



Service Coordination Organization and Managed Care Performance Measure Report

Accountability Implementation Status

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December 1, 2019



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Executive Summary

The Washington State Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) developed this report to identify performance measures, document variations in performance, and report on 2018 performance measure outcomes.

For Service Coordination Organizations (SCOs)¹, a term that covers:

- Behavioral Health Organizations (BHOs)
- Managed Care Organizations (MCOs)
- Area Agencies on Aging (AAAs)

This report builds on the previous years' Service Coordination Organization reports².

Some important things to note about this report include:

- In 2019, the number of adults covered by Washington Apple Health (Medicaid) decreased by 42,645 individuals and the Children's Health Insurance Plan (CHIP) population increased by over 4,240 individuals. The decrease may be a result, in part, of improvements in the economy and reductions in the unemployment rate.
- Two SCO performance measurement results in the Substance Use Disorder population (*Initiation of Alcohol and Other Drug Dependence Treatment* and *Engagement in Alcohol and Other Drug Dependence Treatment*) continue to show a decline from 2017 data.—During the same time period, *Substance Use Disorder Penetration Rate* has increased. While we don't have a definitive cause for this decline, one theory is that the data being received for Substance Use Disorder services from providers is incomplete, leading to inaccurate numbers.

On the surface these data appear to be contradictory; one showing that fewer people are initiating and engaging in treatment while more people are getting substance use disorder services. However, it is important to note the difference in these measures. The *Initiation of Alcohol and Other Drug Dependence Treatment* and *Engagement in Alcohol and Other Drug Dependence Treatment* is measuring the population receiving treatment. On the other hand, the *Substance Use Disorder Penetration Rate* measures the proportion of the population in need that was served.

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

¹ Service Coordination Organizations, as defined in Engrossed Substitute House Bill 1519 (Chapter 320, Laws of 2013) are entities that contract with the state to provide a comprehensive delivery system of medical and behavioral health, long-term care, or social support services.

² The 2017 report can be found at: <https://www.hca.wa.gov/assets/service-coord-orgs.pdf>

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Background

Legislation

Over the past five years, the Legislature has directed HCA and DSHS to take the following actions:

1. Engrossed House Bill 1519 (2013) required DSHS and HCA, by December 1, 2014, to identify performance measures and expected outcomes established for SCOs.
2. Substitute Senate Bill 5147 (2015) directed DSHS and HCA to:
 - Require contracted SCOs, by July 15, 2015, to conduct an initial health screen for new Medicaid enrollees.
 - Submit an annual report to the Washington State Legislature by December 1 each year on the incorporation of performance measures developed under Chapter 70.320 RCW into SCO contracts and progress toward achieving identified outcomes. This legislation directed the agencies to include:
 - The number of Apple Health 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.
3. Substitute Senate Bill 5883 (2017) directed DSHS and HCA, by December 1, 2017, to report to the Legislature on:
 - All performance measures used for Behavioral Health Organizations (BHOs) and Managed Care Organizations (MCOs), and the variations in performance among these entities;
 - Performance measures included in BHO and MCO 2018 contracts and whether these measures are connected to payment; and
 - Any performance measures planned for inclusion in BHO and MCO 2019 contracts and whether the measures will be connected to payment during that contract period.
4. In 2018, under HB 1388, the Legislature transferred behavioral health authority, including the staff responsible for monitoring and reporting on SCOs, from DSHS Division of Behavioral Health and Recovery (DBHR) to HCA.

Contract Management

Two agencies manage and monitor contracts and are required to report performance measures:

- At DSHS, Aging and Long-Term Support Administration (AL TSA)'s Home and Community Services is responsible for management of Washington Area Agencies on Aging contracts.



- At HCA, DBHR is primarily responsible for the behavioral health programs and issues, excluding the management of inpatient program and involuntary treatment program. Medicaid Program Operations and Integrity Division’s Compliance Review and Analytics section is responsible for management of the Apple Health MCOs; since July 1, 2018, this section is also responsible for management of Washington BHOs.

Performance Measures in State-Purchased Health Care Services

Service Coordination Organization Measures

The measures listed below are the current SCO measures.³ The measures in grey on Table 1 are not calculated by DSHS-RDA, but are available to agencies through other means. For example, HCA MCOs report on access to preventive/ambulatory health services rate annually. Other measures are unique to a particular program. For example, the *mental health service (treatment) penetration (narrow) measure* was developed for use in the BHOs and MCOs in the integrated regions; MCOs in non-integrated regions are not required to report on this measure.

