



Statewide Accountability

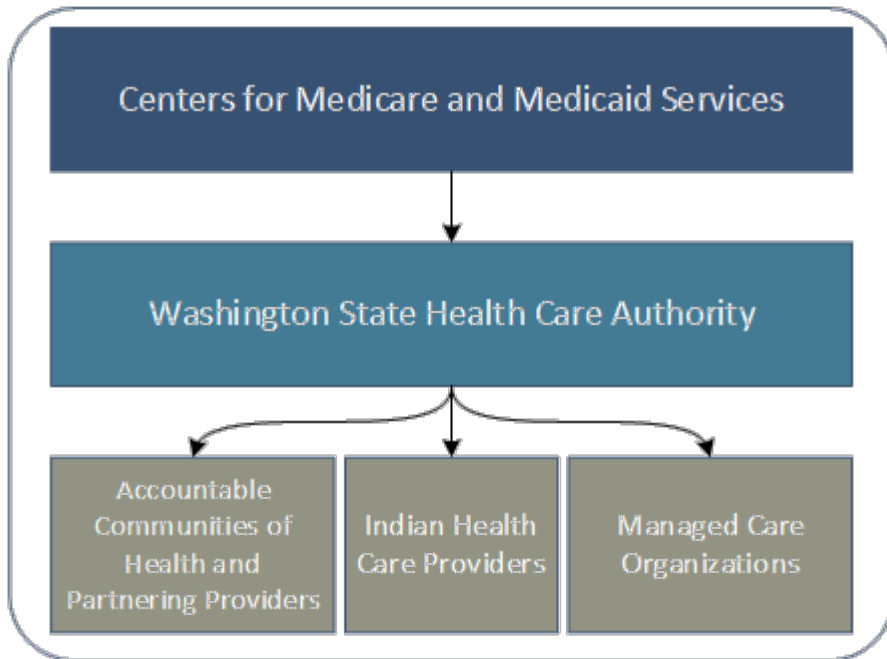
Initiative #1 Statewide
Accountability

January 2021

Glossary of common acronyms

Acronym	Term
ACHs	Accountable Communities of Health
A-APM	Advance Alternative Payment Model
AV	Achievement value
DY	Demonstration year
FFP	Federal financial participation
HCP-LAN framework	Health Care Payment Learning & Action Network framework for alternative payment models
MCO	Managed care organization
MTP	Medicaid Transformation Project
P4P	Pay-for-performance
P4R	Pay-for-reporting
PY	Performance year
QIS	Quality improvement score
STC	Special terms and conditions
SWA	Statewide accountability
VBP	Value-based purchasing

