

Medicaid Quality Incentive

Web Conference

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Washington State Hospital Association

Washington State
Health Care Authority

Presenters



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Today's Presentation

- Brief History of the Medicaid Quality Incentive
- July 1, 2023 Review of the Performance Measures
- Timelines
- Measures & Thresholds
- 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.



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 and other applicable services.



Incentive Payments

- All non-Critical Access Hospitals have the opportunity to earn one percent incentive based on their results.
- No partial increases
 - ✓ Hospitals receive either zero or one percent increase.
- Critical Access Hospitals may participate in improvement efforts, but cannot receive incentive payments.



Financial Reporting Requirement Introduced in 2017

- Timely reporting of financial data to DOH
 - CHARS
 - Year-end Reports
 - Employee Compensation
 - Provider-based Clinic
 - Quarterly Reports
- ***Facilities will not receive credit for quality performance if financial performance not met***



Medicaid Quality Incentive FY 2023 Performance

- **92%** percent of eligible hospitals achieved quality performance threshold
- **77%** percent of eligible hospitals earned an incentive payment for FY 2024



Timeline

- **July 1, 2023 - December 31, 2023 (State fiscal year 2024)**
Hospitals collect performance data.
- **March - April 2024** Chief Financial Officer attestation.
- **May - June 2024** HCA determines which hospitals qualify for payment.
- **July 2024 (State fiscal year 2025)** Qualifying hospitals receive an 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
- ✓ Hospital comment period
- ✓ Final selection by HCA
- ✓ Attainment of an average score of 5 or above to receive the increase



Infection Prevention Antimicrobial Stewardship (AMS) – Training for prescribers and pharmacists (All hospitals)

WHY: Continuation of 2022 measure. WSHA IPC Committee reviewed and prioritized

- a) Attestation 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. **(3 points for attestation)**
- b) Percent of prescribers and pharmacists (direct employees, contracted employees, residents, interns, and full and part-time employees) who have received annual training on AMS. **(3 points for providing % of employee training on AMS)**
- c) Upload of hospital policy for AMS that includes a description of “a” and “b” above. **(4 points for uploading policy in QBS).**
- One-time submission. 10 points are possible.



NEW Infection Prevention and Control – Emerging pathogen (also called emerging infectious diseases--“EIDs”) preparedness & response
(All hospitals)

Why: New for 2023 MQI.WSHA IPC Committee reviewed and prioritized

- For this MQI measure, hospitals shall attest that they have reviewed and validated that their emergency plans address potential EIDs and include compliance with all requirements regarding the four core elements of emergency preparedness.
- One-time submission. Full 10 points will be obtained for answering either (Y or N) for all four questions



NEW- Sepsis Protocols and Education (All hospitals)

Why: New for 2023 MQI. WSHA is asking hospitals what protocols/policies/procedures and education cadence are currently in place in their facilities.

For this MQI measure hospitals will answer:

- Does your hospital have a sepsis policy, protocol, or procedure? (Y/N).
- If yes, please submit it in QBS.
- One-time submission. Full 10 points obtained for answering all questions (regardless of the answer)



Bias Reporting System (All hospitals)

Why: Continuation of the 2022 measure. WSHA Health Equity MQI Review Committee reviewed and prioritized.

This measure is comprised of three parts:

- Define “bias” in policies and answer (Y/N) and upload policy in QBS (2 points)
- Attest to providing education (Y/N) in QBS (2 points).
- Attest to bias systems with 7 components (Y/N) and Upload documentation describing how all components are met (6 points).
- One-time submission. To receive all 10 points, address the three parts above



NEW- Health Disparities Action Plan (All hospitals)

Why: New for 2023 MQI. This measure provides additional guidance not currently part of the Joint Commission or CMS measures, to ensure that health disparities action plans are developed with the community and communicated transparently.

- Attest to the action plan with all 5 components in QBS
- Upload Disparities Action Plan
- One-time submission. To receive 10 points **(all or nothing)**.
- Hospitals can enter Yes anytime during the data collection period. Recommend submitting early, WSHA will provide a review and feedback in November 2023



SDOH Screening and Consultation (All hospitals)

Why: Continuation of the 2022 measure. WSHA Health Equity MQI Review Committee reviewed and prioritized.

I: Count of patients screened (**numerator**), count of inpatients (**denominator**) – (4 points)

- Report the number of patients who “opted-out” of screening and include this data in stratification by race, ethnicity and language (REaL stratification).
- In QBS, manually enter the **numerator** and **denominator** and count of screening “Opt-outs.”
- Upload an Excel file with the screening rate and opt-outs stratified by race, ethnicity, and language.

II. For patients who “screen positive” for an SDOH, report on the number of patients with documentation showing that action was taken to address the need(s) – (4 points)

- In QBS, manually enter the **numerator** of patients who screened positive and received a consult or warm handoff and the **denominator** of patients who screened positive for SDOH.
- Upload an Excel file with stratification by race, ethnicity and language.

