

Medicaid managed care preventive services and vaccinations

Engrossed Substitute Senate Bill 5092; Section 211(18);
Chapter 334; Laws of 2021
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Executive Summary

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute Senate Bill 5092 (2021):

“The authority shall submit reports to the governor and the legislature by September 15, 2021, and no later than September 15, 2022, that delineate the number of individuals in Medicaid managed care, by carrier, age, gender, and eligibility category, receiving preventative services and vaccinations. The reports should include baseline and benchmark information from the previous two fiscal years and should be inclusive of, but not limited to, services recommended under the United States preventative services task force, advisory committee on immunization practices, early and periodic screening, diagnostic, and treatment (EPSDT) guidelines, and other relevant preventative and vaccination medicaid guidelines and requirements.”

The Legislature first required HCA to submit this report under Engrossed Substitute House Bill 2376; Section 213(1)(rr); Laws of 2016.

To ensure the Legislature has the information it requested regarding Washington Apple Health (Medicaid) managed care enrollees, we have included the *2020 EQR comparative and regional analysis report* by Comagine Health in this legislative report’s [Appendix A](#). Comagine Health is HCA’s federally required Medicaid external quality review organization (EQRO).

The report provides Comagine Health’s analysis and findings on the following:

- Preventive care—including vaccinations, for children and adults
- Enrollee numbers by program/plan
- Enrollee demographics (race, language, age, and gender)

The report includes reporting and trending for performance within three calendar years (2017, 2018, and 2019) to comply with at least two previous fiscal years period, as required in the legislation. In keeping with the national standard for reporting, this information is based on calendar years and is reported the following year (i.e., 2020 rate reflects upon 2019 performance).

The measures reported are required either by CMS or by Washington State via its contracts with Managed Care Organizations (MCO). While all the measures are important indicators of the quality of health care delivered to our clients, some measures are more commonly used to report and assess progress.

A summary of these commonly reported measures and their results, with data excerpts, follows in [the key findings section](#) of this legislative report. See page 15 of the *2020 EQR comparative and regional analysis report* ([Appendix A](#)), for an explanation of percentiles used in the report.

Preventive Services and Vaccinations

Background

HCA has submitted this report to the legislature annually since 2016. The report format changes to make it easier to follow with the attached Comparative Analysis Report. The Comparative Analysis Report is published by Comagine under contract with the HCA to conduct external quality review as mandated by the Center for Medicare and Medicaid Services (CMS). The report is published and available to the public on the [HCA Apple Health reports webpage](#).

Effects of COVID-19

This report contains data collected for calendar year 2019, before the COVID-19 pandemic became known. The report was completed and published in spring 2020, so Comagine was able to anticipate some effects, as on pages 6-7 and 17.

The National Committee for Quality Assurance (NCQA) did make one change in RY 2020 reporting due to the pandemic. For hybrid measures, which are obtained from claims information combined with a sampling of chart review, CMS allowed plans to report the previous year's results as a "rotated measure". The rotated measures are noted in the body of the report as well its Appendix C.

Key findings

How to find information in the report

There is no one definition of preventive services. The *2020 EQR comparative and regional analysis report* (see [Appendix A](#)) contains data on measures that were reported by the State in the calendar year 2020. Vaccinations are included, with detailed breakdowns for children's vaccinations. Many measures can be considered preventive, such as screenings for cancer and other conditions, and accessing prenatal and postpartum care. This report also includes measures that are not usually considered as preventive services, such as follow-up after emergency department visit for mental illness. All the measures in the report are deemed important to quality health care by CMS and HCA.

Below is a guide on how to read the *2020 EQR comparative and regional analysis report* and related appendix. We offer this so the reader can quickly get to the information they desire.

