Medicaid Transformation Project Evaluation

UPDATE ON STATEWIDE PERFORMANCE AND DOMAIN ONE IMPLEMENTATION PROGRESS
Rapid Cycle Report, March 2022

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Evaluation Overview

KEY FINDINGS

Most performance measures in this report include data from the first nine months of the COVID-19 Public Health Emergency in Washington State, as well as three months of data from the preceding time period. Effects of the pandemic are evident in results reported here but may continue to become more pronounced over time as the measurement period shifts to include less pre-pandemic data.

COVID-19 created some unique barriers to accessing care in 2020. The rate of well-care visits for Medicaid members between the ages of three and twenty-one declined sharply, falling 12.5 percentage points compared with the previous year. Measures of access to oral health care followed a similar pattern, with a continued sharp decline in the fourth quarter of 2020. We also observed declining rates of preventive screenings and access to primary care for adults. These declines coincide with the onset of the pandemic in Washington State.

Rates of care received in emergency departments and acute hospital settings also declined sharply following the start of the pandemic. That downward trend persisted in the most recent quarter. These decreases likely represent barriers to access resulting from the public health emergency.

In contrast, some measures of health care access and quality improved during this period. Measures of access to substance user disorder treatment reported here improved. We also saw positive trends for types of care that can be delivered virtually, including 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 October 1, 2021, to March 31, 2022. In this report, we presented evaluation findings including:

- Washington State's **Medicaid system performance through December 2020,** 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. 6)*

- An analysis of the impact of two programs designed to offer older adults and their caregivers supportive alternatives to traditional Medicaid Long-Term Services and Supports (LTSS): **Tailored Supports for Older Adults** and **Medicaid Alternative Care.** This analysis includes current rates of LTSS utilization and forecasts of expected future utilization.

In this reporting period (October 2021 to March 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 December 2020.

- **ACH Key Informant Interviews.** The qualitative team developed an interview guide for Round 4 (final round) interviews with the executive director, CEO, or another leader from each ACH. Interviews will take place in March 2022. During interviews, we will ask participants to reflect on their prior work and share their plans for sustainability.

- **Foundational Community Supports Interviews.** The qualitative team conducted thirteen interviews with Foundational Community Supports (FCS) experts, including HCA and ALTSA administrators, Supportive Housing and Supportive Employment service providers, and representatives from the Third-Party Administrator, Amerigroup. The qualitative team met regularly to develop a codebook, analyze these data, and discuss emerging findings.

- **Analysis of Qualitative Data.** The qualitative team continued to analyze previously collected qualitative data to identify gaps in understanding and to inform final rounds of data collection in 2022. These ongoing analyses will be documented in the final evaluation report.

- **Survey Outreach.** We worked with ACHs to obtain updated email contacts for hospitals and selected practices that responded to our 2019 survey. We also attended the ACH Transformation Alignment call to speak about the survey and provided ACHs with a blog post that may be used to notify hospitals and practices about the survey with the goal of increasing response rates.

- **Survey Finalization and Distribution.** The survey team updated both hospital and practice surveys to ask about HIT, workforce, and technology changes in 2021 and obtained final approval from the Washington Institutional Review Board. We then administered the survey to 87 hospitals and 90 practices via email on February 22, 2022. We followed up on March 1, 2022 and March 8, 2022 with additional email reminders. Future reminders will depend on response rates and may include emails and/or phone calls.

Next Steps in the Evaluation

Evaluation efforts are ongoing and future reports will continue to present updates and assessments of the demonstration in 2021. Washington State has extended the MTP demonstration for a sixth year, with 2022 to serve as the final year.

Once the hospital and practice survey has been administered and analyzed, the qualitative team will select organizations for interviews based on survey responses. Recruitment, data collection, and interview guide development are expected to begin shortly after survey data are cleaned and summarized. The qualitative team will also begin coding and analyzing data collected from the last round of ACH interviews. Preliminary FCS findings will be presented in an upcoming RCR.

Medicaid Performance Measures Through December 2020

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 10.*

2 Access to Primary and Preventive Care. *See page 12.*

3 Reproductive and Maternal Health Care. *See page 14.*

4 Prevention and Wellness. *See page 17.*

5 Mental Health Care. *See page 20.*

6 Oral Health Care. *See page 23.*

7 Care for People with Chronic Conditions. *See page 25.*

8 Emergency Department, Hospital and Institutional Care Use. *See page 28.*

9 Substance Use Disorder Care. *See page 31.*

10 Opioid Prescribing and Opioid Use Disorder Treatment. *See page 34.*

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 December 2020.**

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 such as specific 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 January 2020 through December 2020. The COVID-19 PHE began in Washington State in late March of 2020, approximately three months into the start of this measurement period. Impacts to the state's health care delivery system will likely continue to become more pronounced in the future as the measurement period shifts to fully overlap with the time period impacted by the pandemic *(see Exhibit 2.1)*.

- **Health care claims and member enrollment data from December 2020 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 December 2018. Due to the rolling annual nature of most measures, 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.

Statewide stay at home order issued in Washington

October 2018 - September 2019

January 2019 - December 2019

April 2019 - March 2020

July 2019 - June 2020

October 2019 - September 2020

Current reporting period → January 2020 - December 2020

April 2020 - March 2021

July 2020 - June 2021

October 2020 - September 2021
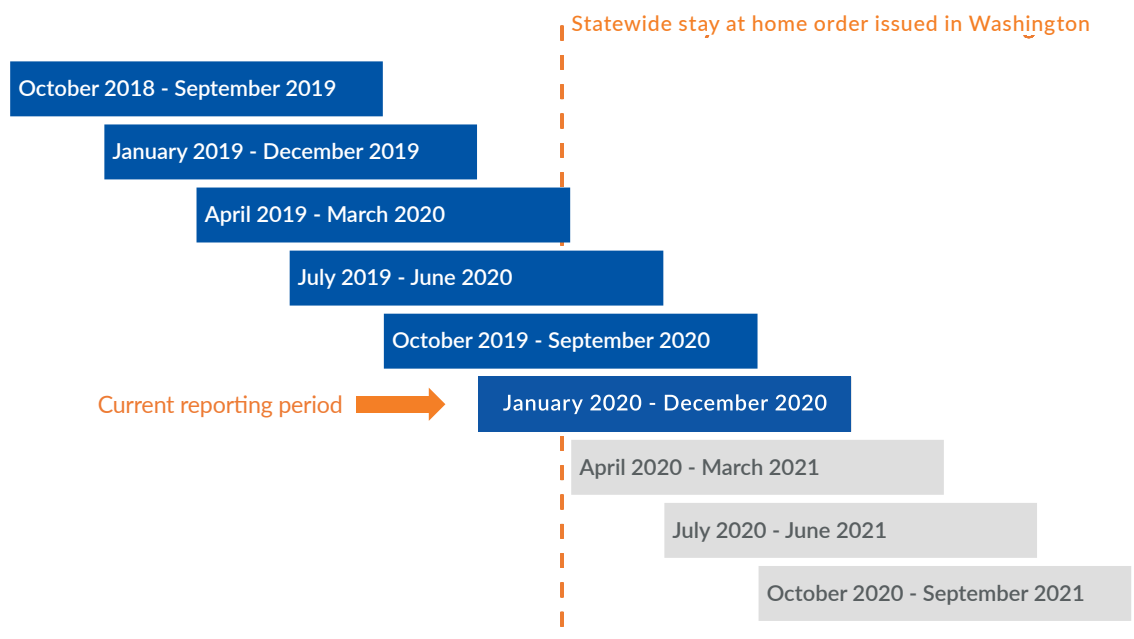
Summary of Findings: Medicaid System Performance

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 December 2020

Change in Measure Domain	Description
Better	• Access to **substance use disorder treatment** improved, representing a continuation of previously reported trends. The rate of follow-up care after an emergency department visit for alcohol or other drugs also improved, increasing 2.3 percentage points compared with the previous year.
	• Rates of **opioid use disorder treatment** for people with a treatment need improved in the most recent quarter, rising two percentage points compared with the previous year. Other statewide measures related to opioid prescribing and opioid use disorder treatment were relatively flat.
	• Utilization of **emergency departments** 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 barriers to care or other pandemic-related behavioral changes in the population. Rates of care obtained in these settings varied widely among members of different racial and ethnic groups.
Mixed	• We saw 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 other types of care declined.
	• Changes in outcomes related to **social determinants of health** were small during this time period, but members with serious mental illness continued to experience markedly worse outcomes for all measures in this domain. Members in this group experienced both homelessness and arrest at more than three times the rate of the statewide average.
	• Outcomes related to **reproductive and maternal health care** were also mixed, with improvements in access to timely prenatal care and declines in access to effective contraception.
Worse	• Most measures related to **prevention and wellness** worsened during this period. Rates of well-child visits dropped sharply, and rates of preventative screening for breast, cervical, and colorectal cancer also declined, coinciding with the onset of the COVID-19 PHE.
	• Access to **oral health care** for adults also continued a downward trajectory that began with the onset of the COVID-19 PHE. Rates of periodontal exams for adults fell 16.6 percentage points compared with the previous year, while access to preventive or restorative dental services dropped 9.8 percentage points.
	• Access to **primary and preventive care** also worsened during this period, likely reflecting the pandemic's impacts on health care systems.

