Performance Measures Coordinating Committee

Monday, October 31, 2022

10:00 a.m. – 12:00 p.m.

Zoom meeting

Washington State Health Care Authority

Housekeeping

- No formal break, so feel free to step out briefly if needed.
- For committee members:
  - Please keep your phone line muted when not speaking.
- For members of the public:
  - Please keep your phone line muted at all times.
  - There will be dedicated time for questions and comments.
  - Please use the chat box to submit your question/comment and it will be addressed in the order received.

Public Process

- Maintaining a transparent process is important.
- Public comment opportunities:
  - PMCC meetings are open to the public.
  - There is time on the agenda for public comment prior to action on measures.
  - Meeting materials are posted on the Health Care Authority website.
  - Comments can be submitted to HCA anytime.

Today's Objectives

- Brief recap of the April meeting
- Overview of final definitions for Criminal Justice measures
- Report out from the Homelessness/Housing Instability Measures Workgroup
- Primary Care Measures Workgroup Follow-up
- NCQA Changes for MY 2023 and Impact on WSCMS
- Public Comment
- Wrap Up

Welcome & Introductions

- Welcome new members:
  - Eli Kern, Public Health Seattle and King County
  - Sharon Eloranta, MD, Washington Health Alliance
- Please share the following:
  - Your Name
  - Your Role
  - Your organization
  - Your favorite Halloween candy

Emily Transue, MD, HCA

Recap of the April PMCC Meeting

Recap of the April 2022 PMCC Meeting

- Committee approved additions to the WSCMS
  - Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need
  - Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility
  - Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility
- Learned about legislative requirement for PMCC to establish measures that track rates of homelessness and housing instability among Medicaid members
- Discussed proposed changes to the NCQA HEDIS MY2023 measures
- Reviewed a document that tracks historical changes to the WSCMS
- Committee voted to parking lot two proposed Advanced Care Planning Measures

Laura Pennington, HCA/David Mancuso, DSHS-RDA

Criminal Justice Involvement Measures: Final Definitions

Substitute Senate Bill 5157

- Required the PMCC to:
  - Establish performance measures to be added to the Washington Statewide Common Measure Set that track rates of criminal justice involvement among Medicaid clients with an identified behavioral health need including, but not limited to:
    - Rates of arrest
    - Rates of incarceration
  - Convene a workgroup of stakeholders including HCA, MCOs, Department of Corrections, others with expertise in criminal justice and behavioral health.
    - The charge of the workgroup was to review current performance measures that have been adopted in other states or nationally to inform this effort.

PMCC Approval

- In October 2021, the PMCC approved the approach to move forward with development of measures
- In April 2022, the PMCC approved the following three measures for addition to the Washington State Common Measure Set
  - Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need
  - Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility
  - Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility

Measure #1

Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need*

- The percentage of Medicaid enrollees 18 – 64 years of age who were arrested at least once in the measurement year and had an identified mental health or substance use disorder treatment need. There are two reportable rates for this measure:
  - Rate 1: The percentage of members arrested at least once in the measurement year and had an identified mental health treatment need
  - Rate 2: The percentage of members arrested at least once in the measurement year and had an identified substance use disorder treatment need

*Reported for Medicaid only

Measure #2

Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility

- The percentage of Medicaid enrollees aged 18 to 64 receiving SUD treatment within a specified time period following release from a correctional facility or local jail, among enrollees with an identified SUD treatment need indicated between the day of release through 90-days post release. There are four reportable rates for this measure:
  - Rate 1a: Receipt of SUD treatment within 7 Days of Release from a Department of Corrections Correctional Facility
  - Rate 1b: Receipt of SUD treatment within 30 Days of Release from a Department of Corrections Correctional Facility
  - Rate 2a. Receipt of SUD treatment within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody
  - Rate 2b: Receipt of SUD treatment within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

*Reported for Medicaid only

Measure #3

Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility

- Description:
  - The percentage of Medicaid enrollees aged 18 to 64 receiving mental health treatment within a specified time period following release from a correctional facility or local jail, among enrollees with an identified mental health treatment need indicated between the day of release through 90-days post release. There are four reportable rates for this measure:
    - Rate 1a: Receipt of mental health treatment within 7 Days of Release from a Department of Corrections Correctional Facility
    - Rate 1b: Receipt of mental health within 30 Days of Release from a Department of Corrections Correctional Facility
    - Rate 2a. Receipt of mental health treatment within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody
    - Rate 2b: Receipt of mental health treatment within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

*Reported for Medicaid only

Laura Pennington, HCA/David Mancuso, DSHS-RDA

Report out from the Homelessness/Housing Instability Measures Workgroup

Washington State Health Care Authority

Second Substitute House Bill 1860

- Requires the PMCC to:
  - Establish performance measures to be added to the Washington State Common Measure Set that track rates of homelessness and housing instability among Medicaid clients
  - Convene a workgroup of stakeholders including HCA, MCOs, and others with expertise in housing for low-income populations and with experience understanding the impacts of homelessness and housing instability on health
    - The charge of the workgroup will be to review current performance measures that have been adopted in other states or nationally to inform this effort.
- Requires HCA to:
  - Set improvement targets for the performance measures

Implementation of housing measures

- 2SHB 1860 also requires HCA to:
  - Develop recommendations for integrating value-based purchasing terms and a performance improvement project into managed health care contracts relating to increasing stable housing in the community.
  - Include a requirement in MCO contracts to provide housing-related care coordination services for enrollees who need such services upon being discharged from inpatient behavioral health settings as allowed by the centers for Medicare and Medicaid services.
- The scope of the workgroup was only to select appropriate measures.

