

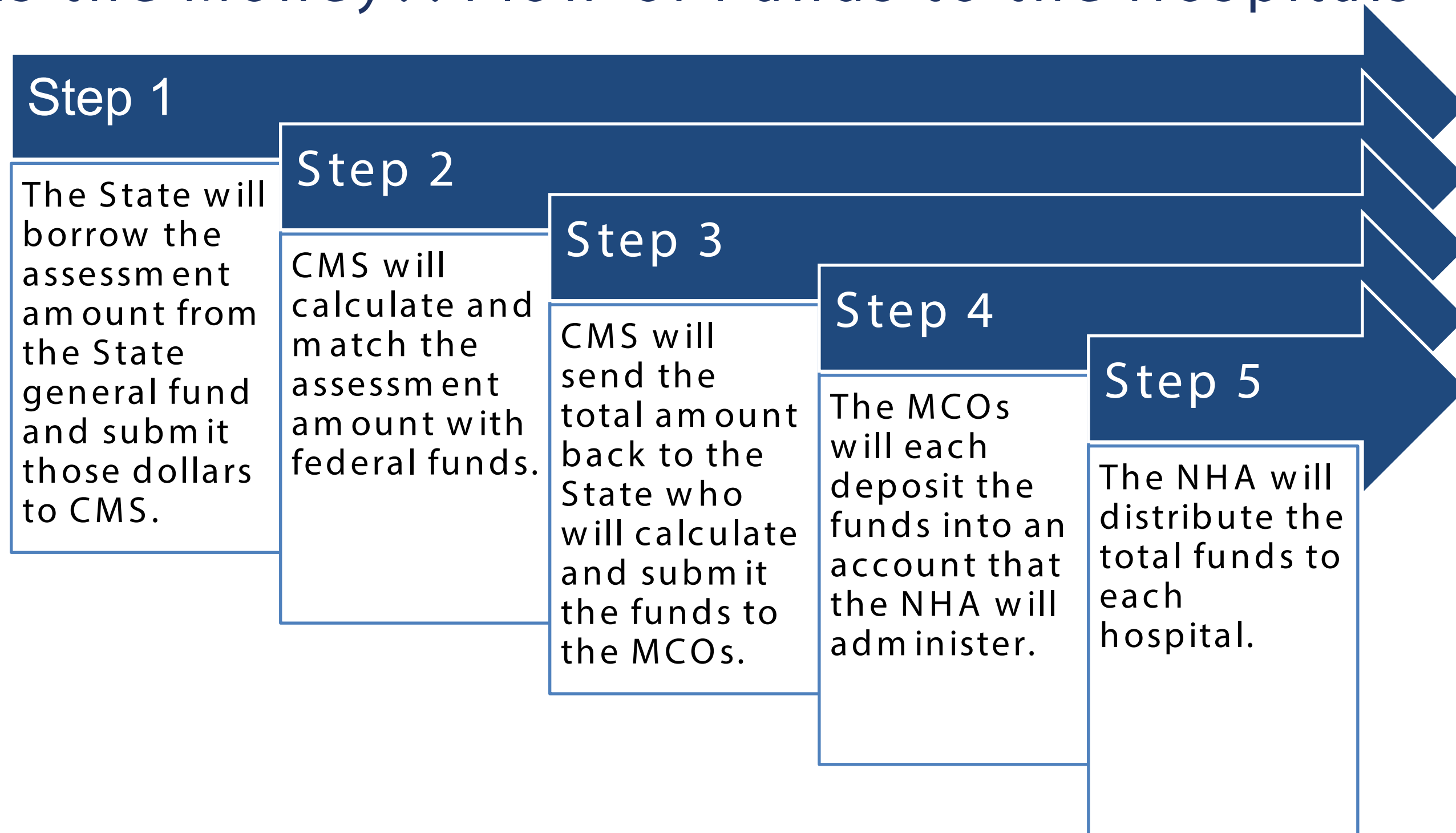
LB 1087

Nebraska Medicaid Directed

Payment Program -- Overview

October 16, 2024

## Where is the Money?: Flow of Funds to the Hospitals



The NHA will hold the appropriate amount of assessment from each hospital for administrative fees and send to the State to repay the general fund.

