NM Nursing Facility Healthcare Quality Surcharge (HCQS) and Value Based Payment (VBP) Programs

Program Review and Update

NMHCA Thursday August 24, 2023

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BEFORE WE START…

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.

Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil

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MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

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Reuniting caregivers with their calling

Harnessing data for human health

3 Million
Patients served each year

Trusted by top healthcare leaders
in 23,000
facilities every day

98%
of the nation's largest hospital chains using our software

Specialized EHRs, analytics, and software solutions

Therapy | Wound Care | Post-Acute | Occupational Health

that serve the continuum of care

Hospital | SNF | ALF | Clinic | Hospice | Home Care

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AGENDA

- **Introduction & Background**
- **The Value-Based Care Landscape**
- **Current State of NM Medicaid NF Value-Based Purchasing Programs**
  - NMVBP
  - HCQS
- **Planning for Future State of NM NF VBP Programs**
- **Open Q&A**

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Introduction & Background

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Nursing Facility Rate Increases: Good News!!

For FY2023, the market basket update was increased due to a forecast error adjustment of 1.5 percent; resulting in a final update of 5.4 percent (3.9 + 1.5 = 5.4)

Market Based Index (MBI) 3.9 + 1.5 = 5.4 for FY23

MBI doubled from 2022

FY	MBI
2020	2.80%
2021	2.20%
2022	2.70%
2023	5.40%

HB2 FY23 Nursing Facility Rate Increases:

Level of Care (LNF) Rate Increase: $9.69

High Level of Care (HNF) Rate Increase: $14.19

MBI Increase: 5.40%

CY24 Nursing Facility VBP:

Additional $5M added to total computable

Currently $4.5M + 5M = $9.5M CY24

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The Value-Based Care Landscape

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All Medicare beneficiaries and most Medicaid beneficiaries enrolled in accountable care programs by 2030

Medicaid and Medicaid Managed Care Proposed Rules

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CMS CMMI (Innovation Center) Strategy

- Value-based programs reward health care providers with incentive payments for the quality of care they provide and are part of a larger quality strategy to reform how health care is delivered and reimbursed.
- Value-based programs support CMS' three-part aim:
  - ✓ **Better care for individuals**
  - ✓ **Better health for populations**
  - ✓ **Lower cost**

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Types of Value-Based Care Programs

Pay-for-Performance (P4P)

- Providers are rewarded financially based on specific quality metrics and outcomes
- Providers receive supplemental payments or incentives when they meet predetermined performance targets

Shared Savings

- Providers form accountable care organizations (ACOs) or similar networks
- ACOs are responsible for managing the health of a defined population and sharing in any cost savings achieved
- If the ACO is successful in reducing healthcare costs while meeting quality targets, it receives a portion of the savings

Full-Risk Contracts

- Providers assume full financial risk for the cost and quality of care for a defined population
- They receive a fixed payment per person (“capitation”) and are responsible for managing all aspects of care
- Providers who can successfully manage costs while maintaining high-quality care can achieve significant financial rewards

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CMS Oversight Value-Based Care Programs

- CMS administers value-based care programs at the Federal level (such as alternative payment models and Medicare VBP programs)
  - **Disease-specific & Episode-Based Models** (e.g. BPCI)
  - **Accountable Care Models** (e.g. ACO REACH, Making Care Primary/MCP Model, Nursing Home VBP)
  - **Statutory Models** (e.g. Rural Community Hospital Demonstration)
  - **Health Plan Models** (e.g. Medicare Care Choices Model)
- CMS authorizes value-based programs in its oversight of the Medicaid program, allowing states to implement their own VBP programs through its regulatory authority (State & Community-Based Models)
  - **Waivers**
  - **State Directed Payment (SDP) programs**

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SNF Medicare Quality Programs

- **Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program**
  - CMS withholds 2% of SNF Medicare FFS Part A payments to fund the program
  - CMS redistributes 60% of the withhold to SNFs as incentive payments and 40% is retained in the Medicare Trust Fund
  - CMS calculates an achievement threshold and benchmark, and facility performance is compared to determine if they get an incentive payment

    SNF VBP Fact Sheet

- **Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
  - SNF public quality reporting as mandated by the IMPACT Act
  - If a SNF fails to submit required data, the SNF is subject to a 2% reduction in the Annual Payment Update (APU) for the applicable performance year

    SNF QRP Program

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Medicare Quality Program Areas of Focus

UTILIZATION

~~All-Cause Readmission SNFRM~~ FY2028
Medicare Spending Per Beneficiary
Discharge to Community
Readmission
Long-Stay Hospitalization (VBP) FY2027
Potentially Avoidable Readmission (VBP) FY2028

FUNCTIONAL STATUS

~~Functional Assessment & Care Plan~~ FY2025
~~Change in Self-Care~~ FY2025
~~Change in Mobility~~ FY2025
Discharge Self-Care Score
Discharge Mobility Score
Discharge Function Score (QRP) FY2025
Discharge Function Score (VBP) FY2027

CLINICAL OUTCOMES

Falls with Major Injury
Pressure Ulcer
Falls with Major Injury (VBP) FY2027

INFECTION CONTROL

COVID-19 Vaccination HCP
Influenza Vaccination HCP
HAI Requiring Hospitalization
COVID-19 Vaccination Patient (QRP) FY2026

WORKFORCE/STAFFING

Nursing Staff Turnover (VBP) FY2026

OTHER

Drug Regimen Review
Transfer of Health Information Provider FY2026
Transfer of Health Information Patient FY2026

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Existing VBP Measure Existing QRP Measure New Measure FY202x begins

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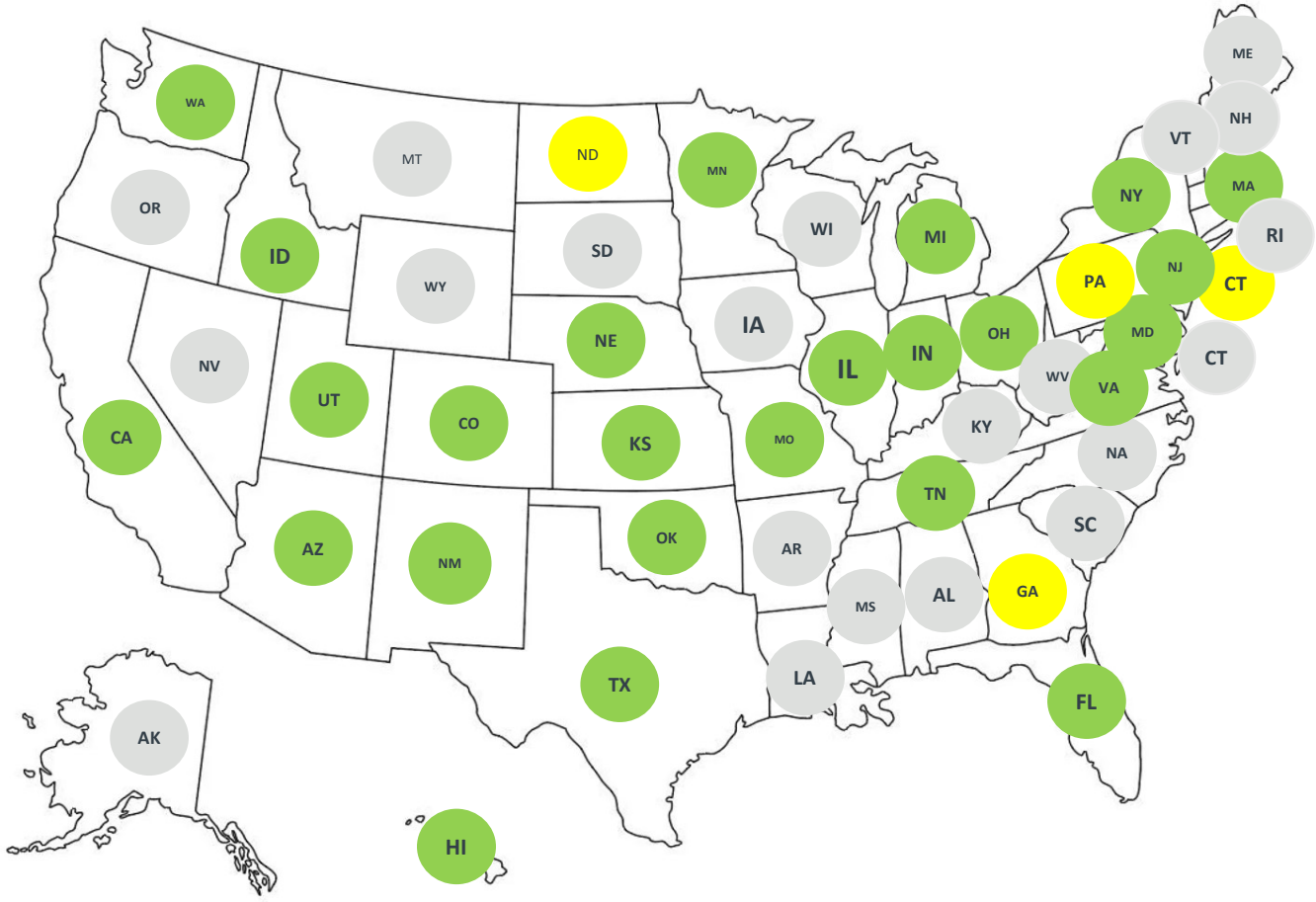
Medicaid Nursing Facility Medicaid Statewide VBP P4P Programs

- Existing Program
- New Program or Pending Implementation
- No Program



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Medicaid Managed Care Proposed Rule: Summary of Key Points

- Strengthen the framework for **monitoring access to care**
- Enhance **transparency regarding provider rates** and require the publication of comparative rate analyses for certain services
- Modify the guardrails and areas of state flexibility regarding state directed payments (SDPs) as CMS wants insight into **how directed payments are impacting access, equity and quality of care**.
- Establish **new requirements and processes regarding quality standards and performance measurement** for managed care plans

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Medicaid Managed Care Proposed Rule: Potential Impact on VBP Programs

- Establishes **requirements for use of population-based and condition-based payments in VBP arrangements**, in addition to existing performance-based payments.
- Codifies that **performance-based payments cannot be used for administrative tasks**, including "pay for reporting" arrangements.
- Clarifies current requirements that **SDPs use a common set of metrics**.
- Stipulates performance-based payments include a **baseline metric and use measurable performance targets relative to a baseline**.
- Modifies existing policy that **multi-year approval** may be for up to three rating periods for SDPs with VBP pay-for-performance arrangements, Multi-payer or Medicaid specific delivery reform, or performance improvement initiative.

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Current State of NM Medicaid NF Value-Based Purchasing Programs

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Net Health State Medicaid VBP Programs

2017

Texas Nursing Facility QIPP

California Nursing Facility QASP

Solutions for SNFs to monitor and manage performance in real-time, with forecasting of projected payments

2019

New Mexico Nursing Facility VBP
Managed Care Directed Payment

State data aggregator, analytics provider, software supplier, and trusted advisor

Analytics, reporting, and real-time solutions for all stakeholders

Source of truth to issue payments each quarter

2020

New Mexico Nursing Facility HCQS
Managed Care Directed Payment

State data aggregator, analytics provider, software supplier, and trusted advisor

Analytics, reporting, and real-time solutions for all stakeholders

Source of truth to issue payments each quarter

2023

New Mexico Hospital VBP
Managed Care Directed Payment

State data aggregator, analytics provider, software supplier, and trusted advisor

Analytics, reporting, and real-time solutions for all stakeholders

Source of truth to issue payments each quarter

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New Mexico Stakeholders

Human Services Department (HSD)

New Mexico Hospital Association (NMHA) Provider Advisory Group

Centennial Care 2.0/ Turquoise Care Managed Care Organizations (MCOs)

New Mexico Nursing Facilities

Medicaid Beneficiaries

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Goals

Better value for Medicaid funds spent on care

Create an incentive for nursing home providers to improve or maintain high quality

Increase access to services for Medicaid beneficiaries

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Guiding Principles

- **Program structure that is transparent and simple to understand**
  - No surprises (no unknown or moving targets)
  - Opportunity for all to “win” with “early wins”
  - Incentivize incremental improvement
  - Incentivize maintaining high levels of performance once excellence is achieved
  - Real-time insight as the performance period is in progress
- **Support collaboration among stakeholders**
- **Minimize burden on providers**
  - Low-effort data submission
  - Leverage existing processes wherever possible
- **Frequent and timely payments**