SSHB 1860 Measure Review Process

- We used a similar process as that used in 2021 to review and develop criminal justice measures.
- We convened a workgroup over the summer to review existing measures and develop an approach if no available measures.
  - Participation from all 5 MCOs and from experts in housing for low-income and with experience understanding the impacts of homelessness and housing instability on health.
  - Bring to Fall PMCC for approval of approach before development of any new measures.

Workgroup participants

- Amerigroup
- Comagine Health
- Community Health Plan of Washington
- Coordinated Care
- Department of Commerce
- Department of Social and Health Services
- Foundation of Health Care Quality
- Molina Health
- North Start Advocates
- PAVE/MOMI
- United Health
- Washington Health Care Authority

Key discussion points from workgroup

- Related areas where measurement would be important/valuable
  - Timely access at discharge to supportive services
    - Short term versus long term
    - Appropriate timeline to initial access
- Potential barriers to members accessing appropriate services
- Challenges with collecting necessary information

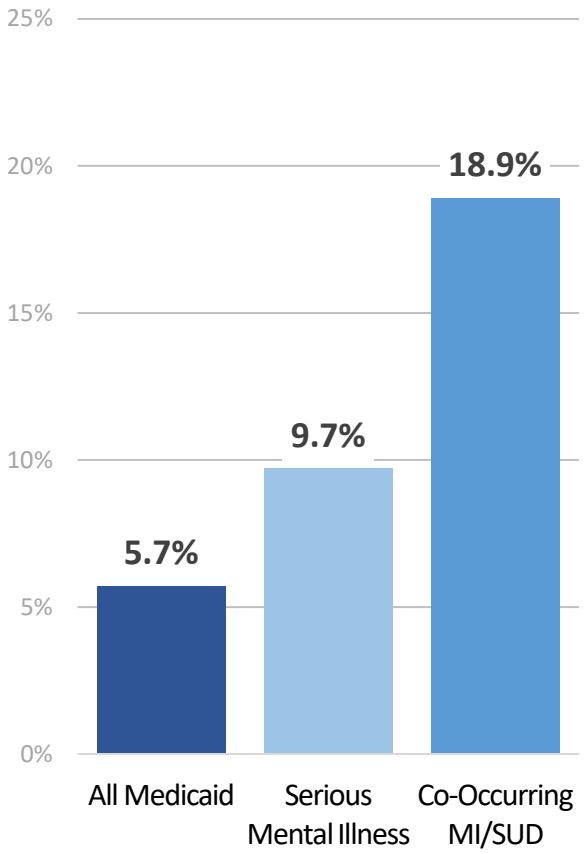
Current State: Part 1 – Measurement Context

