Washington State Health Care Authority

REPORT TO THE LEGISLATURE

Medicaid Managed Care Preventive Services and Vaccinations

September 15, 2017

As required by Second Engrossed Substitute House Bill 2376, Chapter 36, Laws of 2016, 1st Special Session, Partial Veto, Section 213 (1)(rr)

Medicaid Managed Care Preventive Services and Vaccinations

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Table of Contents

Table of Contents 1
Executive Summary 2
Background 3
About This Report 3
Preventive care 3
Access to care 3
Managed Care Quality Review Requirements 4
Medicaid Managed Care 4
Key Findings 5
Access to Care 5
Preventive Care 6
Update on Responsive Countermeasures to Reporting Year 2015 7
Well-Child and Development Screening Collaboration 7
Value-Based Roadmap 8
Other Countermeasures Initiated 8
HCA's Countermeasure Response to Reporting Year 2016 Performance 10
Preliminary Results for Reporting Year 2017 12
Conclusions and Next Steps 13
Appendix A: Three Year Trend by Plan 14

Executive Summary

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Second Engrossed Substitute House Bill 2376 (2ESHB 2376), Chapter 36, Laws of 2016, 1st Special Session, Section 213(1)(rr):

> *The authority shall submit reports to the governor and the legislature by September 15, 2016, and by September 15, 2017, 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, diagnostic, and treatment (EPSDT) guidelines, and other relevant preventative and vaccination medicaid guidelines and requirements.*

The report provides information on the delivery of preventive services to Apple Health (Medicaid) enrollees in managed care, and summarizes the analysis and findings of Apple Health's external quality review organization (EQRO), Qualis Health. HCA concurs with the EQRO's analysis and findings.

The national standard for reporting this information is based on calendar year; therefore, HCA is reporting this information by calendar year instead of fiscal year as requested in the legislation. This year's report includes enrollee demographic information, including: assigned eligibility program, race, language, age, and gender.

The following section details key findings, additional highlights and opportunities, and next steps. It also provides a glimpse at the measure results anticipated in the 2017 EQRO report showing improvements for many plans and reflecting the effort made to improve the quality of care for preventive services and vaccinations.

Background

About This Report

This report provides performance information about the delivery of preventive services and access to care in the calendar years (CY) 2014 and 2015. As directed by the Legislature, this report includes measures for preventive services recommended by the United States Preventive Services Task Force and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices. The report also includes early and periodic screening, diagnostic, and treatment (EPSDT) guidelines, along with other preventive and vaccination Medicaid guidelines and requirements.

Preventive care

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

Access to care

To receive preventive services, one must have access to care. Access to care is achieved by creating an adequate provider network, providing good customer service and guidance, and educating members on the importance of engaging with providers for routine healthcare. Access is measured by the frequency of primary care, well child, and maternal health visits.

HCA notes that the statewide rates for several performance measures addressed in this report were adversely effected by the rates reported for the Community Health Plan of Washington (CHPW). CHPW notified HCA of a problem with their data collection process that would compromise their performance. The organization has addressed this issue and the results of that effort are positively reflected in the preliminary 2017 data (see page 14). Unfortunately, the impact on their performance rates reported in the 2016 EQRO report and the impact it had on the statewide performance of all the plans could not be alleviated.

The complete Qualis Health *2016 Comparative Analysis Report*, the source document for this report, provides a summarized performance three-year trend data by measure and by plan. The report can be found at https://www.hca.wa.gov/assets/program/eqr-comparative-analysis-report-2016.pdf.

Valuable information about Apple Health clients and the health care they receive can be found on the HCA website at https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard.

Managed Care Quality Review Requirements

To ensure compliance with the Code of Federal Regulations 42 §CFR 462 and 42 §CFR 438, Managed Care, Subpart E External Quality Review, HCA contracts with an External Quality Review Organization (EQRO) to complete required annual quality review activities. The EQRO conducts an objective, independent assessment of the quality of health care services that managed care enrollees receive, including determinations on timeliness of care, quality of care, and access to care. Under this contract, the EQRO is responsible for validating performance measures reported by each managed care plan to the National Commission of Quality Assurance (NCQA), as described above, and analyzing each plan's performance measure results. The EQRO's annual report includes performance measure results for services rendered in the previous calendar year.

To ensure clients enrolled in managed care receive quality care, HCA requires all plans to be accredited by the NCQA. This accreditation is widely known as the industry standard that commercial health plans strive to achieve. To retain NCQA accreditation, the plans must annually submit measures of their performance in various aspects of care delivery. This defined set of measures is known as the Healthcare Delivery Effectiveness Data and Information Set, or HEDIS®.[1] Broadly adopted by the industry in the mid 1990's, HEDIS® is one of the most widely used sets of health care performance measures in the United States.