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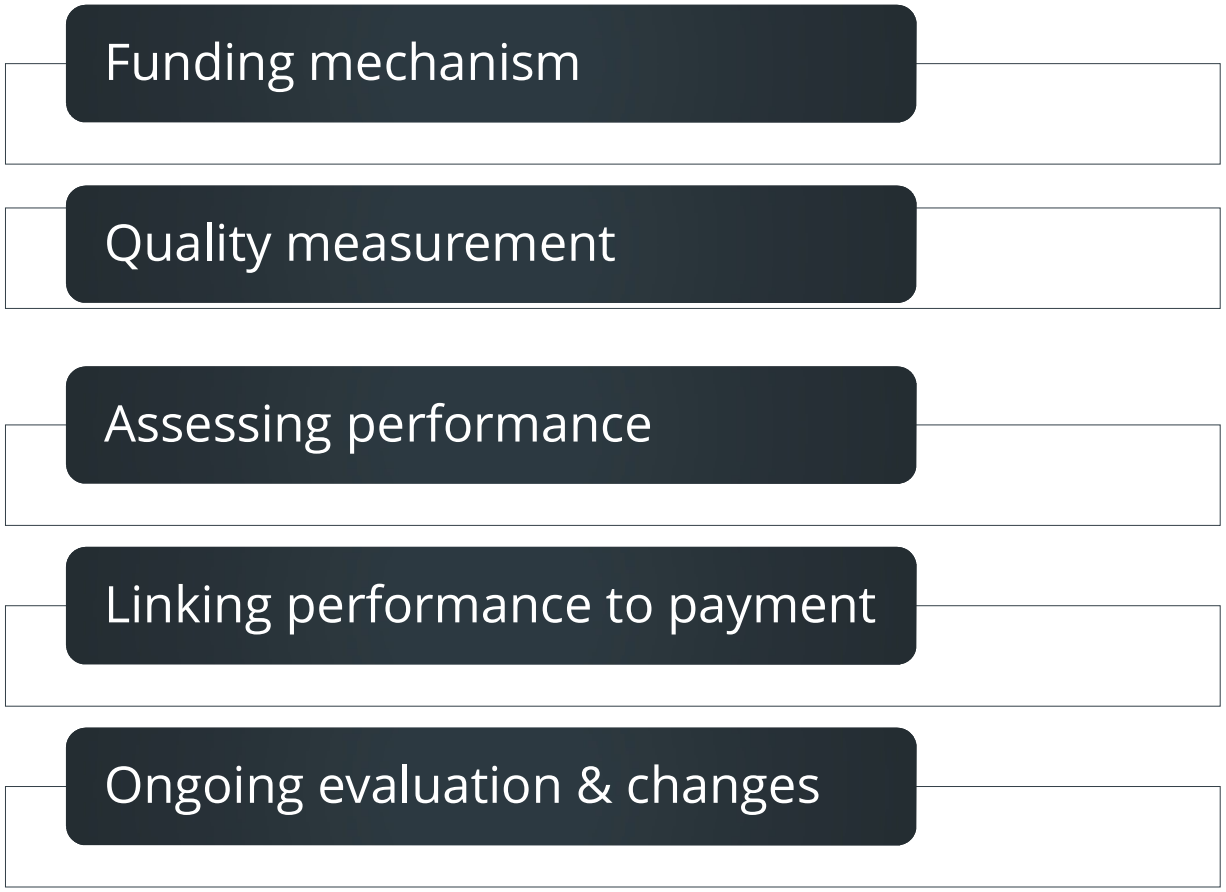
Components of VBP Programs



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The New Mexico Nursing Facility Value Based Purchasing Program (NMVBP)

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Funding, Overview, Eligibility, and Enrollment

- Funded through state budgetary allocation; CMS Directed Payment Program
- Four-pronged approach consisting of a Community Advisory Board (CAB), Managed Care Organization (MCO) VBP workgroup, Provider Advisory Group (PAG) and Project ECHO
- Voluntary program – facility must enroll and meet enrollment requirements
- Must meet minimum eligibility requirements:
  - ✓ **Medicaid Certified facility**
  - ✓ **Contracted with at least 1 Medicaid MCO**
  - ✓ **Submit Minimum Data Set (MDS) data to Data Vendor**
  - ✓ **Medicaid utilization during the measurement QUARTER to be eligible to receive payment**
  - ✓ **Data use agreements signed with Data Vendor and MCOs**
- Must meet specified requirements related to Project ECHO

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Quality Measurement

MEASURE	RANGE				
	POINTS				
Long Stay Antipsychotic	23.9% - 100%	17.3% - 23.89%	12.7% - 17.29%	6.8% - 12.69%	0.0%-6.79%
	30	60	90	120	150
Long Stay UTI	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® Pro Long Stay™ Hospitalization	15.01% - 100%	12.01% - 15.0%	9.1% - 12.0%	6.1% -9.0%	0.0% -6.09%
	20	40	60	80	100
Long Stay High Risk Pressure Ulcer	8.6% - 100%	6.1% - 8.59%	4.4% - 6.09%	2.6% - 4.39%	0.0% - 2.59%
	20	40	60	80	100

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Assessing Performance & Linking Performance to Payment

Foundational Payment [Quarterly]

- For infrastructure and operations to encourage participation and help offset costs to the facilities for participating in the program
- CY2020 $3750 per quarter
- Tier adjustment is applied (based on total points achieved for QM rates)

Secondary Payment [Yearly]

- Structural measures to encourage facilities to participate or adopt certain behaviors
- Tier adjustment is applied (based on total points achieved for QM rates)
- (Secondary Payment Allocation / Count of Eligible Facilities) x (Tier Adjustment)

Per Diem Rate/Tier Adjustment [Quarterly]

- Per diem rate is 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
- (Facility Medicaid Bed Days) x (Per Diem Rate) x (Tier Percentage)

High-Acuity Add-On [Quarterly]

- Additional payment is made to facilities based on resident days with certain conditions (cerebral palsy, multiple sclerosis, ALS, lewy-body dementia, dementia with behavioral disturbance, Parkinson's Disease, psychotic disorder, manic depression/bipolar, schizophrenia, PTSD, Huntington's disease, Tourette's syndrome, or TBI)
- Determined from Section I of MDS

TIER PERCENTAGE QM WEIGHTING

Measure	Points
LS Antipsychotic	150
LS UTI	50
PointRight Pro Long Stay Hospitalization	100
LS High Risk Pressure Ulcer	100

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October 1st MDS Changes Quality Measure Impacts

- **PointRight® Pro Long Stay™ Risk-Adjusted Hospitalization Rate**
  - Entry/discharge logic and model variables are affected
  - Net Health will update/replace with new items so QM can be calculated

- **Percentage of Long Stay high-risk residents with pressure ulcers**
  - Can no longer be calculated effective October 1, 2023
  - Awaiting CMS change to technical specification (unknown time frame)
  - HSD has made the decision to disable the measure and distribute its 100 points to the other three measures

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October 1st MDS Changes Quality Measure Impacts

Pressure Ulcer Measure Point Redistribution

Add 33.333 points to each of the other three measures

Measure	Current	New
Percentage of Long Stay residents who received an antipsychotic medication	150	183.333
Percentage of Long Stay residents with a urinary tract infection	50	83.333
PointRight® Pro Long Stay™ Risk-Adjusted Hospitalization Rate	100	133.333
Percentage of Long Stay high-risk residents with pressure ulcers	100	N/A

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Pressure Ulcer Measure Point Redistribution: Tier Distribution "What If" Results

Q2 2023 Quality Measure performance used for modeling

	BEFORE	AFTER
Tier 1	19	30
Tier 2	21	14
Tier 3	15	13
Tier 4	3	1
Tier 5	0	0

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The New Mexico Nursing Facility Healthcare Quality Surcharge (HCQS) Program

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Overview and Participation

- Created by Senate Bill 246 (SB246) in the 2019 Regular Legislative Session, HealthCare Quality Surcharge (HCQS) 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.
- CMS Directed Payment Program
- Mandatory program; no enrollment requirements
- Must participate with data vendor to participate

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HCQS Payments

Surcharge Add-on will be 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 will be added to the rate paid by the MCOs and by HSD on a per diem basis. The MCOs and HSD will increase the current rate by stated MBI Increase percentage on July 1 in accordance with the statute.

Quality Payment is only applicable to SNFs. Net Health, using data provided by HSD, shall calculate the payment and create a dashboard showing quality payment data for each SNF.

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Quality Measurement

MEASURE	20	40	60	80	100
Long Stay Falls with Major Injury	4.64 – 100	3.98 – 4.63	3.30 – 3.97	2.20 – 3.29	0-2.19
Long Stay Symptoms of Depression	6.16 – 100	2.77 – 6.15	1.02 – 2.76	0.41 – 1.01	0 - .40
Long Stay Influenza Vaccine	0 – 87.05	87.06 – 94.45	94.46 – 96.45	96.46 – 99.05	99.06 – 100
Long Stay Pneumonia Vaccine	0 – 85.05	85.06 – 92.90	92.91 – 95.45	95.46 – 98.45	98.46 - 100

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Assessing Performance & Linking Performance to Payment

1. Each Quality Measure (QM) is worth a certain number of points
2. Compare each facility's QM values to established cut points
3. Assign points for each QM based on cut point range, then sum the points
4. Total number of points determines tier
5. Performance tier determines percentage of maximum payment received
6. Distribute residual funds for total quality payment as an enhanced tier percentage

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Solutions & Tools to Improve Quality

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How many participants currently access the Pointright Solutions Dashboard?

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Net Health PointRight Solutions

Value-Based Care Performance

P4P Scorecard

Analytics-powered insights into VBP program performance

Care Management

RADAR®

Patient/Resident- and population-level care management with descriptive and predictive analytics

Facility Performance

Data Integrity Audit (DIA)

Ensure accuracy and quality of MDS data with insights into PDPM reimbursement (Patient/Resident and Facility levels)

Quality Measures

Measure, monitor, and manage Quality Measure outcomes

PointRight® Pro 30® Rehospitalization

Monitor and manage rehospitalization

Five-Star FastTrack®

Understand and improve Five-Star ratings

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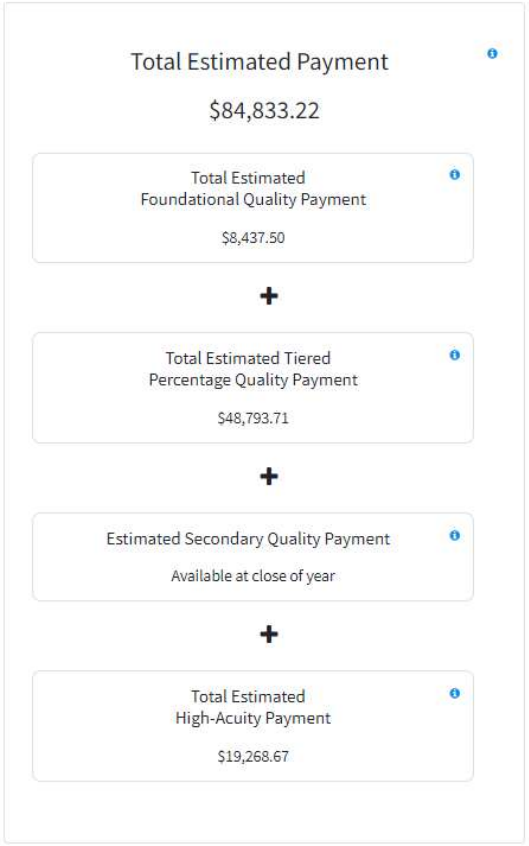
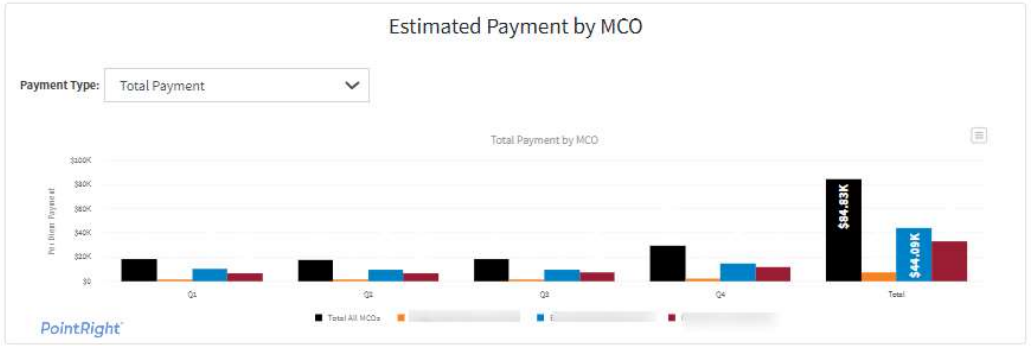
VBP & HCQS P4P Dashboard: Payment Calculation in Real Time





