Report from Advisory Board for Transparency on Medicaid Cost and Quality

July 7, 2021

Final Report Outline

1. Executive Order 6
2. Board Members
3. Depart of Social Services Intent
4. Executive Summary of Recommendations
5. Initial Phases of Work
6. Goals
7. Key Decision Points
8. Transparency Work Oversight
8. Work Groups
9. Principles of Data Use and Oversight
10. Quality Measures
11. Financial Measures
12. Visualization
13. Meetings and Video Links
14. Appendix

Connecticut's Authority to Convene an Advisory Board

In the January 2020, **Governor Lamont** in coordination with **Commissioner Gifford** issued an Executive Order (EO No. 6) that authorized **Commissioner Gifford** to establish an Advisory Board to support the Department of Social Services (DSS) in identifying ongoing areas of focus for improving quality, controlling cost growth, and developing a public facing data dashboard of HUSKY Health information. A major objective is to help DSS build on the considerable information that it has been sharing with the legislature, enhance transparency of its operations, promote health equity, and engage stakeholders in determining which data points are of greatest interest and value to decisions around future direction for our program. Please see the column at right for additional detail from the EO.

1. *The Commissioner of Social Services, consistent with the Commissioner's statutory authority, shall, in coordination with OHS, develop a public transparency strategy for Medicaid cost and quality reporting across all groups covered under Connecticut Medicaid by December 2020 and report on said strategy to the Governor by January 31, 2021.*
2. *The Commissioner shall convene an Advisory Board for Transparency on Medicaid Cost and Quality (Advisory Board) to provide advice and input on the content, metrics and goals for such reporting.*
3. *The Advisory Board shall, at the invitation of the Commissioner of Social Services, include the Executive Director of the Office of Health Strategy, the Commissioners of Public Health, Mental Health and Addiction Services, Children and Families, and Developmental Services, the Secretary of the Office of Policy and Management, one or more members served by Connecticut HUSKY Health, representatives of Medicaid-enrolled providers, and experts in quality measurement and reporting.*
4. *Such public reporting of measures of cost and quality shall enable a) examination of performance over time, both specific to the Connecticut Medicaid program, and in comparison to other state Medicaid programs; b) strategic interventions on behalf of Medicaid members; and c) continuous quality improvement.*
5. *Such public reporting shall form the basis of future initiatives to develop and implement payment and care delivery strategies aimed at improving outcomes and reducing health disparities.*
6. *The Commissioner shall continue to monitor efforts to establish transparency and the adoption of Medicaid cost and quality reporting pursuant to this order, and make recommendations for legislation or other initiatives to fulfill the purposes of this order.*

The full text of EO No. 6 is available here:
https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-6.pdf

List of Board Appointees

Name	Organization	Title
Dr. Susannah Bernheim	YNHH for Outcomes Research and Evaluation Yale School of Medicine	Senior Clinical Program Director for Quality Measurement Programs Associate Professor of Medicine
Dr. Sandi Carbonari	CT Chapter of the American Academy of Pediatrics	Pediatrician
Dr. James Cardon	Hartford Healthcare	EVP Clinical Integration
Grace Damio	Hispanic Health Council	Director of Research, Training & Advocacy
Dr. Miriam Delphin-Rittmon	Department of Mental Health and Addiction Services	Commissioner
Vannessa Dorantes	Department of Children and Families	Commissioner
Dr. Deidre S. Gifford	Department of Social Services	Commissioner
Dr. Bonnie Hopkins	Liberation Programs	Chief Operating and Innovation Officer
Dr. Chima Ndumele	Yale School of Public Health	Associate Professor of Public Health

Name	Organization	Title
Dr. Luming Li	Yale School of Medicine Department of Psychiatry	Associate Medical Director for Quality Improvement at Yale New Haven Psychiatric Hospital/Medical Director of Clinical Operations YNHS
Melissa McCaw	Office of Policy and Management	Secretary
Mag Morelli	Leading Age Connecticut	President
Dr. Benjamin Oldfield	Fair Haven Community Health Care	Chief Medical Officer
Kelly Phenix		Medicaid member
Jordan A. Scheff	Department of Developmental Services	Commissioner
Karen Siegel	Health Equity Solutions	Director of Policy
Dr. Ann Spenard	National Health Care Associates, Inc.	Chief Clinical Officer
Victoria Veltri	Office of Health Strategy	Executive Director

The Board's Statement of Intent focuses on improving health through increasing data transparency

That the Board focus upon using data, both to tell the story of Connecticut HUSKY Health (Medicaid and Children's Health Insurance Programs) and to drive continuous improvement through increased awareness and literacy; identification of discontinuity, gaps, disparities and under-performance on measures, in support of informing development and implementation of additional care delivery, value-based payment and social determinant initiatives.

This transparency work coincides with current efforts to improve outcomes for HUSKY Health members through care delivery and value-based payment reforms including the maternity bundle, Substance Use Disorder waiver, and the PCMH+ initiative.

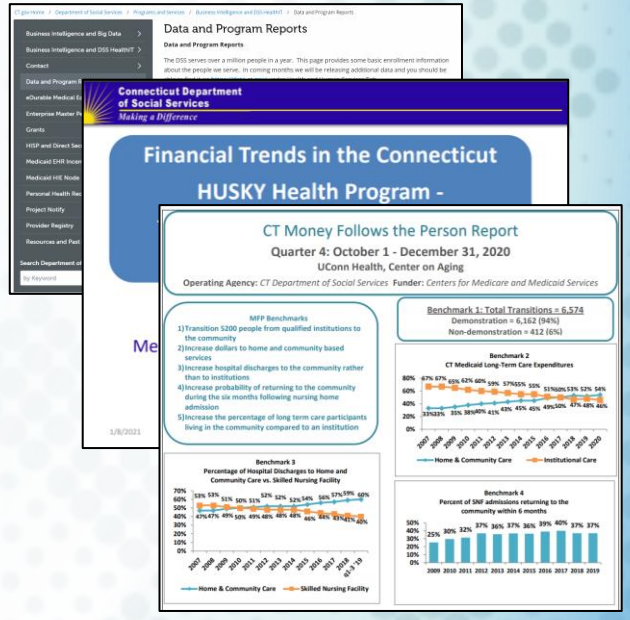
Executive Summary of Recommendations of the Board

1. Use an equity lens to inform selection, depiction, analysis and application of Medicaid and CHIP data.
2. Develop and implement a public dashboard of key indicators and related data, which will evolve and expand over time with increasing interoperability and capacity for additional data points.
3. Continue to convene the Board ongoing, for purposes of advising the Department on measure selection, analysis, updates and successive stages of the implementation and use of the public dashboard.

Initial phases of work for the Board

1. DSS initiated the work of the Board with an overview of quality and financial measures[1] that are currently used to assess performance in HUSKY Health.

