

Medicaid Transformation Project Evaluation

UPDATE ON STATEWIDE PERFORMANCE AND DOMAIN ONE IMPLEMENTATION PROGRESS

Rapid Cycle Report, June 2022

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS



Prepared for:

Washington Health Care Authority

By:

Anna Levy, M.P.H.

Judy Richardson, M.D., M.B.A.

Jennifer D. Hall, M.P.H.

Jordan Byers, M.P.H.

Deborah J. Cohen, Ph.D.

K. John McConnell, Ph.D.



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Evaluation Overview

KEY FINDINGS

The performance measures in this report include data from the first full year of the COVID-19 Public Health Emergency in Washington State. Rates of care received in Emergency Departments dropped by 15.5% and care in acute hospital settings dropped by 10.7%. We also observed declining rates of preventive screenings, oral health care, and access to primary care for adults. These decreases likely represent combined challenges to access as well as behavioral changes in seeking care during this period.

In contrast, some measures of health care access and quality improved during this measurement period. Access to substance use disorder treatment improved along with types of care that can be delivered virtually, such as medication management for mental health and chronic conditions.

Finally, we continue to see some notable inequities in health care access and quality among the subpopulations examined in this report. American Indian/Alaska Native members experienced markedly worse access to well-child visits, cancer screenings, and care related to chronic conditions. Black members were less likely to receive follow-up care after an emergency department visit for alcohol or other drug use, less likely to receive appropriate treatment for an opioid use disorder, and more likely to be prescribed opioids compared with other groups. Members with a serious mental illness were more likely to be arrested and to experience homelessness.

Evaluation Progress

This Rapid Cycle Report presents a progress update on the independent external evaluation of Washington's Medicaid Transformation Project (MTP) for the period **April 1 to June 30, 2022**. In this report, we present evaluation findings including:

- Washington State's **Medicaid system performance through March 2021**, including key performance indicators in ten measurement domains as well as an examination of equity and disparities among specific populations within measurement domains. ([See Section 2, p. 5](#))

In this reporting period (April to June 2022), the Independent External Evaluator completed the evaluation activities necessary to support the ongoing evaluation of MTP. These included:

- **Quantitative analysis of Medicaid data.** The quantitative team obtained and analyzed administrative data, including Medicaid enrollment, encounters, and claims, through March 2021.
- **Qualitative analysis:**
 - The qualitative team continued to analyze previously collected qualitative data; these ongoing analyses will be documented in the final evaluation report.
 - The qualitative team completed Round 4 ACH Key Informant Interviews (final round) with the executive director, CEO, or other leader from each ACH. During interviews, ACH leaders were asked to reflect on their prior work and share their plans for sustainability.
 - The qualitative team completed data management activities (e.g., transcription and developing a qualitative database for Round 4 interviews) and began analyzing these data which will be documented in the final evaluation report.
 - The survey team administered the survey to all hospitals and practices that responded to the survey in 2019. We emailed the survey on February 22, 2022 with 6 weekly or bi-monthly follow up reminders to complete the survey as needed. Our response rates were 37.9% for hospitals (33 of 87 total) and 45.5% of practices (41 of 90 that completed the survey in 2019).

Next Steps in the Evaluation

The survey team will provide descriptive information to the qualitative team to help select interviewees and complete analysis of the survey responses. The qualitative team will review those results and develop a sampling plan to maximize coverage of key variables. The team will then develop tailored interview guides for each participant. The qualitative team will continue to analyze the Round 4 ACH interviews and will meet regularly to discuss emerging findings. The qualitative team completed key informant interviews with representatives from AL TSA, HCA, Amerigroup and provider organizations in early 2022. Using an inductive analytic approach, they are continuing to analyze Foundational Community Supports related data and refine findings that will be shared in the September Rapid Cycle Report.

Medicaid Performance Measures Through March 2021

The MTP evaluation assesses the performance of Washington State's Medicaid system throughout the demonstration through analysis of administrative data, including Medicaid enrollment, encounters and claims.

This report presents 44 performance measures in ten domains. A description of the methodology used in this analysis can be found within the [MTP Interim Evaluation Report](#).

Measurement domains include:

- 1 Social Determinants of Health. [See page 9.](#)
- 2 Access to Primary and Preventive Care. [See page 11.](#)
- 3 Reproductive and Maternal Health Care. [See page 13.](#)
- 4 Prevention and Wellness. [See page 16.](#)
- 5 Mental Health Care. [See page 19.](#)
- 6 Oral Health Care. [See page 22.](#)
- 7 Care for People with Chronic Conditions. [See page 24.](#)
- 8 Emergency Department, Hospital and Institutional Care Use. [See page 27.](#)
- 9 Substance Use Disorder Care. [See page 30.](#)
- 10 Opioid Prescribing and Opioid Use Disorder Treatment. [See page 33.](#)

COVID-19 and Medicaid Performance Measures

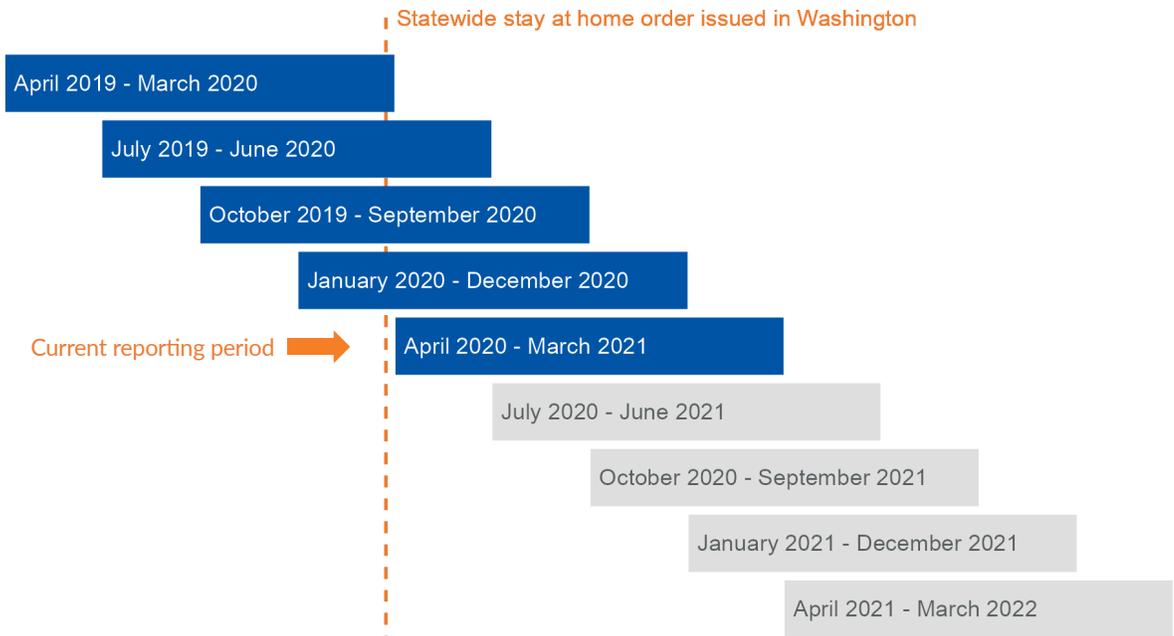
This report provides an ongoing assessment of the impacts of the COVID-19 Public Health Emergency (PHE) on Washington's Medicaid system performance. The report calculates updates to measures of health care access and quality from the [MTP Interim Evaluation Report](#) to include new data **through March 2021**.

