

New Mexico Value Based Purchasing Program Understanding Your NMVBP P4P Scorecard

Maria Arellano MS, RN, RAC-CT

August 26, 2020

PointRight[®]

Use Analytics to Improve Post-Acute &
Long-Term Care Performance



Objectives:

Attendees will be able to:

- List two major components of the NMVBP Program
- Describe how to identify residents who trigger the NMVBP Quality Measures
- Identify the amount of financial incentives earned by the facility YTD.

NMVBP Program Goals

The Nursing Facility Value Based Purchasing Program goal is to improve quality of care, reduce avoidable hospitalizations, and optimize health for all New Mexico Medicaid members receiving services in nursing facilities by 2023.

PointRight® Goal: Deliver proactive solutions to help providers meet the NMVBP program goals

NMVBP Key Program Concepts

Financial Incentives, Quality Measures and Calculations

PointRight[®]

Use Analytics to Improve Post-Acute &
Long-Term Care Performance



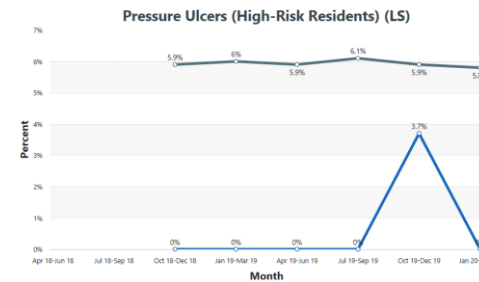
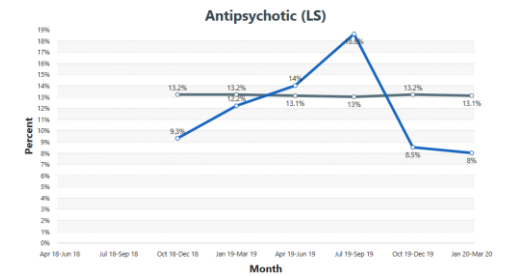
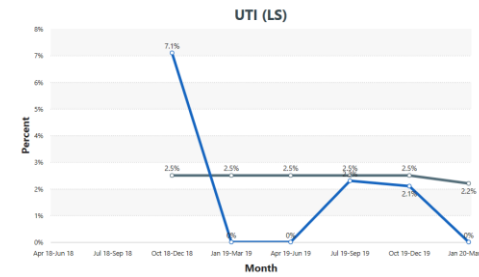
4 NMVBP Financial Incentives

- ✓ **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)
- ✓ **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

New Mexico Value Based Purchasing Program

4 Quality Measures

- LS Antipsychotic
- LS Urinary Tract Infection
- LS Pressure Ulcer
- PointRight[®] Pro Long Stay[™]



- 100 point maximum per Quality Measure
- 400 point program maximum

Quality Measure Cut Points

Measure Name	20	40	60	80	100
LS Antipsychotic	23.9% - 100%	17.3% - 23.89%	12.7% - 17.29%	6.8% - 12.69%	0.0%-6.79%
LS UTI	4.53% -100%	2.73% -4.52%	1.61% - 2.72%	0.71% -1.60%	0.0% - 0.70%
PointRight LS Hospitalization	15.01% - 100%	12.01% - 15.0%	9.1% - 12.0%	6.1% -9.0%	0.0% -6.09%
LS High Risk Pressure Ulcer	8.6% - 100%	6.1% - 8.59%	4.4% - 6.09%	2.6% - 4.39%	0.0% - 2.59%

Total points determines Tier

Antipsychotics – 12.9%
 UTI – 3.2%
 LS Hosp – 7%
 High Risk PU – 4.8%

Total points = 240

Performance Tiers

 Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
260 points or more	200 to 259 points	140 to 199 points	100 to 139 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
1st year	100%	85%	75%	50%	20%

Key Program Calculations

- 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?

PointRight® Training Videos available on these topics and more on NMVBP

Calculating Bed Days for NMVBP

Medicaid Bed Days - The number of days a bed was occupied by a Medicaid patient who was covered by participating payor.

Included Days:

- Day of Admission to Custodial care
- Medicaid Days in a facility at a Custodial level of care
- Day of Death
- Bedhold Days out of the facility for therapeutic leave of absence/home visits (No MDS to tell us)
- Days in a Facility at a Skilled level of care where PPS assessments are *not* completed (in other words, where PDPM payment methodology is not used)

Calculating Bed Days for NMVBWP

Excluded Days:

- Medicaid Bedhold Days out of the facility for hospitalization (MDS tells us so)
- Days in a Facility at a skilled level of care where PPS assessments are completed, and were billed to a payor including Medicare Part A, Medicare Advantage, Veterans, Private, or any other Payor other than Medicaid)
- Day of Discharge

IMPORTANT! Medicare Advantage Plans and Medicaid Bed Day Counts

For Medicare Advantage Plans who do not require PPS assessments:

- Because there is no way for PointRight to determine the skilled stay without a PPS MDS, these days are included in the Medicaid bed day count.

For Medicare Advantage Plans who do require PPS assessments:

- For Medicaid bed day counts to start or resume after a skilled stay, a PPS Discharge MDS is required. A2400C should be coded with end date of skilled stay and MDS is not transmitted to CMS but must be submitted to PointRight. If no PPS discharge is submitted to PointRight, then the Medicaid bed day count does not resume until 100 days from the 5-day MDS.

