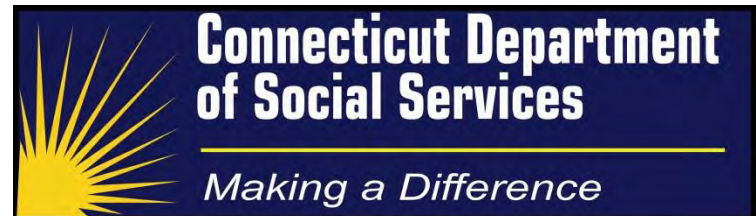


Medical Assistance Program Oversight Council

Health Quality Measures and Performance Results

February 10, 2017



Agenda

- Overview: Health Quality Measures
 - Why we measure
 - The value of measuring healthcare quality
 - How the measures are used
 - Behavioral Health, Medical and Oral Health
- Summary of findings Calendar Years 2013-2015
 - Connecticut statewide results compared to National Medicaid Averages
- Review of findings
 - Measures at or above the 90th percentile
 - Measures at or below the 25th percentile
 - Measures at or below the national/regional average
 - Notable trends in measures from year to year
- Initiatives for 2017

Reported Data Measures

- **CT Behavioral Health Partnership**
 - **Pages 47 to 48**
- **CT CHN Medical Services**
 - **Pages 50 to 57**
- **CT Dental Health Partnership**
 - **Page 59 to 70**

Value of Reporting Health Quality Measures

- Provides a comprehensive view of member access, preventative care and effectiveness of care for the entire HUSKY Health membership from validated data sources.

Examples include:

- ❑ Well Child Visits in the First 15 Months of Life
- ❑ Breast and Cervical Cancer Screenings
- ❑ Childhood and Adolescent Immunizations
- ❑ Asthma/Diabetes
- ❑ Readmissions within 30 days & Post Admission Follow-Up
- ❑ Oral Health Measure(s)

Value of Reporting Health Quality Measures

- Improving the results of health measures means improving clinical outcomes and better health for our members.
- Sharing the results of these measures with our providers fosters collaboration to achieve the highest standards of care.
- HEDIS measures allow comparison of the Connecticut program to national Medicaid performance and past performance.

Types of Health Quality Measures

- Healthcare Effectiveness Data and Information Set (HEDIS)
- Connecticut Medical Assistance Program (CMAP) specific measures (DSS Custom Measures)
- CMS endorsed measures
 - ❑ Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
 - ❑ Children's Health Insurance Program Reauthorization Act (CHIPRA): Child Core Set
 - ❑ Adult Core Set Measures
 - ❑ Select Agency for Healthcare Research and Quality (AHRQ) Indicators and Prevention Quality Indicators (PQI)
 - ❑ *New CMS Opioid High Utilizer measure*



HEDIS®

- ❑ The National Committee for Quality Assurance (NCQA) annually publishes HEDIS® benchmarks to measure program performance
- ❑ Measures are calculated with administrative data (claims only) or by a hybrid methodology using both claims and medical records
- ❑ Examples of administrative HEDIS® measures are:
 - Asthma Medication Ratio
 - Breast Cancer Screening
 - Medication Management for People With Asthma
- ❑ Examples of hybrid HEDIS® measures are:
 - Adult BMI Assessment
 - Cervical Cancer Screening

Program Use of Health Quality Measures

- HUSKY Health (State of CT and the ASOs) uses health measures to:
 - ❑ Assess member health outcomes by:
 - Breaking down some measures by program (HUSKY A/B, HUSKY C & HUSKY D)
 - Member demographics (age, sex, race, geography)
 - Provider practice setting (PCMH Non-FQHC, Glide Path Non-FQHC, FQHC and Practice with no PCMH Recognition Status and Members Not Attributed to a Practice.)
 - Levels of behavioral health care: outpatient visits, inpatient, Emergency Department
 - Utilization of services
 - ❑ Identify and define opportunities to improve quality of care delivery
 - ❑ Evaluate and constantly improve the HUSKY Health program

Connecticut Medical Assistance Program (CMAP) DSS Specific Measures

- These measures have been developed and carried forward over the years to assess health conditions of special interest to the Department and MAPOC
- Derived from claims data only
 - DSS Custom measure examples:
 - Post Admission Follow-up Within Seven Days of an Inpatient Discharge (Physical Health and Behavioral Health)
 - Psychiatric Medication Management Medical Management of the Psychiatric Population
 - Inpatient Discharge Delay Days (youth)
 - Emergency Department Utilization per thousand Members
 - Application of Fluoride Varnish by PCPs and Dental Providers, Caries Risk Assessment

ASO Use of Health Quality Measures

- In 2013, the medical ASO produced the first statewide Annual Provider Profiling Report based on services rendered during 2012
- The behavioral health ASO has been producing utilization and readmission data since its inception but began in 2012 to 2014 to use more HEDIS measures.
- In 2016, the medical ASO produced a report that illustrates CY 2013 – 2015 results from HEDIS, CMS and the DSS custom measures were used to produce these distinct reports:
 - ❑ Individual measure reports which include statewide, practice setting, statistical descriptive summary and key findings
 - ❑ CT Statewide profile

Provider Use of Health Quality Measures (cont.)

