

Medicaid Transformation Project Evaluation

UPDATE ON STATEWIDE PERFORMANCE AND DOMAIN ONE IMPLEMENTATION PROGRESS

Rapid Cycle Report, December 2022

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS



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Evaluation Overview

KEY FINDINGS

This is the third measurement period, which falls entirely after the statewide stay-at-home order was issued in Washington. Some measures of quality and access to care began to rebound after the impacts of the COVID-19 Public Health Emergency (PHE). 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.

We previously reported a dramatic downward trend in rates of care received in emergency departments and acute hospital settings. While reducing care in these settings would usually be viewed as a positive trend, in this context, it is likely attributable to barriers to access resulting from the PHE. Decreases in care received in these settings have leveled off in more recent reporting periods but have not yet rebounded to pre-PHE levels.

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 unemployment, 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 **October 1 to December 31, 2022**. In this report, we present evaluation findings including:

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

In this reporting period (October to December 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 September 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.
 - The qualitative team's IRB amendment submission to interview behavioral health provider organizations was approved.
 - 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. During this reporting period, the team met 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 September 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 15.](#)
- 5 Mental Health Care. [See page 18.](#)
- 6 Oral Health Care. [See page 21.](#)
- 7 Care for People with Chronic Conditions. [See page 23.](#)
- 8 Emergency Department, Hospital and Institutional Care Use. [See page 26.](#)
- 9 Substance Use Disorder Care. [See page 29.](#)
- 10 Opioid Prescribing and Opioid Use Disorder Treatment. [See page 32.](#)

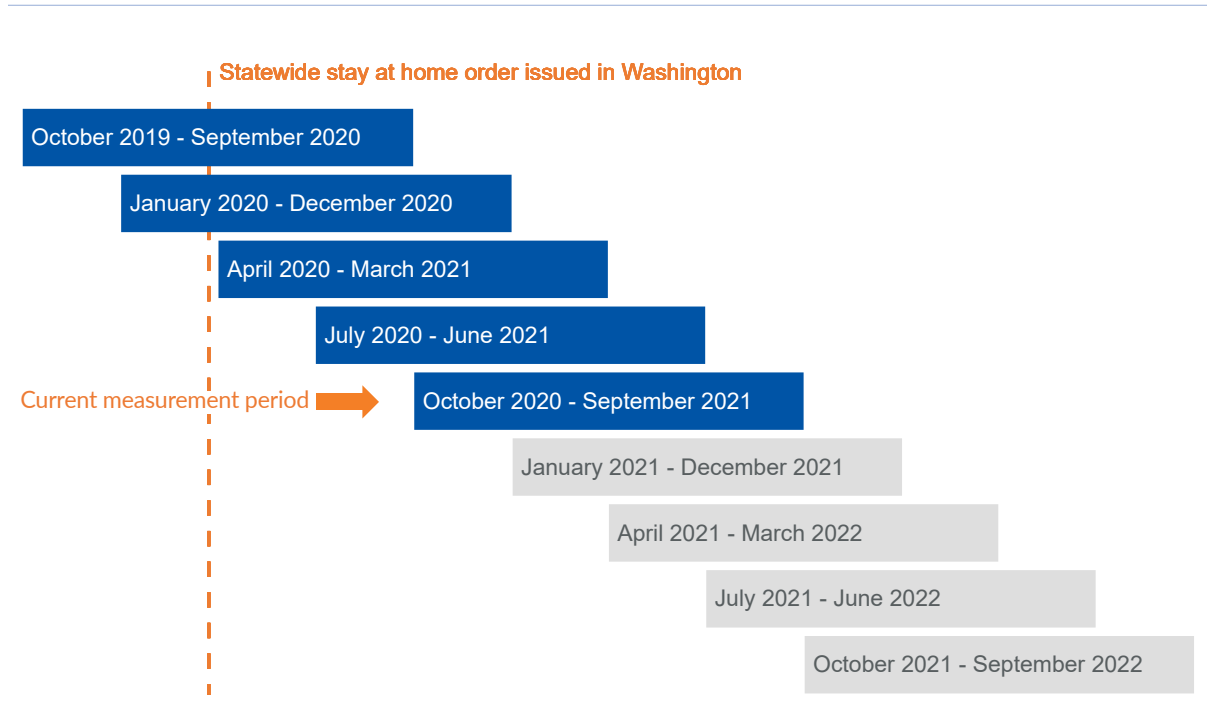
COVID-19 and Medicaid Performance Measures

