

Medicaid Inpatient Quality Incentive Criteria

State Fiscal Year 2023

Overview

The 2023 program aims to identify and reward hospitals that provide a higher level of care to Arkansas Medicaid beneficiaries. The program will focus on seven performance measures, three submission measures, two outcome measures, and one structural measure.

Criteria

- Hospitals must submit data on **all** eligible measures and have a minimum of five Arkansas Medicaid cases per eligible topic for Q3 and Q4 of 2022.
- Hospitals must pass 80 percent of the eligible measures (see thresholds).
- If the measure denominator is zero after data analysis, the hospital will not be eligible for that measure.
- Hospitals must pass validation.

Bonus payments

- Qualifying PPS hospitals will receive 5.8 percent of their per diem, or up to \$50 per day, on their Medicaid primary discharge (excluding dual-eligible beneficiaries and those under one year of age).
- Hospitals not eligible for a bonus payment but would like to participate in the evaluation for recognition will have the same requirement.

Performance Measures: OBS 4 and 6; TOB 1, 2, 3; BHS 1 and 2

- **Threshold 1:** Performance in Q3 and Q4 of 2022 at or above the 95th percentile from Q3 and Q4 of 2021.
 - *Exceptions:* OBS 4 performance must be 2 percent or below, and OBS 6 must be 20 percent or lower for combined Q3 and Q4 of 2022
- **Threshold 2:** Hospitals must achieve a 35-percent reduction in failure rate based on submitted data from Q3 and Q4 of 2021.
 - *Exceptions:* OBS 4 performance must be 2 percent or below, and OBS 6 must be 20 percent or lower for combined Q3 and Q4 of 2022
- **TOB and BHS:** Performance of 50 percent minimum must be achieved to qualify for passing.

Submission measures: OBS 5, AOD 2, OPI 1

- **OBS 5:** Hospitals will abstract and submit 100% of their OBS Newborn population.
- **AOD 2:** Sample size will be determined.
- **OPI 1:** Sample size will be determined.

Structural measures: OBH Bundle

- **OBH Bundle**
 - **S1: Patient, Family & Staff Support** – Has your hospital developed OB-specific resources and protocols to support patients, family and staff through major OB complications?
 - **S2: Debriefs** – Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?
 - **S3: Multidisciplinary Case Reviews** – Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU or receiving ≥ 4 units of RBC transfusions)?
 - **S4: Hemorrhage Cart** - Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?
 - **S5: Unit Policy and Procedure** - Does your hospital have an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that-
 - Provides a unit-standard approach using a stage-based management plan with checklists
 - Ensures availability to OB hemorrhage supplies at all times
 - **S6: EHR Integration** – Were some of the recommended OB Hemorrhage bundle processes (i.e., order sets, tracking tools) integrated into your hospital's Electronic Health Record system?

Outcome measure OBH 1, AOD 1

- **OBH 1:** Severe Maternal Morbidity
- **AOD 1:** Initiation of Alcohol and Other Drug Dependence Treatment

Sampling requirements

- AFMC will provide a monthly Arkansas Medicaid case count per topic.
- Hospitals will have the option to abstract 100 percent of the cases or select a random sample.
 - *Exception:* There will be no sampling option for OBS measures. Hospitals will abstract 100 percent of their OBS Medicaid population.
- The monthly patient list will be based on Arkansas Medicaid-**paid** claims (either primary or secondary if paid by Medicaid). This number may differ from the actual number of cases a hospital has during a quarter.

Validation

- Two randomly selected charts from each topic per quarter for Q3 and Q4 of 2022 will be requested for validation.
- OBH Bundle, OBH 1, and AOD 1 will not have charts validated.
- A combined score of 80 percent across both quarters will be required to pass validation.

# of Eligible Measures	# of Measures Required to Pass
13	11
8	7

13 Quality Incentive Measures for SFY 2023

(Must pass 80 percent of the eligible measures)

PERFORMANCE MEASURES	CRITERIA TO PASS MEASURE	VALIDATION
OBS 4: EARLY ELECTIVE DELIVERY	Must be 2 percent or below for combined Quarter 3 and Quarter 4, 2022	Two randomly selected charts from OBS Mother from each Quarter 3 and 4, 2022
OBS 6: CESAREAN SECTION: NULLIPAROUS WOMEN	Must be 20 percent or lower for combined Quarter 3 and Quarter 4, 2022	Two randomly selected charts from OBS Mother from each Quarter 3 and 4, 2022
TOB 1: TOBACCO USE SCREENING	Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2022	Two randomly selected charts from TOB measure set from each Quarter 3 and 4, 2022
TOB 2: TOBACCO USE TREATMENT PROVIDED OR OFFERED	Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2022	Two randomly selected charts from TOB measure set from each Quarter 3 and 4, 2022
TOB 3: TOBACCO USE TREATMENT PROVIDED OR OFFERED AT DISCHARGE	Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2022	Two randomly selected charts from TOB measure set from each Quarter 3 and 4, 2022
BHS 1: SUICIDE RISK SCREENING	Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2022	Two randomly selected charts from BHS from each Quarter 3 and 4, 2022
BHS 2: SUICIDE RISK SCREENING FOLLOW UP	Must meet thresholds 1 or 2 listed above for combined Quarter 3 and Quarter 4, 2022	Two randomly selected charts from BHS from each Quarter 3 and 4, 2022

OUTCOME MEASURES	CRITERIA TO PASS MEASURE	VALIDATION
OBH 1: SEVERE MATERNAL MORBIDITY	Rate will be calculated from CY2022 claims data	There will be no validation for this measure
AOD 1: INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT	Rate will be calculated from CY2022 claims data.	There will be no validation for this measure

SUBMISSION MEASURES	CRITERIA TO PASS MEASURE	VALIDATION
OBS 5: EXCLUSIVE BREAST MILK FEEDING	Abstract and submit 100% of OBS Newborn cases for Quarters 3 and 4, 2022	Two randomly selected charts from OBS Newborn from each Quarter 3 and 4, 2022
AOD 2: Warm Hand-Off	Claims data will determine the sample size after one month.	Two randomly selected charts from AOD from each quarter 3 and 4, 2022
OPI1: Safe Use of Opioids	Claims data will determine the sample size after one month.	Two randomly selected charts from OPI from each quarter 3 and 4, 2022
STRUCTURAL MEASURES	CRITERIA TO PASS MEASURE	VALIDATION
OBH BUNDLE	<p>S1: Patient, Family & Staff Support – Has your hospital developed OB-specific resources and protocols to support patients, family and staff through major OB complications?</p> <p>S2: Debriefs – Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?</p> <p>S3: Multidisciplinary Case Reviews – Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU or receiving >4 units of RBC transfusions)?</p> <p>S4: Hemorrhage Cart - Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?</p> <p>S5: Unit Policy and Procedure - Does your hospital have an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that-</p> <ul style="list-style-type: none"> Provides a unit-standard approach using a stage-based management plan with checklists Ensures availability to OB hemorrhage supplies at all times <p>S6: EHR Integration – Were some of the recommended OB</p>	There will be no validation for this measure in SFY2023.

	Hemorrhage bundle processes (i.e., order sets, tracking tools) integrated into your hospital's Electronic Health Record system?	
--	---	--