David Mancuso, PhD
DSHS RDA Director

Social Outcomes

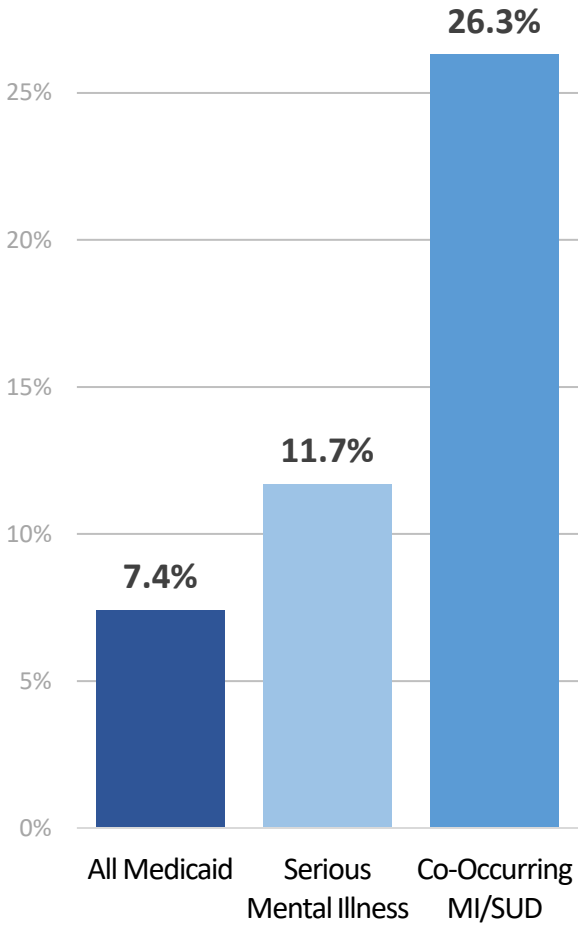
Homeless

Narrowly Defined • Adults Age 18-64
Statewide • SFY 2019



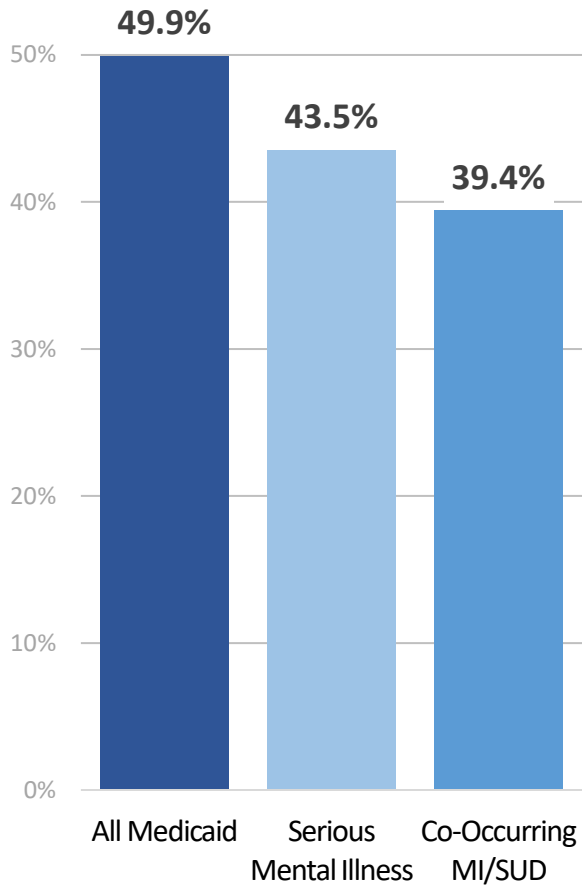
Arrested

Any Crime • Adults Age 18-64
Statewide • SFY 2019



Employed

Part-time or Full-time • Adults Age 18-64
Statewide • SFY 2019

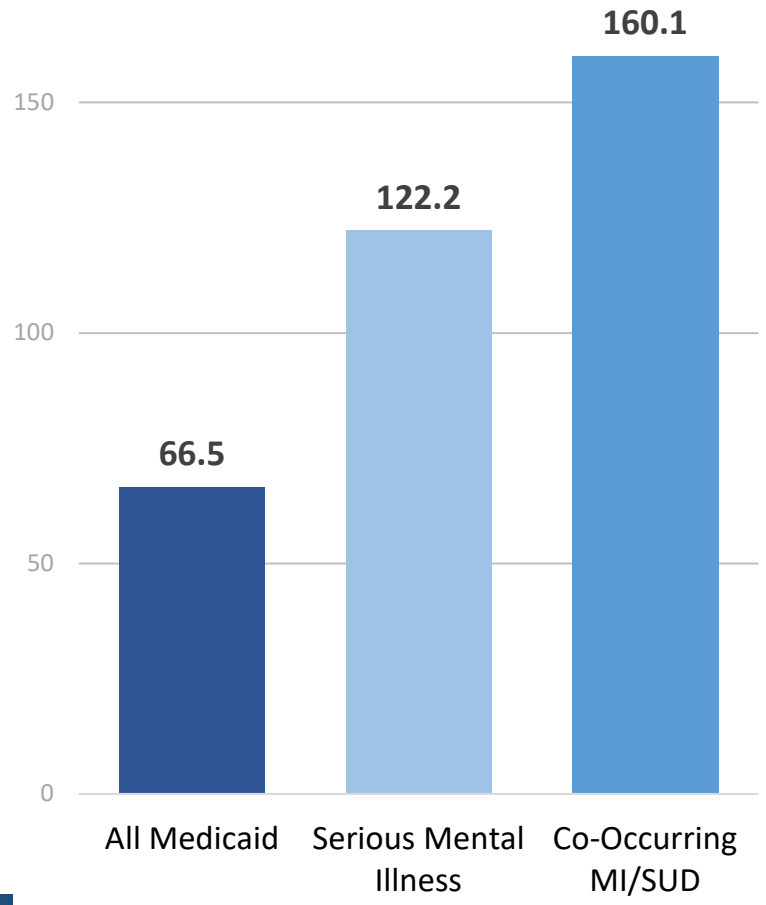


SOURCE: DSHS Integrated Client Databases, May 2020.