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 September 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 October 2020 through September 2021. The COVID-19 PHE began in Washington State in late March 2020, prior to the start of this measurement period. This is the third 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 September 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 September 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 June 2021

Change in Measures	Description
Better	<ul style="list-style-type: none">• Access to well-care visits for members ages 3 to 21 improved by 6.9 percentage points over the previous year, while rates of well-child visits for children over three climbed 7.2 percentage points. 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. New data on rates of well-child visits in the first thirty months of life were not available for this reporting period.• We saw improvements to several metrics of access to mental health care, including a decline in 30-day hospital readmissions for a psychiatric condition.• Statewide access to periodontal exams for adults improved almost 10 percentage points from a low point at the onset of the PHE, with Hispanic members experiencing notably better access than the state average.
Mixed	<ul style="list-style-type: none">• Although we saw improvements to well-care and well-child visits, other metrics of access to primary and preventive care and prevention and wellness declined during this period, with rates of breast cancer screening falling by 3 percentage points compared with the previous year.• Most care for people with chronic conditions remained relatively flat during this reporting period, but access to controller medication for asthma improved somewhat. 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.• While emergency department visits and care received in acute hospital settings fell statewide, these trends may reflect continued barriers to access resulting from the COVID-19 pandemic.
Worse	<ul style="list-style-type: none">• Disparities in quality and access to care persisted during this reporting period, with American Indian and Alaska Native and Black members experiencing worse access to mental health care and notably higher rates of utilization in emergency departments and acute hospital settings compared with statewide averages.• Asian, Black, Native Hawaiian and Pacific Islander, and Hispanic members also saw less access to care for substance use disorders than that observed in the state overall.

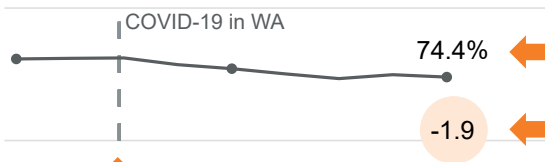
How to Read this Report

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 September 2019 through September 2021 unless otherwise noted.

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

Adults' Access to Primary Care



Within each domain, we present the statewide rate as of **September 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, September 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]	51.2%	40.5%	44.8%	45.0%
Adults' Access to Primary Care	[0]	87.6%	91.6%	76.0%	74.9%



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

Social Determinants of Health

Most measures in this domain were unchanged compared with the previous year, although the arrest rate declined slightly.

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



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. For members living in rural or high poverty communities, the rate of employment was better than the state average, while rates of homelessness and arrest were mostly aligned with statewide rates.

Statewide Rate by Health Condition and Geography, September 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] ↓	3.9%	7.7%	1.8%	3.1%
Employment (Age 18 to 64)	[0]	45.3%	39.7%	48.6%	50.3%
Arrest Rate (Age 18 to 64)	[1] ↓	5.4%	8.9%	3.9%	5.2%



American Indian and Alaska Native members saw worse outcomes related to social determinants of health, with an employment rate approximately 6.9 percentage points lower than the state average and 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, while the employment rate for this group was 4.3 percentage points higher than the statewide average.

Statewide Rate by Race, September 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Homelessness	[3] ↓	4.6%	0.6%	4.2%
Employment (Age 18 to 64)	[0]	40.4%	46.6%	51.6%
Arrest Rate (Age 18 to 64)	[1] ↓	8.0%	1.2%	6.5%



Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

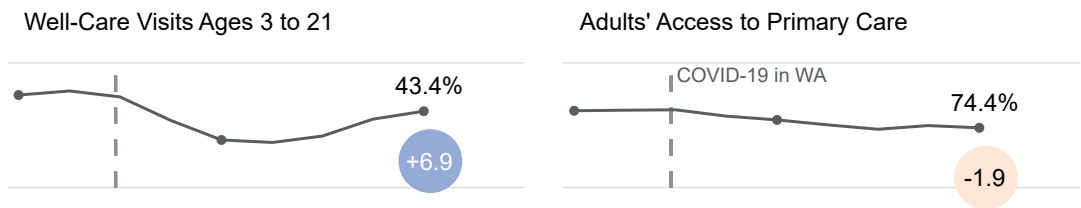
		NH/PI	Hispanic	White
Homelessness	[3] ↓	1.5%	1.2%	3.2%
Employment (Age 18 to 64)	[0]	53.8%	60.2%	43.5%
Arrest Rate (Age 18 to 64)	[1] ↓	2.8%	3.9%	4.4%



Access to Primary and Preventive Care

Access to Primary and Preventive care for Medicaid members ages 3 to 21 improved over the prior year, nearly recovering from sharp declines following the onset of the PHE. However, access for adults continued a slight downward trend noted previously.

