

Agenda for  
today's webinar

Data Submissions,  
Awards &  
Thresholds

Questions &  
Answers



Washington State  
Hospital Association

## 2023 MQI Measure Training

Melina Ovchian, BS/BM, MBA, Assistant Director of Safety & Quality  
Jessica Jenkins, Data Analyst, WSHA

06/13/2023

# Welcome

2023 MQI Program



Presenters

Agenda

# Presenters

Washington State Hospital Association



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Washington State Hospital Association  
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# Welcome

2023 MQI Program



Presenters

Agenda

# Agenda for today's webinar

- **Overview of the 2023 MQI Measures**

  - Clinical teams, steering committees, leadership groups and internally on the S&Q with measure development

- **Review of each measure entry and point awards**

  - Total of 14 Measures

  - 4 New Measures

    - IPC Emerging pathogen (also called emerging infectious diseases) "EIDs"
    - Sepsis Protocols and Education
    - Health Disparities Action Plan
    - Seclusion and Restraints

    - All reported into QBS
    - DE- Safer Diagnostic Gap Analysis is entered in Smartsheet

- **Q&A**

  - Open time for members to ask questions and hear from WSHA on measure reporting for the 2023 MQI

# Welcome

2023 MQI Program



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## 2023 MQI Measure Training

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# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## Equity Bias Reporting and Response

July 2023

**Bias Definition \***

Yes

*Is "bias" defined and explained in your workforce anti-harassment policy, patient non-discrimination policy, and codes of conduct? IF "Yes", upload your policy/policies.*

**Please Attach a File**  
Please do not upload any files containing Protected Health Information (PHI)

Choose File

**Bias Education \***

Yes

*Is education provided to all staff on what is "bias" and how it can show up?*

**Bias Reporting System \***

Yes

*Does your Bias Reporting System include the following: a) Allows for anonymous reporting b) assures anti-retaliation, closes the loop with the reporter and shares action or next steps c) available to patients, visitors, and workforce d) reviewed by personnel trained in diversity, equity, and inclusion principles or unconscious bias e) quantifies the categories or report types and able to summarize in a report to inform culture change f) at least annually, informs key stakeholders including leaders, licenser practitioners, and staff g) includes described approach for addressing bias through culture change IF "Yes" please upload documentation that describes how each component is met or use the optional template provided in Measure Details section above.*

**Please Attach a File**  
Please do not upload any files containing Protected Health Information (PHI)

Choose File

Click on the drop down menu to make your selection.

Selecting "Yes" will open the box to upload your documents. **Please do not upload any fields containing Protected Health Information (PHI)**

One time data entry. Data Submission: July 1, 2023 to December 31, 2023, or by January 31, 2024



# Medicaid Quality Incentive Program - Thresholds and Awards

## Equity Bias Reporting and Response

To receive all 10 points:

- Define “bias” in policies (y/n) and upload policy: 2 points
- Attest to providing bias education (y/n): 2 points
- Attest to bias system with 7 components (y/n) and upload documentation describing how all components are met: 6 points

<b>Thresholds</b>	Define “bias” in policies (y/n) AND upload policy	Attest to providing bias education (y/n)	Attest to bias system with 7 components (y/n) AND upload documentation describing how all components are met
<b>Point Awards 2023</b>	2 points	2 points	6 points

To receive all 10 points, address the three parts above

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## New-Health Disparities Action Plan

July 2023


**Health Disparities Action Plan \***

Yes

*Complete a Health Disparities Action Plan including the following: a) a specific hospital clinical quality or process measure that has been stratified by patient socio-demographics to identify a health disparity b) root cause analysis of the underlying contributors to the identified disparity c) patient/community engagement by those most impacted by the health disparity d) an implementation plan specifically addressing the disparity, not broadly applicable to development of community health and wellbeing e) a plan to report to governing body or committee with oversight (ie. quality committee or board) IF "Yes" please upload documentation that describes how each component is met or use the optional template provided in Measure Details section above.*

**Please Attach a File**  
Please do not upload any files containing Protected Health Information (PHI)

Choose File



Click on the drop down menu to make your selection.

