



So You Built a Dashboard: State Medicaid Agency Experiences



**Medicaid Innovation
Accelerator Program
- Data Analytics
National Webinar**

***January 17, 2019
3:00 – 4:00 PM ET***

Logistics for the Webinar

- All lines will be muted
- Use the chat box on your screen to ask a question or leave a comment
 - Note: chat box will not be seen in “full screen” mode
- Slides and a transcript will be posted online within a few weeks of the webinar
- Please complete the post-webinar survey with your feedback at the conclusion of the webinar!

Welcome!

- Keith Branham, Research Analyst on Medicaid IAP Data Analytics Team, Data and Systems Group, CMCS

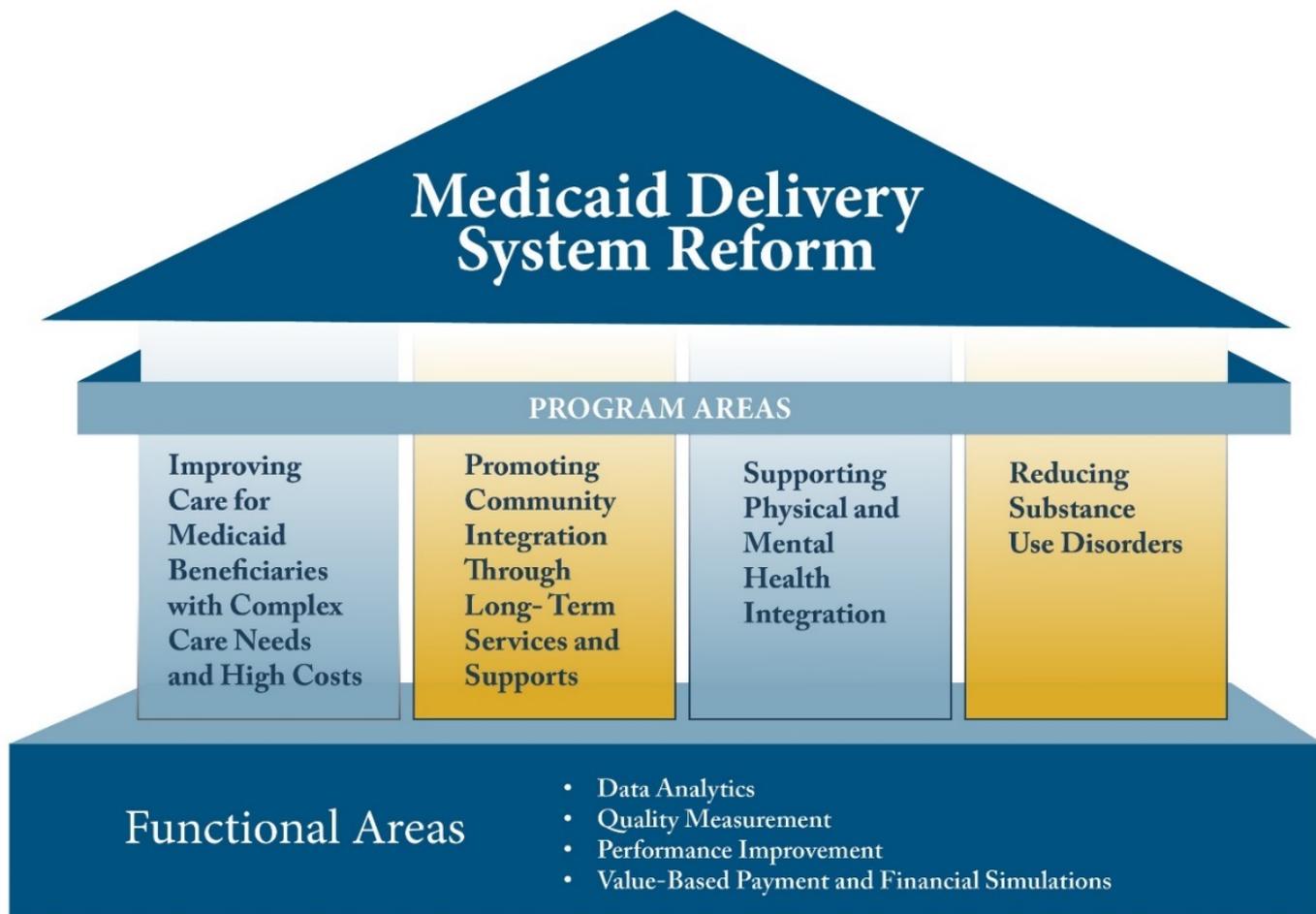
Agenda for Today's Webinar

- Introduction
- Overview of the Medicaid Innovation Accelerator Program
- New Jersey's FamilyCare Data Dashboards
- Washington's Rapid Cycle Monitoring Dashboards for Opioid Projects
- Q&A

Today's Speakers

- Felicia Wu, Research Scientist, Division of Medical Assistance and Health Services, State of New Jersey and Brian Leip, Software Development Specialist, Division of Medical Assistance and Health Services, State of New Jersey
- Shalini Prakash, Data Scientist, Washington State Health Care Authority

Medicaid Innovation Accelerator Program (IAP)



Goals for Today's Webinar

In this interactive webinar, states will learn about:

- Lessons learned in developing dashboards
- Approaches to selection process for data visualization
- Examples of selection criteria and process for metrics

NJ FamilyCare Data Dashboards

January 17, 2019

Advisory, Consultative, Deliberative

IAP Data Analytics Project

Develop public-facing NJ FamilyCare dashboards

12-month technical assistance (April 2018)

