ARHOME
CY 2022 Performance Target Setting

ARKANSAS DEPARTMENT OF HUMAN SERVICES

December 13, 2021

CY 2022 Target Setting

- At the August 2021 meeting, the Department of Human Services (DHS) presented Calendar Year (CY) 2019 ARHOME baseline performance on 21 claims-based measures based on:
  - Overall Arkansas Works population, and
  - By Qualified Health Plan,
  - By Rural/Urban,
  - And by Race/Ethnicity.

- DHS now has same performance data for CY 2020 for comparison as well as CY 2019 Medicaid birth outcomes

- Covid-19 decreased overall healthcare use in 2020
  - As utilization returns to pre-Covid levels, do not want to over-attribute improvement to QHPs
  - For lower-is-better measures, 2019 performance may not be achievable absent the pandemic

Approach to Target Setting

- Targets for all Qualified Health Plans for Calendar Year 2022:

  - Higher-is-better measures = Best (highest) of 2019 or 2020 achieved by any QHP
  - Lower-is-better measures = Best (lowest) of 2019 achieved by any QHP
  - Aim to raise all QHPs to the level of the best performer, proven achievability
  - Acknowledge impact of COVID-19 on utilization

- In the following tables, the best measure is identified by a green box. Each green box therefore is the target for each of the QHPs to achieve in 2022.

- As a follow-up to the previous presentations by the QHPs on their strategic plans, the QHPs have established incentives to be offered as rewards to individuals for participating in health improvement initiatives. Rewards range from $10 to $200 on a wide variety of activities.

CY 2022 Targets

Measure	Reporting Category	CY	AR Works Overall¥	Mean of Reporting States Medicaid*	NCQA**	AR Medicaid Overall***	Blue Cross Blue Shield	Ambetter	QCA	Qual Choice	Urban	Rural	White	Black	Other	Unknown
				For Comparison			By Qualified Health Plan (QHP)¥¥				By Urban/Rural		By Race/Ethnicity			
TOTAL ENROLLEES																
		2020	282,096			452,275	122,741	53,378	41,790	39,587	158,640	121,874	153,926	51,093	20,926	56,151
Primary Care Access and Preventive Care																
Cervical Cancer Screening (CCS-AD)	Ages 21-64	2019	46.0%	54.1%	60.1%		44.4%	42.1%	31.0%	30.2%	46.2%	45.9%	45.3%	50.4%	50.9%	41.0%
		2020	43.5%	55.5%		41.9%	41.3%	38.4%	29.3%	29.6%	43.8%	43.2%	43.0%	48.6%	46.4%	38.0%
Chlamydia Screening (CHL-AD)	Ages 21-24	2019	53.9%	59.3%	58% *Ages 16-24*		53.6%	53.6%	55.5%	55.2%	52.7%	55.5%	49.5%	65.6%	57.0%	50.9%
		2020	52.5%	58.3%		53.7%	49.7%	54.7%	52.3%	55.4%	52.4%	52.6%	46.8%	65.0%	50.3%	53.7%
Breast Cancer Screening (BCS-AD)	Ages 50-64	2019	50.8%	52.7% *Ages 50-64*	58.4% *Ages 50-74*		54.0%	49.1%	38.7%	42.2%	50.5%	51.0%	49.0%	55.4%	57.9%	50.7%
		2020	47.7%	53.7% *Ages 50-64*		42.6% *Ages 50-74*	50.9%	47.1%	40.5%	41.0%	48.2%	47.2%	46.0%	52.8%	52.6%	47.5%
Maternal and Perinatal Care																
Contraceptive Care – Postpartum Women (CCP-AD)	Most or Moderately Effective Contraception – 60 Day: Ages 21-44	2019	54.3%	38.4%			54.7%	53.9%	50.4%	58.4%	52.7%	56.6%	55.3%	54.5%	49.4%	53.6%
		2020	48.9%	40.4%		37.7%	46.6%	50.0%	46.5%	49.8%	47.3%	51.3%	52.5%	48.1%	40.7%	43.9%
Contraceptive Care – All Women (CCW-AD)	Most or Moderately Effective Contraception: Ages 21-44	2019	25.5%				27.0%	24.0%	24.3%	24.3%	25.7%	25.3%	25.2%	26.0%	26.4%	25.6%
		2020	23.8%	25.3%		23.6%	25.2%	22.3%	22.4%	21.5%	24.1%	23.4%	23.5%	24.2%	23.9%	24.1%
Low Birth Weight†	Percentage of live births weighing < 2,500 grams	2019		9.8%††		10.2%										
Very Low Birth Weight†	Percentage of live births weighing < 1,500 grams	2019				1.5%										
Pre-Term Birth†	Percentage of live births 17 - 36 weeks gestation	2019				12.6%										

