Medicaid Quality Incentive

Web Conference

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Presenters

Jennifer Graves, RN
Senior Vice President, Patient Safety
Washington State Hospital Association

Daniel Lessler, MD
Chief Medical Officer
Washington State Health Care Authority

Thank You

- Vision and drive for quality incentive

Rep. Eileen Cody

Today's Presentation

- History of the Medicaid Quality Incentive
- July 1, 2017 program and timeline
- Purpose and goals
- Measures
- Factors to consider
- Additional resources
- Questions

History

- First Medicaid Quality Incentive was passed by the Washington State Legislature in 2010.
- Among the first in the country.
- Tied to the Hospital Safety Net Assessment.
- Significant quality improvements occurred.

Medicaid Quality Incentive
July 1, 2017

- The program is included in the Hospital Safety Net Assessment legislation.
- 88% percent of eligible hospitals earned an incentive payment in FY 2016.

Timeline

July 1, 2017 - December 31, 2017

Hospitals collect performance data.

March 2018

Chief Financial Officer attestation.

April 2018

HCA determines which hospitals qualify for payment.

July 2018 (State fiscal year 2019)

Qualifying hospitals receive incentive payment and next year begins.

Guiding Principles

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

Process for Selecting Measures

- ✓ Clinical experts from hospitals provided guidance for measure development.
- ✓ Final selection by HCA.

Payment Increases

- One percent inpatient Medicaid increase for non-critical access hospitals.
- Acute general and pediatric hospitals
  - ✓Receive increase across services based on overall hospital performance.
- Behavioral health hospitals and units
  - ✓Increase based on behavioral health measures.

Funding for Incentives

- Quality incentive provided to all qualifying Washington hospitals.
- No partial increases
  - ✓Hospitals receive either zero or one percent increase.

Selected Measures

Infection Prevention

- Clostridium difficile Infections per 10,000 patient days (NHSN) (Hospital-Wide)
- Colon Surgical Site Infection per 100 procedures (NHSN) (adult acute)

Selected Measures

Antimicrobial Stewardship

Achievement of WSHA Antimicrobial Stewardship Basic Tier Structural Components

Selected Measures

Workforce Safety

Worker's Compensation Claims per 100 Full-Time Employee (FTE) (OSHA)

Selected Measures

Nursing Measures - Outcome

- Pressure Ulcer (AHRQ PSI 03) (Hospital-Wide) (*adult acute and rehabilitation*)
- Falls with Injury Per Patient Day (NQF 0202) (*adult acute and rehabilitation*)

Selected Measures

ER is for Emergencies

(Adult and pediatric hospitals with emergency rooms only)

- Patients with Five or More Visits to the Emergency Room *at the same facility* without a Care Guideline

  (Patients that are not admitted.)

Care guidelines are created to be informative and unique to the patient.

Selected Measures

Safe Deliveries

(Applies to hospitals with obstetrical programs only)

- Percent of patients with Elective Deliveries 37 to Less than 39 Weeks Gestational Age (PC-01) – *data submission only*
- Non-medically indicated inductions with unfavorable cervix in nulliparous women
- Severe Maternal Morbidity: Hemorrhage and Severe Hypertension/Preeclampsia Policies and Procedures

Selected Measures:
Behavioral Health Services

- Transition Record with Specified Elements Received by Discharge (CMS)

- Behavioral Health Measure: Multiple Antipsychotic Medications at Discharge with Appropriate Justification - Overall Rate (HBIPS-5)

