REPORT TO THE LEGISLATURE

Medicaid Managed Care Preventive Services and Vaccinations

Engrossed Substitute House Bill 1109; Section 1111(1)(t);
Chapter 415, Laws of 2019
September 13, 2019

Washington State Health Care Authority

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Legislative Reference

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute House Bill 1109 (2019):

> "The authority shall submit reports to the governor and the legislature by September 15, 2018, and no later than September 15, 2019, that delineate the number of individuals in Medicaid managed care, by carrier, age, gender, and eligibility category, receiving preventative services and vaccinations. The reports should include baseline and benchmark information from the previous two fiscal years and should be inclusive of, but not limited to, services recommended under the United States Preventative Services task force, advisory committee on immunization practices, early and periodic screening, diagnosis, and treatment (EPSDT) guidelines, and other relevant preventative and vaccination Medicaid guidelines and requirements."

The Legislature first required HCA to submit this report under 2016's Engrossed Substitute House Bill 2376, Sec. 213(1)(rr).

Summary

To ensure the Legislature has the information requested regarding Washington Apple Health (Medicaid) managed care enrollees, we have included the *2018 Comparative Analysis Report* by Qualis Health (now called Comagine), which is HCA's federally-required Medicaid external quality review organization.

The report details Qualis Health's analysis and findings on the following:

- Preventive care — including vaccinations — service delivery
- Enrollee numbers by program/plan
- Enrollee demographics (race, language, age, and gender)

The report includes reporting and trending for three calendar years (2016, 2017, and 2018) in compliance with at least two previous fiscal years period, as required in the legislation. This is in keeping with the national standard for reporting this information based on calendar years.

Report Highlights

- The Executive Summary (pages 5–11) includes recommendations to HCA for improving managed care organization (MCO) performance. This section also provides an overview of statewide MCO performance on these preventive and vaccination measures:
    - Access to primary care
    - Well-child visits
    - Maternal health visits
    - Child and adolescent immunizations
    - Weight assessment and counseling
    - Women's health screenings

- The Introduction (pages 12–33) describes the methods Qualis Health used to conduct the analysis. This section also provides an overview of the enrolled population, including assigned eligibility program, race, language, age, and gender.

  The Introduction also provides an overview of performance variation across MCOs, including:
    - Overview of performance measure variations (page 25);
    - Table summarizing each plan's performance for each prevention and vaccination measure in calendar year (CY) 2018 (page 26);
    - Series of tables on performance variation, by plan, on each preventive and vaccination measure (for CYs 2016, 2017, and 2018) (pages 29–33); and
    - Explanation of each measure and a comparison between statewide and MCO-level performance (for CYs 2016, 2017, and 2018) (pages 34–45).

- Appendix A summarizes, by MCO, CY 2018 performance by measure. This section also indicates the significance of the change from the prior year.

Performance Measures

The data in the comparative analysis report are validated according to standards set by the National Center for Quality Assurance (NCQA). National benchmarks (averages and percentiles[1]) are provided for select measures, at the discretion of NCQA.

NCQA requires Medicaid MCOs to report on 31 specified measures as part of their accreditation process. In 2017, HCA required its five Apple Health managed care plans to report on 57 performance measures. For any given measure the number of MCOs reporting is variable, depending on the states' reporting requirements. Many of the measures in this report are also in

[1] Qualis Health uses a standard statistical definition of percentile: "The percentile is the value below which a given percentage of scores falls below". The national percentile ranking indicates the percentage of reporting MCOs whose performance falls below the given score. For example, if the national percentile is 75th, 75 percent of the reporting MCOs scored equal to or below that point.

the Washington State Common Measure Set. View the Common Measure Set at https://www.hca.wa.gov/assets/program/washington-state-common-measures-2019.pdf.

Each year, HCA requires contracted MCOs to implement quality improvement activities. An unacceptable performance on any measure can be the focus of a quality improvement activity. HCA staff review each MCO's proposed improvement activities and monitors progress towards improvement. Based on this report, HCA notified each MCO of the measures they need to improve for 2019, using a quality improvement activity as follows:

Amerigroup Washington (AMG)

- Breast cancer screening
- Cervical cancer screening
- Antidepressant medication adherence, initial
- Antidepressant medication adherence, continuing
- Timeliness of prenatal care
- Timeliness of postpartum care
- Adult access to primary care

Coordinated Care of Washington (CCW)

- Antidepressant medication adherence, initial
- Antidepressant medication adherence, continuing
- Timeliness of prenatal care
- Timeliness of postpartum care
- Adult access to primary care

Community Health Plan of Washington (CHPW)

- Timeliness of prenatal care
- Timeliness of postpartum care
- Adult access to primary care
- Well-child visits 3-6 years

Molina Healthcare of Washington (MHW)

- Breast cancer screening
- Cervical cancer screening
- Antidepressant medication adherence, initial
- Antidepressant medication adherence, continuing
- Timeliness of prenatal care
- Well-child visits 3-6 years

United Healthcare Community Plan (UHC)

- Antidepressant medication adherence, initial
- Antidepressant medication adherence, continuing
- Timeliness of prenatal care
- Timeliness of postpartum care
- Well-child visits 3-6 years

Reasons for Performance Measure Variance

As described in the report (page 15), performance measures should be interpreted carefully. The difference between an MCO's score and the national benchmark (average) could be partially dependent on other factors.

For example, other states' MCOs may report different measures. States may also choose to report additional measures, beyond those required for accreditation.

States have varying numbers of managed care plans administering Medicaid. Medicaid enrollee numbers and types also differ between states. Some enrollee difference come from whether a state adopted Medicaid expansion.

Find more information on state Medicaid plans or MCOs at www.medicaid.gov/state-overviews/index.html.

2018 Comparative Analysis Report

Washington Apple Health

Washington State Health Care Authority

December 2018

QUALIS HEALTH™

As Washington's Medicaid external quality review organization (EQRO), Qualis Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and the State's managed mental health and substance use disorder treatment services.

This report was prepared by Qualis Health under contract K1324 with the Washington State Health Care Authority to conduct external quality review and quality improvement activities to meet 42 CFR §462 and 42 CFR §438, Managed Care, Subpart E, External Quality Review.

Qualis Health is one of the nation's leading population health management organizations, and a leader in improving care delivery and patient outcomes, working with clients throughout the public and private sectors to advance the quality, efficiency and value of healthcare for millions of Americans every day. We deliver solutions to ensure that our partners transform the care they provide, with a focus on process improvement, care management and effective use of health information technology.

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Executive Summary

As part of its work as the external quality review organization (EQRO) for the Washington State Health Care Authority (HCA), Qualis Health reviewed Apple Health managed care organization (MCO) performance for the calendar year (CY) 2017. The MCOs were required to report results for 57 Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measures reflecting the levels of quality, timeliness, and accessibility of healthcare services MCOs furnished to the state's Medicaid enrollees. HEDIS measures are developed and maintained by the National Committee for Quality Assurance (NCQA), whose database of HEDIS results for health plans, the Quality Compass®[2], enables benchmarking against other Medicaid managed care health plans nationwide.

Many of these selected measures are also part of the Washington State Common Measure Set on Health Care Quality and Cost, "a set of measures that enables a common way of tracking important elements of health and health care performance and is intended to inform public and private health care purchasing. It helps determine how well the health care system is performing and will enable a shared understanding of areas that should be targeted for improvement. The focus of the measures includes access, prevention, acute care and chronic care."[3] Comparative tables shown in this report identify the HEDIS measures that are also included in the Washington State Common Measure Set.

During 2017 CY, five MCOs provided care for Apple Health enrollees:

- Amerigroup Washington (AMG)
- Community Health Plan of Washington (CHPW)
- Coordinated Care of Washington (CCW)
- Molina Healthcare of Washington (MHW)
- United Healthcare Community Plan (UHC)

To be consistent with NCQA methodology, the 2017 calendar or measurement year is referred to as the 2018 reporting year (RY) in this report.

[1] The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.
[2] Quality Compass® is a registered trademark of NCQA.
[3] https://www.hca.wa.gov/assets/measures-fact-sheet.pdf

Performance Highlights

Overall performance for Washington Apple Health plans is summarized in the following pages. **Note**: all identified performance increases or decreases refer to statistically significant changes from the previous year. The symbols below provide context for measure performance:

Symbol	Meaning
▼	overall state rate significantly lower than national 50th percentile
◄►	overall state rate similar to national 50th percentile
▲	overall state rate significantly higher than national 50th percentile
±	mixed performance on measures included in the domain, meaning there is significant variation between included measures

Access to Care

Managed care organizations are required to ensure their members have access to primary care. MCOs can accomplish this by developing a robust provider network, providing good customer service and guidance, and educating members on the importance of engaging with providers for routine healthcare.

Access to care measures are evaluated by measuring the percentage of unduplicated enrollees with documented primary, well-child, and maternal health visits.

- **Primary care visits:**

  Adults' access to ambulatory/preventive health services (AAP) (▼): In 2018 RY, statewide performance on each AAP measure (also referred to as adult access to primary care in this report) was below the respective national 50th percentile. However, four of the five MCOs showed a statistically significant increase on adult access to primary care measures between 2017 RY and 2018 RY, leading to a statewide 1.2 percent increase in the rate of adults having a primary care appointment.

  The Apple Health Adult Coverage program did not grow as rapidly in 2018 RY as in previous years. Perhaps as a result of this stabilization, rates for adult access to primary care have increased for this program. IMC and Apple Health Family rates also showed an increase for this measure. Apple Health Blind/Disabled was the only program to experience a decline.

Symbol	Meaning
▼	overall state rate significantly lower than national 50th percentile
◄►	overall state rate similar to national 50th percentile
▲	overall state rate significantly higher than national 50th percentile

The source for certain health plan measure rates and benchmark (averages and percentiles) data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA), as outlined in the copyright notice on page 4.

Table 1: Adults' Access to Preventive/Ambulatory Health Services, Eligible Enrollees by Program, All MCOs Statewide, 2016–2018 RY

		2016 RY		2017 RY		2018 RY	
		Denominator	Rate	Denominator	Rate	Denominator	Rate
Adults' Access to Preventive/Ambulatory Health Services (20-44 Years)	Apple Health Adult Coverage	205,030	67.6%	239,884	67.2%	244,456	69.6%
	Apple Health Blind/Disabled	22,596	78.1%	22,806	78.6%	23,325	78.0%
	Apple Health Family	68,528	81.9%	70,545	81.9%	66,840	82.5%
	Integrated Managed Care			20,439	70.4%	23,330	71.6%
	Total	**296,434**	**71.7%**	**355,797**	**71.1%**	**359,223**	**72.6%**
Adults' Access to Preventive/Ambulatory Health Services (45-64 Years)	Apple Health Adult Coverage	115,438	78.3%	129,776	77.5%	132,407	78.7%
	Apple Health Blind/Disabled	35,080	86.7%	35,471	87.1%	34,062	86.8%
	Apple Health Family	12,378	81.8%	11,891	82.6%	12,216	85.4%
	Integrated Managed Care			10,380	78.2%	11,677	79.1%
	Total	**162,896**	**80.4%**	**190,681**	**79.9%**	**190,368**	**80.6%**

Children/adolescents' access to primary care practitioners: 12–24 months (▲), 25 months–6 years (▼), 7–11 years (▼), and 12–19 years (▲): Rates for this measure (also referred to as child/adolescent access to primary care in this report) decreased for every age group at the state level except for the 12–24 months age range. The statewide rate for the 12–19 years age group is still higher than the 50th national percentile.

- **Well-child visits:**
  - **Adolescent well-care visits** and **well-child visits in third, fourth, fifth, and sixth years of life (▼):** Rates for adolescent well-care visits and well-child visits for children ages 3–6 remained flat between 2017 RY and 2018 RY. When comparing to national rates, both measures are below the 50th percentile.
  - **Well-child visits in the first 15 months of life (▲):** The state rate of children receiving six or more well-child visits prior to age 15 months remained relatively flat from 2017 RY to 2018 RY. Compared with national rates, statewide performance on this measure is slightly higher than the 50th percentile.

- **Maternal health visits:**
  - **Timeliness of prenatal care (▼):** The statewide rate for prenatal care timeliness decreased by 5.3 percent between 2017 RY and 2018 RY. Performance on this measure is in the bottom third nationally (below the national 33rd percentile) and trended down this year, a reversal of the previous year's upward trend.
  - **Postpartum care (▼):** The state rate of postpartum visits remained flat from 2017 RY to 2018 RY. Performance on this measure is still in the bottom third nationally (below the national 33rd percentile).

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▼	overall state rate significantly lower than national 50th percentile
◄►	overall state rate similar to national 50th percentile
▲	overall state rate significantly higher than national 50th percentile

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Preventive Care

Effective preventive care is delivered proactively, before the onset of illness. Perhaps the best example of primary preventive care is immunization from disease, which must be administered at the right ages for highest effectiveness. Other types of preventive care and screenings, such as cancer screenings, and weight and nutrition counseling, should also be delivered at the right time to be effective.

- **Child and adolescent immunizations:**
  - **Childhood immunizations status —Combination 2 (▼)**: Performance on this measure, a reported combination of immunizations, remained flat in 2018 RY and is still below the national 33rd percentile.
  - **Childhood immunization status—Combination 10 (▲):** Statewide performance on this measure also remained flat and is still above the 50th national percentile.
  - **Immunizations for adolescents—Combination 1 (▼):** Performance on this measure remained relatively flat between 2017 RY and 2018 RY and is still below the national 50th percentile.

- **Weight assessment and counseling:**
  - **Adult BMI (body mass index) assessment (▲):** The rate for adult BMI assessments remained steady in 2018 RY. Washington is above the national 50th percentile for this measure.
  - **Weight assessment and counseling for children/adolescents (▼):** Performance on most measures relating to weight assessment and counseling (particularly BMI percentile) increased between 2017 RY and 2018 RY. The state rates remain at or below the national 50th percentiles for all measures.

- **Women's health screenings:**
  - **Breast cancer screening** and **cervical cancer screening (▼)**: Breast cancer screening performance increased from 2017 RY to 2018 RY, but rates for this measure are still below the national 50th percentile. Performance on the cervical cancer screening measure remained steady, and continues to be below the national 50th percentile.

Chronic Care Management

Health plans can greatly enhance quality of care and outcomes by helping providers coordinate care so that chronic illness is effectively managed and unnecessary or inappropriate care is avoided.

- **Comprehensive diabetes care:**
  - **HbA1c control (<8.0%) (▼):** Statewide rates for the number of individuals with diabetes whose hemoglobin A1c (HbA1c) was under control remained flat in 2018 RY. Nationally, state rates are slightly below the 50th percentile.
  - **Eye exam** and **blood pressure control (▲):** Rates for these measures remained relatively unchanged at the state level and are above the national 50th percentile.
  - **Medical attention for nephropathy (◄►):** Rates for this measure remained relatively flat at the state level and are on par with the national 50th percentile.

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- **Other chronic care management:**
  - **Antidepressant medication management (▼):** Performance on this measure, which includes submeasures for initiation phase and continuation phase medication management, remained steady in 2018 RY. Nationally, both measures are slightly below the 50th percentile.
  - **Controlling high blood pressure (▲):** The statewide rate for this measure remained relatively steady, but now ranks above the national 50th percentile.
  - **Follow-up care for children prescribed ADHD medication (▼):** Statewide performance on the initiation and continuation phase submeasures remained steady in 2018 RY; both are below the national 50th percentile.

Medical Care Utilization

Effective preventive care and chronic care management are important for reducing emergency department (ED) visits and hospitals stays. Lower hospital utilization generally indicates lower overall costs and higher overall quality of life for enrollees, but these measures may be subject to external forces outside the direct control of health plans.

- **Appropriateness of treatments:**
  - **Avoidance of antibiotic treatment in adults with acute bronchitis (▲):** This measure improved statewide by 4.3 percent in 2018 RY and is above the national 50th percentile.
  - **Appropriate testing for children with pharyngitis (▼):** This measure improved statewide by 4.4 percent in 2018 RY; however, performance is still below the national 50th percentile.
  - **Use of imaging for low back pain (▲):** This measure trended up slightly and is above the national 50th percentile.
  - **Appropriate treatment for children with upper respiratory infection (▲):** The rates for this measure remained steady in 2018 RY, with the statewide rate still above the 50th national percentile.

- **Avoidance of emergent and inpatient care:**
  - **Ambulatory care** and **inpatient utilization (▲)**: Apple Health enrollees had slightly fewer per capita ED visits and inpatient stays in 2018 RY as compared to 2017 RY. Statewide performance on these measures is still higher than the 50th national percentiles.

MCO-Level Variation

Significant variation between MCOs indicates quality improvement opportunities. Statistically significant variation was observed across a number of HEDIS measures. This variation was observed for both administrative and hybrid HEDIS measures (administrative measures are based solely on administrative data such as claims, and hybrid measures use a sample of administrative data combined with medical record reviews). Investigation is therefore needed to isolate and identify potential drivers of this variation.

- Performance for **follow-up care for children prescribed ADHD medication**—continuation phase varied by 15.5 points, from the highest performer (CCW) to the lowest (MHW).
- **Controlling high blood pressure** showed a performance variation of nearly 30 points from highest (CHPW) to lowest (UHC).

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- For the statin therapy measure for patients with cardiovascular disease reflecting **statin adherence 80%** for females 40–75, a 16.9-point difference separated the highest performer (UHC) from the lowest (AMG).
- For the comprehensive diabetes care measure **HbA1c control (<8.0%)**, plans varied in performance by 15.3 percentage points, from highest (MHW) to lowest (CCW).
- Several prevention and screening measures showed substantial individual plan-level variation. For **breast cancer screening**, CHPW was a high outlier. For childhood immunization status combination 2, MHW performed as a low outlier (65.9 percent) and CCW as a high outlier (81 percent). For **immunizations for adolescents** (combination 1 and meningococcal), both CCW and CHPW were high outliers while AMG was a low outlier.
- **Appropriate testing for children with pharyngitis** showed AMG and MHW as high outliers with CCW as a low outlier.

Symbol	Meaning
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Recommendations

Statewide rates for maternal care measures, including timeliness of prenatal care and postpartum care, dropped or remained flat in 2018 RY, and remain below the 33rd percentile of national performance.

- HCA needs to examine root causes for poor performance on these measures and determine what action is needed. The State should consider requiring MCOs to have a plan in place, including timelines and deliverables, to improve performance.

Statewide rates for numerous measures, including child and adolescent access to care, adolescent well-care and well-child visits, immunizations for adolescents, women's health screenings, HbA1c control, antidepressant medication management, and follow-up care for children prescribed ADHD medication, have either dropped or remained flat since 2017 RY, yet are still below the 50th national percentile.

- To continue to improve care delivery to all Apple Health enrollees, HCA should continue to monitor these measures. To bring statewide performance above national standards, HCA should consider setting higher statewide performance goals for MCOs.

