

Colorado Nursing Facilities Pay for Performance (P4P) 2022 Application Changes and Portal Training

Presented by:

Matt Haynes, HCPF

Zac Corradino, Public Consulting Group

December 6, 2021

Agenda

1. Application Changes Training
2. Portal Training
 - a) Live Demo

Introduction

Introduction

What is the Nursing Home P4P Program?

- A voluntary, ongoing reimbursement opportunity for Colorado nursing facilities to earn supplemental Medicaid revenue each year
 - Created to reward facilities for providing high quality care to residents
- Reimbursement is based on achievement of performance measures in the P4P application
 - Application contains measures around quality of life and quality of care for the facility's residents
- The P4P program is administered by the Colorado Department of Health Care Policy and Financing
- Applications are evaluated and scored by Public Consulting Group LLC



Introduction

Application Changes Overview

- Given the adjustments that each home had to make in response to regulatory requirements & guidance due to the COVID-19 pandemic, the 2021 P4P application was altered significantly
- The 2021 application focused on a mostly narrative approach that allowed facilities to highlight how they've adjusted practices to continue to provide meaningful care for residents during these difficult times
- The 2022 application has maintained some of this narrative focus while also reverting back to some of the quality metrics that allow homes to demonstrate the high-quality care they are providing for residents

Measure Changes

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 1: Enhanced Dining

- 1.1 - Added into narrative, “how you are transition back to communal dining and how you have accommodated include input from resident/family advisory groups in the reintroduction of communal dining.”
- The points available for this measure has been increased from 2 to 3.

Measure 2: Enhanced Personal Care

- Reverting fully to pre-COVID measure around providing care plans and evidence of staff training

Measure 3: End of Life Program

- 3.2 - Reimplemented pre-COVID measure around providing evidence of how residents’ wishes were honored
- 3.3 - Added language into narrative for how the facility has made an effort to make resident wishes known to staff

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 4: Connection and Meaning

- 4.1 - Narrative is now based on how the facility is working to “reimagine” connection and meaning and provide details on best practices that were implemented during the pandemic that the facility has decided to keep
- 4.3- Added requirement for four resident testimonials and two non-management staff

Measure 5: Person-Directed Care Programming & Training

- 5.1- Added language to narrative about any practices/processes the facility would maintain that were implemented during COVID. Additionally, include details on any promising practices/opportunities that were implemented during the pandemic that you have decided to keep.
- 5.4- Reimplemented pre-COVID measure around providing a list of trainings
- This measure has been renamed from “Person-Directed Care Training” to “Person-Directed Care Programming & Training”

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 6: Trauma-Informed Care

- Changed 6.2- Provide a narrative on how you are using data and information around known trauma from your Facility Assessment, other assessments done in the home, or other means to influence programming and staff training. In your narrative, include a specific example.
- Changed 6.3- Provide a narrative on how you are using data and information around known trauma from your Facility Assessment, other assessments done in the home, or other means to recognize trauma, develop an approach, and alter a care plan for residents. In your narrative, include a specific example.
- 6.4 and 6.5- Reimplemented measures from pre-COVID application around proof of training and evidence-based resources
- The points available for this measure has been increased from 4 to 5.

Measure 7: Daily Schedules and Care Planning

- 7.2, 7.3, and 7.4- Reverting to providing examples/testimonials, but reduced 2 each

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 8.1: Physical Environment - Appearance

- 8.1.1- Removed reference to photos from the “last two years” and added language to ask about the impacts of social distancing and how the facility is reintroducing a de-institutionalized, homelike environment.

Measure 8.2: Physical Environment - Noise Management

- Added 8.2.4 - Provide a narrative including minimum of two examples of your facility's approaches towards improving sleeping environments (e.g. policies, night owl wings, lighting options, and noise management).

Measure 9: QAPI

- Pre-COVID measure has been fully reinstated around providing QI project documents

Measure 10: Consistent Assignments

- 10.1- Added details into narrative about the process for moving towards consistent assignments, identifying challenges and any best practices and any best practices you will keep were implemented during COVID
- 10.2- Three total testimonials in total with at least one of each (resident and staff)
- QAPI recovery point has be reinstated

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 11: Volunteer Program

- 11.2, 11.3, and 11.4- Two examples of each type of volunteer activity are required (reduced from 4)
- 11.3 and 11.4- Language has been adjusted to clarify that “evidence” of events is required.

Measure 12: Staff Engagement

- 12.3, 12.4, and 12.6- Pre-COVID measures have been reinstated around evidence of staff events and staff benefits
- 12.5- Pre-covid measure has been reinstated and additionally asks what the facility’s new buddy system and staffing looks like given the adjustments that had to be made due to COVID
- QAPI recovery point has been reinstated.

Measure 13: Transitions of Care

- 13.2- Reimplemented pre-COVID measure around Options Counseling that occurred during the year

Quality of Care Measure Changes

The below details highlight the changes to the Quality of Care measures:

Measure 14: Vaccination Education

- Changed 14.1- Provide a detailed narrative describing your home’s educational efforts on the following three vaccinations for both residents and staff:
 - Pneumococcal
 - Influenza
 - COVID-19
- The points available for this measure has been increased from 1 to 2.
- This measure has been renamed from “Vaccination Data” to “Vaccination Education”

Quality of Care Measure Changes

The below details highlight the changes to the Quality of Care measures:

Measure 15: Reducing Avoidable Hospitalizations

- This measure has been removed. It will be reimplemented in 2023 and will have CY2021 as the baseline year.
- This measure was worth three points. One point has been redistributed to each of the following measures:
 - Enhanced Dining
 - Trauma-Informed Care
 - Vaccinations