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 December 2018 through December 2020 unless otherwise noted.

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

Ratio of Home and Community-Based Care Use to Nursing Facility Use

95.8%

+1.9

Within each domain, we present the statewide rate as of December 2020.

We also present the change in each performance measure from the prior year, with changes in the measure indicated by **blue** (better) or **orange** (worse) shading.

For context, we include a line to indicate the date of Washington State's stay-at-home order due to COVID-19.

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, 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
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	59.4	117.8	35.1	44.4
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	71.4	101.6	44.1	52.9
Hospital Readmission within 30 Days	[3] ↓	14.4%	18.9%	11.0%	13.3%
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	95.8%	96.8%	96.1%	95.8%

Worse than state average <   > Better than state average

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

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

Social Determinants of Health

Most metrics in this domain were relatively unchanged compared with the previous year, although rates of employment and arrests both declined slightly.

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

Homelessness ↓

3.0%

-0.4

Employment (Age 18 to 64)

COVID-19 in WA

47.0%

-1.5

Arrest Rate (Age 18 to 64) ↓

2.8%

-1.1

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 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, 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
Homelessness	[3] ↓	4.8%	9.8%	2.1%	3.6%
Employment (Age 18 to 64)	[0]	44.8%	38.1%	47.5%	49.5%
Arrest Rate (Age 18 to 64)	[1] ↓	4.5%	9.1%	2.5%	3.3%

Worse than state average <   > Better than state average

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

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

American Indian/Alaska Native members saw worse outcomes related to social determinants of health, with an employment rate approximately 7.8 percentage points lower than the state average and a rate of homelessness approximately 2.6 percentage points higher. Black members also had worse outcomes for both homelessness and arrests, while the employment rate for this group was approximately 6 percentage points higher than the statewide average.

Statewide Rate by Race, December 2020

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Homelessness	[3] ↓	5.6%	0.7%	5.3%
Employment (Age 18 to 64)	[0]	39.2%	46.9%	53.0%
Arrest Rate (Age 18 to 64)	[1] ↓	5.4%	0.9%	4.2%

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

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

Statewide Rate by Race, December 2020

Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Homelessness	[3] ↓	1.8%	1.4%	3.9%
Employment (Age 18 to 64)	[0]	53.1%	60.2%	43.2%
Arrest Rate (Age 18 to 64)	[1] ↓	1.6%	1.7%	3.5%

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

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

Access to Primary and Preventive Care

Access to primary and preventive care for both children and adults continued a downward trend during this period, likely resulting from the onset of the COVID-19 PHE in Washington.

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

Well-Care Visits Ages 3 to 21

35.8%

-12.5

Adults' Access to Primary Care

COVID-19 in WA

74.9%

-3.7
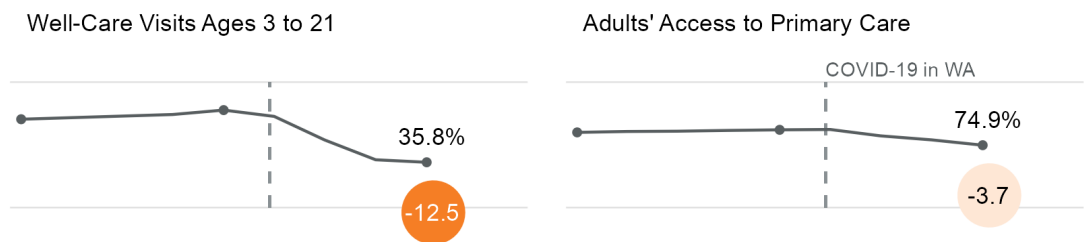
Medicaid members with a chronic condition and those living in rural communities received better than average access to primary and preventive care during this period. Rates of well-care visits for members between the ages of three and twenty-one were slightly worse for members with serious mental illness than in the state overall.

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
Well-Care Visits Ages 3 to 21	[2]	42.4%	34.0%	37.3%	36.6%
Adults' Access to Primary Care	[0]	87.3%	91.7%	76.3%	75.5%

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 continued 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 both children and adults.

Statewide Rate by Race, December 2020

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Well-Care Visits Ages 3 to 21	[2]	26.3%	38.5%	32.0%
Adults' Access to Primary Care	[0]	75.1%	71.1%	73.6%

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)

Statewide Rate by Race, December 2020

Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Well-Care Visits Ages 3 to 21	[2]	30.9%	40.1%	33.6%
Adults' Access to Primary Care	[0]	67.9%	77.7%	75.4%

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)

Reproductive and Maternal Health Care

Reproductive and maternal health outcomes were relatively stable compared with the previous year, with the rate of timely prenatal care increasing by 2.2 percentage points, while rates of access to effective contraception fell slightly.

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

Timely Prenatal Care

89.3%

+2.2

Effective Contraception

COVID-19 in WA

25.7%

-2.5

Long-Acting Reversible Contraceptives

15.7%

-0.9

Effective Contraception within 60 Days of Delivery

40.0%

-1.4
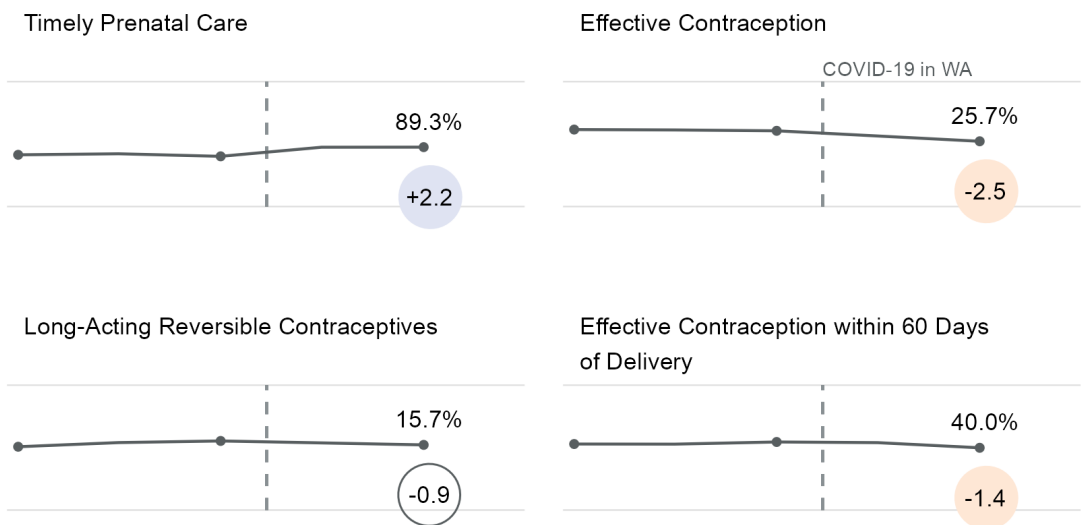
Most outcomes related to reproductive and maternal healthcare were better than or closely aligned with statewide averages for Medicaid members with a chronic condition or serious mental illness and those living in rural or high poverty areas. All of these groups experienced better than average access to effective contraception. However, members with serious mental illness received timely prenatal care at lower rates than in the state overall.

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%	90.2%	89.7%
Effective Contraception	[1]	29.5%	30.3%	27.6%	26.4%
Long-Acting Reversible Contraceptives	[0]	16.2%	16.5%	17.6%	19.4%
Effective Contraception within 60 Days of Delivery	[1]	41.9%	43.5%	45.6%	45.1%

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)

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.

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%

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)

