HUSKY Health Comparisons to National Benchmarks

How We Are Doing Compared to Other States

January 11, 2019

HUSKY Health Comparisons to National Benchmarks

- Historically used benchmarks
  - EPSDT
  - HEDIS Quality Compass
  - Comparing against self - CQI
- Important provisos
  - Measuring apples to apples
  - Context matters
- National dashboards introduced recently
- What our unique program model allows us to do that others cannot

Historical benchmarks

- HUSKY Health has reported on HEDIS and, more recently, CHIPRA measures, annually since 2013
- Program-wide reports provided to MAPOC comparing HUSKY Health to other state Medicaid Programs
- Annual Provider Profile provided to all larger practices with greater than 500 HUSKY members

National Benchmarks

- EPSDT – Early and Periodic Screening Diagnostic and Treatment – children in Medicaid specifically
- HEDIS – Health Effectiveness Data and Information Set from the National Committee on Quality Assurance (NCQA)
  - Administrative measures (from claims only)
  - Hybrid measures (from medical records)
- Children's Health Care Quality Measures - administered by CMS for Medicaid and CHIP

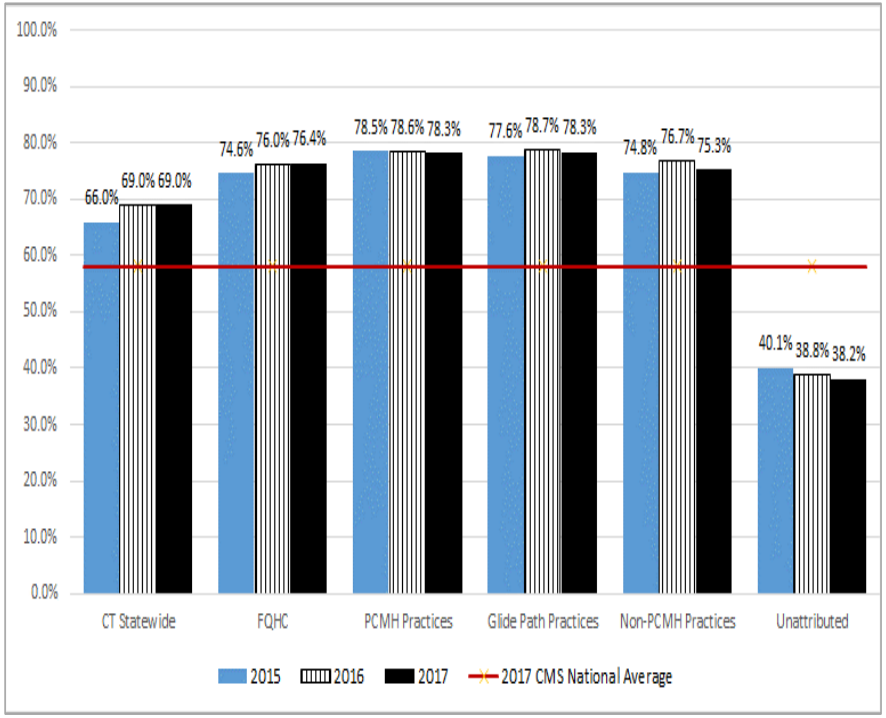
National Benchmarks - Provisos:

When reviewing HEDIS or CHIPRA measures, keep in mind that:

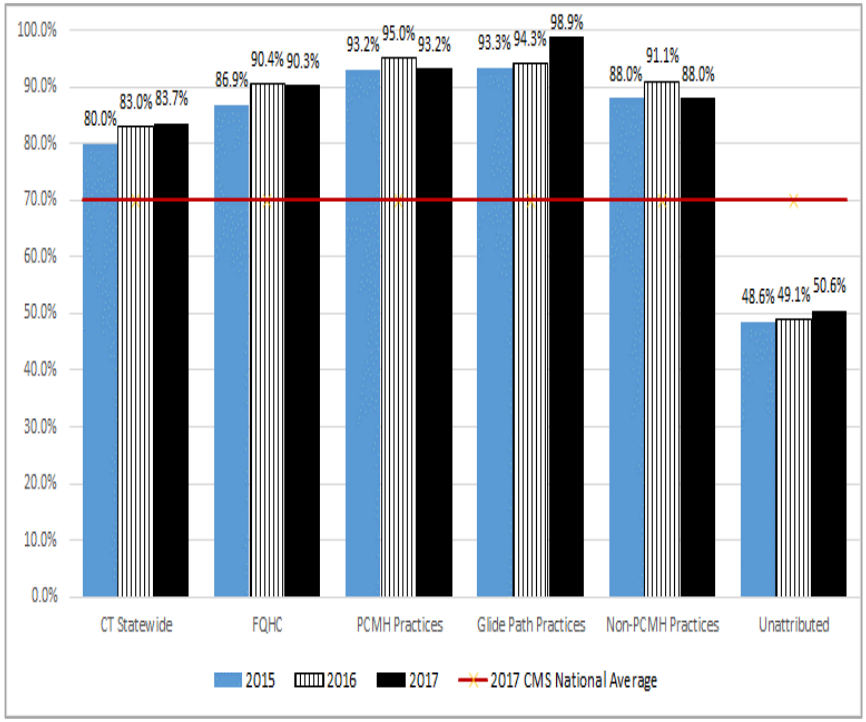
- Nationally we are moving away from non-claims-based measures because of the cost of data collection and provider angst.
- Not every payer or state covers the same services, pays the same way, or bundles payments for the same services, so state to state comparisons are not apples to apples, or even apples to oranges.
- Measures are, therefore, each a compromise – each measure works (hopefully) in every setting equally well.
- As value-based purchasing arrangements move away from fee-for-service payment arrangements, provider's incentive to fully code claims goes away, too, therefore data collection needs to be via other means.
- Lastly, context matters.

EPSDT

Early and Periodic Screening, Diagnostic, and Treatment – Participant Ratio Attributed Practice Setting; FY 2015 – FY 2017



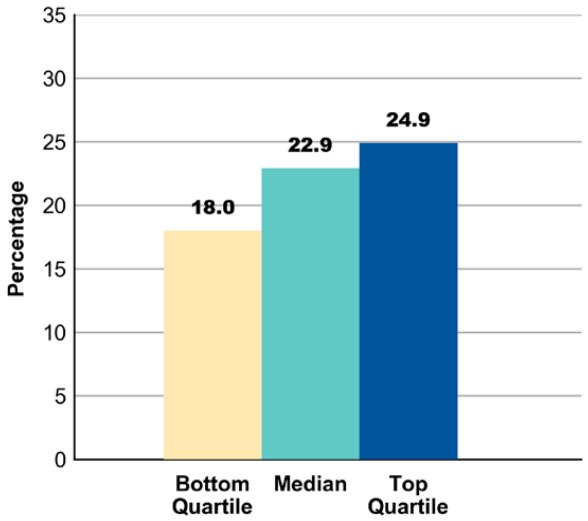
Early and Periodic Screening, Diagnostic, and Treatment – Screening Ratio Attributed Practice Setting; FY 2015 – FY 2017



Context matters

- Clinical evidence suggests that sealants should be placed on children's primary and permanent teeth when it is determined that a child is at risk of experiencing caries. This measure assesses the percentage of children at elevated risk for dental caries who received a sealant on a first permanent molar.
- A median of **23** percent of children ages 6 to 9 at elevated caries risk received a dental sealant on a first permanent molar (30 states)

- **Percentage of Children Ages 6 to 9 at Elevated Risk of Dental Caries who Received a Sealant on a Permanent First Molar, FFY 2017 (n = 30 states)**



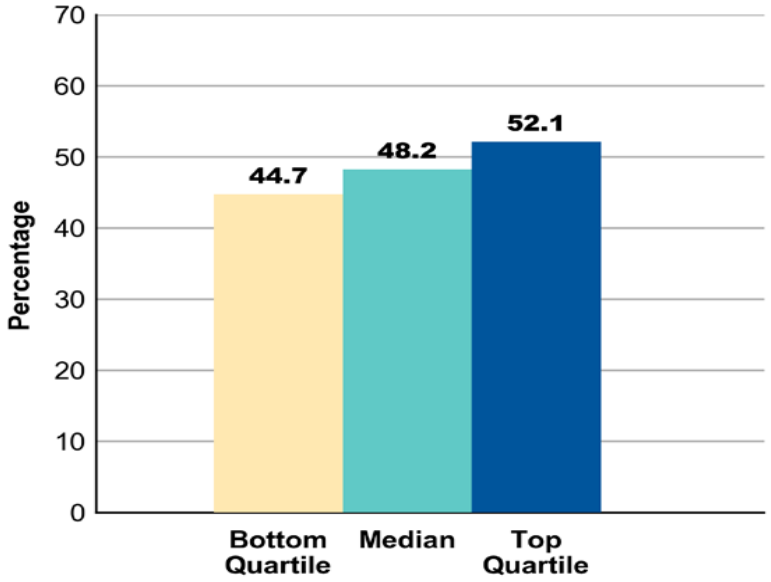
- Source:Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
- Notes:This measure identifies the percentage of children ages 6 to 9 at elevated risk of dental caries (i.e., "moderate" or "high" risk) who received a sealant on a permanent first molar tooth during the measurement year. This chart excludes Maine and Oregon, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

- When we look at fluoride applications in all care settings in Connecticut, fluoride treatment annually exceed 60%.

