Your speakers

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What When How

- Your WQIP score relies on metrics pulled from *multiple* data sources with *different* performance periods.

- Understanding WHAT metrics matter, WHEN they matter, and HOW the data is scored is vital to WQIP success.

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What metrics are included?

Domain	Measurement Area	# of Measures	% of Final Score
Workforce	PBJ Acuity Adjusted Staffing Hours	5	35%
	PBJ Staff Turnover	1	15%
Clinical Quality	MDS Quality Measures	3	20%
	Claims-Based Quality Measures	3	20%
Equity	Medi-Cal Disproportionate Share	1	7%
	MDS Racial & Ethnic Data Completeness	1	3%

When is performance measured?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Workforce: PBJ Acuity Adjusted Staffing Hours				*8/14/2023 deadline*	*11/14/2023 deadline*	
Workforce: PBJ Staff Turnover				*8/14/2023 deadline*	*11/14/2023 deadline*	
Clinical Quality: MDS QMs						
Clinical Quality: Claims-Based QMs						
Equity: Medi-Cal Disproportionate Share						
Equity: MDS Racial/Ethnic Data Completeness						

How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Workforce: PBJ Acuity Adjusted Staffing Hours				*8/14/2023 deadline*	*11/14/2023 deadline*	
Workforce: PBJ Staff Turnover				*8/14/2023 deadline*	*11/14/2023 deadline*	

PBJ Acuity Adjusted Measures:
1. Total Nursing Hours*
2. Weekend Nursing Hours
3. Registered Nurse (RN) Hours
4. Licensed Vocational Nurse (LVN) Hours
5. Certified Nursing Assistant (CNA) Hours*

PBJ Staffing Turnover Measure:
1. Staffing Turnover

Point total will be reduced by the percentage of days below state minimum performance benchmark.

Achievement score based on state benchmarks:
1 point – better than 25.0th percentile
2 points – better than 37.5th percentile
3 points – better than 50.0th percentile
4 points – better than 62.5th percentile
5 points – better than 75.0th percentile
6 points – better than 90.0th percentile

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How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Workforce: PBJ Acuity Adjusted Staffing Hours				*8/14/2023 deadline*	*11/14/2023 deadline*	
Workforce: PBJ Staff Turnover				*8/14/2023 deadline*	*11/14/2023 deadline*	

Workforce Domain Best Practice:

Integrate PBJ team into WQIP management process.

How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Clinical Quality: MDS QMs						
Clinical Quality: Claims-Based QMs						

MDS Quality Measures:
1. 1+ Falls with Major Injury
2. High-Risk Pressure Ulcers
3. Received Antipsychotic Medication

Excluding assessments with submission date >60 days after the target date.

Achievement score based on state benchmarks:
1 point – better than 25.0th percentile
2 points – better than 37.5th percentile
3 points – better than 50.0th percentile
4 points – better than 62.5th percentile
5 points – better than 75.0th percentile
6 points – better than 90.0th percentile

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How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Clinical Quality: MDS QMs						
Clinical Quality: Claims-Based QMs						

MDS Quality Measures:
1. 1+ Falls with Major Injury
2. High-Risk Pressure Ulcers
3. Received Antipsychotic Medication

Excluding assessments with submission date >60 days after the target date.

Improvement score based on movement towards state 90th percentile ("Gap Closure"):

1 point – 10% closer to 90th percentile
2 points – 20% closer to 90th percentile
3 points – 30% closer to 90th percentile
4 points – 40% closer to 90th percentile
5 points – 50% closer to 90th percentile
6 points – 20% closer to 90th percentile *and* better than 75th percentile

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How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Clinical Quality: MDS QMs						
Clinical Quality: Claims-Based QMs						

Claims-Based Quality Measures:
1. ER visits per 1,000 long-stay resident days
2. HAI requiring hospitalization
3. Potentially Preventable 30-Day Readmission

Modified to use only Medi-Cal managed care and Medicare Dual-eligible members.

Achievement score based on state benchmarks:
- 1 point – better than 25.0th percentile
- 2 points – better than 37.5th percentile
- 3 points – better than 50.0th percentile
- 4 points – better than 62.5th percentile
- 5 points – better than 75.0th percentile
- 6 points – better than 90.0th percentile

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How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Clinical Quality: MDS QMs						
Clinical Quality: Claims-Based QMs						

Clinical Quality Domain Best Practice:

Timely and accurate MDS submissions. Successful discharge.

How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Equity: Medi-Cal Disproportionate Share						
Equity: MDS Racial/Ethnic Data Completeness						

Medi-Cal Disproportionate Share –

"Awards points to facilities that have a share of Medi-Cal days above the 50th percentile in their peer group. Facilities are grouped in 11 regional peer groups for rate-setting purposes."

Achievement score based on state benchmarks:
- 1 point – better than 50th percentile
- 2 points – better than 60th percentile
- 3 points – better than 70th percentile
- 4 points – better than 80th percentile
- 5 points – better than 90th percentile

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How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Equity: Medi-Cal Disproportionate Share						
Equity: MDS Racial/Ethnic Data Completeness						

MDS Racial/Ethnic Data Completeness

"This metric will assess MDS field A1000 for dates prior to 10/1/2023.

After October 1, 2023, both the A1005 and A1010 fields need to be completed. If only one field is completed, the data will be considered missing and not be counted."

Achievement score based on state benchmarks:
- 1 point > 90% of assessments
- 2 points > 91% of assessments
- 3 points > 92% of assessments
- ...
- 8 points > 97% of assessments
- 9 points > 98% of assessments
- 10 points > 99% of assessments

How is the data scored?

Domain	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Equity: Medi-Cal Disproportionate Share						
Equity: MDS Racial/Ethnic Data Completeness						

Equity Domain Best Practice:

Audit Section A of MDS to ensure no missing data.

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How is the data scored?

Eligible Days x Curved WQIP Score x Per Diem Rate

WQIP Eligible Days are defined as days where:
1. Medi-Cal is the primary payer.
2. Rendered to a Medi-Cal member actively enrolled in the MCP.
3. The facility is a Network Provider.
4. The facility is contracted by the MCP to provide service.
5. Reported by plans and accepted into the DHCS data warehouse.

Determine the curve factor:

$$\frac{100}{\text{State Mean WQIP Score}} \times \frac{100}{42} = 2.38 \text{ Curve Factor*}$$

*Cannot be more than 2.50.

Apply the curve factor to the raw score for the facility:

$$2.38 \text{ Curve Factor} \times 57.9 \text{ Raw Score} = 137.8 \text{ Curved Score}$$

Baseline per diem rate will be established using the following equation:

$$\frac{\text{WQIP Program Budget}}{\text{Statewide Eligible Days}}$$

WQIP budget is $280 million.

Statewide eligible days in QASP approximately 20 million.

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How is the data scored?

Eligible Days x Curved WQIP Score x Per Diem Rate

Average MCBDs per Facility:

20,000

Curved WQIP Score:

137.8

Per Diem State Avg. MCBDs:

$14.00

Total WQIP Payout:

$385,840.00

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Real-time, predictive insights to optimize WQIP incentive reimbursement:

- **Predict WQIP incentive payments**
- **Analyze individual QM performance**
- **Pinpoint areas for rapid improvement**
- **Drill down to resident-level QM data**

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Questions & Answers