As part of our biennium budget process, the recently passed Ohio House Bill 166 implemented a new additional quality point system. We believe it is critical for providers to know how the new system will impact their Medicaid rate. Additionally, providers should be prepared to monitor both quality measures and occupancy rates during the last quarter of the 2019 calendar year, as results in these two metrics will impact your July 1st 2020 Medicaid rates. We have outlined the new system and provided resources that can be accessed to help monitor your facility's metrics.

The new quality add-on will impact Medicaid rates effective January 1, 2020
- The 2.4% market basket effective July 18, 2019 is removed and will be re-distributed based on quality measures achieved during CY 2018. This will be effective for January 1, 2020 rates
- Each quality point is estimated to be worth $0.35 per point (example calculation below) and is based on 2018 CMS quality data.

To continue to earn the new quality add-on (based on 2019 quality achievements) with the rate change effective July 1, 2020, SNFs must have either
- Licensed occupancy greater than or equal to 80% (measured at December 31, 2019) or
- A minimum of 15 quality points

The metrics used in the new quality add-on are the following:
- Percentage of long-stay high-risk residents with pressure ulcers
- Percentage of long-stay residents who have or had a catheter inserted and left in their bladder
- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents whose ability to move independently worsened

These metrics are available on Nursing Home Compare's website. Use the following steps to pull your percentages for each of the categories:
1. Navigate to NHC search bar: https://www.medicare.gov/nursinghomecompare/search.html
2. Once you've found the facility, navigate to the Nursing Home Profile by clicking on the name. It will start on the General information ribbon.
3. Navigate to the Quality of resident care ribbon.
4. Scroll down and click to expand the details for the Long-stay residents' quality of care metrics.
5. The first column will show the facility, the second will show the State average, and the third will show the National average for each metric.
6. All CMS Metrics used to calculate star ratings are available. The four you will need to monitor for the 7/1/20 Medicaid rate reasons are above.
7. The current data collection period for both short and long-stay residents is available to see which periods are being displayed and used.
   - https://www.medicare.gov/nursinghomeCompare/Data/About.html#qualityOfResidentCareDataCollection
   - Currently, the long-stay measures presented are for the periods 4/1/18-3/31/19. We can assist in providing the 2018 quality achievements impacting January 1, 2020 rates.

The following is the Quality Point Distribution including an example calculation. For the example, let's assume a facility has achieved the following quality measures during the data collection period:
- Percentage of long-stay high-risk residents with pressure ulcers – *6.00%*
- Percentage of long-stay residents who have or had a catheter inserted and left in their bladder – *0.04%*
- Percentage of long-stay residents with a urinary tract infection – *5.50%*
- Percentage of long-stay residents whose ability to move independently worsened – *14.22%*

The Quality Point Distribution and example calculation is outlined on the next page:

Percentage of long-stay residents with a catheter inserted and left in their bladder		
For QM Values		# Points
0.00%	0.50%	100
0.51%	1.26%	80
1.27%	2.17%	60
2.18%	3.56%	40
3.57%	100.00%	20

Defaults to 0

Percentage of high risk long-stay residents with pressure ulcers		
For QM Values		# Points
0.00%	3.77%	100
3.78%	5.84%	80
5.85%	7.83%	60
7.84%	10.57%	40
10.58%	100.00%	20

Defaults to 0

Percentage of long-stay residents with a urinary tract infection		
For QM Values		# Points
0.00%	0.70%	100
0.71%	1.60%	80
1.61%	2.72%	60
2.73%	4.52%	40
4.53%	100.00%	20

Defaults to 0

Percentage of long-stay residents whose ability to move independently worsened		
For QM Values		# Points
0.00%	8.21%	150
8.22%	11.21%	135
11.22%	13.50%	120
13.51%	15.68%	105
15.69%	17.60%	90
17.61%	19.55%	75
19.56%	21.53%	60
21.54%	23.94%	45
23.95%	27.47%	30
27.48%	100.00%	15

Defaults to 0

Quality point calculation for example:

1. Percentage of long-stay high-risk residents with pressure ulcers:
   a. Quality result – 6.00%
   b. Corresponding point value from table above – 60
2. Percentage of long-stay residents who have or had a catheter inserted and left in their bladder:
   a. Quality result – 0.04%
   b. Corresponding point value from table above – 100
3. Percentage of long-stay residents with a urinary tract infection:
   a. Quality result – 5.50%
   b. Corresponding point value from table above – 0 (lowest percentile defaults to zero)
4. Percentage of long-stay residents whose ability to move independently worsened:
   a. Quality result – 14.22%
   b. Corresponding point value from table above – 105
5. Sum all points and divide by 20
   a. 60 + 100 + 0 + 105 = 265; 265 divided by 20 = **13.25 – Quality Points Earned for Rate**
   b. 13.25 times ~$0.35 = ~$4.64 per day rate impact effective January 1, 2020 (based upon 2018 data)

    c.   If licensed occupancy at December 31, 2019 is below 80%; and quality points earned (based on 2019 data) are below 15 points; this example facility will lose the ~$4.64 per day quality portion of the rate effective July 1, 2020

          i.   Analysis should be performed during the last quarter of CY 2019 in order to determine the level of exposure your facility has with regard to this potential rate impact. Steps to improve the occupancy calculation at December 31, 2019, i.e. remove licensed beds, or improve quality measures can minimize the impact to your rate if a facility is on the bubble of both the 80% occupancy and the 15 point quality thresholds