Attachment A

State of Hawaii

Department of Human Services

Med-QUEST Division

2023 Evaluation of Quality Strategy Effectiveness

October 2023

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1. Quality Strategy

In accordance with 42 Code of Federal Regulations (CFR) §438.340, the Hawaii Department of Human Services, Med-QUEST Division (MQD) implemented a written quality strategy for assessing and improving the quality of healthcare and services furnished by the five managed care organizations (MCOs) under the QUEST Integration (QI) managed care program and the one prepaid inpatient health plan (PIHP) under the Community Care Services (CCS) program. The CCS program provides behavioral health specialty services for individuals who have been determined by the MQD to have a serious mental illness (SMI). The *Hawaii Quality Strategy 2020* (referred to as Quality Strategy in this report) was filed with and approved by the Centers for Medicare & Medicaid Services (CMS) in 2020. The purpose of the strategy is:

- Monitoring that services provided to members conform to professionally recognized standards of practice and code of ethics.
- Identifying and pursuing opportunities for improvements in health outcomes, accessibility, efficiency, and member and provider satisfaction with care and service, safety, and equitability.
- Providing a framework for the MQD to guide and prioritize activities related to quality.
- Assuring that an information system is in place to support the efforts of the Quality Strategy.

As noted above, the Quality Strategy strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value/quality-based, data-driven, and equitable by providing oversight of health plans and other contracted entities to promote accountability and transparency for improving health outcomes. In 2017, the MQD launched the Hawaii ʻOhana Nui Project Expansion (HOPE) program to develop and implement a roadmap to achieve a vision of healthy families and healthy communities. The goal of HOPE is to achieve the Triple Aim of better health, better care, and sustainable costs for the community.

HOPE activities are organized into four strategic focus areas, which include multiple targeted initiatives to promote integrated health systems and payment reform initiatives, and three foundational building blocks, which directly support the four strategic areas and also enhance overall system performance as presented in Table 1-1. The HOPE initiative guides the Quality Strategy.

Table 1-1—HOPE Goals, Strategic Areas, and Building Blocks

Goals	Healthy Families, Healthy Communities, Achieving the Triple Aim—Better Health, Better Care, Sustainable Costs			
Strategies	1. Invest in primary care, prevention, and health promotion	2. Improve outcomes for high-need, high-cost individuals	3. Payment reform and alignment	4. Support community driven initiatives
Foundational Building Blocks	1. Use data and analytics to drive transformation and improve outcomes			
	2. Increase workforce capacity			
	3. Accountability, performance measurement and evaluation			

The Quality Strategy is centered on the four HOPE strategic areas and then organized into seven overarching goals. Each goal contains one or more objectives for a total of 17 objectives. Most objectives are cross-cutting as they achieve more than one of the MQD's goals. Cross-cutting objectives allow for a non-siloed and more effective and efficient approach to achieving the HOPE vision. Each objective is generally tied to more than one HOPE strategy and works to advance Hawaii's progress across several goal areas simultaneously. The Quality Strategy goals and associated objectives are described in the next section.

2. Goals and Objectives

The Quality Strategy's identified goals and objectives focus on improving health outcomes of Hawaii Medicaid members and maintaining and improving the managed care delivery system. The goals and supporting objectives are measurable and take into consideration all populations served by the QI and CCS programs. Refer to Table 2-1 for a detailed description of the objectives and performance measures used to support each goal.

Hawaii's Quality Strategy identifies the following seven goals and associated objectives:

Table 2-1—Quality Strategy Goals and Objectives

Goals	Objectives
 **Goal 1:** Advance primary care, prevention, and health promotion	**Objective 1:** Enhance timely and comprehensive pediatric care
	Objective 2: Reduce unintended pregnancies, and improve pregnancy-related care
	Objective 3: Increase utilization of adult preventive screenings in the primary care setting
	Objective 4: Expand adult primary care preventive services
 **Goal 2:** Integrate behavioral health with physical health across the continuum of care	**Objective 5:** Promote behavioral health integration and build behavioral health capacity
	Objective 6: Support specialized behavioral health services for serious intellectual/ developmental disorders, mental illness, and substance use disorders (SUD)
 **Goal 3:** Improve outcomes for high-need, high-cost individuals	**Objective 7:** Provide appropriate care coordination for populations with special health care needs
	Objective 8: Provide team-based care for beneficiaries with high needs high-cost conditions
	Objective 9: Advance care at the end of life
	Objective 10: Provide supportive housing to homeless beneficiaries with complex health needs
 **Goal 4:** Support community initiatives to improve population health	**Objective 11:** Assess and address social determinants of health needs

Goals	Objectives
 **Goal 5:** Enhance care in LTSS settings	**Objective 12:** Enhance community integration/reintegration of LTSS beneficiaries
	Objective 13: Enhance nursing facility and Home and Community Based Services (HCBS); prevent or delay progression to nursing facility level of care
 **Goal 6:** Maintain access to appropriate care	**Objective 14:** Maintain or enhance access to care
	Objective 15: Increase coordination of care and decrease inappropriate care
 **Goal 7:** Align payment structures to improve health outcomes	**Objective 16:** Align payment structures to support work on social determinants of health
	Objective 17: Align payment structures to enhance quality and value of care

Each of the 17 objectives is tied to initiatives and interventions used to drive improvements within and across the goals and objectives set forth in the Quality Strategy. To assess the impact of these interventions and continue to identify opportunities for improving the quality of care delivered under Medicaid managed care, and in compliance with the requirements set forth in 42 CFR §438.340(b)(3), these interventions are tied to a set of metrics by which progress is assessed. This approach provides for data-driven decision making to identify gaps, formulate solutions, and prioritize quality initiatives.

3. Evaluation

Health Services Advisory Group, Inc. (HSAG), conducted a formal evaluation of the Quality Strategy to assess its overall effectiveness to improve healthcare delivery, accessibility, and quality in the populations served by the managed care program.

Methodology

To evaluate the Quality Strategy, HSAG analyzed the following to determine performance and progress in achieving the goals of the Quality Strategy:

- Quality initiatives
- Performance measure data
- External quality review (EQR) activities
  - Validation of performance measures
  - Validation of performance improvement projects
  - Network adequacy validation
  - Compliance monitoring review
  - Consumer Assessment of Health Plan Satisfaction (CAHPS®)[3-1] surveys
  - Annual EQR technical report

Review Period

The evaluation review period focuses on performance measure data and EQR activity results for measurement year (MY) 2021/reporting year (RY) 2022.

Evaluation Tool

To track the progress of achieving goals and objectives outlined in the Quality Strategy, HSAG developed a Hawaii Medicaid Goals Tracking Table, as shown in Appendix A. The table comprises the metrics included in the Hawaii Quality Strategy 2020 Measures Appendix and is categorized by the State's associated goals and objectives, along with RY 2022 performance measure targets and results.

COVID-19 Implications

During the RY 2022 time frame, Hawaii experienced unprecedented challenges as a result of the declaration of a national public health emergency (PHE) related to the coronavirus disease 2019

[3-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

(COVID-19) outbreak. The PHE resulted in the implementation of innovative methods to ensure continued access to care, such as expanding the use and coverage of telehealth medicine, automatically extending certain service authorizations, and suspending Medicaid disenrollments. However, because of the COVID-19 PHE, many preventive services were negatively affected in Hawaii and across the country as members did not access preventative, non-emergent services in order to slow the spread of COVID-19 and reduce the personal risk of contracting the virus.

Evaluation of Quality Strategy Effectiveness

The MQD uses several mechanisms to monitor and enforce health plan compliance with the standards set forth throughout the Quality Strategy, and to assess the quality and appropriateness of care provided to Medicaid managed care members. The following sections provide an overview of the key mechanisms the MQD uses to enforce these standards and to identify ongoing opportunities for improvement.

Quality Initiatives

Hawaii has implemented a series of initiatives aligned closely to the Quality Strategy and designed to build a person-centered, coordinated system of care that addresses both medical and non-medical drivers of health. These initiatives drive progress toward the Quality Strategy goals and objectives, and are discussed below.

Health Equity and Social Determinants of Health

Given the unique geography and diversity that exists in Hawaii, one of the MQD's priorities is reducing health disparities and assessing and addressing social determinants of health (SDoH). Socio-economic status, discrimination, education, neighborhood and physical environment, employment, housing, food security and access to healthy food choice, access to transportation, social support networks and connection to culture, as well as access to healthcare are all determinants of health. The health of population groups, including that of Native Hawaiians and Pacific Islanders, is affected differently by these factors, leading to disparities in health outcomes. The MQD, in partnership with the health plans, has developed an SDoH Transformation Plan that will act as a roadmap for identifying, evaluating, and addressing health disparities. The health plans are currently in the early implementation stages of the Plan and focusing on the collection, analysis, and use of demographic and SDoH data.

Additionally, as part of managed care reporting, health plans are required to analyze performance measure data by various strata, including geography, race/ethnicity, and English language proficiency, and develop tailored quality improvement activities that are then monitored over time for efficacy and impact. Health plans also have developed and implemented SDoH quality activities as part of their quality assurance and program improvement (QAPI) program.

Community Integration Services (CIS)

The CIS program provides members who have physical and/or behavioral health needs and are homeless, or at risk of homelessness, with various housing services that are likely to ameliorate their physical or behavioral health needs. The benefits include pre-tenancy supports, tenancy sustaining services, housing quality and safety improvement services, legal assistance, and house payments, including a one-time payment for a security deposit and/or first month's rent. MQD is looking to expand upon this program through its 1115 waiver renewal. The MQD evaluates the CIS program on an ongoing basis through rapid cycle assessments (RCAs); the MQD recently released updated implementation guidelines to lessen administrative burdens related to the program's implementation based on health plan and provider feedback.

Long-Term Services and Supports (LTSS)

Medicaid members meeting eligibility criteria can receive long-term care services in a nursing facility or home and community-based services (HCBS). To ensure quality care and equitable access to services, the MQD developed an HCBS Quality Strategy that addresses six areas of performance: Administrative Authority, Level of Care, Person-Centered Service Plan, Qualified Providers, Health and Welfare, and Financial Accountability. The MQD established priority goals and performance measures tied to specific HCBS requirements. The health plans are required to report the HCBS performance measures, and the MQD monitors the results quarterly. The performance measures associated with HCBS program assurances have a threshold of 86 percent. Any performance measure with less than 86 percent triggers further analysis and implementation of quality improvement activities.

Behavioral Health Integration

The MQD, health plans, and Department of Health (DOH) agencies work collaboratively to integrate primary care with behavioral health, support the utilization of a Coordinated Addiction Resource Entry System (CARES), and enhance the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT). The MQD uses performance and quality measurement as well as financial incentive programs to support advancements in behavioral healthcare and integration.

Quality-Based Payment Programs

The MQD maintains several quality-based payment programs to enhance the quality and value of care provided across various settings. The MCO pay for performance (P4P) program is a withhold-based program used to incentivize quality, improvement, and progress in selected performance measures and implementation of new initiatives. The MQD also encourages the health plans to align payment structures through value-based purchasing (VBP) strategies to enhance quality and value of care. Finally, the MQD uses quality metrics in its auto-assignment algorithm to further reward health plan performance.

