Service Coordination Organization and managed care performance measure report

Accountability implementation status

Substitute Senate Bill 5147, Section 3(2); Chapter 209; Laws of 2015; RCW 70.320.050

December 1, 2021

Washington State Health Care Authority

Washington State Department of Social & Health Services
Transforming lives

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Executive summary

This report is guided by Substitute Senate Bill 5147 (2015) which directs Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) to:

- Submit an annual report to the Washington State Legislature by December 1 each year on the incorporation of performance measures (referred to as the 1519 measures) developed under Chapter 70.320 RCW into SCO contracts and progress toward achieving identified outcomes. This legislation directed the agencies to include:

  o The number of Apple Health clients enrolled over the previous year;
  o The number of enrollees receiving a baseline health assessment over the previous year;
  o An analysis of trends in health improvement for Apple Health clients in accordance with the measure sets established under RCW 41.05.690 and RCW 70.320; and
  o Recommendations for improving the health of Apple Health enrollees.

HCA completed both the annual review of the Service Coordination Organizations (SCO) performance measures and a review of the number of Washington Apple Health (Medicaid) covered lives and initial number of completed health screenings.

The SCO measures were initially addressed in contract in 2016 and continue to be addressed in contract changes year over year with the DSHS Area Agencies on Aging (AAA) and Managed Care Organizations (MCO).

Report highlights

- Overall, the majority of cross-system performance measures remained fairly stable during this annual review (July 1, 2020 through June 30, 2021) across entities with only minor fluctuation.
- It is important to point out that 2020 was a year under duress due to the COVID-19 pandemic. Some of these changes are most likely due to the widespread impacts resulting from COVID-19.
- Improvements to the penetration rates may be linked to the increased availability of telehealth during 2020.
- The social outcome metrics, which moved in a strongly positive direction, are most likely due to the eviction moratorium and massive statewide drop-in overall arrest activity. These metrics will need further monitoring to determine COVID-19 impacts in these changes and whether the improvements can be sustained post-pandemic.

Key findings and analysis

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Glossary of terms

This includes definitions for the following report measures:

1. **Medicaid–Percent Homeless (broad definition):** Includes 'homeless with housing' ACES living arrangement code.
2. **Mental Health Treatment Penetration (broad definition):** Percentage who received service through the BHO/MCO, Medicaid and Medicare paid services for dual-eligibles.
3. **Percent Homeless (narrow definition):** Excludes "homeless with housing", ACES living arrangement code.

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Apple Health covered lives and initial health screenings review

According to HCA's public dashboard there were approximately 1.9 to 2 million individuals covered by Apple Health from July 2020 to June 2021.

- The Children's Health Insurance Program (CHIP) population, saw a small decrease in enrolled individuals.
- The eligibility group with the largest increase appears to be the Modified Adjusted Gross Income eligibility (MAGI) population.
  - MAGI is a Modified Adjusted Gross Income eligibility population that was part of the Affordable Care Act. This increase was anticipated and predicted in the previous year's report as the result of COVID-19 impacts on the population's eligibility factors. Continuing to monitor these numbers as the economy recovers from the effects of the pandemic will allow us to better understand the increase in numbers and potential long-term impacts of the pandemic.
- HCA requires all newly enrolled MCO clients to receive an initial health screen to support a baseline health assessment be conducted to ensure continuity of care and identification of unmet care needs.
  - The total number of screenings varies over time and fluctuates according to the number of new enrollees an MCO receives.

Apple Health covered lives and initial health screenings data

To view this data in full, please visit the Apple Health client dashboard.