CY 2022 Targets

Measure	Reporting Category	CY	AR Works Overall¥	For Comparison			By Qualified Health Plan (QHP) ¥¥				Segments within AR Works					
				Mean of Reporting States Medicaid*	NCQA**	AR Medicaid Overall***	Blue Cross Blue Shield	Ambetter	QCA	Qual Choice	By Urban/Rural		By Race/Ethnicity			
											Urban	Rural	White	Black	Other	Unknown
Care of Acute and Chronic Conditions																
Diabetes Short-Term Complications Admission Rate, per 100,000 Member Months (PQI01-AD)	Ages 19-64	2019	**26.2**	20.6 *Ages 18-64*			**14.2**	16.8	16.4	22.4	27.4	24.8	26.6	26.8	20.2	26.7
		2020	**21.4**	22.2 *Ages 18-64*		20.6 *Ages 18-64*	14.2	15.5	30.9	27.5	24.0	18.2	22.6	26.2	10.2	17.7
COPD or Asthma in Older Adults Admission Rate, per 100,000 Member Months (PQI05-AD)	Ages 40-64	2019	**40.9**	82.4			24.9	32.2	**18.3**	23.4	39.3	42.8	45.8	26.4	33	41.1
		2020	**23.2**	69.4		33.6	14.3	17.2	19.2	7.7	22.5	24.1	25.6	20.4	8.5	23.4
Heart Failure Admission Rate, per 100,000 Member Months (PQI08-AD)	Ages 19-64	2019	**23.9**	31.9 *Ages 18-64*			13.9	13.5	**12.3**	13.9	28.1	18.8	19.4	36.8	13.7	28.7
		2020	**22.8**	31.6 *Ages 18-64*		22.7 *Ages 18-64*	14.4	16.3	18.3	10.9	27.0	17.4	19.8	36.8	13.8	21.6
Asthma in Younger Adults Admission Rate, per 100,000 Member Months (PQI15-AD)	Ages 19-39	2019	**4.8**	6.5 *Ages 18-39*			3.1	3.3	**2.1**	**2.1**	5.1	4.5	4.1	9.6	2.4	2.9
		2020	**2.1**	8.2 *Ages 18-39*		2.7 *Ages 18-39*	1.6	2.0	1.7	2.8	2.0	2.2	1.9	4.5	1.4	0.6
Plan All-Cause Readmissions (PCR-AD)	Observed/ Expected Ratio: Ages 19-64	2019	**0.8506**	0.8555 *Ages 18-64*			0.8071	0.8003	0.7065	0.9174	0.8268	0.8801	0.8635	0.8239	0.719	0.8502
		2020	**0.7743**	1.0259 *Ages 18-64*		1.1297 *Ages 18-64*	0.7072	0.7528	0.4663	0.3911	0.7834	0.7624	0.7967	0.8003	0.7193	0.6705
Asthma Medication Ratio (AMR-AD)	Ages 19-64	2019	**46.9%**	55.3%	63.0%		48.4%	45.3%	50.0%	**54.5%**	50.2%	43.3%	47.6%	47.4%	51.0%	42.9%
		2020	**42.4%**	53.4%		40.0%	43.6%	36.9%	43.0%	36.1%	45.6%	38.2%	43.3%	40.0%	41.9%	41.7%