Table 1: Service Coordination Organization Performance Measures by SCO Type

Service Coordination Organization Performance Measures	Area Agencies on Aging	BHOs and Integrated Regions	MCOs (Non - integrated)
Adults’ Access to Preventive/Ambulatory Health Services	X	X	
Arrest Rate	X	X	X
Emergency Department (ED) Utilization per 1000 Coverage Months	X	X	X
Employment Rate	X	X	X
Engagement in Alcohol and Other Drug Dependence Treatment Penetration	X	X	X
Home and Community-Based Long Term Services and Supports	X	X	X
Proportion of Enrollees receiving LTSS			
Homelessness (Broad)	X	X	X
Homelessness (Narrow)	X	X	X
Initiation of Alcohol and Other Drug Dependence Treatment	X	X	X
Mental Health Service (Treatment) Penetration (Broad)	X	X	X
Mental Health Service (Treatment) Penetration (Narrow)	X	X	
Plan All-Cause Readmission Rate	X	X	

³ DSHS-RDA reports these measures at <https://www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid>.



Service Coordination Organization Performance Measures	Area Agencies on Aging	BHOs and Integrated Regions	MCOs (Non-integrated)
Substance Use Disorder Service (Treatment) Penetration	X	X	X
Thirty (30) Day Psychiatric Hospital Readmission Rate	X	X	X

For descriptions of each measure, see: www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid

Behavioral Health Organization Measures

The 2018-2019 contracts with the remaining three BHOs and the MCOs in the integrated regions contain three core performance measures. In 2020 BHOs will cease to exist and all regions in the state will transition to Integrated Managed Care through the MCOs. For continuity, HCA intends to continue the existing behavioral health metrics in the 2020 contracts with the MCOs. These include:

- 30-day psychiatric readmission rate.
- Substance Use Disorder (SUD) treatment initiation and engagement rates, including both youth and adult treatment initiation and treatment engagement rates.
- Mental Health Service Penetration rate.

Two measures, the *Mental Health Treatment Penetration rate* and *Substance Use Disorder treatment penetration rate*, are not required in BHO contracts. However, they are tracked by DSHS-RDA. The Behavioral Health Access Measure (BHAM) captures the same type of information (the rate at which people access the public behavioral health system). However, the BHOs can replicate and track for themselves the BHAM measure. This makes the measure more actionable for the BHOs, allowing them to implement interventions quickly, if needed.

Statewide Common Measures and Healthcare Effectiveness Data and Information Set (HEDIS®) Measures

The measures in the Statewide Common Measure Set (SCMS) are defined by Washington State’s Performance Measure Coordinating Committee⁴, created by Engrossed Second Substitute House Bill 2572 (Chapter 223, Laws of 2014). This committee, with the support of ad hoc technical workgroups, provided a starter set of measures in 2014. The measures continue to evolve over time as the science of measurement and state priorities advance.

Thirty-six of the 56 SCMS measures are included in the 2018 Apple Health Managed Care contracts. Twenty SCMS measures are excluded from these contracts for the following reasons:

⁴ The Performance Measures Coordinating Committee is a statewide performance measurement committee appointed by the Governor to oversee creation of the Statewide Common Measure Set. Technical workgroups comprised of health care clinicians helped define the initial set of measures.



- The measures require using the Department of Health (DOH) Immunization Information System. Two measures, immunizations for influenza and pneumococcal vaccinations for older adults, require this data.
- The measures require a survey source, calculated at the statewide and regional level of analysis. Two surveys, both conducted by DOH, meet these requirements. These are the Behavioral Health Risk Factor Surveillance System (BRFFS) survey and the Pregnancy Risk Assessment Monitoring System (PRAMS) survey.
- The measure specifications do not require MCOs to produce the measures. For example, Washington’s hospitals are required to calculate a subset of the measures, including those for chronic asthma, older adult admissions, and falls with injury.
- The measure specifications are finance-oriented. For example, one of the finance measures, calculated by HCA, is the annual state purchased health care spending growth relative to State Gross Domestic Product (GDP).

The table below provides a master list of all HCA-selected measures. Most, but not all measures, will be reported by Apple Health Managed Care contractors.