High Acuity Bed Days from MDS Coding

High-Acuity Medicaid Bed Days are a subset of Medicaid Bed Days that receive a higher Per-Diem payment rate. A Medicaid Bed Day qualifies as High-Acuity when it meets any of the following MDS criteria:

Condition	18000 Value	Section I Item Checked
ALS	G12.21	NA
Lewy-Body Dementia	G31.83	NA
Dementia with Behavioral Disturbance	F03.91 OR F02.81	NA
Cerebral palsy	NA	I4400
Multiple sclerosis	NA	I5200
Huntington's disease	NA	I5250
Parkinson's disease	NA	I5300
Tourette's syndrome	NA	I5350
Traumatic brain injury (TBI)	NA	I5500
Bipolar disorder	NA	I5900
Psychotic disorder (other than schizophrenia)	NA	I5950
Schizophrenia	NA	I6000
Post-traumatic stress disorder (PTSD)	NA	I6100

Regular Data Collection Period Starting Q3 2020

- The data collection periods follow the calendar quarters.
- The review period for each data collection period extends for 30 days after the close of each calendar quarter.
- New or changed MDS data, or data in the member enrollment file, will be incorporated into calculations if it is submitted during this period.
- If it is submitted after this period ends, it will **NOT** be incorporated into calculations.
- All quarterly calculations are made FINAL at the end of that quarter's Data Collection Period.

IMPORTANT!

Initial Review Process for Q1 and Q2 of 2020

The review period for the first two quarters of the NMVBP Program will extend to 9/3/2020 to allow adequate review period following the launch of the NMVBP Scorecard.




PointRight's NMVBP P4P Solution

30 Day Review Period

- Develop your own review plan to ensure:
 - All MDS' submitted to PointRight
 - MDS' are accurate
 - Bed Days (Total and High Acuity) look correct

30 Day Review Process Tips






NMVBP Bed Days Analysis 



CY 2020: 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

    Search... 

Name	DOB	MRN	ROOM	MCO	Start Date	End Date	Bed Days	High Acuity Bed Days	Flags
CIHFKB, RXRWJDVG	09/02/1950	-	-	BlueCross BlueShield of NM	04/01/2020		0	0	
CQJMSCEV, GTTAKR	01/13/1955	5072	210	BlueCross BlueShield of NM	04/01/2020	05/18/2020	47	0	
EESPSC, JIQIOTCEQ	06/09/1930	-	-	BlueCross BlueShield of NM	04/01/2020		80	0	
FUNGU, PHIYNRL	11/08/1932	00643	108	BlueCross BlueShield of NM	04/01/2020		80	80	
JLXHUGFE, CCZRXCW	08/16/1936	5054	104	BlueCross BlueShield of NM	04/01/2020		80	0	
OCBK, OFCWJ	05/26/1938	5042	202	BlueCross BlueShield of NM	04/01/2020		80	0	
QYCBXLKTT, AQTNDXU	09/26/1934	5110	204	BlueCross BlueShield of NM	04/01/2020		21	0	
UXNFQ, LFRGVPLKS	01/26/1933	5017	110	BlueCross BlueShield of NM	04/01/2020		80	0	
VEKDPXDUWG, IIVCCK	06/08/1926	5043	207	BlueCross BlueShield of NM	04/01/2020		80	0	
XRYF, NDBUSJ	09/02/1980	-	-	BlueCross BlueShield of NM	04/01/2020	05/08/2020	37	37	

Review Bed Day List Monthly

- **Are MDS' Missing?**
 - Use your EHR MDS reports to compare resident lists
- **Do bed days look correct?**
 - Is the start date later than admission date? Why?
 - Is there an end date for someone still in the facility?
 - Why is the resident flagged?

Reviewing MDS History

PointRight Location: Southwest Nursing and Rehab (DD-PRSW5) Maria Arellano

MDS History for TVM, AHTXFH

Facility Name: Southwest Nursing and Rehab (DD-PRSW5)
 MRN: 5099
 Room Number: 201
 DOB: 9/2/1922 | 97 years
 Gender: Female

ARD	OBRA	PPS	Entry Date	Entered From	Admission Date	Discharge Date	Discharge Status	Length of Stay (Days)
1/6/2020	Optional State Assessment	None	N/A	N/A	N/A	N/A	N/A	N/A
12/30/2019	Entry	None	12/30/2019	Acute hospital	N/A	N/A	N/A	N/A
12/24/2019	Discharge: Return Anticipated	None	N/A	N/A	N/A	12/24/2019	Acute hospital	15
12/23/2019	Optional State Assessment	None	N/A	N/A	N/A	N/A	N/A	N/A
12/16/2019	Optional State Assessment	None	N/A	N/A	N/A	N/A	N/A	N/A
12/16/2019	Admission	None	N/A	N/A	12/9/2019	N/A	N/A	N/A
12/9/2019	Entry	None	12/9/2019	Acute hospital	N/A	N/A	N/A	N/A

Showing 1 to 7 of 7 rows 15 rows per page

Flagged Resident Review

- Last MDS 1/6/20
- Current date 6/20/20
- Discharge was imputed after 100 days (April 15 is 100 days)
- If resident is still in the building, you lose out on days from 4/16-6/30/20 – missing out on 75 bed days.
- If resident was discharged earlier i.e. 3/1/20, you were paid for bed days you didn't earn.

PointRight NMVBP Tutorials

Training tutorials on each PointRight solution available at:

[PointRight NMVBP On Demand Learning Channel](#)

New Mexico PointRight Contact?

Tammy McKenna RN, LNHA, HRM

Account Executive

Tammy.McKenna@pointright.com



QUESTIONS?