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%

Worse than state average <　　> Better than state average

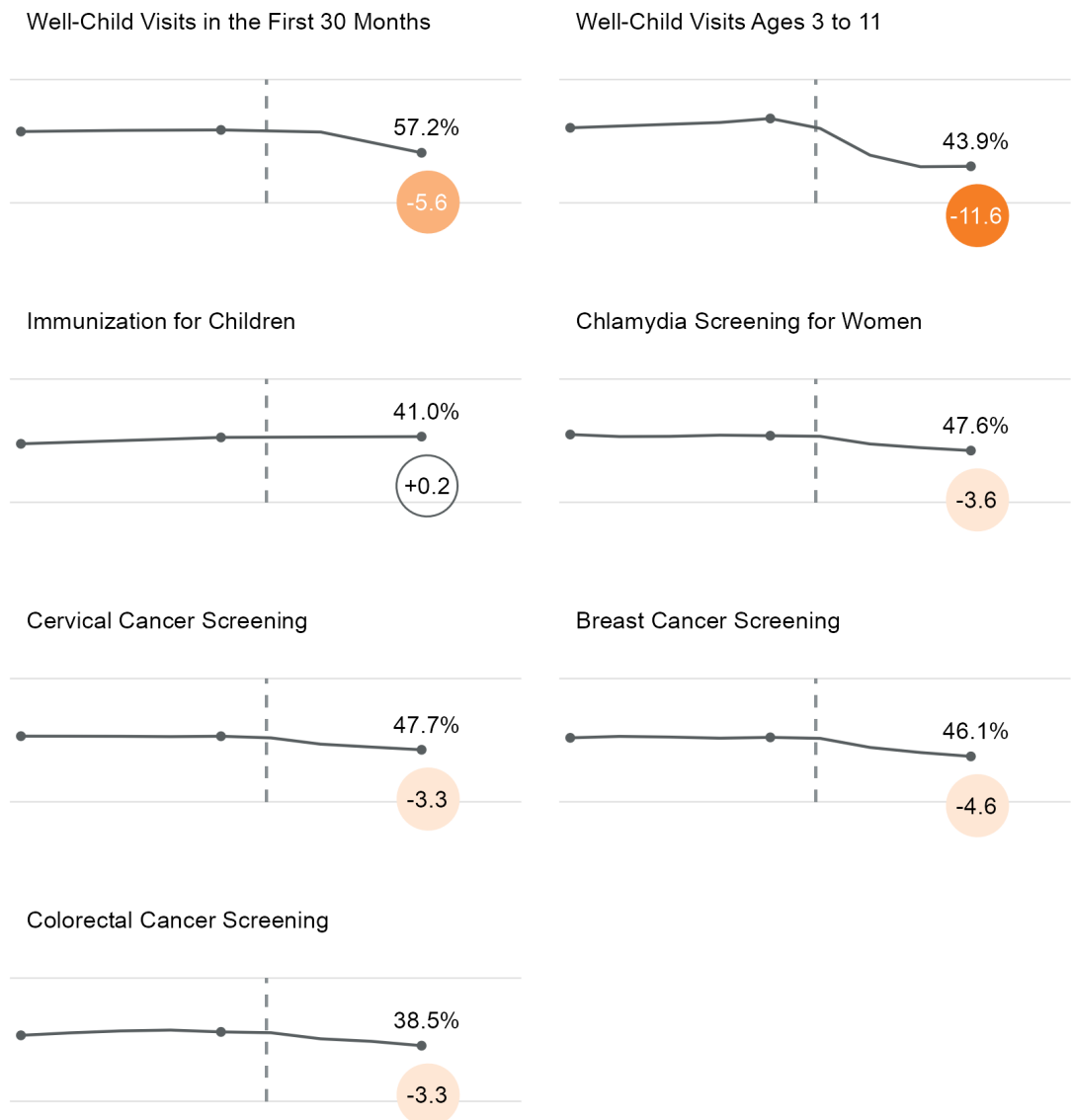| 10% | 5% | 1% | <1% | 1% | 5% | 10% |

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

Prevention and Wellness

Nearly all outcomes related to prevention and wellness worsened during this period, likely reflecting barriers to care resulting from the onset of the COVID-19 PHE .

Well-child visits for members between the ages of three and eleven showed the greatest decline, falling 11.6 percentage points compared with the previous year. Well-child visits in the first 30 months of life also fell 5.6 percentage points, but immunizations for children did not worsen during this period. Rates of preventative screening for a variety of conditions also decreased, with the sharpest year-over-year decline in screening for breast cancer.

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

Well-Child Visits in the First 30 Months

57.2%

-5.6

Well-Child Visits Ages 3 to 11

43.9%

-11.6

Immunization for Children

41.0%

+0.2

Chlamydia Screening for Women

47.6%

-3.6

Cervical Cancer Screening

47.7%

-3.3

Breast Cancer Screening

46.1%

-4.6

Colorectal Cancer Screening

38.5%

-3.3

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 a chronic condition or a serious mental illness.

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
Well-Child Visits in the First 30 Months	[1]	65.8%	NA	55.4%	58.8%
Well-Child Visits Ages 3 to 11	[1]	54.7%	50.6%	45.4%	44.8%
Immunization for Children	[1]	47.2%	51.6%	39.0%	44.4%
Chlamydia Screening for Women	[1]	48.2%	51.5%	45.0%	50.6%
Cervical Cancer Screening	[0]	51.4%	51.7%	47.0%	48.5%
Breast Cancer Screening	[0]	50.6%	47.4%	44.9%	45.5%
Colorectal Cancer Screening	[0]	43.7%	45.3%	36.3%	37.6%

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)

Access to preventive care was markedly worse among American Indian/Alaska Native members compared with statewide averages. Rates of well-child visits in the first 30 months of life were 11.5 percentage points lower and 10.2 percentage points lower for members between the ages of three and eleven. In contrast, Asian and Hispanic members' outcomes were generally better than the state average. Outcomes in this domain were mixed for Black members, with better outcomes for breast cancer and chlamydia screening, but lower rates of well-child visits and childhood immunizations.

Statewide Rate by Race, December 2020
American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Well-Child Visits in the First 30 Months	[1]	45.7%	62.5%	53.2%
Well-Child Visits Ages 3 to 11	[1]	33.7%	46.8%	38.9%
Immunization for Children	[1]	34.4%	59.2%	33.3%
Chlamydia Screening for Women	[1]	48.3%	44.2%	56.7%
Cervical Cancer Screening	[0]	39.5%	51.4%	50.0%
Breast Cancer Screening	[0]	32.6%	58.9%	42.4%
Colorectal Cancer Screening	[0]	30.0%	47.3%	36.4%

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)

Statewide Rate by Race, December 2020
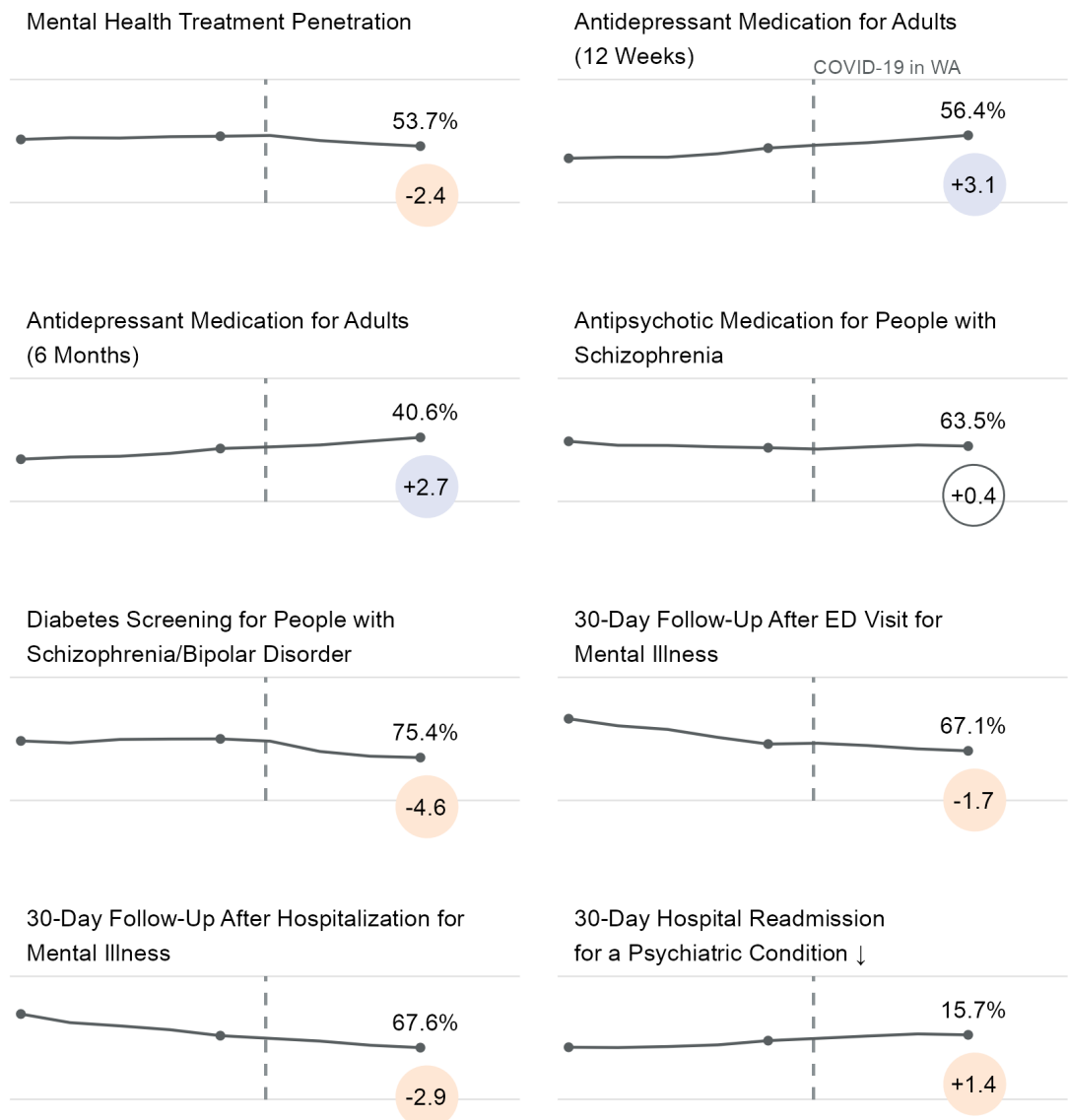Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Well-Child Visits in the First 30 Months	[1]	53.8%	63.6%	52.7%
Well-Child Visits Ages 3 to 11	[1]	37.6%	48.8%	42.0%
Immunization for Children	[1]	41.8%	47.0%	35.2%
Chlamydia Screening for Women	[1]	47.9%	50.4%	44.8%
Cervical Cancer Screening	[0]	45.8%	54.8%	46.2%
Breast Cancer Screening	[0]	46.6%	56.2%	44.0%
Colorectal Cancer Screening	[0]	35.0%	42.8%	37.9%

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)

Mental Health Care

Measures related to mental health care were mixed in the most recent quarter compared with the previous year. Rates of antidepressant medication management improved for adults during 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 others continued a worsening trajectory observed prior to the public health emergency.

