

Medicaid Quality Incentive

Web Conference

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Washington State Hospital Association

Washington State
Health Care Authority

Presenters



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Thank You

- Vision and drive for quality incentive

Rep. Eileen Cody



Today's Presentation

- History of the Medicaid Quality Incentive
- July 1, 2021 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***



Medicaid Quality Incentive

July 1, 2021

- The program is included in the Hospital Safety Net Assessment legislation.
- **88%** percent of eligible hospitals achieved quality performance threshold
- **TBD** percent of eligible hospitals earned an incentive payment for FY 2022



Timeline

July 1, 2021 - December 31, 2021

Hospitals collect performance data.

April - May 2022

Chief Financial Officer attestation.

May - June 2022

HCA determines which hospitals qualify for payment.

July 2022 (State fiscal year 2023)

Qualifying hospitals receive incentive payment and next year begins.

HCA Program with WSHA Support

- Part of HCA Quality Work:
 - Performance Measures Coordinating Committee - common measure set
 - Managed care and ERB contracts
 - Medicaid External Quality Review Organization and Quality Strategy
 - Quality Measurement, Monitoring and Improvement



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.
- ✓ Final selection by HCA.
- ✓ Attainment of an average score of 5 or above to receive the increase.

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.
- Critical Access Hospitals may participate in improvement efforts, but cannot receive incentive payments.



Funding for Incentives

- Quality incentive provided to all qualifying Washington hospitals.
- No partial increases
 - ✓ Hospitals receive either zero or one percent increase.



Selected Measures

General Care Measures

- Pressure Ulcer (*Adult and pediatric hospitals*)
 - Skin Assessment Policy
 - Attestation of Clinical Staff Education

- Falls with Injury (*All hospitals*)
 - Falls with Injury / 1000 Patient Days
 - Post-Fall Huddle with Data Stratification



Selected Measures

Infection Prevention

(Adult and pediatric hospitals)

- Surgical Site Infection (SSI)
 - SSI Prevention Policy

- Catheter Associated Urinary Tract Infection (CAUTI)
 - CAUTI Prevention Policy

Selected Measures

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.)

Care guidelines are created to be informative and unique to the patient.



Selected Measures

Safe Deliveries

- Safe Sleep (*Hospitals with obstetrical programs only*)
 - American Academy of Pediatrics Safe Sleep recommendations and education requirements
 - Safe Sleep Discharge Instructions
- ED Triage (*Adult and pediatric hospitals with emergency rooms only*)
 - “Are you currently pregnant or have you been pregnant within the past year?”
 - Perinatal Consult



Selected Measures:

Behavioral Health

(Behavioral health hospitals or units only)

- Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths
- Transition Record with Four Specified Elements Received by Discharged Patients



Selected Measures

Social Determinants of Health

(All hospitals)

- Screening for housing stability, food insecurity, and transportation needs



Selected Measures:

Diagnostic Error

(Adult and pediatric hospitals)

- Communication of critical lab result and/or radiology test to a provider who can take action
- Counts of lab and radiology tests



Selected Measures:

Workplace Safety

(All hospitals)

- Number of Workplace Violence Events
- RCA and REaL data collection



Earning the Incentive

- Patient days should match those submitted in financials.
- Reporting begins July 1, 2021.
- Use national definitions for time period.
- Data is from all payors.
- Review process for early elective deliveries.
- 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
- Data Submission Requirements
- Webinar Recordings

WSHA Learning Collaboratives: Improving Care and Achieving Excellence for Incentive

- Sharing best practices
- Learning together



Questions?

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