PointRight®





 **NMVBP P4P Scorecard Screenshots**

Payment Tab

PointRight[®]

Use Analytics to Improve Post-Acute &
Long-Term Care Performance



© 2019 PointRight – All

P4P Scorecard Landing Page

Location: Southwest Care Community (DD-PRSW4) [\(Change\)](#)

Maria Arellano MA
Saturday 6/20/2020

- Executive Dashboard
- Data Integrity Audit
- Assessment List
- Performance Trend
- Performance By Section
- Issue Summary
- MDS Submission
- Submit MDS
- Previous Submissions
- Submission Tracker
- RADAR®
- Pro 30® Rehospitalization
- PointRight® QM
- CMS Reported QM
- Partners
- NMVBP
- P4P Scorecard
- Help
- Questions & Answers
- Online Training
- Contact Us

Executive Dashboard / NMVBP
Print <<

NMVBP

Period: CY 2020: January - December

Payment
Quality Measures
Telemedicine
Program Information

Year-to-Date Performance

Total Estimated Payment

\$204,092.23

Total Estimated Foundational Quality Payment

\$7,500.00

+

Total Estimated Tiered Percentage Quality Payment

\$196,592.23

+

Estimated Secondary Quality Payment

Available at close of year

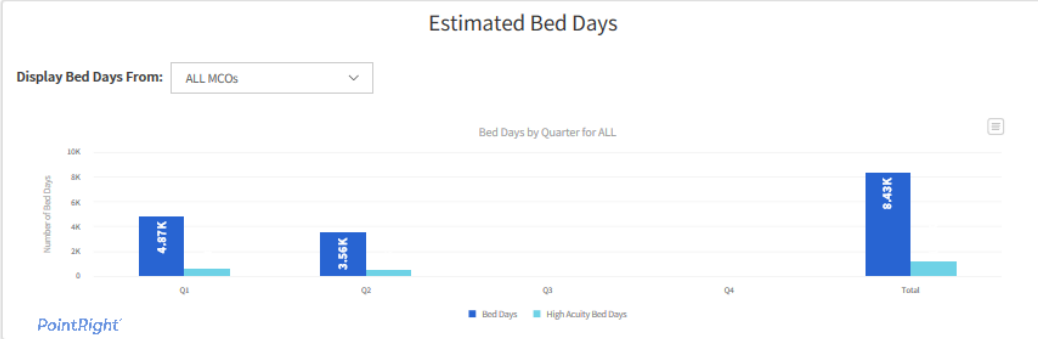
+

Total Estimated High-Acuity Payment

\$0.00

Estimated Bed Days

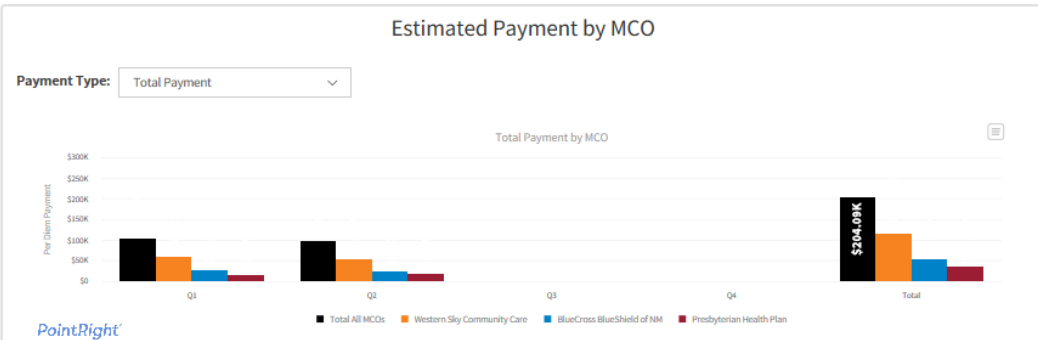
Display Bed Days From: ALL MCOs



Quarter	Bed Days	High Acuity Bed Days
Q1	4.87K	~0.2K
Q2	3.55K	~0.1K
Q3	0	0
Q4	0	0
Total	8.43K	~0.3K