- Providers can use health quality measures to:
 - ❑ Compare their performance with their CT and national peers (if applicable)
 - ❑ Manage populations of patients
 - ❑ Identify gaps in care to improve health outcomes by monitoring at risk members

Behavioral Health Care



Behavioral Health ASO History

- Beacon has been utilizing and reporting on utilization and quality measures since the inception of the CTBHP
- More recently, CTBHP is developing Healthcare Effectiveness Data and Information System (HEDIS)* measures and other Connecticut specific measures based on HEDIS and other methodologies.
- This year, CTBHP will be delivering the first iteration of a Behavioral Health Dashboard
- HEDIS data reported here is from the CHN-DST data set except for FUH due to CTBHP enhancement of the data set

*Beacon is not a Certified HEDIS vendor but utilizes HEDIS methodology

Behavioral Health Dashboard Components

- **Utilization Data** – Average Length of Stay, Admissions per Thousand, Membership, Demographics, etc.
- **Quality Measures** – HEDIS and non-HEDIS quality measures such as rates of readmission, Follow-up after Hospitalization, Discharge Delay Days, Medication Adherence, etc.
- **Cost Data** – Annual cost figures per member per month in total and by level of care

Behavioral Health Data Limitations

- HEDIS has developed far fewer Behavioral Health Measures compared to medical (14 BH vs. 64 Medical)
- A relative lack of BH measures has resulted in the need for more custom measures that lack reliable National or Regional Comparison Data
- Behavioral Health diagnoses are less reliable than medical diagnoses limiting interpretability of diagnosis based measures (NIMH and CTBHP experience)
- “Outcome” of behavioral health intervention has been harder to define and few providers use standard outcome measures
- Beacon computes the Follow-up After Hospitalization for Mental Illness (FUH) using HEDIS methodology incorporating DMHAS encounter data.

Behavioral Health Data Enhancements

- Breakout of all reports by Youth (0-17) and Adults (18+)
- Incorporation of DMHAS encounter data to supplement Medicaid Claims Data
- Incorporation of a portion of DCF service provision data
- Incorporation of DCF Identifiers to more carefully study this vulnerable population

HEDIS & CMS Behavioral Health Measures

- Please refer to Appendix A attached to at the end of the this slide presentation.

Behavioral Health Key Findings

Positive Trends or above average performance

- Follow-up After Hospitalization for Mental Illness is above the national average
- Adherence to Anti-psychotic Medication in Individuals with Schizophrenia is above the National and Regional Averages (New England)
- Initiation of Alcohol and other Drug Dependence Treatment has been above the National average for the total rate in 2014 and 2015
- Engagement of Alcohol and other Drug Dependence Treatment has been above both the National and Regional average for the total rate in 2014 and 2015

Behavioral Health Key Findings (cont.)

- **Positive Trends or above average performance**
- Youth Acute Inpatient Psychiatric ALOS decreased 11.0% from CY 2012 to CY 2015 resulting in increased access to acute inpatient psychiatric beds for children in need
- The rate of youth acute inpatient discharge delay days has dropped 27% from CY 2012 to CY 2015 (10.5% to 7.7%), improving access to service and timelier discharge for members
- The per thousand rates of Adult BH ED utilizers declined 9.0% and Adult BH ED visits declined 8% between 2012 and 2014 (there were no notable trends in the child rates of these measures)

Behavioral Health Key Findings

Where we require the most improvement- measures at or below average or trending down:

- The Adult Inpatient Hospital 30-day readmission rate has trended up from 15% in CY 2012 to 17.5% in CY 2015
- The Adult Inpatient Hospital 7-day Readmission Rate has also been trending up from 4.6% in 2012 to 5.8% in 2015
- While CT is above the National average for HEDIS Follow-up After Hospitalization for Mental Illness, CT is below the Regional averages. Additionally, there is considerable variation in performance among the CT hospitals for both the 7 and 30 day rates

Behavioral Health Key Findings

Where we require the most improvement- measures at or below average or trending down:

- The Use of Concurrent Antipsychotics in Children and Adolescents – (1-17) trended up from 2014 to 2015 (2.4% to 3.1%, lower scores are better) and is above both the National and Regional averages. N for the denominator is small (<150) potentially limiting interpretability but CTBHP works with DCF and other providers to reduce potential for misuse.

Behavioral Health Initiatives

- Provider Analysis and Reporting programs (PAR) for:
 - Child and Adolescent Inpatient Hospital
 - Adult Inpatient Hospitals
 - Psychiatric Residential Treatment Facilities (PRTFs)
 - Enhanced Care Clinics (ECCs) for Youth and Adults

Behavioral Health Initiatives (cont.)

- In an effort to improve HEDIS® and other health measure rates, DSS and the behavioral health ASO continue focusing interventions and process improvements on the following areas:
 - Use of bypass and outlier management programs to improve provider performance
 - National Governors Association (NGA) Project:
 - Evaluating Intensive Care Coordination and Peer Intervention to High Cost, High Use members with a Behavioral Health Diagnosis

Behavioral Health Initiatives (cont.)

- Medication Assisted Treatment Project (MAT) designed to provide training, identification of treatment resources, and learning collaborative methodologies to enhance the availability of prescribers and programs for medication assisted treatment of substance use disorders
- Emerging Adults Project – Retrospective Review of referrals from DCF to DMHAS for individuals 15-26 and develop interventions for those members that do not successfully transition to care.
- DMHAS and the CTBHP collaborate on the Behavioral Health Home (BHH) to better address co-occurring medical and behavioral health disorders and improve care integration. The BHH serves members served by Local Mental Health Authorities (LMHAs)

QUESTIONS?



Medical Care



Community
Health Network

of Connecticut, Inc.TM

Key Findings: Areas of Excellence

Examples of Measures At or Above the 90th Percentile:

- Childhood Immunization Status (combo 10 rate) for HUSKY A/B* members is in the 95th percentile
- Cervical Cancer Screening for HUSKY A/B* members is in the 95th percentile
- Non-recommended Cervical Cancer Screening for HUSKY C* members is in the 90th percentile
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD is in the 90th percentile for HUSKY A/B* members
- Medication Management for People with Asthma (75% compliance) is in the 90th percentile for HUSKY C* members
- Asthma Medication Ratio for all program members ages 19 - 64 is in the 90th percentile
- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis is in the 95th percentile for HUSKY A/B* members

**Performance not shown by program on percentile charts*

Key Findings: Areas of Excellence (cont.)

