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Quality Incentive Payment Program (QIPP) Webinar August 2020

HHSC Staff

**Medicaid & CHIP Services Department
Medical and Social Services**



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QIPP Overview

Overview

- Year 4 begins September 1, 2020
 - The eligibility period runs from September 1, 2020 through August 31, 2021
- Legislatively Directed
- Open to Two Classes of Nursing Facilities:
 - Non-state government owned NFs
 - Private NFs (with Medicaid utilization of 65% or more as of December 2018)



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Capitation Rate Components

Component One* – QAPI

- Monthly, 1 metric (110% of non-federal share)

Component Two – Workforce Development

- Monthly, 3 metrics (30% after C1 and C4)

Component Three – MDS Quality Metrics

- Quarterly, 3 metrics (70% after C1 and C4)

Component Four* – Infection Control

- Quarterly, 3 metrics (16% total funds)

** Available to NFs with NSGO partnerships*



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Quality Metrics

Calvin Johns, Ph.D.

QIPP Quality Metric Data Analyst



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Component 1: Quality Assurance Performance Improvement (QAPI) Meetings

Monthly: Self-Report in LTSS Portal

Monthly QAPI Meetings

Quality Assurance & Performance Improvement

Monthly payment to non-state government-owned nursing facilities triggered by the following quality metric:

- The NF's submission of a monthly Quality Assurance Performance Improvement (QAPI) Validation Report to HHSC



Performance Requirements

Facility holds a monthly QAPI meeting that provides for meaningful contribution to a program of quality assurance and performance improvement per the Code of Federal Regulations requirements and definitions contained in 42 C.F.R. §483.75(a) thru (h), as noted in the State Operations Manual (SOM) Appendix PP under the following FTags:

- **F865:** Quality Assurance Performance Improvement (QAPI) program;
- **F866:** Program feedback, data systems and monitoring;
- **F867:** Program systematic analysis and systemic action; and
- **F868:** Quality assessment and assurance.



Submission Requirements

QAPI forms are submitted monthly through the following link:

- http://registration.hhsc.state.tx.us/qipp_app/qipp_app/Default.aspx

QAPI Validation Report Forms **must:**

- Submitted by NSGO participating NFs by close of business on the 1st business day following the end of the month
- Signed by an authorized person
- Titled with the **facility name** and the **year/month**





Quality Assurance Performance Improvement (QAPI)

Validation Report

I _____ on behalf of _____ hereby attest that this facility conducted its monthly QAPI meeting on _____ at _____.

I understand that both holding the monthly meeting and correctly submitting this document are contingent upon receiving payments under Component 1 of the Quality Incentive Payment Program (QIPP), as set forth in the UCMC contract, and in compliance the rules set forth in 1 TAC Chapter 353, Subchapter O, §§353.1301 and 353.1303 concerning the Quality Incentive Payment Program (QIPP).

I further understand that this form will be considered submitted correctly:

- if received by HHSC by close of business on the first business day of the following month;
- the submission is completed through the following link:
https://www.surveymonkey.com/r/QIPP_QAPI_Submission; and
- the uploaded file is named with the following information:
 - Facility Name
 - Month The Meeting Took Place
 - **Example: Stoneybrook Manor September**

If any information given to or investigation on behalf of HHSC determines that the attestation herein is false or misleading, I understand that this facility may be required to participate in an audit and/or pay back any funds related to Component 1 of QIPP (i.e., QAPI).

Signature of Responsible Party Listed Above

Date of Signature



QAPI Submission Calendar

Quality Assurance & Performance Improvement (QAPI) Monthly Submission Deadlines



Month	Submission Deadline [Close of Business (COB)]
September 2020	Thursday - October 1, 2020
October 2020	Monday - November 2, 2020
November 2020	Tuesday - December 1, 2020
December 2020	Tuesday - January 4, 2021
January 2021	Monday - February 1, 2021
February 2021	Monday - March 1, 2021
March 2021	Thursday - April 1, 2021
April 2021	Monday - May 3, 2021
May 2021	Tuesday - June 1, 2021
June 2021	Thursday - July 1, 2021
July 2021	Monday - August 2, 2021
August 2021	Wednesday - September 1, 2021



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Component 2: Workforce Development

Monthly: Self-Report in LTSS Portal

Workforce Development

Monthly payments triggered by demonstrating Workforce Development through the following quality metrics:

- NF maintains four additional hours of RN staffing coverage beyond the CMS mandate
- NF maintains eight additional hours of RN staffing coverage beyond the CMS mandate
- NF has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes



Metrics 1 & 2 – RN Hours

NF maintains four/eight additional hours of RN staffing coverage beyond the CMS mandate

- To meet the metric, facilities must have the full number of hours covered for 90% of the days in the reporting period
- Additional hours must be non-concurrent with CMS mandated hours
- Facilities may extend shifts or add extra shifts
- Only clinical staff hours count towards coverage
- Facilities may use **telehealth services** to meet additional RN hours



Telehealth Services

Facilities can utilize telehealth services to provide the additional RN hours for Metrics 1 and 2.

- All telehealth encounters must meet the in-person level of care
- Telehealth encounters must utilize **synchronous audio-video technology** or forwarding technology in conjunction with synchronous audio-video capabilities
- Telehealth services have a **timeliness requirement**

In accordance with 1 T.A.C. §353.1304(g)(2), telehealth services may be provided only by an **RN, APRN, NP, PA,** or **physician.**



Telehealth: Tech Requirements

In accordance with 1 T.A.C. §353.1304(g)(1), telehealth services may engage the following modalities to meet the first two quality metrics for Component Two:

- Synchronous audio-video interaction established and maintained between the provider and the resident; or
- Asynchronous forwarding technology that supplements or works in conjunction with a synchronous audio or video encounter.



Telehealth: Tech Requirements (cont.)

To provide appropriate and sufficient service that would meet the in-person standard of care, the provider may need access to:

- Clinically relevant photographic or video images, including diagnostic images; or
- The resident's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories; or
- Other forms of audiovisual telecommunication technologies that allow the provider to meet the in-person visit standard of care.



Telehealth: Timeliness

All potential telehealth encounters have a timeliness requirement to help ensure telehealth services have an in-person level of care.

- The facility has 15 minutes from the time of need to make the telehealth request
- The telehealth professional then has 15 minutes from the completion of the request to engage with the resident in need

If any encounter fails to meet the timeliness requirement, the facility cannot be said to have had services available during that time.



Metric 3: Development Program

Recruitment and Retention Program that includes a Self-Directed plan and Monitoring Outcomes

- HHSC does not prescribe any format or template for the workforce development plan; plans are facility-specific and should be tailored to the individual needs of the facility
- Plans must include policies and procedures for monitoring outcomes
 - Several data elements must be reported in the LTSS Webportal, though the information will not count for or against meeting the metric



Submission Requirements

Workforce data are submitted monthly through the following link:

- http://registration.hhsc.state.tx.us/qipp_app/qipp_app/Default.aspx

Recruitment and Retention Plans are due to HHSC during the first reporting period only.

