

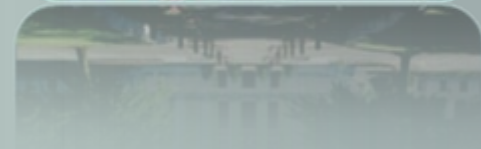


Medicaid Quality Incentive: Data Submission

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History: House Bill 2956

- Introduced by hospital request
- Increases hospital rates – using dollars from hospitals (assessments) and federal match
- Amended by Representative Cody to include a quality incentive
- Starting in July 2012, one percent increase in in-patient rates as “pay-for-performance”
- Passed in the 2009-2010 legislative session



Principles of Quality Incentive



- Measures must be:
 - Evidence-based.
 - Consistent with national measures where possible.
- Methodology for earning incentive:
 - Recognize that some measures may not be appropriate to specialty pediatric, psychiatric, or rehabilitation hospitals.
 - Represent real improvements in quality.
 - Designed so all hospitals can earn incentive payments if performance is at or above the benchmark.

Additional Framework

- Measures need to be of value to Medicaid patients
 - Hospital Compare with heart attack and pneumonia applies to older population
- Consistent with what hospitals are working to improve
 - Minimal additional data collection



Quality Incentive Measures

Reduce Hospital Acquired Infections

- Healthcare Worker Influenza Immunization

Safe Discharges (Reduce Rehospitalizations)

- Patient Discharge Information (HCAHPS)

Safe Deliveries (acute care only)

- Elective Delivery Prior to 39 Weeks

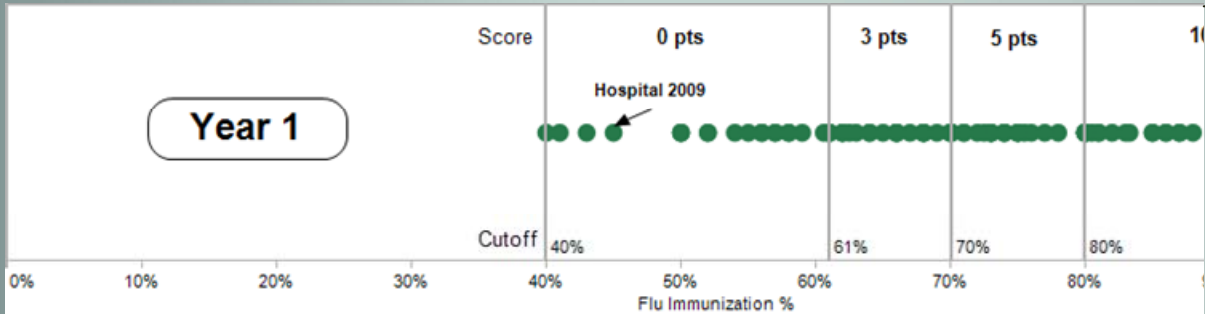
Reducing Emergency Department Cost

- Reducing Preventable Emergency Department Use

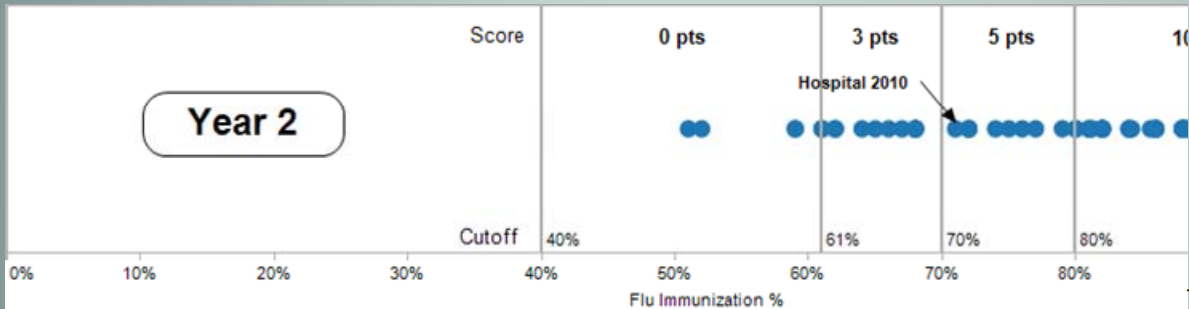
Prudent Medication Prescription

- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Baseline:



Data is measured based on the 2011 period and more hospitals can move into the higher threshold categories.



Ranges were set based on current baseline data.

Same limits are used for the “award year” allowing all hospitals opportunity to improve scores and earn maximum points.

Measure	Threshold	Points
Immunization	80% or more	10
	71-79%	5
	61-70%	3
	0-60%	0
Discharge Info	86% or more	10
	84-85%	5
	82-83%	3
	0-81%	0
Elective Delivery	7% or less	10
	8-17%	5
	18-30%	3
	3-100%	0

Measure	Threshold	Points
Justification on Antipsychotics	31% or more	10
	21-30	5
	11-20	3
	0-10	0
ER Visits– Plan Development	5 sections	10
	4 sections	5
	3 sections	3
	0-2 sections	0

Measure	Submission Method	Reporting Frequency
Healthcare Worker Flu Immunization	Web Survey	Annually (May 1, 2011)
Patient Discharge Information	XML File Emailed to WSHA (by vendor or hospital) Ken Rudberg (kenr@wsha.org)	Quarterly
Elective Delivery Prior to 39 Weeks	WSHA Quality Benchmarking System	Quarterly
Reducing Preventable Emergency Room Visits	Plan emailed to Medicaid Purchasing Administration Beverly Court (beverly.court@dshs.wa.gov)	Annually (September 1, 2011)
Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	WSHA Quality Benchmarking System	Quarterly

Questions?

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