STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

March 19, 2009

The Honorable Chester J. Culver
Governor
State Capitol
LOCAL

Dear Governor Culver:

Enclosed please find a copy of the report to the General Assembly relative to the redesign of the Nursing Facility Accountability Measures program. This report is prepared pursuant to the directive contained in Senate File (SF) 2425, Section 33.

In accordance with this legislation, the Department of Human Services (DHS) convened a workgroup to develop recommendations to redesign the nursing facility accountability measure program. This legislation requires the workgroup to submit its recommendations for the redesign.

Below is a summary of the recommendations included in the attached report matrix:

1. Changes title of program to "Nursing Facility Pay for Performance"
2. Implements a system of "pre-requisites" that facilities must meet in order to be considered to receive the add-on payment.
3. Establishes a system that considers facility regulatory compliance at several times within the program
    a. Two pre-requisites
    b. Compliance monitoring throughout fiscal year for potential reduction in payments
4. Designs a retroactive add-on payment
5. Increases thresholds to achieve points for the various measures.
6. Increases the level of the add-on payment to qualifying facilities.
7. Establishes static benchmarks. Collected data will be used to monitor and evaluate facility performance to further modify/strengthen program and benchmarks and to build in recognition for facility improvement.
8. Develops measures around four "domains", which are indicators of quality of care, quality of life, efficiency and access.
9. Recommends that any performance-based payments be used to support direct care staff through increased wages, enhanced benefits and expanded training opportunities.
    a. Recommends a percentage of the add-on payment be specified for the use of increasing direct care and support care staff wages, enhancing benefits and expanded training opportunities.
    b. Recommends all add-on payment funding be used for purposes that support and enhance quality of care to the residents.

10. Recommends the results of the process are transparent.
    a. Publish the results of the measures for which facilities qualify and the amount of add-on payment received.
    b. Publish how the facility used the increased funds received through the add-on.
11. Suggests options for the use of funding not awarded to facilities as an add-on payment.

As the Department's designee to convene and facilitate the workgroup, this report has been prepared on behalf of the members of the Accountability Measures Workgroup. A listing of the workgroup members is enclosed with this report. The Department's role in this workgroup was to facilitate collection and presentation of information to members, and provide staff support to the workgroup.

Sincerely,

Jennifer Steenblock
Iowa Medicaid Enterprise
Bureau of Long Term Care

Enclosures

cc: Michael Marshall, Secretary Iowa Senate
Mark Brandsgard, Chief Clerk of the House
Eugene Gessow, DHS
Jennifer Vermeer, IME
Molly Kottmeyer, DHS

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

March 19, 2009

Michael Marshall
Secretary of Senate
State Capitol
LOCAL

Mark Brandsgard
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    a. Publish the results of the measures for which facilities qualify and the amount of add-on payment received.
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11. Suggests options for the use of funding not awarded to facilities as an add-on payment.

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Iowa Medicaid Enterprise
Bureau of Long Term Care

Enclosures

cc: Governor Chet Culver
Eugene Gessow, DHS
Molly Kottmeyer, DHS
Jennifer Vermeer, IME
Legislative Service Agency
Peter Matthes, Senate Minority Caucus
Kris Bell, Senate Majority Caucus
Brad Trow, House Minority Caucus
Zeke Furlong, House Majority Caucus

Nursing Facility Accountability Measures Workgroup
Membership List

Cindy Baddeloo Iowa Health Care Association 6750 Westown Parkway, Suite 100 West Des Moines, Iowa 50266-7726 515-327-5020 cindy@iowahealthcare.org	Kim Keleher Siouxland Aging Services, Inc. 2301 Pierce St. Sioux City, IA 51104 (712) 279-6900 Kimk@siouxlandaging.org
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Updated 12-29-08

Nursing Facility Accountability Measures Workgroup
Membership List

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Bob Welsh 84 Penfro Drive Iowa City, IA 52246 (319) 354-4618 welshbob@aol.com Senior Living Coordinating Unit Representative	Jeanne Yordi Iowa Long Term Care Ombudsman Iowa Department of Elder Affairs Jessie Parker Building Local Mail 515-725-3327 jeanne.yordi@iowa.gov

Iowa's Nursing Facility Accountability Measure Program Review
Workgroup Review (Senate File 2425, Section 33)
Final Recommendation Matrix

March 19, 2009

GOAL: Recognize facilities that provide quality of life and appropriate access to medical assistance program beneficiaries in a cost-effective manner. Each measure is intended to represent nursing facility characteristics in each of the four domains that indicate 1) quality of care, 2) quality of life, 3) efficiency and 4) access for certain resident populations. The purpose of the program is to recognize the high-performing facilities and those facilities making improvements in the four domains.