Therefore, context matters

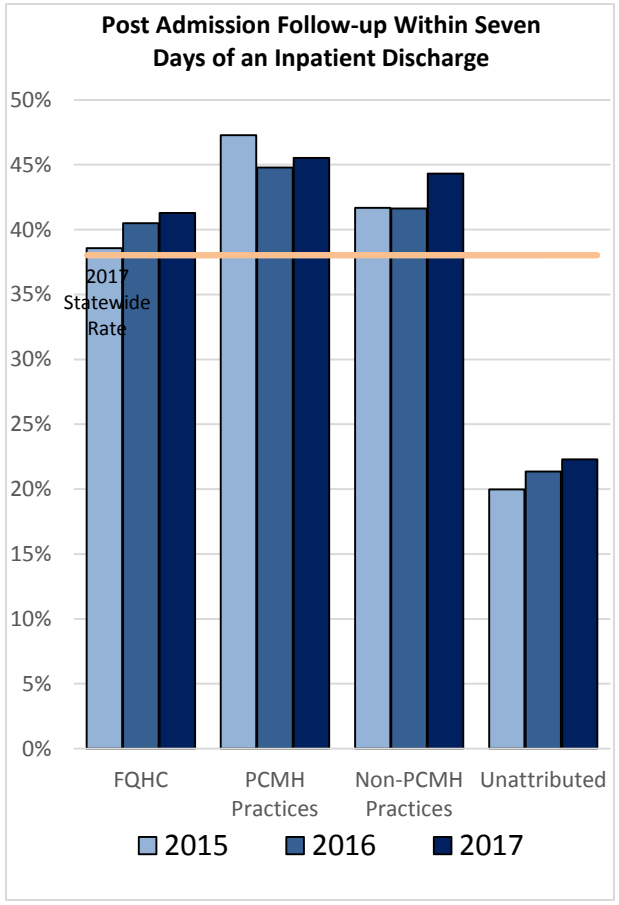
(or at least having the Connecticut Dental Health Partnership does)

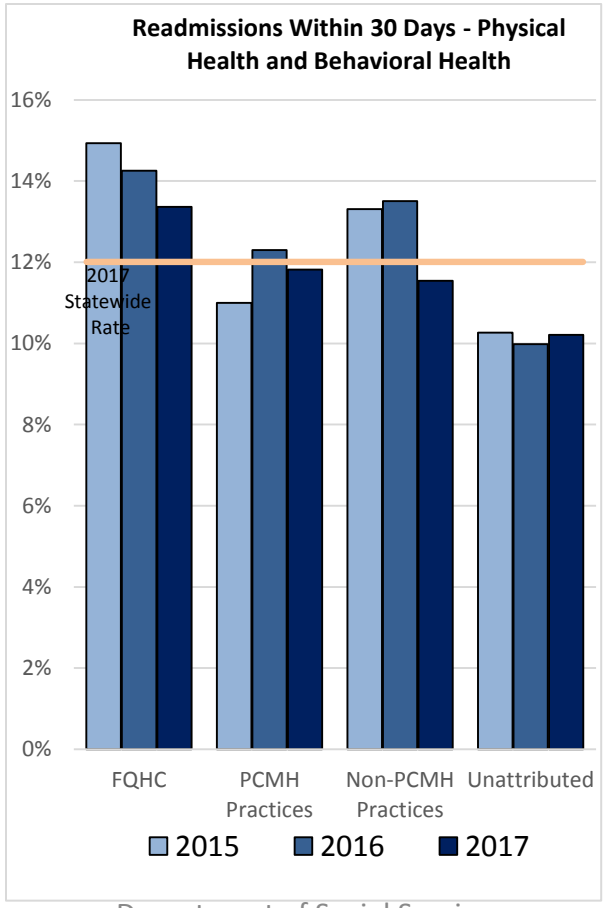
- Percentage of Eligibles Who Received Preventive Dental Services
- Tooth decay, or dental caries, is one of the most common chronic diseases of children, and is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure assesses the percentage of children ages 1 to 20 who received preventive dental services.
- A median of **48** percent of children ages 1 to 20 received a preventive dental service (50 states)
- **Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, FFY 2017 (n = 50 states)**

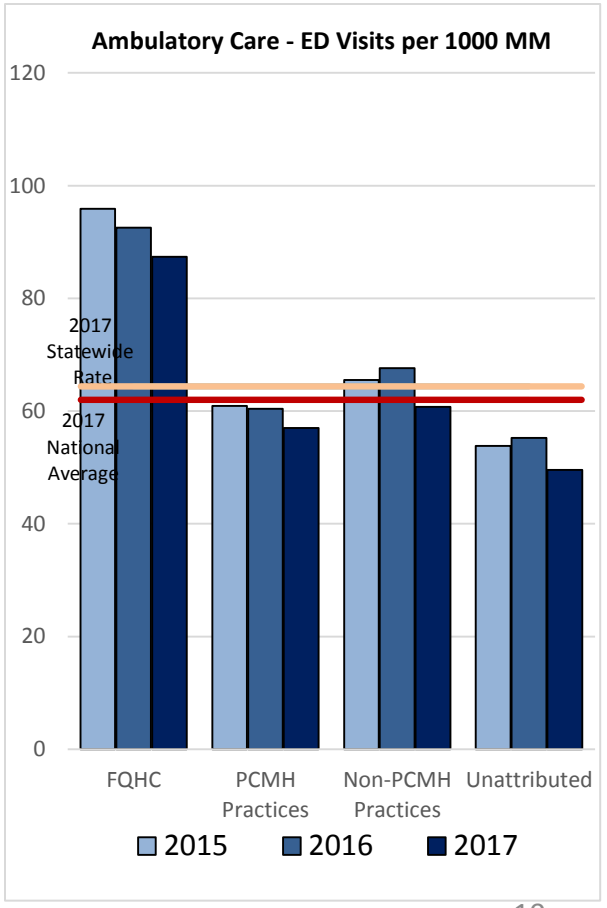


- Source:Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2017 reporting cycle.
- Note:This measure identifies the percentage of children ages 1 to 20 who are covered by Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period. This chart excludes Idaho, which reported the measure but did not use Child Core Set specifications.

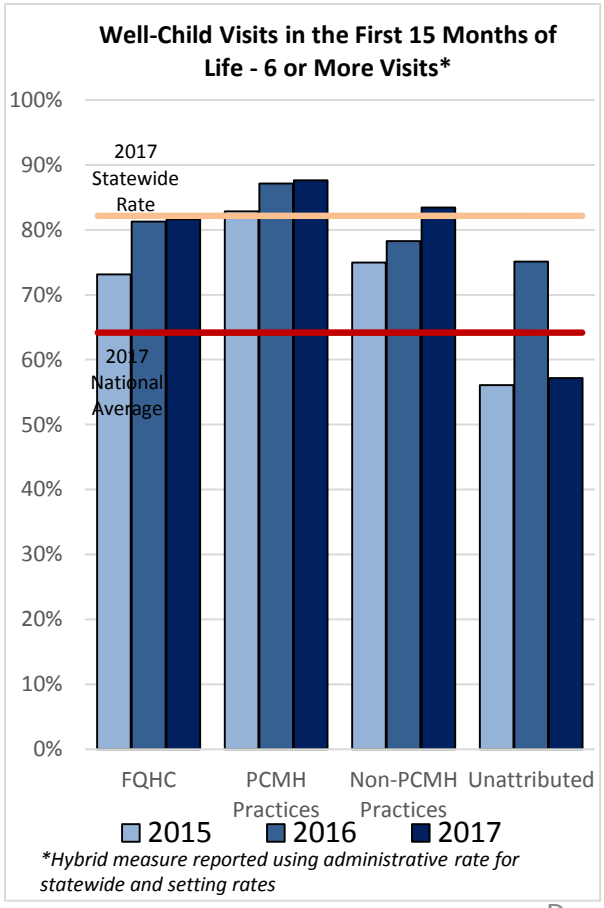
HUSKY Health Quality Reports
Selected Outcomes by Practice Setting

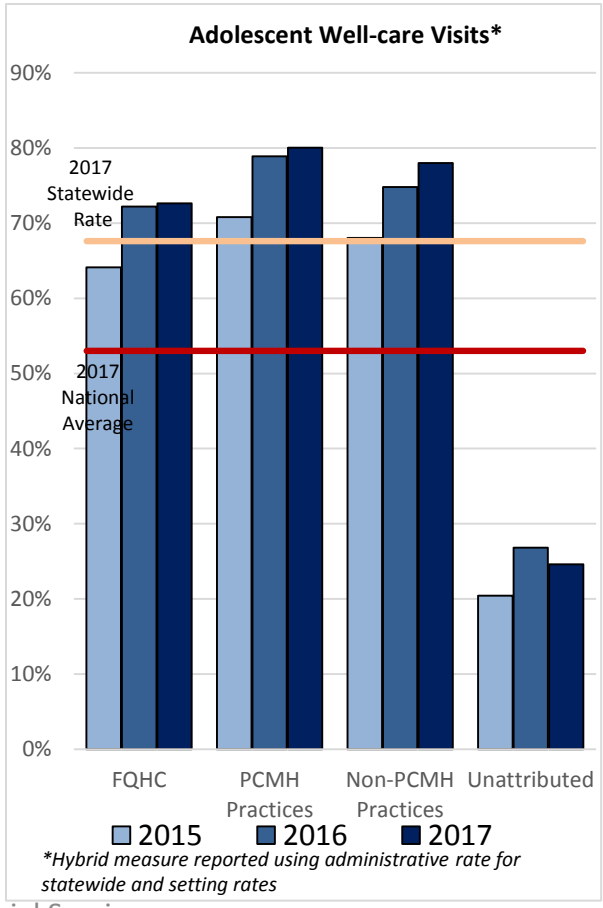






HUSKY Health Quality Reports
Selected Outcomes by Practice Setting





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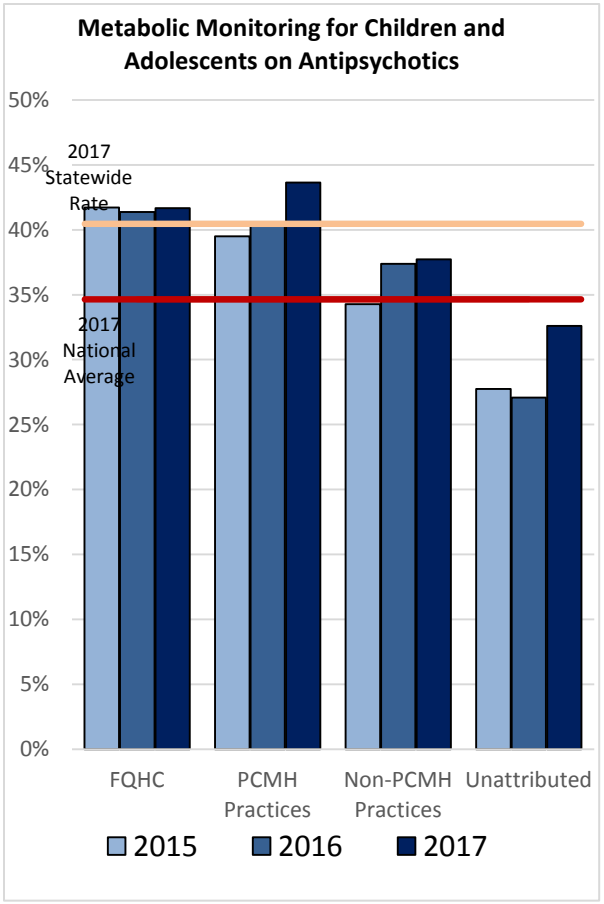