- Deadline: October 5, 2020
- Regular monthly workforce data also due at this time covering the month of September
- Updates or edits to the plan can be submitted at any time



Deadlines & Timeframes

Workforce Development (Including RN Hours and Outcome Data) Monthly Submission Deadlines

Month	Submission Deadline [Close of Business (COB)]
September 2020	Monday - October 5, 2020
October 2020	Wednesday - November 4, 2020
November 2020	Thursday - December 3, 2020
December 2020	Wednesday - January 6, 2021
January 2021	Wednesday - February 3, 2021
February 2021	Wednesday - March 3, 2021
March 2021	Monday - April 5, 2021
April 2021	Wednesday - May 5, 2021
May 2021	Thursday - June 3, 2021
June 2021	Monday - July 6, 2021
July 2021	Wednesday - August 4, 2021
August 2021	Friday - September 3, 2021





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Component 3: CMS Minimum Data Set Quality Measures

**Quarterly: No Special Submission
Requirements**

Minimum Data Set Quality Measures

Quarterly payments triggered by improvement on the following Minimum Data Set quality metrics:

- Percent of high-risk residents with pressure ulcers (including unstageable ulcers)
- Percent of residents who received an antipsychotic medication
- Residents of residents whose ability to move independently has worsened



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Metric 1 – Pressure Ulcers

Percent of high-risk residents with pressure ulcers (including unstageable ulcers)

- NHC 453
- National Benchmark for QIPP Year 4: 7.315%



Metric 2 – AP Meds

Percent of residents who received an antipsychotic medication

- Texas improved from being ranked 51st in the nation in 2012 to ranking 10th in 2019
- NHC 419
- National Benchmark for QIPP Year 4: 14.225%



Metric 3 – Independent Mobility

Percent of residents whose ability to move independently has worsened

- Exclusions included in numerator and denominator
- NHC 451
- HHSC calculates the observed percentage
- National Benchmark for QIPP Year 4: 17.094%



Performance Requirements

For all MDS Measures:

- **Benchmark:** The CMS National Average for each QM prior to the start of the eligibility period (2019Q1 thru 2019Q4)
- **Baselines:** Facility-specific baselines will be released in August 2020.
 - Set as an average of the four most recent quarters of CMS data
 - Progress in each QM will be measured from these initial Baselines



QM Benchmarks

Benchmark: The CMS National Average for each QM prior to the start of the eligibility period.

- Posted by CMS on Nursing Home Compare each updated quarter
- Covering the published calendar quarters 2019Q1 thru 2019Q4

A nursing facility that performs better than the Benchmark but does not reach their improvement target will still earn 100% of available funds for that QM.



QM Baselines

Baselines: Each facility will receive an initial Baseline for each of the four QMs.

- Set as a non-weighted average of the four latest quarters of CMS data
- $(Q1n + Q2n + Q3n + Q4n) / (Q1d + Q2d + Q3d + Q4d)$
- This reflects the same calculation and calendar quarters as the Benchmarks

Progress in each QM will be measured from these initial Baselines.



QM Baselines (cont.)

- In order to receive payments from Component Three for a quality metric, a NF must show improvement over the baseline or exceed the benchmark for the metric



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Performance Requirements

Relative percentage improvement targets

Quarter	Total improvement from baseline
1	5%
2	10%
3	15%
4	20%



QM Calculations

- Only Quality Metrics with a denominator value of 10 or higher will be counted as valid
 - **For example:** If a denominator falls below 10 individuals, that metric will be marked "MIN DATA"
 - Such metrics will not count for or against Component 3 payments
- If a quality metric is unavailable, the payments for Component 3 will be evenly distributed among the remaining, valid QMs
- However, if no data are available for all three quality metrics, the facility will not receive payments for QIPP Component 3



Sample QM Targets

Component 3	High Risk w/ Pressure Ulcers	Antipsychotic Medications	Independent Mobility
Baseline	4.167%	16.290%	19.025%
National Benchmark	7.345%	14.561%	17.716%
Quarter 1 (5%)	7.345%	15.476%	18.074%
Quarter 2 (10%)	7.345%	14.661%	17.716%
Quarter 3 (15%)	7.345%	14.561%	17.716%
Quarter 4 (20%)	7.345%	14.561%	17.716%



Submission Requirements

There are no special submission requirements for Component Three.

- Facilities must ensure all MDS data are entered correctly and completely before the end of the **Reconciliation Period**



Resident: _____ Identifier: _____ Date: _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (N/C) Item Set

Section A Identification Information

A0050. Type of Record

Form Data: 1. Add new record → Cont. run to A0100, Facility Provider Numbers
 2. Modify existing record → Cont. run to A0100, Facility Provider Numbers
 3. Inactivate existing record → Slip to A0100, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI):

B. CMS Certification Number (CCN):

C. State Provider Number:

A0200. Type of Provider

Form Data: Type of provider:
 1. Nursing home (SNRWF)
 2. Skilled Unit

A0310. Type of Assessment

Form Data:

A. Federal OIRA Reason for Assessment:
 01. Admission assessment (required by day 14)
 02. Quarterly scheduled assessment
 03. Annual assessment
 04. Significant change in status assessment
 05. Significant correction to prior comprehensive assessment
 06. Significant correction to prior quarterly assessment
 99. None of the above

Form Data: B. PPS Assessment:
PPS Scheduled Assessments for a Medicare Part A Stay
 01. 3-day scheduled assessment
 02. 14-day scheduled assessment
 03. 30-day scheduled assessment
 04. 60-day scheduled assessment
 05. 90-day scheduled assessment
 06. Readmission/reentry assessment
PPS Unscheduled Assessments for a Medicare Part A Stay
 07. Unscheduled assessment used for PPS (OIRA, significant or direct change, or significant correction assessment)
 99. None of the above

Form Data: C. PPS Other Medical Care Required Assessment - Q890A
 0. No
 1. Start of therapy assessment
 2. End of therapy assessment
 3. Both Start and End of therapy assessment
 4. Change of therapy assessment

Form Data: D. Is this a Significant Direct Change assessment? Complete only if A0300 = 1.
 0. No
 1. Yes

A0310 continued on next page

MDS 3.0 Nursing Home Comprehensive (N/C) Version 1.10.4 Effective 04/01/2012 Page 1 of 40

One-Month Reconciliation Period

- Because assessments may occur up to the very end of the reporting period, a reconciliation period is necessary to grant NFs proper time to submit and/or correct assessments
- NFs will receive a one-month reconciliation period at the end of the quarter to ensure all MDS data are entered and submitted correctly
- This reconciliation period overlaps with the beginning of the next reporting period





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Component 4: Infection Control Program

Quarterly: MDS & Self-Report

Infection Control Program

Quarterly payments triggered by achievement on the following quality metrics:

- Percent of residents with a urinary tract infection
- Percent of residents whose pneumococcal vaccine is up to date
- Facility has an infection control program that includes antibiotic stewardship



Metric 1 - UTIs

Percent of Residents with Urinary Tract Infections

- Another long-stay **Minimum Data Set** metric following the same methodology and target structure as all MDS metrics in Component 3
- Targets based on facility-specific **Baselines** and the **Benchmark**, as set by the most recently published National Average
- Same as **Measure 407** from Nursing Home Compare, **NO.24.01** in CASPER

* *No special submission requirements, one-month reconciliation period*



Metric 2 – Pneumococcal Vaccine

Percent of Residents with Up-to-Date Pneumococcal Vaccine

- **Self-reported** quarterly through the LTSS Portal
- Denominator includes all residents (both short-stay and long-stay)
- There are no facility-specific Baselines for this measure
- The only target is the **Benchmark**, equivalent to the National Average published in Nursing Home Compare, described in Component 3



Metric 3 – IPC Program

Facility has an Infection Prevention and Control Program that includes Antibiotic Stewardship

- **Self-reported** quarterly through the LTSS Portal
- **7 of 9** elements (see next slide) must be present to meet the metric
- The program incorporates policies and training as well as:
 - Monitoring
 - Documenting
 - Providing staff with feedback



Metric 3 (cont.)

Infection Control Elements in LTSS Portal

- Facility has identified leadership individuals for antibiotic stewardship
- Facility has written policies on antibiotic prescribing
- Facility has a pharmacy-generated antibiotic use report from within the last six months
- Facility audits (monitors and documents) adherence to hand hygiene
- Facility audits (monitors and documents) adherence to personal protective equipment use



Metric 3 (cont.)