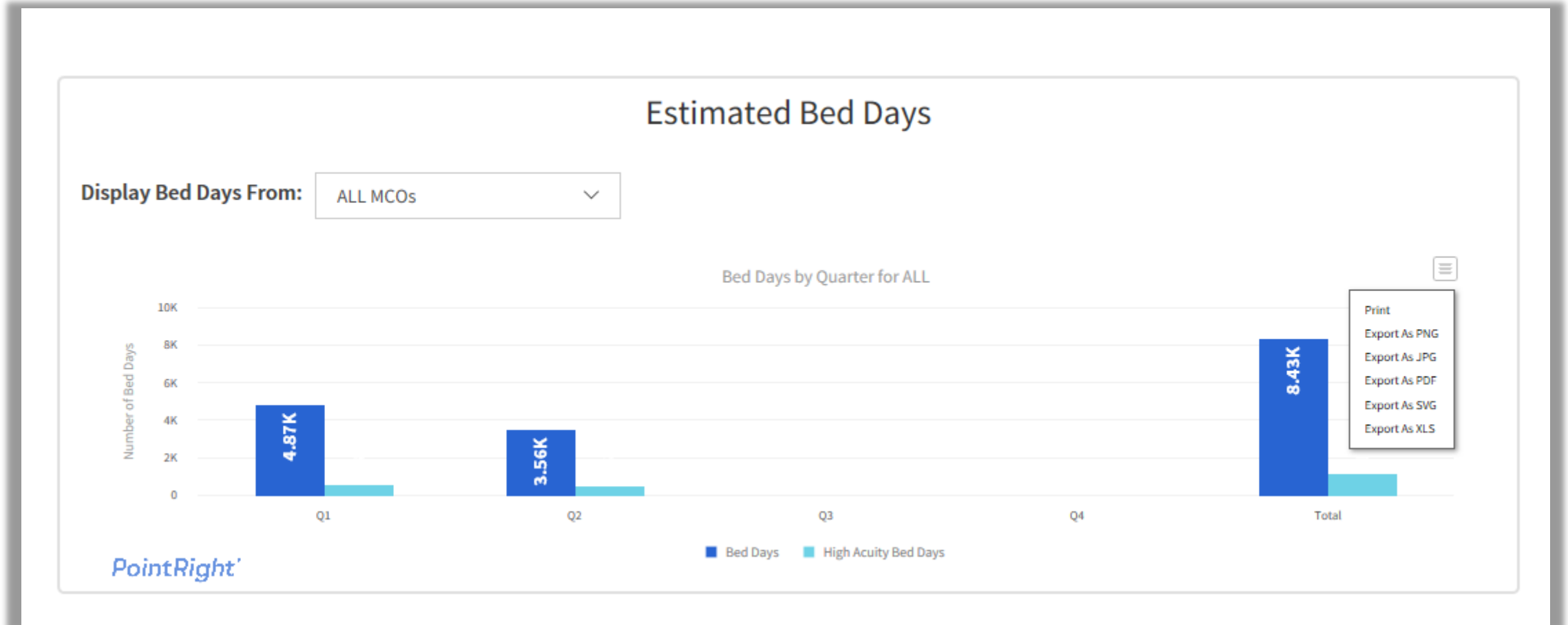
Estimated Payment by MCO

Payment Type: Total Payment

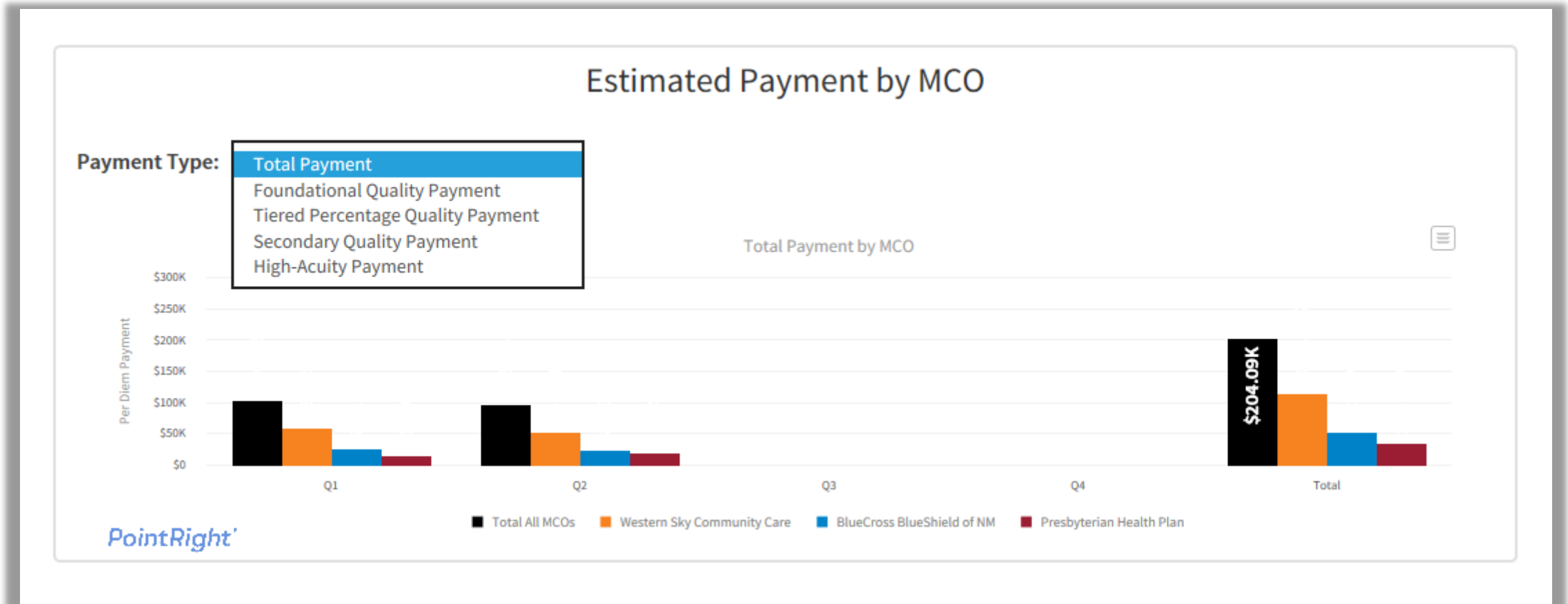


Quarter	Total All MCOs	Western Sky Community Care	BlueCross BlueShield of NM	Presbyterian Health Plan
Q1	~\$100K	~\$50K	~\$30K	~\$20K
Q2	~\$100K	~\$50K	~\$30K	~\$20K
Q3	0	0	0	0
Q4	0	0	0	0
Total	\$204.09K	~\$100K	~\$60K	~\$44K

Estimated Bed Days (Filter by MCO)



Estimated Payment by MCO (Filter by Payment Type)



