



CABINET FOR HEALTH
AND FAMILY SERVICES

Kentucky Department for Medicaid Services

Consumer TAC

Hospital Rate Improvement Program - 2022 Results

Angela W. Parker, RHIT, Director of Quality and Population Health

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Hospital Rate Improvement Program (HRIP)

- HRIP is a directed payment program that allows Kentucky Medicaid to make enhanced payments to providers through managed care organizations to advance the goals of the Medicaid program.
 - Based on the utilization and delivery of services.
 - Designed to advance at least one goal of Kentucky Medicaid's quality strategy with appropriate oversight to evaluate progress on the goals.
 - Evaluated at the end of each program year to measure progress on achieving outlined goals.
 - Submitted to CMS for approval annually.
 - Funded through a hospital assessment per KRS 205.6406.
- Directed payment programs are designed to achieve 2 main objectives:
 - Improve quality outcomes
 - Maintain access to services

2022 HRIP Program

- Kentucky's Department for Medicaid Services (DMS) works collaboratively with the Kentucky Hospital Association (KHA) to improve quality of care of hospital providers.
- In 2022 - 84% of the hospitals achieved at least 4 of the 5 hospital specific goals
- In 2022 - 50% of the hospitals achieved all 5 hospital specific goals

CY 2022 Data Metrics

- **CAUTI Standard Infection Ratio (SIR) ***
- **CAUTI Low Volume (Catheter Utilization Ratio)****
- **C. diff Standard Infection Ratio (SIR)*****
- **C. diff Low Volume (C. diff Rate)******
- **Hospital Readmissions (30 day All Cause)**
- **Sepsis (Screening at Triage and Bundle Compliance)**

*excludes psych, rehab, long term acute care hospital (LTACH), critical access hospital (CAH), low volume and low volume birthing hospitals

**includes any hospital for which National Healthcare Safety Network (NHSN) is unable to calculate a SIR

***excludes freestanding psych hospitals and low volume hospitals

**** excludes freestanding psych hospitals

Psychiatric Specific Measures

Hours of Physical Restraint

Hours of Seclusion

Admission Screening

Safe Use of Opioids – Concurrent e- Prescribing

Provider Education

Rehab Specific Measure

Discharge to Community

Social Determinants of Health Screening

2022 Quality Measure	KY Benchmark	Hospital Goal
CAUTI SIR (Catheter Assisted UTI)	0.74	10% Improvement from hospital baseline
Catheter Utilization Ratio	Established benchmark using CY 2022 data	Submit monthly data and attend small group activities and educational webinars
C diff SIR (Clostridium difficile; causes diarrhea and colitis (an inflammation of the colon).	0.62	10% Improvement from hospital baseline
C diff Rate	Established benchmark using CY 2022 data	Submit monthly data and attend small group activities and educational webinars
Sepsis Screening and Bundle Compliance		Submit monthly data for sepsis screening at triage and bundle compliance
Readmissions	10.10	5% Gap to Goal Improvement; 10% Gap to Goal Improvement from hospital baseline
Concurrent e-Prescribing	Establish KY benchmark using CY 2022 data	Submit monthly data
Provider Opioid Education	90%	Provide opioid prescribing education to all inpatient providers who prescribe opioids
SDOH Screening	Establish KY benchmark using CY 2023 data	Establish a plan to screen for all social determinants of health for Medicaid inpatients
Hours of Seclusion	Establish a KY Benchmark using CY 2022 data	Submit monthly data during CY 2022
Hours of Restraint	Establish a KY Benchmark using CY 2022 data	Submit monthly data during CY 2022
Admission Screening for Violence	Establish a KY Benchmark using CY 2022 data	Submit monthly data during CY 2022
Discharge to Community	Establish a KY Benchmark using CY 2022 data	Submit monthly data during CY 2022

