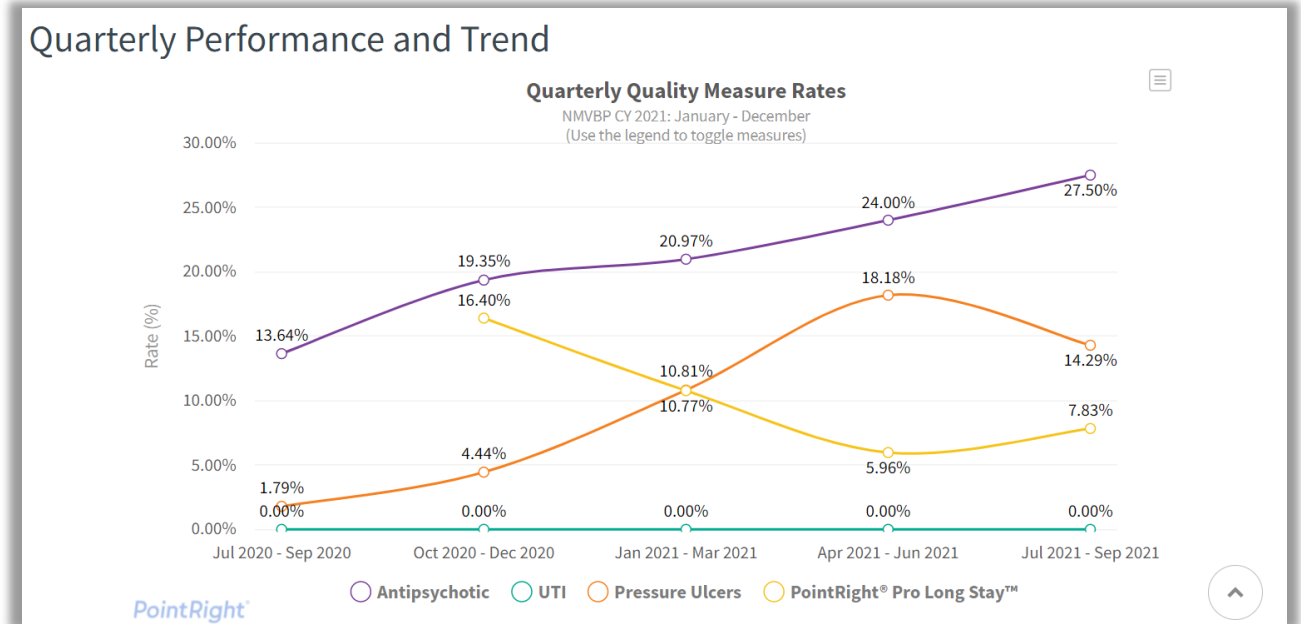
- Applies to Q2 and Q4
- Defaults to “Unmet”
- Must complete before quarter locks
- Role: “Facility Required Data Entry” has permission to change

IMPORTANT: Project ECHO Sessions and Case Studies are reported to PointRight monthly by Project ECHO. Review for accuracy in reporting of your sessions/case studies

New Mexico Value Based Payment Program

4 Quality Measures

- LS Antipsychotic (150 pts)
- LS Urinary Tract Infection (50 pts)
- LS Pressure Ulcer (100 pts)
- PointRight® Pro Long Stay™ (100 pts)
 - Not a CMS QM, PointRight proprietary measure



400 - point program maximum

Quality Measure Cut Points - NMVBVP

Name	Identifier	Source	Range				
			Points				
LS Antipsychotic	N031.02	CMS	23.9% - 100%	17.3% - 23.89%	12.7% - 17.29%	6.8% - 12.69%	0.0% - 6.79%
			30	60	90	120	150
UTI	N024.01	CMS	4.53% - 100%	2.73% - 4.52%	1.61% - 2.72%	0.71% - 1.60%	0.0% - 0.70%
			10	20	30	40	50
PointRight LS Hospitalization	Vendor Measure	PointRight	15.01% - 100%	12.01% - 15.0%	9.1% - 12.0%	6.1% - 9.0%	0.0% - 6.09%
			20	40	60	80	100
LS High Risk Pressure Ulcer	N015.01	CMS	8.6% - 100%	6.1% - 8.59%	4.4% - 6.09%	2.6% - 4.39%	0.0% - 2.59%
			20	40	60	80	100

Antipsychotics – 23.9%
 UTI – 0.0%
 LS Hosp – 14.6%
 High Risk PU – 4.1%

$30 + 50 + 40 + 80 = 200$ Total Points

Total points determines Tier

Performance Tiers

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
	280 points or more	220 to 279 points	160 to 219 points	100 to 159 points	99 points or less



- A Performance Tier shall be assigned to each facility's corresponding point total earned from quality measures
- Per diem rate X applicable tier percentage X **Medicaid Bed Days** = Quality payment

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
3rd year (CY 2022)	100%	85%	75%	50%	10%

