

Apple Health (Medicaid) managed care preventive services and vaccinations

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

September 15, 2022

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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 preventive 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 Preventive Services task force, advisory committee on immunization practices, early and periodic screening, diagnosis, and treatment (EPSDT) guidelines, and other relevant preventive and vaccination Medicaid guidelines and requirements.

The Legislature first required HCA to submit this report under 2016's Engrossed Substitute House Bill 2376, Sec. 213(1)(rr).

Comagine Health 2021 report

Comagine Health, HCA's federally required Medicaid external quality review organization (EQRO), publishes an annual report that provides comprehensive information regarding Washington's managed care Apple Health (Medicaid) program and individual managed care organization performance on outcome measures, including the number of individuals in Apple Health managed care by carrier, age, gender, and eligibility category as well as preventive service and vaccination utilization.

Comagine's 2021 comparative and regional analysis report provides full data and analysis for the past three measure years (2018, 2019, and 2020). It can be found in Appendix A of this legislative report.

Appendix C: MCO comparison results of Comagine's 2021 comparative and regional analysis report contains all the publicly available performance measures for Apple Health Managed Care Organizations (MCO). It can be found in Appendix B of this legislative report.

This brief legislative report will summarize high level information regarding enrollment and preventive services utilization in the state pulled from these sources.

COVID-19 impact

The year 2020 was greatly influenced by the COVID-19 pandemic which affected access to preventive and routine behavioral health and medical services and Apple Health enrollment.

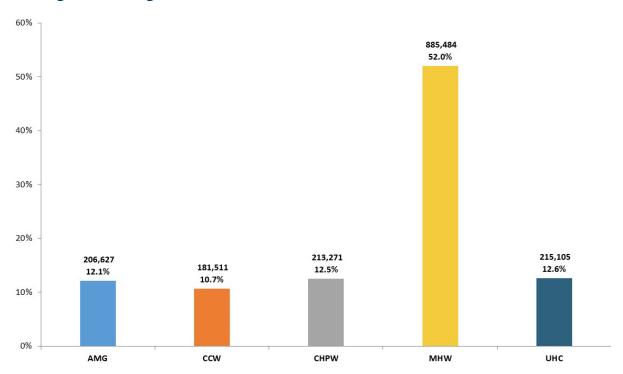
Due to the pandemic, health facilities were limited to emergency services for March and April, postponed non-urgent care during surge periods, and had to invest in and develop telehealth services. Additionally, the pandemic altered the population of Apple Health, as many became or maintained eligibility through job loss and the Families First Coronavirus Response Act, which extended coverage throughout the public health emergency. A 12 percent enrollment increase combined with an extended decreased access to non-emergent services could make 2020 measure year data an outlier within multi-year comparisons in the future.

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Findings

There were 1,701,998 Washingtonians enrolled in Apple Health managed care during 2020 (Comagine, 2022). The largest percentage (52 percent) of enrollees were members of Molina Health Washington. Additional information regarding age, race, gender and other demographic information during the measure year can be found within Comagine's 2021 comparative and regional analysis report. Further, HCA provides an online Client Eligibility Dashboard that tracks managed care enrollment, demographic data, and program eligibility category.

Figure 1. Percent of Total Statewide Apple Health Enrollment, According to Managed Care Organizations (MCO).



Data note: The graph above is from Comagine Health's (2022) annual technical report.

Preventive services

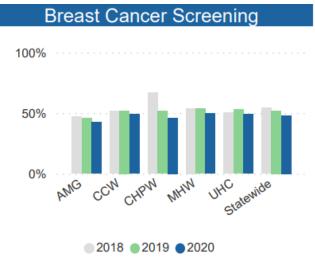
Appendix C: MCO comparison results of Comagine's 2021 comparative and regional analysis report contains all the publicly available performance measures for Apple Health Managed Care Organizations (MCO). Within this brief legislative report the following preventive services will be highlighted:

- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening
- Lead screening in children
- Asthma medication ratio
- Comprehensive diabetes care
- Antidepressant medication management
- Substance use disorder
- Mental health treatment penetration

Multiple Healthcare Effectivenss Data and Information Set (HEDIS) performance measures changed during measure year 2020 or 2019 (e.g., prenatal and postpartum care and well-child visits) making multi-year comparisons unavailable for this report.