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



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

Statewide Rate by Health Condition and Geography, September 2021

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

	Projects	Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Care Visits Ages 3 to 21	[2]	51.2%	40.5%	44.8%	45.0%
Adults' Access to Primary Care	[0]	87.6%	91.6%	76.0%	74.9%

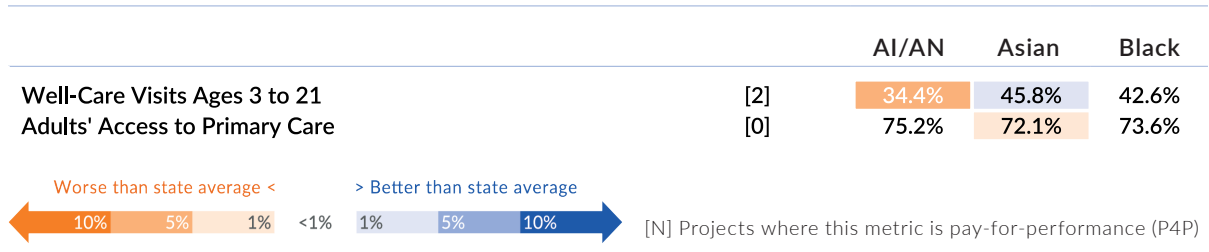
Worse than state average <		> Better than state average	
10%	5%	1%	<1%
1%	5%	10%	

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

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.

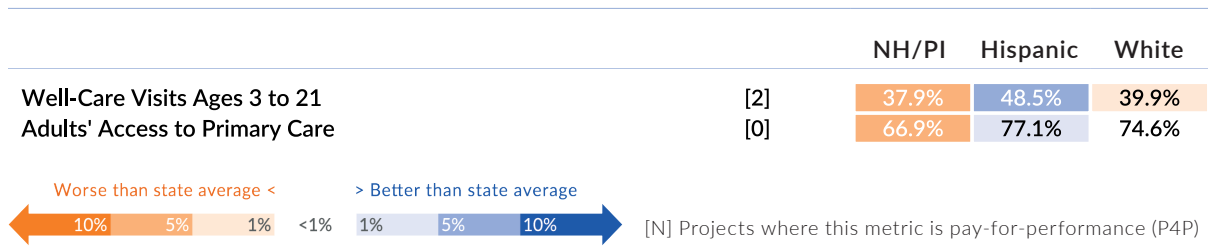
Statewide Rate by Race, September 2021

American Indian/Alaska Native, Asian and Black Members



Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members



Reproductive and Maternal Health Care

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

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

Timely Prenatal Care



Effective Contraception



Long-Acting Reversible Contraceptives



Effective Contraception within 60 Days of Delivery



Statewide Rate by Health Condition and Geography, June 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]	88.5%	87.5%	90.1%	89.7%
Effective Contraception	[1]	29.5%	30.4%	27.5%	26.4%
Long-Acting Reversible Contraceptives	[0]	16.1%	16.5%	18.0%	19.3%
Effective Contraception within 60 Days of Delivery	[1]	41.7%	43.4%	46.1%	44.4%



Statewide Rate by Race, June 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Timely Prenatal Care	[1]	84.1%	92.8%	86.7%
Effective Contraception	[1]	24.3%	21.7%	23.2%
Long-Acting Reversible Contraceptives	[0]	14.0%	14.9%	15.4%
Effective Contraception within 60 Days of Delivery	[1]	37.5%	32.1%	34.2%



Statewide Rate by Race, June 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
Timely Prenatal Care	[1]	82.7%	90.8%	89.3%
Effective Contraception	[1]	20.9%	26.6%	26.6%
Long-Acting Reversible Contraceptives	[0]	12.8%	20.7%	13.7%
Effective Contraception within 60 Days of Delivery	[1]	34.3%	47.1%	39.2%