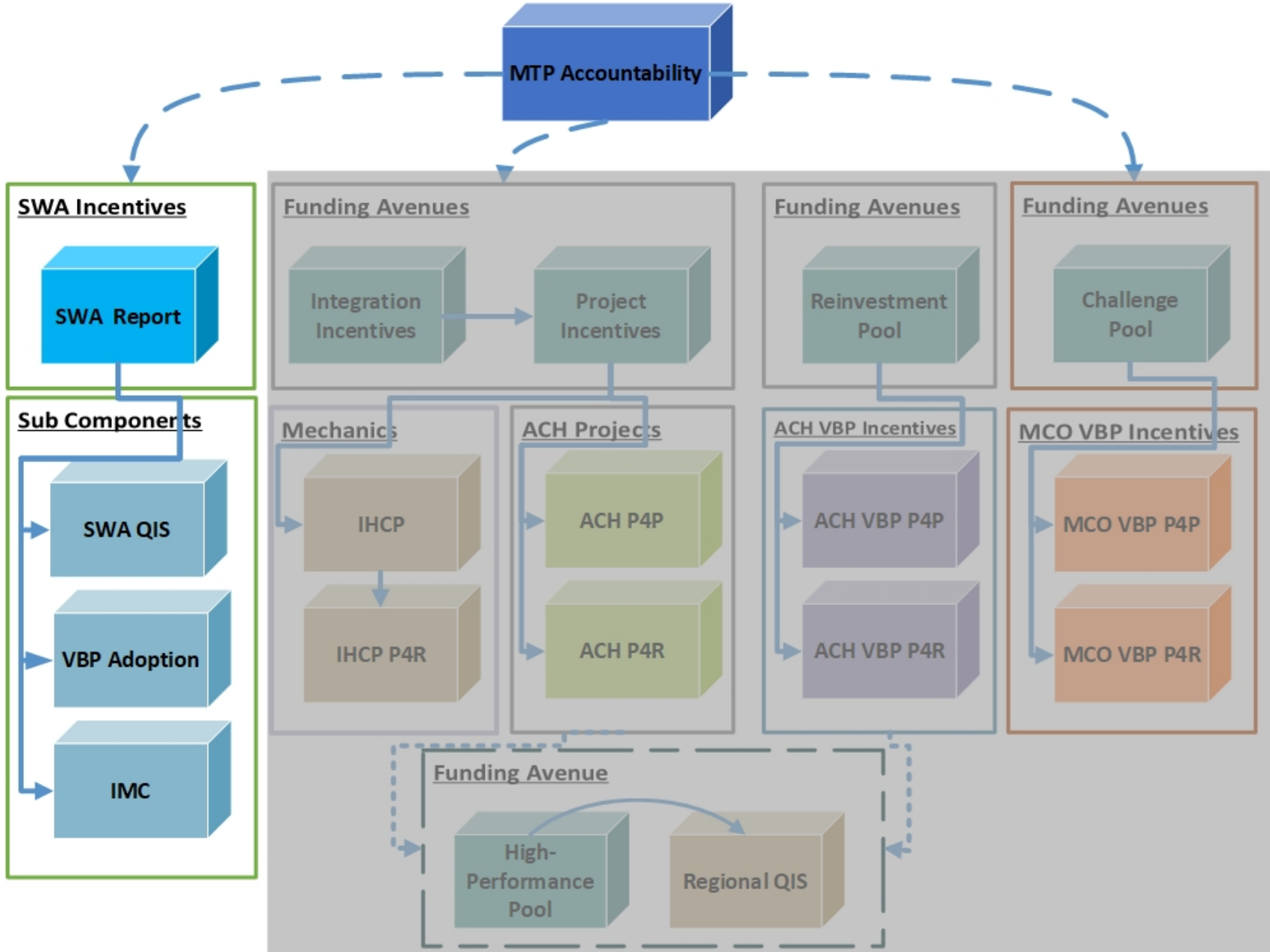
Introduction



The Medicaid Transformation Project aims to transform the health care delivery system to address local health priorities, deliver high-quality, provide cost-effective care that treats the whole person, and create sustainable linkages between clinical and community-based services.

As part of the Transformation, the Delivery System Reform Incentive Payment (DSRIP) program provides resources for regional, collaborative activities coordinated by the state's nine Accountable Communities of Health (ACHs).

Overall progress under the DSRIP program will be monitored, assessed, and incentivized for Washington State overall, at the level of the ACH region, and the Medicaid managed care organization (MCO)



SWA Introduction

Statewide accountability represents the only true risk of funding reductions due to underperformance:

	DY3	DY4	DY5
	1/1/19 – 12/31/19	1/1/20 – 12/31/20	1/1/21 – 12/31/21
Max allowable funds	\$235,900,000	\$151,510,022	\$124,210,022
% at-risk for performance	5%	Waived	20%
\$ amount at-risk for performance	\$11,795,000	0	\$24,842,000

***If overall DSRIP funding is reduced on account of underperformance for statewide targets, DSRIP Project Incentives to ACHs and partnering providers will be reduced accordingly.**

SWA Updates

SWA approved changes

- ▶ CMS recognized the impacts of COVID-19 and statewide/ACH response, and waived DY 4 at-risk performance.
- ▶ In DY 4, DSRIP funding consisting of 10 percent at-risk has been waived
- ▶ DY 5 has yet to be determined for performance accountability.

