

# Medicaid Transformation Project Evaluation

## UPDATE ON STATEWIDE PERFORMANCE AND DOMAIN ONE IMPLEMENTATION PROGRESS

Rapid Cycle Report, March 2023

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS



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# Evaluation Overview

## KEY FINDINGS

*This is the fourth measurement period falling entirely after the statewide stay-at-home order was issued in Washington. Rates of **well-child visits for children** over the age of three and **well-care visits** for members under 21 improved substantially compared with the previous year, regaining much of the ground lost following the beginning of the PHE. Rates of **periodontal exams for adults** show a similar pattern, with substantial increases during this reporting period, following sharp declines during the first year of the PHE.*

*However, we also observed persistently lower rates for several outcome metrics that declined during the early months of the PHE. Most notably, adults' **access to primary care** and rates of **cancer screenings** remain low, showing further declines during this reporting period compared with the previous year. Although well child visit rates have improved, **immunization rates for children** have declined.*

*We previously reported a dramatic downward trend in rates of care received in emergency departments and acute hospital settings. We are now seeing a reversal in that trend, with the rate of care received in **Emergency Departments** now higher than the previous year.*

*Finally, we continue to note disparities in health care access and quality among subpopulations examined in this report. Asian and Black members continue to receive lower rates of **follow-up care after an emergency department visit** for alcohol or other drug use and have less access to **substance use disorder treatment** than other groups. American Indian and Alaska Native members experienced markedly worse access to **well-child visits**, **cancer screenings**, **mental health care**, and **care related to chronic conditions**, alongside higher rates of **emergency department utilization** and **acute hospitalization**. Members living with a **chronic health condition** or a **serious mental illness** were more likely to experience homelessness and higher rates of arrest.*

## Evaluation Progress

This Rapid Cycle Report presents a progress update on the independent external evaluation of Washington's Medicaid Transformation Project (MTP) for **January 1 to March 31, 2023**. In this report, we present evaluation findings including:

- **Performance through December 2021**, including key 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 (January to March 2023), 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 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 is actively coding and analyzing data from the final round of ACH interviews and is assisting in preparing materials for an IRB amendment for Initiative 5 by developing qualitative data collection tool.
  - The qualitative team is actively sampling for and recruiting behavioral health provider organization interviewees, tailoring interview guides, developing a codebook, and conducting interviews concurrently with data analysis.
  - The team meets weekly to listen to audio recordings, analyze transcripts, and refine the codebook.

## Next Steps in the Evaluation

The qualitative team will continue recruiting, conducting interviews, and meeting weekly to analyze data for behavioral health provider organization interviews. The findings from these interviews will be reported in the final evaluation report.

# Medicaid Performance Measures Through December 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.](#)

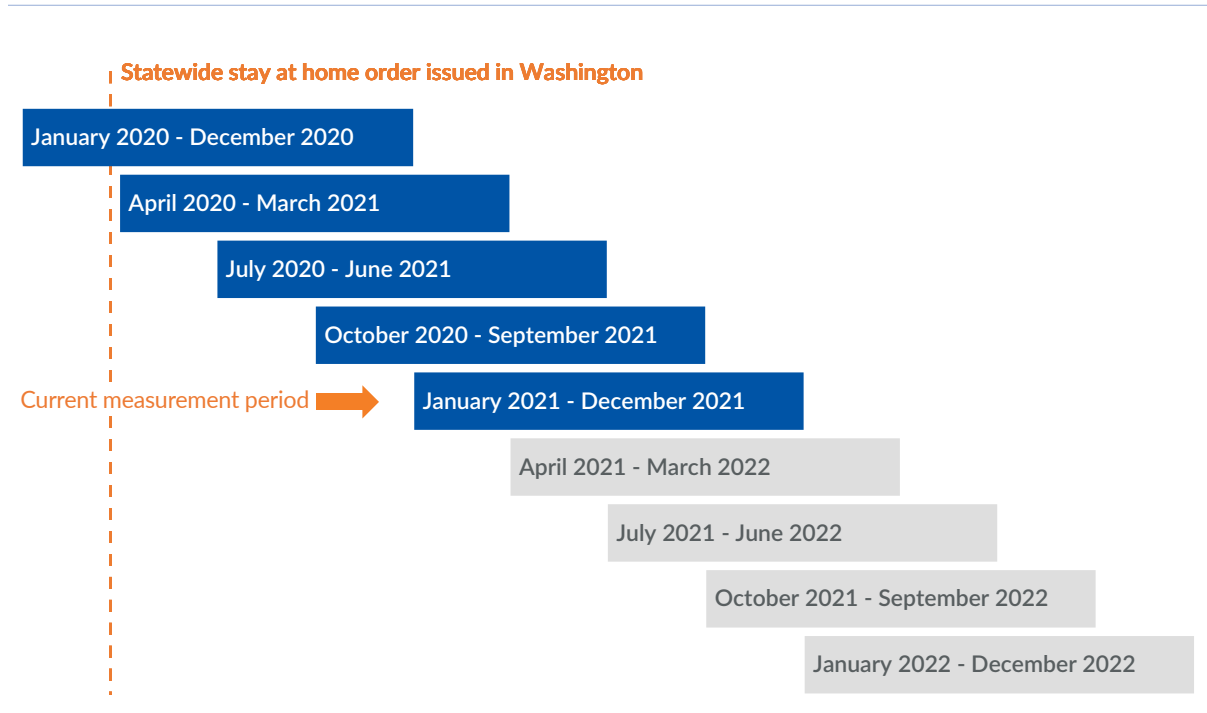
## COVID-19 and Medicaid Performance Measures

