



# Nursing Facility Pay-for-Performance (NF P4P) Incentive Guidelines

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Measurement Period: **January 1 - December 31 annually**

## We value your feedback

Help us improve the program guidelines by sending us your questions or comments on this document.

Email [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org)

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# Overview

Health Plan of San Mateo's Nursing Facility Pay-for-Performance Incentive ("NF P4P") offers quality bonus payments to contracted nursing facilities providing skilled and/or long-term care services to HPSM Medi-Cal and CareAdvantage members. HPSM uses facilities' standard claims reporting to assess performance in select quality metrics against designated full and partial credit benchmarks. The program also provides [performance monitoring reports](#) to each facility designed to help track and improve HPSM member access, utilization, and quality outcomes.

These Incentive Guidelines offer comprehensive information about the program structure and quality metrics. See [Quality Metric Summaries](#) below for a complete list of quality metrics and benchmarking targets. For additional questions about the NF P4P, please contact HPSM Provider Services at [PSinquiries@hpsm.org](mailto:PSinquiries@hpsm.org).

## **Incentive Bonus Payment**

The incentive bonus is issued via a lump sum payment in quarter three (Q3; July - September) or quarter four (Q4; October - December) of the calendar year following conclusion of the measurement period. The incentive bonus amount augment total payment for dates of service (DOS) within the measurement period to the equivalent of the bonus-adjusted rates as follows:

**SKILLED SERVICES:** 85% of Medicare Patient-Driven Payment Model (PDPM) base rate, with up to 10% additional quality bonus (95% total bonus-adjusted rate)

**LONG-TERM CARE SERVICES:** 100% of Medi-Cal per diem base rate, with up to 5% additional quality bonus (105% total bonus-adjusted rate).

Bonus-adjusted rates are derived from quality score points where 1 quality score point equals a 1% increase to base reimbursement.

## **Eligibility**

All contracted facilities are automatically opted into this upside-only program. Facilities must have a contract with HPSM Medi-Cal and CareAdvantage lines of business beginning at least six months prior to the measurement period end date AND active as of the incentive bonus payment date. See [Incentive Bonus Payment](#) for details.

To qualify for the incentive bonus for skilled nursing services, facilities must also meet a minimum number of HPSM admissions during the measurement period. For more information, see "[Access Gate](#)" metric below. Facilities that do not meet the Access Gate may not receive an incentive bonus payment for skilled services.

## Important Dates

Period	Dates	Description
<b>Measurement Period</b>	January 1 - December 31 annually	Performance is assessed for all dates of service (DOS) occurring within the measurement period timeframe.
<b>Claims Submission Deadline</b>	January 31 following conclusion of the measurement period	All HPSM claims and qualifying reporting codes must be submitted by this date to guarantee eligibility.
<b>Bonus Payment Distribution</b>	Q3 – Q4 following conclusion of the measurement period	Incentive bonus payments issued via electronic funds transfer (EFT/ERA) or mailed paper check.

## Performance Monitoring Reports

All contracted facilities may access [HPSM eReports](#), HPSM’s data-sharing portal that hosts Microsoft Excel-based quality performance monitoring reports. **Reports are published at the beginning of every calendar month** and report performance in the quality metrics based on process claims as of the report date. Facilities may sign up for eReports and request login credentials for individual staff by emailing [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

HPSM offers two types of performance reports to all facilities:

1. **NF P4P #1: Benchmark Progress Report:** A “scorecard” of current performance rates and denominators in all quality metrics included in the program. Additional information includes prior year rates, benchmarking information, and average performance from all facilities in the HPSM network.
2. **NF P4P #2: Member Detail Report:** A list of all HPSM patients admitted for skilled nursing or long-term care services during the measurement period. Columns indicate patient identifying data (HPSM Member ID, HPSM line of business, member date of birth), utilization data (dates of admission and discharge, number of Emergency Department visits and inpatient readmissions) and other information pertaining to quality metrics.

## Quality Metric Summaries

### Skilled Care Quality Metrics Summary

Performance Metric	Full Credit Benchmark	Full Credit Quality Score Points	Partial Credit Benchmark	Partial Credit Quality Score Points
Access Gate	20 admissions	N/A	N/A	N/A
Average Length of Stay*	20 days or fewer	4	25 days or fewer	2
Medicare Stars Rating	5	2	3 - 4	0.5 - 1
Readmissions to Acute Care*	17% or lower	4	20% or lower	2

\*For this metric, a **lower rate is better**

Total Possible Quality Score Points (Skilled) = 10

### Long-Term Care Quality Metrics Summary

Performance Metric	Full Credit Benchmark	Full Credit Quality Score Points	Partial Credit Benchmark	Partial Credit Quality Score Points
Total Access	Scored on a curve across the network	≤1	N/A	N/A
New Access	Scored on a curve across the network	≤1	N/A	N/A
Inpatient Utilization*	2% fewer admissions than the prior measurement period OR rate below 1.5% admissions	1.5	Any improvement than the prior measurement period OR rate below 3% admissions	0.75
Emergency Department Utilization*	2% fewer ED visits than the prior measurement period OR rate below 1.5% ED visits	1.5	Any improvement than the prior measurement period OR rate below 3% ED visits	0.75

\*For this metric, a **lower rate is better**

Total Possible Quality Score Points (Long-Term Care) = 5

# Skilled Care Metrics

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## Access Gate

**Metric Definition:** The number of HPSM Medi-Cal and CareAdvantage admissions over the 12-month measurement period. Admissions do **NOT** need to be unique members. Any member who is readmitted after 3 days or longer outside of the facility will count as a new admission.