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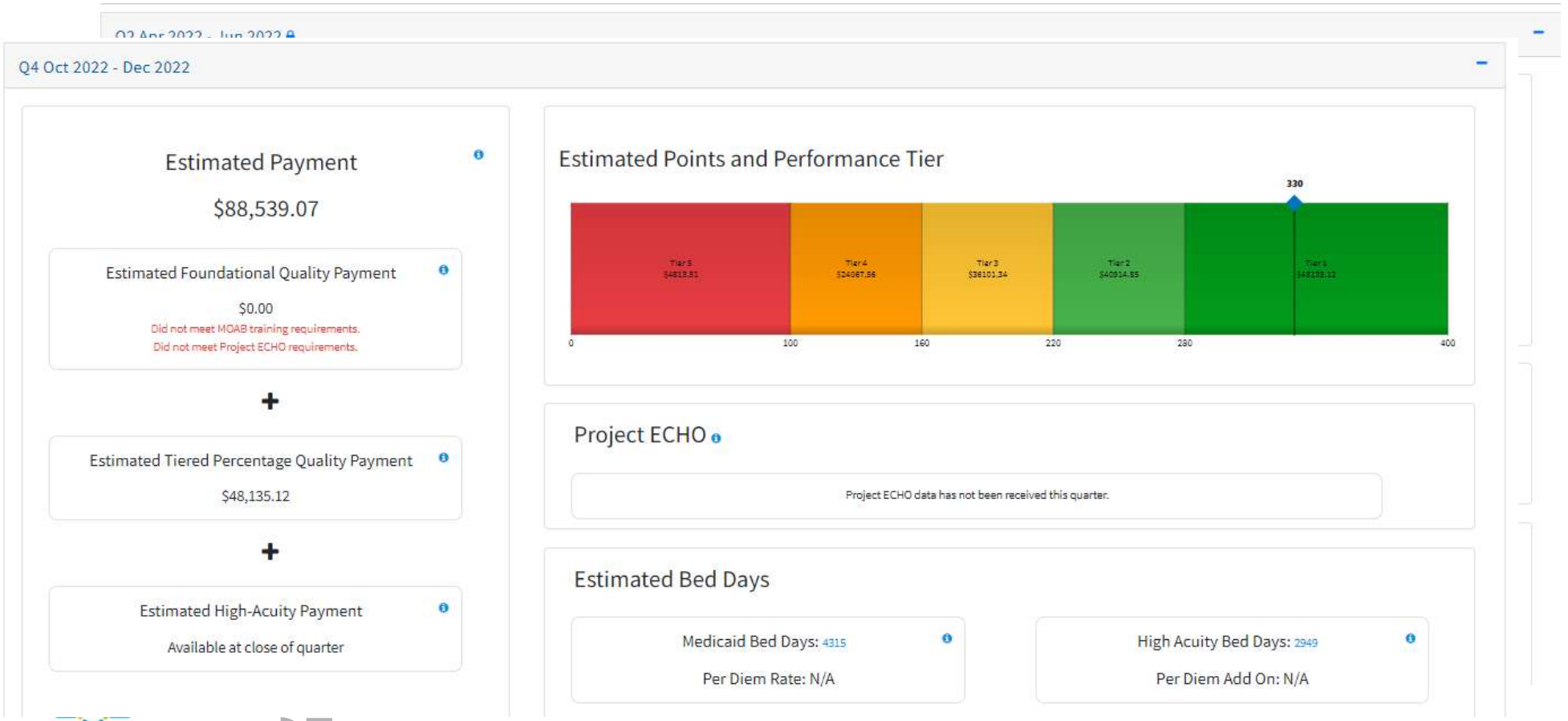
VBP & HCQS P4P Dashboard: Payment Calculation in Real Time



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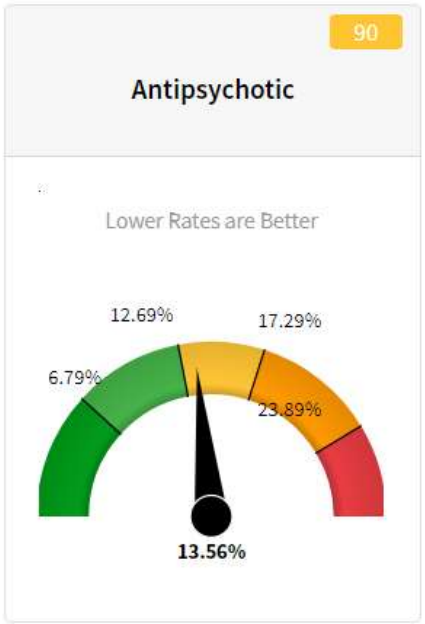
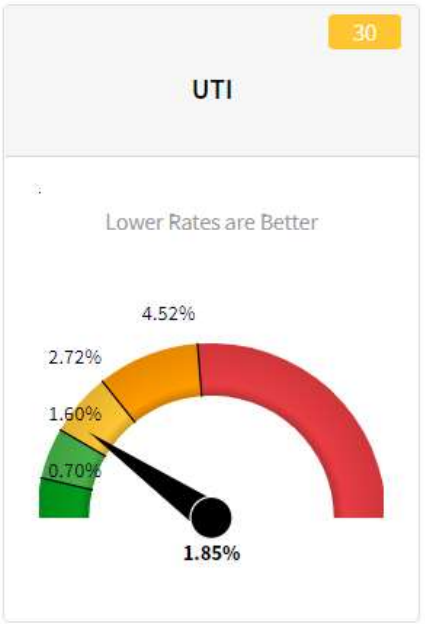
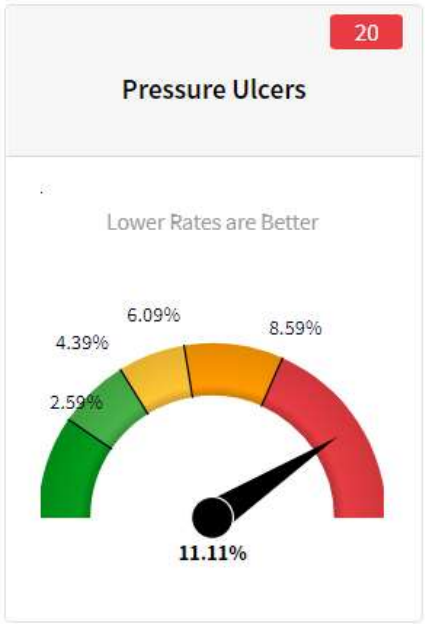
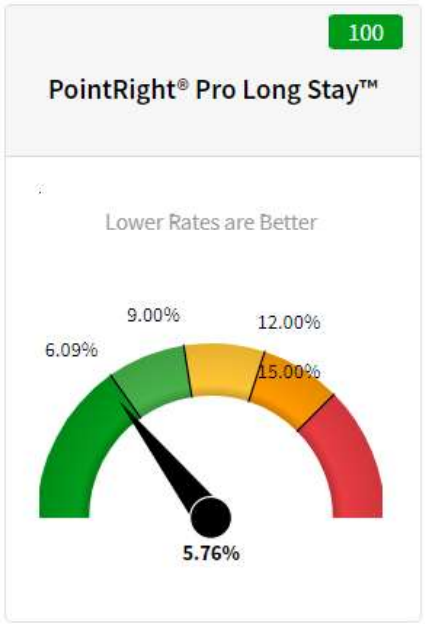
VBP & HCQS P4P Dashboard: Quality Performance Insight









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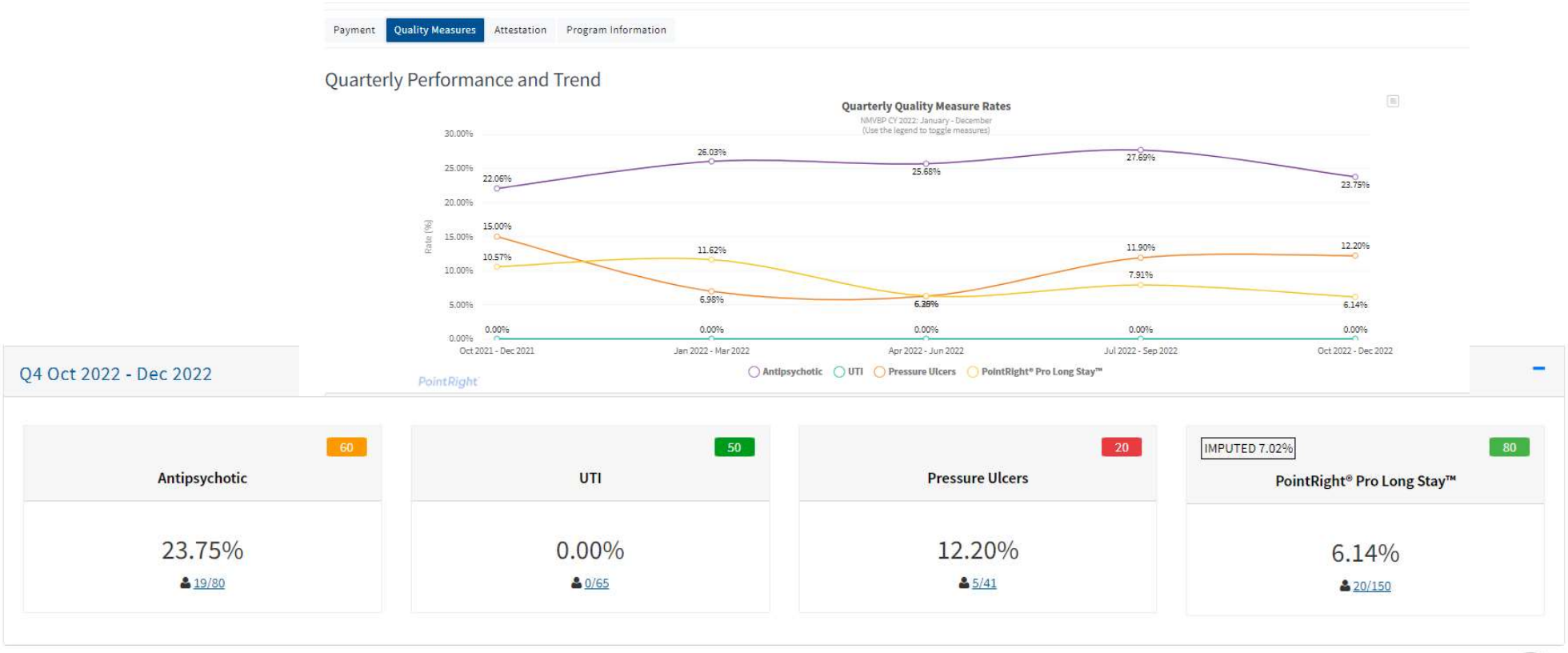
VBP & HCQS P4P Dashboard: Quality Performance Insight



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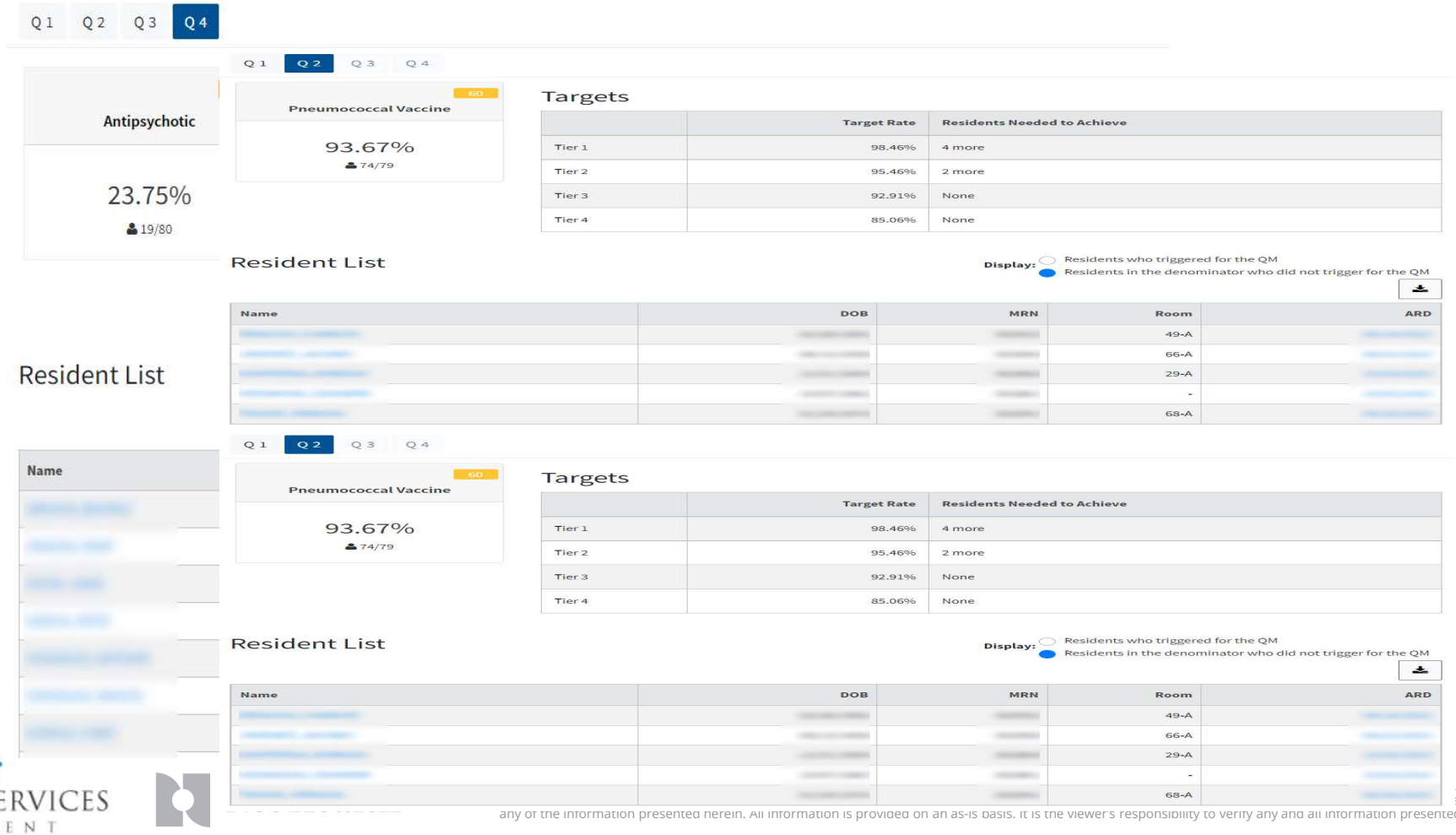
VBP & HCQS P4P Dashboard: Resident Drilldown



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any of the information presented herein. All information is provided on an as-is basis. It is the viewer's responsibility to verify any and all information presented herein.