2. Further, for illustrative purposes, DSS reviewed a number of existing, publicly available sources of data, including:
   - A sample of the Medicaid and CHIP eligibility reports[2] that are posted on the state Open Data Portal
   - The most recent annual financial trends report[3] to the Medical Assistance Program Oversight Council
   - Money Follows the Person (MFP) quarterly dashboard,[4] which is produced by the UConn Center on Aging
   - Several examples of Medicaid dashboards from other states



1 https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Communications/HUSKY-Health-Overview-of-Quality-and-Cost-Trends-Presentation-121020.pdf
2 https://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT/Data-and-Program-Reports
3 https://www.cga.ct.gov/ph/med/related/20190106_Council Meetings & Presentations/20210108/HUSKY Financial Trends January 2021 .pdf
4 https://health.uconn.edu/aging/wp-content/uploads/sites/102/2021/02/MFP-Q4-2020-report.pdf

The Board identified a set of overarching goals for its work

Goals

1. Identification of a **core set of currently available, equity-informed quality and cost data** points that will be reported out publicly on a routine basis

2. Identification of **means of measuring program impact** on population health, social determinants of health and other areas that need further time to implement

3. **Benchmarking our performance** on the core measure set, and also aspirational measures as that becomes feasible, over time and against performance of other states

4. **Visualization of data** in accessible, plain language electronic dashboard format that enables:
   - a broad view of measures, for purposes of program accountability and continuous quality assessment/improvement;
   - drill down capacity for purposes of routinizing access to raw, deidentified data;
   - scheduled refreshes of the data; and
   - push alerts to cue interested parties to updates

The Board provided recommendations on several key decision points

Audience	A focus on the general public (including, but not specifically targeted to, policymakers, consumers and researchers)
Transparency Vehicle/Platform	Electronic Dashboard/Web Platform with visualized data and repository for other reports/data sets
Data Stratification and Access	Key indicators (e.g. geography, race/ethnicity, disability), with drill down/other capacity to permit researchers to download raw deidentified data
Comparison	Across states/regions/nation, payors, providers, time (some comparisons will not be feasible)

Identify measures in all categories that are equity sensitive and highlight those in specific public facing display

Transparency Work Oversight

Recommend the ongoing engagement of the Transparency Board as a Transparency Advisory Council that will perform the following functions:

1. Create a Charter that is agreed upon between DSS and the Advisory Members that will help delineate the role of the Advisory Council in overseeing:
    a. Measure curation
    b. Measure portrayal
    c. Measure benchmarking
    d. Dashboard utility and ease of use
    e. Timeline for transparency work

The Board established three work groups: Principles, Quality, Financial

The Board determined that its tasks could usefully be assigned to three distinct work groups, described below. Please see subsequent slides for an overview of the work of each.

1. **Principles,** focused on developing guidance for data presentation, use, and evaluation across the data life cycle
   Participants: Grace Damio, Karen Siegel, Kate McEvoy, Brad Richards, Susan Smith

2. **Quality measures,** focused on developing a framework for quality measures to be displayed and identifying upstream and downstream health indicators to be utilized
   Participants: Grace Damio, Susannah Bernheim, Karen Siegel, Ann Spenard, Susan Smith, Ben Oldfied, James Cardon, Bonni Hopkins, Brad Richards

3. **Financial measures,** focused on the identification of existing high level financial benchmarks and future opportunities to link quality and cost
   Participants: Kelly Sinko, Susan Smith, Mike Gilbert, Judy Dowd, Sue Eccleston, Bonni Hopkins, Mag Moreli, Chima Ndumele

Specific goals over five phases

Group	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Quality Measures	High Level Currently Accessible Data	High Level External Data to DSS and Capturing New Internal Data	Interactive and Integrative	Ongoing Evaluation	Development and Expansion
Financial Measures	High Level Benchmarks	Strategic/Investment Oriented Metrics	Interactive Financial Data "Mart"	-	-
Principles	Use Principles as Litmus Test For Each Successive Phase				
Visualization	Development of Dashboard(s) and Related Products	Launching of Filterable Dashboards	Ongoing Dashboard Refinement and Expansion of Presented Data	-	-

The Board's Principles of Data Use and Oversight

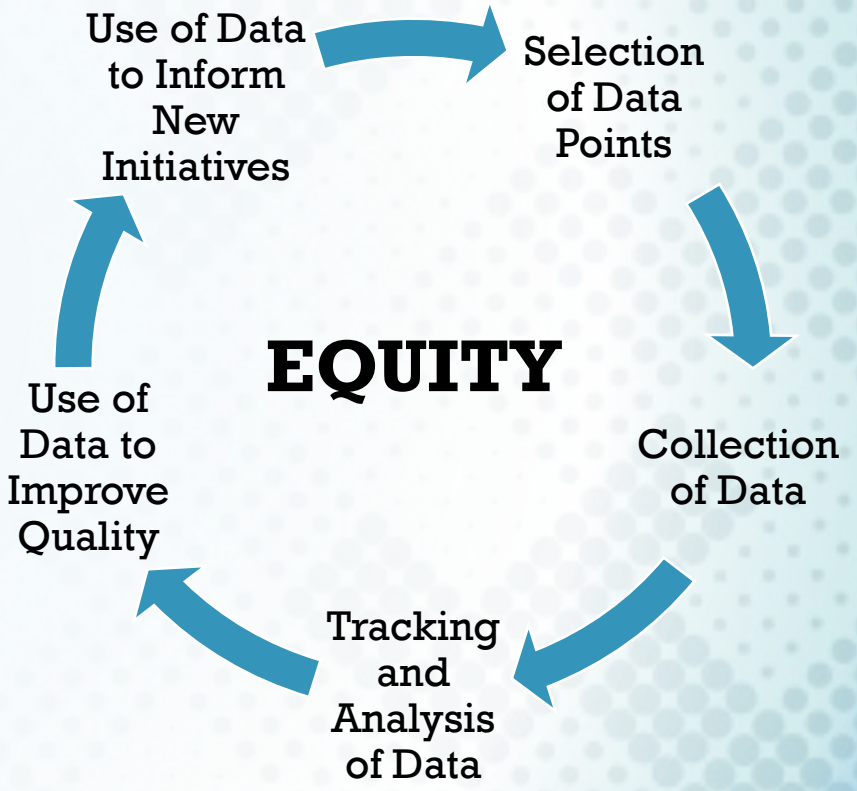
Statement of Intent

The data that is featured in the HUSKY Health data dashboard should be 1) used to illuminate the experiences and outcomes of Medicaid members, with an emphasis on achieving equity for all served; 2) member informed; 3) selected with a lens that safeguards against reinforcing preconceptions and stereotypes; and 4) presented in a clear and comprehensible manner and in formats that accommodate access by all who wish to use it.

For this purpose, the term equity means that everyone has a fair and just opportunity to attain their optimal health and socioeconomic status regardless of race, ethnicity, disability, gender identity, or sexual orientation.