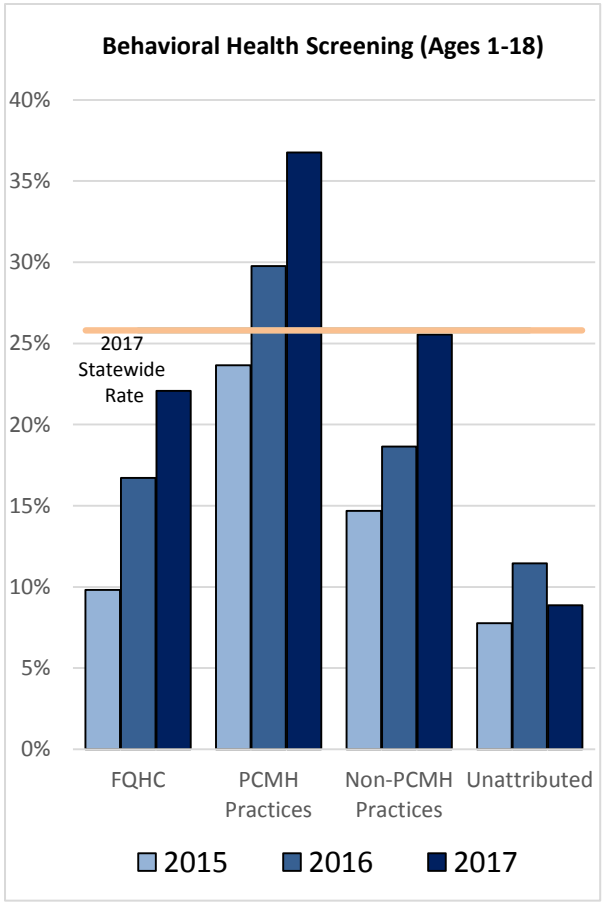

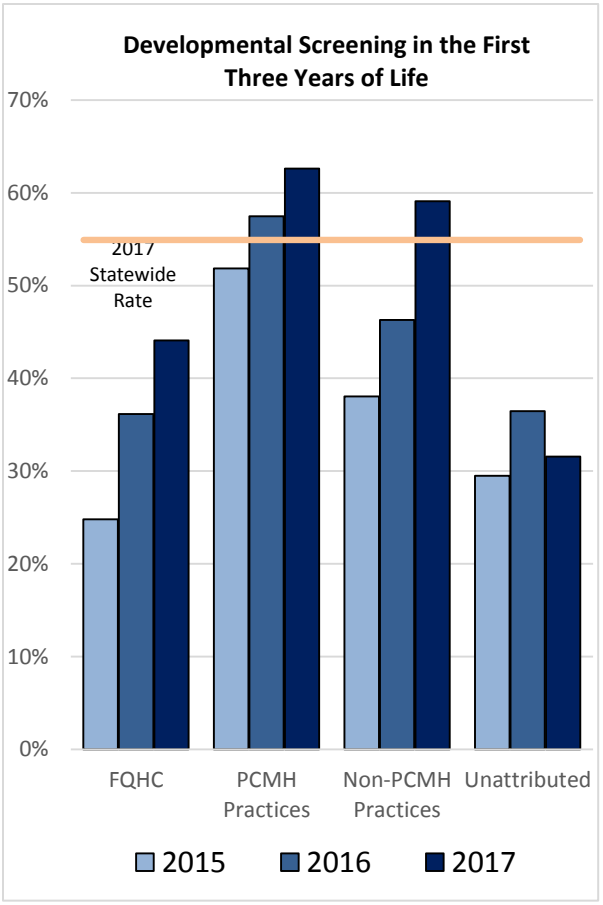

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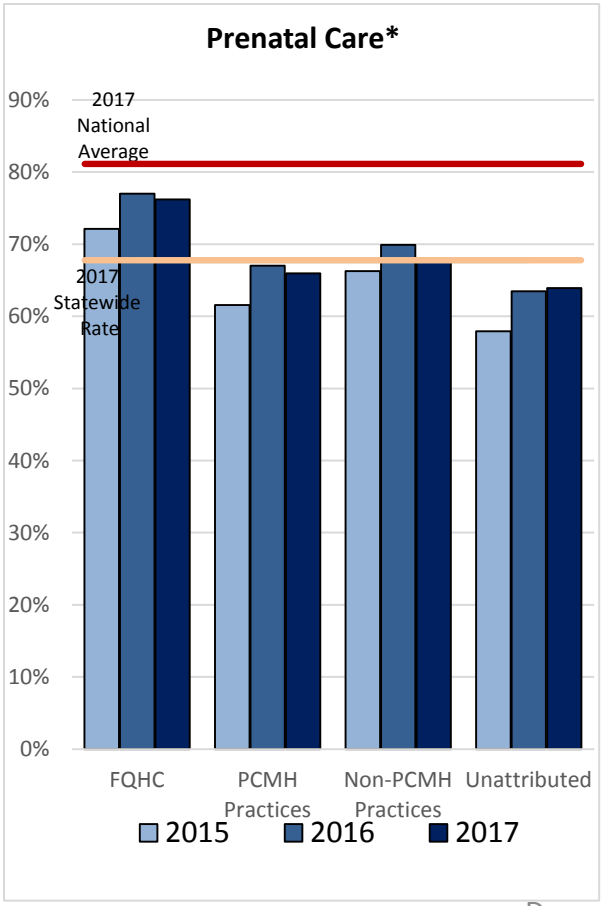

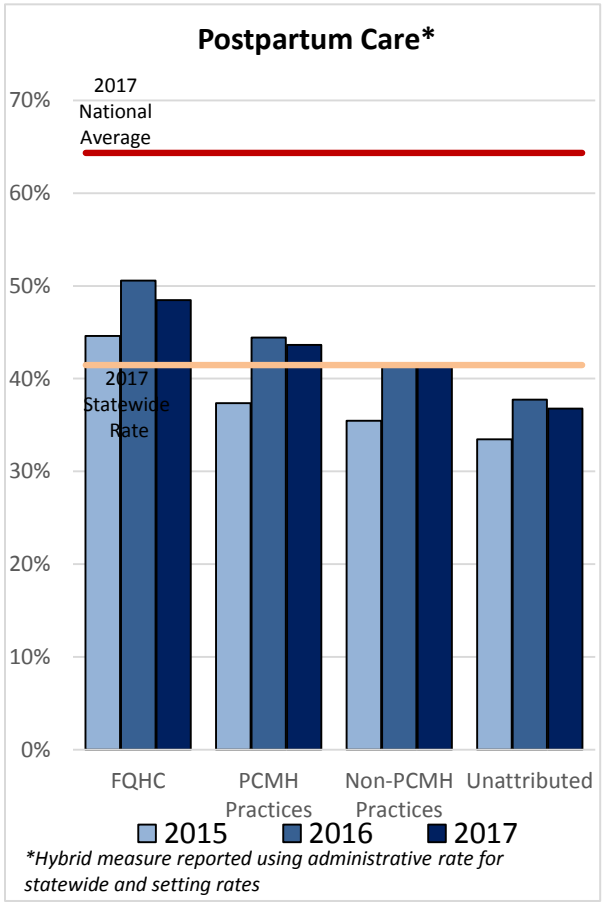

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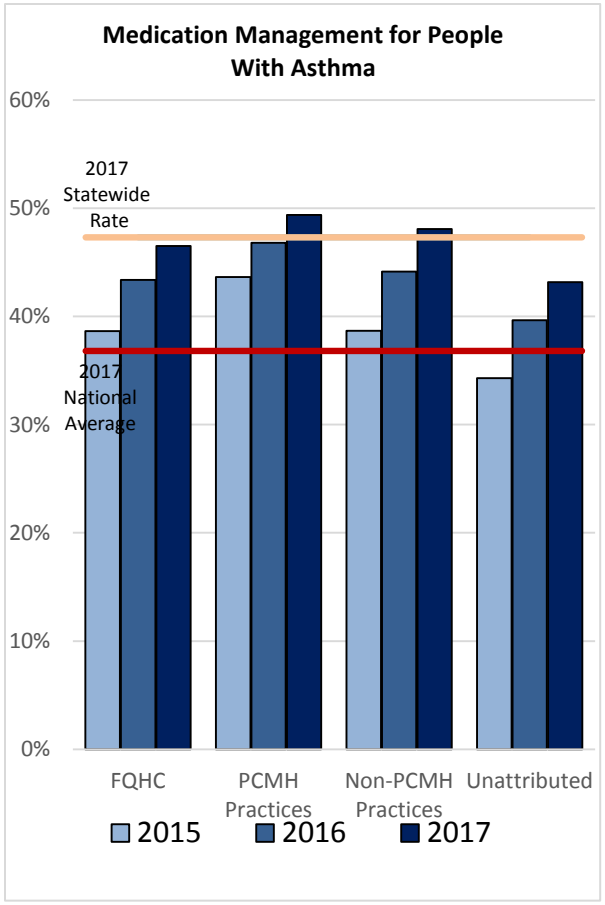
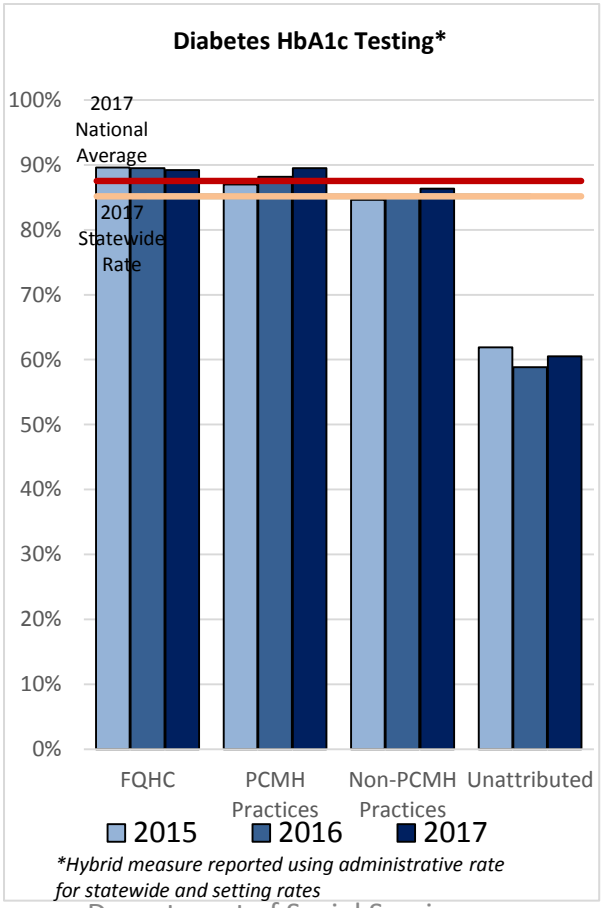
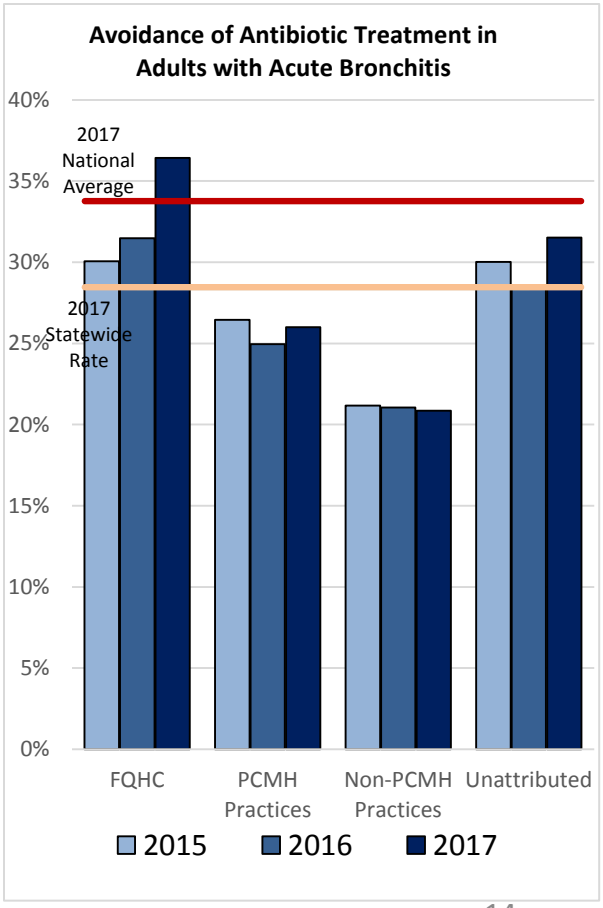