Medicaid Managed Care

Managed care enrollment numbers continued to increase in 2015. With the implementation of Medicaid expansion, over 1.3 million individuals received services under the managed care model by the end of December 2014. By the end of December 2015, 1.45 million state residents were enrolled with an Apple Health managed care plan. HCA contracted with five managed care organizations (MCOs) in these two plan years: Amerigroup Washington INC, (AM); Community Health Plan of Washington (CH); Coordinated Care Corporation of Washington (CC); Molina Healthcare of Washington (MH); and United Healthcare Community Plan (UH).

MCO Enrollment Growth- December 2014 vs December 2015

Medicaid Managed Care Plan	December 2014	December 2015	Percent Change
Amerigroup Washington (AM)	128,369	141,571	9.3%
Coordinated Care of Washington (CC)	175,353	181,801	3.6%
Community Health Plan of Washington (CH)	332,456	294,141	-13.0%
Molina Healthcare of Washington (MW)	486,524	556,201	14.1%
United Health Care Community Plan (UH)	180,225	204,078	11.7%
Total	**1,302,927**	**1,445,093**	**9.8%**

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Key Findings

The *Comparative Analysis Report for 2016*[2], written by Qualis Health, compares CY 2015 performance measure results to CY 2016. Found at https://www.hca.wa.gov/assets/program/eqr-comparative-analysis-report-2016.pdf, it includes a broader picture and context of HCA's quality measures, and more specificity about the results for the measures noted in this Legislative report. It provides the following key findings about plan performance for these measures.

Note: The following symbols summarize quality performance of each group of measures:
▲ Good
◄► Average
± Mixed
▼ Poor

Access to Care

Health plans are responsible for ensuring care is available for their members. This is achieved by establishing an adequate provider network, providing good customer service and guidance, and educating members on the importance of engaging with providers for their routine healthcare. Access is measured by the frequency of primary care, well child, and maternal health visits.

- **Primary Care Visits (▼):**
  - Adult access to primary care dropped for all MCOs between 2015 to 2016, resulting in a statewide 5.6 percent drop in adults who participated in primary care appointments. The expansion population had lower rates of access than the overall population. The expansion population may be healthier overall than the previous adult Apple Health enrollees and thus less in need of regular physician visits. However, the lower rate could also indicate that adults struggled to schedule appointments because of lack of provider access and potentially stretched provider networks.
  - Child and adolescent access to primary care rates dropped for every age group at the state level; however, the decreases in statewide performance levels were mostly driven by performance declines by CHPW, which appears now to be a data collection problem.
- **Well-Child Visits (◄►):**
  - Rates for adolescent well-care visits and well-child visits for children 3-6 years old remained flat between 2015 and 2016.
  - The state rate of children receiving six or more well-child visits prior to age 15 months rose by 3.5 percent from 2015 to 2016; four of five MCOs increased performance on this measure by at least 7 percent, but one MCO, CHPW, dropped by more than 15 percent because of data collection problems.

[2] Qualis Health. December 2016. Comparative Analysis Report: Washington Apple Health.

- **Maternal Health Visits(▼):**
  - The statewide rate of prenatal care timeliness dropped by 5.5 percent between 2015 and 2016, and all plans performed at least 4 percent lower than the national average. The measure remains important to watch both at a statewide level and among the MCOs because it indicates ongoing issues with the receipt of prenatal care.
  - For women who received at least 81 percent of recommended prenatal visits, performance decreased between 2015 and 2016 in four of five MCOS. CHPW decreased the most at 23.6 percent. However, the overall state rate decreased by only 3.5 percent because MHW improved its performance by 11.5 percent. The state rate still remains significantly below the national average of 56.6 percent.
  - The state rate of postpartum visits held steady between 2015 and 2016. However, this rate is well below the national average of 60.9 percent.

Preventive Care

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

- **Child and Adolescent Immunizations (◄►):**
  - The rate for Combination 2, a commonly reported combination of children's immunizations, increased in 2016 and is on par with the national average.
  - Statewide adolescent immunizations remained steady between 2015 and 2016, on par with the national average.

- **Weight Assessment and Counseling (▼):**
  - Performance on all measures relating to weight assessment and counseling (body mass index [BMI] assessment; counseling for nutrition; and counseling for physical activity, with subdivisions for child age) improved between 2015 and 2016. At least one MCO included these measures in its provider pay-for-performance program. However, the state rates for BMI screening remain below the national average of 64.4 percent.

