

## 2020 Medicaid Quality Incentive Program - Contact List

MQI Measure	Submission Method	Update Frequency	Approximate Data Lag Time	WSHA Contact Person	WSHA Contact Phone Number	WSHA Contact Email
<b>Infection Prevention</b>						
Colon Surgical Site Infection per 100 Procedures	NHSN	Reported within 75 days after the end of the month	None	Sandra Assasnik	(206) 577-1805	<a href="mailto:SandraA@wsha.org">SandraA@wsha.org</a>
CAUTI (catheter associated urinary tract infection) per 1000	NHSN	Reported within 75 days after the end of the month	None	Sandra Assasnik	(206) 577-1805	<a href="mailto:SandraA@wsha.org">SandraA@wsha.org</a>
<b>Workforce Safety Events</b>						
Number (count) of workplace violence events where security or additional staff are called to mitigate, respond to or are later informed of a violent event toward hospital staff or providers. The count will be stratified by area of the hospital.	QBS	Monthly	None	Ian Corbridge	(206) 216-2514	<a href="mailto:TrishA@wsha.org">TrishA@wsha.org</a>
<b>General Care Measures</b>						
Pressure Ulcer (AHRQ PSI 03)	WA DOH CHARS	Reported 45 days after the end of the prior month	50 Days After Month End	Amy Anderson	(206) 216-2519	<a href="mailto:AmyA@wsha.org">AmyA@wsha.org</a>
All Falls by Type, Age-based Populations and Post Fall Huddle	QBS	Reported 45 days after the end of the month	None	Amy Anderson	(206) 216-2519	<a href="mailto:AmyA@wsha.org">AmyA@wsha.org</a>
<b>ER is for Emergency</b>						
Percent of Patients with Five or More Visits to the Emergency Room to the Same Facility with a Care Guideline	EDIE	Monthly	7 Days After Month End	Tina Seery	(206) 216-2517	<a href="mailto:TinaS@wsha.org">TinaS@wsha.org</a>
<b>Safe Deliveries</b>						
The MQI AIM measure is comprised of two parts: <b>Part A</b> - Hospital submission of 2 quarters of all 5 AIM hemorrhage bundle process measures.  <b>Part B</b> - Hospital authorization for WSHA to transfer AIM data to the National AIM data portal.	<b>Part A:</b> QBS or MDC  <b>Part B:</b> WSHA will internally track hospital completion of Part B	Report AIM hemorrhage bundle process measures: <b>July 1, 2020- December 31, 2020 (2 quarters)</b>  Hospitals must send data contact name and email to WSHA by <b>November 1, 2020 and authorize data transfer in AIM portal by Dec. 31, 2020</b>	45 Days After Quarter End  None	Janine Reisinger	(206) 216-2869	<a href="mailto:JanineR@wsha.org">JanineR@wsha.org</a>
<b>Medications for Opioid Use Disorder (MOUD)</b>						
Buprenorphine included in facility formulary and at least five Data 2000 waived prescribers	QBS	Once during or after incentive period	None	Brooke Evans	(206) 577-1831	<a href="mailto:BrookeE@wsha.org">BrookeE@wsha.org</a>
MOUD Protocol in Place for ED and/or Inpatient		Once during or after incentive period	None			
<b>Behavioral Health</b>						
Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	QBS	Monthly	60 Days After Month End	Brooke Evans	(206) 577-1831	<a href="mailto:BrookeE@wsha.org">BrookeE@wsha.org</a>
Transition Record with Four Specified Elements Received by Discharged Patients	QBS	Monthly	60 Days After Month End	Brooke Evans	(206) 577-1831	<a href="mailto:BrookeE@wsha.org">BrookeE@wsha.org</a>
<b>Social Determinants of Health</b>						
Inpatient Screening for Social Determinants of Health (SDOH)	QBS	60 Days after the end of the month	None	Abby Berube	(206) 216-2544	<a href="mailto:AbigailB@wsha.org">AbigailB@wsha.org</a>
<b>Data Questions or Submission Support</b>						
Data entry or submission questions				Matt Shevrin	(206) 216-2864	<a href="mailto:MattS@wsha.org">MattS@wsha.org</a>
Changes or edits for facility administrator(s)				Melina Ovchyan	(206) 216-2518	<a href="mailto:MelinaO@wsha.org">MelinaO@wsha.org</a>