

## 2017 Medicaid Quality Incentive Program - Data Submission Requirements

Measure	Submission Method	Data Elements to be Reported	Submission Frequency	Reporting Deadline	Data Collection Period
<b>Infection Prevention</b>					
Clostridium difficile Infections per 10,000 patient days (Hospital-Wide)	NHSN	The measure is the overall facility-wide inpatient LabID events, that is, the number of hospital-onset CDI Laboratory-identified events collected >3 days after admission to the facility per 10,000 patient days. C. difficile testing in the laboratory is performed only on unformed (i.e., conforming to the shape of the container) stool samples.	Monthly	45 Days After the End of Prior Month	July 1, 2017 - December 31, 2017
		<p><b>Numerator:</b> Number of CDI LabID Events from inpatient locations</p> <p><b>Denominator:</b> Total number of patient days for the facility x 10,000</p> <p><b>Exclusions:</b> NICU, SCN, Babies in LDRP, Well-Baby Nurseries and Well-Baby Clinics</p>			
Colon Surgical Site Infection per 100 Procedures	NHSN	<p><b>Numerator:</b> Total colon SSI that meets NHSN criteria</p> <p><b>Inclusions:</b> Includes only in-plan, inpatient COLO procedures in adult patients (i.e., ≥ 18 years of age) -Includes only deep incisional primary SSIs and organ/space SSIs with an event date within 30 days of the procedure</p>	Monthly	75 Days After the End of Prior Month	July 1, 2017 - December 31, 2017
		<p><b>Denominator:</b> Total colon procedures that meet NHSN criteria</p>			
Antimicrobial Stewardship (AMS) - Achievement of WSHA AMS Basic Tier	QBS	<p><b>WSHA AMS Basic Tier's 8 Questions</b></p> <p><b>Inclusions:</b></p> <ul style="list-style-type: none"> <li>• Patients of all ages, who are admitted to hospital bed regardless of status (e.g. include observation, rehab and swing bed patients)</li> <li>• All routes (oral, IV, IM)</li> </ul>	Once during or after the incentive period	45 Days After the End of Performance Period	July 1, 2017 - December 31, 2017
		<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Well newborns not admitted to a pediatric unit or NICU</li> <li>• Doses given to patients in the Emergency Department or Ambulatory Surgery</li> </ul>			
<b>Workforce Safety</b>					
Number of workers' compensation claims per 100 full-time workers (OSHA) per the Washington Department of Labor and Industries.	OSHA and Washington Department of Labor and Industries	<p><b>Numerator:</b> Number of approved worker's compensation claims</p>	Monthly	45 Days After the End of Performance Period	July 1, 2017 - December 31, 2017
		<p><b>Denominator:</b> Total number of hours worked by all employees</p>			



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<b>Nursing Measures</b>					
Pressure Ulcer (AHRQ PSI 03)	WA DOH CHARS	<p><b>Numerator:</b> Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for pressure ulcer and any secondary ICD-10-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable)</p> <p><b>Denominator:</b> All medical and surgical discharges age 18 years and older as defined</p> <p><b>Exclusions:</b> See AHRQ PSI 03 Technical Specifications</p>	Monthly	45 Days After the End of Prior Month	July 1, 2017 - December 31, 2017
Falls with Injury Per 1,000 Patient Day (NQF 0202)	CALNOC or QBS	<p><b>Numerator:</b> Total number of patient falls with an injury level of minor or greater (whether or not assisted by a staff member) on an eligible hospital unit during the calendar month</p> <p><b>Inclusions:</b></p> <ul style="list-style-type: none"> <li>• Inpatients, short stay patients, observation patients, and same day surgery patients who receive care on eligible inpatient units for all or part of a day.</li> <li>• Adult critical care, step-down, medical, surgical, medical-surgical combined critical access and adult inpatient rehabilitation units.</li> </ul> <p><b>Denominator:</b> Aggregate hospital patient days from all eligible units during the calendar month</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Pediatric units</li> <li>• Behavioral health units</li> <li>• Obstetrical units</li> <li>• Falls by visitors, staff, students, and if the patient is off their unit</li> </ul>	Monthly	45 Days Following the End of Month	July 1, 2017 - December 31, 2017
<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	<p><b>Numerator:</b> Number of care guidelines completed in the calendar month by the facility for patients with five or more visits to the same facility in the last year without a care guideline</p> <p><b>Denominator:</b> Number of patients without a care guideline with five or more visits to the same facility in the last year seen by the facility in the month and are not admitted</p>	Monthly	Data will be Submitted Directly to WSHA by EDIE (Calculated Automatically)	July 1, 2017 - December 31, 2017