- Most measures in this report are HEDIS® (Healthcare Effectiveness Data and Information Set) performance measures. The Methodology section (pages 12-17) introduces the reader to HEDIS measures, how they are obtained, and their limitations. HEDIS measures are a product of the National Committee for Quality Assurance (NCQA). They are used by CMS and other agencies to report on quality in health care.
- Some measures in this report are not HEDIS. These are Washington State behavioral health measures, calculated by the Department of Social and Health Services Research and Data Analysis Division (RDA). These measures are mental health service penetration and substance use disorder penetration. For a complete list of all the measures reported statewide and by MCO, without narrative, see this legislative report's [Appendix B](#).
 - **Note:** The list of MCO measures in this legislative report's [Appendix B](#) is also part of the 2020 *EQR comparative and regional analysis report*, specifically it is that report's Appendix C.
- The majority of the report uses the statewide weighted average, which is the weighted average among the MCOs that reported the measure, where the MCO share of the eligible population is used as the weighting factor. The MCO scorecards (pp. 53-58) use a simple average; see p. 13 of the *2020 EQR comparative and regional analysis report* for more explanation.
- Highlights of the past year's measures can be found in the Key Observations section, pages 3-5.
- The Introduction (pages 9-11) provides a brief overview of types of Medicaid enrollment, by MCO and region of the state.
- Apple Health Statewide Performance (pages 25- 26) highlights areas with statistically significant improvement in measures over the last two years. These include:
 - Adults' access to preventive/ambulatory health services
 - Children's access to primary care practitioners
 - Comprehensive diabetes care
 - Measures of recommended use of asthma medications
- Value-based performance measures are explained and shown graphically on pages 27-43. Value-based purchasing (VBP) is a strategy used to improve the quality and value of health care services a person receives. HCA has implemented value-based purchasing with the five Apple Health MCOs

and within the one Apple Health Foster Care MCO, with financial incentives for high levels of performance on selected measures. The RY 2020 value-based purchasing measures were:

- Antidepressant medication management, acute phase. All MCOs showed improvement on this measure. There was statistically significant improvement in the statewide average.
 - Antidepressant medication management, continuation phase. All MCOs showed improvement on this measure. There was statistically significant improvement in the statewide average.
 - Mental health treatment penetration, ages 6 to 64 years. Performance was uneven on this measure, and the statewide average did not improve between 2019 and 2020.
 - Prenatal and postpartum care, divided into two sub-measures. The specification for these measures changed in 2020, so comparisons to historical data are not valid. However, HCA has targeted these measures for improvement.
 - Asthma medication ratio. This measure indicates the correct use of short and long-acting asthma medications in the way that is best known to control the condition. Although there was some improvement statewide and in most of the MCOs, Washington's results remain below the national 50th percentile.
 - Substance use disorder treatment penetration, ages 12-64. The statewide average showed statistically significant improvement.
 - Well-child visits in the third, fourth, fifth and sixth years of life. There was no statistically significant improvement statewide, and well-child care remains a priority for HCA.
 - Follow-up care for children prescribed ADHD medication, initiation phase. This rate remains low and there was no statistically significant improvement.
 - Comprehensive diabetes care, poor HbA1c control. There was uneven performance on this measure, and the statewide average did not show improvement.
 - Comprehensive diabetes care, treatment for nephropathy. Performance was uneven and there was no significant improvement statewide.
 - Adolescent well-care visits. Most MCOs showed improvement, but the statewide average remains low.
 - Mental health treatment penetration, ages 6 to 26. This measure decreased statewide and in four of five MCOs between 2019 and 2020, following increases from 2018 to 2019.
 - Use of first-line psychosocial care for children and adolescents on antipsychotics. There was a statistically significant increase in the statewide average, but this measure remains below the national 50th percentile.
 - Substance use disorder treatment penetration, ages 12-26. This measure had little to no improvement in the measurement year.
 - Children's access to primary care practitioners, ages 7 to 11. The statewide average and results for three MCOs showed statistically significant improvement between 2019 and 2020 RY.
- MCO-specific results are on pages 44-52. Figure 31 (p. 39) shows MCO variation for all measures from RY 2019 to 2020. Figure 32 (p. 51) shows the MCOs' variation from benchmarks.
 - MCO scorecards (p. 53-58) are graphic presentation of the performance of each MCO on all the measures. They highlight the variance of the MCO results from the simple statewide average.
 - This report also contains a regional analysis of the results. The regional analyses can be used to help MCOs target specific population areas for interventions to improve performance.

- **Appendix B** contains all the measures, by MCO, for performance in the 2019 calendar year. This section also indicates the approximate place of the results compared to national benchmarks.
- NCQA required Medicaid MCOs to report on 39 measures as part of their accreditation process. This report highlights the 31 highest priority measures chosen by HCA. Many of the measures in this report are also in the Washington State Common Measure Set. View the Common Measure Set at hca.wa.gov.

Reasons for performance measure variance

As described in the report (p.16), performance measures should be interpreted carefully. The difference between an MCO's score and the national benchmark (e.g., average) could be partially dependent on other factors. For example, other states' MCOs may report a different selection of measures. MCOs may also choose not to report additional measures beyond those required for accreditation unless the State specifies this in Medicaid contracts.

