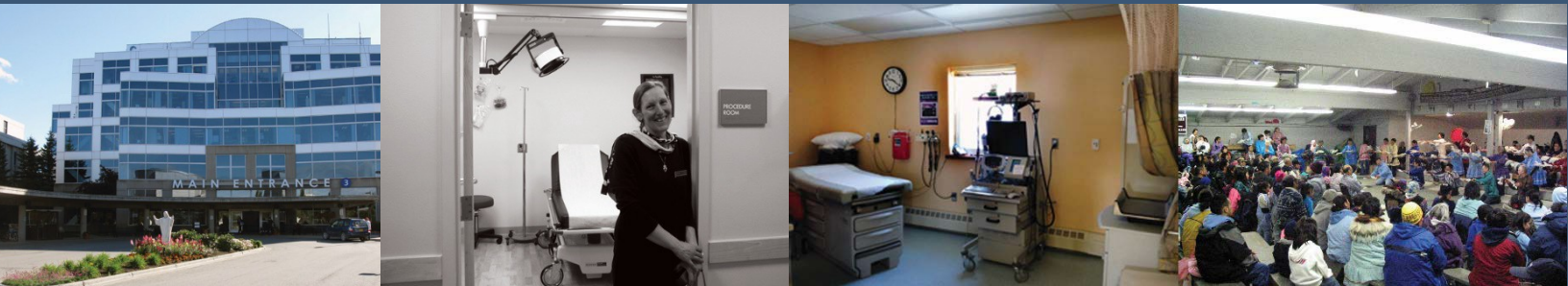


Alaska Medicaid Redesign Quality and Cost Effectiveness Targets Report

November 2021

Submitted to Adam Crum, Commissioner
Alaska Department of Health and Social Services

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Office of Rate Review



GOALS FOR MEDICAID REDESIGN + EXPANSION



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FORWARD

This report is submitted to Adam Crum, Commissioner, Alaska Department of Health and Social Services, from the Office of Rate Review.

EXECUTIVE SUMMARY

In October 2016, the Department of Health and Social Services (Department) convened the Medicaid Redesign Quality and Cost Effectiveness Targets Stakeholder Workgroup (QCE) and tasked the group with identifying Medicaid performance measures the Department could use to evaluate and monitor the overall quality of the Medicaid program during implementation of Medicaid redesign efforts. In 2017, the QCE recommended 18 Medicaid performance measures and corresponding annual and five-year performance targets for the recommended measures. The Department adopted each of the workgroup's recommendations.

During the QCE workgroup's discussions October 2016 through July 2017, one measure (*B.2 Medical Assistance with Tobacco Use and Cessation Assistance*) was removed from the recommended list of measures and placed on the *Potential Future Measures* list. This action was necessary due to the absence of a reliable data source for performance measurement. This reduced the list of performance measures to 17. In addition, after extensive review by the Department and its consultant Milliman, Inc., results on a second measure (*CH.3 Hospital Readmission within 30 days*) was placed on hold until additional assurances were received on the methodology used to calculate performance. For now, this measure is being monitored not reported on. The unique features of this measure will be discussed in this report.

The report contains the results of the first four years of performance (measured against the performance baseline for services delivered during state fiscal year 2017). Results of first-year performance demonstrate that the program met or exceeded annual performance targets for ten measures, partially met performance targets for three measures, are monitoring numbers for one measure and failed to meet performance targets for the remaining three measures. Results of the second-year performance baseline for services delivered during state fiscal year 2018 demonstrate that the program met or exceeded annual performance targets for five measures, partially met targets for three measures, are monitoring numbers for one measure and failed to meet targets for the remaining eight measures. The third-year results, based on services delivered during state fiscal year 2019, demonstrate that the program met or exceeded annual performance targets for five measures, partially met targets for four measures, are monitoring numbers for one measure and failed to meet performance targets for seven measures. The fourth-year results, based on state fiscal year 2020, demonstrate that the program met or exceeded annual performance targets for four measures, partially met performance targets for two measures, are monitoring numbers for three measures and failed to meet targets for the remaining eight measures. Monitoring is continuing for *CH.3: Hospital Readmission within 30 days*. Monitoring has started on *A.1: Child and Adolescents' Access to Primary Care Practitioners*, and *A.2: Ability to Get an Appointment for Care as Needed*.

The following report provides an overview of the QCE's fourth year activities which includes verifying program performance against the approved measures.

PROJECT BACKGROUND

The Department of Health and Social Services (Department) has actively pursued Medicaid program redesign opportunities outlined in Alaska Senate Bill 74 (SB74), which passed the Alaska Legislature in 2016. SB74 requires the Department to identify program quality and cost effectiveness measures and develop annual performance targets for those measures. To meet these requirements, the Department convened an external stakeholder workgroup to identify and recommend measures and performance targets. The 18-member Medicaid Redesign Quality and Cost Effectiveness Targets Stakeholder Workgroup (QCE) included representatives from hospitals, physician groups, federally qualified health centers, enrollee advocates, tribal health organizations and other health professionals, as well as state and support contract staff. The workgroup met monthly from October 2016 through July 2017 to develop its recommendations.

