



Blue Shield of California Promise Health Plan

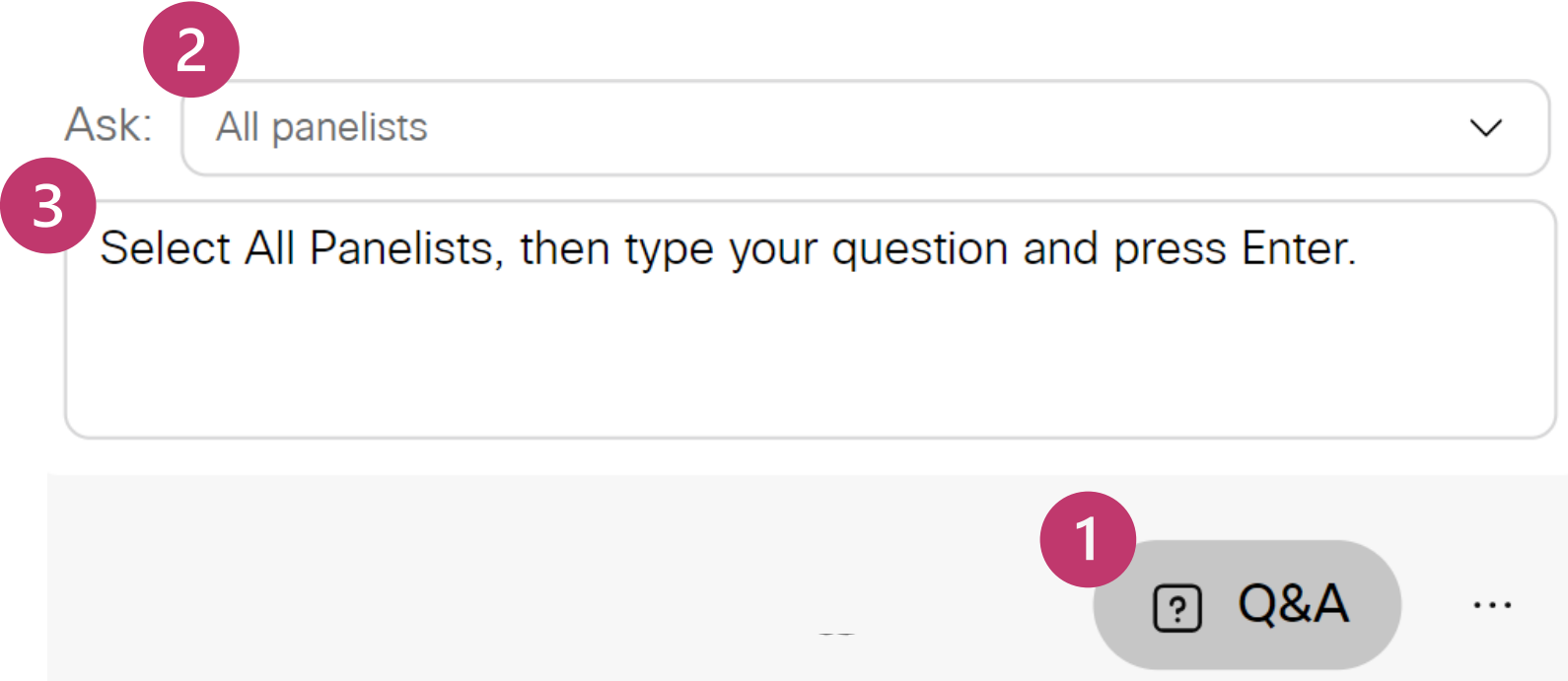
SNF Workforce Quality Incentive Program (WQIP)

APL 25-002



How to ask a question

- 1. Click the **Q&A** button.
- 2. Select **All Panelists**.
- 3. Type your question.
- 4. Press **Enter** on your keyboard.



How to see live captions

Click CC on the bottom left of your Webex screen.

Agenda

This presentation and a link to the recording will be emailed to you within five (5) business days.