SWA potential changes

- ▶ HCA is working on an STC amendment to update the VBP adoption score from 90 percent for DY 5 to 85 percent.
- ▶ HCA is continuing to work with CMS on VBP adoption improvement score updates. This includes VBP associated with at-risk funds and the MCO and ACH VBP P4P incentives (non-COVID-19-related).

SWA metrics

SWA components

- ▶ The ten statewide accountability quality metrics were selected to align with a variety of statewide, contractual and P4P measures included in the ACH projects that can be accurately calculated at the regional level.
1. All-Cause Emergency Department Visits per 1000 Member Months
 2. Antidepressant Medication Management (acute/continuation phase)
 3. Comprehensive Diabetes Care: Blood Pressure Control
 4. Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9%)
 5. Controlling High Blood Pressure (<140/90)
 6. Medication Management for People with Asthma: Medication Compliance 75%
 7. Mental Health Treatment Penetration (Broad)
 8. Plan All-Cause Readmission Rate (30 days)
 9. Substance Use Disorder Treatment Penetration
 10. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

QI model parameters

Quality Score

How Performance Year result compares to the range defined by the Measure Target and Measure Mean

Improvement Score

How Performance Year result compares to the range defined by the Improvement Baseline Year result and the Measure Target

Quality Measures	Measure Target (upper bound of range)	Measure Mean (lower bound of range)
All-Cause Emergency Department Visits per 1,000 Member Months	Statewide mean - 1 percentage point	Statewide mean
Antidepressant Medication Management (acute/continuation phase)	National Medicaid 90th Percentile	National Medicaid Mean
Comprehensive Diabetes Care: Blood Pressure Control	National Medicaid 90th Percentile	National Medicaid Mean
Comprehensive Diabetes Care: Hemoglobin A1c Poor Control	National Medicaid 90th Percentile	National Medicaid Mean
Controlling High Blood Pressure	National Medicaid 90th Percentile	National Medicaid Mean
Medication Management for People with Asthma (5 – 64 Years)	National Medicaid 90th Percentile	National Medicaid Mean
Mental Health Treatment Penetration	Statewide mean + 1 percentage point	Statewide mean
Plan All-Cause Readmission Rate (30 days)	Statewide mean - 1 percentage point	Statewide mean
Substance Use Disorder Treatment Penetration	Statewide mean + 1 percentage point	Statewide mean
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	National Medicaid 90th Percentile	National Medicaid Mean

Performance Year and Improvement Baseline Year correspond to the ACH pay-for-performance measurement years.

DY	Performance Year	Baseline Year
3	2019	2017
4	2020	2018
5	2021	2019

SWA QI Framework

How the QI Model works:

- ▶ The QI Model incorporates results from a set of defined metrics.
- ▶ For each metric, the QI Model generates a metric quality score (QS) and metric improvement score (IS)
- ▶ A metric QS compares the statewide performance year result to the range defined by a quality score baseline and a metric target.
- ▶ A metric IS is calculated by comparing the performance year result to a range defined by state baseline performance (improvement score baseline) and the metric target.
- ▶ The metric quality score and metric improvement score are aggregated for each metric into a QI metric score with the use of a weighted average in which the metric quality score is increasingly weighted with higher performance.
- ▶ QI metric scores are aggregated across all statewide accountability quality metrics to generate the statewide QIS.

3. Mental Health Treatment Penetration (Broad version) (6 - 64 Years)
 Medication Management for People with Asthma (5 - 64 Years)

Bechmarks & Performance	2	3
Mean (QS Baseline)	28.3%	50.2%
Improvement Baseline Year Measure Score (IS Baseline)	32.9%	52.4%
Target (QS & IS)	41.2%	51.2%
Source	NCOA	State
Target Direction	↗	↗
Performance Year Measure Score	33.8%	54.7%
Q-I Weighting Factor	2	3
	0.42	1.00
Quality Score (QS)	2	3
Measure QS Attainment	0.05	0.04
Measure QS Span	0.13	0.01
Measure QS Ratio	0.42	4.48
Measure QS ←	0.34	2.00
Improvement Score (IS)	2	3
Measure IS Attainment	0.01	0.02
Measure IS Span	0.08	0.01
Measure IS Ratio	0.11	1.91
Measure IS ←	0.13	0.00
Measure Composite Score	2	3
	0.47	2.00
Measure Weight	2	3
	11%	11%

Quality Improvement Score (QIS):	0.72
QIS treshold for full credit:	0.20
Percent of at-risk funds associated with quality component earned:	100%



SWA VBP Adoption

Measure Approach

- ▶ By the end of 2021, *90% of all Medicaid MCO payments to providers must be made through designated VBP arrangements in order for the state to secure maximum available DSRIP funds.