Measure 16.2-8: Quality Measures Data Submission

- Quality measures have been reverted to pre-COVID scoring metrics with 5 points per QM based on performance.
- See next slide

Quality Measures

Due to concerns over the impacts that COVID-19 and any potential outbreaks may have had on facility quality measure data, the Measure 16: Nationally Reported Quality Measure Scores was adjusted for the 2021 application. For the 2022 application, the scoring methodology has reverted to the 2020 and earlier year's methodology:

2022 Application

- Facilities will be awarded 1 point for providing a narrative explaining their three lowest scoring quality measures
- Facilities are eligible for up to 5 points per quality measure based on their percentile ranking
 - Total points are based on the facility's top 5 scores

Quality of Care Measure Changes

The below details highlight the changes to the Quality of Care measures:

Measure 18.2: Antibiotics Stewardship/Infection Prevention & Control - Quality Measures

- 18.2.1 & 18.2.2 - These were previously one measure that has been split into two separate, single point measures.
- New tool added (see next slide)
- A QAPI recovery point has been added for both UTI and Catheter.
 - To earn the QAPI recovery point, you must have performed a QAPI project related to all areas of 18.2.1 or 18.2.2 for which you did not qualify for points. For example, if you did not qualify for either, there must be a QAPI for both Catheter and UTI. If you did not qualify for UTI but did qualify for Catheter, there only needs to be a QAPI related to UTI and vice versa.

New Tool - Antibiotic Stewardship

18.2.1 & 18.2.2 - These were previously one measure that has been split into two separate, single point measures. 18.2 includes a new tool that requires facilities to enter their UTI/Catheter CASPER Quality Measure data. The tool will auto-calculate the 2-quarter average similarly to the Measure 16 QMs. Facilities must demonstrate improvement

Antibiotics QM Tool

Enter Your CASPER Facility Adjusted Scores Here
(your average will be automatically calculated)

UTI (L) N024.02	Q3	Q4	2-quarter average (auto-calculated)
2021 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	
2021 CASPER State Average	<input type="text"/>	<input type="text"/>	
2020 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	

Residents w/ Catheter Inserted and Left in Their Bladder (L) N026.03	Q3	Q4	2-quarter average (auto-calculated)
2021 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	
2021 CASPER State Average	<input type="text"/>	<input type="text"/>	
2020 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	

Quality of Care Measure Changes

The below details highlight the changes to the Quality of Care measures:

Measure 20: Staff Retention Rate

- 20.1- This measure reinstates a minimum rate to receive points. Facilities must demonstrate a retention rate of at least 60% or improvement in their retention rate. In the 2020 application, the improvement threshold was 5% which has now been removed.
- QAPI recovery point has been reinstated.

Measure 22: Nursing Staff Turnover Rate

- 22.1- This measure reinstates a minimum rate to receive points. In the 2020 application, the minimum turnover rate was 56.6%. The 2022 application minimum rate is 60% or demonstrated improvement.
- QAPI recovery point has been reinstated.

Measure 23: Behavioral Health Care

- Added 23.2- Submit documentation of the process for accessing supports through the RAE for behavioral health and substance abuse for your residents.

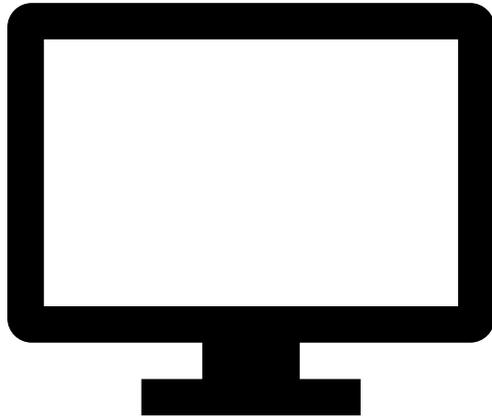
Portal Training

Agenda



- Log In
- Home Page
- Enter Participant Information
- Participant Completion Summary
- Performance Measure Pages
- Appendices and Tools
- File Upload
- New Measures/Tools
- Confirmation and Submission
- Live System Demo
- Contact Information

Log In



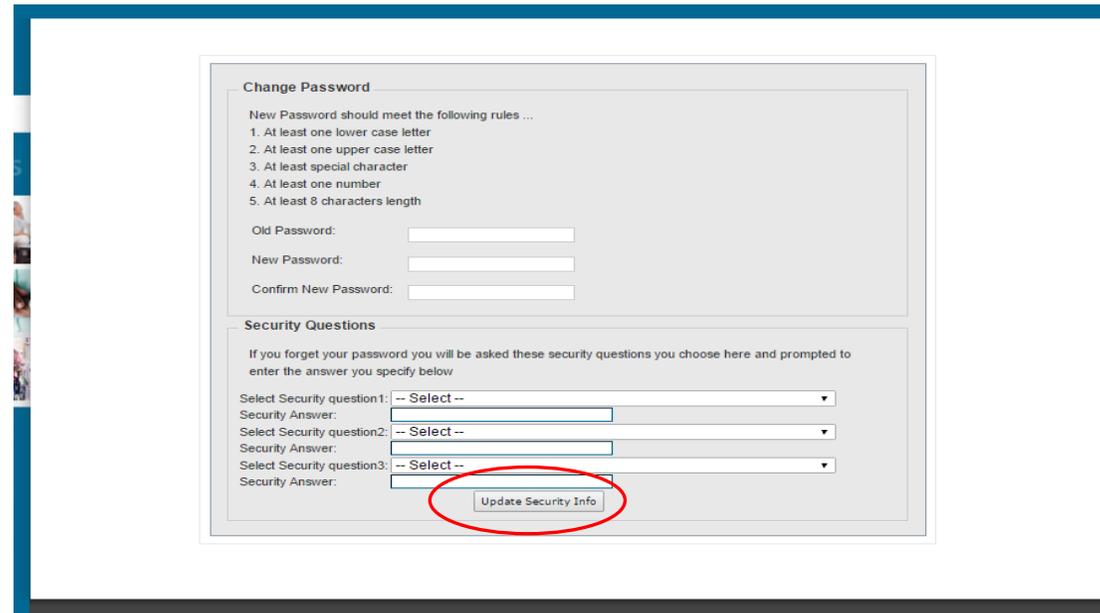
<https://healthportal.pcghealthservices.com/Default.aspx>