- SNF Workforce and Quality Incentive Program (WQIP) introduction
 - What is the SNF WQIP eligibility
- Determining and paying SNF WQIP incentive
 - Quality metrics
 - Bed days
 - Citations
 - Blue Shield Promise process
- Bi-annual payment schedule
- Ensuring data is accurate
 - Quarterly reconciliation process
 - Blue Shield Promise claim dispute process
 - Blue Shield Promise Long-Term Services and Supports (LTSS) liaisons
 - Blue Shield Promise SNF WQIP inquiry process
- Fastest way to receive SNF WQIP payments
- Q&A



Your Blue Shield presenters

Presenter	Topic
Khushboo Malhotra <ul style="list-style-type: none">• Project Manager	<ul style="list-style-type: none">• Program overview
Sevana Keshishian <ul style="list-style-type: none">• Finance Analytics Manager	<ul style="list-style-type: none">• WQIP incentive determination and distribution
Ron Gutzman <ul style="list-style-type: none">• PDR Program Manager	<ul style="list-style-type: none">• Provider dispute resolution (claims)
Amber Roldan <ul style="list-style-type: none">• Provider Relations Representative• LTSS – SD County	<ul style="list-style-type: none">• Long-Term Services Liaisons (LTSS) role• SNF WQIP inquiry process
Valeria Thompson <ul style="list-style-type: none">• Provider Relations Representative• LTSS – LA County	



SNF WQIP introduction

What is the SNF Workforce and Quality Incentive Program (WQIP)?

Through the SNF WQIP, managed care plans (MCPs) such as Blue Shield of California Promise Health Plan will distribute incentive payments to skilled nursing facilities (SNFs) who meet performance and quality requirements, as determined by the Department of Health Care Services (DHCS).

- Documented in [APL 25-002](#).
- Replaces the former fee-for-service (FFS) delivery system’s Quality and Accountability Supplemental Payment (QASP) Program.
- Payments are made by MCPs to facilities starting in CY 2024 for utilization/performance in CY 2023.
- Applies to dates of service from January 1, 2023, through December 31, 2026.

PY 1	PY 2	PY 3	PY 4
2023	2024	2025	2026

* PY = Program Year

How WQIP differs from QASP

QASP Quality and Accountability Supplemental Payment (Program)		WQIP (SNF) Workforce and Quality Incentive Program
<ul style="list-style-type: none">• Smaller bonus and only to the highest performing facilities.	VS.	<ul style="list-style-type: none">• Broadly distributes funding to incentivize workforce, quality improvement, and equity as a core part of facilities' reimbursements.
<ul style="list-style-type: none">• Uses only Minimum Data Set (MDS) clinical metrics.		<ul style="list-style-type: none">• Uses MDS plus new metrics including workforce, claims-based clinical metrics, and equity metrics.
		<ul style="list-style-type: none">• Provides a greater opportunity for SNFs to earn points for achievement or improvement on clinical metrics.

Who is eligible for SNF WQIP payments?

Eligible


- Freestanding SNF Level-B facilities
- Adult Freestanding Subacute Facility Level-B facilities
 - Participating in Medi-Cal program
 - Furnishing services under a network provider agreement



NOT eligible *

- Freestanding pediatric subacute care facilities
- Intermediate care facilities for the developmentally disabled
- Distinct part facilities
- SNFs with 100% designated special treatment program beds

* Also not eligible: Facilities in which all beds are designated for 1) hospice or 2) special treatment program services for the mentally disordered.



Process for determining
and paying the SNF
WQIP incentive

SNF WQIP process high-level overview

Each PY has two phases of payment: 1) interim and 2) final. Payment for qualifying facilities is determined based on using a per diem rate by SNF, multiplied by the number of qualifying bed days for that SNF in the PY dates of service.

1. DHCS will calculate a per diem incentive amount for the program year for each qualifying SNF, using metrics established for the workforce, clinical quality, and equity domains.
 - A SNF's WQIP score will be based on an aggregate of all the services they provided across all the MCPs they support.
 - For each phase of each PY, DHCS provides payment exhibits to MCPs based on the scores for each SNF.
2. Blue Shield Promise calculates the number of **qualifying bed days** for each qualifying SNF, applies **additional adjustments if appropriate**, and makes interim and final payments.