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

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

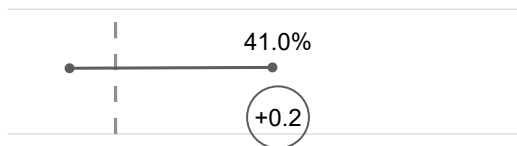
Well-Child Visits in the First 30 Months



Well-Child Visits Ages 3 to 11



Immunization for Children



Chlamydia Screening for Women



Cervical Cancer Screening



Breast Cancer Screening



Colorectal Cancer Screening



Because data on childhood immunization rates are updated annually, and rates of well-child visits in the first 30 months of life are updated two times a year, these outcomes were unavailable for the most recent quarter.

Children aged 3 to 11 living with chronic health conditions, serious mental illness, or in rural and high poverty areas all experienced better rates of well-child visits than the statewide average. Members with chronic health conditions or serious mental illness had better rates of cancer and chlamydia screening, while members living in rural and high poverty areas experienced lower rates of colorectal cancer screening than the statewide average.

Statewide Rate by Health Condition and Geography, September 2021

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

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	63.0%	57.9%	52.3%	52.9%
Immunization for Children	[1]	NA	NA	NA	NA
Chlamydia Screening for Women	[1]	47.9%	51.8%	43.5%	50.8%
Cervical Cancer Screening	[0]	50.6%	50.8%	46.0%	47.1%
Breast Cancer Screening	[0]	49.3%	45.5%	43.5%	43.3%
Colorectal Cancer Screening	[0]	45.1%	46.7%	37.7%	38.0%

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)

Access to preventive care was markedly worse among American Indian and Alaska Native members compared to the statewide average. In contrast, Asian and Hispanic members' outcomes were generally better than the state average, except for chlamydia screening for Asian women, which was slightly worse.

Statewide Rate by Race, September 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	41.8%	53.7%	49.3%
Immunization for Children	[1]	NA	NA	NA
Chlamydia Screening for Women	[1]	48.3%	45.3%	55.7%
Cervical Cancer Screening	[0]	38.6%	50.1%	48.4%
Breast Cancer Screening	[0]	31.0%	54.5%	38.9%
Colorectal Cancer Screening	[0]	30.6%	48.9%	37.4%



Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

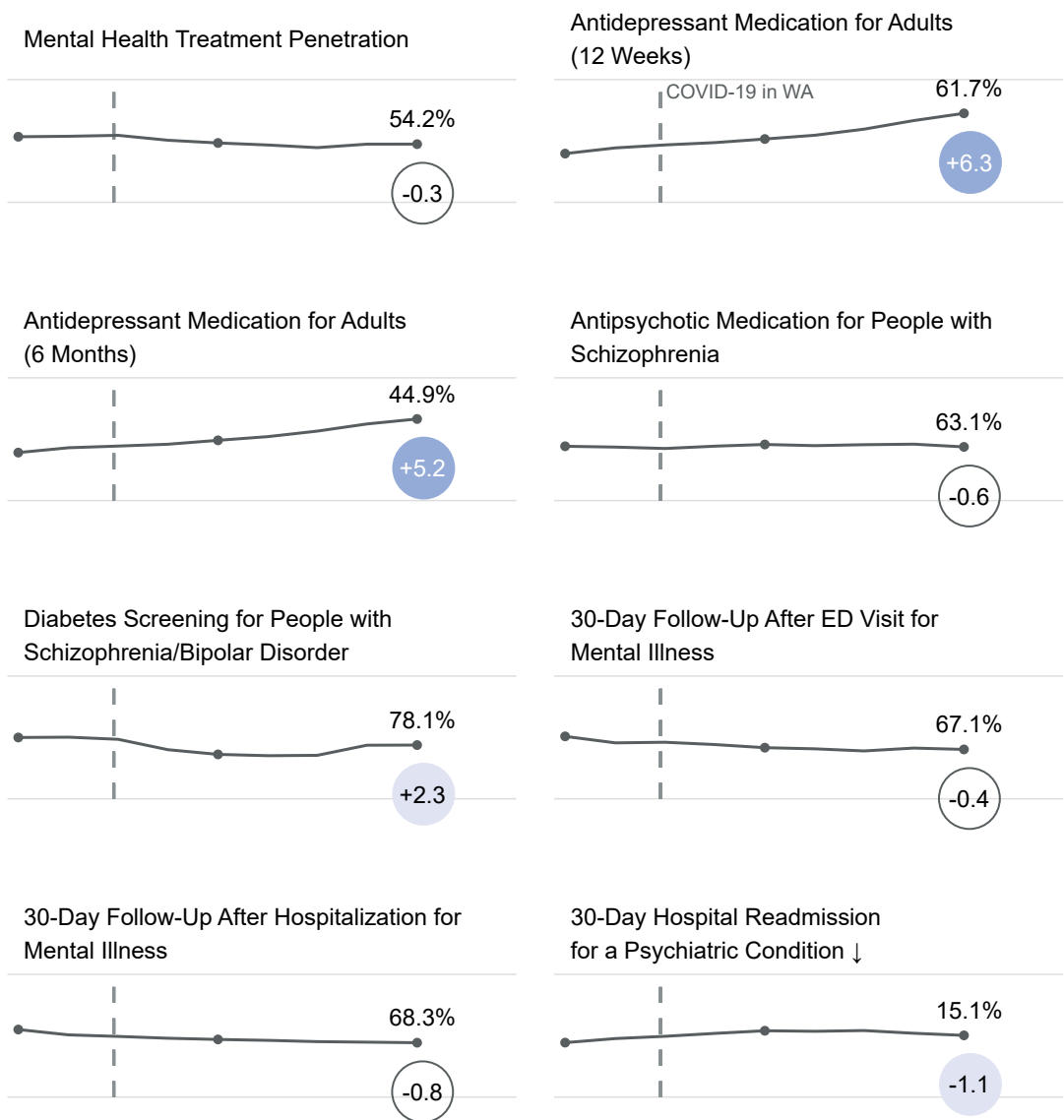
		NH/PI	Hispanic	White
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	43.6%	57.0%	47.7%
Immunization for Children	[1]	NA	NA	NA
Chlamydia Screening for Women	[1]	48.7%	50.7%	44.6%
Cervical Cancer Screening	[0]	43.5%	53.4%	44.9%
Breast Cancer Screening	[0]	46.2%	53.4%	42.3%
Colorectal Cancer Screening	[0]	37.2%	43.9%	38.5%



Mental Health Care

Measures related to mental health care remained stable or improved compared to the previous year. Notably, rates of antidepressant medication management improved for adults during this period, as did diabetes screening for members with schizophrenia or bipolar disorder.

Statewide Rate for September 2019 to September 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.

Statewide Rate by Health Condition and Geography, September 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%	75.4%	52.2%	54.1%
Antidepressant Medication for Adults (12 Weeks)	[1]	61.7%	59.5%	61.8%	59.0%
Antidepressant Medication for Adults (6 Months)	[1]	45.0%	44.1%	44.1%	41.9%
Antipsychotic Medication for People with Schizophrenia	[0]	63.1%	63.1%	61.7%	61.4%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	78.2%	78.3%	79.9%	77.5%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	67.6%	70.8%	72.0%	66.3%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	68.8%	71.6%	71.8%	67.7%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	15.1%	16.4%	14.7%	14.7%

↓ 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 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, September 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Mental Health Treatment Penetration	[3]	52.3%	52.2%	52.3%
Antidepressant Medication for Adults (12 Weeks)	[1]	52.3%	59.4%	53.1%
Antidepressant Medication for Adults (6 Months)	[1]	35.9%	44.4%	36.2%
Antipsychotic Medication for People with Schizophrenia	[0]	52.5%	74.7%	55.3%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	78.8%	72.0%	76.1%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	56.5%	65.9%	60.8%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	60.6%	76.5%	63.2%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	13.7%	18.8%	17.7%



Statewide Rate by Race, June 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