Table 2: Clinical Performance Measures, 2018 Apple Health Contracts

2018 Clinical Performance Measures for Apple Health Contracts	Measure Steward	Statewide Common Measure Set Measures
Adherence to Antipsychotic Medication for Individuals with Schizophrenia	NCQA-HEDIS	
Adolescent Immunization Status (Immunizations for Adolescents)	NCQA-HEDIS	Y
Adolescent Well-Child Care Visit	NCQA-HEDIS	
Adult Access to Preventive/Ambulatory Health Services	NCQA-HEDIS	Y
Adult Body Mass Index (BMI) Assessment (will be removed in 2020)	NCQA-HEDIS	Y
Alcohol and Drug Treatment Engagement	DSHS-RDA	
Ambulatory Care: Emergency Department Visits per 1,000	NCQA-HEDIS	Y
Annual Monitoring for Patients on Persistent Medications (ACE/ARB component)	NCQA-HEDIS	Y
Antibiotic Utilization	NCQA-HEDIS	
Antidepressant Medication Management: Effective Acute Phase Treatment	NCQA-HEDIS	Y
Antidepressant Medication Management: Effective Continuation Phase Treatment	NCQA-HEDIS	Y
Appropriate Testing for Children with Pharyngitis	NCQA-HEDIS	Y
Appropriate Treatment for Children with Upper Respiratory Infection	NCQA-HEDIS	
Asthma Medication Ratio (added as a Statewide Common Measure in 2019)	NCQA-HEDIS	Y
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	NCQA-HEDIS	Y
Breast Cancer Screening	NCQA-HEDIS	Y
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	NCQA-HEDIS	
Cervical Cancer Screening	NCQA-HEDIS	Y
Childhood Immunization Status (Combo 10)	NCQA-HEDIS	Y
Children and Adolescents’ Access to Primary Care Practitioners	NCQA-HEDIS	Y
Chlamydia Screening in Women	NCQA-HEDIS	Y
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	NCQA-HEDIS	Y



2018 Clinical Performance Measures for Apple Health Contracts	Measure Steward	Statewide Common Measure Set Measures
Comprehensive Diabetes Care: HbA1C Control (<8.0%)	NCQA-HEDIS	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA-HEDIS	Y
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA-HEDIS	Y
Comprehensive Diabetes Care: Eye Exam	NCQA-HEDIS	Y
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm)	NCQA-HEDIS	Y
Controlling High Blood Pressure	NCQA-HEDIS	Y
Diabetes Monitoring for People with Diabetes and Schizophrenia	NCQA-HEDIS	
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	NCQA-HEDIS	
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	NCQA-HEDIS	
Follow-up Care for Children Prescribed ADHD Medication	NCQA-HEDIS	Y
Follow-Up After ED Visit for Mental Illness	NCQA-HEDIS	Y
Follow-Up After ED Visit for Alcohol and other Drug Dependence	NCQA-HEDIS	Y
Frequency of Ongoing Prenatal Care	NCQA-HEDIS	
Frequency of Selected Procedures	NCQA-HEDIS	
Lead Screening in Children	NCQA-HEDIS	
Medical Assistance with Smoking and Tobacco Use Cessation (removed as a Statewide Common Measure in 2019)	NCQA-CAHPS	
Medication Management for People with Asthma (removed in 2019)	NCQA-HEDIS	Y
Mental Health Utilization	NCQA-HEDIS	
Mental Health Service (Treatment) Penetration (Broad)	DSHS-RDA	Y
Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA-HEDIS	
Non-Recommended Cervical Cancer Screening in Adolescent Females	NCQA-HEDIS	
NTSV C-Section (Cesarean Birth)	The Joint Commission	Y
Oral Health: Primary Caries: Prevention Offered by Primary Care	HCA	Y
Persistence of Beta Blocker Treatment after Heart Attack	NCQA-HEDIS	
Pharmacotherapy Management of COPD Exacerbation	NCQA-HEDIS	
Plan All Cause Readmission	NCQA-HEDIS	Y
Prenatal and Postpartum Care	NCQA-HEDIS	
Proportion of Enrollees receiving LTSS	DSHS-RDA	
Statin Therapy for Patients with Cardiovascular Disease	NCQA-HEDIS	Y
Statin Therapy for Patients with Diabetes	NCQA-HEDIS	
Substance Use Disorder Treatment (Service) Penetration	DSHS-RDA	Y
30 day Psychiatric Inpatient Readmissions	DSHS-RDA	Y
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA-HEDIS	
Use of Imaging Studies for Low Back Pain	NCQA-HEDIS	Y
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	NCQA-HEDIS	
Use of Opioids at High Dosage	NCQA-HEDIS	
Use of Opioids from Multiple Providers	NCQA-HEDIS	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA-HEDIS	Y
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	NCQA-HEDIS	Y
Well Child Visits in the First 15 Months of Life	NCQA HEDIS	Y



2018 Clinical Performance Measures for Apple Health Contracts	Measure Steward	Statewide Common Measure Set Measures
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA-HEDIS	Y

Managed Care Organization Value-Based Purchasing Performance Measures

In 2016, HCA adopted a Value-Based Purchasing Roadmap, a key strategy under Healthier Washington. HCA adopted a goal that 90 percent of HCA provider payments under state-financed health care programs, Apple Health and the Public Employees Benefits Board (PEBB) Program, would be linked to quality and value by 2021.