In addition to this comparison of statewide performance measures to the prior year, we provide a detailed look at each measure disaggregated by priority subpopulations, including racial and ethnic groups, people living in rural areas, and people with serious mental illness.

We note several considerations:

- **This report provides an ongoing look at how the COVID-19 PHE in Washington State may have impacted health care access and quality.** Most rates reported here are based on data collected over an annual period from April 2020 through March 2021. The COVID-19 PHE began in Washington State in late March of 2020, just prior the start of this measurement period. This is the first Rapid Cycle Report that includes outcomes with measurement periods falling entirely after the onset of the pandemic.
- **Health care claims and member enrollment data from March 2021 were the most recent data available at the time of this report.** Administrative data used to calculate the performance metrics, including Medicaid claims and other data, are typically available with a nine-month lag.
- **Rates presented by the state in other reports may differ from rates in this report.** Although we use performance metrics data from Washington State agencies for this report, metrics presented in other reports may have been calculated differently.
- **To fully capture any impacts of the COVID-19 PHE in a historic context, we've displayed annual data with quarterly updates** beginning in March 2019. Due to the rolling annual nature of most measures, it should be noted that each quarterly update overlaps with displayed data from previous quarters. All years are labeled by end date throughout this report.

Exhibit 2.1: The majority of the current measurement period falls after the onset of the COVID-19 PHE in Washington State. However, it also includes three months of pre-pandemic data. We expect any related impacts on performance measures to continue to become more pronounced in future reporting periods.



Summary of Findings: Medicaid System Performance

A summary of key changes in performance during the measurement period is presented in Exhibit 2.2, including observed improvements, worsening performance, and measures that exhibited little or no change.

Exhibit 2.2: Summary of Changes in Medicaid System Performance through March 2021

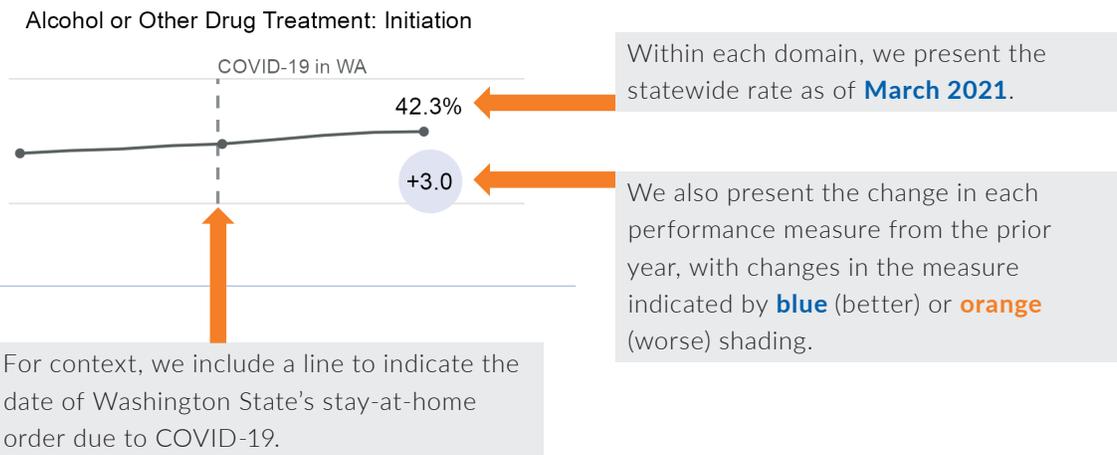
Change in Measure Domain	Description
Better	<ul style="list-style-type: none">• Visits to the Emergency Department and acute hospital care continued a sharp downward trajectory first observed at the onset of the COVID-19 PHE. While these shifts are in the desired direction, the timing suggests these decreases in utilization likely reflect pandemic-related behavioral changes in the population or barriers to care. Rates of care obtained in these settings varied widely among members of different racial and ethnic groups. However, individuals with serious mental illness received care in the emergency department at a rate 3 times higher than the statewide average.• Rates of concurrent prescriptions of opioids and sedatives showed an encouraging, albeit subtle, downward trend over the last quarter, while other measures for opioid use disorder treatment remained relatively flat.
Mixed	<ul style="list-style-type: none">• A negative trajectory for primary and preventive care appeared to have leveled off for children ages 3 to 21 from the previous measurement period, though, these measures were still down 9.4 percentage points compared to the previous year.• Access to oral health care for periodontal exams also improved this quarter, but remained 12% lower on average than the previous year. Other measures within this domain continued a downward trend.• Changes in outcomes related to social determinants of health were small during this period, with employment continuing a downward trend, while rates of arrest improved slightly. Members with serious mental illness continued to experience markedly worse outcomes for all measures in this domain.• We continued to see mixed outcomes related to mental health care and care for people with chronic conditions. In both these domains, measures related to medication management improved, while access to in-person care declined.• Most measures of access to substance use disorder care improved during this period, though substance use disorder treatment penetration continued to decline slightly.
Worse	<ul style="list-style-type: none">• Most outcomes related to prevention and wellness worsened during this period. Screening rates for breast, cervical and colorectal cancer as well as screening for chlamydia continued to decline. Colorectal cancer screening for American Indian/Alaska Native populations dropped from 35.0% to 29.8% over the last quarter.

How to Read this Report

In the subsequent sections, we present detailed information related to 44 performance measures organized into ten domains. An example of these measurement displays is provided below.

Graphs show outcomes for measurement periods spanning March 2019 through March 2021 unless otherwise noted.

Statewide Rates for March 2019 to March 2021 and Annual Change for the most recent year



In addition to these measures of change over time, we provide a detailed look at each measure disaggregated for priority subpopulations such as specific racial and ethnic groups, people in rural areas, and people with chronic health conditions. Some measures cannot be publicly reported due to small sample sizes and are presented as "NA."

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Substance Use Disorder Treatment Penetration	[3]	37.9%	41.5%	36.3%	36.7%
Alcohol or Other Drug Treatment: Initiation	[0]	42.4%	44.2%	41.0%	42.2%
Alcohol or Other Drug Treatment: Engagement	[0]	17.1%	17.4%	16.6%	17.1%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	33.1%	36.5%	32.5%	33.4%

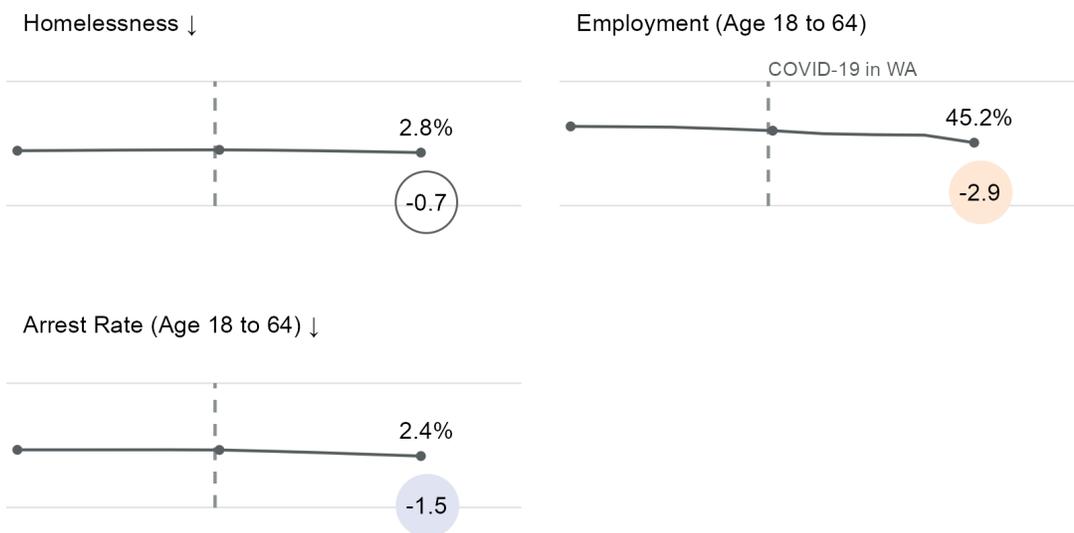


[N] Projects where this metric is pay-for-performance (P4P)