Lower is Better

CY 2022 Targets

Measure	Reporting Category	CY	AR Works Overall¥	For Comparison			By Qualified Health Plan (QHP) ¥¥				Segments within AR Works					
				Mean of Reporting States Medicaid*	NCQA**	AR Medicaid Overall***	Blue Cross Blue Shield	Ambetter	QCA	Qual Choice	By Urban/Rural		By Race/Ethnicity			
											Urban	Rural	White	Black	Other	Unknown
Behavioral Health Care																
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET-AD)	Initiation – Total AOD Treatment: Ages 19-64	2019	37.9%	41.0% *Ages 18-64*	44.0% *Ages 13+*		37.4%	38.5%	44.0%	41.5%	37.3%	38.8%	39.1%	31.8%	36.9%	39.5%
		2020	39.2%	43.4% *Ages 18-64*		40.7% *Ages 18-64*	39.8%	40.2%	37.4%	38.5%	39.3%	39.2%	40.5%	32.5%	37.7%	41.2%
	Engagement - Total AOD Treatment: Ages 19-64	2019	8.6%	15.7% *Ages 18-64*	14.4% *Ages 13+*		9.6%	9.8%	10.3%	8.6%	8.3%	9.0%	9.5%	5.1%	8.6%	8.4%
		2020	9.7%	16.5% *Ages 18-64*		7.0% *Ages 18-64*	9.5%	12.0%	9.1%	10.1%	9.2%	10.4%	10.7%	4.6%	9.8%	10.6%
Antidepressant Medication Management (AMM-AD)	Effective Acute Phase Treatment: Ages 19-64	2019	52.9%	51.3% *Ages 18-64*	55.0% *Ages 18+*		55.5%	56.0%	48.7%	54.8%	52.6%	53.3%	55.0%	40.5%	48.2%	56.6%
		2020	54.0%	52.5% *Ages 18-64*		49.5% *Ages 18-64*	56.7%	55.1%	50.8%	52.2%	54.4%	53.4%	56.6%	39.4%	51.9%	56.6%
	Effective Continuation Phase Treatment: Ages 19-64	2019	37.1%	34.4% *Ages 18-64*	39.3% *Ages 18+*		39.6%	39.2%	35.6%	35.6%	38.0%	36.0%	39.3%	25.6%	32.0%	39.7%
		2020	38.1%	35.9% *Ages 18-64*		33.4% *Ages 18-64*	41.3%	38.3%	35.2%	35.0%	38.2%	38.0%	40.5%	24.6%	37.0%	40.7%
Adherence to Antipsychotics for Individuals With Schizophrenia (SAA-AD)	Ages 19-64	2019	44.1%	61.1%	60.8% *Ages 18+*		47.2%	34.8%	65.0%	38.5%	41.1%	47.3%	47.5%	36.6%	41.2%	42.1%
		2020	47.2%	61.2% *Ages 18+*		58.0% *Ages 18+*	44.2%	46.4%	52.1%	43.3%	45.7%	49.1%	50.8%	43.2%	48.5%	39.1%
Use of Pharmaco-therapy for Opioid Use Disorder (OUD-AD)	Overall Total: Ages 19-64	2019	39.0%				47.1%	36.5%	40.2%	45.1%	35.0%	45.4%	42.3%	15.6%	28.6%	34.4%
		2020	51.3%			47.5% *Ages 18-64*	54.0%	54.1%	55.3%	51.6%	49.4%	54.1%	55.2%	19.9%	45.0%	49.6%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Ages 19-64	2019	79.2%	79.9% *Ages 18-64*	81.7%		80.5%	80.6%	75.2%	81.1%	79.6%	78.8%	80.3%	75.2%	78.9%	78.3%
		2020	77.6%	79.8% *Ages 18-64*		75.8% *Ages 18-64*	78.3%	79.2%	76.0%	79.4%	77.3%	78.1%	78.1%	79.5%	73.2%	75.7%