Selecting "Yes" will open the box to upload document. **Please do not upload fields containing Protected Health Information (PHI)**

One time data entry. Data Submission: July 1, 2023 to December 31, 2023, or by January 31, 2024

# Medicaid Quality Incentive Program - Thresholds and Awards

## New- Health Disparities Action Plan

To receive 10 points (all or nothing):

- Attest to action plan with all 5 components (y/n)
- Upload Disparities Action Plan

<b>Thresholds</b>	Attest to action plan with all 5 components (y/n) Upload Disparities Action Plan
<b>Point Awards 2023</b>	10 points

Hospitals can enter Yes anytime during the data collection period. Recommend submitting early, WSHA will provide a review and feedback in November 2023

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## SDOH Screening and Consultation

July 2023

**Equity - Count of Patients Admitted \***

*The number of patients who are admitted to your facility for an inpatient stay from July 1, 2023 to December 31, 2023. \*Exclude the following: (1) patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay and (2) patients who pass away prior to discharge or are transferred out of the hospital.*

**Equity - Patients Screened for SDOH \***

*The number of patients admitted to an inpatient hospital between July 1, 2023 to December 31, 2023, and are screened for all of the following five SDOH: Housing instability, food insecurity, transportation needs, utility difficulties, and interpersonal violence during their hospital inpatient stay.*

**Equity - Count of Patients Who Opted Out of SDOH Screening \***

*Number of patients who were admitted for an inpatient stay at your facility from July 1, 2023 to December 31, 2023 and opted out of answering the SDOH screening.*

**Equity - REaL Data Stratification for SDOH Screening \***

Yes

*To monitor the equity of access to SDOH screening, please select "Yes" and upload a file (pdf, excel, word) containing the patients who were screened stratified by race, ethnicity, and language (REaL) from July 1, 2023 to December 31, 2023.*

**Please Attach a File**  
*Please do not upload any files containing Protected Health Information (PHI)*

Click on the drop down menu to make your selection.

Selecting "Yes" will open the box to upload documents. Please do not upload any fields containing Protected Health Informaoin (PHI)

One time data entry. Data Submission: July 1, 2023 to December 31, 2023, or by January 31, 2024

# Medicaid Quality Incentive Program - Thresholds and Awards

## SDOH Screening and Consultation

To receive all 10 points:

- Count of patients screened (numerator), count of inpatients (denominator), count of opt-outs and upload of stratification by REaL: 4 points

**Note: There is no screening threshold. Points this year are awarded for submitting this data, not for the percent screened.**

- Count of patients screened positive with action (numerator), count of patients screened positive (denominator) and upload of stratification by REaL: 4 points
- If at least 80% of patients screened positive have received action: 2 points

Thresholds	Count of patients screened (numerator), count of inpatients (denominator), count of opt-outs and Upload of stratification by REaL:	Count of patients screened positive with action (numerator), count of patients screened positive (denominator) and Upload of stratification by REaL	If at least 80% of patients screened positive have received action
Point Awards 2023	4 points	4 points	2 points

To receive all 10 points, address the three parts above

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## Behavioral Health Fall Prevention and Harm Reduction

### Seven categories of the Falls measure

- All Falls -the total # of all facility falls, with or without injury (whether assisted by a staff member or not) plus:
- Post Fall Huddle Completion
- Type of fall (Intentional Fall (new submission with July 1, 2023, MQI Program and extended to all hospitals in QBS )
- Age of patient
- Repeat Fall
- Gender of patient
- Location of fall

Monthly submission from July 1, 2023 through December 31, 2023, or by January 31, 2024. QBS Falls Data Collection Spreadsheet with Instructions available on Falls and MQI Website

# Medicaid Quality Incentive Program - Thresholds and Awards

## 2023 QBS Falls Form Data Collection Spreadsheet

**Falls Data Collection**

QBS Identifier:

Start Date:  mm/dd/yyyy

End Date:

Falls by Age Group						
Less than 1yr	Age 1-17	Age 18-44	Age 45-64	Age 65-74	Age 75-84	Over 85
1	2	0	0	0	1	0

Falls by Type				
Falls due to Environment	Anticipated physiological fall	Unanticipated physiological fall	Falls due to Unknown Causes	Intentional Fall
1	2	0	0	1

