The Open Arms for Nursing Facilities Value-Based Program

Improving the cost of quality care and health outcomes

2022/2023

Community HealthChoices

AmeriHealth Caritas Pennsylvania

Contents

Dear Nursing Facility Provider:

AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) proudly presents our Open Arms for Nursing Facilities program. The program is structured to reward Nursing Facility Providers on their performance across several quality performance and utilization measures specific to the services delivered to CHC Participants.

AmeriHealth Caritas PA CHC is excited about our enhanced incentive program and will work with your facility so you can maximize your revenue while providing quality and cost-effective care to our Participants.

Thank you for your continued participation in our network and for your commitment to our Participants. If you have any questions, please contact your Provider Account Executive.

Sincerely,

Frank Santoro
Director, LTSS Plan Operations
and Administration

Introduction

The Open Arms for Nursing Facilities value-based program is an incentive program developed by AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) for participating Nursing Facility Providers.

The Open Arms for Nursing Facilities value-based program provides incentives for high-quality and cost-effective care, Participant service and convenience, and submission of accurate and complete health data. Both quality performance and potentially preventable admissions performance are the key determinants of the additional compensation. As additional meaningful measures are developed and improved, the quality indicators contained in this Open Arms program will be refined. AmeriHealth Caritas PA CHC reserves the right to make changes to this program at any time and shall provide written notification of any changes.

Program overview

The Quality Performance component of the program represents a Nursing Facility Provider-focused quality model covering availability and accountability of continuity care, improved health outcomes, and reduced re-hospitalizations. The quality score is calculated according to the total overall performance of each measure ranked among the network of Nursing Facility Providers.

The Potentially Preventable Events component of the program focuses on hospitalizations and/or emergency room visits that could have been prevented with consistent, coordinated care by Nursing Facility staff. The potentially preventable events score is calculated according to the total overall performance of each measure ranked among the network of Nursing Facility Providers.

Performance incentive payment (PIP)

A performance incentive payment (PIP) may be paid in addition to a Nursing Facility Provider's base per diem, room and board compensation rate. The payment amount is calculated based on how well a Nursing Facility Provider scores in the Quality Performance component and the Potentially Preventable Events component relative to other qualifying AmeriHealth Caritas PA CHC participating Nursing Facility Providers participating in the program. The performance components are:

1. Quality Performance

2. Potentially Preventable Events Performance

1. Quality Performance

This component includes six National Quality Forum (NQF) metrics.

These measures are based on services rendered during the reporting period and require accurate and complete encounter reporting.

The Quality Performance measures are:

Percentage of short-stay residents who were rehospitalized after a Nursing Facility admission	**Measure description:** The percentage of short-stay residents who entered or reentered the nursing home from a hospital and were readmitted to a hospital for an unplanned inpatient stay or observation stay within 30 days of the start of the nursing home stay. **Numerator:** The numerator includes nursing home stays for beneficiaries who: a) Met the inclusion and exclusion criteria for the denominator; **and** b) Were admitted to a hospital for an inpatient stay or outpatient observation stay within 30 days of entry/reentry to the nursing home, regardless of whether they were discharged from the nursing home prior to the hospital readmission. Note that inpatient hospitalizations and observation stays are identified using Medicare claims; **and** c) The hospital readmission did not meet the definition of a planned hospital readmission (identified using principal discharge diagnosis and procedure codes on Medicare claims for the inpatient stay). **Denominator:** Included in the measure are stays for residents who: a) Entered or reentered the nursing home within one day of discharge from an inpatient hospitalization. (Note that inpatient rehabilitation facility and long-term care hospitalizations are not included.) These hospitalizations are identified using Medicare Part A claims; **and** b) Entered or reentered the nursing home within the target 12-month period **Source data:** Centers for Medicare & Medicaid Services (CMS) data and claims data