CY 2022 Targets

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				For Comparison			By Qualified Health Plan (QHP) ¥¥				By Urban/Rural		By Race/Ethnicity			
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	Ages 19-64	2019	1.1%	7.4% Ages 18+			1.3%	1.1%	1.1%	0.7%	1.4%	0.7%	1.0%	0.8%	0.7%	1.5%
		2020	1.0%	7.3% Ages 18+		0.7% Ages 18-64	1.4%	1.2%	0.3%	0.2%	1.5%	0.6%	1.0%	0.8%	1.5%	1.3%
Concurrent Use of Opioids and Benzo-diazepines (COB-AD)	Ages 19-64	2019	20.9%				21.5%	17.8%	16.0%	20.0%	21.6%	20.1%	23.7%	11.1%	17.7%	20.8%
		2020	18.9%	15.4% Ages 18-64		18.6% Ages 18-64	20.9%	16.3%	13.8%	15.0%	19.2%	18.5%	21.2%	11.0%	18.6%	18.3%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug (FUA-AD)	Follow-Up Within 30 Days: Ages 19-64	2019	8.7%	20.7% Ages 18-64	19.6% Ages 13+		8.6%	11.8%	4.3%	2.9%	8.7%	8.7%	9.1%	7.2%	8.8%	8.7%
		2020	11.0%	22.7% Ages 18-64		9.7% Ages 18-64	8.5%	16.8%	10.3%	9.1%	10.7%	11.5%	12.5%	5.9%	9.0%	11.3%
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	Follow-Up Within 30 Days: Ages 19-64	2019	37.3%	54.3% Ages 18-64	55.6% Ages 6+		41.7%	35.4%	30.1%	18.6%	33.9%	42.2%	40.3%	26.6%	33.3%	40.5%
		2020	33.0%	54.3% Ages 18-64		35.2% Ages 18-64	32.6%	27.7%	27.8%	33.3%	30.9%	35.9%	35.1%	28.2%	31.0%	31.2%
Follow-Up After Hospitalization for Mental Illness (FUH-AD)	Follow-Up Within 30 Days: Ages 19-64	2019	37.0%	53.3% Ages 18-64	56.9% Ages 6+		43.4%	24.6%	37.2%	35.6%	37.8%	36.0%	36.6%	32.7%	37.4%	41.2%
		2020	36.7%	52.4% Ages 18-64		37.0% Ages 18-64	41.6%	39.0%	23.5%	29.7%	37.2%	36.1%	37.2%	33.1%	38.4%	37.2%

Lower is Better

COVID-19 Effects in 2020:
Decreased Healthcare Use Nationally

Total visit claims by service type
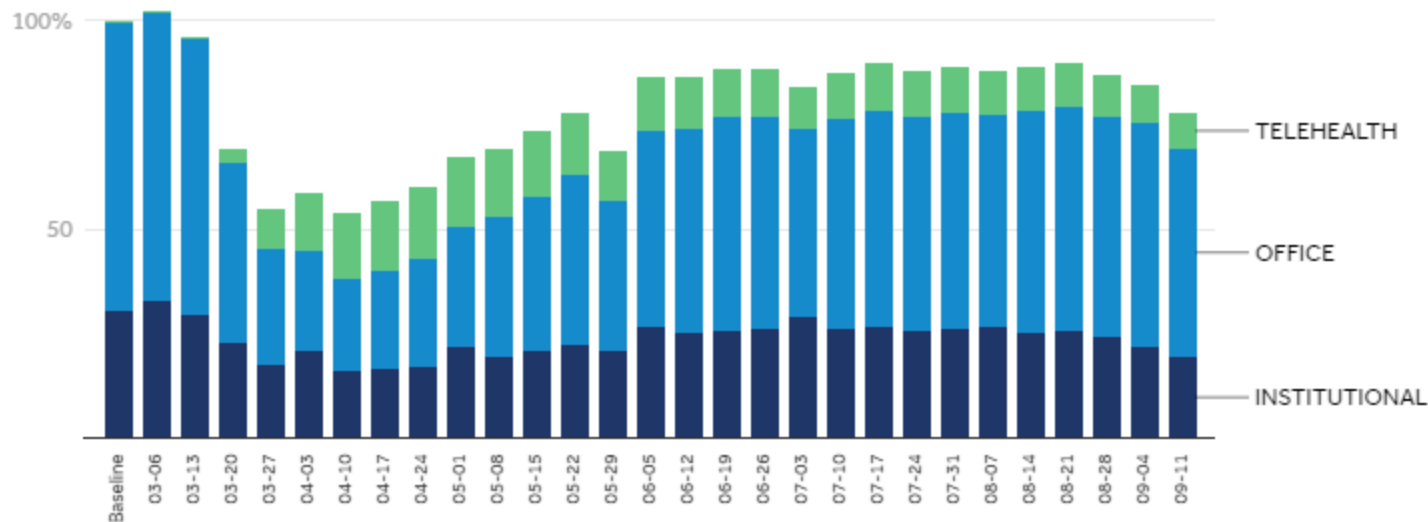
Note: Baseline = Average of claims for period W/E 1/10/2020-2/28/2020

