



IDAHO DEPARTMENT OF
HEALTH & WELFARE

State of Idaho
Department of Health and Welfare
Nursing Facility
Quality Payment Program Guide

October 14, 2022





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1. Supplemental Payment History

Beginning in state fiscal year 2010, the state of Idaho implemented cost cutting measures in the nursing facility (NF) rate methodologies. The efficiency incentive add-on for indirect costs was removed, inflation from the cost reporting period to the rate year was removed, and the overall rate was subjected to a 2.7% reduction. As a result, the Department of Health and Welfare (Department) implemented an Upper Payment Limit (UPL) supplemental payment program to replace the lost funding from the rate reductions. The UPL program provides supplemental payments to NFs using a combination of provider assessments and intergovernmental transfers (IGT) to fund the state share of the supplemental payment. In the initial year of the UPL program, the payment was limited to cover the estimated losses providers incurred from the change in rate methodology. Later, the program was revised to pay providers the entire available UPL gap.

UPL supplemental payments are based on the difference between what Medicare would have paid and what Medicaid did pay for NF services provided to Medicaid residents. That difference, or gap, can be distributed to providers as a supplemental payment. Currently, the UPL program provides approximately \$59 million dollars of supplemental payments to all providers with the exception of the state owned and operated facilities.

The Department currently contracts with two participating managed care organizations (MCOs) to administer a managed care program to dual-eligible beneficiaries. Enrollment in MCOs has increased over 30% since last year at the same time. Federal rules do not allow supplemental UPL payments on managed care days; therefore, the growing enrollment trend into MCOs will impact UPL payments that are based on traditional fee-for-service days. It is estimated that this reduction in fee-for-service days would reduce the supplemental payments by approximately \$49 million.

Under federal regulations, states have the flexibility to implement supplemental payment systems that are based on quality. The Department has formed a work group with the Idaho Health Care Association, American Health Care Association, other providers, and the consulting firm of Myers and Stauffer to develop the Nursing Facility Quality Payment Program system based on quality. The Department is appreciative of the collaboration and input received from state and national nursing facility representatives for improving quality of care and life for our most frail and elderly participants. This input has been informative to deliberations on the best way to move forward. This document summarizes the work group decisions, methodologies, plan details, and timelines of the proposed system.



2. Quality Measures

The goal of this new payment structure is to link supplemental payments to the quality of care provided by NFs participating in the Medicaid program. Linking payments to quality of care is a primary goal of the Centers for Medicare & Medicaid Services (CMS) and the Department, and provides a strong financial incentive to NFs to improve the quality of care and lives of the residents they serve.

A. Quality of Care Measures

The Department and NF industry representatives have reached consensus on the following nine measures, which leverage existing and readily accessible data. These measures capture common clinical outcomes for long-stay residents and are reflective of the overall quality of the NF. These represent reasonable indicators of quality of care and will be used in Idaho's Nursing Facility Quality Payment Program. During initial discussions, the consensus was to utilize ten measures, but on October 1, 2019, CMS removed the measure to remove moderate to severe pain from their Five Star quality program. As a result, this measure was removed from the calculation of the total quality based score for the Idaho Quality Payment Program.

- *Eight Minimum Data Set (MDS) long-stay quality measures.*
 - These measures are derived from the Minimum Data Set (MDS) used by CMS in the Five Star quality rating program for NFs.
 - All NFs are required to submit data to a national MDS repository and CMS has made the data available to states to use in various rate-setting systems.
 - Data is calculated using a four-quarter average.
- *One PointRight® Long-Stay Hospitalization measure from the National Quality Forum endorsed measure about hospitalization rates.*
 - Data is calculated from the most recent data available. This measure is an MDS-based, risk adjusted measure of the rate of hospitalization of long-stay patients of NFs averaged across the year, weighted by the number of stays in each quarter.

Table 2.1 Long Stay Quality Measures Selected for NF Quality Measure Program

#	Measure	Data Source	Measure Source	Points Available ¹
1	Antipsychotic medication use	MDS	CMS NHC	20 to 100
2	Urinary tract infections	MDS	CMS NHC	20 to 100
3	Pressure ulcers	MDS	CMS NHC	20 to 100
4	Indwelling catheter	MDS	CMS NHC	20 to 100
5	Decline in late-loss ADLs	MDS	CMS NHC	20 to 100
6	Decline in mobility	MDS	CMS NHC	20 to 100
7	Physical restraints	MDS	CMS NHC	20 to 100
8	Falls with major injury	MDS	CMS NHC	20 to 100
9	Long stay hospitalization rate (Point Right Pro Long Stay)	MDS	AHCA ²	20 to 100
Minimum Points Available				180
Maximum Points Available				900

¹ Points are calculated in increments of 20 (20, 40, 60, 80, 100) using the same methodology used by CMS for their 5 Star rating system.

² https://www.ahcancal.org/research_data/quality/Pages/Measure%20Downloads.aspx



3. POINT ASSIGNMENT STEPS

3. Point Assignment Steps

The quality payment parameters are determined using provider scores for all nine quality measures. Scores for all providers will be arrayed and payment tiers will be calculated. Percentages are assigned to each payment tier in order to determine the portion of each provider's quality payments they are eligible to receive. Therefore, the payment tier that each provider falls into will be used to determine their quality payment. The payment percentages by tier are described in Section 4.

A. Base Year for Payment Tiers

Provider quality payments will be based on the payment tier their score falls within. The options discussed for the tier calculations were to either recalculate them annually or use a base period where the payment tiers will remain intact for several years. The work group concluded that a base period is preferable in order for the providers to track their progress over a five-year period.

The base period will be used to compile provider scores and to calculate payment tiers. The base year tiers will then be used to determine payments moving forward. Following is a high-level summary of the base year concepts:

- **Base year** – Quality scores captured for the most current data available as of 12/31/17.
- **Tier groups** – The 2017 quality scores will establish three payment tiers that will be applied until a rebase occurs.
- **Years in use before a rebase is evaluated** – The payment tiers will remain in place through the SFY 2025 payments and then will be reevaluated. Refer to Table 3.2.

Following is a summary of the steps that will be taken to calculate the base year tiers and point ranges:

Table 3.1 Base Year Payment Tier Calculation Steps

Step	Topic	Discussion and Tiers
1	Capture provider scores	Gather the scores using the data sources described in Table 2.1.
2	Data period	Scores available as of 12/31/17
3	Score tabulation	Sum the scores for all 9 measures to determine a total score for each provider
4	Calculate 2017 base year point ranges for the 3 Tiers	Using the array of all provider scores, calculate 3 Tiers as follows. Refer to Appendix A for detail calculations. Tier 1 720 – 900 points 75 th Percentile Tier 2 620 – 700 points Minimum 100 Points below Tier 1 Tier 3 180 – 600 points All Points below Tier 2



3. POINT ASSIGNMENT STEPS

B. Quality Score Cut Points

Point values assigned to each quality measure will remain unchanged until a rebase occurs. Refer to Appendix B and C for the point value range for each quality measure.

C. Anomalies in the Data

In the cases of data anomalies or missing data, the work group decided on the following methods:

i. Missing Quality Measure Scores

While most Idaho NFs have data for all nine of the measures, some do not. When quality measure data is missing, the work group decided to impute scores for each missing measure using the median score of all Idaho NFs.

ii. Providers with Special Care Units

For the quality measures identified below, providers expressed concern over the observed lower scores of NFs with Behavior Care Units (BCU) or those providing ventilator care.

- Antipsychotic use for long-stay residents
- ADLs decline

The providers asserted that these special units may tend to score lower simply due to the nature of the residents served. For the two quality measures listed above, the work group proposed the following solutions:

- Applicable only to providers with state designated units (currently BCU, and special care facilities under IDAPA 16.03.10.269.06.a) and those providing ventilator care.
- Allow the provider the higher of their own score or the statewide median score of the non-unit providers for each measure.