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

We note several considerations:

- **This report provides information on how the COVID-19 PHE may have impacted access and quality.** Most rates reported here are based on data collected from January 2021 through December 2021. The COVID-19 PHE began in Washington State in late March 2020, prior to the start of this measurement period. This is the fourth Rapid Cycle Report that includes outcomes with measurement periods falling entirely after the onset of the PHE.
- **Health care claims and member enrollment data from December 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 differ due to slight differences in the study population or in how rates were calculated.
- **To capture any impacts of the COVID-19 PHE, we display annual data with quarterly updates** beginning in December 2019. Due to the rolling annual nature of most measures, each quarterly update overlaps with data displayed in previous reports. All years are labeled by end date throughout this report.

**Exhibit 2.1: The current measurement period falls entirely after the onset of the COVID-19 PHE in Washington State, but overlaps with prior measurement 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 December 2021

Change in Measures	Description
<b>Better</b>	<ul style="list-style-type: none"><li>• Access to <b>well-care visits</b> for members ages 3 to 21 and well-child visits for children ages 3 to 11 improved over the previous year. Decreases in this type of care represented some of the most notable impacts of the PHE but have nearly rebounded to pre-PHE levels in this reporting period.</li><li>• We saw improvements in access to <b>mental health care</b>, particularly access to antidepressants for adults at both 12 weeks and 6 months post-diagnosis.</li><li>• Statewide access to <b>periodontal exams</b> improved 11 percentage points over the previous year, with Hispanic members experiencing notably better access than the state average.</li></ul>
<b>Mixed</b>	<ul style="list-style-type: none"><li>• Although we saw improvements to well-care visits, other metrics of access to <b>primary and preventive care</b> and <b>prevention and wellness</b> declined during this period, with rates of breast cancer screening falling by 2.9 percentage points and <b>immunizations for children</b> falling 4.1 percentage points compared with the previous year.</li><li>• Most care for people with chronic conditions remained relatively flat during this reporting period, with the exception of <b>controller medication for asthma</b> which improved. However, disparities in this domain persist for American Indian and Alaska Natives who had less access to diabetes care, controller medication for asthma, and statin medication for cardiovascular disease.</li><li>• While care received in <b>acute hospital settings</b> fell statewide, rates of <b>emergency department visits</b> increased over this period for the first time since the onset of the PHE.</li></ul>
<b>Worse</b>	<ul style="list-style-type: none"><li>• Disparities in quality and access to care persisted during this reporting period, with American Indian, Alaska Native, and Black members experiencing worse access to <b>mental health care</b> and notably higher rates of utilization in <b>emergency departments</b> and <b>acute hospital settings</b> compared with statewide averages.</li><li>• American Indian and Alaska Native members experienced worse access to <b>well-care visits</b> for members ages 3-21. Hawaiian and Pacific Islander members experienced worse rates of well care across all ages measured.</li><li>• Asian, Black, Native Hawaiian and Pacific Islander, and Hispanic members also experienced less access to care for <b>substance use disorders</b> than in the state overall. Notably, Black members needing OUD treatment experienced that care at a rate that was 10.2% less than the state average.</li></ul>

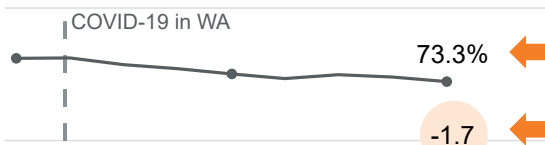
## How to Read this Report

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 2019 through December 2021 unless otherwise noted.

### Statewide Rates for December 2019 to December 2021 and annual change for the most recent year

#### Adults' Access to Primary Care



Within each domain, we present the statewide rate as of **December 2021**.

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 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-Care Visits Ages 3 to 21	[2]	50.6%	39.3%	43.5%	44.0%
Adults' Access to Primary Care	[0]	87.3%	91.5%	75.0%	74.0%

← 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)



# Social Determinants of Health

The rate of homelessness for Medicaid members remains unchanged compared to the previous year, although the arrest rate declined slightly. Updated data for the rate of employment was unavailable for this reporting period, so numbers displayed below are based on the previous quarter.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021



Outcomes related to social determinants of health were worse for Medicaid members with a serious mental illness and for those with a chronic health condition. For members living in rural or high poverty communities, the rates of homelessness and arrest were mostly aligned with statewide rate.

## Statewide Rate by Health Condition and Geography, December 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] ↓	3.6%	7.0%	1.6%	2.9%
Employment (Age 18 to 64)	[0]	NA	NA	NA	NA
Arrest Rate (Age 18 to 64)	[1] ↓	5.3%	8.9%	3.8%	5.2%



American Indian and Alaska Native members saw worse outcomes related to social determinants of health, with a rate of homelessness approximately 2.1 percentage points higher than the state average. Black members also had worse outcomes for both homelessness and arrests.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Homelessness	[3] ↓	4.2%	0.5%	3.9%
Employment (Age 18 to 64)	[0]	NA	NA	NA
Arrest Rate (Age 18 to 64)	[1] ↓	7.8%	1.1%	6.3%

Arrest rates were lower for Native Hawaiian and Pacific Islander communities than the statewide rate, while Hispanic members experienced homelessness at a rate slightly better than the statewide average.