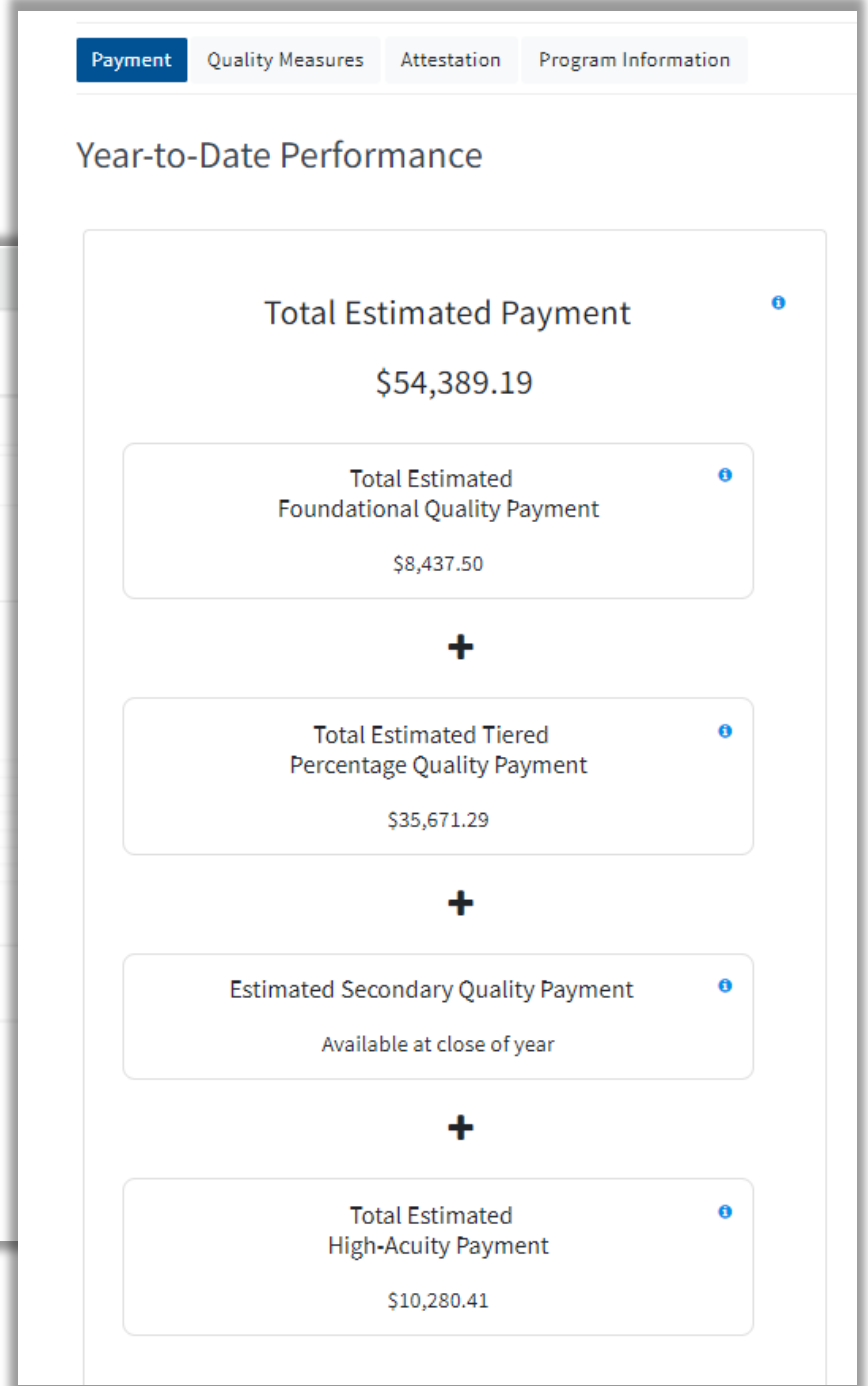
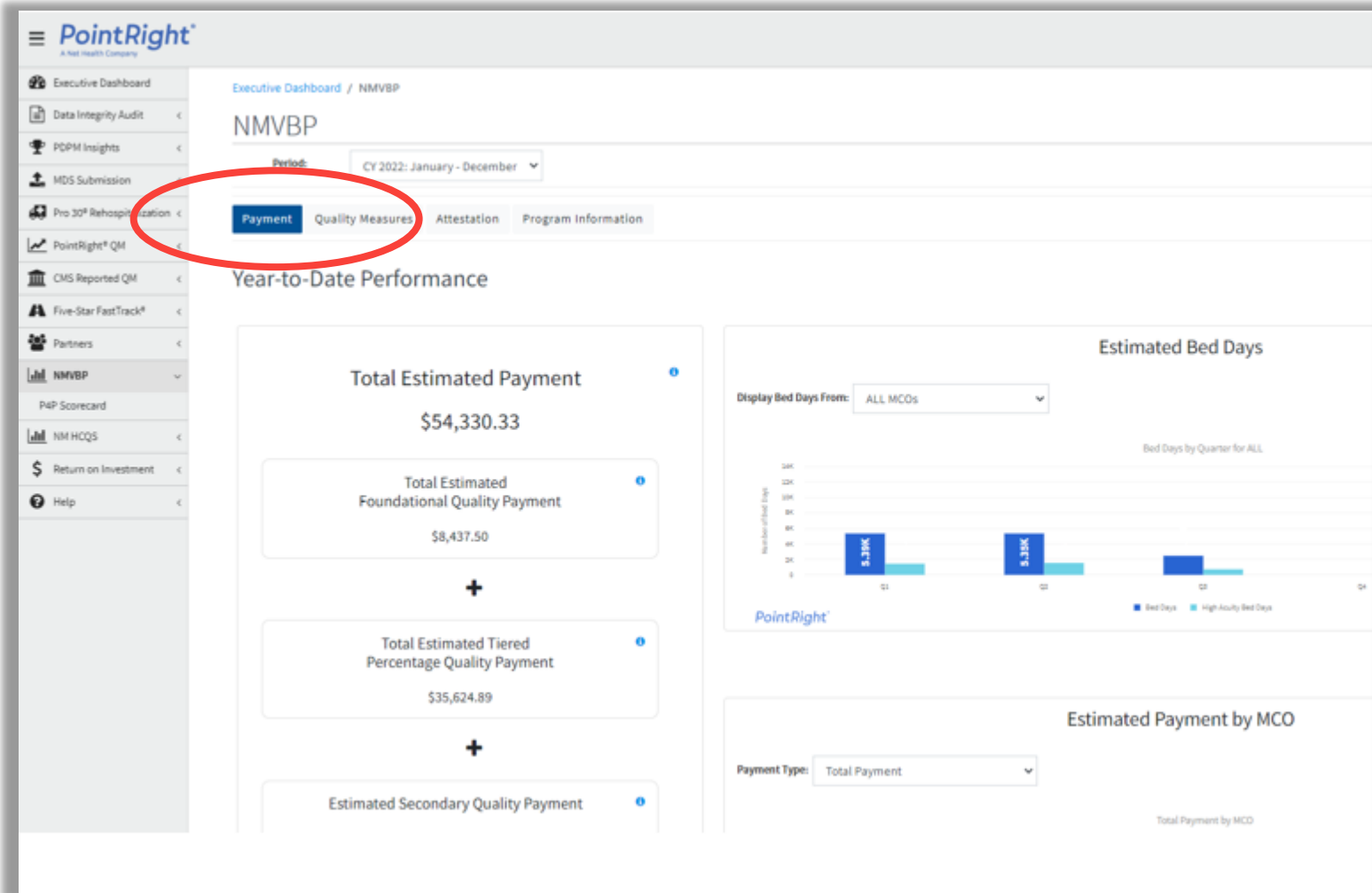
Key Program Calculations – Medicaid Bed Days