Any facility that met the BCU qualification requirements as of the beginning of the rate period within the quality measurement year would be considered a BCU for the quality measures calculations. Rate periods have a July 1 start date.

iii. Quality Measure Treatment through COVID-19

During the COVID-19 pandemic, the majority of providers experienced a decrease in their total scores for the quality measures listed in Table 2.1. Upon review of detail of the decrease in scores, it was determined that two quality measures were the main contributing factors for the decreases. Those quality measures were Decline in Late-Loss ADLs and Decline in Mobility.

Decreases were expected in these areas because of the isolation protocols put into place in an effort to reduce the spread of the COVID-19 virus. In order to address the decrease in scores, the Department opted to increase each provider's total quality measure score by 40 points. The increase of 40 points will be in effect for SFY 2022. Due to continued effects of COVID-19, the Department applied the 40 point increase for SFY 2023 as well.

When tiers are calculated for SFY 2024, the 40 points added to each provider's score will be excluded. This will allow tiers for that period to not be negatively impacted by the Department's decision to increase total quality scores by 40 points in SFY 2022 and SFY 2023.



3. POINT ASSIGNMENT STEPS

D. Timeline After Base Year

The quality payment calculations are performed annually with a goal of sending payment notice letters every August. The steps identified in Sections A and B above will be applied each year when gathering the quality measures. Following is the timeline and data sources for the program:

Table 3.2 Data Sources and Base Year Timeline

UPL Paid in SFY	Medicaid Rates Paid	Medicaid Days from Provider FYE	QMs Based on the Four Quarter Average Ending	Base Year for Tiers	Payment Type ¹
6/30/19	7/1/17 – 6/30/18	2016	12/31/17	12/31/17	Shadow
6/30/20	7/1/18 – 6/30/19	2017	12/31/18	12/31/17	Shadow
6/30/21	7/1/19 – 6/30/20	2018 ²	12/31/19	12/31/17	Year 1
6/30/22	7/1/20 – 6/30/21	2019	12/31/20	12/31/17	Year 2
6/30/23	7/1/21 – 6/30/22	2020	12/31/21	12/31/17	Year 3
6/30/24	7/1/22 – 6/30/23	2021	12/31/22	12/31/17	Year 4
6/30/25	7/1/23 – 6/30/24	2022	12/31/23	12/31/17	Year 5
6/30/26	7/1/24 – 6/30/25	2023	12/31/24	Rebase	

¹ See Section 4E for description of shadow payments.

² Beginning this year, days will be a combination of Idaho Medicaid Managed Care and traditional Medicaid. All days will be captured for the available supplemental payment pool calculations.



4. Supplemental Payment and Provider Assessment Calculations

This section describes how payment tiers translate to payments. The Department will make the quality payments to providers once a year.

A. Determine the Quality Payment Pool

Historically, the supplemental payment pool has been determined as follows:

- Step 1) Calculate what Medicare would have paid each provider using Medicare RUG rates
- Step 2) Calculate what Medicaid did pay each provider
- Step 3) Calculate the UPL gap as Step 1 – Step 2 * traditional Medicaid fee-for-service (FFS) patient days
- Step 4) Sum the UPL gap by each ownership class (private, government, state-owned)
- Step 5) Distribute the sum of the gap for each class to each provider based on their share of Medicaid days to the total Medicaid days in the class.
- Step 6) The result in Step 5 is the funding pool available to each provider. Based on their quality score, they will be paid a percentage of their own pool and not a percentage of the entire pool for the class.

For the new quality measure system, a similar method will be used with the only exception being that instead of basing the gap calculation on only traditional Medicaid FFS days and payments, it will be based on traditional FFS days plus Idaho Medicaid managed care days and payments.

The calculation will provide a UPL gap for each payer (FFS and each MCO) to determine the pool of dollars to distribute by each payer. Idaho Medicaid will issue payments for traditional FFS days. For the MCOs payments, Idaho Medicaid will provide a lump sum payment to each MCO and will also identify the calculated payment the MCO will issue to each facility. The calculation for the MCO payments related to managed care days will follow the same parameters as listed above.

B. Payment Percentages

Once each provider's total available fund pool is determined, and their quality scores for the payment year have been tabulated, the following payment tier methodologies will be applied to their available pool:

Table 4.1 Percentage of Each Provider's Available Pool Paid by Tier Group

Payments Based on Change in QM Score From Prior Year			
Tier	Improved by 40 Points or More	No Change	Declined by 40 Points or More
1	100%	100%	100%
2	100%	100%	95%
3	100%	95%	90%



4. SUPPLEMENTAL PAYMENT AND PROVIDER ASSESSMENT

C. Undistributed Funds

Because each provider will be paid between 90% and 100% of their available pool of funds, there may be excess funds available to distribute. The excess funds will be summed by ownership class and every provider in that class will receive a share of the undistributed pool based on their percent of FFS and Idaho managed care days to total FFS and Idaho managed care days in their ownership class.

D. Provider Assessment

The provider assessment is currently calculated once a year, at the same time the quality payments are calculated. The assessment has historically been set at an amount to cover the state share of the supplemental payments paid to privately owned providers plus an administrative fee for Myers and Stauffer to prepare the calculations. The assessment methodology will remain unchanged.

Non-state government owned providers are exempt from the assessment and instead pay an IGT payment to the state to cover the state share of each provider's payment. During the 2018 legislative session, Idaho State Veteran's Home providers are now eligible to participate in the UPL payment program. These providers are state operated and are also exempt from the assessment. They will instead pay an IGT payment to the state to cover the state share of each provider's payment.

E. Shadow Payments

The current UPL payment system will continue through the payment made in SFY ending 6/30/20 because it relies on patient days. This will allow providers time to learn and adapt to the new system and begin working to improve their quality scores in the hopes of receiving 100% of their available fund pool in the future.

For the years leading up to the full implementation date, the work group decided that issuing shadow payment calculations would serve to remind providers to focus on quality care. In addition, the shadow payments will be in a format that will be educational to providers so they can learn the new system.

The shadow payment will be issued annually along with each provider's current UPL payment calculation. It will show the provider what they would have been paid had the new system been live.

Providers will be issued quarterly reports that show their most recent quality scores. There will not be a shadow payment attached to the quarterly reports as shadow payments only occur annually. However, the report will show their quality scores so they can be aware of their score throughout the year.

F. Calculated Tier and Percentage Payout

During the second quarter of the calendar year, each provider will receive a Quality Standing report along with the standard quarterly report. The Quality Standing report will include the provider's adjusted quality scores based on the four quarter average from the preceding calendar year, payment tier, and UPL payment percentage. Providers should review the Quality Standing



4. SUPPLEMENTAL PAYMENT AND PROVIDER ASSESSMENT

report to determine if they disagree with any of their scores. If a provider disagrees with their score, procedures outlined in Section G, Dispute Process, should be followed.

G. Dispute Process

The dispute process was created by the work group to address concerns that nursing facilities may not take individuals that have complex needs for fear those individuals may drive down quality scores. Any NF that believes the calculated quality scores do not reflect the actual quality care that was provided during the reported year is allowed to submit documentation to dispute their scores. NFs may only dispute the calculated quality scores as stated in the Quality Standing report issued in the second quarter following the end of the reporting year. The Dispute Process steps are as follows:

Step 1) Each NF receives quarterly reports with raw quality measure scores. Any NF with concern that their quality scores are not reflective of the actual care provided should begin the research to determine the cause of the quality scores and compile supporting documentation.

The burden of proof lies with the NF. The Department does not have the capability to compare one or more MDS assessments to another set of residents to determine the effect of changes in quality measure scores or to model the impact of one resident's score and how it affects the total facility score.