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<b>Safe Deliveries</b>					
Percent Non-Medically Indicated Inductions with Unfavorable Cervix in Nulliparous Women	MDC or QBS	<b>Numerator:</b> Number of non-medically indicated inductions with Bishop's score < 9, prior to cervical ripening, in nulliparous women	Monthly	75 Days Following the End of the Month	July 1, 2017 - December 31, 2017
		<b>Denominator:</b> Total number of deliveries			
Percent of Patients with Elective Deliveries 37 to less Than 39 Weeks Gestational Age (PC01)	MDC or QBS	<b>Numerator:</b> Patients with elective deliveries $\geq 37$ and < 39 weeks of gestation with PC01 numerator exclusions	Monthly	75 Days Following the End of a Month	July 1, 2017 - December 31, 2017
		<b>Denominator:</b> Patients delivering newborns between $\geq 37$ and < 39 weeks of gestation with PC01 denominator exclusions  <b>Exclusions:</b> <ul style="list-style-type: none"> <li>• ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07</li> <li>• Less than 8 years of age</li> <li>• Greater than or equal to 65 years of age</li> <li>• Length of stay &gt; 120 days</li> <li>• Gestational Age &lt; 37 or <math>\geq 39</math> weeks or UTD</li> </ul>			
Severe Maternal Morbidity: Hemorrhage and Severe Hypertension /Preeclampsia Policies and Protocols	QBS	<p>The Severe Maternal Morbidity measure is a process measure which includes assessment of whether a hospital has policies/protocols for assessing, recognizing and responding to maternal hemorrhage and severe hypertension/preeclampsia.</p> <p>1. Do you have a Hemorrhage policy/protocol in place for assessing, recognizing and responding to maternal hemorrhage? (Yes/No)</p> <p>2. Do you have a Severe Hypertension/Preeclampsia policy/protocol in place for assessing, recognizing and responding maternal severe hypertension/preeclampsia? (Yes/No)</p>	Monthly	45 Days After the End of Performance Period	July 1, 2017 - December 31, 2017

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<b>Behavioral Health</b>					
Behavioral Health Measure: Transition Record with Two Specified Elements Received by Discharged Patients	QBS	<p><b>Numerator:</b> Patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge including the following two elements:</p> <p><b>Contact Information/Plan for Follow-up Care</b></p> <ul style="list-style-type: none"> <li>• Plan for follow-up care, AND</li> <li>• Primary physician, other health care professional, or site designated for follow-up care</li> </ul> <p><b>Denominator:</b> All patients, regardless of age, discharged from the inpatient facility to home/self-care or any other site of care</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Patients who died or left against medical advice (AMA) or discontinued care</li> </ul>	Monthly	60 Days Following the End of Month	July 1, 2017 - December 31, 2017
Behavioral Health Measure: Multiple Antipsychotic Medications at Discharge with Appropriate Justification - Overall Rate (HBIPS-5)	QBS	<p><b>Numerator:</b> Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification</p> <p><b>Inclusions:</b></p> <ul style="list-style-type: none"> <li>• All ages</li> </ul> <p><b>Denominator:</b> Psychiatric inpatient discharges.</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Patients who expired.</li> <li>• Patients with an unplanned departure resulting in discharge due to elopement.</li> <li>• Patients with an unplanned departure resulting in discharge due to failing to return from leave</li> <li>• Patients with a length of stay <math>\leq</math> 3 days.</li> </ul>	Monthly	60 Days Following the End of Month	July 1, 2017 - December 31, 2017

### Submission Method:

CALNOC - Collaborative Alliance of Nursing Outcomes

EDIE - Emergency Department Information Exchange

MDC - Maternal Data Center

NHSN - National Healthcare Safety

QBS - Quality Benchmarking System



# Washington State Hospital Association

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WA DOH CHARS - Inpatient discharge data collected by the Department of Health

\* Email Questions to Jonathan Bennett - [Jonathanb@wsha.org](mailto:Jonathanb@wsha.org)