The process the QCE used to identify the recommended measures and develop the performance targets is discussed in detail in the workgroup's *Alaska Medicaid Redesign Quality and Cost Effectiveness Targets Report, September 2017* report. The report also identified varied issues with available Medicaid claims data used to inform the development of the recommended performance targets, and the lack of staff resources necessary to support the performance monitoring required under the legislation.

At the conclusion of its work in 2017, the QCE submitted a list of 18 quality and cost effectiveness measures and corresponding annual and five-year performance targets it believed would help the Department monitor program quality as Medicaid redesign efforts evolve. The workgroup established a 10 percent performance improvement goal that each measure should either meet or exceed by the end of the five-year performance period. Corresponding annual performance targets represent the program performance necessary to achieve the 10 percent improvement goals within the five-year timeframe. Appendix A includes a description of each measure and corresponding performance goals. The Department accepted each of the workgroup's recommended measures and performance targets.

To inform the workgroup's development of the performance targets in 2017, the Department worked with Milliman Inc. (Milliman), which was under contract with the Department to provide actuarial support for a variety of SB74 projects. Using a subset of Alaska Medicaid claims from state fiscal years 2015 and 2016, Milliman calculated initial results for each relevant measure. The QCE used the initial results from Milliman to benchmark the annual and five-year performance targets, with the understanding that the final performance measure baselines and corresponding targets would be calculated by the Department the following year using a complete Medicaid claims data set.

The final steps necessary to operationalize the measures and performance targets were completed by the workgroup in 2018. These steps focused on affirming the Department's process for calculating measure results and affirming the measure baseline calculations. Completion of these items supported public reporting on the measures for the first time in January 2019. First-year results measure program performance during state fiscal year 2017 with second-year results measuring program performance during fiscal year 2018, the third-year results measuring program performance during fiscal year 2019, and the fourth-year results measuring program performance during fiscal year 2020.

The remainder of this report outlines the process the Department used to calculate and verify the algorithms used to develop baseline rates and measures, performance and transmits the results of fourth-year performance against the baseline rates.

METHODOLOGY

A subset of the original QCE workgroup continued its work in 2018. Subset participants included 11 external stakeholders representing physicians, federally qualified health centers, hospitals, tribal health organizations, provider organizations, and specialty providers, as well as one state staff member who served as the Project Leader. The workgroup met four times during the year and focused on two primary tasks: affirming the methodology developed by the Department to calculate performance on identified measures and affirming the baseline from which annual performance will be measured. Appendix B identifies the 2018 QCE Workgroup.

Each of the measures recommended by the QCE workgroup fall into one of three categories: 1) the measure (and corresponding algorithm) was developed by either the Centers for Medicare and Medicaid Services (CMS) or the National Committee for Quality Assurance (NCQA); (2) the measure is based on a nationally recommended measure but both the measure and the algorithm were modified to provide more specific information on Alaska Medicaid performance; or 3) the measure evaluates a unique aspect of the Alaska Medicaid program such as beneficiary satisfaction with care received or per enrollee program costs. Measures that fall into categories 1 and 2 are calculated using Medicaid claims data. A variety of sources, including beneficiary surveys and program financial reports, are used to identify performance on category 3 measures. Appendix C includes details such as the data source used to identify performance.

“Based on our review of DHSS methodology and comparison of DHSS results relative to our independent analysis, we believe that DHSS has established a reasonable methodology to both establish the baseline levels for each of the quality measures and track progress towards DHSS goals over time.”

Milliman Inc., Alaska Medicaid Quality Measures: Documentation of Peer Review. September 4, 2018.

Milliman provided technical assistance as needed during the process and helped test some of the final algorithms to validate measure results. After working through data discrepancies, Milliman affirmed that the methodologies for establishing baselines and tracking progress were reasonable. A copy of the Milliman Inc., *Alaska Medicaid Quality Measures: Documentation of Peer Review* is available upon request.

The Department identified two measures for which there remained broader than expected variation between the Department’s baseline calculations and Milliman’s initial calculations. These measures included:

- *B.2 Medical Assistance with Tobacco Use and Cessation Assistance*
- *CH.3 Hospital Readmission within 30 Days of Discharge*

Measure B.2 - Medical Assistance with Tobacco Use and Cessation Assistance

Unfortunately, due to limitations of the Medicaid claims data and the Department’s commitment at the time to not require additional provider reporting, the QCE workgroup was unable to find a measure that could reliably and consistently identify the number of Medicaid beneficiaries who either smoked or used a tobacco product.