Step 2) After receiving the Quality Standing report, any NF wishing to dispute their quality scores must submit documentation supporting their position within 21 days from the send date as stated on the Quality Standing report. The submission of supporting documentation initiates the Dispute Process. Late submissions will not be accepted. Supporting documentation must be provided in an electronic format and transmitted via efax, email, or mail for encrypted data storage devices such as thumb drives. No paper documents will be accepted.

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Step 3) A review committee, as established by the work group, will consist of four (4) members. The review committee is charged with reviewing and evaluating the submitted disputes and determining the resolution to the disputes. Each stakeholder member of the review committee will be required to sign a confidentiality agreement as the documentation submitted by nursing facilities will most likely contain protected health information (PHI). Committee members are as follows:

- Robert Vande Merwe – Executive Director of the Idaho Health Care Association (IHCA)
- Chris Hansen – Director of Reimbursement, Ensign Facility Services, Inc.



4. SUPPLEMENTAL PAYMENT AND PROVIDER ASSESSMENT

- James Winfield – Director of Accounting at Cascadia Healthcare and IHCA Chair of the Skilled Nursing and Assisted Living Reimbursement Committee
- Susie Choules – Program Manager for the Bureau of Long Term Care, Division of Medicaid

Step 4) Notification of the resolution will be provided by the review committee to the disputing NF, the work group, the Bureau of Financial Operations, and its contractor, Myers and Stauffer, no later than June 30 of the same year.



5. Appendices

- A. Revised 2017 Base Year Tiers**
- B. MDS Quality Measures 1-9 Quality Score Cut Point – Range for Point Values for Quality Measures**
- C. Long Stay Hospitalization Quality Measure 10 – Cut Points**
- D. NF Quality Payment Program at a Glance**
- E. 2017 Base Year Tiers (Superseded)**

Appendix A. Revised 2017 Base Year Tiers

State of Idaho
Idaho Department of Health & Welfare
MDS Quality Measures for Nursing Home Long Stay Residents

CMS Nursing Home Compare Dataset: 2016Q4 - 2017Q3

Adjusted Data REVISED 2017 Base Year Scores EXCLUDING PAIN MEASURE

MCR Number	NPI Number	Provider Name	CMS Assigned Point Values for Quality Measures												
			County	BCU, Special Care, or Vent Units	Notes	Decline in Late-Loss ADLs	Decline in Mobility on Unit	High-Risk Residents w/ Pressure Ulcers	Antipsychotic Medications	Falls w/ Major Injury	Physical Restraints	Indwelling Catheter	Urinary Tract Infection	Long Stay Hospital- izations	Adjusted Total (a)
135079	1194762815	APEX CENTER	Ada			60	20	40	60	100	100	100	100	80	660
135097	1497756803	ASHTON MEMORIAL LIVING CENTER	Fremont			100	80	100	40	40	20	40	40	100	560
135077	1245574896	AVAMERE TRANSITIONAL CARE & REHAB - BOISE	Ada			60	60	20	40	80	100	60	100	40	560
135070	1568552446	BEAR LAKE MEMORIAL SKILLED NURSING FACILITY	Bear Lake			40	60	100	80	60	100	100	40	100	680
135069	1831522762	BELL MOUNTAIN VILLAGE & CARE CENTER	Blaine			20	20	100	80	40	100	100	40	80	580
135134	1013237528	BENNETT HILLS CENTER	Gooding			40	80	80	60	60	100	60	80	80	640
135007	1861694960	BINGHAM MEMORIAL SKILLED NURSING & REHABILIT.	Bingham			80	40	100	20	100	100	20	80	100	640
135004	1225113152	BOUNDARY COUNTY NURSING HOME	Boundary			80	40	100	20	60	100	100	20	100	620
135113	1285688739	BRIDGEVIEW ESTATES	Twin Falls			100	80	100	80	20	100	60	60	40	640
135014	1467978460	CALDWELL OF CASCADIA	Canyon	Special Care		80	40	100	80	40	100	100	80	60	680
135051	1770009680	CANYON WEST OF CASCADIA	Canyon			40	60	80	40	60	100	20	100	100	600
135060	1750442240	CARIBOU MEMORIAL LIVING CENTER	Caribou			20	20	40	40	100	100	40	20	100	480
135095	1760438063	CHERRY RIDGE CENTER	Gem			60	60	100	20	100	100	40	100	100	680
135048	1760925572	CLEARWATER OF CASCADIA	Clearwater			20	20	100	100	40	100	100	40	20	540
135052	1487197299	COEUR D'ALENE OF CASCADIA	Kootenai			20	60	100	80	40	100	20	80	60	560
135064	1023052040	COUNTRYSIDE CARE & REHABILITATION	Minidoka			100	40	100	80	80	100	20	60	100	680
135089	1306094610	DESERT VIEW CARE CENTER OF BUHL	Twin Falls	BCU		100	100	100	80	80	100	80	60	100	800
135129	1477816965	DISCOVERY REHABILITATION AND LIVING	Lemhi			100	80	20	100	40	100	40	100	40	620
135059	1548355811	FRANKLIN COUNTY TRANSITIONAL CARE	Franklin			40	40	20	20	100	100	20	60	100	500
135011	1407956253	GATEWAY TRANSITIONAL CARE CENTER	Bannock			100	80	100	60	100	100	100	80	80	800
135085	1053392548	GOOD SAMARITAN SOCIETY - BOISE VILLAGE	Ada			80	60	100	20	60	100	80	60	100	660
135092	1366432023	GOOD SAMARITAN SOCIETY - IDAHO FALLS VILLAGE	Bonneville			80	40	100	80	60	100	80	60	100	700
135067	1598755266	GOOD SAMARITAN SOCIETY - MOSCOW VILLAGE	Latah			40	40	100	60	40	100	100	100	100	680
135058	1053301457	GOOD SAMARITAN SOCIETY - SILVER WOOD VILLAGE	Shoshone			60	40	100	40	20	100	60	60	100	580
135080	1528099744	GRANGEVILLE HEALTH & REHABILITATION CENTER	Idaho			60	80	100	60	40	20	80	60	20	520
135131	1285624627	IDAHO STATE VETERANS HOME - BOISE	Ada			80	60	100	80	80	100	60	60	80	700
135133	1679562011	IDAHO STATE VETERANS HOME - LEWISTON	Nez Perce			60	60	80	80	40	100	60	100	100	680
135132	1285624064	IDAHO STATE VETERANS HOME - POCATELLO	Bannock			40	20	100	60	80	100	60	40	100	600
135053	1821486986	IVY COURT	Kootenai			80	80	80	80	100	100	40	100	60	720
135110	1891148979	KARCHER POST-ACUTE & REHABILITATION CENTER	Canyon			80	80	20	60	40	100	20	40	80	520
135042	1811385974	LACROSSE HEALTH & REHABILITATION CENTER	Kootenai	Vent		60	60	20	80	80	100	60	100	80	640
135021	1477064780	LEWISTON OF CASCADIA	Nez Perce			40	80	20	80	60	100	60	80	60	580
135038	1225081284	LIFE CARE CENTER OF BOISE	Ada			60	60	60	60	20	100	80	80	80	600
135122	1366495277	LIFE CARE CENTER OF COEUR D'ALENE	Kootenai			80	60	100	60	100	100	100	20	100	720
135091	1780638296	LIFE CARE CENTER OF IDAHO FALLS	Bonneville			100	80	100	80	100	100	100	100	100	860
135128	1235182155	LIFE CARE CENTER OF LEWISTON	Nez Perce			40	40	100	100	100	100	100	100	100	780
135135	1740442771	LIFE CARE CENTER OF POST FALLS	Kootenai			100	60	60	80	40	100	60	100	100	700
135127	1780638213	LIFE CARE CENTER OF SANDPOINT	Bonner			80	80	60	100	80	60	100	60	100	720
135123	1184678617	LIFE CARE CENTER OF TREASURE VALLEY	Ada			100	80	60	100	80	100	80	60	100	760
135056	1518115773	LINCOLN COUNTY CARE CENTER	Lincoln	BCU		60	20	40	80	80	100	20	60	100	560
135140	1649692609	MADISON CARRIAGE COVE SHORT STAY REHAB	Madison		(b)	60	60	100	60	80	100	80	80	100	720
135082	1730136490	MCCALL REHABILITATION AND CARE CENTER	Valley			60	100	80	60	100	100	80	100	100	780
135076	1083146484	MEADOW VIEW NURSING AND REHABILITATION	Canyon			60	80	60	20	80	60	40	60	40	500
135125	1639126493	MERIDIAN CENTER GENESIS HEALTHCARE	Ada			40	20	60	60	100	100	80	40	100	600
135081	1285882431	MINI-CASSIA CARE CENTER	Cassia	BCU		60	60	80	80	100	100	80	80	100	740
135018	1821360868	MONTE VISTA HILLS HEALTHCARE CENTER	Bannock			100	60	100	100	80	100	100	60	100	800
135093	1194236406	MOSCOW OF CASCADIA (ASPEN PARK)	Latah			100	20	60	20	20	100	40	40	60	460
135065	1396261202	MOUNTAIN VALLEY OF CASCADIA	Shoshone			80	40	100	80	100	100	100	100	100	800
135084	1912157090	OAK CREEK REHABILITATION CENTER OF KIMBERLY	Twin Falls	BCU		60	20	100	80	60	60	100	100	60	640
135062	1811949431	ONEIDA COUNTY HOSPITAL & LONG TERM CARE FACIL	Oneida			80	80	60	80	100	100	60	60	100	720
135019	1912418229	ORCHARDS OF CASCADIA, THE	Canyon			80	80	100	100	80	100	100	80	80	800