Further, the Transparency Board wishes to ensure that the Department of Social Services applies these principles across the lifecycle of the data that DSS collects and manages

Equity framework



The Board's Principles of Data Use and Oversight

- The process through which DSS selects, reviews, sunsets and replaces data points and measures for purposes of quality improvement must be equity-informed, person-centered, member-informed, inclusive and transparent.
- Whenever possible, data points should be standardized across the enterprise to reduce the reporting burden on HUSKY Health members and providers.
- Selection, use, and publication of data points and measures should safeguard the privacy, dignity and health equity of HUSKY Health members.
- Within the above parameters and where feasible, data points and measures should, in support of health equity, routinely be disaggregated and publicly reported by race, ethnicity, age, and other demographic factors.
- When data is adjusted to account for age, risk, or other factors, both adjusted and unadjusted measures will be reported.
- Selection and use of measures should anticipate and mitigate unintended consequences including, but not limited to:
  - inherent bias of data analysis tools (e.g. algorithms);
  - perpetuation or exacerbation of health disparities and inequities;
  - under-service of members; and/or
  - adverse impact on providers that serve a high incidence of HUSKY Health members.
- To avoid misperception, stigma, and perpetuation of health disparities, DSS should always use best efforts to identify and report out on a baseline or reference group, and to provide contextual detail in reporting out disparities.

DETAIL: Goals by Phase for Quality Subgroup

- Phase 1 – High Level Currently Accessible Data
  - Add and use current quality metrics available from DSS with drill down and disaggregation
  - Include Meta Data – Dictionary + Notation of data source(s) for each measure
- Phase 2 – High Level External Data to DSS and Capturing New Internal Data
  - Data from outside DSS (e.g. Department of Public Health, Department of Corrections)
    - Cataloging data from outside DSS
  - New DSS measure capture (patient reported outcomes and clinic records extraction)
- Phase 3 – Interactive and Integrative
  - Develop interactive drill down capacity to include quality measures that are stratified and categorized by services and program area (HUSKY A, B, C and D) and associated enrollment metrics
  - Integrate quality data directly with financial data such PMPM by service category and HUSKY components
- Phase 4 – Ongoing Evaluation
  - Ongoing review of new measures being captured for integration (Substance Use Disorder waiver)
  - Streamlining of processes for collection, processing, and display data
  - Review and reevaluation of existing data/integration on dashboard
- Phase 5 – Development
  - Development/Implementation of new measures

DETAIL: Data Categories for Quality Subgroup

Categories

Population Health: Well-Being + Primary Prevention

Clinical Quality:

- Primary Care
- Acute Disease
- Chronic Disease

Social Determinants of Health

Enrollment, Access + Churn

Special Populations

Managing Costs

DETAIL: Outcome, process, and member experience indicators for Quality subgroup

- Population Health: Well-Being + Primary Prevention
- Clinical Quality:
  - Primary Care
  - Acute Disease
  - Chronic Disease
- Social Determinants of Health
- Enrollment, Access + Churn
- Special Populations
- Managing Costs

Key Demographic + Geographic Disaggregation

Outcome Measures	Process Measures	Member Experience, Satisfaction, and Reported Outcomes
Comparison with other States		
Indicators of Connecticut population and Medicaid and CHIP **population wellbeing and primary prevention** (e.g. Life expectancy at birth, DM prevalence, Tobacco use, Deaths due substance use, 3rd Grade Reading level and K readiness, Racial wealth gap, Screening for diabetes, Wellness visits, Children's Screenings/Developmental Assessments, Falls screening, parental mental illness and parental SUD (Substance Use Disorder), CAHPS, Culturally/Linguistically Competent Care)		
Indicators of Connecticut Medicaid and CHIP **individuals disease incidence, prevalence, and prevention** (e.g. Medicaid and CHIP Scorecard (CMS), Office of Health Strategy Core Measures, HEDIS measures, ED utilization for chronic disease (DM, asthma, COPD, ESRD, overdose, SPMI), patient reported wellbeing, physical, and mental health measures)		
Indicators of Connecticut Medicaid and CHIP **individuals access to and addressing of the social determinants of health** (e.g. REL Data completeness, Access to Transportation, NEMT metrics, Primary Language, % members receiving SNAP and TANF)		
Indicators of Connecticut Medicaid and CHIP **access to providers and enrollment in the programs** (e.g. Number total members in A, B, C, D by quarter/SFY Number disenrolled by A, B, C, D by quarter/SFY, % of individuals with an identified PCP, Number of PCPs and specialists enrolled as providers)		
Indicators of Connecticut Medicaid and CHIP **special groups and populations health and wellbeing** e.g. Money Follows the Person (MFP), CHESS, Waivers, Maternal Health)		
Indicators of Connecticut Medicaid and CHIP **ability to manage costs as it pertains to quality** (e.g. Over and under utilization of health care services, Timeliness of payments to provides)		

* See Appendix for detailed measure recommendations

DETAIL: Goals by phase for Financial subgroup

- Phase 1 – High Level Benchmarks
  - Propose use of current "standard" financial metrics as reported annually and monthly to the Medical Assistance Program Advisory Committee (MAPOC)
- Phase 2 – Strategic/Investment Oriented Metrics
  - Linking strategic objectives and investments to desired financial changes or quality outcomes
  - Integrate quality data directly with financial data such PMPM by service category and HUSKY components
    - For example, linkage between primary care or other investments and network access and/or enhanced health outcomes. Alternatively, specialty care access and linkage to downstream associated costs.
  - Review alignment with other standards such as overall state health care cost benchmarking work, other health economic indicators, and other available state comparisons
- Phase 3 – Interactive Financial Data "Mart"
  - Develop interactive financial drill down capacity to include financial detail by category of service (COS) and program area (HUSKY A, B, C and D), associated enrollment metrics, and PMPM by service category and HUSKY component

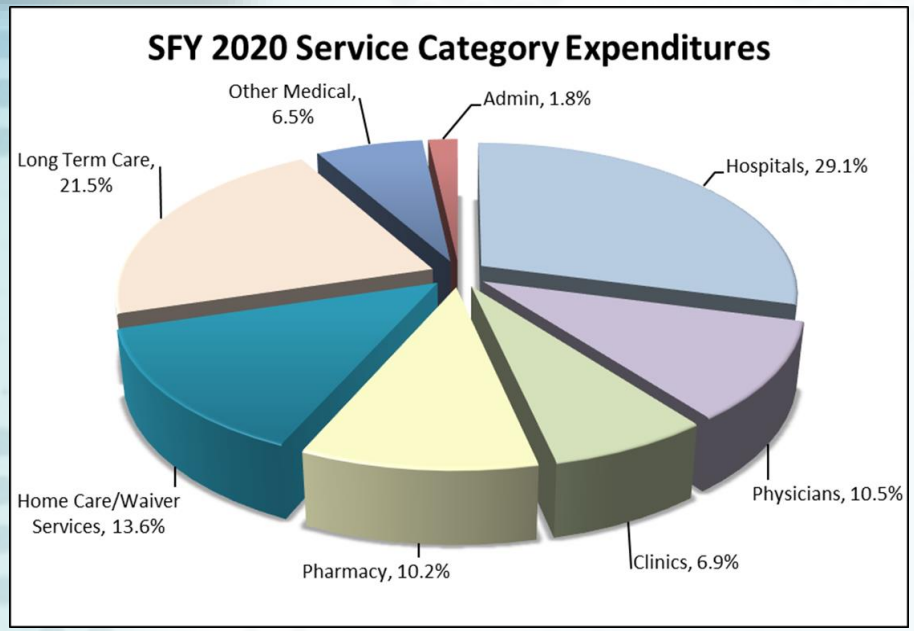
DETAIL: Phase 1 measures for Financial subgroup