Source: IQVIA Medical Claims Data Analysis, 2020 • Get the data • PNG

Peterson-KFF
Health System Tracker

Cox, Amin, & Kamal. How Have Health Spending and Utilization Changed During the Coronavirus Pandemic?
Peterson-KFF Health System Tracker, March 22, 2021.

COVID-19 Effects in 2020:
Decreased Hospital Admissions Nationally

Observed total hospital admissions as a percent of predicted admissions, 2020
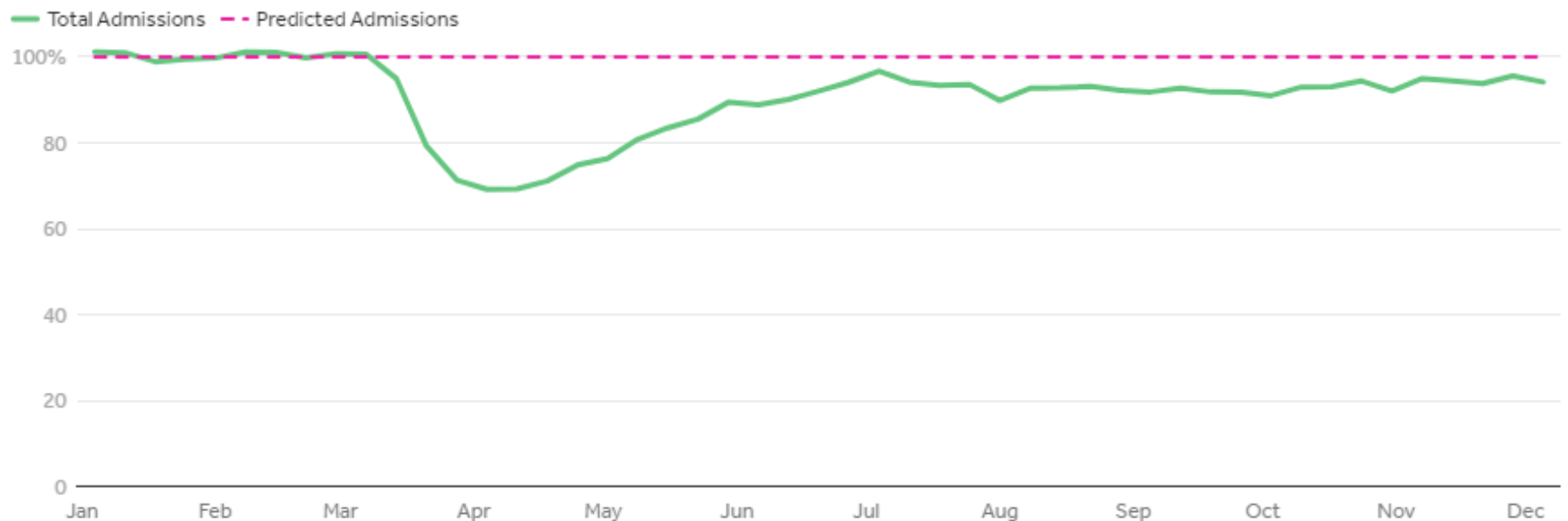
Source: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of January 2021 • Get the data • PNG