- Bed Day Calculations
 - Which Medicaid Bed Days count?
 - Where does the data come from to calculate this?
- High Acuity Bed Day Calculations
 - What residents are considered high acuity?
 - Where does the data come from to calculate this?



MDS

NMVBP Year to Date Performance P4P Scorecard





NMVBP –

YTD Trend for Bed Days Estimated Payments



NMVBP Quarterly Performance



Q1 Jan 2022 - Mar 2022 +

Q2 Apr 2022 - Jun 2022 +

Q3 Jul 2022 - Sep 2022 +

Q2 Apr 2022 - Jun 2022

Payment

\$18,128.17

Foundational Quality Payment

\$2,812.50

+

Tiered Percentage Quality Payment

\$11,530.47

+

High-Acuity Payment

\$3,785.20

Points and Performance Tier

Tier	Points Range	Payment
Tier 5	0 - 100	\$1537.40
Tier 4	100 - 160	\$7686.98
Tier 3	160 - 220	\$11530.47
Tier 2	220 - 280	\$13097.96
Tier 1	280 - 400	\$15373.96

200

Project ECHO

Session: 4

Case Studies: 1

Bed Days

Medicaid Bed Days: 5351

Per Diem Rate: \$2.8731

High Acuity Bed Days: 1525

Per Diem Add On: \$2.4821

NMVBP Quarterly Performance



NMVBP Project ECHO Sessions and Case Studies



CY2022: January - December

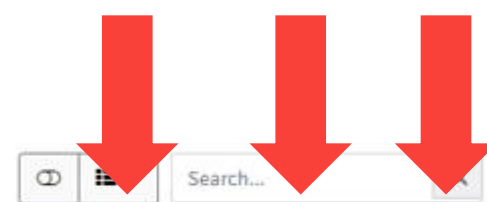
Month	Sessions	Case Studies
January	1	0
February	1	0
March	1	0
April	0	0
May	2	0
June	2	1
July	-	-
August	-	-
September	-	-
October	-	-
November	-	-
December	-	-

CY 2022: January - December

Q 1 **Q 2** Q 3 Q 4

Resident List and Bed Days in this Quarter

Display Residents From: BlueCross BlueShield of NM

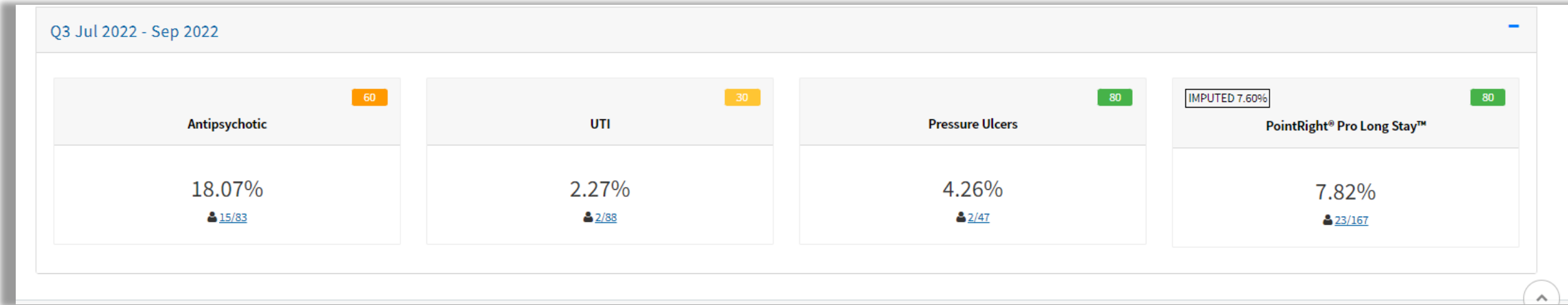
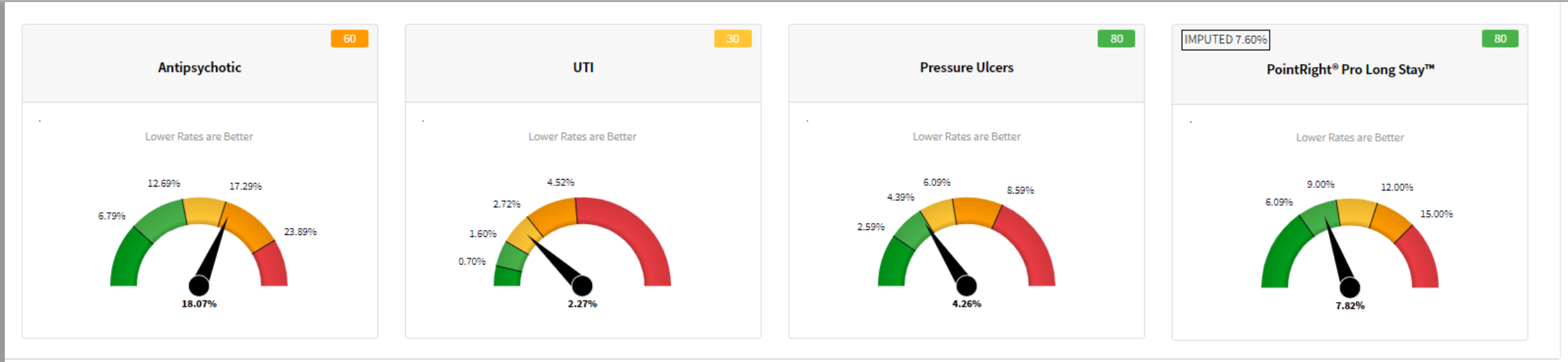