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Introduction

As part of its work as the external quality review organization (EQRO) for the Washington State Health Care Authority (HCA), Qualis Health reviewed Apple Health managed care organization (MCO) performance on select Healthcare Effectiveness Data and Information Set (HEDIS) measures for the calendar year (CY) 2017. To enable a reliable measurement of performance, the HCA required MCOs to report on 57 HEDIS measures. HEDIS measures were developed and are maintained by the National Committee for Quality Assurance (NCQA), whose database of HEDIS results for health plans—the Quality Compass—enables benchmarking against other Medicaid managed care health plans nationwide.

During 2017 CY, five MCOs provided managed healthcare services for Apple Health enrollees:

- Amerigroup Washington (AMG)
- Community Health Plan of Washington (CHPW)
- Coordinated Care of Washington (CCW)
- Molina Healthcare of Washington (MHW)
- United Healthcare Community Plan (UHC)

To be consistent with NCQA methodology, the 2017 calendar year is referred to as the 2018 reporting year (RY) in this report.

HEDIS Performance Measures

HEDIS is a widely used set of healthcare performance measures reported by health plans. HEDIS results can be used by the public to compare plan performance over six domains of care; they also allow plans to determine where quality improvement efforts may be needed. In the first half of 2018, Qualis Health, through a subcontract with NCQA-certified auditor Healthy People, conducted an NCQA HEDIS Compliance Audit™ of each Apple Health MCO to ensure that MCOs were accurately collecting, calculating, and reporting HEDIS measures.

Using the NCQA-standardized audit methodology, auditors assessed each MCO's information systems capabilities and compliance with HEDIS specifications. HCA and each MCO were provided with an on-site report and a final report outlining findings and results.

Methods

Performance Measures

Qualis Health assessed audited MCO-level HEDIS data for the 2018 reporting year (measuring enrollee experience during calendar year 2017), including 57 measures comprising 141 specific indicators. Many measures include more than one indicator, usually for specific age groups or other defined population groups.

The HEDIS effectiveness of care measures are considered to be unambiguous performance indicators, whereas the utilization measures can be helpful for identifying patterns and disparities in enrollees' access to care. It should be noted that the HEDIS measures are not risk adjusted and may vary from MCO to MCO because of factors that are out of a health plan's control, such as medical acuity,

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demographic characteristics, and other factors that may impact enrollees' interaction with healthcare providers and systems. NCQA has not developed methods for risk adjustment of these measures; however, with the enrollment increase that occurred with Medicaid expansion, performance impacts that may have been attributable to differences in enrollee mix are likely to diminish over time as MCOs' population growth continues to slow.

Many of the HEDIS measures are focused on a narrow eligible patient population for which the measured action is almost always appropriate, regardless of disease severity or underlying health condition.

Administrative Versus Hybrid Data Collection

HEDIS measures draw from clinical data sources, utilizing either a fully "administrative" collection method or a "hybrid" collection method. The administrative collection method relies solely on clinical information that is collected from the electronic records generated in the normal course of business, such as claims, registration systems, or encounters, among others. In some delivery models, such as capitated models, healthcare providers may not have an incentive to report all patient encounters, so rates based solely on administrative data may be artificially low. For measures that are particularly sensitive to this gap in data availability, the hybrid collection method supplements administrative data with a valid sample of carefully reviewed chart data, allowing health plans to correct for biases inherent in administrative data gaps. Hybrid measures therefore allow health plans to overcome missing or erroneous administrative data by using sample-based adjustments. As a result, hybrid performance scores will always be the same or better than scores based solely on administrative data.

For example, Table 2 outlines the difference between state rates for select measures comparing the administrative rate (before chart reviews) versus the hybrid rate (after chart reviews).

Table 2: Administrative versus Hybrid Rates for Select Measures, 2018 RY

Measure	Administrative Rate	Hybrid Rate	Difference
Childhood Immunizations—Combination 2	16.2%	66.7%	+50.4%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)	23.7%	38.9%	+15%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	37.1%	72.7%	+ 35.6%
Prenatal and Postpartum Care—Postpartum Care	35.6%	58.1%	+ 22.5%

Supplemental Data

In calculating HEDIS rates, the Apple Health MCOs used auditor-approved supplemental data, which is information generated outside of a health plan's claims or encounter data system. This supplemental information included historical medical records, lab data, immunization registry data, and fee-for-service data on Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provided to MCOs by HCA. Supplemental data were used in determining performance rates for both administrative and hybrid measures. For hybrid measures, supplemental data provided by the State reduced the number of necessary chart reviews for MCOs, as MCOs were not required to review charts for individuals who, per HCA's supplemental data, had already received the service.

Potential Sources of Variation in Performance

The adoption, accuracy, and completeness of electronic health records (EHRs) have improved over recent years as new standards and systems have been introduced and enhanced. However, HEDIS performance measures are specifically defined; occasionally, patient records may not include the specific notes or values required for a visit or action to count as a numerator event. It is therefore important to keep in mind that a low performance score can be the result of an actual need for quality improvement, or it may reflect a need to improve electronic documentation and diligence in recording notes. For example, in order for an outpatient visit to be counted as counseling for nutrition, a note with evidence of the counseling must be attached to the medical record, with demonstration of one of several specific examples from a list of possible types of counseling, such as discussion of behaviors, a checklist, distribution of educational materials, etc. Even if such discussion did take place during the visit, if it was not noted in the patient record, it cannot be counted as a numerator event for weight assessment and counseling for nutrition and physical activity for children/adolescents. For low observed scores, health plans and other stakeholders should examine (and strive to improve) both of these potential sources of low measure performance.

Member-Level Data

HCA required MCOs to submit member-level data for all administrative and hybrid measures. Member-level data enable HCA and Qualis Health to conduct analyses relating to racial and geographic disparities to identify quality improvement opportunities. Analyses based on member-level data are included in this report. The companion *2018 Regional Analysis Report* draws more heavily from the member-level data to summarize regional differences in access and quality.

Calculation of the Washington Apple Health Average

This report provides estimates of the average performance among the five Apple Health MCOs for the three most recent reporting years: 2016 RY, 2017 RY, and 2018 RY. The state average for a given measure is calculated as the weighted average among the MCOs that reported the measure (usually five MCOs), with MCOs' shares of the total eligible population used as the weighting factors.

Statistical Significance

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms "significant" or "significantly" are used when describing a statistically significant difference at the 95 percent confidence level.

For individual MCO performance scores, a chi-square test was used to compare the MCO against the remaining MCOs as a group (i.e., the state average not including the MCO score being tested). The results of this test are included in the Appendix B tables for all measures, when applicable. For this

reason, occasionally a test may be significant even when the confidence interval crosses the state average line shown in the bar charts, because the state averages on the charts reflect the weighted average of all MCOs, not the average excluding the MCO being tested.

Other tests of statistical significance are generally made by comparing confidence interval boundaries, for example, comparing the MCO performance scores or state averages from year to year. These results are indicated in Appendix B tables by upward and downward arrows and explained in table notes.

Comparison to National Benchmarks

This report provides national benchmarks for select measures from NCQA's Quality Compass. These benchmarks represent the national average and 90th percentile performance among all Medicaid plans nationwide. Rates for all NCQA-accredited Medicaid plans are included in the Quality Compass, regardless of whether the state expanded Medicaid coverage. States such as Washington, with Medicaid expansion, may observe different performance rates than in the past because the addition of expansion enrollees changes the overall risk profile of the total population.

The license agreement with NCQA for publishing HEDIS benchmarks in this report limited the number of individual indicators to 30, with no more than two benchmarks reported for each selected indicator. Therefore, a number of charts and tables do not include a direct comparison with national benchmarks, but may instead include a narrative comparison with national benchmarks, for example, noting that a specific indicator or the state average is lower or higher than the national average.

Interpreting Performance

As described above, the performance measures in this report must be interpreted carefully. At best, they serve as a guide for further investigation and potential improvement. Two factors should be considered when interpreting any measure. First, the source of measurement should be considered, and whether a score could potentially be a reflection of variations in medical record completeness. Both administrative and hybrid measures can be susceptible to this variation. Second to consider is the practical significance in the difference between an MCO score and a state or national benchmark (e.g., average). Some measures have very large denominators (populations or sample sizes), making it more likely to detect significant differences even for very small differences. Conversely, an MCO's performance may differ markedly from a benchmark, but because of the measure's small denominator may have a relatively wide confidence interval. In such instances, it may be useful to look at patterns among associated measures, if available, in interpreting overall performance.

Overview of Apple Health Enrollment

While the primary purpose of the *Comparative Analysis Report* is to summarize MCO performance for selected HEDIS measures, it is important to note that MCOs' members are not homogenous.

Most members in the Apple Health Family program (traditional Medicaid) are under the age of 20 (84.1 percent), while the majority of members in the Apple Health Adult Coverage program (Medicaid expansion) are between the ages of 20 and 50 (73.4 percent), and 32 percent of members in that program are between the ages of 20 and 30.

The IMC population served by CHPW and MHW in the southwest region of the state accounts for 7.6 percent of all Medicaid enrollees, and the age distribution for this population is relatively evenly distributed, with a higher concentration only of enrollees under the age of 10 (26.96 percent). Eventually all plans and populations will transition to the IMC model, which incorporates administration of physical healthcare, mental health services, and substance use disorder treatment under one health plan.

Tables 3, 4, and 5 show the distribution of Apple Health enrollees by program, age, and both program and age. Note that these data are sourced from the member-level data submitted by MCOs and are based on the total number of enrollees.

Table 3: 2018 RY Enrollee Population by Apple Health Program
1,646,117 Enrollees in Total

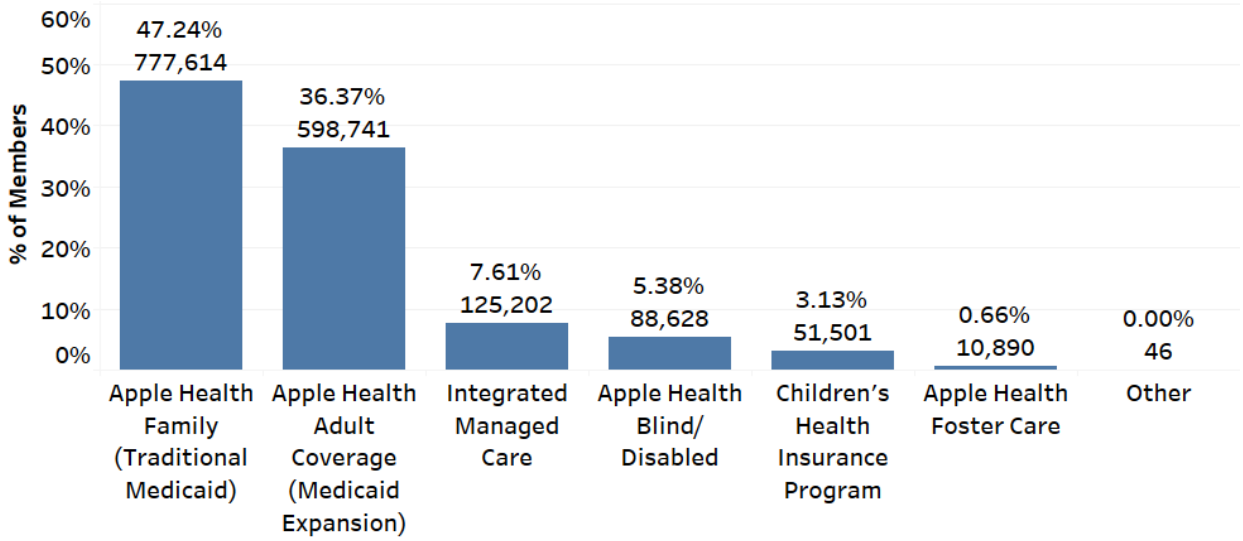

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Table 4: 2018 RY Enrollee Population by Age

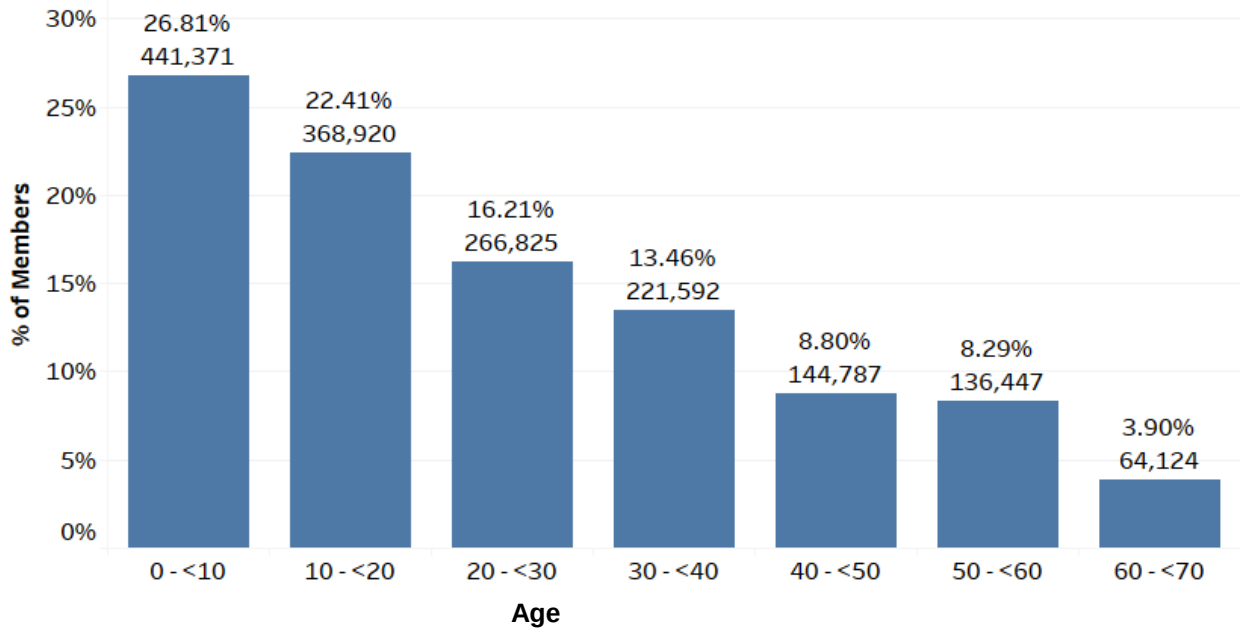
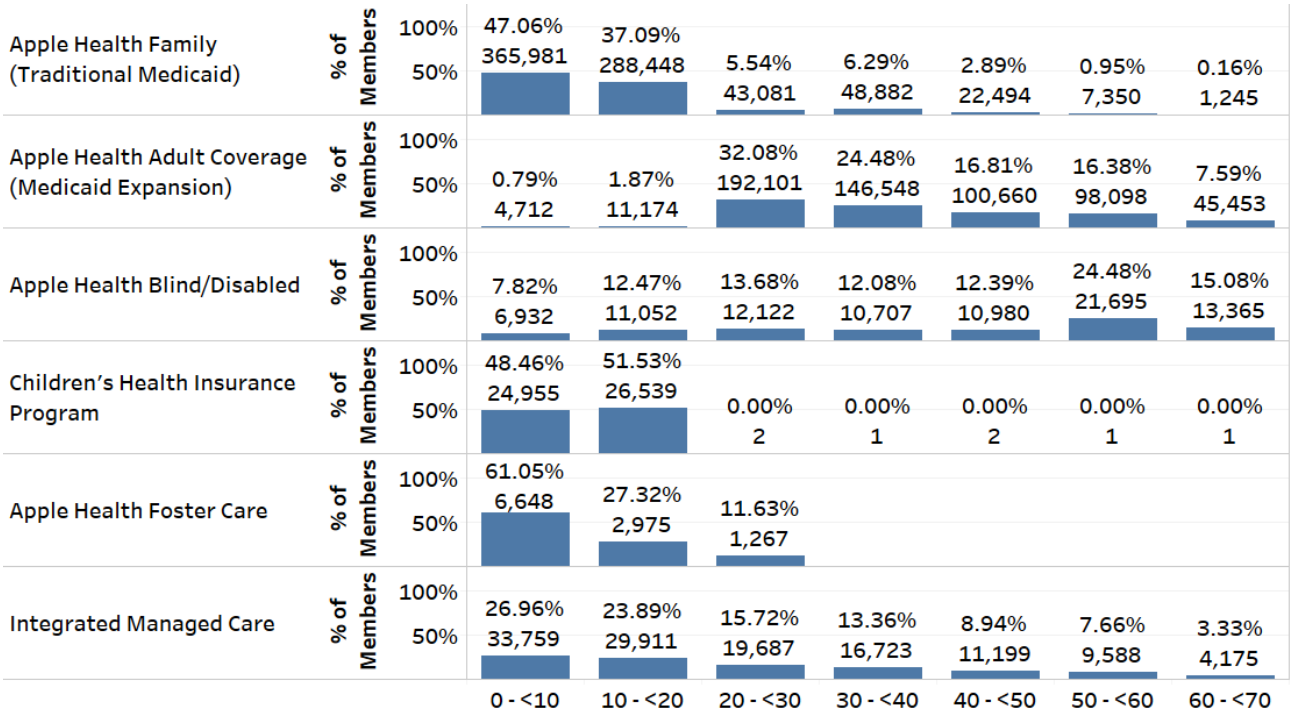


Table 5: 2018 RY Enrollee Population by Apple Health Program and Age



It is important to note that the relative distribution of these members is not uniform across MCOs. For example, 62.2 percent of AMG's members are enrolled in Apple Health Adult Coverage (Medicaid expansion), while only 28.6 percent of MHW members are enrolled in that program. Additionally, only CHPW and MHW administered IMC in 2017. This variation in Medicaid program mix by MCO can affect HEDIS performance outcomes, so it is important to monitor performance at both the plan level and at the plan and program level. Table 6 shows Apple Health enrollee population distribution by program and plan.