VBP & HCQS P4P Dashboard: Attestations In-App

Facility	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total	Last Edited By
[redacted]	25	10	36	0	71	[redacted]

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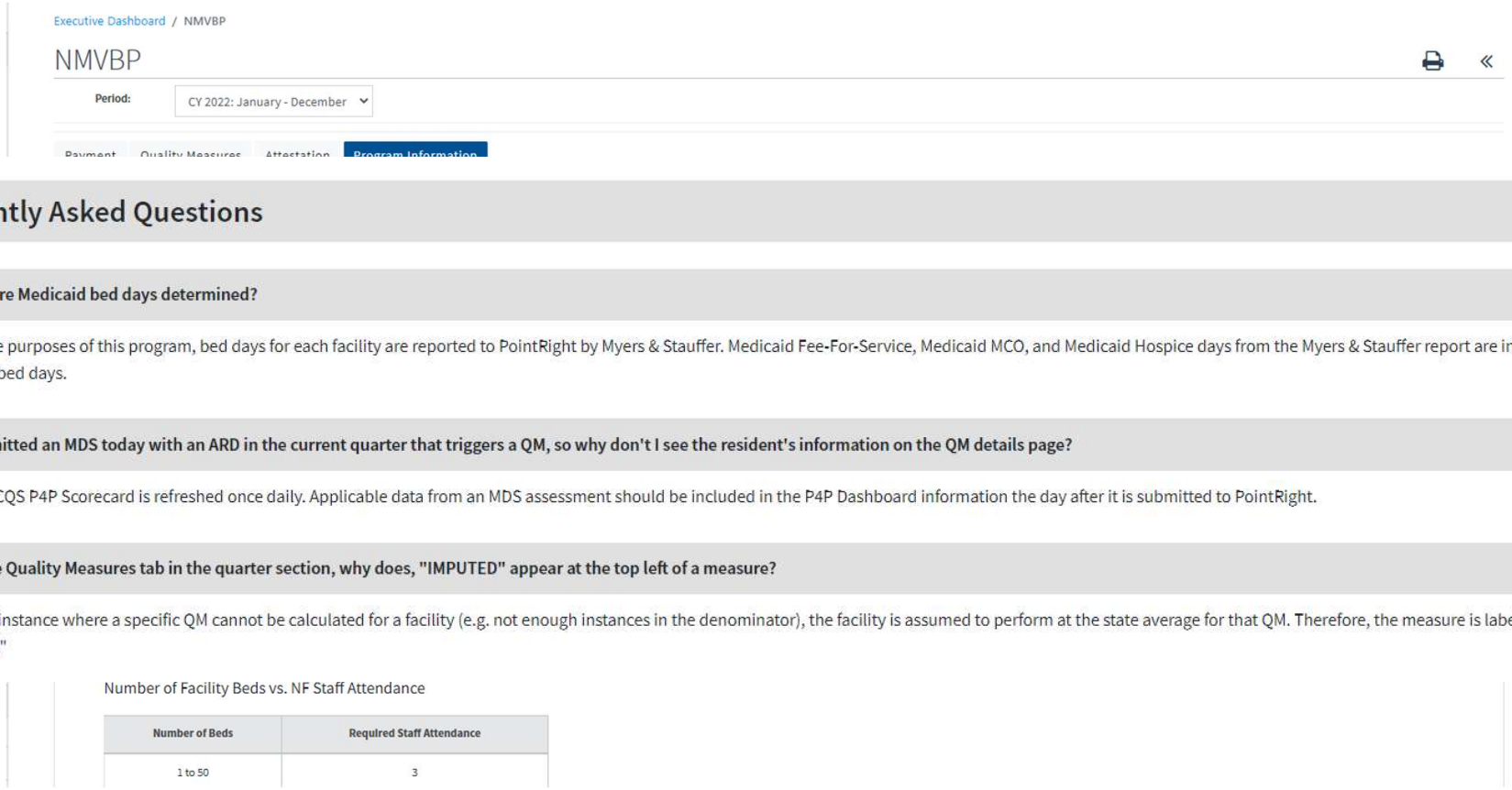
VBP & HCQS P4P Dashboard: Program Info & FAQs In-App



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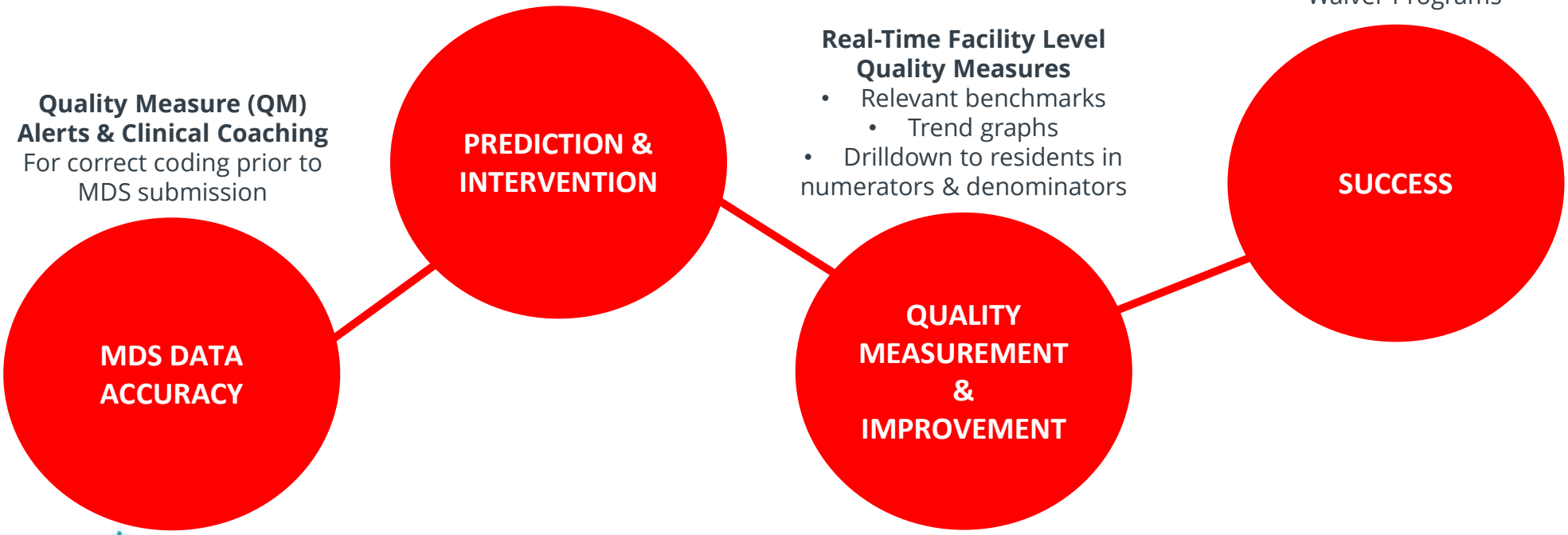
Connecting the Dots for Success in Value-Based Care

Quality Measure (QM) Alerts & Clinical Coaching
For correct coding prior to MDS submission

Resident-Level Predictive Analytics
- Prevent development of QMs
- Manage risks & resolve QMs

Real-Time Facility Level Quality Measures
- Relevant benchmarks
- Trend graphs
- Drilldown to residents in numerators & denominators

Value-Based Care
- Incentive Payments
- More favorable payer contracts
- Preferred Provider Networks
- Waiver Programs



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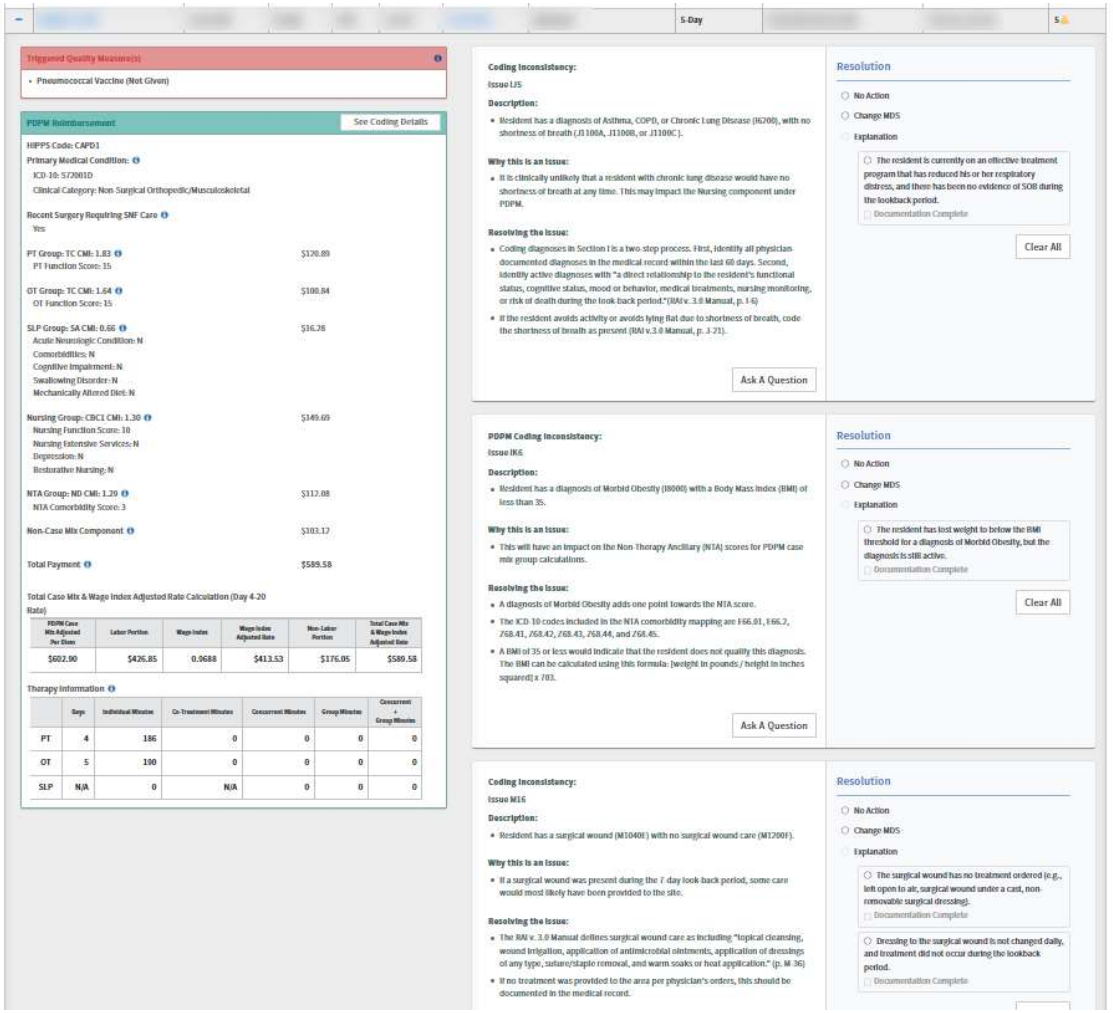
Data Integrity Audit (DIA)