Examples of Measures At or Above the 90th Percentile:

- Follow-up Care for Children Prescribed ADHD medication is in the 90th percentile for HUSKY A/B* members
- Adult Access to Preventive Care for HUSKY C* members of all ages is in the 95th percentile, and in the 90th percentile for HUSKY A/B* members ages 20 to 44
- Children and Adolescents Access to Primary Care Practitioners is in the 95th percentile for children ages 12 - 24 months, and in the 90th percentile for children ages 25 months to 19 years for HUSKY A/B* members
- Annual Dental Visit remains in the 95th percentile for HUSKY A/B* members
- Well Child Visits in the First 15 Months of Life is in the 95th percentile for HUSKY A/B* members
- Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life remains in the 90th percentile for HUSKY A/B* members
- Adolescent Well Care Visits remains in the 90th percentile for HUSKY A/B* members

**Performance not shown by program on percentile charts*

Key Findings: Areas of Opportunity

Examples of Measures At or Below the 25th Percentile:

- Asthma Medication Ratio for children 5-11 is in the 25th percentile for HUSKY A/B* members
- Persistence of Beta Blocker Treatment after a Heart Attack for HUSKY A/B* and D* members is the 25th and 10th percentiles respectively
- Annual Monitoring for Patients on Persistent Medications total rate is in the 5th percentile for HUSKY A/B* members
- Ambulatory Care (ED visits/1000) is in the 95th and 90th percentiles for HUSKY C* and D* members respectively (lower percentile is better for this measure)

**Performance not shown by program on percentile charts*

Key Findings: Areas of Opportunity (cont.)

Examples of Measures At or Below the 25th Percentile:

- Comprehensive Diabetes Care (CDC) HbA1c Testing Rate is in the 25th percentile for HUSKY A/B* members
- CDC HbA1c control <7 is in the 25th percentile for all programs combined but 10th for specifically HUSKY D* members
- CDC Medical Attention for Nephropathy is in the 10th and 25th percentiles for HUSKY A/B* and HUSKY C* members respectively
- CDC Blood Pressure control (<140/90) is in the 25th percentile for HUSKY C* members
- Controlling High Blood Pressure for HUSKY A/B* and D* members is in the 25th and 10th percentiles respectively
- Adult BMI Assessment for HUSKY D* members is in the 10th percentile
- Chlamydia Screening for HUSKY C* members is in the 10th percentile

Barriers to Improvement Efforts: Members

- Inaccurate member demographics
 - Example: Addresses and phone numbers
- Cultural/Religious/Health beliefs
 - Immunization issues and concerns
- Social Determinants of Health
 - ❑ Health literacy impacting:
 - Adherence to medications
 - Follow-up appointments
 - Treatment compliance
 - ❑ Housing / Food security
 - ❑ Transportation
 - ❑ Finances
 - ❑ Member social supports
- Appropriate use of services
 - ❑ Emergency room
 - ❑ Opioid use

Barriers and Successes: Provider Feedback

Access Issues:

- Practices identified as barriers:
 - ❑ lack of provider capacity within their own practice
 - ❑ transportation
 - ❑ office location
 - ❑ inadequate office support staff

- Successes
 - Offices with improved rates hired additional staff, offered extended hours, provided open access, or added locations

Provider Education:

- Many practices identified providers failing to follow evidence-based guidelines as a significant issue, and will continue to focus efforts on provider education
- Practices continue to recognize a direct correlation between improved results and provider education efforts

Barriers and Successes: Provider Feedback (cont.)

EHR and Coding Issues: Many practices recognized that inadequate documentation and inaccurate coding resulted in lower rates than what their clinical care reflected. Most practices have implemented EHRs, which were expected to improve documentation and coding, but early efforts were focused on implementation and education. Most practices are now focusing on EHR optimization to address these issues.

Lack of specificity with ICD 9 was improved with the implementation of ICD 10:

- Improved reported rates of Body Mass Index (BMI) due to code capture
- The implementation of ICD 10 codes in October 2015 allowed for more precise coding

Example: COPD or Asthma in Older Adults

- ❑ Incorrect coding during transition from ICD-9 to ICD-10 resulted in some asthmatic patients being reclassified as COPD
- ❑ The decrease in asthma events/readmissions and the increase in COPD events/readmissions may have been impacted by these changes

Initiatives - Members

In an effort to improve HEDIS® and other health measure rates, DSS and the medical ASO continue focusing on interventions and process improvements in the following areas:

- Educating members
 - ❑ Managing chronic conditions to reduce hospitalizations, re-hospitalizations and ED visits
 - ❑ Stressing the importance of well care and preventative services
- Assisting in identification of primary source of care
 - ❑ Attributing to a primary care provider
- Coordinating services across ASO's: BH, CTDHP & NEMT
- Addressing social determinants
 - ❑ Using community health workers
 - ❑ Coordinating with community organizations

Initiatives – Members (cont.)

Improving communication with members:

- Validating email addresses and using for email campaigns
- Using smart phones for automated calls and texting
- Enhancing the member website
 - ❑ Adding mobile responsiveness for use with any electronic device
 - ❑ Adding tools for condition self-management, e.g. DM
- **Engaging members with various care management programs**
 - ❑ Referrals of members with high opioid utilization to Intensive Care Management

Initiatives – Providers

- Educating providers
 - Updating on evidence based guidelines
 - Improving the availability and use of data tools and reporting
 - ❑ Developing and refining gaps in care reports
 - ❑ Developing and deploying PCP and ED toolkits for safe opioid prescribing
- Improving processes for obtaining HEDIS® data
- Practice Mergers/New Practices
 - ❑ Validating merger dates and owners of medical records
 - ❑ Access to electronic medical records
 - ❑ Validating member attribution to providers

Initiatives – Providers (cont.)

- Recruiting specialty providers to address network adequacy
- Coordinating with the CT Hospital Association, hospitals and community organizations
 - ❑ Asthma initiative
 - ❑ Reducing Readmissions

QUESTIONS?