- **Women's health screenings (▼):**
  - Rates for all three measures of women's health screenings (breast cancer, cervical cancer, and chlamydia) were below national averages, but several plans made significant improvements in 2016 from 2015.

Update on Responsive Countermeasures to Reporting Year 2015

In the September 2016 *Preventive Services and Immunizations* legislative report, HCA describes countermeasures the agency and managed care organizations took to address the performance in reporting year 2015. Although these countermeasure activities were initiated, it is premature to see a significant impact in the CY 2016 reporting year. Strategies that may be used to affect performance measures can take some time to design, develop, and implement. Once implemented, the target of the strategy, either the provider or the client and their family, must be responsive to the effort and change their behavior. For example, an initiative aimed at impacting a provider's practice may require the provider's office to adjust work flow, hire a new staff member, or develop a new form for capturing reportable clinical information. Because it may take time for a provider's office to implement these changes, measurable results may not be seen right away. This example emphasizes the importance of allowing long-range initiatives to proceed; the impact of such efforts may not be apparent until 2017 or 2018.

The following provides an update on the countermeasure activities implemented in 2016 and 2017.

Well-Child and Development Screening Collaboration

Well–child visits and developmental screenings are important because they lead to early detection (and therefore treatment) of medical conditions. Early detection and treatment help prevent future learning, developmental, and behavioral concerns.

Ensuring all Washington children receive these services is important to several state agencies. In February 2016, HCA, the Department of Health (DOH), the Department of Early Learning (DEL), and the Department of Social and Health Services (DSHS) formed the Well Child Visit and Developmental Screening Workgroup. The workgroup's charter is to increase the number of at-risk children who receive well-child exams and developmental screenings. The group meets quarterly to share information about each agency's initiatives, and to identify opportunities for collaboration to maximize effect.

One of the cross-agency collaborative initiatives this workgroup supports is the HCA and DOH sponsored Performance Improvement Project (PIP). First meeting in fall 2016, the project is aimed at improving care for Apple Health managed care plan child enrollees statewide. To improve the low 2014 performance rates for this measure, HCA requires quality improvement representatives from all plans participate in the PIP. This PIP promotes innovative thinking about ways to increase well-child visit rates for children enrolled in a managed care plan.

An example of innovative action developed by the PIP workgroup is the concept of a pilot project with a plan-enrolled clinic. The plan will partner with one clinic in their provider network to document the challenges the clinic faces completing well-child visits. The PIP group will then

analyze the challenges to identify common issues that can be solved by all the plans working together on a common solution (e.g., developing a standard method for providing patient assignment lists or overdue patient lists to support phone call reminders for well-child checks). Concurrently, the plan will also work with the clinic to develop solutions to other challenges the clinic identified. The results will be measured by documenting the baseline well-child visit rates at the beginning of the pilot and tracking the number performed each month. The pilot runs from September through December of 2017.

A second innovative action taken by the PIP group were two HCA/DOH-sponsored webinars for practitioners and their office staff held in June 2017. A nationally-recognized HEDIS expert educated practitioners and their staff about the well-child visit HEDIS measure, why HEDIS measures are important for measuring quality, the practitioner role in delivering measurable quality of care, components of well-child check-ups, and how to bill for optimal reimbursement. Over 140 callers participated statewide. Training evaluations received high marks.

Value-Based Roadmap

As directed by the Legislature in statute—and as a key strategy under Healthier Washington—HCA has pledged that 80 percent of HCA provider payments under the state-financed health care programs, Apple Health (Medicaid) and the Public Employee Benefit Board (PEBB), will be linked to quality and value by 2019.

To further support the agency's move to value-based reimbursement and its commitment to improving quality of care for clients enrolled in managed care, HCA will add two preventive services performance measures tied to incentives in 2017 Apple Health contracts:

- Childhood immunization status for Combo 10 (the administration of 10 different types of vaccinations), and
- Well-child visits in the 3rd, 4th, 5th and 6th years of life.

A portion of a one percent withhold of premium will be refunded to plans that meet these performance measure targets.

Find the complete *Value Based Roadmap* at http://www.hca.wa.gov/assets/program/vbp_roadmap.pdf.

Other Countermeasures Initiated

In addition to the two major efforts described above, HCA responded to the plans' performance challenges by taking these incentivizing steps in the January 2017 managed care contract:

- Using the Childhood Immunization Combo 2 rate as a factor in determining each plan's assignment percentages of new individuals for enrollment months January 2017 through June 2017. When a client fails to select a plan at the time they apply for eligibility, they are

auto-enrolled into one of the plans that serve the client's county of residence. The auto-enrollment is called "assignment" and is programmed to assign a specified percent of newly eligible clients to each plan. The agency sets the percentage based on the plan's performance. The number of clients assigned to a plan can have a significant impact on their monthly per member, per month premium payment.

