California Department of Public Health
Center for Health Care Quality

Skilled Nursing Facility Quality and Accountability Supplemental Payment Program:
60-Day Rule and Data Completeness Methodology Overview

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60-Day Rule and Data Completeness Methodology Overview

Introduction

California legislation requires that the California Department of Public Health (CDPH) and the California Department of Health Care Services (DHCS) implement a Skilled Nursing Facility (SNF) Quality and Accountability Supplemental Payment (QASP) Program. As part of the QASP Program, CDPH requested that Health Services Advisory Group, Inc. (HSAG) assess the impact and feasibility of implementing a 60-day cut-off rule for assessments in the Minimum Data Set (MDS) 3.0 data. CDPH and DHCS seek to encourage SNFs submit assessments correctly and that any corrections are submitted appropriately and in a timely manner. Due to this, DHCS and CDPH would like to implement a 60-day cut-off rule (herein referred to as the 60-Day Rule), in which assessments submitted more than 60 days after an assessment's target date are excluded from the quarterly and aggregate measure calculations for the QASP program. Additionally, CDPH requested that HSAG assess the current data completeness measure methodology and develop an alternative methodology for the data completeness measure that evaluates if expected assessments that qualify as a target assessment (TA) are received for each resident in the expected timeframes.

60-Day Rule Overview

The 60-Day Rule excludes all assessments from the MDS data that had a submission date that was more than 60 days after the target date. If an original version of the assessment is received within 60 days after the target date, but a modified assessment is submitted more than 60 days after the target date, only the modified assessment will be removed for quality measure calculation and the originally submitted assessment will be used for quality measure calculation. Because any change in measure rates may affect the payments for all facilities in the QASP program, ensuring that assessments are accurate when they are first submitted will allow all facilities to monitor their rates and payment eligibility status quarterly using the QASP data portal.

Table 1, on the next page, displays the difference in the total count of assessments with a qualifying reason for assessment (RFA), after applying the 60-Day Rule to the data used for the state fiscal year (SFY) 2019–20 Annual Report.[1]

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[1] Due to the impact of the Coronavirus Disease 2019 (COVID-19), the SFY 2019–20 Annual Report was modified to include only three quarters of data (i.e., July 1, 2019–March 31, 2020).

Table 1—Prevalence of Assessments Submitted

Quarter	Assessments with a Qualifying RFA without 60-Day Rule	Assessments with a Qualifying RFA with 60-Day Rule	Difference	Percentage of Assessment Removed Due to 60-Day Rule
SFY 2019–20 Q1	300,381	292,111	8,270	2.75%
SFY 2019–20 Q2	251,194	240,713	10,481	4.17%
SFY 2019–20 Q3	248,450	240,330	8,120	3.27%

Table 2 displays the impact of the 60-Day Rule on the long-stay and short-stay TAs for each quarter.

Table 2—Impact of 60-Day Rule on TAs

Stay Type	Quarter	Total Number of TAs	Total Number of TAs with 60-Day Rule	TAs Impacted by 60-Day Rule	
				Count	Percent
Long Stay	SFY 2019–20 Q1	75,485	75,106	3,277	4.34%
Long Stay	SFY 2019–20 Q2	75,792	75,539	4,030	5.32%
Long Stay	SFY 2019–20 Q3	75,467	74,860	3,464	4.59%
Short Stay	SFY 2019–20 Q1	149,999	148,902	3,701	2.47%
Short Stay	SFY 2019–20 Q2	148,129	146,609	6,082	4.11%
Short Stay	SFY 2019–20 Q3	148,877	147,123	5,828	3.91%

Table 3 displays the total number of TAs impacted by the 60-Day Rule, the proportion of impacted TAs that were modified TAs, and the proportion of modified TAs with changes to key clinical fields in each quarter for long-stay residents.[2]

Table 3—Modified Assessments Among Long-Stay TAs

Quarter	TAs Impacted by 60-Day Rule	Modified TAs Impacted by 60-Day Rule	Percentage of Impacted TAs That Were Modified	Modified TAs with a Change in Key Clinical Fields	Percentage of Modified TAs with a Change in Key Clinical Fields
SFY 2019–20 Q1	3,277	2,474	75.50%	581	23.48%
SFY 2019–20 Q2	4,030	3,013	74.76%	747	24.79%
SFY 2019–20 Q3	3,464	2,197	63.42%	564	25.67%

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[2] A change in key clinical fields was defined as any resident whose numerator status changed for any measure due to the modified TA.