CMS Nursing Home Compare Dataset: 2016Q4 - 2017Q3

Adjusted Data
REVISED 2017 Base Year Scores
EXCLUDING PAIN MEASURE

			CMS Assigned Point Values for Quality Measures												
MCR Number	NPI Number	Provider Name	County	BCU, Special Care, or Vent Units	Notes	Decline in Late-Loss ADLs	Decline in Mobility on Unit	High-Risk Residents w/ Pressure Ulcers	Antipsychotic Medications	Falls w/ Major Injury	Physical Restraints	Indwelling Catheter	Urinary Tract Infection	Long Stay Hospitalizations	Adjusted Total (a)
135087	1225390131	OWYHEE HEALTH & REHABILITATION CENTER	Owyhee			40	100	100	40	100	100	100	40	100	720
135068	1720317761	PARKE VIEW REHABILITATION & CARE CENTER	Cassia			80	60	80	80	100	100	80	100	100	780
135015	1851348635	PAYETTE CENTER	Payette			100	40	100	80	20	100	100	80	80	700
135066	1821096082	POWER COUNTY NURSING HOME	Power			20	20	20	40	100	20	40	100	100	460
135103	1346598299	PRESTIGE CARE & REHABILITATION - THE ORCHARDS	Nez Perce			60	60	60	20	100	60	100	80	60	600
135136	1821250713	QUINN MEADOWS REHABILITATION AND CARE CENTER	Bannock			60	60	100	100	100	100	40	100	60	720
135105	1659325132	TEMPLE VIEW TRANSITIONAL CARE CENTER	Madison			20	20	80	80	80	100	100	100	100	680
135020	1275862211	RIVER'S EDGE REHABILITATION & LIVING CENTER	Gem			100	80	100	80	100	100	100	60	100	820
135116	1982011474	ROYAL PLAZA HEALTH & REHABILITATION	Nez Perce			60	60	100	100	20	100	100	20	80	640
135090	1700245594	SHAW MOUNTAIN OF CASCADIA	Ada	BCU		60	40	80	80	20	100	80	80	80	620
135006	1508105248	ST LUKE'S ELMORE LONG TERM CARE	Elmore			60	60	100	80	100	20	20	20	100	560
135102	1790732337	SUNNY RIDGE	Canyon			80	60	100	80	40	100	60	40	100	660
135138	1649517806	TETON POST ACUTE CARE & REHABILITATION	Bonneville			60	60	40	80	60	100	80	20	40	540
135104	1841244407	TWIN FALLS CENTER	Twin Falls			80	40	40	80	60	100	80	100	80	660
135098	1942254487	VALLEY VIEW NURSING & REHABILITATION	Ada			100	40	100	80	100	100	60	80	80	740
135055	1497761050	VALLEY VISTA CARE CENTER OF SANDPOINT	Bonner	BCU		60	60	80	80	40	20	100	40	100	580
135075	1770599409	VALLEY VISTA CARE CENTER OF ST MARIES	Benewah	BCU		60	80	100	80	20	100	100	100	100	740
135010	1558384420	WEISER OF CASCADIA	Washington			80	100	40	40	20	100	40	100	80	600
135094	1699208280	WELLSPRING HEALTH & REHABILITATION OF CASCADIA	Canyon	Vent		60	40	60	80	100	60	40	60	60	560
	Provider Count		70												
					Idaho Average:	67	57	78	68	69	91	70	70	84	653
					Surrounding States Average:	68	57	65	64	62	91	71	70		603
					National Average:	63	56	62	62	59	88	76	71		607
					Idaho Median:	60	60	100	80	80	100	80	80		660
					Non-Unit Idaho Median:	60	60	100	80	80	100	60	60	100	700
					Surrounding States Median:	80	60	60	60	60	100	80	80		600
					National Median:	60	60	60	60	60	100	80	80		600
					Idaho Providers Reported:	70	70	70	70	70	70	70	70		70
					Surrounding State Providers Reported:	589	585	589	595	595	595	592	595		595
					National Providers Reported:	14,996	14,918	14,995	15,083	15,105	15,104	15,077	15,096		15,105
					Surrounding States: MT, NV, OR, UT, WA, WY										
(a)	Adjusted data includes edits for 1) providers with a missing QM score receive the statewide median score for that measure and 2) unit providers receive the higher of their own score, or the non unit median score for decline in late loss ADLs, moderate to sever pain, and antipsychotic medications.														
(b)	0 points in raw data column because data is non-existent for this provider. The provider has short stay measures but no long stay measures. It appears they did not have any residents with a total length of stay long enough to qualify as data to compute the long stay measures.														
														Calculated 75th Percentile	720
														Criteria	Range
														Tier 1 = 75th % & Above	720 - 900
														Tier 2 = Minimum 100 Points below Tier 1	620 - 700
														Tier 3 = All Points below Tier 2	200 - 620

Appendix B. MDS Quality Measures 1-9 Quality Score Cut Point - Range for Point Values for Quality Measures

Table A3
Ranges for Point Values for Quality Measures, Using Four Quarter Average Distributions^{1, 4}

Quality measure	For QM values		Number of QM points is... ²	
	between...	and...	July 2016	January 2017
ADL Decline (long-stay)	0.00000000	0.10049021	100	100
	0.10049022	0.13483145	80	80
	0.13483146	0.16778523	60	60
	0.16778524	0.20794393	40	40
	0.20794394	1.00000000	20	20
High risk pressure Ulcers (long-stay)	0.00000000	0.02654868	100	100
	0.02654869	0.04453437	80	80
	0.04453438	0.06181819	60	60
	0.06181820	0.08633095	40	40
	0.08633096	1.00000000	20	20
Catheter (long-Stay)	0.00000000	0.01073927	100	100
	0.01073928	0.02094371	80	80
	0.02094372	0.03178361	60	60
	0.03178362	0.04745521	40	40
	0.04745522	1.00000000	20	20
Urinary Tract Infection (long-stay)	0.00000000	0.01851851	100	100
	0.01851852	0.03423682	80	80
	0.03423683	0.05128203	60	60
	0.05128204	0.07598784	40	40
	0.07598785	1.00000000	20	20
Physical Restraints (long-stay)	0.00000000	0.00000000	100	100
	0.00000001	0.01424503	60	60
	0.01424504	1.00000000	20	20