Quality metrics used to determine a SNF’s WQIP score

To evaluate and score quality of care within SNFs, DHCS evaluates 14 metrics* across three domains: workforce, clinical, and equity.

- Within each domain, there are two measurement areas; each includes between one to five metrics.
- For the claims-based clinical metrics, MCPs calculate and submit facility-level rates in accordance with DHCS specifications.
- A SNF’s WQIP score is based on an aggregate of all services provided across all supported MCPs.
- See the [SNF WQIP Incentive Program: 2024 Final Technical Program Guide](#) for additional detail.

Domain	% of total score	Measurement area	# of metrics
Workforce	35%	Acuity-Adjusted Staffing Hours	5
	15%	Staffing Turnover	1
Clinical	20%	Minimum Data Set	3
	20%	Claims-based (provided by MCPs)	3
Equity	7%	Medi-Cal Disproportionate Share	1
	3%	Racial & Ethnic Data Completeness	1

* See [WQIP quality metrics detail](#) in the Appendix for list of individual metrics.

SNF WQIP bed day defined*

WQIP payable bed days

- A calendar day during the PY, in which a member receives SNF Level-B services, inclusive of the first day of the member's stay and excluding the day of discharge unless it is also the first day of stay.
- Medi-Cal is primary, and Medicare does not cover any portion of the bed day.
- SNF Level-B services include:
 - Room and board
 - Nursing and related care services
 - Commonly used items of equipment, supplies, and services
 - Leave of absence days
 - Bed holds

NOT payable bed days

- Bed days that are ...
 - Reimbursed outside of a network provider agreement.
 - Medi-Cal as a secondary payer.
 - Reimbursed through the non-MCP Medi-Cal FFS delivery system.
 - Special treatment program services for the mentally disordered
 - Hospice services

* See [Revenue/accommodation codes for SNF WQIP qualifying bed days](#) in the Appendix.

Impact of citations on SNF WQIP score

Class AA citation

- Issued for actions that are the proximate cause of resident death.
- Facilities with one or more Class AA citations partly or wholly in the PY are **disqualified** from payments for that PY.

Class A citation

- Issued for actions where there is imminent danger of death or serious harm to a resident or a substantial probability of death or serious physical harm.
- Facilities with one or more Class A citations partly or wholly in the PY receive a **40% penalty** to the per diem payment amount for that PY.

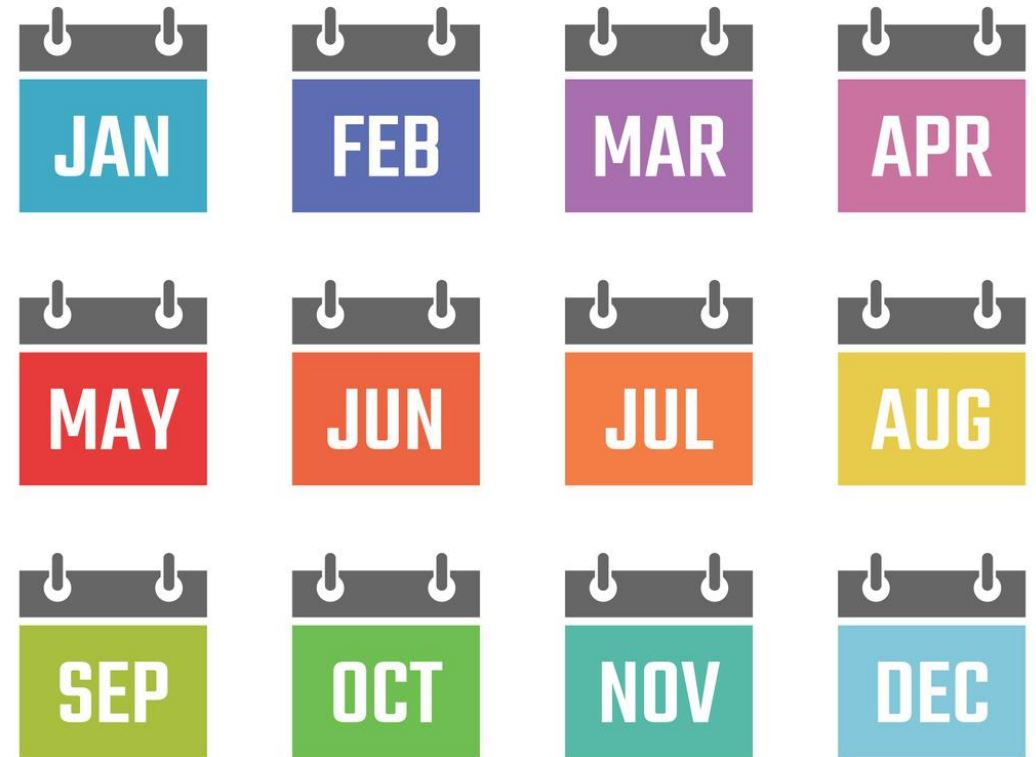
MCP process for determining/making payment