Infection Control Elements in LTSS Portal

- Facility has infection prevention policies that are evidence-based and reviewed at least annually
- Facility has a current list of reportable diseases
- Facility's coordinator of infection control has received infection control training
- Facility knows points of contact at local or state health departments for assistance



Component 4 Timeframes

Quarter	Submission Deadline [Close of Business (COB)]
Quarter 1 Sep 1, 2020 to Nov 30, 2021	December 27, 2020
Quarter 2 Dec 1, 2020 to Feb 29, 2021	March 28, 2021
Quarter 3 March 1, 2021 to May 31, 2021	June 27, 2021
Quarter 4 June 1, 2021 to August 31, 2021	September 26, 2021



Submission Requirements

Infection prevention and control data and documentation are submitted quarterly through the following link:

- http://registration.hhsc.state.tx.us/qipp_app/qipp_app/Default.aspx
- The infection prevention and control program does **not** require a stand-alone “plan” document to be submitted during the first reporting period

As in Component 3, NFs must ensure all MDS data are entered correctly and completely before the end of the **Reconciliation Period**





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The LTSS Webportal: Self-Reported Data Submission

Components 1, 2, and 4

LTSS Dashboard

Choose **Enter Quality Measure Component Data** from the “Action to Perform” menu:

- You can search for your facility by name or Facility ID number

Data must be submitted by the following dates:


- **Component 1:** First business day of the following month
- **Component 2:** Third business day of the following month
- **Component 4:** Anytime during the reconciliation period



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LTSS Dashboard Login

Long-term Services and Supports (LTSS) Portal [About](#) [Contact](#) 9090 is logged in. (Logoff)



LTSS Dashboard

Facility Identification Number	Medicaid Contract Number	Provider Name
<input type="text" value="9090"/>	<input type="text" value="1059090"/>	<input type="text" value="Penny Lane Nursing & Rehabilitation"/>

Quality Metric Components

Component 1 »

Quality Assurance and Performance Improvement (QAPI) Validation Reports

(Monthly) NSGO facilities must submit QAPI validation report forms each month. Forms are due by COB on the first business day following the end of the month.

Component 2 »

Workforce Development

(Monthly) Workforce development plans are due during the month of September. Staffing and workforce data for each month are due by COB on the third business day following the end of the month.

Component 4 »

Infection Control

(Quarterly) NSGO facilities must submit infection prevention and control data by the end of each quarter's reconciliation period. For example, Quarter 1 data (September, October, and November 2019) are due by COB December 31, 2019.



Component 1

The fields in the portal include the following information:

- Date and Time of QAPI meeting
- Submitter's Name
- Submitter's Phone Number
- Submitter's Email Address
 - This does not have to be the same individual who signed the form
 - Enter the name of the person who is physically filling out the portal



Component 2

In addition to the submitter's information and data fields related to RN coverage hours, the Dashboard will request additional information regarding workforce development outcomes:

- How many involuntary terminations occurred during the reporting period (the previous calendar month)?
- How many voluntary terminations occurred during the reporting period (the previous calendar month)?
- How many nursing staff individuals worked during the reporting period (the previous calendar month) who had worked each of the previous 12 months?



Component 2 (cont.)

In addition to the submitter's information and data fields related to RN coverage hours, the Dashboard will request additional information regarding workforce development outcomes:

- How many nursing staff vacancies did the facility have at the beginning of the reporting period (the previous calendar month)?
- How many nursing staff vacancy postings were activated during the reporting period (the previous calendar month)?
- How many nursing staff vacancies were filled during the reporting period (the previous calendar month)?



Component 4

- Facilities must submit specified data for HHSC to calculate the pneumococcal vaccination measure
- Submitter will check all present elements for the infection prevention and control program
- Additional data elements are required, but answers will not count for or against meeting any metrics



Number of individuals who have an up to date pneumococcal vaccine status. <input type="text"/>	<i>Instructions</i> The reporting period is defined as the previous QIPP quarter. These values comprise metric two of Component Four. When submitting data each quarter, please upload documentation that includes a current resident count.
Number of individuals who were offered and declined the pneumococcal vaccine. <input type="text"/>	
Number of individuals who were ineligible for the pneumococcal vaccine due to medical contraindications. <input type="text"/>	
Total number of residents (short-stay and long-stay). <input type="text"/>	

<input type="checkbox"/> Facility has identified leadership individuals for antibiotic stewardship. <input type="checkbox"/> Facility has written policies on antibiotic prescribing. <input type="checkbox"/> Facility has a pharmacy-generated antibiotic use report from within the last six months. <input type="checkbox"/> Facility audits (monitors and documents) adherence to hand hygiene (HH). <input type="checkbox"/> Facility audits (monitors and documents) adherence to personal protective equipment (PPE) use. <input type="checkbox"/> Facility has infection policies that are evidence based and reviewed at least annually. <input type="checkbox"/> Facility has current list of reportable diseases. <input type="checkbox"/> Facility's coordinator of infection prevention program has IC training. <input type="checkbox"/> Facility knows point of contact at local or state health departments for assistance.	<i>Instructions</i> The reporting period is defined as the previous QIPP quarter. These responses comprise metric three of Component Four. The facility must check 7 of 9 elements to pass the quality metric.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Number of vaccines administered during the reporting period. <input type="text"/>	<i>Instructions</i> The reporting period is defined as the previous QIPP quarter. Reporting these values is required. However, the values added for these questions will not count for or against meeting the metric.
Number of c. diff. diagnoses made during the reporting period. <input type="text"/>	
Number of individuals on antibiotic medications at any time during the reporting period. <input type="text"/>	
Number of individuals with multi-drug resistant organisms during the reporting period. <input type="text"/>	

Submitting Data

Step 1: Complete all required data fields

Step 2: Check attestation box

Step 3: Click "Submit Data to HHSC"

Step 4: Save your submission for your records

Step 5: Click "Submit Documentation" and attach all required documents to the auto-generated email

- Add as many cc'd addresses as you like
- Do not change any text in the subject heading

Clicking the button below will auto-generate an email and open it on your desktop. Please attach all necessary documents to the email and click "Send." DO NOT change the auto-generated text in the body of the email or the Subject heading. However, you may "cc" other contacts on the email as needed for your own confirmation processes.

Clicking the button below will save all data and submit or re-submit the information to HHSC. Upon submission, you will be prompted to print out a copy for your records.

Submitted on 7/15/2019 2:22:26 PM

To the best of my knowledge, the above information is accurate.





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Self-Reported Data: Quality Assurance Reviews

**Quarterly reviews of all self-reported
Components**

Quality Assurance Review

A representative sample of facilities will be included in a Quality Assurance Review for all self-reported data.

- All three Components will be reviewed for selected NFs

These reviews will occur **quarterly**, covering three months at a time.

- The facility has 14 days to submit the requested documents for all three months

Failure to participate in or complete the quality assurance review may lead to a recoupment of funds and/or referral to the OIG.



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Component 1 Review

Facilities are required to send the following documentation if selected for review:

- Meeting minutes
- Attendance or sign-in sheets
- Demonstration of meaningful ownership involvement
- All documentation utilized/discussed in the meetings
(**all PHI redacted**)

HHSC will send request notifications to those facilities whose QAPI Validation Report forms are being reviewed **or to their NSGO QAPI contact.**



Components 2 & 4 Reviews

Facilities selected for review must submit sufficient supporting documentation to verify self-reported data.