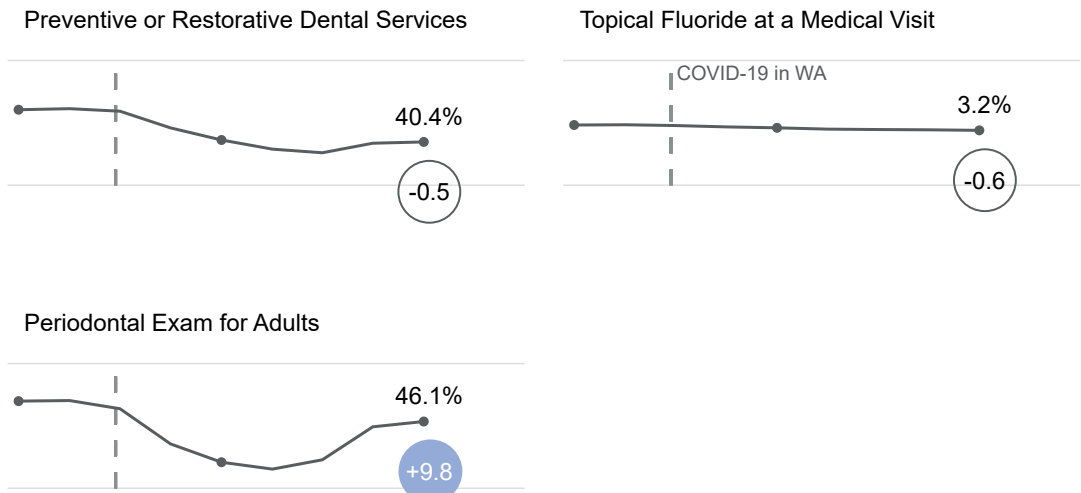
		NH/PI	Hispanic	White
Mental Health Treatment Penetration	[3]	49.9%	53.9%	54.9%
Antidepressant Medication for Adults (12 Weeks)	[1]	61.2%	56.3%	64.4%
Antidepressant Medication for Adults (6 Months)	[1]	45.5%	37.6%	47.9%
Antipsychotic Medication for People with Schizophrenia	[0]	62.8%	59.7%	65.5%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	77.3%	78.4%	78.8%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	59.8%	66.3%	69.6%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	63.8%	66.5%	70.2%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	13.7%	14.3%	14.9%



Oral Health Care

Periodontal exams for adults demonstrated continued improvements over the previous year, while other outcomes related to oral health care remained unchanged.

Statewide Rate for September 2019 to September 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, September 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]	38.4%	34.5%	44.8%	43.0%
Topical Fluoride at a Medical Visit	[1]	4.5%	4.2%	2.2%	2.7%
Periodontal Exam for Adults	[2]	47.0%	45.8%	47.0%	45.5%

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

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

Racial disparities in access to oral health care were generally small. However, Native Hawaiian and Pacific Islander and White members had less access to preventive or restorative dental services during this reporting period.

Statewide Rate by Race, September 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Preventive or Restorative Dental Services	[1]	37.0%	38.7%	38.6%
Topical Fluoride at a Medical Visit	[1]	3.1%	3.3%	3.0%
Periodontal Exam for Adults	[2]	41.8%	51.9%	44.5%

[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
Preventive or Restorative Dental Services	[1]	34.8%	52.3%	35.1%
Topical Fluoride at a Medical Visit	[1]	4.0%	2.5%	3.8%
Periodontal Exam for Adults	[2]	45.1%	47.9%	44.7%

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

Care for People with Chronic Conditions

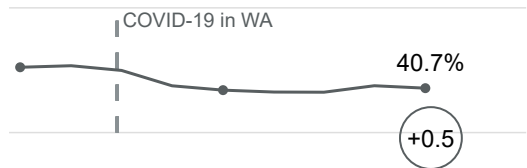
All outcomes relating to care for Medicaid members with chronic conditions remained stable with minimal change since the previous year, with one exception. The rate of prescriptions for controller medication for asthma improved 3.8 percentage points over the previous year.

Statewide Rate for September 2019 to September 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, September 2021

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

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Controller Medication for Asthma	[2]	62.7%	60.4%	58.8%	60.1%
Eye Exam for People with Diabetes	[2]	41.1%	39.4%	41.8%	41.8%
Hemoglobin A1c Testing for People with Diabetes	[2]	80.0%	78.0%	82.7%	79.1%
Kidney Health Evaluation for People with Diabetes	[2]	81.9%	81.8%	83.3%	81.6%
Statin Medication for Cardiovascular Disease	[1]	83.9%	81.6%	83.0%	82.7%

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

Notable disparities in this domain are evident among American Indian and Alaska Native members, who received controller medication for asthma at a rate 12.5 percentage points lower than the statewide average. 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 condition.