- Setting a target HEDIS measure benchmark rate of 75% percentile for reporting year 2016 for Childhood Immunization Combo 2 and well-child visit rates. Failure to achieve that benchmark results in the plan implementing Performance Improvement Projects (PIPs) to increase rates.

The managed care plans also responded to their performance challenges by implementing these initiatives to improve their performance rates:

- **To improve immunizations rates**:
  - Increasing chart review through year-round chart collection;
  - Conducting primary care provider (PCP) HEDIS training;
  - Sending letters to remind parents of the need for immunizations and promoting parent engagement;
  - Conducting reminder phone calls or sending texts, postcards, or emails that can be forwarded to the PCP office to schedule an appointment,; and
  - Offering monetary incentives to clients for health-related purchases only (e.g., $25 Toys R Us; $15-$20 Subway; $15-25 WinCo; $25 Farmers Market; $15-25 Health Rewards).

- **To improve women's health screenings rates**:
  - Implementing provider incentives;
  - Increasing education for members and providers;
  - Offering mobile mammogram clinics;
  - Conducting HEDIS provider education;
  - Beginning a campaign using mailers, phone calls, and community events to educate and remind women to get mammograms; and
  - Offering monetary incentives to clients for health-related purchases only (e.g., $25 Toys R Us; $15-$20 Subway; $15-25 WinCo; $25 Farmers Market; $15-25 Health Rewards).

- **To improve children's (12-19) access to primary care practitioners rates**:
  - Launching school-based clinic partnerships to improve the documentation of HEDIS related screenings;
  - Beginning a campaign of phone calls, text messaging, social media postings, interactive voice response (IVR) calls, and mailings to educate about the importance of primary care;
  - Offering monetary incentives to clients for health-related purchases only, (e.g., $25 Toys R Us; $15-$20 Subway; $15-25 WinCo; $25 Farmers Market; $15-25 Health Rewards).
  - Distributing *Kids Health* videos;
  - Conducting HEDIS provider education to engage providers in improving scores;
  - Updating data gathering techniques;

- Promoting telehealth services in lieu of office-based visits;
- Initiating *Member Outreach Rewards and Engagement*; and
- Offering provider value-based purchasing bonuses for improvement in quality metrics.

- **To improve adult access to preventive/ambulatory health services rates:**
  - Beginning a campaign of phone calls, text messaging, IVR calls, and mailings to encourage enrollees to t receive preventive tests and screenings;
  - Offering monetary incentives to clients for health-related purchases only (e.g., $25 Toys R Us; $15-$20 Subway; $15-25 WinCo; $25 Farmers Market; $15-25 Health Rewards);
  - Providing a missing services list to help providers engage members due for preventive tests and screenings;
  - Distributing *Kids Health* videos;
  - Conducting HEDIS Provider Education;
  - Updating data gathering techniques; promoted telehealth services; and
  - Initiating *Member Outreach Rewards and Engagement.*

- **To improve prenatal and postpartum care rates**:
  - Initiating *Member Outreach Rewards* program;
  - Conducting provider and member education related to timely and routines prenatal care;
  - Beginning campaign of IVR screening and phone calls to educate clients of timing for prenatal and postpartum visits;
  - Offering new postpartum incentives for both members and providers;
  - Conducting extensive member outreach;
  - Conducting provider education related to postpartum care "encounter" coding to ensure HEDIS measures are counted; and
  - Baby Shower events to engage and educate members about perinatal care in both English and Spanish.

- **To Improve children's body mass index assessment rates**:
  - Initiating *Member Outreach Rewards* program;
  - Conducting parent/guardian education about the importance of monitoring a child's weight and nutritional counseling;
  - Posting promotional information about monitoring BMIs and children's weight on the plan's website; and
  - Sharing information in member newsletter.

HCA's Countermeasure Response to Reporting Year 2016 Performance

In response to the performance described in the 2016 EQRO report, HCA sent a letter to each plan praising measures that demonstrated improvement, but also making note of specific measures where performance was not acceptable. The HCA letter also called for a commitment to measurable improvement in performance rates which reflect the quality of care provided under this health care delivery model.

HCA also implemented Qualis Health's recommendations:

- Continue to require the MCOs conduct PIPs when measure performance falls below HCA designated standards. HCA should consider requiring MCOs to conduct thorough root cause analyses and/or PIPs for performance measurers that drop by more than 10 percent between reporting years.
    - HCA cited specific measures in each plan's December 2016 contract that met these criteria and required a PIP be completed. Currently, HCA staff are reviewing documentation from each plan that describes their intervention or corrective action to improve their performance and the preliminary results of that action. Each plan will receive written feedback on their efforts.

