



FREE WEBINAR

Texas QIPP in Year 8

*Quality and compliance
in a changing landscape*

THU, FEB 27 | 1 PM CT

SKILLED NURSING



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YOUR SPEAKERS



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VP Clinical Reimbursement
Focused Post Acute Care Partners





OBJECTIVES

- Understand Program Updates
- Analyze Performance Metrics
- Develop Compliance Strategies
- Navigate Baselines & Benchmarks
- Maximize Funding Opportunities



AUDIENCE POLL

Where do you need the most support in terms of navigating TX QIPP Year 8? [Select all that apply]

- Funding Opportunities
- Frozen QMs
- Baselines & Benchmarks
- Performance Targets



QIPP Year 8

No Monthly Reporting or PIPs

Only Quarterly Scorecards

HHSC adjusted measurement periods for all quarters

- First measurement period for all measures is 7/1/24 – 9/30/24
- Data for this period will be published by CMS Jan 2025
 - First Scorecard will be published by HHSC In Feb or March 2025

Component Funding



ANNUAL BUDGET: \$1.75 B

COMPONENT 1: 44% NSGOS ONLY

COMPONENT 2: 20% ALL NFS

COMPONENT 3: 20% ALL NFS

COMPONENT 4: 16% NSGOS ONLY

Non-Disbursed Funds

Non-Disbursed funds due to failure of NFs to meet performance requirements are distributed across QIPP NFs that have met performance requirements of a QM designated by HHSC

For QIPP Year 8 HHSC designates the measure below for NF to be eligible to receive a share of non-disbursed funds:

- NF Maintains 8 additional hours of RN staffing coverage per day, for 90% of days in each month of the program period, beyond CMS mandate of onsite RN coverage of 8 hours a day, 7 days a week
- Telehealth hours and encounters still need to be tracked but only direct-care staff services count toward the 8 additional hours of RN coverage.

HHSC outlines the following requirements for NF to have achieved this measure:

Hours above federally mandated 8 hours, must be in-person RN coverage scheduled non-concurrent with mandated hours.

Additional hours must be dedicated to direct-care services, if PBJ job code is administrative these hours won't count.

NFs must provide in total 16 hours of RN coverage at least 90% of the days each month.

HHSC will defer to PBJ for rules/definitions. Only hours actually worked count, meal breaks must be deducted from scheduled hours.

NFs may use telehealth for scheduling hours beyond 8 hours in-person mandate.

Timeline & Scorecard Changes

Measure	Months covered	Published by CMS	Scorecard Published by HHSC
Quarter 1	July –Sept	January 2025	Feb/March
Quarter 2	Oct - Dec	April 2025	May/June
Quarter 3	Jan - March	July 2025	Aug/Sept
Quarter 4	April - June	October 2025	Nov/Dec

QIPP Yr 8 Quarters Changed:

- Quarter 1 = July – September
- Quarter 2 = October – December
- Quarter 3 = January – March
- Quarter 4 = April - June



QIPP COMPONENTS

Component 1: MDS QM Measures

NSGOs ONLY

- **Metric 1**: Percent of Residents experiencing 1 or more fall with major injury
- **Metric 2**: Percent of Residents with a UTI
- **Metric 3**: Percent of Residents who lose too much weight
- **Metric 4**: Percent of Residents who received an antipsychotic medication
- **Metric 5**: Percent of Residents whose ability to walk independently worsened

- ✓ **Achievement in 1 Metric earns 90% of eligible funds**
- ✓ **Achievement in 2 Metrics earns 100% of eligible funds**

Component 2: Workforce Development HPRD Pulled from PBJ

ALL NFs

- **Metric 1**: Reported RCP (CNA) HPRD
- **Metric 2**: Reported Licensed Nurses HPRD
- **Metric 3**: Reported Total Nursing Staff HPRD

- ✓ Achievement in 1 Metric earns 70% of eligible funds
- ✓ Achievement in 2 Metrics earns 100% of eligible funds

