

Service Coordination Organization and Managed Care Performance Measures

Accountability Implementation Status

Substitute Senate Bill 5147, Section 3(2); Chapter 209; Laws of 2015; RCW 70.320.050
Substitute Senate Bill 5883, Section 204(4)(a); Chapter 1; Laws of 2017

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Executive summary

The Health Care Authority (HCA) completed an annual review of the service coordination organizations (SCO) and managed care performance measures as well as the number of Washington Apple Health (Medicaid) covered lives. Overall, the performance measures remained fairly stable across all SCOs, which include behavioral health organizations (BHO), the Department of Social and Health Services (DSHS) area agencies on aging (AAA), and managed care organizations (MCO). Some measures showed movement that will require further monitoring, including: an increase in substance use disorder penetration, initiation and engagement, psychiatric 30-day readmissions, and emergency department utilization. There was a decrease in employment and the number of Washingtonians that are covered by Apple Health and Children’s Health Insurance Plan (CHIP) programs.

Findings and analysis

In reviewing the number of adults covered by Apple Health in 2019, a decrease by approximately 22,750 individuals is shown. In the CHIP population, there was a decrease by 2,365 individuals. The main reasons an individual could lose coverage include death, residency changes and requesting closure. Due to the COVID-19 pandemic, there has been an increase in eligibility in month-to-month monitoring, but looking at unique counts over a yearlong period, there is a more stable trend line with a slight decrease overall.

While the performance measures mostly remained fairly stable across all SCOs, there were a few notable changes. These include:

- An increase in both substance use disorder penetration and initiation and engagement of treatment across BHOs, AAA, and MCOs,
- A slight increase in the number of psychiatric inpatient 30 day readmissions for BHOs and MCOs,
- A decrease in the number of employed clients for BHOs, AAA, and MCOs, and;
- A slight increase in emergency department utilization per 1,000 covered months in the AAA.

It is important to note that the two SCO performance measurements for the substance use disorder (SUD) population (*Initiation of Alcohol and Other Drug Dependence Treatment* and *Engagement in Alcohol and Other Drug Dependence Treatment*) have been replaced with the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) SUD Treatment Initiation and Engagement measure. There had been difficulty obtaining data for the previous versions of these measures after the retirement of the SUD data system called TARGET (Treatment and Assessment Report Generation Tool). The NCQA HEDIS version is designed to work with claim and encounter data.

A summary conclusion from the review of these measures is that by shifting to the Substance Use Disorder measure, which is specifically designed to work with claims and encounter data, we were



able to more accurately measure the penetration, initiation and engagement rates for members who received these services. The increase in these metrics over the last three years demonstrates effectiveness of the investment the state has made in addressing our population who are struggling with substance use disorders. Continued monitoring and collaboration with the MCOs will be needed to study possible causation for the slight changes seen this year in readmissions, employment and emergency department utilization.

It is important to keep the context of the continued changes affecting the behavioral health system across the state as we review this data. Workgroups and stakeholder feedback continue to inform ongoing development of the measures as we move forward.

Performance measure data

Behavioral health organization measure results

Tables 1 and 2 (on the next two pages) offer the SCO results calculated at a statewide level by DSHS' Research and Data Analysis (RDA) division for Apple Health enrollees with mental health services needs and for individuals with SUD service needs. Individuals with mental health and SUD treatment needs (who may or may not be receiving treatment services) are attributed to the BHOs through 2019. Measure results are reported separately for each grouping. Those with co-occurring disorders are included in both the "mental health" and "substance use disorder" tables.



Table 1: Statewide Measure Results: Mental Health, Medicaid Enrollees

Behavioral Health Organization—Medicaid Enrollees with Mental Health Service Needs, Statewide Measure Results	Twelve Months Ending		
	2017 Q4	2018 Q4	2019 Q4
Adults' Access to Preventive/Ambulatory Health Services	91.9%	92.1%	92.2%
Substance Use Disorder Treatment Penetration	30.1%	34.2%	37.9%
Initiation of Alcohol and Other Drug Dependence Treatment	33.1%	38.1%	39.8%
Engagement in Alcohol and Other Drug Dependence Treatment	10.3%	14.5%	15.1%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligible members)	47.5%	49.0%	49.4%
Plan All Cause 30-Day Readmission	16.3%	16.3%	16.6%
Psychiatric Inpatient 30-Day Readmission	13.2%	13.8%	14.9%
Medicaid—Percent Homeless (Narrow Definition—Excludes 'homeless with housing', ACES living arrangement code)	6.0%	6.4%	6.7%
Percent Homeless (Broad Definition—Includes 'homeless with housing' ACES living arrangement code)	13.6%	14.1%	14.5%
Percent Employed	40.0%	39.7%	36.9%
Percent Arrested	7.6%	8.1%	8.0%
Emergency Department Utilization per 1,000 Coverage Months	99.6	98.0	98.1