Fall by Location												
Non-Patient Care Areas	OB/Newborn	Surgical Services	Emergency Services	Med/Surg	ICU	Pediatrics/NICU/PICU	Radiology/Imaging/Oncology	Behavioral Health	Laboratory Services	Therapies PT/OT/Speech/IP Rehab	Op Clinics	Other
3	0	0	0	0	0	0	0	0	0	0	0	0

Falls by Gender									
Female	Male	Transgender Female/Male-to-Female	Transgender Male/Female-to-Male	Gender Queer/Gender non-Conforming	Non-Binary	Other	Decline to Answer	Unknown	
3	0	0	0	0	0	0	0	0	0

**"Repeat Falls" & "Post Fall Huddles" will turn red if your value is more than the Total number of Falls**

Repeat Falls:

Post Fall Huddles:

**Data Validation**

Boxes under "Data Validation" will turn green meaning your totals are the same and correctly validated.

4

4

3

3

Total Falls:

Post Fall Huddles:

### QBS Falls Form Upload

This guide will offer steps on:

- How to save a Copy of the Falls Form as a CSV.
- How to Upload CSV form.
- Appendix showing how to format measures and unlocking sheet for customization.

#### How to save your Falls Form as a CSV form.

1. After you have entered and validated your data and saved your file in your preferred folder. Go to the "Upload" sheet within your excel worksheet.
2. Do not change any of the values within the "Values" Column. Verify that your QBS identifier is written correctly and that you enter the following date format mm/dd/yyyy (including the forward slashes). Once you enter the dates the format might show up on the cell as mm/dd/yy this is okay it will still allow you to upload the form.
 

QBS Identifier	123456
Start Date	05/01/22 <small>mm/dd/yyyy</small>
End Date	04/30/22

# Medicaid Quality Incentive Program - Thresholds and Awards

## Behavioral Health Fall Prevention and Harm Reduction

### All Falls

<b>Thresholds</b>	All Falls	Post Fall Huddle Completion documented with each fall	Fields 3 through 5 are to be reported with each fall (see above)	Fields 6 and 7 are to be reported with each fall (see above)
<b>Point Awards 2023</b>	2 points	60-79% = 1pt ≥ 80% = 2pts	60-79% = 1pt ≥ 80% = 3pts	60-79% = 1pt ≥ 80% = 3pts

10 points are broken out for the 7 categories fall data components



# 2023 Medicaid Quality Incentive Program - Data Submission QBS

**Diagnostic Excellence: identify potential or actual diagnostic errors in current processes**

**Modifications from last year in data submissions**

**Use quality and safety data already collected by organizations to report diagnostic errors and complete gap analysis**

- **Event Reporting System - (numerator/denominator)** **Monthly**
- **Root Cause Analysis (RCA) - (numerator/denominator)** **Monthly**
- **Provider Peer review - (numerator/denominator)** **Monthly**
- **Patient-family reported complaints - (numerator/denominator)** **Monthly**
- **Electronic health record-enhanced chart review** **Total count (6 month total)**
- **Submit Safer Diagnostic Gap Analysis - August 31, 2023** **Once**

# Medicaid Quality Incentive Program - Thresholds and Awards

## Diagnostic Excellence: identify potential or actual diagnostic errors in current processes

### Diagnostic Excellence: identify diagnostic errors in current processes.

Measures to look for a diagnostic error in the systems already in place. (5 points)  
One point each for the numerator and denominator where requested.

Five points for the completion of gap analysis.

A zero numerator could be a valid entry for no cases found over the 6-month time period.

When submitting data monthly, **all 6 months of data must be present for each category for total points.**

	Numerator	Denominator	Total potential points	Frequency
Measure 1	Yes	Yes	1	Monthly
Measure 2	Yes	Yes	1	Monthly
Measure 3	Yes	Yes	1	Monthly
Measure 4	Yes	Yes	1	Monthly
Measure 5	None	Total count only	1	6 month total
Gap Analysis -	NA	NA	5	Complete Once

Measures to look for a diagnostic error in the system already in place (5 points). One point each for numerator and denominator where requested. Five points for the completion of gap analysis. A zero numerator could be valid entry for no cases found over the 6 months time period. When submitting data monthly, all 6 months of data must be present for each category for total points.