Name	DOB	MRN	ROOM	MCO	Start Date	End Date	Bed Days	High Acuity Bed Days	Flags
				BlueCross BlueShield of NM	05/12/2022	05/26/2022	0	0	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	91	91	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	61	0	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	91	0	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	91	0	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	91	0	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	91	0	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	91	91	
				BlueCross BlueShield of NM	05/07/2022	06/30/2022	36	36	
				BlueCross BlueShield of NM	04/01/2022	06/30/2022	91	0	


Showing 1 to 10 of 63 rows 10 rows per page

1 2 3 4 5 6 7

NMVBP Quarterly Performance – Quality Measures



NMVBP Quarterly Performance Drill Down


QM Analysis (Antipsychotic) 

CY 2022: January - December

Q 1 Q 2 **Q 3** Q 4

Antipsychotic 60

18.07%


 15/83

Targets

	Target Rate	Residents Needed to Achieve
Tier 1	6.79%	10 fewer
Tier 2	12.69%	5 fewer
Tier 3	17.29%	1 fewer
Tier 4	23.89%	None

Resident List

Display: Residents who triggered for the QM
 Residents in the denominator who did not trigger for the QM



Name	DOB	MRN	Room	ARD
[REDACTED]	[REDACTED]	[REDACTED]	210-B	07/20/2022
[REDACTED]	[REDACTED]	[REDACTED]	412-A	06/21/2022
[REDACTED]	[REDACTED]	[REDACTED]	205-A	07/18/2022

HCQS

The New Mexico HCQS Program: Background

The Health Care Quality Surcharge (HCQS) was created by Senate Bill 246 (SB246) in the 2019 Regular Legislative Session.

Imposes a daily surcharge on certain types of facilities for non-Medicare bed days.

Since Medicaid NF care is always provided and paid through the managed care delivery model, all additional payments to be made to NFs through the HCQS program must be administered and dispensed by the Centennial Care MCOs.

Overview of Nursing Facility Bed Days Reporting and Surcharge Payment

The surcharge is calculated based on facility data that is reported to HSD.

1. Facilities are required to report bed day data to HSD's contractor (Myers & Stauffer).
2. Myers & Stauffer reconciles the data and reports to HSD.
3. HSD reviews and transmits the data to TRD.
4. TRD generates an automatic email prompting the facility to verify the data and pay the surcharge through the TRD portal.

HCQS Payment Mechanics

Quality Performance Payment

- Quarterly tiered percentage payment to reward Quality Measure performance weighted by each facility's Medicaid Bed Days (reported from Myers & Stauffer)
- Per diem rate established by dividing the total number of dollars available in the HCQS Pool by the total number of Medicaid Bed Days across all facilities and MCOs
- The applicable tier percentage is then applied to the per diem rate, and the resulting rate multiplied by the number of Medicaid bed days for the facility during the applicable quarter

HCQS Payment Mechanics

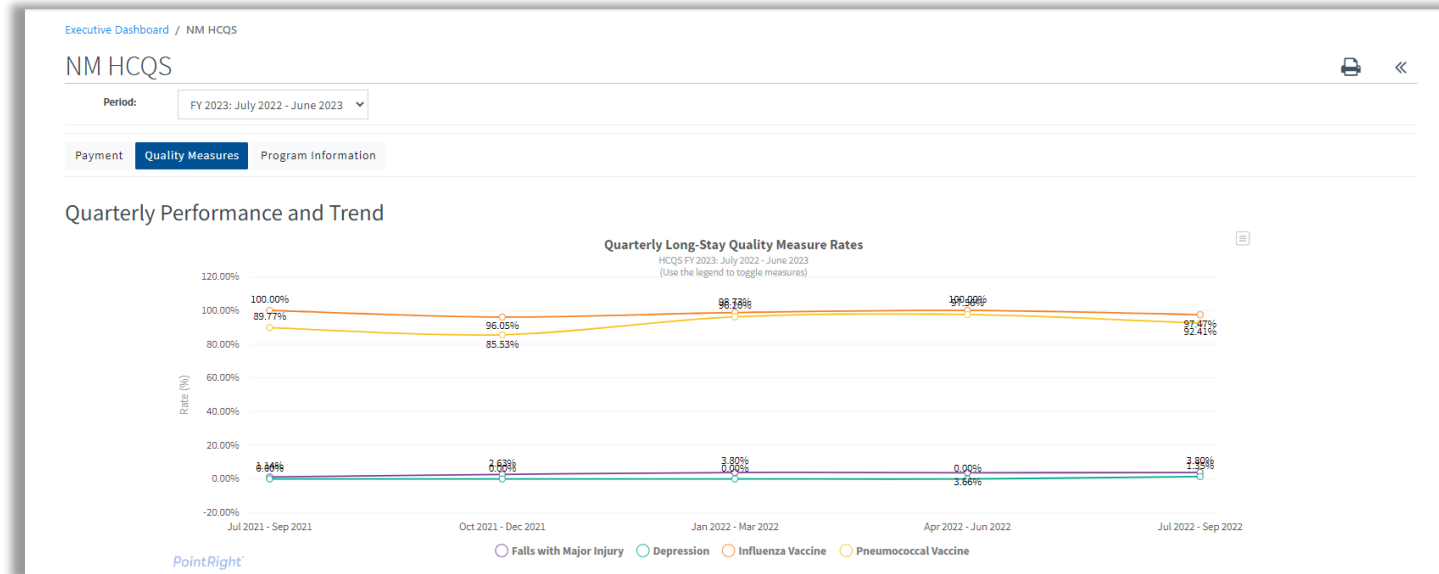
Reallocation (Residual Funds) Payment

- To distribute the residual funds from the Quality Performance Payment each quarter
- A residual funds (reallocation) process distributes the residual funds from the Quality Performance Payment each quarter
 - Residual fund is established by subtracting the initial quality performance amount for all facilities from the total funds available for the quarter
 - Residual percentage is calculated by dividing the residual funds available by the total funds available.