# How Long Until We See the Money?: Timing of Payments

## Payments will be Quarterly



Each quarter this transaction will occur based on total payment received by the hospital from the Medicaid program.



The NHA will receive the data from the State prior to the beginning of the quarter for validation.



Shortly after the quarter begins, the State will start the process to initiate the flow of funds.



Once the NHA receives the funds from the State, it should approximately 7 days to complete the transaction.

# Nebraska Medicaid Directed Payment Program – Required Quality Component

## 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 assessed on an ongoing basis – measures can be retired or progressed depending on performance and need
  - 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.
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# Medicaid Directed Payment Program: Quality Initiatives

## Key Performance Metrics – Year 1 (July 2024 -December 2025)

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

## Supplemental Measures Related to Governor's Focused Programming

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



# Approved Initial Performance Measures

Measure	Numerator	Denominator	Data Source
Complete a screening for Social Determinants of Health (SDOH).	<p>Number of adult patients (&gt;=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"> <li>Only fully complete screenings will be considered applicable.</li> </ul>	Total number of inpatient admissions.	<ul style="list-style-type: none"> <li>Self-Reported – EHR Report</li> <li>Quarterly progress reports will be submitted with a final full year report that includes only unique patients will be submitted to CMS</li> </ul>
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"> <li>Self-Reported – EHR Report</li> </ul>
CAUTI	Number of CAUTI infections	Number of catheter days	<ul style="list-style-type: none"> <li>NHSN</li> <li>or</li> <li>Self-Reported</li> </ul>

# Approved Supplemental 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"> <li>■ All age groups will be collected, and data will be stratified by age group</li> <li>■ Data will be stratified by payer-mix.</li> <li>■ Further investigation into national rates will be completed by the NHA Team</li> <li>■ NHA Team will create a BH Focus group with Subject Matter Experts from Nebraska to discuss noted gaps.</li> </ul>
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"> <li>■ Currently there are 26 organizations, many with multiple sites that are engaged in AF</li> <li>■ NHA continues its work across the state to spread the framework including work towards creating AF Communities.</li> </ul>



# 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



# 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

	Engaged	Level 1	Level 2
Prior to 12/1/2023	12	12	45 (29 Unique)
Post 12/1/2023	19	31	48 (32 Unique)



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



Reporting Period	July 1, 2024 -- September 30, 2024	October 1, 2024 – December 31, 2024	January 1, 2025 – March 31, 2025	April 1, 2025 – June 30, 2025	July 1, 2025 – September 31, 2025	October 1, 2025 – December 31, 2025	January 1, 2025 - December 31, 2025
Data Submission Date	November 30, 2024	February 28, 2025	May 31, 2025	August 31, 2025	November 30, 2025	February 28, 2026	February 28, 2026

Only for SDOH Screening Measure

CMS Statewide Report will be submitted by the Nebraska Hospital Association on June 30, 2026.



# Data Reporting: New NHA Portal

<https://www.nhaqualitydata.org>

QUALITY DATA

Log in.

Please log in to your account.