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## Workplace Violence (WPV)

- **Number (count) of workplace violence events in which a physical assault or threat of assault occurred within the hospital setting**
- **Age**
- **Location**
- **# of English speakers**
- **# of times non-English speaker were offered a translator**

Monthly submission from July 1, 2023 through December 31, 2023, or by January 31, 2024.

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## Workplace Violence (WPV)

Template for WPV (similar to the Falls QBS Falls Form)

Available on the WPV and MQI website prior to July 1, 2023

Monthly submission from July 1, 2023 through December 31, 2023, or by January 31, 2024.

# Medicaid Quality Incentive Program - Thresholds and Awards

## Workplace Violence Events

<b>Threshold</b>	All Events
<b>Point Award 2023</b>	10 points

10 points for all events provided

# 2023 Medicaid Quality Incentive Program- Data Submission QBS

## New - Seclusion and Restraint

July 2022

**Seclusion Events\***

*How many events of seclusion occurred at your facility during the month?*

**Restraint Events\***

*How many events where restraints were used at your facility during the month? Restraint events – any manual method, restraint device, material, or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body, or head freely.*

Monthly submission from July 1, 2023 through December 31, 2023, or by January 31, 2024.

# Medicaid Quality Incentive Program - Thresholds and Awards

## Seclusion and Restraint

<b>Threshold</b>	All Events
<b>Point Award 2023</b>	10 points

10 points for all events provided

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## Antimicrobial Stewardship (AMS) Training for prescribers and pharmacists

July 2023

**Attestation of Infectious Disease Training \***

*Attest that the antibiotic stewardship physician and/or pharmacist leaders have completed infectious diseases specialty training, a certificate program or other training on antibiotic stewardship and that personnel files document this.*

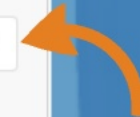
**Annual Training for AMS \***

*Provide the percent (as a decimal) of prescribers and pharmacists (direct employees, contract employees, residents, interns, and full/part-time employees) who have received annual training on AMS.*

**Antimicrobial Stewardship Policy with Training \***

*Does your facility have a policy for Antimicrobial Stewardship that \*\*includes both\*\*: a) description that antibiotic stewardship physician and/or pharmacist leaders are to have completed infectious diseases specialty training, a certificate program or other training on antibiotic stewardship, and that this information is documented in their personnel files b) that prescribers and pharmacists (direct employees, contract employees, residents, interns, and full/part-time employees) are to receive annual training on antimicrobial stewardship? IF your policy includes both parts, choose "Yes" and upload your policy.*

**Please Attach a File**  
*Please do not upload any files containing Protected Health Information (PHI)*



Click on the drop down menu to make your selection.

Selecting "Yes" to attest that you have a policy in place.

One time data entry. Data Submission: July 1, 2023 to December 31, 2023, or by January 31, 2024



# Medicaid Quality Incentive Program - Thresholds and Awards

## Antimicrobial Stewardship (AMS) Training for prescribers and pharmacists

<b>Thresholds</b>	a) Attestation that the appointed leader(s) for AMS has completed infection diseases specialty training (see above)	b) Providing the percentage of current prescribers and pharmacists who have received training on AMS (see above)	Upload of hospital policy for AMS that includes a description of (a) and (b).
<b>Point Awards 2023</b>	3 points	3 points	4 points

One-time submission. 10 points are possible

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## New - Infection Prevention and Control - Emerging pathogen (also called emerging infectious diseases - "EIDs" preparedness & response

July 2023

**Emerging Infectious Diseases - All Hazards Approach \***

*Is your emergency preparedness plan updated annually using an "all hazards" approach that encompasses a range of potential emergencies?*

**Emerging Infectious Diseases - Communication Plan \***


*Does your emergency preparedness plan develop and maintain a communication plan for interacting with other entities involved in a disaster response?*

**Emerging Infectious Diseases - Policies and Protocols Development \***

*Does your emergency preparedness plan include developing and maintaining policies and procedures that include both the emergency plan and the communication plan?*

**Emerging Infectious Diseases - Emergency Training \***

*Does your emergency preparedness plan include developing and maintaining an emergency training program, testing the plan annually, and making revisions based on the results of exercises, which could include both "tabletop" exercises and full-scale drills?*