Improve MDS accuracy and related outcomes

- Much more than a “scrubber” with extensive algorithms that check for **logical and clinical coding inconsistencies**
- Three distinct categories: **coding errors, coding inconsistencies, and alerts** (QM and PDPM)
- Gives insight into how care is being provided compared **to clinical best practices and regulatory expectations**
- **Embedded coaching** on MDS coding and best practices, with access to experts for questions
- Fits easily into **existing workflow**



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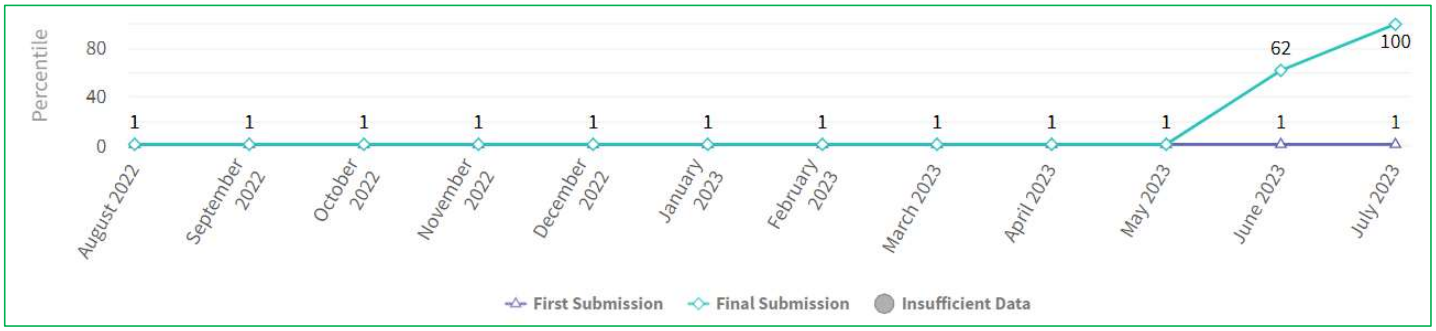
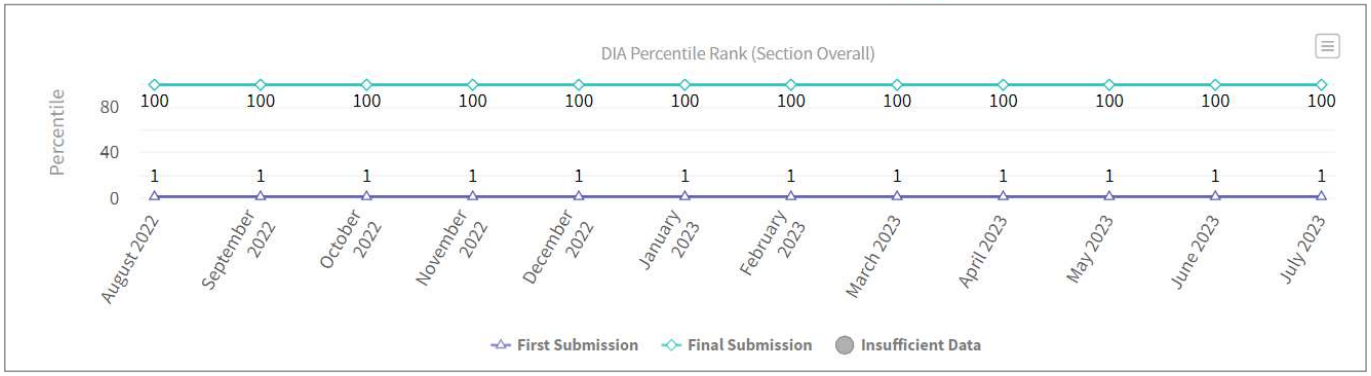
Data Integrity Audit (DIA)

Impact on MDS accuracy

PRE- AND POST-IMPLEMENTATION



ONGOING EXCELLENCE



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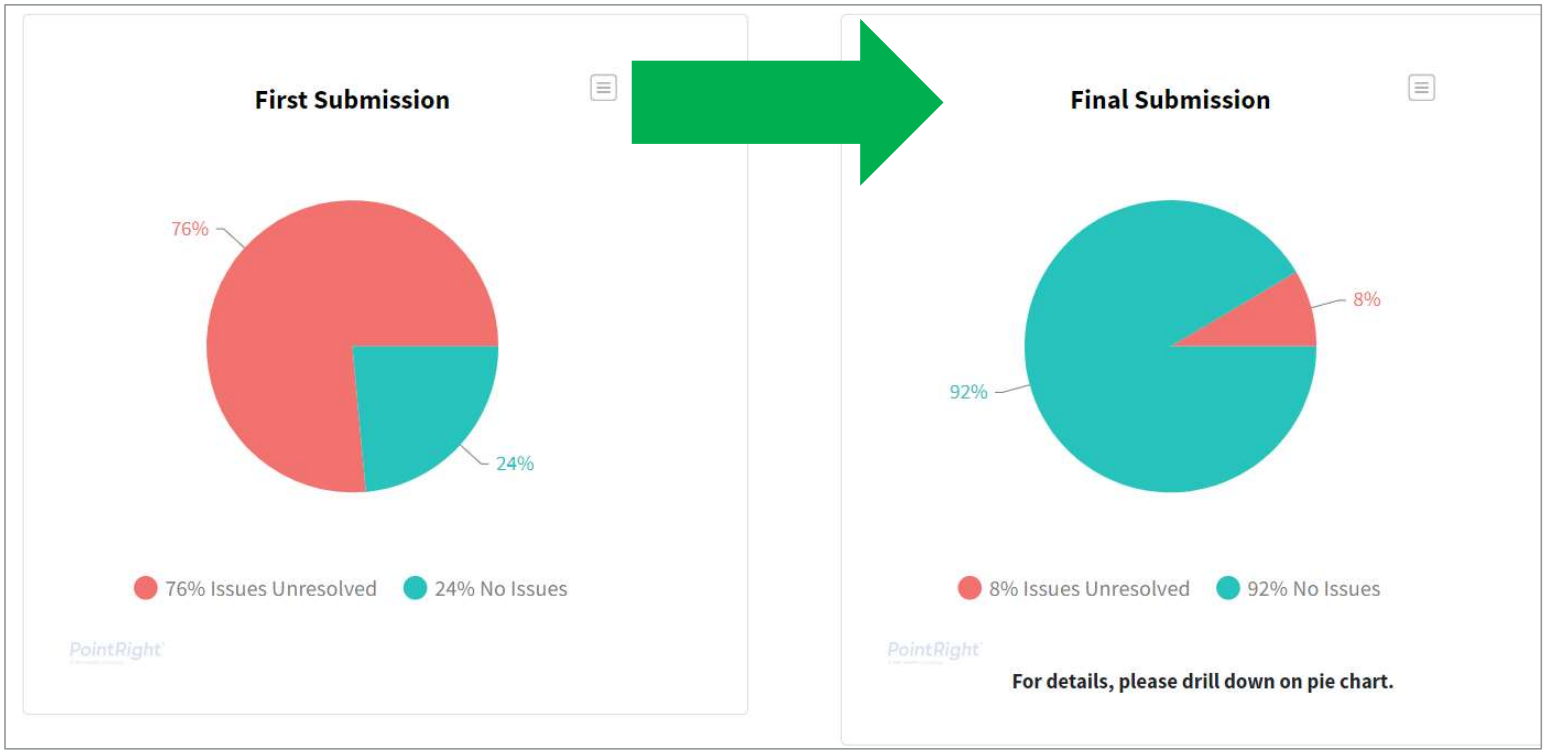
Data Integrity Audit (DIA)

Impact on MDS accuracy



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RADAR® Patient-Level Analytics

Predictive analytics to prevent adverse events, identify end-of-life, and plan smarter staffing

High-quality predictive models trained with best-in-class machine learning algorithms, resulting in the highest levels of predictive performance that exceed the healthcare analytics industry standard

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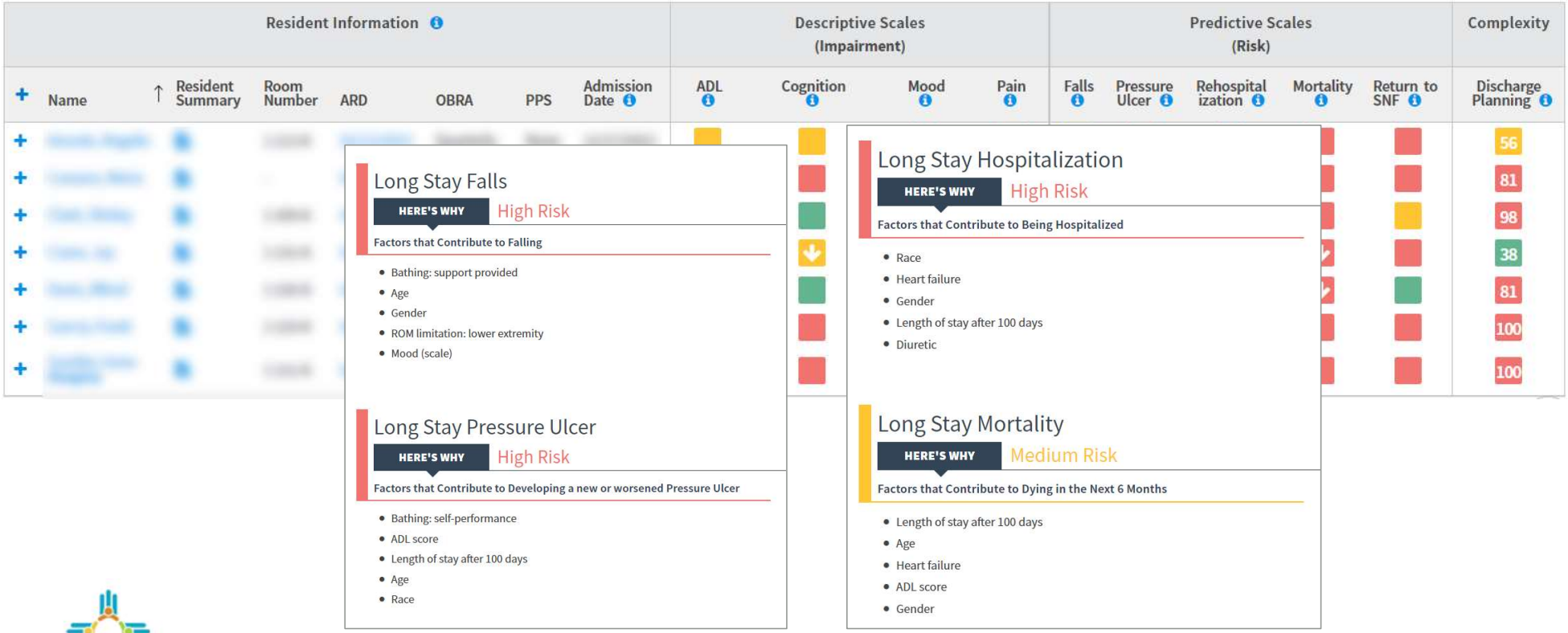
RADAR® Patient-Level Analytics