CMS IAP partners

- **Truven Health Analytics**
- **HealthDataViz**

Selection Process for Visualization

**Survey of Open Public Records Act (OPRA) Requests
and other Division published materials**

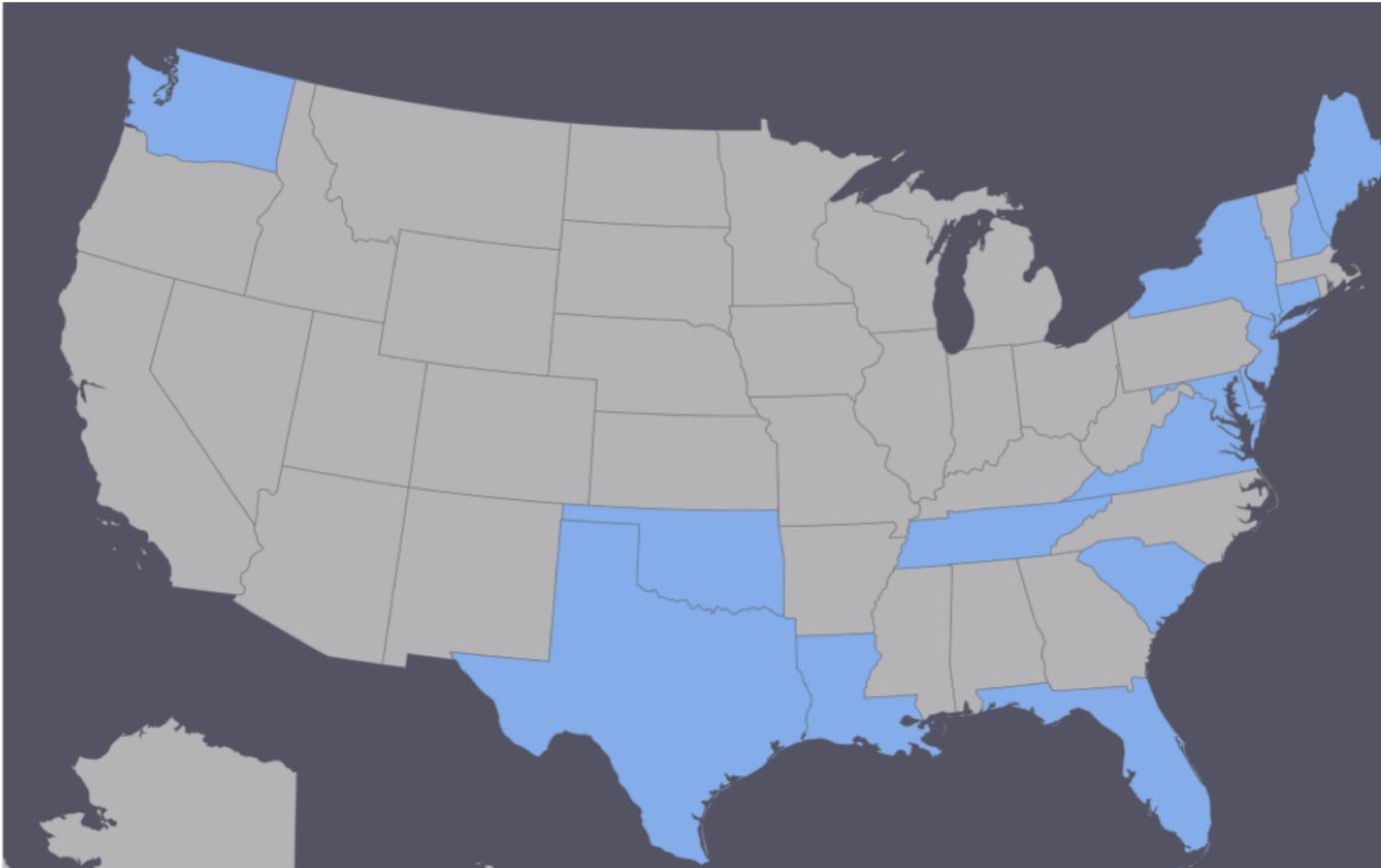
State comparables study

IAP Partner Input

Medicaid Director

Advisory, Consultative, Deliberative

13 Comparable States Surveyed

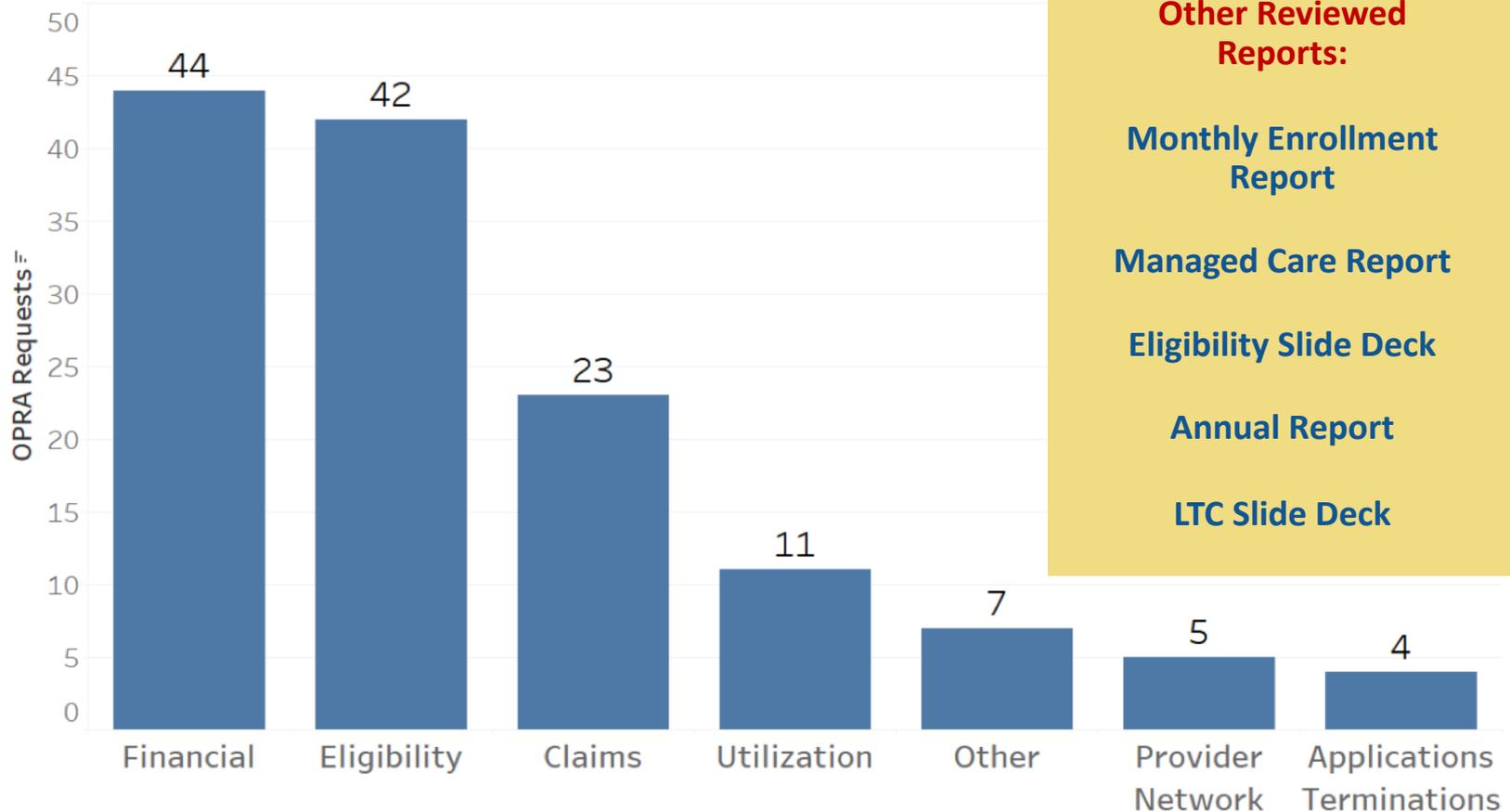


Delaware
Florida
Louisiana
Maine
Maryland
New Hampshire
New York
Oklahoma
Tennessee*
S. Carolina
Texas
Virginia
Washington

**not public*

Survey of Requested Reports

OPRA Requests 2016-2017



Advisory, Consultative, Deliberative

Phase 1 Selected Visualizations

OPRA Requests and Publicly Available Reports		
State Comparables Research	Provider Accessibility Applications and Terminations CAHPS Consumer Assessment of Healthcare Providers	Financials Service Utilization and/or Expenditures
	HEDIS and Clinical Measures	Eligibility

Other Requested Visualizations:

Long Term Care

Medicaid Expansion

Managed Care Report(s)

High Level Questions... and Answers

Who are our beneficiaries?