Definition of achievement

- ▶ Statewide VBP adoption goals are limited to HCP LAN 2C-4B VBP arrangements.

Data source

- ▶ Per their contract requirements with HCA, MCOs must attest to their VBP adoption annually by reporting total payments in each HCP-LAN category.

Statewide Accountability VBP Goals

	Target Goal (HCP LAN 2C-4B)	Scoring Weights*	
		Improvement	Achievement
DY 3	75%	50%	50%
DY 4	85%	45%	55%
DY 5	90%	40%	60%

**Note: VBP baseline year is the year prior to the measurement year.*

SWA Calculating Level of VBP Adoption

Approach

- ▶ VBP adoption is calculated based on the share of MCO payments to providers that are made through VBP arrangements in HCP-LAN Category 2C or higher.

Calculation methodology

$$\text{Level of VBP adoption (\%)} = \frac{\text{MCO payments to providers (in \$) made through VBP arrangements above Category 2C}}{\text{Total MCO payments to providers (in \$)*}}$$

*Data source:
annual MCO
data
collection*

SWA Composite Score

Approach

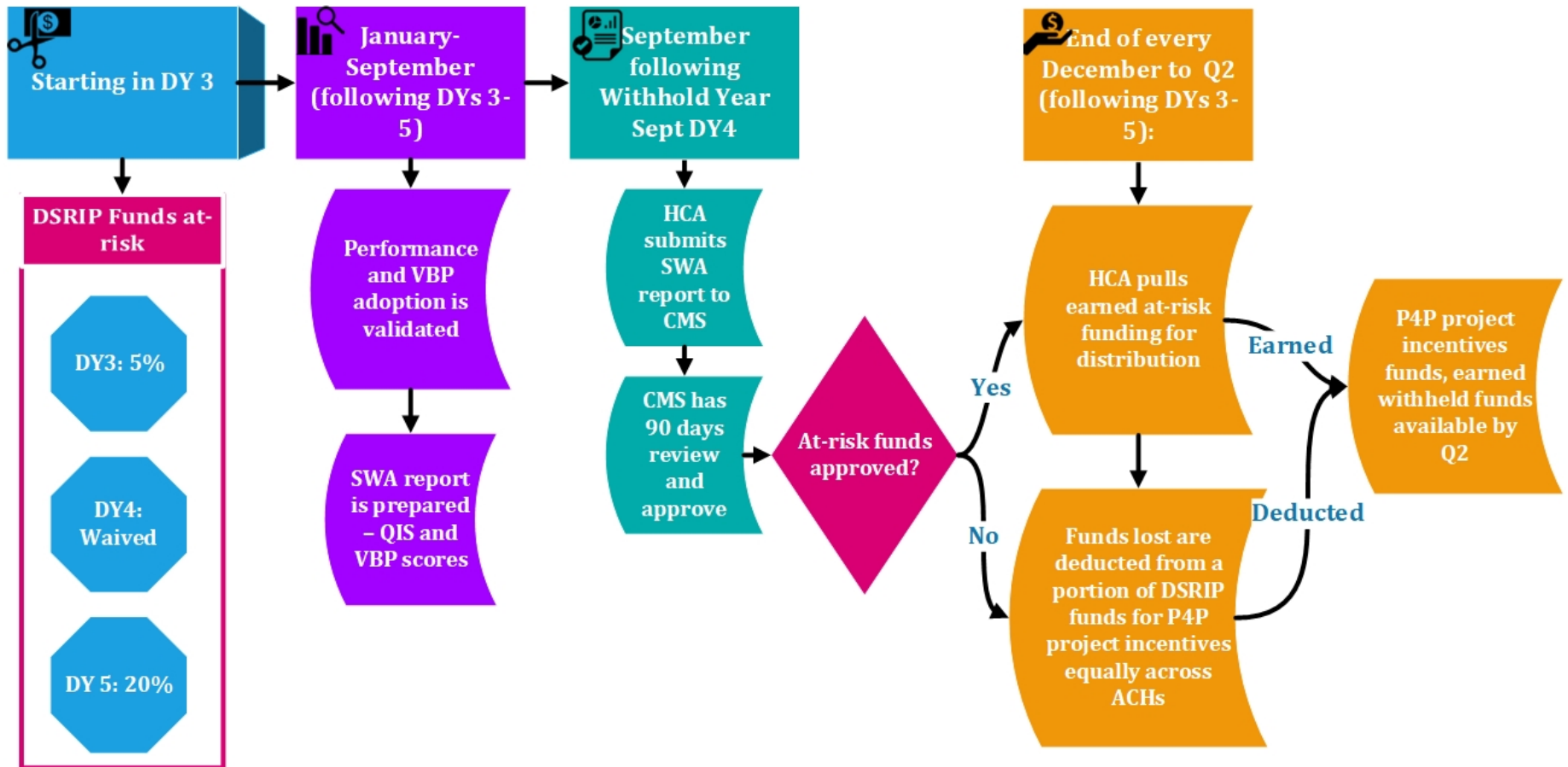
- Each of the ten quality measures contributes equal weight to the Quality Improvement QIS (totaling 80%). VBP adoption is weighted at 20% in recognition of its importance in the overall Medicaid Transformation effort and statewide value-based purchasing roadmap.