Social Determinants of Health

Rates of homelessness were relatively unchanged compared with the previous year, while rates of employment and arrest both continued a downward trend observed since the onset of the COVID-19 PHE in Washington.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Outcomes related to social determinants of health were notably worse for Medicaid members with a serious mental illness and somewhat worse for members with a chronic health condition. Outcomes in this domain mostly aligned with statewide averages for members living in rural or high poverty communities.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Homelessness	[3] ↓	4.4%	9.0%	2.0%	3.4%
Employment (Age 18 to 64)	[0]	43.1%	36.6%	46.3%	47.9%
Arrest Rate (Age 18 to 64)	[1] ↓	3.9%	8.0%	2.1%	2.8%



American Indian/Alaska Native members experienced worse outcomes related to social determinants of health, experiencing 16.8% lower employment. Black members experienced both homelessness and arrests at rates higher than the state average, as well as 10% higher rates of employment. The employment rate for Hispanic and Native Hawaiian/Pacific Islander members was markedly higher than the state average.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Homelessness	[3] ↓	5.1%	0.6%	4.8%
Employment (Age 18 to 64)	[0]	37.6%	43.9%	50.0%
Arrest Rate (Age 18 to 64)	[1] ↓	4.7%	0.8%	3.7%



Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

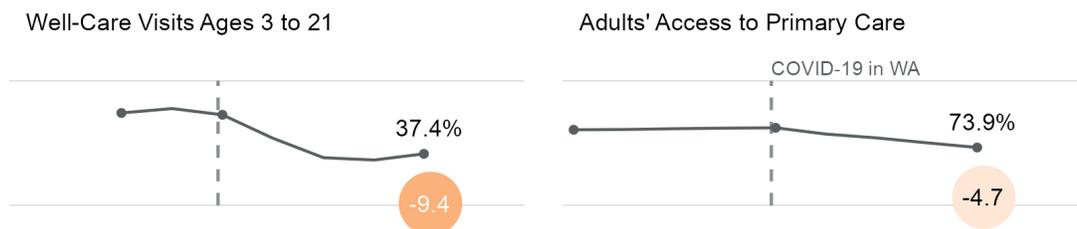
		NH/PI	Hispanic	White
Homelessness	[3] ↓	1.7%	1.4%	3.7%
Employment (Age 18 to 64)	[0]	51.1%	58.3%	41.6%
Arrest Rate (Age 18 to 64)	[1] ↓	1.4%	1.6%	2.9%



Access to Primary and Preventive Care

Access to primary and preventive care for members between the ages of three and twenty-one demonstrates a slight rebound from the previously noted downward trajectory. However, access for adults continued a downward trend which began with the onset of the COVID-19 PHE in Washington.

Statewide Rate for Well-Care Ages 3 to 21 and Adults' Access to Primary Care, and Annual Change from the Beginning of the Measurement Period



Due to a change in the rolling reporting period, Rates of Well-Care Ages 3 to 21 is reported below from September 2019 to March 2021. Adults' Access to Primary Care is reported from March 2019 to March 2021.

Medicaid members with a chronic condition and those living in rural communities received better than average access to primary and preventive care during this period. Adults with serious mental illness received significantly more access to primary care (a rate 17.4 percentage points higher than the statewide average). Conversely, members between the ages of three and twenty-one living with serious mental illness experienced slightly reduced access to well-care compared with the state average for their age group.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

	[N]	Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Care Visits Ages 3 to 21	[2]	45.0%	35.9%	39.2%	38.3%
Adults' Access to Primary Care	[0]	86.8%	91.3%	75.4%	74.6%

← Worse than state average < > Better than state average →
10% 5% 1% <1% 1% 5% 10%

[N] Projects where this metric is pay-for-performance (P4P)

Differences in outcomes in this domain among racial and ethnic groups were mostly small compared with statewide averages, although some inequities persist from prior periods. American Indian/Alaska

Native members between the ages of three and twenty-one saw lower rates of well-care visits, and Black and Native Hawaiian/Pacific Islander members experienced worse access to care for members of all ages.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Well-Care Visits Ages 3 to 21	[2]	27.9%	39.3%	34.4%
Adults' Access to Primary Care	[0]	74.6%	70.3%	72.9%

[N] Projects where this metric is pay-for-performance (P4P)

Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

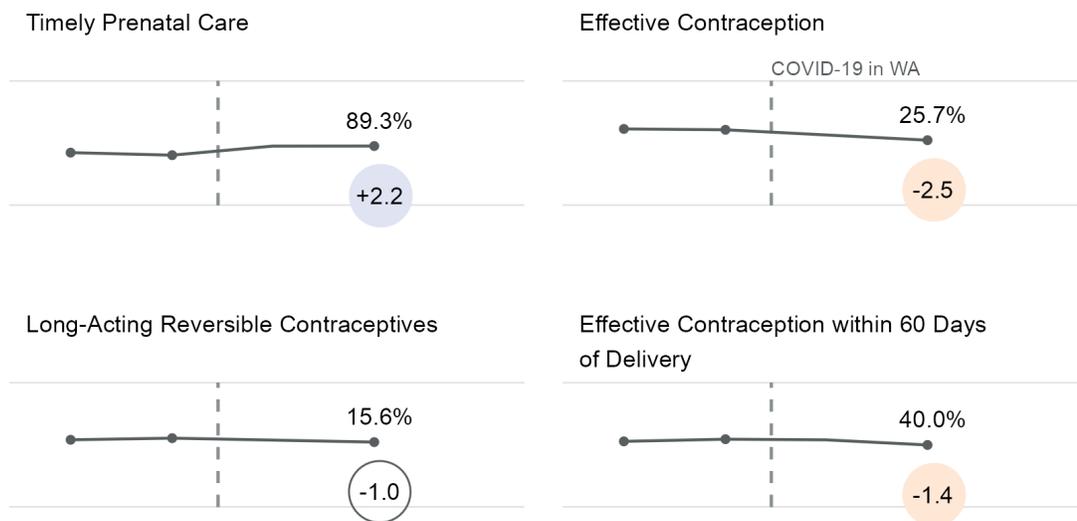
		NH/PI	Hispanic	White
Well-Care Visits Ages 3 to 21	[2]	31.4%	41.6%	35.2%
Adults' Access to Primary Care	[0]	66.4%	77.0%	74.2%

[N] Projects where this metric is pay-for-performance (P4P)

Reproductive and Maternal Health Care

Reproductive and maternal health outcomes showed only small changes compared with the previous year, with rates of access to effective contraception declining slightly, while access to timely prenatal care improved.