- Monitor performance of healthcare access and utilization measures to ensure that enrollees are able to receive high-quality care.
    - HCA required each plan to develop an action plan for improving access to PCPs and maternal and child care for enrollees and monitoring the impact. Documentation of this effort from each plan was required for review and feedback.

- Require MCOs to identify barriers relating to receipt of prenatal care (both timeliness and frequency) to determine if statewide action is necessary.
    - HCA required plans to work collaboratively and identify and document barriers to receiving prenatal care. Each plan then developed a written plan for addressing each barrier. Documentation of this effort from each plan was required for review and feedback.

- Continue to provide supplemental quality data to MCOs to reduce the burden of chart reviews and improve the integrity of statewide performance data.
    - HCA continues to provide this supplemental data. HCA is reviewing the current data extract to determine if it is sufficient or if additions or deletions are needed to best support the plans.

- Maintain focus on improving the health of children: Even with improvement, rates for well-child visits (3-6 years and adolescents) and weight assessment (BMI) for children fell below the national average.
    - HCA is focusing on improving the health of children. As described earlier, well-child visits for 3-6-year-olds are now tied to payment through the value-based purchasing initiative and these visits are the focus of the DOH/HCA collaborative PIP. Performance results for conducting BMI assessments for children will be evaluated and addressed after the results of reporting year 2017 are available this fall.

The activities described above may have a slight impact on the results reported in the December 2017 EQRO report, but more likely won't be observable until the December 2018 EQRO report.

Preliminary Results for Reporting Year 2017

Although 2017 HEDIS data have not yet been fully analyzed (and state rates and national averages are not yet available), initial results are promising.

- CHPW has apparently corrected its data collection and reporting problem. This plan's scores for many measures appear to be significantly improved and will be reflected in reporting year 2017 statewide rates.

- Timeliness of Prenatal Care rates increased for all plans.
  - 1 plan improved about 22%
  - 1 plan improved about 20%
  - 3 plans improved between 4-7% each

- Prenatal and Postpartum Care Postpartum Care rates increased for all plans.
  - 1 plan improved about 13%
  - 4 plans improved about 5%

- Frequency of Prenatal Care, attending at least 81% of recommended visits, rates increased for all plans.
  - 1 plan improved about 21%
  - 2 plans improved between 11-13 % each
  - 2 plans improved between 1-7% each

- Breast Cancer Screening rates increased for 4 plans.
  - 4 plans improved between 4-5%
  - 1 plan's rate remained the same

- Cervical Cancer Screening rates increased for 4 plans.
  - 4 plans improved between 3-8%
  - 1 plan's rate remained the same

- Well-Child Visits in the First 15 months of Life, 6 or more rates increased for 4 plans.
  - 1 plan improved by about 28%
  - 3 plans improved by between 3-4% each
  - 1 plan's rate decreased by approximately 10%

- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life rates increased for 3 plans.
  - 3 plans improved between 4 and 7% each
  - 2 plans' rate decreased by 1-2% each

- Adolescent Well-Care Visits rates for all 5 plans increased.
    - 1 plan improved by about 9%
    - 4 plans improved between 1-4 % each

Conclusions and Next Steps

Unfortunately, statewide rates for several performance measures in this report were adversely effected by the rates reported for the Community Health Plan of Washington (CHPW). CHPW experienced a problem with their data collection process. Although, the impact of their performance rates on the statewide performance of all the plans in this report could not be mitigated, their immediate corrective action is positively reflected in the preliminary 2017 data (see page 12).

Performance rates in the EQRO 2016 report may also reflect the rapid increase in the number of Apple Health's managed care enrollees. First, HCA transitioned members of the aged, blind, and disabled population to managed care in 2012. This was followed by implementation of the Affordable Care Act and Medicaid expansion in 2014, which increased the number of enrollees at an unanticipated rate. Additionally, 2016 saw significant changes to the managed care program. In April 2016, HCA moved all foster children to one managed care plan, implemented an earlier enrollment program, and created the first fully integrated managed care region in southwestern Washington (Clark and Skamania Counties). At the end of the year, focus shifted to transitioning some of the remaining fee-for-service population, which had third party coverage, to managed care starting January 1, 2017.

Consequently, the managed care environment has experienced a great deal of change. While continuing to adapt to these changes, the plans appear to be responding to the call for better quality and higher performance. As described above, they implemented a multi-point effort to improve their 2015 and 2016 performance rates, which appears to be supported in the preliminary review 2017 results.