Open and Locked Quarters

Q1 Jan 2020 - Mar 2020

Q2 Apr 2020 - Jun 2020

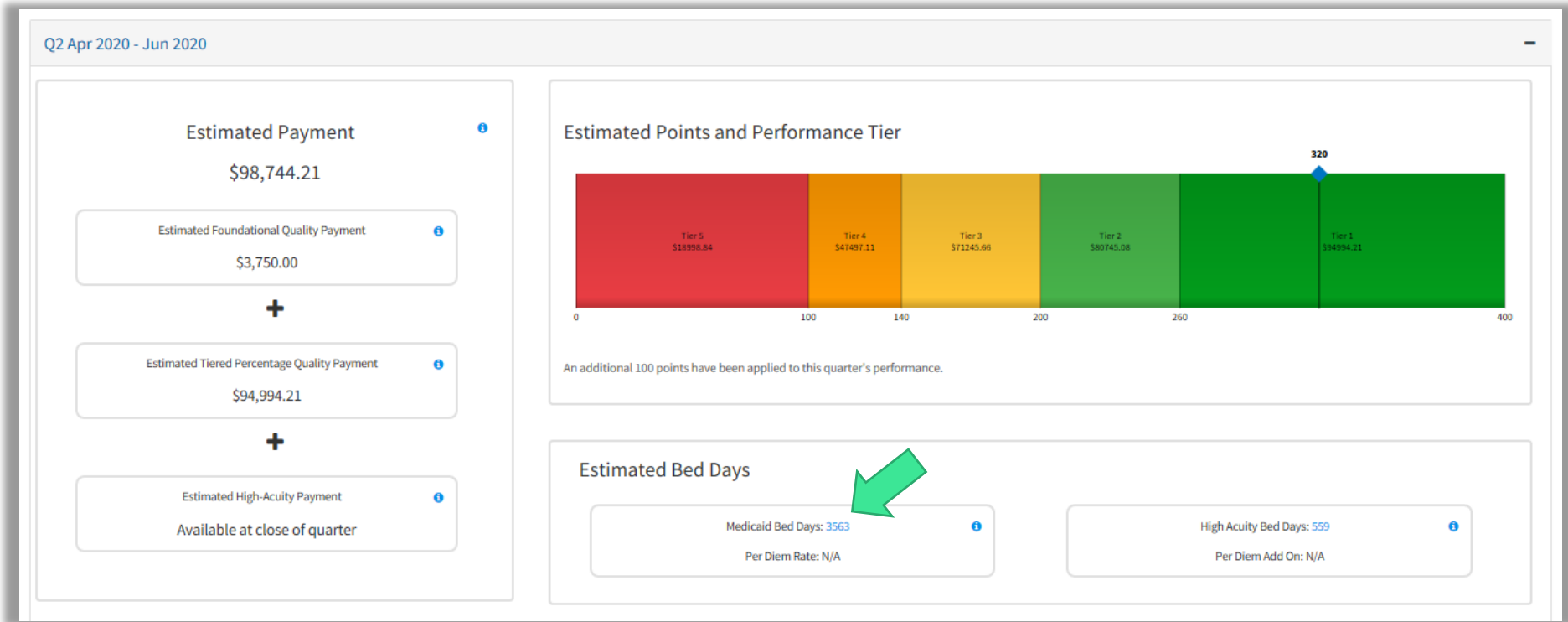
Q3 Jul 2020 - Sep 2020

Locked quarters

Open quarter

Copyright © 2020 PointRight Inc. All Rights Reserved.

IMPORTANT! Quarters lock 30 days after the end of the calendar quarter. Facilities have 30 days to review and correct any issues before the quarter is locked and calculations for the payment are final.

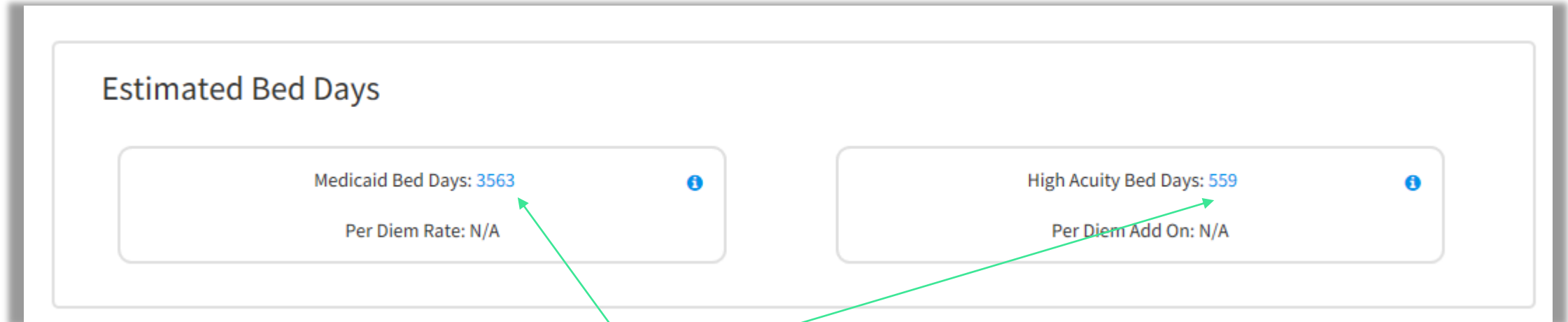


View by Quarter

- Estimated payment by component
- Estimated Tier
- Estimated Bed Days (total and high acuity)

Click on blue text to drill down into Bed Day Analysis

Estimated Bed Days (Total and High Acuity Days)



Click on blue text to drill down into Bed Day Analysis

NMVBP Bed Days Analysis



CY 2020: January - December

- Q 1
- Q 2
- Q 3
- Q 4

Resident List and Bed Days in this Quarter

Display Residents From: ALL MCOs

Search...