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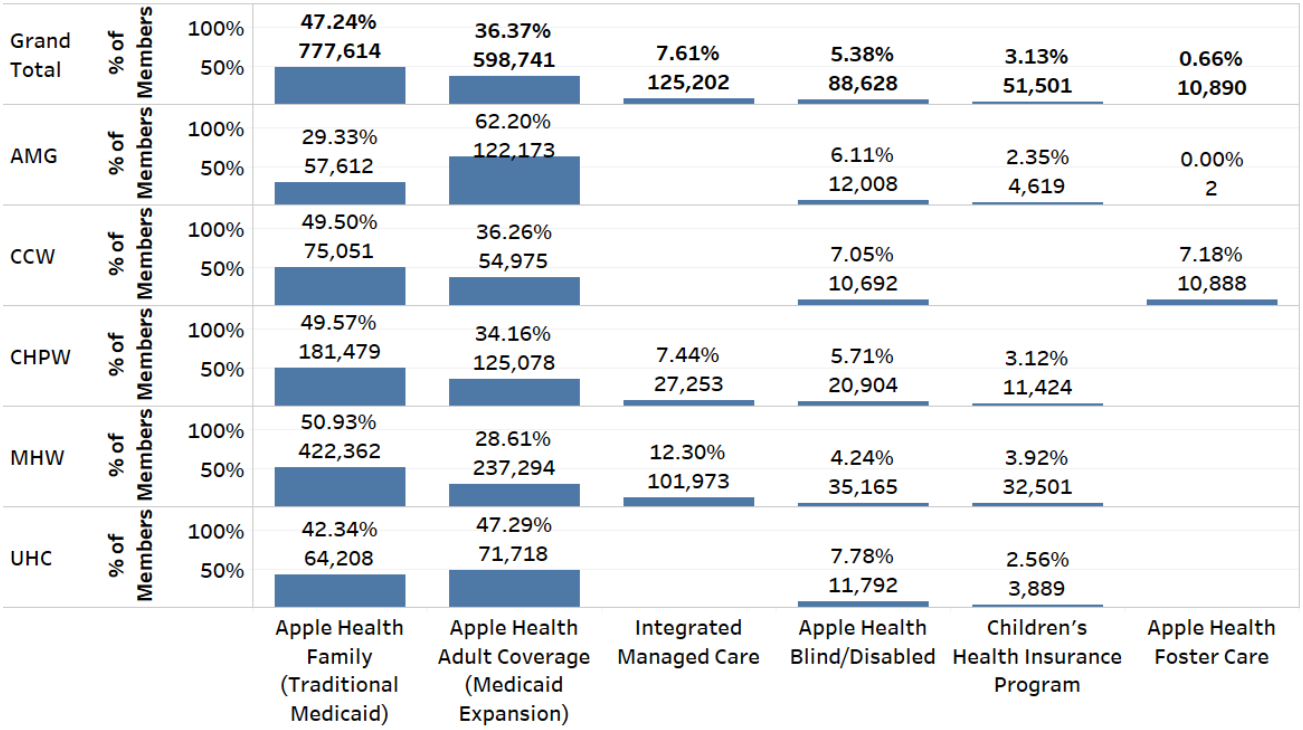
Table 6: 2018 RY Member Population by Apple Health Program and Plan



Overall, Apple Health MCOs experienced a total growth rate of 0.10 percent from December 2016 to December 2017 CY. MHW grew by 4.54 percent during this time, while all other plans decreased in total published enrollment from 2016 to 2017 CY. Table 7, next page, shows Apple Health enrollment by plan for the 2014, 2015, 2016, and 2017 calendar years.

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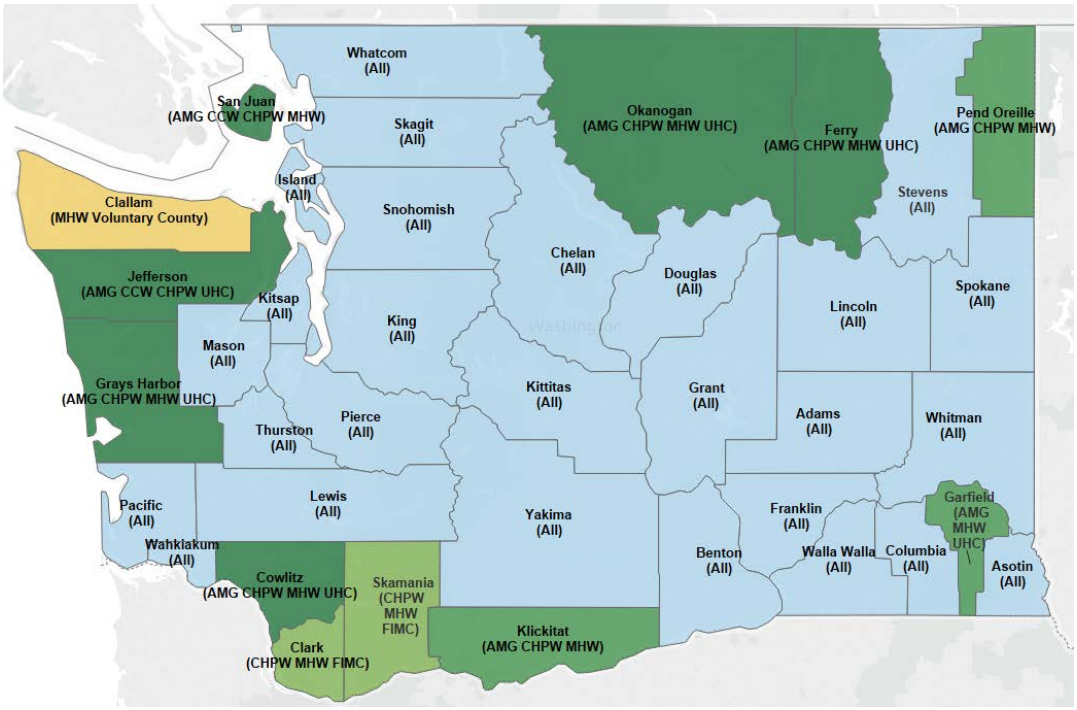
Table 7: Apple Health Enrollment, December 2014, December 2015, December 2016, and December 2017 CY[4]

	December 2014 CY Enrollment	December 2015 CY Enrollment	December 2016 CY Enrollment	December 2017 CY Enrollment	Percent Change	
					Dec 2015 to Dec 2016 CY	Dec 2016 to Dec 2017 CY
AMG	128,369	141,571	149,314	145,135	5.19%	-2.88%
CHPW	332,456	294,141	297,725	277,185	1.20%	-7.41%
CCW	175,353	181,801	207,342	201,006	12.31%	-3.15%
MHW	486,524	566,201	697,392	730,571	18.81%	4.54%
UHC	180,225	204,078	224,973	224,450	9.29%	-0.23%
Total	1,302,927	1,445,093	1,576,746	1,578,347	8.35%	0.10%

MCOs are also represented to varying degrees in the regions around Washington. While the bulk of enrollees reside in the densely populated areas of Seattle, Tacoma, and Spokane, MCOs have varying degrees of representation in predominantly rural areas that include Yakima, Skagit, and Thurston Counties. The map in Figure 1 shows MCO representation by county. For more detail, please refer to the *2018 Regional Analysis Report.*

Figure 1: Apple Health Managed Care Service Areas as of December 2017



[4] www.hca.wa.gov/about-hca/apple-health-medicaid-reports

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Primary Language by MCO

Overall, 86.8 percent of Apple Health members speak English as their preferred language; however, the composition of enrollee preferred languages varies by MCO. More than 92 percent of AMG enrollees, for example, cite English as their preferred language, compared to less than 79 percent of CCW and CHPW enrollees. Table 8 shows the distribution of enrollee preferred language by plan.

Table 8: Apple Health Enrollment by Language and MCO, 2018 RY*
1,646,117 Enrollees in Total

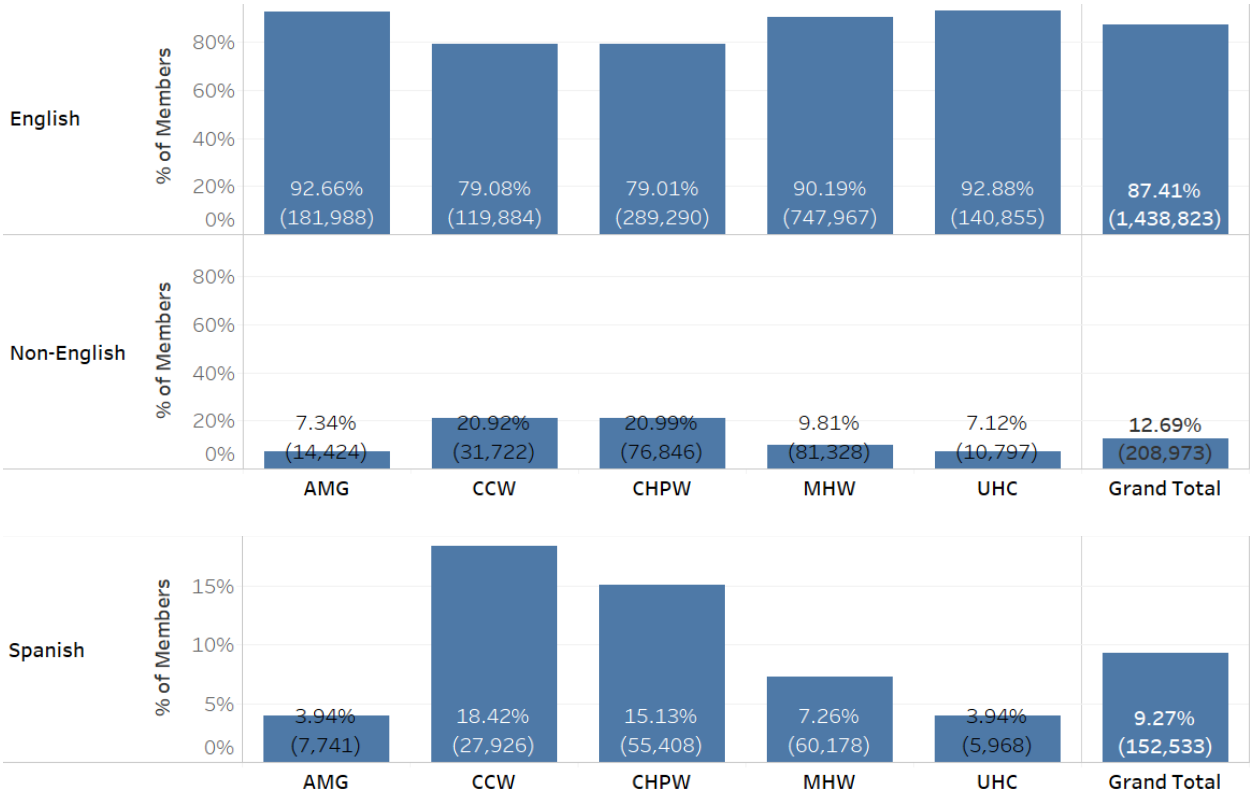

*****Chart data reflect member-level data collected and submitted by MCOs.*

The most prevalent identified non-English language cited by Apple Health enrollees is Spanish, and it accounts for 18.42 percent of CCW enrollees and 15.13 percent of CHPW enrollees. Note that enrollees who cite a non-English preferred language are concentrated geographically. The maps in Figure 2, next page, show concentrations of enrollees who prefer Spanish and Vietnamese, another prevalent non-English language among Apple Health enrollees. The size of the circles is relative to population size.

Figure 2: Geographic Distribution of Apple Health Enrollee Language Preference, 2018 RY*

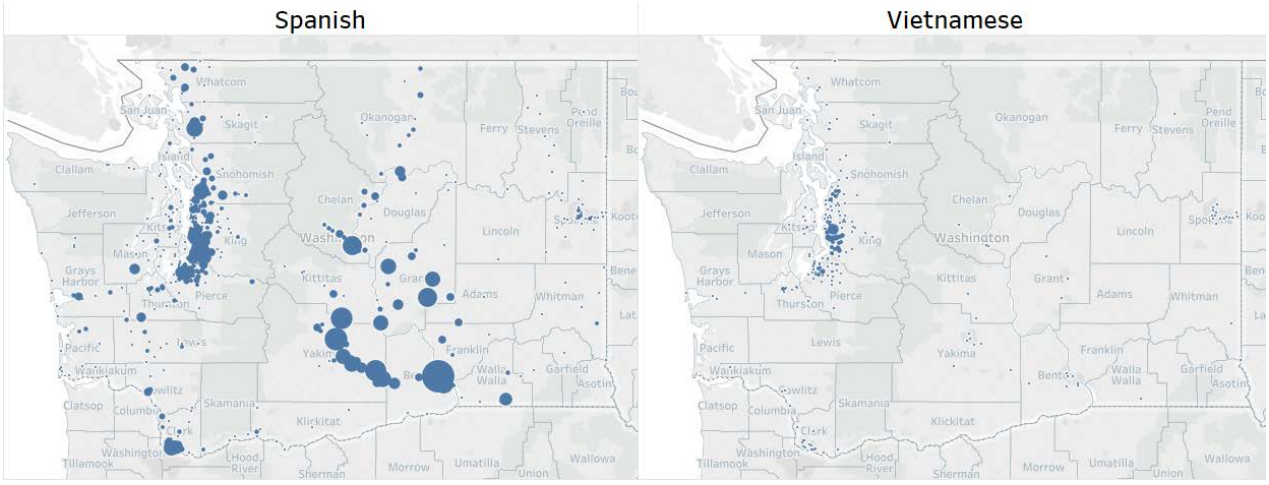

***Chart data reflect member-level data collected and submitted by MCOs.*

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Race by MCO

Overall, 51.27 percent of Apple Health enrollees identify as white; however, composition of enrollee race also varies by MCO, as indicated in Table 9. More than 56.82 percent of UHC enrollees, for example, identify as white, while only 42.15 percent of CCW enrollees identify as white. Please refer to the *2018 Regional Analysis Report* for more exploration of the relationship between race and measure performance.

Table 9: Apple Health Enrollee Race Distribution by MCO, 2018 RY*

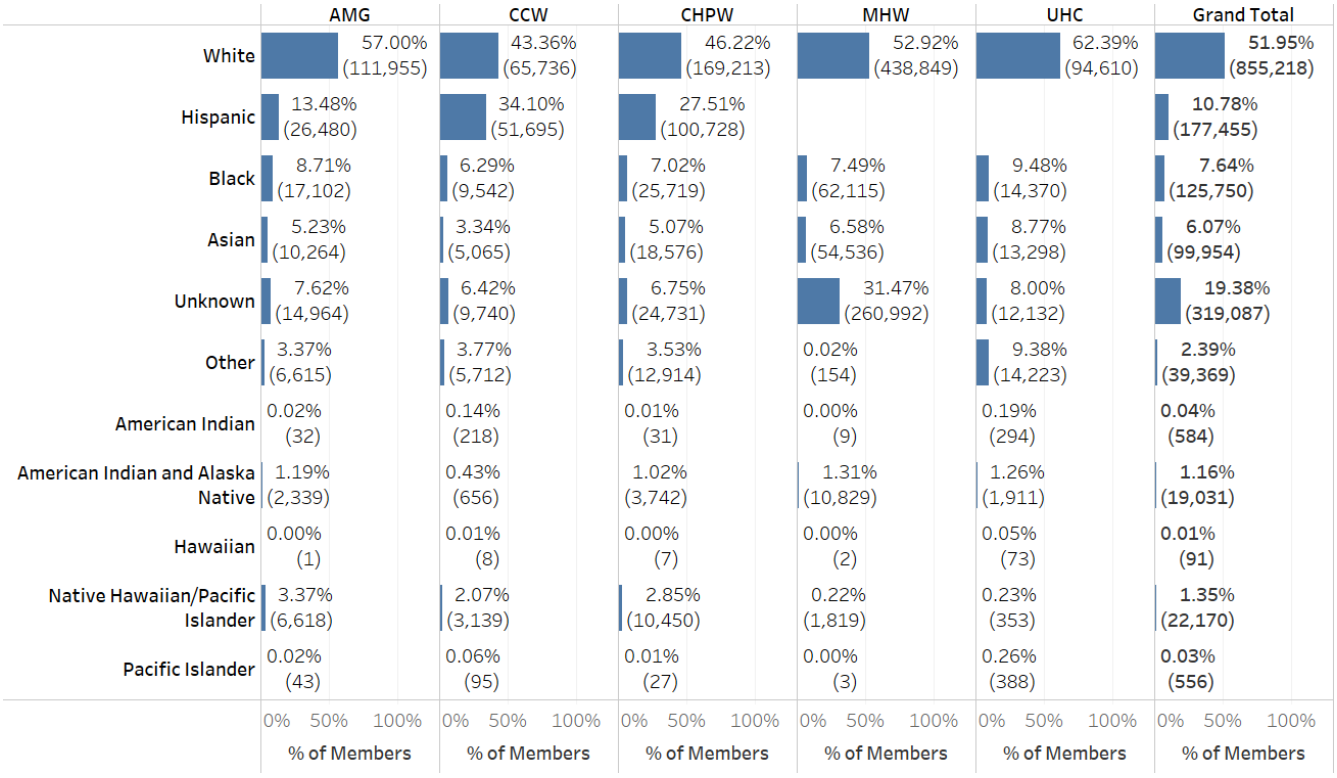

*****Chart data reflect member-level data collected and submitted by MCOs.*

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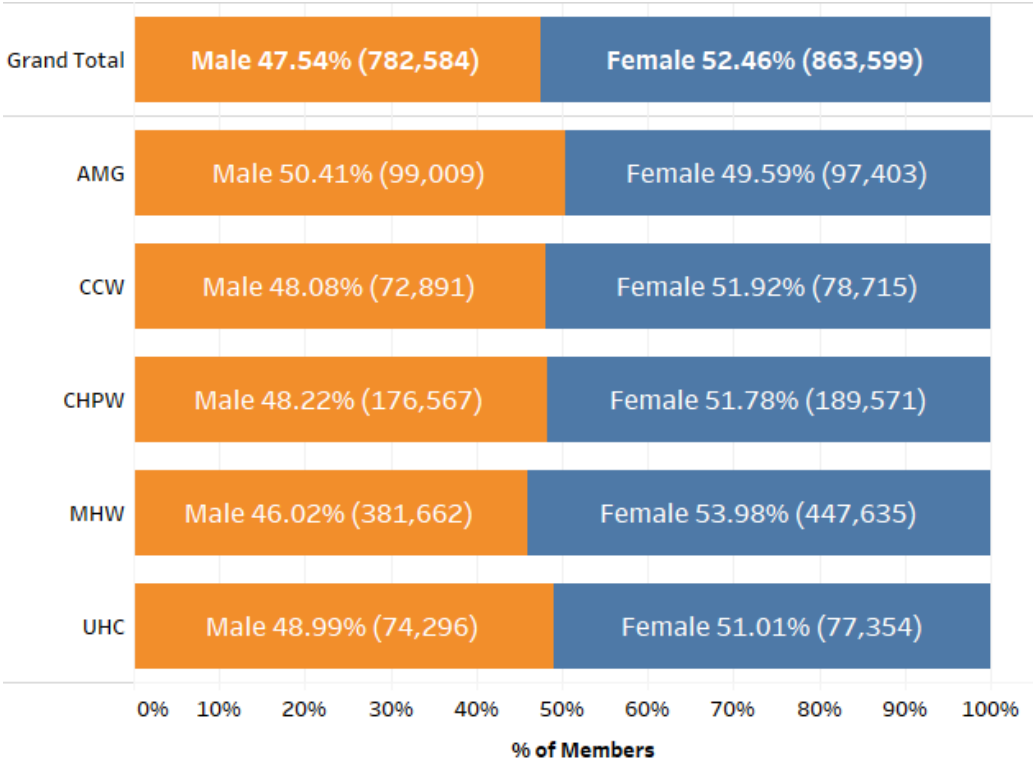
Sex by MCO

Overall, 52.46 percent of Apple Health members identify as female. AMG has the lowest proportion of female members, with only 49.59 percent, while MHW has the largest, with 53.98 percent. Historically, females have been shown to seek care more regularly than males. Table 10 shows distribution of enrollees by sex among Apple Health plans.