Incentive Payments

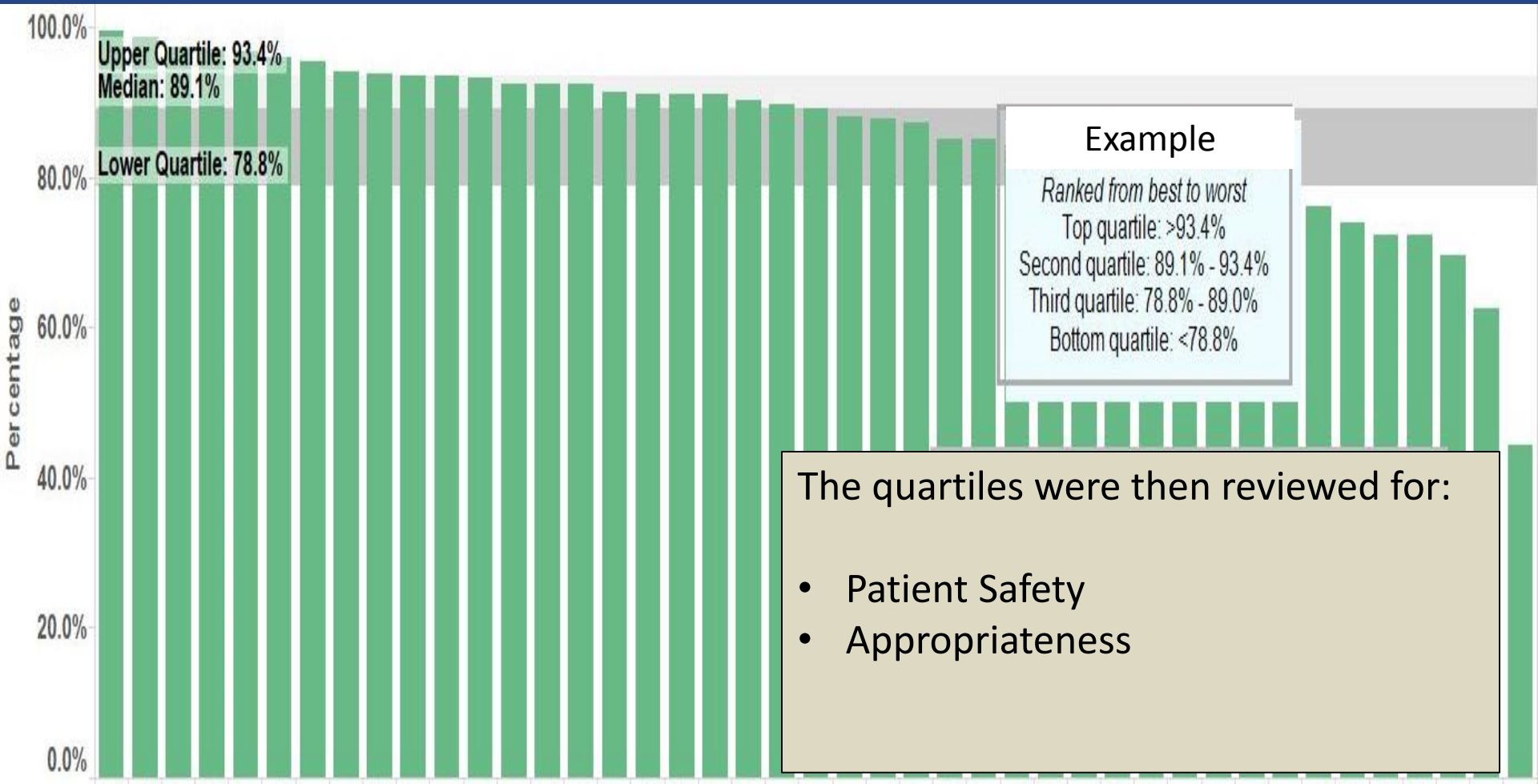
- All non-Critical Access Hospitals have the opportunity to earn one percent incentive based on their results.
- Critical Access Hospitals are encouraged to participate in improvement efforts, but cannot receive incentive payments.

Hospitals with high points will be recognized.
Includes critical and non-critical access hospitals.

Incentive Methodology

- Current results used to set improvement goals.
  - ✓ Hospital data were arrayed in quartiles or quantiles based on prior performance.
- Points awarded for each quartile/quantile
  - ✓ For each measure, hospitals can earn 10, 5, 3, or 0 points.
  - ✓ Points averaged across all applicable measures.
- Hospitals receiving an average score of 5 or above receive the increase.

Methodology Example



The quartiles were then reviewed for:

- Patient Safety
- Appropriateness

Medicaid Quality Incentive Thresholds

Measure	Threshold	Points
CDI	>8.00	0
	>3.67 to 8.00	3
	>0 to 3.67	5
	0	10

Sample

Earning the Incentive

- Patient days should match those submitted in financials.
- Reporting begins July 1, 2017.
- Use national definitions for time period.
- Data is from all payors.
- Review process for early elective deliveries.
- WSHA is here to help!

Safe Tables: Improving Care and Achieving Excellence for Incentive

- Sharing best practices
- Learning together

Questions?

Daniel Lessler, MD - Daniel.Lessler@hca.wa.gov

Jennifer Graves, RN - jenniferg@wsha.org

Lucia Austin, RN - luciaa@wsha.org