Click on the drop down menu to make your selection to answer for the four questions

One time data entry. Data Submission: July 1, 2023 to December 31, 2023, or by January 31, 2024

# Medicaid Quality Incentive Program - Thresholds and Awards

**New - Infection Prevention and Control - Emerging pathogen (also called emerging infectious diseases - "EIDs" preparedness & response**

<b>Thresholds</b>	Answer all of the 4 questions (see IPC measure guidelines)
<b>Point Awards 2023</b>	10 points

Full 10 points will be obtained for answering either (Y or N) for all of the four questions

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## New- Sepsis Protocols & Education

July 2023

**Sepsis Policy \***

Yes

*Does your facility have a sepsis policy, protocol, or procedure? If Yes, please attach. \* For Free-Standing Behavioral Health facilities, this might be included in your "Management of Medical Conditions".*

**Please Attach a File**  
*Please do not upload any files containing Protected Health Information (PHI)*

Choose File

**Sepsis New Hire Education \***

Yes

*Does your facility educate relevant newly hired clinical staff on the signs and symptoms of sepsis?*

**Sepsis Annual Education \***

Yes

*Does your facility educate relevant clinical staff employed for >1 year on the signs and symptoms of sepsis annually?*

Click on the drop down menu to make your selection.

Selecting "Yes" will open the box to upload your Sepsis policy.

The Sepsis Annual Education will appear if you answer "Yes"

One time data entry. Data Submission: July 1, 2023 to December 31, 2023, or by January 31, 2024

# Medicaid Quality Incentive Program - Thresholds and Awards

## New- Sepsis Protocols & Education

<b>Thresholds</b>	Answer all the questions regardless of (yes or no) answers
<b>Points Awards 2023</b>	10 points

Full 10 points obtained for answering all of the questions (regardless of the answer)

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## Behavioral Health - Distributing Opioid Overdose Reversal Medication in EDs and BH settings

July 2023

**ED - Naloxone supply given \***

*Number of ED patients that were screened for risk of opioid overdose and were given naloxone supply. If your facilities does not have an ED, put a -1 to indicate this does not apply to your facility.*

**ED - patients screening positive for risk of overdose \***

*Number of ED patients screened positive for being at risk of opioid overdose. If your facility does not have an ED, put -1 to indicate this does not apply to your facility.*

**Inpatient behavioral health - naloxone supply given \***

*Number of patients in an inpatient behavioral health unit or freestanding behavioral health facility that screen positive for being at risk of an opioid overdose and are given a naloxone supply. If your facility does not have inpatient behavioral health unit, put a -1 to indicate this does not apply to your facility.*

**Inpatient behavioral health - patients screening positive for risk of overdose \***

*Number of patients in an inpatient behavioral health unit or freestanding behavioral health facility that screen positive for being at risk of an opioid overdose. If your facility does not have inpatient behavioral health unit, put a -1 to indicate this does not apply to your facility.*

Monthly submission from July 1, 2023 through December 31, 2023, or by January 31, 2024.

# Medicaid Quality Incentive Program - Thresholds and Awards

## Behavioral Health - Distributing opioid overdose reversal medication in EDs and behavioral health settings (New)

<b>Threshold</b>	Policy provided	All 6 months of metrics given
<b>Point Award 2023</b>	5 points	5 points

10 points for all 6 months of metrics provided

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## SDR- Screening for Pregnancy and Postpartum Status in the Emergency Department Triage

July 2023

**Count of Female Patients between 12 and 50 seen in ED Triage \***

*Hospitals may choose the number of patients to submit as the denominator each month with the following parameters: o The sample must be randomized unless the hospital chooses to submit the entire population; \*\*Option A)\*\* Hospitals with  $\geq 10$  eligible patients in that month will submit no fewer than 10; \*\*Option B)\*\* Hospitals with  $< 10$  eligible patients in that month will submit all eligible patients; Based on which option you chose above, input the total number of charts for female patients  $\geq 12$  years of age and  $< 50$  years of age who were seen in the Emergency Department during the month.*

**Count of Female Pts in ED Triage with Documentation of Screening \***

*Of the charts you reviewed above, how many female patients  $\geq 12$  years of age and  $< 50$  years of age who were seen in the Emergency Department and have positive documentation of pregnancy or postpartum status during triage in the EMR.*

Number of female patients between 12 and 50 seen in the ER and have documentation of pregnancy in EMR (numerator)

The total number of female patients seen in the ED (denominator)

Monthly submission from July 1, 2023 through December 31, 2023, or by January 31, 2024.