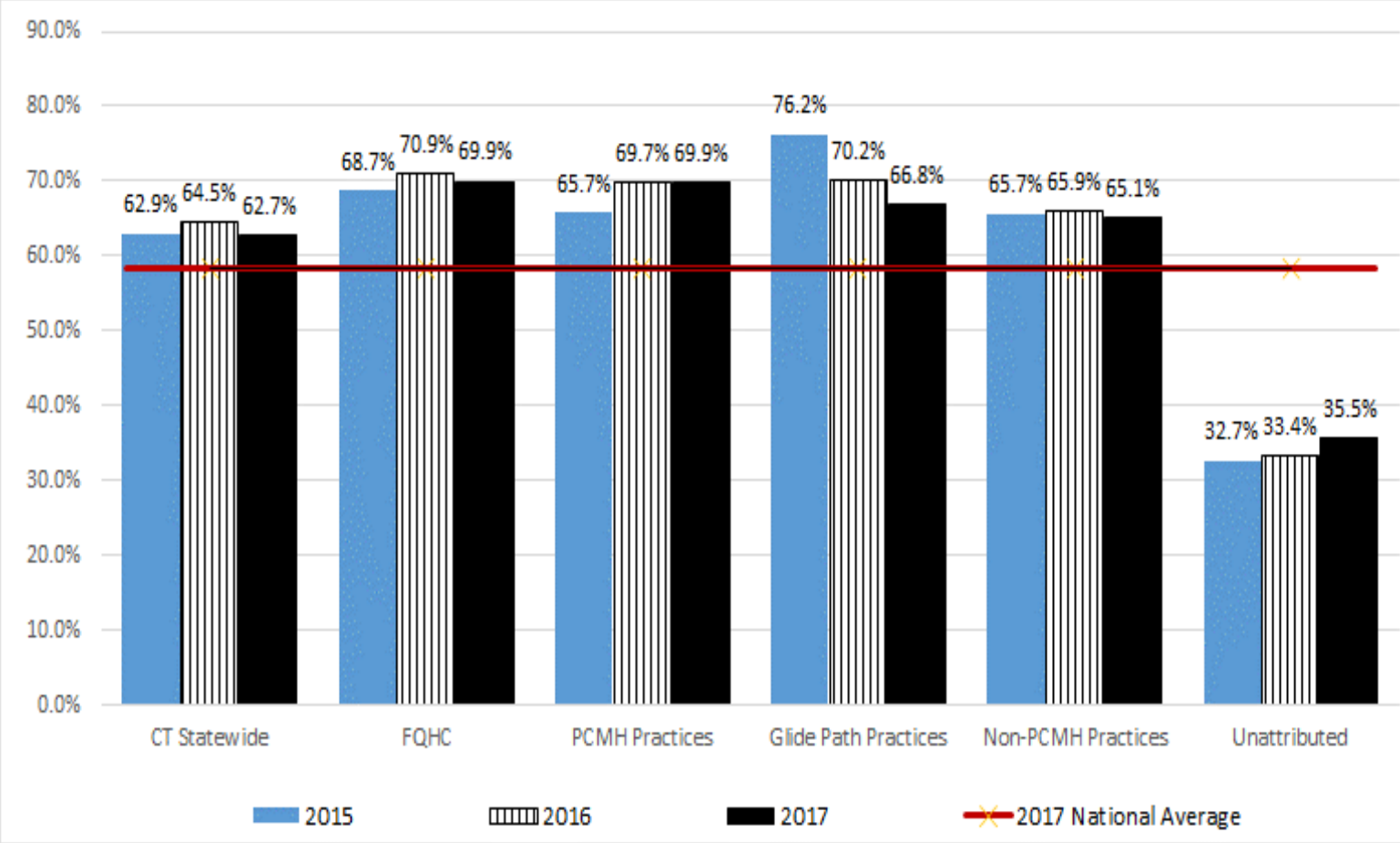
Annual Provider Profile

- First issued in 2013
- Provider's performance on over 40 measures presented by setting (PCMH, Glide Path, FQHC versus non-PCMH practices)
- Outlier practices (high and low) identified
- Available to all providers; largest practices receive a visit and presentation of their results
- Provider's comments and criticisms included in the report before it is finalized

Annual Provider Profile

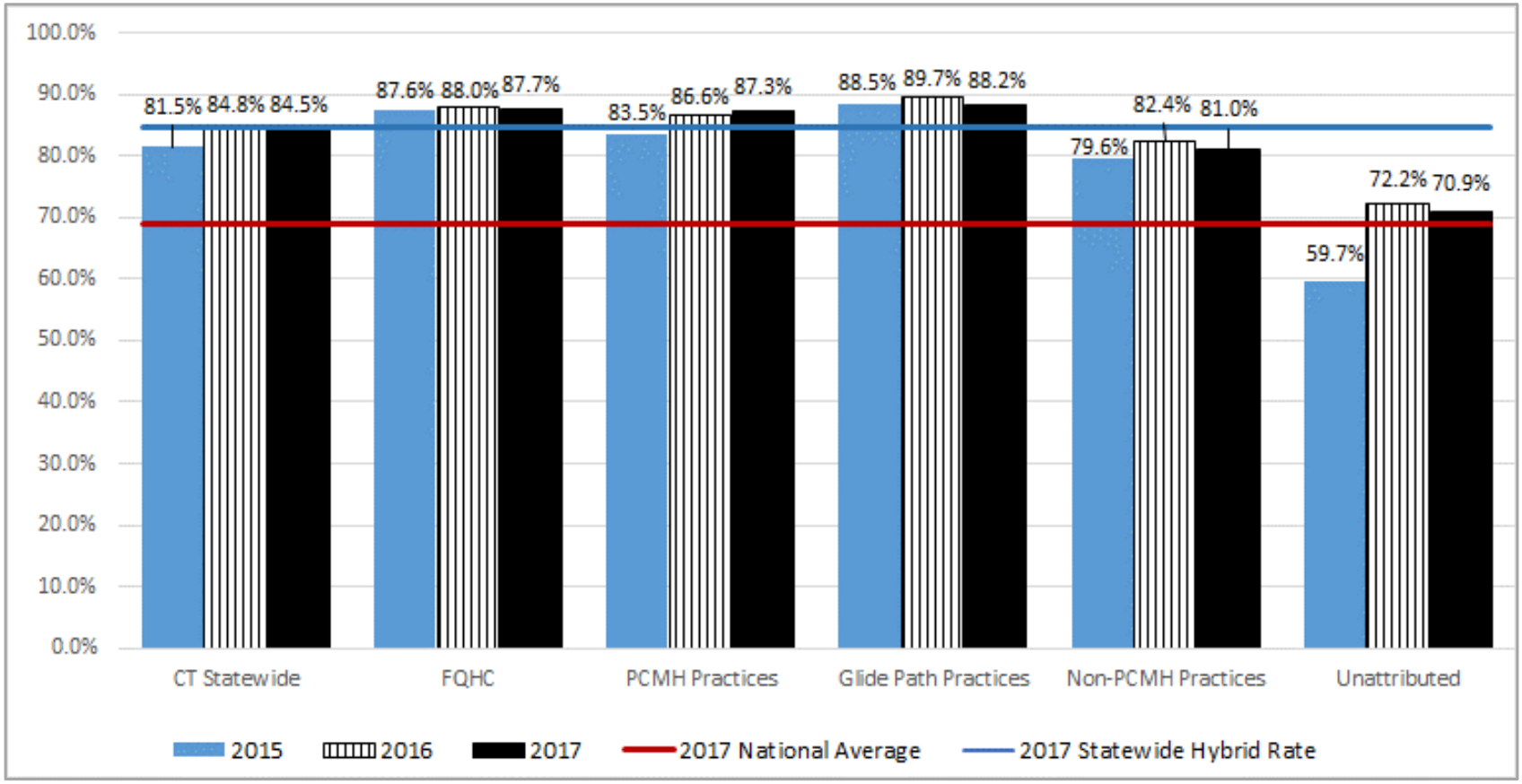
Figure 2: Breast Cancer Screening

Attributed Practice Setting; CY 2015 – CY 2017



Annual Provider Profile

Lead Screening in Children
Attributed Practice Setting; CY 2015 – CY 2017
(Note: CT Statewide and practice setting rates are reported using administrative rates)



Annual Provider Profile

Lead Screening in Children – further breakdown

Section 1: Summary of Rate by Year

Figure 3: Lead Screening in Children
Practice Demographics 5 Number Summaries and Key Statistics; CY 2015 – CY 2017
(Note: Rates are reported using administrative rates)

Year	Eligible Practices	Minimum Rate	Maximum Rate	25th Percentile	75th Percentile	Median	Mean	Standard Deviation	Lower Fence	Upper Fence	Lower Outliers	Upper Outliers
2015	111	11.8%	97.8%	79.6%	91.7%	86.0%	82.4%	14.9%	61.6%	100.0%	9	0
2016	90	31.6%	100.0%	80.6%	95.4%	90.4%	86.2%	12.8%	58.4%	100.0%	4	0
2017	98	28.1%	100.0%	79.0%	93.9%	87.8%	83.9%	13.9%	56.6%	100.0%	6	0

Section 2: List of High/Low Performing Practices in Year 2017

Figure 4(a): Lead Screening in Children
High Performing Practices (95th Percentile and over)
(Note: Rates are reported using administrative rates)

