

Medicaid Quality Incentive

Web Conference

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Washington State Hospital Association

Washington State
Health Care Authority

Presenters



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Welcome

Today's Presentation

- Brief History of the Medicaid Quality Incentive
- July 1, 2024 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

- Almost 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 2024 Performance

- **93%** percent of eligible hospitals achieved quality performance threshold
- **% TBD** percent of eligible hospitals earned an incentive payment for FY 2025



High-level Timeline

- **July 1, 2024 - December 31, 2024 (State fiscal year 2025)**
Hospitals collect performance data.
- **March - April 2025** Chief Financial Officer attestation.
- **May - June 2025** HCA determines which hospitals qualify for payment.
- **July 2025 (State fiscal year 2026)** Qualifying hospitals receive an incentive payment and next year begins.



Guiding Principles

- **Measures must be:**
 - ✓ Aligned with S&Q Priorities
 - ✓ 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 held in April with member feedback on measures
- ✓ Final selection by HCA
- ✓ Attainment of an average score of 5 or above to receive the increase



2024 MQI Measures

- ✓ Includes 7 measures
- ✓ Better alignment with WSHA Quality Improvement
- ✓ Fewer measures
- ✓ Prioritized by governance
- ✓ Year long focus for Quality Improvement
- ✓ Automated data



2024 MQI Measure Set



Climate Change



Opioid Harm Prevention: Naloxone Distribution



(New) Health Equity: Patient Demographics



Falls



(New) Safe Deliveries Roadmap: Perinatal Mental Health



(New) Sepsis and Diagnostic Excellence



Workplace Violence



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

Why: Continuation of the 2022 measure. Builds upon the progress made in prior years.

This measure is comprised of the following:

1) Does your hospital monitor greenhouse gas emissions? Answer (Y/N) in QBS. Only an answer of Yes will hospitals attain 2 points.
No point awards will be received for a No response.

2) Hospitals will be asked to form a dedicated team of two or more individuals at their facility to help address GHG emissions reduction.
Answer (Y/N) in QBS. An answer of Yes will allow hospitals to attain 4 points.

3) Hospitals will be asked to collaborate with the established team to set two or more goals for reducing greenhouse gas emissions.
Answer (Y/N) in QBS. An answer of Yes will allow hospitals to attain 2 points.

4) Hospitals will be asked to identify and submit two or more barriers to tracking greenhouse emissions in QBS as a free text field. List your barriers in order of priority. Hospitals that submit 2 or more barriers will attain 2 points.

One-time submission. 10 points are possible.

Thresholds	Submission of GHG survey. *Yes/No, ONLY a response of Yes will receive point awards*	Form a team of 2+ to address GHG	Collaborate with team to establish 2+ goals to reduce <u>GHG</u>	Submit 2+ barriers on tracking GHG
Point Awards 2024	2 points = Yes response 0 points = No response	4 points	2 points	2 points



Opioid Harm Prevention: Naloxone Distribution (All adult acute and pediatric hospitals with emergency department or inpatient psychiatric units, freestanding emergency departments, and freestanding psychiatric hospitals)

Why: For 2024, changes are being made to the naloxone distribution measure to better understand barriers faced in effective naloxone distribution as well as providing healthcare services for people who use drugs.

This measure is comprised of the following:

- **Part 1: SUD Needs Assessment**
Complete the survey by December 31, 2024. 5 points for the submission of the Needs Assessment in Qualtrics.
- **Part 2: Naloxone Distribution**
Numerator: number of included population of patients who have received opioid overdose reversal medications
- **Denominator: total number of discharged patients who were identified as being at-risk of opioid-related harm.**

Diagnosis list available on 2024 MQI Proposed Measure

Monthly submission from July 1, 2024, through December 31, 2024. 5 points for all 6 months of metrics provided.

Thresholds	Submission of the Needs Assessment in Qualtrics	Submission of all six months of data
Point Awards 2024	5 points	5 points



(New) Equity Patient Demographics (All hospitals)

Why: For 2024 MQI Demographic Data Reporting measure will focus on collection of four new demographics: sexual orientation, gender identity (SOGI), disability condition and disability daily living.

- Hospitals do not need to submit any additional data. The measure will be calculated using Washington State Discharge dataset files
- Hospitals can track progress toward the target of 20% or less for each demographic by accessing the member-facing Inpatient & observation Demographics Dashboard on DASH or by requesting progress reports directly from the WSHA team.
- Scoring will be based only on the November discharge data. To receive all 10 points, the target for the percent “unknown” is 20% or less for each demographic. For each of the four demographics, 2.5 points will be awarded if the target is met.

November 2024 data will be scored for this measure as follows:

The target for percent “unknown” is 20% or less for each demographic. For each of the four demographics, 2.5 points will be awarded if the target is met.