A screenshot of the PCG Health website's login page. The page has a blue header with the PCG Health logo and the tagline 'Public Focus. Proven Results.™'. A navigation menu includes 'Home', 'App Gateway', 'Health', 'Human Services', 'About PCG', and 'Contact'. The main content area features a banner for 'NO. 1 STATE CONSULTING PARTNER FOR HEALTH CARE REFORM' with a background image of people working. Below the banner are sections for 'PCG HEALTH' and 'PCG HUMAN SERVICES'. On the right side, there is a 'LOGIN' section with a 'Username:' field, a 'Password:' field, a 'Forgot your password? Click Here' link, and a 'Log In' button. Below the login section is a 'DOCUMENT LIBRARY' section with 'Health Documents' and 'Human Services Documents' links. The footer contains the PCG Human Services logo, contact information (148 State Street, Boston, MA 02109; Telephone: 800-210-6113; Fax: 617-498-2632; E-mail: info@publicconsultinggroup.com), and links for 'About PCG', 'Services' (Employer Health Care Plans/Pension Plans/LTD, Human Service/Public Sector Agencies), and 'Resources' (News).

Log In: First Time Log In

Change Password and Security Questions - only viewed upon initial login

Click “Update Security Info” to continue



The screenshot shows a web form with two main sections: "Change Password" and "Security Questions".

Change Password

New Password should meet the following rules ...

1. At least one lower case letter
2. At least one upper case letter
3. At least special character
4. At least one number
5. At least 8 characters length

Old Password:

New Password:

Confirm New Password:

Security Questions

If you forget your password you will be asked these security questions you choose here and prompted to enter the answer you specify below

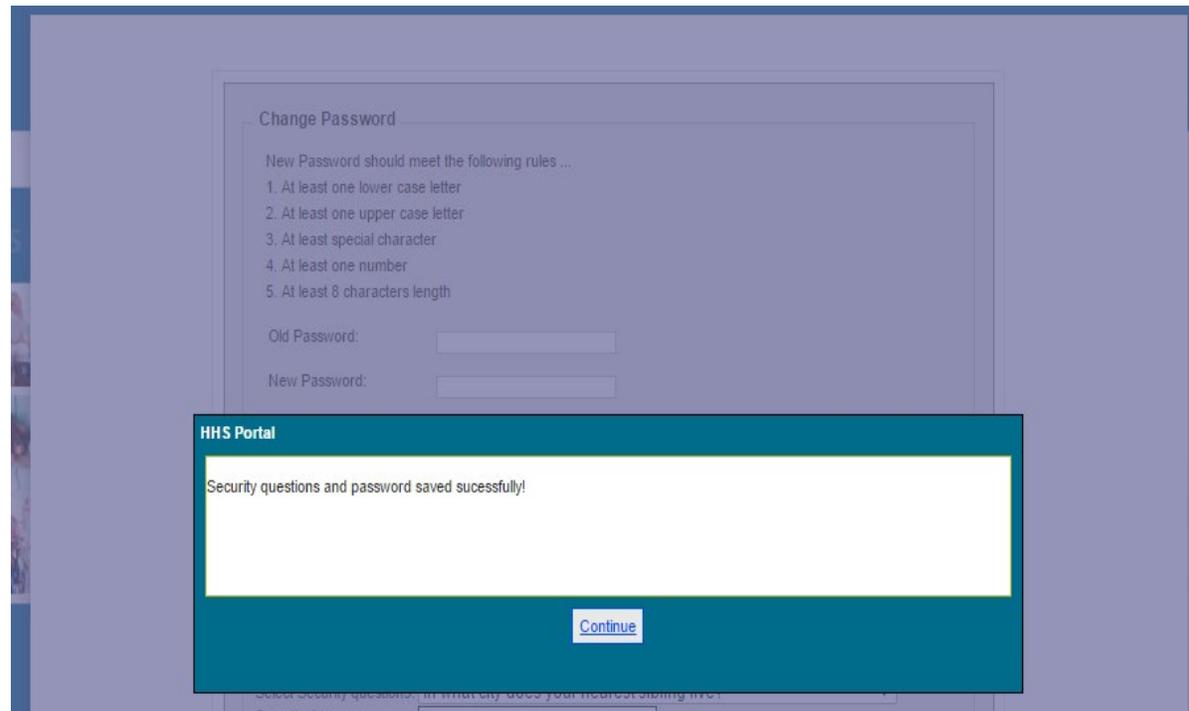
Select Security question1: -- Select --
Security Answer:

Select Security question2: -- Select --
Security Answer:

Select Security question3: -- Select --
Security Answer:

Log In: First Time Log In

Click “Continue” to navigate to the Homepage



Log In: First Time Log In

Choose the appropriate Fiscal Year to navigate to the Prerequisites page

- The current application year will be indicated



The screenshot shows the top navigation bar of the Colorado Department of Health Care Policy & Financing website. The header includes the state logo and the text "COLORADO Department of Health Care Policy & Financing". Below the header, there are navigation links for "Homepage" and "Help". The main content area displays the following text:

State of Colorado
Department of Health Care Policy and Financing
Nursing Facilities Pay for Performance

Please Choose Fiscal Year (the current application year is 2022).