Statewide Rate for December 2018 to December 2020 and Annual Change for 2019 to 2020



Because metrics in this domain are calculated from data that is updated only twice a year (as opposed to quarterly, like most metrics in this report), no updates were available for the most recent quarter in this domain. Displayed rates and annual changes are based on the same time period as those previously reported.

Most outcomes related to reproductive and maternal healthcare were better than or closely aligned with statewide averages for Medicaid members with a chronic condition or serious mental illness and those living in rural or high poverty areas. Members with serious mental illness received slightly lower rates of timely prenatal care than the statewide average. All of these groups experienced better than average access to effective contraception.

Statewide Rate by Health Condition and Geography, December 2020

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Timely Prenatal Care	[1]	88.6%	87.6%	90.0%	89.7%
Effective Contraception	[1]	29.5%	30.3%	27.6%	26.4%
Long-Acting Reversible Contraceptives	[0]	16.2%	16.5%	18.0%	19.8%
Effective Contraception within 60 Days of Delivery	[1]	41.9%	43.6%	45.8%	44.7%



Racial and ethnic health inequities related to reproductive and maternal health care persisted in the most recent quarter. American Indian/Alaska Native, Black, and Native Hawaiian/Pacific Islander members had worse outcomes for most metrics in this domain, while Hispanic members' outcomes were somewhat better than statewide averages. Asian members experienced mixed outcomes, with a rate that is 3.5 percentage points higher for access to timely prenatal care, but lower rates of access to effective contraception than the statewide average.

Statewide Rate by Race, December 2020

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Timely Prenatal Care	[1]	84.2%	92.8%	86.8%
Effective Contraception	[1]	24.4%	21.6%	23.1%
Long-Acting Reversible Contraceptives	[0]	14.0%	15.0%	15.3%
Effective Contraception within 60 Days of Delivery	[1]	37.5%	32.1%	34.0%

[N] Projects where this metric is pay-for-performance (P4P)

Statewide Rate by Race, December 2020

Native Hawaiian/Pacific Islander, Hispanic and White Members

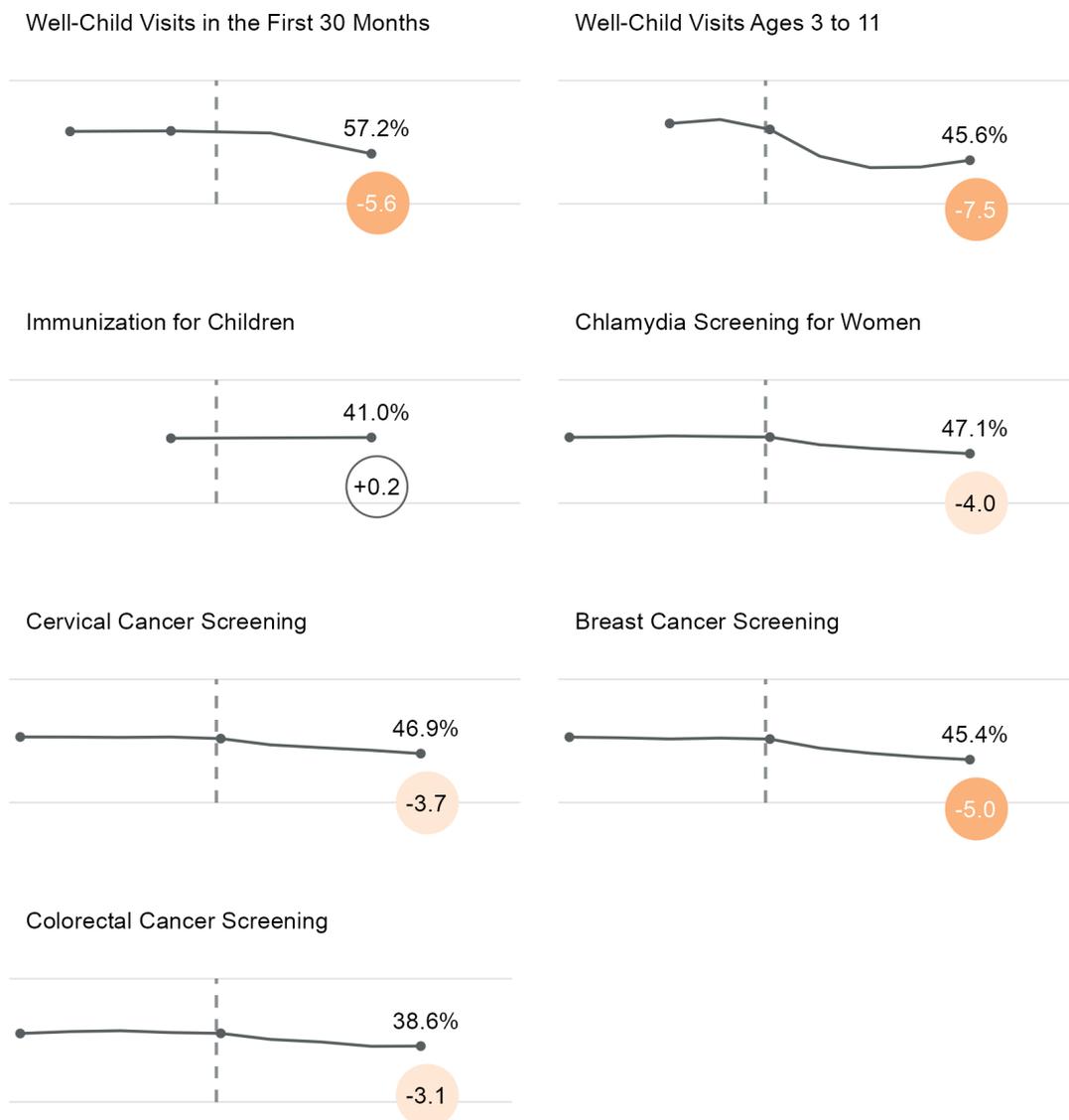
		HI/PI	Hispanic	White
Timely Prenatal Care	[1]	82.8%	90.8%	89.4%
Effective Contraception	[1]	21.0%	26.5%	26.6%
Long-Acting Reversible Contraceptives	[0]	12.8%	21.0%	13.6%
Effective Contraception within 60 Days of Delivery	[1]	34.4%	47.6%	39.4%

[N] Projects where this metric is pay-for-performance (P4P)

Prevention and Wellness

Most outcomes related to prevention and wellness worsened during this period, likely reflecting the continued impacts of the COVID-19 PHE. Well-child visits ages three to eleven showed an encouraging trend up from the previous quarter, but still fell well below the pre-pandemic rate. Screening rates for breast, cervical and colorectal cancer as well as screening for chlamydia continued to decline.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Two measures in this domain – immunization for children and well-child visits in the first thirty months of life – are based on data that is updated only twice a year, and lack recent updates for this report. Some historical data is also missing for the rates of well-child visits between the ages of three and eleven.