Table 10: Enrollee Distribution Among Apple Health Plans by Sex, 2018 RY



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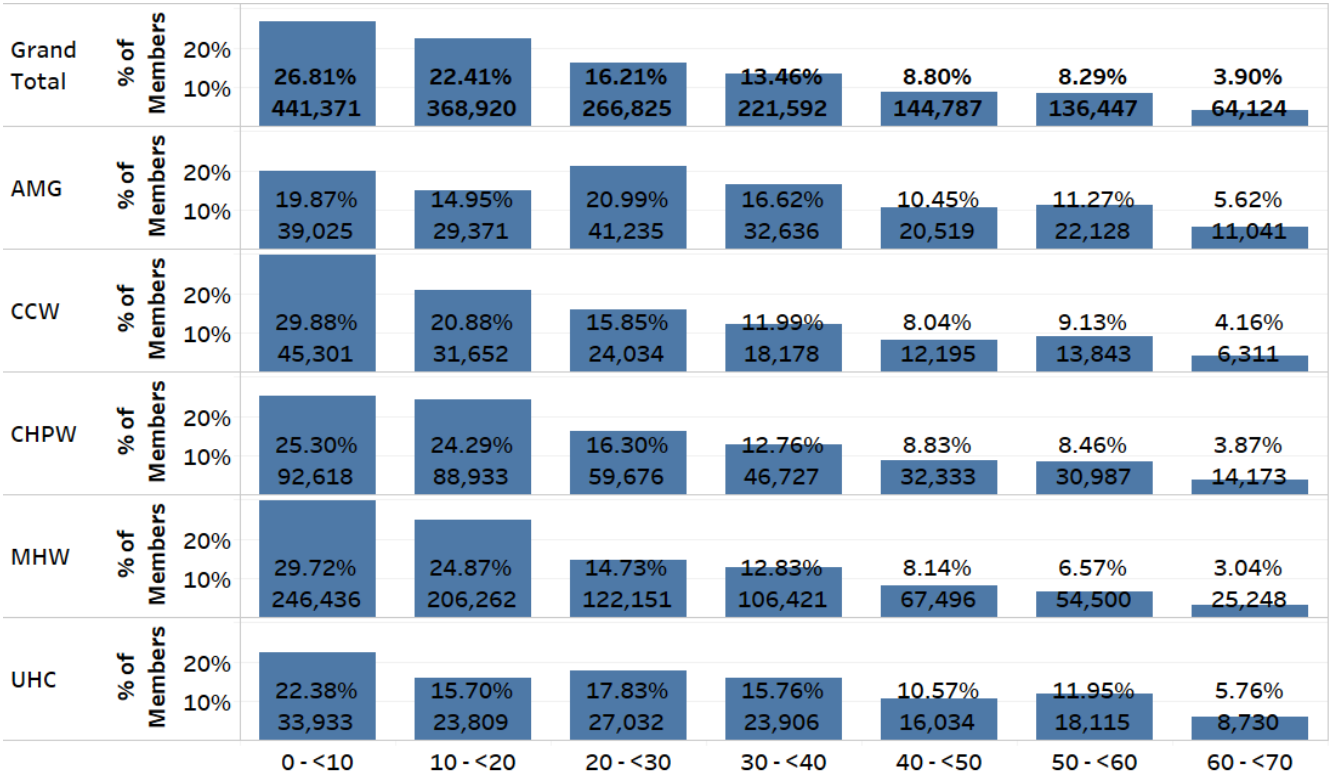
Age by MCO

As discussed earlier, Apple Health Family (traditional Medicaid) and Apple Health Adult Coverage (Medicaid expansion) programs serve members of different ages; additionally, MCOs vary in their respective proportions of traditional Medicaid and Medicaid expansion enrollees. As a result, we see variations in age distribution by MCO. While CCW, CHPW, and MHW all have a high concentration of members under 20, AMG's and UHC's members shift older, to the 20-plus age ranges. Table 11 shows the distribution of enrollees among Apple Health plans by age.

Table 11: Distribution of Enrollees Among Apple Health Plans by Age, 2018 RY



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Overview of Performance Measure Variation

While subsequent sections of this report present performance by detailed measure, this section is intended to summarize two key forms of variation:

- Variation among MCOs
- Variation over time by individual MCO and at a state level

Note: In this section, the following keys apply:

Change over Time

- Trending down: Statistically significant decrease from 2017 RY to 2018 RY (p<0.05)
- No change: No statistically significant change from 2017 RY to 2018 RY (p<0.05)
- Trending up: Statistically significant increase from 2017 RY to 2018 RY (p<0.05)

Difference from Other MCOs

- Below other MCOs: MCO is statistically significantly below other MCOs in 2018 RY (p<0.05)
- Same as other MCOs: No statistically significant difference from other MCOs in 2018 RY (p<0.05)
- Above other MCOs: MCO is statistically significantly above other MCOs in 2018 RY (p<0.05)

Variation among MCOs in 2018 RY

Several measures showed significant variation among MCOs during the 2018 reporting year, as indicated in Table 12, next page. Wide variation among MCOs implies that there are MCO-specific differences that may present opportunities for improvement. Among the general trends for this set of highly variable measures, CHPW is frequently the top performer and never is statistically below the other MCOs.

- Performance for **follow-up care for children prescribed ADHD medication**—continuation phase varied by 15.5 points, from the highest performer (CCW) to the lowest (MHW).
- **Controlling high blood pressure** showed a performance variation of nearly 30 points from highest (CHPW) to lowest (UHC).
- For the statin therapy measure for patients with cardiovascular disease reflecting **statin adherence 80%** for females 40–75, a 16.9-point difference separated the highest performer (UHC) from the lowest (AMG).
- For the comprehensive diabetes care measure **HbA1c control (<8.0%)**, plans varied in performance by 15.3 percentage points, from highest (MHW) to lowest (CCW).
- Several prevention and screening measures showed substantial individual plan-level variation. For **breast cancer screening**, CHPW was a high outlier. For childhood immunization status combination 2, MHW performed as a low outlier (65.9%) and CCW as a high outlier (81%). For **immunizations for adolescents** (combination 1 and meningococcal), both CCW and CHPW were high outliers while AMG was a low outlier.
- **Appropriate testing for children with pharyngitis** showed AMG and MHW as high outliers with CCW as a low outlier.

Table 12: Select Measures Displaying Sizable Performance Variation among MCOs, 2018 RY

			Difference in Performance from Highest to Lowest MCO	AMG	CCW	CHPW	MHW	UHC
Behavioral	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Continuation	15.5%	39.1%	38.5%	46.8%	54.0%	48.1%
Cardiovascular	Controlling High Blood Pressure (CBP)	Total	15.5%	57.2%	53.7%	67.8%	62.5%	52.3%
	Statin Therapy for Patients With Cardiovascular Disease (SPC)	Statin Adherence 80% 40-75 years (Female)	16.9%	54.0%	69.4%	64.2%	70.0%	70.9%
Diabetes	Comprehensive Diabetes Care (CDC) For HbA1c Poor Control, a lower score is better	HbA1c Poor Control	18.2%	37.5%	51.3%	38.0%	33.1%	34.8%
		HbA1c Control (<8%)	15.3%	49.9%	37.7%	51.6%	53.0%	51.1%
Prevention & Screening	Breast Cancer Screening (BCS)	Total	20.3%	47.9%	52.8%	68.2%	54.4%	49.8%
	Childhood Immunization Status (CIS)	Combination 2	15.1%	71.8%	81.0%	72.3%	65.9%	72.3%
	Immunizations for Adolescents (IMA)	Combination 1	16.5%	66.5%	83.0%	80.3%	73.7%	73.7%
		Meningococcal	15.6%	69.1%	84.7%	82.0%	75.2%	75.9%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Phys Activ Counseling	22.8%	55.0%	60.8%	69.8%	55.0%	47.0%
		BMI	19.6%	61.6%	61.6%	79.2%	73.5%	59.6%
Respiratory	Appropriate Testing for Children with Pharyngitis (CWP)	Total	15.6%	83.0%	67.4%	78.0%	80.5%	79.5%

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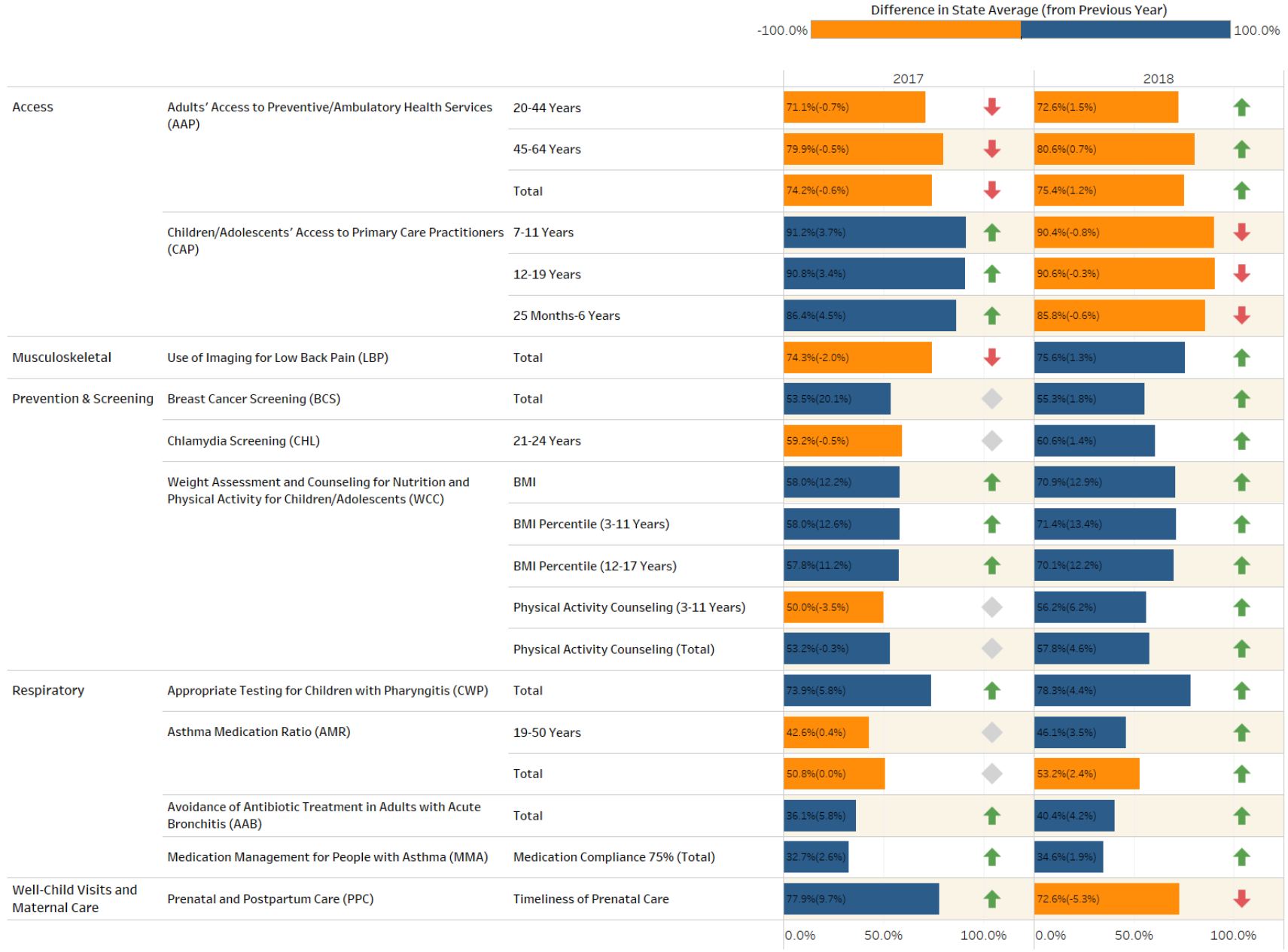
Variation in State Performance between 2017 RY and 2018 RY

Performance on several measures varied significantly at the state level between 2017 RY and 2018 RY, as indicated in Table 13, next page. Most of the overall state rates are improving, except child and adolescent access to primary care and timeliness of prenatal care. **Note**: In the following table, the numbers in columns 2017 and 2018 RY display both the rate for that year and the percent increase or decrease from the previous year.

Table 13: Select Measures Displaying Sizable Performance Variation at the State Level, 2017 to 2018 RY



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Variation in MCO Performance between 2017 RY and 2018 RY

MCOs have shown performance variation year to year. The following pages detail the primary performance shifts that occurred from 2017 RY to 2018 RY, by MCO.

Amerigroup

Key performance highlights

- **Largest declines:** Follow-up care for children prescribed ADHD medication, HbA1c control (<8.0%)
- **Largest increases:** Appropriate testing for children with pharyngitis

Table 14: Variation in AMG Performance, 2017 RY to 2018 RY

Difference in Rate -10.0% 10.0%		2016 RY	2017 RY	2018 RY	Change from 2017 RY to 2018 RY
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Total	32.7%	39.9%	42.0%	2.0%
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Total	68.8%	68.2%	70.0%	1.8%
Adult BMI Assessment (ABA)	Total	84.9%	91.4%	92.2%	0.8%
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Initiation	39.6%	37.1%	32.7%	-4.4%
	Continuation	44.2%	50.0%	39.1%	-10.9%
Antidepressant Medication Management (AMM)	Acute Phase	60.5%	50.7%	51.6%	1.0%
	Continuation Phase	46.4%	36.9%	36.8%	-0.2%
Adolescent Well-Care Visits (AWC)	Total	39.7%	48.8%	50.6%	1.8%
Children/Adolescents' Access to Primary Care Practitioners (CAP)	12-24 Months	95.9%	95.4%	95.1%	-0.3%
	25 Months-6 Years	80.9%	82.7%	81.6%	-1.1%
	7-11 Years	86.9%	85.9%	84.9%	-1.0%
	12-19 Years	87.3%	86.2%	85.4%	-0.8%
Comprehensive Diabetes Care (CDC)	HbA1c Control (<8.0%)	41.3%	54.6%	49.9%	-4.8%
Childhood Immunization Status (CIS)	Influenza	54.5%	48.6%	50.4%	1.8%
Appropriate Testing for Children with Pharyngitis (CWP)	Total	70.9%	74.8%	83.0%	8.2%
Immunizations for Adolescents (IMA)	Combination 1	65.0%	66.0%	66.5%	0.5%
Use of Imaging for Low Back Pain (LBP)	Total	76.0%	75.5%	78.4%	2.8%
Medication Management for People with Asthma (MMA)	Compliance 75% 5-11 Yrs	15.4%	17.1%	12.8%	-4.3%
	Compliance 75% 12-18 Yrs	19.0%	22.1%	19.2%	-2.8%
	Compl 75% 19-50 Years	32.1%	31.7%	34.5%	2.7%
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	67.1%	81.0%	79.9%	-1.1%
	Postpartum Care	56.7%	62.3%	62.9%	0.6%
Adherence to Antipsychotic Medications for Schizophrenia (SAA)	Total	59.8%	58.3%	59.3%	1.0%
Well-Child Visits in the First 15 Months of Life (W15)	Six Visits	68.4%	72.0%	72.2%	0.3%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years (W34)	Total	61.9%	65.3%	68.6%	3.3%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	BMI	45.8%	59.7%	61.6%	1.8%
	Nutrition Counseling	51.6%	58.8%	59.9%	1.1%
	Physical Activity Counseling	47.0%	56.3%	55.0%	-1.3%

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Community Health Plan of Washington

Key performance highlights

- **Largest declines:** Follow-up care for children prescribed ADHD medication (continuation phase)
- **Largest increases**: Adolescent well-care visits, medication management for people with asthma (19–50 years), weight assessment and counseling for nutrition and physical activity for children/adolescents

Table 15: Variation in CHPW Performance, 2017 RY to 2018 RY

Difference in Rate -10.0% 10.0%		2016 RY	2017 RY	2018 RY	Change from 2017 RY to 2018 RY
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Total	31.2%	38.2%	39.9%	1.7%
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Total	75.5%	74.8%	75.4%	0.5%
Adult BMI Assessment (ABA)	Total	78.7%	88.2%	91.3%	3.1%
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Initiation	30.5%	42.3%	40.4%	-1.8%
	Continuation	46.9%	50.8%	46.8%	-4.0%
Antidepressant Medication Management (AMM)	Acute Phase	53.1%	49.1%	51.3%	2.1%
	Continuation Phase	38.7%	33.2%	35.5%	2.3%
Adolescent Well-Care Visits (AWC)	Total	43.8%	44.3%	49.9%	5.6%
Children/Adolescents' Access to Primary Care Practitioners (CAP)	12-24 Months	74.7%	96.2%	96.6%	0.4%
	25 Months-6 Years	62.3%	85.0%	84.6%	-0.4%
	7-11 Years	73.7%	90.8%	90.5%	-0.3%
	12-19 Years	75.7%	89.8%	90.1%	0.3%
Comprehensive Diabetes Care (CDC)	HbA1c Control (<8.0%)	27.6%	51.8%	51.6%	-0.2%
Childhood Immunization Status (CIS)	Influenza	54.0%	49.6%	52.8%	3.2%
Appropriate Testing for Children with Pharyngitis (CWP)	Total	68.4%	75.3%	78.0%	2.7%
Immunizations for Adolescents (IMA)	Combination 1	76.4%	78.3%	80.3%	1.9%
Use of Imaging for Low Back Pain (LBP)	Total	76.4%	71.6%	76.0%	4.4%
Medication Management for People with Asthma (MMA)	Compliance 75% 5-11 Yrs	18.3%	23.8%	27.2%	3.4%
	Compliance 75% 12-18 Yrs	25.1%	25.2%	24.4%	-0.7%
	Compl 75% 19-50 Years	35.0%	36.5%	42.4%	5.9%
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	54.5%	76.6%	76.2%	-0.5%
	Postpartum Care	47.0%	60.3%	57.4%	-2.9%
Adherence to Antipsychotic Medications for Schizophrenia (SAA)	Total	69.0%	64.0%	67.2%	3.2%
Well-Child Visits in the First 15 Months of Life (W15)	Six Visits	42.4%	70.1%	67.0%	-3.1%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years (W34)	Total	62.1%	69.6%	68.1%	-1.5%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	BMI	51.8%	70.3%	79.2%	8.9%
	Nutrition Counseling	57.7%	67.9%	71.6%	3.7%
	Physical Activity Counseling	57.7%	63.7%	69.8%	6.0%

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Coordinated Care Washington

Key performance highlights

- **Largest declines:** Adult BMI assessment, follow-up care for children prescribed ADHD medication, HbA1c control (<8.0%), timeliness of prenatal care
- **Largest increases:** Adolescent well-care visits, well-child visits in the first 15 months of life, weight assessment and counseling for nutrition and physical activity for children-adolescents

