



Service Coordination Organization and Managed Care Performance Measure Report

Accountability Implementation Status

Substitute Senate Bill 5147, Section 3; Chapter 209; Laws of 2015; RCW 70.320.050

Substitute Senate Bill 5883, Section 204(4)(a); Chapter 1; Laws of 2017, 3rd Special Session

December 1, 2018



Service Coordination Organization and Managed Care Performance Measure Report



Medicaid Program Operations and Integrity

P. O. Box 45530
Olympia, WA 98504
Phone: (360) 725-2053
Fax: (360) 586-9551
www.hca.wa.gov

Aging and Long-Term Support Administration

P.O. Box 45600
Olympia, WA 98504-5600
Phone: (360) 725-2300
Fax: (360) 438-7903
www.dshs.wa.gov/altsa



Table of Contents

- Executive Summary..... 1
- Background..... 3
 - Legislation 3
 - Contract Management..... 3
- Performance Measures in State-Purchased Health Care Services 4
 - Service Coordination Organization Measures 4
 - Statewide Common Measures and Healthcare Effectiveness Data and Information Set (HEDIS®) Measures 5
 - Managed Care Organization Value-Based Purchasing Performance Measures..... 9
- Performance Measure Results 10
 - Behavioral Health Organization Measure Results 10
 - Area Agencies on Aging Measure Results..... 11
 - Apple Health Managed Care Organizations Measure Results 12
- Conclusion 12



Executive Summary

Since 2013, the Washington State Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) have received legislative directives to identify performance measures, document variations in performance, and report on performance measure outcomes.

HCA and DSHS developed this combined report on performance measures, addressing all of the legislative requirements for Service Coordination Organizations (SCOs)¹, a term that covers Behavioral Health Organizations (BHOs), Managed Care Organizations (MCOs), and Area Agencies on Aging (AAAs). The report builds on the 2017 Service Coordination Organization report². The purpose of this report is to identify and report performance measures, to document variation in performance, present performance measure outcomes for the most recent reporting year (2017), and discuss inclusion of performance measures in 2018 and 2019 BHO and MCO contracts.

In 2017, the number of Apple Health covered lives decreased by slightly over 63,000, with the adult population decreasing by just over 28,000. The Children's Health Insurance Plan (CHIP) population increased by over 9,000.

These decreases may be a result, in part, of improvements in the economy and reductions in the unemployment rate. They may also be lower because individuals who are not eligible for Apple Health have had their enrollment terminated. Since enactment of the Affordable Care Act (ACA), Medicaid Eligibility Determination Services has been unable to keep up with post-eligibility reviews. These reviews ensure that enrollees' household income is below the income level limits for Medicaid. Now, that backlog is at its lowest level since the ACA began. In addition, a specialized team is working returned mail so that individuals who have left the area have their cases closed without delay.

Since DSHS and HCA began reporting on SCO performance, measurement results have been fairly consistent, with most measures remaining within one to two percentage points from year to year.

The two measures that have not remained consistent are in the Substance Use Disorder population—*Initiation of Alcohol and Other Drug Dependence Treatment*³ and *Engagement in Alcohol and Other Drug Dependence Treatment*⁴ (see Table 5). These measures have shown a decline of 7.4 percent and 7.7 percent respectively from the previous year. During the same time period,

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>

³ Percent of adult and youth SUD outpatient and intensive outpatient service episodes where the client received at least one face-to-face treatment session within the 14 days following the start of a service episode.

⁴ Percent of adult and youth SUD outpatient and intensive outpatient service episodes where the client received at least two face-to-face treatment sessions within the 30 days following initiation of SUD treatment during a service episode.

*Substance Use Disorder Penetration Rate*⁵ has increased a modest 1.4 percent. DSHS' Research and Data Analysis (RDA) team is currently investigating potential causes for these declines. One cause may be that DSHS received incomplete Substance Use Disorder data from BHOs after April 1, 2016.

As we move forward, workgroups and stakeholder feedback continue to inform development of the measures.

⁵ The percentage of members with a substance use disorder treatment need who received substance use disorder treatment in the measurement year.
Service Coordination Organization Report
December 1, 2018



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.
 - Report annually to the Legislature regarding 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 Medicaid 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 Medicaid clients in accordance with the measure sets established under RCW 41.05.690 and RCW 70.320; and
 - Recommendations for improving the health of Medicaid 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 BHOs and 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 to HCA.