Impact on quality of care, transitions of care, and utilization outcomes



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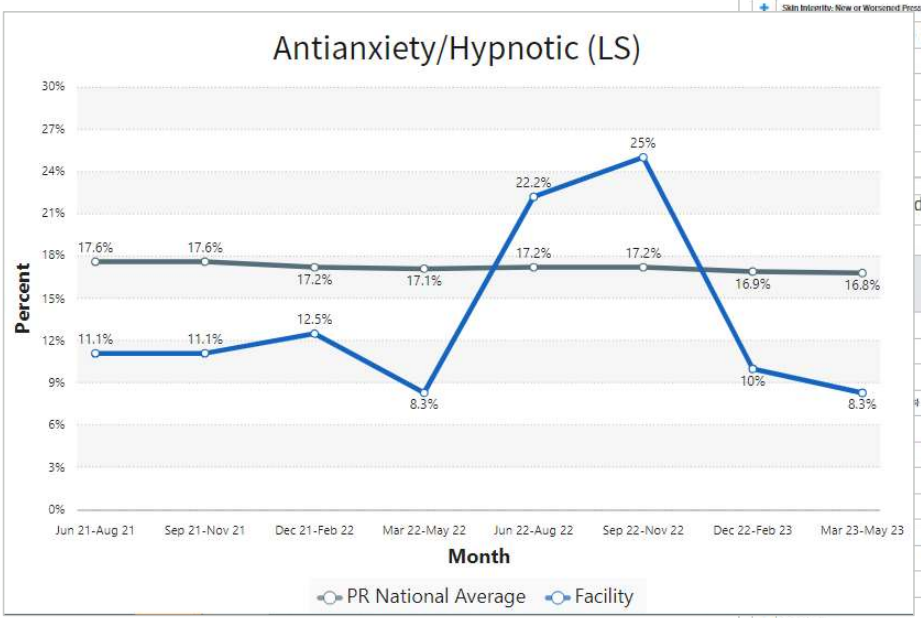
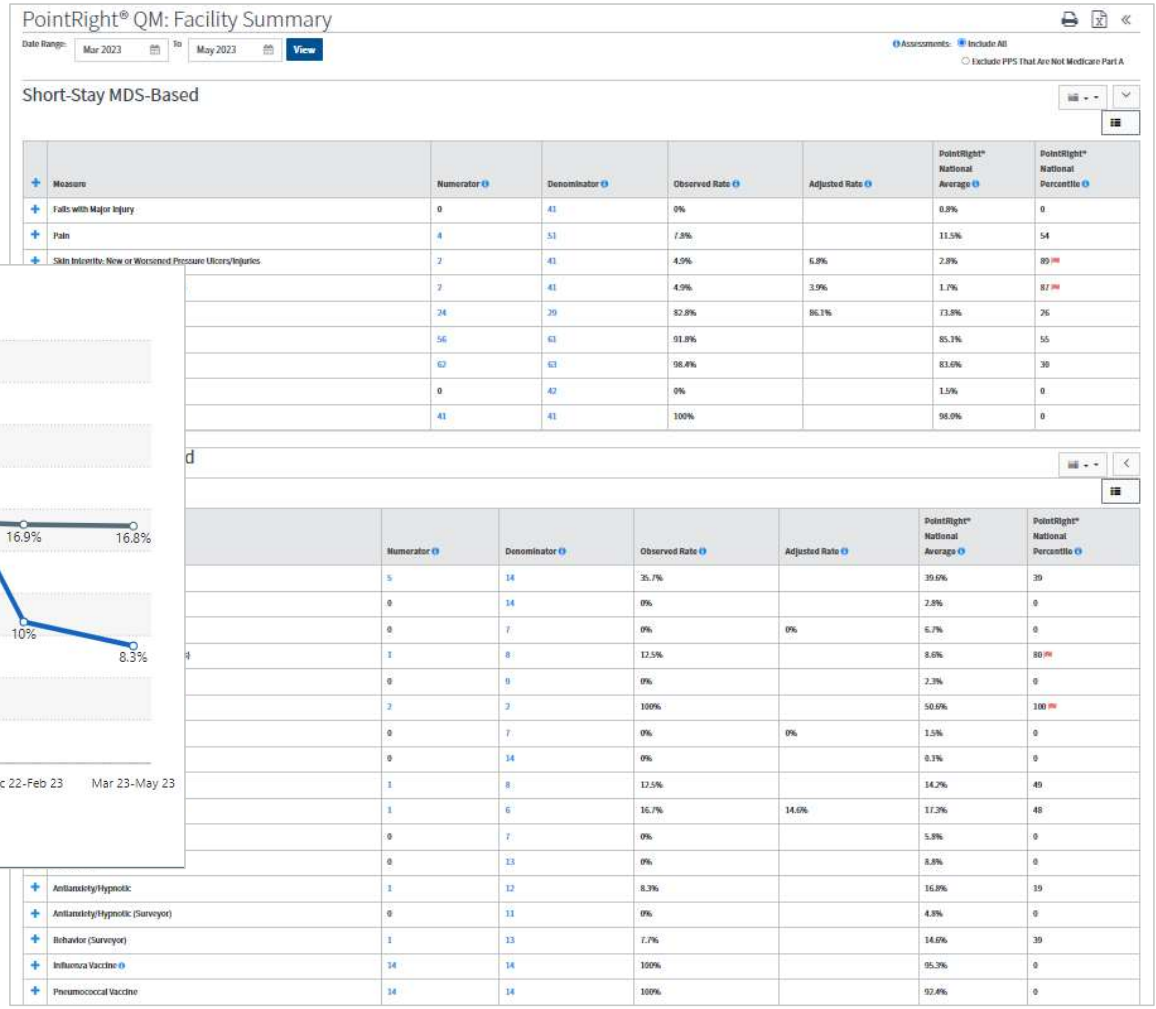
Quality Measures





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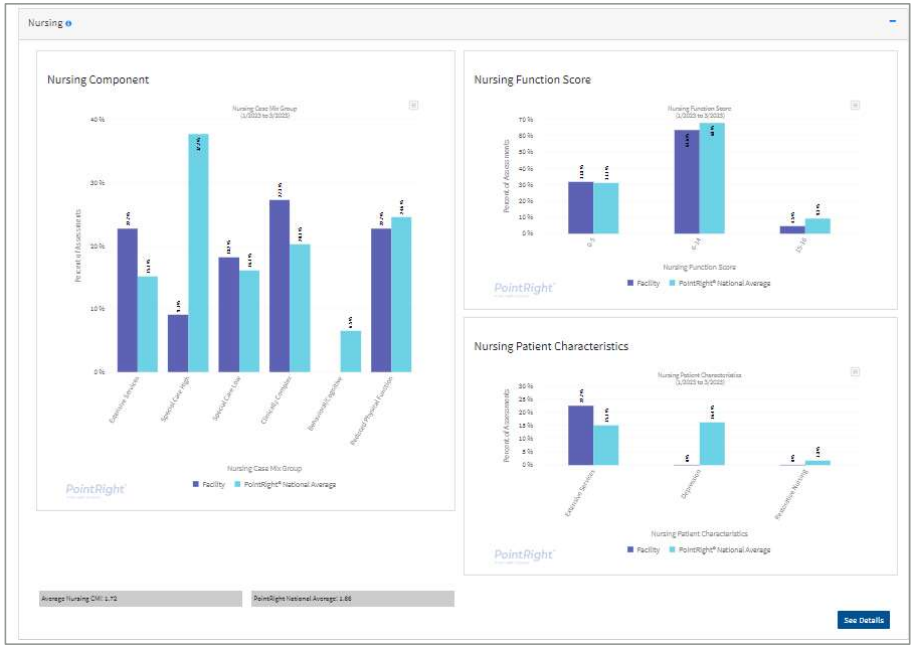
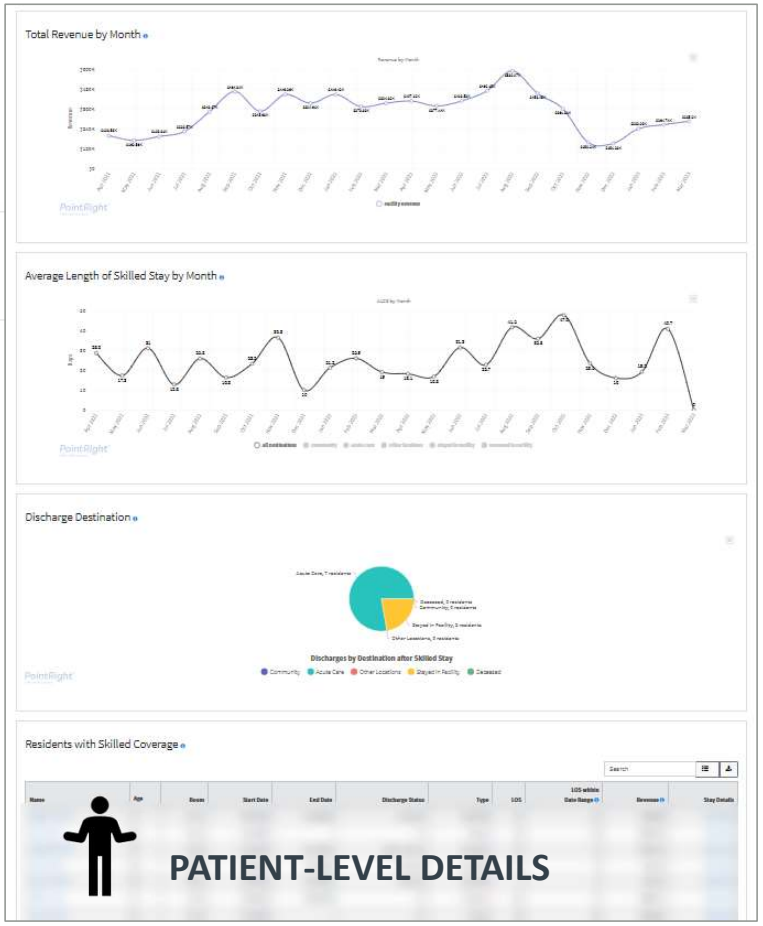
PDPM Insights

Proactive, real-time PDPM reimbursement management

Rate Analysis | Revenue Analysis | Case Mix Analysis | Interrupted Stay & IPA | Therapy Delivery





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PDPM Return on Investment (ROI)

Impact on PDPM per diem rate

Average Reimbursement Difference

Average Reimbursement Difference per Assessment

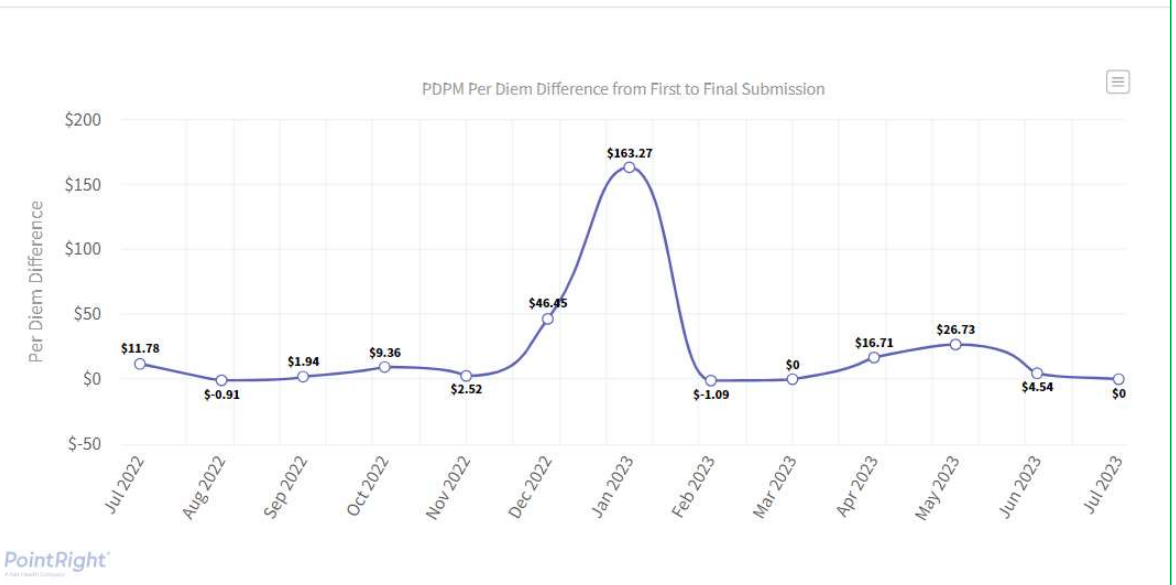
+ $ 44.83

Skilled Days Count

1,382

Total Reimbursement Difference

+ $ 61,959.80



For monthly details, please drill down on data points in the graph.

