5160-3-58 **Nursing facilities (NFs): quality indicators and ~~per medicaid day~~ quality payment rate.**

(A) In accordance with section 5165.25 of the Revised Code, this rule describes the criteria for each of the ~~five~~ quality indicators that nursing facilities must meet to earn quality points, and the method by which the Ohio department of medicaid (ODM) determines the per medicaid day quality payment rate.

(B) Measurement period.

For purposes of this rule, "measurement period" means the following:

(1) For state fiscal year 2017, the period beginning July 1, 2015, and ending December 31, 2015.

(2) For each subsequent state fiscal year, the calendar year immediately preceding the calendar year in which the state fiscal year begins.

(C) Quality indicators.

A nursing facility may earn a maximum of one point for each of the following ~~five~~ quality indicators during the measurement period. For the pressure ulcer quality indicator and the antipsychotic medication quality indicator, nursing facilities may earn a maximum of one point each for rates for short-stay residents and a maximum of one point each for rates for long-stay residents. Based on the number of quality indicator points earned, ODM will calculate a per medicaid day quality payment rate for each nursing facility. To earn a point for each of the indicators, the nursing facility shall meet the criteria below.

(1) Pressure ulcers.

Score no more than the ~~twenty-fifth~~fortieth percentile ~~of~~ for ~~both the short-stay and long-stay Ohio nursing facility residents'~~ pressure ulcer ~~rate~~rates. ODM obtains the pressure ulcer rates from the centers for medicare and medicaid services (CMS) website at https://data.medicare.gov/Nursing-Home-Compare/ Quality-Measures/djen-97ju.using the CMS quality measure for short-stay residents who have a new or worsened pressure ulcer, and the CMS quality measure for long-stay residents with pressure ulcers. ~~Statistical data published by May thirty-first for the measurement period will be included in the calculation.~~

(2) Antipsychotic ~~medication use rate~~medications.

Score no more than the ~~twenty-fifth~~ fortieth percentile, as established by ODM, ~~of~~ for ~~both the short-stay and long-stay nursing facility residents'~~

antipsychotic medication use ~~rate~~rates. ~~ODM obtains the antipsychotic medication use rate from the centers for medicare and medicaid services (CMS) website at https://data.medicare.gov/Nursing-Home-Compare/Quality-Measures/djen-97ju. Statistical data published by May thirty-first for the measurement period will be included in the calculation.~~ The antipsychotic medication use rate shall not include short-stay nursing facility residents who newly received an antipsychotic medication in conjunction with hospice care, or long-stay nursing facility residents who received an antipsychotic medication in conjunction with hospice care.

~~(3) Avoidable inpatient hospital admissions.~~

~~Attains a rate of 1.0 or less for avoidable inpatient hospital admissions for residents who are in receipt of medicaid, resided in the nursing facility during a minimum of two days preceding the hospital admission, and resided in the nursing facility for a minimum of fourteen days during the measurement period. Nursing facility residents with catastrophic conditions and dominant, metastatic and complicated malignancies are excluded. ODM utilizes the following methodology for each nursing facility for determining the rate for avoidable inpatient hospital admissions:~~

~~(a) The expected admissions rate will be calculated using medicaid hospital claims, including third-party crossover claims, from the twelve-month period preceding the measurement period. ODM will assign an all-patient refined diagnosis-related group to each claim. Each nursing facility resident will be assigned to one of twenty-seven aggregate clinical risk groups. Each nursing facility's risk-adjusted expected admission rate will be calculated based on the number of nursing facility residents in each of the clinical risk groups during the twelve-month measurement period.~~

~~(b) The actual hospital admission rate will be calculated using actual hospital admissions from medicaid hospital claims, including third-party crossover claims.~~

~~(c) The actual-to-expected avoidable inpatient hospital admission rate is calculated by dividing the nursing facility's actual hospital admission rate by the expected hospital admission rate.~~

(3) Unplanned weight loss.

Score no more than the fortieth percentile for long-stay nursing facility residents' unplanned weight loss rate. ODM obtains the unplanned weight

loss rate from the CMS website using the CMS quality measure for long-stay residents who lose too much weight.

(4) Employee retention ~~rate~~.

Attain an employee retention target rate of at least the seventy-fifth percentile. ODM calculates the percentile using the employee retention rates from section eight of all ODM nursing facility annual cost reports.

(5) Preferences for everyday living inventory (PELI).

Utilize the nursing home version of the PELI for all of its residents, and indicate in section eight of the nursing facility's annual cost report that it was used.

(D) Religious nonmedical health care institutions (RNHCIs).

~~ODM shall establish a methodology whereby~~ RNCHIs ~~can earn~~shall receive one point for each of the quality indicators described in paragraphs (C)(1)~~,~~ ~~and~~ (C)(2), and (C)(3) of this rule.

(E) Reasons for which quality indicator points shall not be awarded.

A nursing facility shall not receive a point for the quality indicators described in paragraph (C) in the following situations:

(1) For the pressure ulcer, antipsychotic medication ~~use rate~~, and ~~avoidable inpatient hospital admissions~~unplanned weight loss quality indicators described in paragraphs (C)(1) to (C)(3) of this rule, a nursing facility shall not receive a point when there is insufficient data to calculate a rate, as determined by ODM ~~or the centers for medicare and medicaid services (CMS)~~.

(2) For the employee retention rate quality indicator described in paragraph (C)(4) of this rule, a nursing facility shall not receive a point when the nursing facility fails to complete section eight of the ODM nursing facility annual cost report.

(3) For the PELI quality indicator described in paragraph (C)(5) of this rule, a nursing facility shall not receive a point when the nursing facility enters a response of no or does not provide a response on section eight of the ODM nursing facility annual cost report.

(F) Calculation of the per medicaid day quality payment rate.

ODM shall calculate annually the per medicaid day quality payment rate for each nursing facility as follows:

(1) Determine the number of inpatient medicaid days reported by each nursing facility on the ODM nursing facility annual cost report for the calendar year preceding the fiscal year in which the quality payment will be paid.

(2) Determine the total number of inpatient medicaid days reported by all nursing facilities on the ODM nursing facility annual cost report for the calendar year preceding the fiscal year in which the quality payment will be paid.

(3) Determine the number of quality points earned by each nursing facility during the applicable measurement period.

(4) For each nursing facility, multiply the number of inpatient medicaid days as determined in paragraph (F)(1) of this rule for the nursing facility by the number of quality points earned by the nursing facility as determined in paragraph (F)(3) of this rule. This product is the point days earned by each nursing facility.

(5) Determine the total number of point days for all nursing facilities.

(6) Multiply one dollar and seventy-nine cents by the total number of medicaid days determined in paragraph (F)(2) of this rule. This product is the total amount of quality funds to be paid to nursing facilities by ODM in the applicable fiscal year.

(7) Divide the total amount of quality funds to be paid as calculated in paragraph (F)(6) of this rule by the total number of point days for all nursing facilities as determined in paragraph (F)(5) of this rule.

(8) Multiply the amount calculated in accordance with paragraph (F)(7) of this rule by the quality points earned by each nursing facility as determined in paragraph (F)(3) of this rule. This product is the per medicaid day quality payment for each nursing facility.

(G) Appeals.

The calculation of the quality payment rate is not subject to appeal under Chapter 119. of the Revised Code.

Effective:

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Certification

Date

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