Table 16: Variation in CCW Performance, 2017 RY to 2018 RY

Difference in Rate -10.0% 10.0%		2016 RY	2017 RY	2018 RY	Change from 2017 RY to 2018 RY
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Total	33.6%	39.1%	43.1%	4.0%
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Total	69.4%	69.6%	71.9%	2.3%
Adult BMI Assessment (ABA)	Total	86.4%	90.1%	83.0%	-7.1%
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Initiation	33.3%	41.8%	37.1%	-4.8%
	Continuation	36.6%	53.1%	38.5%	-14.5%
Antidepressant Medication Management (AMM)	Acute Phase	52.3%	49.6%	49.8%	0.2%
	Continuation Phase	37.7%	33.5%	34.4%	0.9%
Adolescent Well-Care Visits (AWC)	Total	38.9%	44.5%	51.1%	6.6%
Children/Adolescents' Access to Primary Care Practitioners (CAP)	12-24 Months	96.4%	96.9%	96.7%	-0.2%
	25 Months-6 Years	86.7%	86.2%	86.9%	0.6%
	7-11 Years	92.0%	90.0%	90.6%	0.6%
	12-19 Years	90.1%	89.3%	90.1%	0.9%
Comprehensive Diabetes Care (CDC)	HbA1c Control (<8.0%)	36.9%	45.7%	37.7%	-8.0%
Childhood Immunization Status (CIS)	Influenza	62.1%	53.4%	59.6%	6.2%
Appropriate Testing for Children with Pharyngitis (CWP)	Total	55.9%	62.0%	67.4%	5.4%
Immunizations for Adolescents (IMA)	Combination 1	75.2%	81.7%	83.0%	1.2%
Use of Imaging for Low Back Pain (LBP)	Total	78.5%	75.7%	76.3%	0.6%
Medication Management for People with Asthma (MMA)	Compliance 75% 5-11 Yrs	21.6%	21.6%	28.0%	6.4%
	Compliance 75% 12-18 Yrs	20.2%	21.0%	25.8%	4.9%
	Compl 75% 19-50 Years	33.1%	32.6%	37.8%	5.2%
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	70.2%	76.3%	68.1%	-8.2%
	Postpartum Care	55.2%	60.4%	55.7%	-4.7%
Adherence to Antipsychotic Medications for Schizophrenia (SAA)	Total	65.1%	60.1%	61.9%	1.8%
Well-Child Visits in the First 15 Months of Life (W15)	Six Visits	68.9%	58.2%	72.8%	14.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years (W34)	Total	64.4%	70.9%	75.0%	4.1%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	BMI	21.0%	48.1%	61.6%	13.5%
	Nutrition Counseling	52.4%	63.2%	64.5%	1.3%
	Physical Activity Counseling	50.5%	54.6%	60.8%	6.3%

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Molina Healthcare of Washington

Key performance highlights

- **Largest declines:** Immunizations for adolescents (combination 1), timeliness of prenatal care
- **Largest increases:** Avoidance of antibiotic treatment in adults with acute bronchitis, appropriate testing for children with pharyngitis, weight assessment and counseling for nutrition and physical activity for children/adolescents

Table 17: Variation in MHW Performance, 2017 RY to 2018 RY

Difference in Rate -10.0% 10.0%		2016 RY	2017 RY	2018 RY	Change from 2017 RY to 2018 RY
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Total	28.7%	34.4%	40.1%	5.7%
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Total	81.3%	79.2%	79.3%	0.2%
Adult BMI Assessment (ABA)	Total	90.1%	92.6%	92.9%	0.4%
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Initiation	42.6%	44.1%	45.3%	1.2%
	Continuation	49.4%	54.0%	54.0%	0.0%
Antidepressant Medication Management (AMM)	Acute Phase	52.2%	50.7%	51.0%	0.4%
	Continuation Phase	37.2%	34.5%	35.5%	1.0%
Adolescent Well-Care Visits (AWC)	Total	44.4%	45.9%	46.2%	0.3%
Children/Adolescents' Access to Primary Care Practitioners (CAP)	12-24 Months	97.5%	97.1%	96.9%	-0.2%
	25 Months-6 Years	88.8%	87.5%	86.7%	-0.7%
	7-11 Years	92.8%	92.2%	91.0%	-1.2%
	12-19 Years	92.6%	92.3%	91.6%	-0.8%
Comprehensive Diabetes Care (CDC)	HbA1c Control (<8.0%)	49.0%	50.3%	53.0%	2.7%
Childhood Immunization Status (CIS)	Influenza	52.8%	45.7%	47.1%	1.4%
Appropriate Testing for Children with Pharyngitis (CWP)	Total	70.7%	75.0%	80.5%	5.5%
Immunizations for Adolescents (IMA)	Combination 1	74.2%	78.1%	73.7%	-4.4%
Use of Imaging for Low Back Pain (LBP)	Total	76.3%	75.8%	74.8%	-0.9%
Medication Management for People with Asthma (MMA)	Compliance 75% 5-11 Yrs	23.7%	22.1%	25.1%	3.0%
	Compliance 75% 12-18 Yrs	22.8%	26.1%	25.0%	-1.0%
	Compl 75% 19-50 Years	32.5%	34.6%	36.3%	1.7%
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	75.2%	79.1%	72.7%	-6.4%
	Postpartum Care	51.3%	56.4%	60.6%	4.2%
Adherence to Antipsychotic Medications for Schizophrenia (SAA)	Total	70.5%	62.3%	64.5%	2.2%
Well-Child Visits in the First 15 Months of Life (W15)	Six Visits	62.7%	65.6%	65.7%	0.1%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years (W34)	Total	69.7%	67.2%	64.2%	-2.9%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	BMI	50.3%	56.3%	73.5%	17.2%
	Nutrition Counseling	57.6%	54.7%	60.6%	5.8%
	Physical Activity Counseling	53.6%	49.7%	55.0%	5.3%

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United Healthcare Community Plan

Key performance highlights

- **Largest declines:** Adult BMI assessment, follow-up care for children prescribed ADHD medication (continuation phase), medication management for people with asthma (5–11 years), timeliness of prenatal care, postpartum care
- **Largest increases:** Hba1c control (<8.0%), immunizations for adolescents (combination 1), weight assessment and counseling for nutrition and physical activity for children/adolescents (BMI percentile)

Table 18: Variation in UHC Performance, 2017 RY to 2018 RY

Difference in Rate -10.0% 10.0%		2016 RY	2017 RY	2018 RY	Change from 2017 RY to 2018 RY
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Total	28.9%	33.0%	38.4%	5.4%
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Total	72.5%	71.2%	73.3%	2.1%
Adult BMI Assessment (ABA)	Total	80.8%	86.7%	78.7%	-7.9%
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Initiation	44.8%	42.6%	42.4%	-0.2%
	Continuation	57.5%	56.8%	48.1%	-8.7%
Antidepressant Medication Management (AMM)	Acute Phase	56.4%	54.5%	54.7%	0.2%
	Continuation Phase	41.2%	40.7%	38.4%	-2.4%
Adolescent Well-Care Visits (AWC)	Total	44.5%	47.7%	46.7%	-1.0%
Children/Adolescents' Access to Primary Care Practitioners (CAP)	12-24 Months	96.2%	96.2%	96.8%	0.6%
	25 Months-6 Years	87.5%	85.8%	84.6%	-1.3%
	7-11 Years	92.5%	90.3%	89.1%	-1.2%
	12-19 Years	91.5%	89.8%	89.0%	-0.9%
Comprehensive Diabetes Care (CDC)	HbA1c Control (<8.0%)	36.3%	45.3%	51.1%	5.8%
Childhood Immunization Status (CIS)	Influenza	54.0%	50.4%	50.9%	0.5%
Appropriate Testing for Children with Pharyngitis (CWP)	Total	69.7%	78.9%	79.5%	0.6%
Immunizations for Adolescents (IMA)	Combination 1	70.4%	67.9%	73.7%	5.8%
Use of Imaging for Low Back Pain (LBP)	Total	74.4%	72.0%	74.6%	2.6%
Medication Management for People with Asthma (MMA)	Compliance 75% 5-11 Yrs	24.4%	36.4%	28.0%	-8.4%
	Compliance 75% 12-18 Yrs	25.9%	33.6%	33.9%	0.4%
	Compl 75% 19-50 Years	41.3%	45.9%	43.3%	-2.6%
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	67.9%	74.7%	66.3%	-8.4%
	Postpartum Care	56.7%	61.3%	53.8%	-7.5%
Adherence to Antipsychotic Medications for Schizophrenia (SAA)	Total	66.5%	61.9%	65.3%	3.4%
Well-Child Visits in the First 15 Months of Life (W15)	Six Visits	64.5%	68.9%	67.8%	-1.2%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years (W34)	Total	67.0%	66.1%	63.9%	-2.2%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	BMI	38.2%	50.6%	59.6%	9.0%
	Nutrition Counseling	64.2%	55.7%	57.7%	1.9%
	Physical Activity Counseling	51.1%	47.0%	47.0%	0.0%

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Access to Care

Access to primary care depends on the ability of consumers to locate healthcare providers and receive services. Primary care visits are important for preventing or improving the management of chronic conditions; thus, it is essential that MCOs establish sufficient provider networks to ensure adequate access to care.

Reported Measures

The access-related measures in this section include:

- Adults' access to preventive/ambulatory health services (also referred to as adult access to primary care in this report): the percentage of adult enrollees with an ambulatory or preventive care visit during the MCO reporting year, not including inpatient stays or ED visits
- Children and adolescents' access to primary care practitioners (also referred to as child and adolescent access to primary care in this report): the percentage of children and adolescents who had an outpatient visit during the MCO reporting year (or the year prior for age groups 7–11 and 12–19) with a primary care physician
- Well-child visits: the percentage of enrollees of the specified age groups receiving the specified number of well-care visits
  - Ages 0–15 months: six or more visits (State-contracted minimum threshold: 75 percent)
  - Ages 3–6 years: one or more visits (State-contracted minimum threshold: 75 percent)
  - Ages 12–21 years: one or more visits (State-contracted minimum threshold: 75 percent)
- Timeliness of prenatal care: the percentage of women delivering a live baby who received prenatal care in the first trimester (or within 42 days of enrolling with the MCO) *[Note: Does not require one year of continuous enrollment]*
- Postpartum care: the percentage of women delivering a live baby who received at least one postpartum visit between 21 and 56 days following delivery *[Note: Does not require one year of continuous enrollment]*

For data tables on these measures, please refer to Appendix B.

Measure Performance

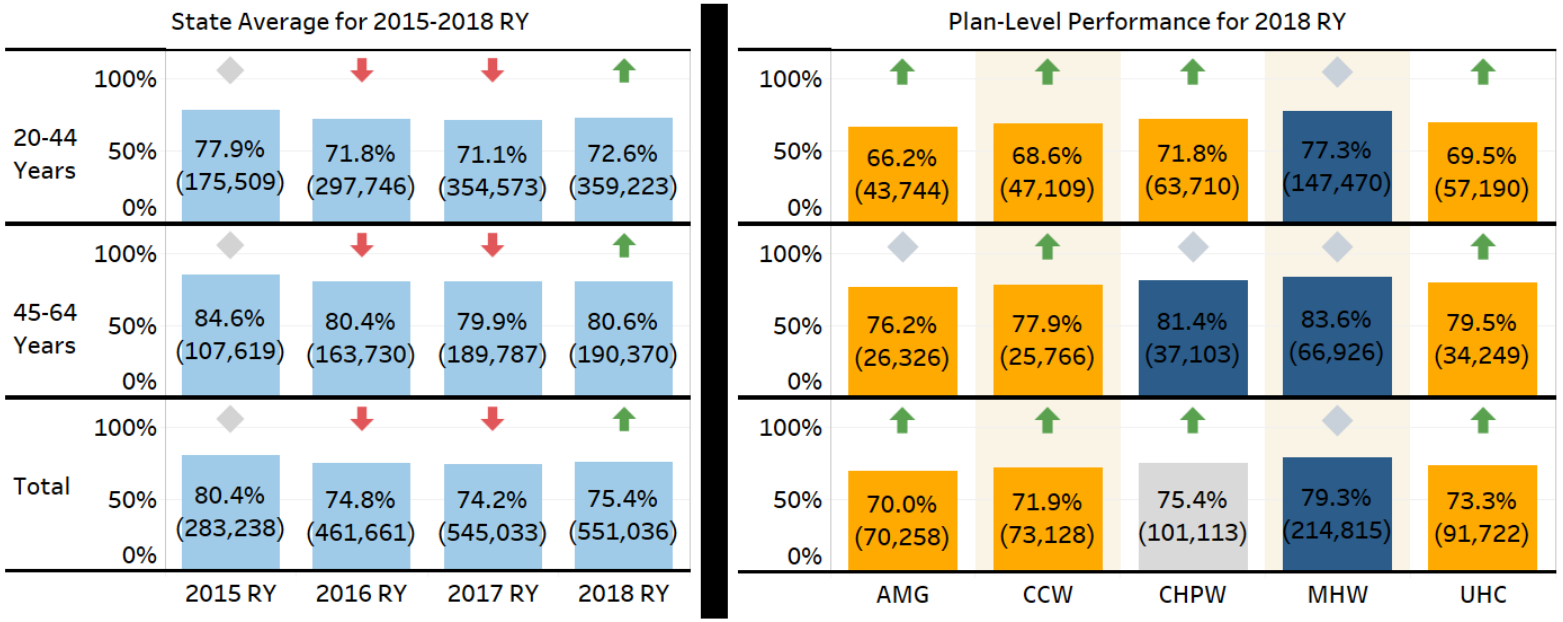
Adults' Access to Preventive/Ambulatory Health Services

Adults' access to preventive/ambulatory health services is part of the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

At a state level, all measures trended up, which is a change from previous years. Four of the five MCOs trended upward. MHW was a statistically high performer for all measures and remained steady from the previous year. CHPW was a statistically high performer for the 45–64 years age range.

Table 19: Adults' Access to Preventive/Ambulatory Health Services, Statewide and by MCO



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Children and Adolescents' Access to Primary Care Practitioners

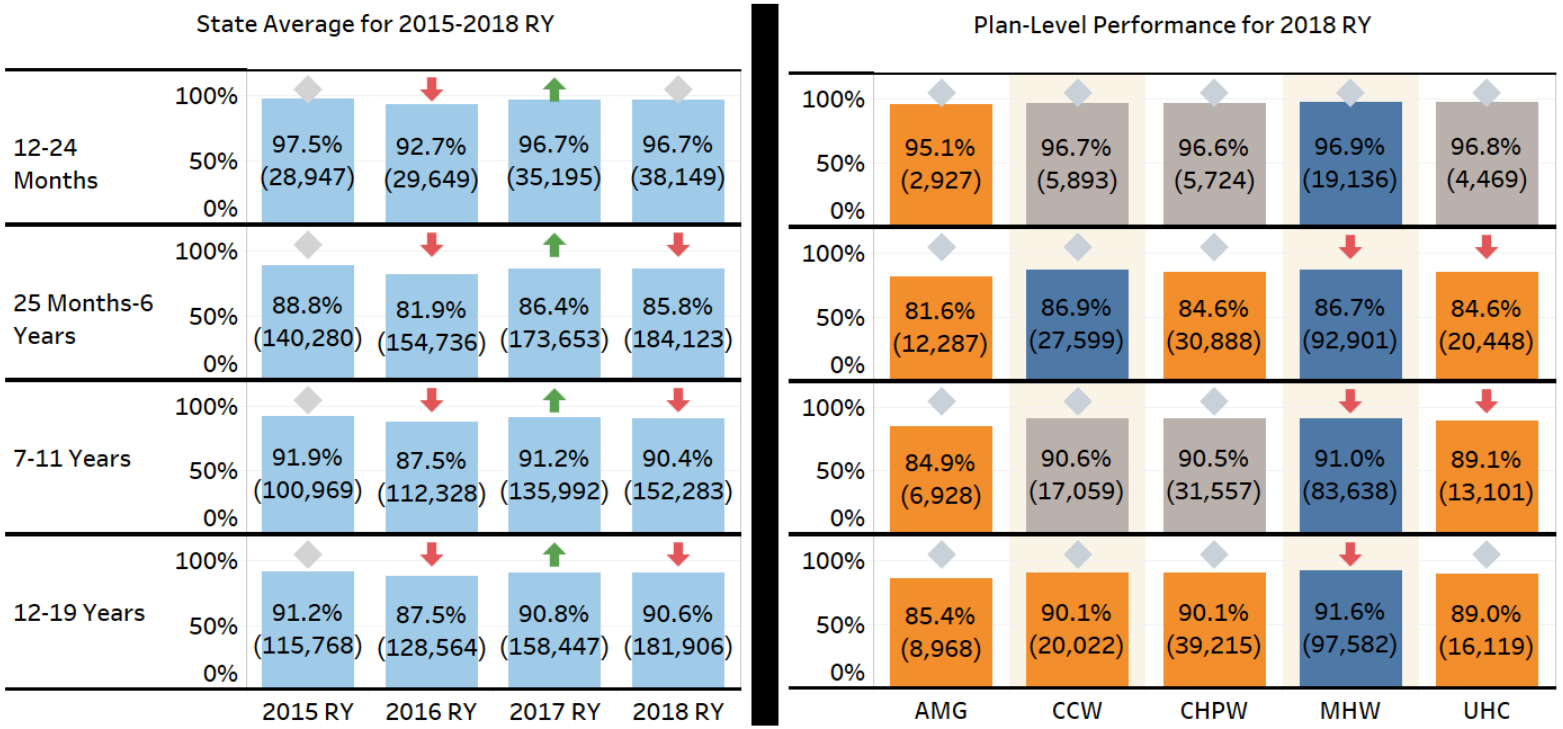
Children and adolescents' access to primary care practitioners is subdivided into four age categories: 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years. Children and adolescents' access to primary care practitioners is part of the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

At a state level, most measures trended down after an upward trend the previous year.

- AMG was a statistically low performer for all measures while remaining steady from previous years.
- MHW was a statistically high performer for all measures but trended slightly down for three age ranges (25 months–6 years, 7–11 years, and 12-19 years).
- CCW was a high performer in the 25 months–6 years age range.
- UHC was a statistically low performer for most measures and trended down for the 25 months–6 years and 7–11 years age ranges.