### Statewide Rate by Race, December 2021

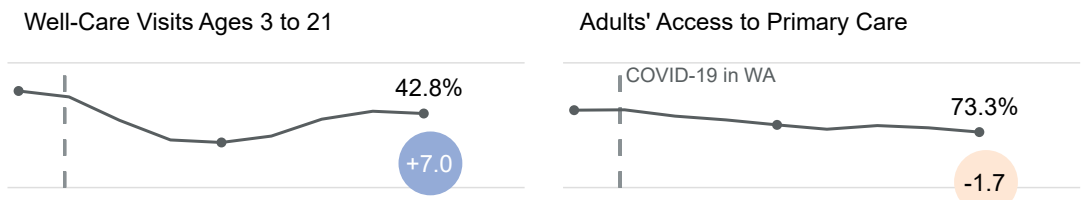
Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Homelessness	[3] ↓	1.4%	1.1%	3.0%
Employment (Age 18 to 64)	[0]	NA	NA	NA
Arrest Rate (Age 18 to 64)	[1] ↓	2.7%	3.8%	4.4%

# Access to Primary and Preventive Care

Access to Primary and Preventive care for Medicaid members age 3 to 21 improved over the prior year, nearly recovering from sharp declines following the onset of the PHE. Access for adults was slightly worse than the previous year.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021



Adult Medicaid members with a chronic condition, serious mental illness, and those living in rural communities received better than average access to primary and preventive care during this period. Rates of well-care for members between the ages of 3 and 21 with serious mental illness were slightly worse than in the state overall.

## Statewide Rate by Health Condition and Geography, December 2021

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

	Count	Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Care Visits Ages 3 to 21	[2]	50.6%	39.3%	43.5%	44.0%
Adults' Access to Primary Care	[0]	87.3%	91.5%	75.0%	74.0%

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)

Differences in outcomes in this domain among racial and ethnic groups were small compared with statewide averages, although some inequities continued from prior periods. American Indian and Alaska Native members between the ages of 3 and 21 experienced lower rates of well-care visits, and Native Hawaiian and Pacific Islander members had worse access to care for both children and adults.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Well-Care Visits Ages 3 to 21	[2]	34.6%	45.9%	43.1%
Adults' Access to Primary Care	[0]	74.1%	71.4%	72.7%

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)

### Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Well-Care Visits Ages 3 to 21	[2]	37.9%	47.7%	39.1%
Adults' Access to Primary Care	[0]	65.6%	75.9%	73.6%

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)

# Reproductive and Maternal Health Care

Reproductive and maternal health outcomes worsened slightly compared with the previous year, with the rate of timely prenatal care remaining fairly constant.

**Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021**

**Timely Prenatal Care**



**Effective Contraception**



**Long-Acting Reversible Contraceptives**



**Effective Contraception within 60 Days of Delivery**



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 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
Timely Prenatal Care	[1]	88.3%	86.7%	90.0%	88.2%
Effective Contraception	[1]	28.4%	29.9%	25.7%	24.9%
Long-Acting Reversible Contraceptives	[0]	13.6%	14.2%	15.5%	16.0%
Effective Contraception within 60 Days of Delivery	[1]	37.7%	40.5%	42.1%	39.9%



Racial and ethnic health inequities related to reproductive and maternal health care persisted in the most recent quarter. American Indian and Alaska Native members experienced better rates of access to long-acting reversible contraceptives than the state average. However, Black and Native Hawaiian and Pacific Islander members had worse outcomes for most metrics in this domain. Hispanic members' outcomes were somewhat better than statewide averages. Asian members experienced mixed outcomes, with better access to timely prenatal care but worse access to effective contraception than the statewide average

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Timely Prenatal Care	[1]	80.5%	93.8%	86.7%
Effective Contraception	[1]	22.8%	21.1%	22.2%
Long-Acting Reversible Contraceptives	[0]	15.3%	11.3%	11.4%
Effective Contraception within 60 Days of Delivery	[1]	37.0%	31.4%	30.4%



### Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

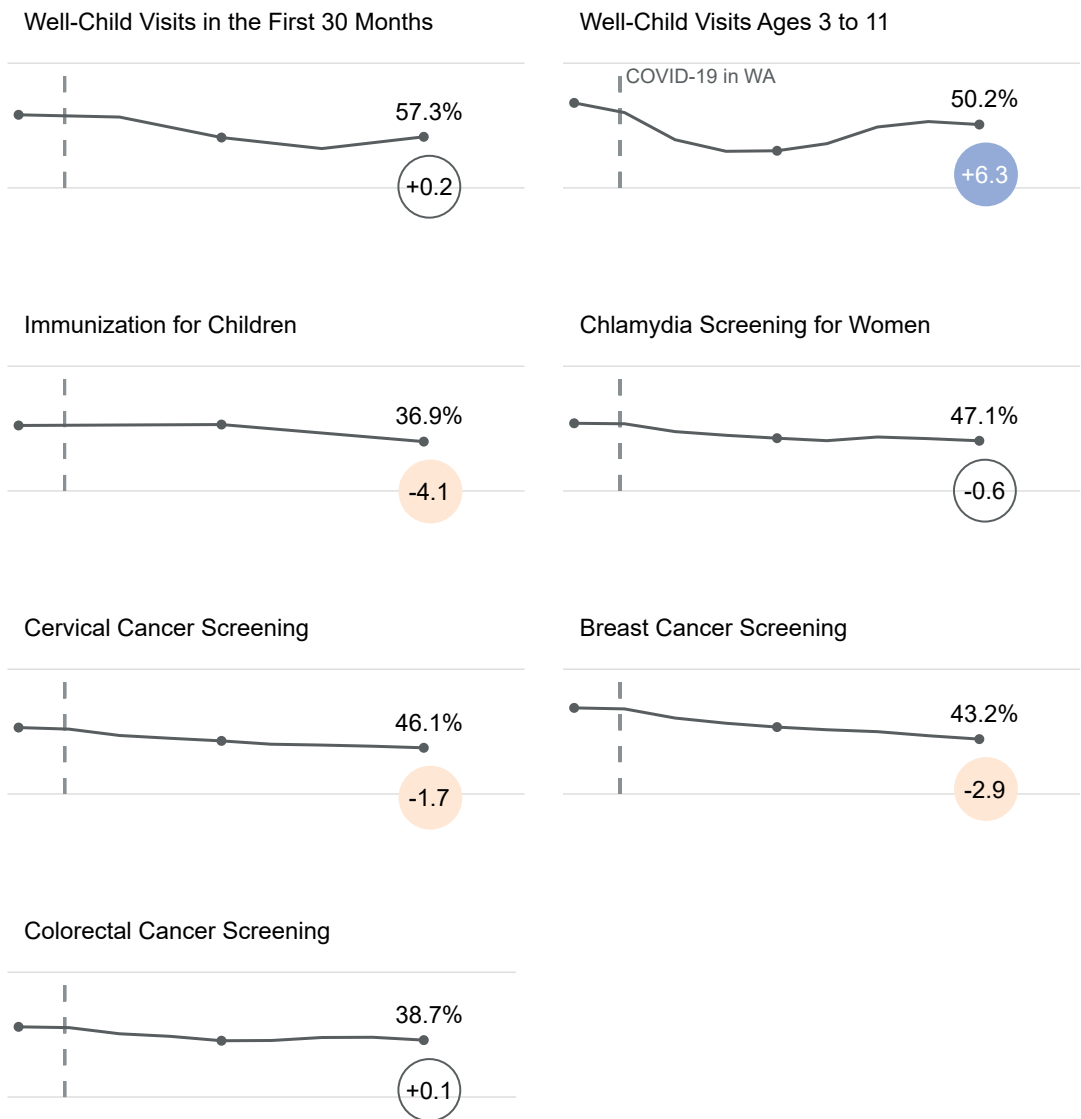
		HI/PI	Hispanic	White
Timely Prenatal Care	[1]	79.1%	91.5%	88.2%
Effective Contraception	[1]	18.2%	25.1%	24.9%
Long-Acting Reversible Contraceptives	[0]	11.2%	18.2%	12.1%
Effective Contraception within 60 Days of Delivery	[1]	28.4%	44.0%	35.0%



# Prevention and Wellness

Well-child visits for members ages 3 to 11 continued to improve over this measurement period, an encouraging trend suggesting recovery from the COVID-10 PHE. Rates of preventive screening for cervical and breast cancer declined, while screening for colorectal cancer and chlamydia remained unchanged from the prior year ell-child visits for members ages 3 to 11 improved over the measurement period, an encouraging trend suggesting a rebound from the PHE. Immunizations for children and breast and cervical cancer screening remained below historical averages for those measures. Rates of chlamydia screening for women and colorectal cancer screening remained stable.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021





Medicaid members living with a chronic health condition or serious mental illness received better than average rates for well-child visits and cancer screening. Members living in rural areas had slightly worse access to chlamydia screening and colorectal cancer screening. Those living in high poverty areas, on the other hand, had the same or better than average prevention and wellness measures, with the exception of colorectal cancer screening, which was slightly worse than the statewide average.

### Statewide Rate by Health Condition and Geography, December 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]	65.8%	NA	57.1%	59.8%
Well-Child Visits Ages 3 to 11	[1]	62.3%	56.8%	50.8%	51.9%
Immunization for Children	[1]	45.7%	NA	36.3%	37.9%
Chlamydia Screening for Women	[1]	47.2%	51.1%	42.7%	50.1%
Cervical Cancer Screening	[0]	50.4%	50.7%	45.8%	46.6%
Breast Cancer Screening	[0]	48.5%	44.4%	42.5%	42.4%
Colorectal Cancer Screening	[0]	44.5%	45.9%	36.9%	37.2%

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

Access to preventive care was markedly worse among American Indian and Alaska Native members compared to statewide averages. Black members also experienced lower rates of preventive care in all measured areas except for chlamydia and cervical cancer screening, which were higher than the statewide rate. Hispanic members received prevention and wellness care at a greater rate than the statewide averages for all measures within this domain.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Well-Child Visits in the First 30 Months	[1]	46.5%	67.7%	53.3%
Well-Child Visits Ages 3 to 11	[1]	41.5%	53.9%	49.3%
Immunization for Children	[1]	28.8%	54.5%	27.7%
Chlamydia Screening for Women	[1]	47.0%	45.5%	54.3%
Cervical Cancer Screening	[0]	38.4%	49.4%	47.9%
Breast Cancer Screening	[0]	30.1%	53.5%	38.3%
Colorectal Cancer Screening	[0]	29.7%	48.4%	36.8%



### Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

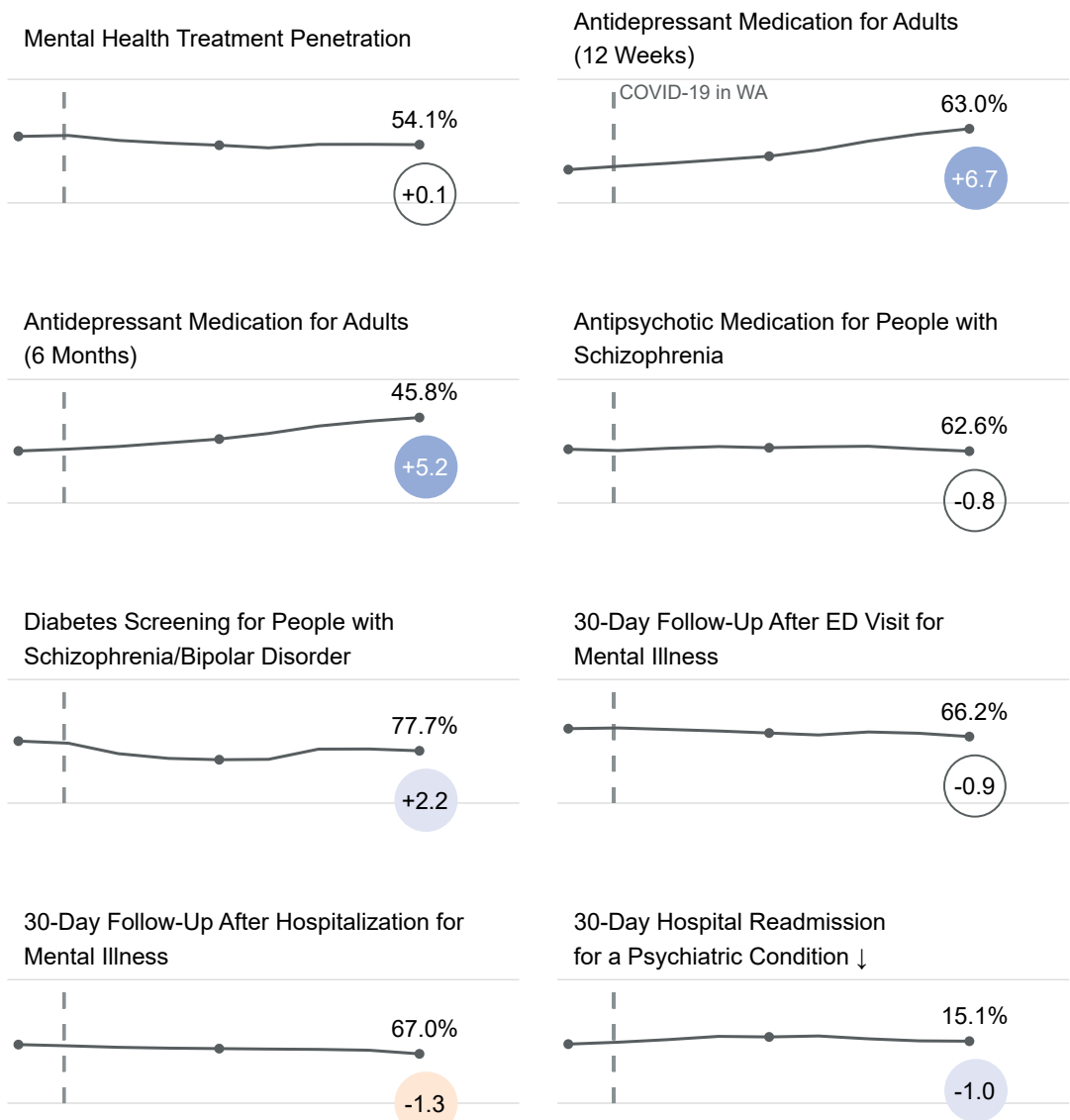
		NH/PI	Hispanic	White
Well-Child Visits in the First 30 Months	[1]	51.9%	63.9%	53.9%
Well-Child Visits Ages 3 to 11	[1]	43.3%	56.0%	46.9%
Immunization for Children	[1]	35.8%	42.1%	33.1%
Chlamydia Screening for Women	[1]	48.7%	50.7%	43.8%
Cervical Cancer Screening	[0]	42.7%	52.9%	44.5%
Breast Cancer Screening	[0]	45.5%	52.8%	41.4%
Colorectal Cancer Screening	[0]	36.4%	43.4%	37.7%



# Mental Health Care

Measures related to mental health care remained stable or improved compared to the previous year with the exception of 30-day follow-up after hospitalization for mental illness, which declined slightly. Notably, rates of antidepressant medication management for adults improved during this period, as did diabetes screening for members with schizophrenia or bipolar disorder.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021



Outcomes in this domain for members with chronic conditions were similar to statewide averages. Follow-up care after an ED visit or hospitalization for mental illness was better among Medicaid members living in rural communities. Members living in high poverty areas experienced worse access to antidepressant and antipsychotic medications when indicated.