There were several key preventive health screenings showing a decline during measure year 2020. Breast cancer screening dropped to 48 percent statewide (from 52 percent during measure year 2019). This decline was universally experienced across all MCOs (Figure 2). Cervical cancer screening also declined, from 60.5 percent during measure year 2019 to 58.6 percent in 2020 (Figure 3). Additionally, chlamydia screening declined to 49.9 percent from 53.6 percent the previous year (Figure 4). The decline in preventive services, is most likely tied to the COVID-19 public health emergency which made non-emergent care less accessible as the health system attended to the pandemic.

Figure 2. Breast cancer screening



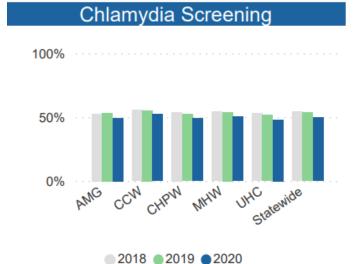
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Figure 3. Cervical cancer screening

Cervical Cancer Screening



Figure 4. Chlamydia screening



While many preventive screenings declined during 2020, not all performance measures suffered in the same way. Lead screening, comprehensive diabetes care (HbA1c control), antidepressant medicaction management, and asthma medication ratio all increased. Lead screening increased by approximately 4 percent points (Figure 5). Comprehensive diabetes care for HbA1c control maintained at 51.9 percent for the state (Figure 6). Antidepressant medication management, both effective acute and continuation phases did improve during measure year 2020 (Figures 7 and 8). Asthma medication ratio increased by 7 percentage points during the measure year (Figure 9).

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Figure 5. Lead screening in children

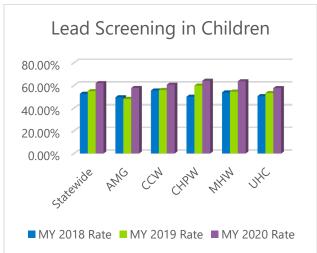


Figure 6. Comprehensive diabetes care, HbA1c control

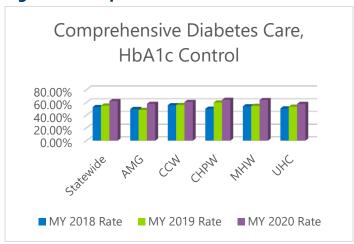
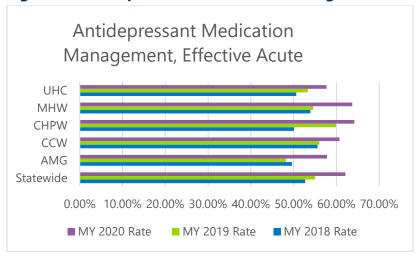


Figure 7. Antidepressant medication management, effective acute



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Figure 8. Antidepressant medication management, continuation

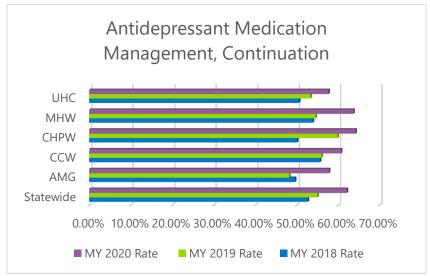
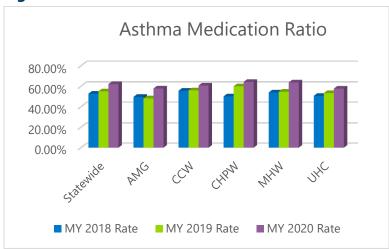


Figure 9. Asthma medication ratio



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Behavioral health measures

In addition to screenings and other preventive health measures, Comagine's 2021 comparative and regional analysis report includes behavioral health process measures. Many measures were initiated in measure year 2019 so trend information is unavailable. Measures such as follow-up after hospitalization for mental illness and follow-up after emergency department visit for mental illness and substance use dependencies are improving, but penetration rates continue to be low and decreasing for youth and young adults (Figures 10 and 11).

