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

DIVISION OF AGING SERVICES (DOAS)

DR. NICHOLAS CASTLE

DECEMBER 15, 2020
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
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
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
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.
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 each survey sample:
  - Long-stay residents
  - Families of long-stay residents
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.
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.
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.
### Long-stay Resident 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.

- 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.

- 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 of Long-Stay Residents Exclusions

- 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.

- Families of residents receiving hospice: This is recorded in the MDS as Hospice (O0100K2 = 2).

- Families of residents who are court appointed legal guardians for all decisions will be identified from the facility health information system.

- Family members who reside in another country.
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.
CoreQ Questions

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

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
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.
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.
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
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.
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
<table>
<thead>
<tr>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility CMS ID:</td>
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<tr>
<td>Number of Residents Attempted for Survey:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident 1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Resident 2</td>
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<td></td>
<td></td>
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<tr>
<td>Resident 3</td>
<td></td>
<td></td>
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<tr>
<td>Resident 4</td>
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</tbody>
</table>
## Facility Name:

<table>
<thead>
<tr>
<th>Facility CMS ID:</th>
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<table>
<thead>
<tr>
<th>Number of Families Attempted for Survey:</th>
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<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Family Member 1</th>
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<table>
<thead>
<tr>
<th>Family Member 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Family Member 3</th>
</tr>
</thead>
</table>
**Facility Name:** April View Nursing Center  

**Facility CMS ID:** 315999

Number of residents attempted for survey: **35**

<table>
<thead>
<tr>
<th>Resident</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident 1</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Resident 2</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Resident 3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Resident 4</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Resident 5</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Resident 6</td>
<td>5</td>
<td>4</td>
<td>5</td>
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<td>...</td>
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<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Resident 35</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Due Date</th>
<th>Survey Collection</th>
<th>Transmission by NF</th>
<th>Dr. Castle Reporting to DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>November 2020</strong></td>
<td><strong>11/17/20</strong></td>
<td>DHS CoreQ Long-Stay Survey Sample Size Calculation Grid</td>
<td>To DHS via <a href="http://njdoas-ua.force.com/NF">http://njdoas-ua.force.com/NF</a></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>November 2020</strong></td>
<td>Determined by NF Contracted CoreQ Vendor</td>
<td>CoreQ Long-Stay Demographics for Facilities</td>
<td>To NF Contracted CoreQ Vendor</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>July 1, 2020 – February 12, 2021</strong></td>
<td></td>
<td>CoreQ Surveys Initiated and Responses Received</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>February 2021</strong></td>
<td><strong>2/12/21</strong></td>
<td>CoreQ data Submitted to DHS CoreQ Vendor: Template can be found on the DoAS Provider Resources page at <a href="https://bit.ly/2nmh2y8">https://bit.ly/2nmh2y8</a></td>
<td>To DHS Contracted CoreQ Vendor via <a href="mailto:castlen@coreq.biz">castlen@coreq.biz</a></td>
<td>February 2021</td>
</tr>
</tbody>
</table>

*No data will be accepted after 11/17/20*

*No CoreQ survey results will be accepted after 2/12/21*

All due dates have a 5pm EST cutoff time.
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.
For questions regarding CoreQ, please contact:

Dr. Nicholas Castle
DHS CoreQ Vendor

E-mail: castlen@coreq.biz