In 2017, an internal HCA quality workgroup recommended a list of measures for use in value-based purchasing. The program selected measures based on the needs and risks of the populations served. For example, discussion with the DSHS-Behavioral Health Administration and DSHS-Children’s Administration, led to a more informed selection of measures for the Apple Health Foster Care contract. The value base purchasing model continues to be refined, driven by legislation and best practices.

Table 3 lists the value-based purchasing measures selected for all Apple Health contracts. HCA started using the Apple Health Managed Care value-based measures in 2017 and it has been reviewed and updated as needed. Each contract describes how HCA rewards MCO performance; and includes requirements for the MCOs to ensure clinics also receive incentives for achieving performance.

Table 3: Value-Based Purchasing Clinical Performance Measures, Apple Health Contracts

Value-Based Purchasing Clinical Performance Measures for Apple Health Contracts	Apple Health	Fully Integrated Managed Care	Apple Health Foster Care	Statewide Common Measure Set (CMS)/ SCOs
Antidepressant Medication Management: Effective Acute Phase Treatment	X	X		SCMS
Antidepressant Medication Management: Effective Continuation Phase Treatment	X	X		SCMS
Childhood Immunization Status (Combo 10)	X	X		SCMS
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	X	X		SCMS
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm)	X	X		SCMS
Controlling High Blood Pressure	X	X		SCMS
Medication Management for People with Asthma: Medication Compliance 75% (Ages 5-11)	X	X	X	SCMS
Medication Management for People with Asthma: Medication Compliance 75% (Ages 12-18)	X	X	X	SCMS
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	X	X	X	SCMS/SCO



Value-Based Purchasing Clinical Performance Measures for Apple Health Contracts	Apple Health	Fully Integrated Managed Care	Apple Health Foster Care	Statewide Common Measure Set (CMS)/ SCOs
Substance Use Treatment (Service) Penetration		X		SCMS/SCO
Substance Use Disorder Initiation		X		SCO
Substance Use Disorder Engagement		X		SCO
Mental Health Treatment (Service) Penetration		X		SCMS/SCO
Adolescent Well-Care Visits			X	SCMS/SCO
Follow-Up Care for Children Prescribed ADHD Medication: Initiation			X	SCMS
Follow-Up Care for Children Prescribed ADHD Medication: Continuation			X	SCMS
Lead Screening in Children			X	N/A

In the 2019 legislative session, Budget proviso ESHB1109 passed which requires some additional changes to the current VBP measures. These changes will include:

- Four MCO shared measures with at least one measure that impacts cost and one measure that impacts population health.
- Three MCO specific measures from the State Common Measure Set, identified because of the MCO's marked poor performance.
- MCOs must be informed of these new measures for CY 2020 by September 15, 2019 and annually thereafter.
- Changing the percentage withheld in the value based purchasing metrics to 2 percent in 2020 (up from 1.5 percent).

Performance Measure Results

Behavioral Health Organization Measure Results

DSHS-RDA has produced SCO measures on behalf of DSHS and HCA over a multi-year period. Results can be found at www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid. DSHS-RDA calculates measures by coverage population, such as disabled adults or new adults.

Tables 4 and 5 provide results of the SCO measures calculated at a statewide level of analysis for Apple Health enrollees with mental health services needs and for individuals with substance use disorder service needs. Individuals with these treatment needs (who may or may not be receiving treatment services) are attributed to the remaining BHOs. 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 4: Statewide Measure Results: Mental Health, Medicaid Enrollees

Behavioral Health Organization–Medicaid Enrollees with Mental Health Service Needs, Statewide Measure Results	Twelve Months Ending		
	2016 Q4	2017 Q4	2018 Q4
Adults’ Access to Preventive/Ambulatory Health Services	91.5%	91.9%	91.9%
Substance Use Disorder Treatment Penetration	26.1%	29.3%	33.4%
Initiation of Alcohol and Other Drug Dependence Treatment	67.5%	65.1%	64.0%
Engagement in Alcohol and Other Drug Dependence Treatment	56.0%	52.5%	51.5%
Mental Health Treatment Penetration (Narrow Definition-% who needed a service through RSN/BHO)	23.2%	23.2%	22.7%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	46.5%	47.4%	48.7%
Plan All Cause 30-Day Readmission	15.6%	15.2%	14.9%
Psychiatric Inpatient 30-Day Readmission	14.0%	13.5%	14.0%
Medicaid–Percent Homeless (Narrow Definition–Excludes ‘homeless with housing’, ACES living arrangement code)	5.9%	6.0%	6.4%
Percent Homeless (Broad Definition–Includes ‘homeless with housing’ ACES living arrangement code)	13.7%	13.6%	14.1%
Percent Employed	40.0%	39.4%	39.0%
Percent Arrested	7.8%	7.6%	8.1%
Emergency Department Utilization per 1,000 Coverage Months	105.8	100.1	97.9