The Quality Performance measures are:	
Percentage of high risk long-stay residents with pressure ulcers	**Measure description:** This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers. **Numerator:** All long-stay residents with a selected target assessment that meets both of the following conditions: 1. Condition #1: There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition below. 2. Condition #2: Stage II-IV or unstageable pressure ulcers are present, as indicated by any of the following six conditions: 2.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9, or more]) or 2.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9, or more]) or 2.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9, or more]) or 2.4. (M0300E1 = [1, 2, 3, 4, 5, 6, 7, 8, 9, or more]) or 2.5. (M0300F1 = [1, 2, 3, 4, 5, 6, 7, 8, 9, or more]) or 2.6. (M0300G1 = [1, 2, 3, 4, 5, 6, 7, 8, 9, or more]) **Denominator:** All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the following three criteria on the target assessment: 1. Impaired bed mobility or transfer indicated, by either or both of the following: 1.1. Bed mobility, self-performance (G0110A1 = [3, 4, 7, 8]) 1.2. Transfer, self-performance (G0110B1 = [3, 4, 7, 8]) 2. Comatose (B0100 = [1]) 3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked) **Source data:** Completed Minimum Data Set (MDS)
Percentage of long-stay residents experiencing one or more falls with major injury	**Measure description:** This measure reports the percentage of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period compared to all visits billed within the reporting period. **Numerator:** Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]). **Denominator:** All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions. **Source data:** Completed Minimum Data Set (MDS)

The Quality Performance measures are:	
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	**Measure description:** The measure reports the percentage of long-stay residents who are assessed and/or given, appropriately, the influenza vaccination during the most recent influenza season. **Numerator:** Residents meeting any of the following criteria on the selected influenza vaccination assessment: 1. Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A= [1]) or outside the facility (O0250C = [2]); or 2. Resident was offered and declined the influenza vaccine (O0250C = [4]); or 3. Resident was ineligible due to medical contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre syndrome within six weeks after a previous influenza vaccination, bone marrow transplant within the past six months). **Denominator:** All long-stay residents with a selected influenza vaccination assessment. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions. **Source data:** Completed Minimum Data Set (MDS)
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	**Measure description:** This measure reports the percentage of long-stay residents whose pneumococcal vaccine status is up to date. **Numerator:** Residents meeting any of the following criteria on the selected target assessment: 1. Have an up to date pneumococcal vaccine status (O0300A = [1]); or 2. Were offered and declined the vaccine (O0300B = [2]); or 3. Were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (O0300B = [1]). **Denominator:** All long-stay residents with a selected target assessment. **Source data:** Completed Minimum Data Set (MDS)

The Quality Performance measures are:	
Percentage of long-stay residents who received an antipsychotic medication	**Measure description:** This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period. **Numerator:** Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows: 1. For assessments with target dates on or before 03/31/2012: (N0400A = [1]) 2. For assessments with target dates on or after 04/01/2012: (N0410A = [1, 2, 3, 4, 5, 6, 7]) **Denominator:** Long-stay nursing home residents with a selected target assessment except those with exclusions. **Source data:** Completed Minimum Data Set (MDS)
Percentage of long-stay residents with a urinary tract infection	**Measure description:** The measure reports the percentage of long-stay residents who have a urinary tract infection. **Numerator:** Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [1]). **Denominator:** All long-stay residents with a selected target assessment, except those with exclusions. **Source data:** Completed Minimum Data Set (MDS)
Staffing ratios (CMS Star Rating)	**Measure description:** This staffing measure is derived from data submitted each quarter through the Payroll-Based Journal (PBJ) system, along with daily resident census derived from Minimum Data Set, Version 3.0 (MDS 3.0) assessments, and will be represented by the CMS Star Rating. Ratings for the staffing domain are based on six measures. This includes three nurse staffing level measures (hours per resident per day) and three measures of staff turnover. **Source data:** PBJ, Completed Minimum Data Set (MDS), CMS *More detailed information about the PBJ system is available at: **https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html**

Quality Performance score calculation

Results will be calculated for each of the above listed quality performance measures as specified by their specific numerator and denominator criteria.

These results will then be compared to the results for all of the eligible Nursing Facility Providers to determine the Provider's percentile ranking for each of the quality performance measures. Then, the overall score will be the average percentile ranking across all included quality performance measures. This incentive is paid annually and is based on the Provider's average ranking and the number of billed units for the Provider's respective AmeriHealth Caritas PA CHC Participants.

2. Potentially Preventable Events (PPEs) Performance

The following population-focused preventable components and industry-standard definitions will be used to measure performance.

Potentially preventable admissions (PPAs)

A hospitalization that could have been prevented with consistent, coordinated care and patient adherence to treatment and self-care protocols. PPAs are admissions for ambulatory-sensitive conditions (e.g., asthma) for which adequate patient monitoring and follow-up (e.g., medication management) can often prevent the need for admission. The occurrence of high rates of PPAs represents a failure of the ambulatory care provided to the patient.

Potentially preventable emergency room visits (PPVs)

An emergency room (ER) visit that may result from a lack of adequate access to care or ambulatory care coordination. PPVs are visits for ambulatory-sensitive conditions (e.g., asthma), for which adequate patient monitoring and follow up (e.g., medication management) should be able to reduce or eliminate the need for ER services. In general, the occurrence of high rates of PPVs represents a failure of the ambulatory care provided to the patient.