Practice Name	Practice Setting	Panel Size	Numerator	Denominator	Risk Score	Rate	Percentile
Trumbull Pediatrics, PC	Non-PCMH Practices	880	30	30	0.94	100.0%	98
The Center for Advanced Pediatrics	PCMH Practices	1,437	77	77	1.09	100.0%	98
Litchfield County Pediatrics	PCMH Practices	1,331	63	64	0.88	98.4%	96
Optimum Medical, LLC	Non-PCMH Practices	1,761	104	106	0.94	98.1%	95

Continuous Quality Improvement

Measuring Against Ourselves

Routine care is increasing

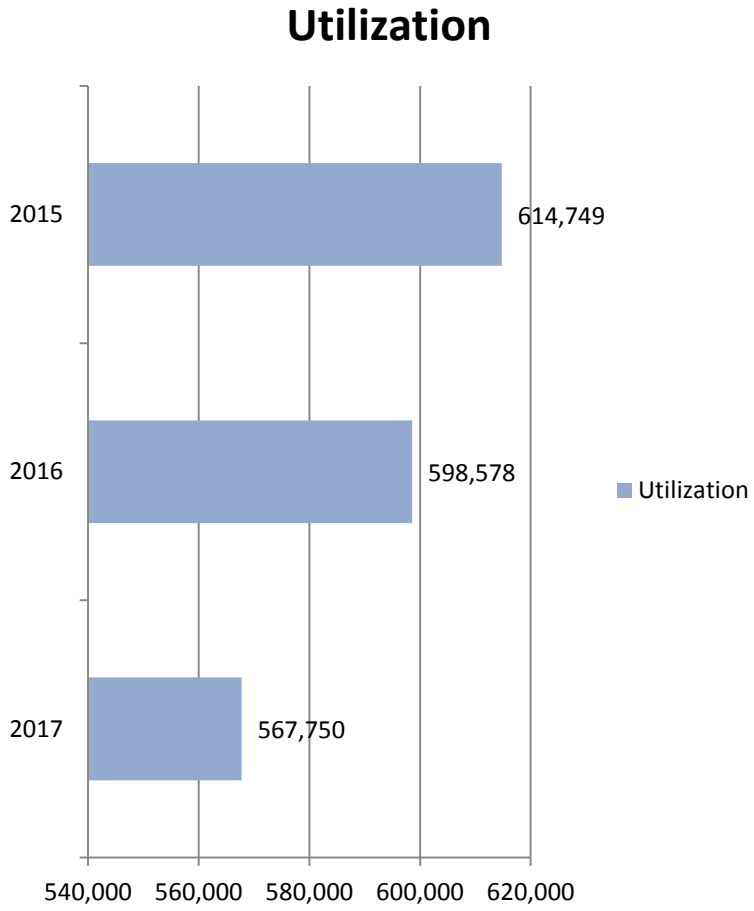
Utilization Changes: Physician Services

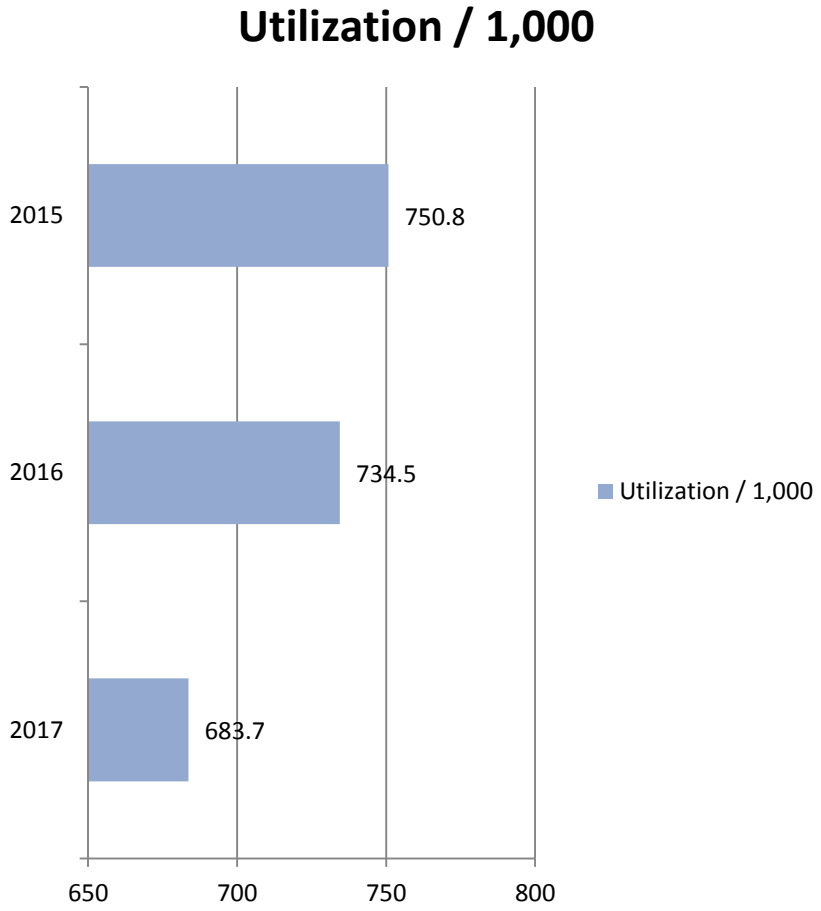
	CY 2015		CY 2016		CY 2017		CY 2015 vs CY 2017	
COE Description	Util	Util/1000	Util	Util/1000	Util	Util/1000	Util/1000	%
Clinic Services	189,975	232	187,696	230.3	187,728	226.1	226.1	-2.5
FQHC – Medical	702,989	858.6	756,645	928.5	788,787	949.9	949.9	10.6
Other Practitioner	459,228	560.9	526,855	646.5	580,637	699.2	699.2	24.7
Physician Services – All	3,948,428	4,822.50	4,403,791	5,404.00	4,655,918	5,606.90	5,606.90	16.3

Hospital utilization is decreasing
Inpatient Metrics

	2015	2016	2017	CY 2015 vs CY 2017	
Admissions	84,777	85,618	80,573	-4,204	-4.96%
Admissions per 1,000	103.54	105.06	97.03	-6.51	-6.29%
Re-admission Rate	11.35%	11.26%	10.95%	-0.40%	-3.52%
Days/1,000	479.7	472.4	428.1	-51.6	-10.76%
Average Length of Stay (ALOS)	4.63	4.50	4.41	-0.22	-4.75%

ED utilization is decreasing





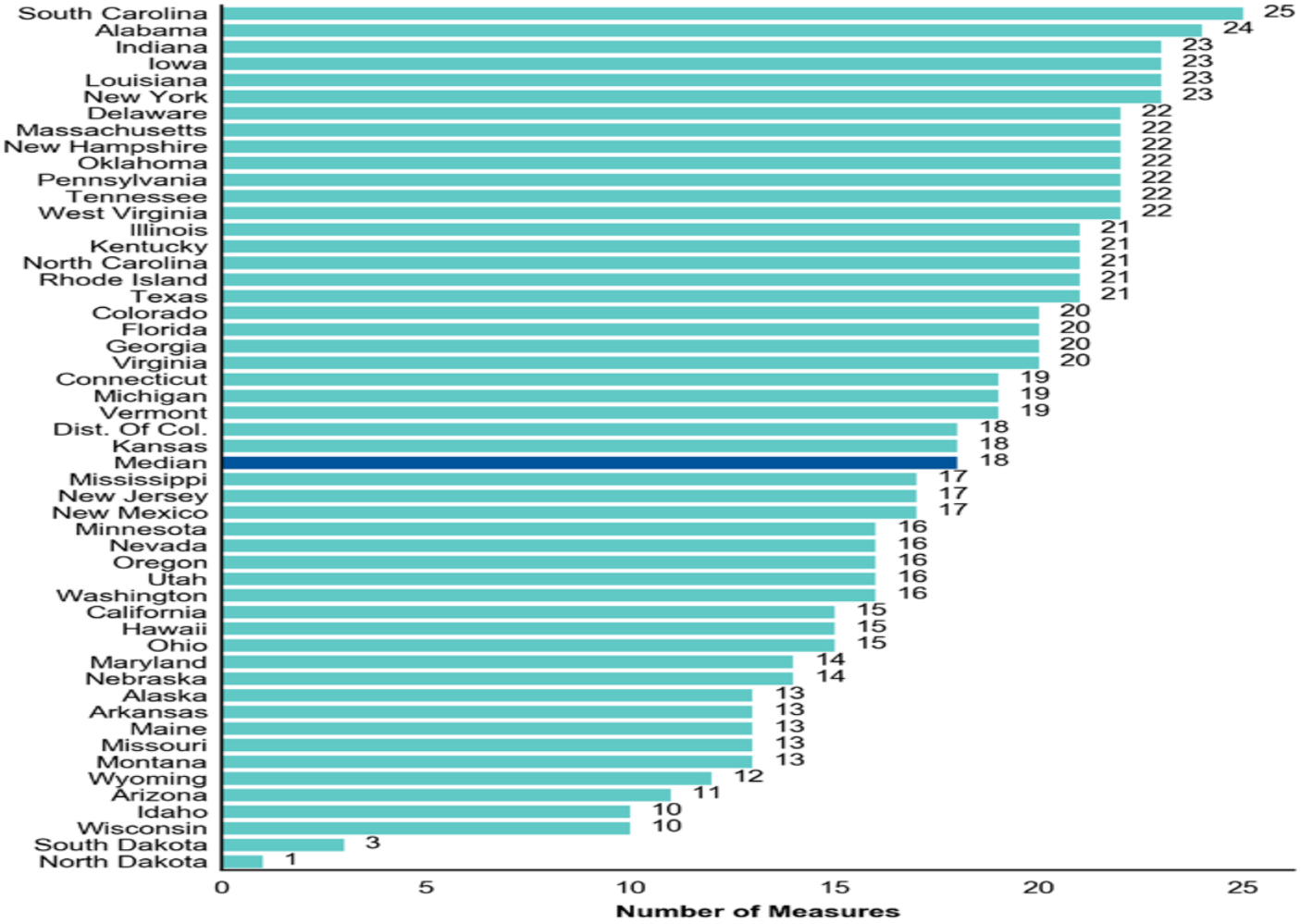
Medicaid and CHIP national reporting

States voluntarily report a series of measures on children's and adult's quality of care for several years. This reporting will become mandatory in 2024.