Email

Password

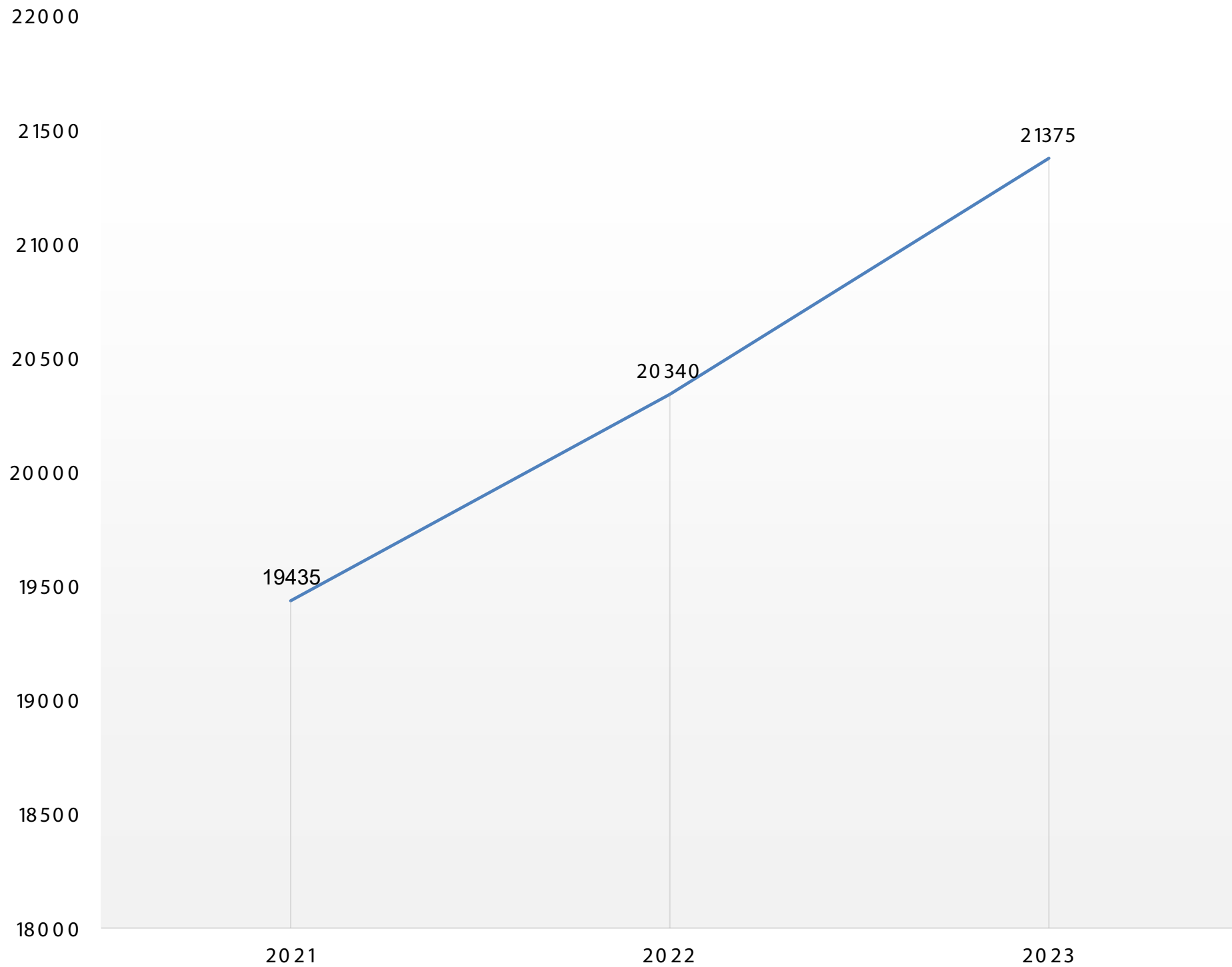
Remember me?