Statewide Accountability Components (DY 3-5)	Weight	Example Statewide Withhold Scenario (5% of DSRIP Funding At Risk in DY 3: \$11,795,000)			
		Percent Earned	Dollars At Risk*	Dollars Lost	Dollars Earned
Quality Improvement (Composite QI-Score)	80%	100%	\$9,436,000	\$0	\$9,436,000
Value-Based Purchasing Adoption Score	20%	50%	\$2,359,000	\$1,179,500	\$1,179,500
	Total	100%	\$11,795,000	\$1,179,500	\$10,615,500

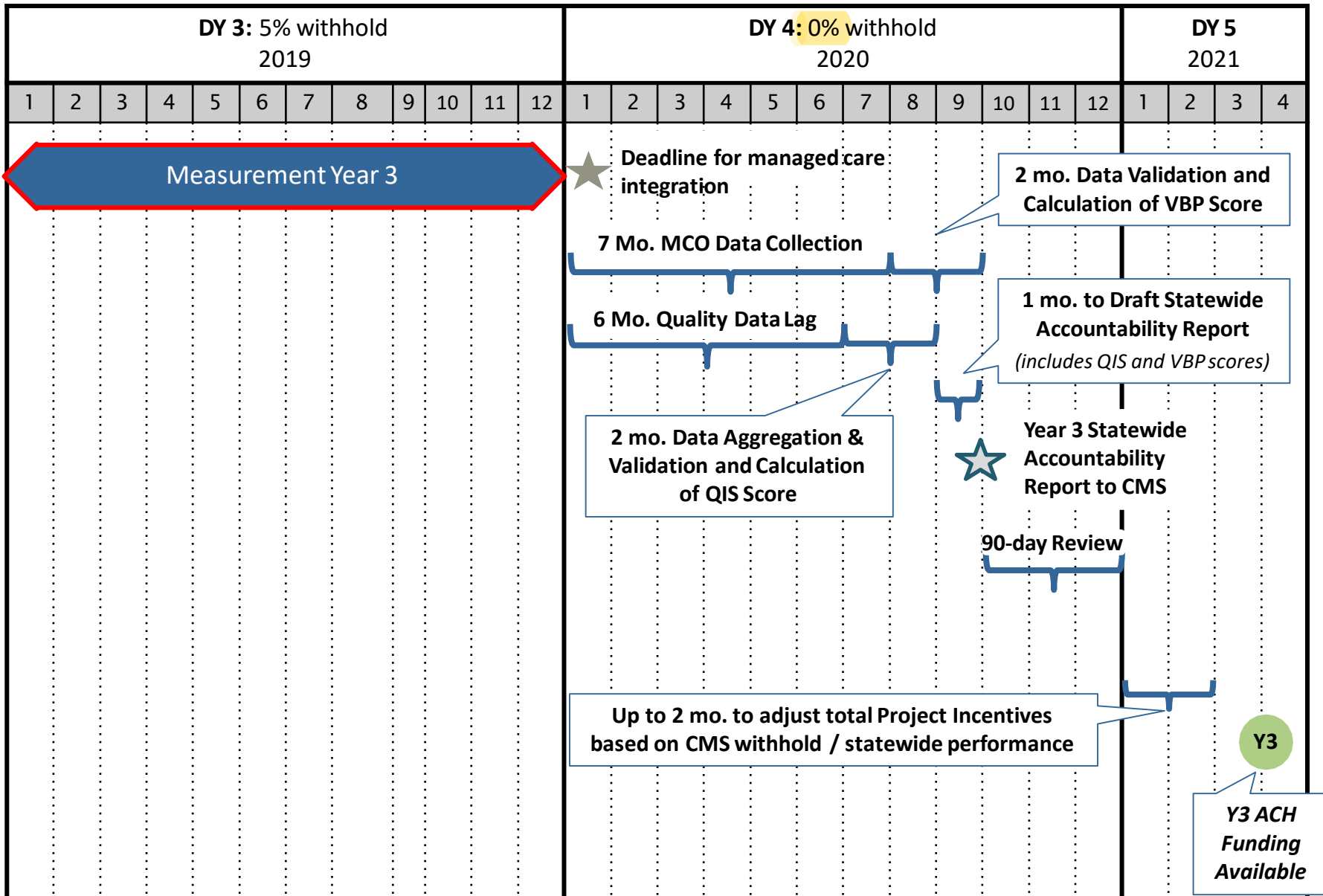
SWA Withhold Approach

Validating SWA Scores & Annual Withhold Amounts

(Annual Process: DY 3-5)