NJ FamilyCare Eligibility

LTC beneficiaries

Medicaid Expansion

How well are services being provided?

HEDIS

CAHPS

What services are being provided?

Claims Processing

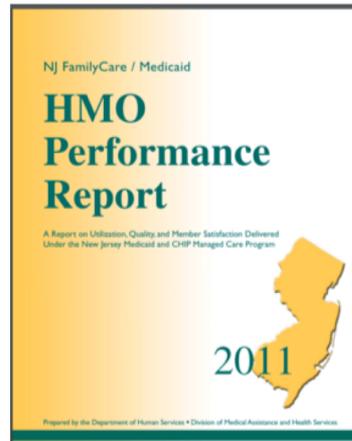
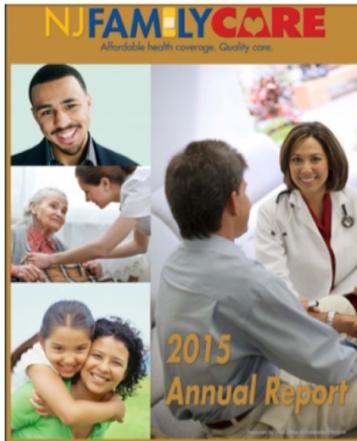
HEDIS

How much do services cost?

MCO Financials (in development)

Future NJ FamilyCare Dashboard

Summer 2018: <http://www.njfamilycare.org/default.aspx>



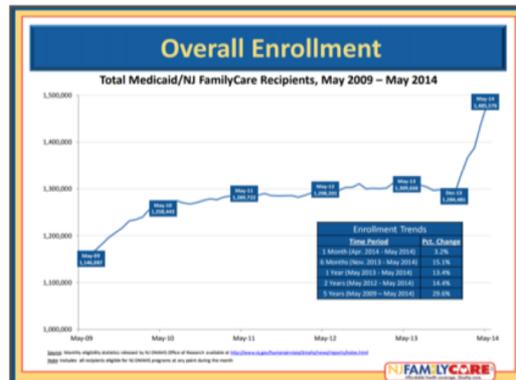
State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

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[Division of Medical Assistance and Health Services Home](#)
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[New Jersey Housing Resource Center](#)
[New Jersey Mental HealthCare](#)

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Monthly Enrollment Reports
 NJ FamilyCare/Medicaid Enrollment Statistics
[November 2017 \(PDF\)](#)
[October 2017 \(PDF\)](#)
[September 2017 \(PDF\)](#)
[August 2017 \(PDF\)](#)
[July 2017 \(PDF\)](#)
[June 2017 \(PDF\)](#)
[May 2017 \(PDF\)](#)
[April 2017 \(PDF\)](#)
[March 2017 \(PDF\)](#)
[February 2017 \(PDF\)](#)
[January 2017 \(PDF\)](#)

[January 2016 - December 2016 \(PDF\)](#)
[January 2015 - December 2015 \(PDF\)](#)
[January 2014 - December 2014 \(PDF\)](#)



Managed Long Term Services and Supports (MLTSS)

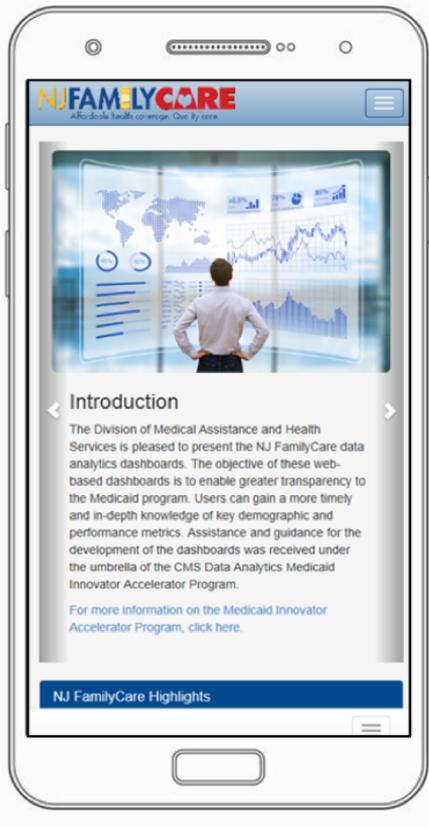
Presentation to the Medical Assistance Advisory Council

April 13, 2015

Presentation by Lowell Arye
 Deputy Commissioner
 Department of Human Services

Advisory, Consultative, Deliberative

Mobile Friendly & Browser Independent



The desktop view of the NJ FamilyCare data analytics dashboard features a navigation menu at the top with options: Home, Timeline, Eligibility, Medicaid Expansion, LTC, HEDIS, CAHPS, and More Information. The main content area includes a large image of a person viewing a data dashboard, an 'Introduction' section with text, and a 'NJ FamilyCare Highlights' section with four data points:

Metric	Value
Total Enrollment	1,756,136
Managed Care Enrollment	94.1%
Long Term Care Population in Home and Community Based Services	47.4%
New Behavioral Health Providers Added Since Rate Increase	92

There is also a 'Monthly Enrollment Reports' section with an image of a document.

“Consumers that are younger, lower-income or racial minorities use mobile phones for **90%-95%** of their internet use.” *Oliver Wyman Consulting*

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Online and Available

HEALTHCARE

ARTICLE

COMMENTS



WHAT DO YOU WANT TO KNOW ABOUT MEDICAID IN NJ? NEW WEBSITE HAS ANSWERS

LILLO H. STAINTON | SEPTEMBER 12, 2018

Data Dashboard, open to all, is aimed at making information more accessible and should help with decisions about allocating funds



Healthcare advocates, policy organizations, government officials, and curious patients can better explore public data related to New Jersey's Medicaid program, thanks to a website the state has established to improve the transparency and operation of the system.

The state Department of Human Services, which oversees New Jersey's Medicaid (or NJ FamilyCare) program, has launched the

first version of its NJ FamilyCare Data Dashboard, a [website](#) officials said will be continuously updated and outfitted with new features in the weeks and months to come.

The interactive site currently includes FamilyCare enrollment data, broken down by age, sex, county and program type; enrollment trends dating back to 2014; and a timeline of key policy changes. The data allows those interested in public policy to better understand how the program has grown and changed over the years, who participants are and where they live — information that can help officials focus funding and other resources or adjust elements of the Medicaid program.

“Our intent with this new site is to bring greater transparency to the state’s Medicaid program. Over time users will be able to access timely and in-depth information on this vital program for our state. The more information we can make available about this important program, the better.”