HCQS Quality Measures

4 Quality Measures

- LS Falls w/Major Injury (100 pts)
- LS Depression (100 pts)
- LS Influenza Vaccine (100 pts)
- Pneumococcal Vaccine (100 pts)



400 - point program maximum

Quality Measure Cut Points - HCQS

Name	Identifier	Source	Baseline Timeframe	20	40	60	80	100
Falls with Major Injury	N013.02	CMS	2019Q1-2019Q4*	4.64 – 100	3.98 – 4.63	3.30 – 3.97	2.20 – 3.29	0-2.19
Depression	N030.02	CMS	2019Q1-2019Q4*	6.16 – 100	2.77 – 6.15	1.02 – 2.76	0.41 – 1.01	0 - .40
Flu Shot	N016.03	CMS	2019Q1-2019Q4*	0 – 87.05	87.06 – 94.45	94.46 – 96.45	96.46 – 99.05	99.06 – 100
Pneumonia Vaccine	N020.02	CMS	2019Q1-2019Q4*	0 – 85.05	85.06 – 92.90	92.91 – 95.45	95.46 – 98.45	98.46 - 100

Falls w/ Major Injury 3.7%
 Depression – 2.6%
 Flu Vaccine –98.2%
 Pneum Vaccine – 88%

$60 + 60 + 80 + 40 = 240$ Total Points

Total points determines Tier



Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
320 points or more	319 to 260 points	259 to 200 points	199 to 140 points	139 points or less

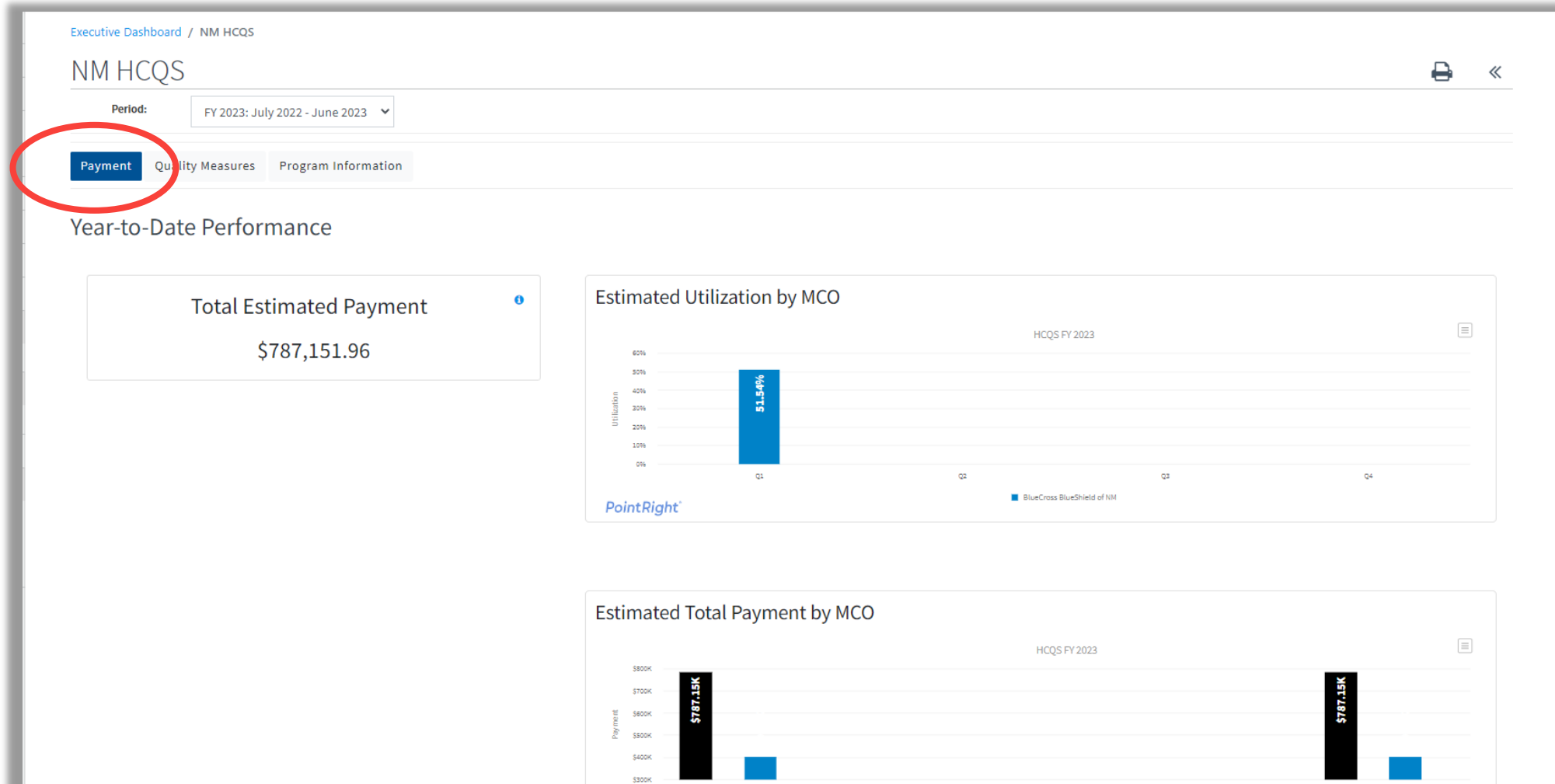
Tier Percentages	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
1st year	100%	100%	100%	100%	100%
2nd year	100%	95%	90%	85%	75%
3rd year	100%	85%	75%	65%	50%
4th year	100%	75%	50%	25%	0%