Table 2: Statewide Measure Results: Substance Use Disorder, Medicaid Enrollees

Behavioral Health Organization – Medicaid Enrollees with Substance Use Disorder Service Needs, Statewide Measure Results	Twelve Months Ending		
	2017Q4	2018Q4	2019Q4
Adults’ Access to Preventive/Ambulatory Health Services	85.8%	86.5%	87.1%
Substance Use Disorder Treatment Penetration	30.1%	34.2%	37.9%
Initiation of Alcohol and Other Drug Dependence Treatment	31.9%	37.1%	38.7%
Engagement in Alcohol and Other Drug Dependence Treatment	9.7%	13.7%	14.4%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligible members)	55.1%	56.2%	55.8%
Plan All Cause 30-Day Readmission	18.1%	18.3%	18.5%
Psychiatric Inpatient 30-Day Readmission	14.4%	15.2%	16.5%
Medicaid–Percent Homeless (Narrow Definition–Excludes ‘homeless with housing’, ACES living arrangement code)	13.2%	14.2%	15.0%
Percent Homeless (Broad Definition–Includes ‘homeless with housing’ ACES living arrangement code)	27.0%	28.3%	29.4%
Percent Employed	38.9%	38.6%	35.5%
Percent Arrested	19.5%	20.7%	20.6%
Emergency Department Utilization per 1,000 Coverage Months	146.6	143.5	143.5



Area agencies on aging measure results

Area agencies on aging (AAA) measures are calculated and reported for both regional service areas and the state as a whole. The results in Table 3 are reported at the statewide level and include only measures currently required in AAA contracts. Both Apple Health and dual-eligible (Medicare-Medicaid eligible) clients are included.

Table 3: Statewide Measure Results: Aging and Long-Term Support Administration

Aging and Long-Term Support-Statewide Measure Results	Twelve Months Ending		
	2017Q4	2018Q4	2019Q4
Adults' Access to Preventative/Ambulatory Care Health Care Services	97.8%	97.9%	97.4%
HCBS and Nursing Facility Utilization Balance	85.3%	85.8%	86.3%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	47.7%	48.2%	48.3%
Substance Use Disorder Treatment Penetration	9.6%	11.3%	13.5%
Emergency Department Visits per 1,000 Coverage Months	87.4	89.7	95.2
Plan All Cause 30-Day Readmission	16.9%	17.5%	17.1%
Percent Homeless (Broad Definition)	0.9%	1.0%	1.3%



Apple Health managed care organizations measure results

Table 4 summarizes the results of SCO performance measures for all Apple Health MCOs (regardless of contract arrangement).

Table 4: Statewide Measure Results; Managed Care Organizations

Managed Care Organization-Statewide Measure Results	Twelve Months Ending		
	2017Q4	2018Q4	2019Q4
Substance Use Disorder Treatment Penetration	30.4%	34.2%	37.6%
Initiation of Alcohol and Other Drug Dependence Treatment	30.7%	36.4%	38.3%
Engagement in Alcohol and Other Drug Dependence Treatment	9.7%	14.0%	14.6%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligible members)	47.5%	49.3%	50.1%
Psychiatric Inpatient 30-Day Readmission	12.5%	13.7%	14.8%
Percent Homeless (Narrow Definition–Excludes ‘homeless with housing’, ACES living arrangement code)	5.1%	5.5%	5.8%
Medicaid–Percent Homeless (Broad Definition–Includes ‘homeless with housing’ ACES living arrangement code)	11.8%	12.3%	12.8%
Percent Employed	51.6%	50.2%	46.2%
Medicaid–Percent Arrested	6.5%	7.0%	6.9%

Conclusion

This multi-agency collaborative report is an update to previous versions of the Service Coordination Organization report on BHO and MCO performance, the SCO performance measures, and the value-based purchasing measures. Overall the measure results are positive. While there has been a decrease in individuals covered by Apple Health within the reporting period, we anticipate the next reporting period to reflect an increased enrollment with the influx of applicants due to the COVID-19 pandemic and the resulting economic crisis. Finally, the careful monitoring of vetted metrics throughout the state has allowed us to monitor the quality of the services being provided by the MCOs to ensure they meet the standards and quality of care we require for some of our most vulnerable residents, and to provide an opportunity to continually improve the health of Washington State.