Facilities must meet this benchmark in order to qualify for any bonus payment for skilled services.

## Average Length of Stay

**Metric Definition:** The average length of stay of HPSM Medi-Cal and CareAdvantage members in the facility.

**Metric Calculation:** The number of paid days in the facility divided by the total number of admissions to the facility.

**Benchmarks:** Facilities with an average of 20 paid days or fewer for HPSM members receive 4 quality score points. Facilities with an average of 25 paid days or fewer for HPSM members receive 2 quality score points.

## Readmissions to Acute Care

**Metric Definition:** The percentage of HPSM Medi-Cal and CareAdvantage members who were discharged from an acute care facility and readmitted to acute care for any cause within 30 days of discharge.

**Metric Calculation:** The number of readmissions within 30 days of discharge divided by the total number of discharges.

**Benchmarks:** Facilities with 17% or fewer HPSM members who were readmitted to acute care within 30 days receive 4 quality score points. Facilities with 20% or fewer HPSM members who were readmitted to acute care within 30 days receive 2 quality score points.

## Medicare Stars Rating

**Metric Definition:** The facility's Medicare Stars Overall rating as of December of the measurement period.

**Benchmarks:** Facilities with a Medicare Stars rating of 5 receive 2 quality score points. Facilities with a Medicare Stars rating of 3 or 4 receive 0.5 or 1 quality score points, respectively. A Medicare Stars rating of 1 or 2 stars is not eligible for credit.

# Long-Term Care Quality Metrics

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## Total HPSM Bed Access

**Metric Definition:** The percentage of total bed days filled by HPSM members, out of the total bed days available in the measurement period.

**Benchmarks:** This metric will be scored on a curve across the network, with 0.5 – 1 quality score points available.

## New HPSM Bed Access

**Metric Definition:** The percentage of new bed days filled by HPSM members, out of the total bed days available in the measurement period. A new admission is defined as a member who had no claims for long-term care by the admitting facility submitted in the prior 31 calendar days.

**Benchmarks:** This metric will be scored on a curve across the network, with 0.5 – 1 quality score points available.

## Inpatient Utilization

**Metric Definition:** The number of inpatient admissions resulting from an Emergency Department (ED) visit in the eligible population in the measurement period. Exclude pre-scheduled inpatient procedures and stays.

**Metric Calculation:** The number of inpatient admissions resulting from an ED visit per 1000 member months. The number of admissions is pulled from all SNF and LTC claims.

**Benchmarks:** Facilities with 2% or fewer inpatient admissions compared to prior year will receive 1.5 quality score points. Facilities showing any improvement compared to prior year will receive at least 0.75 quality score points.

## Emergency Department Utilization

**Metric Definition:** The number of Emergency Department (ED) visits in the eligible population in the measurement period. Exclude ED visits that resulted in an inpatient stay.

**Metric Calculation:** The number of ED visits per 1000 member months. The number of ED visits is pulled from all SNF and LTC claims data.

**Benchmarks:** Facilities with 2% or fewer ED visits compared to prior year will receive 1.5 quality score points. Facilities showing any improvement compared to prior year will receive at least 0.75 quality score points.

# Terms & Conditions

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Participation in Health Plan of San Mateo's Nursing Facility Pay-for-Performance Program ("NF P4P"), as well as acceptance of performance bonus payments, does not in any way modify or supersede any terms or conditions of any agreement between HPSM and participating providers. There is no guarantee of future funding or payment under any HPSM value-based program. HPSM's NF P4P and/or its terms and conditions may be modified or terminated at any time, with or without notice, at HPSM's sole discretion.

In consideration of HPSM's offering of its NF P4P, provider agrees to fully and forever release and discharge HPSM from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by HPSM of the NF P4P. Any monies paid under the NF P4P for services deemed inappropriately submitted will be recouped from future payment. All cases of suspected fraud or abuse will be investigated thoroughly and reported to the appropriate authorities.

HPSM reserves the right to audit medical records to validate services have been completed as billed. If there is evidence of fraud, waste, or abuse, HPSM can recoup NF P4P payments found to be invalidly billed and the provider could lose privileges to participate in future HPSM quality payment programs.

Participating providers must be in good standing with all contract and compliance requirements to receive HPSM NF P4P payments. If any participating providers are not in good standing, NF P4P payments will not be made until such time that providers are meeting all contract and compliance requirements.