



Long Term Care Pay for Performance 2020

Frequently Asked Questions

- How are we getting the PFP payment, I haven't seen it in our daily rate?
 - Facilities will no longer get their quality payment added to their daily rate and instead will receive a lump sum quarterly payment as follows:
May, August, November, February
- Do we still have to submit our data on the due date during the current pandemic?
 - Yes. The PFP program is a quality improvement component of your rate that has to be earned to receive additional dollars. You are not required to participate
- Are you still asking for all of the auditing documentation during the pandemic?
 - No. During the current pandemic we are requesting the facility annual QAPI plan. We are not asking for the PIP's, MDS or additional documentation. However, if you provide additional documents we will review all information.
- Can anyone at our facility get a copy of the CASPER to provide to the Pay for Performance program?
 - CMS assigns a designee at each facility. You may contact the Oklahoma State Department of Health Quality Improvement and Evaluation Services (QIES) 405-271-5278 for assistance.
- Do we receive some money even if we do not meet all four measures?
 - Facilities will receive monies if they meet one, two, three or all four measures. Each measure is worth \$1.25 per Medicaid patient per day.



- How are you auditing if you cannot come in to our building during COVID?
 - Our team continues to complete desk audits. We transitioned our onsite visits to phone interviews and same day document requests. (as if we were in your building)
- How will facilities with psychiatric specialized care ever be able to improve the measure to reduce anti-psychotic medication?
 - Currently OHCA follows the standard set forth through CMS on psychiatric exemptions for the use of antipsychotic medications: schizophrenia, Tourette's or Huntington's.
- What if my facility discovers an error in a prior quarter metric percentile? Can I go in and change it?
 - Once the due date has passed for submission you cannot go in and make corrections. A facility does have a 30 day window after the quarter closes to correct their data. (Example: January February March data is due April 30th)
- Will you be auditing all facilities?
 - The QA staff have a minimal benchmark set at 30% quarterly; with the exception of external organizations/agencies request(s) for a facility audit.
- How do we know what quarters are being used to set our baseline?
 - We utilize the most recent 4 quarters available to us by CMS (CASPER)
- How are you going to set new baselines since the COVID pandemic?
 - We are proposing to utilize the most recent 4 quarters available to us via the PFP/QOC provider portal
- How can we know if there are any changes or updates to the program?
 - The QA team communicates all updates, changes, modifications through the PFP/QOC provider portal. We will conduct phone calls when necessary.



- Do you require an entire QAPI plan with signatures or just the summary?
 - When requested we will require the entire QAPI plan including signatures of those attending

- Do we still submit the staffing reports since we are not submitting to CMS right now our Payroll Based Journal data?
 - Yes. The Quality of Care (QOC) report is still due by the 15th of every month by 5 p.m., unless the 15th falls on a weekend or holiday, then it is due the next business day by 5 p.m.

- How many emails can we add to the PFP/QOC provider portal?
 - Currently there is not a limit on the number of emails that can be added to the user profile, however, each email address must be separated by a coma.

- If I do not meet my target improvement goal, but I meet the national average, will I still achieve my metric for that quarter?
 - Yes. Each quarter you must either meet your 5% relative improvement target or meet/exceed the national average.

- Will there be more than one user for the portal?
 - At this time there is only an option for one username and one password for the QOC/PFP provider portal.

- When do I get a new baseline?
 - Facility baselines are calculated annually, effective October 1st thru September 30th.

- How do I know how much my facility earned? I heard we received money but haven't seen anything?
 - Your facility may contact our team at OHCA and we can provide the information for you or you can go to the following link: <https://okhca.org/providers.aspx?id=812> (then claim tools; payment summary)



- Where can I find my base rate?
 - Base rates can be located by going to the link below. Scroll to the bottom of the page and select **Per Diem Rates** located under the Claim Tools section. There you can find your facility specific rate.
<http://www.okhca.org/providers.aspx?id=812>
- Who do we contact if we question how one of the component baselines was obtained?
 - You may contact Jennifer Wynn at 405-522-7306 for assistance.
- How come I did not get dollars for my quality measures? I made improvements since last quarter?
 - Each quarter a facilities 5% relative improvement target increases (Q1 5%, Q2 10%, Q3 15%, Q4 20%). If you do not meet the 5% relative improvement target each quarter or meet/exceed the national average, your facility will not receive dollars; despite a small improvement.
- Please clarify how 5% relative improvement will be calculated. Is it 5% against baseline, then maintain it, or 5% relative improvement EACH quarter, such as Q1=5%, Q2 = additional 5%, etc.?
 - Calculations for 5% relative improvement are as follows quarterly: Q1 5%, Q2 10%, Q3 15%, Q4 20% from baseline each quarter.
- What formats will be accepted as the uploading of documents for an audit?
 - Currently all forms of documents can be uploaded as long as the document is uploaded in the correct upload option on the portal.
- According to the RAI manual, schizoaffective disorder falls into the schizophrenia category. Is this also true for the antipsychotic medication quality measure?
 - Correct. Our QA unit identifies acceptable information documents as stated by CMS guidelines.



- We are a small facility. If there is a small facility that cannot earn a metric due to the nature of its size and 1 resident throwing them out of a metric achievement, is there any exceptions?

There are no exceptions at the present time. This information is an ongoing concern and will be brought up in the programs annual review.

- What happens if I do not provide my audit documents by the deadline? Sometimes we get state in or other things happen.
 - If your facility does not comply with the structured due dates they will not receive reimbursement dollars for the following quarter.