RECOMMENDATION SUMMARY

1. Change title of program to "Nursing Facility Pay for Performance" rather than "Nursing Facility Accountability Measures"
2. Implement a system of "pre-requisites" that facilities must meet in order to be considered to receive the add-on payment.
3. Establish system that considers facility regulatory compliance at several points within the program (two levels of pre-requisites, monitor compliance throughout fiscal year potential for reducing payments and the increased thresholds to achieve points for measures to determine add-on payment level).
4. Design program to establish benchmarks. Data will then be available to evaluate facility performance to further modify/strengthen program to build in recognition for facility improvement
5. Develop measures around the four "domains", which are indicators of quality of care, quality of life, efficiency and access.
6. Require that any performance-based payments are to be used to support direct care staff through increased wages, enhanced benefits and expanded training opportunities.
7. Make the results of the process transparent. The publication of the results will be made available to the public via a variety of means including facility postings, web sites, etc. The intent of the publication is to allow the public to use the data as a part of their evaluation of a facility's strengths and weaknesses.

PREREQUISITES TO BE CONSIDERED FOR THE ADD-ON:

Measure	Definition	Data Source	Data time frame	Comments
1. State and federal licensing/certification compliance	A nursing facility shall not be eligible to participate in a particular year for the pay for performance if during the eligibility criteria period the nursing facility receives a deficiency resulting in actual harm or immediate jeopardy, pursuant to the federal certification guidelines at an H level scope and severity or higher, regardless of the amount of any fines assessed.	DIA; Annual survey results and results of complaint investigations.	The payment period, which would be each state fiscal year.	Establishes requirement for participation in program; applied during the payment period.
2. Denial of Payment for New Admissions (DOP) initiated	The pay-for-performance payment component shall be suspended for any month the provider has been notified they are in "DOP" status.	DIA and CMS, based on annual survey results and results of complaint investigations. Data received through current established process.	Suspend payment for entire month on DOP; continues for any month this condition in force. Payment component will be reinstated the month following the lifting of this status	When states submit requests to the Centers for Medicare and Medicaid Services (CMS) to implement pay-for-performance programs, CMS is now looking for evidence that the state's program has a mechanism in place to recognize when a facility's quality of care is found to be deficient. Implementation of this benchmark can provide CMS that evidence.

MONITORING FOR COMPLIANCE WITH PROGRAM PARTICIPATION

1. Monitor facility survey compliance for the fiscal year in which the add-on payment is made. If a nursing facility receives a deficiency resulting in actual harm pursuant to the federal certification guidelines at a G level scope and severity or higher, the add-on payment shall be reduced by 25% for each such deficiency received during the year beginning July 1. Additionally, if a nursing facility fails to cure any deficiency cited within the time required by the Department of Inspections and Appeals, the add-on payment shall be forfeited and the nursing facility shall not receive any pay-for-performance add-on payment for the year beginning July 1.
2. Monitor facility's use of the performance-based add on payments received.
3. Establish a tracking/reporting system that clearly documents the use of pay for performance dollars by each facility. This data will be published and made available to the public.

IMPLEMENTATION

1. Design system for facility to receive retroactive add-on payment based on the points received during the *reporting period* . A determination on whether a facility qualifies for an add-on payment is done at the end of the *payment period* with a retroactive add-on payment. "Reporting period" is specified in each measure, typically based on facility FYE or on a calendar year basis; "Payment period" is a state fiscal year.
2. Timeline Example: The determination as to which facilities qualify for the add-on for the payment period July 1, 2009 through June 30, 2010 will not be completed until August 2010. The determination as to which facilities qualify for the add-on and the per diem add-on amount will be based on the reporting period specific to the measure (for some measures it is 12/31/09 and for others it is 6/30/10). The add-on payment will be reduced based on the criteria identified under number one of the monitoring for compliance section of this matrix. Once the facilities that qualify for the payment have been identified, the effective date of the per diem add-on will go back to July 1, 2009. Claims paid during the state fiscal year (7/1/09 - 6/30/10) will be re-priced in August 2010 to include the add-on payment. The rate add-on will not be implemented during any months of the payment period in which the NF was in denial of payment for new admissions.