Oral Health Care

BeneCare[®]

DENTAL PLANS

Oral Health Quality Measures

Healthcare Effectiveness Data and Information Set (HEDIS[®])

- Only one oral health measure, for children, by age cohort

Additional CTDHP Oral Health Quality Measures:

- Utilization – CMS-416 for children, similar metric for adults
- Provider Network – Access, Availability, Capacity, Capability
- Caries Risk Assessment – in development
- Fluoride Varnish application by Pediatric Primary Care Physicians (PCP's)
- Emergency Department Oral Health Utilization

Oral Health Key Findings

- Connecticut is at the top nationally in the HEDIS[®] oral health measurement (95th Percentile)
- CMS-416 Dental Data Reporting
- Additional CTDHP quality measure findings:
 - ❑ Utilization for children increased and maintained
 - ❑ Utilization for adults increased
 - ❑ Provider metrics are positive and have improved
 - ❑ Caries Risk Assessment has promise as a tool to measure results, needs work
 - ❑ Fluoride varnish applications by pediatric providers has increased significantly
 - ❑ Emergency Department utilization for oral issues had decreased



Oral Health Initiatives

Oral Health Initiatives

- Continue community & individual outreach to children & adults
- Continue targeted outreach: perinatal, ED, young children, non-utilizers, medical providers, others
- Maintain and strengthen the provider network
- Maintain robust call center
- Develop Caries Risk Assessment initiative
- Continue Fluoride Varnish applications by pediatric PCP's

Please Contact Us!

If you or your staff are contacted regarding HUSKY Health dental services, please have them contact us.



855-CT-DENTAL

Mon-Fri, 8AM-5PM

www.ctdhp.com



QUESTIONS?



Appendix A

- **CT Behavioral Health Partnership**
 - **Pages 47 to 48**









- **CT CHN Medical Services**
 - **Pages 50 to 57**

- **CT Dental Health Partnership**
 - **Page 59-70**



Behavioral Health Outcome Measures

HEDIS and CMS Medicaid Behavioral Health Measures

Measure Description and Age Range	HEDIS 2014 (CY 2013)	Compared to National Avg.	Compared to Regional Avg.	HEDIS 2015 (CY 2014)	Compared to National Avg.	Compared to Regional Avg.	HEDIS 2016 (CY 2015)	Compared to National Avg.	Compared to Regional Avg.	Trend
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (19-64)	71.2%	▲	▲	68.7%	▲	▲	67.3%	▲	▲	
AMM - Antidepressant Medication Management - Acute Rate (18+)	61.8%	▲	▲	64.0%	▲	▲	62.3%	▲	▲	
AMM - Antidepressant Medication Management - Continuation Rate (18+)	46.8%	▲	▲	48.9%	▲	▲	45.9%	▲	▲	
FUH - Follow-Up After Hospitalization for Mental Illness - 7-Day Rate (6-18+)	52.2%	▲	▼	54.5%	▲	▼	55.0%	▲	▼	
FUH - Follow-Up After Hospitalization for Mental Illness - 30-Day Rate (6-18+)	72.2%	▲	▼	75.3%	▲	▼	74.7%	▲	▼	
IET - Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation Rate (13-18+)	39.2%	▲	▼	41.1%	▲	▼	40.0%	▲	▼	
IET - Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement Rate (13-18+)	20.3%	▲	▲	21.5%	▲	▲	20.4%	▲	▲	
APC - Use of Concurrent Antipsychotics in Children and Adolescents - (1-17) (Lower is better)	N/A	--	--	2.4%	--	--	3.1%	▲	▲	
Opioid High Utilizer rates per 1,000 (CMS Measure) (17+)	N/A	--	--	N/A	--	--	81.2	--	--	--


DSS Custom Medicaid Behavioral Health Measures

Inpatient Measures

Pediatric (0-17)	CY 2012	CY 2013	CY 2014	CY 2015	Trend
Pediatric Acute Inpatient Average Length of Stay	13.1	12.7	12.2	11.7	
Pediatric Acute Inpatient 7-Day Readmission Rate	4.4%	3.9%	3.5%	3.5%	
Pediatric Acute Inpatient 30-Day Readmission Rate	14.5%	15.5%	13.1%	14.3%	
Pediatric Acute Inpatient Percent of Days Delayed	10.5%	8.4%	6.9%	7.7%	
Adult (18+)	CY 2012	CY 2013	CY 2014	CY 2015	Trend
Adult Acute Inpatient 7-Day Readmission Rate	4.6%	4.2%	4.5%	5.8%	
Adult Acute Inpatient 30-Day Readmission Rate	15.2%	14.9%	15.7%	17.5%	
Adult Acute Inpatient Average Length of Stay	8.2	8.3	8.3	8.0	

Behavioral Health ED Measures

Pediatric (0-17)	CY 2012	CY 2013	CY 2014	CY 2015	Trend
Pediatric BH ED 7-Day Readmission Rate		7.0%	8.4%		
Pediatric BH ED 30-Day Readmission Rate		16.8%	18.0%		
Pediatric BH ED 7-Day Connect-to-Care Rate		38.7%	42.2%		
Pediatric BH ED 30-Day Connect-to-Care Rate		54.3%	58.0%		
Pediatric BH ED Utilizers/1,000	22.05	21.83	21.63		
Pediatric BH ED Visits/1,000	35.1	35.64	34.75		
Adult (18+)	CY 2012	CY 2013	CY 2014	CY 2015	Trend
Adult BH ED 7-Day Readmission Rate		21.1%	21.2%		
Adult BH ED 30-Day Readmission Rate		36.2%	36.0%		
Adult BH ED 7-Day Connect-to-Care Rate		24.7%	26.1%		
Adult BH ED 30-Day Connect-to-Care Rate		40.6%	42.0%		
Adult BH ED Utilizers/1,000	98.77	97.65	89.5		
Adult BH ED Visits/1,000	204.21	202.19	187.95		



