Nursing Facility Quality Incentive Payment Program (NF QIPP): CoreQ Data Collection Webinar for NF Contracted CoreQ Vendors

DIVISION OF AGING SERVICES (DOAS)

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Agenda

- NJ DHS NF QIPP
- NF QIPP Mandatory Requirements - CoreQ
- CoreQ Survey Requirements
- Eligible Survey Period
- Demographic Submission by NF
- CoreQ Survey Process
- CoreQ Survey Results
- Data Submission Process
- Timeline and Deadlines
- Questions and Answers

Nursing Facility Quality Incentive Payment Program (NF QIPP)

- Continued collection of established quality metrics to improve quality for individuals receiving care in a Medicaid certified Nursing Facility (NF) or Special Care Nursing Facility (SCNF)
- Streamlined CoreQ sample size calculation process based on the experience and input from last year's survey period
- Enhancements include:
  - Web-based portal for calculation grid submission
    - Streamline and reduce administrative burden
  - Inclusion of CoreQ vendor intent and HUT software questions
    - Eliminates Quality Incentive Survey
  - Calculation Grid auto-calculations to reduce errors
  - Submission confirmation through web portal and email

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Mandatory Requirement #1 for NF QIPP Consideration: Validated HUT Software Use

1. Use of a Validated Hospital Utilization Tracking Software System
   - In order to qualify for NF QIPP consideration, a facility must be utilizing a software system specifically designed for hospital utilization tracking
   - Known software includes but may not be limited to:
     - INTERACT™
     - Advancing Excellence
     - LTC Trend Tracker℠
   - This information will be collected within the CoreQ calculation grid

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Mandatory Requirement #2 for NF QIPP Consideration: CoreQ Minimum Survey Sample Size Calculation

2. Mandatory participation in calculating a CoreQ Long-Stay Minimum Survey Sample Size Calculation and if eligible, submit demographics to initiate the CoreQ survey process within the specified timeframes

In order to qualify for NF QIPP consideration, a facility must:

a) Participate in establishing the number of long-stay residents and families eligible for the CoreQ survey process through the CoreQ Long-Stay Sample Size Calculation Grid and;

b) Submit demographics to the CoreQ vendor to initiate the survey process within the specified timeframe

Note: Each NJ Medicaid certified facility is required to submit a CoreQ Calculation Grid to DoAS via web portal regardless of CoreQ vendor intent, facility type, facility size, or ability to meet minimum sample size.

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Mandatory Requirements for NF QIPP Consideration: CoreQ Minimum Survey Sample Size

CoreQ is a short, reliable, and validated questionnaire to calculate a set of quality measures for long-stay residents of facilities.

- A long-stay resident is defined as a resident whose cumulative days in the facility is equal to or greater than 100 days.
- There are two groups included in <u>each</u> survey sample:
  - Long-stay residents
  - Families of long-stay residents

Mandatory Requirements for NF QIPP Consideration: CoreQ Eligibility and CoreQ Demographic Template Submission

Following the submission of the CoreQ Long-Stay Survey Sample Size Calculation Grid, DoAS provided guidance to NFs on next steps:

1. DoAS provided the CoreQ Long-Stay Demographics for Residents and Families template for completion for those NFs that meet the minimum sample size.

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Mandatory Requirements for NF QIPP Consideration: CoreQ Eligibility and CoreQ Demographic Template Submission (cont'd)

2. Facilities were responsible for documenting the resident and family demographics and submitting the template to the applicable CoreQ vendor.

3. The CoreQ contracted vendor is responsible for initiating the CoreQ surveys for the nursing facility once eligibility has been established upon receipt of the demographics from the facility.

CoreQ Demographic Submission

Facilities Currently Collecting CoreQ Information Through a Contracted Vendor:

The facility is responsible to submit resident and family member contact information to their vendor. The CoreQ contracted vendor is responsible to initiate the CoreQ surveys and submit survey response data to Dr. Castle to be calculated. It is the **facility's responsibility** to ensure the vendor is complying with the requirements.

