

# Service Coordination Organization Performance Measures

## Accountability implementation status

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

December 1, 2023

## Legislative summary

Substitute Senate Bill 5147 (2015) directs the Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) to:

- Submit an annual report to the Washington State Legislature by December 1 each year on the incorporation of performance measures (referred to as the 1519 measures) developed under Chapter 70.320 RCW into Service Coordination Organization (SCO) contracts and progress toward achieving identified outcomes. This legislation directed the agencies to include:
  - The number of Apple Health (Medicaid) clients enrolled over the previous year;
  - The number of enrollees receiving a baseline health assessment over the previous year;
  - An analysis of trends in health improvement for Apple Health clients in accordance with the measure sets established under RCW 41.05.690 and RCW 70.320; and
  - Recommendations for improving the health of Apple Health enrollees.

## Background

HCA completed both the annual review of the SCO performance measures and a review of the number of Apple Health covered lives and initial number of completed health screenings. The SCO measures were initially addressed in contract in 2016 and continue to be addressed in contract changes year over year with the DSHS Area Agencies on Aging (AAA) and Managed Care Organizations (MCO).

The Measure Year (MY)2022 reporting period within this digest includes data from the slow return to normal health care delivery after the peak COVID-19 epidemic, but before the federal and state public health emergencies were ended. The full AAA and adult MCO enrollee behavioral health data for this report can be found on the Research and Data Analysis website: [Cross-System Outcome Measures for Adults Enrolled in Medicaid](#). Audited, MY2021 MCO specific data, with comparisons to National Committee for Quality Assurance (NCQA) National benchmarks for applicable Healthcare Effectiveness Data and Information Set (HEDIS) measures. Follow Up After Hospitalization for Mental Illness (FUH) and Follow Up After Emergency Department Visit for Mental Illness (FUM) can be found in [Appendix C of the 2022 EQRO Comparative Analysis Report](#). MY2021 is the most current published External Quality Review Organization (EQRO) data.

AAA measures are calculated and reported for both the state and regional service areas; this report will focus on state-wide measures that are required within AAA contracts that include Apple Health and dual-

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eligible (Medicare and Medicaid eligible) clients. Most measures remained relatively stable with slight improvements in employment, homelessness, and behavioral health treatment measures.

The managed care population that utilizes behavioral health services was broken into two groups:

- Those that meet the criteria for inclusion within the Substance Use Disorder (SUD) treatment measure; and
- Those that meet the criteria for the mental health (MH) treatment services measure.

Persons with both MH and SUD treatment needs are included in both populations. Measures for the two populations follow the same trajectory for most noted measures; there is a sharp decline in the past three years for follow up rates after hospitalization for these populations.

## Report highlights

- As a result of the continued public health emergency due to COVID-19, approximately 1 out of every 4 Washingtonians was enrolled in Apple Health during 2022. The [Apple Health Client Dashboard](#) is available to provide further information regarding demographic and plan data for 2022 enrollees.
- Community Health Plan of Washington continued to have a rate of over 60 percent for initial health screens while other managed care organizations, such as Amerigroup only achieved 16 percent. Average Initial Health Screen rates for the 2022 calendar year were:
  - Amerigroup: 16.07 percent
  - Community Health Plan of Washington: 63.91 percent
  - Coordinated Care of Washington: 50.45 percent
  - Molina Healthcare of Washington: 31.64 percent
  - United Healthcare of Washington: 46.47 percent
- Trends within the **Area Agencies on Aging** measure results:
  - Access to preventative services and Home and Community Based Services (HCBS) and Nursing Facility Balance measures remained stable;
  - Slight improvement in both the Substance Use Disorder (SUD) treatment and mental health treatment rates;
  - Slight decrease in 30-day hospital readmission rates;
  - The Homeless measures, both narrow and broad, went down; and
  - Employment rose to 2.6 percent from 1.0 percent the previous year.
- Trends within the dual enrollment or **Behavioral Health Services Only (BHSO) SUD measure population** and **BHSO MH measure population**:
  - The SUD treatment and MH treatment rate measures decreased slightly;
  - The opioid treatment rate has remained stable over the past three years;
  - The follow up after hospitalization for mental illness (HEDIS FUH) within 7 days has dropped by 9-10 points over the past 3 years;
  - Follow up after emergency department (ED) visit for mental illness within (HEDIS FUM) 7 days has decreased by 4-5 percent points in the past 3 years;

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- The homelessness rates have decreased by more than 4-5 percent points over the past three years; and
- The rate of percent employed has risen 5-6 percent over the past 3 years.

## Recommendations

As these data suggest, the behavioral health system continues to struggle with workforce shortages, access issues, and continuity of care after hospitalization and ED visits. To address aspects of these barriers to care, in 2024 the MCOs will begin a 3-year collaborative performance improvement project to increase the rates of follow-up after hospitalization within 7 days for individuals leaving inpatient care due to mental illness (FUH).

Other strategies that HCA is incorporating to address these systemic issues within our system of care include:

- Continue development of 988 and mobile crisis response systems throughout the state to prevent unnecessary ED visits and hospitalizations for mental illness and SUD;
- Support MCO self-directed initiative to encourage utilization of Point Click Care within psychiatric inpatient and evaluation and treatment facilities for better notification and care coordination efforts;
- Continue developing Intensive Behavioral Health Treatment Facility (IBHTF) programs throughout the state to develop new levels of service;
- Recommendations from our contracted External Quality Review Organization: "Behavioral health metrics show the most variation between the MCOs, both in terms of year-over-year improvements and when compared to benchmarks. This suggests there is the potential for MCOs to improve performance through coordination of care efforts and through adopting best practices. MCOs can also work with providers to leverage telehealth appointments where clinically appropriate. Focused efforts to ensure individuals receive mental health treatment must be a priority for all MCOs."

Additionally, the Center for Medicaid and Medicare has published new rules for network and access that align with our existing integration work and legislative work from last year, HB 1515, which may help to improve network adequacy and access. HCA will continue to monitor these efforts. Lastly, legislative rate increases are making a difference in retention and recruitment improvements and provider stability; however, the largest rate increase (15 percent), is set to begin Jan 1, 2024. Longer term work force development is a continued need, and HCA is engaged in many focused workstreams.