Table 20: Children and Adolescents' Access to Primary Care Practitioners, Statewide and by MCO



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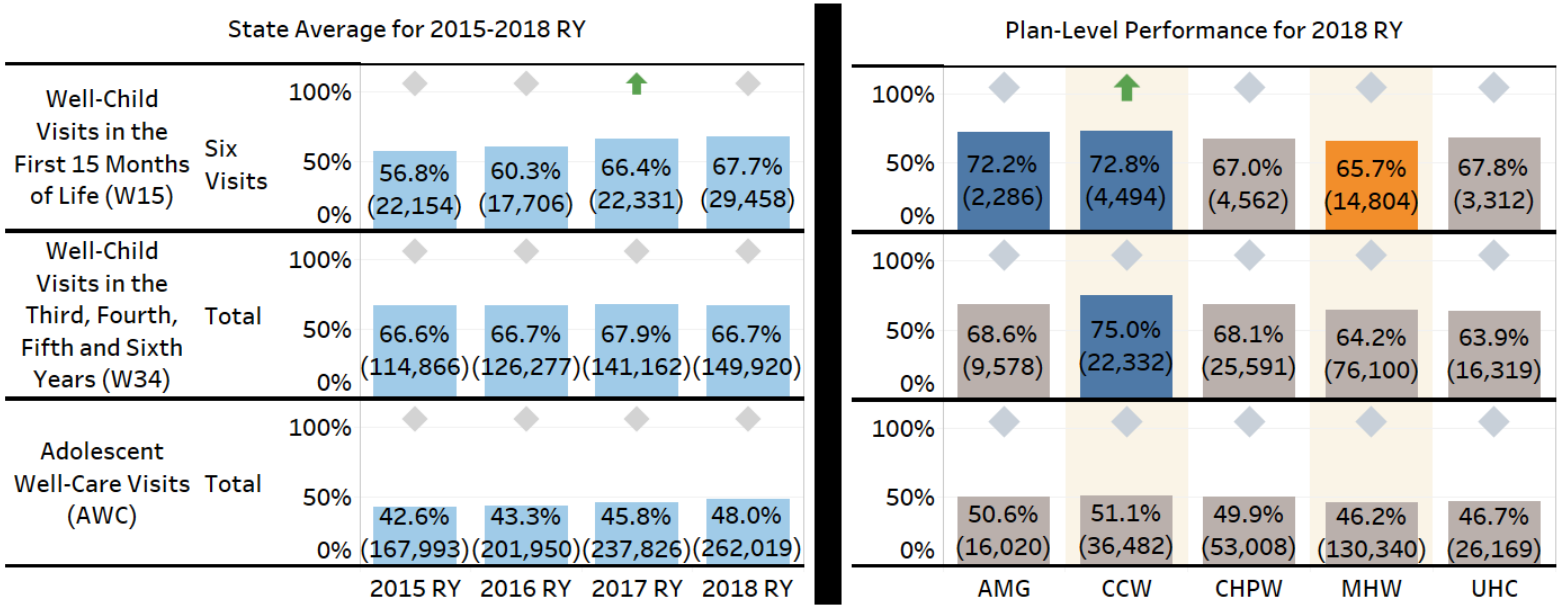
Well-Child Measures

The well-child visit measures are part of the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

At a state level, well-child and adolescent well-care visits remained steady, with CCW as the top performer for the two well-child measures. AMG was a high performer for the youngest group and MHW the low performer for the youngest group.

Table 21: Well-Child Visits, Statewide and by MCO



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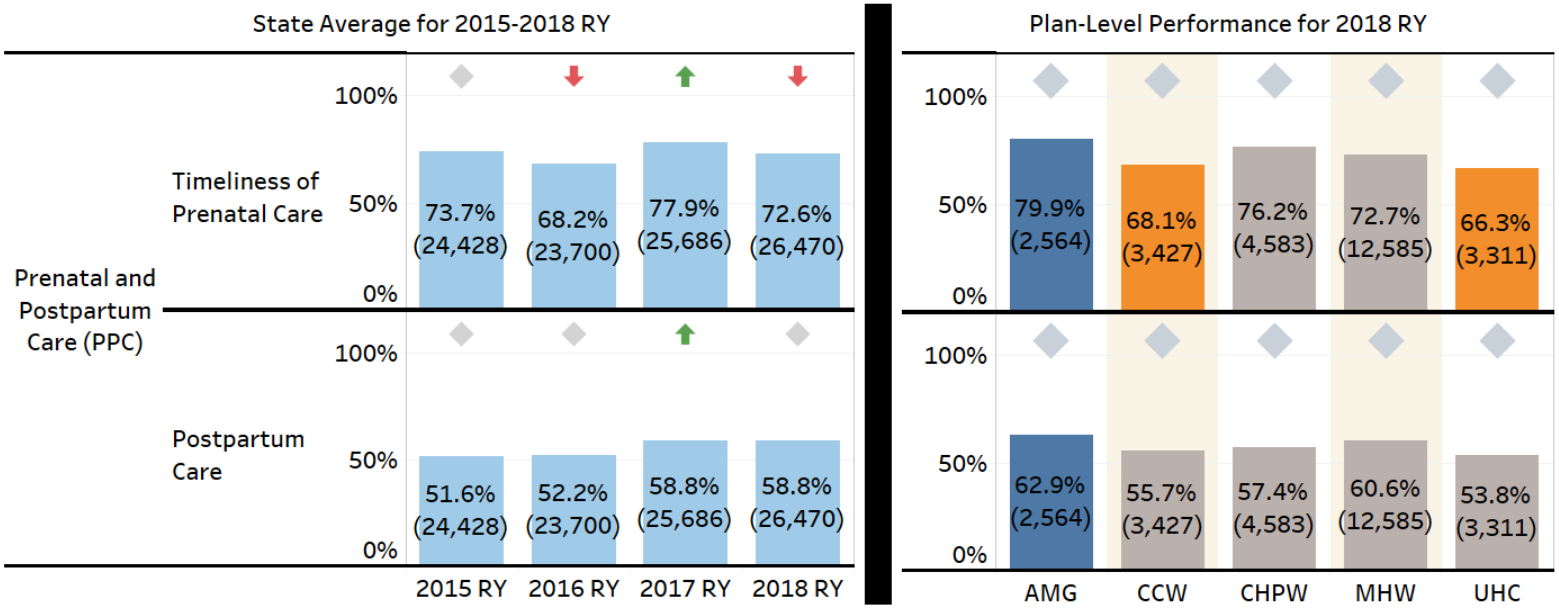
Maternal Health Measures

All Apple Health MCOs performed lower than the national average for women entering prenatal care in the first trimester, as shown in Table 22 below. Note that the number of recommended prenatal visits varies for each enrollee, as it depends on the stage of the enrollee's pregnancy at the time of enrollment.

Key Points:

At a state level, timeliness of care trended down, with AMG as a top performer in both PPC measures. CCW and UHC were low performers on timeliness of prenatal care.

Table 22: Prenatal and Postpartum Care, Statewide and by MCO



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Preventive Care

Access to care is only the first step toward establishing a healthy population. Enrollees must also receive proactive preventive services delivered within an appropriate timeframe, such as well-care visits that promote healthy behaviors in areas such as weight management, immunizations to prevent disease, and adult screenings for cancer and other conditions for early detection of serious illness.

Reported Measures

Measures in this section include:

- Weight management: the percentage of enrollees with an outpatient visit to a primary care provider (PCP) who had evidence of:
  - Adult BMI assessment (ages 18–74)
  - Children's BMI percentile screening (ages 3–17)
  - Children's nutritional counseling (ages 3–17)
  - Children's physical activity counseling (ages 3–17)
- Immunizations before age 2: For children age 2, the State required MCOs to report 10 separate vaccine antigens and 9 combinations of vaccines, shown in Table 23. The HEDIS immunization measure follows the CDC guidelines for immunizations, and is updated when those guidelines change. The definitions of these measures are noted below.
  - Diphtheria, tetanus, and acellular pertussis (DTaP): four doses
  - Haemophilus influenzae type B (HiB): three doses
  - Hepatitis A (HepA): one dose
  - Hepatitis B (HepB): three doses
  - Influenza (Flu): two doses
  - Measles, mumps, and rubella (MMR): one dose
  - Pneumococcal conjugate (PCV): four doses
  - Polio (IPV): three doses
  - Rotavirus (RV): two or three doses
  - Varicella-Zoster virus (VZV): one dose
  - Combination 2 (refer to Table 23) (HCA-contracted goal: 75 percent)
  - Combination 3 (refer to Table 23)

Table 23: Childhood Immunization Combinations

Antigen	Combination Number								
	2	3	4	5	6	7	8	9	10
DTaP	√	√	√	√	√	√	√	√	√
HiB	√	√	√	√	√	√	√	√	√
HepA			√			√	√		√
HepB	√	√	√	√	√	√	√	√	√
Flu					√		√	√	√
MMR	√	√	√	√	√	√	√	√	√
PCV		√	√	√	√	√	√	√	√
IPV	√	√	√	√	√	√	√	√	√
RV				√		√		√	√
VZV	√	√	√	√	√	√	√	√	√

- Immunizations for adolescents
  - Meningococcal vaccine: one dose, on or between the enrollee's 11th and 13th birthdays
  - Tetanus, diphtheria toxoids, and acellular pertussis (Tdap) on or between the enrollee's 10th and 13th birthdays
  - Combination 1: both of the above vaccines
  - HPV: At least two HPV vaccines, with different dates of service on or between the enrollee's 9th and 13th birthdays
  - Combination 2: All three of the above vaccines
- Lead screening in children: The percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday
- Women's health screenings
  - Breast cancer screening: the percentage of women ages 50–74 who had at least one mammogram in the reporting year or the prior year
  - Cervical cancer screening: the percentage of women ages 21–64 receiving a PAP test during the reporting year or prior two years, and co-testing of PAP and human papilloma virus (HPV) for women ages 30–64 in the reporting year or the four prior years
  - Chlamydia screening: the percentage of women ages 16–24 years and identified as sexually active having at least one test for chlamydia during the reporting year

Measure Performance

Adult Body Mass Index (BMI) Assessment

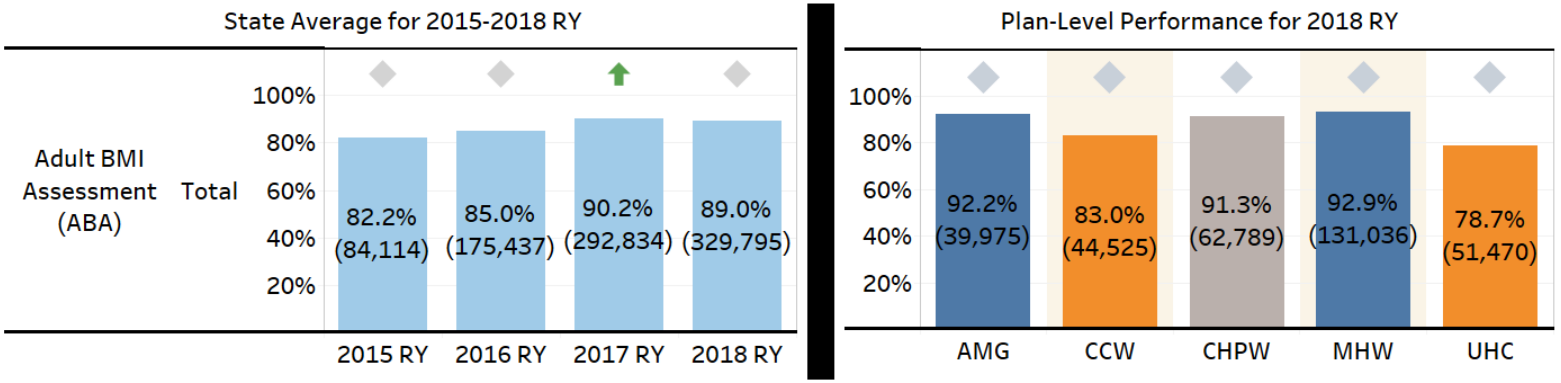
The Apple Health average for this measure surpassed the national average in 2018 RY.

Adult BMI assessment is part of the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

At a state level, this measure remained steady, with AMG and MHW the top performers and CCW and UHC the low performers.

Table 24: Adult BMI Assessment, Statewide and by MCO



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Child and Adolescent Prevention Measures

Childhood immunization status—combination 10, immunizations for adolescents, and weight assessment and counseling for nutrition and physical activity for children/adolescents are all part of the Washington State Common Measure Set on Health Care Quality and Cost—2018.

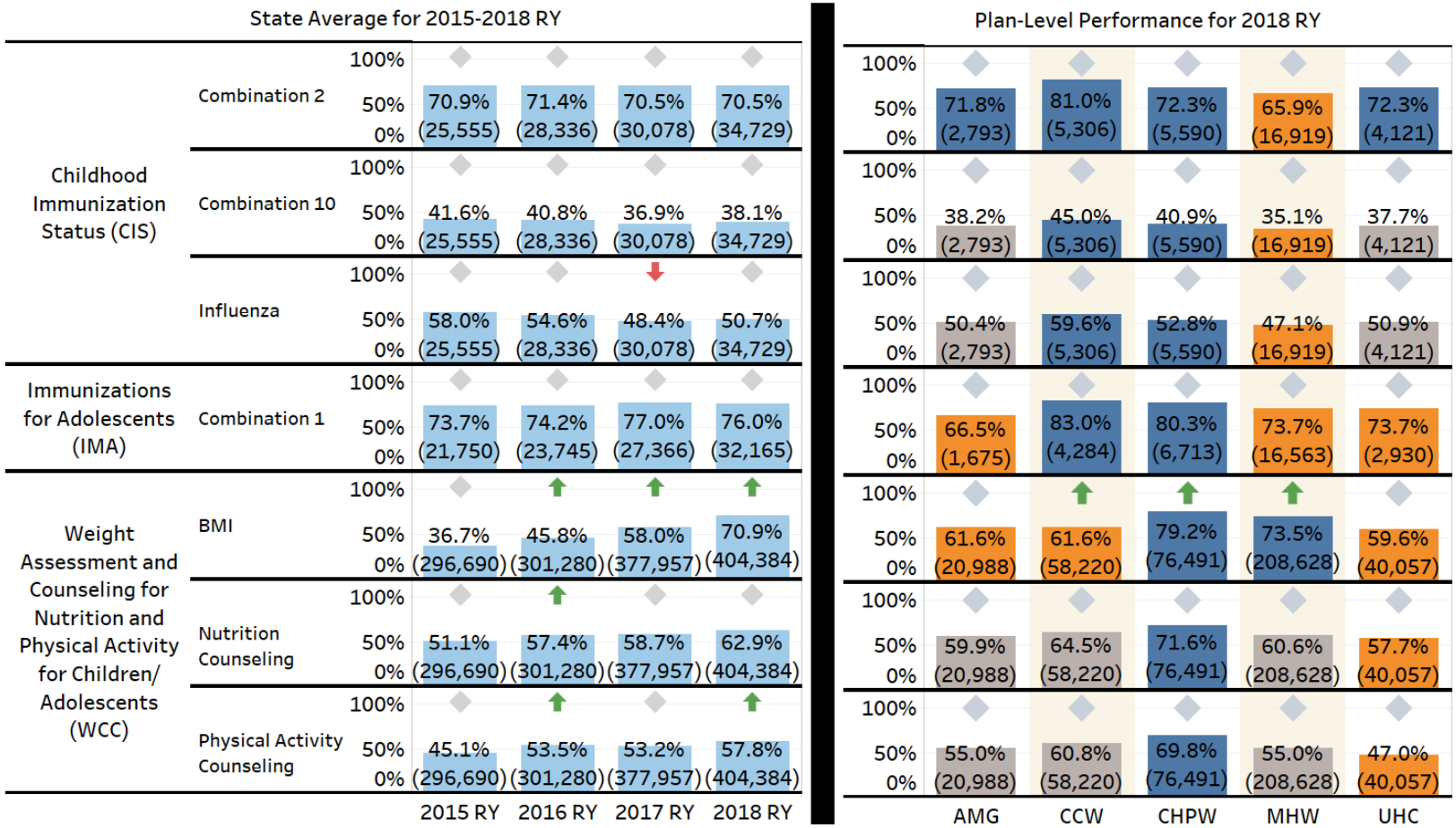
Key Points:

Performance for BMI percentile continued to shift upward statewide, with three of the MCOs trending up. Statewide performance for physical activity counseling also showed improvement at the state level.

CHPW was a top performer on all child and adolescent prevention measures in this section, while MHW and UHC were low performers on numerous measures.

Table 25, next page, displays the results for these measures.

Table 25: Child and Adolescent Prevention Measures, Statewide and by MCO



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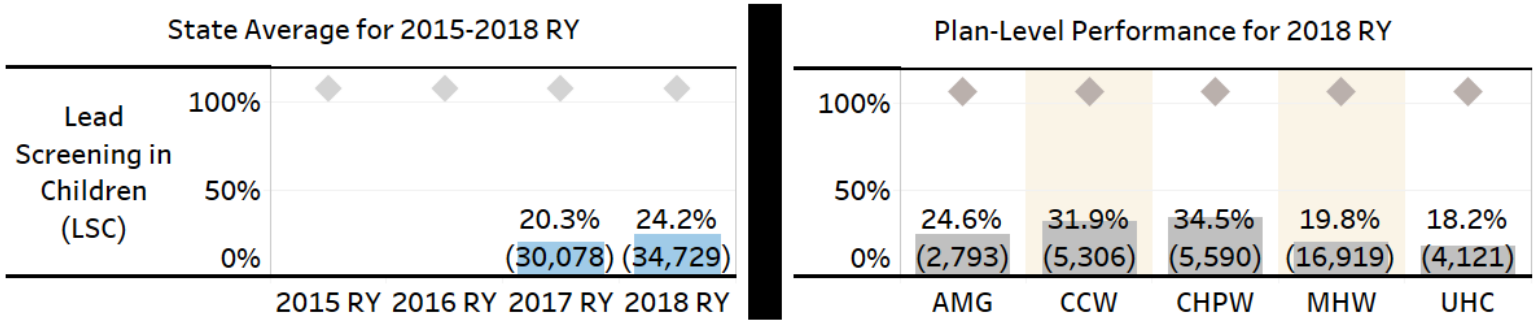
Lead Screening in Children

Reporting of the lead screening measure was new for Apple Health MCOs in 2017 RY and should continue to be monitored for trending.

Key Points:

In the second year of reporting this measure, the statewide rate improved, although the change was not statistically significant.