Blue Shield Promise will:

1. Apply necessary filters to SNF data to calculate the qualifying bed days per facility, excluding out-of-network and Medicare eligible records.
2. Calculate payment for each SNF by summarizing qualifying bed days and multiplying by interim per diem rate or final per diem rate, depending on the payment phase.
3. Apply citation penalties to a SNF with AA or A citations.
4. Net out each PY final payment against the interim payment or any recoupment amount due from the previous PY(s).
5. Complete payments within 45 days of DHCS's final per diem rate exhibits for interim and final payments.
 - Include with that payment:
 - Cover letter describing the payments, whom to contact with any questions, and how to file an appeal and/or inquiry.
 - Summary and detailed claims reports showing the qualifying bed days upon which the payment was calculated.

Bi-annual payment schedule

- Payments for PY 1 (2023) have already been distributed.
- On May 13, DHCS provided CY 2024 interim per diem exhibits.
- MCPs make payments within 45 days of receiving the per diem exhibits from DHCS. Blue Shield Promise made CY 2024 Interim payments on Friday, June 13.
- Before the end of the year, DHCS will provide CY 2024 final per diem exhibits and MCP will pay CY 2024 final payments within 45 days.
- For each subsequent year, MCPs expect to distribute:
 - Interim payments during the first part of the calendar year;
 - Final payments during the last part of the calendar year, after receiving payment exhibits from DHCS.





Ensuring data accuracy

Quarterly reconciliation process



To ensure data accuracy:

- On April 25th, Blue Shield Promise sent each qualified facility a SNF WQIP bed day summary data file. It listed all qualifying bed days for your facility for the calendar year 2024. This file will be sent quarterly.
- Always review this data carefully to determine if any claims are missing or incorrect.*
- If you identify missing claims, submit via the normal Blue Shield Promise process. The due date specified in the correspondence will give Blue Shield Promise time to process/address any issues before the data is submitted to DHCS.
 - **Claims that appear in the report should not be resubmitted.**
- Should you have any questions regarding the report, please send an inquiry to the Blue Shield Promise Long-Term Services and Supports (LTSSs) email box at PHPSNFPProvInquiries@blueshieldca.com – we will cover this process shortly.

*Note, claims may not appear in the file because they do not qualify for the SNF WQIP.

Blue Shield Promise claim dispute process

- Medi-Cal providers have 365 days* from the health plan's action or the plan's capitated provider's action or, in the case of inaction, to submit a written dispute to Blue Shield Promise.
 - Disputes can **only** be submitted: 1) online via Provider Connection after log in, or 2) by postal mail.
 - Online disputes are acknowledged within two (2) working days: Disputes submitted by mail, within 15 working days.
 - Blue Shield Promise sends the provider a closure "dispute resolution" letter within 45 working days of dispute receipt.
 - For detailed information on second-level appeals, please review the [Medi-Cal Provider Manual](#).
 - Dispute status is viewable on Provider Connection after log in, no matter how the dispute is submitted. Dispute status can also be obtained via Provider Connection online chat after log in, or by calling Blue Shield Promise Provider Customer Service.
 - For additional information, see the [provider dispute and resolution policy and procedures](#) for Blue Shield Promise. See step-by-step instructions for [submitting a dispute online and viewing its status](#).
- * Or the time specified in the provider's contract, if it is greater.
- * When payments are issued, a cover letter will be issued describing the payments, whom to contact with any questions, and how to file an appeal and/or inquiry.