Quality measure	For QM values		Number of QM points is... ²	
	between...	and...	July 2016	January 2017
Injurious Falls (long-stay)	0.00000000	0.01315789	100	100
	0.01315790	0.02403848	80	80
	0.02403849	0.03511052	60	60
	0.03511053	0.05035973	40	40
	0.05035974	1.00000000	20	20
Antipsychotic Meds (long-stay)	0.00000000	0.06843265	100	100
	0.06843266	0.12704916	80	80
	0.12704917	0.17391305	60	60
	0.17391306	0.23979592	40	40
	0.23979593	1.00000000	20	20
New or Worsening Pressure Ulcers (short-stay)	0.00000000	0.00000000	100	100
	0.00000001	0.00692691	75	75
	0.00692692	0.01566247	50	50
	0.01566248	1.00000000	25	25
Antipsychotic Meds (short-stay)	0.00000000	0.00000000	100	100
	0.00000001	0.00999998	80	80
	0.00999999	0.01912567	60	60
	0.01912568	0.03486237	40	40
	0.03486238	1.00000000	20	20
Mobility decline (long-stay) ³	0.00000000	0.08022493	50	100
	0.08022494	0.14454544	40	80
	0.14454545	0.19333225	30	60
	0.19333226	0.24905966	20	40
	0.24905967	1.00000000	10	20

Quality measure	For QM values		Number of QM points is... ²	
	between...	and...	July 2016	January 2017
Functional Improvement (short-stay) ³	0.81666872	1.00000000	50	100
	0.70966590	0.81666871	40	80
	0.62861965	0.70966589	30	60
	0.52015014	0.62861964	20	40
	0.00000000	0.52015013	10	20
Hospital readmission (short-stay) ³	0.00000000	0.13839278	50	100
	0.13839279	0.18716279	40	80
	0.18716280	0.21886203	30	60
	0.21886204	0.25689121	20	40
	0.25689122	1.00000000	10	20
ED Visits (short-stay) ³	0.00000000	0.05488714	50	100
	0.05488715	0.08944665	40	80
	0.08944666	0.11696705	30	60
	0.11696706	0.15529003	20	40
	0.15529004	1.00000000	10	20
Successful community discharge (short-stay) ³	0.66448731	1.00000000	50	100
	0.59926791	0.66448730	40	80
	0.54906047	0.59926790	30	60
	0.47667646	0.54906046	20	40
	0.00000000	0.47667645	10	20

¹For the claims-based measures (hospital readmission, ED visit, community discharge), points are based on data from 2014Q3 – 2015Q2. For the MDS-based measures (all others), points are based on data from 2015Q1 – 2015Q4. A higher QM value corresponds to better performance for all measures except functional improvement and successful community discharge where lower QM values correspond to better performance.

²The five new QMs (functional improvement, mobility decline, hospital readmission, ED visit, and community discharge) are being phased into the QM rating. In July 2016 each contributed half the points of the other measures. In January 2017, the thresholds will remain the same but the points associated with each will double.

³Indicates one of the five new QMs as of July 2016 contributing half the points of the other 11 QMs. Starting in January 2017, the new QMs will contribute the same number of points as the other measures.

⁴Thresholds for three quality measures were slightly changed on July 20, 2016 to correct errors in the earlier version of the TUG that was published on July 7, 2016. The thresholds that appeared in the July 7, 2016 version of the TUG were never used to calculate ratings that were publicly reported.

Appendix C. Long Stay Hospitalization Quality Measure 10 – Cut Points

Point Values for Long Stay Hospitalization Quality Measure^{1, 2}

Quality Measure	For QM Values		# of QM Points is...
	between...	and...	
Long Stay Hospitalization	0.00000000	0.20000000	100
	0.20000001	0.40000000	80
	0.40000001	0.60000000	60
	0.60000001	0.80000000	40
	0.80000001	1.00000000	20

¹Long Stay Hospitalization data is taken from CMS MDS data based on PointRight(R) Pro Long Stay(TM) measure. © 2015

PointRight Inc.

²Long Stay Hospitalization is ranked using Excel function percentrank.inc to determine the QM Values.



NATIONAL
QUALITY FORUM

Quality Positioning System (QPS) Measure Description Display Information

Quality Measure

Description:

Measure Title: PointRight® Pro Long Stay(TM) Hospitalization Measure

NQF Measure Number: 2827

Measure Steward: American Health Care Association

Measure Description: The PointRight Pro Long Stay Hospitalization Measure is an MDS-based, risk-adjusted measure of the rate of hospitalization of long-stay patients (aka “residents”) of skilled nursing facilities (SNFs) averaged across the year, weighted by the number of stays in each quarter.

Numerator Statement: The numerator for the measure is the sum over four quarters of the counts of hospitalizations of the quarterly denominator populations, where hospitalizations comprise discharges directly from the SNF to an acute care hospital.

The count of hospitalizations excludes discharges from the SNF to LTACHs, IRFs, and psychiatric hospitals, and excludes admissions to acute care hospitals that directly follow a discharge from the SNF to a setting other than an acute care hospital.

However, if a patient is discharged from a SNF directly to an acute care hospital during a quarter at risk, the hospitalization will be counted in the numerator even if the patient was discharged to a setting other than an acute care hospital earlier in that quarter.

Hospitalizations are counted over at-risk intervals of 3 months at a time because this period is long enough to yield nonzero numerators even for SNFs with low rates of hospitalization, yet short enough so that almost all of the denominator population will be present in the facility for all, or almost all, of the period. The latter feature makes the calculation simpler than if the risk exposure was calculated by days or weeks. Four quarters of denominators and four quarters of numerators are summed to yield the values for the full measure period.

Denominator Statement: The quarterly denominator population consists exactly of those patients present in the SNF on the first day of the quarter (the “snapshot date”) who meet the criterion for long stay on that date. The denominator for a quarter is the number of patients in the quarterly denominator population. The denominator for the measure is the sum of the quarterly denominators for the four quarters in the 12 month measure period.

The criterion for a patient's having a long stay is a cumulative length of stay in the facility of more than 100 days as of the snapshot date. The cumulative length of stay of a patient is the length of the current stay as of the snapshot date and plus the full lengths of stay of any previous stays that are linked to it. According to the criteria for linkage of stays used in the present measure, a stay in a SNF is linked to a subsequent stay in the SNF if the patient was discharged from the SNF to the community and was readmitted to the SNF within 10 days or fewer. All stays in a sequence of linked stays are included in the sum of days used to determine a patient's cumulative length of stay. In these criteria the term "community" comprises private residences and all organized settings that are primarily residential in character, including senior housing, independent living facilities, board and care homes, and assisted living facilities.

A patient can contribute multiple times to the denominator for a 12 month measure period. For example, a resident continuously present in the facility for a full year would contribute four to the denominator.

Exclusions: There are no exclusions from the denominator; all patients in the facility on the snapshot date who meet the long stay criterion on that date are included. However, the measure will not be reported for a SNF if the annual unknown outcome rate is greater than 10%. The definition of the annual unknown outcome rate is provided in S.11.

