

PAY FOR
PERFORMANCE

ECHO TRAINING JANUARY 20



HISTORY

The PFP program was established through Oklahoma State Statute, Title 56, Section 56-1011.5.

The PFP program was amended through Senate Bill 280 in May of 2019 to include 4 clinical measures.

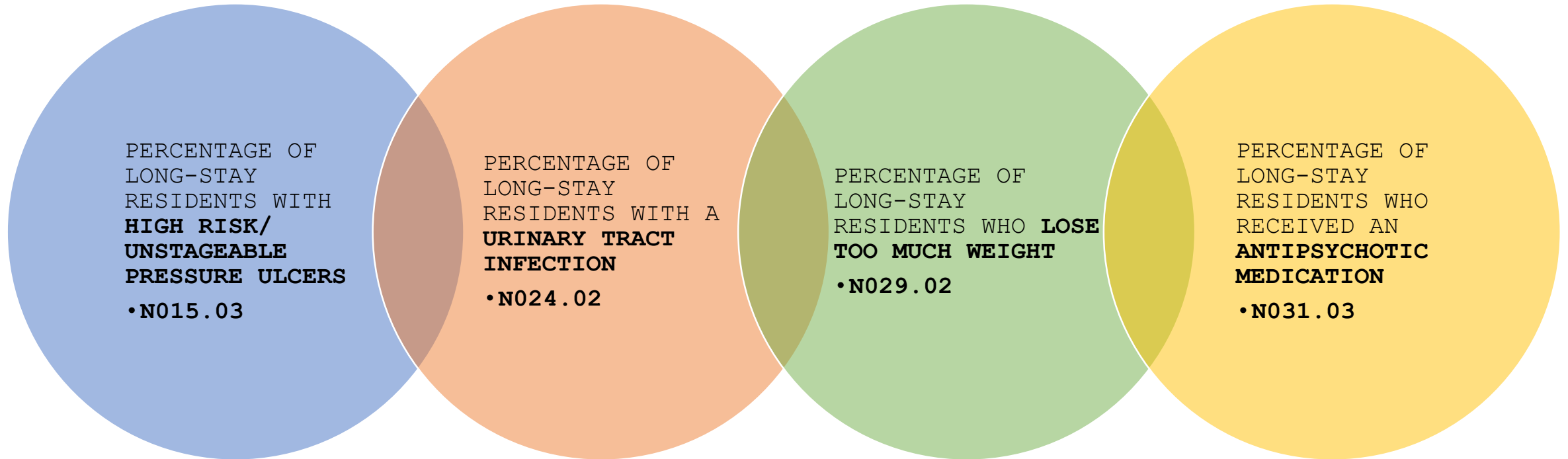
The PFP mission is to enhance the quality of life for target citizens by delivering effective programs and facilitating partnerships with providers and the community they serve.

OBJECTIVES

- Quality Measures.
- Data Collection and Submission.
- Program Audit
- Resident and Employee Satisfaction survey

QUALITY MEASURES

QUALITY MEASURES



QUALITY MEASURES

- Earn payment.
 - Meet or exceed national average.
 - 5% relative improvement each quarter from baseline or better.
- Four equally-weighted CMS Long-Stay Quality Measures.
 - Minimum of \$1.25 per Medicaid patient per day for each qualifying metric.
- Facilities with deficiency of I or greater related to a targeted quality measure in the program is disqualified from receiving an award related to that measure for that quarter and following quarters until the facility comes into compliance.
 - Facility deficiency tags can be viewed here <https://surveys.health.ok.gov/>

DATA

COLLECTION AND

SUBMISSION

SUBMISSION DEADLINES

- Facilities **enter the facility adjusted percent score** from the CASPER MDS 3.0 facility level quality measure report for each of the four quality measures.
- Facilities **upload** the CASPER MDS 3.0 facility level quality measure report for each of the four quality measures.

DATA COLLECTION PERIOD	SUBMISSION DEADLINE	PAYMENT
October, November and December	Jan. 30	Feb.
January, February and March	Apr. 30	May
April, May and June	Jul. 30	Aug.
July, August and September	Oct. 30	Nov.