The MQD's Hospital P4P and Nursing Facility P4P programs are administered in close partnership with the Healthcare Association of Hawaii (HAH). Measures are selected in partnership with the facilities to accelerate progress across various MQD quality objectives.

Contract Compliance

The MQD intends to achieve the Quality Strategy goals and objectives through managed care contracts for the provision of covered services to eligible Medicaid and Children's Health Insurance Program (CHIP) members for necessary medical, behavioral health, and long-term services and supports in a fully risk-based, managed care environment. Through quality assurance and quality improvement oversight activities, the MQD monitors the health plans to ensure they are operating in accordance with the contract. New reporting packages and key performance indicators were developed and implemented in 2021. When contract requirements are not met, the MQD may initiate corrective action processes or may impose sanctions for non-performance or violations of contract requirements.

Performance Measures

The MQD requires the health plans to report annually on patient outcome performance measures, including Healthcare Effectiveness Data and Information Set (HEDIS®) quality metrics, the CMS Adult and Child Core Set measures, CMS measures for managed long-term services and supports (MLTSS), Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs), CAHPS measures, and other State-specified quality measures. Additionally, as part of its Quality Payment Program, the MQD requires hospitals and nursing facilities to submit performance measure rates, including the American Health Care Association (AHCA) hospital measures and CMS Minimum Data Set (MDS) nursing facility quality measures.

As an appendix to the Quality Strategy, the MQD identifies the required performance measures and links them to each associated objective. The MQD identifies the baseline performance measure rate (if applicable/available) and the target rate, which is based on a goal of 1 percent improvement each year. Table 3-1 summarizes the statewide performance measure results and Quality Strategy targets met as shown in Appendix A—Hawaii Medicaid Goals Tracking Table. Note: Process measures are not included in the summary table below.

Table 3-1—RY 2022 Quality Strategy Goals Statewide Summary of Performance

	Goal 1	Goal 2	Goal 3	Goal 4*	Goal 5	Goal 6	Goal 7
Number of rates reported	59	29	45	6	20	66	21
Rates with an established target	53	27	38	0	9	60	20
Rates achieving the target	**17**	**18**	**21**	**N/A**	**3**	**24**	**5**

	Goal 1	Goal 2	Goal 3	Goal 4*	Goal 5	Goal 6	Goal 7
Percentage of rates achieving the target	**32.08%**	**66.67%**	**55.26%**	**N/A**	**33.33%**	**40.00%**	**25.00%**

*Goal 4 contains a total of seven performance measures. Six measures did not have an established target, as RY 2022 was the first year these MLTSS measures were reported by the MCOs. The remaining performance measure was a process measure where overall performance was determined by the MQD as either *Met* or *Not Met*.

In addition to standard performance measures, the MQD also included the following process measures in its Quality Strategy:

- Social Determinants of Health Collaborative: Design and implement a program to track the SDoH associated with patients
- Perinatal Collaborative: Design and implement a program to improve the quality of care for mothers and babies
- Telehealth Plan: Design and implement a statewide telehealth plan

At the end of the reporting year, the MQD scored progress on these measures with a rating of *Met* or *Not Met*. All three process measures received a rating of *Met*.

Table 3-2 summarizes health plan performance relative to the MQD Quality Strategy targets. Highlighted cells indicate whether QI health plan performance for a given measure rate met or exceeded the target threshold established by the MQD. The performance measures in the table below represent the MY 2021 measures audited by HSAG.

Table 3-2—Percentage of MQD Quality Strategy Targets Met or Exceeded for QI Population

Measure	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI
Access and Risk-Adjusted Utilization					
*Heart Failure Admission Rate—Total**	Met	Not Met	Met	Not Met	Met
*Plan All-Cause Readmissions—Index Total Stays—O/E Ratio—Total**	Not Met	Not Met	Not Met	Not Met	Not Met
Children's Preventive Health					
Child and Adolescent Well-Care Visits—Total	Met	Met	Met	Met	Not Met
Childhood Immunization Status—Combination 2	Not Met	Not Met	Not Met	Not Met	Not Met
Childhood Immunization Status—Combination 3	Not Met	Not Met	Met	Not Met	Not Met
Childhood Immunization Status—Combination 4	Not Met	Not Met	Not Met	Not Met	Not Met

Measure	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI
Childhood Immunization Status—Combination 5	Not Met	Not Met	Not Met	Not Met	Not Met
Childhood Immunization Status—Combination 6	Not Met	Not Met	Not Met	Not Met	Not Met
Childhood Immunization Status—Combination 7	Not Met	Not Met	Not Met	Not Met	Not Met
Childhood Immunization Status—Combination 8	Not Met	Not Met	Not Met	Not Met	Not Met
Childhood Immunization Status—Combination 9	Not Met	Not Met	Not Met	Not Met	Not Met
Childhood Immunization Status—Combination 10	Not Met	Not Met	Not Met	Not Met	Not Met
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Si	Not Met	Not Met	Met	Not Met	Met
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Tw	Not Met	Not Met	Not Met	Not Met	Not Met
Women's Health					
Cervical Cancer Screening	Not Met	Not Met	Met	Not Met	Not Met
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Met	Met	Met	Not Met	Not Met
Prenatal and Postpartum Care—Postpartum Care	Met	Met	Met	Met	Met
Care for Chronic Conditions					
Comprehensive Diabetes Care—HbA1c Testing	Not Met	Not Met	Not Met	Not Met	Met
*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**	Not Met	Not Met	Met	Not Met	Met
Comprehensive Diabetes Care—HbA1c Control (<8.0%)	Not Met	Not Met	Met	Met	Met
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Not Met	Not Met	Not Met	Not Met	Not Met
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Not Met	Not Met	Met	Not Met	Met
*Concurrent Use of Opioids and Benzodiazepines—Total**	Not Met	Met	Met	Met	Met
Behavioral Health					
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total	Not Met	Met	Met	Met	Met

Measure	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total	Not Met	Met	Met	Met	Met
Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation—Total—Total	Not Met	Met	Met	Met	Not Met
Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement—Total—Total	Not Met	Met	Not Met	Not Met	Not Met
Screening for Depression and Follow-Up Plan—18+ Years	Met	Met	Not Met	Not Met	Met
Use of Pharmacotherapy for Opioid Use Disorder—Total	Met	Not Met	Met	Met	Met
Use of Pharmacotherapy for Opioid Use Disorder—Buprenorphine	Met	Met	Met	Met	Not Met
Use of Pharmacotherapy for Opioid Use Disorder—Oral Naltrexone	Not Met	Not Met	Met	Not Met	Met
Use of Pharmacotherapy for Opioid Use Disorder—Long-Acting, Injectable Naltrexone	Not Met	Met	Not Met	Not Met	Not Met
Use of Pharmacotherapy for Opioid Use Disorder—Methadone	Met	Not Met	Not Met	Met	Met
Total MQD Targets Met	**8**	**11**	**17**	**10**	**14**
Percent MQD Targets Met	**24.24%**	**33.33%**	**51.52%**	**30.30%**	**42.42%**

Table 3-3 summarizes CCS' performance relative to the MQD Quality Strategy targets. Highlighted cells indicate whether CCS performance for a given measure rate met or exceeded the target threshold established by the MQD. The performance measures in the table below represent the MY 2021 measures audited by HSAG.

Table 3-3—Percentage of MQD Quality Strategy Targets Met or Exceeded for CCS

Measure	'Ohana CCS
Access and Risk-Adjusted Utilization	
*Ambulatory Care—Total (per 1,000 Member Months) ED Visits—Total**	Not Met

Measure	'Ohana CCS
Ambulatory Care—Total (per 1,000 Member Months) Outpatient Visits—Total	Not Met
Mental Health Utilization—Any Service	Met
Behavioral Health	
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Met
Antidepressant Medication Management—Effective Acute Phase Treatment	Not Met
Antidepressant Medication Management—Effective Continuation Phase Treatment	Met
Behavioral Health Assessment—Behavioral Health Assessment completion within 30 days of enrollment	Met
Follow-Up After Emergency Department Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total	Met
Follow-Up After Emergency Department Visit for AOD Abuse or Dependence—30-Day Follow-Up—Total	Met
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total	Met
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total	Met
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total	Met
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total	Met
Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation—Total—Total	Not Met
Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement—Total—Total	Not Met
Total MQD Targets Met	**10**
Percent MQD Targets Met	**66.67%**

External Quality Review Activities

As noted in the Quality Strategy, the external quality review organization (EQRO) plays a critical role in reporting health plan performance in several required areas (meaning federal regulations require that these activities be completed by the EQRO) and some optional areas (meaning that the State has elected to use the EQRO for these activities) under 42 CFR §438.352 and §438.364.

Validation of Performance Measures

HSAG validated each health plan's performance measure results for a set of HEDIS and non-HEDIS performance measures selected by the MQD to evaluate the accuracy and reliability of the health plans'

data that contributed to the performance measure rate calculations. HSAG assessed the performance measure results and their impact on improving the health outcomes of members. HSAG conducted validation of the performance measure rates following the National Committee for Quality Assurance (NCQA) HEDIS Compliance Audit™ [3-2] guidelines and timeline, which occurred from January 2022 through July 2022. Each audit incorporated a detailed assessment of the health plans' information system (IS) capabilities for collecting, analyzing, and reporting performance measure data, including a review of the specific data collection methodologies used to report the required performance measures. The final audited performance measure validation results for each health plan reflected the measurement period of January 1, 2021, through December 31, 2021. HSAG provided final audit reports to the health plans and the MQD in July 2022. HSAG determined all QI health plans and the CCS program to be fully compliant with all NCQA HEDIS IS standards. Overall, the health plans followed the measure specifications required by the State to calculate the required HEDIS and non-HEDIS performance measure rates, and all measures received the audit designation of *Reportable*.

Validation of Performance Improvement Projects (PIPs)

The health plans have an ongoing program of PIPs intended to improve care, services, and member outcomes in each topic area. The MQD-selected PIPs are listed in Table 3-4. The MQD and HSAG continued to work with the health plans in annual PIP submission processes to facilitate more efficient and long-term sustained improvement. The MQD contracted with HSAG to facilitate collaborative workgroups related to the two PIP topics: Behavioral Health Coordination and Plan All-Cause Readmissions. HSAG assisted the health plans with the creation of workgroup charters, provided training on quality improvement strategies, facilitated meetings, and provided ongoing support as the health plans completed quality improvement activities.

The EQRO validated each PIP and provided results and findings for each health plan, along with recommendations for improvement. All health plans achieved a PIP validation status of *Met*.

Table 3-4—PIP Topics by Program

Program	PIP Topics
QUEST Integration	***Behavioral Health Coordination*** Indicator 1. Percent of shared members with eligible trigger events who received a combined review in the past three months. Indicator 2. Percent of shared members whose data are actively shared at a regular frequency with partner agencies.
QUEST Integration	***Plan All-Cause Readmissions*** Indicator: Percentage of eligible discharges for which members 18–64 years of age had at least one acute readmission for any diagnosis within 30 days of the index discharge date.
Community Care Services	***Behavioral Health Coordination***

[3-2] NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

Program	PIP Topics
	Indicator 1. Percent of shared members with eligible trigger events who received a combined review in the past three months. Indicator 2. Percent of shared members whose data are actively shared at a regular frequency with partner agencies.
Community Care Services	***Follow–Up After Emergency Department Visit for Mental Illness*** Indicator: Percentage of ED visits for members (18+ years of age) with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within seven days of the ED visit.