Blue Shield's Long-Term Services and Supports (LTSS) liaisons

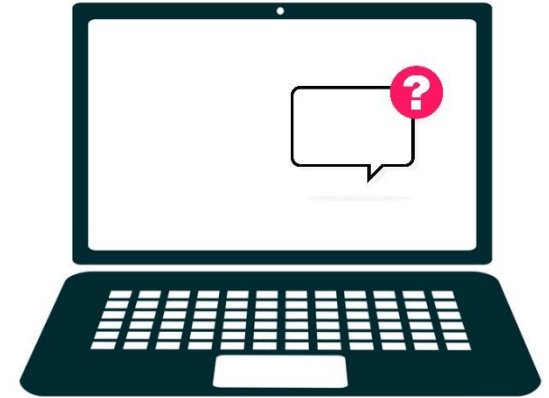
Blue Shield Promise has a team of two LTSS liaisons ready to support SNFs Monday through Friday from 8 a.m. to 5 p.m.

For SNF WQIP payment-related inquiries

- Contact
 - Valeria Thompson (LA county)
 - Amber Roldan (SD county)
 - PHPSNFProvInquiries@blueshieldca.com
 - Phone: **(562) 580-6571**

Inquiry process

1. Email your inquiry to PHPSNFPProvInquiries@blueshieldca.com using secure messaging and following HIPAA regulations.
2. Include your name and contact information plus the facility name, location, and NPI#.
3. Provide a description of the issue and attach supporting documentation with areas of concern clearly identified. (e.g., patient information, dates of service, CPT codes, claims, etc.)
 - The more comprehensive the detail provided, the faster Blue Shield Promise can research and respond.
4. A Blue Shield LTSS liaison will acknowledge the inquiry within three (3) business days.
5. Our LTSS liaisons will forward your question to the appropriate department(s) within Blue Shield Promise, and they will respond with an estimated timeframe for resolution.



What is the fastest way to receive SNF WQIP payments?

Blue Shield Promise recommends setting up Electronic Funds Transfer (EFT) via Paymode.*

- To enroll in the Paymode basic no-fee solution you will need to provide a valid email address, your company's US Tax ID Number (EIN), your company's bank account and transit routing number, and possibly a copy of a voided check or recent bank statement.
 1. Go to www.paymode.com/blueshieldofcalifornia and click **Join Now**.
 2. Enter a valid email address in the field provided.
 3. Establish a password and enter the enrollment code: **G-TQNSAR9AA** in the field provided.
 4. Follow the remaining on-screen instructions.
 5. Email VendorMaintenance@blueshieldca.com the current W9.
 - The W9 Tax ID must match the Tax ID entered on your Paymode account.
 6. Paymode will review your submission and contact you if additional documentation is required.
 7. Once Paymode completes their review, you will receive an email about action you must take to finalize enrollment.
- For enrollment assistance please call **1-800-331-0974** Monday through Friday 8:00 AM – 5:00 PM EST or email enrollment@paymode-x.com.
 - To learn more about Paymode, go to www.paymode-x.com/get-paid.



* During the verification process, select Paymode-Basic (with No fee) and NOT Paymode-Premium (with Network fee).

* If you are already a Paymode member: 1) Log in to your account., 2) Click the **Payers** tab, 3) Click **Accept** for Blue Shield.

Q&A session

1. Click the **Q&A** button.
2. Select **All Panelists**.
3. Type your question.
4. Press **Enter** on your keyboard.

The screenshot shows a Q&A interface. At the bottom, a button with a question mark icon and the text "Q&A" is highlighted with a red circle containing the number 1. Above this, a text input field is shown with a dropdown menu open, displaying "All panelists" and a downward arrow. A red circle with the number 2 points to this dropdown. Below the dropdown is a large text area for typing a question, with a red circle containing the number 3 pointing to it. To the left of the text area, the word "Ask:" is visible. Below the text area, a light gray bar contains the "Q&A" button and a three-dot menu icon.

Ask: All panelists

3 Select All Panelists, then type your question and press Enter.

1 ? Q&A ...