III. If at least 80% of patients screened positive have received action – (2 points)

- One-time submission. To receive the 10 points, address the three parts above



Diagnostic Excellence: identify potential or actual diagnostic errors in current processes (All hospitals)

Why: Continuation of the 2022 measure. Use quality and safety data already collected by organizations to report diagnostic errors and complete gap analysis.

- Event Reporting System – Monthly measure
 - Root Cause Analysis (RCA) – Monthly measure
 - Provider Peer review – Monthly measure
 - Patient-family reported complaints – Monthly measure
 - Electronic health record-enhanced chart review – Total count only (6-month total)
 - Submit Safer Diagnostic Gap Analysis – August 31, 2023 – 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 a 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.



Behavioral Health Fall Prevention and Harm Reduction (Psychiatric hospitals and hospitals with an inpatient behavioral health unit)

Why: Continuation of 2022 measures. For the 2023 MQI Program, all are encouraged to submit fall data for 12 calendar months, with the addition of Psychiatric hospitals with an inpatient BH unit that are required to report all fall data to earn the incentive.

- All Falls – the total number 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. *10 points are broken out for different fall data components.*



Behavioral Health Distributing opioid overdose reversal medication in emergency departments and behavioral health settings (All adult acute and pediatric hospitals with ED rooms, inpatient psychiatric units, and psychiatric hospitals)

Why: Continuation of the 2022 measure and continuing to collect data will inform any needed technical assistance. Reporting separated for 2023 for EDs and BH settings.

- **Numerator:** number of included population of patients who have received opioid overdose reversal medications
- **Denominator:** total number of included population of patients who qualify for distribution of opioid overdose reversal medication.
- Sampling guidelines available on 2023 MQI Proposed Measure
- Monthly submission from July 1, 2023, through December 31, 2023. 10 points for all 6 months of metrics provided



NEW Seclusion and Restraints (All hospitals)

Why: New for 2023 MQI. The reporting by event and type will help create data-informed decisions at the facility level.

- Number (count) of :
- Seclusion events – the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.
- 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 Submissions from July 1, 2023, through December 31, 2023. 10 points for all events provided.



Workplace Safety (All hospitals)

Why: Continuation of the 2022 measure. Workplace violence is a pervasive challenge facing all hospitals.

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

- Monthly Submissions from July 1, 2023, through December 31, 2023. 10 points for all events provided.



Safe Deliveries – Screening for Pregnancy and Postpartum Status in ED Triage (All hospitals with an ED)

Why: Continuation of 2022 measures aimed at improving quality and safety for pregnant and postpartum people presenting to an ED.

- **Numerator:** The number of female patients between ≥ 12 and <50 years who were seen in the Emergency Department and have documentation of pregnancy or postpartum status during triage in the EMR.
- **Denominator:** The number of female patients between ≥ 12 and <50 years who were seen in the Emergency Department
- Hospitals may choose the sampling for submission. See 2023 MQI Guidelines.
- Monthly Submissions from July 1, 2023, through December 31, 2023. 10 points for all six months of data provided



Safe Deliveries – MOUD Protocol, Perinatal SUD (All hospitals)

Why: The 2023 MQI measure is a continuation of work aimed at improving quality and safety across the state for all pregnant and postpartum people who are affected by substance use disorder. Hospitals with birthing services will utilize a multidisciplinary team to create a facility-specific MOUD protocol.

- **Part 1 – Does your facility have a protocol that includes Part 1:** *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 – Part 2: C.** *At a 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).*
- *One-time submission. 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.*



Climate Change – Monitoring of Greenhouse Gas Emissions (All hospitals)

WHY: Continuation of the 2022 measure. The WHSA Board Safety & Quality Committee is interested in knowing the level of greenhouse gas emissions from WA hospitals.

Part A: Submission of greenhouse gas emissions survey in QBS

- Does your hospital monitor greenhouse gas emissions?
- If not, do you plan to start monitoring greenhouse gas emissions, and when?
- If yes, complete B

Part B: Submission of greenhouse gas emission data Scope 1, Scope 2, and Scope 3

- Enter the number of greenhouse gas emissions accumulated for the calendar year of 2022
- One-time submission for Part A and Part B. Hospitals obtain 5-point awards for the submission of the survey and an additional 5-point award for the submission of data.



Earning the Incentive

- Patient days should match those submitted in financials
- Measurement and reporting begin July 1, 2023.
- Reporting period extends 30-45 days beyond the measurement period
- Data is from all payors
- WSHA is here to help!



Resources

- Available at [Medicaid Quality Incentive - Washington State Hospital Association \(wsha.org\)](http://www.wsha.org)
- Measure Award Tables
- Measure Guidelines
- Measure Eligibility
- Webinar Recordings



Save the Date!

Measure Training Webinar

June 13th & July 11th 2023

at 9:00 – 10:00 am

- Review of each measure and scoring detail
- Submission requirements
- Technical training on data submission



WSHA Learning Collaboratives: Improving Care and Achieving Excellence for Incentive

- Sharing best practices
- Learning together



Questions?

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