Medical/Physical Healthcare Outcome Measures

Measure Type	Measure Description	CY 2013 CT Statewide Medicaid HEDIS Rate	CY 2013 HEDIS National Medicaid Percentile	CY 2014 CT Statewide Medicaid HEDIS Rate	CY 2014 HEDIS National Medicaid Percentile	CY 2015 CT Statewide Medicaid HEDIS Rate	CY 2015 HEDIS National Medicaid Percentile
Adult BMI Assessment (ABA)							
Hybrid	ABA Rate	67.16%	10th	77.16%	25th	80.81%	33.33rd
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)							
Hybrid	WCC BMI Rate	50.85%	25th	53.04%	25th	60.49%	33.33rd
Hybrid	WCC Counseling for Nutri Rate	60.58%	50th	64.96%	50th	72.68%	75th
Hybrid	WCC Counseling for Phys Act Rate	46.23%	25th	59.12%	50th	65.12%	75th
Childhood Immunization Status (CIS)							
Hybrid	CIS DTaP/DT Rate	76.16%	25th	85.16%	75th	84.43%	75th
Hybrid	CIS IPV Rate	86.13%	10th	92.46%	66.67th	92.94%	75th
Hybrid	CIS MMR Rate	89.78%	25th	92.70%	66.67th	90.75%	50th
Hybrid	CIS HIB Rate	87.83%	10th	93.92%	75th	93.67%	90th
Hybrid	CIS HepB Rate	77.62%	5th	86.62%	10th	92.21%	66.67th
Hybrid	CIS VZV Rate	90.27%	25th	93.19%	75th	89.29%	33.33rd
Hybrid	CIS Pneumococcal Rate	77.62%	25th	86.86%	75th	85.16%	75th
Hybrid	CIS HepA Rate	89.54%	75th	94.65%	95th	91.00%	75th
Hybrid	CIS Rotavirus Rate	60.34%	10th	78.10%	75th	79.81%	90th
Hybrid	CIS Influenza Rate	67.15%	90th	68.37%	90th	71.05%	95th
Hybrid	CIS Combo 2 Rate	67.15%	10th	79.08%	66.67th	81.02%	75th
Hybrid	CIS Combo 3 Rate	64.72%	10th	76.89%	75th	79.08%	75th
Hybrid	CIS Combo 4 Rate	63.99%	25th	76.64%	75th	78.59%	90th
Hybrid	CIS Combo 5 Rate	45.99%	10th	64.96%	75th	69.83%	90th
Hybrid	CIS Combo 6 Rate	47.69%	50th	56.93%	75th	62.04%	95th
Hybrid	CIS Combo 7 Rate	45.74%	10th	64.96%	75th	69.34%	90th
Hybrid	CIS Combo 8 Rate	47.20%	50th	56.93%	90th	61.56%	95th
Hybrid	CIS Combo 9 Rate	34.79%	25th	48.66%	75th	55.47%	95th
Hybrid	CIS Combo 10 Rate	34.55%	50th	48.66%	75th	54.99%	95th

Measure Type	Measure Description	CY 2013 CT Statewide Medicaid HEDIS Rate	CY 2013 HEDIS National Medicaid Percentile	CY 2014 CT Statewide Medicaid HEDIS Rate	CY 2014 HEDIS National Medicaid Percentile	CY 2015 CT Statewide Medicaid HEDIS Rate	CY 2015 HEDIS National Medicaid Percentile
Immunizations for Adolescents (IMA)							
Hybrid	IMA Meningococcal rate	80.90%	50th	86.46%	75th	87.77%	75th
Hybrid	IMA Tdap/TD Rate	82.69%	25th	89.24%	66.67th	91.27%	75th
Hybrid	IMA Combo 1 Rate	78.21%	50th	84.38%	75th	86.03%	75th
Lead Screening in Children (LSC)							
Hybrid	LSC Rate	76.64%	50th	79.67%	75th	83.70%	75th
Human Papillomavirus Vaccine for Female Adolescents (HPV)							
Hybrid	HPV Rate	20.68%	50th	24.09%	50th	23.60%	50th
Breast Cancer Screening (BCS)							
Administrative	BCS Rate	61.81%	50th	61.83%	50th	62.95%	50th
Cervical Cancer Screening (CCS)							
Hybrid	CCS Rate	70.95%	N/A ¹	66.08%	66.67th	66.10%	75th
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)							
Administrative	NCS Rate (<i>Lower Rate is Better</i>)	3.50%	N/A ²	2.67%	50th	2.03%	50th
Chlamydia Screening in Women (CHL)							
Administrative	CHL Age 16 - 20 Rate	57.44%	50th	56.35%	66.67th	57.84%	66.67th
Administrative	CHL Age 21 - 24 Rate	70.53%	75th	67.77%	75th	68.71%	75th
Administrative	CHL Total Rate	63.66%	75th	61.91%	66.67th	63.04%	75th
Appropriate Testing for Children With Pharyngitis (CWP)							
Administrative	CWP Rate	75.27%	50th	76.60%	50th	78.38%	66.67th
Appropriate Treatment for Children with Upper Respiratory Infection (URI)							
Administrative	URI Rate	92.30%	75th	93.45%	75th	93.65%	75th
Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis (AAB)							
Administrative	AAB Rate	22.77%	25th	24.17%	33.33rd	25.90%	33.33rd
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)							
Administrative	SPR Rate	25.84%	25th	36.02%	75th	38.05%	75th

