



# Medicaid Quality Incentive

June 17, 2020

Washington Hospital Association

Health Care Authority

# Presenters

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# Thank You

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Vision and drive for quality incentive

Rep. Eileen Cody



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# Objectives

- History of the Medicaid Quality Incentive
- July 1, 2020 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



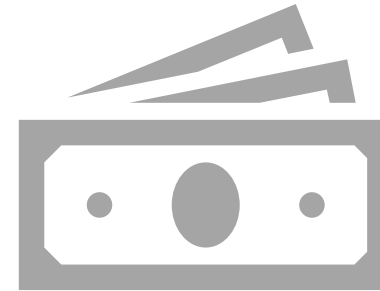


# Financial Reporting Requirement Introduced in 2017

- 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



The program is included in the Hospital Safety Net Assessment legislation.



Update from last year....  
72% percent of eligible hospitals earned an incentive payment for FY 2020

# Medicaid Quality Incentive July 1, 2020

# Timeline

## **July 1, 2020 - December 31, 2020**

- Hospitals collect performance data.

## **March 2021**

- Chief Financial Officer attestation.

## **April 2021**

- HCA determines which hospitals qualify for payment.

## **July 2021 (State fiscal year 2022)**

- Qualifying hospitals receive incentive payment and next year begins.





# Guiding Principles

- 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



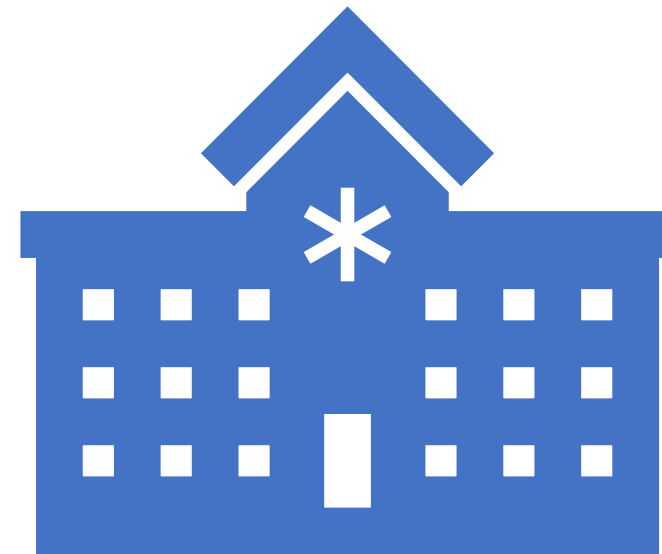
Clinical experts from hospitals provided guidance for measure development.



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.

# MQI Measures

July 1, 2020 – December 31, 2020



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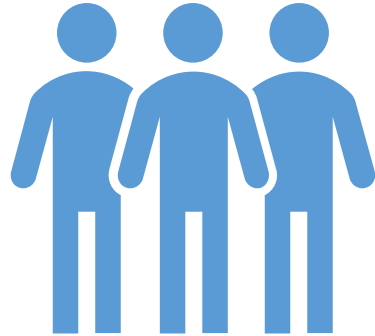
# Infection Prevention

## New! CAUTI (catheter associated urinary tract infection)

- CAUTI (catheter associated urinary tract infection)
- Colon Surgical Site Infection per 100 procedures (NHSN) (adult acute)



# Worker Safety



**New! Workforce Safety Events**

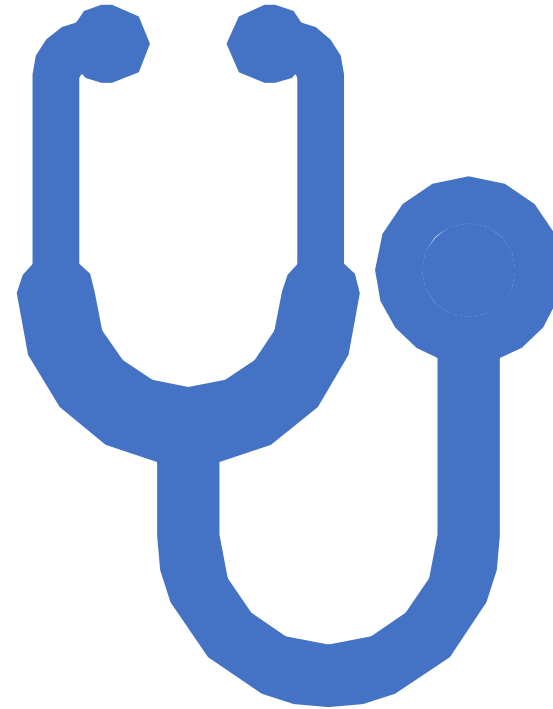


Workplace Violence Events

# ER is for Emergencies

## 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.)





# General Care Measures



**New! Falls with injury (all in hospital units, EDs)**



Pressure Ulcer (AHRQ PSI 03)

# Safe Deliveries (hospitals with obstetrical programs only)

- Alliance for Innovation on Maternal Health (AIM)  
Program Data Submission



# Medication for Opioid Use Disorder (MOUD)



## **Buprenorphine Included in Facility Formulary and at least Five Data 2000 Prescribers**

1. Buprenorphine on hospital formulary
2. # of DATA-2000 waived prescribers at facility



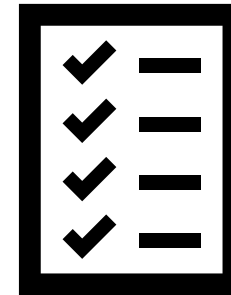
## **MOUD Protocol in Place for ED and/or Inpatient**

1. Protocol for MOUD in ED (CA-Bridge or other)
2. Protocol for MOUD in inpatient (CA-Bridge or other)

# Behavioral Health Services (behavioral health hospitals or units only)

## New! Behavioral Health Admission Screening

- Behavioral Health Admission Screening
- Transition Record with Four Specified Elements Received by Discharged Patients



# Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH)

**New! Social Determinants of Health Screening**



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- 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.

## Incentive Payments

# Incentive Methodology

- Prior 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 are eligible for the increase.

# Medicaid Quality Incentive Threshold Example

Measure	Threshold	Points
ER is for Emergencies	$\leq 10\%$	0
	$>10\%$ to 25%	3
	$>25\%$ to 38%	5
	$>38\%$	10



# Earning the Incentive

- Patient days should match those submitted in financials.
- Reporting begins July 1, 2020.
- Use national definitions for time period.
- Data is from all payors.
- WSHA is here to help!



## WSHA Learning Collaboratives: Improving Care and Achieving Excellence for Incentive

- Sharing best practices
- Learning together



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# Next steps:

## 2020 MQI

guidelines, presentation and recording available on WSHA website **June 19, 2020** (EOB)

measure award table available on WSHA website **June 30, 2020**

## July Webinar Considerations:

MQI webinar training for end-users on QBS Portal, measure details

Webinar training for ER is for Emergencies/EDIE

*please comment in the chat box if your facility would have interest in either or both*

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Questions?

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# Contact information

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