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

Mental Health Treatment Penetration

53.7%

-2.4

Antidepressant Medication for Adults
(12 Weeks)

COVID-19 in WA

56.4%

+3.1

Antidepressant Medication for Adults
(6 Months)

40.6%

+2.7

Antipsychotic Medication for People with
Schizophrenia

63.5%

+0.4

Diabetes Screening for People with
Schizophrenia/Bipolar Disorder

75.4%

-4.6

30-Day Follow-Up After ED Visit for
Mental Illness

67.1%

-1.7

30-Day Follow-Up After Hospitalization for
Mental Illness

67.6%

-2.9

30-Day Hospital Readmission
for a Psychiatric Condition ↓

15.7%

+1.4

Outcomes in this domain 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 Medicaid members living in rural or high poverty communities, while hospital readmissions for a psychiatric condition were lower.

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
Mental Health Treatment Penetration	[3]	55.6%	75.8%	51.5%	54.0%
Antidepressant Medication for Adults (12 Weeks)	[1]	56.4%	55.7%	56.3%	53.9%
Antidepressant Medication for Adults (6 Months)	[1]	40.6%	40.6%	40.4%	38.5%
Antipsychotic Medication for People with Schizophrenia	[0]	63.5%	63.5%	63.5%	62.3%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	75.5%	75.5%	78.7%	76.1%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	67.5%	71.4%	74.2%	69.0%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	68.3%	72.2%	70.0%	70.2%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	15.7%	17.4%	14.0%	14.4%

Worse than state average <   > Better than state average

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

↓ Lower is better
[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. For example, Asian members received better than average follow-up care after an ED visit or hospitalization for mental illness.

Statewide Rate by Race, December 2020
American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Mental Health Treatment Penetration	[3]	51.3%	47.5%	52.1%
Antidepressant Medication for Adults (12 Weeks)	[1]	49.4%	55.2%	47.0%
Antidepressant Medication for Adults (6 Months)	[1]	33.5%	39.2%	31.9%
Antipsychotic Medication for People with Schizophrenia	[0]	49.9%	76.7%	55.7%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	78.5%	66.1%	73.6%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	59.9%	71.0%	59.8%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	60.3%	76.1%	65.2%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	15.6%	17.4%	17.8%

Worse than state average <   > Better than state average
10%   5%   1%   <1%   1%   5%   10%
↓ Lower is better
[N] Projects where this metric is pay-for-performance (P4P)

Statewide Rate by Race, December 2020
Native Hawaiian/Pacific Islander, Hispanic and White Members

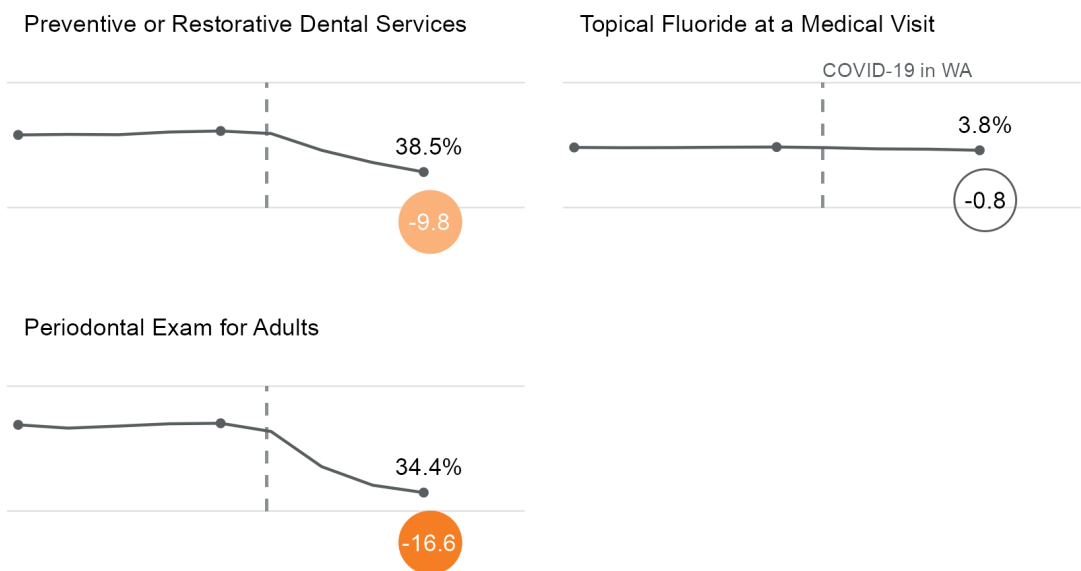|		NH/PI	Hispanic	White
Mental Health Treatment Penetration	[3]	48.1%	52.3%	55.1%
Antidepressant Medication for Adults (12 Weeks)	[1]	52.5%	51.5%	58.9%
Antidepressant Medication for Adults (6 Months)	[1]	38.8%	35.1%	43.3%
Antipsychotic Medication for People with Schizophrenia	[0]	65.7%	57.7%	65.6%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	69.7%	74.5%	76.1%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	62.6%	68.0%	68.9%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	65.8%	64.8%	69.2%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	17.2%	12.4%	15.9%

Worse than state average <   > Better than state average
10%   5%   1%   <1%   1%   5%   10%
↓ Lower is better
[N] Projects where this metric is pay-for-performance (P4P)

Oral Health Care

Preventive or restorative dental services and periodontal exams for adults showed sharp declines compared with the previous year. These declines coincided with the onset of the COVID-19 PHE in Washington and likely reflect resultant barriers to care.

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

Preventive or Restorative Dental Services

38.5%

-9.8

Topical Fluoride at a Medical Visit

COVID-19 in WA

3.8%

-0.8

Periodontal Exam for Adults

34.4%

-16.6

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, 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
Preventive or Restorative Dental Services	[1]	36.5%	32.9%	42.9%	41.2%
Topical Fluoride at a Medical Visit	[1]	5.3%	5.3%	1.5%	3.0%
Periodontal Exam for Adults	[2]	35.0%	33.9%	36.0%	33.8%

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)

Some racial inequities in access to oral health care persisted in the fourth quarter of 2020, 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, December 2020
American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Preventive or Restorative Dental Services	[1]	35.7%	35.2%	34.3%
Topical Fluoride at a Medical Visit	[1]	3.4%	4.6%	4.0%
Periodontal Exam for Adults	[2]	31.0%	38.3%	30.5%

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)

Statewide Rate by Race, December 2020
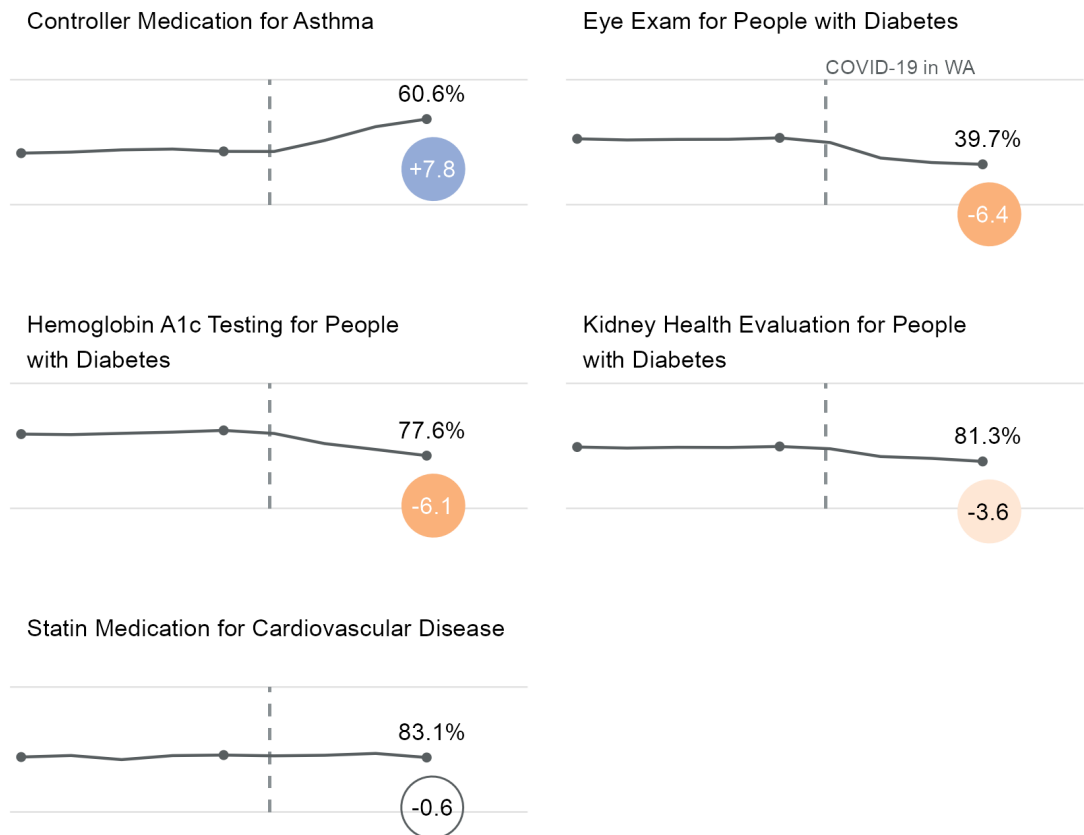Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Preventive or Restorative Dental Services	[1]	32.5%	50.5%	34.0%
Topical Fluoride at a Medical Visit	[1]	4.7%	3.1%	4.0%
Periodontal Exam for Adults	[2]	31.4%	37.5%	33.8%