Peterson-KFF
Health System Tracker

Cox, Amin, & Kamal. How Have Health Spending and Utilization Changed During the Coronavirus Pandemic? Peterson-KFF Health System Tracker, March 22, 2021.
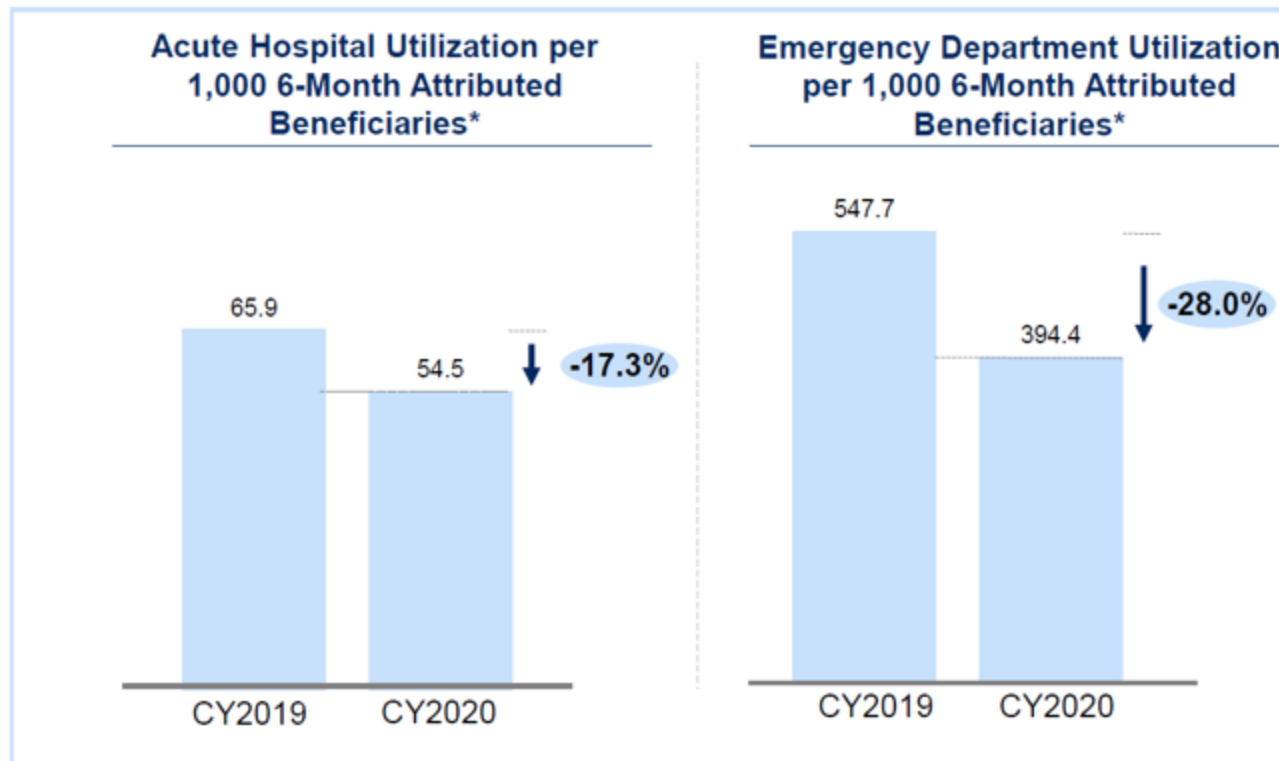
COVID-19 Effects in 2020: Decreased Healthcare Use in Medicaid Nationally

Compared to pre-pandemic, less likely to have:

- ED visit

- Potentially avoidable hospitalization

- Primary care visit

- Dental visit

- Mental health or substance use disorder visit

- Any health care costs

- Wright, Anderson, Whitaker, Shrader, Bettger, Wong, & Shafer. Comparing Health Care Use and Costs Among New Medicaid Enrollees Before and During the Covid-19 Pandemic. BMC Health Services Research, 21, article number: 1152 (2021)
- Centers for Medicare and Medicaid Services. Fact Sheet: Medicaid & CHIP and the Covid-19 Public Health Emergency. May 14, 2021.