CY 2022 HRIP Results

2022	30 Day Readmissions - Goal A (5%)	30 Day Readmissions - Goal B (10%)	Sepsis Screening and Bundle Compliance	Safe Use of Opioids - Goal A (Report)	Safe Use of Opioids - Goal B (Education)	CAUTI Standard Infection Ratio	CAUTI Low Volume - Non-Rehab or LTAC	CAUTI Low Volume - Rehab or LTAC	CAUTI Low Volume -Total
Providers Meeting Goal	78	76	86	95	88	21	55	8	63
Total Providers Eligible	99	99	86	102	102	30	56	13	69
Percentage of Providers Meeting Goal	78.79%	76.77%	100.00%	93.14%	86.27%	70.00%	98.21%	61.54%	91.30%

CY 2022 HRIP Results

2022	C. diff Standard Infection Ratio	C. diff Low Volume - Non-Rehab or LTAC	C. diff Low Volume - Rehab or LTAC	C. diff Low Volume - Total	Social Determinants of Health	Hours of Physical Restraint Use	Hours of Seclusion Use	Screening for Violence Risk, Substance Use, Psych Trauma History	Discharge to Home/Community
Providers Meeting Goal	34	40	9	49	98	8	8	8	5
Total Providers Eligible	46	40	13	53	107	8	8	8	5
Percentage of Providers Meeting Goal	73.91%	100.00%	69.23%	92.45%	91.59%	100.00%	100.00%	100.00%	100.00%

DMS Quality Strategy and Reports

The screenshot shows a web browser window with the following content:

- Address Bar:** chfs.ky.gov/agencies/dms/dpqa/mco-qb/Pages/default.aspx#QualityStrategy
- Quality Strategy Section:**
 - [2023 Medicaid Managed Care Quality Strategy](#)
 - [2019 Strategy for Assessing and Improving Quality of Managed Care Services](#)
- Reports Section:**
 - [Quality Reports](#)
- MCO Accreditations Section:**
 - [Aetna NCQA accreditation certificate](#)
 - [Anthem NCQA accreditation certificate](#)
- On this page Sidebar:**
 - [Quality Strategy](#)
 - [Reports](#)
 - [MCO Accreditations](#)
 - [CMS health care quality core set chart packs](#)
 - [Additional Information](#)
 - [Contact Information](#)
 - [Related Agencies](#)

The Windows taskbar at the bottom shows the search bar with the text "Type here to search" and several application icons including File Explorer, Chrome, Outlook, Edge, Word, Excel, Teams, and PowerPoint. The system tray on the right shows the time as 8:50 AM on 2/22/2024 and a notification icon with the number 1.

Questions?



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Kentucky Department for Medicaid Services - Quality Measure Programs 2024/2025

HRIP- 2025	UK/UL - 2025	MCO VBP - 2024
30 day all cause Readmissions	Breast cancer screening	HbA1c <8
Sepsis	Colorectal cancer screening	Postpartum Care
Blood Culture Contamination	Tobacco use: screening and cessation intervention	WCV 3-21
Blood Culture Contamination (CAH/LV)	Screening for Clinical Depression and f/u plan	CIS Combo 10
Antimicrobial Stewardship	Diabetes care: HbA1c > 9% (lower is better)	IMA Combo 2
CAUTI (CAH/LV)	Controlling High Blood Pressure	Social needs Screening
C. Diff (CAH/LV)	BMI screening and F/U	Metabolic monitoring for Children and Adolescents on Antipsychotics
Social Det Health	30 Day all cause Readmissions	F/U after ED for Alcohol and Other Drug Depending w/in 7 days
Concurrent e-Prescribing	Use of Opioids at High dosage	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Antipsychotic Medication	Childhood immunization status	Breast cancer screening
Hours of Physical Restraint	Well Child Visits(WCV) 3-6 yrs	
Hours of Seclusion	WCV, Rate 1: 0-15 mths	
Dschrg with an opioid Rx	WCV, Rate 2: 15-30 mths	
Dschrg to home/comty	Screening for Clinical Depression and f/u plan Ages 12 to 17	
Opioid Uncomplicated Vaginal Delivery	BMI screening and F/U - Ages 12-17	
Maternal Depression and SUD	Post-Partum Depressing Screening	
Suicide Screening in ED	SDOH Screening	
ED Opioid Use for acute ankle sprain (ALTO)		

Legend: HRIP & UK/UL; UK/UL & MCO VBP; All