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)

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 medication maintenance for asthma continued a sharp positive trajectory, rising 7.8 percentage points compared with the previous year. However, measures of care that must be delivered in-person, such as eye exams or hemoglobin A1c testing for people with diabetes, declined considerably at the onset of the pandemic.

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

Controller Medication for Asthma

60.6%

+7.8

Eye Exam for People with Diabetes

COVID-19 in WA

39.7%

-6.4

Hemoglobin A1c Testing for People with Diabetes

77.6%

-6.1

Kidney Health Evaluation for People with Diabetes

81.3%

-3.6

Statin Medication for Cardiovascular Disease

83.1%

-0.6

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

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
Controller Medication for Asthma	[2]	60.9%	56.2%	55.7%	57.9%
Eye Exam for People with Diabetes	[2]	40.0%	38.7%	40.7%	40.0%
Hemoglobin A1c Testing for People with Diabetes	[2]	78.0%	76.5%	81.2%	77.2%
Kidney Health Evaluation for People with Diabetes	[2]	81.5%	81.6%	82.9%	81.4%
Statin Medication for Cardiovascular Disease	[1]	83.1%	79.8%	84.1%	82.2%

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 Black members experienced care that was worse than average in this domain, 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 chronic conditions.

Statewide Rate by Race, December 2020
American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Controller Medication for Asthma	[2]	48.3%	68.8%	57.5%
Eye Exam for People with Diabetes	[2]	34.5%	48.2%	36.4%
Hemoglobin A1c Testing for People with Diabetes	[2]	72.1%	83.2%	72.8%
Kidney Health Evaluation for People with Diabetes	[2]	82.1%	83.6%	78.9%
Statin Medication for Cardiovascular Disease	[1]	73.5%	90.4%	82.5%

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)

Statewide Rate by Race, December 2020
Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Controller Medication for Asthma	[2]	65.4%	63.9%	59.5%
Eye Exam for People with Diabetes	[2]	37.7%	42.8%	38.7%
Hemoglobin A1c Testing for People with Diabetes	[2]	76.4%	79.6%	77.6%
Kidney Health Evaluation for People with Diabetes	[2]	81.8%	81.4%	81.2%
Statin Medication for Cardiovascular Disease	[1]	87.9%	84.5%	82.6%

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)

Emergency Department, Hospital, and Institutional Care Use

Utilization of emergency departments (EDs) and acute hospital care continued a sharp decline in the fourth quarter of 2020 compared with the previous year, while the ratio of home and community-based care to nursing facility use rose slightly. Although these changes are all in the desired direction, they likely reflect behavioral changes in the population or barriers to care resulting from the onset of the COVID-19 PHE during this period.

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

Emergency Department Visit Rate
(per 1,000 member months) ↓

36.7

-13.3

Acute Hospital Use among Adults
(per 1,000 members) ↓ COVID-19 in WA

48.9

-9.6

Hospital Readmission within 30 Days ↓

14.1%

+0.8

Ratio of Home and Community-Based Care Use to Nursing Facility Use

95.8%

+1.9
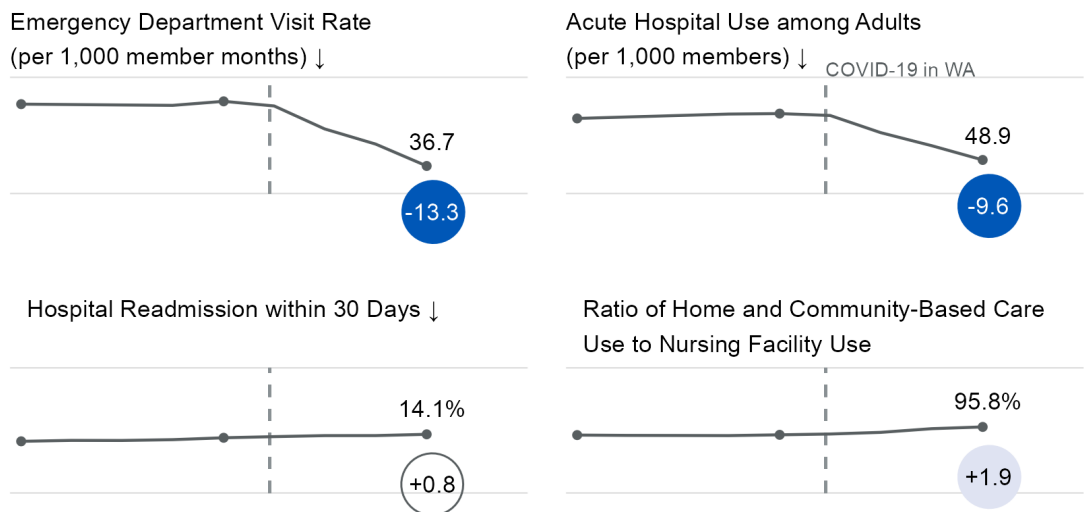
Members with chronic conditions or serious mental illness received care in EDs and acute hospital settings much more frequently than the statewide average, likely due to poorer health status and higher care needs. Members living in high poverty communities also received more care in these settings, while 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, 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
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	59.4	117.8	35.1	44.4
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	71.4	101.6	44.1	52.9
Hospital Readmission within 30 Days	[3] ↓	14.4%	18.9%	11.0%	13.3%
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	95.8%	96.8%	96.1%	95.8%

Worse than state average <   > Better than state average

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

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

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

Statewide Rate by Race, December 2020
American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	52.8	15.3	47.0
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	52.4	25.5	52.7
Hospital Readmission within 30 Days	[3] ↓	15.7%	12.4%	16.2%
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	93.6%	97.5%	96.1%

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

↓ Lower is better
[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
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	28.3	31.0	41.3
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	44.6	36.5	55.1
Hospital Readmission within 30 Days	[3] ↓	12.3%	10.6%	14.4%
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	95.5%	95.5%	95.9%

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

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

Substance Use Disorder Care

Measures related to substance use disorder (SUD) treatment and care improved in the fourth quarter of 2020, continuing previously observed trends. All measures in this domain moved in the desired direction, with initiation of treatment for alcohol or other drug dependence increasing by 3.1 percentage points and follow-up care after an emergency department (ED) visit for alcohol or other drugs increasing by 2.3 percentage points. Other metrics in this domain saw smaller improvements.

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

Substance Use Disorder Treatment Penetration

38.5%

+0.4

Alcohol or Other Drug Treatment: Initiation

COVID-19 in WA

42.1%

+3.1

Alcohol or Other Drug Treatment: Engagement

17.4%

+1.6

30-Day Follow-Up After ED Visit for Alcohol/Drug Use

33.2%

+2.3
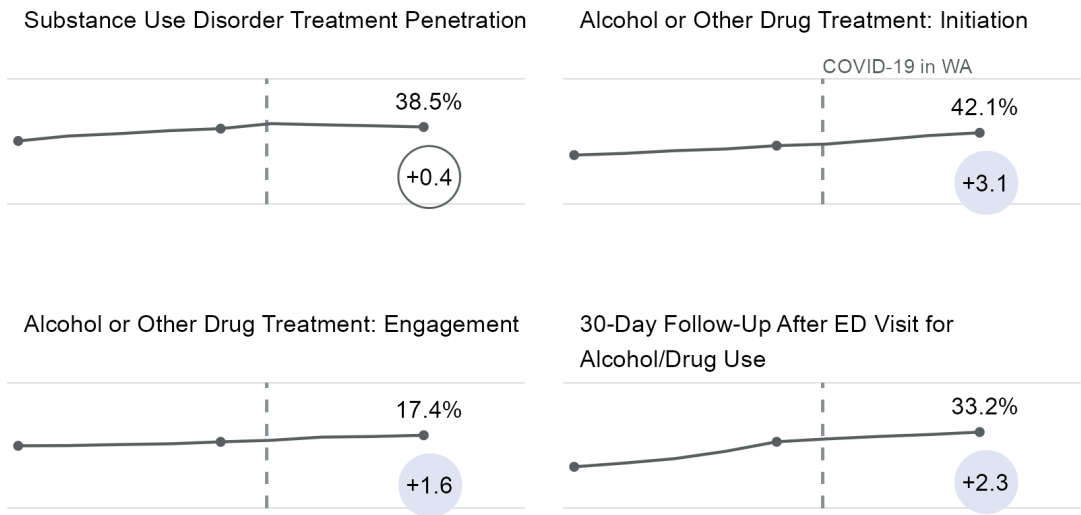
Members living in rural communities received follow-up care after an ED visit for alcohol or other drug dependence at rates higher than the state average. However, other outcomes in this domain were worse for these members. Outcomes for members with serious mental illness were mostly better than the state average in this domain, while other subpopulations examined here had outcomes in line with the state overall.