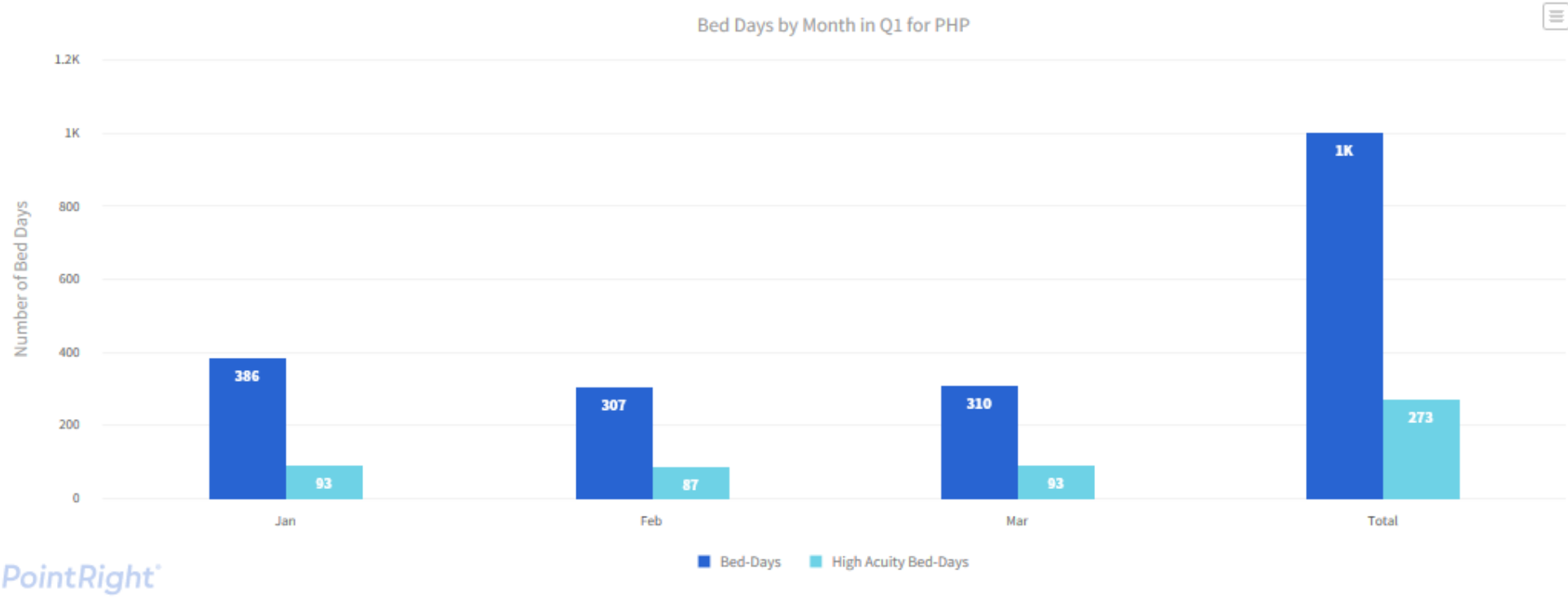
Name	DOB	MRN	ROOM	MCO	Start Date	End Date	Bed Days	High Acuity Bed Days	Flags
AQWVVABB, BSXHTS	03/02/1931	5105	207	BlueCross BlueShield of NM	01/23/2020	01/30/2020	0	0	
BCXOEL, BGOQMUUNF	06/01/1934	00649-01	101	BlueCross BlueShield of NM	01/01/2020	03/31/2020	91	0	
CARXR, JZCODFGIC	06/17/1955	006832	112	BlueCross BlueShield of NM	02/20/2020	03/31/2020	0	0	
CIHFKB, RXRWJDVG	09/02/1950	5112	213	Presbyterian Health Plan	03/05/2020	03/31/2020	0	0	
CQJMSCEV, GTTAKR	01/13/1955	5072	210	BlueCross BlueShield of NM	01/01/2020	03/31/2020	91	0	
CWKRLZI, IRHYILYZ	04/08/1932	006761	212	BlueCross BlueShield of NM	01/01/2020	03/31/2020	91	0	
DEOM, APJZ	11/10/1935	00647	206	BlueCross BlueShield of NM	01/14/2020	02/24/2020	0	0	
DFKFBM, XTSI	09/02/1932	5103	201	Presbyterian Health Plan	01/16/2020	03/31/2020	0	0	
DWLQWZRDQQDC, TNGADJ	01/25/1945	5037	203	Presbyterian Health Plan	03/11/2020	03/31/2020	0	0	
DWLQWZRDQQDC, TNGADJ	01/25/1945	5037	203	Presbyterian Health Plan	01/01/2020	02/28/2020	58	0	