CoreQ Exclusions

Long-stay Resident Exclusions	Family Members of Long-Stay Residents Exclusions
• Residents who have lived in the facility for less than 100 days will be identified from the MDS. This is recorded in the MDS Section A1600 and/or A1900.	• Families of residents who have lived in the facility for less than 100 days will be identified from the MDS. This is recorded in the MDS Section A1600 and/or A1900.
• Residents receiving hospice: This is recorded in the MDS as Hospice (O0100K2 = 2).	• Families of residents receiving hospice: This is recorded in the MDS as Hospice (O0100K2 = 2).
• Residents with court appointed legal guardians for all decisions will be identified from the facility health information system.	• Families of residents who are court appointed legal guardians for all decisions will be identified from the facility health information system.
• Residents who have poor cognition: Provider will determine if the resident is able to be interviewed (choices are yes (1) or no (0)). Then, the Brief Interview for Mental Status (BIMS) will be given. Residents with BIMS scores of equal to or less than 7 are excluded. BIMS scores equal to 99 are also excluded. (MDS Section C0200-C0500 used).	• Family members who reside in another country.

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CoreQ Long-Stay Demographics for Residents and Families Template Submission

CoreQ Long-Stay Demographics for Residents for FY22

Facility Name:		CMS Provider#:		Date of Submission:	
Address:					
Include all eligible Families as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Add another page if necessary.) Send to Dr. Castle at castlen@coreq biz no later than 11/27/20. Submissions after 11/27/20 will not be accepted.					
Name of Residents:					
1					
2					

CoreQ Long-Stay Demographics for Families for FY22

Facility Name:		CMS Provider#:		Date of Submission:	
Address:					
Include all eligible Families as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Insert more rows if necessary.) Send to Dr. Castle at castlen@coreq.biz no later than 11/27/20. Submissions after 11/27/20 will not be accepted.					
Name of Long-Stay Families:		Addresses:			
Ex:	Jane A. Doe	12 Springfield Lane, Springview, NJ 11111			
1					
2					

The actual names of the residents and families who are eligible for CoreQ on the calculation grid need to be submitted on the above template.
Facilities will only receive the demographics template from DHS if applicable.

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CoreQ Questions

For the resident, the three questions are as follows:	For the family, the three questions are as follows:
1. In recommending this facility to your friends and family, how would you rate it overall?	1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?	2. Overall, how would you rate the staff?
3. How would you rate the care you receive?	3. How would you rate the care your family member receives?

The response scale is as follows with one being the lowest and five being the highest:

- One (1) – Poor
- Two (2) – Average
- Three (3) – Good
- Four (4) – Very Good
- Five (5) – Excellent

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CoreQ Survey Valid Sample Criteria

A CoreQ score is calculated based on the results of the questionnaires that meet the valid sample criteria. A valid sample is:

1) A minimum of 30 residents and 30 families eligible to be surveyed each cycle;
2) A minimum of 20 returned and useable surveys within each survey group (e.g., the numerator must be > 20 residents and >20 families = 40 returned and useable surveys)
3) A minimum response rate of 30% or greater. The response rate is calculated by counting all the valid responses divided by the number of people who were given the survey to complete.

CoreQ Administration Requirements

NF Contracted CoreQ Vendors:

- Collect CoreQ information from long-stay residents and families of long-stay residents annually;
- Provide the number of long-stay residents and families of long-stay residents given CoreQ surveys annually during the established CoreQ cycle; and
- Provide Dr. Castle with CoreQ data results annually by established due date.

CoreQ Administration

- The CoreQ surveys are initiated annually.
- Facilities must complete a CoreQ Long-Stay Survey Size Calculation Grid and receive a notification from DHS of their CoreQ survey eligibility.
- Facilities and vendors must comply with the timeframes for submission of resident demographics and data outcomes.
- All information is confidential and will only be used for the survey. Individual surveys completed by the resident or family member will not be shared with the facility.
- DHS has contracted with Dr. Nicholas Castle to collect data and calculate results annually.
- Dr. Castle will not provide CoreQ composite scores to individual facilities.

CoreQ Survey Period FY 2022

The Fiscal Year 2022 CoreQ Survey Period for contracted vendors runs from July 1, 2020 – February 12, 2021.

