

CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky Department for Medicaid Services
Consumer Technical Advisory Committee
Hospital Rate Improvement Program Results
Calendar Year 2022

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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)

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



^{*}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

KY Benchmark	Hospital Goal
0.74	10% Improvement from hospital baseline
Established benchmark using CY 2022 data	Submit monthly data and attend small group activities and educational webinars
0.62	10% Improvement from hospital baseline
Established benchmark using CY 2022 data	Submit monthly data and attend small group activities and educational webinars
	Submit monthly data for sepsis screening at triage and bundle compliance
10.10	5% Gap to Goal Improvement; 10% Gap to Goal Improvement from hospital baseline
Establish KY benchmark using CY 2022 data	Submit monthly data
90%	Provide opioid prescribing education to all inpatient providers who prescribe opioids
Establish KY benchmark using CY 2023 data	Establish a plan to screen for all social determinants of health for Medicaid inpatients
Establish a KY Benchmark using CY 2022 data	Submit monthly data during CY 2022
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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%

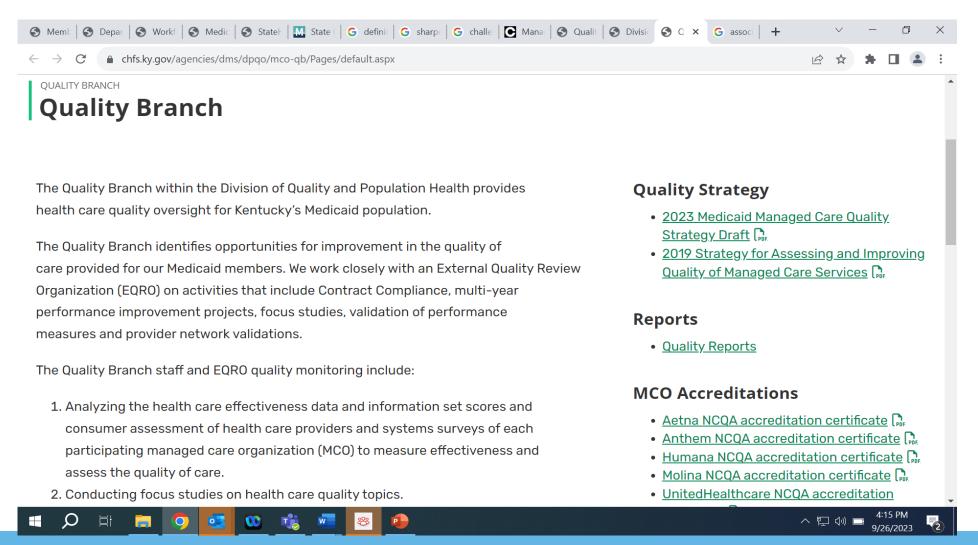


CY 2022 HRIP Results

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





Questions?