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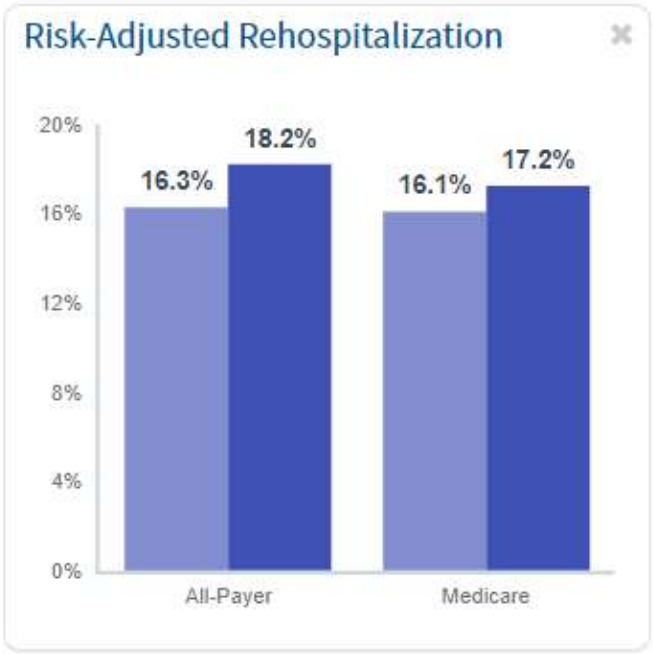
PointRight® Pro 30®: Post-Acute Readmission

Impact on PAC referrals, patient satisfaction, revenue



Group/Facility	Rate	Percentile
PR Demo Corporation	15.3%	41
PR Demo Central	14.2%	33
Central Care Community	13.5%	26
Central Extended Care Center	13.5%	26
Central Health and Rehab	13.9%	30
Central Manor	14.5%	35
Central Skilled Health Care Center	15.8%	47
PR Demo Northeast	17.4%	55
Northeast Care Community	13.3%	24
Northeast Health and Rehab	22.6%	92
Northeast Nursing and Rehab	11.0%	12
Northeast Skilled Health Care Center	22.8%	93
PR Demo Southeast	17.5%	55
Southeast Care Community	13.5%	27
Southeast Extended Care Center	16.5%	53
Southeast Health and Rehab	17.7%	64
Southeast Manor	11.7%	15
Southeast Nursing and Rehab	26.4%	98
Southeast Skilled Health Care Center	18.9%	73
PR Demo Southwest	13.2%	28
Southwest Care Community	8.8%	5
Southwest Extended Care Center	15.2%	41
Southwest Health and Rehab	14.9%	39
Southwest Manor	14.8%	37
Southwest Nursing and Rehab	10.9%	11
Southwest Skilled Health Care Center	14.5%	34
PR Demo West	14.6%	38
PR West 1	22.7%	93
PR West 3	15.2%	41
PR West 4	11.5%	14
PR West 6	9.0%	5

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Post-Acute Readmission

By clinical cohort and risk group with facility- and patient-level details

OVERALL REHOSPITALIZATION			OBSERVED			EXPECTED	ADJUSTED		
Overall	Numerator	Denominator	Rate	PointRight® National Average	Percentile	Rate	Rate	PointRight® National Average	Percentile
30-Day Rehospitalization	96	469	20.5%	17.6%	73	17.6%	21.2%	16.3%	88

REHOSPITALIZATION BY CLINICAL COHORT			OBSERVED			EXPECTED	ADJUSTED		
Clinical Cohort	Numerator	Denominator	Rate	PointRight® National Average	Percentile	Rate	Rate	PointRight® National Average	Percentile
Heart Failure	38	124	30.6%	22.0%	88	22.2%	25.1%	16.5%	95
COPD	25	95	26.3%	20.1%	83	19.2%	24.9%	16.2%	94
CVA	32	171	18.7%	19.3%	50	19.3%	17.6%	16.2%	62
Diabetes	41	190	21.6%	20.2%	62	20.0%	19.6%	16.5%	76
Hip Surgery	0	1	⊘	10.3%	⊘	⊘	⊘	12.2%	⊘
Knee Surgery	0	5	⊘	8.9%	⊘	⊘	⊘	11.6%	⊘
Pneumonia	19	74	25.7%	23.6%	62	21.1%	22.1%	17.6%	81
Recent Surgery	20	106	18.9%	18.1%	60	16.1%	21.3%	17.3%	77

REHOSPITALIZATION BY RISK GROUP			OBSERVED			EXPECTED	ADJUSTED		
Risk Group	Numerator	Denominator	Rate	PointRight® National Average	Percentile	Rate	Rate	PointRight® National Average	Percentile
High Risk	30	61	49.2%	31.3%	98	31.3%	28.6%	16.9%	100
Medium Risk	45	225	20.0%	17.6%	69	18.9%	19.2%	16.6%	71
Low Risk	21	183	11.5%	9.9%	68	11.3%	18.4%	15.9%	68

ADJUSTED		
Rate	PointRight® National Average	Percentile
19.1%	16.8%	70
13.5%	16.4%	30
61.9%	15.3%	100

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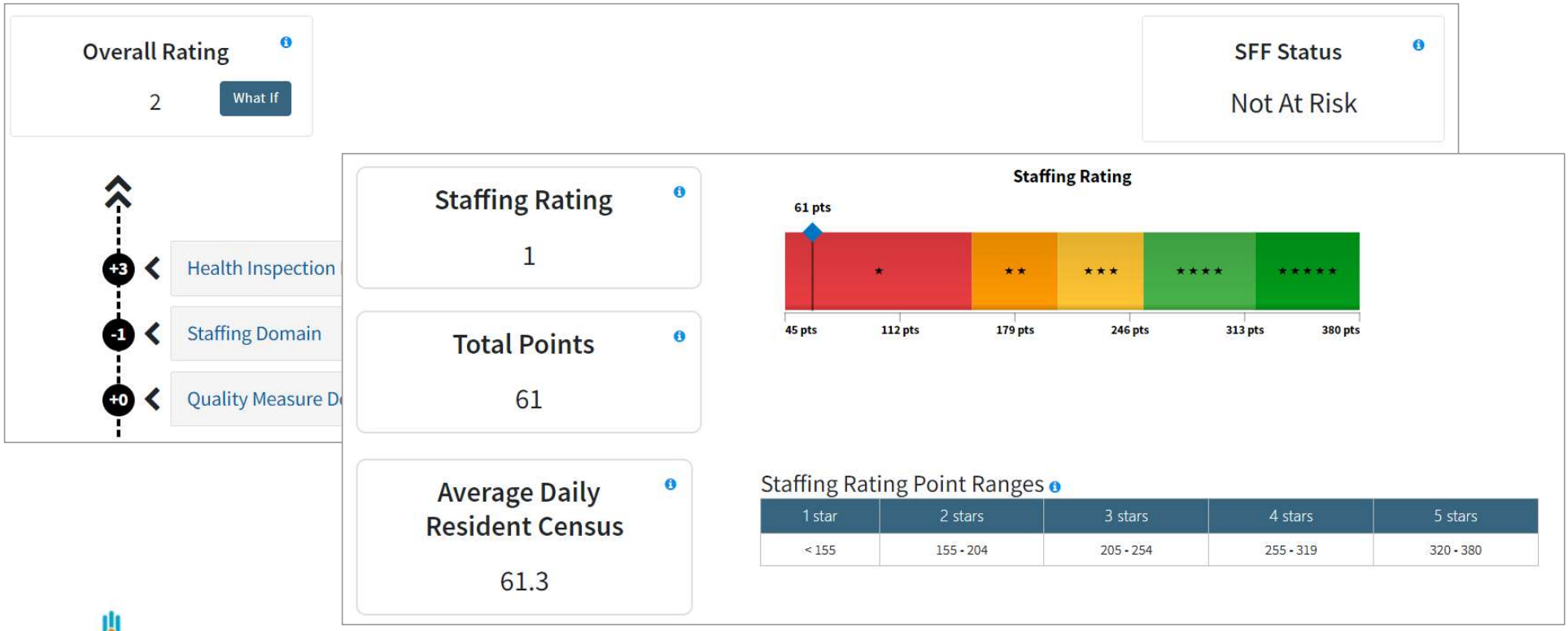
Five-Star FastTrack®

Insights to understand the drivers of current ratings...



1 star	2 stars	3 stars	4 stars	5 stars
< 155	155 - 204	205 - 254	255 - 319	320 - 380

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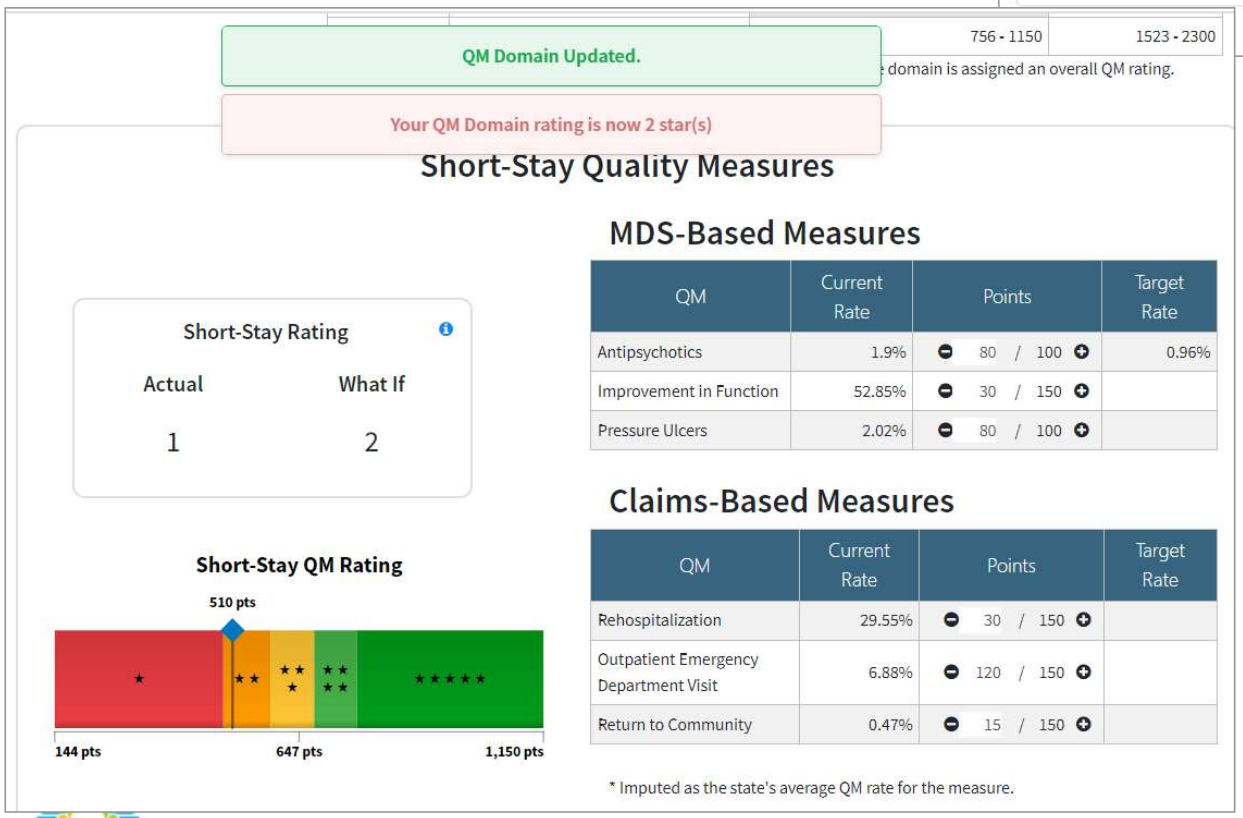
Five-Star FastTrack®

...then set targets and take action to meet them



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What do you use within the solution?

Sharing Best Practices?

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Net Health Support for Nursing Facilities

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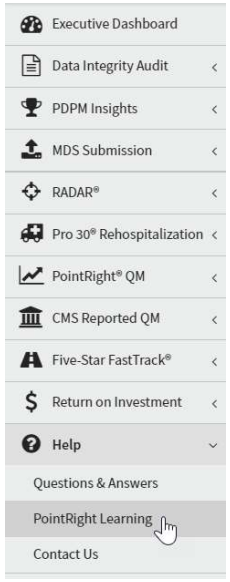
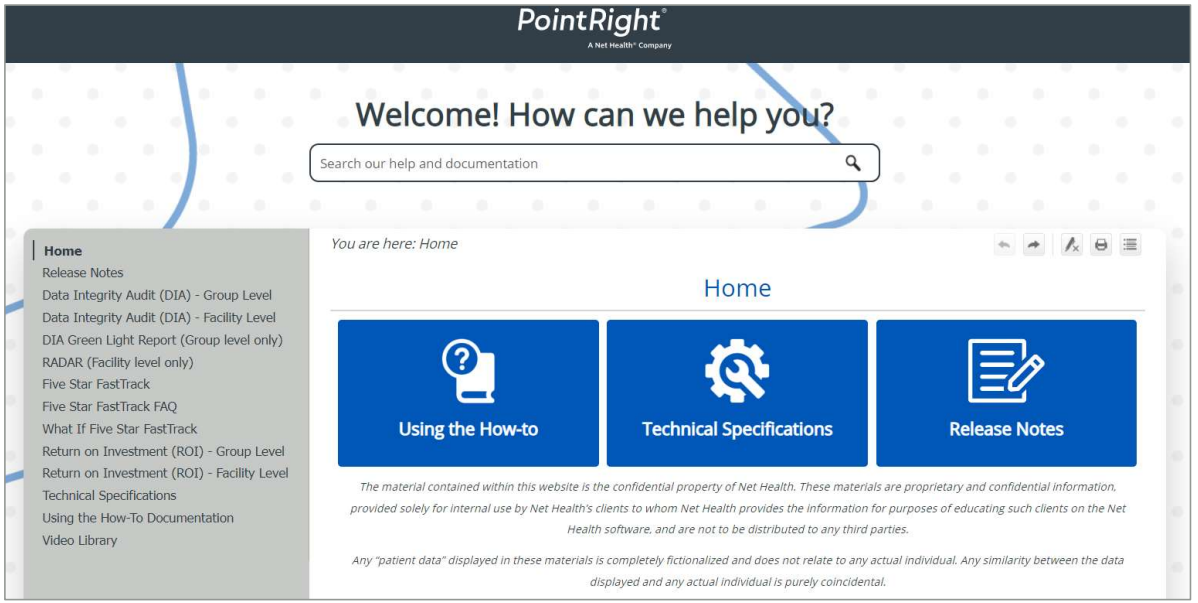
PointRight Learning In-App