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
Substance Use Disorder Treatment Penetration	[3]	38.4%	42.1%	36.9%	37.8%
Alcohol or Other Drug Treatment: Initiation	[0]	42.2%	43.6%	40.3%	42.2%
Alcohol or Other Drug Treatment: Engagement	[0]	17.3%	17.4%	16.4%	17.3%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	33.3%	37.2%	35.1%	34.0%

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. Notably, follow-up care after an ED visit for alcohol or other drugs was 13.1 percentage points lower for Black members than the statewide average. These disparities reflect a continuation of previously reported inequities.

Statewide Rate by Race, December 2020

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Substance Use Disorder Treatment Penetration	[3]	44.4%	32.7%	31.1%
Alcohol or Other Drug Treatment: Initiation	[0]	44.3%	39.4%	38.1%
Alcohol or Other Drug Treatment: Engagement	[0]	20.2%	14.4%	13.0%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	29.7%	23.8%	20.1%

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)

Statewide Rate by Race, December 2020

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
Substance Use Disorder Treatment Penetration	[3]	30.8%	33.1%	40.5%
Alcohol or Other Drug Treatment: Initiation	[0]	39.4%	37.7%	43.3%
Alcohol or Other Drug Treatment: Engagement	[0]	13.5%	15.0%	18.3%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	23.9%	27.9%	37.9%

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)

Opioid Prescribing and Opioid Use Disorder Treatment

Statewide measures related to opioid use disorder (OUD) were relatively flat in the most recent quarter. OUD care among people with a treatment need saw the largest year-over-year change of any metric in this domain, increasing two percentage points compared with the previous year.

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 metric for OUD treatment is calculated from a full year of data.

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

People with an Opioid Prescription
>= 50mg MED ↓

32.5%

+0.8

People with an Opioid Prescription
>= 90mg MED ↓

COVID-19 in WA

12.0%

-0.4

People with an Opioid Prescription who
were Prescribed a Sedative ↓

16.7%

-0.6

Opioid Use Disorder Treatment for People
with Treatment Need

57.5%

+2.0
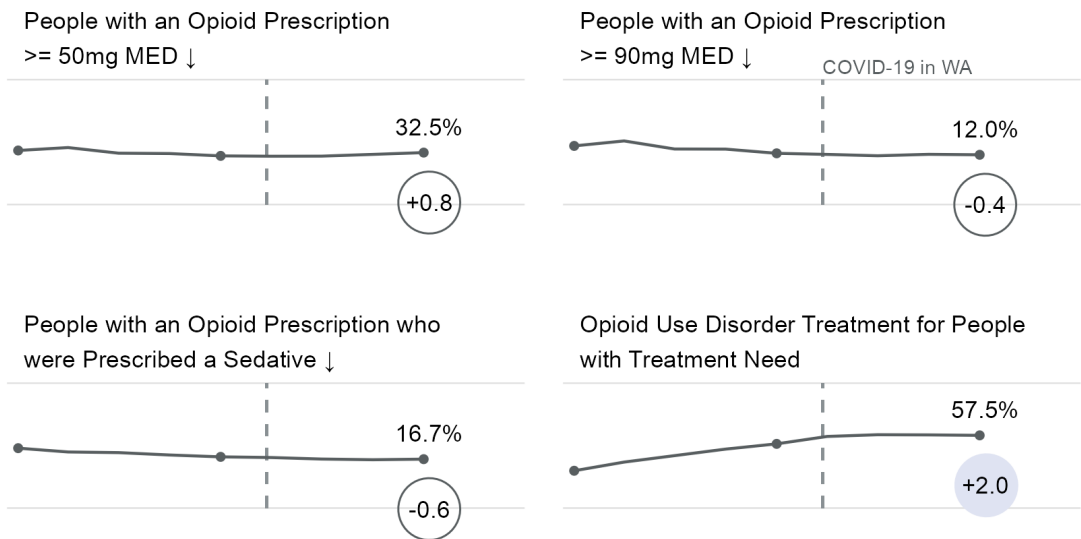
Members with serious mental illness saw worse outcomes for concurrent prescriptions of opioids and sedatives. In contrast, members in high poverty communities had outcomes related to opioid prescribing dosage that were slightly better than the state overall. Most other metrics in this domain aligned closely with statewide averages for members with chronic conditions or serious mental illness and those living in rural or high poverty communities.

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
People with an Opioid Prescription >= 50mg MED	[1] ↓	32.4%	32.9%	31.6%	29.9%
People with an Opioid Prescription >= 90mg MED	[1] ↓	11.8%	10.8%	11.3%	10.3%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	16.8%	25.6%	17.0%	16.2%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	57.6%	56.6%	56.2%	57.5%

Worse than state average <   > Better than state average

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

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

Rates of opioid prescribing were higher among Black members than other groups, while OUD treatment access was also markedly lower, representing a continuation of previously reported inequities. Asian, Native Hawaiian/Pacific Islander, and Hispanic members also saw worse access to OUD treatment. In contrast, Hispanic members had better outcomes for other metrics in this domain, relative to statewide averages. Some groups' outcomes in this domain represented populations too small to be reported.

Statewide Rate by Race, December 2020
American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
People with an Opioid Prescription >= 50mg MED	[1] ↓	29.4%	20.6%	39.4%
People with an Opioid Prescription >= 90mg MED	[1] ↓	10.0%	NA	13.9%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	16.4%	15.5%	12.5%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	57.0%	55.0%	46.0%

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

↓ Lower is better
[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
People with an Opioid Prescription >= 50mg MED	[1] ↓	29.2%	25.6%	32.5%
People with an Opioid Prescription >= 90mg MED	[1] ↓	NA	7.2%	12.1%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	NA	14.4%	17.4%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	49.8%	54.3%	59.3%

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

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

Forecasted and Actual Use of Long-Term Services and Supports

The population of Washington State is aging. According to the U.S. Census Bureau, in 2019 an estimated 15.9% of the population of Washington was aged 65 or older, compared to just 11% in 2010 (American Community Survey 1-Year Estimates, 2010 and 2019). This aging of the population in Washington is expected to bring an increased need for Long-Term Services and Supports (LTSS) in the years ahead, which could have profound implications for the cost of long-term care in Washington State.

Washington State's Medicaid Transformation Project is exploring options to meet the needs of older adults and their caregivers through alternatives to traditional Medicaid LTSS. Tailored Supports for Older Adults (TSOA) and Medicaid Alternative Care (MAC) are two programs designed to address these needs by providing support to informal caregivers of people with LTSS needs, but it is unknown whether these programs are effective in reducing the need for traditional Medicaid LTSS. A full description of these programs can be found in the MTP Interim Evaluation Report.

In this section, we provide estimates of the need for LTSS in Washington State, beginning in 2017 and forecasted through 2030. To determine whether the availability of MAC and TSOA may have reduced the demand for traditional Medicaid LTSS, we compared the estimated need for LTSS in 2017-2019 to the actual use of services during that period. Extending this approach, we then projected the forecasted need for LTSS in future periods.

Evaluation Approach

This analysis relied on several data sources, including:

- Health care claims from Medicaid beneficiaries
- Population estimates from the U.S. Census Bureau
- Additional annual demographic forecasts provided by Washington State Office of Financial Management (OFM)
- Aggregated LTSS utilization rates reported by Washington State

To assess whether the MAC and TSOA programs had any influence on traditional LTSS use, we compared observed use of LTSS from September 2017 to December 2019 with forecasted LTSS use during the same time period. Our analysis examined overall LTSS use, as well as breakdowns of utilization by the following three service categories:

- In-home services

- Community-based services (i.e. adult family home services, assisted living facility services, and adult residential care services)

- Nursing facility services

To forecast LTSS use, we first obtained the actual numbers of members who used LTSS

as of August 2017 (immediately prior to the MAC and TSOA program launch in September 2017) using Medicaid LTSS claims from this period. We calculated the actual use of services for approximately 15,000 subpopulations derived from different combinations of gender, race, ethnicity, age and county of residence. However, due to differences in the way sub-types of LTSS were categorized, these estimates did not align perfectly with LTSS utilization as reported by the state. To account for these differences, we applied a ratio adjustment to the detailed demographic estimates, bringing total utilization in line with the state's estimates.

