QIPP SFY 2022 Overview Webinar – Frequently Asked Questions

Reporting & Payments

Where can I find due dates for all Component data and documentation submissions?

HHSC Provider Finance has published the *QIPP Year 5 Dates to Remember* file on the [Provider Finance QIPP webpage](#). You can find the document under "QIPP Year Five (SFY22)" and "Related Documents" or download [directly](#).

Will bulk submission of the Component requirements be allowed after the submission due on 12/6/21?

For ownership entities that submit for 15 or more NFs, HHSC has in the past provided a bulk submission process that allows for combining data and documentation reporting for multiple NFs. As reporting systems develop and achieve further levels of automation during SFY 2022, this bulk process may not remain in place for the entire program year. HHSC will notify bulk submission entities with at least one quarter's notice when this process is scheduled for retirement.

Do NFs have to meet all quality metrics within a component to earn payments?

No. Quality metrics within each component are weighted equally. For instance, Component 3 includes four quality metrics that each represent one-fourth of available funds for the Component. If the NF earns a "Met" result for three metrics and "Not Met" in the fourth, they would earn three-fourths of the funds available to that NF for the Component.

However, Component 4 consists of only a single metric, and all performance requirements within the metric must be met each quarter to earn payment. See the

SFY 2022 Technical Specifications document for more information on quarterly performance requirements.

Performance Improvement Projects (PIPs)

Do the quantifiable measures chosen for the PIPs need to improve each reporting period for the NF to earn payment?

No. NFs are required to report data on the primary quality measure or performance indicator each month to track progress toward the proposed goal and the success of PIP interventions. However, payments are not tied to improvement or meeting goals.

Will an example Performance Improvement Project (PIP) be provided?

HHSC has provided the *PIP Reporting Templates* for Components 1 and 2, which include instructions throughout on how to complete the document. No completed example will be published. Please refer to the *SFY 2022 Technical Specifications* document for further information on PIP requirements.

Can we change the PIP topic that was submitted for September and October?

Once the PIP topic is included in the completed PIP Charter that is required for the November 2021 reporting period, the topic cannot be changed or abandoned. However, if the NF succeeds in reaching the goal for a PIP and completes an "Improvement Success Story" before the end of the program year, that NF may start a new PIP with a new topic for the remainder of the year. For more information, see Section 10 of the *PIP Reporting Templates*.

Do NFs still need to complete a QAPI Validation Report form?

No, the QAPI Validation Report form is no longer required. The *Component 1 PIP Reporting Template* along with meeting data entered into the QIPP Submission Portal constitute legal attestation of the QAPI meeting.

RN Coverage

When answering the first two questions in the portal for Component 2 RN Coverage, does the NF count days when telehealth services were used?

Yes. When reporting the number of days the NF maintained additional hours of RN coverage in the portal, count on-site and telehealth staff together. Telehealth services constitute an alternative mode *of* RN coverage, not an alternative *to* RN coverage and should be counted in the primary values entered in Section 1 of the Component 2 web module. The telehealth numbers entered in Section 2 of the module should be a subset of what was already reported above.

If the NF meets Component 2 RN Coverage metrics using telehealth services, does the facility still have to submit on-site RN records in addition to telehealth summary encounter data?

The NF must submit clear, auditable records accounting for all days used to meet Metrics 1 and 2. If the NF uses telehealth services to meet RN coverage requirements, the NF would not need to include supplementary on-site data not used to meet the metrics. However, telehealth documentation submitted each reporting period would have to clearly support the total number of days reported.

Does the NF have to provide validation of meeting the CMS 8-hour-per-day mandate for RN coverage when submitting data and documentation for Component 2?

The NF attests to meeting the CMS mandated hours of RN coverage for any day that it reports as containing *additional* hours. If the NF does not meet the CMS mandated coverage for a given day, that day cannot be counted towards Component 2 Metrics 1 or 2. The NF does not have to include validation when it uploads RN coverage supporting documentation, but HHSC may corroborate reported days against results derived by CMS from Payroll Based Journal data. Failure in corroboration could result in adjustments to incentive payments pursuant to 1 T.A.C. §353.1301(k).