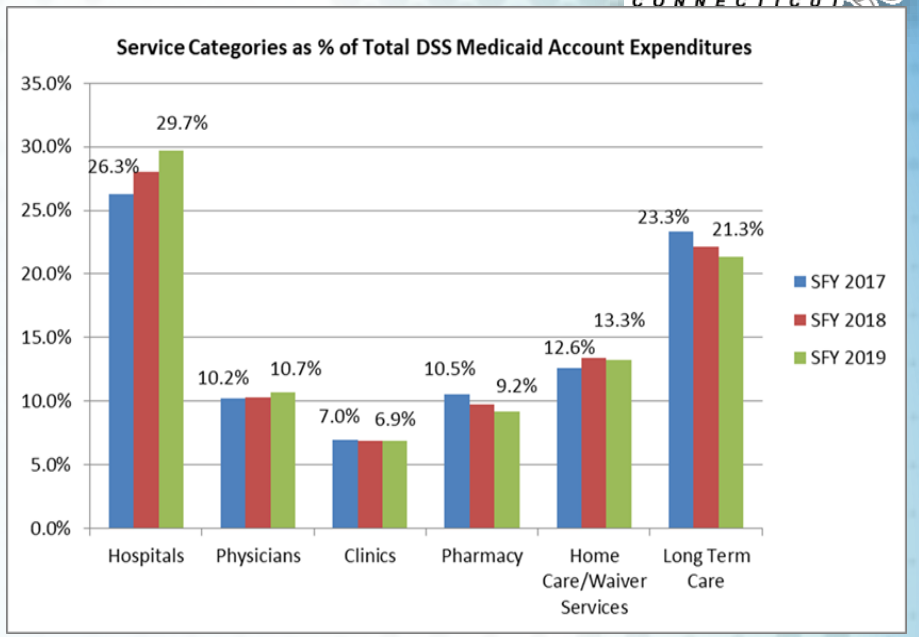
- Phase 1 – High Level Benchmarks

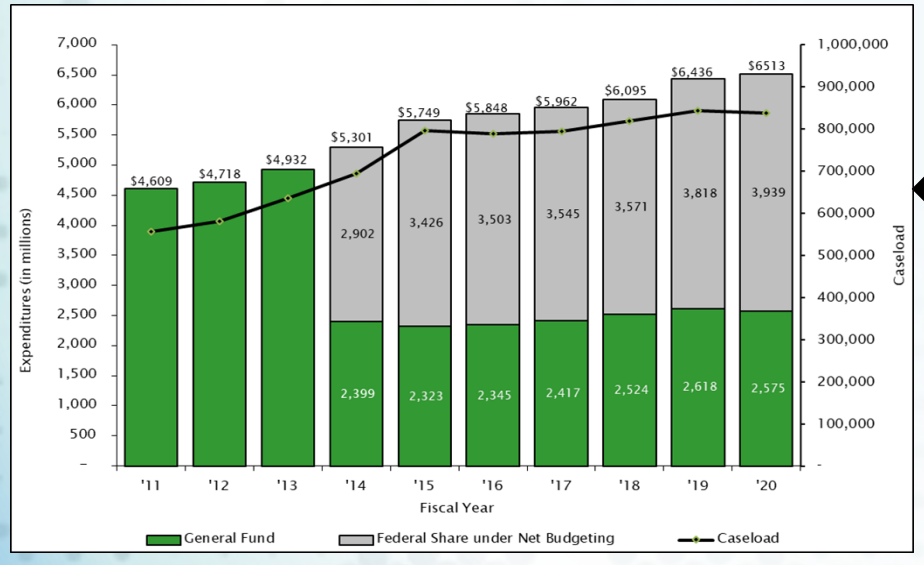
- Building off existing financial metrics, propose the following annual measures:
  - Category of service breakdown
  - Per member per month cost trends (overall and by program)
  - State share of Medicaid expenses
  - Medicaid share of the total CT state budget
  - Administrative expense ratio (unadjusted and adjusted)

- Propose the following quarterly measures:
  - Per member per month overall and by program (A,C, D)
  - Expenditures overall and by program
  - Enrollment overall and by program

Key Visualizations for Financial subgroup (1/3)