We next obtained the total annual size of each subpopulation from 2017 to 2019 in Washington State using Census data. We also obtained the expected change in the size of these subpopulations from 2020 to 2030 using forecast files provided by OFM. We forecasted the expected number of LTSS users for each subpopulation in future years, assuming each subpopulation's LTSS utilization rate would stay constant, but the total size of each subpopulation would change over time. We then summed the expected number of LTSS users across all subpopulations in each year through 2030 to obtain a statewide estimate of annual LTSS need.

We compared the actual number of LTSS users from September 2017 to December 2019 with the number of expected LTSS users during the same time period to examine whether the TSOA and MAC programs influenced LTSS use during this period. For example, if the actual number of in-home service users was lower than the expected number of in-home service users, we concluded the TSOA and MAC programs may have played a role in decreasing in-home service use.

Limitations

We note several limitations of this approach.

- We are only able to forecast future LTSS need for subpopulations that had some members who used LTSS as of 2017. Of the nearly 15,000 unique subpopulations we examined, only approximately 3,000 subpopulations had any members who used LTSS in August 2017. We assumed that subpopulations with no members who used LTSS in August 2017 would continue to have no utilization in the future years in our forecasts.

- We dropped a small number of subpopulations for which the OFM files did not include total population size. This may undercount the actual need for LTSS among these groups in future years.

- This analysis assumed that the number of members who used LTSS within a given subpopulation would remain constant even as the size of the group may change in future years. However, there are many factors that may influence the utilization of LTSS or other programs such as MAC or TSOA, including the availability of formal and informal caregivers, changes in the poverty rate, and further changes in LTSS policies. Our analysis does not account for the ways these changes might affect LTSS use.

- Our analysis was conducted prior to the onset of the COVID-19 PHE in Washington State, and does not reflect any changes in access to or utilization of care during this period.

Results

Below, we present the results of our analysis comparing the expected and actual number of members using any type of LTSS, as well as breakdowns for use of in-home services, community-based services, and nursing facility services from September 2017 to December 2019. Additionally, we provide forecasts of expected LTSS needs overall and by service type through 2030.

Expected and Actual Use of Any LTSS

Exhibit 3.1 presents findings from our analysis of expected and actual number of members who used any LTSS from September 2017 to December 2019. The forecasted rate of LTSS utilization was slightly higher than the actual rate for most months, with a difference ranging from 0.1% to 0.8%, suggesting that TSOA and MAC may have contributed to a decrease in LTSS utilization, but the size of the decrease was minimal.

Exhibit 3.1: The Forecasted Number of Members Who Used Any LTSS Was Slightly Higher Than the Actual Number for Most Months From September 2017 to December 2019
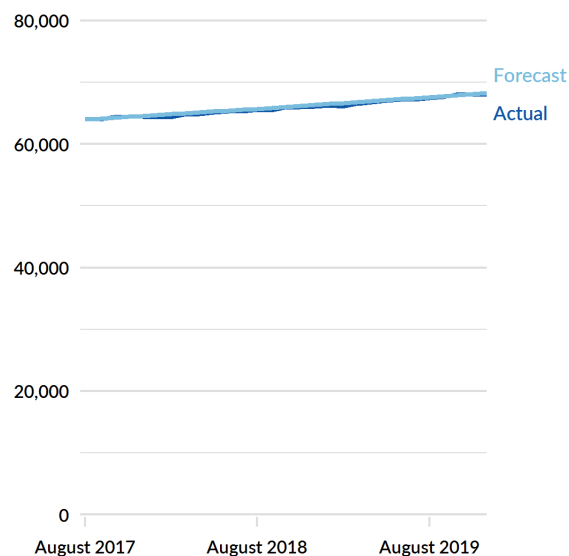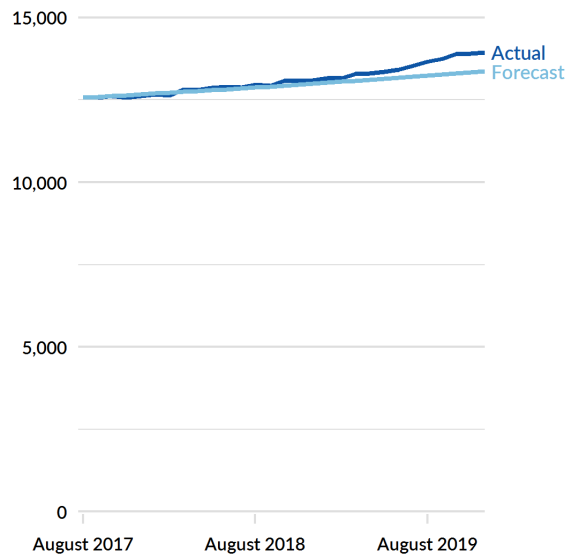

Source: Actual use of any LTSS was calculated from Medicaid claims from Washington's ProviderOne data system. Forecasted use of any LTSS was calculated from US Census Bureau population data and county population forecasts from Washington State Office of Financial Management.

Expected and Actual Use of In-Home Services

Exhibit 3.2 displays the expected and actual number of members who used in-home services from September 2017 to December 2019. The forecasted rate of in-home service utilization was slightly lower than the actual rate for most months, with differences ranging from by 0.1% to 0.9%, suggesting TSOA and MAC may have contributed to an increase in rates of in-home services utilization.

Exhibit 3.2: The Forecasted Number of Members Who Used In-Home Service Was Slightly Lower Than the Actual Number for Most Months From September 2017 to December 2019
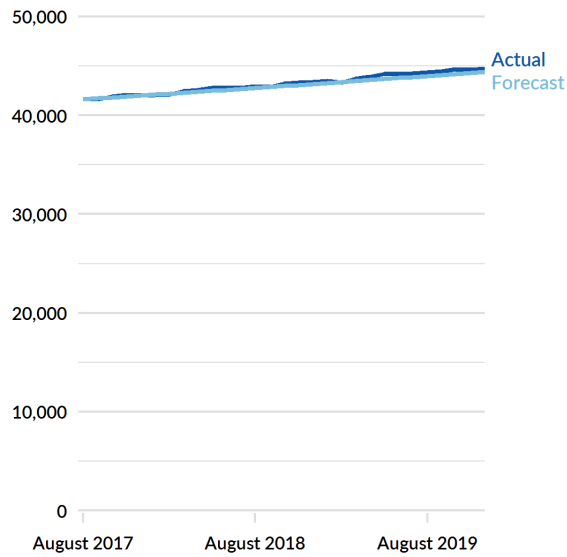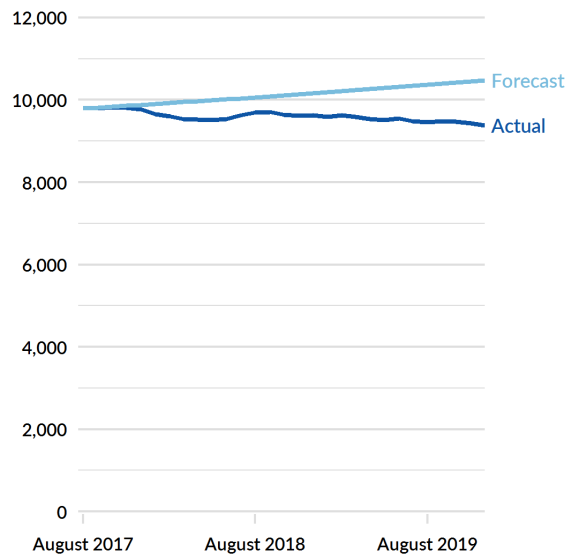

Source: Actual use of in-home services was calculated from Medicaid claims from Washington's ProviderOne data system. Forecasted use of in-home services was calculated from US Census Bureau population data and county population forecasts from Washington State Office of Financial Management.

Expected and Actual Use of Community-Based Services

Exhibit 3.3 shows the expected and actual number of members who used community-based services from September 2017 to December 2019. The actual rate of community-based service utilization was higher than the forecasted rate in most months from September 2017 through December 2019, and this difference in the use of actual and forecasted community-based service grew gradually from 0.1% in October 2019 to 4.2% in December 2019. This finding suggests that TSOA and MAC may have contributed to increases in the use of community-based care services.

Exhibit 3.3: The Forecasted Number of Members Who Used Community-Based Services Was Lower Than the Actual Number for Most Months From September 2017 to December 2019, and the Difference in These Rates Widened Over Time

Source: Actual use of community-based services was calculated from Medicaid claims from Washington's ProviderOne data system. Forecasted use of community-based services was calculated from US Census Bureau population data and county population forecasts from Washington State Office of Financial Management.

Expected and Actual Use of Nursing Facilities

Exhibit 3.4 presents the expected and actual number of members who used nursing facility services from September 2017 to December 2019. The forecasted rate of nursing facility utilization was consistently higher than the actual rate during our study period, and this difference in the actual and forecasted service utilization increased notably over time, from 0.1% in September 1017 to 11.7% in December 2019. This finding suggests that TSOA and MAC may have contributed to a decrease in nursing facility utilization.

Exhibit 3.4: The Forecasted Number of Members Who Used Nursing Facility Services Was Consistently Higher Than the Actual Number, and This Difference Between Actual and Forecasted Rates Widened Considerably Over Our Study Period

Source: Actual use of nursing facilities was calculated from Medicaid claims from Washington's ProviderOne data system. Forecasted use of nursing facilities was calculated from US Census Bureau population data and county population forecasts from Washington State Office of Financial Management.