Component 3: MDS QM Measures

ALL NFs

- **Metric 1**: Percent of Residents who have depressive symptoms
- **Metric 2**: Percent of Residents who used antianxiety or hypnotic meds
- **Metric 3**: Percent of Residents with new or worsened bowel or bladder incontinence

✓ Equally weighted measures, each worth 33.33% of available funds

Component 4: MDS QM Measures

NSGOs ONLY

- **Metric 1**: Percent of Residents with pressure ulcers
- **Metric 2**: Percent of Residents who have had a catheter inserted and left in bladder

✓ Equally weighted measures, each worth 50% of available funds

Component Reference Chart from HHSC

Item	Component 1	Component 2	Component 3	Component 4
Eligibility	NSGO	All Providers	All Providers	NSGO
Type	MDS	HPRD	MDS	MDS
# of Measures	5	3	3	2
Measure Weight	1 metric = 90% 2 metrics = 100%	1 metric = 70% 2 metrics = 100%	33.33% each	50% each
Benchmark Source	Texas Mean	National Mean	National Mean	Texas Mean
Improvement Target	5%	1%	5%	5%
Allowed Margin of Decline	Absolute 2%	Relative 2%	Absolute 2%	Absolute 2%

QM Reference Chart from HHSC | 1 of 2

Component 1 – NSGO Only	Component 2 – All Facilities
<p>5 clinical MDS measures impacted by state initiatives and the facility's relationship with their hospital partners:</p> <ul style="list-style-type: none">• Antipsychotic Medications• Residents Experiencing Falls with Major Injury• Weight Loss• Urinary Tract Infections• Independent Mobility <p>Performance Targets: 5% relative improvement on quarterly performance, or performing equal to or better than the Texas Mean without declining in performance</p>	<p>3 Hours Per Resident Day staffing quality measures related to staff-to-patient ratios, as directed by HB 2658 (87th regular session)</p> <ul style="list-style-type: none">• Reported Total Nursing• Reported Certified Nurses Assistant• Reported Licensed Nursing (LVN+RN) <p>Performance Targets: 1% relative improvement on quarterly performance, or performing equal to or better than the National Mean without declining in performance</p>

QM Reference Chart from HHSC | 2 of 2

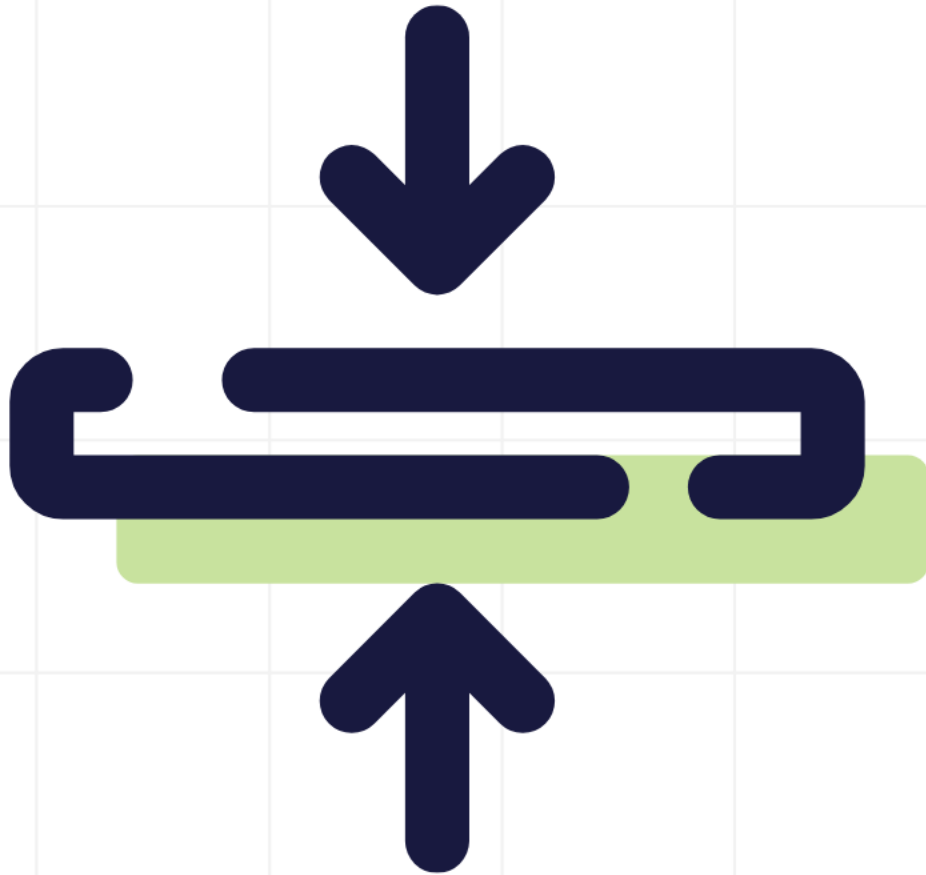
Component 3 – All Facilities	Component 4 – NSGO Only
<p>3 clinical MDS measures selected as special focus areas:</p> <ul style="list-style-type: none">• Anti-anxiety/hypnotic Medications• Bowel and Bladder Control• Depressive Symptoms <p>Performance Targets: 5% relative improvement on quarterly performance, or performing equal to or better than the National Mean without declining in performance</p>	<p>2 clinical MDS measures that reflect staff adequacy and resident quality of care:</p> <ul style="list-style-type: none">• Pressure Ulcers• Catheter Left in Bladder <p>Performance Targets: 5% relative improvement on quarterly performance, or performing equal to or better than the Texas Mean without declining in performance</p>