Risk Adjustment: Yes

Corresponding Measures: Not Available

Measure Status:

Endorsement Type: Endorsed

Last Updated Date: Dec 09, 2016

Measure(s) Considered in Harmonization Request:

Classification:

Measure Type: Outcome

Measure Format: measure

Use in Federal Program:

Condition:

Non-Condition Specific: Care Coordination: Readmissions, Care Coordination: Transitions of Care

Care Setting: Nursing Home / SNF

National Quality Strategy Priorities: Effective Communication and Care Coordination

Actual/Planned Use: Public Reporting, Quality Improvement (external benchmarking to organizations), Quality Improvement (Internal to the specific organization)

Data Source: Electronic Health Record (Only)

Level of Analysis: Facility

Target Population: Elderly, Populations at Risk: Dual eligible beneficiaries, Populations at Risk: Individuals with multiple chronic conditions

Measure Steward Contact Information:

Organization Name: American Health Care Association

Email Address: ksreenivas@ahca.org

Website URL: http://N/A

Measure Disclaimer:

“The products and services provided by PointRight, including without limitation, feedback on data integrity or quality (clinical or otherwise), are not intended to give, and shall not be construed as, specific recommendations for the diagnosis or treatment of any medical condition or placement of the patient in any particular care environment. The products and services provided by PointRight are intended for the purpose of helping to promote a more accurate assessment, indicating where there may be errors or omissions requiring correction, and prompting more complete and accurate documentation of assessments performed by the Customer and its employees and contractors. The services provided by PointRight do not include any direct assessment of any resident or patient— either on-site or via electronic communication – nor the rendering of any opinion regarding the clinical diagnosis or treatment of any resident or patient. All patient care and activities resulting from decisions of the medical and social services community, are the sole responsibility of these groups for such care.

All medical practice management, patient care and placement decisions made in which the Services may be utilized, and the consequences thereof, will be exclusively the responsibility of the Customer, as well as physicians, other clinical practitioners with privileges at the Customers licensed facility(ies) and social services workers related to such patient care, transition and placement.”

Measure Steward Copyright:

Copyright Notice:

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Measure History:

Date	Action	Notes
Dec 09, 2016	Initial Endorsement	

NQF Disclaimer: Measures may be used for non-commercial implementation and/or reporting of performance data. Contact the Measure Steward if you wish to use the measure for another purpose. NQF is not responsible for the application or outcomes of measures.

Appendix D – NF Quality Program at a Glance

Comparison of VBP Proposals for the 12/18/17 Meeting with DHW, NF Industry Representatives and MSLC

Elements of Proposal

VBP Element	IDHW Proposal Dated 10/6/17	IHCA Comments Emailed 12/4/17	Prestige and Avamere Comments Emailed 10/31/17	Meeting Discussion Topics	Final Decision
1. Quality Measures (QMs)	10 long stay	10 long stay	10 long stay	Agreement	10 Long Stay; Revised to 9 Long Stay as a result of removal of the Pain Quality Measure by CMS on 10/1/19
2. Maximum Quality Points	1,000	1,000	1,000	Agreement	1,000; Revised to 900 total after removal of the Paid Quality Measure by CMS on 10/1/19
3. Missing QM Score(s)	Impute the missing QM score using the average QM score of the NF	Impute the missing QM score using the average QM score of all ID NFs	Impute the missing QM score using the average QM score of the NF	DHW is agreeable to impute the missing QM score using the average QM score for all ID NFs	Impute the missing QM score using the median (revised from average because average was giving non-round results) QM score of <u>all ID NFs</u>
4. QM Measurement Period	Calendar Year	Calendar Year	Calendar Year	Agreement	Data available on 12/31, which is calculated on a four quarter average
5. Thresholds and Cut Points	CMS 5-Star and held constant for 5 years	CMS 5-Star and held constant for 5 years	CMS 5-Star and held constant for 5 years	Agreement	CMS 5-Star and held constant for 5 years
6. Quality Groups	3	3	3	Agreement	3
7. Tier 1 – Quality Score	75th percentile	75th percentile	75th percentile	Agreement	75 th percentile

Appendix D – NF Quality Program at a Glance

Comparison of VBP Proposals for the 12/18/17 Meeting with DHW, NF Industry Representatives and MSLC

VBP Element	IDHW Proposal Dated 10/6/17	IHCA Comments Emailed 12/4/17	Prestige and Avamere Comments Emailed 10/31/17	Meeting Discussion Topics	Final Decision
8. Tier 2 – Quality Score	50th percentile	80 point range below the 75th percentile	50th percentile	For tier 2, DHW is agreeable to an 80 point range below the 75th percentile	Minimum 100 Points below Tier 1
9. Tier 3 – Quality Score	Below 50th percentile	Starting 100 points below 75th percentile	Below 50th percentile	DHW is agreeable to tier 3 starting 100 points below the 75th percentile	All Points below Tier 2
10. How a “Change” in Score is Defined	Equal to or greater than ± 20 points	Equal to or greater than ± 40 points	Equal to or greater than ± 20 points	DHW is agreeable to measure change as equal to or greater than ± 40 points	Equal to or greater than ± 40 points

Appendix D – NF Quality Program at a Glance

Comparison of VBP Proposals for the 12/18/17 Meeting with DHW, NF Industry Representatives and MSLC

11. Base UPL Payment – Fully Phased-in Percentages	<p>Tier 1 = 100%</p> <p>Tier 2 = •100% w/ improvement; •95% w/o a change; •75% w/ a decline</p> <p>Tier 3 = •100% w/ improvement; •75% w/o a change or with a decline</p>	<p>Tier 1 = 100%</p> <p>Tier 2 = •100% w/ improvement or without a change; •95% w/ a decline</p> <p>Tier 3 = •95% w/ improvement or w/o a change; •90% with a decline</p>	<p>Tier 1 = 105%</p> <p>Tier 2 = •100% w/ improvement; •96% without a change; •92% with a decline</p> <p>Tier 3 = •100% w/ improvement; •92% w/o a change; •84% w/ a decline</p>	<p>Setting the percentage for tier 1 at greater than 100% could result in total payments exceeding the UPL.</p> <p>DHW has concerns that the proposed percentage reductions are not sufficient to meaningfully incent quality of care.</p> <p>DHW proposes a compromise to comments received 12/4:</p> <p>a) Tier 2 – 80% with a decline</p> <p>b) Tier 3 –</p> <ol style="list-style-type: none"> 100% with improvement; 90% without a change; 85% with a decline 	<p>Tier 1 = 100%</p> <p>Tier 2 = •100% w/ improvement or without a change; •95% w/ a decline</p> <p>Tier 3 = •100% w/ improvement •95% w/o a change; •90% with a decline</p>
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Appendix D – NF Quality Program at a Glance

Comparison of VBP Proposals for the 12/18/17 Meeting with DHW, NF Industry Representatives and MSLC

12. Bonus Pool” - Undistributed UPL Funds	To tier 3 w/improvement	a) To tier 1; b) Tier 2 without a decline in score	To tiers 1 and 2	DHW proposes a compromise: a) To tier 1 – regardless of score; b) To tier 2 – without a decline in score; c) To tier 3 – with improvement in score	<ul style="list-style-type: none"> • Pay to <u>all providers</u> regardless of quality score. • Pro-rata allocation using MCD & MCO days
13. BCUs / Vent Units / TBI NFs	a) Exclude TBI NFs, b) Combines BCUs and Vent Units into a single separate peer group c) Establish parameters specific to this peer group	a) Includes TBIs b) Assigns 100 bonus points to NF	No comment	DHW is apprehensive with the assignment of 100 bonus points to these facilities for something other than quality. Topic needs further discussion.	1) Keep BCU, vent, and Caldwell Care Center in the array with all other providers. 2) For the following measures, use the higher of the unit provider’s score or the ID Statewide Median score (of non-unit providers): <ul style="list-style-type: none"> • Antipsychotic Meds • Mod/Severe pain; no longer applicable as of 10/1/19 • Late Loss ADLs 3) TBI is not a state designated unit so TBI units are not treated as “units” for these measures.