Forecasting Future Need for LTSS

Next, we present the results of our analysis forecasting the expected need for LTSS in Washington State through 2030. This includes the use of any LTSS, as well as breakdowns for the use of in-home services, community-based services, and nursing facility services.

Exhibit 3.5 displays the forecasted need for LTSS overall and by service type use through 2030. The number of members who use any type of LTSS is forecasted to increase from 70,000 in 2020 to 93,000 in 2030. This increase in utilization of any LTSS is attributable to increases in each of the three specific service types over the same time period. The number of members who use in-home service is projected to increase from approximately 45,000 in 2020 to 60,000 in 2030. Similarly, the number of members using community-based care services will increase from about 14,000 in 2020 to 19,000 in 2030, and the number of members using nursing facilities will increase from about 11,000 in 2020 to 15,000 in 2030.

These forecasts estimate the number of members using LTSS in the absence of the TSOA and MAC programs. However, we found that MAC and TSOA coincided with a slight reduction in the overall use of LTSS in 2018 and 2019. Thus, the actual increase in the number of members using LTSS through 2030 may be slower than that in our forecast if these programs continue.

Exhibit 3.5: **Washington State is Forecasted To Experience a Steady Increase in Demand for all Types of Long-Term Care Through 2030**
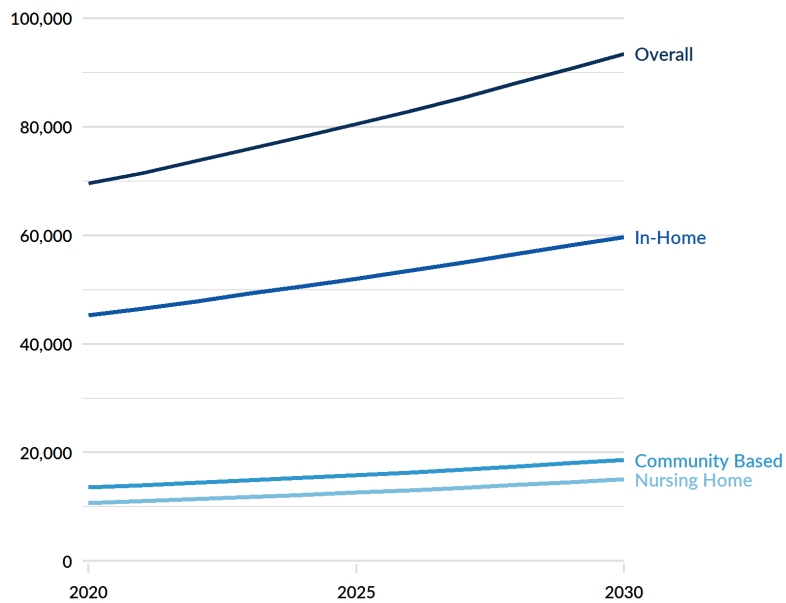

Source: Forecasted need for services was calculated from Medicaid claims for long-term services and supports, U.S. Census Bureau population estimates and Washington State Office of Financial Management estimates of county-level demographic changes through 2030.

Population growth and aging in Washington may contribute to a steady increase in the need for LTSS. The population of people over the age of 54 is projected to increase from 7.7 million in 2020 to 8.6 million in 2030. The proportion of the population over the age of 54 is also expected to increase during this time period.

Exhibit 3.6 *(next page)* displays the proportion of Washington State's population that is older than 54 by region in 2020, compared with the forecasted proportion in this age range by 2030. Increases to the proportion of the population over 54 are projected to occur at different rates across the state during this time period, with notable increases in the Cascade Pacific Action Alliance, Elevate Health, and Southwest Washington Accountable Community of Health regions.

Exhibit 3.6: The Proportion of the Population Aged 55 or Older in Washington Varied Considerably Across the State in 2020, With the Highest Proportion of Older Adults in the Olympic Community of Health Region
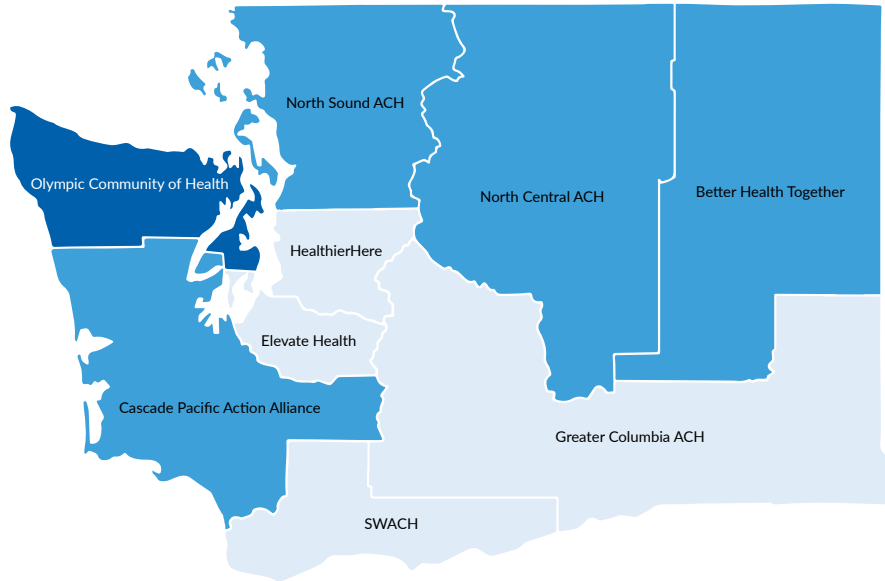
Compared With 2020, the Proportion of the Population Aged 55 or Older in Washington Is Projected To Increase by 2030, With Notable Increases in the Cascade Pacific Action Alliance, Elevate Health, and Southwest Washington Accountable Community of Health Regions
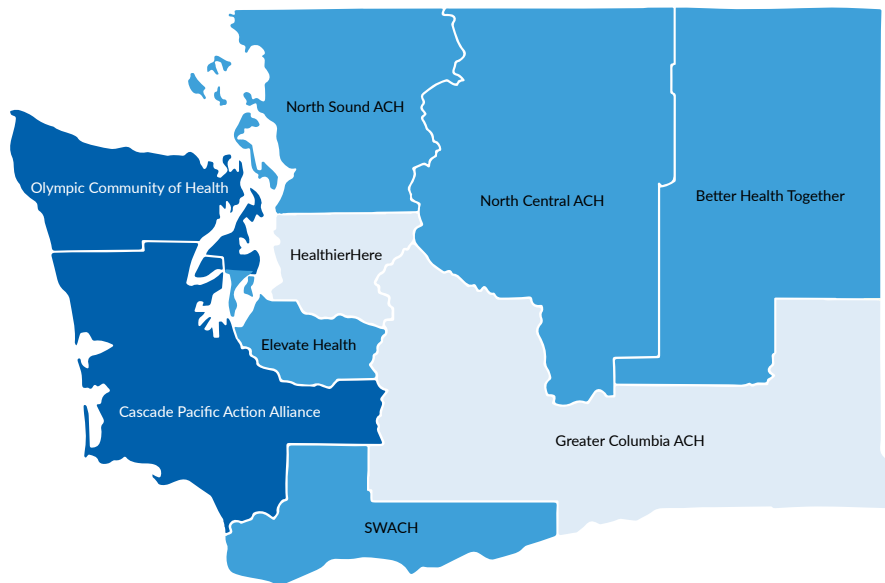
Less than 30% of population over 55

At least 30% & less than 35% of population over 55

At least 35% of population over 55

Note: Maps display the proportion of the population age 55 or older in 2020 (top) and 2030 (bottom). The darkest shaded regions represent areas with at least 35 percent of the population age 55 or older. Moderately shaded regions are areas with at least 30 percent of the population age 55 or older, while lightest shaded regions have less than 30 percent of the population age 55 or older.

Source: U.S. Census Bureau population data and county population forecasts from Washington State Office of Financial Management

Conclusions

Our comparison of expected and actual LTSS use during the early years of the MAC and TSOA programs analysis suggests the following:

- TSOA and MAC may have decreased nursing facility use as intended. However, we did not find a similar pattern of decreasing utilization for in-home service or community-based care service use.

- Washington State is likely to see a steady increase in the use of all LTSS as the population grows and ages. TSOA and MAC may help to offset this increase.

Our forecast should be interpreted with caution. For example, we did not factor in changes in the poverty level or the availability of caregivers. Our forecast also does not reflect potential changes in LTSS use that may have occurred in 2020 or beyond due to the onset of the COVID-19 PHE. Interviews conducted with stakeholders in 2020 suggested that the availability of MAC and TSOA services was disrupted during the pandemic, but data were not yet available at the time of this analysis to estimate these effects. This Interim Evaluation Report focused primarily on measures of service utilization. Future evaluation reports will also explore how actual LTSS expenditures compare to expected expenditures in the absence of MAC and TSOA service availability, and how expenditures could be projected to change in future years.