Table 5: 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		
	2016Q4	2017Q4	2018Q4
Adults’ Access to Preventive/Ambulatory Health Services	84.8%	85.8%	86.4%
Substance Use Disorder Treatment Penetration	26.0%	28.7%	32.4%
Initiation of Alcohol and Other Drug Dependence Treatment	72.4%	69.4%	68.0%
Engagement in Alcohol and Other Drug Dependence Treatment	61.1%	57.0%	55.6%
Mental Health Treatment Penetration (Narrow Definition-% who needed a service through RSN/BHO)	34.9%	34.3%	32.9%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	54.4%	55.1%	56.0%
Plan All Cause 30-Day Readmission	17.2%	17.2%	17.0%
Psychiatric Inpatient 30-Day Readmission	15.2%	14.8%	15.3%
Medicaid–Percent Homeless (Narrow Definition–Excludes ‘homeless with housing’, ACES living arrangement code)	13.0%	13.2%	14.2%
Percent Homeless (Broad Definition–Includes ‘homeless with housing’ ACES living arrangement code)	26.9%	27.0%	28.3%

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Percent Employed	38.9%	38.5%	38.2%
Percent Arrested	19.8%	19.5%	20.6%
Emergency Department Utilization per 1,000 Coverage Months	156.7	147.3	143.2

Area Agencies on Aging Measure Results

AAA measures are calculated and reported for both regional service areas and the state as a whole. The results in Table 6 are reported at the statewide level and include only measures currently required in AAA contracts. Both Apple Health and dual-eligible (Medicare-Apple Health eligible) clients are included.

Table 6: Statewide Measure Results: Aging and Long-Term Support Administration

Aging and Long-Term Support-Statewide Measure Results	Twelve Months Ending		
	2016Q4	2017Q4	2018Q4
Adults' Access to Preventative/Ambulatory Care Health Care Services	98%	98%	98%
HCBS and Nursing Facility Utilization Balance	85%	85%	85%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	47%	48%	48%
Substance Use Disorder Treatment Penetration	6.4%	8.4%	10.3%
Emergency Department Visits per 1,000 Coverage Months	89	90	93
Plan All Cause 30-Day Readmission	17%	17%	16%
Percent Homeless (Broad Definition)	0.7%	0.9%	1.0%

Apple Health Managed Care Organizations Measure Results

Table 7 summarizes the results of SCO performance measures for all Apple Health MCOs (regardless of contract arrangement).⁵

Table 7: Statewide Measure Results; Managed Care Organization

Managed Care Organization-Statewide Measure Results	Twelve Months Ending		
	2016Q4	2017Q4	2018Q4
Substance Use Disorder Treatment Penetration	26.6%	29.8%	33.6%
Initiation of Alcohol and Other Drug Dependence Treatment	70.7%	68.0%	66.6%
Engagement in Alcohol and Other Drug Dependence Treatment	59.8%	56.2%	54.4%

⁵ Details for each region can be found at <https://www.dshs.wa.gov/sesa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid-0>.



Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	46.4%	47.5%	49.1%
Psychiatric Inpatient 30-Day Readmission	14.2%	12.7%	13.8%
Percent Homeless (Narrow Definition-Excludes 'homeless with housing', ACES living arrangement code)	5.1%	5.1%	5.5%
Medicaid-Percent Homeless (Broad Definition-Includes 'homeless with housing' ACES living arrangement code)	12.0%	11.8%	12.3%
Percent Employed	52.0%	50.9%	49.4%
Medicaid-Percent Arrested	6.7%	6.5%	7.0%

Conclusion

This multi-agency collaborative report is an update to previous versions of the Service Organization Coordination report on BHO and MCO performance, the SCO performance measures, and the value based purchasing measures. Overall the measure results are positive and while there has been a decrease in individuals covered by Apple Health it appears to be due to a combination of a reduction in unemployment rates and older populations transitioning from Apple Health onto Medicare. Further, the careful monitoring of vetted metrics throughout the state has allowed us to monitor the quality of the services being provided by the BHO and MCOs meet the standards and quality of care we require for our residents and identify opportunities to improve.