The workgroup met with staff from the Department’s Division of Public Health to learn more about population health surveys and how information gathered through such could potentially be used to help measure Medicaid program performance on smoking and tobacco use cessation. After an extensive discussion on the applicability of population health surveys to specific Medicaid program performance, the QCE workgroup rejected the use of information gathered through a population survey as an effective means to measure activities within the Medicaid program. The workgroup met with additional parties from the State of Alaska and based on potential project ideas, voted to move the proxy measure from the active measure list to the “*Potential Future Measures...*” list (Appendix D). Measure *B.2* will remain on the *Potential Future Measures* list until a reliable data source is identified.

Measure CH.3 Hospital Readmission within 30 Days of Discharge

Discrepancies with the calculation of measure *CH.3 Hospital Readmission within 30 Days of Discharge* persisted despite multiple reviews. During the first year of reporting, it was decided that to ensure the reliability of the algorithm and calculation methodology for this measure, the measure would be placed on hold, monitored, and not reported on until additional assurances were received on the methodology used to calculate performance.

In September 2020, this measure was again reviewed, and preliminary data was entered for fiscal years 2017, 2018, and 2019. In September 2021, this measure was reviewed again, and preliminary data was added for 2020. However, due to persistent anomalies such as the opioid crisis and the Behavioral Health 1115 demonstration waiver, data calculated for this measure will continue to be monitored.

Additionally, in September 2021, the department identified two of the measures previously reported on now needed to be moved to monitoring status because the Medicaid CHIP survey contract changed vendors. The survey questions and methods have changed, and the current results cannot be properly compared to the previous vendor’s results. These measures include:

- *A.1 Child and Adolescents’ Access to Primary Care Practitioners*
- *A.2 Ability to Get an Appointment for Care as Needed*

DEMONSTRATING PERFORMANCE

As noted above, the QCE workgroup used the initial measure calculations developed by Milliman to inform development of annual performance targets. As the first step to benchmarking performance, the QCE workgroup set a basic goal to improve performance on each measure by 10% within five years. Annual performance targets were then established based on the final five-year performance goals.

In 2018, the QCE workgroup finalized the baseline results for all measures except measures B.2 and CH.3, as explained above. The baseline results represent Medicaid services delivered in state fiscal year 2016 and serve as the anchor for determining performance improvement over the next five years.

The complete list of measures and corresponding final annual and five-year performance goals can be found in Appendix C.

*Performance improvement of 10% is expected
for each measure by 2021*

For the first-year of review, the Department calculated the first year of performance against the baseline. Using Medicaid claims from services delivered during state fiscal year 2017, first year results indicate the program met or exceeded annual performance targets for ten measures, partially met performance targets for three measures, are monitoring numbers for one measure and failed to meet performance targets for the remaining three measures. Results of the second-year performance baseline for services delivered during state fiscal year 2018 demonstrate that the program met or exceeded annual performance targets for five measures, partially met targets for three measures, are monitoring numbers for one measure and failed to meet targets for the remaining eight measures. The third-year results, based on services delivered during state fiscal year 2019, demonstrate that the program met or exceeded annual performance targets for five measures, partially met targets for four measures, are monitoring numbers for one measure and failed to meet performance targets for seven measures. Results of the fourth-year performance measures for services delivered during state FY 2020 demonstrate that the program met or exceeded annual performance targets for four measures, partially met targets for two measures, are monitoring numbers for three measures, and failed to meet targets for the remaining eight measures. Monitoring is continuing for CH.3: Hospital Readmission within 30 days. Monitoring has started on A.1: Child and Adolescents' Access to Primary Care Practitioners, and A.2: Ability to Get an Appointment for Care as Needed.

Table 1 includes results of program performance in 2020. A value of Y or N in the table below notes that the performance target was either met or not met for the cohorts reported under the measure. A value of P identifies performance was met on at least one of the cohorts reported (Appendix A includes all results by applicable age or category cohort).

Table 1. Results of 2020 Fourth-Year Performance on QCE Measures

Note: Y = Met Performance Goal; N = Did Not Meet Performance Goal; P = Partially Met Performance Goal

Measure	Met 2020 Performance Target
A.1 Child and Adolescents' Access to Primary Care Practitioners	Monitor
A.2 Ability to Get an Appointment with Provider as Needed	Monitor
B.1 Follow-up After Hospitalization for Mental Illness	P
B.3 Initiation and Engagement of Alcohol and Other Drug Dependent Treatment	Y
CH.1 Emergency Department Utilization	N
CH.2 Comprehensive Diabetes Care	N
CH.3 Hospital Readmission Within 30 days - All Diagnoses	Monitor
C.1 Medicaid Spending Per Enrollee	N
C.2 Number of Hospitalizations for Chronic Obstructive Pulmonary Disease	Y
C.3 Number of Hospitalizations for a Diabetic Condition	Y
C.4 Number of Hospitalizations due to Congestive Heart Failure	N
M.1 Live Births Weighing Less Than 2,500 Grams	N
M.2 Postpartum Care Rate	N
M.3 Percent of Newborns Whose Mothers had Prenatal Care During First Trimester	N
P.1 Childhood Immunization Status	N
P.2 Average Number of Well-Child Visits by Age	P
P.3 Developmental Screening in First Three Years of Life	Y

As seen above, several measures were not met during the 2020 review. There are a variety of factors that could be attributed to this.