Appendix D – NF Quality Program at a Glance

Comparison of VBP Proposals for the 12/18/17 Meeting with DHW, NF Industry Representatives and MSLC

14. Hold Harmless Period	2021	2021	2021	Agreement	Payment made in SFY 2020 is last UPL payment that will not reflect quality impact. The UPL payment made in SFY 2021 will implement quality measures.
15. Thresholds and Cut Points Base Period Determination	Held constant for 5 years	Held constant for 5 years	Held constant for 5 years	<p>Program is scheduled to be implemented in 2021. Using 2017 thresholds and cut points would mean they would be in place for 8 years. DHW proposes setting cut points in 2020 using the 75th percentile for tier 1; an 80 point spread for tier 2; and tier 3 beginning 100 points less than the 75th percentile.</p> <p>Topic needs discussion.</p>	<ul style="list-style-type: none"> • 2017 is Base Year • Keep same cut points until end of 2025 • Evaluate rebase in 2026
16. QMs Reporting and Shadow Rates	Quarterly	Quarterly	Quarterly	Agreement	<ul style="list-style-type: none"> • Quarterly for informational • Payments will be annual based on the four quarter average of the preceding calendar year QMs

Appendix D – NF Quality Program at a Glance

Comparison of VBP Proposals for the 12/18/17 Meeting with DHW, NF Industry Representatives and MSLC

17. Determination of BCU Status				10/16/18 Meeting – Discussed BCU approval process. Determined that if a facility met BCU qualifications at the beginning of the rate year within the Quality Measure period, they would be considered a BCU	<ul style="list-style-type: none"> Newly approved BCUs have to be approved for 6 months of the year to be eligible. If a facility is a BCU at beginning of Rate Period (7/1), then it would be considered as a BCU for QM calculations.
18. Removal of Pain Quality Measure					<ul style="list-style-type: none"> As of 10/01/2019, CMS stopped collection and publishing information related to moderate to severe pain. It has been decided to remove this Quality Measure from the Program.

Appendix D – NF Quality Program at a Glance

Comparison of VBP Proposals for the 12/18/17 Meeting with DHW, NF Industry Representatives and MSLC

19. Considerations for COVID-19					<ul style="list-style-type: none">• To counter-act COVID-19 effects to QM scores, the Department increased Total Adjusted QM scores by 40 points for all providers• The additional 40 point increase applies to SFY 2022 and 2023. The point increase will not be included with total scores when tiers are calculated for SFY 2024.
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Appendix E. 2017 Base Year Tiers (Superseded)

State of Idaho
Idaho Department of Health & Welfare
MDS Quality Measures for Nursing Home Long Stay Residents

CMS Nursing Home Compare Dataset: 2016Q4 - 2017Q3

Adjusted Data 2017 Base Year Scores

			CMS Assigned Point Values for Quality Measures														
MCR Number	NPI Number	Provider Name	County	BCU, Special Care, or Vent Units	Notes	Decline in Late-Loss ADLs	Decline in Mobility on Unit	High-Risk Residents w/ Pressure Ulcers	Moderate to Severe Pain	Antipsychotic Medications	Falls w/ Major Injury	Physical Restraints	Indwelling Catheter	Urinary Tract Infection	Long Stay Hospitalizations	Adjusted Total (a)	Raw Data Total (a)
135079	1194762815	APEX CENTER	Ada			60	20	40	20	60	100	100	100	100	80	680	680
135097	1497756803	ASHTON MEMORIAL LIVING CENTER	Fremont			100	80	100	40	40	40	20	40	40	100	600	600
135077	1245574836	AVAMERE TRANSITIONAL CARE & REHAB - BOISE	Ada			60	60	20	20	40	80	100	60	100	40	580	580
135070	1568552446	BEAR LAKE MEMORIAL SKILLED NURSING FACILITY	Bear Lake			40	60	100	80	80	60	100	100	40	100	760	760
135069	1831522762	BELL MOUNTAIN VILLAGE & CARE CENTER	Blaine			20	20	100	60	80	40	100	100	40	80	640	640
135134	1013237528	BENNETT HILLS CENTER	Gooding			40	80	80	60	60	60	100	60	80	80	700	700
135007	1861694960	BINGHAM MEMORIAL SKILLED NURSING & REHABILIT.	Bingham			80	40	100	80	20	100	100	20	80	100	720	720
135004	1225113152	BOUNDARY COUNTY NURSING HOME	Boundary			80	40	100	20	20	60	100	100	20	100	640	640
135113	1285688739	BRIDGEVIEW ESTATES	Twin Falls			100	80	100	80	80	20	100	60	60	40	720	720
135014	1467978460	CALDWELL OF CASCADIA	Canyon	Special Care		80	40	100	60	80	40	100	100	80	60	740	640
135051	1770009680	CANYON WEST OF CASCADIA	Canyon			40	60	80	80	40	60	100	20	100	100	680	680
135060	1750442240	CARIBOU MEMORIAL LIVING CENTER	Caribou			20	20	40	20	40	100	100	40	20	100	500	500
135095	1760438063	CHERRY RIDGE CENTER	Gem			60	60	100	20	20	100	100	40	100	100	700	700
135048	1760925572	CLEARWATER OF CASCADIA	Clearwater			20	20	100	60	100	40	100	100	40	20	600	600
135052	1487197299	COEUR D'ALENE OF CASCADIA	Kootenai			20	60	100	20	80	40	100	20	80	60	580	580
135064	1023052040	COUNTRYSIDE CARE & REHABILITATION	Minidoka			100	40	100	80	80	80	100	20	60	100	760	760
135089	1306094610	DESERT VIEW CARE CENTER OF BUHL	Twin Falls	BCU		100	100	100	60	80	80	100	80	60	100	860	800
135129	1477816965	DISCOVERY REHABILITATION AND LIVING	Lemhi			100	80	20	80	100	40	100	40	100	40	700	700
135059	1548355811	FRANKLIN COUNTY TRANSITIONAL CARE	Franklin			40	40	20	80	20	100	100	20	60	100	580	580
135011	1407956253	GATEWAY TRANSITIONAL CARE CENTER	Bannock			100	80	100	100	60	100	100	100	80	80	900	900
135085	1053392548	GOOD SAMARITAN SOCIETY - BOISE VILLAGE	Ada			80	60	100	40	20	60	100	80	60	100	700	700
135092	1366432023	GOOD SAMARITAN SOCIETY - IDAHO FALLS VILLAGE	Bonneville			80	40	100	20	80	60	100	80	60	100	720	720
135067	1598755266	GOOD SAMARITAN SOCIETY - MOSCOW VILLAGE	Latah			40	40	100	60	60	40	100	100	100	100	740	740
135058	1053301457	GOOD SAMARITAN SOCIETY - SILVER WOOD VILLAGE	Shoshone			60	40	100	60	40	20	100	60	60	100	640	640
135080	1528099744	GRANGEVILLE HEALTH & REHABILITATION CENTER	Idaho			60	80	100	100	60	40	20	80	60	20	620	620
135131	1285624627	IDAHO STATE VETERANS HOME - BOISE	Ada			80	60	100	20	80	80	100	60	60	80	720	720
135133	1679562011	IDAHO STATE VETERANS HOME - LEWISTON	Nez Perce			60	60	80	60	80	40	100	60	100	100	740	740
135132	1285624064	IDAHO STATE VETERANS HOME - POCATELLO	Bannock			40	20	100	20	60	80	100	60	40	100	620	620
135053	1821486986	IVY COURT	Kootenai			80	80	80	100	80	100	100	40	100	60	820	820
135110	1891148979	KARCHER POST-ACUTE & REHABILITATION CENTER	Canyon			80	80	20	20	60	40	100	20	40	80	540	540
135042	1811385974	LACROSSE HEALTH & REHABILITATION CENTER	Kootenai	Vent		60	60	20	60	80	80	100	60	100	80	700	660
135021	1477064780	LEWISTON OF CASCADIA	Nez Perce			40	80	20	100	80	60	100	60	80	60	680	680
135038	1225081284	LIFE CARE CENTER OF BOISE	Ada			60	60	60	80	60	20	100	80	80	80	680	680
135122	1366495277	LIFE CARE CENTER OF COEUR D'ALENE	Kootenai			80	60	100	80	60	100	100	100	20	100	800	800
135091	1780638296	LIFE CARE CENTER OF IDAHO FALLS	Bonneville			100	80	100	100	80	100	100	100	100	100	960	960
135128	1235182155	LIFE CARE CENTER OF LEWISTON	Nez Perce			40	40	100	80	100	100	100	100	100	100	860	860
135135	1740442771	LIFE CARE CENTER OF POST FALLS	Kootenai			100	60	60	60	80	40	100	60	100	100	760	760
135127	1780638213	LIFE CARE CENTER OF SANDPOINT	Bonner			80	80	60	20	100	80	60	100	60	100	740	740
135123	1184678617	LIFE CARE CENTER OF TREASURE VALLEY	Ada			100	80	60	100	100	80	100	80	60	100	860	860
135056	1518115773	LINCOLN COUNTY CARE CENTER	Lincoln	BCU		60	20	40	60	80	80	100	20	60	100	620	540
135140	1649692609	MADISON CARRIAGE COVE SHORT STAY REHAB	Madison		(b)	60	60	100	60	60	80	100	80	80	100	780	0
135082	1730136490	MCCALL REHABILITATION AND CARE CENTER	Valley			60	100	80	60	60	100	100	80	100	100	840	840
135076	1083146484	MEADOW VIEW NURSING AND REHABILITATION	Canyon			60	80	60	60	20	80	60	40	60	40	560	560
135125	1639126493	MERIDIAN CENTER GENESIS HEALTHCARE	Ada			40	20	60	20	60	100	100	80	40	100	620	620
135081	1285882431	MINI-CASSIA CARE CENTER	Cassia	BCU		60	60	80	60	80	100	100	80	80	100	800	680
135018	1821360868	MONTE VISTA HILLS HEALTHCARE CENTER	Bannock			100	60	100	100	100	80	100	100	60	100	900	900
135093	1194236406	MOSCOW OF CASCADIA (ASPEN PARK)	Latah			100	20	60	40	20	20	100	40	40	60	500	500
135065	1396261202	MOUNTAIN VALLEY OF CASCADIA	Shoshone			80	40	100	100	80	100	100	100	100	100	900	900
135084	1912157090	OAK CREEK REHABILITATION CENTER OF KIMBERLY	Twin Falls	BCU		60	20	100	60	80	60	60	100	100	60	700	560
135062	1811949431	ONEIDA COUNTY HOSPITAL & LONG TERM CARE FACIL	Oneida			80	80	60	20	80	100	100	60	60	100	740	740
135019	1912418229	ORCHARDS OF CASCADIA, THE	Canyon			80	80	100	80	100	80	100	100	80	80	880	880
135087	1225390131	OWYHEE HEALTH & REHABILITATION CENTER	Owyhee			40	100	100	40	40	100	100	100	40	100	760	760
135068	1720317761	PARKE VIEW REHABILITATION & CARE CENTER	Cassia			80	60	80	60	80	100	100	80	100	100	840	840