As examples, these documents could include any of the following:

- Cost reports
- Roster or billing records
- Payroll information
- Policy and procedure documents
- Telehealth contracts or billed hours
- Records of staff performance feedback





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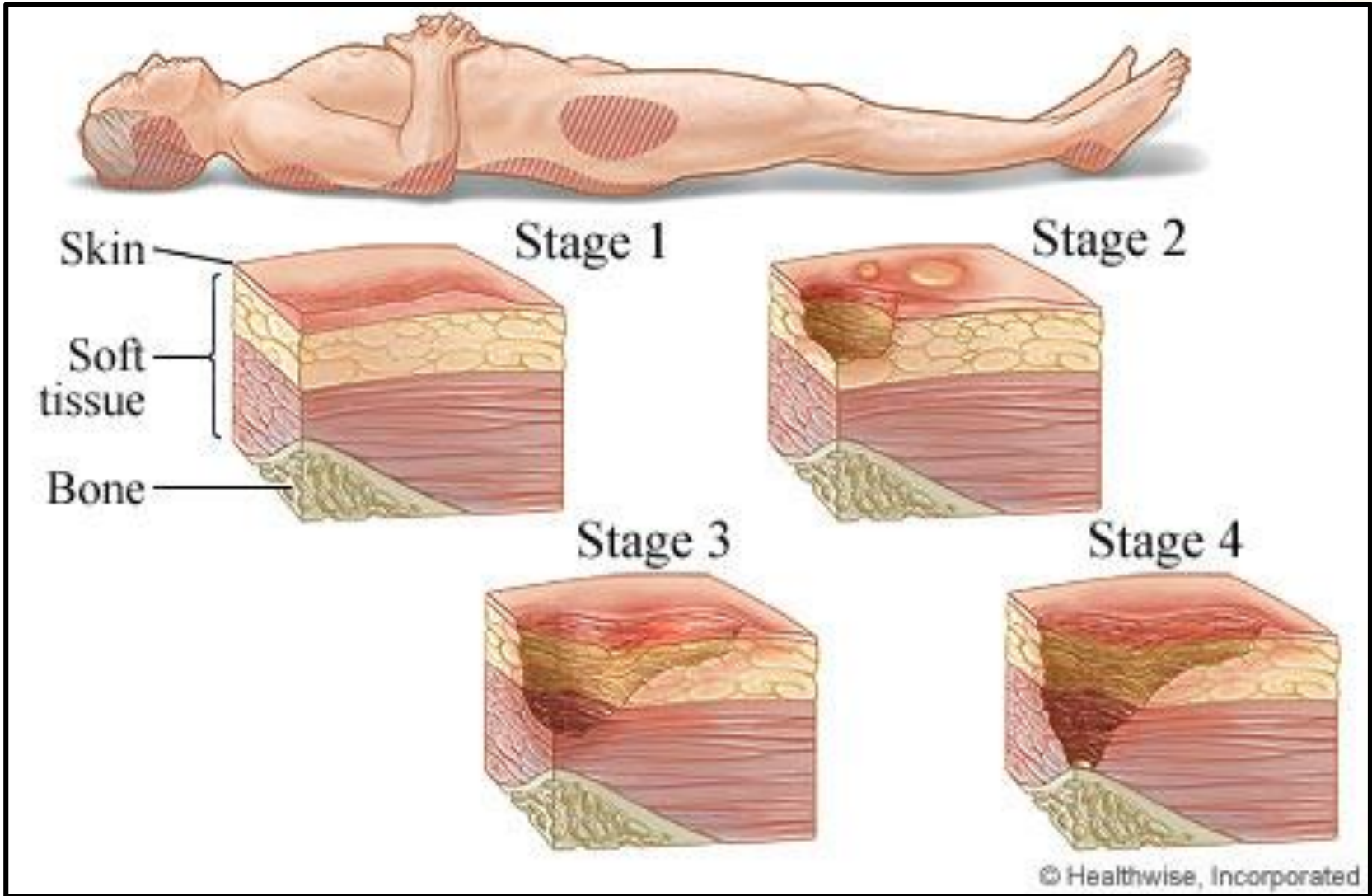
QIPP Resource Toolkits

Resource Toolkits

- Resource tool-kits are available for each of the QMs
 - Evidence Based Practice and Clinical Guidelines
- Tools to aid NFs in improving the care provided to residents, thereby improving their QM data
- Resource toolkits are on the QIPP website under the Quality Metric Toolkits Tab:
<https://hhs.texas.gov/services/health/medicaid-chip/provider-information/quality-incentive-payment-program-nursing-homes>



Pressure Ulcers



Antipsychotic Medications



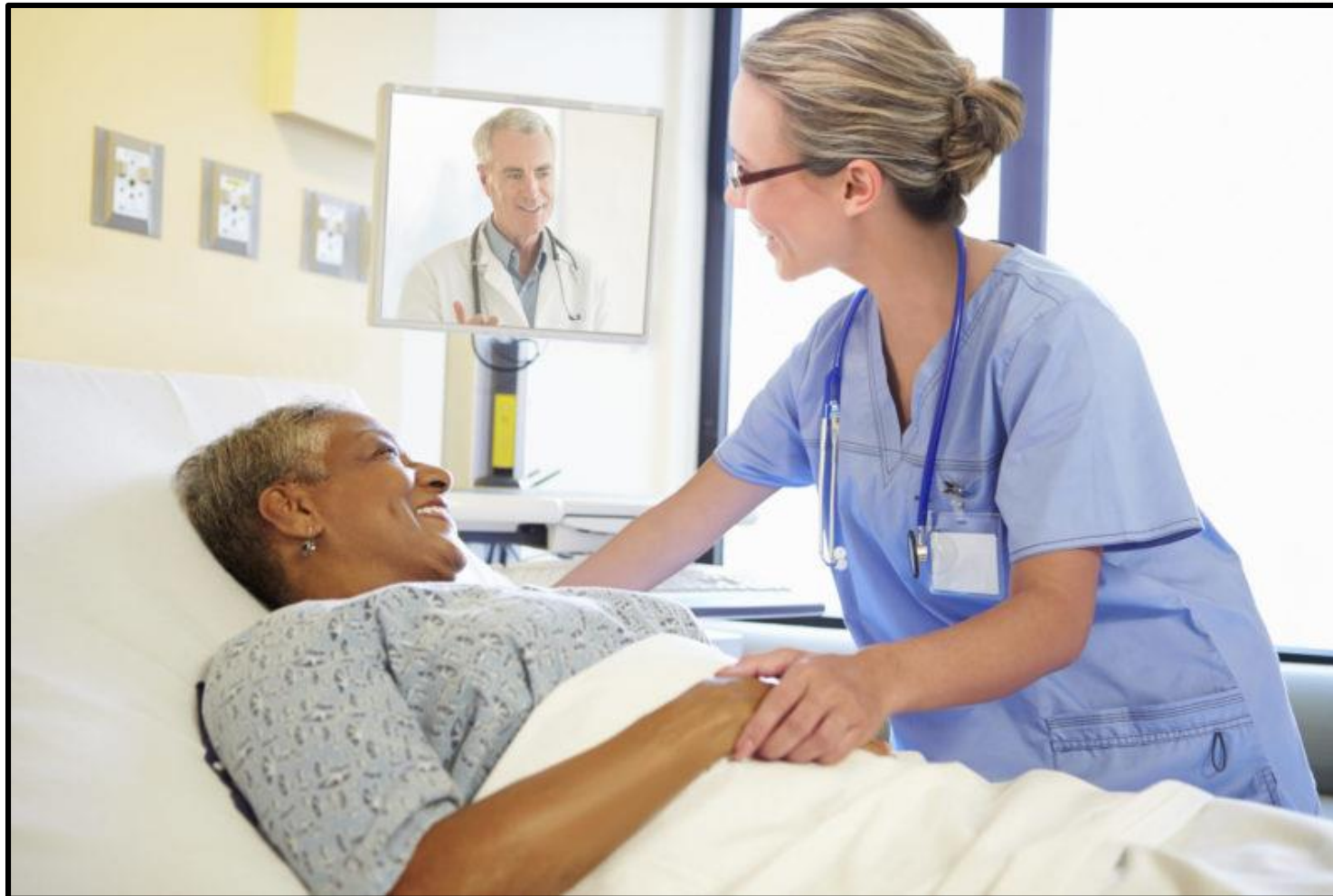
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Independent Mobility



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Telehealth for QIPP



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QIPP Payments

Shanon Keogh
HHSC Provider Finance
Department

In this Section

- Overview of the Year 4 Scorecard
- Breakdown of Component Values
- Description of Scorecard Displays
- Timelines

*If you have any questions along the way, please type them in. We will compile a list and distribute the answers as soon as possible.