Members living in rural communities had worse outcomes for most metrics in this domain compared with the state average. The one exception was for well-child visits for members between the ages of three and eleven, where outcomes in rural communities were slightly better than the statewide average. In contrast, outcomes related to prevention and wellness were generally better than statewide averages for members with chronic conditions or serious mental illness, perhaps reflecting higher rates of contact with medical systems for members in these populations.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	57.5%	53.3%	47.4%	46.6%
Immunization for Children	[1]	NA	NA	NA	NA
Chlamydia Screening for Women	[1]	47.6%	51.2%	44.6%	50.0%
Cervical Cancer Screening	[0]	50.8%	51.2%	46.6%	47.5%
Breast Cancer Screening	[0]	50.3%	46.6%	44.8%	45.2%
Colorectal Cancer Screening	[0]	44.0%	45.4%	36.7%	37.3%



Access to preventive care was markedly worse among American Indian/Alaska Native members compared to statewide averages. Black members also experienced lower rates of preventive care in all measured areas except for chlamydia screening for women which was 7.8 percentage points higher than the statewide rate. Asian members received prevention and wellness care at a greater rate than the statewide average for all metrics but chlamydia screening for women.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	35.6%	47.9%	41.5%
Immunization for Children	[1]	NA	NA	NA
Chlamydia Screening for Women	[1]	49.1%	45.0%	54.9%
Cervical Cancer Screening	[0]	39.0%	50.3%	49.0%
Breast Cancer Screening	[0]	31.3%	57.0%	41.3%
Colorectal Cancer Screening	[0]	29.8%	47.6%	36.6%

[N] Projects where this metric is pay-for-performance (P4P)

Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

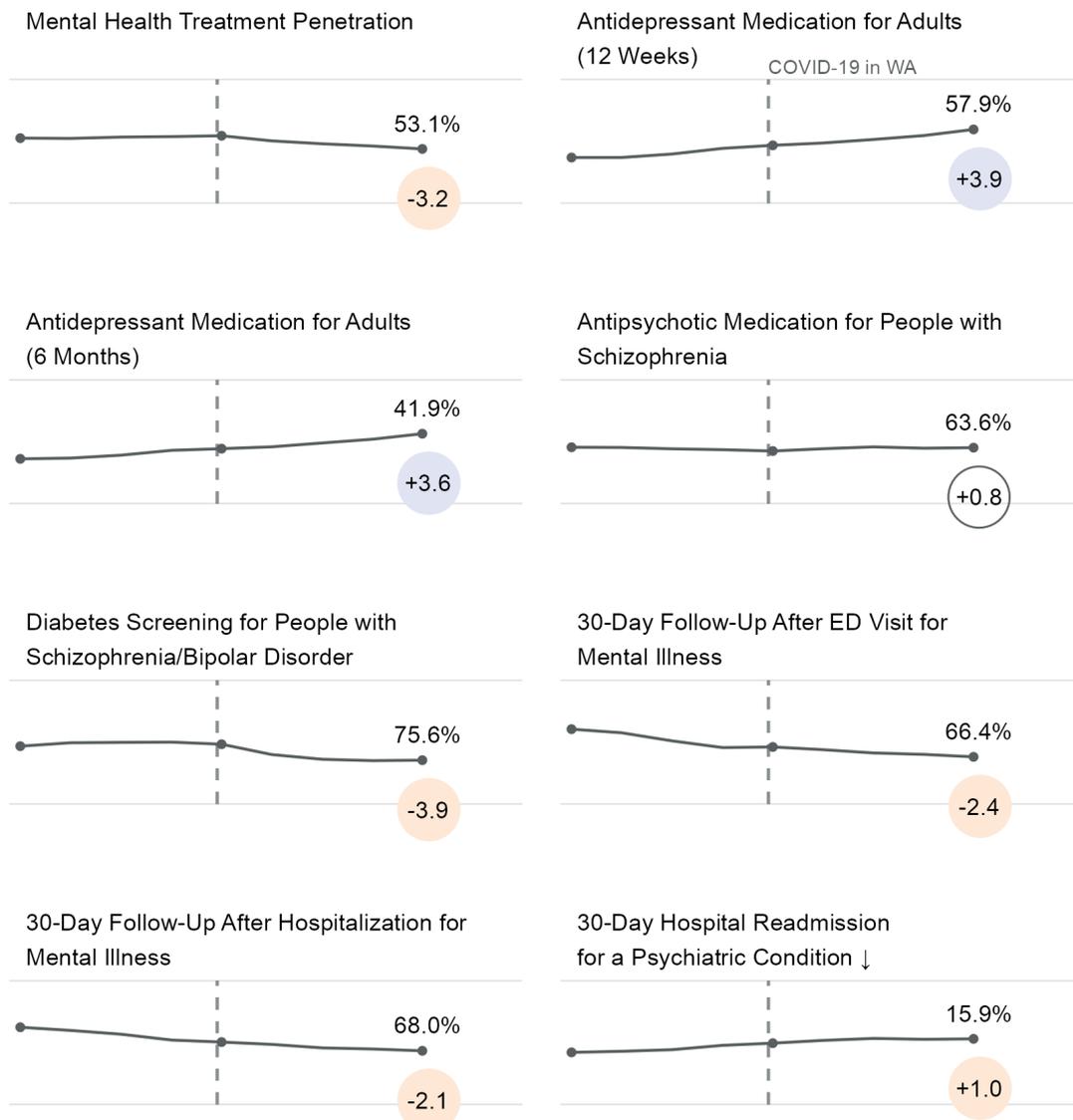
		NH/PI	Hispanic	White
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	38.0%	50.8%	43.5%
Immunization for Children	[1]	NA	NA	NA
Chlamydia Screening for Women	[1]	48.4%	50.2%	44.1%
Cervical Cancer Screening	[0]	44.6%	53.9%	45.5%
Breast Cancer Screening	[0]	47.5%	55.5%	43.6%
Colorectal Cancer Screening	[0]	34.9%	42.4%	38.0%

[N] Projects where this metric is pay-for-performance (P4P)

Mental Health Care

Measures related to mental health care were mixed in the most recent quarter compared to the previous year. Improved rates of antidepressant medication management for adults continued an upward trend for this period, while all other measures related to mental health care worsened. Some of these declines coincided with the onset of the COVID-19 PHE in Washington, while declines in follow-up care after a hospitalization or ED visit represent a continued worsening trajectory observed prior to the onset of the PHE.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Mental health care outcomes for members with a chronic condition were mostly similar to statewide averages. Follow-up care after an ED visit or hospitalization for mental illness was better among members living in rural communities. Similarly, this community experienced lower rates of readmission for a psychiatric condition (by 3.2 percentage points) than the statewide average.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Mental Health Treatment Penetration	[3]	55.0%	75.0%	51.0%	53.3%
Antidepressant Medication for Adults (12 Weeks)	[1]	57.9%	56.6%	58.2%	55.4%
Antidepressant Medication for Adults (6 Months)	[1]	42.0%	41.3%	41.8%	39.6%
Antipsychotic Medication for People with Schizophrenia	[0]	63.6%	63.6%	64.3%	63.0%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	75.7%	75.8%	78.3%	75.3%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	66.9%	70.2%	73.6%	67.7%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	68.7%	72.8%	70.9%	68.8%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	15.9%	17.5%	12.7%	15.8%

← Worse than state average < > Better than state average → ↓ Lower is better
10% 5% 1% <1% 1% 5% 10%

[N] Projects where this metric is pay-for-performance (P4P)