Threshold for Demographic Reporting	Target <u>met</u> (“unknown”) ≤20%	Target not <u>met</u> (“unknown”) >20%
Sexual Orientation	2.5	0
Gender Identity	2.5	0
Disability Condition	2.5	0
Disability Daily Living	2.5	0



Falls Prevention and Harm Reduction (All hospitals)

Why: Continuation of 2022 measures. For the 2024 MQI Program, all are encouraged to submit fall data which will comprise three data elements that are required for all hospitals reporting to receive the quality improvement incentive including:

- All Falls – total number of all facility falls, with or without injury (whether assisted by a staff member or not)
- Post Fall Huddle Completion (PFH)
- Age of patient

Optional Full Data Reporting

The total number of each of the 7 identified categories in any licensed care area within the facility during the calendar month. **Beginning in 2025, submission will be every month for 12 calendar months. See MQI Guidelines.**

Monthly submission from July 1, 2024, through December 31, 2024.

10 points are broken out for different fall data components

Thresholds	All Falls	Post Fall Huddle Completion documented with each fall	Age of the Patient
Point Awards 2024	2 points	60-79% = 4 pts ≥ 80% = 5 pts	60-79% = 2 pts ≥ 80% = 3pts



(New) Safe Deliveries Roadmap: Perinatal Mental Health (All hospitals with an OB unit)

Why: Prioritized by the WA Maternal Mortality Review Panel to help address mental health and substance use disorders by increasing screening, prevention, and treatment for pregnant and parenting people. Statewide implementation of the AIM Perinatal Mental Health Bundle.

The measure is comprised of two parts

- PART A: Perinatal Gap and Needs Assessment: Qualtrics survey
- PART B: Process Resource, & Policy Documents Upload into SharePoint

The submissions for Part A and B are due by August 31, 2024

Once between July 1st and August 31, 2024. 10 points for submitting both Part A and Part B

This measure is all or nothing scoring. Each hospital with a labor and birth unit *must complete part A and part B* to be eligible for scoring.

Hospitals that do not complete part A *and* B will receive 0 points. Hospitals that complete and submit part A and part B will receive 10 points.

*For hospitals that are reporting under one licensure (share a CCN): Data must be submitted from each hospital to be considered for this measure. Scores from each hospital will be averaged.

Thresholds	No Submissions for Part A AND Part B	Submit Part A (Needs Assessment) and Part B (Upload of Process, Resource & Policy Documents)
Point Awards 2024	0 points	10 points

(New) Sepsis: Sepsis and Diagnostic Excellence (Acute care hospitals)

Why: Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death. Delaying recognition and treatment of sepsis has a significant impact on mortality.

For this MQI measure hospitals will complete:

- Needs Assessment – that should be submitted once in Qualtrics by September 1, 2024.
- Dashboard engagement – dashboard to be accessed at least once per month from July 1, 2024 – December 31, 2024 (no submission for this piece is required. This piece will be monitored and calculated by WSHA).
- Sepsis Case review – submitted by hospitals at least once during the performance period from July 1, 2024 – December 31, 2024.

Thresholds	Needs Assessment completed	Dashboard Engagement and Access	Sepsis Case Reviews completed
Point Awards 2024	1 point	1 point = ≤ 4 or 5 months 2 points = ≥ 6 months	7 points = 30 cases or 100% of cases if less than 30 of pt. population



Workplace Safety: Workplace Violence (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, 2024, through December 31, 2024.
N/A or -1 submissions will not receive points in 2024.
10 points for all events provided.

Thresholds	All Patient WPV Events	All Patient WPV Events
	<ul style="list-style-type: none"> • N/A or -1 submissions 	<ul style="list-style-type: none"> • Age Location • # non-English speakers • # of times non-English speakers were offered a translator
Point Awards 2024	0 points	10 points



Receiving the Incentive

- Patient days should match those submitted in financials
- Measurement and reporting begin July 1, 2024.
- Reporting period extends 30-45 days beyond the measurement period
- Data cannot be corrected after Jan 31st, 2024
- Data is from all payors
- WSHA is here to help!



Resources

- Available at [Medicaid Quality Incentive - Washington State Hospital Association \(wsha.org\)](http://wsha.org)
- Measure Award Tables
- Measure Guidelines
- Measure Eligibility
- Webinar Records
 - WSHA Analytics Office Hours, 2nd Tuesday of each month from 9-10 am
 - S&Q Programming
 - Webinar Recordings



Save the Date!

Measure Training Webinar

June 11th & July 9th 2024

at 9:00 – 10:00 am

- Review of each measure and scoring detail
- Submission requirements
- Technical training on data submission
- WSHA encourages hospitals to submit data early for an opportunity to be pre-reviewed by Safety & Quality staff. Data cannot be corrected after Jan 31st, 2024.



WSHA Learning Collaboratives: Improving Care and Achieving Excellence for Incentive

- Sharing best practices
- Quality Improvement Focus
- Learning together



Questions?

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