PFP/QOC PROVIDER PORTAL-STEP 1

Oklahoma HealthCare Authority Extranet FOE/QOC Data Collection Portal

Currently logged in as: Nursing Facility

Default Pages Forms and Documents Reports Contact Us Profile Trainings Print Log Out

User Profile

Baselines and National Average

Training and FAQ's

Note: Please take a moment to verify your user profile before clicking "Save Profile". Click "Save Profile" to save your changes and continue to your default screen.

Medicaid/User ID: 100234567A

State ID: 001

Friendly Name: Nursing Facility Name

NSGO Name:

E-mail: **employee1@nh.com, employee2@nh.com**

Password: PassWord123

Facility Admin/Owner: First Name Last Name

of Licensed Beds: 75

Save Profile

PROVIDER PORTAL-STEP 2

Oklahoma HealthCare Authority Extranet PFP/QOC Data Collection Portal

Default Pages Forms and Documents **Reports** Contact Us Profile Trainings Print Log Out

Data Submission

Reporting Period: 10/01/2019 - 12/31/2019

Status: Show All

[Submit](#) [Reset](#)

Export To: [CSV](#) [Excel](#) [Word](#)

Report Name	Due Date	Status
Excess Weight Loss	01/30/2020	Complete
High Risk Unstageable Pressure Ulcer	01/30/2020	Complete
Lower use of anti-psychotic medication	01/30/2020	Complete
Lower UTI	01/30/2020	Complete

PROVIDER PORTAL-STEP 3

PFP/QOC Data Collection Portal

Log Out

Health Improvement Plan (HIP)
N029.02 Excess Weight Loss

Data Last Updated On: 1/29/2020 3:58:36 PM

Data Period: 10/1/2019 - 12/31/2019 [LOCKED]
(Please use the same report period on the CASPER report.)

Nursing Home Information

State ID: 888
Federal (Medicaid) ID: 4058227019
Facility Name 1: ?
Facility Name 2: TEST FACILITY ?
NSGO Name: Test Facility
PFP Participant?:
Phone Number: (405) 522-7019
Address: 4345 N. Lincoln Blvd.
Oklahoma City, OK 73104

Instructions

Please read information required on your facility:

- Your facility will be responsible for entering the facility adjusted quality metric score each quarter from the CASPER MDS 3.0 facility level quality measure report. This is the facility adjusted percent. Your facility will be responsible for uploading this one page report quarterly.
- Each of the 4 measures will have their own provider portal form: 1 for anti-psychotics, 1 for UTI, 1 for weight loss and 1 for unstageable pressure ulcer. You must go in to each form to see baseline(s), National Average, Quarterly Improvement score, current score. All language on the forms will be the same.
- Your facility will be audited at least once within the year. Please make sure your email on the portal is up to date, as this is the communication tool for audit, trainings, payment allocation and quarterly report cards.
- Due dates are January 30, April 30, July 30 and Oct. 30.
- Facilities will have to sign and submit the provider portal form once documentation has been uploaded for audit.
- The Performance Review Audit section below will check a box if your facility is up for review.

PROVIDER PORTAL-STEP 4

PFP/QOC Data Collection Portal

Contact Us Profile Trainings Print Log Out

Facilities will have to sign and submit the provider portal form once documentation has been uploaded for audit.

- The Performance Review Audit section below will check a box if your facility is up for review.

Baseline: 7.17
National Avg. Benchmark: 5.50
Quarterly Improvement Percentile (5% relative improvement): 6.81
Facility Adjusted QM Score:

CASPER Report MDS 3.0 Facility Level Quality Measure Report: [Casper quarter.pdf](#)

Performance Review Audit (ONLY NEEDED upon request of OHCA) submit checked box(s) ONLY:

Document Type	Supporting Document(s)	Upload Files
<input checked="" type="checkbox"/> Quality Assurance and Performance Improvement Plan (QAPI) - this is the facility annual plan and quarterly meetings	Pay for Audit Documents for 4th qtr 20	<input type="text"/> Upload <input type="button" value="Browse..."/>
<input type="checkbox"/> Performance Improvement Project (PIP)	Use of Antipsychotics - PIP July 2019.pdf	<input type="text"/> Upload <input type="button" value="Browse..."/>
<input type="checkbox"/> Other		<input type="text"/> Upload <input type="button" value="Browse..."/>