HCA will continue to monitor plan performance, oversee MCO participation in collaborative performance improvement projects, monitor performance improvement projects initiated by each plan, continue to use contract provisions to convey clear expectations and incentivize performance, and provide technical assistance to ensure Apple Health clients receive quality preventive health care services and vaccinations.

Appendix A: Three Year Trend by Plan

AMERIGROUP (AMG)

Access to Care	2014	2015	2016
Primary Care Visits			
Adult Access: 20-44 Years	NR	68.7%	64.7%
Adult Access: 45-64 Years	NR	79.5%	75.8%
Adult Access: 20-64 Years	NR	73.3%	68.8%
Maternal Health Visits: Age Not Specified			
Timeliness of Prenatal Care	NR	68.6%	67.1%
Frequency of Prenatal Care	NR	45.8%	42.6%
Postpartum Care	NR	56.3%	56.7%

Access to Care	2014	2015	2016
Children Access			
Children Access: 12-24 Months of Age	93.5%	96.2%	95.9%
Children Access: 25 Months - 6 Years	77.5%	83.5%	80.9%
Children Access: 7-11 Years	NA	88.6%	86.9%
Children Access: 12-19 Years	NA	85.5%	87.3%
Well-Child Visits			
Six or More Visits: 0-15 Months of Age	45.3%	58.1%	68.4%
Well-Child Visits: 3-6 Years	58.3%	68.2%	61.9%
Adolescent Well-Care Visits: 12-21 Years	34.9%	40.3%	39.7%

Preventive Care	2014	2015	2016
Women's Health Screenings			
Breast Cancer: 52-74 Years	NR	39.2%	43.9%
Cervical Cancer: 24-64 Years	NR	35.5%	45.8%
Chlamydia: 16-24 Years	NR	49.7%	56.6%
Childhood Immunizations			
Combination 2: 2 Years	53.9%	66.1%	67.5%
Combination 10: 2 Years	24.6%	33.4%	37.8%

Preventive Care	2014	2015	2016
Weight Assessment and Counseling			
Children BMI Assessment*: 3-17 Years	28.1%	42.6%	45.8%
Children Nutrition: 3-17 Years	44.5%	55.8%	51.6%
Children Physical Activity: 3-17 Years	37.8%	52.3%	47.0%
Adult BMI Assessment: 18-74 Years	NR	81.4%	84.9%
Adolescent Immunizations			
Combination 1: 13 Years	54.8%	64.0%	65.0%
HPV for Females: 13 Years	NR	17.3%	20.2%

Data Source: Qualis Health, Comparative Analysis Report 2016, https://www.hca.wa.gov/assets/program/eqr-comparative-analysis-report-2016.pdf

NR: Not Reported - New Measure in 2015
NA: Not Available - AMG, CCW and UHC 2014 denominator fewer than 30

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Access to Care includes the following HEDIS Measures by Acronym:
Primary Care Visits: APP and CAP. Maternal Health Visits: PPC and FPC 81+ Percent of Recommended Visits. Well-Child Visits: W15, W34 and AWC.

Preventive Care includes the following HEDIS Measures by Acronym:
Women's Health Screenings: BCS, CCS and CHL. Weight Assessment and Counseling: WCC and ABA. Childhood Immunizations: CIS. Adolescent Immunizations: IMA and HPV.

Coordinated Care (CCW)

HEDIS Performance Measures by Select Category Measures and Client Age Range - Reporting Years 2014, 2015 and 2016

Access to Care	2014	2015	2016		2014	2015	2016
Primary Care Visits							
Adult Access: 20-44 Years	NR	71.5%	65.6%	Children Access: 12-24 Months of Age	97.2%	97.7%	96.4%
Adult Access: 45-64 Years	NR	80.9%	76.0%	Children Access: 25 Months - 6 Years	86.1%	89.2%	86.7%
Adult Access: 20-64 Years	NR	75.2%	69.4%	Children Access: 7-11 Years	NA	91.6%	92.0%
				Children Access: 12-19 Years	NA	90.9%	90.1%
Maternal Health Visits: Age Not Specified				**Well-Child Visits**			
Timeliness of Prenatal Care	NR	74.1%	70.2%	Six or More Visits: 0-15 Months of Age	43.1%	60.6%	68.9%
Frequency of Prenatal Care	NR	48.4%	36.4%	Well-Child Visits: 3-6 Years	67.4%	66.8%	64.4%
Postpartum Care	NR	49.3%	55.2%	Adolescent Well-Care Visits: 12-21 Years	38.2%	38.0%	38.9%