# Medicaid Quality Incentive Program - Thresholds and Awards

## SDR- Screening for Pregnancy and Postpartum Status in the Emergency Department Triage

Thresholds	$\geq 50$ to $< 70\%$	$\geq 70\%$ to $< 90\%$	$\geq 90\%$
Point Award 2023	3 points	7 points	10 points

10 points for all six months of data provided

# 2023 Medicaid Quality Incentive Program - Data Submission QBS

## SDR- Perinatal Substance Use Disorder (MOUD Protocol, Perninatal SUD

July 2023


**Protocol for MOUD and SUD\***

Yes

*Does your facility have a protocol that includes: Part 1: A. A written process to consult a provider on-site or on-call that has the skills and scope to begin maintenance medications that treat opioid use disorder and/or adjust (titrate) maintenance medications that treat opioid use disorder during labor and delivery, and postpartum. OR B. If the hospital does not have an on-site/on-call provider that has the skills and scope to manage medications, there is a written procedure in place to consult with a provider to initiate or adjust maintenance medications when needed. Part 2: C. At minimum, a treatment algorithm for inpatient MOUD initiation for both buprenorphine and methadone, including adjunctive therapies to optimize MOUD induction (see the resources: Sample Inpatient Medication-Assisted Treatment Induction Algorithms and the Buprenorphine Quick Start in Pregnancy Algorithm). For full points, your protocol must include both Parts 1 and 2 but you can upload a protocol that only has one of the two parts for partial credit.*

**Please Attach a File**  
Please do not upload any files containing Protected Health Information (PHI)

Choose File



Click on the drop down menu to make your selection.

Selecting "Yes" will open the box to upload your protocol. **Please do not upload any files containing Protected Health Information (PHI)**

One time data entry during the six months. Data Submission: July 1, 2023 to December 31, 2023, or by January 31, 2024

# Medicaid Quality Incentive Program - Thresholds and Awards

## SDR- Perinatal Substance Use Disorder (MOUD Protocol, Perinatal SUD)

<b>Thresholds</b>	Does not meet criteria	Meets only Part 1	Meets only Part 2	Meets Part 1 AND Part 2
<b>Point Award 2023</b>	0 points	3 points	7 points	10 points

For the full 10 points, the protocol must include both Parts 1 and 2. Upload protocol that only has one of the two parts for partial credit

# 2023 Medicaid Quality Incentive Program - Data Submission

## Climate Change - Survey on Climate Change and Health

### PART A

July 2023

#### Greenhouse gas emissions survey \*

Does your hospital monitor greenhouse gas emissions?

#### Year to start Greenhouse Gas Plan \*

If you answered "No" to currently collecting greenhouse gas emissions but you answered "Yes" planning to start collecting greenhouse gas, please enter the year you plan to start. If you answered "No" to both questions above, please put a "-1".

### PART B

#### Greenhouse gas Scope I \*

For Scope I gas emissions, how much did your facility produce for calendar year 2022? If your facility does not monitor Scope I gas emissions, please enter "-1". \*Scope 1 emissions are direct greenhouse (GHG) emissions that occur from sources that are controlled or owned by an organization (e.g., emissions associated with fuel combustion in boilers, furnaces, vehicles).

#### Greenhouse Gas Scope II \*

For Scope II gas emissions, how much did your facility produce for calendar year 2022? If your facility does not monitor Scope I gas emissions, please enter "-1". \*Scope 2 emissions are indirect GHG emissions associated with the purchase of electricity, steam, heat, or cooling. Although scope 2 emissions physically occur at the facility where they are generated, they are accounted for in an organization's GHG inventory because they are a result of the organization's energy use.