Additional Comments/Explanation (Optional)

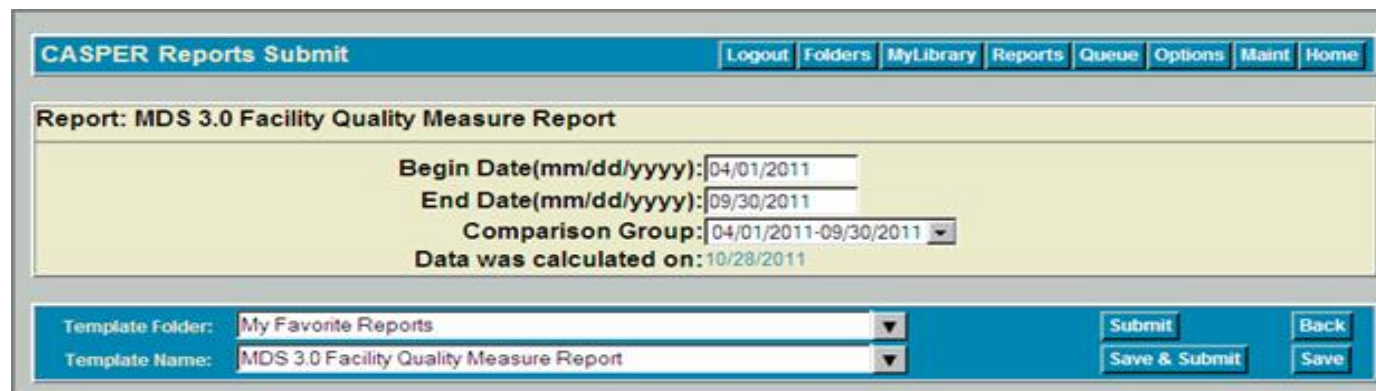
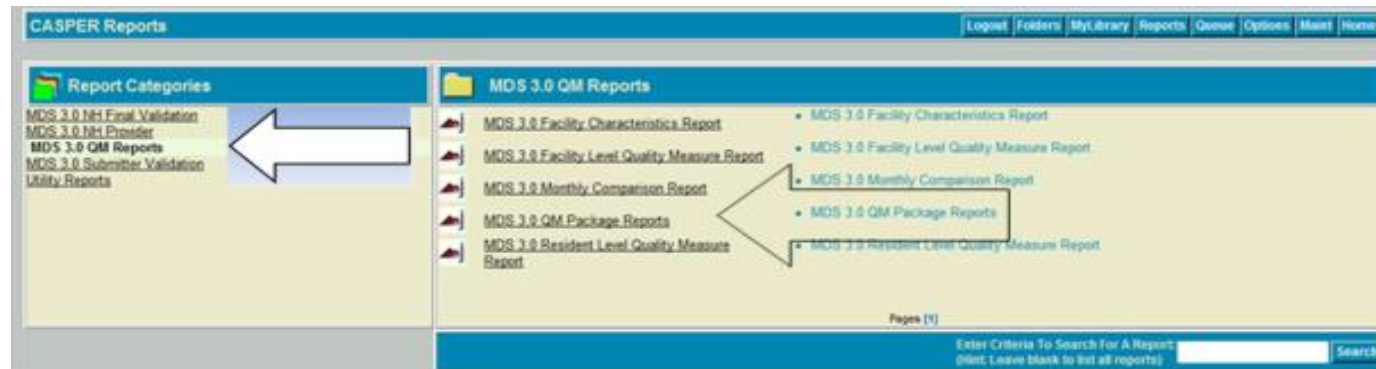
Signatures

I certify that all of the information I have supplied to the Oklahoma Health Care Authority on this form, or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration.

