

028 - EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Program: 02028 - Medical Assistance (Including Medicaid)

Medicaid Payments Tied to an Alternative Payment Methodology - PM2805

Value-based payments reward providers for the quality of their care, as opposed to just the amount of care, which leads to better patient experience, improved outcomes and lower costs and use of health care services. The figures below represent the percentage of Medicaid payments with some aspect tied to value-based payments such as shared savings arrangements, bundled payments, or capitation. [Notes: Calendar Year 2017 data as of 12/27/17. Missing values appear as zeros in the measure.]

Frequency: Annual

Reporting Period: Calendar Year

	2015	2016	2017	2018	2019
Target		30.0%	40.0%	60.0%	80.0%
Actual	1.0%	54.0%	57.5%		

Severe and Persistent Mental Illness (SPMI) Per-Member Costs - PM2810

Patients with SPMI represent some of the most high needs and most expensive patients in our health care delivery system who benefit most from coordinated, integrated, individually-managed care. The figures below represent the per member, per month cost of adults with SPMI. [Note: Missing values appear as zeros in the measure.]

Frequency: Annual

Reporting Period: State Fiscal Year

	2015	2016	2017	2018	2019
Target			\$1,835	\$1,790	\$1,950
Actual	\$1,930	\$1,882	\$1,873		

Emergency Department Usage - All Medicaid Members - PM2811

Care delivered in an emergency room is often more expensive, less coordinated, and higher intensity than patients need. While some visits are truly emergent for unpreventable reasons, recent national studies estimate that up to 71 percent of emergency room visits are potentially avoidable, either because they are primary-care treatable or could have been prevented with better management of chronic illness or a more coordinated care experience. (Source: Truven Analytics. "Avoidable Emergency Department Usage Analysis." April, 2013.) The figures below represent the number of emergency department visits per 1,000 full-time equivalent (FTE) members. [Note: Missing values appear as zeros in the measure.]

Frequency: Annual

Reporting Period: State Fiscal Year

	2015	2016	2017	2018	2019
Target			645	604	622
Actual	700	689	626		

Emergency Department Usage - Medicaid SPMI Subpopulation - PM2812

Patients with SPMI are more likely to use the Emergency Room, which often delivers less coordinated, integrated, and cost-efficient services than these high-needs patients require. The figures below represent the number of emergency department visits per 1,000 Medicaid FTE members with SPMI. [Note: Missing values appear as zeros in the measure.]

Frequency: Annual

Reporting Period: State Fiscal Year

	2015	2016	2017	2018	2019
Target			2,130	1,995	1,999
Actual	2,101	2,276	1,932		

Medicaid Members with a Primary Care Provider (PCP) Visit in the Past Year - PM2813

When patients regularly visit their primary care provider, "[they] have better management of chronic diseases, lower overall health care costs, and a higher level of satisfaction with their care." (Friedberg, Mark W. "Primary Care: A Critical Review Of The Evidence On Quality And Costs Of Health Care." Health Affairs Volume 29.Issue 5 (May 2010):pp 766-772.) The figures below represent the percentage of Medicaid - combined Rltte Care and Fee-For-Service - FTE members who have seen a PCP in the last 12 months. [Note: Missing values appear as zeros in the measure.]

Frequency: Annual

Reporting Period: State Fiscal Year

	2015	2016	2017	2018	2019
Target	68.6%	74.9%	81.2%	85.4%	70.0%
Actual	68.5%	69.2%	70.0%		

Long Term Support Services Spending on Institutional Care - PM2816

A preferred alternative to institutional long-term care, in terms of matching care intensity to the patient's need, improved cost savings and better patient experience, are "home and community based services". EOHHS aims to increase our use of home and community based services, when appropriate, for members in need of long term care. The figures below represent the percentage of long-term care spending on institutional nursing homes or hospice care. [Notes: 2015 actual has been updated to reflect more accurate data. Missing values appear as zeros in the measure.]

Frequency: Annual

Reporting Period: State Fiscal Year

	2015	2016	2017	2018	2019
Target		75.0%	70.0%	75.0%	85.0%
Actual	86.9%	86.0%	86.3%		