Measure Type	Measure Description	CY 2013 CT Statewide Medicaid HEDIS Rate	CY 2013 HEDIS National Medicaid Percentile	CY 2014 CT Statewide Medicaid HEDIS Rate	CY 2014 HEDIS National Medicaid Percentile	CY 2015 CT Statewide Medicaid HEDIS Rate	CY 2015 HEDIS National Medicaid Percentile
Pharmacotherapy Management of COPD Exacerbation (PCE)							
Administrative	PCE Corticosteroid Rate	69.90%	50th	71.46%	50th	74.07%	66.67th
Administrative	PCE Bronchodilator Rate	84.76%	50th	86.29%	66.67th	85.19%	50th
Medication Management for People With Asthma (MMA)							
Administrative	MMA Rate -75% (5-11)	39.59%	75th	37.34%	75th	34.42%	75th
Administrative	MMA Rate -75% (12 -18)	37.41%	90th	37.33%	90th	33.04%	75th
Administrative	MMA Rate -75%(19 -50)	46.36%	75th	44.48%	75th	42.24%	66.67th
Administrative	MMA Rate-75% (51 -64)	56.67%	75th	56.05%	75th	51.34%	50th
Administrative	MMA Rate -75%(total)	42.87%	90th	41.64%	75th	39.03%	75th
Asthma Medication Ratio (AMR)							
Administrative	AMR rate (5-11)	72.82%	25th	61.65%	10th	66.12%	25th
Administrative	AMR rate(12-18)	67.40%	50th	58.06%	33.33rd	61.48%	50th
Administrative	AMR rate (19-50)	59.58%	75th	59.98%	90th	63.05%	90th
Administrative	AMR rate (51 -64)	60.77%	75th	63.43%	90th	65.49%	90th
Administrative	AMR rate (total)	65.81%	25th	60.44%	33.33rd	63.94%	50th
Controlling High Blood Pressure (CBP)							
Hybrid	CBP Rate	44.41%	10th	53.15%	33.33rd	47.62%	25th
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)							
Administrative	PBH Rate	69.72%	5th	76.17%	10th	77.50%	25th
Comprehensive Diabetes Care (CDC)							
Hybrid	CDC HbA1c Testing Rate	78.94%	10th	85.23%	33.33rd	85.85%	33.33rd
Hybrid	CDC HbA1c Poor Control Rate (Lower Rate is Better)	57.61%	10th	46.74%	33.33rd	47.47%	33.33rd
Hybrid	CDC HbA1c Control (<8%)	34.14%	10th	43.57%	33.33rd	43.89%	33.33rd
Hybrid	CDC HbA1c Control (<7%)	25.53%	10th	27.66%	10th	30.23%	25th
Hybrid	CDC Eye Exam Rate	59.06%	50th	64.87%	75th	62.00%	75th
Hybrid	CDC Medical Attention For Nephropathy Rate	73.50%	10th	77.10%	10th	89.65%	33.33rd
Hybrid	CDC Blood Pressure Control (<140/90) Rate	42.28%	5th	61.67%	33.33rd	61.12%	50th

Measure Type	Measure Description	CY 2013 CT Statewide Medicaid HEDIS Rate	CY 2013 HEDIS National Medicaid Percentile	CY 2014 CT Statewide Medicaid HEDIS Rate	CY 2014 HEDIS National Medicaid Percentile	CY 2015 CT Statewide Medicaid HEDIS Rate	CY 2015 HEDIS National Medicaid Percentile
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)							
Administrative	ART Rate	75.29%	50th	76.42%	75th	83.00%	75th
Use of Imaging Studies for Low Back Pain (LBP)							
Administrative	LBP Rate	78.70%	75th	76.93%	50th	77.50%	75th
Antidepressant Medication Management (AMM)							
Administrative	AMM Acute Rate	61.77%	90th	63.95%	90th	62.29%	75th
Administrative	AMM Continuation Rate	46.84%	90th	48.86%	90th	45.92%	75th
Follow-Up Care for Children Prescribed ADHD Medication (ADD)							
Administrative	ADD Initiation Rate	56.75%	95th	57.24%	95th	57.86%	90th
Administrative	ADD Continuation Rate	63.10%	90th	65.20%	90th	67.23%	90th
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)							
Administrative	SSD rate	78.56%	25th	78.42%	33.33rd	79.69%	33.33rd
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)							
Administrative	SMD rate	69.29%	25th	70.31%	50th	68.55%	33.33rd
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)							
Administrative	SMC Rate	73.91%	10th	64.71%	10th	64.20%	5th
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)							
Administrative	SAA Rate	71.16%	75th	68.72%	75th	67.31%	75th
Annual Monitoring for Patients on Persistent Medications (MPM)							
Administrative	MPM ACE Rate	87.16%	25th	87.03%	33.33rd	87.49%	50th
Administrative	MPM Digoxin Rate	91.97%	50th	63.10%	90th	56.16%	50th
Administrative	MPM Diuretics Rate	86.60%	25th	86.67%	33.33rd	87.02%	33.33rd
Administrative	MPM Total Rate	85.64%	25th	86.74%	33.33rd	87.16%	33.33rd

Measure Type	Measure Description	CY 2013 CT Statewide Medicaid HEDIS Rate	CY 2013 HEDIS National Medicaid Percentile	CY 2014 CT Statewide Medicaid HEDIS Rate	CY 2014 HEDIS National Medicaid Percentile	CY 2015 CT Statewide Medicaid HEDIS Rate	CY 2015 HEDIS National Medicaid Percentile
Adults' Access to Preventative/Ambulatory Health Services (AAP)							
Administrative	AAP Age 20-44 Rate	81.91%	25th	80.72%	33.33rd	82.05%	50th
Administrative	AAP Age 45-64 Rate	86.96%	25th	87.35%	33.33rd	87.66%	50th
Administrative	AAP Age 65+ Rate	88.87%	50th	91.28%	75th	92.43%	75th
Administrative	AAP Total	83.57%	25th	83.06%	33.33rd	84.18%	50th
Children and Adolescents' Access to Primary Care Practitioners (CAP)							
Administrative	CAP Age 12-24 Months Rate	98.39%	75th	97.04%	50th	98.40%	95th
Administrative	CAP Age 25 Months -6 Years Rate	93.00%	75th	92.60%	75th	93.76%	90th
Administrative	CAP Age 7-11 Years Rate	94.53%	75th	95.24%	75th	96.15%	90th
Administrative	CAP Age 12-19 Years Rate	93.49%	75th	94.23%	75th	95.27%	90th
Annual Dental Visit (ADV)							
Administrative	Annual Dental Visit (2-3 Yrs)	64.90%	95th	64.68%	95th	66.73%	95th
Administrative	Annual Dental Visit (4-6 Yrs)	78.34%	95th	77.19%	95th	79.44%	95th
Administrative	Annual Dental Visit (7-10 Yrs)	80.21%	95th	79.63%	95th	81.58%	95th
Administrative	Annual Dental Visit (11-14 Yrs)	76.38%	95th	76.37%	95th	78.53%	95th
Administrative	Annual Dental Visit (15-18 Yrs)	66.47%	95th	66.55%	95th	69.21%	95th
Administrative	Annual Dental Visit (19-20 Yrs)	51.57%	95th	50.59%	95th	53.28%	95th
Administrative	Annual Dental Visit (Total)	72.74%	95th	71.80%	95th	74.41%	95th
Statin Therapy for Patients With Diabetes (SPD)							
Administrative	Received Statin Therapy	N/A ¹	N/A ¹	N/A ¹	N/A ¹	61.20%	N/A ¹
Administrative	Statin Adherence 80%	N/A ¹	N/A ¹	N/A ¹	N/A ¹	63.66%	N/A ¹
Statin Therapy for Patients With Cardiovascular Disease (SPC)							
Administrative	Received Statin Therapy	N/A ¹	N/A ¹	N/A ¹	N/A ¹	79.97%	N/A ¹
Administrative	Statin Adherence 80%	N/A ¹	N/A ¹	N/A ¹	N/A ¹	68.70%	N/A ¹

