

# DCH/Georgia Nursing Home Incentive Model

March 14, 2007

## Executive Summary

The Georgia Department of Community Health will implement an incentive reimbursement plan for nursing facilities in Georgia. This system will be used to support the quality improvement initiative that is currently in place in the state.

Eight criteria will be used to determine the level of incentive reimbursement to individual providers. The comparison model has been built to utilize My InnerView Data and CMS data to optimize value for each stakeholder.

<b>SYSTEM FOR CALCULATING Incentive PAYMENTS</b>	<p><b>Data sets to be used in the calculation for incentive payments:</b></p> <p>4 measures via My Innerview Data:</p> <ul style="list-style-type: none"> <li>• Most Current Family Satisfaction Survey Score for "Would you recommend this facility" % excellent and % good to meet or exceed 85% combined (participation required to be eligible for the incentive)</li> <li>• Participation in the Employee Satisfaction Survey</li> <li>• Quarterly average for RNs/LVNs/LPNs Stability(retention)</li> <li>• Quarterly average for CNAs/NA Stability(retention)</li> </ul> <p>4 measures from CMS.</p> <ul style="list-style-type: none"> <li>• Percent of High Risk Long-Stay Residents Who Have Pressure Sores</li> <li>• Percent of Long-Stay Residents Who Were Physically Restrained</li> <li>• Percent of Long-Stay Residents Who have Moderate to Severe Pain</li> <li>• Percent of Short-Stay Residents Who had Moderate to Severe Pain</li> </ul>
<b>SCORING METHODOLOGY</b>	<p><b>A facility is listed as eligible for an award based on the following:</b></p> <p>A minimum of three points is required for the incentive. At least one from the CMS clinical and one from the MIV non-clinical and a third point from either clinical or non clinical. The threshold for each indicator will be exceeding the state average.</p> <p><b>CMS Clinical</b></p> <ul style="list-style-type: none"> <li>• A facility must score at least one point from the CMS metrics to qualify at all. This would count as one point in the overall scoring. One additional point may be awarded for exceeding the threshold of another CMS metric. The total points awarded based on CMS metrics will not exceed two.</li> <li>• Facilities that do not generate enough data to report on the CMS website (due to not meeting the minimum number of assessments for reporting in a quarter) will use pressure sore and restraint values from the MIV Quality Profile. The values used from MIV Quality Profile will be compared to MIV Georgia average values for those metrics. If the MIV Quality Profile is used, the total points</li> </ul>

	<p>that may be awarded may not exceed two. The facility must qualify on at least one point (just as they would have to do on the CMS metrics).</p> <ul style="list-style-type: none"> <li>• A given CMS score exceeds the threshold when it is lower than the threshold.</li> </ul> <p>MIV Non-Clinical</p> <ul style="list-style-type: none"> <li>• For the Family Satisfaction, exceeding the threshold yields one point.</li> <li>• For the Employee Satisfaction Survey criteria, a point is awarded for participation, not reaching a threshold.</li> <li>• One point is awarded for exceeding the threshold of either staff stability criterion. The total points awarded based on staff stability metrics will not exceed one.</li> </ul> <p>In summary, if the facility has at least one point from the CMS metrics (or proxy) and the facility's total points equal or exceed a total of three or more points, it is listed as eligible for the award as noted.</p>
<p><b>DATA CURRENTLY IN THE Demonstration MODEL</b></p>	<ul style="list-style-type: none"> <li>• The My InnerView data is based on fourth quarter 2006 Quality Profile data</li> <li>• The CMS data is based on a retrieval of data from the Nursing Home Compare web site on January 24, 2007</li> </ul>

\*\*On a quarterly basis MyInnerView will deliver to the Department of Community Health a report that details a list of Georgia facilities, the points earned by each facility, and the source of the data (CMS and/or MIV) used to determine each facility's "met" status. The report will be based on the previous calendar quarter data and delivered electronically on or before the date selected by the Department.

Approved by: *Janette Z. Staszko*  
Signature

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