Log in

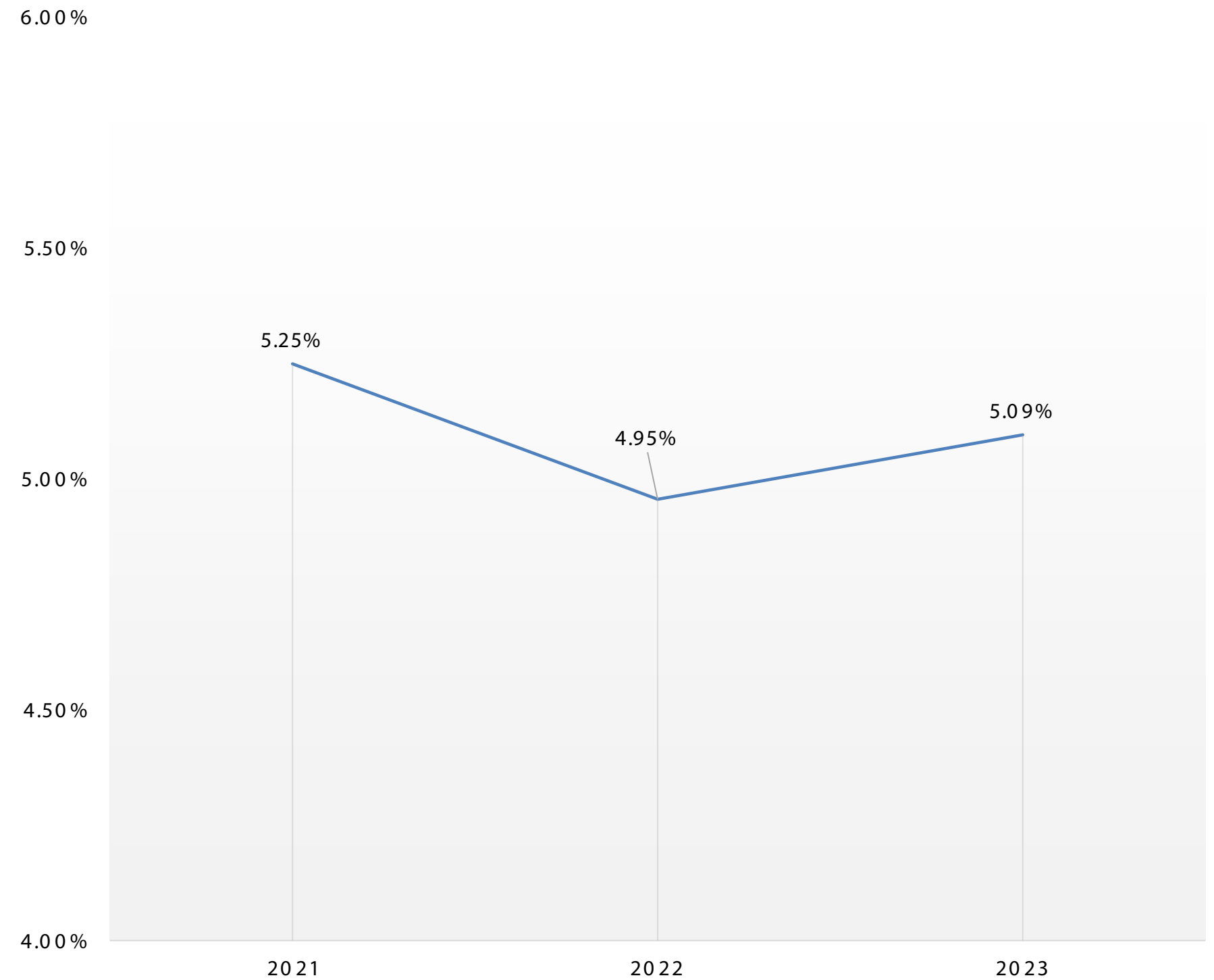


# Behavioral Health – ED Data

Mental, Behavioral and Neurodevelopmental Disorders  
Total ER Visits  
State Total



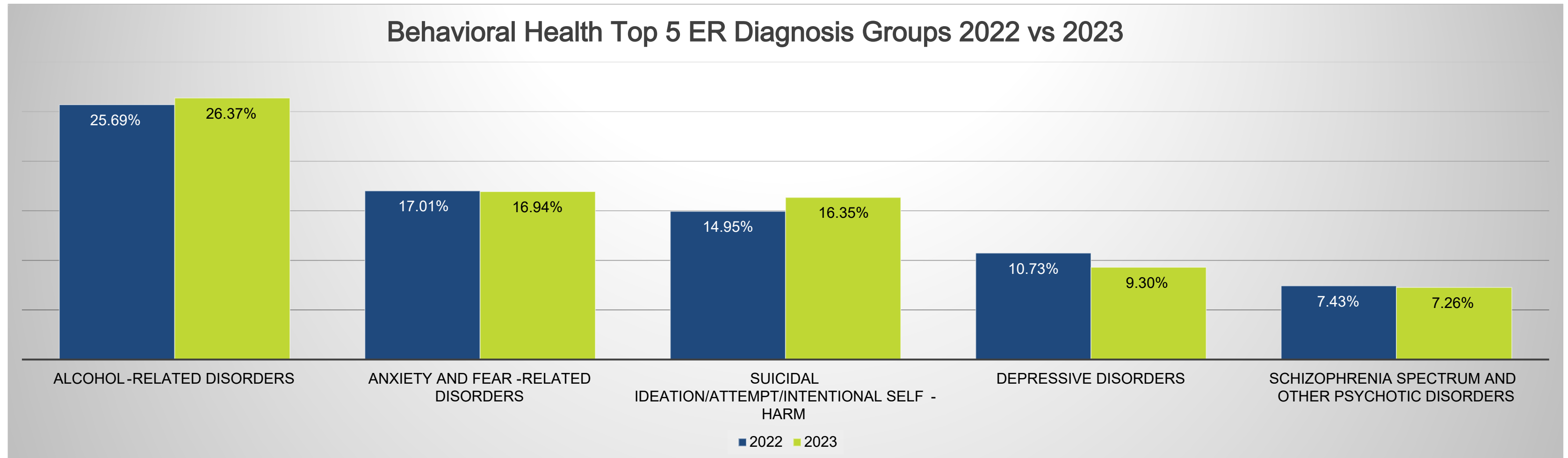
Mental, Behavioral and Neurodevelopmental Disorders  
Percent of Total ERs  
State Total