Preventive Care	2014	2015	2016		2014	2015	2016
Women's Health Screenings				**Weight Assessment and Counseling**			
Breast Cancer: 52-74 Years	NR	43.6%	48.6%	Children BMI Assessment*: 3-17 Years	19.9%	24.5%	21.0%
Cervical Cancer: 24-64 Years	NR	43.1%	48.7%	Children Nutrition: 3-17 Years	46.3%	50.7%	52.4%
Chlamydia: 16-24 Years	NR	54.5%	55.7%	Children Physical Activity: 3-17 Years	45.1%	52.4%	50.5%
				Adult BMI Assessment: 18-74 Years	NR	70.5%	86.4%
Childhood Immunizations				**Adolescent Immunizations**			
Combination 2: 2 Years	64.3%	79.5%	75.5%	Combination 1: 13 Years	69.2%	61.3%	75.2%
Combination 10: 2 Years	36.1%	51.9%	47.1%	HPV for Females: 13 Years	NR	31.4%	34.3%

Data Source: Qualis Health, Comparative Analysis Report 2016, https://www.hca.wa.gov/assets/program/eqr-comparative-analysis-report-2016.pdf

NR: Not Reported - New Measure in 2015
NA: Not Available - AMG, CCW and UHC 2014 denominator fewer than 30

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Access to Care includes the following HEDIS Measures by Acronym:
Primary Care Visits: APP and CAP. Maternal Health Visits: PPC and FPC 81+ Percent of Recommended Visits. Well-Child Visits: W15, W34 and AWC.

Preventive Care includes the following HEDIS Measures by Acronym:
Women's Health Screenings: BCS, CCS and CHL. Weight Assessment and Counseling: WCC and ABA. Childhood Immunizations: CIS. Adolescent Immunizations: IMA and HPV.

Community Health Plan of Washington (CHPW)

HEDIS Performance Measures by Select Category Measures and Client Age Range - Reporting Years 2014, 2015 and 2016

Access to Care	2014	2015	2016		2014	2015	2016
Primary Care Visits							
Adult Access: 20-44 Years	NR	81.4%	71.8%	Children Access: 12-24 Months of Age	97.1%	97.4%	74.7%
Adult Access: 45-64 Years	NR	87.5%	81.5%	Children Access: 25 Months - 6 Years	86.2%	87.9%	62.3%
Adult Access: 20-64 Years	NR	83.9%	75.5%	Children Access: 7-11 Years	89.4%	91.1%	73.7%
				Children Access: 12-19 Years	88.5%	89.5%	75.7%
Maternal Health Visits: Age Not Specified				**Well-Child Visits**			
Timeliness of Prenatal Care	NR	77.9%	54.5%	Six or More Visits: 0-15 Months of Age	60.1%	57.7%	42.4%
Frequency of Prenatal Care	NR	46.7%	23.1%	Well-Child Visits: 3-6 Years	66.2%	65.0%	62.1%
Postpartum Care	NR	52.6%	47.0%	Adolescent Well-Care Visits: 12-21 Years	42.3%	40.9%	43.8%

Preventive Care	2014	2015	2016		2014	2015	2016
Women's Health Screenings				**Weight Assessment and Counseling**			
Breast Cancer: 52-74 Years	NR	56.1%	53.3%	Children BMI Assessment*: 3-17 Years	53.0%	37.2%	51.8%
Cervical Cancer: 24-64 Years	NR	56.2%	54.3%	Children Nutrition: 3-17 Years	52.8%	56.9%	57.7%
Chlamydia: 16-24 Years	NR	49.7%	53.5%	Children Physical Activity: 3-17 Years	51.6%	49.9%	57.7%
				Adult BMI Assessment: 18-74 Years	NR	86.0%	78.7%
Childhood Immunizations				**Adolescent Immunizations**			
Combination 2: 2 Years	76.9%	72.5%	71.0%	Combination 1: 13 Years	71.3%	75.1%	76.4%
Combination 10: 2 Years	45.5%	41.6%	41.4%	HPV for Females: 13 Years	NR	28.5%	30.2%

Data Source: Qualis Health, Comparative Analysis Report 2016, https://www.hca.wa.gov/assets/program/eqr-comparative-analysis-report-2016.pdf

NR: Not Reported - New Measure in 2015

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Access to Care includes the following HEDIS Measures by Acronym:
Primary Care Visits: APP and CAP. Maternal Health Visits: PPC and FPC 81+ Percent of Recommended Visits. Well-Child Visits: W15, W34 and AWC.

Preventive Care includes the following HEDIS Measures by Acronym:
Women's Health Screenings: BCS, CCS and CHL. Weight Assessment and Counseling: WCC and ABA. Childhood Immunizations: CIS. Adolescent Immunizations: IMA and HPV.