Outcomes related to mental health treatment were generally better for White members, while most outcomes were worse among all other racial groups, with some exceptions. Most notably, Asian members with schizophrenia received antipsychotic medication at a rate 12.9 percentage points higher than White members with the same diagnosis. Rates of diabetes screening were higher among American Indian/Alaska Natives than all other groups.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Mental Health Treatment Penetration	[3]	49.8%	48.4%	51.3%
Antidepressant Medication for Adults (12 Weeks)	[1]	50.5%	56.5%	47.8%
Antidepressant Medication for Adults (6 Months)	[1]	34.0%	40.6%	33.1%
Antipsychotic Medication for People with Schizophrenia	[0]	55.5%	78.1%	55.4%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	77.1%	69.4%	74.6%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	58.2%	68.8%	60.6%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	61.9%	76.8%	64.3%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	14.6%	15.4%	21.1%

↓ Lower is better
[N] Projects where this metric is pay-for-performance (P4P)

Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

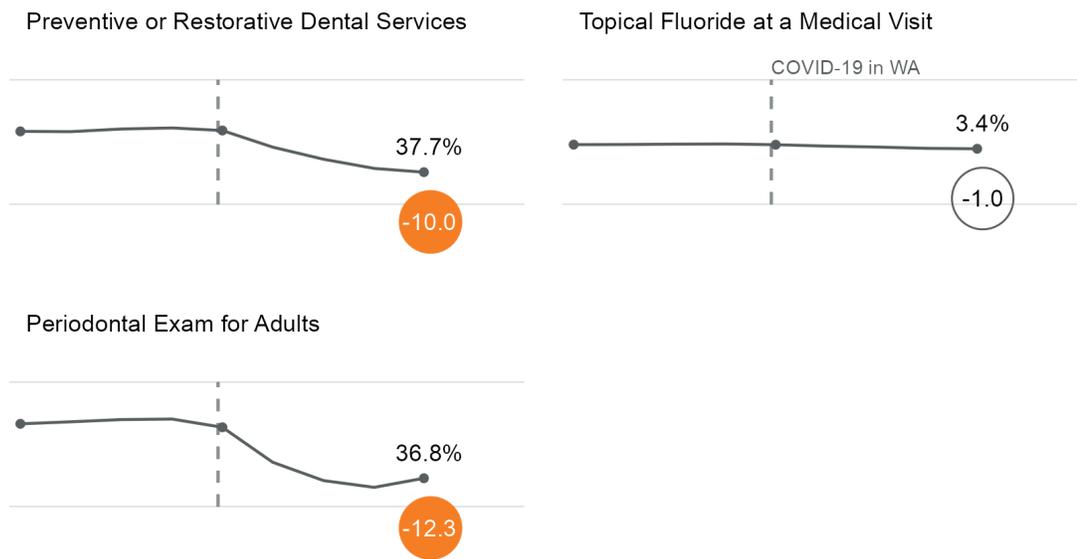
		NH/PI	Hispanic	White
Mental Health Treatment Penetration	[3]	47.8%	51.9%	54.5%
Antidepressant Medication for Adults (12 Weeks)	[1]	55.8%	53.2%	60.5%
Antidepressant Medication for Adults (6 Months)	[1]	41.0%	36.1%	44.8%
Antipsychotic Medication for People with Schizophrenia	[0]	57.8%	59.7%	65.2%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	69.4%	75.2%	76.2%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	57.8%	67.2%	68.3%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	62.7%	63.9%	70.0%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	19.5%	13.2%	15.7%

↓ Lower is better
[N] Projects where this metric is pay-for-performance (P4P)

Oral Health Care

Preventive or restorative dental services continued to decline compared with the previous year, though periodontal exams for adults demonstrated an upward trend over the last quarter.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Outcomes for members with a chronic condition or serious mental illness and those in rural or high poverty communities were mixed during this period compared with statewide averages.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Preventive or Restorative Dental Services	[1]	35.8%	32.0%	42.2%	40.1%
Topical Fluoride at a Medical Visit	[1]	4.9%	5.8%	1.8%	2.9%
Periodontal Exam for Adults	[2]	37.6%	36.8%	37.0%	35.8%



[N] Projects where this metric is pay-for-performance (P4P)

Inequities in access to oral health care by race and ethnicity persisted in this quarter, with American Indian/ Alaska Native, Black, and Native Hawaiian/ Pacific Islander members generally experiencing worse access to oral health care than the state overall.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Preventive or Restorative Dental Services	[1]	34.4%	34.0%	34.1%
Topical Fluoride at a Medical Visit	[1]	3.2%	3.8%	3.3%
Periodontal Exam for Adults	[2]	32.6%	40.9%	34.6%

[N] Projects where this metric is pay-for-performance (P4P)

Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

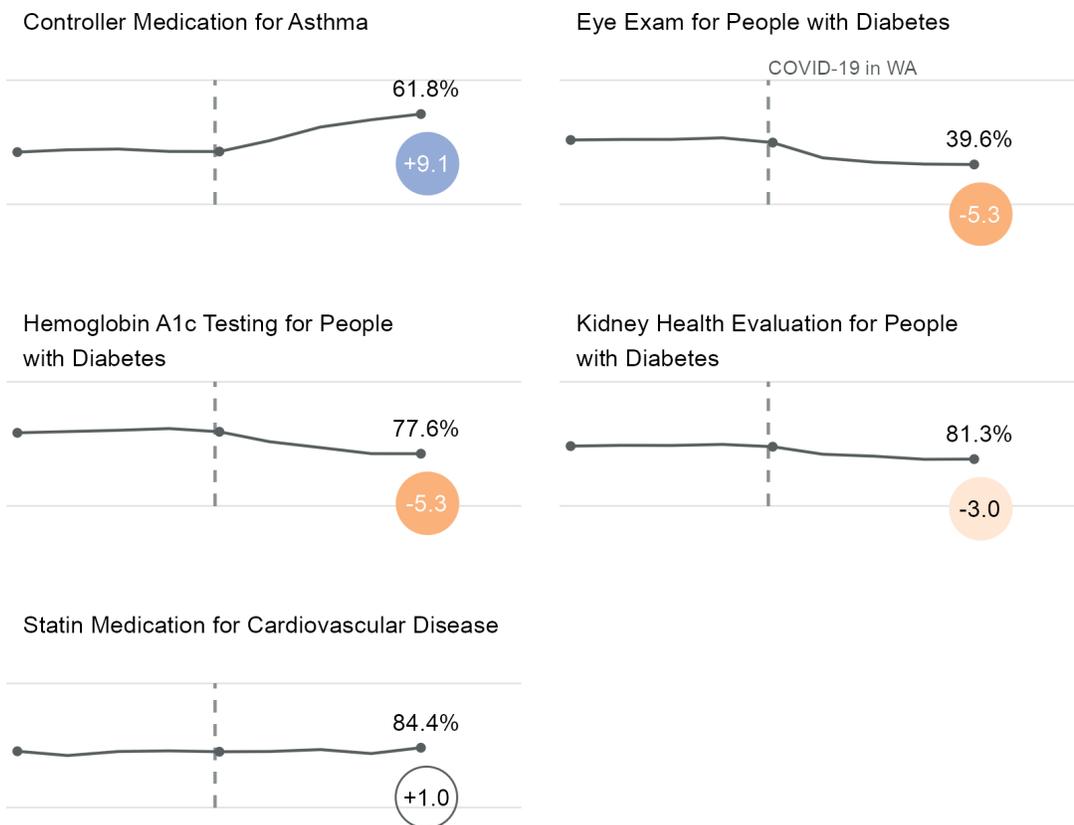
		NH/PI	Hispanic	White
Preventive or Restorative Dental Services	[1]	31.5%	49.5%	33.2%
Topical Fluoride at a Medical Visit	[1]	4.0%	2.6%	3.9%
Periodontal Exam for Adults	[2]	35.6%	38.3%	36.2%