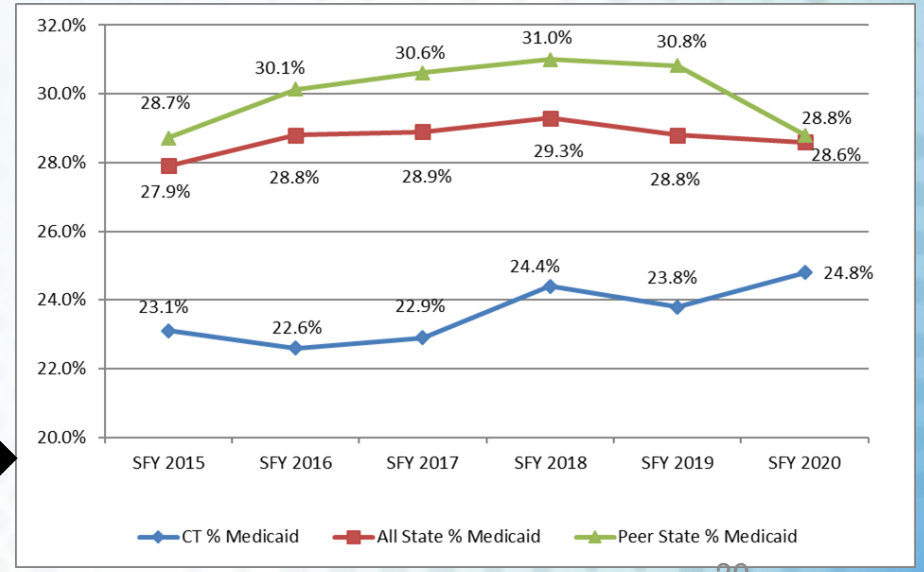




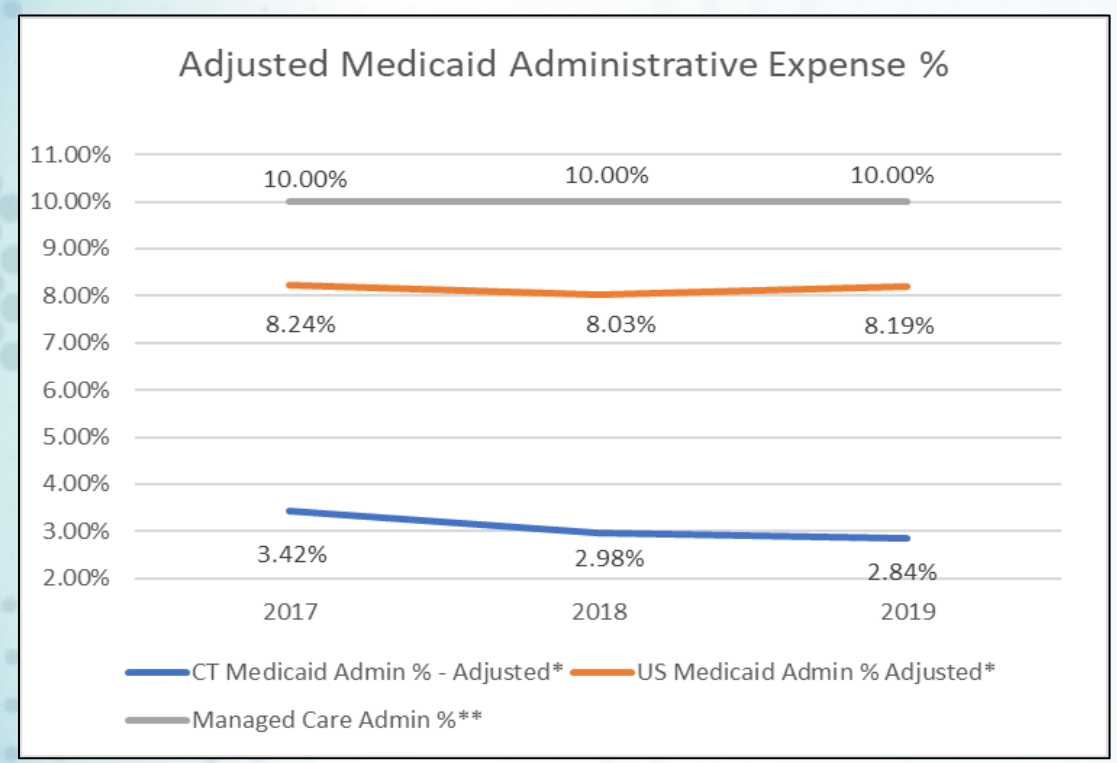


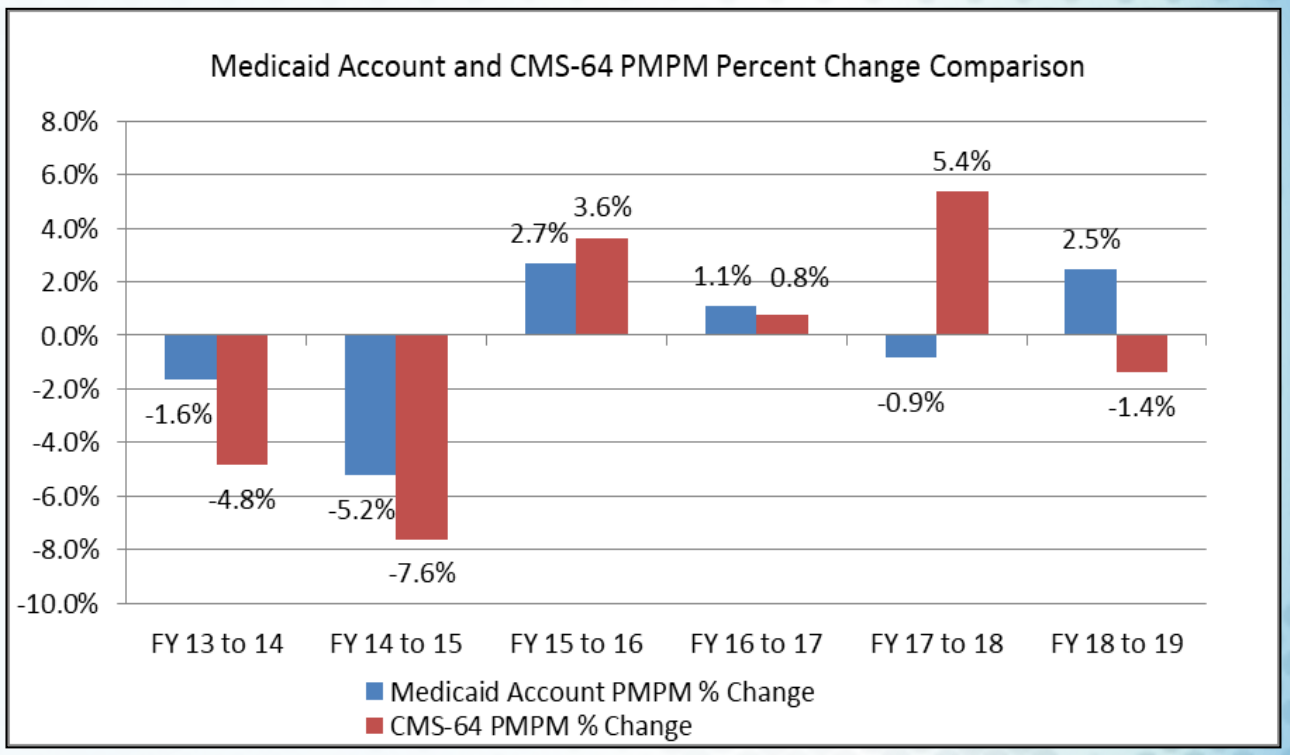
State Share Cost Stability

Medicaid as Share of Total State Budget

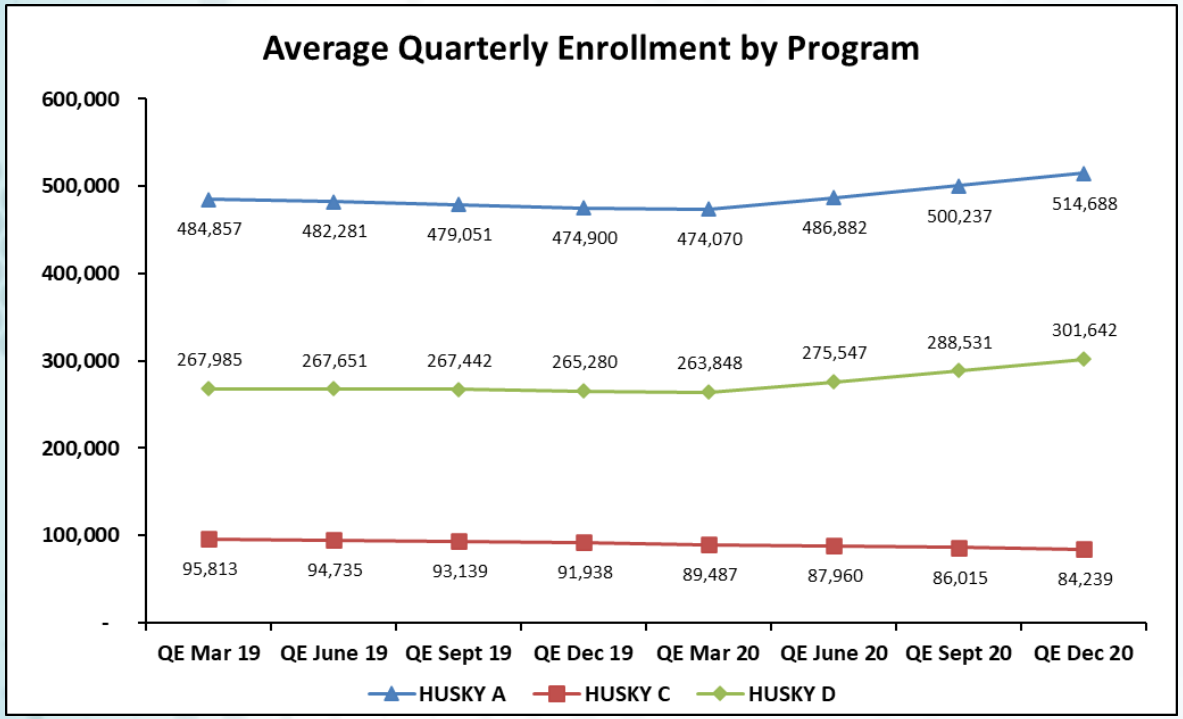


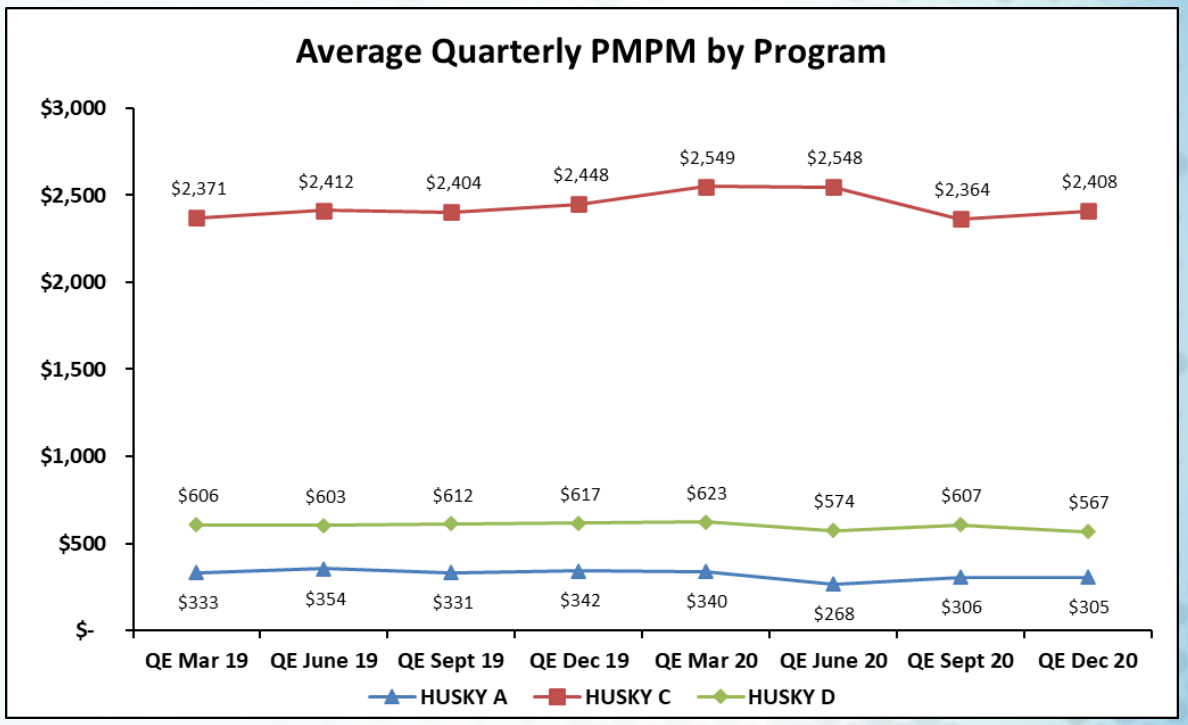
Key Visualizations for Financial subgroup (2/3)





Key visualizations for Financial subgroup (3/3)

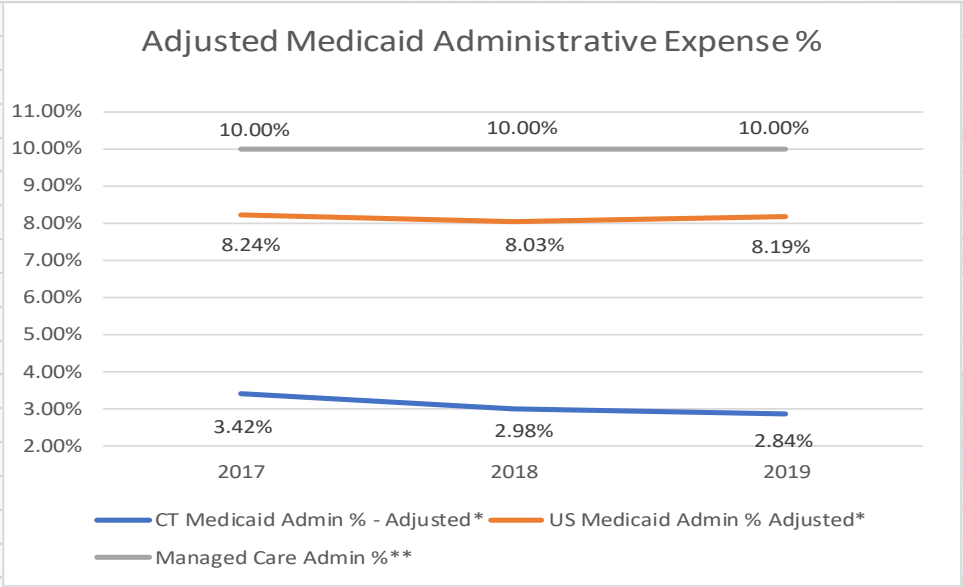




Financial subgroup: Other significant considerations

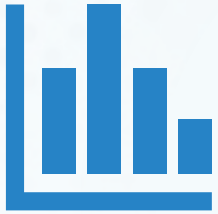
- Need for a data dictionary and explanatory context for measures

Data Source: Annual Medicaid and CHIP Payment and Access Commission (MACPAC) Reports
Unadjusted Data: Directly from state CMS 64 admin reports, including all eligibility staff and systems costs, but excluding any costs for managed care company administrative costs and profit
Adjusted Data: Directly from state CMS 64 admin reports, adjusted to exclude all eligibility staff and systems costs, given that they provide a direct client benefit and more appropriately represent a service cost. This data is also adjusted for an estimate of the share of managed care capitation payments that should be reflected as administrative costs but are captured as service costs in the CMS 64 and MACPAC data

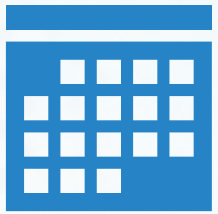


- Need to also focus on the story behind the data - narratives or other means to "tell the story"