Contract Management

Two agencies manage and monitor contracts, which are required by state legislative directives and/or federal regulations to report performance measures:

- At DSHS, Aging and Long-Term Support Administration's Home and Community Services is responsible for management of Washington Area Agencies on Aging contracts.
- At HCA, Medicaid Program Operations and Integrity Division's Compliance Review and Analytics section is responsible for management of the Apple Health (Medicaid) 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 in Table 1 are the current SCO measures.⁶ The measures in grey 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*⁷ was developed for use in the BHOs only; it is not designed for application to MCOs, including MCOs in the integrated regions.

Table 1: Service Coordination Organization Performance Measures by SCO Type

Service Coordination Organization Performance Measures	Area Agencies on Aging	BHOs and Integrated Regions	MCOs
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 Services and Nursing Facility Utilization	X	X	X
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	BHOs only	
Plan All-Cause Readmission Rate	X	X	
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: <https://www.dshs.wa.gov/ffa/research-and-data-analysis/measure-specifications>.

⁶ DSHS–RDA reports these measures at: <https://www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid>.

⁷ The definition for this and all of the other measures can be found at: <https://www.dshs.wa.gov/ffa/research-and-data-analysis/measure-specifications>.



Behavioral Health Organization Measures

The 2017–2018 contracts with BHOs contain three performance measures which HCA intends to continue in the 2019 contracts:

- 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.
- Behavioral Health Access Monitoring (BHAM) — a Results Washington⁸ measure capturing the monthly count of youth and adults who receive mental health or substance use disorder treatment; this includes both Medicaid and non-Medicaid services.

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 BHAM measure 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.

Contract managers (then at DSHS/DBHR) planned to add SCO performance measures addressing employment and housing to the BHO contracts in 2018. However, HCA and DSHS decided not to do so since BHOs will not be administering the Medicaid Transformation Initiative⁹ funding for supportive housing and employment services. BHOs are, however, expected to encourage their contracted behavioral health agencies to address housing and employment needs. Housing and employment measures will continue to be monitored and reported publicly, as they currently are for BHOs, MCOs, and the AAAs.

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 Committee¹⁰, created by Engrossed Second Substitute House Bill 2572 (Chapter 223, Laws of 2014). This committee, with the support of ad hoc technical

⁸ Results Washington (<https://www.results.wa.gov>) is a Governor-directed initiative that requires Washington State agencies to measure and report regularly on their progress on five goal areas set by the Governor. State agencies are accountable for making improvements and delivering results for Washington citizens on these measures.

⁹ The Medicaid Transformation Initiative is an agreement with the federal government which allows Washington State to test new and innovative approaches to providing health coverage and care, including one to help individuals access housing and wraparound supports, and develop independent living skills to remain housed.

¹⁰ 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.



workgroups, provided a starter set of measures in 2014. The measures have continued to evolve; they are intended to change 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. Measures are excluded for the following reasons:

- The measures require using a single data source, the Department of Health (DOH) Immunization Information System. Two measures, immunizations for influenza and pneumococcal vaccinations for older adults, use data contained in the Immunization Information System to calculate these measures.
- 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 survey and the Pregnancy Risk Assessment Monitoring System 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.

Table 2 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	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	NCQA-HEDIS	
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
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	
Follow-Up After ED Visit for Alcohol and other Drug Dependence	NCQA-HEDIS	
Frequency of Ongoing Prenatal Care	NCQA-HEDIS	
Frequency of Selected Procedures	NCQA-HEDIS	
Lead Screening in Children	NCQA-HEDIS	



2018 Clinical Performance Measures for Apple Health Contracts	Measure Steward	Statewide Common Measure Set Measures
Long-Term Services and Support	NCQA-HEDIS	
Medical Assistance with Smoking and Tobacco Use Cessation	NCQA-CAHPS	Y
Medication Management for People with Asthma	NCQA-HEDIS	Y
Mental Health Utilization	NCQA-HEDIS	
Mental Health Service (Treatment) Penetration	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	
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	
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
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 (Medicaid) 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.

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, with the remaining measures added to 2018 contracts. 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
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