# Behavioral Health – ED Data

## Behavioral Health in the ER 2022 vs 2023 - Diagnosis Groups

Diagnosis group bundles similar/related diagnoses giving a better overview of which type of behavioral diagnoses are being seen within a certain location. Alcohol related disorders continue to be the highest diagnosis seen in the ED related to behavioral health.

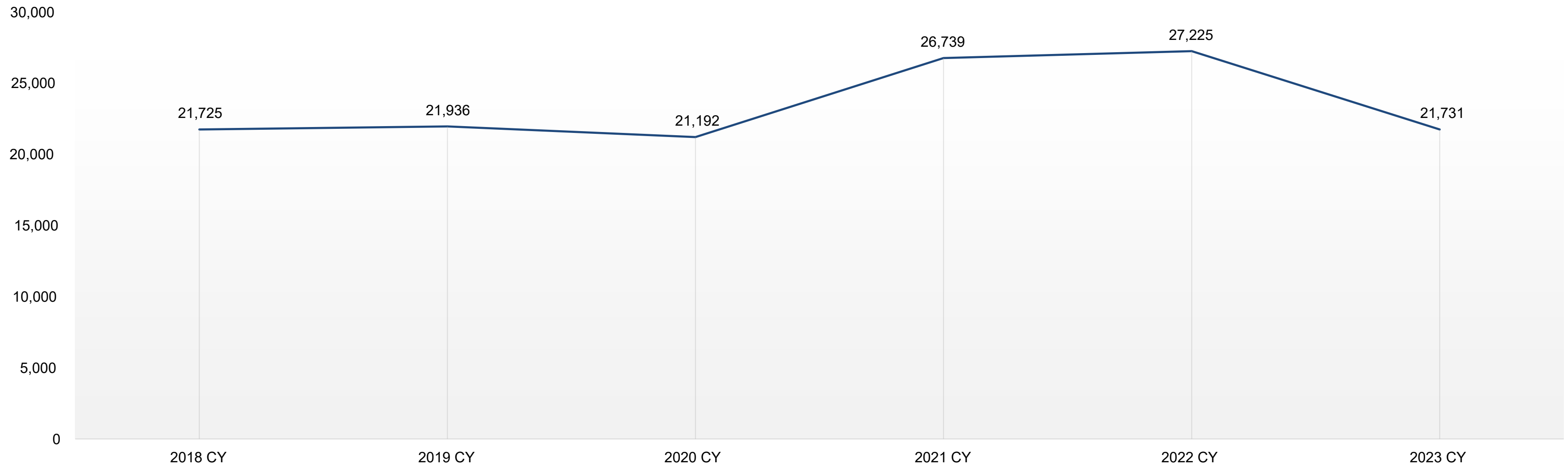


# Behavioral Health – ED Data

## Behavioral Health in the ED Trend Over Time

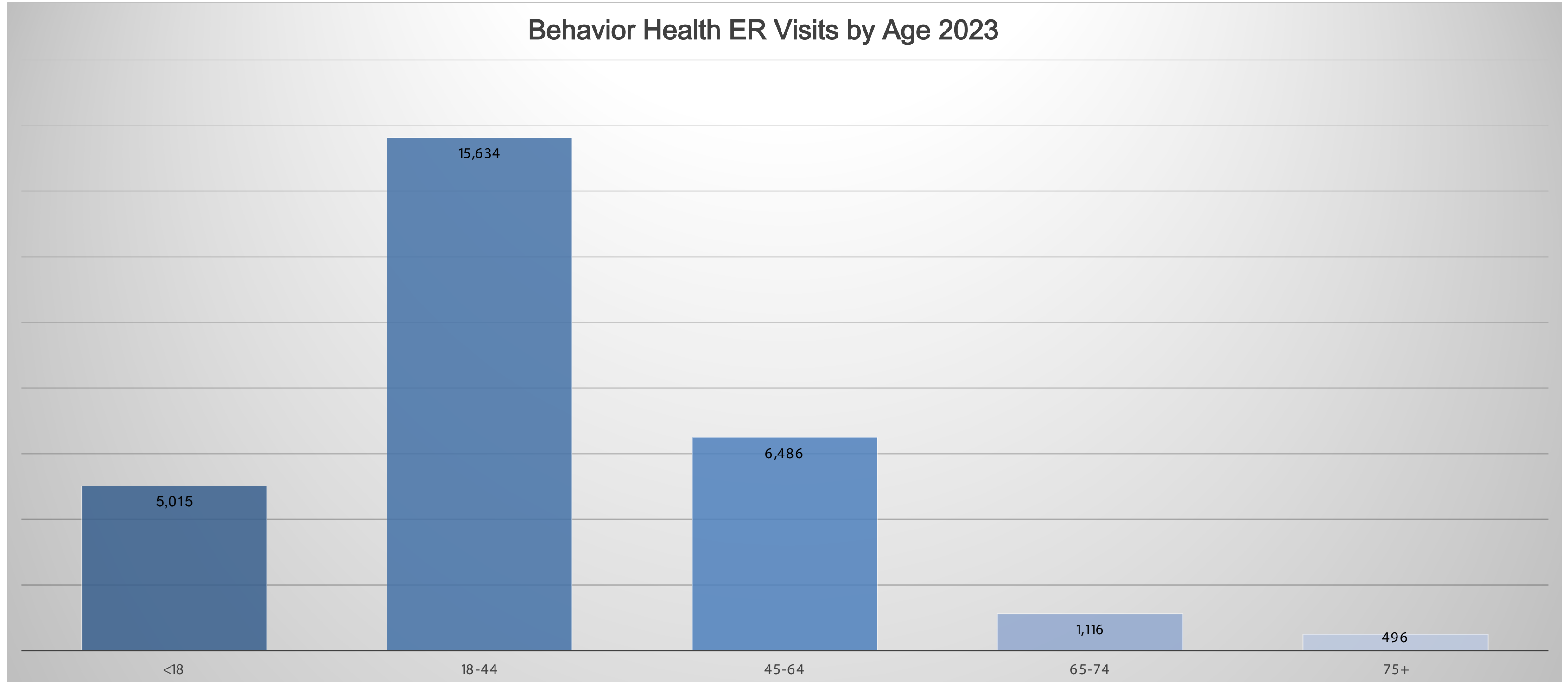
Total behavior health visits 2018 - 2023: Show a slight increase of 0.03% over time. However, the first two years after COVID (2021 & 2022), Nebraska saw an increase from 21,000 to 26,700 in 2021 and 27,200 in 2022.