- DHS Commissioner Carole Johnson

“We’re thrilled to offer this service to New Jersey residents, NJ FamilyCare is an invaluable program that provides a wide-range of health care services, and we’re excited to continue to work to bring this type of easy-to-navigate transparency to the program.” - Meghan Davey, DMAHS Director

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Link to New Website

<http://www.njfamilycare.org>

Call 1-800-761-8716
TTY: 1-800-761-8716

Hours of Operation:
Monday and Thursday
8:00 A.M. - 4:00 P.M.
Tuesday, Wednesday, Friday
8:00 A.M. - 5:00 P.M.

NJ FAMILYCARE

Affordable health coverage. Quality care.

Welcome to the NJ FamilyCare website.

Apply Here

NEW Enrollment Statistics and NJ FamilyCare Data Dashboards

Multilingual Support

Arabic	Bengali	Chinese	Creole	English	French
Gujarati	Hindi	Italian	Japanese	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Turkish	Urdu
		Vietnamese			

You will need to have the appropriate character sets to see each individual language.

<http://www.njfamilycare.org/analytics/home.html>

NJ FAMILYCARE

Affordable health coverage. Quality care.

Home | Timeline | Eligibility | Medicaid Expansion | LTC | HEDIS | CAHPS | More Information

Introduction

The Division of Medical Assistance and Health Services is pleased to present the NJ FamilyCare data analytics dashboards. The objective of these web-based dashboards is to enable greater transparency to the Medicaid program. Users can gain a more timely and in-depth knowledge of key demographic and performance metrics. Assistance and guidance for the development of the dashboards was received under the umbrella of the CMS Data Analytics Medicaid Innovator Accelerator Program.

For more information on the Medicaid Innovator Accelerator Program, click here.

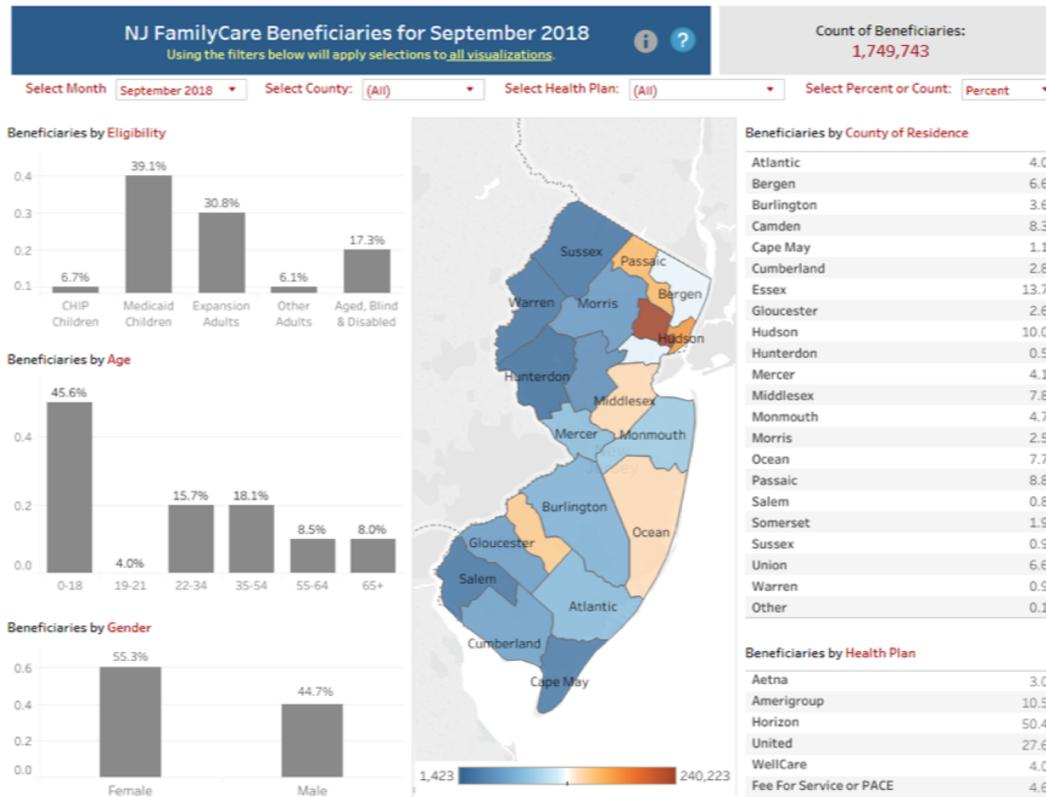
NJ FamilyCare Highlights

1,756,136 Total Enrollment	94.1% Managed Care Enrollment	47.4% Long Term Care Population in Home and Community Based Services	92 New Behavioral Health Providers Added Since Rate Increase
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Monthly Enrollment Reports

Advisory, Consultative, Deliberative

Currently Published - Eligibility

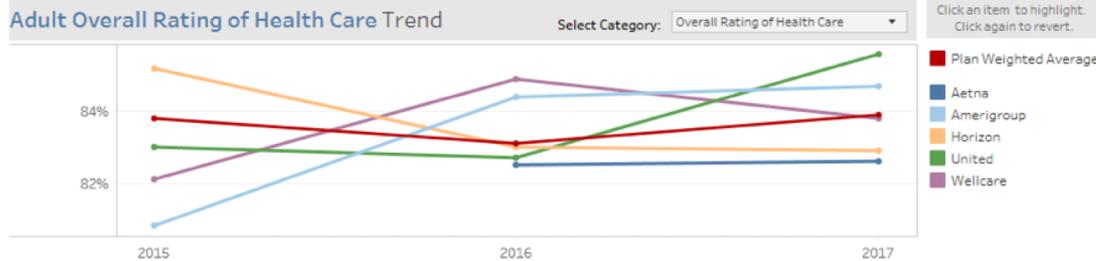
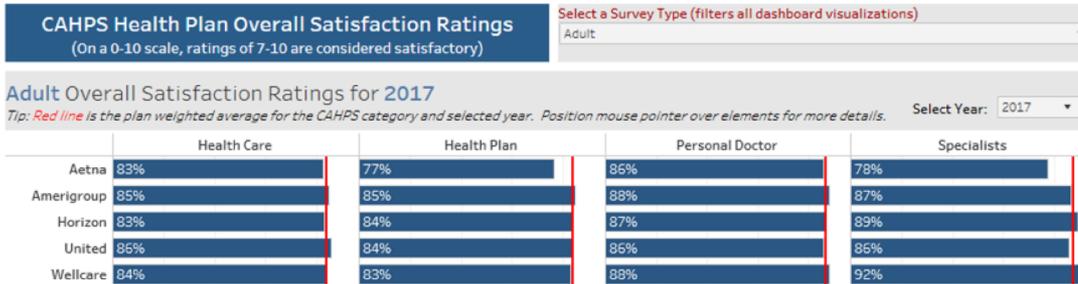


Data is provided by the Division of Medical Assistance in the Department of Human Services, State of New Jersey.

tableau

Navigation icons: back, forward, search, etc.

Currently Published - Consumer Assessment of Healthcare Providers and Systems (CAHPS)



Adult Overall Satisfaction Ratings

Tip: Blank cells indicate data is not applicable.