[N] Projects where this metric is pay-for-performance (P4P)

Care for People with Chronic Conditions

Outcomes for people with chronic conditions were mixed during this period, with notable changes coinciding with the onset of the COVID-19 PHE. Rates of controller medication prescribed for asthma continued along a positive trajectory, rising 9.1 percentage points compared with the previous year. However, measures of care that must be delivered in-person to patients with diabetes, such as eye exams, hemoglobin A1c testing and kidney health evaluations have declined considerably since the onset of the PHE.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Outcomes for members with a chronic condition and those living in high poverty areas aligned closely with the state overall in this domain. Members with diabetes or cardiovascular disease who live in rural communities had better than average outcomes for the measures reported here.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Controller Medication for Asthma	[2]	62.0%	57.6%	58.1%	58.4%
Eye Exam for People with Diabetes	[2]	40.0%	38.6%	40.5%	40.5%
Hemoglobin A1c Testing for People with Diabetes	[2]	78.0%	76.7%	81.4%	76.7%
Kidney Health Evaluation for People with Diabetes	[2]	81.6%	81.4%	82.8%	81.0%
Statin Medication for Cardiovascular Disease	[1]	84.5%	80.9%	85.9%	83.5%

Worse than state average < 10% 5% 1% <1% 1% 5% 10% > Better than state average

[N] Projects where this metric is pay-for-performance (P4P)

American Indian/Alaska Native and Black members experienced lower rates of care in this domain across all measures, while Asian and Hispanic members' outcomes were generally better than state averages. These trends represent a continuation of previously reported inequities in care for people with asthma, diabetes and cardiovascular disease.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Controller Medication for Asthma	[2]	50.1%	68.2%	59.8%
Eye Exam for People with Diabetes	[2]	36.5%	48.2%	36.7%
Hemoglobin A1c Testing for People with Diabetes	[2]	71.4%	83.7%	73.4%
Kidney Health Evaluation for People with Diabetes	[2]	80.5%	84.7%	79.4%
Statin Medication for Cardiovascular Disease	[1]	75.3%	92.3%	83.6%



Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

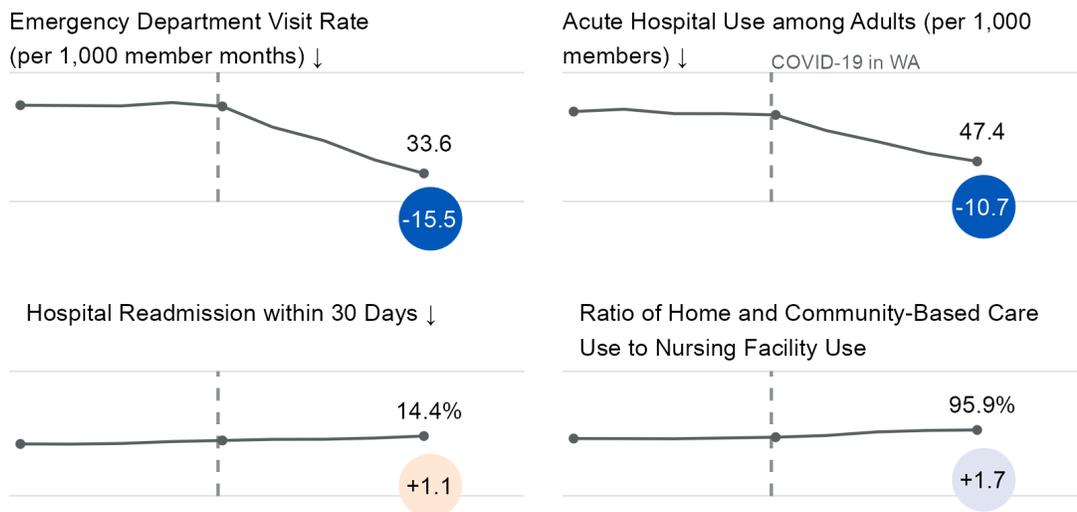
		NH/PI	Hispanic	White
Controller Medication for Asthma	[2]	68.8%	65.7%	60.5%
Eye Exam for People with Diabetes	[2]	37.3%	42.8%	38.5%
Hemoglobin A1c Testing for People with Diabetes	[2]	76.3%	79.8%	77.3%
Kidney Health Evaluation for People with Diabetes	[2]	82.1%	81.6%	81.1%
Statin Medication for Cardiovascular Disease	[1]	87.8%	82.2%	84.4%



Emergency Department, Hospital, and Institutional Care Use

Utilization of emergency departments (EDs) and acute hospitalizations among adults continued a sharp downward trajectory since the onset of the COVID-19 public health emergency, while the ratio of home and community-based care to nursing facility use rose slightly. Although these changes would generally be regarded as positive trends, they likely reflect behavioral changes in the population and barriers to care resulting from the onset of the PHE.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Members with chronic conditions or serious mental illness received care in EDs and acute hospital settings much more frequently than the statewide average, likely due to poorer health status and higher care needs. Members living in high poverty communities also received more care in these settings, while such utilization was lower for members living in rural communities. The ratio of home and community-based care to nursing facility use was in line with the state average for these groups.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	55.9	115.0	32.0	40.6
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	70.3	100.4	43.1	51.8
Hospital Readmission within 30 Days	[3] ↓	14.7%	19.4%	10.9%	14.3%
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	95.9%	96.7%	95.9%	95.3%

↓ Lower is better
[N] Projects where this metric is pay-for-performance (P4P)

Rates of care obtained in emergency departments and acute hospital settings varied widely among members of different racial and ethnic groups. For example, Asian, Native Hawaiian/Pacific Islander, and Hispanic members were notably less likely to receive care in these settings, while American Indian /Alaska Native, Black, and White members were considerably more likely to receive such care.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	48.7	14.0	43.0
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	52.1	25.5	50.8
Hospital Readmission within 30 Days	[3] ↓	16.2%	11.4%	17.5%
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	93.7%	97.8%	96.3%

Statewide Rate by Race, March 2021

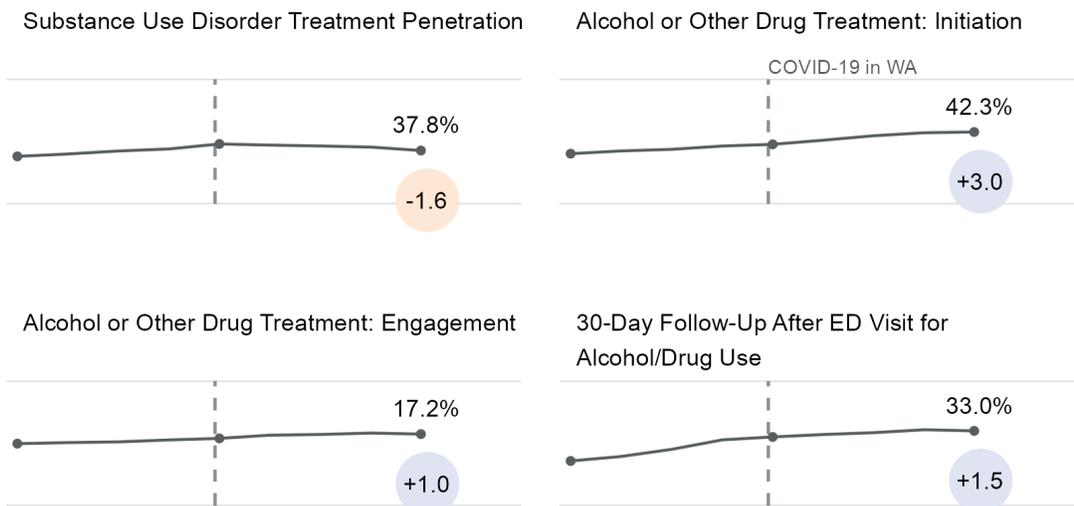
Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	24.4	27.3	38.7
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	45.3	35.4	53.1
Hospital Readmission within 30 Days	[3] ↓	12.6%	10.5%	14.8%
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	96.6%	95.5%	95.9%