Data Integrity Audit: Real-Time Feedback

Data Integrity Audit and PDPM

RADAR® Overview

PointRight Quality Measures

Education & Support

PointRight Learning Site
Select PointRight Learning under “Help” in the in-app left side navigation menu

Sessions for Success
3rd Tuesday of each month @ 2pm ET
REGISTER HERE

Net Health Community
Product resources, upcoming events, and support case updates
CLICK HERE

Support and Technical issues
781.457.5900
support@pointright.com

Email the Account Management Team
success@nethealth.com

Additional Resources:
- Quarterly reminder emails
- MDS coding tips
- In-app Q&A
- Client newsletter
- Office Hours

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Outcomes & Performance Targets

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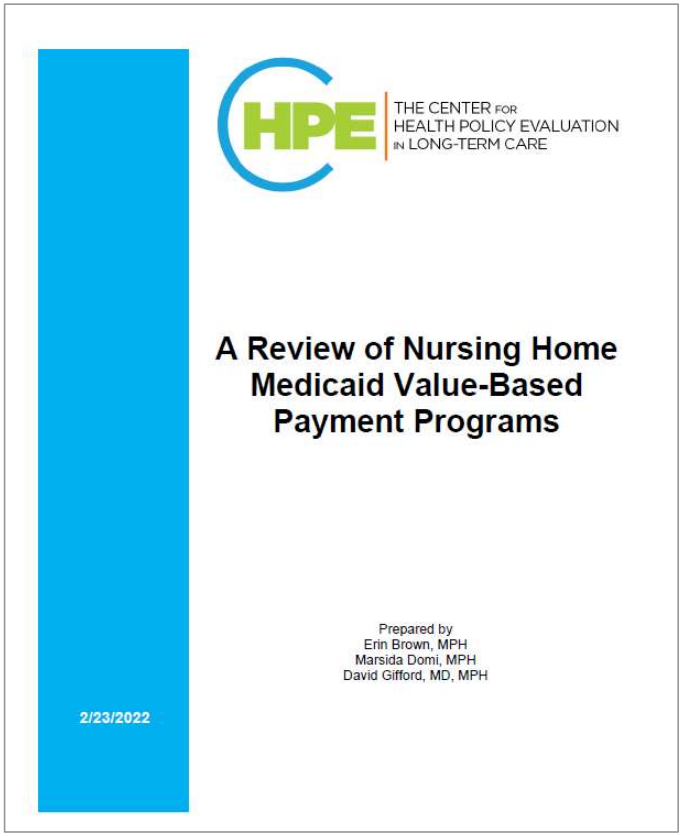
Study: A Review of Nursing Home Medicaid Value-Based Payment Programs

CHPE (Center for Health Policy Evaluation in Long –Term Care), February 2022

- 30 unique nursing home Medicaid VBP programs across 24 states
- Identified features that would incentivize better quality or better value for resident care
- Evaluated alignment with the best practices reported in the literature
- Only four programs were “fully or highly aligned” and **two of these are Net Health’s New Mexico programs**

LINK TO STUDY



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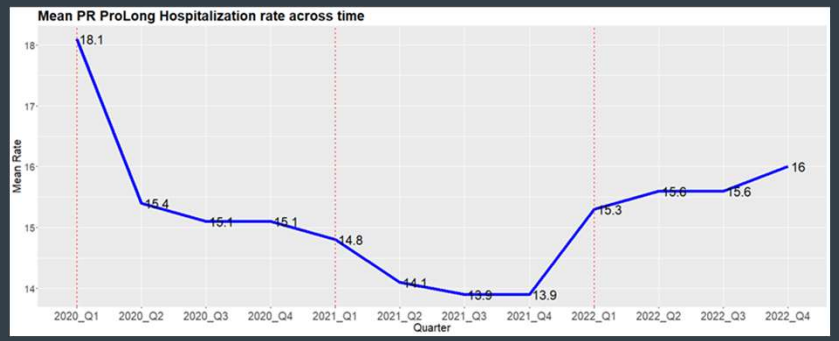
Results

QUALITY IMPROVEMENT

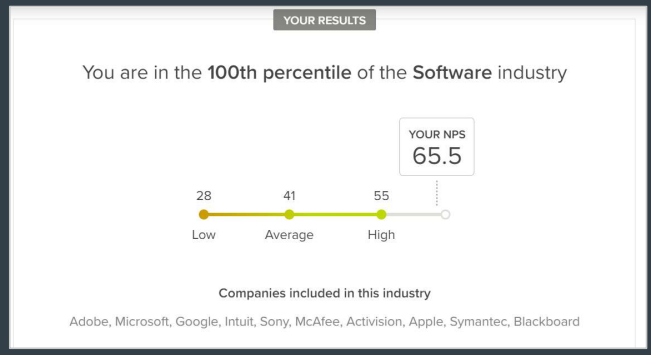
Despite COVID pandemic effects…

- Improvement in long-stay hospitalization and pressure ulcers
- Some facilities have significantly improved in multiple quality areas



PROVIDER SUPPORT & SATISFACTION

- Support for repeal of the provider surcharge sunset and continuation of both VBP programs
- Provider testimonials
- NPS score best-in-class performance for software industry



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CMS Pre-Print Round One Questions

8. Performance targets

a. Thank you for providing details of the state's evaluation plan. The performance (quality improvement) targets in Table 8 are 'CMS Cut Points.' We encourage the state to resubmit the table and provide specific, measurable performance targets, As a reminder, the performance targets should reflect the state's aggregate goals. In other words, the goals that reflect performance across all providers participating in the payment arrangement."

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Performance Targets - VBP

TABLE 8: Evaluation Measures, Baseline and Performance Targets Measure Name and NQF # (if applicable)	**Baseline Year**	**Baseline Statistic**	**Performance Target**
Example: Flu Vaccinations for Adults Ages 19 to 64 (FVA-AD); NQF # 0039	*CY 2019*	*34%*	*Increase the percentage of adults 18–64 years of age who report receiving an influenza vaccination by 1 percentage point per year*
Percentage of LS residents who received an antipsychotic medication	CY2020	17.1%	Decrease the mean percentage of residents who received an antipsychotic medication by two percentage points by 12/31/2023
Percentage of LS residents with a urinary tract infection	CY2020	2.9%	Decrease the mean percentage of residents with a urinary tract infection by half a percentage point by 12/31/2023
PointRight® Pro Long Stay™ Hospitalization Rate (risk-adjusted metric that measures the annual hospitalization rate of long-term care (LTC) facility residents)	CY2020	14.0%	Decrease the mean hospitalization rate by half a percentage point by 12/31/2023
Percentage of LS high-risk residents with pressure ulcers	CY2020	8.4%	Maintain mean percentage of high-risk residents with pressure ulcers below 8.4%

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Performance Targets - HCQS

TABLE 8: Evaluation Measures, Baseline and Performance Targets Measure Name and NQF # (if applicable)	**Baseline Year**	**Baseline Statistic**	**Performance Target**
Example: Flu Vaccinations for Adults Ages 19 to 64 (FVA-AD); NQF # 0039	*CY 2019*	*34%*	*Increase the percentage of adults 18–64 years of age who report receiving an influenza vaccination by 1 percentage point per year*
Percentage of LS residents experiencing one or more falls with major injury	CY2020	2.91%	Decrease the mean percentage of LS residents experiencing one or more falls with major injury by half a percentage point by 12/31/2023
Percentage of LS residents who have symptoms of depression	CY2020	6.08%	Decrease the mean percentage of LS residents who have symptoms of depression by one percentage point per year
Percentage of LS residents who needed and got a flu shot for the current flu season	CY2020	95.36%	Increase the mean percentage of LS residents who needed and got a flu shot for the current flu season by half a percentage point by 12/31/2023
Percentage of LS residents who needed and got a vaccine to prevent pneumonia	CY2020	94.02%	Increase the mean percentage of LS residents who needed and got a vaccine to prevent pneumonia by half a percentage point by 12/31/2023

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Planning for Future State of NM NF VBP Programs

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Invitation to join the NM HCQS/VBP Workgroup

- HSD, Net Health, and the NM HCQS/VBP Workgroup are cordially inviting all NHA's, DON's, Clinical Consultants, and staff to join the NM HCQS/VBP Workgroup
  - **Current Monthly Thursday Meetings of Program and Quality Measure Review**
  - **Establishing Updated Workgroup List starting 4th Quarter 2023 for Evaluation of Quality Measures effective CY25**
    - Question: Begin updated Workgroup 4th QTR 2023 or 1st QTR 2024?
  - **HCQS and VBP programs are one Workgroup**
    - Each program discussion may add value to the other program

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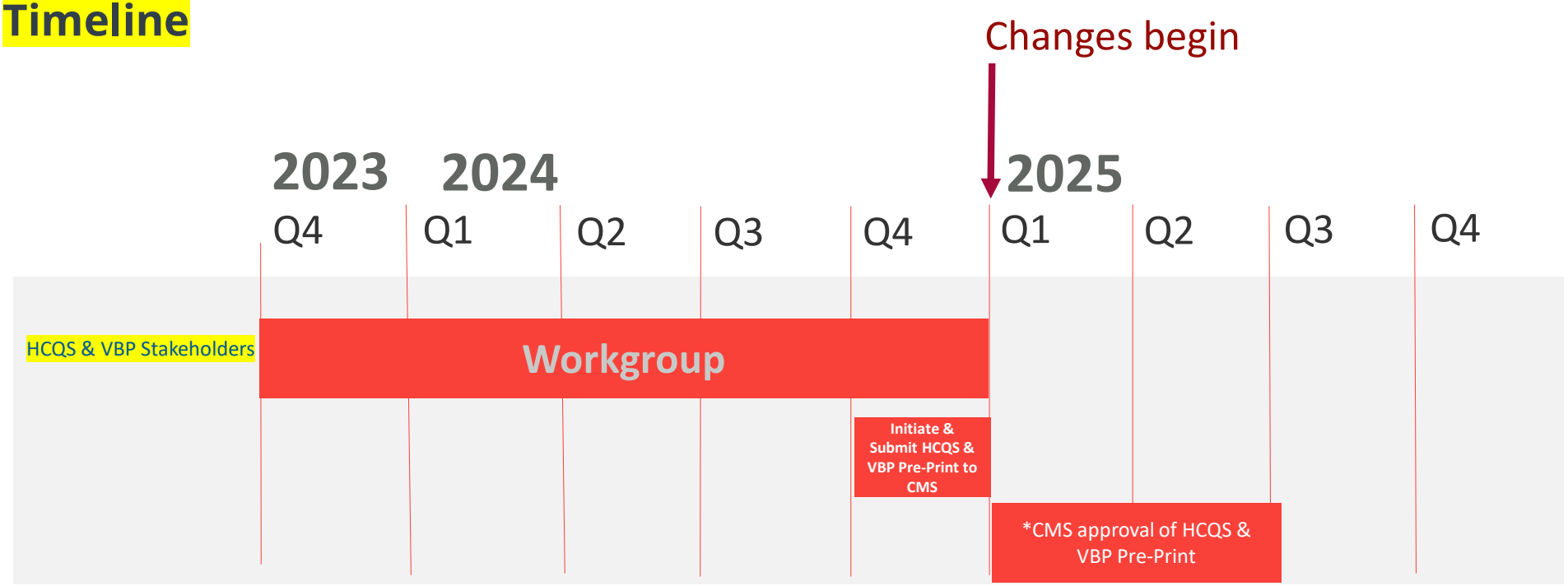
Timeline



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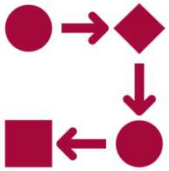
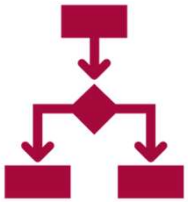
Types of Measures to Consider

Clinical

utilization



Process



Outcome

Structural

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What measures would you like to see?

Clinical

utilization

CLINICAL OUTCOMES

FUNCTIONAL STATUS

UTILIZATION

INFECTION CONTROL

OTHER

WORKFORCE / STAFFING

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Open Q&A

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