	Health Care			Health Plan			Personal Doctor			Specialists		
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015	2016	2017
Aetna		83%	83%		74%	77%		87%	86%		84%	78%
Amerigroup	81%	84%	85%	84%	83%	85%	89%	89%	88%	90%	84%	87%
Horizon	85%	83%	83%	87%	87%	84%	91%	87%	87%	88%	88%	89%
United	83%	83%	86%	83%	80%	84%	87%	86%	86%	85%	93%	86%
Wellcare	82%	85%	84%	83%	77%	83%	91%	88%	88%	86%	84%	92%

Visit the Sources and Notes page for more details.

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Navigation icons: back, forward, search, etc.

Currently Published – Long Term Care

Long Term Care: Month at a Glance

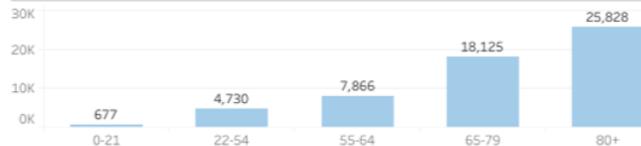
 Select Month, Year:
 MLTSS/FFS/PACE:
 Select Percent or Count:

NJ FamilyCare covers long term services and supports for eligible NJ residents with long term care (LTC) needs. Since the launch of Managed Long Term Services and Supports (MLTSS) in July 2014, LTC services and supports are paid for through managed care organizations (MCOs) with the goal of providing quality care in the least restrictive setting. MLTSS covers home and community based services in recipients' homes (HCBS) and in assisted living facilities (AL). LTC services are also covered in nursing facilities (NF) and special care nursing facilities (SCNF). Recipients still receiving nursing care services through a fee-for-service (FFS) delivery system were residing in a NF/SCNF prior to July 2014. In addition to the five MCOs that NJ Medicaid contracts with, LTC recipients can choose to enroll in the Program of All-Inclusive Care for the Elderly (PACE).

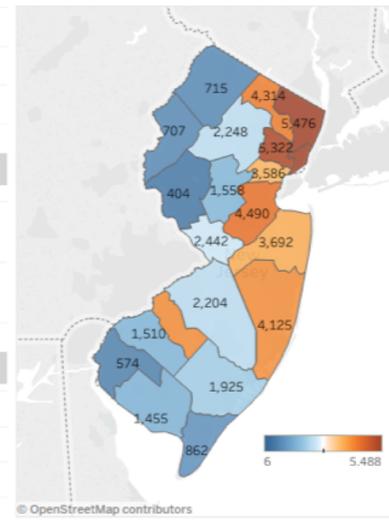
July 2018 Long Term Care Population, by Living Arrangement [click a category to filter](#)

FFS NF/SCNF	MLTSS AL	MLTSS HCBS	MLTSS NF/SCNF	PACE	Grand Total
10,383	3,081	24,710	17,991	1,061	57,226

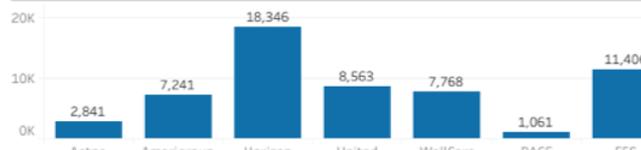
July 2018 All LTC Recipients, by Age Group (All)



July 2018 All Recipients (All)



July 2018 All Recipients, by Health Plan (All)



July 2018 All Recipients, by Dual Status (All)



tableau

Currently Published – Timeliness of Claims Processing

 **NJ FAMILYCARE**
Affordable health coverage. Quality care.

Home | Timeline | Eligibility | **Health Plans** | LTC | HEDIS | CAHPS | More Information

Payments vs. DMAHS Standards | **Non-MLTSS Payment Details** | **MLTSS Payment Details**

Claims Processing Lag Report
(Timeliness of Claims Processing)

Quarter Ending: 6/30/2018 | Submission Type: All | Include/Exclude Pharmacy?: Include Pharmacy Claims

The objective of this dashboard is to illustrate the timeliness of claims processing (payments or denials) made by New Jersey Medicaid's contracted Managed Care Organizations (MCOs) to providers of Medicaid services. According to article 7.16.5 in the contract between the NJ Division of Medical Assistance and Health Services and its contractors, the contractor shall process claims in accordance with the Health Claims Authorization Processing and Payment Act, N.J.S.A. 17B:30-48 et seq. and the terms of the MCO contract, and shall be subject to damages pursuant to such laws and regulations.
For more information, visit <https://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf>

Processing for Electronic & Manual Claims Submissions (Acute and Partial MLTSS)

Timeframe	% Claims Processed	DMAHS Standard	Difference from Standard
Within 30/40 Days	99.4%	90.0%	9.4% ▲
Within 60 Days	99.9%	99.0%	0.9% ▲
Within 90 Days	99.9%	99.5%	0.4% ▲

For acute care and partial MLTSS claims, 90% shall be processed (paid or denied) within 30 (electronic submissions) or 40 (manual submissions) calendar days of receipt. 99% of these claims shall be processed within 60 days, and 99.5% shall be processed within 90 days. A blue up arrow indicates DMAHS standards have been met or exceeded. An orange down arrow indicates DMAHS standards have not been met.

Processing for Electronic & Manual Claims Submissions (MLTSS - Clean Claims)

Timeframe	% Claims Processed	DMAHS Standard	Difference from Standard
Within 15/30 Days	94.9%	90.0%	4.9% ▲

For MLTSS clean claims, 90% shall be processed within 15 (electronic) or 30 (manual) calendar days of receipt. A clean claim is a claim which has no defect, impropriety or special circumstance, including incomplete documentation that delays timely payment.

Processing for Electronic & Manual Claims Submissions (MLTSS - All Claims)

Timeframe	% Claims Processed	DMAHS Standard	Difference from Standard
Within 45 Days	99.8%	99.5%	0.3% ▲

For all MLTSS claims, 99.5% shall be processed within 45 calendar days of receipt. Managed Long Term Services and Supports (MLTSS) refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program. Refer to the MLTSS Payment Details tab for additional information.

Processing Summary for Quarter Ending 6/30/2018

- 14,346,641 Non-MLTSS/Partial MLTSS claims were processed during the quarter.
- 556,403 MLTSS claims were processed this quarter.
- 543,244 MLTSS clean claims were processed this quarter. Of those processed, 515,617 claims were done so within 15 days (electronic) or 30 days (manual) and 27,627 claims were processed outside of that timeframe.