New QMs: Remain Frozen until Jan 2025

Baselines for 3 Impacted QIPP Measures will not be available until Jan 2025

G-Based Measures	GG-Equivalent Measures
Percent of Res Who Made Improvements in Function (SS)	Discharge Function Score Measure (SS)
Percent of Res Whose Ability to Move Independently Worsened (LS)	Percent of Res Whose Ability to Walk Independently Worsened (LS)
Percent of Res Whose Need for Help with ADLs Has Increased (LS)	Percent of Res Whose Need for Help with ADLs Has Increased (LS)
Percent of High-Risk Res With PU (LS)	Percent of Res with PU (LS)
Percent of Low-Risk Res who Lose control of their Bowel or Bladder (LS)	Percent of Res with New or Worsened Bowel or Bladder Incontinence (LS)

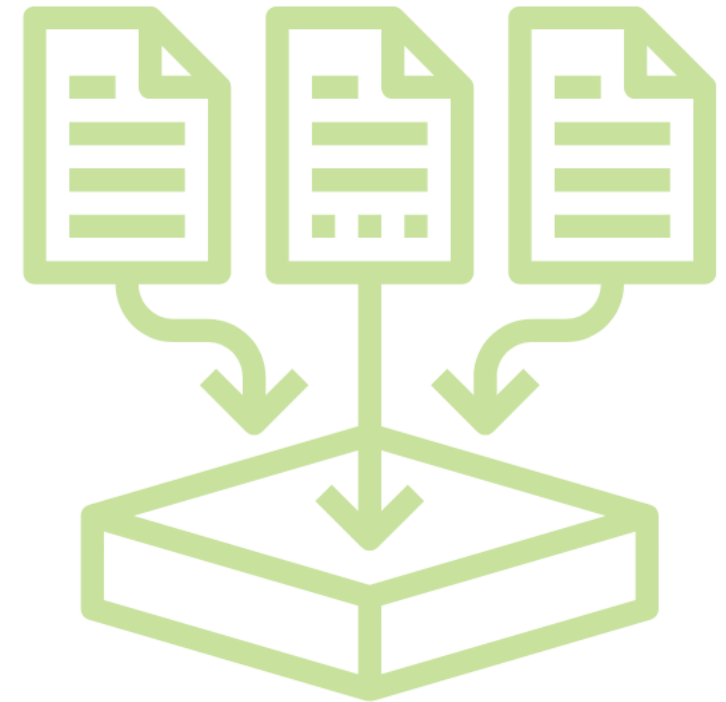




BASELINES

Baseline Methodology

- Baselines are taken from the weighted 4-quarter averages of CY2023 performance published by CMS in Provider Data Catalog
- Where weighted 4-quarter average is not available, HHSC will calculate the non-weighted average from all available quarters



Baselines: Non-Frozen MDS Measures

For all non-frozen MDS measures, weighted 4-quarter average is available.