Table 4 shows the total number of TAs impacted by the 60-Day Rule, the proportion of impacted TAs that were modified TAs, and the proportion of modified TAs with changes to key clinical fields in each quarter for short-stay residents.[3]

Table 4—Modified Assessments Among Short-Stay Target Assessments

Quarter	TAs Impacted by 60-Day Rule	Modified TAs Impacted by 60-Day Rule	Percentage of Impacted TAs That Were Modified	Modified TAs with a Change in Key Clinical Fields	Percentage of Modified TAs with a Change in Key Clinical Fields
SFY 2019–20 Q1	3,701	2,249	60.77%	539	23.97%
SFY 2019–20 Q2	6,082	3,866	63.56%	1,272	32.90%
SFY 2019–20 Q3	5,828	3,493	59.93%	1,204	34.47%

Table 5 displays the statewide average and 75th percentile for each quality measure using the original methodology without the 60-Day Rule and after applying the 60-Day Rule for those facilities included in the SFY 2019–20 Annual Report.

Table 5—Impact on SFY 2019–20 Annual Report Quarterly Measure Rates

^For the Influenza Vaccination (Short Stay) and Pneumococcal Vaccination (Short Stay) measures, a higher rate indicates better performance.

Measure	Without 60-Day Rule		With 60-Day Rule		Relative Difference	
	Statewide Average	75th Percentile	Statewide Average	75th Percentile	Statewide Average	75th Percentile
Use of Physical Restraints (Long Stay)	0.22%	0.00%	0.22%	0.00%	0.00%	NA
Facility-Acquired Pressure Ulcer Incidence (Long Stay)	2.75%	0.77%	2.80%	0.84%	1.82%	9.09%
Received an Antipsychotic Medication (Long Stay)	2.72%	0.00%	3.07%	0.00%	12.87%	NA
Influenza Vaccination (Short Stay)^	94.09%	100.00%	93.77%	99.91%	-0.34%	-0.09%
Pneumococcal Vaccination (Short Stay)^	93.77%	100.00%	93.49%	100.00%	-0.30%	0.00%
Urinary Tract Infection (Long Stay)	1.34%	0.00%	1.49%	0.00%	11.19%	NA
Loss of Bowel or Bladder Control (Long Stay)	38.94%	26.32%	39.94%	27.69%	2.57%	5.21%
Self-Report Pain (Short Stay)	3.67%	0.00%	3.72%	0.00%	1.36%	NA

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[3]   A change in key clinical fields was defined as any resident whose numerator status changed for any measure due to the modified TA.

Measure	Without 60-Day Rule		With 60-Day Rule		Relative Difference	
	Statewide Average	75th Percentile	Statewide Average	75th Percentile	Statewide Average	75th Percentile
Self-Report Pain (Long Stay)	1.92%	0.00%	1.94%	0.00%	1.04%	NA
Need for Help with Activities of Daily Living Has Increased (Long Stay)	9.01%	5.06%	9.58%	5.45%	6.33%	7.71%

Table 6 shows how the implementation of the 60-Day Rule would impact those facilities eligible for an incentive payment using data from the SFY 2019–20 Annual Report.