Network Adequacy Validation (NAV)

Within the Quality Strategy, the MQD established provider network standards to ensure that members have timely access to care. Health plans must ensure that their networks have a sufficient number, mix, and geographic distribution of providers to offer an appropriate range of services and access to preventive, primary, acute, behavioral health, and long-term services and supports. Additionally, the health plans are required to maintain a minimum number of providers within a particular geographic area. In addition to the minimum required providers, the health plans are required to have a sufficient network to ensure that members can obtain needed health services within acceptable wait times. To monitor network adequacy, the MQD requires that the health plans submit a quarterly Provider Network Adequacy (PNA) Report. The health plans are also required to establish and monitor policies and procedures to ensure that network providers comply with acceptable wait times and take corrective action when they fail to comply.

HSAG administered a Provider Data Structure Questionnaire (PDSQ) to all participating health plans in 2022 and conducted a review of the MQD's existing PNA report and procedures.

PNA methodology review findings: HSAG noted that the MQD has very thorough instructions for the plans regarding the completion of the quarterly provider network adequacy reports. The MQD provides detailed descriptions of the requested classification of providers, defining the rurality of providers, member populations, and the calculation of the travel distance metrics. Based on HSAG's review, the MQD's requirements are well documented for the health plans. HSAG identified suggestions for clarification that might assist the user while reviewing the Health Plan Manual—Reporting Guide, including additional clarification around some terminology or examples that might further explain concepts to the user.

PDSQ findings: HSAG distributed the MQD-approved PDSQ to each health plan to request qualitative responses for 10 questionnaire elements and to provide supplemental documentation supporting the responses (e.g., data dictionaries, data file layouts, or sample reports). All health plans participated in the questionnaire process and responded to HSAG's email requests for clarification, when needed. HSAG noted that data submitted by the health plans for the PNA analysis did not completely align with the instructions in the PNA methodology. HSAG understands that the MQD is continuing to collaborate with the health plans on the quarterly data submission process and understanding of the PNA

instructions. HSAG recommends that the MQD continue this process to educate the health plans to ensure a seamless and efficient process in the future.

HSAG provided the MQD with a final NAV report, which included several recommendations based on findings from the PDSQ and PNA report analyses. These activities have laid the foundation for conducting further NAV activities as required by CMS beginning in calendar year 2024.

Compliance Monitoring Review

During 2022, HSAG conducted a compliance review for each QI health plan and the CCS program to review compliance with federal regulations and State contract requirements. In general, health plan performance suggested that all health plans had implemented the systems, policies and procedures, and staff to ensure their operational foundations support the core processes of providing care and services to Medicaid members in Hawaii. One standard was found to be fully compliant (i.e., 100 percent of standards/elements met) across all health plans—Confidentiality. Additionally, all but one health plan scored 100 percent in Assurances of Adequate Capacity and Services. The Enrollee Information and Enrollee Rights and Protections standards were identified as having the greatest opportunity for improvement with statewide compliance scores of 89 percent and 95 percent, respectively. No health plans achieved 100 percent in the Enrollee Information standard, and only one health plan was found to be fully compliant in the Enrollee Rights and Protections standard. Overall, three of the six health plans achieved a total compliance score at or above the statewide average.

Table 3-5 summarizes the results from the 2022 compliance monitoring reviews. This table contains high-level results used to compare the Hawaii Medicaid managed care health plans' performance on a set of requirements (federal Medicaid managed care regulations and State contract provisions) for each of the eight compliance standard areas selected for review this year. Scores have been calculated for each standard area statewide, and for each health plan for all standards. Health plan scores with green shading indicate performance at or above the statewide score.

Table 3-5—Standards and Compliance Scores

Standard Name		AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI	'Ohana CCS	Statewide Score
I.	Availability of Services	100%	100%	94%	97%	100%	96%	**98%**
II.	Assurances of Adequate Capacity and Services	100%	100%	50%	100%	100%	100%	**92%**
III.	Coordination and Continuity of Care	90%	95%	95%	90%	100%	100%	**95%**
IV.	Confidentiality	100%	100%	100%	100%	100%	100%	**100%**
V.	Coverage and Authorization of Services	92%	98%	100%	89%	100%	93%	**95%**
VI.	Enrollee Information	89%	89%	92%	84%	95%	86%	**89%**
VII.	Enrollee Rights and Protections	94%	100%	94%	94%	94%	93%	**95%**

Standard Name	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI	'Ohana CCS	Statewide Score
VIII. Grievance and Appeal System	97%	92%	98%	100%	98%	100%	**98%**
Totals	**95%**	**96%**	**96%**	**93%**	**98%**	**95%**	**96%**

***Totals*:** The percentages obtained by dividing the number of elements *Met* by the total number of applicable elements.

For the elements in standards that were not fully compliant, the health plans were required to develop a corrective action plan (CAP), which was reviewed by the EQRO and the MQD. CAPs were approved when it was determined that the CAP would bring the health plan into compliance with the requirements. HSAG provided ongoing monitoring of the implementation of the CAPs.

CAHPS

The MQD contracts with the EQRO to administer CAHPS surveys according to the NCQA HEDIS Specifications for Survey Measures. A survey of CHIP members is administered annually, while the Adult and Child CAHPS surveys are administered in alternating years. This activity assesses member experience with an MCO and its providers, as well as the quality of care members receive. The standard survey instruments are the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set (without the children with chronic conditions [CCC] measurement set) and the 5.1H Adult Medicaid Health Plan Survey. CAHPS global ratings are for Rating of Health Plan, Rating of All Health Care, Rating of Specialist Seen Most Often, and Rating of Personal Doctor. Additionally, CAHPS composite measures are Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service. All sampled members completed the surveys from February to May 2022. HSAG aggregated and produced final reports in September 2022.

Adult Survey

Based on the comparison of the QI Program aggregate and each of the QI health plans' top-box scores to NCQA's 2021 Quality Compass Benchmark and Compare Quality Data[3-3], the QI program did not score at or above the 90th percentile on any of the measures. Additionally, the QI Program scored below the 25th percentile on six measures: *Rating of Personal Doctor*, *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, and *Coordination of Care*.

One of the goals the MQD identified for the Hawaii Medicaid program is to improve member experience with health plan services. The MQD selected the following three CAHPS measures as part of its Quality Strategy to monitor the QI health plans' performance on members' experience with these areas of service compared to national benchmarks: *Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*. UHC CP QI's member experience ratings met or exceeded the 75th percentile for *Rating of Health Plan*. No QI health plans' member experience ratings met or exceeded

[3-3] National Committee for Quality Assurance. Quality Compass®: Benchmark and Compare Quality Data 2021.Washington, DC: NCQA, September 2021.

the 75th percentile for *Getting Needed Care* and for *How Well Doctors Communicate*. In recognition of these gaps, these areas are expected to receive a stronger focus in the next Quality Strategy.

CHIP Survey

Based on the comparison of the CHIP population's member experience ratings and 2022 top-box scores for the four global ratings, four composite measures, and one individual item measure to the NCQA's 2021 Quality Compass Benchmark and Compare Quality Data, the CHIP population scored at or above the 90th percentile on one measure: *Coordination of Care*. The CHIP population scored below the 25th percentile on three measures: *Rating of All Health Care*, *Getting Needed Care*, and *Getting Care Quickly*.

When comparing the CHIP population's 2022 scores to the Quality Strategy goal of 1 percent improvement each year, three measures met the 2022 Quality Strategy targets: *Customer Service*, *Getting Needed Care*, and *Rating of All Health Care*.

Annual EQR Technical Report

To ensure the MQD's compliance with 42 CFR §438.364, an annual aggregate technical report is prepared and includes all required components as outlined in the EQR protocols. Aggregated and analyzed data from the 2022 EQR activities was included, and conclusions were drawn with regard to the quality of, access to, and timeliness of health services furnished to QI and CCS members. Conclusions were described in detail and actionable recommendations, as applicable, were provided. Additionally, based on the assessment, notable strengths were included so that the health plans will be able to build upon identified performance improvement and recommendations for identified opportunities for improvement. The health plans provided a summary of the quality improvement initiatives implemented as a result of the previous year's EQR recommendations.

Actions on EQR Recommendations

In accordance with 42 CFR §438.364(a)(4), the EQR technical report included recommendations for how the MQD can target goals and objectives in the Quality Strategy to better support improvement in the quality of, access to, and timeliness of health services furnished to Medicaid managed care members. Table 3-6 includes the recommendations made to the MQD in support of the Quality Strategy goals and the subsequent actions taken by the MQD to support program improvement and progress toward meeting the goals of the Quality Strategy.

Table 3-6—EQRO Recommendations and State Actions

2021 EQRO Recommendations	MQD Actions
Goal 1: Advance primary care, prevention, and health promotion. **Objective 2:** Reduce unintended pregnancies and improve pregnancy-related care. To improve program-wide performance in support of Objective 2, HSAG recommends MQD: • Conduct a program-wide focus group of women on Medicaid who have recently given birth or are pregnant to determine potential barriers to timely access to prenatal care.	MQD has a multi-prong strategy to increase timely prenatal and postnatal care. Pregnancy care related measures (i.e., PPC) are included as part of the Health Plan pay for performance (P4P) pool and therefore incentivized with payments for achieving performance improvements as well as for meeting or exceeding quality benchmarks. A perinatal quality collaborative designed to improve the quality of care for mothers and babies in hospitals is included in a Hospital P4P Program. This collaborative joined the American College of Obstetrics (ACOG) Alliance for Innovation on Maternal Health (AIM). "AIM is a national data-driven maternal safety and quality improvement initiative based on interdisciplinary consensus-based practices to improving maternal safety and outcomes. The program provides implementation and data support for the adoption of evidence-based patient safety bundles." (https://www.acog.org/practice-management/patient-safety-and-quality/partnerships/alliance-for-innovation-on-maternal-health-aim). Within the past year, the perinatal quality collaborative introduced a new bundle: CARE FOR PREGNANT AND POSTPARTUM PEOPLE WITH SUBSTANCE USE DISORDER and is in the process of coordinating with various stakeholders across the continuum of care to address this complex AIM bundle. Finally, MQD released updated guidance and methodology for assessing timely access to care requirements. MQD is using a secret shopper to assess appointment availability for a variety of providers across all Health Plans. These data will provide valuable insight on the experiences of members making appointments and potential barriers by type of provider, type of appointment, and island.
Goal 1: Advance primary care, prevention, and health promotion. **Objective 3:** Increase utilization of adult preventive screenings in the primary care setting. To improve program-wide performance in support of Objective 3, HSAG recommends MQD: • Encourage health plans to evaluate the accuracy, completeness, readability level, content, and frequency of member	The new 2021 Managed Care Contract contains robust language around member communications. This includes having information readily available in easily understood and readily accessible formats, including through translation and interpretation services in the member's desired and preferred language. Modalities must include written materials, telephone, internet, and face-to-face communications as requested. The interpretation and translations services report (ITR) has been revised to develop key performance indicators on