- Baseline data came from the June 2024 PUF: [MDS quality measures public use file](#)

Data Table	Overview	API	Data Dictionary
Viewing 1 - 20 of 267,210 rows			
Filter dataset			
Manage columns			
Display settings			
Fullscreen			
Download full dataset (CSV) 87 MB			
Activate the column resize button and use the right and left arrow keys to resize a column or use your mouse to drag/resize. Press escape to cancel the resizing.			
Q4 Measure Score	Footnote f...	Four Quarter Average Score	
6.976744		7.303372	

Baselines: Frozen MDS Measures

- For all Frozen + New MDS measures, baseline will come from the only available CY2023 data, Q4 performance
- Baseline data will be published in the January 2025 PUF: [MDS Quality Measures Public Use File](#)



Baselines: HPRD Staffing Measures

- For all HPRD measures, baseline will come from the non-weighted average of available CY2023 quarters
- CMS “froze” staffing measure data in April 2024 so only 3 quarters of CY2023 are available
- HHSC will average performance data from the most recently published version of each quarter’s data update:
 - CY2023 Q1: September 2023 update
 - CY2023 Q2: December 2023 update
 - CY2023 Q3: June 2024 update
- HPRD performance is found in the PUF: [Provider Information](#)



Benchmarks

METHODOLOGY

- Component 1: Texas Mean
 - Component 2: National Mean
 - Component 3: National Mean
 - Component 4: Texas Mean
-
- Non-Frozen MDS benchmark data that come from 4-Quarter Averages are published in the PUF [State US Averages](#)

Baseline Reference Chart from HHSC

Measure Type	# of Measures	Source Quarters	Availability	Provider Data Catalog Dataset	Data Snapshot Files
Non-Frozen MDS Measures	7	Weighted CY2023 Q1-Q4	June 2024	MDS Quality Measures	6/25/2024
Frozen/New MDS Measures	3	Non-Weighted CY2023 Q4	January 2025	MDS Quality Measures	Forthcoming
HPRD Measures	3	Non-Weighted CY2023 Q1-Q3	June 2024	Provider Information	9/27/2023 12/20/2023 6/25/2024



PERFORMANCE TARGETS

Target Methodology

To be considered “met” in a quarter, NF must perform either:

Equal to or better than its
Facility-Specific Target

OR

Equal to or better than the **Program-Wide Benchmark** without declining in performance beyond the allowed margin of decline from the NF’s baseline (**MDS absolute 2%**) (**HPRD relative 2%**)

Performance Targets

MDS Measures

Relative 5% improvement from the NF baseline increasing by 5% each quarter (5% in Q1, 10% in Q2, 15% in Q3, 20% in Q4)

HPRD Staffing Measures

Relative 1% improvement from the NF baseline, increasing by 1% each quarter (1% in Q1, 2% in Q2, 3% in Q3, 4% in Q4)

- ❖ Performing equal to or better than program-wide benchmark alone doesn't maintain high performance
- ❖ If NF can't meet improvement over self targets, it must perform equal to or better than program-wide benchmark without performing worse than its baseline



STRATEGIES

QIPP Strategies

Quality Measures

Know your QM Exclusions + Covariates

Ensure MDS Accuracy

Review QIPP Data weekly

- Drill down to the resident that is triggering
- Discuss clinical programming
- Understand timeframes on completing MDSs to support changes

HPRD Staffing Measures

Ensure you are meeting the requirement for RN hours for undispersed funds

Ensure accuracy in submitted PBJ data



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PBJ Consulting:

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PBJ compliance audits & Myers and Stauffer audits

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MDS predictive analytics.