- CoreQ vendors may initiate surveys during the following time period:
  - July 1, 2020 through January 29, 2021
- CoreQ vendors may collect survey results during the following time period:
  - July 1, 2020 through February 5, 2021
- CoreQ vendors may submit survey result data to Dr. Castle during the following time period. Please ensure that all data is collected prior to submission. Additional survey results will not be permitted after the data is accepted and validated as useable.
  - January 1, 2021 through February 5, 2021

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Scoring the Survey Results

The CoreQ contracted vendor is responsible for translating each person's response to each of the three CoreQ questions into a numeric response.

- One (1) – Poor
- Two (2) – Average
- Three (3) – Good
- Four (4) – Very Good
- Five (5) – Excellent
- NR – No Response

CoreQ Vendor Survey Results Submission

- Electronic submission via email to Dr. Castle (castlen@coreq.biz)
  - Password protected email formats can be used
  - Email response of receipt within 3 business days of receipt
  - Email response of acceptable data within 5 business days of receipt
- By deadline of February 12, 2021:
  - All submissions including error or data format corrections are due no later than 2/5/21.
  - No data, including requested corrections will be accepted after 2/12/21, 5pm.

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Format for the Data

- Excel readable file
- Flat file preferred
- Responses coded to follow CoreQ scoring

Data Elements Required

- Elements in the file should include:
  - 2 clearly labeled and separate tabs
    - 1 tab for Resident Surveys
    - 1 tab for Family Surveys
  - Facility Name
  - Facility CMS ID Number
  - Provide the number of residents and number of families submitted for the survey process
  - Provide a line for each resident and each family included in the survey sample
  - Code scores or NR for each of the three CoreQ questions

Data Elements Excluded

- Elements in the file should NOT include:
  - Resident Names
  - Family Names
  - Family Addresses
  - Scoring Metrics

Data Submission Format: Resident Tab

Facility Name:			
Facility CMS ID:			
Number of Residents Attempted for Survey:			
	Q1	Q2	Q3
Resident 1			
Resident 2			
Resident 3			
Resident 4			

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Data Submission Format: Family Tab

Facility Name:			
Facility CMS ID:			
Number of Families Attempted for Survey:			
	Q1	Q2	Q3
Family Member 1			
Family Member 2			
Family Member 3			

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Data Submission Example

Facility Name: April View Nursing Center

Facility CMS ID: 315999

Number of residents attempted for survey: 35

	Q1	Q2	Q3
Resident 1	5	5	5
Resident 2	4	5	4
Resident 3	3	3	3
Resident 4	NR	NR	NR
Resident 5	NR	NR	NR
Resident 6	5	4	5
…	…	…	…
Resident 35	4	4	4

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FY21 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using NF Contracted CoreQ Vendor

The NF and NF Contracted CoreQ vendor will collect and report out as per the timeline:

Timeframe	Due Date	Survey Collection	Transmission by NF	Dr. Castle Reporting to DHS
November 2020	**11/17/20** *No data will be accepted after 11/17/20	DHS CoreQ Long-Stay Survey Sample Size Calculation Grid	To DHS via http://njdoas-ua.force.com/NF	N/A
November 2020	Determined by NF Contracted CoreQ Vendor	CoreQ Long-Stay Demographics for Facilities	To NF Contracted CoreQ Vendor	N/A
July 1, 2020 – February 12, 2021		CoreQ Surveys Initiated and Responses Received	N/A	N/A
February 2021	**2/12/21** *No CoreQ survey results will be accepted after 2/12/21	CoreQ data Submitted to DHS CoreQ Vendor: Template can be found on the DoAS Provider Resources page at https://bit.ly/2nmh2y8	To DHS Contracted CoreQ Vendor via castlen@coreq.biz	February 2021

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All due dates have a 5pm EST cutoff time.

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Frequently Asked Questions

- **What if a vendor collects information for only one population - residents or families?**

  The NF should select a vendor to survey the second population.

- **What if not enough responses are received?**

  All data results must be submitted to Dr. Castle for analysis and calculation. Inability to meet the minimum valid sample size will result in No Score for the CoreQ Composite Score for the survey period.

- **Will the CoreQ Composite Score be posted by DHS?**

  Yes. DHS intends to post NF QIPP data including CoreQ Scores on the DHS website.

Question and Answer

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Contact Information

For questions regarding CoreQ, please contact:

Dr. Nicholas Castle
DHS CoreQ Vendor

E-mail: castlen@coreq.biz

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