COVID-19 Effects in 2020: Decreased Healthcare Use in AR Medicaid Patient-Centered Medical Home Program

Acute Hospital Utilization per 1,000 6-Month Attributed Beneficiaries*

CY2019: 65.9
CY2020: 54.5
↓ -17.3%

Emergency Department Utilization per 1,000 6-Month Attributed Beneficiaries*
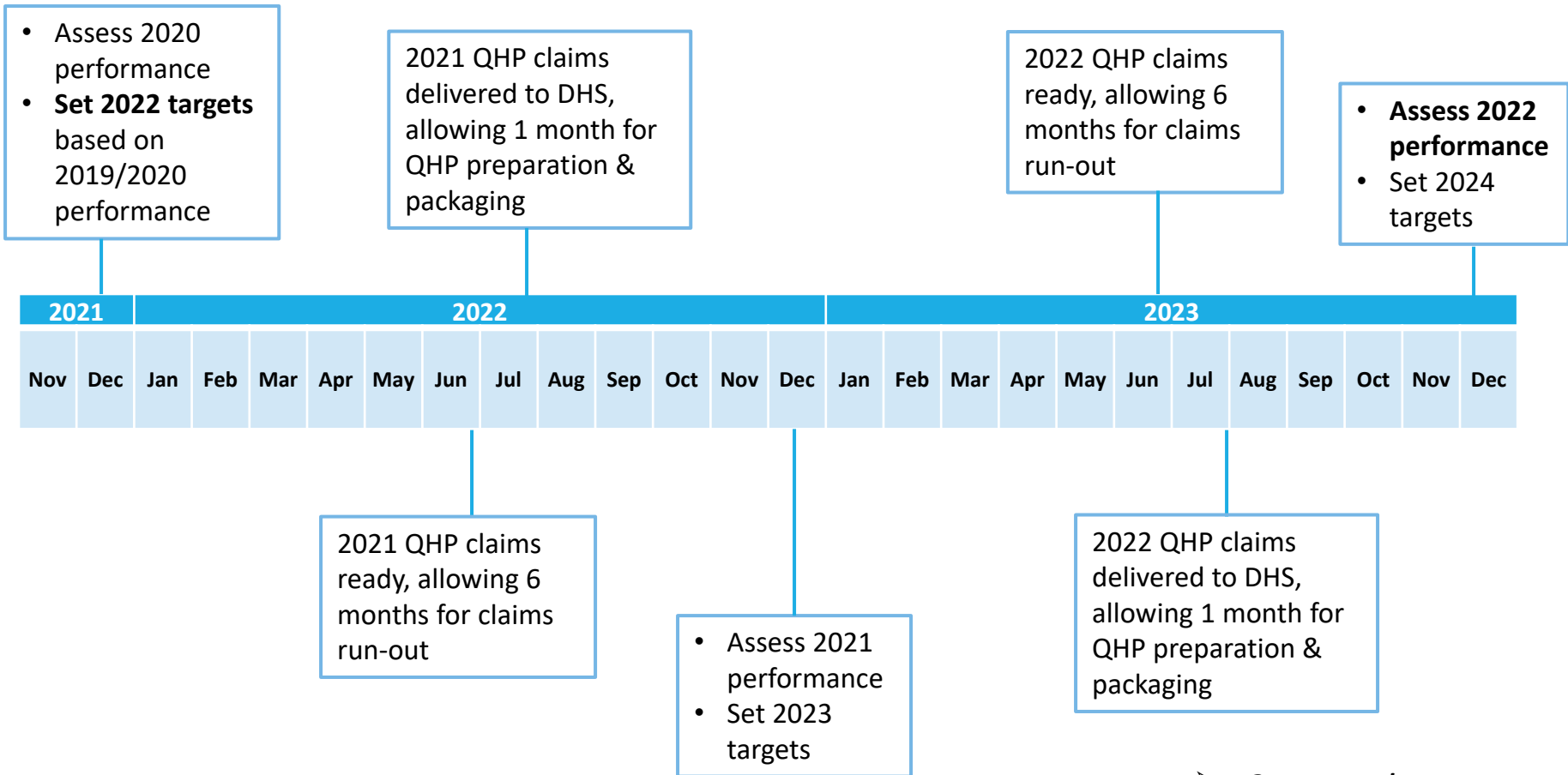
CY2019: 547.7
CY2020: 394.4
↓ -28.0%

*Detailed metric descriptions appear in the appendix. The PASSE beneficiaries have been removed from Acute Hospital Utilization and Emergency Department Utilization metrics. Source: CY2019 performance period results were from a special run using Q1'21 implementation data and CY2020 performance period results were pulled from Q3'21 implementation production run. Refer to 2020 PCMH addendum manual, https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/patient-centered-medical-home/).