### Statewide Rate by Health Condition and Geography, December 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]	55.7%	75.3%	52.2%	54.1%
Antidepressant Medication for Adults (12 Weeks)	[1]	63.0%	60.4%	63.3%	59.9%
Antidepressant Medication for Adults (6 Months)	[1]	45.8%	44.6%	44.9%	42.5%
Antipsychotic Medication for People with Schizophrenia	[0]	62.6%	62.6%	61.9%	59.7%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	77.8%	77.9%	78.4%	77.4%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	66.8%	70.1%	69.9%	64.7%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	67.4%	69.8%	71.1%	65.5%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	15.1%	16.4%	13.8%	14.7%

← 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. For example, Asian members received antipsychotic medication for schizophrenia at a much higher rate than the state average and received better than average follow-up care after a hospitalization for mental illness. However, follow-up care after an ED visit or hospitalization for mental illness was markedly worse among American Indian and Alaska Native members. Black members had worse outcomes for all metrics in this domain, reflecting continued inequities in care.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Mental Health Treatment Penetration	[3]	52.3%	51.7%	52.4%
Antidepressant Medication for Adults (12 Weeks)	[1]	53.8%	62.2%	53.2%
Antidepressant Medication for Adults (6 Months)	[1]	37.0%	46.0%	36.6%
Antipsychotic Medication for People with Schizophrenia	[0]	51.6%	75.4%	53.4%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	79.3%	71.5%	75.7%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	55.4%	65.4%	61.1%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	59.7%	75.3%	61.9%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	14.6%	18.5%	18.2%



### Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

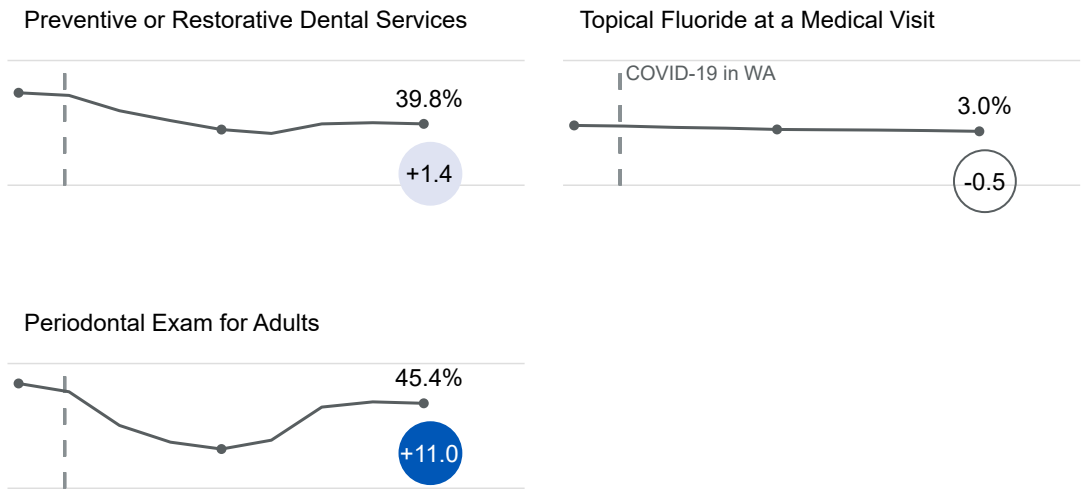
		NH/PI	Hispanic	White
Mental Health Treatment Penetration	[3]	49.5%	53.8%	54.8%
Antidepressant Medication for Adults (12 Weeks)	[1]	62.0%	57.5%	65.7%
Antidepressant Medication for Adults (6 Months)	[1]	45.5%	38.7%	48.7%
Antipsychotic Medication for People with Schizophrenia	[0]	61.6%	58.1%	65.1%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	77.4%	79.5%	78.0%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	58.2%	65.7%	68.7%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	64.1%	64.5%	69.1%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	12.8%	14.2%	14.7%



# Oral Health Care

Periodontal exams and preventive or restorative dental services for adults demonstrated continued improvements over the previous year, while topical fluoride at a medical visit remained unchanged.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021



Members with serious mental illness and those living with a chronic health condition experienced worse outcomes in preventive or restorative dental services, while those living in rural or high poverty areas had higher rates of such services compared to the statewide average.

## Statewide Rate by Health Condition and Geography, December 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]	37.9%	33.9%	44.0%	42.5%
Topical Fluoride at a Medical Visit	[1]	4.3%	3.1%	2.0%	2.5%
Periodontal Exam for Adults	[2]	46.4%	44.5%	46.3%	45.4%



Disparities in access to oral health care by race and ethnicity persisted this quarter, with all members except for Asian and Hispanic members generally experiencing slightly worse access to oral healthcare than average. Hispanic members fared better than all groups for access to exams and preventive or restorative dental services.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Preventive or Restorative Dental Services	[1]	36.6%	38.9%	38.2%
Topical Fluoride at a Medical Visit	[1]	2.7%	3.1%	2.8%
Periodontal Exam for Adults	[2]	40.9%	52.7%	43.7%

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

### Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Preventive or Restorative Dental Services	[1]	33.6%	51.6%	34.4%
Topical Fluoride at a Medical Visit	[1]	3.6%	2.4%	3.5%
Periodontal Exam for Adults	[2]	44.7%	48.4%	43.5%

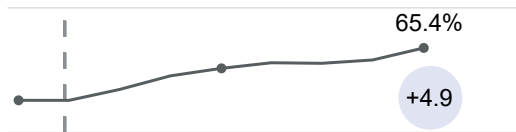
[N] Projects where this metric is pay-for-performance (P4P)

# Care for People with Chronic Conditions

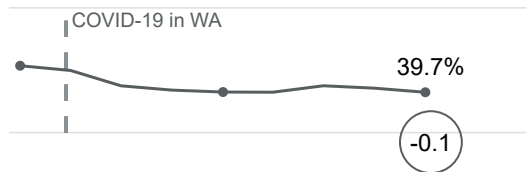
All outcomes relating to care for Medicaid members with chronic conditions improved or remained stable over the measurement period. The rate of prescriptions for controller medication for asthma improved 4.9 percentage points over the previous year.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021

Controller Medication for Asthma



Eye Exam for People with Diabetes



Hemoglobin A1c Testing for People with Diabetes



Kidney Health Evaluation for People with Diabetes



Statin Medication for Cardiovascular Disease





Outcomes for members with chronic health conditions aligned closely with the state overall in this domain. However, members with serious mental illness experienced worse outcomes for all measures except kidney health evaluation for people with diabetes, which was on par with the statewide average.