Medical Service Utilization

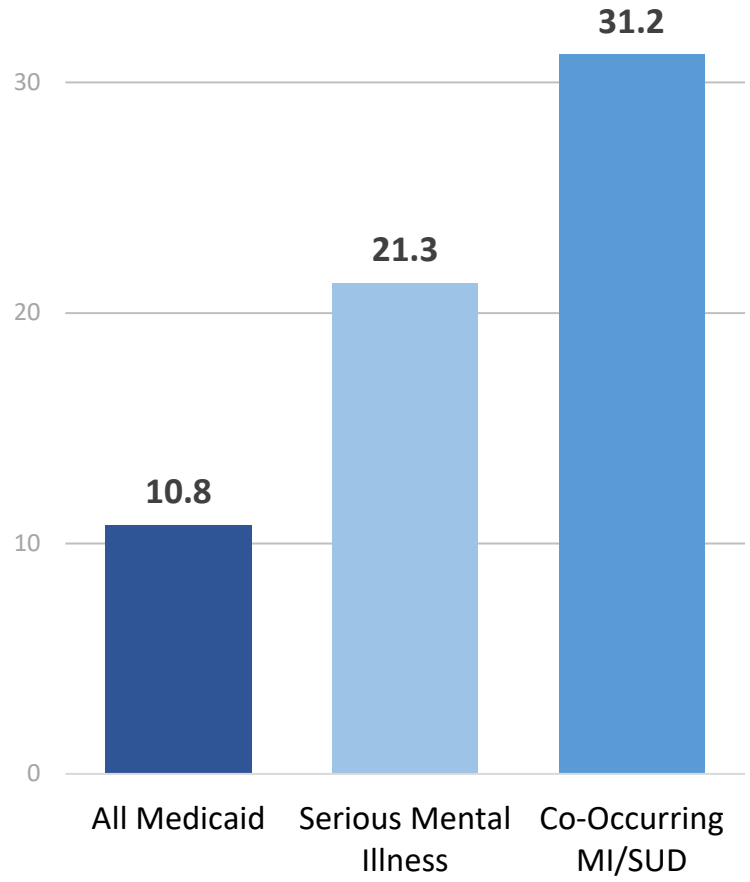
Emergency Department Visits

Per 1,000 MM • Adults Age 18-64
Statewide • SFY 2019



Inpatient Admissions

Medical and Psychiatric per 1,000 MM • Adults Age 18-64
Statewide • SFY 2019



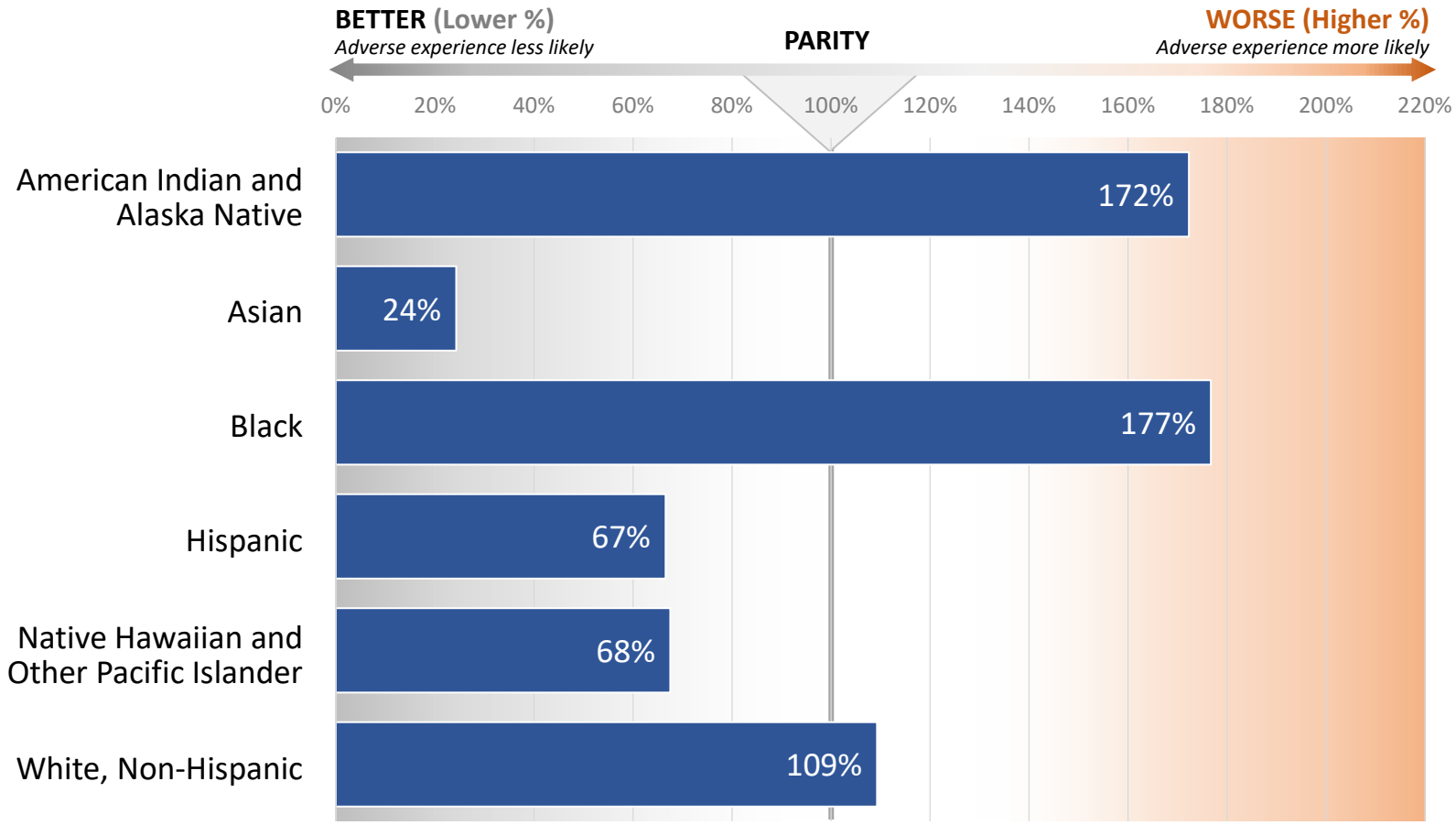
SOURCE: DSHS Integrated Client Databases, May 2020.