- The Covid-19 pandemic hit Alaska in the middle of SFY 2020. Services were abruptly interrupted and rescheduled as Alaska met the emergent needs from the pandemic.
- Enrollment increased 4.48 percent from FY 2019 to FY 2020; while some services were interrupted during the pandemic.
- The Medicaid CHIP survey contract changed vendors; this resulted in two measures being placed in monitoring status. The survey questions and methods have changed, and the current results cannot be properly compared to the previous vendor's results.

COORDINATION WITH REDESIGN EFFORTS

The Department has engaged in initiatives aimed at improving the effectiveness of the Alaska Medicaid program and the overall health of Medicaid enrollees.

- Medicaid Section 1115 Demonstration Waiver – The Department’s initiative to pursue an 1115 waiver to realign behavioral health services in the continuum of care and substance use disorder was approved. An Administrative Services Organization (ASO) contract was awarded to Optum; they began to approve, arrange, monitor, and pay claims in SFY 2020.
- Home and Community Based 1915(c) and the Community First Choice 1915(k) waivers were moved forward to allow children with complex conditions a waiver from the Nursing Oversight and Care Management services. This allows more children to receive waiver services.
- Project Hope – A partnership between the Department and several community partners to distribute and administer Narcan in an opioid response kit. Project Hope has also distributed over 25,000 drug disposal bags to communities across Alaska. Project Hope encourages community organizations to work together and give time for those in need to seek emergency medical assistance.
- Project Echo – established a collaboration between the Office of Substance Misuse and Addiction Prevention, the Division of Behavioral Health, the University of Alaska, Providence Hospital, the Alaska Native Tribal Health Consortium, and other stakeholders. The project is formed as a collaborative tele-mentoring model of education that covers over twelve opioid related topics.

APPENDIX A

AK Quality Measures and Performances

Category	Measure	Program Cohort	Baseline	Target	Actual	Target	Actual	Target	Actual	Target	Actual	5-YR Target
			SFY 2016	SFY 2017	SFY 2017	SFY 2018	SFY 2018	SFY 2019	SFY2019	SFY 2020	SFY 2020	SFY 2020
Access	A.1: Child and Adolescents' Access to Primary Care Practitioners	Age: 12 to 24 mos	87.00%	88.70%	87.80%	90.50%	87.90%	92.20%	88.20%	94.00%	Monitor	95.70%
		Age: 25 mos to 6 yrs	77.60%	79.20%	78.70%	80.70%	75.80%	82.30%	73.30%	83.80%	Monitor	85.40%
		Age: 7 yrs to 11 yrs	82.60%	84.30%	82.50%	85.90%	80.90%	87.60%	78.80%	89.20%	Monitor	90.90%
		Age: 12 yrs to 19 yrs	83.70%	85.40%	83.70%	87.10%	82.00%	88.80%	79.50%	90.40%	Monitor	92.10%
	A.2: Ability To Get An Appointment w/Provider as Needed	Age: 0-21 yrs	67.20%	68.50%	71.00%	69.90%	61.50%	71.20%	73.90%	72.60%	Monitor	73.90%
		Age: 21+ yrs	60.60%	61.80%	68.70%	63.00%	75.50%	64.20%	76.40%	65.40%	Monitor	66.70%
Behavioral Health*	B.1: Follow-Up After Hospitalization for Mental Illness	Child - Acute	34.30%	35.00%	43.10%	35.70%	41.88%	36.40%	48.96%	37.10%	31.82%	37.70%
		Child - Psych	36.30%	37.00%	39.70%	37.70%	43.70%	38.40%	46.70%	39.20%	40.34%	39.90%
		Adult - Acute	40.10%	40.90%	43.40%	41.70%	47.83%	42.50%	52.58%	43.30%	37.76%	44.10%
		Adult - Psych	41.60%	42.40%	56.30%	43.20%	57.14%	44.10%	38.88%	44.90%	37.50%	45.80%
	B.3: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation	31.10%	31.70%	38.10%	32.30%	40.58%	32.90%	44.39%	33.60%	43.60%	34.20%
		Engagement	15.00%	15.30%	18.30%	15.60%	19.97%	15.90%	24.26%	16.20%	25.04%	16.50%
Chronic Illness	CH.1: Emergency Department Utilization (visits/1,000)	All program participants	637.2	624.5	727.3	611.8	690.2	599.1	629.9	586.4	601.7	573.5
	CH.2: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	Age: 18-64 yrs	63.10%	64.40%	68.10%	65.70%	67.30%	66.90%	65.55%	68.20%	64.80%	69.40%
		Age: 65-75 yrs	34.60%	35.30%	38.20%	36.00%	38.60%	36.70%	38.77%	37.40%	37.20%	38.10%
	CH.3: Hospital readmission w/in 30 days - all diagnoses	Age 18+ yrs: Mental illness admits	7.10%		9.20%		8.21%		9.53%		11.08%	Monitor
		Age 18+ yrs: All other admits	6.30%		7.90%		8.87%		8.86%		9.39%	Monitor

