HealthPlan OF SAN MATEO
Healthy is for everyone

Nursing Facility Quality Payment Program Guidelines

Measurement Period 10/1/2019 - 9/30/2020

We value your feedback

Help us improve the program guidelines by sending us your questions or comments on this document

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Program Overview

Health Plan of San Mateo's Nursing Facility Quality Payment Program offers performance bonus payments to in-network nursing facilities providing skilled and/or custodial services to HPSM Medi-Cal and CareAdvantage members. The program is also designed to share data with our facilities on quality metric performance. The targeted quality measure set focuses on member access and designated healthcare service utilization and outcome targets.

If you would like to participate in the program evaluation and update process in partnership with HPSM, or if you have questions about the program, please contact the HPSM Provider Services Department.

Provider Participation Eligibility

Providers must have an active Medi-Cal and/or CareAdvantage Nursing Facility agreement with HPSM under the agreement templates effective as of 10/1/2019. The agreement must be active on the date of payment for any quality payments made under this program.

Eligible Population

HPSM Medi-Cal and CareAdvantage members served by a facility are eligible to participate during the measurement period.

Reports

Performance bonus payment in the Nursing Facility Quality Payment Program is contingent on meeting the specified measure benchmarks for assigned patients who meet the measure criteria. Monthly member benchmark progress reports are available to providers through the HPSM eReports portal. The website for eReports login is: https://reports.hpsm.org

If you are unsure whether your organization has access, who in your organization has access, or would like to set up a login to access the HPSM eReports system, please contact the HPSM Provider Services Department at **650-616-2106**, or email psinquiries@hpsm.org.

Payment Schedule

Base rate adjustments will be applied January 1st following the current measurement period. Quality metric performance will be measured from Oct. 1 to Sept. 30 of the measurement year. The deadline for submission of claims and other data will be November 30th of the measurement year to allow for a 2-month claims lag prior to base rate adjustments the following calendar year. Base rates will be applicable for the full calendar year following the measurement period (pending provider eligibility, please see Terms and Conditions for additional information). If a facility is not in the program for the entire measurement period, adjustments will be pro-rated based on the facility's length of time in the program. Retroactive adjustments will not be made. Payment will be adjusted based on quality score points. The points are representative of percent adjustments to the base rates.

Symbol Key

▲ Indicates a measure for which a **higher rate** is better

▼ Indicates a measure for which a **lower rate** is better

Skilled Care Quality Measures

Performance Measure	Benchmark			Quality Score		
	Full Credit	Partial Credit		Full Credit	Partial Credit	
Access Gate ▲	20 Admits	N/A		N/A	N/A	
Avg. Length of Stay ▼	20 days	25 days		4	2	
Re-admissions to Acute ▼	17%	20%		4	N/A	
Medicare Stars ▲	5	4 , 3		2	1 , .5	
Total Possible Points - Skilled				10		

Custodial Care Quality Measures

Performance Measure	Benchmark		Quality Score	
	Full Credit	Partial Credit	Full Credit	Partial Credit
Total Access ▲	Curve	Curve	≤1	N/A
New Access ▲	Curve	Curve	≤1	N/A
Inpatient Utilization ▼	2% Improvement	Any Improvement	≤1.5	.75
ED Utilization ▼	2% Improvement	Any Improvement	≤1.5	.75
Successful Discharge to Community ▲	6 months		N/A	N/A
Total Possible Points - Custodial			5	1.5

Skilled Care Measures

Access Gate ▲

Measure Definition: The number of HPSM Medi-Cal and CareAdvantage admissions over the 12-month measurement period. Admissions do not need to be unique members. Any member who is readmitted after 3 days or longer outside of the facility will count as a new admission.

Facilities must meet this benchmark in order to quality for any quality payments.

Full Credit Benchmark: 20 HPSM Admits

Partial Credit Benchmark: N/A

Length of Stay ▼

Measure Definition: The average length of stay of HPSM Medi-Cal and CareAdvantage members in the facility.

Full Credit Benchmark: 20 days

Partial Credit Benchmark: 25 days

Readmissions ▼

Measure Definition: The percentage of HPSM Medi-Cal and CareAdvantage members who were discharged from an acute care facility and readmitted to acute care for any cause within 30 days of discharge.

Full Credit Benchmark: 17%

Partial Credit Benchmark: 20%

Medicare Stars ▲

Measure Definition: The facility's Medicare Stars rating as of November 30th of the measurement year.

Full Credit Benchmark: 5

Partial Credit Benchmark: 4

Partial Credit Benchmark: 3

Not eligible for credit: 1-2 stars

Custodial Care Measures

Access Metrics ▲

Total Access

Measure Definition: The percentage of total bed days filled by HPSM members, out of the total bed days available in the measurement period.

New Access

Measure Definition: The percentage of new bed days filled by HPSM members, out of the total bed days available in the measurement period. This measure is a subset of total access.

New admission: An admission for a member who had no claims for custodial care by the admitting facility submitted in the prior 31 calendar days.

Benchmarks: These measures will be scored on a curve across the network.

Utilization Metrics ▼

Eligible Population: CareAdvantage and Medi-Cal members residing in the facility for whom HPSM is the primary payer.

Inpatient Utilization

Measure Definition: The number of inpatient admissions resulting from an ED visit in the eligible population in the measurement period. Exclude pre-scheduled inpatient procedures and stays.

Emergency Department Utilization

Measure Definition: The number of Emergency Department visits in the eligible population in the measurement period. Exclude Emergency Department visits that resulted in an inpatient stay.

Successful Discharge to Community ▲

Measure Definition: The number of members who have had successful community placement without any return to the facility for 6 months from discharge.

Facilities will receive a bonus of 2-months PMPM (60 days of current custodial rate) for each member who qualifies for this metric. No retro-active adjustments will be made based on changing rate status from state adjustments.

Terms & Conditions

Participation in Health Plan of San Mateo's Nursing Facility Quality Payment Program (NFQPP), as well as acceptance of performance bonus payments, does not in any way modify or supersede any terms or conditions of any agreement between HPSM and participating providers. There is no guarantee of future funding or payment under any HPSM Quality Payment Program. HPSM's NFQPP and/or its terms and conditions may be modified or terminated at any time, with or without notice, at HPSM's sole discretion.

In consideration of HPSM's offering of its NFQPP, provider agrees to fully and forever release and discharge HPSM from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by HPSM of the NFQPP. Any monies paid under the NFQPP for services deemed inappropriately submitted will be recouped from future payment. All cases of suspected fraud or abuse will be investigated thoroughly and reported to the appropriate authorities.

HPSM reserves the right to audit medical records to validate services have been completed as billed. If there is evidence of fraud, waste, or abuse, HPSM can recoup NFQPP payments found to be invalidly billed and the provider could lose privileges to participate in future HPSM quality payment programs.

Participating providers must be in good standing with all contract and compliance requirements in order to receive HPSM NFQPP payments. If any participating providers are not in good standing, NFQPP payments will not be made until such time that providers are meeting all contract and compliance requirements.