KEY ELEMENTS CONSIDERED FOR THE PROGRAM PER LEGISLATION

Legislation Specified Recommendations should include:

Legislative Language	How Addressed by Workgroup
Acknowledge and establish higher benchmarks for performance-based reimbursement to those nursing facilities meeting the identified and weighted components recommended by the workgroup	Recommend moving away from a percentile methodology that changes annually to a system of establishing static benchmarks using a standard deviation methodology, which is a common measure of statistical dispersion that allows for a better measure of how facilities relate to one another. Periodic evaluation of the benchmarks should be recommended to reflect changes in the industry. This will be accomplished by calculating the mean and standard deviations. 1/2 standard deviation equates to approximately the 67th percentile, meaning 33% of providers will receive points. 1 standard deviation equates to approximately the 84th percentile, meaning 16% of providers will receive points.
Reinforce the expectation that the performance-based payments will be used to support direct care and support care staff through increased wages, enhanced benefits and expanded training opportunities	Recommend incorporate as program requirement that at a minimum, 51% of the add-on payment funding be used to support direct care and support care staff through increased wages, enhanced benefits and expanded training opportunities. The funds should be used for purposes that support and enhance quality of care to the residents. Facilities should be given the flexibility to determine how to best target the funds, within these parameters, as the needs for each individual facility may vary. Note there were some workgroup members who felt 51% was too low and others felt facilities should have the flexibility to spend the add-on payment towards quality of care.
Provide a system for determining compliance with the nursing facility's use of the performance-based payments	Recommend incorporate as program requirement that facilities will report to DHS how the funds were spent, in a format specified by the DHS that is developed in cooperation with stakeholders. Reporting will show the total $ received and how the funds were used (noting that at a minimum, 51% is to be used to support direct care and support care staff through increased wages, enhanced benefits and expanded training opportunities in a manner that enhances quality of care for residents). DHS will compile the reports to publish the results, which will be made publicly available.
Identify the best practices that are used in facilities receiving a performance-based payment and create a system to assist other facilities in the implementation of those best practices.	This comprehensive review of the program is the first step in order to identify facility best practices. The addition of new measures, structuring into the four domains, modifying the weighting, basing the measures on industry standards and statewide averages will "raise the bar" for facilities to qualify for the add-on payments. With input from consumer advocates, the measures will include new dimensions that have not been a part of the program. As the program develops and data is available, additional program reviews should occur to formulate a system that would assist other facilities in the implementation of the identified best practices. To assist in identifying best practices, the various organizations that review and/or interact with facilities (DEA, DIA, IFMC and DHS) will expand their collaboration and their focus on identifying and sharing those facility attributes that lead to high levels of performance.

March 19, 2009

DOMAIN: QUALITY OF LIFE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Sub-Category: Person Directed Care						
Enhanced Dining (A)	(A) Menu options and alternative selections are available for all meals.	1	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure: Nutrition is an important part of the health and social welfare of the residents. Would require development of new form for reporting. Verification may need to be completed with an on-site process, and could require additional administrative expense for DHS.
Enhanced Dining (B)	(B) Residents have access to food and beverages 24/7 and staff are empowered to honor resident choices	1	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure: Nutrition is an important part of the health and social welfare of the residents. Require development of new form for reporting. Verification may need to be completed with an on-site process, and could require additional administrative expense for DHS.
Enhanced Dining (C)	(C) At least one meal per day is offered for an extended period so residents have the choice of what time to eat	2	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure: Nutrition is an important part of the health and social welfare of the residents. Require development of new form for reporting. Verification may need to be completed with an on-site process and could require additional administrative expense for DHS.
Resident Activities (A)	(A) Facility employees a certified activity coordinator at a rate of at least 38 minutes per week per licensed bed.	1	Financial and Statistical Report	Verification process to be determined	Latest Financial and Statistical Report with a FYE of December 31 or earlier	New measure: Without sufficient activity coordination it can be difficult to engage individuals in leisure and recreational pursuits that promote satisfaction and well being. Require development of new method to capture this data . Verification may need to be completed with an on-site process and could require additional administrative expense for DHS.
Resident Activities (B)	(B) Activity staff exceeds the required minimum set by law, OR direct care staff is trained to plan and conduct activities and carries out both planned and spontaneous activities on a daily basis	1	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure: Without sufficient activity coordination it can be difficult to engage individuals in leisure and recreational pursuits that promote satisfaction and well being. Require development of new method to capture this data. Verification may need to be completed with an on-site process and could require additional administrative expense for DHS.
Resident Activities (C)	(C) Residents report that activities meet social, emotional and spiritual needs	2	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure: Without sufficient activity coordination it can be difficult to engage individuals in leisure and recreational pursuits that promote satisfaction and well being. Require development of new method to capture this data. Verification may need to be completed with an on-site process and could require additional administrative expense for DHS.