Cost	C.1: Medicaid spending per enrollee	Age: 0-21yrs	\$5,828	\$5,711	\$6,761	\$5,595	\$6,402	\$5,478	\$6,439	\$5,362	\$7,062	\$5,245
		Age: 21+ yrs	\$10,436	\$10,319	\$12,283	\$10,203	\$10,818	\$10,086	\$11,560	\$9,970	\$13,979	\$9,392
	C.2: Number of hospitalizations for Chronic Obstructive Pulmonary Disease	Age: 40-64 yrs	43.8	42.9	35.9	42	27	41.1	24.5	40.2	15.8	39.4
		Age: 65+ yrs	69.8	68.4	57.9	67	71.2	65.6	50.6	64.2	45.8	62.8
	C.3: Number of hospitalizations for a diabetic condition	Age: 18-64 yrs	22.1	21.7	20.2	21.3	14.9	20.9	13.9	20.5	14.4	19.9
		Age: 65+ yrs	21.9	21.5	13.7	21.1	18.7	20.7	11.39	20.3	16.4	19.7
	C.4: Number of hospitalizations for Congestive Heart Failure	Age: 18-64 yrs	14.4	14.1	15.2	13.8	16.5	13.5	16.9	13.2	22.2	13
		Age: 65+ yrs	58.9	58	54.8	57.1	69.7	56.2	74.77	55.3	81.4	53
Maternal	M.1: Live Births Weighing Less Than 2,500 Grams	All program participants	6.80%	6.70%	6.30%	6.60%	7.30%	6.40%	7.10%	6.30%	7.80%	6.10%
	M.2: Postpartum Care Rate	All program participants	38.80%	39.60%	40.50%	40.40%	38.18%	41.20%	42.15%	41.90%	41.26%	42.70%
	M.3: Percent of newborns whose mothers had prenatal visit during first trimester	All program participants	77.90%	79.50%	80.60%	81.00%	80.00%	82.60%	78.76%	84.10%	80.78%	85.70%
Preventive	P.1: Childhood Immunization Status	Age: 19-35 mos	59.50%	60.70%	62.70%	61.90%	59.16%	63.10%	53.16%	64.30%	49.16%	65.50%
	P.2: Average Number of Well- Child Visits	Second yr of life	1.53	1.56	2.04	1.59	1.93	1.62	2	1.65	1.98	1.68
		Third yr of life	0.61	0.62	0.89	0.63	0.81	0.65	0.85	0.66	0.79	0.67
		Fourth yr of life	0.55	0.56	0.55	0.57	0.5	0.58	0.51	0.59	0.47	0.61
		Fifth yr of life	0.6	0.61	0.57	0.62	0.54	0.64	0.53	0.65	0.45	0.66
		Sixth yr of life	0.16	0.16	0.54	0.17	0.5	0.17	0.49	0.17	0.41	0.18
	P.3: Developmental Screenings First Three Years of Life	First yr of life	12.90%	13.20%	13.10%	13.40%	14.60%	13.70%	10.76%	13.90%	22.55%	14.20%
		Second yr of life	10.60%	10.80%	9.30%	11.00%	9.85%	11.20%	19.68%	11.40%	17.05%	11.70%
		Third yr of life	5.90%	6.00%	6.30%	6.10%	4.99%	6.20%	14.45%	6.30%	6.95%	6.50%
Ages 0-3 combined		10.00%	10.20%	9.80%	10.40%	9.88%	10.60%	15.01%	10.80%	15.18%	11.00%	

Results denoted in red font indicate performance was not met on the established target Performance calculations completed September 2019
 * Measure B.2 Medical Assistance with Smoking and Tobacco Use Cessation has been deferred until a data source is found

