

# Medicaid Managed Care preventive services and vaccinations

Engrossed Substitute House Bill 1109; Section 211(17); Chapter 415, Laws of  
2019

September 15, 2020

Washington State  
Health Care Authority

Medicaid Program Operations and Integrity

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# Legislative reference

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute House Bill 1109 (2019):

“The authority shall submit reports to the governor and the legislature by September 15, 2020, and no later than September 15, 2021, that delineate the number of individuals in Medicaid managed care, by carrier, age, gender, and eligibility category, receiving preventative services and vaccinations. The reports should include baseline and benchmark information from the previous two fiscal years and should be inclusive of, but not limited to, services recommended under the United States Preventative Services task force, advisory committee on immunization practices, early and periodic screening, diagnosis, and treatment (EPSDT) guidelines, and other relevant preventative and vaccination Medicaid guidelines and requirements.”

The Legislature first required HCA to submit this report under 2016’s Engrossed Substitute House Bill 2376, Section 213(1)(rr).

## Summary

To ensure the Legislature has the information it requested regarding Apple Health (Medicaid) managed care enrollees, we have included the *2019 Comparative and Regional Analysis Report* by Comagine Health, which is HCA’s federally-required Medicaid External Quality Review Organization (EQRO).

The report details Comagine Health’s analysis and findings on the following:

- Preventive care—including vaccinations—service delivery
- Enrollee numbers by program/plan
- Enrollee demographics (race, language, age, and gender)

The report includes reporting and trending for three calendar years: 2016, 2017, and 2018. (These are also sometimes referred to by their “reporting years”: 2017, 2018 and 2019). This is in compliance with the legislative request for two years of data, and in keeping with the national standard for reporting this information based on calendar years.

## Report highlights

- The Executive Summary (pages 1-6) includes recommendations to HCA for improving managed care organization (MCO) performance. This section also provides an overview of statewide plan performance on these preventive and vaccination measures:
  - Childhood immunizations
  - Lead screening in children
  - Children’s access to primary care

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- Prenatal and postpartum care
- Well-child visits and adolescent well-care visits
- Adults' access to ambulatory/preventive health services
- Breast cancer screening
- The summary also includes an overview of measures of antibiotic use and opioid use; these are not usually classified as preventive services.
- The Introduction (pages 7-13) provides an overview of the enrolled population, including assigned eligibility program, race, language, age, and gender. This section also briefly describes the methods Comagine Health used to conduct the analysis.
- Appendix C summarizes, by MCO, CY 2018 performance by measure. This section also indicates the significance of the change from the prior year.

## Performance measures and recommendations

The data in the comparative and regional analysis report are validated according to standards set by the National Center for Quality Assurance (NCQA). National benchmarks (averages and percentiles<sup>1</sup>) are provided for select measures, limited due to the number allowed for publication according to the NCQA license. The Performance Measures section provides an overview of performance variation across plans, including:

- Overview of performance measure variations, starting on page 14;
- Performance variation at state level, two-year comparison (page 15);
- Comparison of MCO demographics (pages 16-20);
- Series of tables on performance variation, by plan, and compared to statewide averages, on each preventive and vaccination measure (for CYs 2016, 2017, and 2018) (pages 21-33).

NCQA requires Medicaid MCOs to report on 32 specified measures as part of their accreditation process. In 2018, HCA required its five Apple Health managed care plans to report on 53 performance measures. For any given measure the number of MCOs reporting nationwide is variable, depending on the states' reporting requirements. Many of the measures in this report are also in the Washington State Common Measure Set. View the Common Measure Set at <https://www.hca.wa.gov/assets/program/washington-state-common-measures-2019.pdf>.

All MCOs should work to improve these prevention and access measures that are central to population health, and that continue to fall under the 50<sup>th</sup> percentile nationally (page 3-4):

- Children's Access to Primary Care Providers (7-11 and 12-19 year age groups)
- Prenatal and Postpartum Care
- Adolescent Well-Care Visits
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adults' Access to Ambulatory/Preventive Health Services



- Breast Cancer Screening

In addition to the above recommendations to improve individual performance measures, Comagine included recommendations that apply to all MCOs and HCA (page. 5):

1. **Managed Care Alignment on Quality Improvement Efforts:** In designing initiatives, the MCOS should find ways to minimize the need for providers to navigate variation in MCO processes. The behavioral health integration initiative has necessitated alignments of MCO programs; we recommend using lessons learned from behavioral health integration as a starting point for a similar initiative to improve outcomes on a limited number of high-priority HEDIS measures by aligning MCO quality efforts.
2. **Choose a Subset of Measures for Impacting the Quality of Care:** We recommend the MCOs collectively identify a small number of closely related high-priority HEDIS measures around which to align efforts, with the goal of reducing provider burden and care delivery variation.

HCA is evaluating the MCO's responses to these recommendations. The MCOs participate in a collaborative Performance Improvement Project on improving rates of well-child visits. This group has created joint incentives for providers and members for adhering to well-child visit recommendations. The group has also created a common form for change of providers, so that provider offices will not have to deal with a different process for each MCO. HCA is working to implement more collaborative efforts that can minimize burden on providers. Value-based purchasing is an initiative of HCA that incentivizes results in HEDIS measures. MCO's have individual as well as common measures in this requirement. Information about value-based purchasing for performance measures can be found at: <https://hca.wa.gov/about-hca/value-based-purchasing>.

Each year, HCA requires contracted MCOs to implement plan-specific quality improvement activities. An unacceptable performance on any measure can become the focus of a quality improvement activity. HCA staff review each MCO's proposed improvement activities and monitors progress towards improvement. Based on this report, HCA instructed each MCO to improve performance on the measures that were noted as opportunities for improvement in Appendix A of the EQRO 2020 *Annual Technical Report* Available at: <https://hca.wa.gov/assets/billers-and-providers/eqr-technical-report-2019.pdf>.

- Amerigroup Washington (AMG)
  - Women's health measures, particularly breast cancer screening
  - Access to primary care for both adults and children ages 7-11
  - Asthma management measures
- Coordinated Care of Washington (CCW)
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI



- Comprehensive Diabetes Care Measures—HbA1c testing, HbA1c control, eye exams, blood pressure control
  - Controlling High Blood Pressure
  - Follow-Up Care for Children Prescribed ADHD Medication
- **Community Health Plan of Washington (CHPW)**
    - Timeliness of Prenatal Care
    - Comprehensive Diabetes Care Measures—medical attention for nephropathy, eye exams, and HbA1c control
- **Molina Healthcare of Washington (MHW)**
    - Childhood Immunization Status Combo 2 and Combo 10
    - Lead Screening in Children
- **United Healthcare Community Plan (UHC)**
    - Women’s health measures, particularly Cervical Cancer Screening
    - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI
    - Follow-Up Care for Children Prescribed ADHD Medication

### Reasons for Performance Measure Variance

As described in the report (page 12), performance measures should be interpreted carefully. The difference between an MCO’s score and the national benchmark (average) could be partially dependent on other factors. For example, other states’ MCOs may report different measures. States may also choose to report additional measures, beyond those required for accreditation.

States have varying numbers of managed care plans administering Medicaid. Medicaid enrollee numbers and types also differ between states. Some enrollee differences come from whether a state adopted Medicaid expansion.

Find more information on state Medicaid plans or MCOs at [www.medicaid.gov/state-overviews/index.html](http://www.medicaid.gov/state-overviews/index.html).



# Appendix A

The *2019 Comparative and Regional Analysis Report* by Comagine Health can be viewed by following this link: <https://www.hca.wa.gov/assets/program/comagine-health-comparative-regional-report-20190129.pdf>