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Currently Published – Timeliness of Claims Processing (continued)

 [Home](#) [Timeline](#) [Eligibility](#) [Health Plans](#) [LTC](#) [HEDIS](#) [CAHPS](#) [More Information](#)

Payments vs. DMAHS Standards **Non-MLTSS Payment Details** MLTSS Payment Details

Claims Processing Lag Report Details (Non-MLTSS and Partial MLTSS) Quarter Ending: 6/30/2018 Submission Type: All Display Mode: Percent

Processing for [Electronic & Manual](#) Claims Submissions (Non-MLTSS and Partial MLTSS)

Category of Service	Claims Processed This Quarter	Percent of Claims Processed Within 30/40 Days	Percent of Claims Processed Within 60 Days	Percent of Claims Processed Within 90 Days	Percent of Claims Processed Beyond 90 Days
Inpatient Hospital	130,389	95.8%	99.1%	99.4%	0.6%
Primary Care and Physician Specialty Services	2,612,416	99.6%	99.9%	99.9%	0.1%
Outpatient Hospital (excludes ER)	258,008	98.6%	99.7%	99.8%	0.2%
Other Professional Services	573,268	98.8%	99.9%	99.9%	0.1%
Emergency Room	345,361	98.3%	99.9%	99.9%	0.1%
Nursing Facility	45,393	99.1%	99.5%	99.8%	0.2%
Home and Community Based Services	28,709	100.0%	100.0%	100.0%	0.0%
DME / Medical Supplies, Prosthetics & Orthotics	285,699	99.0%	99.9%	99.9%	0.1%
Covered Dental	476,859	100.0%	100.0%	100.0%	0.0%
Pharmacy (not to include Reimbursable Drugs a...)	5,887,879	99.9%	100.0%	100.0%	0.0%
Reimbursable Drugs and Blood Products	1,447	99.1%	100.0%	100.0%	0.0%
Home Health	98,849	99.4%	99.9%	99.9%	0.1%
Hospice	25,492	95.3%	97.5%	98.6%	1.4%
Medical Day Care	386,204	98.9%	99.3%	99.5%	0.5%
Personal Care	509,136	98.3%	99.0%	99.2%	0.8%
Personal Preference	219,450	100.0%	100.0%	100.0%	0.0%
Transportation	73,943	98.7%	99.9%	99.9%	0.1%
Lab & X-ray	1,410,790	99.1%	99.9%	100.0%	0.0%
Vision Care including Eyeglasses	205,858	99.5%	99.9%	99.9%	0.1%
Mental Health/Substance Abuse	123,730	98.8%	99.7%	99.8%	0.2%
EPSDT Medical & PDN	134,207	99.6%	99.9%	100.0%	0.0%
EPSDT Dental - EPD	127,203	100.0%	100.0%	100.0%	0.0%
Family Planning	15,615	99.6%	100.0%	100.0%	0.0%
Other Medical	370,736	98.2%	99.7%	99.8%	0.2%
Grand Total	14,346,641	99.4%	99.9%	99.9%	0.1%

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Lessons Learned

Assess which data topics are of greatest public need and interest.

Present context within dashboard. Answer the question “Why should I care?”

Simpler is more user friendly. Make the interface straightforward.

Lessons Learned (*continued*)

Choose datasets thoughtfully – focus on data that is consistent with other publications

Establish a process for review and sign off with internal and external stakeholders.

Build a good team of analysts and subject matter experts. Executive level sponsorship and guidance are vital.

Questions?

Email:

Felicia.Wu@dhs.state.nj.us

Brian.Leip@dhs.state.nj.us



Rapid Cycle Monitoring reports for opioid projects

November 2018

Analytics, Research and Measurement (ARM) Team

Agenda

- Background
- Selection criteria
- Metrics under development
- Sneak peak at the dashboards
- Update schedule
- Timelines for release

Background

- In 2017, the Washington State Health Care Authority (HCA) received technical assistance (TA) under the Medicaid Innovator Accelerator Program (IAP).
- Our technical support included assistance with identification, development and dissemination of metrics to monitor near real-time opioid projects under the Medicaid Transformation Project (MTP).
- Under Washington's MTP, localized projects, focused on targeted issues, are led by the nine Accountable Communities of Health (ACHs).

Background (cont'd)

- Over the course of 14 months, the TA included
 - Interviews with ACHs about their opioid project plans.
 - Feasibility assessments of potential project monitoring metrics.
 - Recommendations for monitoring metrics.
 - Assistance with visualization of monitoring metrics.
- Based on consultation with Research and Data Analysis (RDA) and the Health Care Authority medical director, the measures were finalized.

Monitoring metrics selection criteria

- Data availability
- Short data lag
- Feasibility of updates
- Actionable metrics
- Drill-down capacity on demand
- Pay-for-performance measures are not used
- Metrics meet privacy standards

Monitoring metrics scope

- Recommended measures span three areas of focus of ACH opioid projects
 - Prevention of opioid use and misuse
 - Treatment of Opioid Use Disorder (OUD)
 - OUD treatment provider capacity
 - Local opioid provider profiling
 - Intervention in opioid overdoses to prevent deaths
- First release will include metrics around treatment of OUD

Monitoring metrics

OUD treatment and provider capacity focused measures:

- Medication-Assisted Therapy (MAT) waived provider capacity per 1,000 Medicaid enrollees with OUD
- Percent (%) of active waived MAT providers (prescribing to Medicaid enrollees)
- Percent (%) of Medicaid enrollees with OUD receiving medication assisted treatment (MAT)
- Percent (%) of Medicaid enrollees with OUD initiating MAT
- Percent (%) of Medicaid enrollees receiving MAT in discontinuous manner (< 15 days)
- Continuous use of MAT therapy (≥ 180 days in a year)

Monitoring metrics (cont'd)

Measures focused on preventing opioid use and misuse:

- Rate of Medicaid beneficiaries prescribed any opioids
- Percent (%) of Medicaid beneficiaries prescribed chronic opioids
- Percent (%) of Medicaid beneficiaries prescribed high-dose chronic opioids
- Percent (%) of Medicaid beneficiaries prescribed chronic concurrent opioids and sedatives
- Percent (%) of Medicaid beneficiaries whose days supply of first opioid prescription is ≤ 7 days, is > 7 days
- Percent (%) of new opioid Medicaid beneficiaries subsequently prescribed chronic opioids
- Prevalence of OUD in the Medicaid population (per 10,000 enrollees)