*Copies of this slideshow will be available later



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MCO:
Facility ID:
SDA:
Medicare
Facility Name:
Legal Entity:



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Rate Analysis

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COM

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Description:

Month
Sep '19
Oct '19
Nov '19
Dec '19
Jan '20
Feb '20

[HOME](#) > [NURSING FACILITY](#)

Long-term Services & Supports

Quality Incentive Payment Program (QIPP)

Quality Incentive Payment Program Scorecards

QIPP Year 1

▶ Monthly Payments

▶ Quarterly Payments

▶ Adjustment Periods

QIPP Year 2

▶ Monthly Payments

▶ Quarterly Payments

Payment Period
Qtr 1
Qtr 2
Qtr 3
Qtr 4

Instructions: C
delivery area (

Note: For Me

Sep '19
Oct '19
Nov '19
Dec '19
Jan '20
Feb '20
Mar '20
Apr '20
May '20
Jun '20
Jul '20
Aug '20

QUARTER 4	
Jul '20	Aug '20
-	\$ 11,628.74
1.79	\$ 1,696.11
-	8,646.00
-	4,323.00
-	128.43
-	282.46
-	3,092.15

Metric	Pay Factor
Yes	\$0.13
Yes	\$0.13
Yes	\$0.13
Yes	\$0.13
Yes	\$0.13
Yes	\$0.13

Metric 3: Infection Control	
Metric	Pay Factor
Yes	\$0.33
Yes	\$0.33
No	\$0.00
Yes	\$0.33

made to past quarters in the current

Q3	Q4
-	-
-	66
-	-
-	-
-	-
-	-
-	-
-	-
-	-



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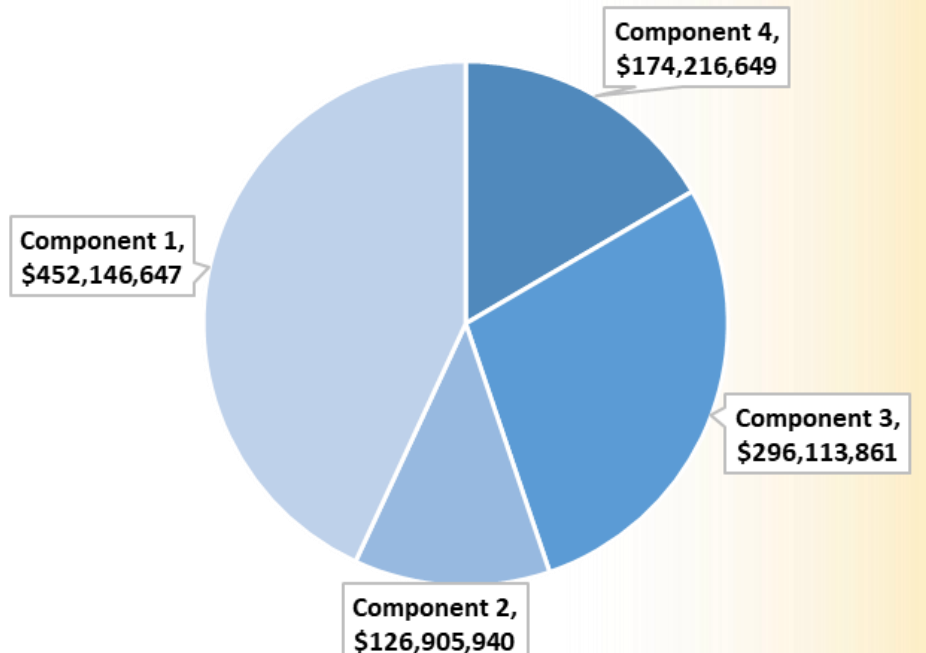
ards
ds

QIPP Funds

Estimated Program Funding:

QIPP Year 4 Funding	
Program Funding	2nd Half - Estimate
Total Funds	\$ 1,088,854,056
NFS Funds (37.75%)	\$ 411,042,406
Federal Funds (62.25%)	\$ 677,811,650
Breakdown of Program Funding	
SFY 2021 State FMAP	37.75%
MCO Admin Fee	0.125%
MCO Risk Margin	1.750%
MCO Premium Tax (State of Texas)	1.750%
Total Funds	\$ 1,088,854,056
minus MCO Admin Fee	\$ 1,361,068
minus MCO Risk Margin	\$ 19,054,946
minus MCO Provider Tax	\$ 19,054,946
Total Program Funds	\$ 1,049,383,097
IGT Funds Needed for Pool Size	\$ 411,042,406
Requested IGT + Holdback	\$ 443,925,798.62
	8%

Estimated Value of the Components after IGT



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Component Values



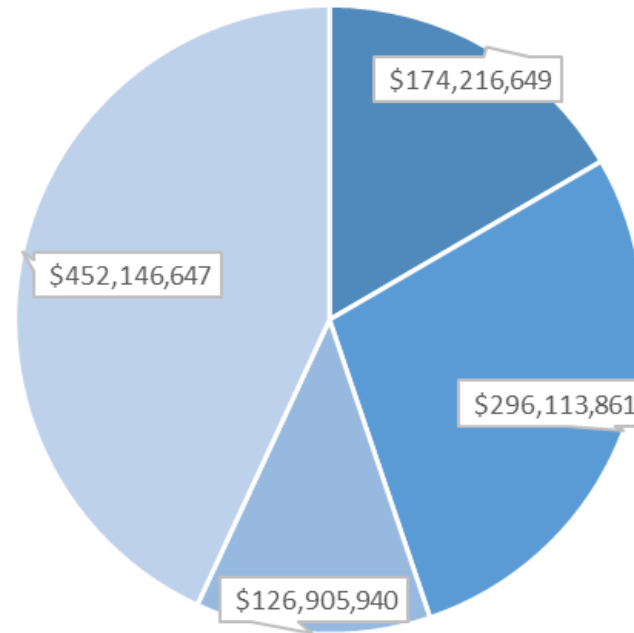
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Component 1*

The total value of Component One will be equal to 110% of the non-federal share of the QIPP.

Component 2

Equal to 30 percent of remaining QIPP funds after accounting for the funding of Component One and Component Four.



Component 3

The total value of Component Three will be equal to 70% of remaining QIPP funds after accounting for the funding of Component One and Component Four.

Component 4*

The total value of Component Four will be equal to 16% of the funds of the QIPP.