Potentially preventable events performance calculation

The PPE component individually evaluates the PPAs and PPVs of the panel participants in the program. Results for each PPE will be calculated annually for each facility. Overall facility scores are calculated by dividing the observed number of PPEs by the expected number of

Note:
The submission of accurate and complete encounters is critical to make sure your agency receives the correct calculation, based on the services performed for AmeriHealth Caritas PA CHC Participants.

Note:
If you do not submit encounters reflecting the measures shown starting on page 4 (where applicable), your ranking will be adversely affected, thereby reducing your incentive payment.

admissions. This score will then be compared to the score for all of the eligible facilities to determine the facility percentile ranking for each of the PPEs. Then, the overall score will be the average percentile ranking across all included PPEs. This incentive is paid annually and is based on the facility's average ranking and the number of room and board days for AmeriHealth Caritas PA CHC Participants.

Reporting Period and Payment Schedule

Payment cycle	Reporting period	Claims paid through	Payment date
1	July 1, 2022, to December 31, 2022	March 31, 2023	June 2023
2	January 1, 2023, to December 31, 2023	March 31, 2024	June 2024

Sample scorecard

		Open Arms for Nursing Facilities	
Community HealthChoices	AmeriHealth Caritas Pennsylvania	**Measurement Period:** July 1st, 2022 - December 31st, 2022	

Tax ID: 123456789 **Room and Board Days:** 40,000

Tax Name: NURSING FACILITY INC

Quality Performance Summary

Quality Measure Detail	Numerator		Denominator	Rate	Percent Rank
Percentage of short-stay residents who were re-hospitalized	15	/	65	18.46%	32.00%
Percentage of high risk long-stay residents with pressure ulcers	7	/	112	6.25%	32.00%
Percentage of long-stay stay residents with one or more falls	17	/	112	15.18%	32.00%
Percentage of long-stay residents given the influenza vaccine	109	/	112	97.32%	93.00%
Percentage of long-stay residents given the pneumococcal vaccine	105	/	112	93.75%	94.00%
Percentage of long-stay residents who received an Antipsychotic Med	21	/	112	18.75%	32.00%
Percentage of long-stay residents with a urinary tract infection	9	/	112	8.03%	90.00%
Staffing Rating based on Centers for Medicare & Medicaid Standards				4 Stars	80.00%
				Avg Percent Rank:	60.00%

Potentially Preventable Events Performance Summary

PPA Measure Detail	Numerator		Denominator	Rate	Percent Rank
Potentially Preventable Admissions	15	/	20.89	71.80%	65.00%
Potentially Preventable ER Visits	11	/	18.75	58.66%	55.00%
				Avg Percent Rank:	60.00%

Incentive Summary

Quality Performance Per Unit Incentive		PPA Performance Unit Incentive		Program Payout:
$37,200.00	+	$24,800.00	=	$62,000.00

Facility appeal of ranking determination

- If a Provider wishes to appeal their percentile ranking on any or all incentive components, this appeal must be in writing.

- The written appeal must be addressed to the AmeriHealth Caritas PA CHC Market Chief Medical Officer and specify the basis for the appeal.

- The appeal must be submitted within 60 days of receiving the overall ranking from AmeriHealth Caritas PA CHC.

- The appeal will be forwarded to the AmeriHealth Caritas PA CHC Open Arms for Nursing Facilities Review Committee for review and determination.

- If the Open Arms for Nursing Facilities Review Committee determines that a ranking correction is warranted, an adjustment will appear on the next payment cycle following committee approval.

Important notes and conditions

- The sum of the incentive payments for the performance components of the program will not exceed 33% of the total compensation for medical and administrative services. Only capitation and fee-for-service payments are considered part of the total compensation for medical and administrative services.

- The performance measures are subject to change at any time upon written notification. We will continuously improve and enhance our quality management and quality assessment systems. As a result, new quality variables will periodically be added, and criteria for existing quality variables will be modified.

- For computational and administrative ease, no retroactive adjustments will be made to incentive payments.

Community HealthChoices | **AmeriHealth Caritas** Pennsylvania

Our Mission

We help people get care, stay well, and build healthy communities.

We have a special concern for those who are poor.

Our Values

Advocacy	Dignity
Care of the Poor	Diversity
Compassion	Hospitality
Competence	Stewardship

www.amerihealthcaritaschc.com