DOMAIN: QUALITY OF LIFE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Sub-Category: Person Directed Care (continued)						
Resident Choice (A)	(A) Residents are allowed to set their own schedules including what time to get up and what time to go to bed	1	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure; Require development of new method to capture this data. Verification may need to be completed with an on-site process and could require additional administrative expense for DHS.
Resident Choice (B)	(B) Residents have a choice of whether to take a bath or shower, which days this will happen and at what time it will be done	1	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure; Require development of new method to capture this data. Verification may need to be completed with an on-site process and could require additional administrative expense for DHS.
Consistent Staffing	The same staff works with the same residents at least 70% of the time	3	Completed self-certification form submitted by the facility	Verification process to be determined	Latest survey completed on or before December 31 reported to IME by May 1	New measure; Require development of new method to capture this data. Verification may need to be completed with an on-site process and could require additional administrative expense for DHS.
National Accreditation	A nursing facility shall have CARF, or another nationally recognized accreditation, for the provision of person directed care. Cannot get individual points if accreditation is achieved	13	Submission of documentation of accreditation	IME	Accreditation active as of 12/31 of the year preceding the establishment of the Accountability Measure Add-on	New Measure
Total points available this subcategory		13				

March 19, 2009

DOMAIN: QUALITY OF LIFE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Sub-Category: Resident Satisfaction						
Resident/Family Satisfaction survey	Nursing facility administers on an annual basis with results tabulated by an entity external to the facility; must have response rate of at least 35%; a summary report must be made publicly available along with the facility's state survey results	5	Any survey tool may be used that is developed, recognized and standardized by an entity external to the facility. The survey process must also be anonymous.	Survey tool must be developed, recognized and standardized by an entity external to the facility, as evidenced by documentation submitted to IME	Latest survey must be completed during the calendar year prior to each July 1; facility to submit documentation to IME by April 1 of each year	Modification of current Measure # 4; allows points for completing a satisfaction survey without consideration to the results of the satisfaction. Desire to move to a universal tool that will measure the results. Ensure the survey responses do not identify a resident or family (kept anonymous).
LTC Ombudsman	A nursing facility shall have 70% or more of complaints resolved that are received and investigated by the local or state ombudsman	5	Records of state and local LTC ombudsman	Iowa LTC Ombudsman	Reported to IME by LTC Ombudsman by May 1 of each year	Modification of current Measure # 5. Measure timeframe to be 15 month reporting period.
Resident Advocate Committees	A nursing facility shall have an active committee, minutes are received by LTC Ombudsman at least quarterly and meeting minutes contain comments from residents- either positive or negative. If comments are negative, evidence how the facility worked to resolve the situation	2	Records of state and local LTC ombudsman	Iowa LTC Ombudsman as evidenced by documentation submitted by the facility	Reported to IME by LTC Ombudsman by May 1 of each year	Modification of current Measure # 5
Total points available this subcategory		12				
Total: Quality of Life		25				

DOMAIN: QUALITY OF CARE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Sub-Category: Survey						
Deficiency Free Survey (Cannot receive points for both survey subcategory measures)	Facility shall be deficiency-free on the latest annual state and federal licensing and certification survey	10	DIA furnish DHS reports by May 1	DIA	Latest survey completed on or before December 31	Same as current Measure # 1; higher weight for points
Regulatory Compliance with Survey (Cannot receive points for both survey subcategory measures)	Facility shall be in regulatory compliance if no on-site revisit is required for recertification surveys or for any substantiated complaint investigations during the measurement period.	5	DIA furnish DHS reports by May 1	DIA	Include any recertification survey or complaint investigation completed on or before December 31	Same as current Measure # 2; higher weight for points
Total points available this subcategory		10				