Table 26: Lead Screening in Children, Statewide and by MCO



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Women's Health Screenings

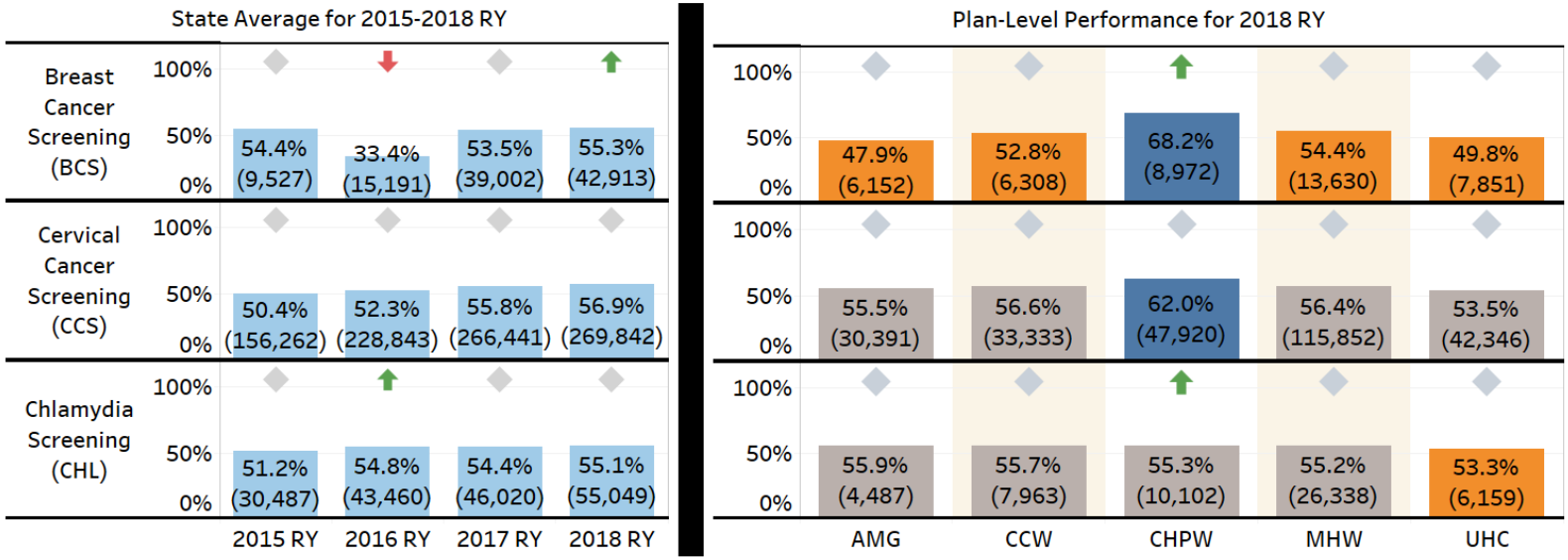
Overall Apple Health performance on women's health screenings continue to fall below national averages (below the 50th percentile) for three measures (breast cancer screening, cervical cancer screening, and chlamydia screening), as shown in Table 27.

Breast cancer screening, cervical cancer screening, and chlamydia screening are all part of the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

At a state level, women's health screening measures showed little significant change for 2018 RY, although the breast cancer screening showed slight statistically significant improvement. CHPW was the main driver of this shift.

Table 27: Women's Health Screenings, Statewide and by MCO



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Chronic Care Management

Adequate management of chronic conditions can delay morbidity and mortality and improve enrollee quality of life. It may also prevent more costly emergency department (ED) visits and inpatient stays. Diabetes is a condition that, if poorly managed, can lead to significant complications. Proactive testing and management of diabetes and other conditions should be important wellness goals for the State.

Reported Measures

Measures included in this section include:

- Diabetes process measures
  - HbA1c testing: presence of at least one HbA1c test during the reporting year, regardless of result
  - Eye exams: presence of at least one eye exam during the reporting year (or year prior if previous eye exam showed no evidence of diabetic retinopathy)
  - Medical attention for nephropathy: presence of at least one nephropathy test or evidence of the presence of nephropathy during the reporting year
- Diabetes outcome measures
  - Blood pressure control (less than 140/90)
  - HbA1c control (<8.0%)
  - HbA1c poor control (>9.0%): Note that individuals not receiving an HbA1c test during the reporting year are included in this category and that for this measure, a lower score is better
- Other chronic care management
  - Controlling high blood pressure: the percentage of adults ages 18–85 diagnosed with hypertension with blood pressure reading indicating adequate control according to their age group
  - Antidepressant medication management: the percentage of adults age 18 or over having diagnosis of major depression who were treated with antidepressant medication and remained on antidepressant medication treatment for six months
  - Medication management for people with asthma: the percentage of enrollees ages 5–11 and 12–17 identified as having persistent asthma who were treated with medication and remained on medication for at least 75 percent of their treatment period
  - Follow-up care for children prescribed ADHD medication, initiation phase: the percentage of members 6–12 years of age with an ambulatory prescription for an ADHD medication who had at least one follow-up visit with a provider during the 30-day initiation phase

Measure Performance

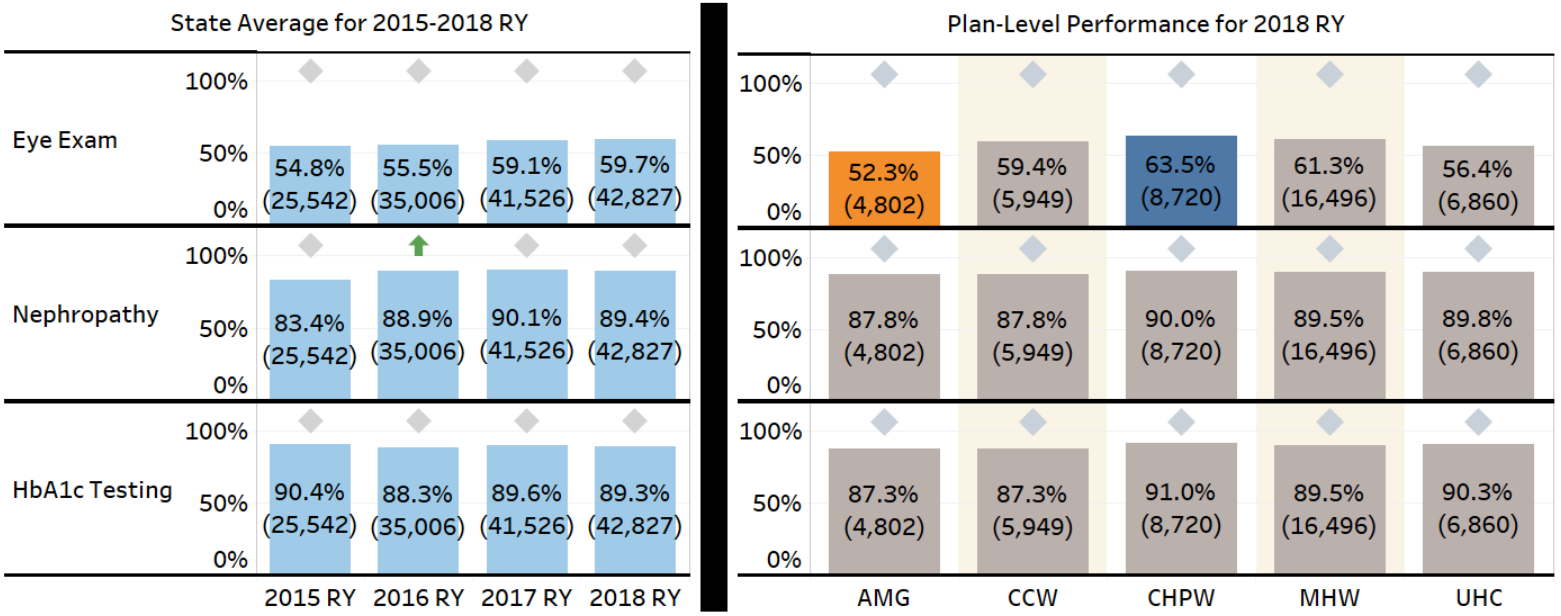
Diabetes Process Measures

There are three process measures included in the comprehensive diabetes care measure (HbA1c testing, eye exam, and medical attention for nephropathy). They are all included in the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

All measures remained steady this year at the state level. The most variation seen on a plan level was for the eye exam measure, with 11.2 percentage points separating the low performer (AMG) from the highest (CHPW).

Table 28: Diabetes Process Measures, Statewide and by MCO



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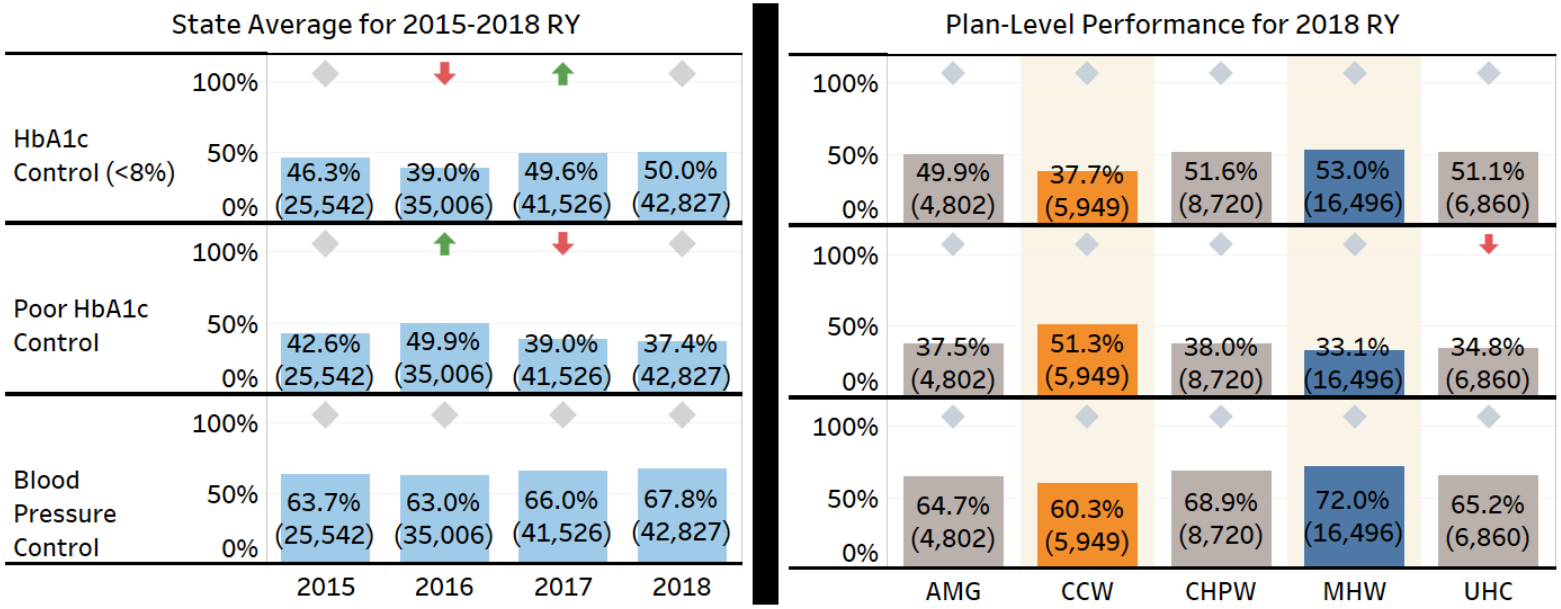
Diabetes Outcome Measures

The diabetes outcome measures include HbA1c control (<8.0%), HbA1c poor control (>9.0%), and blood pressure control. HbA1c poor control (>9.0%) and blood pressure control are both included in the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

All measures remained steady both at the state and individual plan levels. MHW was the high performer on all measures and CCW the lowest.

Table 29: Diabetes Outcome Measures*



Note: For HbA1c poor control (>9.0%), a lower score is better.

The source for certain health plan measure rates and benchmarks (averages and percentiles) data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA), as outlined in the copyright notice on page 4.

Other Chronic Care Management

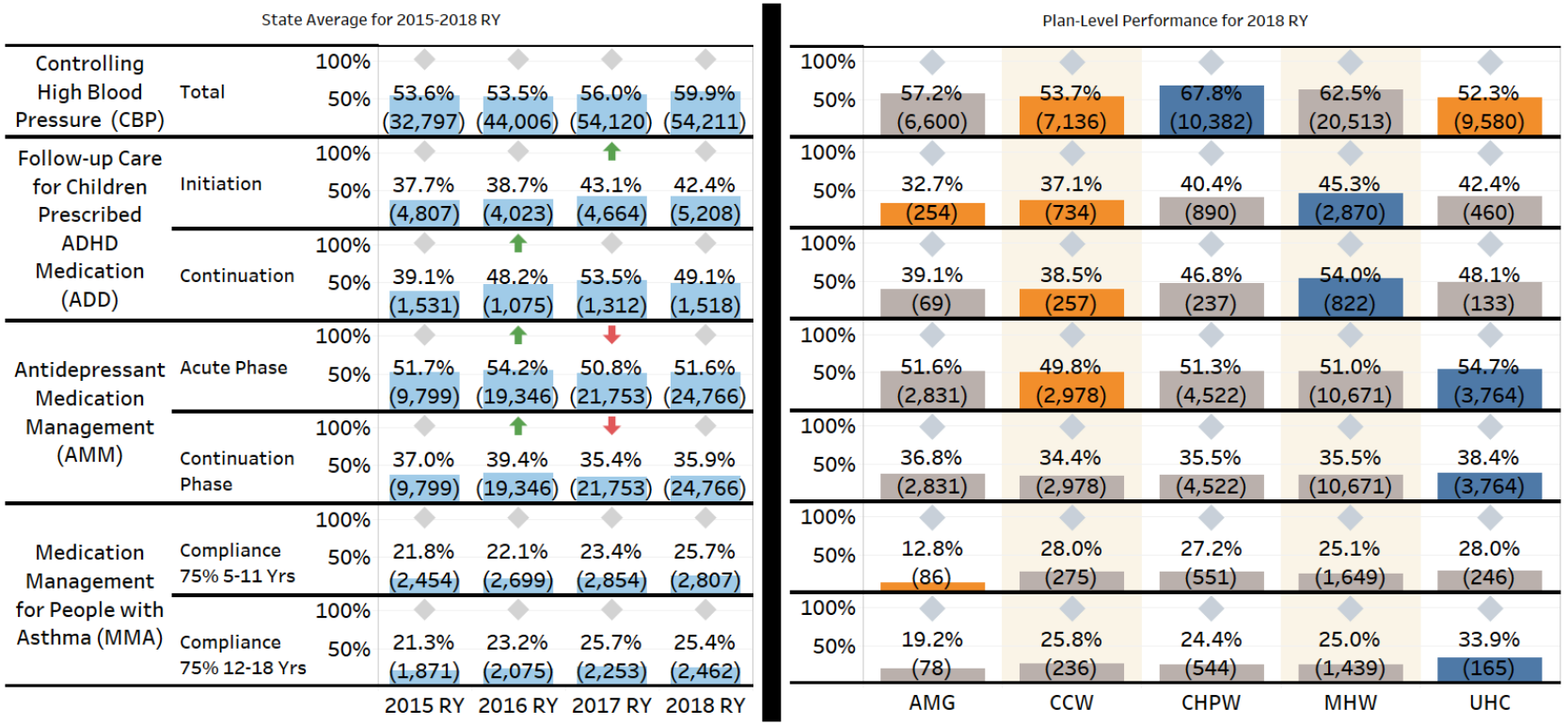
Controlling high blood pressure, follow-up care for children prescribed ADHD medication, and antidepressant medication management are all included in the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

The rates for all measures remained steady at a state level. However, at a plan level, performance varied significantly between MCOs on two measures. For controlling high blood pressure, almost 15.5 points separated the highest performer (CHPW) and the lowest performer (UHC). For follow-up care for children prescribed ADHD medication—continuation phase, 15.5 points also separated the highest performer (MHW) and the lowest (CCW).

Table 30, next page, displays the results of these measures.

Table 30: Chronic Care Management Measures, Statewide and by MCO



The source for certain health plan measure rates and benchmarks (averages and percentiles) data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA), as outlined in the copyright notice on page 4.

Medical Care Utilization

Limiting cost growth while maximizing health coverage is essential for the Medicaid program to be sustainable. There are two important components of controlling costs: preventing waste and reducing hospital utilization.

Reported Measures

Measures in this domain include:

- Avoidance of inappropriate care
  - Use of imaging for low-back pain: the percentage of individuals diagnosed with lower back pain who did not receive an imaging study within 28 days of the initial diagnosis
  - Avoidance of antibiotic treatment in adults with acute bronchitis: the percentage of adults with a diagnosis of acute bronchitis who were not dispensed an antibiotic
  - Appropriate treatment for children with upper respiratory infection: the percentage of children with a diagnosis of upper respiratory infection who were not dispensed an antibiotic
- Ambulatory care utilization
  - Outpatient visits per 1,000 member months
  - Emergency department (ED) visits per 1,000 member months
- Inpatient utilization
  - Inpatient discharges per 1,000 member months

Measure Performance

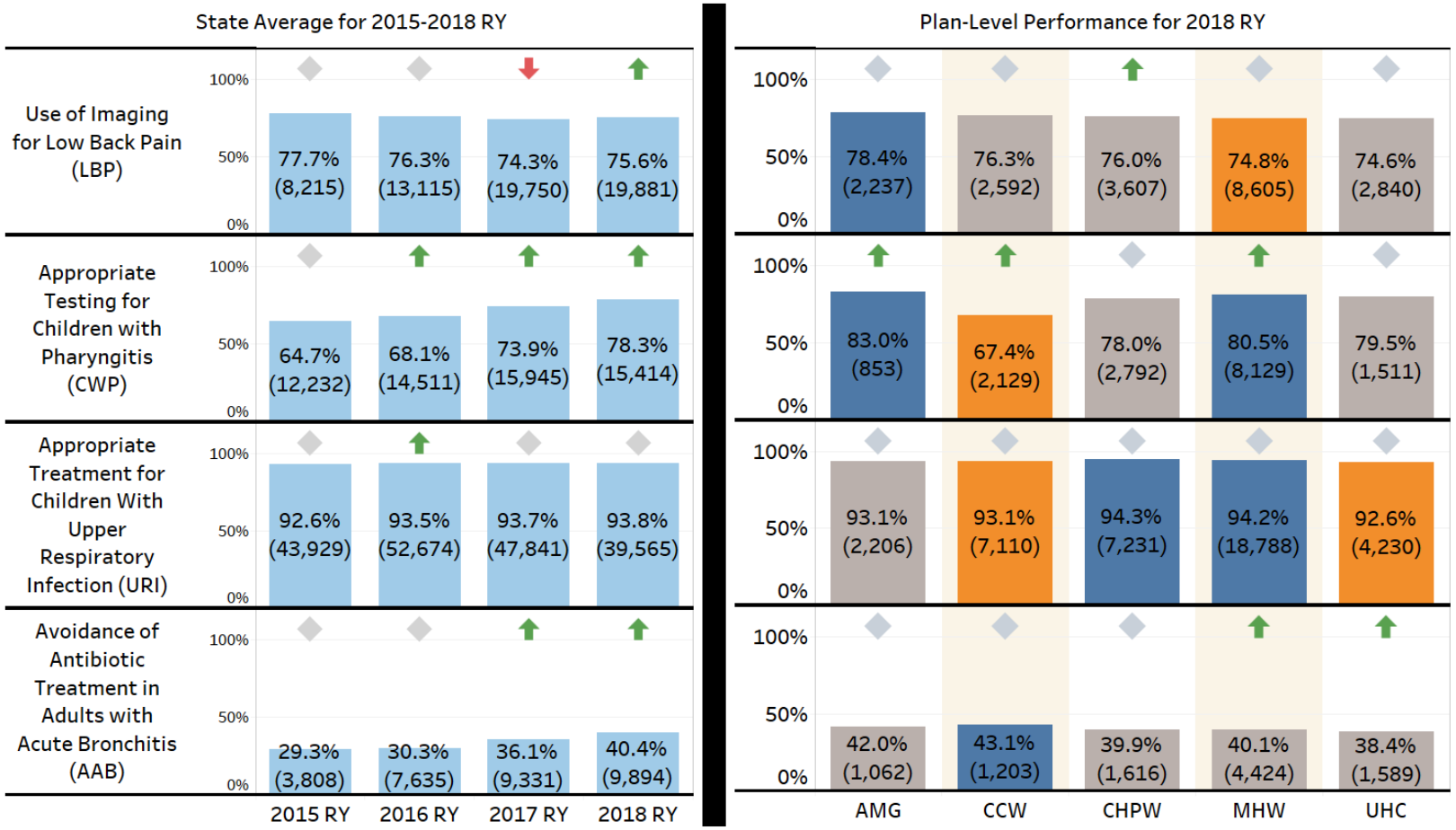
Avoidance of Inappropriate Care

Overall Apple Health rates were higher than national averages for all three measures of appropriate utilization (meaning MCOs did a *better* job of ensuring individuals did *not* receive inappropriate care). Avoidance of antibiotic treatment in adults with acute bronchitis, appropriate testing for children with pharyngitis, and use of imaging for low back pain are all included in the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

The overall state rate for avoidance of antibiotic treatment in adults with acute bronchitis trended up as a result of upward shifts for MHW and UHC. Appropriate testing for children with pharyngitis also trended up at a state level, as a result of upward shifts for all but two of the MCOs. Use of imaging for low back pain increased at the state level. Table 31, next page, shows the results for these measures.