States have varying numbers of managed care plans administering Medicaid. Medicaid enrollee numbers and types also differ between states. Some enrollee differences come from whether a state adopted Medicaid expansion.

Find more information on state Medicaid plans or MCOs at medicaid.gov/state-overviews/index.html.

Data highlights

The following tables contain data highlights from the *2020 EQR comparative and regional analysis report (Appendix A)*.

Childhood Immunization Status (CIS), Combo 2, statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	2020 Performance
70.5%	73.2%	74.0%	At national 50 th percentile

Childhood Immunization Status (CIS), Combo 10, statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	2020 Performance
38.1%	41.5%	42.1%	At national 75 th percentile

Well-Child Visits in the First 15 Months of Life (W15), 6 or more visits, statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	Comment
67.7%	67.0%	71.4%	Above 50 th percentile, below 75 th

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34), statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	Comment
66.7%	67.7%	70.15	Below 50 th percentile

Adolescent Well-Care Visits (AWC), statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	Comment
48.0%	46.6%	51.2%	Below 50 th percentile

Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care, statewide rates, by reporting year

2020 Rate	Comment
87.2%	Below 50 th percentile Measure specifications changed between RY 2019 and RY 2020, so only current results are presented.

Prenatal and Postpartum Care (PPC), Postpartum Care, statewide rates, by reporting year

2020 Rate	Comment
73.6%	Below 50 th percentile Measure specifications changed between RY 2019 and RY 2020, so only current results are presented.

Lead Screening in Children (LSC), statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	Comment
24.2%	31.7%	29.8%	Below 50 th percentile

Adults' Access to Preventive/Ambulatory Health Services (AAP), Total (ages 20-64), statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	Comment
75.4%	75.5%	76.5%	Below 50 th percentile

Breast Cancer Screening (BCS), statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	Comment
55.3%	54.5%	52.0%	Below 50 th percentile

Cervical Cancer Screening (CCS), statewide rates, by reporting year

2018 Rate	2019 Rate	2020 Rate	Comment
59.9%	57.7%	60.5%	Below 50 th percentile

Conclusion

The Washington State Health Care Authority is continually working to improve care for its managed care members. A key strategy for improvement is through its contracts with MCOs. HCA uses the data and analyses from the EQRO reports to strategize for the coming years. HCA responds in writing to the recommendations in the *comparative and regional analysis report* written by the EQRO. A key goal is to sustain improvement in clinically meaningful areas. In reporting year 2020, these areas included behavioral health medication management measures, and substance use disorder measures. Behavioral health and substance use are high priority areas for HCA and all the MCOs, and this is demonstrated partly by our value-based purchasing measures.

The report also shows that improvement is urgently needed in some areas of preventive care. Mental health and substance use treatment penetration measures, especially for children and adolescents, are being targeted for improvement by all MCOs both individually and in the form of a collective performance improvement project. While well-care visits for infants and children remain above the 50th percentile nationally, well-care visits for adolescents remains low and has proven to be a challenging measure to improve. The state's performance in the prenatal and postpartum care measures are also a concern. Some measures of preventive screenings for diseases, such as breast cancer and cervical cancer, also remain below the national 50th percentile and are being targeted for improvement.

Effects of the COVID-19 pandemic are expected to be seen as decreases in some measure rates in calendar year 2020, especially measures pertaining to use of preventive care services. While HCA has made tremendous effort to maintain equitable access to care, such as by helping providers implement telemedicine, there is an undeniable effect due to COVID-19 and the global health pandemic. Some impacts of the pandemic may continue to be problematic for years to come, such as the labor shortages in health care and other industries. Washington Apple Health has and will continue to use the available resources to provide the best possible care to the Medicaid population.

Appendix A: The 2020 EQR comparative and regional analysis report

To access the 2020 EQR comparative and regional analysis report, [visit hca.wa.gov](https://hca.wa.gov).

If you are having difficulty viewing this, please contact HCA for an electronic copy.

Appendix B: MCO comparison results

This is the list of MCO comparison results for the *2020 EQR comparative and regional analysis report* and is the Appendix C for that report.

To view these results, [visit hca.wa.gov](https://hca.wa.gov).

If you are having difficulty viewing this, please contact HCA for an electronic copy.