Total Behavior Health ED Visit in Nebraska over 5 Years



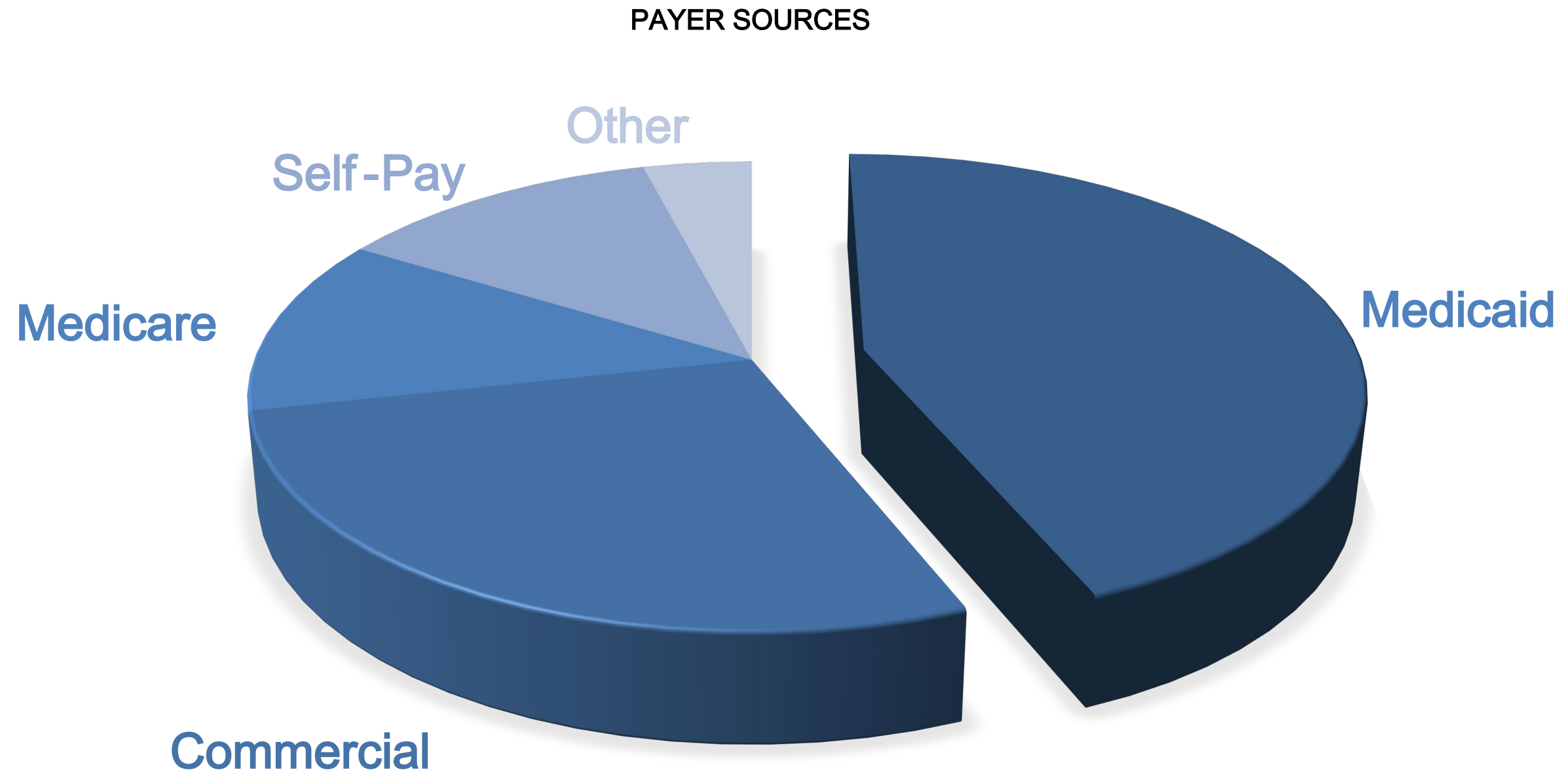
# Behavioral Health – ED Data

Behavior Health ER Visits by Age 2023





# Behavioral Health – ED Data



# NEXT STEPS...

- Train users in data portal system
- Collect baseline / Q1 (July 2024 - September 2024) data in portal
- Assess barriers to 100% reporting compliance form all participating hospitals
- Work with Quality Advisory Council to support the growth of this project
- Continue to partner with DHHS, MCOs, CMS to drive improved patient outcomes



# THANK YOU

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