

2019–2020 Annual Report Methodology Updates Due to COVID-19

Introduction

At the request of the California Department of Public Health (CDPH), Health Services Advisory Group, Inc. (HSAG) developed this document to provide the impacts of the Coronavirus Disease 2019 (COVID-19) on the 2019–2020 Quality and Accountability Program (QASP) Annual Report, which covers the measurement period of July 1, 2019–June 30, 2020. This document presents the following information:

- Centers for Medicare & Medicaid Services (CMS) guidance related to data reporting for skilled nursing facilities (SNFs)
- COVID-19 and Impact on the 2019–2020 QASP Annual Report Methodology

Please reach out to CDPH at QASP@cdph.ca.gov or HSAG at QASPsitehelp@hsag.com with any questions.

CMS Data Guidance

CMS released a COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers on March 30, 2020, with an update released on June 25, 2020.¹ The document indicates that CMS is waiving 42 CFR 483.20, which establishes the timeframe requirements for Minimum Data Set (MDS) assessments and submissions, retroactive to March 1, 2020.

Further, CMS has announced that SNFs participating in the SNF Quality Reporting Program and SNF Value-Based Purchasing Program do not need to submit data to CMS for January 1, 2020–June 30, 2020, for the purposes of complying with quality reporting program requirements.²

¹ Centers for Medicare & Medicaid Services. COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers. Available at:

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

² Centers for Medicare & Medicaid Services. CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19. Available at: <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>

COVID-19 and Impact on the 2019–2020 QASP Annual Report Methodology

Given the impacts to the data because of COVID-19, the following methodology changes will be implemented for the 2019–2020 Annual Report period:

- Measure Calculations
 - MDS Clinical Quality Measures
 - MDS 3.0 data are used to evaluate facility performance on all quality measures, except for the Staff Retention measure. Given CMS’ guidance on MDS reporting, and to reduce burden on SNFs, the 2019–2020 Annual Report will include only three quarters of data (i.e. July 1, 2019–March 31, 2020). Additionally, in order to allow time for SNFs to retroactively submit assessments that were not able to be submitted due to COVID-19, SNFs will have until August 31, 2020, to submit MDS assessments for use in the 2019–2020 Annual Report.
 - Non-Clinical Measures
 - There will be no changes to the Staff Retention measure for the 2019–2020 Annual Report as it is not impacted by COVID-19. The Staff Retention measure for the 2019–2020 Annual Report will be calculated using the Office of Statewide Health Planning and Development (OSHPD) Long-Term Care Integrated Disclosure and Medi-Cal Cost Reports ending in 2018.
 - Data Completeness
 - Similar to the clinical quality measures, given CMS’ guidance on reporting and to reduce the burden on SNFs, the data completeness rate will be modified to use only three quarters of data (i.e., July 1, 2019–March 31, 2020). SNFs will be held to a 90.0 percent data completeness rate.
 - Staffing Audit Data
 - California facilities are required to comply with the State standard for Nursing Hours per Patient Day (NHPPD) and facilities are ineligible for an incentive payment as part of the QASP program if it is found to be non-compliant during the performance year (i.e., the facility has less than 3.5 NHPPD or has one or more non-compliant staffing days). CDPH will be completing staffing audits for all QASP SNFs for 24 audit days that are prior to CMS announcing their initial actions on March 4, 2020, to address the spread of COVID-19. Please note that certain facilities may have an approved staffing waiver and may be eligible for an incentive payment even if the facility has less than 3.5 NHPPD.
 - Citation Data
 - CDPH provides AA/A citation data for the Annual Report. No adjustments will be made to the citation criteria for the 2019–2020 Annual Report (i.e., citations will still be for four quarters and facilities will still be ineligible for payment if they have a citation).

- Medi-Cal Bed Days (MCBD) Data
 - The MCBD counts by facility are used to determine facilities’ eligibility for incentive payments and to determine payment amounts as part of the QASP program. The MCBD data are provided by DHCS, and there will be no changes to the 2019–2020 Annual Report Methodology for using MCBDs.
- 30-Day SNF Rehospitalization Measure Data
 - The risk adjustment algorithm for this measure is updated annually by the measure steward, the American Health Care Association (AHCA). AHCA has updated the risk adjustment algorithm this year. For the 2019–2020 Annual Report, this measure will be amended to be calculated using only a three-quarter measurement period (i.e., July 1, 2019–March 31, 2020). Due to the modified measurement period, this measure name will be listed as “Amended 30-Day SNF Rehospitalization Measure” and the measure will not be labeled as NQF #2375 for this year due to the modification.
- Scoring Methodology
 - Facility Scoring
 - There will be no changes to the point allocation methodology and total points per payment tiers for the 2019–2020 Annual Report with a total of 100 possible points allowed for each facility as part of QASP.
 - Facility Payments
 - Currently, the payment pool for April 2021 has been revised to \$81 million.
 - Incentive Payment
 - There will be no changes to the incentive payment methodology for the 2019–2020 Annual Report.
 - Improvement Payment
 - There will be no changes to the methodology for calculating improvement scores and benchmarks for eligible facilities for the 2019–2020 Annual Report.