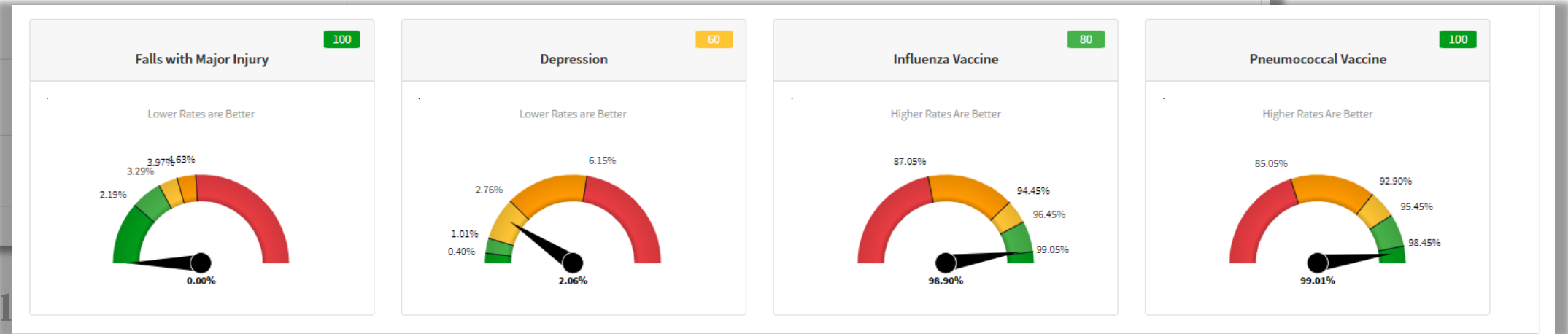
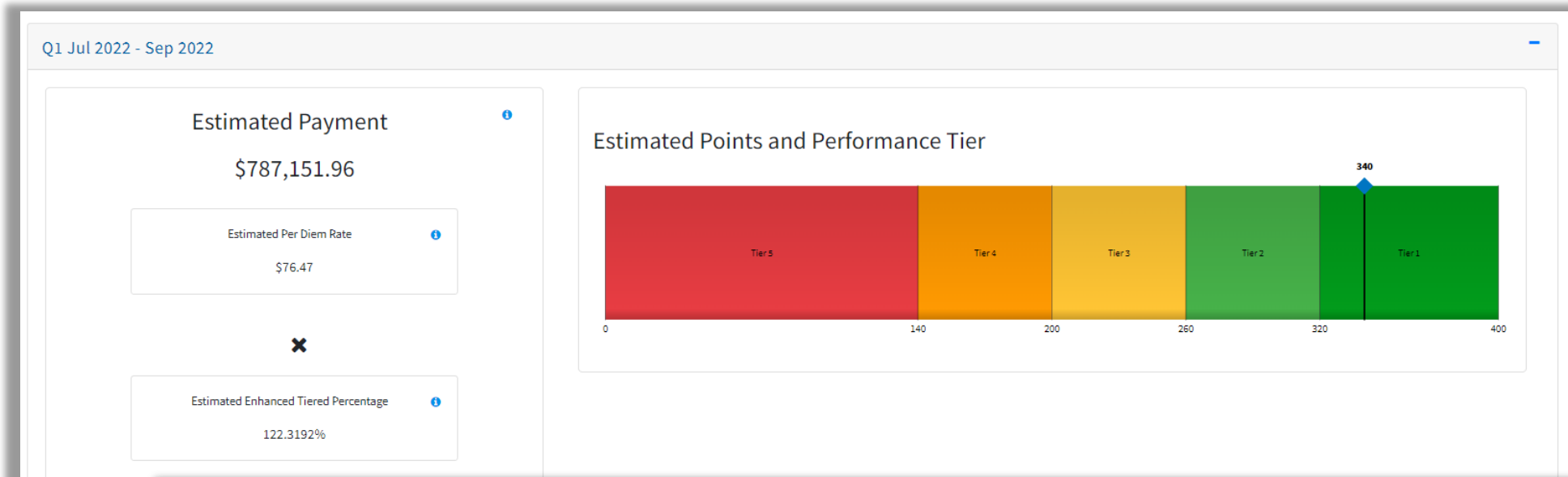
(Per diem * Tier Percentage) * Adjusted Medicaid Bed Days = Initial Quality Performance Amount

Per Diem Rate * Enhanced Tier Percentage * Facility Adjusted Medicaid Bed Days = Total Quality Payment