A dropdown menu is shown with "2022" selected, and a "Choose" button is next to it. The dropdown menu and the "Choose" button are circled in red.

Log In: First Time Log In

Do Not Select "Yes" for all pre-requisites to continue with the application.

CDPHE Survey
Please Select No home with substandard deficiencies, as defined in State Operations Manual, during the previous calendar year will be considered for the current P4P application. See Appendix 1 for definition. Confirm that none of the calendar year surveys resulted in findings of a substandard deficiency. [Appendix 1](#)

Acceptable Verification of Pre-Requirement Requirement
This prerequisite will be obtained and verified with Colorado Department of Public Health and Environment.

Resident/Family Satisfaction Survey
Please Select Survey must be developed, recognized, and standardized by an entity external to the home. Must be administered on an annual basis with results tabulated by an agency external to the home. Please ensure that the Satisfaction Survey is uploaded with the rest of your supporting documentation before submitting your application.

Acceptable Verification of Pre-Requirement Requirement
*Resident/family satisfaction surveys must have been conducted and tabulated between January 1 and December 31 of 2021 (CY 2021).
*A Summary Report, identifying the vendor completing the survey, must be attached to this application (uploaded) and made available to the public along with the home's Survey Results.

*** Please provide the following information regarding your resident/family satisfaction survey:**

- Average Daily Census for CY 2021:
- # of residents/families contacted:
- # of residents/families responding:

Calendar Year January 1, 2021 through December 31, 2021
Application deadline is February 28, 2022

Pay for Performance Application Important Notes:

- There will be no partial points for subcategories.
- You must have 100% of the minimum requirements in place and submit documented evidence of programming.
- Photos taken during the application year may be included as supporting documentation and are required where indicated. Please clearly label all photos.
- All documents must accompany the application in order to qualify for inclusion.
- Applications submitted electronically via the online portal are preferred. Other methods of submissions may be accepted on a case by case basis. Please contact the Department regarding an alternative submission method.
- There may be a formal on-site evaluation as part of the P4P application review process.
- It is possible and common to take zero (0) points in some categories on this form. You are encouraged to submit this application regardless of points attained.
- When submitting PHI or confidential information as support you must follow your organization's guidelines on protection and encryption, to ensure HIPAA compliance.
- Alternatives to bathing may include: more frequent baths, towel baths, use of whirlpools and bed baths.
- For help with the Quality Improvement Process, download the self-assessment tool from (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-05.pdf>). If you need further assistance regarding QAPI and our Quality Measures, contact Courtney Ryan via email at cryan@telligen.com.
- Although this application asks for data from the facility assessment, there is no requirement to submit the entirety of your facility assessment.

Important Scoring Process Reminders:

- QAPI Recovery Points: For certain measures, if you are unable to qualify for points based on the minimum requirements but have a QAPI project in 2021 in this area, you are able to earn one (1) QAPI recovery point by submitting a narrative of the QAPI project that includes the quality measure addressed, the problem statement, baseline data, intended goals, tools/processes utilized, and final outcomes. These measures are identified throughout the application.
- Nationally Reported Quality Measures Scores: Fill out the QM Calculation Tool for all eight (8) Quality Measures. You will receive points based on your five (5) best scores.
- The QAPI project for the QAPI measure must be based upon an identified Quality Measure from the CMS CASPER Report that needs improvement in your home.

If requirements in each section contain elements of a CMS Initiative, CMS Proposed Initiative, and/or a HCPF initiative, they are identified as follows: CMS Initiative (CMS), CMS Proposed Initiative (CMS Prop), and Health Care Policy and Financing or HCPF Initiative (HCPF)

STOP HERE IF YOU DO NOT MEET THE ABOVE PREREQUISITES. YOU CANNOT APPLY AT THIS TIME.

- Prerequisites Page - only viewed once
- Must meet criteria and select “Yes” for all items (Survey Prerequisites and Acceptable Verification items) to be eligible to complete application
- Must enter/upload requested information regarding your resident/family satisfaction survey to continue with the application
- Click “Submit Prerequisite Answers” to continue

Home Page

This will be the landing page for all subsequent logins

Four buttons:

1. Enter Participant Information
2. Participant Completion Summary
3. Confirmation and Submission
 - Will appear once all measures in the application have been completed
4. View Reports

State of Colorado

Department of Health Care Policy and Financing

Nursing Facilities Pay for Performance

Please Choose Fiscal Year (the current application year is 2022).

2022

Please Select Your Destination:

Enter Participant Information

Participant Completion Summary

View Reports

Enter Participant Information

Enter Participant Information

Facility Information

Facility Name: Test Facility ZC

Facility Address: 123 Test Lane

Facility Phone Number: (123) 456-7890

PF ID: 5678

Medicaid ID: 12345678

Provider Number: 987654421

Primary Contact Information

Primary Contact Name: Test Administrator

Primary Contact Position: NHA

Primary Contact E-mail: testfacilityzc@pcgus.com

Primary Contact Phone Number: (123) 456-7890 Ext: 1

Secondary/Exec Contact Information

Secondary/Exec Contact Name: Test CEO

Secondary/Exec Contact Position: CEO

Secondary/Exec Contact E-mail: testceo@nursinghome.com

Secondary/Exec Contact Phone Number: (123) 456-7890 Ext: 2

Update Participant Information

- Enter contact information for the primary contact (email cannot be edited due to account)
- Please update all information, as applicable
- Click “Update Participant Information” button to save your information

Note: Facility Name, PF ID, Medicaid ID, Provider Number, and Primary E-mail (account login) can only be edited by PCG