Figure 10. Mental health treatment penetration rate (6-26)





Figure 11. Substance use disorder (SUD) treatment penetration rate (12-26)

SUD Treatment Penetration (12-26)



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Vaccinations

Vaccine rates for children decreased in varying degrees for children and youth on Apple Health managed care during measure year 2020. Childhood immunization status, combo 2 (Figure 12) decreased by 5.7 percent points statewide while childhood immunization status, combo 10 decreased only 0.4 percent (Figure 13). Additionally, immunizations for adolescents, decreased by 1.8 percent during 2020. Similarly, DTaP (Diptheria, Tetanus, Pertussis), IPV (inactivated poliovirus), MMR (measles, mumps, and rubella), HIB (Haemophilus Influenzae Type B), Hepatitis B, VZV (Varicella or Chickenpox), Pneumococcal, Hepatitis A, Rotavirus, and Influenza vaccine rates all decreased during measure year 2020.

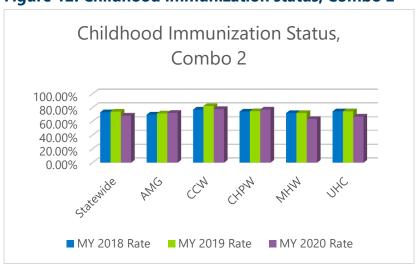
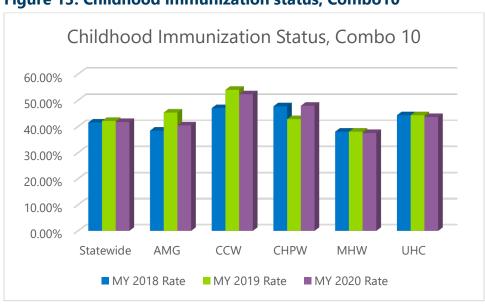


Figure 12. Childhood immunization status, Combo 2





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Conclusion

The COVID-19 pandemic greatly affected access to vaccines, preventive health services, and behavioral health care during measure year 2020.

While Apple Health enrollment rates were higher than usual, the changes made by facilities and providers to attend to the pandemic limited patient visits and non-emergent care. Given the overall devastation caused by the COVID-19 pandemic, the drop in Washington state's health outcomes seems like a natural consequence for how the world had to pivot in March of 2020. Comagine Health (2022) notes that:

A 12 percent enrollment increase combined with an extended decreased access to non-emergent services could make 2020 measure year data an outlier within multiyear comparisons in the future.

Next steps

Comagine's 2021 comparative and regional analysis report has many insightful comments on how HCA can rebound from the impact of COVID-19 on preventive care, including:

- Increasing the use of telehealth,
- Outreaching to enrollees to promote preventive care,
- Continue efforts for bidirectional integration for behavioral health,
- Facilitating MCO collaboration around COVID-19 vaccinations, and
- Collaborative performance improvement projects surrounding well-child visits and vaccines.

HCA has already begun implementing many of these suggestions. Since measure year 2020, HCA has instituted audio-only and telehealth benefits. Additionally, HCA has partnered with other state agencies such as the Department of Health to promote preventive care, decrease health disparities for children experiencing behavioral health symptoms, and re-engaging families with in-person well-child visits. Further, HCA has invested additional focus and attention on behavioral health access, care network providers, and outcome measures within the managed care contracts and quality review process.

Appendix A: Comagine Health's 2021 comparative and regional analysis report

To access Comagine Health's 2021 comparative and regional analysis report, visit hca.wa.gov.

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

Appendix B: MCO comparison results