2021 EQRO Recommendations	MQD Actions
communications, such as member newsletters, to improve member understanding and engagement in preventive healthcare.	ensuring Health Plans are providing these services timely and of high quality.
Goal 2: Integrate behavioral health with physical health across the continuum of care. **Objective 5:** Promote behavioral health integration and build behavioral health capacity. **Objective 6:** Support specialized behavioral health services for serious intellectual/developmental disorders, mental illness, and substance use disorders (SUD). To improve program-wide performance in support of Objectives 5 and 6, HSAG recommends MQD: • Continue to encourage information sharing, collaboration, and care coordination among health plans and State agencies that provide services to Medicaid members. • Continue to promote and increase the use of telemedicine. • Consider implementing incentive programs to encourage advanced practice registered nurses and PCPs to obtain mental health training.	To improve care coordination for individuals who receive behavioral health services through DOH, MQD contractually requires Health Plans to develop joint policies and procedures and coordinate closely on the provision of care to their beneficiaries with the DOH. Beginning 2022, QI Health Plans started working on a performance improvement project (PIP) that seeks to improve the coordination of care of Medicaid members enrolled in one of the five managed care organizations (MCOs) that are also receiving behavioral health services from the Prepaid Inpatient Health Plan (PIHP) Community Care Services (CCS) program and/or from the State of Hawaii, Department of Health (DOH) behavioral health agencies. The DOH agencies include the Adult Mental Health Division (AMHD), Child & Adolescent Mental Health Division (CAMHD), Alcohol & Drug Abuse Division (ADAD), and the Developmental Disabilities Division (DDD). Additionally, MQD has developed guidance aimed to increase the adoption of utilization of telehealth and telemedicine. This included numerous flexibilities during the public health emergency. In 2020, MQD incentivized the development of a statewide plan to increase access and utilization of telehealth services through its pay for performance program. The State and MQD's ongoing efforts to promote telehealth have strongly benefited access to care during the 2020 COVID-19 PHE and beyond. For example, post-pandemic, MQD continues to cover mental health services furnished through audio-only telehealth appointments (QI-2306). Finally, SBIRT is a covered benefit as of 2022 and training resources as well as island trainings have allowed providers, including APRNs and PCPs, to obtain behavioral health training.
Goal 3: Improve outcomes for high-need, high-cost individuals. **Objective 7:** Provide appropriate care coordination for populations with special healthcare needs.	MQD supports alignment and coordination of services for individuals with SHCN who independently also qualify for LTSS. MQD works collaboratively with the Health Plans and other stakeholders to further describe roles and responsibilities of members of care teams to

2021 EQRO Recommendations	MQD Actions
To improve program-wide performance in support of Objective 7, HSAG recommends MQD: • Reward creative care coordination programs or initiatives that strive to ensure members receive timely assessments and healthcare services that prevent and treat identified conditions and assess and refer members to appropriate community partners to address social determinants of health (SDoH).	promote shared accountability for whole person care. MQD encourages the Health Plans to provide care teams with utilization and pharmacy data to support the care teams, improve outreach and member engagement activities in culturally appropriate ways, utilize all forms of communication when appropriate (e.g., face-to-face, email, text, etc.) and utilize care coordination capacity that exists in communities. Reporting and quality measurement are used to closely track efforts by Health Plans to reach, engage, and provide appropriate services to beneficiaries.
Goal 3: Improve outcomes for high-need, high-cost individuals. **Objective 8:** Provide team-based care for beneficiaries with high-need, high-cost conditions. To improve program-wide performance in support of Objective 8, HSAG recommends MQD: • Encourage communication and collaboration among health plans, providers, and State agencies in coordinating care among beneficiaries with high-need, high-cost conditions.	To improve care coordination for individuals who receive behavioral health services, including high-need high-cost conditions, through DOH, MQD contractually require Health Plans to develop joint policies and procedures and coordinate closely on the provision of care to their beneficiaries with the DOH. Beginning 2022, QI Health Plans started working on a performance improvement project (PIP) that seeks to improve the coordination of care of Medicaid members enrolled in one of the five managed care organizations (MCOs) that are also receiving behavioral health services from the Prepaid Inpatient Health Plan (PIHP) Community Care Services (CCS) program and/or from the State of Hawaii, Department of Health (DOH) behavioral health agencies. The DOH agencies include the Adult Mental Health Division (AMHD), Child & Adolescent Mental Health Division (CAMHD), Alcohol & Drug Abuse Division (ADAD), and the Developmental Disabilities Division (DDD).
Goal 3: Improve outcomes for high-need, high-cost individuals. **Objective 10:** Provide supportive housing to homeless beneficiaries with complex health needs. To improve program-wide performance in support of Objective 10, HSAG recommends MQD: • Continue to facilitate and enhance relationships with housing agencies.	MQD evaluates the CIS program using a rapid cycle assessment approach through external evaluation support, with frequent and ongoing assessments of implementation progress. A series of key performance indicators (KPIs) designed to measure progressive implementation and achievement of short, intermediate, and long-term outcomes are included in Health Plan reporting requirements to track project progress and performance improvement. Quarterly, Health Plans, MQD, and housing service providers are brought together to discuss the results and discuss next steps. Through these efforts, CIS has undergone major program enhancements. Finally, select measures may be incentivized through P4P programs or other value-based strategies in the future.

2021 EQRO Recommendations	MQD Actions
Goal 4: Support community initiatives to improve population health. **Objective 11:** Assess and address SDoH needs. To improve program-wide performance in support of Objective 11, HSAG recommends MQD: • Continue to strengthen community partnerships and encourage health plans to continue to invest in the communities they serve. • Encourage collaboration among the health plans and the State on program-wide solutions that address SDoH.	MQD worked with its Health Plans and community partners to develop a statewide SDOH Transformation Plan. MQD intends to develop aligned work plans at the Health Plan level to operationalize the goals of the transformation plan. The broad goals of the SDOH Transformation Plan are described in detail elsewhere but include collection of SDOH data and addressing SDOH needs. Health Plans are expected to use the SDOH Transformation Plans to develop their individual SDOH Work Plans. Health Plans have started identifying SDOH quality improvement activities in their QAPI progress reports. Health Plans may also, in adherence with Medicare requirements, provide supplemental services that support statewide efforts to address SDOH. A series of reporting requirements and performance measurement were established to closely monitor the implementation of various SDOH efforts.
Goal 5: Enhance care in LTSS settings. **Objective 12:** Enhance community integration/reintegration of LTSS beneficiaries. **Objective 13:** Enhance nursing facility and HCBS; prevent or delay progression to nursing facility level of care. To improve program-wide performance in support of Objectives 12 and 13, HSAG recommends MQD: • Consider adding LTSS measures to the list of audited measures to be validated during the PMV activity. Results will help the MQD determine areas to focus on and validated measures/rates may be used in conjunction with the State's incentive programs (P4P, auto-assignment) to drive quality outcomes. • Provide enhanced payment to Community Care Foster Family Homes (CCFFH) that accept LTSS members deemed "difficult to place" due to a combination of challenging physical and behavioral health needs.	MQD has adopted most MLTSS measures. Starting in MY2021, the EQRO began auditing a subset of the MLTSS measure. MQD intends to continue auditing LTSS measures and may expand the number in the future. To enhance community integration, MQD has employed several strategies: First, quality measures that assess rebalancing efforts by Health Plans may be selected for pay for performance-based incentives. Next, MQD is planning to increase training of community HCBS providers to enhance their preparedness to manage challenging beneficiaries, and therefore increasing their capacity to accept HCBS beneficiaries. MQD also receives funding through the Going Home Plus program to provide beneficiaries with the enhanced supports (e.g., home modifications, etc.) they need to successfully complete their transition into a community-based setting. A series of reporting requirements and quality measures are used to track community reintegration efforts by Health Plans; as needed, measures are included in P4P programs to provide incentives. MQD increased CCFFH reimbursement rates to result in an 8.6% increase over 2021 reimbursement levels, effective 1/1/2023. MQD completed an HCBS rate

2021 EQRO Recommendations	MQD Actions
	study, which included modeled payment rate scenarios that would fully capture the expected resources for CCFFH services. MQD submitted this rate study to the state legislature prior to the 2023 session and is waiting for legislative budget appropriation in order to implement. MQD is working with CCFFH providers to develop a standardized "level 3" enhanced rate for residents with behavioral health needs. Note that MQD is aware of several managed care plans that have already implemented their own enhanced CCFFH rates for select residents, based on negotiations with providers.
Goal 6: Maintain access to appropriate care. **Objective 14:** Maintain or enhance access to care. To improve program-wide performance in support of Objective 14, HSAG recommends MQD: • Consider adding validation of network adequacy activities as part of EQR to ensure access standards are being met. • Select a third PIP topic that focuses on improving members' access to care.	Starting in 2022, MQD worked with HSAG to develop network adequacy validation (NAV) activities. This included plans to conduct a network adequacy analysis on non-participating providers. During this period, the MQD worked with HSAG to plan for the mandatory NAV activities starting in 2024. MQD is actively working on planning for the 3rd PIP.
Goal 7: Align payment structures to improve health outcomes. **Objective 16:** Align payment structures to support work on SDoH. **Objective 17:** Align payment structures to enhance quality and value of care. To improve program-wide performance in support of Objectives 16 and 17, HSAG recommends MQD: • Continue and enhance P4P to the health plans through enhanced payment for meeting key performance indicator goals. • Continue and enhance the quality-based auto-assignment program to incentivize health plans for meeting specified quality measures. • Consider developing a quality-based incentive program targeting the implementation of health plan interventions and initiatives that address SDoH.	MQD has continued the Health Plan P4P program and released updated methodology and guidance in 2022. This program is intended to promote wellness and improve health outcomes for all populations served by MQD. Measures and areas chosen for payment arrangements are diverse, including but not limited to those supporting prevention and health promotion, chronic disease management, behavioral health screening, coordination for those with complex behavioral and physical health conditions, and access to care and appropriate utilization. Measures are thoughtfully chosen to avoid inadvertently rewarding providers for exclusively catering to the healthiest populations, or for avoiding populations with more complex health needs. MQD has continued the auto-assignment program and released updated guidance in 2022. The enhanced auto-assignment program contains a 70% quality component and numerous quality measures focused on primary care, behavioral health, and chronic disease management.

2021 EQRO Recommendations	MQD Actions
• Implement strategies to critically evaluate the accuracy of the health plans' encounter data and encourage the health plans to conduct ongoing quality monitoring beyond any EDV activities conducted during EQR.	P4P measures are being utilized to support SDOH; for example, measures that track increased data collection. The Hospital P4P program incentivizes the establishment of a hospital based SDOH collaborative intended to design and implement a program to screen, collect, and document social determinants of health of patients in a standardized manner across Hawaii hospitals. Since the 2021 EQRO MQD has implemented a Claims and Encounter Data Quality Improvement (CEDQI) initiative to improve the completeness, accuracy, and timeliness of the encounter data we receive from our health plans. With this initiative MQD meets with Health Plans individually to discuss known data quality issues and identify steps to resolve, including updates to systems, policies, and encounter data submission requirements. In 2023 MQD initiated a new EDV activity to conduct a comparative analysis between the encounters health plans submit to MQD and encounters health plans submit to our actuaries for rate setting. This activity will provide useful findings to further the work of the CEDQI initiative.