APPENDIX B

ALASKA MEDICAID REDESIGN QUALITY AND COST EFFECTIVENESS TARGETS STAKEHOLDER WORKGROUP

2018 SUBSET WORKGROUP MEMBERS

- Samantha Ali, Occupational Therapist, Southcentral Foundation, Anchorage
- David Branding, Chief Executive Officer, Juneau Alliance for Mental Health, Inc., Juneau
- Shelley Deering, Regional Manager, Airlift Northwest, Anchorage
- Jerry Jenkins, Chief Executive Officer, Anchorage Community Mental Health Services, Anchorage
- Keren Kelley, Executive Director, Homer Senior Citizens, Inc., Homer
- Jeanette Lacey-Dunn, Director of Case Management, Bartlett Hospital, Juneau
- Jacqueline Marcus-Ledford, Director of Performance Improvement, Yukon- Kuskokwim Health Corporation, Bethel
- Jeannie Monk, Vice President, Alaska State Hospital and Nursing Home Association, Juneau
- Nick Papacostas, MD, U.S. Army, Joint Base Elmendorf-Richardson, Anchorage
- Jim Roberts, Liaison, Intergovernmental Affairs, Alaska Native Tribal Health Consortium, Anchorage
- Michelle Rothoff, MD, Physician, Anchorage Neighborhood Health Center, Anchorage
- Donna Steward, Project Leader, Office of the Commissioner, Anchorage

2020 ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES REPORT STAFF

- Marcey Bish, Executive Director, DHSS Office of Rate Review, Anchorage
- Heidi Barnes, Project Lead, DHSS Office of Rate Review, Anchorage

APPENDIX C

Alaska Medicaid Program Quality and Cost Effectiveness Measure

ACCESS | A.1 Children and Adolescents' Access to Primary Care Practitioners

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 12-24 months	87.00%	87.80%	87.90%	88.20%	Monitor	95.70%
Age 25 months-6 years	77.60%	78.70%	75.80%	73.30%	Monitor	85.40%
Age 7-11 yrs	82.60%	82.50%	80.90%	78.80%	Monitor	90.90%
Age 12-19 yrs	83.70%	83.70%	82.00%	79.50%	Monitor	92.10%

Description: Percentage of children 12 months to 19 years who had a visit with a primary care practitioner during the reporting year.

Measure Origin: Centers for Medicare and Medicaid Services (CMS): Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: Yes. <https://www.ncqa.org/hedis/measures/>

Note: This measure is annually reported to CMS and in accordance with CMS reporting requirements, calculations are performed using calendar year data rather than state fiscal year data. All other calculated measures use state fiscal year data.

ACCESS | A.2 Ability to Get an Appointment with Provider as Needed

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 0-21 yrs	67.20%	71.00%	70.50%	73.90%	Monitor	73.90%
Age 21+ yrs	60.60%	68.70%	66.00%	76.40%	Monitor	66.70%

Description: Adult's perception of whether they were able to get an appointment as quickly as the adult felt was necessary. Parent's perception of whether they were able to get an appointment for their child as quickly as the parent felt was necessary.

Measure Origin: National Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.

Data Source: Annual CAHPS Survey.

Comparable HEDIS Measure: No

BEHAVIORAL HEALTH | B.1 Follow-up After Hospitalization for Mental Illness

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Child - Acute	34.30%	43.10%	41.88%	48.96%	31.82%	37.70%
Child - Psych	36.30%	39.70%	43.71%	46.70%	40.34%	39.90%
Adult - Acute	40.10%	43.40%	47.83%	52.58%	37.76%	44.10%
Adult - Psych	41.60%	56.30%	57.14%	38.88%	37.50%	45.80%

Description: Percent of discharges for children ages 6-20 and adults age 21+ years hospitalized for treatment of a mental health diagnosis who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner w/in 30 days of discharge.

Measure Origin: CMS: Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP; Core Set of Adult Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: Yes. <https://www.ncqa.org/hedis/measures/>

Note: Acute refers to services provided in a non-specialty hospital; Psych refers to services provided in a psychiatric hospital

BEHAVIORAL HEALTH | B.3 Alcohol and Other Drug Dependence Treatment

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 18+ yrs Initiation	31.10%	38.10%	40.58%	44.39%	43.60%	34.20%
Age 18+ yrs Engagement	15.00%	18.30%	19.57%	24.26%	25.04%	16.50%

Description: Percentage of Medicaid enrollees age 18 and older with a new episode of alcohol or other drug (AOD) dependence who received the following: treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis; or initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of initiating visit.

Measure Origin: CMS: Core Set of Adult Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: Yes <https://www.ncqa.org/hedis/measures/>

Note: Initiation identifies individuals with a new episode of alcohol or other drug dependence who initiated treatment within 14 days of diagnosis. Engagement identifies individuals who both initiated treatment and engaged in two or more additional services within 30 days of the initial diagnosis.