Dashboard and Visualization



Key Data Points And Story Visualization Mock Up



Key Milestones

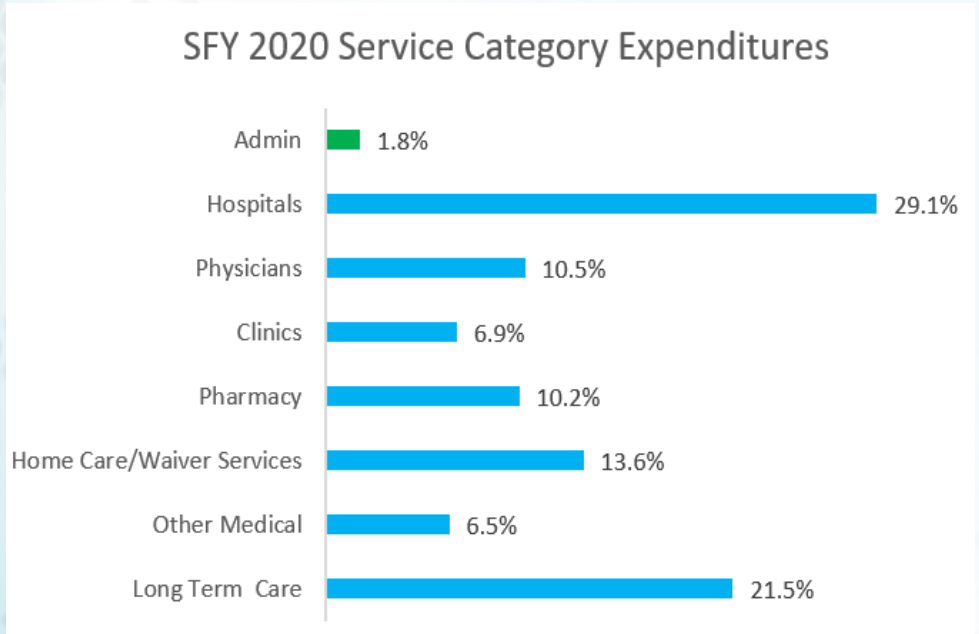
Key Data Points And Story

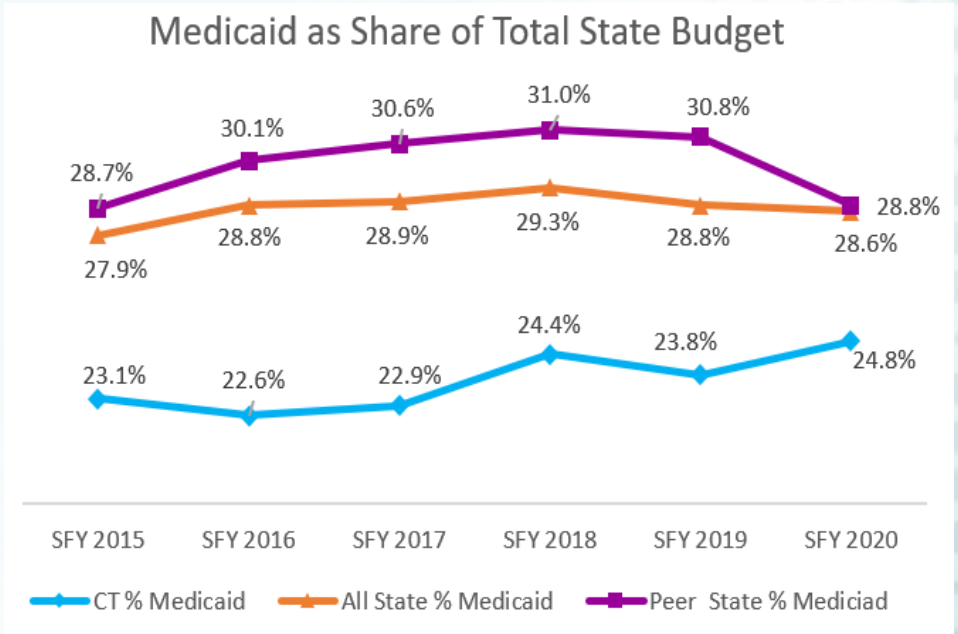
Website Mock-Up

Key Data Points And Story

Dashboard Mock-Up

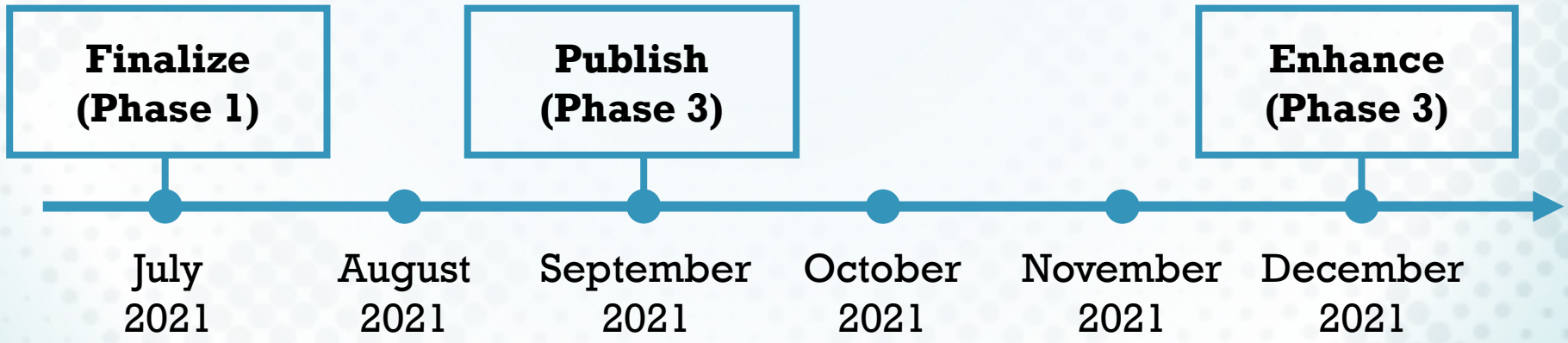
PROMOTING A HEALTHIER CONNECTICUT





Key Phases

The development of the dashboard(s) and related products (e.g., infographic, data narrative, etc.) will need to be an iterative, multipronged process. The availability and format of data, and the number and complexity of the dashboard(s) will dictate how quickly products can be turned around. Also, the type of dashboard (i.e., static v. interactive) will significantly impact that timeframe. Other challenges to roll-out will include intervening priorities and availability of resources from other DSS Divisions and State agencies.



Dashboard and Visualization Phases

- Phase 1 – Development of Dashboard(s) and Related Products
- Phase 2 – Launching of Filterable Dashboards
- Phase 3 – Ongoing Dashboard Refinement and Expansion of Presented Data

Dashboard and Visualization Phases

Phase 1

Development of Dashboard(s) and Related Products

- Finalize Available Data to DSS for Initial Launch
- Create Meta-Data and Data Dictionary

Phase 2

Launching of Filterable Dashboards

- Finalize Identification of Data to Launch for Interactive Dash
- Launch First Batch of Interactive Dash Data
- Launch Second Batch of Interactive Dash Data
- Launch Third Batch of Interactive Dash Data

Phase 3

Ongoing Dashboard Refinement and Expansion of Presented Data

- Maintenance and Refinement of Data, user experience and user interface
- Expansion of Data Breadth and Menu

During Phase 1, the launching of an initial static dashboard will begin

During Phase 2, the launching (or broadening) of filterable dashboards will begin.

Phase 3 represents ongoing refinement of the dashboard and, as available, the expansion of presented data. Analysis of DSS Data Requests will occur to inform expansion of the public facing data.