**Available to NFs with NSGO partnerships*

Year 4 Scorecard Workbook

- Consists of multiple worksheets but these three will be the most helpful to the nursing facility:

QIPP Scorecard

QIPP Breakout

Payments

- Provides facilities a single source for viewing component targets, metric results, component capitation rates, and monthly and quarterly payments
- Provides the Managed Care Organizations the calculated payments to be made to facilities based on their performance factors



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Quality Incentive Payment Program - Year 3

Quarter 1

September 2019 - November 2019

MCO:	All MCOs in Providers SDA
Facility ID:	12345
SDA:	Bezar
Medicare #:	12345
Facility Name:	Texas' Best Nursing Facility
Legal Entity Name:	License Holder for Texas' Best

****Note: Enable Editing to use dropdowns****

Lapse Payment Factor			
Qtr 1	Qtr 2	Qtr 3	Qtr 4
0.6	0.43	0.45	0.33

*PAYMENTS	QUARTER 1			QUARTER 2			QUARTER 3			QUARTER 4		
	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20
Component 1	\$ 11,706.28	\$ 11,503.07	\$ 11,273.11	\$ 12,059.24	\$ 11,628.74	\$ 11,214.29	\$ 11,626.07	\$ 11,069.90	\$ 10,700.90	\$ -	\$ 11,628.74	\$ 11,470.98
Component 2	\$ 1,707.42	\$ 1,677.78	\$ 1,644.24	\$ 1,758.90	\$ 1,696.11	\$ 1,635.66	\$ 1,695.72	\$ 1,614.60	\$ 1,560.78	\$ 1,739.79	\$ 1,696.11	\$ 1,673.10
Component 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Component 4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Quarter Lapse Funds	\$ -	\$ -	\$ 7,737.60	\$ -	\$ -	\$ 5,612.79	\$ -	\$ -	\$ 5,620.50	\$ -	\$ -	\$ 4,323.00
Adjustment for Qtr 1	N/A	N/A	N/A	\$ -	N/A	\$ 3,333.58	\$ -	N/A	\$ 429.96	\$ -	N/A	\$ 128.43
Adjustment for Qtr 2	N/A	N/A	N/A	N/A	N/A	N/A	\$ -	N/A	\$ 1,939.87	\$ -	N/A	\$ 282.46
Adjustment for Qtr 3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$ -	N/A	\$ 3,066.15
QUARTER TOTALS												

*Payment adjustments made beyond the eligibility period will be reported on the QIPP Breakout worksheet.

COMPONENT 1 - NSGO - MONTHLY					
QAPI					
Description: Facility holds a QAPI meeting each month in accordance with quarterly federal requirements.					
Month	Met	Pay Factor	Month	Met	Pay Factor
Sep '19	Yes	\$2.67	Mar '20	Yes	\$2.67
Oct '19	Yes	\$2.67	Apr '20	Yes	\$2.67
Nov '19	Yes	\$2.67	May '20	Yes	\$2.67
Dec '19	Yes	\$2.67	Jun '20	No	\$0.00
Jan '20	Yes	\$2.67	Jul '20	Yes	\$2.67
Feb '20	Yes	\$2.67	Aug '20	Yes	\$2.67

COMPONENT 2 - ALL FACILITIES - MONTHLY					
Metric 1: +4 Hour RN					
Description: Facility maintains four additional hours of required nurse (RN) staffing coverage per day, beyond the CMS mandate.					
Month	Met	Pay Factor	Month	Met	Pay Factor
Sep '19	Yes	\$0.13	Mar '20	Yes	\$0.13
Oct '19	Yes	\$0.13	Apr '20	Yes	\$0.13
Nov '19	Yes	\$0.13	May '20	Yes	\$0.13
Dec '19	Yes	\$0.13	Jun '20	Yes	\$0.13
Jan '20	Yes	\$0.13	Jul '20	Yes	\$0.13
Feb '20	Yes	\$0.13	Aug '20	Yes	\$0.13

COMPONENT 2 - ALL FACILITIES - MONTHLY					
Metric 2: +8 Hour RN					
Description: Facility maintains eight additional hours of required nurse (RN) staffing coverage per day, beyond the CMS mandate.					
Month	Met	Pay Factor	Month	Met	Pay Factor
Sep '19	Yes	\$0.13	Mar '20	Yes	\$0.13
Oct '19	Yes	\$0.13	Apr '20	Yes	\$0.13
Nov '19	Yes	\$0.13	May '20	Yes	\$0.13
Dec '19	Yes	\$0.13	Jun '20	Yes	\$0.13
Jan '20	Yes	\$0.13	Jul '20	Yes	\$0.13
Feb '20	Yes	\$0.13	Aug '20	Yes	\$0.13

COMPONENT 2 - ALL FACILITIES - MONTHLY					
Metric 3: Staff Incentive					
Description: Facility has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes.					
Month	Met	Pay Factor	Month	Met	Pay Factor
Sep '19	Yes	\$0.13	Mar '20	Yes	\$0.13
Oct '19	Yes	\$0.13	Apr '20	Yes	\$0.13
Nov '19	Yes	\$0.13	May '20	Yes	\$0.13
Dec '19	Yes	\$0.13	Jun '20	Yes	\$0.13
Jan '20	Yes	\$0.13	Jul '20	Yes	\$0.13
Feb '20	Yes	\$0.13	Aug '20	Yes	\$0.13

COMPONENT 3 - ALL FACILITIES - QUARTERLY												
Payment Period	Metric 1: Pressure Ulcers (453)				Metric 2: Medication (419)				Metric 3: Mobility (451)			
	Description: Facility performs equal to better than its quarterly target for percent of high-risk residents with pressure ulcers.											
Description: Facility performs equal to better than its quarterly target for percent of residents who received antipsychotic medication.												
Description: Facility performs equal to better than its quarterly target for percent of residents whose ability to move independently has worsened.												
National Average 1.23% NF Baseline 1.23% National Average 2.34% NF Baseline 2.34% National Average 3.45% NF Baseline 3.45%												
Target	Actual	Met	Pay Factor	Target	Actual	Met	Pay Factor	Target	Actual	Met	Pay Factor	
Qtr 1	3.37%	5.08%	Yes	\$0.31	5.57%	15.66%	Yes	\$0.31	0.37%	21.03%	Yes	\$0.31
Qtr 2	3.37%	5.08%	No	\$0.00	5.57%	15.66%	No	\$0.00	0.37%	21.03%	No	\$0.00
Qtr 3	3.37%	5.08%	No	\$0.00	5.57%	15.66%	Yes	\$0.31	0.37%	21.03%	Yes	\$0.31
Qtr 4	3.37%	5.08%	No	\$0.00	5.57%	15.66%	No	\$0.00	0.37%	21.03%	No	\$0.00

COMPONENT 4 - NSGO - QUARTERLY												
Payment Period	Metric 1: UTI (407)				Metric 2: Vaccine (415)				Metric 3: Infection Control			
	Description: Facility performs equal to better than its quarterly target for percent of high-risk residents with pressure ulcers.											
Description: Facility performs equal to better than its monthly target for percent of residents whose pneumococcal vaccine is up to date.												
Description: Facility has infection control program that includes antibiotic stewardship.												
National Average 4.56% NF Baseline 4.56% National Average 5.67% NF Baseline 5.67%												
Target	Actual	Met	Pay Factor	Target	Actual	Met	Pay Factor	Target	Actual	Met	Pay Factor	
Qtr 1	21.03%	21.03%	Yes	\$0.33	3.37%	5.08%	Yes	\$0.33	Yes	Yes	\$0.33	
Qtr 2	21.03%	21.03%	No	\$0.00	3.37%	3.37%	Yes	\$0.33	Yes	Yes	\$0.33	
Qtr 3	21.03%	21.03%	No	\$0.00	3.37%	0.00%	No	\$0.00	No	No	\$0.00	
Qtr 4	21.03%	21.03%	No	\$0.00	3.37%	0.00%	Yes	\$0.33	Yes	Yes	\$0.33	

Instructions: Each quarter the care card will be updated with metric performance and achieved payment factor amounts. The care card will also calculate the payment associated with the current quarter and adjustments made to part quarter in the current quarter. The table Member Month Count reflects the actual member month care lead for the selected MCO in that provider service delivery area (SDA). If a zero is present in current or part time period, it means the facility did not meet that component's metric.

Note: For Metric target fields having "Min Data" or "Withhold", please contact GIPP@hhs.texas.gov to receive your facility's complete care card. The metric value was redacted due to HIPAA compliance and the minimum data requirement to calculate a value.