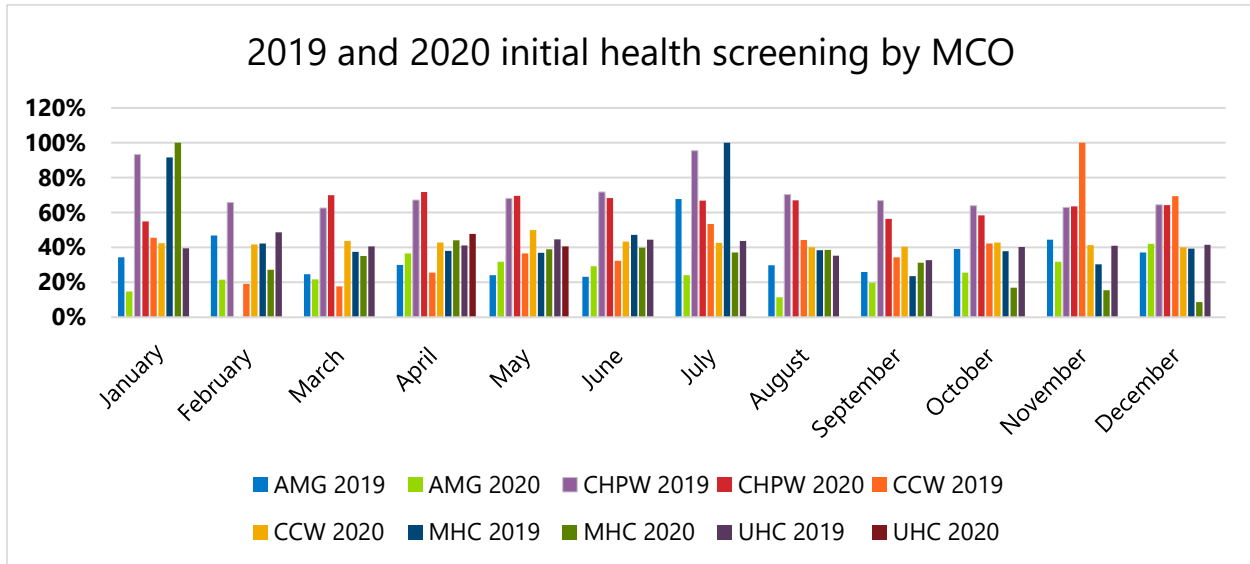## Chart 1: Apple Health covered lives

Summarizes the individual lives covered by Apple Health via CHIP, State Funded and MAGI eligibility groups from 2018 through 2021.
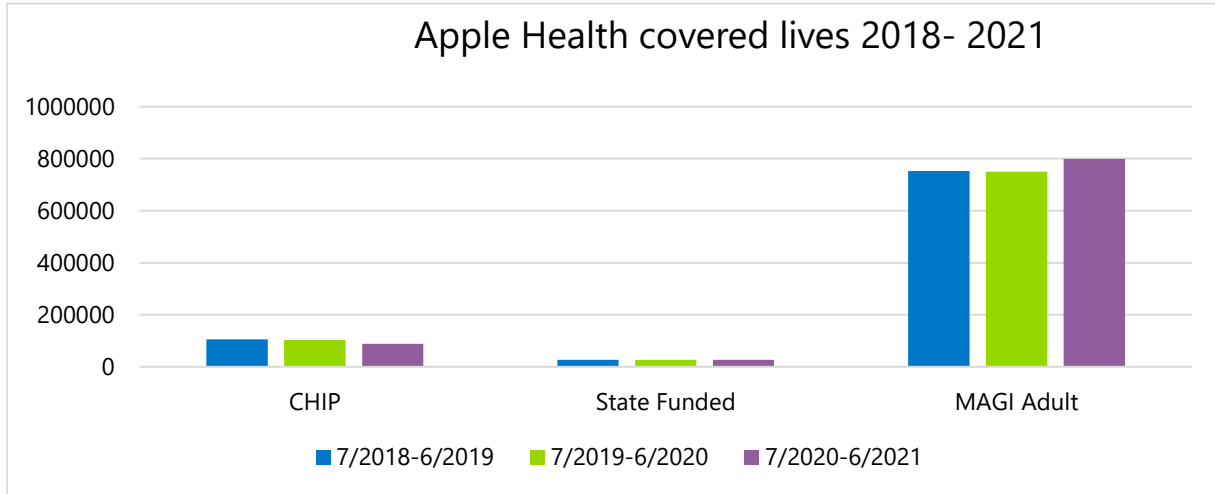
Chart 2: Initial health screen by MCO 2019 and 2020

Demonstrates initial health screen completion rates by MCO for 2019 and 2020.

Service Coordination Organizations (SCO) performance measure review

Overall, the majority of performance measures remained fairly stable during this annual review from July 1, 2020 through June 30, 2021 across entities with only minor fluctuation.

The following measures expereinced a greater than one percent change.

Experienced a small improvement

- **Substance use disorder treatment penetration** for the adult Apple Health population between 18-64 years of age (including both initiation of alcohol and other drug dependence treatment and engagement in alcohol and other drug dependence treatment measures).

  - **Percent homeless** - A decline was seen in the homeless rate, which is an improvement.
  - **Emergency department visits per 1000** - a decline in Emergency Department (ED) utilization is considered an improvement.
  - **Apple Health percent arrested** - a decline in the arrest rates is an improvement.

Experienced a decline

- **Psychiatric inpatient 30-day readmission** - The rate increased for the MCO population, which is a decline in performance.

Service Coordination Organizations (SCO) performance measure data

The following data is reported by DSHS Research and Data Analysis and can be viewed in full on their website.