#### Greenhouse Gas Scope III \*

For Scope III gas emissions, how much did your facility produce for calendar year 2022? If your facility does not monitor Scope I gas emissions, please enter "-1". \*Scope 3 emissions are the result of activities from assets not owned or controlled by the reporting organization, but that the organization indirectly affects in its value chain. Scope 3 emissions include all sources not within an organization's scope 1 and 2 boundary. The scope 3 emissions for one organization are the scope 1 and 2 emissions of another organization. Scope 3 emissions, also referred to as value chain emissions, often represent the majority of an organization's total greenhouse gas (GHG) emissions.



Click on the drop down menu to make your selections. If you answered "No" to both (Gas emissions survey and Gas plan questions), please put a -1

One time submission for Part A and Part B. For Part B, 2023 Calendar year data reported once during the performance period.

# Medicaid Quality Incentive Program - Thresholds and Awards

## Climate Change - Survey on Climate Change and Health NEW

Threshold	Submission of greenhouse gas emissions survey in QBS	Submission of greenhouse gas emissions data
Point Award 2023	5 points	5 points

Hospitals obtain 5- point awards for the submission of the survey and an additional 5-point award for the submission of data

# 2023 MQI References

The following reference documents are available

- Revamped MQI Website
- MQI Supporting Documents
- Guidelines - Separated out by measure and ability to download full set
- Measure Eligibility - broken out by PPS and CAHs
- Measure Thresholds - included with individual measures and as part of the Guidelines
- Link to the Quality Benchmarking System (QBS)
- Link to the Data Analytics Service Hub (DASH)
- Falls Data Collection Spreadsheet
  - 2023 QBS Falls Form (excel spreadsheets)
  - QBS Falls from Upload Directions
- Webcast Recording and Slides

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Washington State  
Hospital Association

## 2023 MQI Measure Training

Melina Ovchian, BS/BM, MBA, Assistant Director of Safety & Quality  
Jessica Jenkins, Data Analyst, WSHA

06/13/2023

# Q&A

Opportunity to ask Questions



Additional  
Information



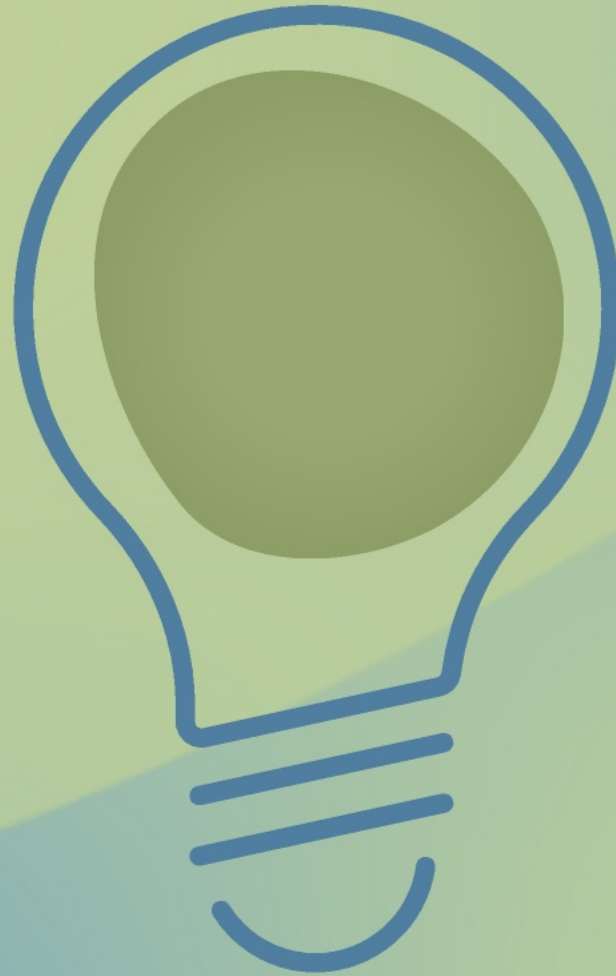


**Want to be  
Part of the MQI  
Hospital Focus  
Group in 2024?**



**email us for  
details**

Email  
[melinao@wsha.org](mailto:melinao@wsha.org)



Provide your name, email,  
role/title and facility or  
health system name

**Want to be  
Part of the MQI  
Hospital Focus  
Group in 2024?**



**email us for  
details**

# Q&A

Opportunity to ask Questions



Additional  
Information



Agenda for  
today's webinar

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Washington State  
Hospital Association

## 2023 MQI Measure Training

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