

LB 1087

Medicaid Provider Assessment

Directed Payment

Quality Overview

April 30, 2024 | 8:30 AM to 9:30 AM CT

Objectives



- Review MPA Program Quality Requirements
- Understand 3 self-reported metrics and 2 supplemental metrics
- Discuss measure progression and goals
- State reporting cadence
- Discuss data reporting process
- Questions / Answers

Measures Selection:



Behavioral Health

Aging and Chronic Care

Maternal Safety

Patient Safety

- At least 1 measure -- per defined buckets
- Focus on for a 3-year period
- Measures will be retired after 3 years, unless work needs to be extended based on performance.
- Measures can be retired prior to 3 years if goals are met and sustained
- New measures will be added overtime to continue to drive high-quality care and improve patient outcomes.
- CMS will require an at-risk portion as the program matures.

Measures Selection:

Year 1

- Advisory Council will select a measure from each bucket for statewide quality improvement.
- Hospitals will implement year one goals

Year 2

- Hospitals will move previous measures to year two goals
- Advisory Council will select a second measure from each bucket for statewide improvement
- Hospitals will launch year one requirements of newly selected measures

Year 3

- Hospitals will move previous measures to year two and three goals
- Advisory Council will select a third measure from each bucket for statewide improvement
- Hospitals will launch year one requirements of newly selected measures

Year 4+

- Hospitals will continue to progress measures through the goals and requirements of the program
- Year one measures will be sunsetted unless additional work is determined to be necessary by the Advisory Council.
- Advisory Council will select new measures for each year as year 1-3.



MEDICAID QUALITY INITIATIVES

NHA Medicaid Quality Council

- Social Determinants of Health Screening
- Maternal Postpartum Depression Screening
- CAUTI Infection

Supplemental Measures Related to Governors Focused Programming

- ED Use for Behavioral Health Primary Diagnosis .
- Expansion of Age-Friendly Health Systems.

Approved Initial Measures

Measure	Numerator	Denominator	Data Source
Complete a screening for Social Determinants of Health (SDOH).	<p>Number of adult patients (>=18 y/o) admitted inpatient to the hospital that receive a SDOH screening that includes each of the five health related social needs (food insecurity, housing instability, transportation needs, utility difficulties, interpersonal safety) during each hospital stay.</p> <ul style="list-style-type: none"> Only fully complete screenings will be considered applicable. 	Total number of inpatient admissions.	<ul style="list-style-type: none"> Self-Reported – EHR Report
Maternal Post-partum depression screening.	Number of delivering mothers that receive a depression screen after delivery before discharge.	Total number of delivering moms.	<ul style="list-style-type: none"> Self-Reported – EHR Report
CAUTI	Number of CAUTI infections	Number of catheter days	<ul style="list-style-type: none"> NHSN or Self-Reported



Approved Initial Measures

Measure	Numerator	Denominator	Notes
Complete a screening for Social Determinants of Health (SDOH).	<p>Number of adult patients (>=18 y/o) admitted inpatient to the hospital that receive a SDOH screening that includes each of the five-health related social needs (food insecurity, housing instability, transportation needs, utility difficulties, interpersonal safety) during each hospital stay.</p> <ul style="list-style-type: none"> Only fully complete screenings will be considered applicable. 	Total number of inpatient admissions.	<ul style="list-style-type: none"> Screening can occur any time during the hospital admission prior to discharge. Screening should occur during each hospital stay. Only unique patients should be included in any, one reporting period (year). If a patient has multiple admissions in the year, the most recent result (i.e., the result closest to the reporting period) should be submitted. Recommend hospitals use discharge date for inclusion into the denominator. The following patients would be excluded from the denominator of both measures: 1) Patients who optout of screening for any reason; and 2) patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient’s behalf during their inpatient stay. Additionally, patients who expire during the inpatient stay are excluded. Hospitals will send the NHA quarterly progress reports that will only be used internally to track progress. An annual final submission for the calendar year will be obtained for CMS review.
Maternal post-partum depression screening.	Number of delivering mothers that are admitted for delivery that receive a depression screen after delivery before discharge.	Total number of delivering moms.	<ul style="list-style-type: none"> Use of recognized screening tool that addresses anxiety. Examples: <ul style="list-style-type: none"> Edinburgh Postnatal Depression Scale (EPDS) Edinburgh Postnatal Depression Anxiety Subscale (EPDS-3A) Patient Health Questionnaire 9 (PHQ-9) with Generalized Anxiety Disorder Screener (GAD-7)
CAUTI	Number of CAUTI infections	Number of catheter days	<ul style="list-style-type: none"> NHSN or self-reported Follow CDC / NHSN definition. For those with a designated ICU – ICU CAUTI and Med Surg CAUTI will be reported separately both adult and pediatric