Quarter 1: Sep '19 - Nov '19	Quarter 2: Dec '19 - Feb '20	Quarter 3: Mar '20 - May '20	Quarter 4: Jun '20 - Aug '20	Adjustment Period 1: Sep '20 - Dec '20	Adjustment Period 2: Jan '21 - Aug '21																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Sep '19	4,115	98	165	60	22	11	11	4	(1)	5	-	3	1	3	-	-	-	-	-	-	-	-	-
Oct '19	4,181	121	125	49	31	19	3	4	6	-	1	2	2	1	-	-	-	-	-	-	-	-	-
Nov '19	4,216	125	107	67	24	5	8	7	1	-	3	2	3	-	-	-	-	-	-	-	-	-	-
Dec '19	4,307	71	132	45	6	7	12	2	1	4	1	2	-	-	-	-	-	-	-	-	-	-	-
Jan '20	4,281	68	103	42	33	11	1	6	9	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Feb '20	4,194	24	122	85	21	8	6	12	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Mar '20	4,102	73	173	44	20	17	15	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr '20	4,021	119	128	55	23	20	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May '20	4,002	247	159	55	45	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun '20	4,164	130	167	83	17	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jul '20	4,200	159	41	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-



Scorecard Selection and Financial Overview



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MCO:	All MCOs in Providers SDA
Facility ID:	12345
SDA:	Bexar
Medicare #:	12345
Facility Name:	Texas' Best Nursing Facility
Legal Entity Name:	License Holder for Texas' Best

****Note: Enable Editing to use dropdowns****

- NF Identifying Information
- Ability to view MCOs individually or all
- The payment value of each component by month and quarter

*PAYMENTS	QUARTER 1			QUARTER 2			QUARTER 3			QUARTER 4		
	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20
Component 1	\$ 11,706.28	\$ 11,503.07	\$ 11,273.11	\$ 12,059.24	\$ 11,628.74	\$ 11,214.29	\$ 11,626.07	\$ 11,069.90	\$ 10,700.90	\$ 11,928.22	\$ 11,628.74	\$ 11,470.98
Component 2	\$ 1,707.42	\$ 1,677.78	\$ 1,644.24	\$ 1,758.90	\$ 1,696.11	\$ 1,635.66	\$ 1,695.72	\$ 1,614.60	\$ 1,560.78	\$ 1,739.79	\$ 1,696.11	\$ 1,673.10
Component 3	\$		7,995.52	\$		-	\$		7,743.80	\$		-
Component 4	\$		-	\$		8,614.98	\$		-	\$		8,646.00
Quarter Lapse Funds	\$		5,803.20	\$		5,612.79	\$		5,620.50	\$		5,633.00
Adjustment for Qtr 1		N/A		\$		2,467.93	\$		318.31	\$		95.08
Adjustment for Qtr 2		N/A			N/A		\$		1,939.87	\$		282.46
Adjustment for Qtr 3		N/A			N/A			N/A		\$		3,092.15
QUARTER TOTALS												

*Payment adjustments made beyond the eligibility period will be reported on the QIPP Breakout worksheet.

Scorecard Displays: Components 1 & 2



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Component Boxes Display

- Brief Description of the Metric
- Timeframe of Calculations
- Status of Metric Result
- PMPM Capitation Rate (Pay Factor)

COMPONENT 1 - NSGO - MONTHLY					
QAPI					
Description: Facility holds a QAPI meeting each month in accordance with quarterly federal requirements.					
Month	Met	Pay Factor	Month	Met	Pay Factor
Sep '19	Yes	\$2.67	Mar '20	Yes	\$2.67
Oct '19	Yes	\$2.67	Apr '20	Yes	\$2.67
Nov '19	Yes	\$2.67	May '20	Yes	\$2.67
Dec '19	Yes	\$2.67	Jun '20	No	\$0.00
Jan '20	Yes	\$2.67	Jul '20	Yes	\$2.67
Feb '20	Yes	\$2.67	Aug '20	Yes	\$2.67

COMPONENT 2 - ALL FACILITIES - MONTHLY																	
Metric 1: +4 Hours RN						Metric 2: +8 Hours RN						Metric 3: Staff Retention					
Description: Facility maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.						Description: Facility maintains eight additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.						Description: Facility has a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes.					
Month	Met	Pay Factor	Month	Met	Pay Factor	Month	Met	Pay Factor	Month	Met	Pay Factor	Month	Met	Pay Factor	Month	Met	Pay Factor
Sep '19	Yes	\$0.13	Mar '20	Yes	\$0.13	Sep '19	Yes	\$0.13	Mar '20	Yes	\$0.13	Sep '19	Yes	\$0.13	Mar '20	Yes	\$0.13
Oct '19	Yes	\$0.13	Apr '20	Yes	\$0.13	Oct '19	Yes	\$0.13	Apr '20	Yes	\$0.13	Oct '19	Yes	\$0.13	Apr '20	Yes	\$0.13
Nov '19	Yes	\$0.13	May '20	Yes	\$0.13	Nov '19	Yes	\$0.13	May '20	Yes	\$0.13	Nov '19	Yes	\$0.13	May '20	Yes	\$0.13
Dec '19	Yes	\$0.13	Jun '20	Yes	\$0.13	Dec '19	Yes	\$0.13	Jun '20	Yes	\$0.13	Dec '19	Yes	\$0.13	Jun '20	Yes	\$0.13
Jan '20	Yes	\$0.13	Jul '20	Yes	\$0.13	Jan '20	Yes	\$0.13	Jul '20	Yes	\$0.13	Jan '20	Yes	\$0.13	Jul '20	Yes	\$0.13
Feb '20	Yes	\$0.13	Aug '20	Yes	\$0.13	Feb '20	Yes	\$0.13	Aug '20	Yes	\$0.13	Feb '20	Yes	\$0.13	Aug '20	Yes	\$0.13

Scorecard Displays: Components 3 & 4



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SAMPLE COMPONENT 3 - ALL FACILITIES - QUARTERLY

Payment Period	Metric 1: Pressure Ulcers (453)				Metric 2: Medication (419)				Metric 3: Mobility (451)			
	Description: Facility performs equal to better than its quarterly target for percent of high-risk residents with pressure ulcers.				Description: Facility performs equal to better than its quarterly target for percent of residents who received antipsychotic medication.				Description: Facility performs equal to better than its quarterly target for percent of residents whose ability to move independently has worsened.			
	National Average	1.23%	NF Baseline	1.23%	National Average	2.34%	NF Baseline	2.34%	National Average	3.45%	NF Baseline	3.45%
	Target	Actual	Met	Pay Factor	Target	Actual	Met	Pay Factor	Target	Actual	Met	Pay Factor
Qtr 1	3.37%	5.08%	Yes	\$0.31	5.57%	15.66%	Yes	\$0.31	0.37%	21.03%	Yes	\$0.31
Qtr 2	3.37%	5.08%	No	\$0.00	5.57%	15.66%	No	\$0.00	0.37%	21.03%	No	\$0.00
Qtr 3	3.37%	5.08%	No	\$0.00	5.57%	15.66%	Yes	\$0.31	0.37%	21.03%	Yes	\$0.31
Qtr 4	3.37%	5.08%	No	\$0.00	5.57%	15.66%	No	\$0.00	0.37%	21.03%	No	\$0.00