Table 6—Impact of 60-Day Rule on Incentive Payments

Quarter	Total Number of Facilities with a Change in Payment Tier	Facilities with an Increase in Payment Tier	Facilities with a Decrease in Payment Tier
Facilities Eligible for Payment	72	12	60

Data Completeness Overview

The data completeness methodology is designed to reflect the percentage of residents who had an assessment with a qualifying RFA submitted for each quarter they resided in a facility. Based on the MDS guidelines for assessment submissions (i.e., frequency and timing), facilities should submit at least one assessment with a qualifying RFA that can be used as a target assessment in each quarter the resident is in the facility. The data completeness rate will be calculated for each quarter and aggregated into an annual rate. The numerator criteria for the data completeness measure includes short-stay or long-stay residents who had an assessment submitted with a qualifying RFA (A0310A = [01,02,03,04,05,06], or A0310B = [01,02,03,04,05,06], or A0310F = [10,11]) during the selection period. For short-stay residents, the selection period will be the most recent six months and for long-stay residents, the selection period will be the most recent three months. This reflects the selection period for target assessments as defined by the MDS 3.0 Quality Measures User's Manual.[4]

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[4] RTI International. MDS 3.0 Quality Measures User's Manual. Version 12.1. October 1, 2019. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-USERS-MANUAL-v121.pdf. Accessed on: Jul 7, 2021.

The denominator will be the long-stay and short-stay residents who are identified for each facility during the quarter. The following optional exclusions will be applied if the resident is not eligible for the numerator:

- The resident had a death in a facility assessment (A0310F = [12]) during the selection period.
- The resident was a short-stay resident and had an entry assessment within 14 days of the end of the selection period.

The previous optional exclusions are applied so not to penalize facilities for residents who were deceased during the selection period before an assessment with a qualifying RFA can be performed or for short-stay residents where the selection period ends before a comprehensive admission assessment is required. In these cases, it may be appropriate that a resident would not have an assessment with a qualify RFA during the quarter.

HSAG used the data completeness methodology described above to calculate the data completeness rate for the facilities included in the state fiscal year (SFY) 2019–20 Annual Report. Facilities that have a data completeness rate of 90 percent and greater are eligible for an incentive payment. In addition, HSAG calculated the data completeness rate after the 60-Day Rule was applied to the data to determine the impact the 60-Day Rule would have on the data completeness rate.

Table 7 displays the statewide data completeness rates using the original and proposed data completeness methodologies, with and without the 60-Day Rule.

Table 7—Data Completeness Methodology

Methodology	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
Original Methodology	1,069	95.47%	97.46%	98.73%	99.51%	100.00%	97.83%	21.21%	100.00%
Original Methodology with 60-Day Rule	1,069	93.67%	96.67%	98.36%	99.28%	99.88%	96.85%	3.03%	100.00%
Proposed Methodology	1,069	93.18%	96.30%	98.06%	99.05%	99.71%	96.96%	34.12%	100.00%
Proposed Methodology with 60-Day Rule	1,069	89.64%	94.27%	97.08%	98.62%	99.50%	95.00%	28.87%	100.00%

Table 8 shows the impact on payment eligibility using proposed data completeness methodology, both with and without the 60-Day Rule. Facilities with a data completeness rate above 90 percent meet the data completeness eligibility criteria.

Table 8—Data Completeness Impacts on Payment Eligibility

Methodology	Facilities that Met the Proposed Data Completeness Requirement (> 90%)	Facilities that Did Not Meet the Proposed Data Completeness Requirement (≤ 90%)	Facilities Changed from Ineligible in Original Methodology to Eligible in Proposed Methodology	Facilities Changed from Eligible in Original Methodology to Ineligible in Proposed Methodology
Original Methodology	585	14	NA	NA
Original Methodology with 60-Day Rule	571	28	0	14
Proposed Methodology	586	13	10	9
Proposed Methodology with 60-Day Rule	550	49	8	43

Annual Report Implementation

The CDPH SNF QASP SFY 2020–21 Annual Report measurement period (i.e., July 1, 2020–June 30, 2021) will not include the 60-Day Rule or the change to the data completeness methodology.

The CDPH SNF QASP SFY 2021–22 Annual Report measurement period (i.e., July 1, 2021–June 30, 2022) will include the 60-Day Rule and the change to the data completeness methodology if approved for inclusion. Facilities with a data completeness rate above 90 percent will be eligible for an incentive and/or an improvement payment if other eligibility criteria are met for the SFY 2021–22 Annual Report.