* Please note, content included in the "MQD Actions" section is presented verbatim as received from the State and has not been edited or validated by HSAG.

4. Strengths and Recommendations

Strengths

The MQD's Quality Strategy provides the roadmap to achieve its vision of healthy families and healthy communities. The MQD continually monitors, assesses, and implements strategies to improve access to quality care. Overall, the Quality Strategy represents an effective tool for measuring and improving the quality of Hawaii's QI and CCS programs.

The results of the compliance review, NAV, PIP, and HEDIS audit activities indicate that the health plans have established an operational foundation to support the quality of, access to, and timeliness of care and service delivery.

The Hawaii Medicaid managed care program has made significant progress toward achieving Goal 2: Integrate behavioral health with physical health across the continuum of care, as performance measure results indicate that two-thirds of the established Quality Strategy statewide targets were achieved. MQD initiatives, health plan contract requirements, SBIRT screening, and CIS program benefits will support continued improvement in this program area.

Progress was also made toward achieving Goal 3—Improve outcomes for high-need, high-cost individuals, as performance measure results showed that more than 50 percent of the established Quality Strategy statewide targets were achieved. Of note, four of the five PQI measure rates far exceeded the statewide targets. Timely and effective outpatient care, along with care coordination for members with special healthcare needs, will support continued improvement in this program area.

Recommendations

The EQRO has identified the following recommendations for the Quality Strategy:

- HSAG recommends that the MQD consider a change in metric benchmarks so that the health plans strive toward a consistent performance level. HSAG recommends that the MQD remove the 1 percent improvement target and establish benchmarks that align with nationally recognized quality measures (e.g., NCQA Quality Compass) and the State's performance published in the CMS Annual State Measure Trends Snapshot, Chart Packs for the Child Core Set and Adult Core Set, or the State Profile pages on Medicaid.gov.
- HSAG recommends that the MQD consider updating the Quality Strategy Measure Appendix annually. As performance measures are added or retired and benchmarks change, it is important that the health plans, hospitals, and nursing facilities have current information on measures and performance goals.

- HSAG recommends that the MQD consider adding a measure or measures that target Objective 10: Provide supportive housing to homeless beneficiaries with complex health needs. There are currently no performance measures in the Quality Strategy to evaluate progress on achieving this objective.
- HSAG recommends that the MQD consider evaluating the Hospital P4P and Nursing Facility P4P program goals and associated measures and performance targets. While the process measures achieved a rating of *Met*, none of the performance measures met the RY 2022 statewide targets.
- HSAG recommends that the MQD consider collaborating with the health plans to brainstorm and implement improvement activities to increase utilization of adult and pediatric preventive care. The MQD may consider requiring the health plans to conduct a preventive care PIP in 2024 to address low performance measure rates.
- HSAG recommends that the health plans conduct an analysis to determine why CAHPS scores continue to be low. Adult CAHPS scores decreased from 2020 to 2022, and none of the statewide RY 2022 targets were met.

Appendix A. Hawaii Medicaid Goals Tracking Table

Goal 1—Advance primary care, prevention, and health promotion								
Objective 1—Enhance timely and comprehensive pediatric care Objective 2—Reduce unintended pregnancies and improve pregnancy-related care Objective 3—Increase utilization of adult preventive screenings in the primary care setting Objective 4—Expand adult primary care preventive services								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			1	**2**	**3**	**4**		
AAP	Adults Access to Preventive/Ambulatory Health Services: Total	NCQA		✓	✓	✓	76.74%	71.46%
ABA-AD	Adult Body Mass Index Assessment	NCQA			✓		NT	—
ADD	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	NCQA	✓				66.22%	46.15%
ADD	Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	NCQA	✓				53.62%	61.62%
AMR	Asthma Medication Ratio	NCQA	✓		✓	✓	52.22%	62.46%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing	NCQA	✓				40.00%	41.10%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing	NCQA	✓				17.62%	22.65%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing	NCQA	✓				20.67%	21.68%
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	✓				63.67%	61.54%
AUD-CH	Audiological Diagnosis No Later Than 3 Months of Age	CDC	✓				NT	—
AWC	Adolescent Well-Care Visits	NCQA	✓				52.11%	—
CBP	Controlling High Blood Pressure (<140/90)	NCQA			✓	✓	59.22%	57.78%
CCP-AD; CCP-CH	Contraceptive Care—Postpartum Women: Long-Acting Reversible Method of Contraception (LARC)—3 Days	OPA	✓	✓			3.40%	2.92%

Goal 1—Advance primary care, prevention, and health promotion								
Objective 1—Enhance timely and comprehensive pediatric care Objective 2—Reduce unintended pregnancies and improve pregnancy-related care Objective 3—Increase utilization of adult preventive screenings in the primary care setting Objective 4—Expand adult primary care preventive services								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			1	**2**	**3**	**4**		
CCP-AD; CCP-CH	Contraceptive Care—Postpartum Women: Long-Acting Reversible Method of Contraception (LARC)—60 Days	OPA	✓	✓			18.70%	15.68%
CCP-AD; CCP-CH	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—3 Days	OPA	✓	✓			9.37%	9.05%
CCP-AD; CCP-CH	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days	OPA	✓	✓			44.21%	42.01%
CCS	Cervical Cancer Screening	NCQA			✓		61.36%	55.81%
CCW-AD; CW-CH	Contraceptive Care—All Women Ages 21 to 44: Most Effective or Moderately Effective Method of Contraception	OPA	✓	✓			24.04%	22.69%
CCW-AD; CW-CH	Contraceptive Care—All Women Ages 21 to 44: Long-Acting Reversible Method of Contraception (LARC)	OPA	✓	✓			5.51%	4.91%
CDC	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	NCQA			✓	✓	67.95%	60.34%
CDC	Comprehensive Diabetes Care: HbA1c Control (<8%)	NCQA				✓	50.76%	50.92%
CDC	Comprehensive Diabetes Care: HbA1c Poor Control (>9%)*	NCQA				✓	37.60%	37.10%
CDC	Comprehensive Diabetes Care: HbA1c Testing	NCQA			✓	✓	90.85%	87.29%
CDC	Comprehensive Diabetes Care: BP Control (<140/90 mm Hg)	NCQA				✓	60.56%	58.48%
CDF-CH; CDF-AD	Screening for Depression and Follow-Up Plan: Negative Screen for Depression During an Outpatient Visit Using a Standardized Tool	CMS	✓		✓		NT	22.05%
CHL	Chlamydia Screening in Women: Total	NCQA	✓		✓		53.79%	49.18%
CIS	Childhood Immunization Status: Combination 2	NCQA	✓				69.93%	57.80%

Goal 1—Advance primary care, prevention, and health promotion								
Objective 1—Enhance timely and comprehensive pediatric care Objective 2—Reduce unintended pregnancies and improve pregnancy-related care Objective 3—Increase utilization of adult preventive screenings in the primary care setting Objective 4—Expand adult primary care preventive services								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			1	**2**	**3**	**4**		
CIS	Childhood Immunization Status: Combination 3	NCQA	✓				70.65%	55.91%
CIS	Childhood Immunization Status: Combination 4	NCQA	✓				65.93%	55.58%
CIS	Childhood Immunization Status: Combination 5	NCQA	✓				56.77%	48.45%
CIS	Childhood Immunization Status: Combination 6	NCQA	✓				50.54%	43.49%
CIS	Childhood Immunization Status: Combination 7	NCQA	✓				55.88%	48.13%
CIS	Childhood Immunization Status: Combination 8	NCQA	✓				50.20%	43.43%
CIS	Childhood Immunization Status: Combination 9	NCQA	✓				43.43%	38.41%
CIS	Childhood Immunization Status: Combination 10	NCQA	✓				43.15%	38.34%
COL	Colorectal Cancer Screening	NCQA			✓		NT	46.60%
DEV-CH	Developmental Screening in the First Three Years of Life	OHSU	✓				22.63%	24.14%
Falls1	Falls: Screening for Future Fall Risk: Part 1: Screening	NCQA			✓		NT	47.61%
Falls2	Falls: Screening for Future Fall Risk: Part 2: Risk Assessment	NCQA			✓		NT	73.53%
Falls3	Falls: Screening for Future Fall Risk: Part 3: Plan of Care	NCQA			✓		NT	57.35%
HVL-AD	HIV Viral Load Suppression: HIV Viral Load Suppression	HRSA			✓	✓	NT	3.67%
IMA	Immunizations for Adolescents: Combination 1 (Meningococcal, Tdap)	NCQA	✓				66.65%	66.90%
IMA	Immunizations for Adolescents: Combination 2 (Meningococcal, Tdap, HPV)	NCQA	✓				30.29%	38.58%
LBW-CH	Live Births Weighing Less Than 2,500 Grams	CDC	✓	✓			7.97%	9.50%
PPC	Prenatal and Postpartum Care: Timeliness of Prenatal Care	NCQA		✓			81.56%	83.78%
PPC	Prenatal and Postpartum Care: Postpartum Care	NCQA		✓			59.12%	77.56%
SBIRT	SBIRT Training	MQD			✓	✓	NT	—
NA	SBIRT Screening: SBIRT screenings provided to a % of Medicaid beneficiaries over age 15 years	MQD			✓	✓	5.67%	—
SSD	Diabetes Screening for People w/ Schizophrenia or Bipolar Dx using Antipsychotics	NCQA			✓		75.34%	68.78%

Goal 1—Advance primary care, prevention, and health promotion								
Objective 1—Enhance timely and comprehensive pediatric care Objective 2—Reduce unintended pregnancies and improve pregnancy-related care Objective 3—Increase utilization of adult preventive screenings in the primary care setting Objective 4—Expand adult primary care preventive services								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			1	**2**	**3**	**4**		
TOB	Preventive Care and Screening: Tobacco Use: Screening and Cessation	PCPI			✓		NT	—
W15	Well-Child Visits in the First 15 Months of Life: 6 or More Visits	NCQA	✓				74.13%	—
W30	Well-Child Visits in the First 30 Months of Life: 15 Months	NCQA	✓				64.42%	63.73%
W30	Well-Child Visits in the First 30 Months of Life: 30 Months	NCQA	✓				76.75%	68.63%
W34	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NCQA	✓				72.89%	—
WCC	Weight Assessment and Counseling for Nutrition/Physical Activity: BMI Percentile Documentation	NCQA	✓				88.55%	80.89%
WCC	Weight Assessment and Counseling for Nutrition/Physical Activity: Counseling for Nutrition	NCQA	✓				79.52%	77.85%
WCC	Weight Assessment and Counseling for Nutrition/Physical Activity: Counseling for Physical Activity	NCQA	✓				74.98%	75.49%
WCV	Child and Adolescent Well-Care Visits	NCQA	✓				45.21%	46.04%
NA	Perinatal Collaborative: Design and implement a program to improve the quality of care for mothers and babies	MQD	✓	✓			Progress along continuum	Met
EPSDT	Screening Ratio: Observed: Expected ratio of number of screenings	CMS	✓				1.0	0.72
EPSDT	Participant Ratio: Observed: Expected ratio of eligibles receiving at least one initial or periodic screen	CMS	✓				88.74%	56.00%
EPSDT	Dental Care: Percent of eligibles receiving any dental or oral health services	CMS	✓				60.04%	52.95%
EPSDT	Dental Care: Percent of eligibles receiving preventive dental services	CMS	✓				45.49%	50.20%
CAHPS 5.0H	Composite Measure: Getting Needed Care (CHIP)	AHRQ	✓				78.28%	80.80%
CAHPS 5.0H	Composite Measure: Getting Care Quickly (CHIP)	AHRQ	✓				87.86%	83.10%
CAHPS 5.0H	Composite Measure: How Well Doctors Communicate (CHIP)	AHRQ	✓				98.67%	94.40%