Approved Initial Measures

Measure	Numerator	Denominator	Notes
Rate of ED Use for Primary Diagnosis of Behavioral Health (See ICD-10 Code List Included)	Patients of all ages that are seen in an Emergency Department for a primary diagnosis of behavioral health based on the ICD-10 codes noted	All Emergency Department Visits	<ul style="list-style-type: none"> ■ All age groups will be collected, and data will be stratified by age group ■ Data will be stratified by payer-mix. ■ Further investigation into national rates will be completed by the NHA Team ■ NHA Team will create a BH Focus group with Subject Matter Experts from Nebraska to discuss noted gaps.
Number of health care organizations across Nebraska that are engaged with the Age-Friendly Health Systems Program.	This will not be a rate – simply an aggregate number of NHA members that are engaged in AF.		<ul style="list-style-type: none"> ■ Currently there are 26 organizations, many with multiple sites that are engaged in AF ■ NHA continues its work across the state to spread the framework including work towards creating AF Communities.

Potential Goals and Benchmarking

Measure	Current Benchmark	Potential Goal
Complete a screening for Social Determinants of Health (SDOH).	NA	35% by the end of 2025. 55% by the end of 2026. 80% by the end of 2027.
Maternal Post-partum depression screening.	66% November 2023 per NPQIC data	71% by the end of 2025. 75% by the end of 2026. 80% by the end of 2027.
CAUTI	0.743 SIR for All Locations 1.152 SIR for Acute Hospitals (non-ICU)	0.7 by end of 2025



Data Collection Recommendations per DHHS for CAUTI – low volume reporting:

- DHHS has 63 hospital's data through DUA in NHSN to create the statewide SIR.
 - Not all included hospitals create and individual SIR based on volumes.
 - Conferred rights to NHA will allow us to view aggregate data only
 - Stateside Data Submission Recommendation:
 - Use DHHS NHSN generated SIR for CMS reporting
 - Use hospital's "CAUTI rate" for goal setting
- # of CAUTI / Catheter Days *100*
- Individual performance can be driven by hospital's data and volume (SIR or Rate)
 - Non-NHSN users will self-report
 - NHA will provide support to transition to NHSN

NE Age-Friendly Health Systems Growth Goals:

Current Number of AF Organizations	Growth in Year 1 = Increase by 50%	Growth in Year 2 = Increase by 25%	Growth Year 3 = Increase by 25%
26	39	49	61

Add requests for continued engagement and data submission with the program.



Hospital Reporting Cadence (initial year (18 -month lookback))–July 1, 2024 through December 2025:

	Internal Check-in #1 (July-September 2024) Due November 30, 2024	Internal Check-in #2 (October – December 2024) Due February 28, 2025	Internal Check-in #3 (January – March 2025) Due May 31, 2025	Internal Check-in #4 (April – June 2025) Due August 31, 2025	Internal Check-in #5 (July-September 2025) Due November 30, 2025	Final Official CMS Performance Report (July 2024-December 2025) Due June 1, 2026
SDOH	X	X	X	X	X	X
Post-Partum Depression	X	X	X	X	X	X
CAUTI	X	X	X	X	X	X
	Q3 2024 (July-Sept) Report Distributed December 31, 2024	Q4 2024 (October - December) Report Distributed March 31, 2024	Q1 2025 (Jan-March) Report Distributed June 30, 2025	Q2 2025 (April - June) Report Distributed September 30, 2025	Q3 2025 (July-September) Report Distributed December 31, 2025	Year 1 Governors Report CY 2025 Distributed June 2026
BH ED Use	X	X	X	X	X	X
Age-Friendly		X				X

Considerations

- EHR:
 - Internal Screening Tools
 - Reporting Capabilities
 - Change requests – needs to meet metrics
- Data Reporting Platform:
 - NHA is working with a vendor to create a platform
 - Log in and upload capabilities are still being aligned
 - Full training once the platform is fully implemented
- Performance:
 - Annual submission to CMS for statewide performance measurement against stated goals
 - NHA Quarterly reporting will allow for performance assessment and PI planning prior to annual reporting deadline
 - At-risk portion and timeline is dependent on CMS ruling – so we want to ensure all hospitals are prepared
- Support:
 - NHA in collaboration with MPA Quality Advisory Committee will assess performance both statewide and individual
 - Goals will be set both statewide and by hospitals individually
 - NHA Quality team, collaborating experts and the peer learning will be used to support improvement

THANK YOU