### Statewide Rate by Health Condition and Geography, December 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]	65.7%	64.7%	61.3%	63.1%
Eye Exam for People with Diabetes	[2]	40.1%	38.6%	40.0%	40.8%
Hemoglobin A1c Testing for People with Diabetes	[2]	79.9%	78.3%	82.9%	78.7%
Kidney Health Evaluation for People with Diabetes	[2]	81.5%	81.4%	82.5%	81.4%
Statin Medication for Cardiovascular Disease	[1]	83.8%	79.4%	83.4%	82.7%

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

There are notable disparities in this domain among American Indian and Alaska Native members, who received controller medication for asthma at a rate 13 percentage points lower than the statewide average. Black members fared worse for all measures in this domain compared to state averages. However, Asian and Hispanic members' outcomes were generally better than state averages. These trends represent a continuation of previously reported disparities in care for people with chronic conditions.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Controller Medication for Asthma	[2]	52.4%	72.9%	62.6%
Eye Exam for People with Diabetes	[2]	35.2%	49.1%	36.2%
Hemoglobin A1c Testing for People with Diabetes	[2]	74.1%	87.0%	76.4%
Kidney Health Evaluation for People with Diabetes	[2]	80.5%	84.8%	78.9%
Statin Medication for Cardiovascular Disease	[1]	75.3%	91.3%	81.1%



### Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Controller Medication for Asthma	[2]	71.5%	68.7%	64.5%
Eye Exam for People with Diabetes	[2]	40.0%	43.8%	38.1%
Hemoglobin A1c Testing for People with Diabetes	[2]	78.2%	81.1%	78.9%
Kidney Health Evaluation for People with Diabetes	[2]	82.2%	81.1%	81.0%
Statin Medication for Cardiovascular Disease	[1]	90.5%	84.7%	83.4%



# Emergency Department, Hospital and Institutional Care Use

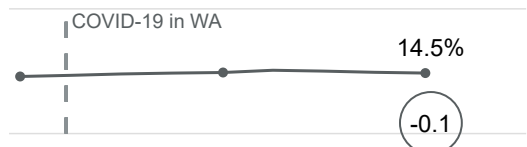
The emergency department visit rate increased slightly over the previous year, while acute hospital use among adults continued to fall. The ratio of home and community-based care use to nursing facility use and hospital readmissions within 30 days remained constant.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021

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



Hospital Readmission within 30 Days ↓



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



Acute Hospital Use among Adults (per 1,000 members) ↓



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 overall health status and higher care needs. Members living in communities with high poverty rates also received care more frequently in these settings, while such utilization was lower than average for those living in rural communities.

### Statewide Rate by Health Condition and Geography, December 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
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	95.9%	96.7%	96.9%	95.4%
Hospital Readmission within 30 Days	[3] ↓	14.9%	19.4%	11.7%	15.6%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	61.1	118.7	36.6	45.2
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	71.5	101.7	42.6	49.3

← 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)

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

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	93.8%	97.8%	96.0%
Hospital Readmission within 30 Days	[3] ↓	17.3%	15.2%	17.6%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	52.7	16.9	48.9
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	52.8	24.1	52.4



### Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	97.3%	95.0%	96.1%
Hospital Readmission within 30 Days	[3] ↓	10.8%	11.7%	14.6%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	30.3	34.3	41.1
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	43.5	32.6	52.9



# Substance Use Disorder Care

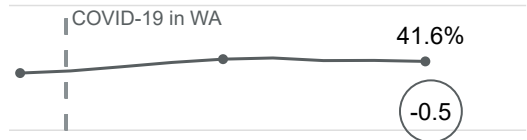
Measures related to substance use disorder (SUD) treatment and care remained relatively unchanged from the prior year, with a slight decrease in treatment penetration and treatment engagement.

## Statewide Rate for December 2019 to December 2021 and Annual Change for 2020 to 2021

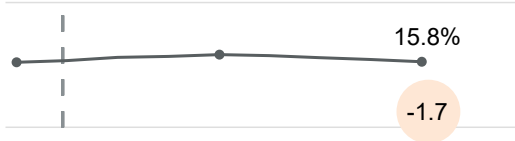
Substance Use Disorder Treatment Penetration



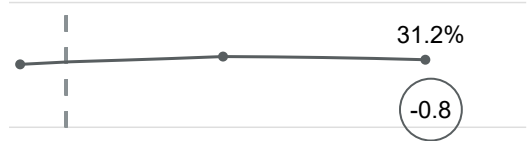
Alcohol or Other Drug Treatment: Initiation



Alcohol or Other Drug Treatment: Engagement



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



Outcomes for members with serious mental illness were mostly better than the state average in this domain, while those with chronic health conditions experienced care in line with the state overall. Members living in rural areas experienced lower rates of treatment initiation for alcohol or other drug use.