A Disparities Measurement Approach

- Metrics are indicators of a **"good"** or **"bad"** experience
- Data drawn from quarterly Medicaid Transformation Project "measure decomposition" reports
- **"Disparity scale"** reflects ratio of group prevalence in the "bad outcome" set, relative to "good outcome" set (expressed as a %)
- **Race/ethnicity derived from ProviderOne data only**
- Metrics pertain to **Medicaid adults aged 18-64**
- **Continuous eligibility and measure-specific inclusion criteria are applied**

Differences in Percent Homeless

Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1 • Narrow Definition



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Examples from national organizations/states

- There are National organizations that have developed their own performance measures for identifying homelessness, but these often do not address the contributing factors that lead to this unmet need.
- US Housing and Urban Development (HUD) performance measures used by states including Washington Department of Commerce:
  - Length of Time Homeless
    - The median number of days people who are active in Emergency Shelter, Safe Haven, Transitional Housing, and Permanent Housing type projects experience homelessness. People in Permanent Housing type projects are only included if they were literally homeless at entry.
  - Exits to Permanent Housing
    - Of the people who exited Emergency Shelter, Safe Haven, Transitional Housing and Rapid Re-Housing and of the people who exited other permanent housing projects without moving into housing, count those that exited to permanent housing destinations.
  - Returns to homelessness
    - The percent of people in Street Outreach, Emergency Shelter, Safe Haven, Transitional Housing, and all Permanent Housing type projects who exited to permanent housing destinations two years prior to the reporting period.
- New for NCQA MY 2023: Social Need Screening and Intervention (SNS-E)
  - Members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

Part 2:

Proposed Measurement Approach

Leveraging Existing 5732/1519 Homelessness Measure

- **Description: The percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year (Broad and Narrow versions)**
- **Attribution to accountable entities: A minimum of 7 months of enrollment with the accountable Medicaid MCO (IMC or BHSO)**
- **Denominator criteria**
  - Enrolled in Medicaid for at least 7 months in the measurement year. Some beneficiaries may not meet MCO attribution criteria.
  - Calculated for all age ranges; reported separately for ages 0-17, 18-64, and 65+.
  - No exclusion due to dual eligibility or 3rd party liability

The full measure specifications can be found at: https://www.dshs.wa.gov/sites/default/files/rda/reports/cross-system/DSHS-RDA-Medicaid-Homelessness.pdf

Leveraging Existing 5732/1519 Homelessness Measure *continued*

"Broad" numerator criteria

- **ACES living arrangement criterion.** One of the following values appears in at least one coverage month in the measurement year: "Homeless without Housing", "Emergency Shelter", "Battered Spouse Shelter", or "Homeless with Housing"
- **ProviderOne/ACES address criteria.** One or more of the following is indicated for at least part of the measurement year:
  - ✓ Homelessness is indicated based on the client's address format code;
  - ✓ The term "homeless" or "couch surfing" appears at any point in a client's address line text;
  - ✓ The term "General Delivery" appears in a field containing additional address information address (e.g., "care of," "attention," etc.); or
  - ✓ The client's mailing address was the address of their assigned CSO.
- **Diagnosis criterion.** ICD-10 diagnosis code Z59.0 appears on at least one encounter line associated with a service date in the measurement year

Leveraging Existing 5732/1519 Homelessness Measure *continued*

"Narrow" numerator criteria

- **ACES living arrangement criterion.** One of the following values appears in at least one coverage month in the measurement year: "Homeless without Housing", "Emergency Shelter", or "Battered Spouse Shelter"
- **ProviderOne/ACES address criteria.** One or more of the following is indicated for at least part of the measurement year:
  - ✓ Homelessness is indicated based on the client's address format code;
  - ✓ The terms "homeless" appears at any point in a client's address line text;
- **Diagnosis criterion.** ICD-10 Dx code Z59.0 appears on at least one encounter line associated with a service date in the measurement year

Proposed measure(s) for addition to WSCMS

- **Existing 5732/1519 Homelessness Measure:**
  - **Description: The percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year (Broad and Narrow versions)**
  - **Denominator criteria:**
    - Enrolled in Medicaid for at least 7 months in the measurement year. Some beneficiaries may not meet MCO attribution criteria.
    - Calculated for all age ranges, however reported separately:
      - 0-17
      - 18-64
      - 65+
      - Total
  - **Numerator criteria(Broad and Narrow versions):**
    - ACES living arrangement criterion
    - ProviderOne/ACES address criteria
    - Diagnosis criterion

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Reporting Expectations

- State agency staff are expecting to add these metrics to the existing centralized measurement infrastructure to support reporting by:
  - Age and gender
  - Race and ethnicity
  - Accountable managed care entity (IMC plan, BHSO plan)
  - Region (BHASO)
  - Behavioral health risk factors