DOMAIN: QUALITY OF CARE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Sub Category: Staffing						
Nursing Hours Provided	A nursing facility's per resident day nursing hours are at or above 1/2 or 1 standard deviation of the mean of per resident day nursing hours for all facilities. Nursing hours include those of RN, LPN, CNA, rehab nurses and other contracted nursing services. Nursing hours shall be normalized to remove variations in staff hours associated with different levels of resident case mix. The case-mix index used to normalize nursing hours shall be the facility cost report period case-mix index	5 pts if case-mix adjusted nursing hours are above mean plus 1/2 standard deviation or 10 pts if greater than mean plus 1 standard deviation.	Financial and Statistical Report	IME	Latest Financial and Statistical Report with a FYE of December 31 or earlier	Same as current Measure # 2; modify percentile to benchmark; In the future establish benchmarks to tie to "best practices". For example, if current data were used (cost report period ending 12/31/07), a facility with 3.89 through 4.23 of nursing hours would receive 5 pts; 4.24 hours or higher would receive 10 pts. The new measure will be designed to break-out data by position type. This will allow the users of the data to see how front line CNA staff compares with other facility staff. See Page 2 for description of standard deviation.
Employee Turnover	A nursing facility shall have an employee turnover rate at or below established benchmarks identified in the "points awarded" section	5 pts if overall employee turnover is between 40% and 50% and CNA turnover is between 45% and 55%. 10 pts if overall employee turnover is less than or equal to 40% and CNA turnover is less than or equal to 45%.	Financial and Statistical Report	IME	Latest Financial and Statistical Report with a FYE of December 31 or earlier	Modification to current Measure # 6 to measure turnover rather than retention to be consistent with recent changes to way data collected on cost report ; Recommend to reevaluate benchmarks periodically. This measure breaks out the data by position type, and will allow the users of the data to see how the front line CNA staff compares with other facility staff.

DOMAIN: QUALITY OF CARE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Sub Category: Staffing (continued)						
Staff education training and development	A nursing facility shall provide staff education, training and development at 25% above the basic requirements for each position that requires continuing education. The number of hours for these programs must apply to at least 75% of all staff of the facility, based upon Administrator or Officer certification	5	Financial and Statistical Report	IME	Latest Financial and Statistical Report with a FYE of December 31 or earlier	New measure to recognize those providers that substantially exceed the basic or regulatory requirements for staff education, training and development. The programs can be either in-house or through external education courses. Would require modification to Schedule H. The new measure will be designed to break-out data by position type. This will allow the users of the data to see how front line CNA staff compares with other facility staff.
Staff Satisfaction Survey	Nursing facility administers on an annual basis with results tabulated by an entity external to the facility; must have response rate of at least 35%; a summary report must be made publicly available along with the facility's state survey results	5	Any survey tool may be used that is developed, recognized and standardized by an entity external to the facility. Tool must identify worker job classification. The survey process must also be anonymous.	Survey tool must be developed, recognized and standardized by an entity external to the facility, as evidenced by documentation submitted to IME	Latest survey must be completed during the calendar year prior to each July 1; facility to submit documentation to IME by April 1 of each year	New measure; Allows points for completing a satisfaction survey without consideration to the results of the satisfaction. Desire to move to a universal tool that will measure the results
Total points available this subcategory		30				

DOMAIN: QUALITY OF CARE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Subcategory: Nationally Reported Quality Measures						
High Risk Pressure Ulcer	A nursing facility shall have occurrences of high risk pressure ulcer rates at or below 1/2 or 1 standard deviation of the mean percentage of occurrences for all facilities	**5 or 3**	MDS Data	IFMC	Reporting period is from October through September of the preceding year.	New measure; Providers that do not rate in this measure may submit evidence to DHS for reconsideration. See Page 2 for description of standard deviation.
Physical Restraints	A nursing facility shall have a physical restraints rate of 0 %	5	MDS Data	IFMC	Reporting period is from October through September of the preceding year.	New measure; Providers that do not rate in this measure may submit evidence to DHS for reconsideration.
Chronic Care Pain	A nursing facility shall have occurrences of chronic care pain rates at or below 1/2 or 1 standard deviation of the mean percentage of occurrences for all facilities	**5 or 3**	MDS Data	IFMC	Reporting period is from October through September of the preceding year.	New measure; Providers that do not rate in this measure may submit evidence to DHS for reconsideration. See Page 2 for description of standard deviation.
High Achievement of Nationally Reported Quality Measures	For facilities receiving 13-15 points or 9-12 points based on a combination of the 3 rates received above	**4 or 2**	MDS Data	IFMC	Reporting period is from October through September of the preceding year.	New measure
Total points available this subcategory		**19**				