Potential Future Use of Performance Measures

- Publishing on DHS website allows individuals to compare plans

- Allows plans to use "best of" into their selection materials

- Differential auto-assignment for individuals who do not select a QHP

- Corrective action plan for persistent poor performance

- Financial penalties for non-achievement beginning in 2023

Timeline for Data

- Assess 2020 performance
- **Set 2022 targets** based on 2019/2020 performance

2021 QHP claims delivered to DHS, allowing 1 month for QHP preparation & packaging

2022 QHP claims ready, allowing 6 months for claims run-out

- **Assess 2022 performance**
- Set 2024 targets

2021		2022												2023											
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

2021 QHP claims ready, allowing 6 months for claims run-out

- Assess 2021 performance
- Set 2023 targets

2022 QHP claims delivered to DHS, allowing 1 month for QHP preparation & packaging

➢ *24 months to see if targets are met*

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Data Footnotes

¥   Color coding indicates whether the AR Works performance overall is better (green) or worse (red) than the Medicaid Core Set Mean of Reporting States (see footnote *). AR Works Overall includes beneficiaries w/ aid category 06 and maps to the following benefit plans: HCIP (Health Care Independence Program), ABP (Alternative Benefit Plan), and FRAIL (Full Medicaid for Medically Frail).

¥¥   QHP plan level reporting reflects only the beneficiaries known to that QHP plan. QHP Claims from QHP plan were used for reporting. If a beneficiary was enrolled under a Medically Frail (FFS) plan or Alternate Benefit Plan (FFS) during a look-back period, then the claim was not included for QHP plan level reporting. A beneficiary can move from one plan to another plan during the performance period. Thus, the performance of the QHP Benefit Plan overall is not the sum or average of each QHP's performance.

*   CMS published "Quality of Care for Adults in Medicaid: Findings from the 2020 Adult Core Set" Chart Pack (www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf), and "Quality of Care for Adults in Medicaid: Findings from the 2021 Adult Core Set" Chart Pack (www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf).

**   NCQA's State of Health Care Quality Report. NCQA produces the State of Health Care Quality Report which summarizes performance from the previous calendar year for key HEDIS and CAHPS measures. (https://www.ncqa.org/hedis/measures/).

***   Medicaid overall values include all Medicaid and CHIP beneficiaries except Medicare/Medicaid dual eligible, meaning the population includes individuals in FFS, PCCM, PASSE, PACE, Independent Choices, and AR Works.

TOTAL ENROLLEES for AR Works Overall, AR Works by urban/rural (i.e., MMIS demographic) and AR Works by race/ethnicity (i.e., MMIS demographic) uses point in time beneficiary count as of December 31, 2020 and includes where beneficiary has at least one eligibility segment out of "ABP/Frail/HCIP" eligibility segments, beneficiary was enrolled in at least one of those three ("ABP/Frail/HCIP") benefit plans. AR Works Overall includes out of state beneficiaries.

TOTAL ENROLLEES for AR Works by QHP uses point in time beneficiary count as of December 31, 2020 and includes at least one eligibility segment out of carrier eligibility segments, beneficiary was enrolled in the carrier designated benefit plan.

TOTAL ENROLLEES for AR Medicaid Overall uses point in time beneficiary count as per CMS Core Set guideline as of September 30, 2020, ages 21-64.

†   Homegrown measures guided by the 2020 CMS Core Set technical specifications of "Live Births Weighing Less than 2,500 Grams (LBW-CH)" and using two data sources: (1) birth certificates and (2) MMIS demographic data. Excludes birth certificates where infant living status not equal to yes, where birthweight and gestational week values are unknown or missing, where gestational week values are less than 17 weeks gestation or greater than 47 weeks gestation, and where birthweight values are less than 227g or greater than 8,165g.

††   CMS used two data sources for reporting this measure for the 2020 CMS Child Core Set: (1) Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021 and (2) the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data as of November 24, 2020. (www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-ffy-2020.zip for LBW-CH).

Thank You