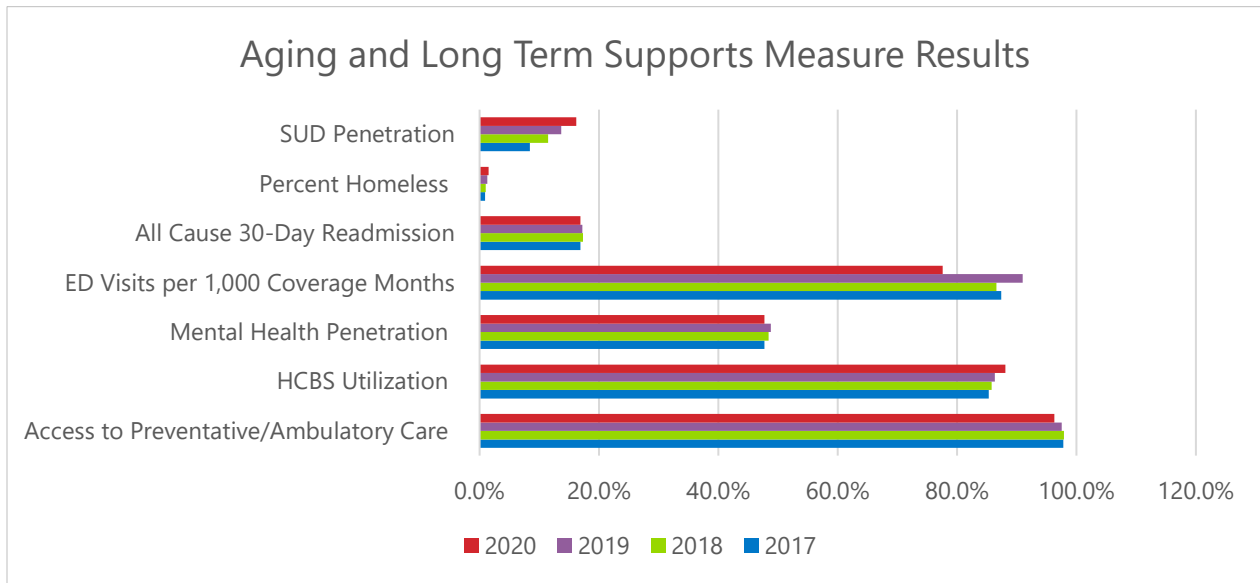## Area Agencies on Aging measure results

AAA measures are calculated and reported for both regional service areas and the state as a whole.

The results reflected in both in Table 1 and Chart 3 are reported at the statewide level and include only measures currently required in AAA contracts. Both Apple Health and dual-eligible (Medicare-Medicaid eligible) clients are included.

Table 1: Statewide measure results: Aging and Long-Term Support

Aging and Long-Term Support-Statewide Measure Results	Twelve Months Ending			
	2017 Q4	2018 Q4	2019 Q4	2020 Q4
Adults' Access to Preventative/Ambulatory Care Health Care Services	97.8%	97.9%	97.5%	96.3%
HCBS and Nursing Facility Utilization Balance	85.3%	85.8%	86.3%	88.1%
Mental Health Treatment Penetration	47.7%	48.4%	48.8%	47.7%
Substance Use Disorder Treatment Penetration	8.4%	11.5%	13.7%	16.2%
Emergency Department Visits per 1,000 Coverage Months	87.4%	86.6%	91.0%	77.6%
Plan All Cause 30-Day Readmission	16.9%	17.3%	17.2%	16.9%
Percent Homeless (Broad Definition)	0.9%	1.0%	1.3%	1.5%

Chart 3: Statewide measure results: Aging and Long-Term Support

Aging and Long Term Supports Measure Results

Legend: 2020, 2019, 2018, 2017

Categories: SUD Penetration, Percent Homeless, All Cause 30-Day Readmission, ED Visits per 1,000 Coverage Months, Mental Health Penetration, HCBS Utilization, Access to Preventative/Ambulatory Care

