

2020 Medicaid Partnership for Quality (P4Q)
Long Term Care Program Information Guide

I. Summary

P4Q providers can potentially earn incentive payments in calendar year 2020 for providing quality-driven data that helps to identify nursing facilities and assisted living facilities who are providing high quality care to Staywell's Long Term Care members. Incentive payments will be sent within 60 calendar days after the receipt of clean data for the applicable quarterly reporting period.

II. Instructions

1. Facilities must meet the volume threshold within the reporting quarter required to participate in the program:
 - Nursing Facility: 25 active Staywell LTC residents
 - Assisted Living Facility: 10 active Staywell LTC residents
2. The data collection period begins July 1, 2020 and extends through December 31, 2020. The data must be submitted within 30 days of the end of the quarter.
3. The required data elements at the Staywell member level must be assembled, entered into the reporting template and submitted to Staywell within 30 calendar days of the end of the reporting quarter. Please submit the completed template to FL_LTC_VBC_Program@Wellcare.com. Below is a listing of data elements:
 - Provider ID: Staywell provider ID
 - Facility Name: Name of nursing facility/assisted living facility
 - LTSS Member ID: Staywell member ID
 - LTSS Member First Name: Member's first name as documented on the Medicaid ID
 - LTSS Member Last Name: Member's last name as documented on the Medicaid ID
 - Date of Admission to Nursing Facility or Assisted Living Facility: Date member was admitted to custodial care in the nursing facility or assisted living facility
 - Date(s) of Fall: MM/DD/YYYY that a fall occurred.
 - Indicate fall(s) with injury: Yes or No to indicate if a fall resulted in an injury
 - ED Visit date(s): MM/DD/YYYY of emergency department visit or N/A if a visit did not occur
 - Hospital Admission Date(s): MM/DD/YYYY of admission to hospital or N/A if a hospital admission did not occur
 - Hospital Discharge Date(s): MM/DD/YYYY of discharge or N/A
 - Admission Diagnosis: ICD 10 diagnosis description or N/A
 - Discharge Disposition of Hospital Admission: Discharge disposition: Nursing Facility, ALF, AFCH, private home, deceased
 - Date of Nursing Facility/Assisted Living Facility Discharge: MM/DD/YYYY of discharge
 - Discharge Disposition from Nursing Facility/Assisted Living Facility: Discharge disposition: Nursing Facility, ALF, AFCH, private home, deceased
 - Date of Readmission to Custodial Nursing Facility: MM/DD/YYYY or N/A if not readmitted
 - Reason for Readmission to Nursing Facility/Assisted Living Facility: Describe within text field or N/A
 - Member Received Annual Flu Vaccination: Yes or No
 - Date Member Received Flu Vaccination: MM/DD/YYYY of when member received a flu vaccination or "No" if member has not received one

- Member Received Pneumococcal Vaccination: Yes or No
- Date Member Received Pneumococcal Vaccination: MM/DD/YYYY of when member received the pneumonia vaccination or “No” if member has not received one
- Date of Complaint: MM/DD/YYYY of complaint received or N/A if no complaints received
- Reason for Complaint: Describe in text field
- Date of Resolution: MM/DD/YYYY complaint was resolved

III. Payment Process & Timelines

Payments will be made within 60 calendar days of the receipt of clean data.

- Staywell may request updates to data if the data received is incomplete, incorrectly formatted, or otherwise inaccurate.
- Data submissions requiring requests for edits or updates will delay the payment until the data received is complete.
- Nursing Facility and Assisted Living Facility payments will be issued at \$25 per member included within the data file, e.g., 25 members x \$25 = \$625 per month. Quarterly incentive payment = \$625 x 3 = \$1,875

IV. Additional Conditions

Additional conditions for eligibility to receive an incentive payment under the Partnership for Quality (P4Q) Program are:

1. All P4Q providers must: (a) be in a participation agreement with Staywell from the effective date and continually through the dates the incentive payments are made, and (b) be in compliance with their participation agreement including timely completion of required training or education as requested or required by Staywell.
2. Incentive payments are paid to the provider within the timeframes defined.
3. Any incentive payments earned through this P4Q program will be in addition to the compensation arrangement set forth in your participation agreement, as well as any other Staywell incentive programs in which you may participate. At Staywell's discretion, P4Q providers who have a contractual or other quality incentive arrangement with Staywell, either directly or through an IPA/vendor, may be excluded from participation in this P4Q program.
4. The terms and conditions of the participation agreement, except for appeal and dispute rights and processes, are incorporated into this program, including without limitation, all audit rights of Staywell, and the P4Q provider agrees that Staywell, or any state or federal agency may audit records and information.
5. The program is discretionary and subject to modification because of changes in government healthcare program requirements or otherwise. Staywell will determine if the requirements are satisfied, and payments will be made solely at Staywell's discretion. There is no right to appeal any decision made in connection with the program. If the program is revised, Staywell will send notice to the P4Q provider by email or by other means as permitted under the Participation Agreement.

6. Staywell reserves the right to withhold the payment of any incentive payments that may have otherwise been paid to a P4Q provider to the extent that such P4Q provider has received or retained an overpayment (any money to which the P4Q provider is not entitled, including but not limited to fraud, waste or abuse from Staywell, or Plan's Eligible Member). In the event Staywell determines a P4Q provider has an overpayment, Staywell may offset any incentive payment that may have otherwise been paid to the P4Q provider against overpayment.
7. Staywell shall make no specific payment, directly or indirectly under a provider incentive program, to a P4Q provider as an inducement to reduce or limit medically necessary services to an enrollee; and this P4Q program does not contain provisions that provide incentives, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.
8. This incentive program will be valid through December 31, 2020. Staywell is under no obligation to renew the incentive program.

For additional questions, please contact your Provider Relations Representative or email FL_LTC_VBC_Program@Wellcare.com.

Definitions

- **Incentive Payment** is additional reimbursement beyond the contracted rates in the participation agreement a P4Q provider may receive if P4Q LTC requirements are met.
- **Effective Date** is July 1, 2020.
- **Eligible Member** is a member who was enrolled as an LTC member with Staywell during the measurement quarter.
- **P4Q Provider** is either a nursing facility or assisted living facility who meets the volume thresholds for this program and who receives this Program Information Guide.

Quality care is a team effort. Thank you for playing a starring role.