CMS Nursing Home Compare Dataset: 2016Q4 - 2017Q3

Adjusted Data
2017 Base Year Scores

			CMS Assigned Point Values for Quality Measures														
MCR Number	NPI Number	Provider Name	County	BCU, Special Care, or Vent Units	Notes	Decline in Late-Loss ADLs	Decline in Mobility on Unit	High-Risk Residents w/ Pressure Ulcers	Moderate to Severe Pain	Antipsychotic Medications	Falls w/ Major Injury	Physical Restraints	Indwelling Catheter	Urinary Tract Infection	Long Stay Hospitalizations	Adjusted Total (a)	Raw Data Total (a)
135015	1851348635	PAYETTE CENTER	Payette			100	40	100	40	80	20	100	100	80	80	740	740
135066	1821096082	POWER COUNTY NURSING HOME	Power			20	20	20	20	40	100	20	40	100	100	480	480
135103	1346598299	PRESTIGE CARE & REHABILITATION - THE ORCHARDS	Nez Perce			60	60	60	60	20	100	60	100	80	60	660	660
135136	1821250713	QUINN MEADOWS REHABILITATION AND CARE CENTER	Bannock			60	60	100	100	100	100	100	40	100	60	820	820
135105	1659325132	REXBURG CARE & REHABILITATION CENTER	Madison			20	20	80	80	80	80	100	100	100	100	760	760
135020	1275862211	RIVER'S EDGE REHABILITATION & LIVING CENTER	Gem			100	80	100	40	80	100	100	100	60	100	860	860
135116	1982011474	ROYAL PLAZA HEALTH & REHABILITATION	Nez Perce			60	60	100	100	100	20	100	100	20	80	740	740
135090	1700245594	SHAW MOUNTAIN OF CASCADIA	Ada	BCU		60	40	80	60	80	20	100	80	80	80	680	600
135006	1508105248	ST LUKE'S ELMORE LONG TERM CARE	Elmore			60	60	100	20	80	100	20	20	20	100	580	520
135102	1790732337	SUNNY RIDGE	Canyon			80	60	100	80	80	40	100	60	40	100	740	740
135138	1649517805	TETON POST ACUTE CARE & REHABILITATION	Bonneville			60	60	40	60	80	60	100	80	20	40	600	600
135104	1841244407	TWIN FALLS CENTER	Twin Falls			80	40	40	40	80	60	100	80	100	80	700	700
135098	1942254487	VALLEY VIEW NURSING & REHABILITATION	Ada			100	40	100	60	80	100	100	60	80	80	800	800
135055	1497761050	VALLEY VISTA CARE CENTER OF SANDPOINT	Bonner	BCU		60	60	80	60	80	40	20	100	40	100	640	500
135075	1770599409	VALLEY VISTA CARE CENTER OF ST MARIES	Benewah	BCU		60	80	100	60	80	20	100	100	100	100	800	680
135010	1558384420	WEISER OF CASCADIA	Washington			80	100	40	40	40	20	100	40	100	80	640	640
135094	1699208280	WELLSPRING HEALTH & REHABILITATION OF CASCADIA	Canyon	Vent		60	40	60	60	80	100	60	40	60	60	620	500
Provider Count			70														
Idaho Average:						67	57	78	59	68	69	91	70	70	84	712	686
Surrounding States Average:						68	57	65	57	64	62	91	71	70		603	607
National Average:						63	56	62	71	62	59	88	76	71		607	610
Idaho Median:						60	60	100	60	80	80	100	80	80		710	700
Non-Unit Idaho Median:						60	60	100	60	80	80	100	60	60	100	700	700
Surrounding States Median:						80	60	60	60	60	60	100	80	80		600	600
National Median:						60	60	60	80	60	60	100	80	80		600	620
Idaho Providers Reported:						70	70	70	70	70	70	70	70	70		70	70
Surrounding State Providers Reported:						589	585	589	583	595	595	595	592	595		595	595
National Providers Reported:						14,996	14,918	14,995	14,978	15,083	15,105	15,104	15,077	15,096		15,105	15,105
Surrounding States: MT, NV, OR, UT, WA, WY																	
(a)	Adjusted data includes edits for 1) providers with a missing QM score receive the statewide median score for that measure and 2) unit providers receive the higher of their own score, or the non unit median score for decline in late loss ADLs, moderate to severe pain, and antipsychotic medications.																
(b)	0 points in raw data column because data is non-existent for this provider. The provider has short stay measures but no long stay measures. It appears they did not have any residents with a total length of stay long enough to qualify as data to compute the long stay measures.																
													Calculated 75th Percentile Criteria		775		
													Range		Counts		
													Tier 1 = 75th % & Above		760 - 1000		
													Tier 2 = Minimum 100 Points below Tier 1		660 - 740		
													Tier 3 = All Points below Tier 2		200 - 640		
															70		