Showing 1 to 10 of 53 rows 10 rows per page

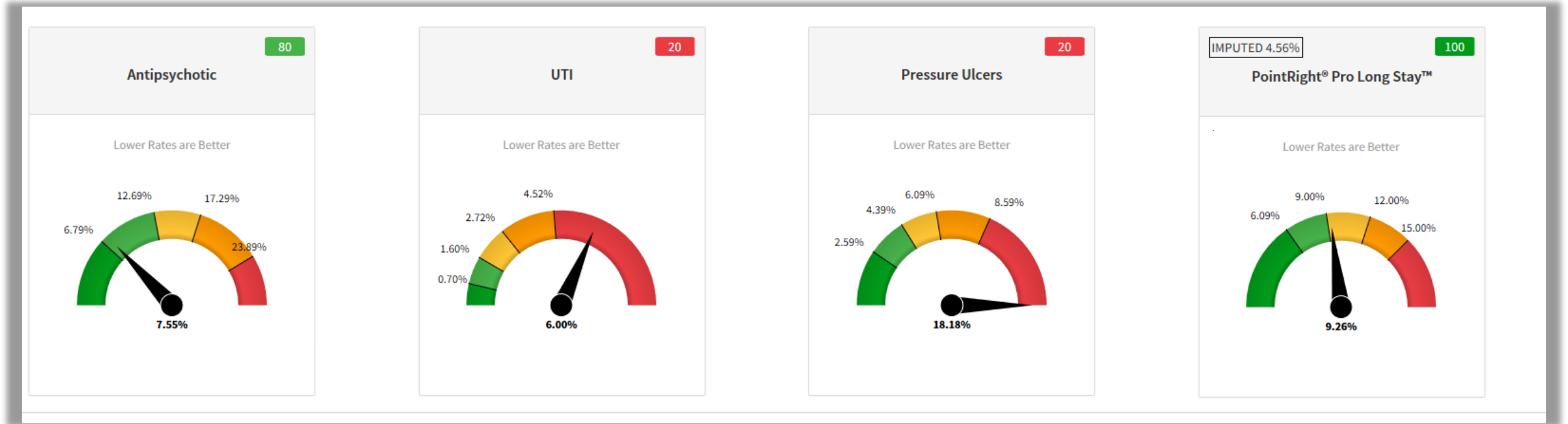
- 1
- 2
- 3
- 4
- 5
- 6
- >

Distribution of Bed Days by Month

Display Bed Days From:



View 4 NMVBP Quality Measure Rates and Points Earned



View by Quarter

- Current QM rates and program points
- View cut points for other Tiers

Quality Measures Tab

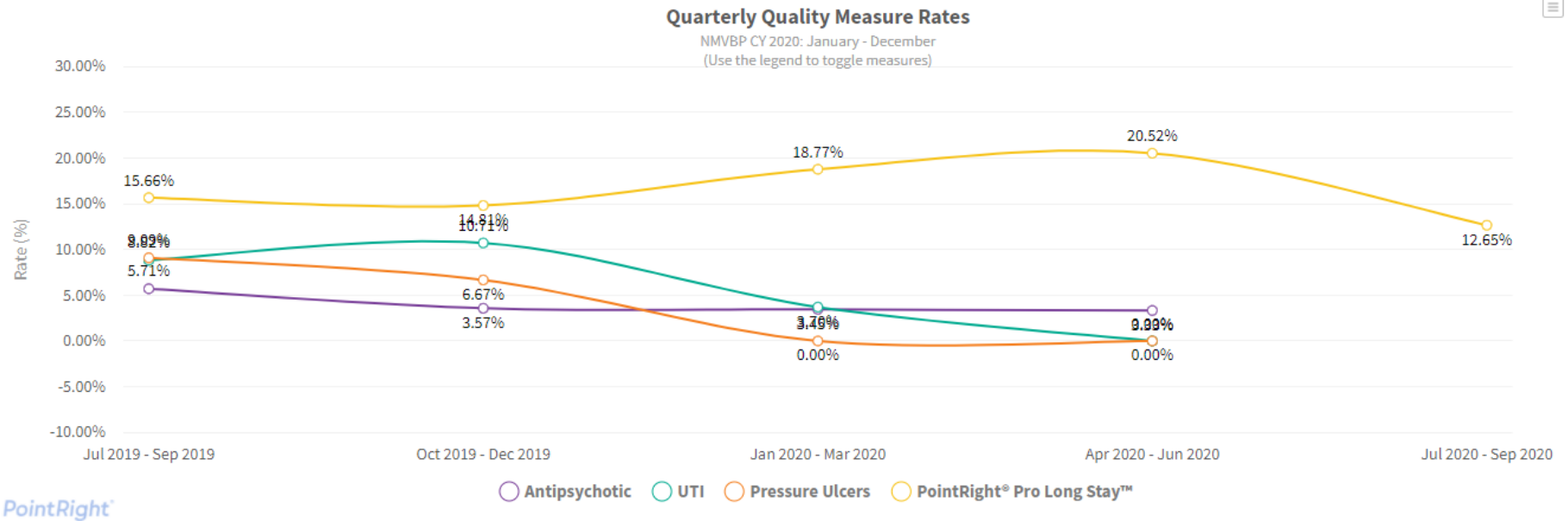
PointRight[®]