For further review:

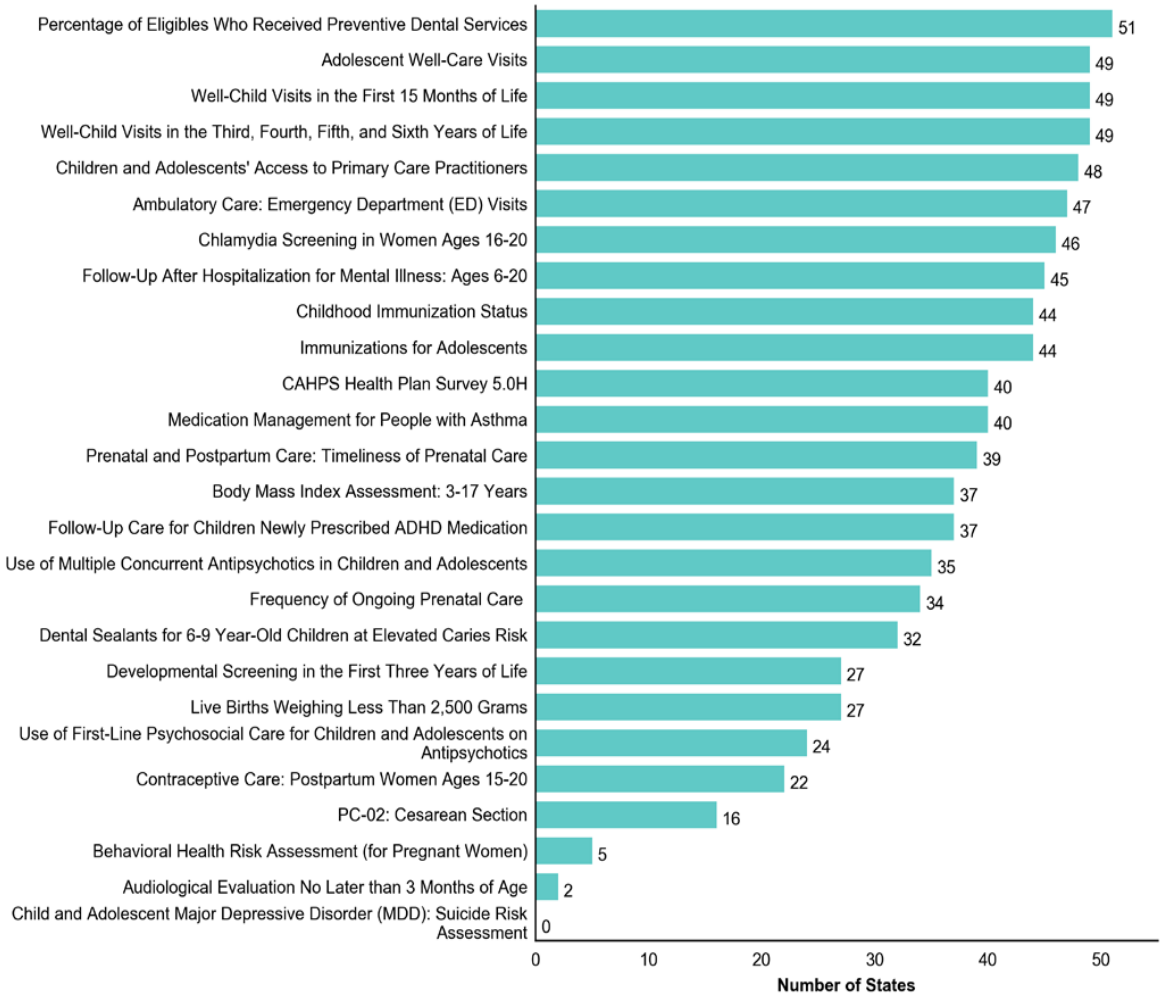
- Child Chart Pack FFY2017 - https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-child-chart-pack.pdf
- Adult Chart Pack FFY2017 - https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-adult-chart-pack.pdf

Number of States Reporting the Child Core Set Measures, FFY 2017



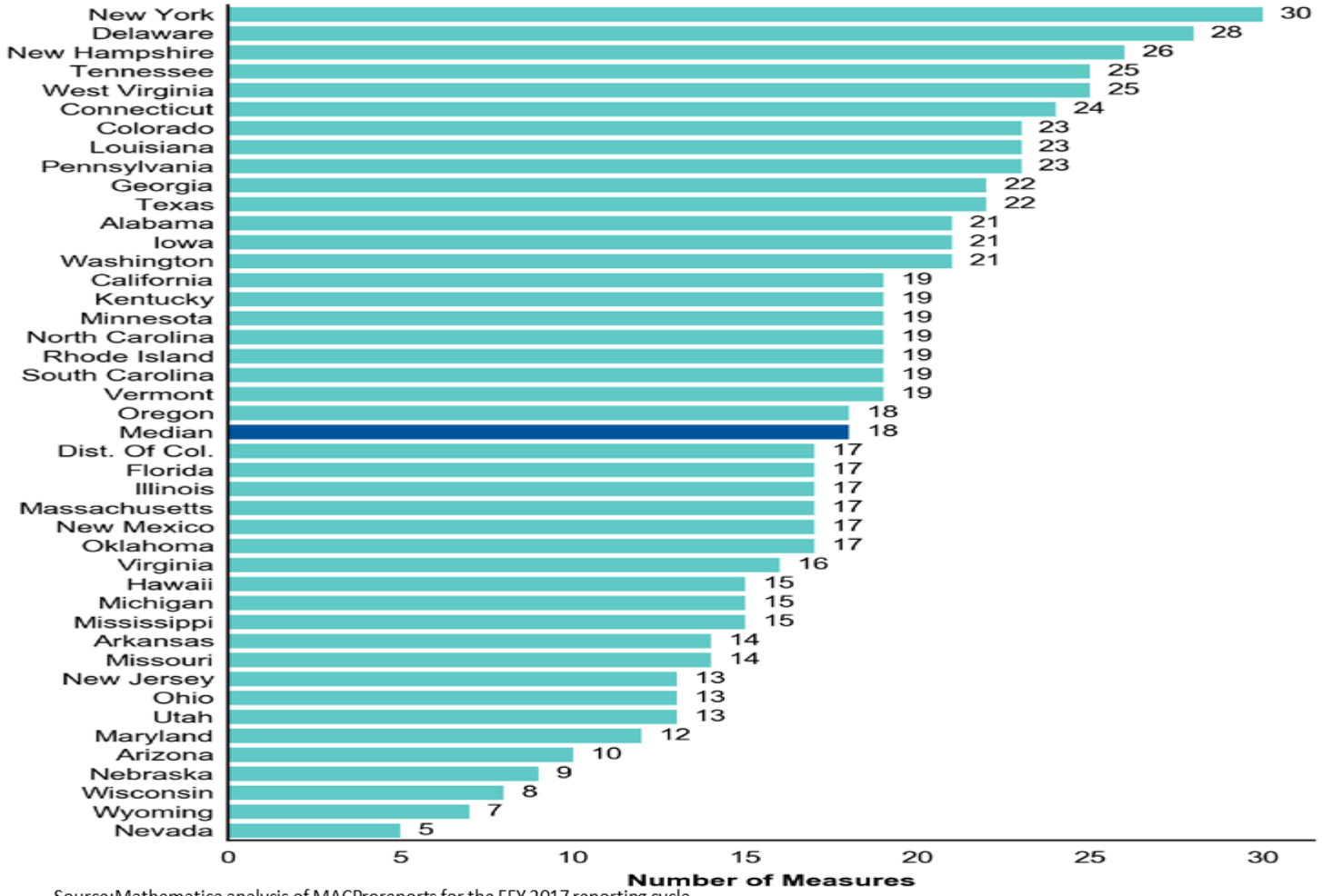
- Sources:Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2017 reporting cycle.
- Notes:The term "states" includes the 50 states and the District of Columbia. The 2017 Child Core Set includes 27 measures. This chart excludes the CLABSImeasure, which is obtained from CDC's National Healthcare Safety Network.

Number of States Reporting the Child Core Set Measures, FFY 2017



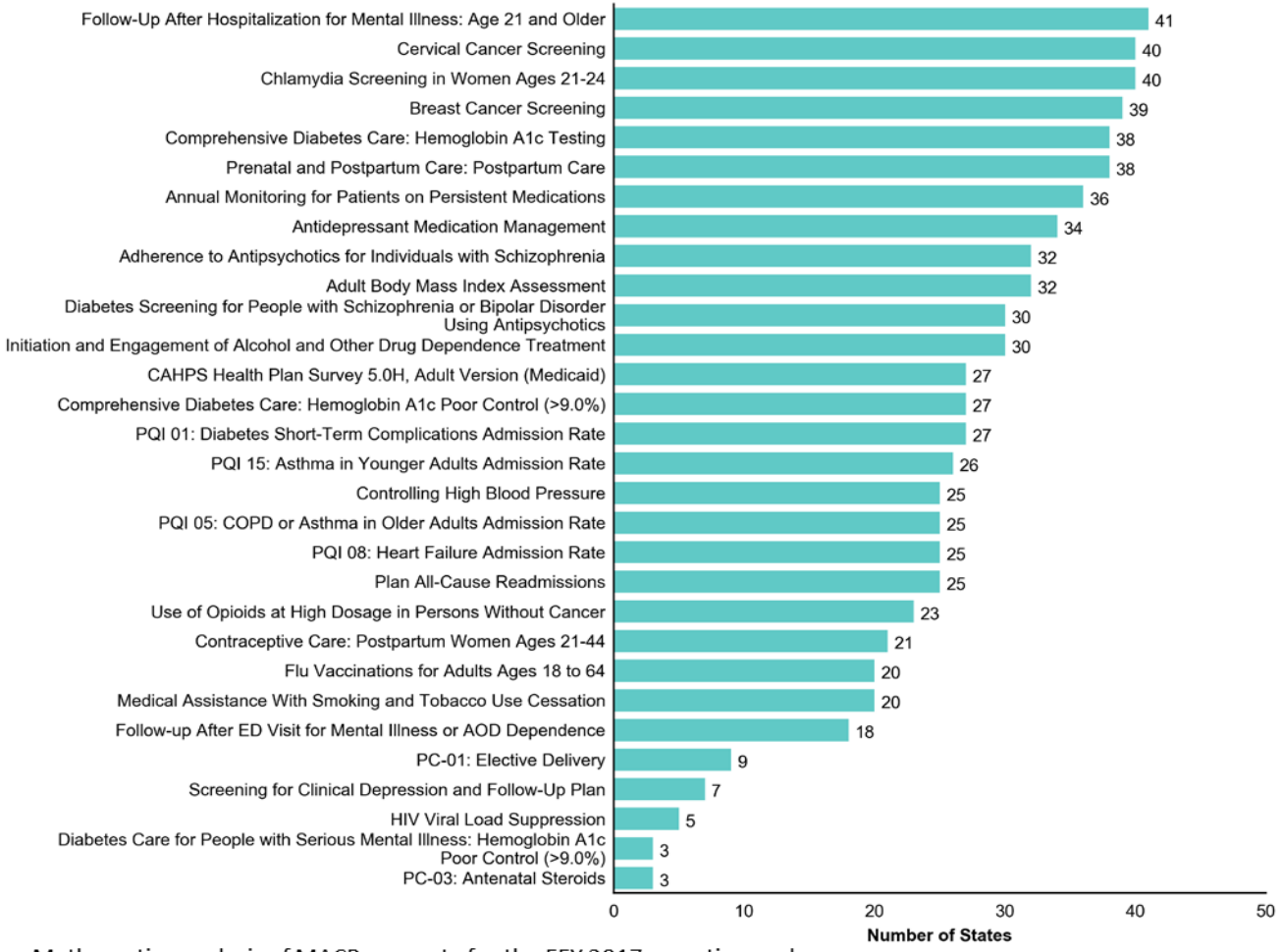
- Sources:Mathematica analysis of MACProreports and Form CMS-416 reports for the FFY 2017 reporting cycle.
- Notes:The term "states" includes the 50 states and the District of Columbia. The 2017 Child Core Set includes 27 measures. This chart excludes the CLABSImeasure, which is obtained from CDC's National Healthcare Safety Network.