Infection Control

Will there be a required template for Component 4 reporting like there is for Components 1 and 2 PIPs?

No. HHSC has provided recommended templates from AHRQ for auditing of Hand Hygiene (HH) and Personal Protective Equipment (PPE) and will not be providing further templates. For infection control or antibiotic stewardship policies, NFs are encouraged to tailor development and implementation of evidence-based policies and practices chosen by their clinical and administrative teams.

Does the antibiogram data have to come from local lab or hospital? What can smaller or rural NFs do if these data are difficult to obtain?

Yes. The antibiogram must be lab- or hospital-generated. QIPP aims to incentivize sustainable quality improvement practices that provide information on local susceptibility patterns to reduce prescription of antibiotics with high resistance rates. For NFs in rural areas of the state, hospital partners or local pharmacists may be able to help providers to network with labs to obtain their antibiograms. HHSC does not prescribe a specific format but NFs are encouraged to review [AHRQ Toolkit 'How To Develop and Implement an Antibiogram Program'](). It provides guidance on four phases of developing and implementing an Antibiogram Program - for e.g. Phase 2 has samples of request letters that can be sent to clinical laboratories and hospitals that process individual results for your facility. It also lists recommendations for constructing a nursing home-specific antibiogram using basic data entry and analysis (Excel) from individual culture reports to aggregate a display of the antimicrobial sensitivities for common organisms by culture source.

When requesting the antibiogram for Component 4 Quarters 1 and 3, what timeframe should the report cover?

HHSC understands that wide variation occurs in the format of the antibiogram data provided by laboratories and facilities may modify their antibiogram to serve their changing needs. Per [AHRQ](), for an antibiogram to represent effectively a community's antimicrobial resistance patterns, it is important that it contain timely data. Antibiogram data should be collated and updated at least once in Q1 and once in Q3. In nursing facilities with small sample sizes, it is reasonable to include more than 6 months of data, but the data still should be updated annually.

How many audits must be completed each month for Component 4 requirements regarding Hand Hygiene and Personal Protective Equipment auditing?

AHRQ's observational audit guidelines suggest that facilities should tailor the frequency and timing of audits to obtain accurate compliance rates and identify process failures, such as a step in the handwashing process that some staff miss. These are the data points that are necessary for effective Quality Assurance and Performance Improvement (QAPI) projects. Facilities will need to balance their ability to deliver care with the need to collect data sufficient to guide improvement. A realistic commitment to a weekly sample size that is achievable, yet adequate to provide useful information is recommended.

What if the NF does not have a DON or NFA on staff when Component 4 Quarter 2 training certificates are due? How is a vacancy communicated to HHSC, and will this negatively impact meeting the metric?

The NF should list the individual who most recently held the position and a copy of their 'certificate of training completion' in SFY 2022 (between Sept. 1, 2021- Feb. 28, 2022).

Does the Infection Control training for DON and NFA staff have to be done yearly? How long does certification last?

The DON and NFA must have current certificate of completion as of February 28, 2022. Please refer to the CDC Train website for information on expiration date for the training- the current training (CE# WB4448) expires October 1, 2023. If NF staff have a CURRENT certificate of completion, they may be unable to re-take the training until that certification lapses.

Since NFs are not self-reporting vaccination data in Year 5, what data source with HHSC use for the two vaccinations measures in Component 4?

Data for the two vaccinations measures that constitute the Component 4 Quarter 4 quality metric will be taken from the most recently published CMS data as of the

end of the one-month reconciliation period for Quarter 4, which is set to close 9/26/2022. These data will be publicly available at data.cms.gov.

What is the required improvement-over-self performance target for the two vaccinations measures in Component 4 Quarter 4?

The MDS-based vaccination measures in Component 4 Quarter 4 will have performance targets set according to the same methodology as those from Component 3. NFs must improve upon their baseline by a relative 5% or perform better than the program-wide benchmark, without declining in performance beyond an allowed margin to earn payment.