Goal 1—Advance primary care, prevention, and health promotion

Objective 1—Enhance timely and comprehensive pediatric care
Objective 2—Reduce unintended pregnancies and improve pregnancy-related care
Objective 3—Increase utilization of adult preventive screenings in the primary care setting
Objective 4—Expand adult primary care preventive services

PM Code	Performance Measure Name	Measure Steward	Objective				RY2022 Target	RY2022 Result
			1	2	3	4		
CAHPS 5.0H	Composite Measure: Customer Service (CHIP)	AHRQ	✓				87.24%	90.00%
CAHPS 5.0H	Composite Measure: Shared Decision Making (CHIP)	AHRQ	✓				78.18%	—
CAHPS 5.0H	Individual Measures: Coordination of Care (CHIP)	AHRQ	✓				93.94%	92.60%
CAHPS 5.0H	Individual Measures: Health Promotion and Education (Adults)	AHRQ		✓	✓		80.50%	—
CAHPS 5.0H	Individual Measures: Health Promotion and Education (CHIP)	AHRQ	✓				77.56%	—

Goal 2—Integrate behavioral health with physical health across the continuum of care

Objective 5—Promote behavioral health integration and build behavioral health capacity
Objective 6—Support specialized behavioral health services for serious intellectual/developmental disorders, mental illness, and substance use disorders (SUD)

PM Code	Performance Measure Name	Measure Steward	Objective		RY2022 Target	RY2022 Result
			5	6		
ADD	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	NCQA	✓	✓	66.22%	46.15%
ADD	Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	NCQA	✓	✓	53.62%	61.62%
AMM	Antidepressant Medication Management: Effective Acute Phase Treatment	NCQA	✓	✓	54.38%	60.33%
AMM	Antidepressant Medication Management: Effective Continuation Phase Treatment	NCQA	✓	✓	37.93%	43.67%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing	NCQA	✓	✓	40.00%	41.10%

Goal 2—Integrate behavioral health with physical health across the continuum of care						
Objective 5—Promote behavioral health integration and build behavioral health capacity Objective 6—Support specialized behavioral health services for serious intellectual/developmental disorders, mental illness, and substance use disorders (SUD)						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			5	**6**		
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing	NCQA	✓	✓	17.62%	22.65%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing	NCQA	✓	✓	20.67%	21.68%
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	✓	✓	63.67%	61.54%
BHA	Behavioral Health Assessment: Behavioral Health Assessment completion within 30 days of enrollment	MQD		✓	47.59%	61.90%
CDF-CH; CDF-AD	Screening for Depression and Follow-Up Plan: Negative Screen for Depression During an Outpatient Visit Using a Standardized Tool	CMS	✓		NT	22.05%
COB-AD	Concurrent Use of Opioids and Benzodiazepines*	PQA		✓	14.44%	13.25%
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: 30-Day Follow-Up (Total)	NCQA	✓	✓	20.66%	25.21%
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: 7-Day Follow-Up (Total)	NCQA	✓	✓	12.85%	17.70%
FUH	Follow-Up After Hospitalization for Mental Illness: 30-Day Follow-Up	NCQA	✓	✓	54.90%	60.47%
FUH	Follow-Up After Hospitalization for Mental Illness: 7-Day Follow-Up	NCQA	✓	✓	35.36%	40.01%
FUM	Follow-Up After Emergency Department Visit for Mental Illness: 30-Day Follow-Up (Total)	NCQA	✓	✓	50.57%	48.22%
FUM	Follow-Up After Emergency Department Visit for Mental Illness: 7-Day Follow-Up (Total)	NCQA	✓	✓	33.28%	32.13%
FUP	Follow-up With Assigned PCP Following Hospitalization for Mental Illness	MQD	✓	✓	37.50%	—
HPCMI-AD	Diabetes Care for People with SMI: HbA1c Poor Control (>9.0%)*	NCQA	✓	✓	NT	50.20%

Goal 2—Integrate behavioral health with physical health across the continuum of care						
Objective 5—Promote behavioral health integration and build behavioral health capacity Objective 6—Support specialized behavioral health services for serious intellectual/developmental disorders, mental illness, and substance use disorders (SUD)						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			5	**6**		
IET	Initiation and Engagement of AOD Abuse or Dependence Treatment: Initiation of AOD Treatment (Total)	NCQA	✓	✓	36.30%	37.08%
IET	Initiation and Engagement of AOD Abuse or Dependence Treatment: Engagement of AOD Treatment (Total)	NCQA	✓	✓	12.04%	11.09%
MPTA	Mental Health Utilization—Total Medicaid—telehealth/access: Mental Health Utilization—Total Medicaid (Any service)	NCQA	✓	✓	10.68%	9.74%
OHD-AD	Use of Opioids at High Dosage in Persons Without Cancer*	PQA	✓	✓	11.09%	10.62%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Total (Rate 1)	CMS		✓	48.78%	50.42%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Buprenorphine (Rate 2)	CMS		✓	29.32%	31.21%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Oral Naltrexone (Rate 3)	CMS		✓	1.43%	0.98%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Long-Acting, Injectable Naltrexone (Rate 4)	CMS		✓	0.11%	0.26%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Methadone (Rate 5)	CMS		✓	20.07%	20.20%
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NCQA	✓	✓	69.30%	69.29%
SBIRT	SBIRT Training	MQD	✓		NT	—
NA	SBIRT Screening: SBIRT screenings provided to a % of Medicaid beneficiaries over age 15 years	MQD	✓		5.67%	—
SSD	Diabetes Screening for People w/ Schizophrenia or Bipolar Dx using Antipsychotics	NCQA		✓	75.34%	68.78%

Goal 3—Improve outcomes for high-need, high-cost individuals								
Objective 7—Provide appropriate care coordination for populations with special health care needs Objective 8—Provide team-based care for beneficiaries with high-needs high-cost conditions Objective 9—Advance care at the end of life Objective 10—Provide supportive housing to homeless beneficiaries with complex health needs								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			7	**8**	**9**	**10**		
ACP	Advance Care Planning	NCQA			✓		NT	1.96%
ADD	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	NCQA	✓	✓			66.22%	46.15%
ADD	Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	NCQA	✓	✓			53.62%	61.62%
AMM	Antidepressant Medication Management: Effective Acute Phase Treatment	NCQA		✓			54.38%	60.33%
AMM	Antidepressant Medication Management: Effective Continuation Phase Treatment	NCQA		✓			37.93%	43.67%
AMR	Asthma Medication Ratio	NCQA	✓				52.22%	62.46%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing	NCQA	✓				40.00%	41.10%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing	NCQA	✓				17.62%	22.65%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing	NCQA	✓				20.67%	21.68%
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	✓				63.67%	61.54%
BHA	Behavioral Health Assessment: Behavioral Health Assessment completion within 30 days of enrollment	MQD	✓				47.59%	61.90%
CDC	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	NCQA	✓	✓			67.95%	60.34%
CDC	Comprehensive Diabetes Care: HbA1c Control (<8%)	NCQA	✓	✓			50.76%	50.92%
CDC	Comprehensive Diabetes Care: HbA1c Poor Control (>9%)*	NCQA	✓	✓			37.60%	37.10%
CDC	Comprehensive Diabetes Care: HbA1c Testing	NCQA	✓	✓			90.85%	87.29%
CDC	Comprehensive Diabetes Care: BP Control (<140/90 mm Hg)	NCQA	✓	✓			60.56%	58.48%
COB-AD	Concurrent Use of Opioids and Benzodiazepines*	PQA	✓	✓			14.44%	13.25%

Goal 3—Improve outcomes for high-need, high-cost individuals								
Objective 7—Provide appropriate care coordination for populations with special health care needs Objective 8—Provide team-based care for beneficiaries with high-needs high-cost conditions Objective 9—Advance care at the end of life Objective 10—Provide supportive housing to homeless beneficiaries with complex health needs								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			7	**8**	**9**	**10**		
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: 30-Day Follow-Up (Total)	NCQA	✓	✓			20.66%	25.21%
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: 7-Day Follow-Up (Total)	NCQA	✓	✓			12.85%	17.70%
FUH	Follow-Up After Hospitalization for Mental Illness: 30-Day Follow-Up	NCQA	✓	✓			54.90%	60.47%
FUH	Follow-Up After Hospitalization for Mental Illness: 7-Day Follow-Up	NCQA	✓	✓			35.36%	40.01%
FUM	Follow-Up After Emergency Department Visit for Mental Illness: 30-Day Follow-Up (Total)	NCQA	✓	✓			50.57%	48.22%
FUM	Follow-Up After Emergency Department Visit for Mental Illness: 7-Day Follow-Up (Total)	NCQA	✓	✓			33.28%	32.13%
FUP	Follow-up With Assigned PCP Following Hospitalization for Mental Illness	MQD	✓	✓			37.50%	—
HPCMI-AD	Diabetes Care for People with SMI: HbA1c Poor Control (>9.0%)*	NCQA	✓	✓			NT	50.20%
IET	Initiation and Engagement of AOD Abuse or Dependence Treatment: Initiation of AOD Treatment (Total)	NCQA	✓	✓			36.30%	37.08%
IET	Initiation and Engagement of AOD Abuse or Dependence Treatment: Engagement of AOD Treatment (Total)	NCQA	✓	✓			12.04%	11.09%
LTSS-CCP	LTSS Comprehensive Care Plan and Update: Assessment of Core Elements	CMS	✓				NT	9.92%
LTSS-CCP	LTSS Comprehensive Care Plan and Update: Assessment of Supplemental Elements	CMS	✓				NT	9.92%
LTSS-PCP	LTSS Shared Care Plan with Primary Care Practitioner: LTSS Shared Care Plan with Primary Care Practitioner	CMS	✓	✓			NT	18.40%
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment after Inpatient Discharge	CMS	✓				NT	10.63%