Number of Adult Core Set Measures Reported by States, FFY 2017



- Source:Mathematica analysis of MACProreports for the FFY 2017 reporting cycle.
- Note:The term "states" includes the 50 states and the District of Columbia.

Number of States Reporting the Adult Core Set Measures, FFY 2017



- Source:Mathematica analysis of MACProreports for the FFY 2017 reporting cycle.
- Notes:The term "states" includes the 50 states and the District of Columbia.
- AOD= Alcohol and Other Drug; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department

- Core Measures not reported and why – adults:

Core Measures Not Reported	FFY 2017	FFY 2018	Reason(s) not reported
Adult			
Contraceptive Care - Postpartum Women Ages 21-44(CCP-AD)	Not Reported	Not Reported	Information for measure included in bundled claim
Contraceptive Care - All Women Ages 21 -44 (CCW-AD)	N/A	Not Reported	New in 2018
Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Not Reported	Not Reported	Claim included in visit
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	N/A	Not Reported	We use a different report with more detail to track over use.
Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence (FUA-AD)	Not Reported	Reported	Reported together as FUA/FUM in MACPro
Diabetes Care for People with Serious Mental Illness: Haemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCM-AD)	Reported	Not Reported	Do not receive information for measure in claims
HIV Viral Load Suppression (HVL-AD)	Not Reported	Not Reported	Do not receive this result due to confidentiality concerns
PC-01 Elective Delivery (PC-01-AD)	Not Reported	Not Reported	Information for measure included in bundled claim
PC-03 Antenatal Steroids (PC-03-AD)	Not Reported	Not Reported	Information for measure included in bundled claim

- Core Measures not reported and why – children

Core Measures Not Reported	FFY 2017	FFY 2018	Reason(s) not reported
Audiological Diagnosis not Later than 3 Months of Age (AUD-CH)	Not Reported	Not Reported	Information for measure included in bundled claim
Behavioral Health Risk Assessment for Pregnant Women (BHRA-CH)	Not Reported	N/A	Information for measure included in bundled claim
Contraceptive Postpartum Care - Women Ages 15-20 (CCP-CH)	Not Reported	Not Reported	Information for measure included in bundled claim
Contraceptive Care - All Women Ages 15-20 (CCW-CH)	N/A	Not Reported	Depending upon setting, information in bundled code
Screening for Depression and Follow-up Plan: Ages12-17 (CDF-CH)	N/A	Not Reported	Multiple screens included in single screening code, cannot separate this specific screen
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	Not Reported	Not Reported	Do not receive information for measure in claims
PC-02: Cesarean Section PC02-CH)	Not Reported	Not Reported	National measure is a hybrid; we use a custom admin. Measure
Denta Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	Not Reported	Reported	Do not receive information for measure in claims
Child Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	Not Reported	N/A	Multiple screens included in single screening code, cannot separate this specific screen

New CMS National Dashboard 1.0

- First issued in May, 2018
- Data from states reported adult and child quality sets (link reported earlier)
- Future reports will include:
  - administrative data on state and CMS performance - timeliness of waiver or state plan amendment reviews (CMS) or requests for additional information (states)
  - long term care and supports
  - audit integrity, etc.

Connecticut Results – Child Set:

	Number of States Reporting	Bottom Quartile	Median	Top Quartile	CT Rate
Primary Care Access and Preventive Care					
Percentage, ages 12-21, with at least one PCP vist or Ob/gyn visit	49				69.7
Percentage up tp date on their immunizations by second birthday	41	54.6	67.9	72.8	78.2
Percentage with a PCP visit in the past year, ages 12-24 months	48	93.3	95.2	96.6	99
Percentage with a PCP visit in the past year, ages 25 months-6 years	48	84.9	87.4	90.3	95
Percentage with a PCP visit in the past 2 years, ages 7-11 years	48	87.6	90.8	93.6	97
Percentage with a PCP visit in the past 2 years, ages 11-19 years	48	86.2	90.1	92.9	97.7
Maternal and Perinatal health					
%age of women delivering a live birth with 80% of expected prenatal visits	34	43.5	61.7	67	66.3
%age of women delivering a live birth with a prenatal visit in the first trimester or or within 42 days of enrollment	39	75.6	81.6	87.4	87.4
Care of Acute and Chronic Conditions					
ED visits/1000 enrollee months, ages 0-19	47	51.1	42.3	39.1	53.1
%age with persistent asthma, who were dispensed appropriate medications and remained on them >75% of the time, ages 5-11	40	24.5	27.9	33	39.4
%age with persistent asthma, who were dispensed appropriate medications and remained on them >75% of the time, ages 12-18	40	24.1	26.9	32.2	37.6
%age with persistent asthma, who were dispensed appropriate medications and remained on them >75% of the time, ages 5-20	39	24.3	27.3	33	38.7

Connecticut Results – Child Set (cont.)

	Number of States Reporting	Bottom Quartile	Median	Top Quartile	CT Rate
Behavioral Health Care					
Percentage of hospitalizations for mental health illness with a follow up visit within 7 days of discharge, ages 6-20	44	39.7	47.8	64	61.9
Percentage of hospitalizations for mental health illness with a follow up visit within 30 days of discharge, ages 6-20	45	62.5	69.2	79.6	77
Percentage newly prescribed ADHD medications with 1 follow up visit within 30 day initiation phase, ages 6-12	37	42.1	50	55.3	60.8
Percentage newly prescribed ADHD medications with 2 follow up visits during 10 month continuation and maintenance phase, ages 6-12	37	55	61.5	65.4	70.1
Percent on 2 or more concurrent antipsychotic medications, ages 1-17	35	3.6	2.7	1.6	2.5
Dental and Oral Health Services					
Percentage with at least 1 preventive dental visit service, ages 1-20	50	44.7	48.2	52.1	62.6

Connecticut Results – Adult Set:

Measure	Number of States Reporting	Bottom Quartile	Median	Top Quartile	CT Rate
Primary Care Access and Preventive Care					
Percentage with an outpatient visit and a BMI documented, ages 18-64 years	32	27.6	78.6	87.7	82.9
Percentage of women who had a mammogram to screen for breast cancer, ages 50-64 years	39	48.4	54.7	60.9	64.5
Percentage of women screened for cervical cancer, ages 21-64 years	40	48.4	55	60.1	66.2
Percentage of sexually active women screened for Chlamydia, ages 21-24 years	40	54.3	61.1	67.9	70.8
Maternal and Perinatal Health					
%age of women delivering a live birth with a postpartum visit on or between 21 and 56 days after delivery	38	54.1	60.4	65.9	
Care of Acute and Chronic Conditions					
Percentage who received at least 180 treatment days of ambulatory medication therapy and annual monitoring, ages 18-64	36	85	86.8	89	87.4
Percentage with diabetes (types 1 or 2) who had HbA1c in poor control (>9%), ages 18-64	27	47.6	41.9	36	41.9
Percentage with diabetes (types 1 or 2) who had an HbA1c test, ages 18-64	38	78.4	84.5	87.4	85.9
Percentage with a diagnosis of hypertension whose blood pressure was adequately controlled (<140/90mmHg), ages 18-64	25	54.3	57.2	65.9	57.2
Inpatient hospital admissions for diabetes short term complications/100,000 member months, ages 18-64	27	24.3	17.9	14.1	15.1
Inpatient hospital admissions for COPD or asthma/100,000 member months, ages 40-64	25	100.5	70.4	52.8	58.6
Inpatient hospital admissions for heart failure/100,000 member months, ages 18-64	25	30.8	21.9	16.4	13.2
Inpatient hospital admissions for asthma/100,000 member months, ages 18-39	26	8.8	5.8	4	11.3

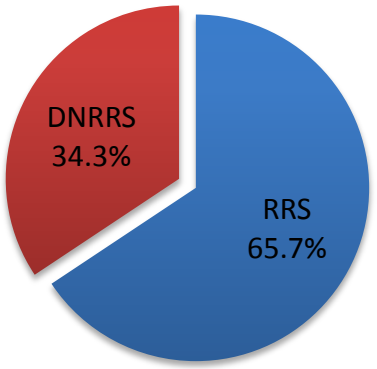
Connecticut Results – Adult Set (cont.)