Final outcome

- The workgroup agreed with adopting a variation of 5732/1519 homelessness measure that expands the definition of homelessness, applies additional demographic breakdowns, and offers both a broad and narrow lens.
- In addition, the workgroup agreed with the importance of reporting disparities and differences in homelessness outcomes by beneficiary demographic characteristics

Voting

- Should we adopt the following existing measure(s), with modifications to meet the requirements of 2SSB 1860?
  - Description:
    - The percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year (Broad and Narrow versions)
      - Percent Homeless (Narrow)
      - Percent Homeless/housing instability (broad)
  - Proposed modifications
    - Including additional address-text detail to identify homelessness and housing instability

Part 3:

Potential Future Measures

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Potential Future Measure Concepts Beyond Scope of SSHB 1860 Requirements

- Consider measure of **access** to qualifying homelessness-related services and supports among persons meeting housing risk criteria in the measurement year, as available
- Consider measures of **timely access** to homelessness-related services and supports among persons meeting risk criteria following discharge from an inpatient/residential facility setting or criminal/juvenile justice facility setting, as available

Building a Broader Housing Stability Measurement Infrastructure

Identifying housing risk in administrative data

- ACES living arrangement field (food and cash assistance)
- ProviderOne/ACES address text
- Z code (Z59.0)
- Selected Commerce and HCA housing program participation

Homelessness-related services and supports

- FCS Supportive Housing
- Other HCA/DSHS programs: PATH/FPATH, HARPS/FHARPS, GOSH, PACT
- Commerce-funded programs

Focus on Commerce-Funded Programs

Services indicating homelessness:

- Emergency shelter
- Permanent housing, permanent supportive housing, and rapid re-housing
- Safe Haven
- Street outreach

Services indicating housing instability

- Contact with coordinated entry
- Transitional housing
- Homelessness prevention

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Potential Settings for Timely Post-Discharge Service Metrics

Physical and behavioral health facilities

- Acute hospitals
- Evaluation & Treatment and community psychiatric hospitals
- Long-term civil commitments (state hospitals and HCA-contracted settings)
- SUD inpatient/residential and withdrawal management (detox)

Criminal justice facilities

- Local jails
- DOC facilities
- Juvenile rehabilitation (DCYF)

Next steps

- DSHS-RDA will begin modification of current measure that incorporates the recommended changes
- Will continue to engage workgroup, as needed
- Will bring back to PMCC for updates

Emily Transue, MD, HCA

Primary Care Measures Workgroup Follow-up

Washington State Health Care Authority

Primary Care Transformation Model (PCTM)

- PMCC convened an ad hoc workgroup to identify set of measures to support the PCTM
- In August 2021, the committee approved 11 of the 12 proposed measures
- After further discussion, the committee approved the final measure at the October 2021 PMCC meeting
- The 12 measures will be used to incentivize performance as part of the PCTM

Current state Future state – MY2023

Primary Care Measure	Type of Data	Apple Health	PEBB/SEBB	ACP Plan A	ACP Plan B
Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB) (Medicaid only in HEDIS, but will adapt for use across populations)	Claims				
Antidepressant Medication Management (AMM)	Claims	X	X	X	X
Asthma Medication Ratio (AMR)	Claims	X	X		New
Breast Cancer Screening (BCS)	Claims	New	X	X	X
Cervical Cancer Screening (CCS)	Claims		X	X	X
Child and Adolescent Well-Care Visit (WCV)	Claims	X*	X*	New	
Childhood Immunization Status (CIS) (Combo 10)	Claims/ WAIIS	X**	X	X	X
Colorectal Cancer Screening (COL)	Hybrid		X	X	X
Controlling High Blood Pressure (CBP)	Hybrid		X	New	New
Depression Screening and Follow-Up for Adolescents and Adults • Screening sub-measure only	Hybrid	Delayed due to lack of benchmarks			
Follow-Up After ED Visit for Substance Use (FUA)	Claims		New		New
Hemoglobin A1c Control for Patients With Diabetes (HBD) • HbA1c Poor Control (>9.0%) only	Hybrid		X	X	X

*Ages 3-11 only for VBP

**This measure is included in MCO contracts to incentivize performance outside of the VBP strategy.

Barriers to full alignment

- Legislative requirements for MCO VBP measures
  - Currently limited to 7 measures
    - 4 shared measures from the State Common Measure Set
    - 3 individual measures that reflect poor performance
- Newer HEDIS measures do not yet have benchmarks
- Next steps:
  - Continue to move toward further alignment
  - Add DSF-E when benchmarks are available

Laura Pennington and Emily Transue, MD, HCA

NCQA Changes for MY 2023 and Impact and opportunities for WSCMS

Final NCQA Changes to HEDIS® MY 2023 Measures

- 3 measures approved for retirement
  - Annual Dental Visit (ADV)
    - Replaced by Oral Evaluation, Dental Services and Topical Fluoride for Children
  - Frequency of Selected Procedures
  - Select CAHPS® health plan measures
    - Flu Vaccinations for Adults Ages 18–64 (FVA)
    - Flu Vaccinations for Adults Ages 65 and Older (FVO)
    - Pneumococcal Vaccination Status for Older Adults (PNU)
- 1 change to existing measures
  - Adult Immunization Status (AIS-E)
    - Modified to align with new pneumococcal vaccination guidelines
    - Added requirement to stratify by race and ethnicity