Statewide Rate by Race, September 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Controller Medication for Asthma	[2]	50.0%	68.5%	58.7%
Eye Exam for People with Diabetes	[2]	36.8%	50.0%	37.4%
Hemoglobin A1c Testing for People with Diabetes	[2]	74.3%	86.6%	76.5%
Kidney Health Evaluation for People with Diabetes	[2]	81.2%	85.4%	80.7%
Statin Medication for Cardiovascular Disease	[1]	76.5%	92.7%	83.5%



Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		NH/PI	Hispanic	White
Controller Medication for Asthma	[2]	65.2%	67.2%	61.3%
Eye Exam for People with Diabetes	[2]	40.3%	44.8%	39.0%
Hemoglobin A1c Testing for People with Diabetes	[2]	78.3%	81.9%	79.0%
Kidney Health Evaluation for People with Diabetes	[2]	82.6%	81.6%	81.2%
Statin Medication for Cardiovascular Disease	[1]	88.4%	84.1%	83.2%



Emergency Department, Hospital and Institutional Care Use

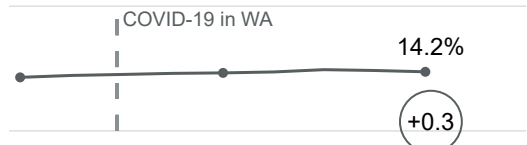
Utilization of emergency departments (EDs) and care in acute hospital settings continued to fall compared with the previous year. However, these decreases showed some indication of leveling off since our last report. The ratio of home and community-based care use to nursing facility use and hospital readmissions within 30 days remained constant.

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

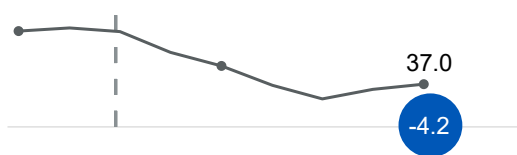
Ratio of Home and Community-Based Care Use to Nursing Facility Use



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, September 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%	96.3%	95.3%
Hospital Readmission within 30 Days	[3] ↓	14.5%	18.9%	11.5%	14.9%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	60.3	119.2	35.6	44.5
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	73.0	104.6	44.0	51.2

← 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)

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, September 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]	93.0%	97.8%	96.1%
Hospital Readmission within 30 Days	[3] ↓	16.6%	13.2%	16.7%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	52.0	16.1	47.3
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	53.4	25.2	53.6



Statewide Rate by Race, September 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]	96.4%	95.5%	96.0%
Hospital Readmission within 30 Days	[3] ↓	10.1%	11.2%	14.5%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	28.6	32.7	40.9
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	46.0	35.0	54.2

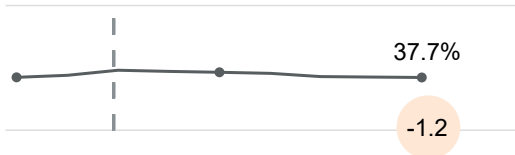


Substance Use Disorder Care

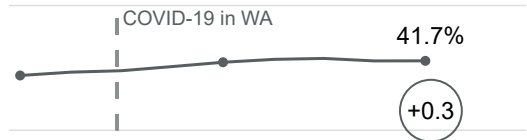
Measures related to substance use disorder (SUD) treatment and care remained relatively unchanged from the prior year.

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

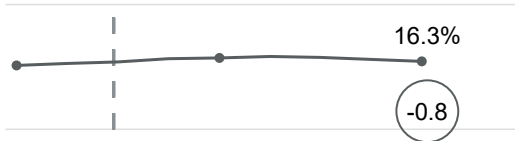
Substance Use Disorder Treatment Penetration



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 or high poverty areas experienced lower rates of treatment initiation for alcohol or other drug use.

Statewide Rate by Health Condition and Geography, September 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]	37.4%	41.4%	36.1%	37.4%
Alcohol or Other Drug Treatment: Initiation	[0]	41.8%	43.8%	39.5%	40.6%
Alcohol or Other Drug Treatment: Engagement	[0]	16.1%	16.4%	15.3%	15.8%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	32.0%	34.8%	31.6%	32.4%



American Indian and 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 and Pacific Islander and Hispanic 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 10.9 percentage points lower than the state average.