CHRONIC HEALTH | CH.1 Emergency Department Utilization (Visits per 1,000)

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
All program enrollees	637.2	727.3	690.16	629.9	601.7	573.5

Description: The number of emergency Department visits per 1,000 Medicaid enrollees.

Measure Origin: Quality and Cost Effectiveness Targets Stakeholder Workgroup.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: No

CHRONIC HEALTH | CH.2 Comprehensive Diabetes Care: Hemoglobin A1c Testing

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 18-64 yrs	63.10%	68.10%	67.30%	65.55%	64.80%	69.40%
Age 65-75	34.60%	38.20%	38.60%	38.77%	37.20%	38.10%

Description: Percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test during the reporting year.

Measure Origin: CMS: Core Set of Adult Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: Yes. <https://www.ncqa.org/hedis/measures/>

CHRONIC HEALTH | CH.3 Hospital Readmission Within 30 days - All Diagnoses

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 18+ yrs Mental illness admits	7.10%	9.20%	8.21%	9.53%	11.08%	On Hold
Age 18+ yrs All other admits	6.30%	7.90%	8.87%	8.86%	9.39%	On Hold

Description: For Medicaid enrollees age 18 and older, the number of acute inpatient stays during the reporting year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Measure Origin: CMS: Core Set of Adult Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: Yes. <https://www.ncqa.org/hedis/measures/>

Note: Due to persistent anomalies in results calculated for this measure, final performance calculations are on hold until all issues are identified and resolved.

COST | C.1 Medicaid Spending Per Enrollee

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 0-21 yrs	\$5,828	\$6,761	\$6,402	\$6,439	\$7,062	\$5,245
Age 21+ yrs	\$10,436	\$12,283	\$10,818	\$11,559	\$13,979	\$9,392

Description: Consistent with information currently provided, the Department will produce per member and aggregate costs for non-waiver services by service category. Aggregate annual spending per enrollee will be used to measure performance.

Measure Origin: Quality and Cost Effectiveness Targets Stakeholder Workgroup.

Data Source: DHSS Annual Report: MMIS Medicaid Claim Activity, January 24, 2018

Comparable HEDIS Measure: No

COST | C.2 Number of Hospitalizations for Chronic Obstructive Pulmonary Disease (COPD)

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 40-64 yrs	43.8	35.9	27	24.5	15.8	39.4
Age 65+ yrs	69.8	57.9	71.2	50.6	45.8	62.8

Description: Per 100,000 enrollee months, number of hospitalizations due to COPD during the reporting period

Measure Origin: CMS: Core Set of Adult Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: No

Note: Hospitalizations attributed to COPD as a first, second or third diagnoses are included in the measure.

COST | C.3 Number of Hospitalizations for a Diabetic Condition

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 18-64 yrs	22.1	20.2	14.9	13.9	14.4	19.9
Age 65+ yrs	21.9	13.7	18.7	11.39	16.4	19.7

Description: Per 100,000 enrollee months, number of hospitalizations due to a diabetic condition during reporting period.

Measure Origin: Quality and Cost Effectiveness Targets Stakeholder Workgroup.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: No

Note: Hospitalizations attributed to diabetes as a first, second or third diagnoses are included in the measure.

COST | C.4 Number of Hospitalizations due to Congestive Heart Failure

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 18-64 yrs	14.4	15.2	16.5	16.9	22.2	13
Age 65+ yrs	58.9	54.8	69.7	74.77	81.4	53

Description: Per 100,000 enrollee months, number of hospitalizations due to Congestive Heart Failure during reporting period.

Measure Origin: Modified CMS: Core Set of Adult Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: No

Note: Hospitalizations attributed to congestive heart failure as a first, second or third diagnoses are included in the measure.

MATERNAL HEALTH | M.1 Live Births Weighing Less Than 2,500 Grams

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
All live births within program	6.80%	6.70%	7.30%	7.10%	7.80%	6.10%

Description: Percentage of live births weighing less than 2,500 grams delivered to Medicaid recipients in the state during the reporting period.

Measure Origin: CMS: Core Set of Children's Health Care Quality Measures for Medicaid/CHIP

Data Source: Alaska's Indicator-Based Information System for Public Health Data (IBIS).

Comparable HEDIS Measure: Yes. <https://www.ncqa.org/hedis/measures/>

MATERNAL HEALTH | M.2 Postpartum Care

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
All live births within program	38.80%	40.50%	38.18%	42.15%	41.26%	42.70%

Description: Percentage of women who had live births during the reporting year that also had a postpartum visit on or between 21 and 56 days after delivery.

Measure Origin: CMS: Core Set of Adult Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: Yes. <https://www.ncqa.org/hedis/measures/>

Note: Calculated results may be lower than actuals due to differences in the codes providers use to identify these services.