Optimize PDPM,
Five-Star/QMs and
iQIES workflow



PBJ and staffing.

Simplify Payroll-
Based Journal and
staffing strategy



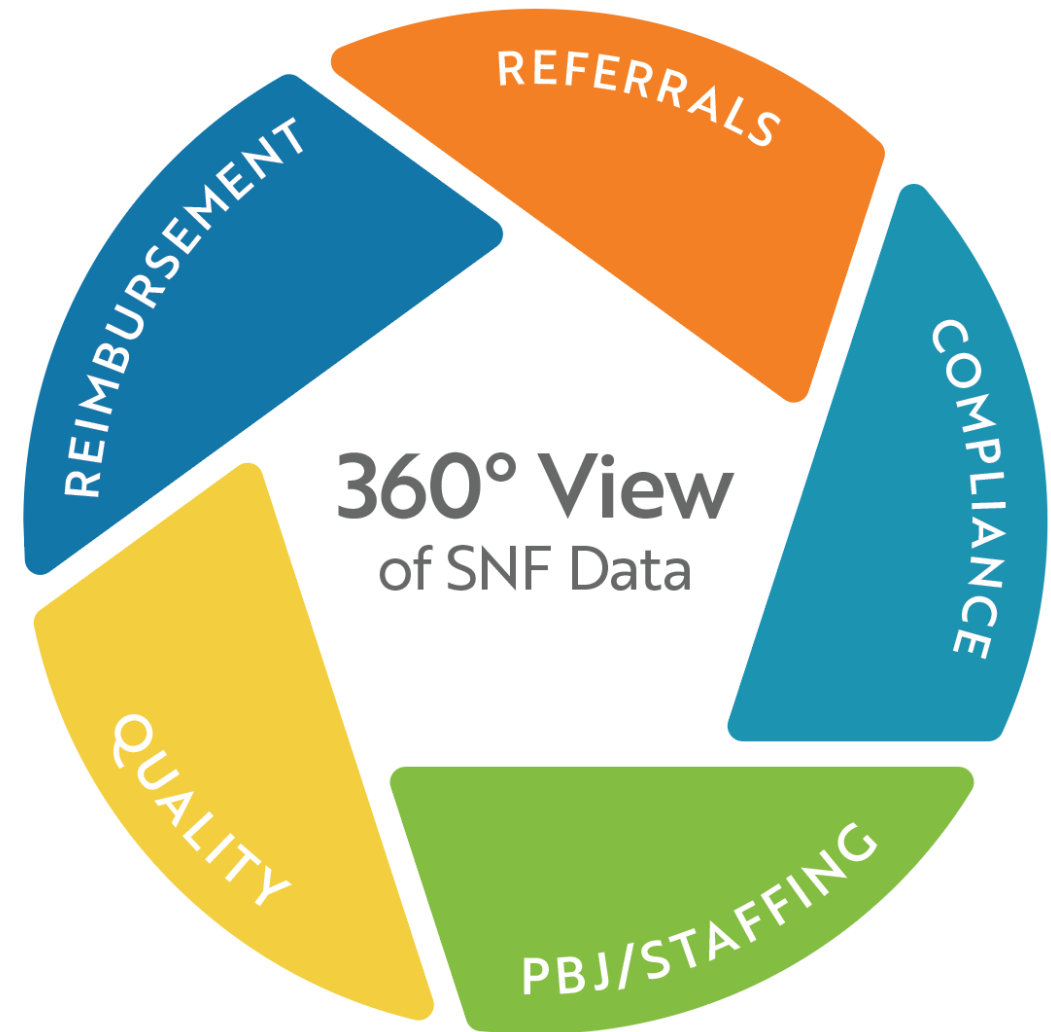
Referrals and reimbursement.

Build census and
optimize claims
revenue in real-time



QIPP Year 8 performance.

Track metrics in real-
time against QIPP
performance metrics



Scan code or visit simpleltc.com/demo to get started





Q&A

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THANK YOU FOR JOINING US!

Recording & slides will be available here:
www.simple.health/year-8-webinar

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