Substance Use Disorder Care

Most measures related to substance use disorder (SUD) treatment and care improved over the measurement year with the exception of SUD treatment penetration, which dropped 1.6 percentage points compared with the previous measurement year.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Members with severe mental illness had better outcomes for most measures related to SUD care. Outcomes for members living in rural or high poverty communities and those with a chronic health condition were generally in line with the state overall.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Substance Use Disorder Treatment Penetration	[3]	37.9%	41.5%	36.3%	36.7%
Alcohol or Other Drug Treatment: Initiation	[0]	42.4%	44.2%	41.0%	42.2%
Alcohol or Other Drug Treatment: Engagement	[0]	17.1%	17.4%	16.6%	17.1%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	33.1%	36.5%	32.5%	33.4%

Worse than state average < > Better than state average

10% 5% 1% <1% 1% 5% 10%

[N] Projects where this metric is pay-for-performance (P4P)

American Indian/Alaska Native and White Medicaid members experienced better than average access to SUD care across most or all measures. In contrast, Asian, Black, Native Hawaiian/Pacific Islander, and Hispanic members experienced worse access to SUD treatment, with the greatest disparities seen in follow-up care after an ED visit for alcohol or other drug use and SUD treatment penetration. Follow-up care after an ED visit for alcohol or other drugs was consistently 13.1 percentage points lower for Black members than the statewide average over the last two reporting periods.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Substance Use Disorder Treatment Penetration	[3]	43.6%	31.0%	30.5%
Alcohol or Other Drug Treatment: Initiation	[0]	45.0%	37.7%	38.8%
Alcohol or Other Drug Treatment: Engagement	[0]	20.2%	13.4%	13.0%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	29.8%	27.3%	20.1%

[N] Projects where this metric is pay-for-performance (P4P)

Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

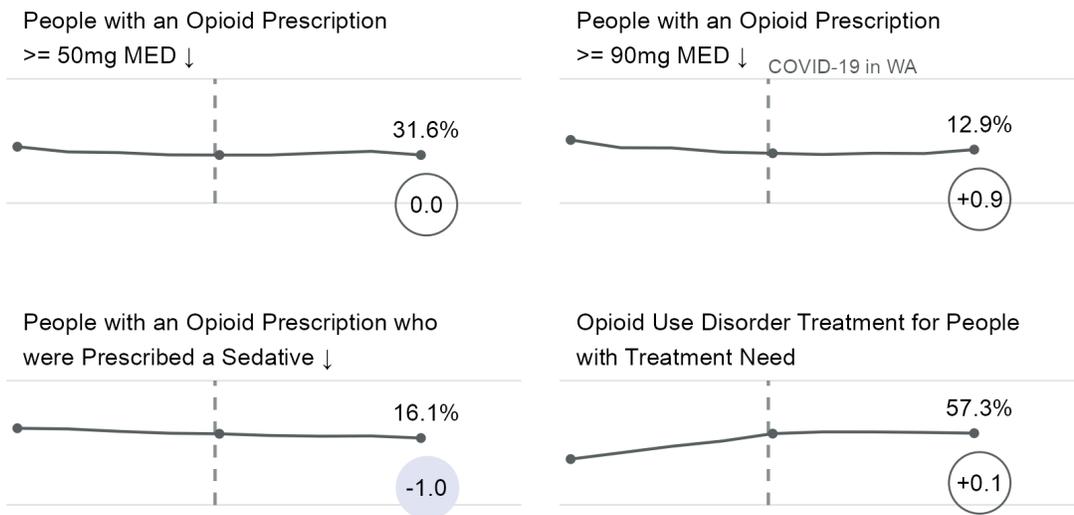
		HI/PI	Hispanic	White
Substance Use Disorder Treatment Penetration	[3]	30.7%	32.4%	39.9%
Alcohol or Other Drug Treatment: Initiation	[0]	39.5%	38.3%	43.4%
Alcohol or Other Drug Treatment: Engagement	[0]	11.8%	15.7%	18.0%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	21.4%	26.9%	37.5%

[N] Projects where this metric is pay-for-performance (P4P)

Opioid Prescribing and Opioid Use Disorder Treatment

Statewide measures related to opioid use disorder (OUD) remained relatively flat over the most recent quarter. Care patterns among people with an OUD treatment need have remained stable since the onset of the COVID-19 public health emergency.

Statewide Rate for March 2019 to March 2021 and Annual Change for 2020 to 2021



Three of the four outcome metrics in this domain are based on data from just one quarter, in contrast to most outcome measures presented in this report, which are based on four quarters. Only the metrics for OUD treatment is calculated form a full year of data.

Most metrics in this domain aligned closely with statewide averages for members with chronic conditions or serious mental illness and those living in rural or high poverty communities. One exception was a higher rate of concurrent prescriptions of opioids and sedatives for members with serious mental illness. Conversely, Members living in high poverty communities had better outcomes than the state average for both measures addressing morphine equivalent dosing.

Statewide Rate by Health Condition and Geography, March 2021

Members With Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
People with an Opioid Prescription >= 50mg MED	[1] ↓	31.5%	31.9%	30.8%	29.3%
People with an Opioid Prescription >= 90mg MED	[1] ↓	12.8%	12.3%	13.0%	11.3%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	16.2%	24.8%	15.9%	15.6%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	57.5%	56.7%	56.4%	57.2%



Black members experienced less access to OUD treatment and higher rates of opioid prescribing, compared with state averages, representing a continuation of previously reported inequities. Asian, Native Hawaiian/ Pacific Islander, and Hispanic members also saw worse access to OUD treatment. Hispanic members experienced a lower rate of concurrent prescribing of an opioid and a sedative compared to the statewide average reversing a positive trend previously noted for this group.

Statewide Rate by Race, March 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
People with an Opioid Prescription >= 50mg MED	[1] ↓	29.0%	22.4%	37.3%
People with an Opioid Prescription >= 90mg MED	[1] ↓	10.1%	NA	15.5%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	14.9%	17.3%	12.0%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	56.3%	52.5%	46.1%



Statewide Rate by Race, March 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
People with an Opioid Prescription >= 50mg MED	[1] ↓	29.7%	26.5%	31.7%
People with an Opioid Prescription >= 90mg MED	[1] ↓	NA	8.4%	13.1%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	NA	13.6%	16.8%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	48.6%	54.2%	59.2%