Use Analytics to Improve Post-Acute &
Long-Term Care Performance



Quarterly QM Trend

Quarterly Performance and Trend



Q1 Jan 2020 - Mar 2020 🔒



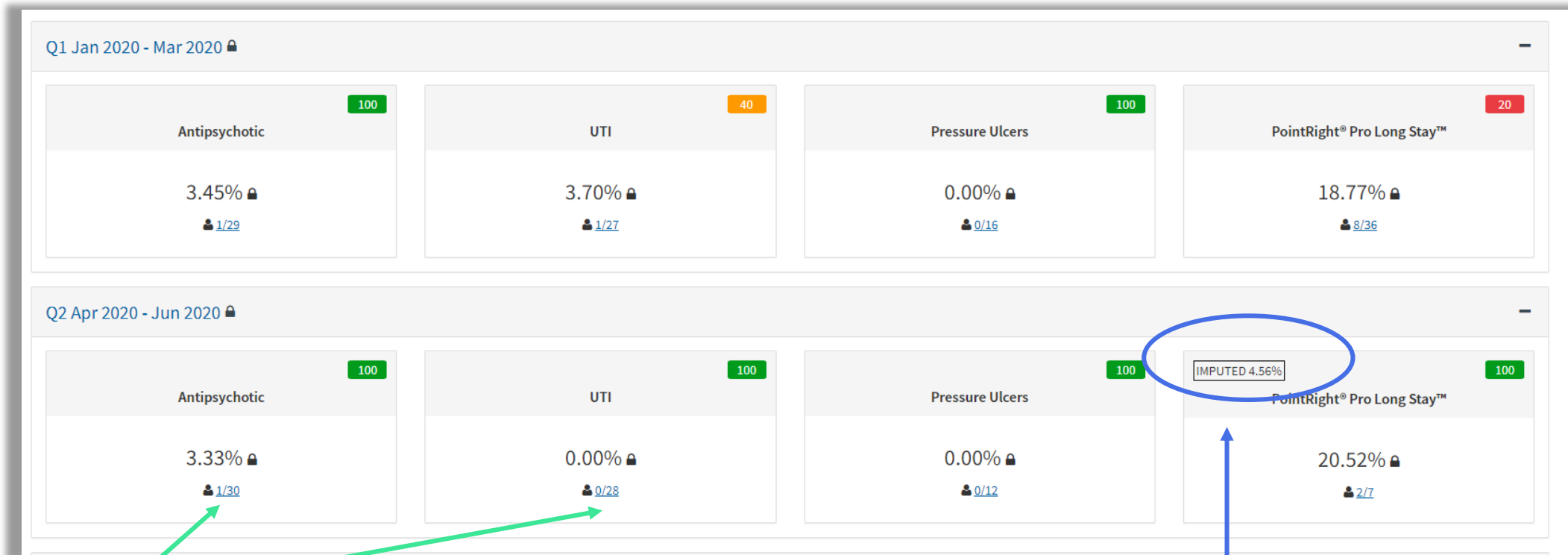
Q2 Apr 2020 - Jun 2020 🔒



Q3 Jul 2020 - Sep 2020



Quarterly Quality Measure Numerators/Denominators and Rates



Drill down by clicking blue text for resident list and Tier targets

Imputed = state average used due to not enough data available

NMVBP QM Analysis (Pressure Ulcers)



CY 2020: January - December

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

Targets

Pressure Ulcers 40

8.51%

👤 4/47

	Target Rate	Residents Needed to Achieve
Tier 1	2.59%	3 fewer
Tier 2	4.39%	2 fewer
Tier 3	6.09%	2 fewer
Tier 4	8.59%	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
JKJQNPDIS, PWBYQ		08/28/1955	101003475	114-A	03/20/2020
PMBJEXPW, QBCL		01/22/1933	290440	401-B	04/08/2020
YIQVE, CKACM		04/22/1954	290699	206-B	03/10/2020
YOADPSI, AKVXIDO		06/13/1937	101003458	304-B	04/24/2020

Showing 1 to 4 of 4 rows

QM Analysis View
 with Resident List
 and Tier Targets

Resident and
 MDS Level
 Drilldown
 Capability

Telemedicine Tab

PointRight[®]

Use Analytics to Improve Post-Acute &
Long-Term Care Performance



Telemedicine Configuration Page (Secondary Payment)

The screenshot shows the PointRight web application interface. The header includes the PointRight logo, the location "Southwest Nursing and Rehab (DD-PRSW5)", and user information for Maria Arellano. The left sidebar contains various navigation options, with "NMVBP" selected. The main content area displays "NMVBP" and a "Period" dropdown set to "CY 2020: January - December". Below this are tabs for "Payment", "Quality Measures", "Telemedicine", and "Program Information". The "Telemedicine" tab is active, showing the title "Telemedicine Participation by Quarter" and a sub-instruction "Enter count of telemedicine visits per quarter". A table with columns for Facility, Quarter 1, Quarter 2, Quarter 3, Quarter 4, Annual Total, and Last Edited By is displayed. The "Southwest Nursing and Rehab" facility has 6 visits in Quarter 1, 1 in Quarter 2, and 0 in Quarters 3 and 4, with an Annual Total of 7. The table is followed by "Cancel" and "Update" buttons.

Facility	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total	Last Edited By
Southwest Nursing and Rehab	6	1	0	0	7	Crandall, Lara 5/12/2020 12:00:00 AM

Contact your User Administrator to request access to this page.

Program Information Tab

PointRight[®]

Use Analytics to Improve Post-Acute &
Long-Term Care Performance



General Program Information and FAQs

Executive Dashboard / NMVBP

NMVBP



Period: CY 2020: January - December

Payment Quality Measures Telemedicine **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, Provider Advisory Group (PAG) and Project ECHO. The project goals are to improve quality of care, reduce avoidable 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 program, the nursing facility must meet the following minimum requirements:
 - » Certified Medicaid facility
 - » Contracted with at least one Medicaid Managed Care Organization (MCO)
 - » Data use agreement signed with data intermediary (PointRight) and MCO
 - » Submit MDS data to PointRight, the data intermediary
 - » Have the minimum amount of Medicaid bed days
- 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 Foundational Payments until requirements are met.
 - » Participate in required number of Medicaid Quality Improvement and Hospitalization Avoidance (MQIHA) Project ECHO sessions
 - » Data use agreement signed with Collective Medical Technologies (CMT) for Post-Acute EDie
 - » Participate in Post-Acute EDie Emergency Department Information Exchange
 - » Have ZOOM capabilities to participate in Project ECHO

Enrollment