Table 31: Avoidance of Inappropriate Care Measures, Statewide and by MCO



The source for certain health plan measure rates and benchmarks (averages and percentiles) data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA), as outlined in the copyright notice on page 4.

Ambulatory Care and Inpatient Utilization

Ambulatory care measures are part of the Washington State Common Measure Set on Health Care Quality and Cost—2018.

Key Points:

At a state level, emergency room (ER) visits, outpatient visits, and total discharges all declined in 2018 RY; most other utilization metrics did not change.

Variation between MCOs may be due to differing demographics, network sizes, specialist referral policies, or care management services offered by MCOs.

Emergency room visit rates are difficult to interpret without additional analyses of enrollee demographics. It is possible that an MCO may have high ER visit rates because of significant enrollee acuity, but it is also possible that high ER rates can be attributed to lack of access to primary or specialty providers. Overall, Apple Health enrollees had significantly fewer ER visits per 1,000 member months (MM) than the national average, as shown in Table 32. (Per 1,000 member months is a method used routinely in hospital utilization measures; it is a simple way to equate the overall usage of hospital services while accounting for the overall number of members. If an enrollee is in a plan for one full year, they will account for 12 member months. Calculating the number of overall ED visits per 1,000 member months enables identification of any significant changes to hospital utilization by controlling for the overall number of members, which can shift and grow over time.)

Total inpatient utilization is significantly below the national average, reflecting good performance by Apple Health MCOs for reducing unnecessary hospitalization. Again, it is difficult to compare inpatient utilization rates between MCOs because each MCO serves a distinct enrollee population; enrollees in different MCOs do not necessarily have the same risk profiles.

Table 32, next page, displays the statewide results for these measures.

Table 32: Ambulatory Care and Utilization Measures, Statewide Performance, 2015–2018 RY

		2015 RY	2016 RY	2017 RY	2018 RY
Ambulatory Care (AMB)	Total ER Visits Per 1,000 MM*	52.1	53.3	51.3	48.8
	Total OP Visits Per 1,000 MM	330.0	328.4	310.5	304.4
Inpatient Utilization—General Hospital/Acute Care (IPU)	Total ALOS**	3.9	4.1	4.6	4.4
	Total Days Per 1,000 MM	21.3	21.2	21.2	21.9
	Total Discharges Per 1,000 MM	5.4	5.1	4.9	5.0
	Total Maternity ALOS	2.3	2.3	2.4	2.4
	Total Maternity Days Per 1,000 MM	7.0	5.8	5.6	5.6
	Total Maternity Discharges Per 1,000 MM	3.1	2.5	2.4	2.4
	Total Medicine ALOS	3.7	3.7	4.0	4.0
	Total Medicine Days Per 1,000 MM	7.3	7.5	7.7	8.2
	Total Medicine Discharges Per 1,000 MM	2.0	2.0	1.9	2.1
	Total Surgery ALOS	7.0	7.2	7.4	7.5
	Total Surgery Days Per 1,000 MM	9.2	9.6	9.6	9.7
	Total Surgery Discharges Per 1,000 MM	1.3	1.3	1.3	1.3

**MM = member months*

***ALOS = average length of stay*

The source for certain health plan measure rates and benchmarks (averages and percentiles) data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA), as outlined in the copyright notice on page 4.

Paying for Value

The HCA's value-based payment model connects payment to quality of care and value, rewarding plans for both improvement and achievement on their performance for seven quality measures.

Value-Based Quality Measures

- Well-child visits in the third, fourth, fifth, and sixth years
- Childhood immunizations—a combination of 10 vaccines before age 2
- Controlling high blood pressure
- Comprehensive diabetes outcome measures
    - Blood pressure control
    - HbA1c poor control (>9.0%)
- Antidepressant medication management
    - Acute phase
    - Continuation phase
- Medication management for Asthma
    - 75% medication compliance (5–11 years)
    - 75% medication compliance (12–18 years)

Measure Performance

These measures, also included in the Access, Preventive Care, and Chronic Care sections of this report, are combined in Table 33, next page, to offer a comparative presentation of overall performance.

All of the quality measures included in HCA's value-based payment model are part of the Washington State Common Measure set on Health Care Quality and Cost—2018.

The source for certain health plan measure rates and benchmarks (averages and percentiles) data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA), as outlined in the copyright notice on page 4.

Table 33: State-Designated Value-Based Quality Measures

The source for certain health plan measure rates and benchmarks (averages and percentiles) data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA), as outlined in the copyright notice on page 4.

Appendix A: MCO Performance Summaries

Appendix B: HEDIS Performance Measure Tables

Please see separate attached document for Appendix B.

Amerigroup Washington (AMG)

Access to Care

Primary care visits

Adults' access (20-44 yrs)	66.2%	▼
Adults' access (45-64 yrs)	76.2%	▼
Adults' access (total)	70.0%	▼
Children's access (12-24 mos)	95.1%	▼
Children's access (25 mos-6 yrs)	81.6%	▼
Children's access (7-11 yrs)	84.9%	▼
Children's access (12-19 yrs)	85.4%	▼

Maternal health visits

Timeliness of prenatal care	79.9%	▲
Postpartum care	62.9%	▲

Well-child visits

0-15 mos, 6+ visits	72.2%	▲
3-6 yrs, annual visit	68.6%	
12-21 yrs, semi-annual visit	50.6%	

Preventive Care

Women's health screenings

Breast cancer screening	47.9%	▼
Cervical cancer screening	55.5%	
Chlamydia screening	55.9%	

Weight assessment and counseling

Children's BMI percentile assessment	61.6%	▼
Children's nutritional counseling	59.9%	
Children's physical activity counseling	55.0%	
Adult BMI percentile assessment	92.2%	▲

Children's immunizations

Combination 2	71.8%	▲
Combination 10	38.2%	

Adolescents' immunizations

Adolescent Combination 1	66.5%	▼
HPV vaccination before 13 years	28.6%	▼

Chronic Care Management

Diabetes care

HbA1c testing	87.8%	
Eye examination	52.3%	▼
Medical attention for nephropathy	87.3%	
HbA1c control (<8.0%)	49.9%	
HbA1c poor control (>9.0%)*	37.5%	
Blood pressure control	64.7%	
Diabetes screening - schizophrenia	85.7%	
Diabetes monitoring - schizophrenia	65.3%	

Other chronic care management

Asthma med mgmt (5-11 yrs)	12.8%	▼
Asthma med mgmt (12-18 yrs)	19.2%	
Mgmt of COPD exacerbation	81.9%	▼
Antidepressant med mgmt - acute	51.6%	
Antidepressant med mgmt - continuation	36.8%	
ADHD med follow-up - initiation	32.7%	▼
ADHD med follow-up - continuation	39.1%	
Medication adherence - schizophrenia	59.3%	▼
Controlling high blood pressure	57.2%	

Appropriateness of Care

Appropriateness of treatments

Treatment for children with URI	93.1%	▼
Antibiotics for acute bronchitis	42.0%	
Testing for children with pharyngitis	83.0%	▲
Use of imaging for low back pain	78.4%	▲

▼▲Plan score increased or decreased significantly from the prior year

* Lower rate is better performance

Coordinated Care of Washington (CCW)

Access to Care

Primary care visits

Adults' access (20-44 yrs)	68.6%	▼
Adults' access (45-64 yrs)	77.9%	▼
Adults' access (total)	71.9%	▼
Children's access (12-24 mos)	96.7%	
Children's access (25 mos-6 yrs)	86.9%	▲
Children's access (7-11 yrs)	90.6%	
Children's access (12-19 yrs)	90.1%	▼

Maternal health visits

Timeliness of prenatal care	68.1%	▼
Postpartum care	55.7%	

Well-child visits

0-15 mos, 6+ visits	72.8%	▲
3-6 yrs, annual visit	75.0%	▲
12-21 yrs, semi-annual visit	51.1%	

Preventive Care

Women's health screenings

Breast cancer screening	52.8%	▼
Cervical cancer screening	56.6%	
Chlamydia screening	55.7%	

Weight assessment and counseling

Children's BMI percentile assessment	61.6%	▼
Children's nutritional counseling	64.5%	
Children's physical activity counseling	60.8%	
Adult BMI percentile assessment	83.0%	▼

Children's immunizations

Combination 2	81.0%	▲
Combination 10	45.0%	▲

Adolescents' immunizations

Adolescent Combination 1	83.0%	▲
HPV vaccination before 13 years	48.4%	▲

Chronic Care Management

Diabetes care

HbA1c testing	87.8%	
Eye examinations	59.4%	
Medical attention for nephropathy	87.3%	
HbA1c control (<8.0%)	37.7%	▼
HbA1c poor control (>9.0%)*	51.3%	▲
Blood pressure control	60.3%	▼
Diabetes screening - schizophrenia	86.4%	
Diabetes monitoring - schizophrenia	66.3%	

Other chronic care management

Asthma med mgmt (5-11 yrs)	28.0%	
Asthma med mgmt (12-18 yrs)	25.8%	
Mgmt of COPD exacerbation	85.3%	
Antidepressant med mgmt - acute	49.8%	▼
Antidepressant med mgmt - continuation	34.4%	
ADHD med follow-up - initiation	37.1%	▼
ADHD med follow-up - continuation	38.5%	▼
Medication adherence - schizophrenia	61.9%	
Controlling high blood pressure	53.7%	▼

Appropriateness of Care

Appropriateness of treatments

Treatment for children with URI	93.1%	▼
Antibiotics for acute bronchitis	43.1%	▲
Testing for children with pharyngitis	67.4%	▼
Use of imaging for low back pain	76.3%	

▼▲Plan score significantly different from peers (p<.05)

* Lower rate is better performance

Community Health Plan of Washington (CHPW)

Access to Care

Primary care visits

Adults' access (20-44 yrs)	71.8%	▼
Adults' access (45-64 yrs)	81.4%	▲
Adults' access (total)	75.4%	

Children's access (12-24 mos)	96.6%	
Children's access (25 mos-6 yrs)	84.6%	▼
Children's access (7-11 yrs)	90.5%	
Children's access (12-19 yrs)	90.1%	▼

Maternal health visits

Timeliness of prenatal care	57.4%	
Postpartum care	76.2%	

Well-child visits

0-15 mos, 6+ visits	67.0%	
3-6 yrs, annual visit	68.1%	
12-21 yrs, semi-annual visit	49.9%	

Preventive Care

Women's health screenings

Breast cancer screening	68.2%	▲
Cervical cancer screening	62.0%	▲
Chlamydia screening	55.3%	

Weight assessment and counseling

Children's BMI percentile assessment	79.2%	▲
Children's nutritional counseling	71.6%	▲
Children's physical activity counseling	69.8%	▲
Adult BMI percentile assessment	91.3%	

Children's immunizations

Combination 2	72.3%	▲
Combination 10	40.9%	▲

Adolescents' immunizations

Adolescent Combination 1	80.3%	▲
HPV vaccination before 13 years	46.7%	▲

Chronic Care Management

Diabetes care

HbA1c testing	90.0%	
Eye examinations	63.5%	▲
Medical attention for nephropathy	91.0%	
HbA1c control (<8.0%)	51.6%	
HbA1c poor control (>9.0%)*	38.0%	
Blood pressure control	68.9%	
Diabetes screening - schizophrenia	86.7%	
Diabetes monitoring - schizophrenia	71.2%	

Other chronic care management

Asthma med mgmt (5-11 yrs)	27.2%	
Asthma med mgmt (12-18 yrs)	24.4%	
Mgmt of COPD exacerbation	87.8%	▲
Antidepressant med mgmt - acute	51.3%	
Antidepressant med mgmt - continuation	35.5%	
ADHD med follow-up - initiation	40.4%	
ADHD med follow-up - continuation	46.8%	
Medication adherence - schizophrenia	67.2%	
Controlling high blood pressure	67.8%	▲

Appropriateness of Care

Appropriateness of treatments

Treatment for children with URI	94.3%	▼
Antibiotics for acute bronchitis	39.9%	
Testing for children with pharyngitis	78.0%	
Use of imaging for low back pain	76.0%	

▼▲Plan score significantly different from peers (p<.05)

* Lower rate is better performance

Molina Healthcare of Washington (MHW)

Access to Care

Primary care visits

Adults' access (20-44 yrs)	77.3%	▲
Adults' access (45-64 yrs)	83.6%	▲
Adults' access (total)	79.3%	▲
Children's access (12-24 mos)	96.9%	▲
Children's access (25 mos-6 yrs)	86.7%	▲
Children's access (7-11 yrs)	91.0%	▲
Children's access (12-19 yrs)	91.6%	▲

Maternal health visits

Timeliness of prenatal care	72.7%	
Postpartum care	60.6%	

Well-child visits

0-15 mos, 6+ visits	65.7%	▼
3-6 yrs, annual visit	64.2%	
12-21 yrs, semi-annual visit	46.2%	

Preventive Care

Women's health screenings

Breast cancer screening	54.4%	▼
Cervical cancer screening	56.4%	
Chlamydia screening	55.2%	

Weight assessment and counseling

Children's BMI percentile assessment	73.5%	▲
Children's nutritional counseling	60.6%	
Children's physical activity counseling	55.0%	
Adult BMI percentile assessment	92.9%	▲

Children's immunizations

Combination 2	65.9%	▼
Combination 10	35.1%	▼

Adolescents' immunizations

Adolescent Combination 1	73.7%	▼
HPV vaccination before 13 years	38.0%	

Chronic Care Management

Diabetes care

HbA1c testing	89.5%	
Eye examinations	61.3%	
Medical attention for nephropathy	89.5%	
HbA1c control (<8.0%)	53.0%	▲
HbA1c poor control (>9.0%)*	33.1%	▼
Blood pressure control	72.0%	▲
Diabetes screening - schizophrenia	83.8%	▼
Diabetes monitoring - schizophrenia	65.8%	

Other chronic care management

Asthma med mgmt (5-11 yrs)	25.1%	
Asthma med mgmt (12-18 yrs)	25.0%	
Mgmt of COPD exacerbation	86.0%	
Antidepressant med mgmt - acute	51.0%	
Antidepressant med mgmt - continuation	35.5%	
ADHD med follow-up - initiation	45.3%	▲
ADHD med follow-up - continuation	54.0%	▲
Medication adherence - schizophrenia	64.5%	
Controlling high blood pressure	62.5%	

Appropriateness of Care

Appropriateness of treatments

Treatment for children with URI	94.2%	▼
Antibiotics for acute bronchitis	40.1%	
Testing for children with pharyngitis	80.5%	▲
Use of imaging for low back pain	74.8%	▼

▼▲Plan score significantly different from peers (p<.05)

* Lower rate is better performance

United Healthcare Community Plan (UHC)

Access to Care

Primary care visits

Adults' access (20-44 yrs)	69.5%	▼
Adults' access (45-64 yrs)	79.5%	▼
Adults' access (total)	73.3%	▼
Children's access (12-24 mos)	96.8%	
Children's access (25 mos-6 yrs)	84.6%	▼
Children's access (7-11 yrs)	89.1%	▼
Children's access (12-19 yrs)	89.0%	▼

Maternal health visits

Timeliness of prenatal care	66.3%	▼
Postpartum care	53.8%	

Well-child visits

0-15 mos, 6+ visits	67.8%	
3-6 yrs, annual visit	63.9%	
12-21 yrs, semi-annual visit	46.7%	

Preventive Care

Women's health screenings

Breast cancer screening	49.8%	▼
Cervical cancer screening	53.5%	
Chlamydia screening	53.3%	▼

Weight assessment and counseling

Children's BMI percentile assessment	59.6%	▼
Children's nutritional counseling	57.7%	▼
Children's physical activity counseling	47.0%	▼
Adult BMI percentile assessment	78.7%	▼

Children's immunizations

Combination 2	72.3%	▲
Combination 10	37.7%	

Adolescents' immunizations

Adolescent Combination 1	73.7%	▼
HPV vaccination before 13 years	36.5%	

Chronic Care Management

Diabetes care

HbA1c testing	89.8%
Eye examinations	56.4%
Medical attention for nephropathy	90.3%
HbA1c control (<8.0%)	51.1%
HbA1c poor control (>9.0%)*	34.8%
Blood pressure control	65.2%
Diabetes screening - schizophrenia	85.6%
Diabetes monitoring - schizophrenia	69.3%

Other chronic care management

Asthma med mgmt (5-11 yrs)	28.0%	
Asthma med mgmt (12-18 yrs)	33.9%	▲
Mgmt of COPD exacerbation	83.5%	
Antidepressant med mgmt - acute	54.7%	▲
Antidepressant med mgmt - continuation	38.4%	▲
ADHD med follow-up - initiation	42.4%	
ADHD med follow-up - continuation	48.1%	
Medication adherence - schizophrenia	65.3%	
Controlling high blood pressure	52.3%	▼

Appropriateness of Care

Appropriateness of treatments

Treatment for children with URI	92.6%	▼
Antibiotics for acute bronchitis	38.4%	
Testing for children with pharyngitis	79.5%	
Use of imaging for low back pain	74.6%	▼

▼▲Plan score significantly different from peers (p<.05)

* Lower rate is better performance