Measure Type	Measure Description	CY 2013 CT Statewide Medicaid HEDIS Rate	CY 2013 HEDIS National Medicaid Percentile	CY 2014 CT Statewide Medicaid HEDIS Rate	CY 2014 HEDIS National Medicaid Percentile	CY 2015 CT Statewide Medicaid HEDIS Rate	CY 2015 HEDIS National Medicaid Percentile
Initiation and Engagement of AOD Dependence Treatment (IET)							
Administrative	IET Initiation Rate	39.20%	50th	41.10%	66.67th	40.00%	50th
Administrative	IET Engagement Rate	20.33%	90th	21.53%	90th	20.42%	95th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)							
Administrative	1 - 5 Years	N/A ¹	N/A ¹	61.45%	N/A ¹	46.67%	50th
Administrative	6 - 11 Years	N/A ¹	N/A ¹	78.30%	N/A ¹	80.18%	90th
Administrative	12 - 17 Years	N/A ¹	N/A ¹	76.63%	N/A ¹	77.28%	90th
Administrative	Total	N/A ¹	N/A ¹	76.49%	N/A ¹	77.13%	90th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)							
Administrative	1 - 5 Years <i>(Lower Rate is Better)</i>	N/A ¹	N/A ¹	3.70%	N/A ¹	0.00%	N/A
Administrative	6 - 11 Years <i>(Lower Rate is Better)</i>	N/A ¹	N/A ¹	1.60%	N/A ¹	2.86%	10th
Administrative	12 - 17 Years <i>(Lower Rate is Better)</i>	N/A ¹	N/A ¹	2.77%	N/A ¹	3.29%	25th
Administrative	Total <i>(Lower Rate is Better)</i>	N/A ¹	N/A ¹	2.36%	N/A ¹	3.09%	25th
Prenatal and Postpartum Care (PPC)							
Hybrid	PPC Timeliness of Prenatal Care Rate	80.29%	25th	85.64%	50th	85.57%	66.67th
Hybrid	PPC Postpartum Rate	60.10%	25th	70.32%	75th	64.18%	50th
Frequency of Ongoing Prenatal Care (FPC)							
Hybrid	FPC 81+ Rate	48.91%	25th	62.04%	50th	59.02%	33.33rd
Well Child Visits in the First 15 months of Life (W15)							
Hybrid	W15 Six+ Visits Rate	76.06%	75th	76.07%	90th	80.00%	95th
Well Child Visits in the Third, Fourth, Fifth & Sixth Year of Life (W34)							
Hybrid	W34 Admin Rate	81.97%	75th	85.00%	90th	84.93%	90th
Adolescent Well Care Visits (AWC)							
Hybrid	AWC Admin Rate	59.66%	75th	66.58%	90th	68.19%	90th
Ambulatory Care (AMB)							
Administrative	AMB Total OP Visits/1000	371.73	50th	388.96	66.67th	400.13	75th
Administrative	AMB Total ER Visits/1000 <i>(Lower Rate is Better)</i>	78.65	75th	72.59	75th	68.38	66.67th

Summary of HEDIS[®] Results

Statewide Percentile	# Measures/ Sub Measures	% of Total
Improved ↑	43	39.1%
Unchanged →	38	34.5%
Regressed ↓	17	15.5%
N/A*	12	10.9%
Total	110	100.0%

Connecticut Statewide Results

DSS Custom Measures

DSS Custom Measures	CY 2013	CY 2014	CY 2015
Asthma Patients with One or More Asthma-Related Emergency Room Visits¹	12.04%	12.16%	10.59%
Developmental Screening In the First Three Years of Life	26.92%	32.06%	38.70%
Post-Admission Follow-Up Within Seven Days of an Inpatient Discharge (Physical Health Only)¹	27.25%	29.47%	31.87%
Readmissions within 30 Days – (Physical Health Only)¹	11.50%	11.82%	11.35%



Oral Healthcare Outcome Measures

Oral Health Quality Measures

Reporting Period HEDIS 2016 Data Collection Methodology	Measure Report Description	HEDIS 2014 (CY2013)		HEDIS 2015 (CY2014)		HEDIS 2016 (CY2015)	
		CY 2013	2014 Quality Compass (National - HMO) - Percentile	CY 2014	2015 Quality Compass (National - HMO) - Percentile	CY 2015	2016 Quality Compass (National - HMO) - Percentile
		Reporting Period HEDIS 2014		Reporting Period HEDIS 2015		Reporting Period HEDIS 2016	
Annual Dental Visit (ADV)							
Administrative	Annual Dental Visit (2-3 Yrs)	64.90%	95th	64.68%	95th	66.73%	95th
Administrative	Annual Dental Visit (4-6 Yrs)	78.34%	95th	77.19%	95th	79.44%	95th
Administrative	Annual Dental Visit (7-10 Yrs)	80.21%	95th	79.63%	95th	81.58%	95th
Administrative	Annual Dental Visit (11-14 Yrs)	76.38%	95th	76.37%	95th	78.53%	95th
Administrative	Annual Dental Visit (15-18 Yrs)	66.47%	95th	66.55%	95th	69.21%	95th
Administrative	Annual Dental Visit (19-20 Yrs)	51.57%	95th	50.59%	95th	53.28%	95th
Administrative	Annual Dental Visit (Total)	72.74%	95th	71.80%	95th	74.41%	95th