### Statewide Rate by Health Condition and Geography, December 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]	37.2%	41.1%	36.1%	37.3%
Alcohol or Other Drug Treatment: Initiation	[0]	41.6%	43.5%	39.4%	40.7%
Alcohol or Other Drug Treatment: Engagement	[0]	15.5%	16.0%	15.0%	15.2%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	31.3%	34.8%	30.7%	31.1%



American Indian and Alaska Native members experienced better than average access to SUD care across most or all measures. In contrast, Asian, Black, Hispanic and Native Hawaiian, and Pacific Islander members experienced worse access to SUD treatment. The greatest disparities were seen in follow-up care after an ED visit for alcohol or other drug use and SUD penetration. Black members experienced 30-day follow-up after an ED visit for alcohol or drug use at a rate 11.3 percentage points lower than the state average.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Substance Use Disorder Treatment Penetration	[3]	42.7%	29.6%	31.3%
Alcohol or Other Drug Treatment: Initiation	[0]	42.6%	35.4%	39.3%
Alcohol or Other Drug Treatment: Engagement	[0]	17.5%	12.6%	11.9%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	26.7%	24.0%	19.9%

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

### Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
Substance Use Disorder Treatment Penetration	[3]	31.2%	33.3%	39.5%
Alcohol or Other Drug Treatment: Initiation	[0]	38.4%	37.6%	42.9%
Alcohol or Other Drug Treatment: Engagement	[0]	12.2%	14.8%	16.5%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	23.0%	29.1%	34.8%

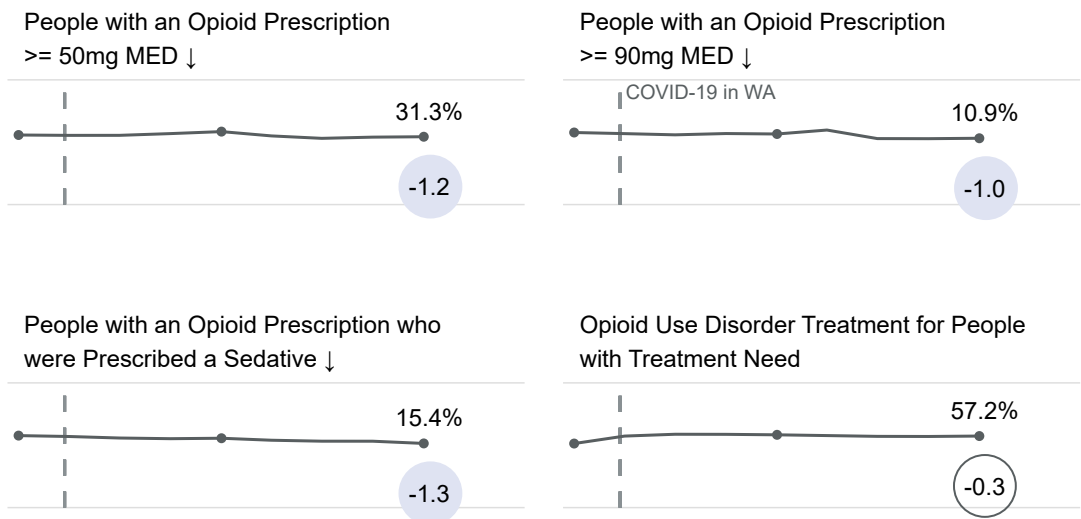
[N] Projects where this metric is pay-for-performance (P4P)



# Opioid Prescribing and Opioid Use Disorder Treatment

Statewide outcomes related to most opioid use disorder (OUD) measures in this domain improved slightly during this period. The rate of OUD treatment for people with a treatment need remained flat at 57.2%.

## Statewide Rate for December 2019 to December 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 metric for OUD treatment is calculated from a full year of data.

Compared to the statewide average, members with serious mental illness experienced worse outcomes for concurrent prescriptions of opioids and sedatives. Those living in high poverty areas fared better than the state averages for limiting high-dosage opioid prescriptions and for receiving an opioid while also prescribed a sedative.

### Statewide Rate by Health Condition and Geography, December 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] ↓	31.3%	32.0%	30.6%	29.3%
People with an Opioid Prescription >= 90mg MED	[1] ↓	10.9%	10.6%	10.1%	9.3%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	15.4%	24.2%	15.0%	14.1%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	57.1%	57.4%	56.6%	57.2%



Notable racial and ethnic disparities persist in this domain, with all non-White Medicaid members experiencing less access to OUD treatment compared with the state average. Black members were the most severely affected, accessing treatment at rates more than 10.2 percentage points lower than the state average. Rates of high-dose opioid prescribing were also higher among Black members than all other groups and the state average. In contrast, Hispanic members had better outcomes relative to state averages for other measures in this domain.

### Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
People with an Opioid Prescription $\geq$ 50mg MED	[1] ↓	27.9%	17.3%	39.1%
People with an Opioid Prescription $\geq$ 90mg MED	[1] ↓	9.5%	NA	14.0%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	13.2%	16.0%	11.5%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	54.3%	54.5%	47.0%

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

### Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
People with an Opioid Prescription $\geq$ 50mg MED	[1] ↓	29.0%	25.3%	31.4%
People with an Opioid Prescription $\geq$ 90mg MED	[1] ↓	NA	6.7%	11.1%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	NA	14.2%	15.9%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	51.7%	55.1%	59.1%

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