SWA withhold process and timing

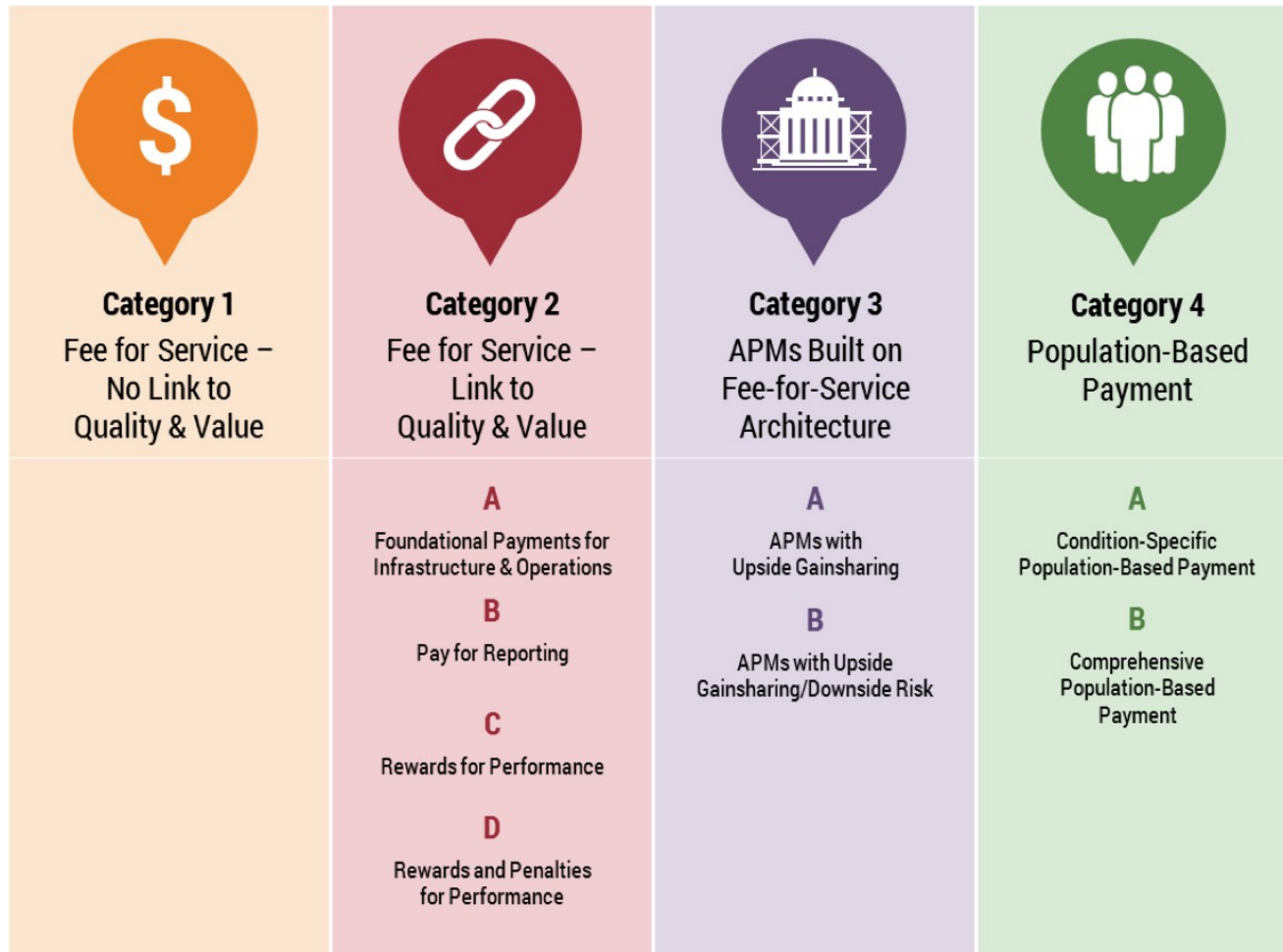


Appendix: SWA Measures

Measures	Description
VBP Measure	
VBP Adoption	Statewide VBP adoption targets will be limited to HCP LAN 2C-4B VBP arrangements: DY 3 (75%); DY 4 (85%); DY 5 (90%).
Quality Measures	
All-Cause Emergency Department Visits per 1,000 Member Months	The rate of Medicaid enrollee visits to the emergency department per 1000 member months, including visits related to mental health and chemical dependency.
Antidepressant Medication Management (acute/continuation)	The percentage of Medicaid enrollees 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment.
Comprehensive Diabetes Care: Blood Pressure Control*	The percentage of Medicaid enrollees 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg.
Comprehensive Diabetes Care: HbA1c Poor Control (> 9%)*	The percentage of Medicaid enrollees 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control).
Controlling High Blood Pressure (<140/90)*	The percentage of Medicaid enrollees 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90).
Medication Management for People with Asthma: Medication Compliance 75%	The percentage of Medicaid enrollees 5-64 years of age identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.
Mental Health Treatment Penetration (Broad)	The percentage of Medicaid enrollees 6 years of age and older with a mental health service need who received at least one qualifying service during the measurement year.
Plan All-Cause Readmission Rate (30 days)	The proportion of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission within 30 days among Medicaid enrollees ages 18-64 years old.
Substance Use Disorder Treatment Penetration	The percentage of Medicaid enrollees 12 years of age and older with a substance use disorder treatment need who received substance use disorder treatment in the measurement year.
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	The percentage of Medicaid-covered children 3-6 years of age who had one or more well-child visits with a primary care provider during the measurement year.

**Statewide measures only*

Appendix: HCP-LAN Framework



References

- ▶ [DSRIP Measurement Guide](#)
- ▶ [Project Toolkit](#)
- ▶ [Special terms and conditions \(STCs\)](#)
- ▶ [Funding and mechanical protocol](#)
- ▶ [Healthier Washington Dashboard](#)



Contacts

**If you have questions,
please contact HCA's:**

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