Connecticut in 95th Percentile on all oral health measures

OH Quality Measure: Utilization

CMS-416 Child Oral Health Utilization

	Any	Prevention	Treatment
FFY2015	62.3%	57.1%	27.7%
FFY2014	62.0%	57.3%	27.9%
FFY2013	61.8%	57.2%	27.9%
FFY2012	61.2%	56.5%	28.0%
FFY2011	59.9%	54.7%	27.0%
FFY2010	57.4%	51.8%	25.9%

OH Quality Measure: Utilization

CMS-416 Methodology Adult Oral Health Utilization

	Any	Prevention	Treatment
FFY2015	38.6%	25.7%	24.2%
FFY2014	40.2%	26.2%	25.3%
FFY2013	41.5%	26.0%	27.1%
FFY2012	41.3%	25.0%	27.1%
FFY2011	42.4%	27.7%	29.3%
FFY2010	41.5%	25.7%	29.6%

OH Quality Measure: Network

Access to Oral Health Providers

Year	One Provider in 20 miles	One Provider in 10 miles	Two Providers in 10 miles
2013	100%	99.9%	99.7%
2014	100%	99.9%	99.8%
2015	100%	99.8%	99.6%
2016	100%	99.7%	99.3%

Contract Standard: One provider in 20 miles

OH Quality Measure: Network

Oral Health Provider Availability

Mystery Shopper Surveys

	2010	2012	2014
Appointment within 8 weeks	97%	99%	99%
Appointment within 2 weeks	78%	82%	76%
Appointment within 1 week	57%	66%	59%
Mean wait for appointment	11.2 days	7.9 days	9.9 days
Median wait for appointment	4 days	4 days	5 days

Contract Standard: Appointment in eight weeks

OH Quality Measure: Network

Oral Health Provider Capacity Requirements

Year	# Primary Care Oral Health Providers		# Specialist Oral Health Providers	
	Contract *	Actual	Contract *	Actual
2010	305	932	245	252
2011	306	1,091	255	297
2012	316	1,293	264	346
2013	323	1,446	269	404
2014	387	1,601	322	470
2015	369	1,733	308	523
2016	391	1,826	326	597

* Client to OH Provider Ratios:
Primary Care 2,000 to 1, Specialists 2,400 to 1

OH Quality Measure: Network

Oral Health Provider Office Capability

	2012	2014	2016
Offices Accepting New Patients	85%	88%	89%
Offices that Treat Clients with Special Needs	78%	73%	81%
Offices that Treat Pregnant Patients	72%	80%	79%
Offices that Provide Sedation Services	25%	29%	37%

OH Quality Measure: Assessment

Pediatric Caries Risk Assessment

	Counts				Distribution		
	Low	Moderate	High	Total	Low	Moderate	High
2014	1,794	1,603	790	4,187	42.8%	38.3%	18.9%
2015	5,819	4,476	2,793	13,088	44.5%	34.2%	21.3%
2016	4,485	4,139	7,440	16,064	27.9%	25.8%	46.3%

Pediatric Caries Risk Assessment procedure codes became reimbursable on 10/1/2014.
Program training component began 1/1/2016

OH Quality Measure: Assessment

Oral Health Service by non-Dentist					(Proxy for Fluoride Varnish Application)					
12f/1b 90 Day enrollment, 0-2 Years										
	2013	Rank			2014	Rank			2015	Rank
North Carolina			North Carolina	39.5%			North Carolina	39.2%		
Washington			Maine	28.0%			Maine	32.7%		
Texas			Texas	17.3%			Texas	17.9%		
Maine			Florida	14.7%			Connecticut	17.8%	4	
Florida			Connecticut	13.6%	5		Ohio	17.2%		
Maryland			Minnesota	13.4%			Florida	15.9%		
Minnesota			Colorado	13.4%			Maryland	14.2%		
Colorado			Mississippi	11.6%			Minnesota	14.0%		
Mississippi			Washington	10.3%			Colorado	13.3%		
Illinois			Massachusetts	10.1%			Mississippi	12.0%		

OH Quality Measure: Fluoride Varnish

Child Dental Utilization

12a Any service by Dental Provider / 1b 90 Day Enrollment

STATE	STATE	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Connecticut	Connecticut	62.3%	62.0%	61.8%	61.2%	59.9%	57.2%	38.8%	36.7%	37.5%	33.2%	30.1%
Hawaii	Hawaii	61.4%	55.5%	54.9%	51.4%	51.0%	TBD	40.9%	42.1%	36.3%	40.8%	39.6%
Idaho	Idaho	48.2%	51.1%	56.2%	53.6%		60.5%	62.3%	56.1%	39.6%	40.4%	38.9%
New Hampshire	New Hampshire	56.7%		58.2%	56.7%	57.5%	55.4%	49.9%	46.6%	23.9%	19.7%	39.0%
Texas	Texas	64.4%	59.4%	61.9%	63.7%	65.9%	63.4%	53.8%	48.5%	33.6%	34.2%	37.4%
Vermont	Vermont	56.9%	60.3%	57.4%	57.6%	57.0%	56.3%	52.8%	51.1%	47.5%	42.5%	31.2%

Rank:	1	2	3
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OH Quality Measure: Fluoride Varnish

Eligible Children Receiving Topical Fluoride Varnish from Pediatric PCP Offices

Year	Percent
2011	0.3%
2012	12.1%
2013	16.0%
2014	22.9%
2015	52.4%

OH Quality Measure: ED Utilization

Emergency Department Oral Health Visits

Visits per 1,000 Clients
(ICD10 code used from Oct. 2015)

Year	Visits/1000 Clients
2010	8.76
2011	8.08
2012	15.11
2013	13.92
2014	12.63
2015	11.06
2016	8.79