Signed By: Lin Liu
Job Title: OHCA - FOE Staff MemberDate: 1/29/2020 1:47:22 PM

CASPER RETRIEVAL

Facilities go into their CASPER reports and run their MDS CASPER 3.0 Facility Level QM reports for the appropriate quarter:



CASPER FORM

CMS		CASPER Report					Page 1 of 1			
CENTERS FOR MEDICARE & MEDICAID SERVICES		MDS 3.0 Facility Level Quality Measure Report								
Facility ID: NH5531		Report Period: check the report period								
CCN: 375256		Comparison Group: 05/01/2019 - 10/31/2019								
Facility Name: check facility name		Report Run Date: 01/03/2020								
City/State: OKLAHOMA CITY, OK		Data Calculation Date: 12/30/2019								
		Report Version Number: 3.02								
Note: Dashes represent a value that could not be computed										
Note: S = short stay, L = long stay										
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected										
Note: * is an indicator used to identify that the measure is flagged										
Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)										
Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile	
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	8	62	12.9%	12.9%	9.8%	8.1%	81	*
Phys restraints (L)	N027.02	C	1	117	0.9%	0.9%	0.2%	0.2%	92	*
Falls (L)	N032.02	C	70	117	59.8%	59.8%	52.0%	45.4%	86	*
Falls w/Maj Injury (L)	N013.02	C	12	117	10.3%	10.3%	4.9%	3.5%	97	*
Antipsych Med (S)	N011.02	C	4	129	3.1%	3.1%	2.2%	2.0%	81	*
Antipsych Med (L)	N031.03	C	19	116	16.4%	16.4%	17.4%	14.2%	66	
Antianxiety/Hypnotic Prev (L)	N033.02	C	4	78	5.1%	5.1%	9.4%	6.5%	51	
Antianxiety/Hypnotic % (L)	N036.02	C	31	89	34.8%	34.8%	25.9%	19.7%	90	*
Behav Sx affect Others (L)	N034.02	C	3	100	3.0%	3.0%	18.2%	20.8%	8	
Depress Sx (L)	N030.02	C	0	108	0.0%	0.0%	4.0%	5.5%	0	
UTI (L)	N024.02	C	2	112	1.8%	1.8%	4.8%	2.8%	48	
Cath Insert/Left Bladder (L)	N026.03	C	4	111	3.6%	3.6%	2.9%	2.2%	75	*
Lo-Risk Lose B/B Con (L)	N025.02	C	8	39	20.5%	20.5%	37.8%	48.2%	7	
Excess Wt Loss (L)	N029.02	C	10	84	11.9%	11.9%	5.3%	5.7%	89	*
Incr ADL Help (L)	N028.02	C	9	82	11.0%	11.0%	14.4%	14.9%	32	

Assistance with obtaining CASPER report:

- Oklahoma State Department of Health.
 - Quality Improvement and Evaluation Service helpdesk.
 - 405-271-5278.

PROGRAM AUDIT

PROGRAM AUDIT

The quality assurance team conducts weekly performance audits of participating facilities:

- Desk audit-facility data is reviewed at a desk level capacity. Facilities submit requested data via the PFP/QOC provider portal.
- On-site audit-facility data is reviewed in person. Facilities provide requested data same day to the on-site QA team.

DESK AUDIT

- Facilities are randomly selected.
- **Performance Review Audit box** checked in PFP/QOC provider portal.(if your facility is checked you will not be able to submit the facility quarterly reporting; see slide 12).
- Requested documentation due by 30th of submission deadline.(this will be listed on your PFP/QOC provider portal document; see slide 10).

ONSITE AUDIT

- Facilities submit requested documentation via same day to ltcqualityassurance@okhca.org
 - Quality Assurance and Performance Improvement Plan . (F520 483.75)
 - Pay for Performance-Performance questionnaire form.
- Summary report provided within 15 business days of completion via email.

