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# Don't Leave Money on the Table: 2021 QIP Collaborative

# Objectives

- What is the Quality Incentive Payment (QIP), where it came from and how it is calculated for Ohio Medicaid reimbursement
- Two steps to take this month to increase your SFY 2023 reimbursement

# Medicaid Quality Incentive Payment

Ohio Legislature FY20 – FY21 Budget created a new “Quality Incentive Payment” based on four long-stay measures.

- “Quality pool” represented a 5.2% increase to nursing facility reimbursement by the end of the biennium (Est. 2.6% in each FY)
- Providers with occupancy below 80% were excluded UNLESS: 1.) 15+ points OR 2.) significant renovations.

2019 rate was based on CY 2018 Quality Measures. 2020 rate was based on CY 2019 measures.

# Medicaid Quality Incentive Payment

Ohio Legislature FY22 – FY23 Budget passed with increases to Quality Incentive Payment (QIP), which could mean significant revenue for providers

- 100-bed nursing home operating at the state average of 60% Medicaid occupancy whose QIP fell into the bottom quartile would have lost \$260,000
- 25% of providers are excluded from the QIP based the Quality Measures
- Cut-off points for FY22 are 9.5 points

July 2021 & 2022 rates based on latest-available four-quarter average.

- July 1, 2021 rates are set
- July 1, 2022 rates can still be impacted based on 2021 & Q1 2022 Quality Measure results

**\*Committee will be created at the legislative level to discuss and provide recommendations for QIP going forward**

# Medicaid Quality Incentive Payment FY22 & FY23

- Budget for FY22 and FY23 for QIP
  - FY22 - \$195 Million (7/1/21 to 6/30/22)
  - FY23 - \$295 Million (7/1/22 to 6/30/23)
- \$100 Million Increase to QIP for next Fiscal Year
  - FY22 rate per point \$1.32
  - FY23 estimated rate per point \$1.98
- Average Occupancy for 1<sup>st</sup> Quarter 2021 is 67.7% across Ohio
  - Average Medicaid Utilization is 60%

# Medicaid Quality Incentive Payment

## Statistics & Averages

- Rate per point
  - FY21 was \$.85
  - FY22 was \$1.32
- Average number of points
  - FY21 was 14.86
  - FY22 was 14.53

# RETURN ON INVESTMENT

AVERAGE SNF	FISCAL YEAR 2022				
	NO QIP EARNED	25TH %	AVERAGE	MAX POINTS EARNED	
	QIP Points Earned	0	9.5	14.5	22.5
	QIP \$ Per Day	\$0.00	\$12.54	\$19.14	\$29.70
	Annual QIP \$	\$0	\$167,330	\$255,400	\$396,310

	ADDITIONAL FUNDING FOR FISCAL YEAR 2023			
QIP Points Earned	0	9.5	14.5	22.5
QIP \$ Per Day	\$0.00	\$6.27	\$9.57	\$14.85
Annual QIP \$	\$0	\$83,665	\$127,699	\$198,153

	FISCAL YEAR 2023			
QIP Points Earned	0	9.5	14.5	22.5
QIP \$ Per Day	\$0.00	\$6.27	\$9.57	\$14.85
Annual QIP \$	\$0	\$250,995	\$383,099	\$594,463

# Medicaid Quality Incentive Payment

QIP is calculated using CMS assigned points for four long-stay measures

- Four Long Stay Measures
  - UTI, High Risk Pressure Ulcers, Catheters, Mobility Decline
- CMS assigned points are divided by 20, for max points of 22.5
  - UTI –  $100/20 = 5$  points
  - Mobility Decline –  $150/20 = 7.5$  points
  - Catheters –  $100/20 = 5$  points
  - High Risk Pressure Ulcers –  $100/20 = 5$  points
- Providers in the lowest percentile based on points assigned by CMS would receive zero points for each QM



# Quality Measure Reimbursement

## July 1, 2021

Quality Measure	Ohio Average Percentage	Points
Percentage of long-stay high-risk residents with pressure ulcers	7.1%	60
Percentage of long-stay residents whose ability to move independently worsened.	22.9%	45
Percentage of long-stay residents with a urinary tract infection	2.0%	60
Percentage of long-stay residents who have or had a catheter inserted and left in bladder	1.1%	80

# Quality Measure Average – 1<sup>st</sup> QTR 2021

Quality Measure	Ohio Average Percentage	Points
Percentage of long-stay high-risk residents with pressure ulcers	7.5%	60
Percentage of long-stay residents whose ability to move independently worsened.	25.1%	30
Percentage of long-stay residents with a urinary tract infection	2.0%	60
Percentage of long-stay residents who have or had a catheter inserted and left in bladder	1.2%	80

IT'S ~~NOT~~  
TOO LATE!

# Quality Measure Coding

Percentage of long-stay residents whose ability to move independently worsened



- ☐ Locomotion on unit: self-performance
  - ☐ G0110E1
  - ☐ 7's (activity occurred only once or twice) and 8's (activity did not occur) recoded to 4's (total dependence).
- ☐ Selected target assessment and at least one qualifying prior assessment
- ☐ Increase in 1 or more points

# Quality Measure Coding

Percentage of long-stay residents whose ability to move independently worsened

Exclusions:

- ☐ Comatose or missing data for comatose at prior assessment
- ☐ Prognosis, hospice or missing value at prior assessment
- ☐ 4,7,8 on prior assessment
- ☐ Missing data on locomotion for either assessment
- ☐ Prior assessment is discharge

# Quality Measure Coding

Percentage of long-stay residents whose ability to move independently worsened

Covariates:

- ☐ Eating self perf
- ☐ Toileting
- ☐ Transfer
- ☐ Walk in corridor
- ☐ Severe cognitive impairment
- ☐ Linear Age
- ☐ Gender
- ☐ Vision
- ☐ Oxygen use

# Quality Measure Coding

## Residents with pressure ulcers



### ☐ Long-Stay

#### ☐ Target Assessment

#### ☐ High risk

☐ Bed mobility self-performance (G0110A1` = [3,4,7,8])

☐ Transfer, self-performance (G0110B1` = [3,4,7,8])

☐ Comatose (B0100 = 1)

☐ Malnutrition or at risk of malnutrition (I5600 = 1) checked

#### ☐ M0300B1 – G1

### ☐ Assessment Accuracy

# Quality Measure Coding

Catheter (H0100A = 1)

☐ Target Assessment

☐ Exclusions

☐ Neurogenic bladder, obstructive uropathy

☐ Risk Adjusted

☐ Frequency bowel incontinence

☐ Pressure ulcers





# Quality Measure Coding

UTI (I2300 = 1)

- ☐ Target Assessment
- ☐ When did it occur
- ☐ Criteria to code



# QIP Collaborative

- October 2021-March 2022
- Team-based education
- “Everybody teaches, everybody learns”
- Partnership between financial and clinical teams
- Nursing Home providers will learn:
  - How the Quality Incentive Payment (QIP) is calculated for Ohio Medicaid reimbursement
  - How to manage and improve the quality measures to improve their reimbursement opportunities.
  - Financial measures and tools to improve processes and outcomes that will impact the quality measures.
  - Best practices and useful tips, tactics and resources.

# Thank You

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