Metrics under development

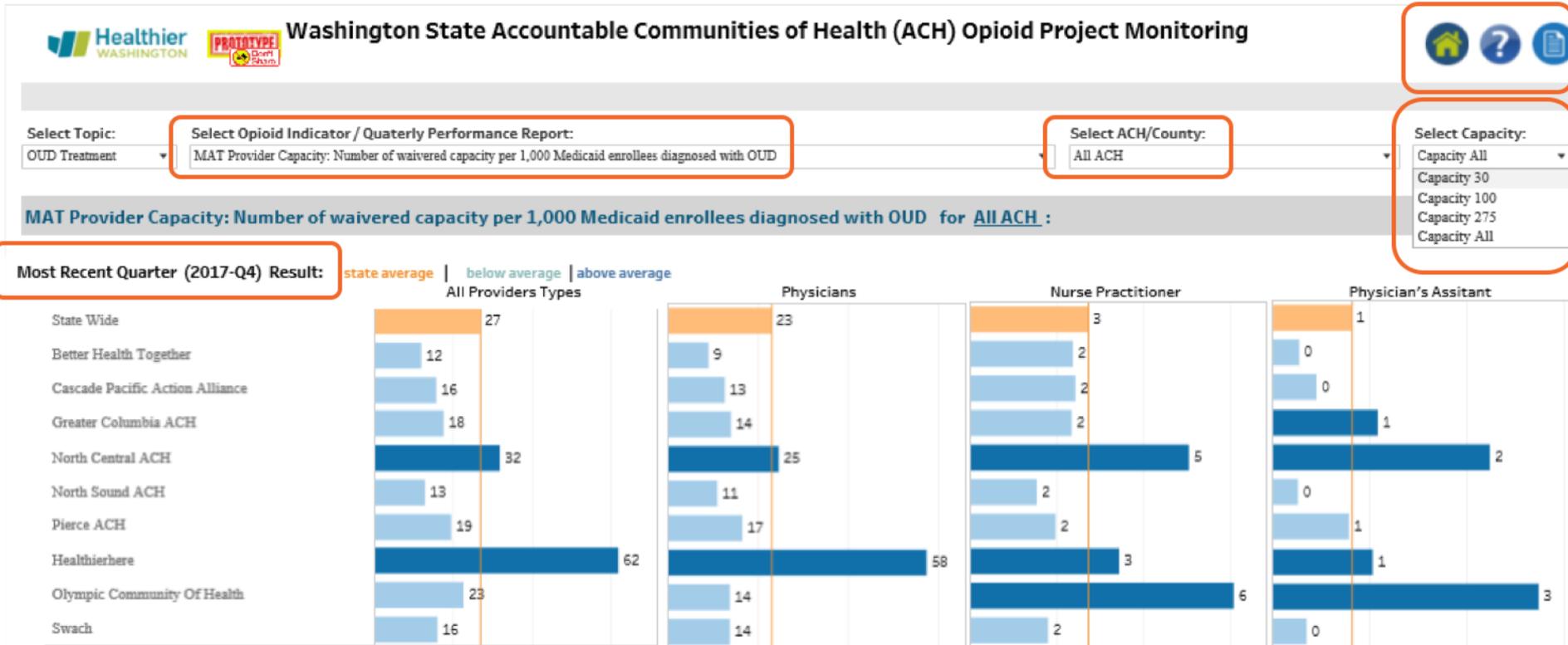
Prescriber focused measures: Distribution of prescribers (panels- high, medium, low) based on following prescribing patterns for Medicaid enrollees:

- Prescribed any opioid
- Prescribed chronic opioids
- Prescribed high dose chronic opioids
- Prescribed chronic current opioids and sedative

Metrics under development (cont'd)

Panel Profile	Number of Physicians
20% or fewer of the physicians' Medicaid patients have an opioid prescription	#
21% – 49% of the physicians' Medicaid patients have an opioid prescription	#
50% or more of the physicians' Medicaid patients have an opioid prescription	#

Provider capacity metric – live demo

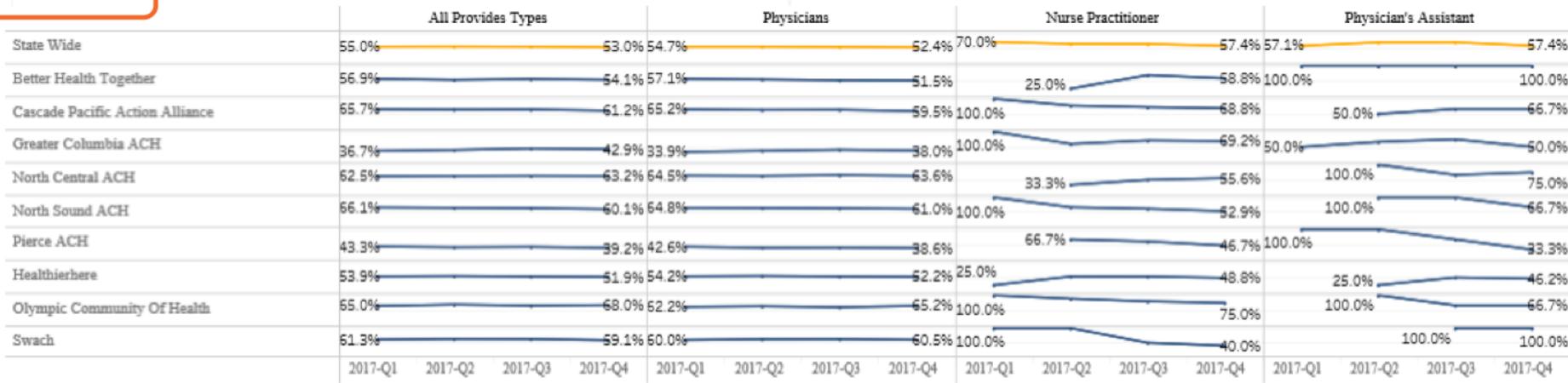


Active providers metric – live demo

Select Topic: **Select Opioid Indicator / Quaterly Performance Report:**
 OUD Treatment | Active MAT Providers : Proportion of available waived providers are actively treating Medicaid enrollees diagnosed with OUD
 Select ACH/County: All ACH | Select Capacity: Capacity All

Active MAT Providers : Proportion of available waived providers are actively treating Medicaid enrollees diagnosed with OUD for All ACH :

Last 4 Quarter Trend | state average | quaterly trend



OUD treatment metric – live demo

OUD Treatment: Percent of Medicaid enrollees with OUD, treated by various OUD treatment modalities for **North Central ACH**

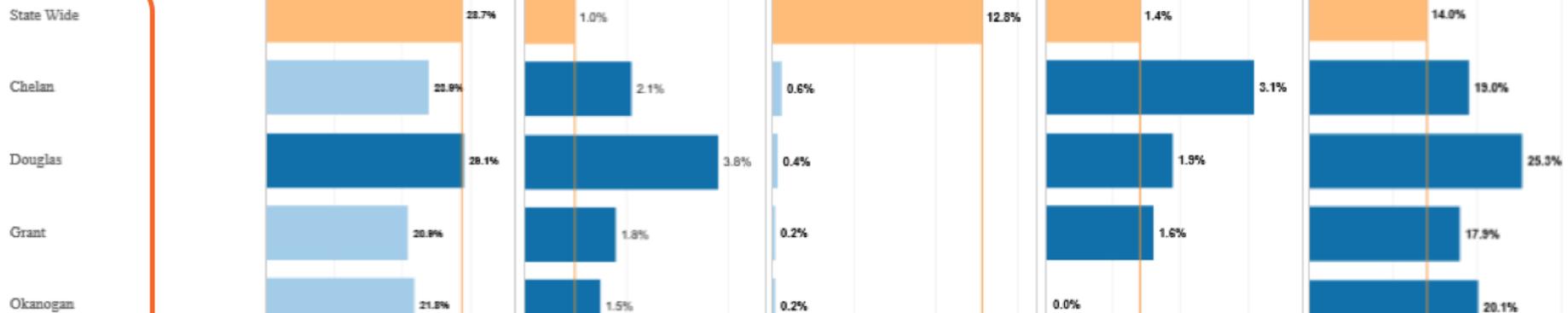
Most Recent Quarter (2017-Q4) Result: state average | below average | above average
Any MAT