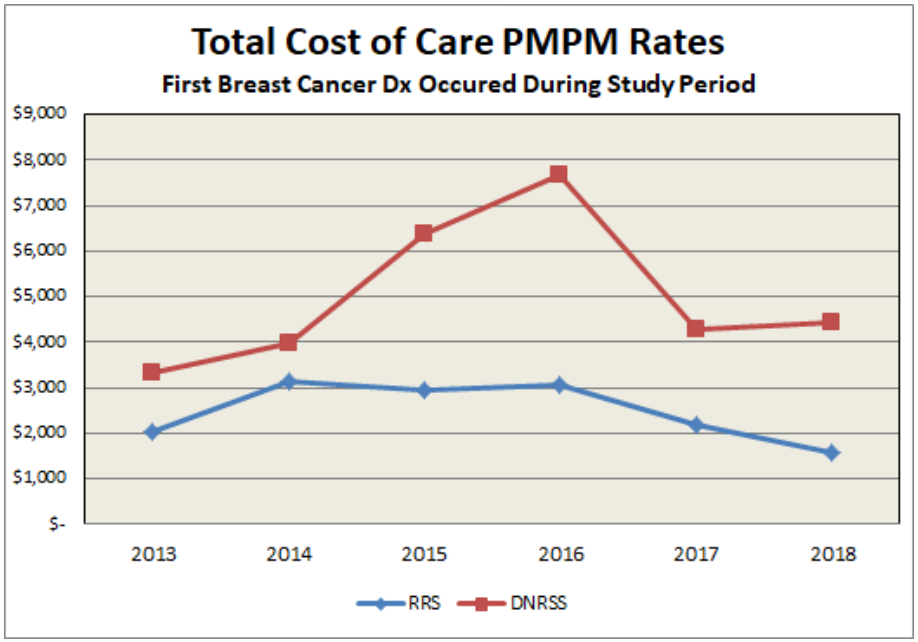
Measure	Number of States Reporting	Bottom Quartile	Median	Top Quartile	CT Rate
%age with schiophrenia who were dispensed and remained on antipsychotic medications for at least 80 of the treament period, ages 19-64	31	56.6	61.9	66.2	68.7
Percentage diagnosed with major depression who were treated with and remained on antidepressant medication for 12 weeks, ages 18-64	33	45.5	50.4	52.6	61.7
Percentage diagnosed with major depression who were treated with and remained on antidepressant medication for 6 months, ages 18-64	34	29.4	34.9	37.6	45.6
Percentage with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test, ages 18-64	30	73.6	78.9	80.6	79.6
Percentage of hospitalizations for mental illness with a follow up visit within 7 days of discharge, ages 21-64	40	33.3	41.9	59.1	41.4
Percentage of hospitalizations for mental illness with a follow up visit within 30 days of discharge, ages 21-64	41	54.8	61.4	71.6	60.8
Percentage with a new episode of alcohol or drug dependence who initiated treatment, ages 18-64	28	35.1	37	41.9	51.1
Percentage with a new episode of alcohol or drug dependence who initiated and engaged in treatment, ages 18-64	29	10.3	14.5	16.8	32.6

Breast Cancer Screening (BCS) Longitudinal Study

- HUSKY claims data reviewed from CY 2013- CY 2018 to identify trends in routine mammography utilization and costs associated with a primary diagnosis of breast cancer.
- HEDIS® Breast Cancer Screening measure criteria used to identify study population
- Two cohorts of members
  - Received the recommended screening (RRS) = 2-3 screenings over the 3 year period.
  - Did not receive the recommended screening (DNRSS) = 0-1 screening over the 3 year period.
- Of the 11,228 members in the study, 7,373 members (65.7%) had received the recommended screenings.
- HUSKY A members had the highest screening rate at 70.1% followed by HUSKY C (65%) and HUSKY D (64.9%).
- Mammography screening likely led to a primary diagnosis of breast cancer in 88.5% (131/148) women diagnosed with breast cancer during CY 2013 –CY 2015.
- The PMPM rates were lower in the "RRS" cohort than the "DNRRS" cohort in the years after the first diagnosis of breast cancer.
- Limitations: Inability to stage CA through claims, total costs used to calculate PMPM preventing the isolation of costs attributed to breast cancer only, and small population of breast CA diagnoses.

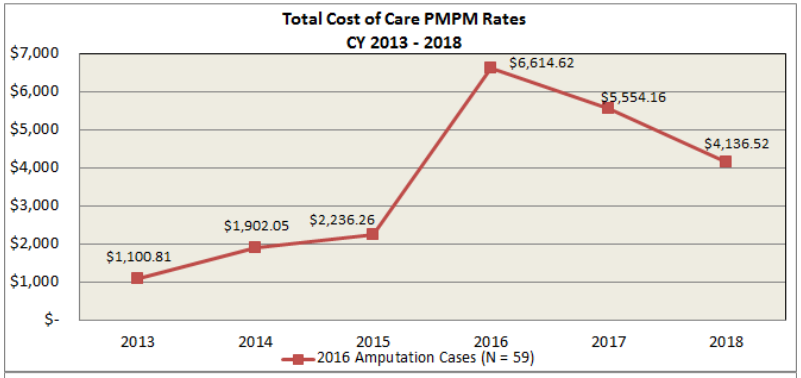
Study Population:
Members Receiving Recommended Screenings

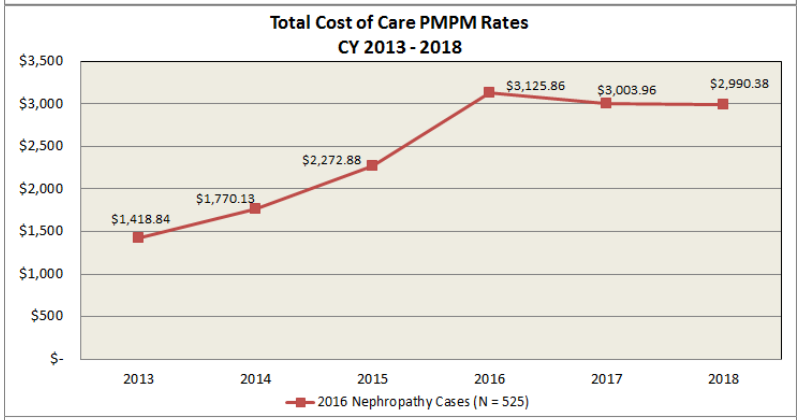


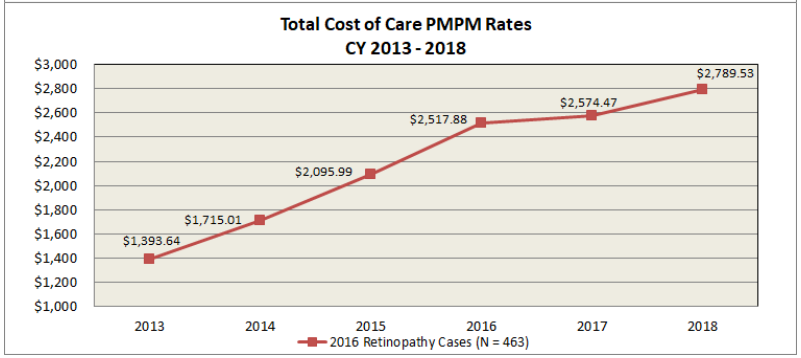


Hemoglobin A1c Levels Relative to the Development of Long-term Complications and the Impact on the Total Costs of Care

- HEDIS® CDC criteria used to identify the baseline population of members aged 18-74 years with a diagnosis of DM and no more than one gap in enrollment up to 45 days during CY 2013 (n= 22,134).
- HEDIS® criteria excludes members who are not eligible to have an HbA1c level <7% since tighter control of diabetes with certain medical conditions is not recommended (n=5,480).
- Claims data was used to look at HbA1c levels of 16,654 eligible members in CY 2013 to determine control of DM.
  - Controlled = HbA1c levels <7% and 7-8%
  - Uncontrolled = HbA1c levels 8-9% and >9%
  - No reading = no value available via claims data or no claim for an HbA1c level
- Members with a HbA1c level of >8% in CY 2013 were more likely to suffer from a lower-limb amputation, nephropathy or retinopathy.
- Lower-limb amputations occurred twice as often in members with “uncontrolled” diabetes than those with “controlled” diabetes.
- Members in the “no reading” cohort experienced a higher rate of lower-limb amputations than nephropathy or retinopathy which may be due to not having routine screenings for DM management of these chronic conditions as evidenced by the lack of claims data for these conditions.

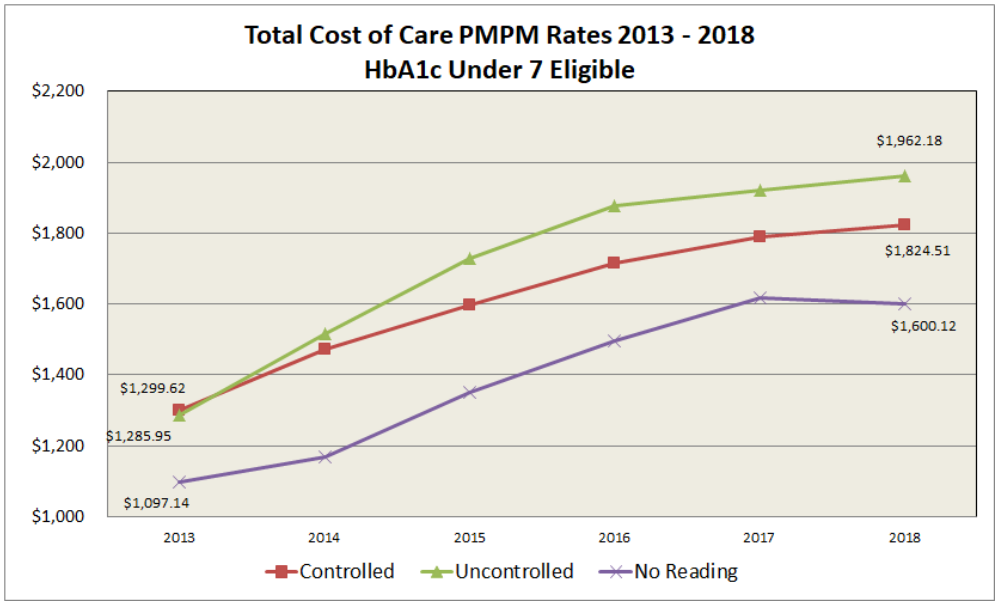






Hemoglobin A1c Levels Relative to the Development of Long-term Complications and the Impact on the Total Costs of Care Longitudinal Study (contd.)

- Members in the "uncontrolled" cohort experienced the highest increase in total costs of care PMPM rates compared to the other cohorts; the PMPM rate was over 5 percentage points higher than the "controlled" cohort.
- Although the "no reading" group had the lowest overall PMPM costs, the PMPM rate increased by 32.2% which is 2.6 percentage points higher than the "controlled" group.
- Further drilldown on data for members with an HbA1c >9% over the five year period was conducted.
- Consistently high HbA1c levels >9% over a 4-5 year period had a higher PMPM cost year over year than members with a consistently high HbA1c levels >9% over a shorter duration of time.
- Limitations: HbA1c fluctuation; the HEDIS® criteria looks at the last HbA1c of the year, and the total cost of care was used to determine PMPM rates limiting the ability to separate other chronic conditions outside of DM.



Over 9 Readings Tracked Over Time - Remained in Measure and Under 7 Eligible for 5 Consecutive Years - PMPM Cost

YoY PMPM - Under 7 Eligible

Subcategory	2013	2014	2015	2016	2017
Over 9 5 out of 5	$ 1,496.52	$ 1,640.12	$ 1,773.46	$ 1,951.77	$ 2,112.25
Over 9 4 out of 5	$ 1,296.39	$ 1,535.48	$ 1,726.50	$ 1,875.66	$ 1,910.74
Over 9 3 out of 5	$ 1,175.69	$ 1,316.11	$ 1,561.41	$ 1,599.99	$ 1,615.90
Over 9 2 out of 5	$ 1,360.13	$ 1,626.97	$ 1,732.40	$ 1,926.98	$ 1,754.56

Questions?