Total: Quality of Care	59

DOMAIN: ACCESS

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Special Licensure Classification	Nursing facility unit shall be licensed for the care of residents with chronic confusion or a dementing illness (CCDI unit)	4	DIA furnishes DHS report by May 1 of each year	DIA	December 31 of each year	Same as current Measure # 9 with modification to higher weighting. Desire to move to include facilities identified to provide services to other special resident populations (i.e ventilator care, gero-psych, dialysis, bariatric, HCBS diversification) but further research and development needed
High Medicaid Utilization	Nursing facility shall have Medicaid utilization at or above median plus 10%. Medicaid utilization is determined by dividing total nursing facility Medicaid days by total nursing facility patient days	3 pts if Medicaid utilization is more than the median plus 10% or 4 pts if Medicaid utilization is more than the median plus 20%	Financial and Statistical Report	IME	Latest Financial and Statistical Report with a FYE of December 31 or earlier	Same as current Measure #10; modify percentile to standard deviation of mean. For example, if current data were used (cost report period ending 12/31/07), a facility with Medicaid utilization between 60 and 69% would receive 3 points; if at 70% or higher would receive 4 pts; The new measure will be designed to break-out data by position type. This will allow the users of the data to see how front line CNA staff compares with other facility staff. Recommend to reevaluate benchmarks periodically.
Total: Access		8				

DOMAIN: EFFICIENCY

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
High Occupancy Rate	A nursing facility shall have an occupancy rate at or above 95%. "Occupancy rate" is defined as the percentage derived when dividing total patient days based on census logs by total bed days available based on the number of authorized licensed beds within the facility	4	Financial and Statistical Report	IME	Latest Financial and Statistical Report with a FYE of December 31 or earlier	Same as current Measure # 7 with modification to weighting
Low Administrative Costs	A nursing facility's percentage of administrative costs to total allowable costs shall be at or below 1/2 or 1 standard deviation of the mean percentage of administrative costs for all facilities	3 pts if administrative costs percentage is less than the mean less 1/2 standard deviation or 4 pts if administrative costs percentage is less than the mean less 1 standard deviation	Financial and Statistical Report	IME	Latest Financial and Statistical Report with a FYE of December 31 or earlier	Same as current Measure # 8 with modification to weighting and modify percentile to standard deviation of mean. For example, if current data were used (cost report period ending 12/31/07), a facility with administrative costs between 9.04% and 10.61% will receive 3 pts; administrative costs equal to or lower than 9.03 % would receive 4 pts. Recommend to reevaluate benchmarks periodically. See Page 2 for description of standard deviation.
Total: Efficiency		8				

Iowa's Nursing Facility Accountability Measure Program Review
Workgroup Review (Senate File 2425, Section 33)
Final Recommendation Matrix

March 19, 2009

Total: Quality of Life (25%)	25
Total: Quality of Care (59%)	59
Total: Access (8%)	8
Total: Efficiency (8%)	8
GRAND TOTAL: Pay for Performance	100

Point totals of Pay for Performance per diem add-on **		
Points	**% Add-on**	**Estimated $ Add-on*****
91-100	5% of Medians	$6.25 per patient day
81-90	4% of Medians	$5.00 per patient day
71-80	3% of Medians	$3.75 per patient day
61-70	2% of Medians	$2.50 per patient day
51-60	1% of Medians	$1.25 per patient day
0-50	No add-on	No add-on

**** Fiscal impact of these recommendations has not been determined**

***** Estimated $ Add-on is Sum of Direct Care and Non-Direct Care Medians as of 7/1/08 and are shown without 20% reduction currently in rule**

NOTE: If all funds available for accountability measures are not spent each fiscal year, based upon the number of facilities that qualify for the add- payment, legislature will need to determine how the additional funds would be spent (if at all). Options include:

1. Funding remains un-spent
2. Increase the % of add-on to spend all $

3. Develop process to use the remaining funds for quality improvement process with targeted providers
4. Funding additional direct care worker compensation, health care or training initiatives per the intent expressed in HF 2539, Section 70 and the December 2008 report from the Direct Care Worker Compensation Advisory Committee