Resources to support you

Action	Support
LTSS liaisons at PHPSNFProvInquiries@blueshieldca.com (562) 580-6571	<ul style="list-style-type: none"> LA County: Valeria Thompson SD County: Amber Roldan <ul style="list-style-type: none"> Monday through Friday from 8 a.m. to 5 p.m.
LA Care incentive_ops@lacare.org	<ul style="list-style-type: none"> When LA Care is the responsible payer, SNF inquiries related to payments, tracking, and reconciliation should be directed here.
Blue Shield Promise Provider Customer Service at (800) 468-9935 Live chat from Provider Connection – log in required.	<ul style="list-style-type: none"> General help with website if you can't find answers in the resources above. Removal or disabling of an Account Manager for your organization. Provider and Tax ID association for one of your claims.
Provider Connection Support – no log in required	<ul style="list-style-type: none"> Provider Connection Reference Guide Provider Connection website registration instructions for all account types and additional tutorials Online text-based website help available from every page – no log in required.

- [DHCS APL 25-002: SNF WQIP](#)
- [DHCS SNF Workforce and Quality Incentive Program](#) webpage
- [DHCS WQIP Technical Program Guides](#) webpage
- [DHCS SNF WQIP Incentive Program: 2024 Final Technical Program Guide](#)

- [Blue Shield Promise Nursing Facilities Reference Guide](#)
- [Blue Shield Promise SNF WQIP](#) webpage
- [Blue Shield Promise SNF WQIP FAQ](#)
- Blue Shield [dispute fundamentals](#) and how to [submit claims disputes online and view status](#)
- Blue Shield of California payment network ([Paymode X](#))



Thank you



Appendix

SNF WQIP quality metrics detail

Workforce Metrics

Calculated using CMS Care Compare and Payroll Based Journal:

- 1. Acuity-Adjusted Total Nursing Hours
- 2. Acuity-Adjusted Weekend Total Nursing Hours
- 3. Acuity-Adjusted Registered Nurse (RN) Hours
- 4. Acuity-Adjusted Licensed Vocational Nurse (LVN) Hours
- 5. Acuity-Adjusted Certified Nursing Assistant (CNA) Hours

- 1. Total Nursing Staff Turnover

MDS Clinical Metrics

- 1. Percent of Residents Who Lose Too Much Weight, Long Stay (CMS Metric)
- 2. Percent of Residents Experiencing One or More Falls with Major Injury, Long Stay (CMS Metric)
- 3. Percent of Residents Who Received an Antipsychotic Medication, Long Stay (CMS Metric)

Claims-based Clinical Metrics

Calculated using claims data for Medi-Cal beneficiaries and Medicare dual-eligible beneficiaries:

- 1. Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days (CMS Metric)
- 2. Healthcare-Associated Infections Requiring Hospitalization (CMS Metric)
- 3. Potentially Preventable 30-Day Post-Discharge Readmission (CMS Metric)

Equity Metrics

- 1. Racial & Ethnic Data Completeness in MDS, over 90 percent
- 1. Disproportionate Share of Medi-Cal Days above the 50th percentile using Medi-Cal claims, compared to peer facilities

Criteria for determining qualifying bed days for SNF QWIP

- Calendar days during which member receives SNF Level-B services inclusive of the first day of stay and excluding the day of discharge unless it is also the first day of stay
- Rendered during the PY and billed under a Network Provider Agreement with an MCP
- Medi-Cal primary payer / Medicare no longer covering any portion of bed day
- Revenue and accommodation codes apply as indicated below

DOS prior to 2/1/24		
Rev	Accom code	Exclusion
0160	01	Distinct part facilities to be excluded *
0160	21	
0180	03	Distinct part facilities to be excluded *
0180	23, 81, 82	
0185	02	Distinct part facilities to be excluded *
0185	22, 71, 78	
0199	75, 76	

DOS on/after 2/1/24	
Rev	Accom code
0101	07, 21
0180	08, 09, 22, 23, 81, 82
0185	77, 78
0190	75, 76

* [Distinct Part Nursing Facilities, Level B \(DP/NF-B\)](#)



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