Goal 3—Improve outcomes for high-need, high-cost individuals								
Objective 7—Provide appropriate care coordination for populations with special health care needs Objective 8—Provide team-based care for beneficiaries with high-needs high-cost conditions Objective 9—Advance care at the end of life Objective 10—Provide supportive housing to homeless beneficiaries with complex health needs								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			7	**8**	**9**	**10**		
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment and Care Plan after Inpatient Discharge	CMS	✓				NT	1.31%
PQI01-AD	PQI 01: Diabetes Short-Term Complications Admission Rate*	AHRQ	✓	✓			15.23	8.43
PQI05-AD	PQI 05: COPD or Asthma in Older Adults Admission Rate*	AHRQ	✓	✓			49.04	18.87
PQI08-AD	PQI 08: Heart Failure Admission Rate*	AHRQ	✓	✓			59.19	45.65
PQI15-AD	PQI 15: Asthma in Younger Adults Admission Rate*	AHRQ	✓	✓			2.54	2.58
PQI-92	PQI 92: Chronic Conditions Composite*	AHRQ	✓	✓			136.43	88.41
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NCQA	✓	✓			69.30%	69.29%
SSD	Diabetes Screening for People w/ Schizophrenia or Bipolar Dx using Antipsychotics	NCQA	✓	✓			75.34%	68.78%
CAHPS 5.0H	Composite Measure: How Well Doctors Communicate (Adults)	NCQA	✓	✓			97.14%	90.60%
CAHPS 5.0H	Composite Measure: How Well Doctors Communicate (CHIP)	NCQA	✓	✓			98.67%	94.40%
CAHPS 5.0H	Composite Measure: Shared Decision Making: Composite Measure: Shared Decision Making (Adults)	NCQA	✓	✓			86.42%	—
CAHPS 5.0H	Composite Measure: Shared Decision Making (CHIP)	NCQA	✓	✓			78.18%	—
CAHPS 5.0H	Individual Measures: Coordination of Care (Adults)	NCQA	✓	✓			87.36%	81.70%
CAHPS 5.0H	Individual Measures: Coordination of Care (CHIP)	NCQA	✓	✓			93.94%	92.60%

Goal 3—Improve outcomes for high-need, high-cost individuals								
Objective 7—Provide appropriate care coordination for populations with special health care needs Objective 8—Provide team-based care for beneficiaries with high-needs high-cost conditions Objective 9—Advance care at the end of life Objective 10—Provide supportive housing to homeless beneficiaries with complex health needs								
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**				**RY2022 Target**	**RY2022 Result**
			7	**8**	**9**	**10**		
CAHPS Hospice	Rating of Hospice: % family caregivers rating the hospice agency a 9 or 10 on a scale of 0 (worst) to 10 (best)	CMS			✓		81.20%	83.00%
NA	Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission	CMS			✓		96.60%	88.10%
NA	Hospice Visits when Death is Imminent: % patients receiving at least one visit from a provider in the last 3 days of life	CMS			✓		85.50%	84.60%

Goal 4—Support community initiatives to improve population health					
Objective 11—Assess and address social determinants of health needs					
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**	**RY2022 Target**	**RY2022 Result**
			11		
LTSS-CA	LTSS Comprehensive Assessment and Update: Assessment of Core Elements	CMS	✓	NT	18.73%
LTSS-CA	LTSS Comprehensive Assessment and Update: Assessment of Supplemental Elements	CMS	✓	NT	17.19%
LTSS-CCP	LTSS Comprehensive Care Plan and Update: Assessment of Core Elements	CMS	✓	NT	9.92%
LTSS-CCP	LTSS Comprehensive Care Plan and Update: Assessment of Supplemental Elements	CMS	✓	NT	9.92%
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment after Inpatient Discharge	CMS	✓	NT	10.63%
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment and Care Plan after Inpatient Discharge	CMS	✓	NT	1.31%
NA	Social Determinants of Health Collaborative: Design and implement a program to track the social determinants associated with patients	MQD	✓	Progress along continuum	Met

Goal 5—Enhance care in LTSS settings						
Objective 12—Enhance community integration/reintegration of LTSS beneficiaries Objective 13—Enhance nursing facility and Home and Community Based Services (HCBS); prevent or delay progression to nursing facility level of care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			12	**13**		
LTSS-AIF	LTSS Admission to an Institution from the Community: Short Term Stay	CMS	✓	✓	NT	34.78
LTSS-AIF	LTSS Admission to an Institution from the Community: Medium-Term Stay	CMS	✓	✓	NT	7.27
LTSS-AIF	LTSS Admission to an Institution from the Community: Long-Term Stay	CMS		✓	NT	3.85
LTSS-CA	LTSS Comprehensive Assessment and Update: Assessment of Core Elements	CMS	✓	✓	NT	18.73%
LTSS-CA	LTSS Comprehensive Assessment and Update: Assessment of Supplemental Elements	CMS	✓	✓	NT	17.19%
LTSS-CCP	LTSS Comprehensive Care Plan and Update: Assessment of Core Elements	CMS	✓	✓	NT	9.92%
LTSS-CCP	LTSS Comprehensive Care Plan and Update: Assessment of Supplemental Elements	CMS	✓	✓	NT	9.92%
LTSS-ILOS	LTSS Minimizing Institutional Length of Stay: Observed Rate	CMS	✓	✓	14.15%	17.02%
LTSS-ILOS	LTSS Minimizing Institutional Length of Stay: Risk-adjusted Ratio	CMS	✓	✓	0.4329	0.5379
LTSS-PCP	LTSS Shared Care Plan with Primary Care Practitioner: LTSS Shared Care Plan with Primary Care Practitioner	CMS	✓	✓	NT	18.40%
LTSS-TRAN	LTSS Successful Transition After Long-Term Institutional Stay: Observed Rate	CMS	✓	✓	80.77%	68.48%
LTSS-TRAN	LTSS Successful Transition After Long-Term Institutional Stay: Risk-adjusted Ratio	CMS	✓	✓	0.8678	1.0528
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment after Inpatient Discharge	CMS	✓	✓	NT	10.63%

Goal 5—Enhance care in LTSS settings						
Objective 12—Enhance community integration/reintegration of LTSS beneficiaries Objective 13—Enhance nursing facility and Home and Community Based Services (HCBS); prevent or delay progression to nursing facility level of care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			12	**13**		
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment and Care Plan after Inpatient Discharge	CMS	✓	✓	NT	1.31%
N024.01	Long Stay Urinary Tract Infections: Percentage of long-stay residents with a urinary tract infection*	CMS		✓	2.15%	2.59%
N031.02	Long Stay Antipsychotic Medications: Percent of Residents Who Received an Antipsychotic Medication (Long-Stay)*	CMS		✓	6.95%	9.71%
N015.01	Long Stay Pressure Ulcers: Percent of High-Risk Residents with Pressure Ulcers (Long Stay)*	CMS		✓	4.94%	4.99%
NA	PointRight Pro 30—Rehospitalizations: Risk adjusted rehospitalization rate*	AHCA		✓	8.84%	10.42%
NA	PointRight Pro Long Stay—Hospitalizations: Risk-adjusted rate of hospitalization of long-stay patients*	AHCA		✓	7.86%	8.01%
NA	BONUS: AHCA/NCAL National Quality Award: Number of facilities with an AHCA/NCAL Gold award for excellence in quality	AHCA		✓	NT	0

Goal 6—Maintain access to appropriate care						
Objective 14—Maintain or enhance access to care Objective 15—Increase coordination of care and decrease inappropriate care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			14	**15**		
AAP	Adults' Access to Preventive/Ambulatory Health Services: Total	NCQA	✓		76.74%	71.46%
ACP	Advance Care Planning	NCQA	✓	✓	NT	1.96%
AMB	Ambulatory Care: Emergency Department (ED) Visits (per 1,000 member months)*	NCQA	✓	✓	42.42	30.93
AMB	Ambulatory Care: Outpatient Visits Including Telehealth (per 1,000 member months)	NCQA	✓	✓	356.80	330.07
AMR	Asthma Medication Ratio	NCQA		✓	52.22%	62.46%

Goal 6—Maintain access to appropriate care						
Objective 14—Maintain or enhance access to care Objective 15—Increase coordination of care and decrease inappropriate care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			14	**15**		
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing	NCQA		✓	40.00%	41.10%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing	NCQA		✓	17.62%	22.65%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing	NCQA		✓	20.67%	21.68%
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA		✓	63.67%	61.54%
BHA	Behavioral Health Assessment: Behavioral Health Assessment completion within 30 days of enrollment	MQD		✓	47.59%	61.90%
CDC	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	NCQA		✓	67.95%	60.34%
CDC	Comprehensive Diabetes Care: HbA1c Control (<8%)	NCQA		✓	50.76%	50.92%
CDC	Comprehensive Diabetes Care6: HbA1c Poor Control (>9%)	NCQA		✓	37.60%	37.10%
CDC	Comprehensive Diabetes Care: HbA1c Testing	NCQA		✓	90.85%	87.29%
CDC	Comprehensive Diabetes Care: BP Control (<140/90 mm Hg)	NCQA		✓	60.56%	58.48%
COB-AD	Concurrent Use of Opioids and Benzodiazepines*	PQA		✓	14.44%	13.25%
ENPA	Enrollment by Product Line—Total Medicaid: Enrollment by Product Line—Total Medicaid member-months	NCQA	✓		NT	4,834,917
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: 30-Day Follow-Up (Total)	NCQA		✓	20.66%	25.21%
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: 7-Day Follow-Up (Total)	NCQA		✓	12.85%	17.70%
FUH	Follow-Up After Hospitalization for Mental Illness: 30-Day Follow-Up	NCQA		✓	54.90%	60.47%
FUH	Follow-Up After Hospitalization for Mental Illness: 7-Day Follow-Up	NCQA		✓	35.36%	40.01%
FUM	Follow-Up After Emergency Department Visit for Mental Illness: 30-Day Follow-Up (Total)	NCQA		✓	50.57%	48.22%

Goal 6—Maintain access to appropriate care						
Objective 14—Maintain or enhance access to care Objective 15—Increase coordination of care and decrease inappropriate care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			14	**15**		
FUM	Follow-Up After Emergency Department Visit for Mental Illness: 7-Day Follow-Up (Total)	NCQA		✓	33.28%	32.13%
FUP	Follow-Up With Assigned PCP Following Hospitalization for Mental Illness	MQD		✓	37.50%	—
HPC	Hospitalization for Potentially Preventable Complications	NCQA	✓	✓	NT	—
HPCMI-AD	Diabetes Care for People with SMI: HbA1c Poor Control (>9.0%)*	NCQA		✓	NT	50.20%
IET	Initiation and Engagement of AOD Abuse or Dependence Treatment: Initiation of AOD Treatment (Total)	NCQA		✓	36.30%	37.08%
IET	Initiation and Engagement of AOD Abuse or Dependence Treatment: Engagement of AOD Treatment (Total)	NCQA		✓	12.04%	11.09%
IPU	Inpatient Utilization—General Hospital/Acute Care: Inpatient Utilization—General Hospital/Acute Care (Total, Days per 1000 member months)*	NCQA	✓		35.17	32.56
LTSS-PCP	LTSS Shared Care Plan with Primary Care Practitioner	CMS		✓	NT	18.40%
LTSS-TRAN	LTSS Successful Transition After Long-Term Institutional Stay: Observed Rate	CMS		✓	80.77%	68.48%
LTSS-TRAN	LTSS Successful Transition After Long-Term Institutional Stay: Risk-adjusted Ratio	CMS		✓	0.8678	1.0528
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment after Inpatient Discharge	CMS		✓	NT	10.63%
LTSS-UAD	LTSS Re-Assessment/Care Plan Update After Inpatient Discharge: Reassessment and Care Plan after Inpatient Discharge	CMS		✓	NT	1.31%
MPTA	Mental Health Utilization—Total Medicaid—telehealth/access: Mental Health Utilization—Total Medicaid (Any service)	NCQA		✓	10.68%	9.74%
OHD-AD	Use of Opioids at High Dosage in Persons Without Cancer*	PQA		✓	11.09%	10.62%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Total (Rate 1)	CMS		✓	48.78%	50.42%