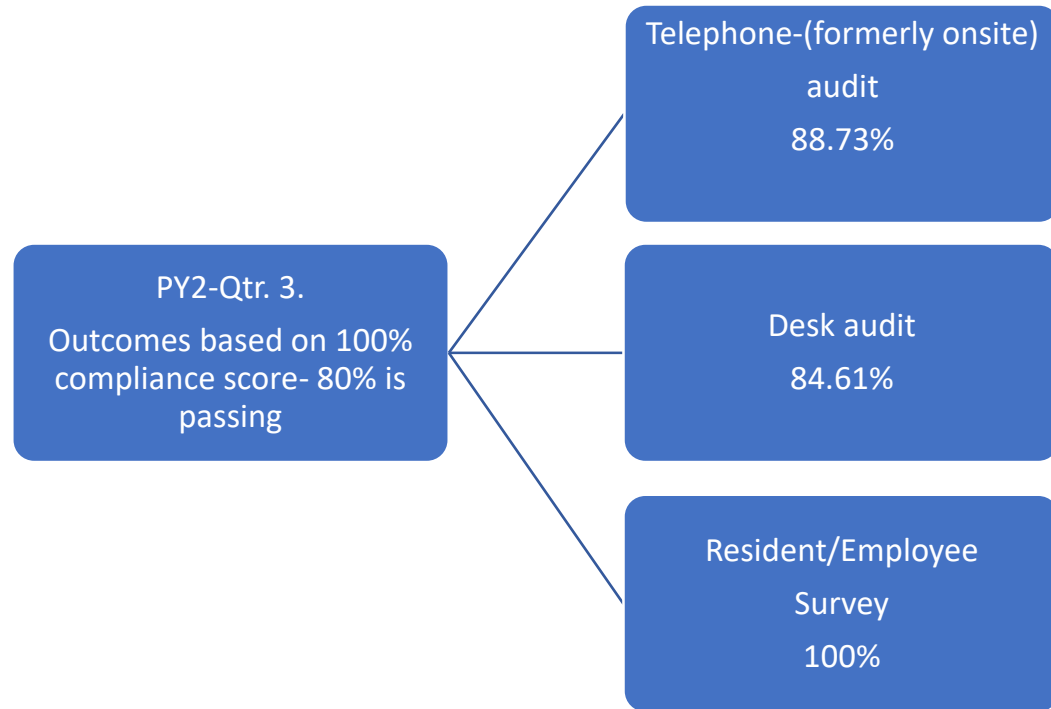
AUDIT DOCUMENTS

- Documentation requirement(s).
 - Quality Assurance and Performance Improvement Plan.
 - QAA activities.
 - Program Improvement Project.

The above are requirements at F520 483.75
 - CASPER Report-MDS 3.0 facility level quality measure report.
 - Other documents as requested.
- Summary report provided within 15 business days of completion via email.

OUTCOMES

Outcome



Common Trends

- Metrics most addressed is Pressure Ulcer.
- QAA directly address percent of change facility wants to make in program specific metric.
- Facilities continue to be short staffed due to pandemic.

SATISFACTION SURVEYS

- Facility physician present during care plan meeting.
- Resident attendance of care plan meetings.
- Wellbeing.
- Personal Needs Allowance.
- Ombudsman.

RESIDENT QUESTIONNAIRE

Inclusive to residents at the facility 90 plus days with a BIMS score of 13-15 (intact/borderline) and residents with BIMS 8-12 (moderate impairment)

EMPLOYEE QUESTIONARE

All job levels are included in anonymous assessments. Must be employed a minimal of 90 days.

- Overview of PFP.
- Education of QAPI Plan, Quarterly Assurance and Assessment Activities and Performance Improvement Projects.
- Regular attendance of Care Plan Meetings.
- Alzheimer and Dementia Training.
- Infection Preventionist.

PROGRAM REVIEW

Resident Survey **77.63%**

- 0.0 % have received or added an anti-psychotic in the last 3 months.
- 80% state they have not had a UTI in the last 3 months.
- 86% state they have not suffered a pressure ulcer in the last 3 months

Employee Survey **84.21%**

- 48% are trained/made aware of the PFP program
- 70% participate in the QAPI
- 70% participate in the QAA meetings



QUESTIONS

QUALITY ASSURANCE TEAM

- **QA Manager**

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- **QA Senior Research Analyst**

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OKLAHOMA

Health Care Authority

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mysoonerhealth.org

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7300
Helpline: 800-987-
7767