Participant Completion Summary

- This page serves as a “Table of Contents” and includes:
 - Domain
 - Subcategory Name
 - Measure ID
 - Performance Measure Title
 - Related Tools/Appendices
 - Points Available
 - Self Score
 - Total Scores
- Click a Performance Measure Title to navigate to that specific measure page

Row Color Key: ■ = Needs Self Score ■ = Needs Reviewer Score ■ = Reviewed ■ = Score Excluded (QM Scores only)

PREREQUISITES						
Measure ID	Performance Measure Title			Documentation Uploaded		
0	Prerequisites					
DOMAIN: QUALITY OF LIFE						
Subcategory Name	Measure ID	Performance Measure Title	Tools and Appendices	Points Available	Self Score	Documentation Uploaded
A. Resident Directed Care	1	Enhanced Dining		2		
A. Resident Directed Care	2	Enhanced Personal Care		3		
A. Resident Directed Care	3	End Of Life Program		2		
A. Resident Directed Care	4	Connection and Meaning		6		
A. Resident Directed Care	5	Person-Directed Care Training (CMS_HCPF)		4		
A. Resident Directed Care	6	Trauma - Informed Care (CMS_HCPF)	<input checked="" type="checkbox"/>	4		
A. Resident Directed Care	7	Daily Schedules and Care Planning (CMS_HCPF)		3		
B. Community Centered Living	8.1	Physical Environment - Appearance		3		
B. Community Centered Living	8.2	Physical Environment - Noise Management		2		
B. Community Centered Living	9	QAPI (CMS) - Based on a Quality Measure	<input checked="" type="checkbox"/>	4		
C. Relationships with Staff, Family, Resident and Home	10	Consistent Assignments		5		
C. Relationships with Staff, Family, Resident and Home	11	Volunteer Program		3		
D. Staff Empowerment	12	Staff Engagement		3		
E. Quality of Care	13	Transitions of Care : Admissions, Transfer and Discharge Rights (CMS_HCPF)		3		
Total - Quality of Life				47	0	
Grand Total				100	0	

Performance Measure Pages

Minimum Requirements (must all be "Yes" to receive points) with supporting documentation. Upload supporting documentation using the File Upload button.

Please Select ▼	1-1 Provide a detailed narrative describing your enhanced dining program. Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, describe how you are transitioning back to communal dining and how you have accommodated including input from resident/family advisory groups in the reintroduction of communal dining. Documentation Required.
Please Select ▼	1-2 Evidence that menu options are more than the entrée and alternate selection and include a variety of options on a daily basis. Documentation Required.
Please Select ▼	1-3 One menu cycle from the 2021 calendar year not less than four (4) weeks in length. Documentation Required.
Please Select ▼	1-4 Include the resident information from your Facility Assessment and how that was used to develop your menu options. Documentation Required.
Please Select ▼	1-5 Evidence that the residents have had input into the appearance of the dining atmosphere. Documentation Required.
Please Select ▼	1-6 Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing your policies/processes to ensure that residents have access to food 24/7. Documentation Required.
Please Select ▼	1-7 Provide your external survey questions used to evaluate resident food satisfaction and report all results. Documentation Required.

- Users have the option to select “Yes”, “No”, or “Not Applying” in each of the requirement dropdowns
- Selecting “Yes” serves as a confirmation that the applicant has reviewed all minimum requirements and criteria has been met
- Selecting “No” or “Not Applying” serves as an acknowledgement that the facility does not meet the criteria or does not intend to apply for points in this measure



COLORADO

Department of Health Care
Policy & Financing

Performance Measure Pages

- Selecting “Yes” for each minimum requirement in the “Please Select” dropdown will award points to the facilities “Self Score”
- Once all minimum requirements have been selected as “Yes”, Self Score will auto populate

Minimum Requirements (must all be “Yes” to receive points) with supporting documentation. Upload supporting documentation using the File Upload button.

Please Select ▼	1-1 Provide a detailed narrative describing your enhanced dining program. Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, describe how you are transitioning back to communal dining and how you have accommodated including input from resident/family advisory groups in the reintroduction of communal dining. Documentation Required.
Please Select ▼	1-2 Evidence that menu options are more than the entrée and alternate selection and include a variety of options on a daily basis. Documentation Required.
Please Select ▼	1-3 One menu cycle from the 2021 calendar year not less than four (4) weeks in length. Documentation Required.
Please Select ▼	1-4 Include the resident information from your Facility Assessment and how that was used to develop your menu options. Documentation Required.
Please Select ▼	1-5 Evidence that the residents have had input into the appearance of the dining atmosphere. Documentation Required.
Please Select ▼	1-6 Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing your policies/processes to ensure that residents have access to food 24/7. Documentation Required.
Please Select ▼	1-7 Provide your external survey questions used to evaluate resident food satisfaction and report all results. Documentation Required.

Points Available: 3
Self Score: 0
Reviewer Score:

Performance Measure Pages

Minimum Requirements (must all be "Yes" to receive points) with supporting documentation. Upload supporting documentation using the File Upload button.

Points Available: 3
Self Score:
Reviewer Score:

Please Select	2-1 A detailed narrative describing your flexible enhanced personal care practices including bathing and personal hygiene (including oral care). Documentation Required.
Please Select	2-2 Evidence that residents are interviewed about choices regarding time, caregiver, and type of bath. Documentation Required.
Please Select	2-3 Evidence, including color photographs, that the bathing atmosphere includes home décor. Documentation Required.
Please Select	2-4 Two (2) bathing care plans that demonstrate creative approaches reflecting resident choices. Documentation Required.
Please Select	2-5 Two (2) oral care plans that demonstrate creative approaches reflecting resident choices. Documentation Required.
Please Select	2-6 Evidence of training for flexible and enhanced bathing, ensure this training reflects the residents of your home. Documentation Required.
Please Select	2-7 Evidence of training for flexible and enhanced oral care, ensure this training reflects the residents of your home. Documentation Required.