MATERNAL HEALTH | M.3 Prenatal Care During First Trimester

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
All live births within program	77.90%	80.60%	80.08%	78.76%	80.78%	85.70%

Description: Percentage of newborns whose mothers had a prenatal visit during first trimester.

Measure Origin: CMS: Core Set of Children's Health Care Quality Measures for Medicaid/CHIP.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: Yes. <https://www.ncqa.org/hedis/measures/>

Note: Calculated results may be lower than actuals due to differences in the codes providers use to identify these services.

PREVENTIVE HEALTH | P.1 Childhood Immunization Status

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Age 0-24 months	59.50%	62.70%	59.20%	53.16%	49.16%	65.50%

Description: Percentage of children in the Alaska Medicaid program age 0-24 months receiving recommended immunizations for age.

Measure Origin: Quality and Cost Effectiveness Targets Stakeholder Workgroup.

Data Source: VacTrAK Immunization Registry of Alaska.

Comparable HEDIS Measure: No

PREVENTIVE HEALTH | P.2 Average Number of Well-Child Visits by Age

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
Second yr of life	1.53	2.04	1.93	2	1.98	1.68
Third yr of life	0.61	0.89	0.81	0.85	0.79	0.67
Fourth yr of life	0.55	0.55	0.5	0.51	0.47	0.61
Fifth yr of life	0.6	0.57	0.54	0.53	0.45	0.66
Sixth yr of life	0.16	0.54	0.5	0.49	0.41	0.18

Description: Average number of well child visits during the reporting period, reported by age from 0 to 6.

Measure Origin: Modified CMS: Core Set of Child Health Care Quality Measures for Medicaid.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: No

Notes: The workgroup acknowledges that children may be seen more frequently by a provider but that the Medicaid claim submitted by the provider could reflect a purpose separate from a well-child visit. The workgroup's recommendation is to specifically monitor those visits focused on wellness of the child as a means to evaluate opportunities for early detection of adverse health conditions.

PREVENTIVE HEALTH | P.3 Developmental Screening in the First Three Years of Life

Cohort	2016 Baseline	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Five Year Target
First yr of life	12.90%	13.10%	14.60%	10.76%	22.55%	14.20%
Second yr of life	10.60%	9.30%	9.85%	19.68%	17.05%	11.70%
Third yr of life	5.90%	6.30%	4.99%	14.45%	6.95%	6.50%
Ages 0-3 combined	10.00%	9.80%	9.88%	15.01%	15.18%	11.00%

Description: Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.

Measure Origin: Modified CMS: Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

Data Source: Medicaid claims data.

Comparable HEDIS Measure: No

Notes: The workgroup's desire is to assess the frequency of any developmental screen performed on the child and acknowledges that CMS Core reporting will report on the subset of CMS identified screens as a more narrow focus that reflects national interests.

APPENDIX D

POTENTIAL FUTURE MEASURES RECOMMENDED BY MEDICAID REDESIGN QUALITY AND COST EFFECTIVENESS TARGETS STAKEHOLDER WORKGROUP

The Medicaid Redesign Quality and Cost Effectiveness Targets Stakeholder Workgroup requests that the Department of Health and Social Services adopt the following Medicaid program performance measures as soon as possible following elimination of program impediments:

AFTER PASSAGE OF PREVENTIVE SERVICES REGULATIONS

- Child /Adolescent Major Depressive Disorder: Suicide Risk Assessment
- Chlamydia Screening in Women
- HIV Screening - All Ages
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Mammogram Screening
- Colorectal Cancer Screening
- LDL-C Screening
- Flu Vaccinations for Adults Age 18 and Older (FVA)
- Flu Vaccinations for Children Age 18 and Under
- HPV Vaccinations for Children Age 18 and Under
- Pneumonia Vaccine for Older Adults
- Alcohol Screening in Pregnant Women
- HIV Screening - Pregnant Women
- Diabetes Care - Eye Exam
- Diabetes Care - LDL Assessment
- Diabetes Care - Screening for Nephropathy
- Hypertension - Screening for Nephropathy
- Nephropathy - Screening for Nephropathy
- Heart Failure - Screening for Nephropathy

AFTER CONSISTENT DATA SOURCE IS IDENTIFIED

- Child /Adolescent Major Depressive Disorder: Suicide Risk Assessment
- Screening for Clinical Depression and Follow-Up Plan (CDF)
- Body Mass Index Assessment (ABA) for Adults
- Body Mass Index Assessment (ABA) for Children/Adolescents
- Behavioral Health Risk Assessment for Pregnant Women (BHRA)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Controlling High Blood Pressure
- Percent of Adult Medicaid Recipients that Smoke
- Medication Management for People with Asthma
- Annual cost of Medicaid per member vs annual cost of Private/Exchange premium
- Adherence to HIV Viral Load Suppression Therapy
- B.2 - Medical Assistance with Tobacco Use and Cessation Assistance