SAMPLE COMPONENT 4 - NSGO - QUARTERLY

Payment Period	Metric 1: UTI (407)				Metric 2: Vaccine (415)				Metric 3: Infection Control	
	Description: Facility performs equal to better than its quarterly target for percent of high-risk residents with pressure ulcers.				Description: Facility performs equal to better than its monthly target for percent of residents whose pneumococcal vaccine is up to date.				Description: Facility has infection control program that includes antibiotic stewardship.	
	National Average	4.56%	NF Baseline	4.56%	National Average	5.67%	NF Baseline	5.67%	Met	Pay Factor
	Target	Actual	Met	Pay Factor	Target	Actual	Met	Pay Factor	Met	Pay Factor
Qtr 1	21.03%	21.03%	Yes	\$0.33	3.37%	5.08%	Yes	\$0.33	Yes	\$0.33
Qtr 2	21.03%	21.03%	No	\$0.00	3.37%	3.37%	Yes	\$0.33	Yes	\$0.33
Qtr 3	21.03%	21.03%	No	\$0.00	3.37%	0.00%	No	\$0.00	No	\$0.00
Qtr 4	21.03%	21.03%	No	\$0.00	3.37%	0.00%	Yes	\$0.33	Yes	\$0.33

Non-Dispersed Funds

- Non-Dispersed Funds are:
 - Funds that would go unpaid due to failure of one or more NFs to meet Component requirements or quality metrics and
 - Are distributed across all QIPP NFs based on each NF's proportion of total earned QIPP funds from all components combined.

Example:

- Funds remaining from missed metrics: \$900,000
- Your NF made 1% of the total funds earned
- You receive an additional \$9,000 from the non-dispersed funds



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Member Months: Definition

- **Member Month** means one (1) Member enrolled with the Managed Care Organizations during any given month.

Example:

- 1 metric in Component 3 is worth \$20,000
- We estimate your Service Delivery Area will have 50,000 members for the year
- Each member month for the whole year is worth forty cents
- In September, there were reported 4,200 enrolled member (this is just for one month)
- Your NF is paid \$1,680 for the one metric



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Member Months vs “Heads in Beds”

- Can a provider check the number of member months by looking at their Medicaid days or Medicaid clients?
 - **No.** The count of member months used in this program is the total number of clients across an entire SDA that are enrolled in a MCO and in the Nursing Facility risk group
- Who provides the member month count for the calculation?
 - The state is providing the count of member months to the MCOs
 - The MCOs will then verify the numbers based on their records



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Adjustment Period

- Adjustment is a period in time in which the number of member months an MCO is paid in a month can be changed.
- HHSC set the runout window to be 24 months which consists of 1 month of prospective payment and 23 months of adjustments.

Example of Adjustment 1 with a \$1 PMPM Capitation Rate:



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Quarter 4: Jun 20' - Aug 20'			Adjustment Period 1: Sep 20' - Dec 20'			
10	11	12	13	14	15	16
5	-	3	1	3	-	-
-	1	2	2	1	-	-
-	3	2	3	-	-	-
4	1	2	-	-	-	-
1	-	-	-	-	-	-
2	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
Member Months						

Quarter 4			Adjustment Period 1		
Jun-19	Jul-19	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019
\$5	\$0	\$3	\$1	\$3	\$0
\$6	\$0	\$1	\$2	\$2	\$1
\$7	\$1	\$0	\$3	\$2	\$3
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
\$27	\$12	\$11	\$9	\$1	\$4
\$79	\$1	\$1	\$2	\$1	\$1
\$153	\$1	\$1	\$4	\$4	\$4
\$0	\$0	\$0	\$0	\$0	\$0
Payments					

What is Runout and Why Does it Occur?

Example:

	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
September 2020	4,725	109	186	48	20	14	15	3	1	-	2	1

	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Total
September 2020 Continued	(1)	(1)	(2)	-	(1)	3	-	(2)	-	(2)	1	-	5,124

Year 4
Payment
Periods

Payment Period	From Month	To Month	Estimated Scorecard Release
Quarter 1	September 2020	November 2020	January 2021
Quarter 2	December 2020	February 2021	April 2021
Quarter 3	March 2021	May 2021	July 2021
Quarter 4	June 2021	Aug 2021	October 2021
Adjustment Period 1	September 2021	December 2021	January 2022
Adjustment Period 2	January 2022	August 2022	September 2022
Adjustment Period 3	September 2023	July 2023	August 2023



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Components 1 & 2 Estimated Monthly Timeframes

Month	Estimated Scorecard Posting	Estimated Payment Date
September 2020	October 16, 2020	November 1, 2020
October 2020	November 16, 2020	December 2, 2020
November 2020	December 16, 2020	December 30, 2020
December 2020	January 16, 2021	February 1, 2021
January 2021	February 16, 2021	March 2, 2021
February 2021	March 16, 2021	March 31, 2021
March 2021	April 17, 2021	May 3, 2021
April 2021	May 16, 2021	May 31, 2021
May 2021	June 16, 2021	July 1, 2021
June 2021	July 16, 2021	August 2, 2021
July 2021	August 16, 2021	August 31, 2021
August 2021	September 16, 2021	September 30, 2021



Components 3 & 4 Estimated Quarterly Timeframes

Quarter	Estimated Scorecard Release	Estimated Payment Date
Quarter 1 Sep 1, 2020 to Nov 30, 2020	January 16, 2021	February 1, 2021
Quarter 2 Dec 1, 2020 to Feb 29, 2021	April 16, 2021	May 3, 2021
Quarter 3 March 1, 2021 to May 31, 2021	July 16, 2021	July 27, 2021
Quarter 4 June 1, 2021 to August 31, 2021	October 17, 2021	October 27, 2021



Consequences

Failure of a participating NF to submit requirements will result in:

- **Component 1:** Participating NFs eligible for payments under Component 1 who fail to submit their QAPI Validation Report form will not receive that month's payment of QIPP funds under Component 1 (forfeiting that percentage of IGT funds)
- **Component 2:** Participating NFs who fail to ensure accuracy of their workforce development data may have inaccurate monthly data that may result in non-payment or recoupment of the QIPP funds under Component 2



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Consequences (cont.)

Failure of a participating NF to submit requirements will result in:

- **Component 3:** Participating NFs who fail to ensure accuracy of their MDS data may have inaccurate quarterly QM data that may result in non-payment of the QIPP funds under Component 3
- **Component 4:** Participating NFs who fail to ensure accuracy of their infection control program data may have inaccurate quarterly QM data that may result in non-payment of the QIPP funds under Component 4



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MCO Contracting/LOA

- NF providers will receive QIPP payments from the MCOs in their service area.
 - Therefore the NF Providers must be contracted with all of the MCOs in their Service Area by Sep. 1, 2020 to participate in the first QIPP program year
- A list of the MCOs in your Service Area is available on the Medicaid QIPP website
- HHSC is not involved in the process of the MCO executing a Letter of Agreement (LOA) with NFs participating in QIPP. This process is between the MCO and the NF
- If you have any additional questions, please send them to QIPP@hhs.Texas.gov



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Handling QIPP Complaints

- Complaints related to QIPP will be handled in the following manner:
 - NF should contact HHSC for complaints related to:
 - Quality Metric Data
 - Payment Factor
 - Payment Calculation
 - NF should contact MCO for complaints related to:
 - Payment if it is different from what is shown in the payment calculation



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QIPP Alerts

To receive updates related to QIPP:

- Sign up for GovDelivery to receive alerts related to QIPP at:
<https://public.govdelivery.com/accounts/txhhsc/subscriber/new>
- Select the following options under Long-term Care Providers:
 - Nursing Facility Resources
 - Provider Alerts
- If you are new to the program this year, and would like to be added to the distribution list, please email QIPP@hhs.Texas.gov



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QIPP Communication

- For any questions you have related to QIPP, please send them to:
QIPP@hhsc.state.tx.us
- Information related to QIPP is available on the website at:
<https://hhs.texas.gov/services/health/medicaid-chip/provider-information/quality-incentive-payment-program-nursing-homes>



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Questions?