Final NCQA Changes to HEDIS® MY 2023 Measures

- 5 new measures approved for addition
  - Deprescribing of Benzodiazepines in Older Adults (DBO) (Medicare)
  - Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH) (Medicare only)
  - Oral Evaluation, Dental Services (OED) (Medicaid only)
  - Topical Fluoride for Children (TFC) (Medicaid only)
  - Social Need Screening and Intervention (SNS-E)
- Future of HEDIS® – Health Equity
  - Expansion of number of HEDIS® Measures requiring stratification by Race and Ethnicity
    - Total of 13 measures required for stratification in MY 2023
      - We should consider how we can use this information to address health equity

Final NCQA Changes to HEDIS® MY 2023 Measures – New measures

Social Need Screening and Intervention

- The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs and received a corresponding intervention if they screened positive. Six rates are reported:
  - Food screening: The percentage of members who were screened for unmet food needs.
  - Food intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet food needs.
  - Housing screening: The percentage of members who were screened for unmet housing needs.
  - Housing intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs.
  - Transportation screening: The percentage of members who were screened for unmet transportation needs.
  - Transportation intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet transportation needs

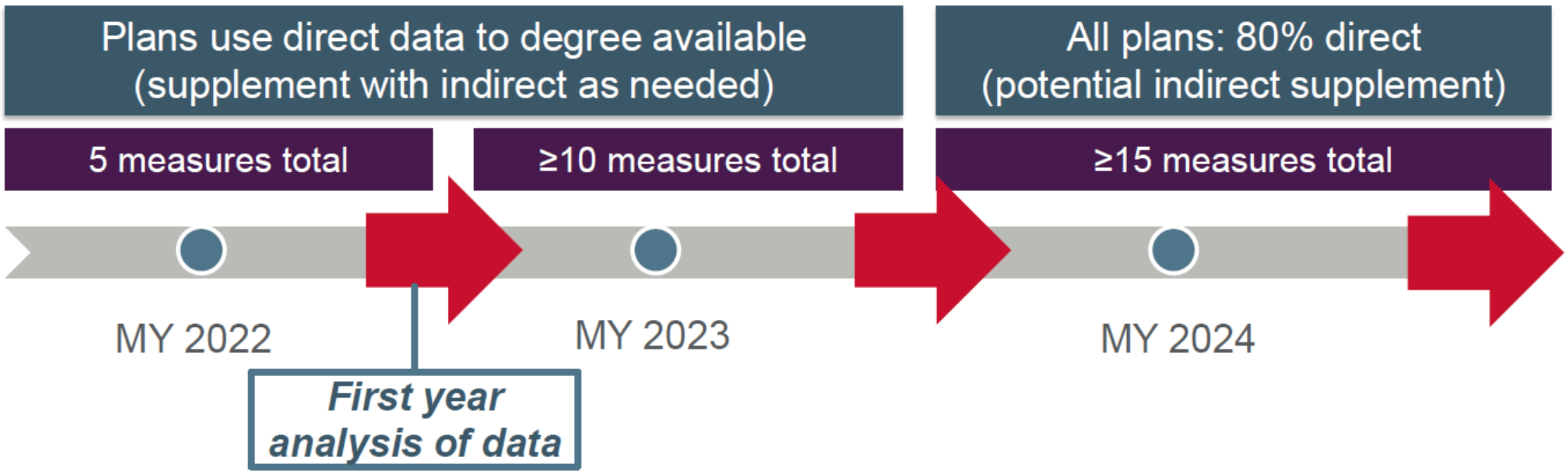
HEDIS® measures required for stratification in MY 2023

- Adult Immunization Status (AIS-E)
- Asthma Medication Ratio (AMR)*
- Breast Cancer Screening (BCS-E)*
- Child and Adolescent Well Care Visits (WCV)*
- Colorectal Cancer Screening (COL)*
- Controlling High Blood Pressure (CBP)*
- Follow-Up After Emergency Department Visit for Substance Use (FUA)*
- Hemoglobin A1c Control for Patients with Diabetes (HBD)*
- Immunizations for Adolescents (IMA)*
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Prenatal and Postpartum Care (PPC)*
- Well-Child Visits in the First 30 Months of Life (W30)*