Statewide Rate by Race, September 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Substance Use Disorder Treatment Penetration	[3]	43.8%	29.3%	31.2%
Alcohol or Other Drug Treatment: Initiation	[0]	43.5%	37.8%	39.4%
Alcohol or Other Drug Treatment: Engagement	[0]	18.5%	13.6%	12.4%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	28.9%	23.8%	21.0%

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

Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

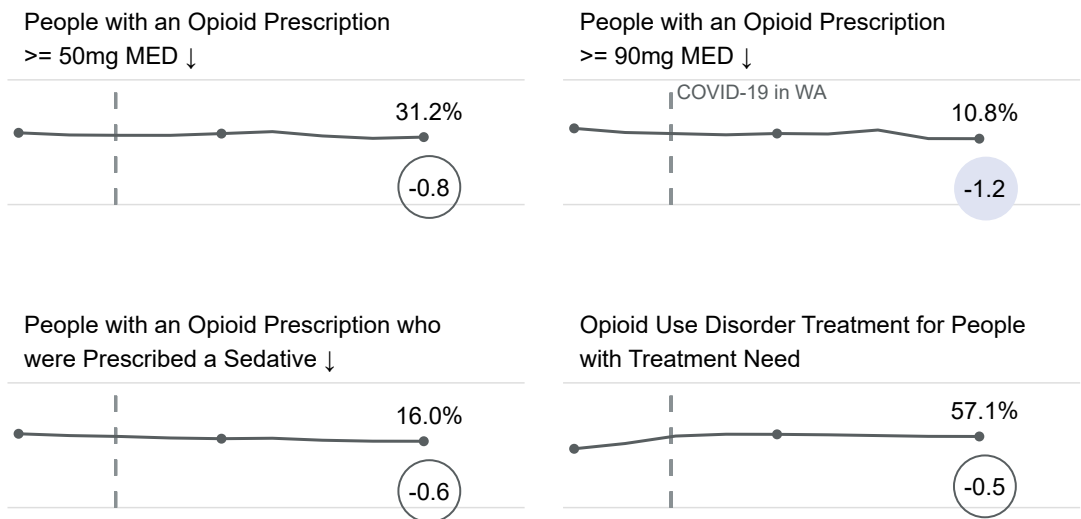
		HI/PI	Hispanic	White
Substance Use Disorder Treatment Penetration	[3]	31.9%	32.8%	39.5%
Alcohol or Other Drug Treatment: Initiation	[0]	37.3%	38.3%	42.7%
Alcohol or Other Drug Treatment: Engagement	[0]	11.6%	15.6%	17.1%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	27.2%	27.9%	35.6%

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

Opioid Prescribing and Opioid Use Disorder Treatment

Statewide outcomes related to opioid use disorder (OUD) were relatively flat during this period. The rate of opioids prescriptions over 90mg Morphine Equivalent Dose (MED) moved slightly in the desired direction, decreasing by 1.2 percentage points.

Statewide Rate for September 2019 to September 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 and those living in rural areas received fewer prescriptions for high-dosage opioids.

Statewide Rate by Health Condition and Geography, September 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%	31.0%	31.2%	28.3%
People with an Opioid Prescription >= 90mg MED	[1] ↓	10.8%	10.3%	9.9%	8.5%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	15.9%	24.8%	16.4%	15.0%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	57.1%	56.7%	56.2%	57.1%

← 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)

Notable racial and ethnic disparities persist in this domain, with all non-White Medicaid members experiencing less access to OUD treatment compared with the statewide average. Black members were the most severely affected, accessing treatment at rates more than 10 percentage points lower than in the state overall. Rates of opioid prescribing were also higher among Black members than all other groups and the statewide average. In contrast, Hispanic members had better outcomes relative to state averages for other measures in this domain. Some groups' outcomes in this domain represented populations too small to be reported.

Statewide Rate by Race, September 2021

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
People with an Opioid Prescription >= 50mg MED	[1] ↓	29.6%	16.1%	37.4%
People with an Opioid Prescription >= 90mg MED	[1] ↓	9.6%	NA	11.9%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	13.8%	18.3%	11.2%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	55.3%	52.8%	46.9%



Statewide Rate by Race, September 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
People with an Opioid Prescription >= 50mg MED	[1] ↓	29.7%	26.6%	31.2%
People with an Opioid Prescription >= 90mg MED	[1] ↓	NA	6.9%	11.2%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	NA	14.4%	16.7%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	50.3%	54.9%	58.9%