Meetings of the Board

Meetings:

1. January 12, 2021^
2. February 23, 2021^
3. March 30, 2021^
4. April 27, 2021 **
5. May 25, 2021 **
6. June 29, 2021 **

^ Link to videos on ct.gov

https://portal.ct.gov/DSS/Common-Elements/Advisory-Board-for-Transparency-on-Medicaid-Cost-and-Quality/Meetings

**QR Code to CT DSS YouTube

Appendix – Additional Detail on the Recommendations of the Work Group on Quality Measures

Transparency Board Quality Subgroup

Connecticut Department of Social Services
Making a Difference

HUSKY HEALTH CONNECTICUT

Population Health: Well-Being and Primary Prevention

Key Demographic + Geographic Disaggregation

Outcome Measures		Process Measures	Member Experience, Satisfaction, and Reported Outcomes
Comparison with other States			
Phase 1: Prevalence rates of acute and chronic diseases (DM, HTN, Asthma, COPD, CAD, mental health disorders, dental decay, obesity, cancer, substance use disorder) child, adolescent, adult, and parental Infant mortality Maternal mortality rate Preterm birth rate Breast Feeding (WIC/DSS)	Deaths Due to Suicide, Drug or Alcohol Overdose, Poisoning, Alcohol Related Liver Disease Tobacco Use	**Phase 1:** Screening for diabetes Wellness visits Screenings/Developmental Assessments Rate of positive screens for depression Falls screening (elders) ACE (Adverse Childhood Events)	**Phase 1:** CAHPS
Phase 2: Incarceration rates Released home from incarceration Food insecurity Children whose parents lack secure employment Vaccination rates adult/children Life Expectancy at Birth K Readiness (SDE) End of Third Grade Reading Level (SDE) Overall homelessness prevalence (CT Coalition to End Homelessness) Lead screening	Contraceptive Care--All Women (CCW) Racial Wealth Gap EITC and CTC tax filings Life Years Lost Years of Potential Life gained Nutrition Security High School Graduation Rate Parental Mental Health and Substance Use Disorder	**Phase 2:** Chronic Absenteeism follow-up or referral (SDE) ACEs (individual ACEs) Health Risk Score (e.g., HCC, ACG) Timely Referral or follow-up after positive screening	**Phase 2:** Culturally/Linguistically Competent Care Self-reported Health Status Self-reported Mental Health Status Perceived well-being - Cantril's Ladder (current, five years)

Data currently available to DSS

Transparency Board Quality Subgroup

Clinical Quality:

- Primary Care
- Acute Disease
- Chronic Disease

Key Demographic + Geographic Disaggregation

Outcome Measures	Process Measures	Member Experience, Satisfaction, and Reported Outcomes
Comparison with other States		
Phase 1: Medicaid and CHIP Scorecard (CMS)+ OHS Core Measures+* HEDIS+* ED utilization for chronic disease (DM, asthma, COPD, ESRD, overdose, BH/SPMI, oral health) Inpatient utilization for chronic diseases (DM, COPD, ESRD, overdose, SPMI) Mortality rates for chronic behavioral health and medical diseases Follow-up after ED visits (dental, medical, and behavioral health) Prevalence rates of chronic diseases (DM, HTN, Asthma, COPD, CAD, SPMI, dental decay) Children receiving fluoride varnish	**Phase 1:** Medicaid and CHIP Scorecard (CMS)+ OHS Core Measures+* HEDIS+* Depression screening % of individuals on opioids and BZD # of prescriptions per member Preventive and Diagnostic dental services Dental health utilization rate Rate of dental decay	**Phase 1:** CAHPS
Phase 2: OHS Core Measures +* HEDIS +* Avoidable ED utilization (children/adults) Avoidable inpatient utilization (children/adults) Unplanned readmission rates	**Phase 2:** OHS Core Measures+* HEDIS+* % with depression receiving evidence based treatment after diagnosis	**Phase 2:** Wellbeing, physical, mental health measures Person centered primary care measure (PCPM) Predict – bias in hospitalization (Yale) Language Access (translation services) Provider experience

Data currently available to DSS

+ Includes medical and behavioral health measures
* Some measures as part of the measure set are currently measured by CT DSS and some are not

Transparency Board Quality Subgroup

Social Determinants of Health (Individual Level)

Key Demographic + Geographic Disaggregation

Outcome Measures	Process Measures	Member Experience, Satisfaction, and Reported Outcomes
Comparison with other States		
Phase 1: REL Data completeness Access to Transportation NEMT Primary Language	**Phase 1:** % receiving SNAP and TANF	**Phase 1:** ----------
Phase 2: Financial security Educational attainment Primary language Literacy levels Safe housing/neighborhood Access to food Physical Activity	**Phase 2:** NCQA SDoH screening SDoH Assessment + Referral (individual level)	**Phase 2:** Experience of racism, discrimination, and violence

Data currently available to DSS

Transparency Board Quality Subgroup

Enrollment, Access + Churn

Key Demographic + Geographic Disaggregation

Outcome Measures	Process Measures	Member Experience, Satisfaction, and Reported Outcomes
Comparison with other States		
Phase 1: Number total members in A, B, C, D by quarter/SFY Number disenrolled by A, B, C, D by quarter/SFY % of individuals with an identified PCP Number of PCPs enrolled as providers Number of specialists enrolled as providers Number of mental health providers enrolled Number of dental health providers enrolled Number of adults and children with a dental visit in past year Number of adults and children with a primary care visit in the past year Number of adults and children with a behavioral health care visit in the past year	**Phase 1:** ----------	**Phase 1:** ----------
Phase 2: Disenrollment by reason by quarter and year and by HUSKY A, B, C, D Disenrollment and reenrollment within 90 days by HUSKY A, B, C, D	**Phase 2:** ----------	**Phase 2:** Focus groups/survey on access to care

Data currently available to DSS

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Special Populations

Key Demographic + Geographic Disaggregation

Outcome Measures	Process Measures	Member Experience + Satisfaction Measures
Comparison with other States		
Phase 1: Money Follows the Person (MFP) CHESS Waivers	**Phase 1:** Money Follows the Person (MFP) CHESS Waivers	**Phase 1:** Money Follows the Person (MFP) satisfaction data and stories
Phase 2: Carceral Perinatal (maternity, newborn, post-partum, dental care, birth control after delivery) Pediatric Special Health Needs Child welfare involved population	**Phase 2:** Carceral Perinatal (maternity, dental, newborn, post-partum) Pediatric Special Health Needs Child welfare involved population	**Phase 2:** CHESS

Data currently available to DSS

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Managing Costs

Key Demographic + Geographic Disaggregation

Outcome Measures	Process Measures	Member Experience + Satisfaction Measures
Comparison with other States		
Phase 1: ----------	**Phase 1:** ----------	**Phase 1:** ----------
Phase 2: Efficiency – relationship between strategic aims around quality, efficiency, cost/benefit analyses, ROI, and spending	**Phase 2:** Timeliness of payments Over and under utilization of health care services	**Phase 2:** Focus groups/surveys on health related costs and care impact for members for non-covered services