Service Coordination Organization Report
December 1, 2018



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 <https://www.dshs.wa.gov/node/28697/>. 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 service needs and for individuals with substance use disorder service needs. Individuals with mental health and substance use disorder treatment needs (who may or may not be receiving treatment services) are attributed to 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		
	2015 Q2	2016 Q2	2017 Q2
Adults’ Access to Preventive/Ambulatory Health Services	93.4%	91.5%	90.7%
Substance Use Disorder Treatment Penetration	26.1%	26.2%	28.6%
Initiation of Alcohol and Other Drug Dependence Treatment	71.6%	72.7%	69.9%
Engagement in Alcohol and Other Drug Dependence Treatment	60.1%	61.5%	58.4%
Mental Health Treatment Penetration (Narrow Definition-% who needed a service through RSN/BHO)	24.8%	23.4%	22.8%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	45.5%	44.3%	44.2%
Plan All Cause 30-Day Readmission	17.1%	17.1%	16.7%
Psychiatric Inpatient 30-Day Readmission	14.3%	12.8%	13.4%
Medicaid–Percent Homeless (Narrow Definition–Excludes ‘homeless with housing’, ACES living arrangement code)	5.5%	5.8%	6.0%
Percent Homeless (Broad Definition–Includes ‘homeless with housing’ ACES living arrangement code)	13.2%	13.7%	13.8%
Percent Employed	36.3%	39.5%	39.5%
Percent Arrested	7.8%	8.0%	7.8%
Emergency Department Utilization per 1,000 Coverage Months	117.0	116.7	113.4



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		
	2015 Q2	2016 Q2	2017 Q2
Adults’ Access to Preventive/Ambulatory Health Services	86.2%	83.6%	83.2%
Substance Use Disorder Treatment Penetration	25.8%	24.7%	26.1%
Initiation of Alcohol and Other Drug Dependence Treatment	78.8%	78.1%	70.7%
Engagement in Alcohol and Other Drug Dependence Treatment	67.6%	67.0%	59.3%
Mental Health Treatment Penetration (Narrow Definition-% who needed a service through RSN/BHO)	37.8%	35.1%	33.8%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	56.0%	53.2%	52.2%
Plan All Cause 30-Day Readmission	19.5%	19.3%	18.9%
Psychiatric Inpatient 30-Day Readmission	15.4%	14.0%	14.9%
Medicaid–Percent Homeless (Narrow Definition–Excludes ‘homeless with housing’, ACES living arrangement code)	12.8%	12.6%	12.9%
Percent Homeless (Broad Definition–Includes ‘homeless with housing’ ACES living arrangement code)	27.2%	26.7%	26.5%
Percent Employed	36.8%	39.3%	38.8%
Percent Arrested	23.2%	22.0%	20.8%
Emergency Department Utilization per 1,000 Coverage Months	171.2	167.2	158.5

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 Medicaid and dual-eligible (Medicare-Medicaid eligible) clients are included.

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

Aging and Long-Term Support-Statewide Measure Results	CY 2015	CY 2016	CY 2017
	1/15–12/15	1/16–12/16	1/17–12/17
Adults’ Access to Preventative/Ambulatory Care Health Care Services	97.9%	97.9%	97.9%
HCBS and Nursing Facility Utilization Balance	83.8%	84.3%	85.1%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	36.7%	37.8%	38.1%
Substance Use Disorder Treatment Penetration	6.4%	10.0%	11.2%
Emergency Department Visits per 1,000 Coverage Months	99.5	130.9	150.6
Plan All Cause 30-Day Readmission	16.8%	16.6%	16.9%
Percent Homeless (Broad Definition)	0.6%	0.7%	0.8%



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).¹¹

Table 7: Statewide Measure Results; Managed Care Organization

Managed Care Organization-Statewide Measure Results	Twelve Months Ending		
	2015 Q2	2016 Q2	2017 Q2
Substance Use Disorder Treatment Penetration	26.4%	24.7%	26.5%
Initiation of Alcohol and Other Drug Dependence Treatment	75.0%	76.4%	72.2%
Engagement in Alcohol and Other Drug Dependence Treatment	64.3%	65.7%	61.1%
Mental Health Treatment Penetration (Broad Definition-% who received service through RSN/BHO, Medicaid and Medicare paid services for dual-eligibles)	47.1%	45.5%	45.4%
Psychiatric Inpatient 30-Day Readmission	14.2%	12.9%	13.3%
Percent Homeless (Narrow Definition-Excludes 'homeless with housing', ACES living arrangement code)	4.9%	5.1%	5.1%
Medicaid-Percent Homeless (Broad Definition-Includes 'homeless with housing' ACES living arrangement code)	11.8%	12.2%	11.8%
Percent Employed	50.9%	51.8%	50.8%
Medicaid-Percent Arrested	6.4%	6.7%	6.4%

Conclusion

This multi-agency collaborative report provides an update to previous versions of the Service Organization Coordination report regarding the publicly reported 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 covered Apple Health lives it appears to be due to a combination of reduced unemployment rates and a reduction of the backlog of post eligibility reviews. Further, the careful monitoring of vetted metrics throughout the state has allowed us to ensure that services being provided by the BHO and MCOs meet the standards and quality of care we require for our residents.

¹¹ 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>.