Previous Summary Save Next

- Click "Save" to save the measure and remain on the page
- Click "Previous" to go back to the previous measure and click "Next" to advance to the next measure
- Click "Summary" at the bottom of the page to navigate back to the Participant Completion Summary page

Performance Measure Pages

Clicking any button that moves to a new page will save your progress

- Including links in Navigation bar at the top of the page

The screenshot shows a web application interface for 'End Of Life Program - Self Score'. The navigation bar at the top includes 'Homepage', 'File Upload', 'Summary', 'Help', and 'Self Score'. The form fields are as follows:

Facility Name:	Test Facility FC	Facility Number:	
ID:	3	Domain:	Quality of Life
Title:	End Of Life Program	Sub-Category:	A. Resident Directed Care

Description: The home has developed a program that serves the staff, residents, and family members in preparation for the time of passing. The staff provides counseling, procedures to identify preferences, wishes, and expectations during the death process. The home also provides support opportunities and honoring ceremonies, as well as end of life planning. The program pertains to January 1 - December 31, 2021.

Minimum Requirements (must all be "Yes" to receive points):

- 3-1 A detailed narrative of your end of life program including:
 - Individual preferences, spiritual care, and grief counseling
 - Specific grief counseling
 - A plan for honoring those that have died and a process to inform the home of such death.Examples of family support may include offerings of counseling, education, and various other support measures.**Documentation Required.**
- 3-2 Documentation of four (4) residents' individual wishes and how you honored them. If the home does not have four (4) instances of how you have honored past residents, include documentation of how you plan to honor current residents' individual wishes.**Documentation Required.**
- 3-3 Provide a detailed narrative on how you are preparing your staff through your end of life programming. In the narrative, include details on how you have made an effort to make residents' end of life wishes known to staff.**Documentation Required.**
- 3-4 Provide evidence of education that focuses on staff's attention to resident preferences about their end of life experience.**Documentation Required.**
- 3-5 Two (2) signed testimonials from non-management staff describing end of life planning at your home.**Documentation Required.**

Summary statistics on the right:

Points Available:	2
Self Score:	0
Reviewer Score:	

A 'P4P Application' dialog box is overlaid on the form, displaying a checkmark and the message 'Your record has been saved' with an 'Ok' button.

Performance Measure Pages: Status

Row Color Key: = Needs Self Score = Needs Reviewer Score = Reviewed = Score Excluded (QM Scores only)

PREREQUISITES						
Measure ID	Performance Measure Title	Documentation Uploaded				
0	Prerequisites					
DOMAIN: QUALITY OF LIFE						
Subcategory Name	Measure ID	Performance Measure Title	Tools and Appendices	Points Available	Self Score	Documentation Uploaded
A. Resident Directed Care	1	Enhanced Dining		3	3	
A. Resident Directed Care	2	Enhanced Personal Care		3		
A. Resident Directed Care	3	End Of Life Program		2		
A. Resident Directed Care	4	Connection and Meaning		6		
A. Resident Directed Care	5	Person-Directed Care Training (CMS, HCPCF)		4		
A. Resident Directed Care	6	Trauma - Informed Care (CMS, HCPCF)		5		
A. Resident Directed Care	7	Daily Schedules and Care Planning (CMS, HCPCF)		3		
B. Community Centered Living	8.1	Physical Environment - Appearance		3		
B. Community Centered Living	8.2	Physical Environment - Noise Management		2		
B. Community Centered Living	9	QAPI (CMS) - Based on a Quality Measure	<input checked="" type="checkbox"/>	4		
C. Relationships with Staff, Family, Resident and Home	10	Consistent Assignments		5		
C. Relationships with Staff, Family, Resident and Home	11	Volunteer Program		3		
D. Staff Empowerment	12	Staff Engagement		3		
E. Quality of Care	13	Transitions of Care : Admissions, Transfer and Discharge Rights (CMS, HCPCF)		3		
Total - Quality of Life				49	3	
Grand Total				100	3	

- **Participation Completion Summary:** The *Row Color Key* has four statuses:
 - Blue = Needs Self Score
 - Green = Needs Reviewer Score
 - Orange = Reviewed
 - Grey = Excluded (QM only)
- The Row Color Key can be used to easily identify the progress of each measure in the application
- Total scores (for Domain and Grand Total) will populate as the user works through the application

Appendices and Tools

- A checkbox on the Participant Completion Summary notates if there are appendices or tools associated with a Performance Measure

