

**STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
COMMISSIONER'S OFFICE**

INVITATION TO PROVIDE COMMENT

PRESENTED BY: Medicaid Redesign Quality and Cost Effectiveness Stakeholder Workgroup
PROVIDE COMMENT ON: DRAFT: Medicaid Program Quality and Cost Effectiveness Measures
COMMENT PERIOD CLOSSES: March 31, 2017

Background

Passage of Senate Bill 74 in 2016 laid the groundwork for Medicaid redesign efforts to improve the quality, performance and cost effectiveness of Alaska's Medicaid program. To fulfill the goals of this initiative, the Department of Health and Social Services has been working diligently to implement reform elements that will have a positive impact on Medicaid recipient health outcomes and the overall health care delivery system.

As part of this effort, the department convened an 18-member stakeholder workgroup of health care providers, facilities, tribal health organizations, and consumers charged with providing recommendations to the department on measures that could be used to help monitor the overall quality and cost effectiveness of the Medicaid program. Once the measures are identified, the stakeholder workgroup will recommend annual performance targets for each of the measures.

The Stakeholder Workgroup began meeting in October 2016. Three basic criteria for the measures were initially provided:

1. Any service identified in a measure must be a Medicaid covered service;
2. The Medicaid program must have the ability to influence improved performance on the measure; and,
3. The data used to track performance against the measure must be readily accessible from an existing source (i.e., available through Medicaid claims or other state resource), as the department does not plan to impose new reporting requirements on providers at this time.

The stakeholder workgroup created additional criteria to help identify initial measures, including items such as "must be based on scientific evidence" and "can be tracked over time." They initially identified more than 100 potential measures for consideration from a variety of national and other state sources. Measures were grouped by categories such as cost and access, and were pared down to the draft set presented here for public comment based on the criteria identified by the Department and the workgroup (Exhibit 1). Certain measures the workgroup considered important for future consideration but that did not currently meet one or more of the criteria are included here for information (Exhibit 2).

Those interested in commenting on the draft list of proposed measures presented in Exhibit 1 may do so in one of two ways:

- Submit comments through email to Medicaid.redesign@alaska.gov. You may either enter comments directly into an email or attach a Word document or PDF to your message.
- Fax written comments to (907) 269-0060.

Public comment will be accepted until close of business on Friday, March 31, 2017.

**DRAFT -
ALASKA MEDICAID QUALITY AND COST EFFECTIVENESS MEASURES**

	CATEGORY	APPLIES TO CHILD, ADULT OR BOTH POPULATIONS	MEASURE	WHAT IT MEASURES
A.1*	Access	C	Child and Adolescents' Access to Primary Care Practitioners	The percentage of children 12 months to 19 years who had a visit with a primary care practitioner during the reporting year
A.2	Access	B	Ability to get an appt with a provider for either self or child's illness or injury/condition that needed care right away	Two measures will be collected from the CAHPS survey regarding: 1) adult's perception of whether they were able to get an appointment as quickly as the adult felt was necessary; and 2) a parent's perception of whether they were able to get an appointment for their child as quickly as the parent felt was necessary
B.1	Behavioral	B	Follow-Up After Hospitalization for Mental Illness	<ul style="list-style-type: none"> Percentage of discharges for children ages 6-20 who were hospitalized for treatment of a principal mental health diagnosis in accordance with the Mental Health Diagnosis Value Set and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge Percentage of discharges for Medicaid enrollees age 21+ hospitalized for treatment of a principal mental health diagnosis in accordance with the Mental Health Diagnosis Value Set and had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge
B.2	Behavioral	A	Medical Assistance with Smoking and Tobacco Use Cessation	Percentage of Medicaid enrollees age 18 and older who are current smokers or tobacco users and who received medical assistance with smoking and tobacco use cessation during the reporting year. Assistance includes: Advising smoker to quit; discussion cessation medications; and discussing cessation strategies
B.3	Behavioral	A	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	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 who had two or more additional services with a diagnosis of AOD within 30 days of initiating visit
B.4	Behavioral	C	Child /Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for enrollees ages 6 through 17 years with a diagnosis of major depressive disorder that included an assessment for suicide risk.
CH.1	Chronic	B	Emergency Department Utilization (visits/1,000)	The number of emergency room visits per 1,000 Medicaid enrollees.
CH.2	Chronic	A	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C)	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
CH.3	Chronic	A	Hospital readmission w/in 30 days - all diagnoses	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.

* Identifiers are provided to assist with the public response process and do not reflect rank or priority

EXHIBIT 1

	CATEGORY	APPLIES TO CHILD, ADULT OR BOTH POPULATIONS	MEASURE	WHAT IT MEASURES
C.1	Cost	B	Medicaid spending per enrollee	Consistent with information currently provided, the department will produce per member and aggregate costs for non-waiver services by service category
C.2	Cost	A	Number of hospitalizations for Chronic Obstructive Pulmonary Disease	Number of hospitalizations due to COPD during the reporting period
C.3	Cost	A	Number of hospitalizations for Diabetic Ketoacidosis	Number of hospitalizations due to Diabetic Ketoacidosis during the reporting period
C.4	Cost	A	Number of hospitalizations for Congestive Heart Failure	Number of hospitalizations due to Congestive Heart Failure during the reporting period
M.1	Maternal	C	Live Births Weighing Less Than 2,500 Grams	Percentage of live births in the state during the reporting period that weighed less than 2,500 grams
M.2	Maternal	B	Postpartum Care Rate	Percentage of live births during the reporting year that had a postpartum visit on or between 21 and 56 days after delivery
M.3	Maternal	C	Percent of newborns whose mothers had prenatal visit during first trimester	Percentage of live births during the reporting period with a prenatal care visit in either the first trimester or first 42 days of Medicaid enrollment
M.4	Maternal	B	Number of elective induced births between 37-39 weeks of gestational age	Number of elective induced births between 37-39 weeks of gestational age
P.1	Preventive	C	Childhood Immunization Status	Percentage of children 2 years old who had 4 diphtheria, tetanus and acellular pertussis (DTaP); 3 polio (IPV); one measles, mumps and rubella (MMR); 3 haemophilus influenza type B (HiB); 3 hepatitis B (Hep B), one chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their second birthday
P.2	Preventive	C	Average Number of Well-Child Visits for Children in the First, Second, Third, Fourth, Fifth and Sixth Years of Life	Average number of well child visits during the reporting period, reported by age for children ages 0 to 6
P.3	Preventive	C	Developmental Screening in the First Three Years of Life	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

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

The following measures were considered important by the stakeholder workgroup but were tabled for future consideration because they do not meet one or more of the selection criteria. For example, current Medicaid regulations restrict payment for preventive services to those services that are medically necessary. Another impediment is that the current Medicaid claims data system does not allow for tracking provider clinical practice or patient behavior to identify compliance with recommended treatment strategies, such as asthma or diabetes management.

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

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
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

Screening for Clinical Depression and Follow-Up Plan (CDF)
Adult Body Mass Index Assessment (ABA)
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

Cost Containment Strategies for Inclusion in Report

% use of Ambulatory Surgery Centers for appropriate day surgeries
% of adult patients with more than 12 primary care visits for non-chronic conditions each year
% of patients that receive more than 60 days of home health care services
% of patients with more than 45 physical or occupational therapy visits each year