

Quality Indicators

Quality Indicator Criteria for ORC 5165.25 [Effective 7/1/2016] *Determination of per Medicaid Day Quality Payment Rate*

Measurement Period:

The Ohio Department of Medicaid (ODM) will use data from the following measurement periods to determine quality points:

- » For state fiscal year (SFY) 2017, the period beginning July 1, 2015 and ending December 31, 2015.
- » Effective July 1, 2016, ODM will include MDS data from the third quarter of calendar year (CY) 2015 when calculating rates for ODM fiscal year 2017. If MDS data from Q4 is available by June 1, 2016, this data also will be included.
- » For SFY 2018 and thereafter, the calendar year immediately preceding the state fiscal year. MDS data will be included from the first three quarters of the calendar year. Q4 data will only be included if available by June 1st.

Data Selection for Minimum Data Set Quality Measures:

Percentages are obtained from <https://data.medicare.gov/Nursing-Home-Compare/Quality-Measures/djen-97ju>. These are the same percentages displayed on the Centers for Medicare and Medicaid Services Nursing Home Compare. ODM calculates target percentiles using Ohio data.

Target Percentiles:

Target percentiles are based on Ohio nursing facilities that have reportable data.

Quality Indicator – Preferences for Everyday Living Inventory (PELI):

To earn a quality point for this indicator, a nursing facility must implement a PELI tool as developed by the Polisher Research Institute and check the appropriate box on the nursing facility annual Medicaid cost report

indicating that such a tool has been implemented. Facilities may choose to use either the full or mid-level version of the PELI.

- » Tools and instructions are available online:
<https://www.abramsoncenter.org/research/applications/assessment-instruments>.
- » The intent of this measure is to promote person-centered care, and the information is self-attested on the cost report. It will be left up to individual facilities to develop and implement person-centered care processes to meet the needs of their residents.
- » A quality point will be awarded for this indicator only if a facility checks the “Yes” box on Attachment 8 on the nursing facility annual Medicaid cost report, thereby indicating the facility uses the PELI.

Quality Indicator – Pressure Ulcers:

To earn a quality point for this indicator, a nursing facility must be at or below the target percentages for pressure ulcers for both short-stay and long-stay residents.

- » For SYFs 2017 and 2018, the target percentage will be at the twenty-fifth percentile of all facilities in the measurement period.
- » For SFY 2019 and thereafter, the target will be the number value at the twenty-fifth percentile SFY 2018.
- » No quality point will be awarded for this indicator if a facility has insufficient data.

Quality Indicator – Antipsychotic Medications:

To earn a quality point for this indicator, a nursing facility must be at or below the target percentages for antipsychotic medications for both short-stay and long-stay residents.

- » For SFYs 2017 and 2018, the target rate will be at the twenty-fifth percentile of all facilities in the measurement period.
- » For SFY 2019 and thereafter, the target will be the number value at the twenty-fifth percentile in state fiscal year 2018.

Quality Indicator – Employee Retention:

The employee retention number reported on the nursing facility annual Medicaid cost report will be used to calculate this indicator. To earn a quality point for this quality indicator, a nursing facility must be at or above the target percentage.

- » For SFYs 2017 and 2018, the target rate will be at the seventy-fifth percentile of all facilities in the measurement period.
- » For SFY 2019 and thereafter, the target will be the number value at the seventy-fifth percentile in state fiscal year 2018.
- » No quality point will be awarded for this indicator if a facility fails to complete the employee retention items on the nursing facility annual Medicaid cost report.

For CY 2015 only, the following information will be collected on Attachment 8 of the cost report for calculating employee retention:

- » Line 4: Number of employees on full payroll ending date on or near 7/1/2015 or on the first full payroll ending date of the cost reporting period
- » Line 5: Of those of those in Line 4, number of employees on last payroll ending date of the cost reporting period
- » Line 6: Employee retention rate ((Line 5 divided by Line 4)*100)

No quality point will be awarded for this quality indicator if a facility fails to complete this section of the nursing facility annual Medicaid cost report.

Quality Indicator – Potentially Preventable Hospital Admissions

To earn a quality point for this indicator, a facility's actual hospital admission rate must be at or below the risk-adjusted Expected PPA (EPPA) Rate calculated for their facility. For each facility, three values will be computed:

- » **Actual Hospital Admission Rate** – this will be calculated using Medicaid hospital claims (including crossover claims) for nursing facility residents who meet specific criteria for the measurement period.
- » **Expected Admissions Rate (EAR)** – this will be calculated using Medicaid hospital claims (including crossover claims) for nursing facility residents who meet specific criteria as noted below for the 12- month period prior to the measurement period.
 - The DRG determined by the hospital will be used to assign each resident to one of 26 Aggregate Clinical Risk Groups (ACRGs). The EAR will be calculated and risk adjusted for each of the ACRGs using claims data for all facilities.
 - Each facility's EAR will be individually calculated based on the number of residents in each of the CRGs during the time period.
- » **Actual-to-Expected PPA** which is the Facility's Actual Rate / EAR.

A quality point will be awarded to a nursing facility that achieves a ratio 1.0 or less, indicating that the facility's admission rate is equal to or exceeds the expected admission rate. In the calculations, residents are exempt who have a DRG with catastrophic conditions and dominant, metastatic and complicated malignancies. Claims selection criteria include residents admitted to the facility for at least 14 days and who reside in the facility in the two days prior to the hospital admission.

Facility-specific target rates will be provided annually in July by ODM. Resident-specific data will not be available.

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For more information, go online: Medicaid.Ohio.gov