DOMAIN: QUALITY OF CARE						
Subcategory Name	Measure ID	Performance Measure Title	Tools and Appendices	Points Available	Self Score	Documentation Uploaded
E. Quality of Care	14	Vaccination Data		2		
E. Quality of Care	15	Reducing Avoidable Hospitalizations (CMS, HCPF)		0	0	
E. Quality Measures	16.1	Nationally Reported Quality Measures Scores (CMS) - Narrative		1		
E. Quality Measures	16.2	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality Measures	16.3	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality Measures	16.4	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality Measures	16.5	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality Measures	16.6	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality Measures	16.7	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality Measures	16.8	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality Measures	16.9	Nationally Reported Quality Measures Scores (CMS)	<input checked="" type="checkbox"/>	5		
E. Quality of Care	17.1	Best Practices - Safe Physical Environment		1		
E. Quality of Care	17.2	Best Practices - Pain Management		1		
E. Quality of Care	17.3	Best Practices - Prevention of Abuse and Neglect		3		
E. Quality of Care	18.1	Antibiotics Stewardship/Infection Prevention & Control (CMS) - Documentation		3		
E. Quality of Care	18.2	Antibiotics Stewardship/Infection Prevention & Control (CMS) - Quality Measures	<input checked="" type="checkbox"/>	2		
F. Home Management	19	Medicaid Occupancy Average	<input checked="" type="checkbox"/>	4		
G. Staff Stability	20	Staff Retention Rate / Improvement	<input checked="" type="checkbox"/>	3		
G. Staff Stability	21	DON and NHA Retention	<input checked="" type="checkbox"/>	2		
G. Staff Stability	22	Nursing Staff Turnover Rate (CMS)	<input checked="" type="checkbox"/>	3		
G. Staff Stability	23	Behavioral Health Care		1		
Total - Quality of Care				51	0	
Grand Total				100	3	

Appendices and Tools

- If a performance Measure has an appendix or tool associated, it can be accessed on the right side of the measure page
- Appendices are informational and do not require any data entry by the user
- Tools are forms that require the user to enter data
 - *Upon review, points will not be awarded for a measure if the associated tool has not been completed*

The screenshot displays a performance measure interface. On the left, a dropdown menu is set to "Residents with One or More Falls with Major Injury(L) N013.02" with a score range of "Score >2.06 but <=2.48". Below this, a section titled "Minimum Requirements (must all be 'Yes' to receive points) with supporting documentation. Upload supporting documentation using the File Upload button." contains a requirement "16.2-1" with a "Yes" selection and a note that "Tool Completion and Documentation Required." On the right, a sidebar shows "Points Available: 5", "Self Score: 3", and "Reviewer Score:". Below the scores are two sections: "Appendix Forms" containing a link to "Appendix 2", and "Tools" containing a link to "QM Calculation Tool". A red circle highlights these two sections.

File Upload

- Click the File Upload button to access the upload window
- Make sure that your pop-up blocker is disabled

The screenshot displays a web browser window with the URL <https://cop4pstg.pcghealthservices.com/Upload.aspx>. The browser's address bar and the page's navigation menu both show the 'File Upload' link, which is highlighted with a red circle. The main content area is titled 'Upload Documents' and contains the following elements:

- Performance Measure:** A dropdown menu currently set to 'Please Select'.
- Minimum Requirement:** A dropdown menu currently set to 'Please Select'.
- Choose Files:** A button next to the text 'No file chosen'.
- Associated Notes:** A text area with a placeholder instruction: '(please refer to pages 18-21 in the Colorado P4P System User Guide for more detailed uploading instructions):'.
- Upload Document:** A button at the bottom of the form.

Below the form is a section titled 'Documents' which currently displays 'No Data'.

File Upload

Users may upload multiple files at once - however, each file will be associated with the same Performance Measure/Minimum Requirement and have the same Associated Notes.

- Select appropriate Performance Measure
- Select appropriate Minimum Requirement
- Choose file(s)
- Input notes, if applicable
- Click “Upload Document”

Note: To avoid a potential loss of points during review, please ensure that all supporting documentation is tagged to the appropriate *Performance Measure and Minimum Requirement*.

https://healthportal.pcgus.com/CoP4P/Upload.aspx - Google Chrome
https://healthportal.pcgus.com/CoP4P/Upload.aspx

Upload Documents

Performance Measure
Please Select

Minimum Requirement
Please Select

Choose Files | No file chosen

Associated Notes
(please refer to pages 18-21 in the Colorado P4P System User Guide for more detailed uploading instructions):

Upload Document

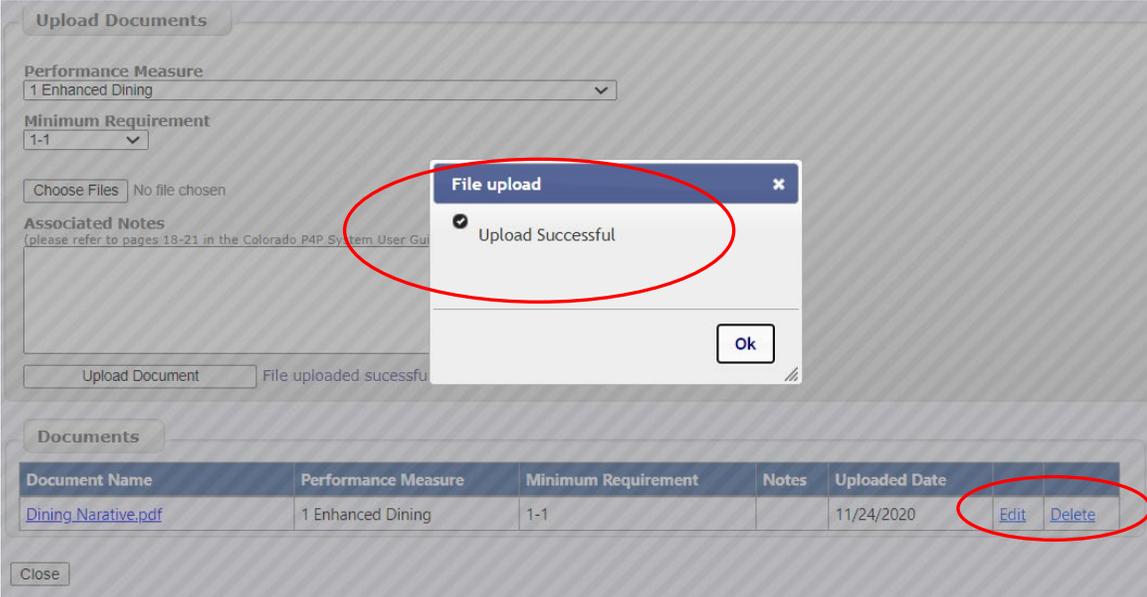
Documents
No Data

Close

File Upload

- A confirmation message will appear when upload has completed
- The uploaded file with associated information will appear under Documents on the File Upload window within the Performance Measure to which the document is tagged
 - Click “Edit” to edit the *Performance Measure, Minimum Requirement or Notes* field
 - Click “Delete” to delete the uploaded document

