

Notification of change to Medicaid Transformation Project (MTP) demonstration Project Toolkit

The following metrics were removed from the Project Toolkit:

	Title of Toolkit metric	P4R / P4P	Associated project(s)	Rationale for removal
1.	Contraceptive Care: Access to LARC	P4P	3B	National measure steward (HHS) advises against use for performance measurement.
2.	Contraceptive Care: Postpartum – Access to LARC	P4P	3B	National measure steward (HHS) advises against use for performance measurement.
3.	MAT: Methadone and Buprenorphine	P4P	3A	Duplicative measurement concept with another metric associated with Project 3A.
4.	Ongoing Care in Adults with Chronic Periodontitis	P4P	3C	Due to small Medicaid population eligible for benefit (and thus to meet the criteria of the denominator), not appropriate for performance measurement.
5.	Depression Screening and Follow-up	P4R	2A	Problematic measure specifications and barriers to accurate coding in the medical record. Potential for prohibitively difficult reporting expectations for an ACH.

Rationale for removal:

Contraceptive Care: Access to LARC / Postpartum – Access to LARC

The Contraceptive Care metrics, including the Access to LARC rates, came forward for inclusion in the Toolkit during the Project Toolkit public comment period. However, based on additional discussions with stakeholders and subject matter experts, as well as in reviewing [HHS guidance](#), it was determined that including the rates related to LARC insertions pose a risk of promoting one form of contraceptive care over another, and may result in coercive practices to meet performance targets. To that end, the two LARC metrics were removed to align with national guidance for best practices.

The state will retain the Contraceptive Care: Most/Moderately Effective Methods & Postpartum – Most/Moderately Effective Methods metrics in the performance accountability framework for Accountable Communities of Health (ACHs) that pursue Project 3B. Because a national benchmark has not been set for these metrics, and they are not expected to reach 100%, the contraceptive care metrics retained in the toolkit will have improvement measured by the “improvement over self” methodology.

This approach is in line with the goal of providing contraceptive care that does not promote one method over women's individual choices.

Medication Assisted Therapy (MAT): Methadone/Buprenorphine

Upon close review of the technical specifications for the metrics associated with Project 3A, a redundancy in measurement concepts was identified as follows:

- MAT: Methadone/Buprenorphine
- Substance Use Disorder Treatment Penetration (Opioid)

The state decided to remove the MAT metric and preserve the SUD Treatment Penetration (Opioid) metric. This approach prevents regions from earning incentive dollars twice for a duplicative measurement concept, and to prioritize a metric that captures the full range of Methadone opiate substitution treatment services, as well as other medication-assisted treatment (Vivitrol, Buprenorphine) services available to an individual with identified Opioid Use Disorder.

Ongoing Care in Adults with Chronic Periodontitis

Project 3C (Access to oral health services) includes two metrics recently approved by the Dental Quality Alliance (DQA). Review of the specifications for the Ongoing Care in Adults with Chronic Periodontitis metric uncovered a risk to the viability of performance measurement for the DSRIP program. Given the current Washington Medicaid benefit structure, only a small percentage of beneficiaries are eligible for the required two visits within a calendar year. This could cause regional results to vary from year to year, and have the potential for small numbers that may not be appropriate for linking to region-wide accountability.

Depression Screening and Follow-up

This metric was included as a pay for reporting (P4R) metric, activated in DY 4 and 5. This metric was recommended by stakeholder partners during the Project Toolkit public comment period. However, additional review by subject matter experts at the state found that this metric is difficult to report on due to inconsistent coding practices. Few states currently report this measure under the Adult Medicaid Core set, and it recently became an optional, meaningful use EHR measure. While there may be updates with HEDIS in 2018, the current specifications are problematic and require codes that are rarely reported in EHRs. To report on this metric in a meaningful and robust way, ACHs would need to start planning for how to operationalize reporting in the early years of the demonstration. However, in the absence of tested metric specifications with clear definitions, there is risk of creating undue burden on partnering providers who participate in ACH project activities. This could put P4R incentive funds unnecessarily at risk.