*Washington State Common Measure Set

Timeline for Expanding Stratification

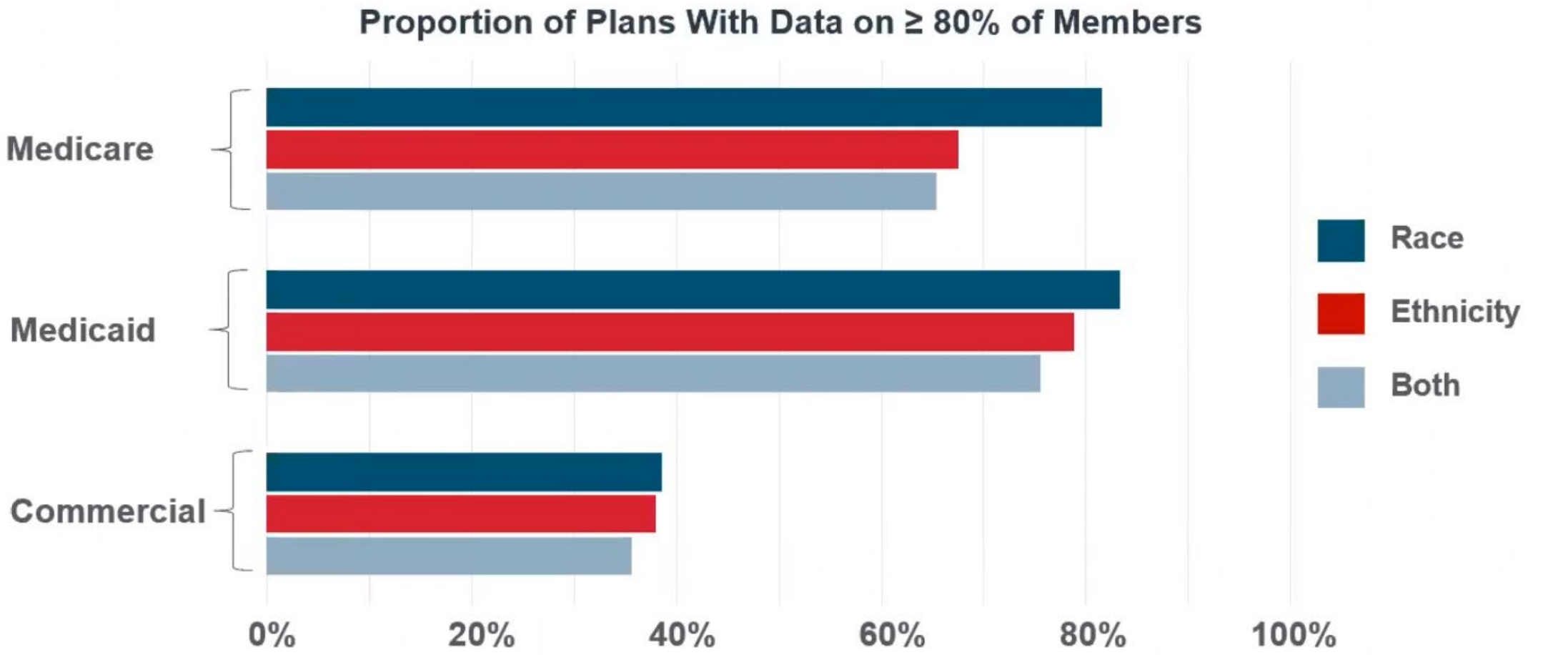
Path forward



- ✓ **Provides bridge from where we are to where we want to be**
- ✓ **Gives plans time to improve direct data collection**

Insights from current HEDIS measure

Completeness of Race and Ethnicity Data



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NCQA

Washington State Health Care Authority

Transition to Electronic Clinical Data Systems (ECDS) reporting

- NCQA is adding the ECDS reporting standard to existing HEDIS measures for voluntary reporting alongside their traditional counterparts
  - This allows health plans to assess their ECDS reporting capabilities using familiar measures
- Voluntary reporting using ECDS:
  - MY 2020
    - Prenatal Immunization Status (PRS-E)
  - MY 2022
    - Adult Immunization Status (AIS-E)
    - Prenatal Depression Screening and Follow-Up (PND-E)
    - Postpartum Depression Screening and Follow-Up (PDS-E)
  - MY 2023
    - Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*
    - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
    - Depression Remission or Response for Adolescents and Adults (DRR-E)*
    - Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Mandatory reporting using ECDS
  - MY 2023
    - Breast Cancer Screening (BCS-E)*
  - MY 2024
    - Colorectal Cancer Screening (COL-E)*

*Washington State Common Measure Set

Type of ECDS data

- Electronic health record (EHR)/personal health record (PHR)
- Health information exchange (HIE)/Clinical registry
- Case management system
- Administrative

Discussion questions

- How do we use these changes to promote health equity?
  - NCQA's work should make this easier for us
  - Should help us directly impact equity
  - Their work feeds into our ongoing efforts to address health equity
  - Should we put the SDOH measure on the set?
- ECDS only reporting
  - Additional burden, but also presents opportunities
  - Opportunity to adopt PRO-PMs in the future
- Intersection and levers: how do we bring into focus what really matters?
- What is the role of the PMCC to adopt/promote these examples to drive change in our state?

Judy Zerzan-Thul, MD, HCA

Public Comment

Public Comment

- Please enter your question or comment into the chat box.
- If you prefer to speak, enter your name into the chat box and unmute yourself when called upon.
- If speaking, please limit your comments to 2 minutes.

Judy Zerzan-Thul, MD, HCA

Wrap Up and Next Steps

Wrap Up/Next steps

- Action Items
- Next Meeting:
  - January 2023 (TBD)
  - Proposed agenda topics:
    - FHIR
    - Send topics to Laura P.