Goal 6—Maintain access to appropriate care						
Objective 14—Maintain or enhance access to care Objective 15—Increase coordination of care and decrease inappropriate care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			14	**15**		
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Buprenorphine (Rate 2)	CMS		✓	29.32%	31.21%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Oral Naltrexone (Rate 3)	CMS		✓	1.43%	0.98%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Long-Acting, Injectable Naltrexone (Rate 4)	CMS		✓	0.11%	0.26%
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder: Methadone (Rate 5)	CMS		✓	20.07%	20.20%
PCR	Plan All-Cause Readmissions: Index Total Stays—Observed/Expected Ratio—Total*	NCQA		✓	0.6923	0.8624
PQI01-AD	PQI 01: Diabetes Short-Term Complications Admission Rate*	AHRQ		✓	15.23	8.43
PQI05-AD	PQI 05: COPD or Asthma in Older Adults Admission Rate*	AHRQ		✓	49.04	18.87
PQI08-AD	PQI 08: Heart Failure Admission Rate*	AHRQ		✓	59.19	45.65
PQI15-AD	PQI 15: Asthma in Younger Adults Admission Rate*	AHRQ		✓	2.54	2.58
THP	Telehealth Plan	MQD	✓		Progress along continuum	Met
N024.01	Long Stay Urinary Tract Infections: Percentage of long-stay residents with a urinary tract infection*	CMS		✓	2.15%	2.59%
N031.02	Long Stay Antipsychotic Medications: Percent of Residents Who Received an Antipsychotic Medication (Long-Stay)*	CMS		✓	6.95%	9.71%
N015.01	Long Stay Pressure Ulcers: Percent of High-Risk Residents with Pressure Ulcers (Long Stay)*	CMS		✓	4.94%	4.99%
NA	PointRight Pro 30—Rehospitalizations: Risk adjusted rehospitalization rate*	AHCA		✓	8.84%	10.42%
NA	PointRight Pro Long Stay—Hospitalizations: Risk-adjusted rate of hospitalization of long-stay patients*	AHCA		✓	7.86%	8.01%

Goal 6—Maintain access to appropriate care						
Objective 14—Maintain or enhance access to care Objective 15—Increase coordination of care and decrease inappropriate care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			14	**15**		
NA	30 Day All Cause Readmissions: Index Total Stays—Observed/Expected Ratio—Total*	NCQA		✓	1.0243	—
NA	Preventable ER Visits (NYU Algorithm): Total Visits—Number Preventable*	NYU		✓	46.02%	—
NA	Reducing ED Visits for Patients with 4 or more visits: ED treat and release visits for patients with 4+ visits to the same facility in a calendar year*	HAH		✓	15.00%	21.07%
OP-18	Time from ED Admit to Discharge: Average time patients spent in the emergency department before being sent home (Target and Rate are represented as # of minutes)*	CMS	✓	✓	68.31	78.00
CAHPS 5.0H	Composite Measure: Getting Needed Care: (CHIP)	NCQA	✓	✓	78.28%	80.80%
CAHPS 5.0H	Composite Measure: Getting Needed Care (Adults)	NCQA	✓	✓	86.74%	79.20%
CAHPS 5.0H	Composite Measure: Getting Care Quickly (CHIP)	NCQA	✓	✓	87.86%	83.10%
CAHPS 5.0H	Composite Measure: Getting Care Quickly (Adults)	NCQA	✓	✓	85.07%	75.80%
CAHPS 5.0H	Composite Measure: How Well Doctors Communicate (Adults)	NCQA		✓	97.14%	90.60%
CAHPS 5.0H	Composite Measure: How Well Doctors Communicate (CHIP)	NCQA		✓	98.67%	94.40%
CAHPS 5.0H	Composite Measure: Customer Service (Adults)	NCQA	✓		92.87%	84.70%
CAHPS 5.0H	Composite Measure: Shared Decision Making (Adults)	NCQA		✓	86.42%	—
CAHPS 5.0H	Composite Measure: Shared Decision Making (CHIP)	NCQA		✓	78.18%	—
CAHPS 5.0H	Individual Measures: Coordination of Care (Adults)	NCQA		✓	87.36%	81.70%

Goal 6—Maintain access to appropriate care						
Objective 14—Maintain or enhance access to care Objective 15—Increase coordination of care and decrease inappropriate care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			14	**15**		
CAHPS 5.0H	Individual Measures: Coordination of Care (CHIP)	NCQA		✓	93.94%	92.60%
CAHPS 5.0H	Individual Measures: Health Promotion and Education (Adults)	NCQA	✓		80.50%	—
CAHPS 5.0H	Individual Measures: Health Promotion and Education (CHIP)	NCQA	✓		77.56%	—
CAHPS 5.0H	Composite Measure: Rating of Health Plan (Adults)	NCQA	✓		65.62%	61.60%
CAHPS 5.0H	Composite Measure: Rating of All Health Care (Adults)	NCQA	✓		58.76%	58.40%
CAHPS 5.0H	Composite Measure: Rating of Health Plan (CHIP)	NCQA	✓		73.54%	72.30%
CAHPS 5.0H	Composite Measure: Rating of All Health Care (CHIP)	NCQA	✓		68.39%	68.90%
EPSDT	Screening Ratio: Observed: Expected ratio of number of screenings	CMS	✓		1.00	0.72
EPSDT	Participant Ratio: Observed: Expected ratio of eligibles receiving at least one initial or periodic screen	CMS	✓		88.74%	56.00%

Goal 7—Align payment structures to improve health outcomes						
Objective 16—Align payment structures to support work on social determinants of health Objective 17—Align payment structures to enhance quality and value of care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			16	**17**		
AMB	Ambulatory Care: Outpatient Visits Including Telehealth (per 1,000 member months)	NCQA		✓	356.80	330.07
AWC	Adolescent Well-Care Visits	NCQA		✓	52.11%	—
CCS	Cervical Cancer Screening	NCQA		✓	61.36%	55.81%
CDC	Comprehensive Diabetes Care: HbA1c Control (<8%)	NCQA		✓	50.76%	50.92%

Goal 7—Align payment structures to improve health outcomes						
Objective 16—Align payment structures to support work on social determinants of health Objective 17—Align payment structures to enhance quality and value of care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			16	**17**		
CDC	Comprehensive Diabetes Care: HbA1c Testing	NCQA		✓	90.85%	87.29%
CIS	Childhood Immunization Status: Combination 3	NCQA		✓	70.65%	55.91%
FUH	Follow-Up After Hospitalization for Mental Illness: 7-Day Follow-Up	NCQA		✓	35.36%	40.01%
PCR	Plan All-Cause Readmissions: Index Total Stays—Observed/Expected Ratio—Total*	NCQA		✓	0.6923	0.8624
PPC	Prenatal and Postpartum Care: Timeliness of Prenatal Care	NCQA		✓	81.56%	83.78%
PPC	Prenatal and Postpartum Care: Postpartum Care	NCQA		✓	59.12%	77.56%
SBIRT	SBIRT Training	MQD		✓	NT	—
THP	Telehealth Plan	MQD		✓	Progress along continuum	Met
W15	Well-Child Visits in the First 15 Months of Life: 6 or More Visits	NCQA		✓	74.13%	—
W30	Well-Child Visits in the First 30 Months of Life: 15 Months	NCQA		✓	64.42%	63.73%
W34	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NCQA		✓	72.89%	—
N024.01	Long Stay Urinary Tract Infections: Percentage of long-stay residents with a urinary tract infection*	CMS		✓	2.15%	2.59%
N031.02	Long Stay Antipsychotic Medications: Percent of Residents Who Received an Antipsychotic Medication (Long-Stay)*	CMS		✓	6.95%	9.71%
N015.01	Long Stay Pressure Ulcers: Percent of High-Risk Residents with Pressure Ulcers (Long Stay)*	CMS		✓	4.94%	4.99%
NA	PointRight Pro 30—Rehospitalizations: Risk adjusted rehospitalization rate*	AHCA		✓	8.84%	10.42%
NA	PointRight Pro Long Stay—Hospitalizations: Risk-adjusted rate of hospitalization of long-stay patients*	AHCA		✓	7.86%	8.01%
NA	BONUS: AHCA/NCAL National Quality Award: Number of facilities with an AHCA/NCAL Gold award for excellence in quality	AHCA		✓	NT	0
NA	SBIRT Screening: SBIRT screenings provided to a % of Medicaid beneficiaries over age 15 years	MQD		✓	5.67%	—

Goal 7—Align payment structures to improve health outcomes						
Objective 16—Align payment structures to support work on social determinants of health Objective 17—Align payment structures to enhance quality and value of care						
PM Code	**Performance Measure Name**	**Measure Steward**	**Objective**		**RY2022 Target**	**RY2022 Result**
			16	**17**		
NA	Social Determinants of Health Collaborative: Design and implement a program to track the social determinants associated with patients	MQD	✓	✓	Progress along continuum	Met
NA	Perinatal Collaborative: Design and implement a program to improve the quality of care for mothers and babies	MQD		✓	Progress along continuum	Met
NA	30-Day All Cause Readmissions: Index Total Stays—Observed/Expected Ratio—Total*	NCQA		✓	1.0243	—
NA	Preventable ER Visits (NYU Algorithm): Total Visits—Number Preventable*	NYU		✓	46.02%	—
NA	Reducing ED Visits for Patients with 4 or more visits: ED treat and release visits for patients with 4+ visits to the same facility in a calendar year*	HAH		✓	15.00%	21.07%
OP-18	Time from ED Admit to Discharge: Average time patients spent in the emergency department before being sent home (Target and Rate are represented as # of minutes)*	CMS		✓	68.31	78.00
CAHPS 5.0H	Composite Measure: Getting Needed Care (CHIP)	NCQA		✓	78.28%	80.80%
CAHPS 5.0H	Composite Measure: Getting Needed Care (Adults)	NCQA		✓	86.74%	79.20%
EPSDT	Participant Ratio: Observed: Expected ratio of eligibles receiving at least one initial or periodic screen	CMS		✓	88.74%	56.00%

* A lower rate indicates better performance for this measure.

▼ Indicates the measure was only reported by CCS.

Dash (—) indicates that the measure was not required to be reported, the measure was not available during the measurement year, or the measure was retired.

NA (not applicable) indicates that a data element was not applicable to the measure (i.e., no NQF number available, no PM code).

NT (no target) indicates that a target is not established/available.

Indicates that the RY 2022 performance measure rate was at or above the RY 2022 target.