Note: Users cannot upload multiple files with the same name (i.e. rename CASPER reports for measure 16 and 18.2)



The screenshot displays the 'Upload Documents' interface. A 'File upload' dialog box is open, showing 'Upload Successful' with an 'Ok' button. Below the dialog, a table lists the uploaded documents. The 'Edit' and 'Delete' buttons for the first document are circled in red.

Document Name	Performance Measure	Minimum Requirement	Notes	Uploaded Date	
Dining_Narrative.pdf	1 Enhanced Dining	1-1		11/24/2020	Edit Delete

File Upload

- When changing the Performance Measure, Minimum Requirement, or Notes field associated with an uploaded document, click “Update” to save your changes

Upload Documents

Performance Measure
Please Select

Minimum Requirement
Please Select

Choose Files No file chosen

Associated Notes
(please refer to pages 18-21 in the Colorado P4P System User Guide for more detailed uploading instructions):

Upload Document

Documents

Document Name	Performance Measure	Minimum Requirement	Notes	Uploaded Date	
Dining Narrative.pdf	1 Enhanced Dining	1-1	Test	11/24/2020	Update Cancel

Close

File Upload: Document Naming Requirements

- It is a requirement that all supporting documentation is well organized, clearly labeled, and easy to navigate through.
- Recommendation for a best practice in uploading files is to use the following naming format:
 - **MeasureID_MeasureName_DocumentDescription**
 - **Measure ID:** Each measure has a corresponding Measure ID in the system. This ID can be found on the Participant Completion Summary page and on each individual Measure page. Please include a leading zero for measures 1-9.
 - **Document Description:** A brief description of the documentation being uploaded. This description should tie to a minimum requirement. Additional details can be included in the “Associated Notes” field to provide more clarity on each document.
- **Examples of this file naming format include:**
 - 01_EnhancedDining_MenuCycle
 - 11_VolunteerProgram_Testimonials

Note: It is recommended that facilities use a “_” in file names as other delimiters (such as “/” or “.” have been known to cause issues with uploading and/or opening files.

New Tool - Antibiotic Stewardship

- 18.2.1 & 18.2.2 - These were previously one measure that has been split into two separate, single point measures. 18.2 includes a new tool that requires facilities to enter their UTI/Catheter CASPER Quality Measure data. The tool will auto-calculate the 2-quarter average similarly to the Measure 16 QMs.

Antibiotics QM Tool

Enter Your CASPER Facility Adjusted Scores Here
(your average will be automatically calculated)

UTI (L) N024.02	Q3	Q4	2-quarter average (auto-calculated)
2021 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	
2021 CASPER State Average	<input type="text"/>	<input type="text"/>	
2020 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	

Residents w/ Catheter Inserted and Left in Their Bladder (L) N026.03	Q3	Q4	2-quarter average (auto-calculated)
2021 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	
2021 CASPER State Average	<input type="text"/>	<input type="text"/>	
2020 Facility Adjusted CASPER Scores	<input type="text"/>	<input type="text"/>	

Confirmation and Submission

- Once all measures have been completed in the application, a third button will appear on the Homepage
- Click on the “Confirmation/Submission” button to access the Confirmation/Submission page

State of Colorado
Department of Health Care Policy and Financing
Nursing Facilities Pay for Performance

Please Choose Fiscal Year (the current application year is 2022).

2022

Please Select Your Destination:

[Enter Participant Information](#)

[Participant Completion Summary](#)

[Confirmation/Submission](#)

[View Reports](#)

Confirmation and Submission

- Read text under Provider Signature and Submission
- Enter your Name and Title in the attestation box
- Check the Confirmation box to certify that all the information in the application is complete and accurate
- Click “Submit”
- Users will receive an email indicating that their application has been submitted

PROVIDER SIGNATURE AND SUBMISSION

PLEASE CHECK THE CONFIRMATION CHECKBOX BELOW AS AN INDICATION THAT ALL THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE.
ONCE YOU SUBMIT, YOU CANNOT MAKE FURTHER CHANGES UNTIL THE DATE WHEN THE APPEALS PROCESS BEGINS.

Provider: fcosolito2@pcgus.com

I attest that the information in this application is complete and accurate.

Name:

Title:

Confirmation: Date Completed: 11/17/2021

Note: Once submitted, the application is locked, and you will not be able to make any further changes.

Live Portal Demonstration



Questions?



Key Dates

2022 Application Key Dates

Portal opening:	December 1, 2021
Portal training session*:	December 6, 2021 @ 12pm
Applications due:	February 28, 2022
Application reviews:	March 2022
Results released:	May 1, 2022
Appeals process:	May 1 – May 31, 2022

Contact Information

Program–Related Question

Matt Haynes

Special Finance Projects Manager

matt.haynes@state.co.us

Joe Sekiya

Hospital Transformation Project Manager

joe.sekiya@state.co.us

Richard Clark

LTC Facility Policy Specialist

richard.clark@state.co.us

Portal–Related Question

Zac Corradino

Senior Consultant

Charlotte Emslie

Business Analyst

Frank Cosolito

Business Analyst

(877) 775-3853

copayforperformance@pcgus.com

Thank you!