BUPRENORPHINE

METHADONE

NALTREXONE

BUPREN-NALOXONE

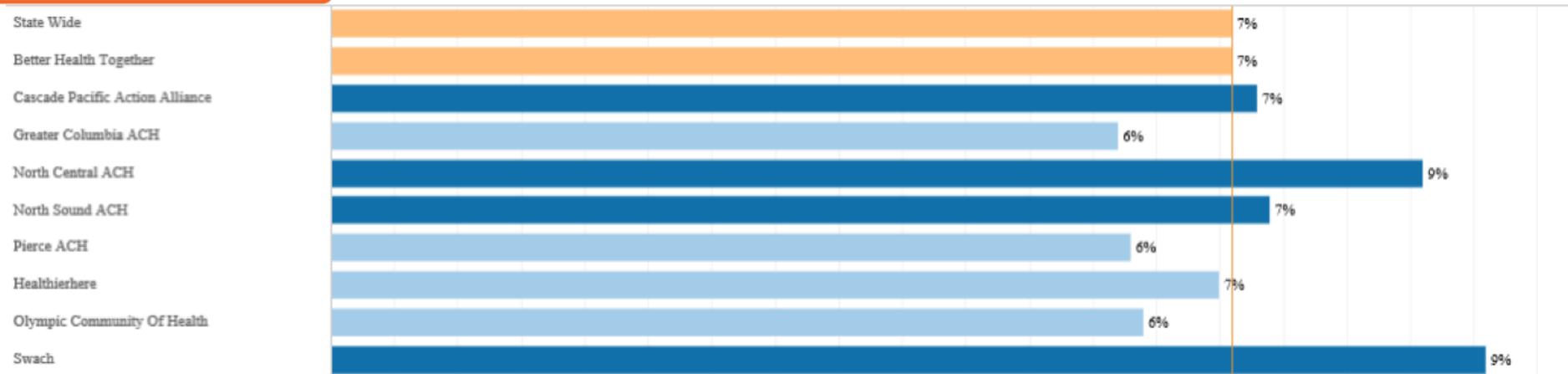


Initiators of MAT metric – live demo

Select Topic: OUD Treatment | Select Opioid Indicator / Quarterly Performance Report: New Initiators of OUD Treatment: Percent of Medicaid enrollees with OUD, initiating treatment | Select ACH/County: All ACH | Select Capacity: (All)

New Initiators of OUD Treatment: Percent of Medicaid enrollees with OUD, initiating treatment for All ACH :

Most Recent Quarter (2017-Q4) Result: state average below average above average

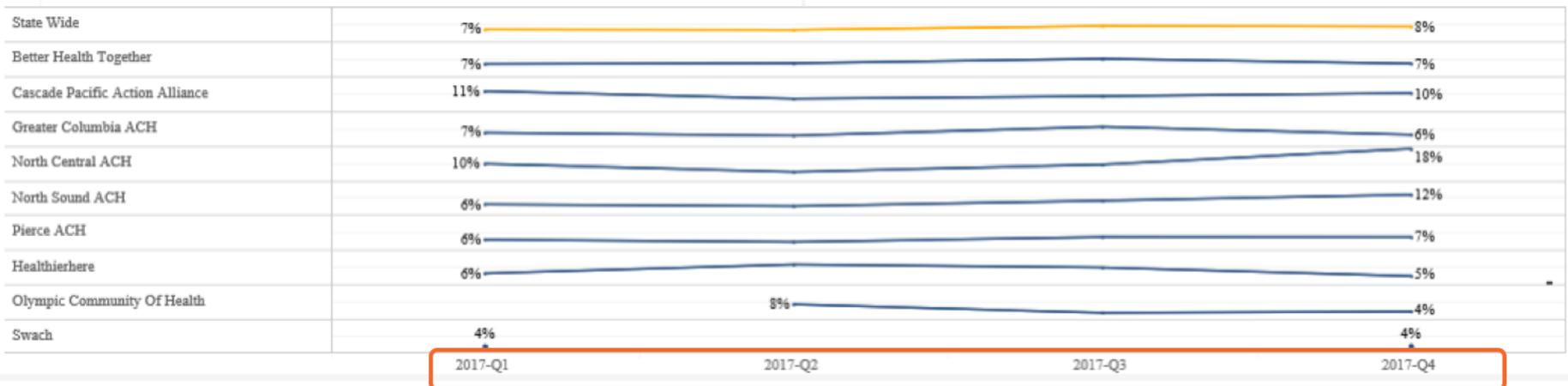


Discontinuous use of MAT metric – live demo

Select Topic: OUD Treatment | Select Opioid Indicator / Quarterly Performance Report: Discontinuous use of Buprenorphine: Percent of Medicaid enrollees treated with Buprenorphine with less than 15 days of therapy | Select ACH/County: All ACH | Select Capacity: (All)

Discontinuous use of Buprenorphine: Percent of Medicaid enrollees treated with Buprenorphine with less than 15 days of therapy for All ACH :

Last 4 Quarter Trend | state average | quarterly trend



Challenges

- Audience needs
 - Varying needs
 - Varying focus areas
- Agency requirements
 - Changing requirements
 - Data governance teams are not aware of context
- Provider privacy
 - Cannot disclose providers individually
 - Hard to do in rural areas with fewer providers

Challenges (pg 2)

- Patient privacy
 - Demographic information could jeopardize privacy
 - Hard to identify under-served groups
- Timeliness
 - Data lag of claims data renders it minimally useful
 - Data is not actionable for users if not near real-time
- Automation
 - Automated updates with changing needs
 - Automated updates with changing specifications

Challenges (pg 3)

- Data gaps
 - Data sources unavailable/ minimally useful
 - Cash transactions not tracked in claims
- Metric specifications
 - Changing national landscape
 - No national benchmarks
 - No ready-made specifications

Timelines & next steps

- Release is tentatively scheduled for end of 2018.
- Data will be as recent as October 2018.
- First quarter of reporting will include Q4 2017, Q1 2018, Q2 2018 and Q3 2018.

Next steps:

- We have stakeholder input from ACHs
- We have completed HCA executive sponsor reviews
- We are undergoing HCA data governance review prior to release
- We plan to include opioid prevention & provider profiles in future release

Key Takeaways

- Long runway
 - Understand audience needs and changing priorities
- Plan ahead & engage
 - Based on the complexity of the topic, we engaged with multiple stakeholders including clinical directors, agency policy & privacy office staff members
- Setting scope & expectations
 - Data limitations

Questions?

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Q&A

Webinar Takeaways

- Assess which data topics are of greatest need and interest, with an understanding that the audience may also have changing priorities over time.
- It is important to present context within dashboard. A key question to keep in mind is, “Why should I care?”
- Understanding the limitations of the data presented will help set the scope and expectations.
- Establish a process for review and sign off with internal and external stakeholders. Executive level sponsorship and guidance are vital.

Thank You

Thank you for joining today's webinar!

Please take a moment to complete
the post-webinar survey.

We appreciate your feedback!

For more information & resources, please contact
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