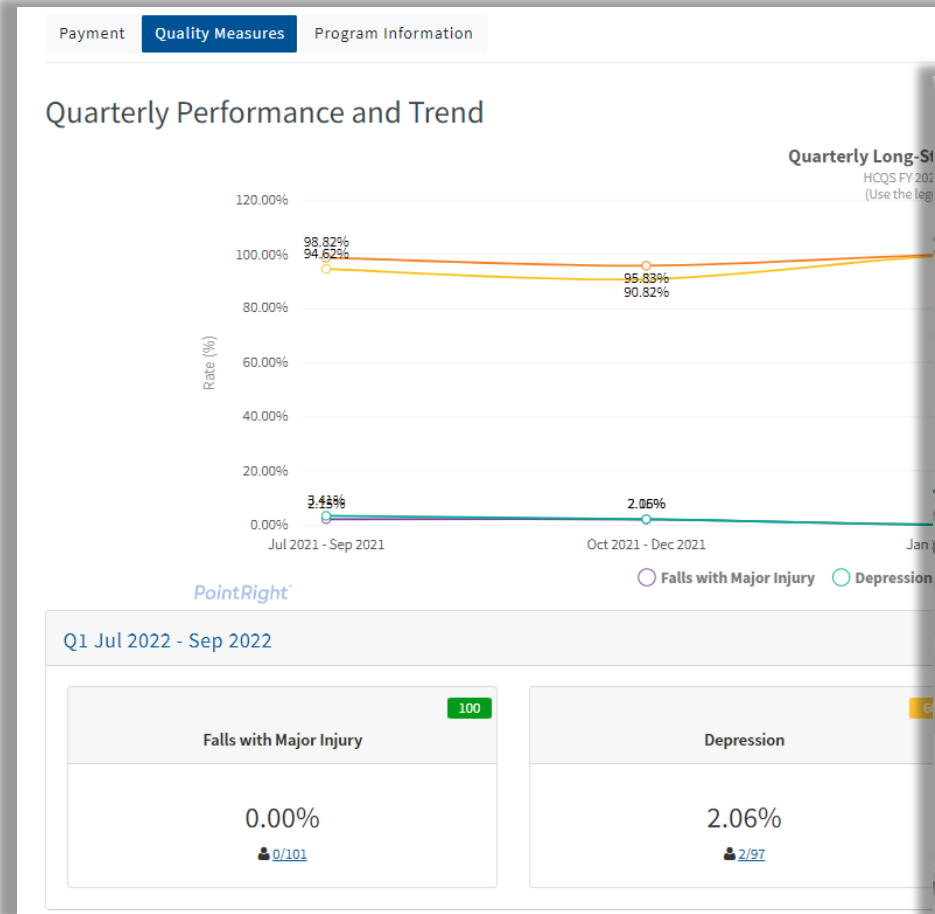
HCQS Year to Date Performance – P4P Scorecard



HCQS Quarterly Performance



HCQS Quarterly Performance – Quality Measures



HCQS QM Analysis (Depression)

FY 2023: July 2022 - June 2023

Q1 Q2 Q3 Q4

Depression 6

2.06%

👤 2/97

Targets

	Target Rate	Residents Needed to Achieve
Tier 1	0.40%	2 fewer
Tier 2	1.01%	2 fewer
Tier 3	2.76%	None
Tier 4	6.15%	None

Resident List

Display: Residents who triggered for the QM Residents in the denominator who did not trigger for the QM

Name	DOB	MRN	Room	ARD
[REDACTED]	[REDACTED]	[REDACTED]	308-B	05/13/2022
[REDACTED]	[REDACTED]	[REDACTED]	302-A	08/02/2022

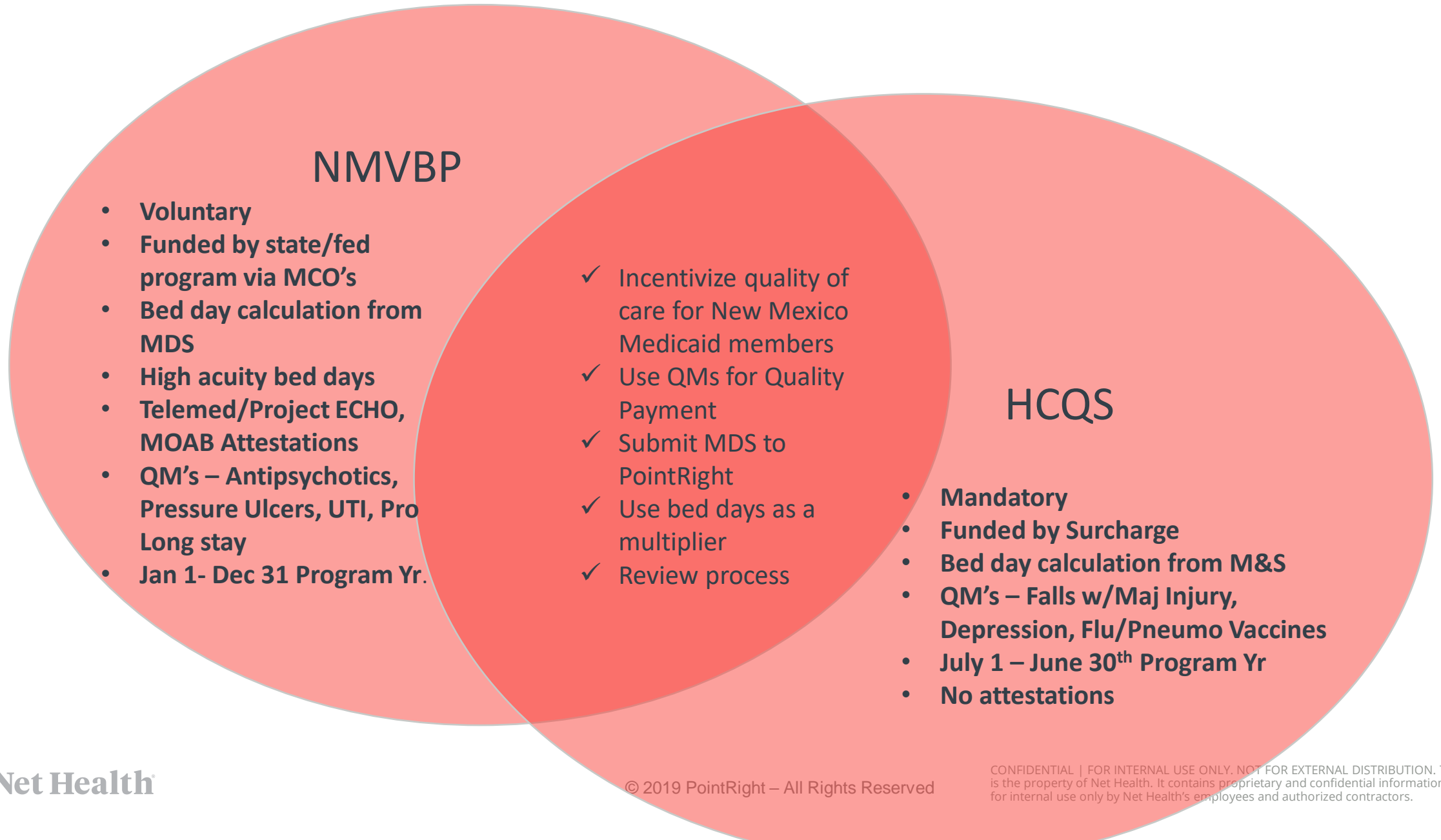
30-Day Review Period



- 30 days after the end of each quarter
- Develop your own review plan to ensure:
 - **All MDS' submitted to PointRight**
 - **MDS' are accurate**
 - **Bed Days sent to Myers & Stauffer are accurate**
 - **All attestations complete**

