NEBRASKA MEDICAID DIRECTED PAYMENT PROGRAM FAQ

IS THE MEDICAID DIRECTED PAYMENT PROGRAM REQUIRED OR VOLUNTARY?

- The Nebraska Hospital Association (NHA) Board of Directors directed the NHA team to work with Nebraska Medicaid and the state to bring the State Directed Medicaid Payment plan to Nebraska. The NHA lobbied on behalf of Nebraska hospitals and succeeded in passing LB 1087. This program includes 100 percent of Nebraska hospitals.

DOES CMS HAVE REQUIRED METRICS FOR THE QUALITY PROGRAM?

- CMS directs that states engaging in a directed payment program will work with their State Medicaid office to develop Medicaid population metrics that align with the state Medicaid Quality priorities. The Nebraska Medicaid Department priorities are Maternal Health, Behavioral Health, Patient Safety and Aging and Chronic Care. The NHA Medicaid Directed Payment Quality Advisory Group developed state measures that aligned with these metrics and received approval from the Nebraska Medicaid Department on the quality metrics.

IS THERE A RISK ASSOCIATED WITH THE QUALITY METRICS?

- Nebraska is the 44th state to implement a Medicaid State Directed Payment Program. In other states, CMS has required a risk-based model to be integrated into the quality metrics in year 3-5 of its onset. NHA is setting up the quality metrics reporting structure to prepare for a financial risk model when required.

HOW WILL THE QUALITY METRICS COMPENSATE FOR COMPARISON BETWEEN LARGE AND SMALL HOSPITALS WITH DIFFERING DATA VOLUMES?

- Performance groups will be categorized by hospital type to allow for peer benchmarking. Hospital performance will be assessed against statewide performance goals, as well as self-improvement goals.
- Nebraska will submit one composite report to CMS annually.

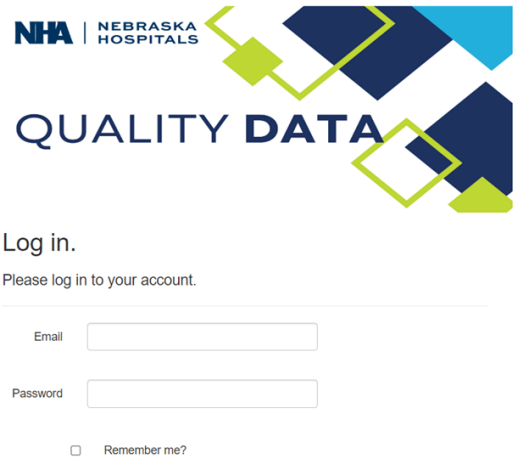
HOW WILL QUALITY IMPROVEMENT GOALS BE SET, SPECIFICALLY IF THE ORGANIZATION ALREADY PERFORMS FAVORABLY ON THE MEASURE?

- Goals were set based on recommendations from the Medicaid Directed Payment Quality Advisory Council. These goals were submitted to CMS for approval. The three-year goals per category are below:

Measure	Current Benchmark	Potential Goal
Complete a Screening for Social Determinants of Health (SDOH)	N/A	• 35% by the end of 2025 • 55% by the end of 2026 • 80% by the end of 2027
Maternal Post-Partum Depression Screening	66% as of 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 Hospital (non-ICU)	• 0.7 by end of 2025

WHEN AND HOW WILL THE DATA BE REPORTED?

- Data will be submitted using the NHA Data Portal.



- All quality metrics will be reported to the NHA quarterly through the NHA Quality Data Portal.

Q1 January - March	Q2 April - June	Q3 July - September	Q4 October - December
Data Due: May 31	**Data Due:** August 31	**Data Due:** November 30	**Data Due:** February 28

- The SDoH screening metric will be reported quarterly, as well as a final full calendar report (January to December) to report only unique patients. This report will be submitted February 28.
- CAUTI data will be reported through the data portal, as stated above but data can be taken from NHSN reporting.
- CMS has the ability to request that data be reported by payer type, specifically Medicaid separately from other payer sources. This is not required at this time but could be requested in the future.
- NHA Data Portal will have the availability to report Medicaid separately.

WILL NHSN DATA BE USED FOR CAUTI REPORTING?

- If you currently submit infection information to NHSN and have conferred rights to NHA, we will use your NHSN data to report CAUTI.
- If you do not use NHSN for CAUTI tracking, you will use manual abstraction and data submission through the data portal.

FOR SDOH SCREENING METRIC, WILL THE ADMISSION OR DISCHARGE DATE DEFINE WHICH REPORTING PERIOD THEY FALL?

- Patient discharge date will determine which reporting period they are included in.

WILL ONLY UNIQUE PATIENTS BE INCLUDED IN THE SDOH SCREENING RATE?

- In an effort to align with the CMS requirements for SDoH screening, only unique patients will be included. This will require that a final full year report will need to be submitted at the close of each calendar year.