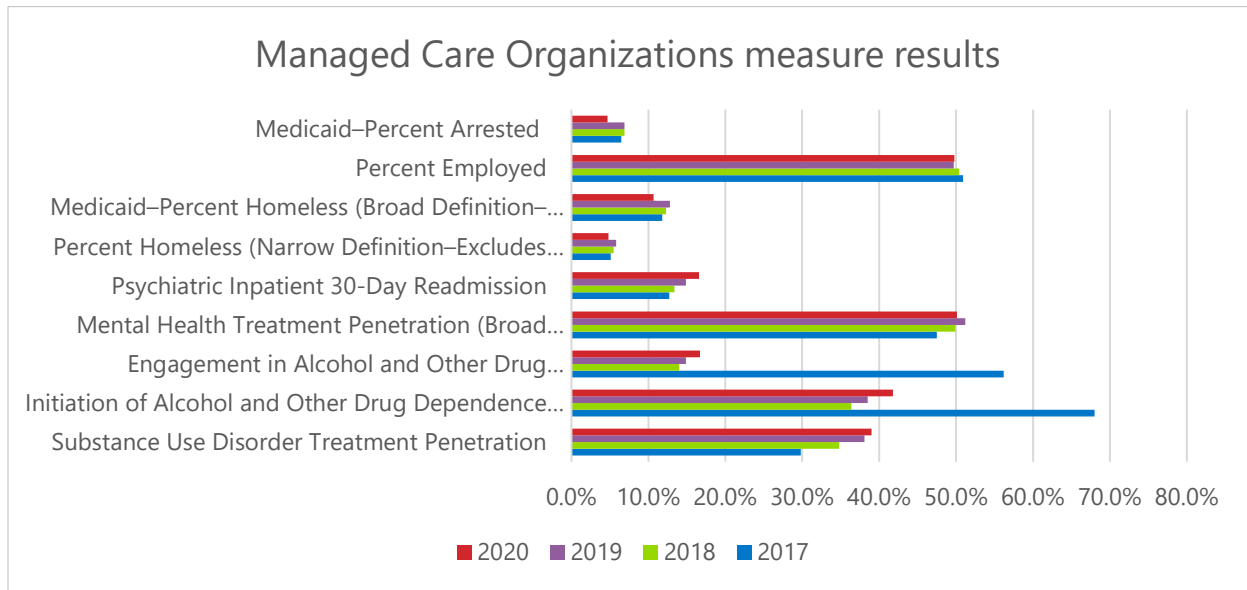## Apple Health managed care organizations measure results

Both Table 2 and Chart 4 summarize the results of SCO performance measures for all Apple Health MCOs.

Table 2: Statewide Measure Results; Managed Care Organizations

Managed Care Organization-Statewide Measure Results	Twelve Months Ending			
	2017 Q4	2018 Q4	2019 Q4	2020 Q4
Substance Use Disorder Treatment Penetration	29.8%	34.8%	38.1%	39.0%
Initiation of Alcohol and Other Drug Dependence Treatment	68.0%	*36.4%	38.5%	41.8%
Engagement in Alcohol and Other Drug Dependence Treatment	56.2%	*14.0%	14.9%	16.7%
Mental Health Treatment Penetration	47.5%	49.9%	51.2%	50.1%
Psychiatric Inpatient 30-Day Readmission	12.7%	13.4%	14.9%	16.6%
Percent Homeless	5.1%	5.5%	5.8%	4.8%
Medicaid–Percent Homeless	11.8%	12.3%	12.8%	10.7%
Percent Employed	50.9%	50.4%	49.7%	49.8%
Medicaid–Percent Arrested	6.5%	6.9%	6.9%	4.7%

*Note: There was a change in the Initiation of Alcohol and Other Drug Dependence Treatment and the Engagement in Alcohol and Other Drug Dependence Treatment in 2018 to better align our metrics with Healthcare Effectiveness Data and Information Set (HEDIS®) performance measure standards.

Chart 4: Statewide measure results: Managed Care Organizations

Managed Care Organizations measure results

Legend: 2020, 2019, 2018, 2017

Categories (top to bottom):
- Medicaid–Percent Arrested
- Percent Employed
- Medicaid–Percent Homeless (Broad Definition–...
- Percent Homeless (Narrow Definition–Excludes...
- Psychiatric Inpatient 30-Day Readmission
- Mental Health Treatment Penetration (Broad...
- Engagement in Alcohol and Other Drug...
- Initiation of Alcohol and Other Drug Dependence...
- Substance Use Disorder Treatment Penetration

X-axis: 0.0%, 10.0%, 20.0%, 30.0%, 40.0%, 50.0%, 60.0%, 70.0%, 80.0%

Conclusion and recommendations

This multi-agency collaborative report updated previous versions of the Service Coordination Organization report on MCO performance and SCO performance measures. Overall, the measure results are positive. We are seeing some fluctuation in measures, but this was anticipated due to the pandemic. The actions put into place during the pandemic offered us a unique opportunity to observe how these supports may assist our Apple Health population. With the implementation of telehealth for behavioral health services we saw an increase in adult access to substance use disorder treatment. The housing stability, brought on by the eviction moratorium, has the potential to positively impact social determinants of health that our most vulnerable population often struggle with.

Recommendations include continuing to offer telehealth services, especially for behavioral health, and study how access can be expanded to more rural counties and to clients with limited technological resources. Further studies on the impacts of housing stability on social determinant metrics during this time can allow us to use data to prioritize the best use of resources. Continue efforts to ensure newly enrolled clients receive baseline assessments to ensure continued identification and support of care gaps.

The ability for our system to flex and pivot has been impressive despite a continued need to respond to meet the population needs. Finally, the careful monitoring of vetted metrics throughout the state has allowed us to monitor the quality of the services being provided by the MCOs to ensure they meet the standards and quality of care we require for some of our most vulnerable residents, and to provide an opportunity to continually improve the health of Washington State.