Quarter locks at day 31

NMVBP vs. NM HCQS P4P Programs



Program Information Resources within PointRight P4P Scorecard

Executive Dashboard / NMVBP

NMVBP

Period: CY 2022: January - December

Payment Quality Measures Attestation **Program Information**

New Mexico Nursing Facility Value Based Purchasing Program

The Nursing Facility Value Based Purchasing Program project includes a four-pronged approach consisting of a Community Advisory Board (CAB), MCO VBP workgroup, hospitalizations, and optimize health for all New Mexico Medicaid members receiving services in nursing facilities by 2023.

- The program has four components:
 - Funding mechanism
 - Measure selection
 - Assessing performance on measures
 - Linking performance to payment

Eligibility

- To be eligible for the Nursing Facility VBP Program in CY 2022, the facility must meet the following minimum requirements:
 - Medicaid Certified facility.
 - Contracted with at least 1 Medicaid MCO.
 - Submit Minimum Data Set (MDS) data to Data Vendor.
 - Facility must have Medicaid utilization during the measurement quarter to be eligible to receive payment. If the facility does not have Medicaid utilization during the measurement quarter, the facility will not be eligible to receive payment.
 - Data use agreements signed with Data Vendor (PointRight®/NetHealth®) and MCOs.
- Within six months of implementation, the nursing facility must meet the following requirements. Failure to do so within the stated timeframe will result in suspension of participation in required number of Medicaid Quality Improvement and Hospitalization Avoidance (MQHA) Project ECHOP® sessions as determined by the HSD. For CY2022 and beyond, this would be a minimum of 2 sessions per quarter and will include participation in MQHA ECHOP® or National Nursing Home Conference (NNHC) sessions.
 - To earn the CY2022 Q2 foundational payment, facilities will need to attest in the PointRight®/NetHealth® application that no less than two employees have completed the required training.
 - To earn the CY2022 Q4 foundational payment, facilities will need to produce evidence that at least 3 employees (in addition to those trained in person) have completed the required training.

Number of Facility Beds vs. NF Staff Attendance

Number of Beds	Required Staff Attendance
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Executive Dashboard / NM HCQS

NM HCQS

Period: FY 2023: July 2022 - June 2023

Payment Quality Measures **Program Information**

New Mexico Health Care Quality Surcharge (HCQS) Program

The Health Care Quality Surcharge (HCQS) was created by Senate Bill 246 (SB246) in the 2019 Regular Legislative Session. The program imposes a daily surcharge on certain types of facilities for non-Medicare bed days. The purpose of the surcharge is to increase each facility's Medicaid reimbursement rates by at least the rate of nursing home inflation and to provide bonus payments to Medicaid facilities based on performance data.

- Stakeholders include the following:
 - New Mexico Healthcare Association (NMHCA) Provider Advisory Group
 - Centennial Care 2.0 MCOs - Blue Cross Blue Shield (BCBS), Presbyterian Health Plan (PHP) and Western Sky Community Care (WSSC)
 - Human Services Department (HSD)
 - New Mexico SNFs and ICFs
- The HCQS program has four components, which include:
 - Funding Mechanism (how rate improvement and quality payments are funded)
 - Measure Selection (four measures selected jointly between HSD and NMHCA)
 - Assessing Performance on Measures (quality measure thresholds that yield points used to determine the incentive payment)
 - Linking Performance to Payment (the mechanism through which facility performance on the quality measures is translated into an incentive payment)

The surcharge is calculated based on facility bed days data that is reported to HSD. Since Medicaid NF care is always provided and paid through the managed care delivery model, all additional payments to be made to NFs through the HCQS program must be administered and dispensed by the Centennial Care MCOs.

The HCQS statute requires the use of a data vendor for calculating and measuring the quality data of participating NFs. The data vendor, PointRight, accepts and uses MDS data submissions from participating Nursing Facilities to calculate CMS Quality Measures and quality payments. The data vendor shares NF performance data with the NFs, MCOs, and HSD.

Payment Mechanics

The payment methodology has three payment mechanisms. The goal of these three payment mechanisms is to provide the facility with the ability to implement the necessary changes to improve their scores, reward the facilities for improvement, and promote behavior beneficial for the residents, the facility, and the MCOs.

- Surcharge Add-on** paid by the MCOs and by HSD on a per diem basis. The Surcharge Add-on will be calculated by HSD and provided to the MCOs and the facilities. This amount will change each July 1 in accordance with the statute.
- MBI Increase** added to the rate paid by the MCOs and by HSD on a per diem basis. The MBI Increase percentage will be provided by HSD by May 15. The MCOs and HSD will increase the current rate by stated MBI Increase percentage on July 1 in accordance with the statute.
- Quality Payment** that is mandatory for SNFs based on the law. In order to facilitate the quality scores, the facility must participate and/or contract with data vendor. Failure to do so will result in Quality Payments being delayed. ICFs are not eligible for the quality payment.

The Quarterly Performance Payment is a tiered percentage payment to reward Quality Measure performance. It is weighted by each facility's Medicaid bed days (as reported to the data vendor by Myers & Stauffer).