Molina Healthcare of Washington (MHW)

HEDIS Performance Measures by Select Category Measures and Client Age Range - Reporting Years 2014, 2015 and 2016

Access to Care	2014	2015	2016		2014	2015	2016
Primary Care Visits							
Adult Access: 20-44 Years	NR	83.8%	79.4%	Children Access: 12-24 Months of Age	97.8%	97.9%	97.5%
Adult Access: 45-64 Years	NR	88.6%	85.4%	Children Access: 25 Months - 6 Years	89.0%	89.5%	88.8%
Adult Access: 20-64 Years	NR	85.3%	81.3%	Children Access: 7-11 Years	92.2%	92.6%	92.8%
				Children Access: 12-19 Years	92.1%	92.6%	92.6%
Maternal Health Visits: Age Not Specified				**Well-Child Visits**			
Timeliness of Prenatal Care	NR	74.7%	75.2%	Six or More Visits: 0-15 Months of Age	67.8%	55.2%	62.7%
Frequency of Prenatal Care	NR	40.2%	51.7%	Well-Child Visits: 3-6 Years	64.6%	67.5%	69.7%
Postpartum Care	NR	52.0%	51.3%	Adolescent Well-Care Visits: 12-21 Years	44.4%	44.4%	44.4%

Preventive Care	2014	2015	2016		2014	2015	2016
Women's Health Screenings				**Weight Assessment and Counseling**			
Breast Cancer: 52-74 Years	NR	58.4%	56.7%	Children BMI Assessment*: 3-17 Years	35.1%	39.1%	50.3%
Cervical Cancer: 24-64 Years	NR	58.7%	58.7%	Children Nutrition: 3-17 Years	45.0%	48.8%	57.6%
Chlamydia: 16-24 Years	NR	52.8%	54.5%	Children Physical Activity: 3-17 Years	38.2%	41.5%	53.6%
				Adult BMI Assessment: 18-74 Years	NR	84.5%	90.1%
Childhood Immunizations				**Adolescent Immunizations**			
Combination 2: 2 Years	67.8%	69.1%	72.0%	Combination 1: 13 Years	64.6%	75.5%	74.2%
Combination 10: 2 Years	36.2%	40.6%	39.7%	HPV for Females: 13 Years	NR	30.0%	23.5%

Data Source: Qualis Health, Comparative Analysis Report 2016, https://www.hca.wa.gov/assets/program/eqr-comparative-analysis-report-2016.pdf

NR: Not Reported - New Measure in 2015

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Access to Care includes the following HEDIS Measures by Acronym:
Primary Care Visits: APP and CAP. Maternal Health Visits: PPC and FPC 81+ Percent of Recommended Visits. Well-Child Visits: W15, W34 and AWC.

Preventive Care includes the following HEDIS Measures by Acronym:
Women's Health Screenings: BCS, CCS and CHL. Weight Assessment and Counseling: WCC and ABA. Childhood Immunizations: CIS. Adolescent Immunizations: IMA and HPV.

United Healthcare of Washington (UHC)

HEDIS Performance Measures by Select Category Measures and Client Age Range - Reporting Years 2014, 2015 and 2016

Access to Care	2014	2015	2016		2014	2015	2016
Primary Care Visits							
Adult Access: 20-44 Years	NR	71.8%	68.3%	Children Access: 12-24 Months of Age	93.9%	96.2%	96.2%
Adult Access: 45-64 Years	NR	81.3%	79.2%	Children Access: 25 Months - 6 Years	82.2%	88.3%	87.5%
Adult Access: 20-64 Years	NR	75.7%	72.5%	Children Access: 7-11 Years	NA	91.2%	92.5%
				Children Access: 12-19 Years	NA	88.9%	91.5%
Maternal Health Visits: Age Not Specified				**Well-Child Visits**			
Timeliness of Prenatal Care	NR	65.2%	67.9%	Six or More Visits: 0-15 Months of Age	58.6%	57.4%	64.5%
Frequency of Prenatal Care	NR	43.1%	34.5%	Well-Child Visits: 3-6 Years	62.8%	65.2%	67.0%
Postpartum Care	NR	48.2%	56.7%	Adolescent Well-Care Visits: 12-21 Years	35.5%	45.7%	44.5%

Preventive Care	2014	2015	2016		2014	2015	2016
Women's Health Screenings				**Weight Assessment and Counseling**			
Breast Cancer: 52-74 Years	NR	41.2%	44.7%	Children BMI Assessment*: 3-17 Years	14.4%	30.4%	38.2%
Cervical Cancer: 24-64 Years	NR	35.8%	46.2%	Children Nutrition: 3-17 Years	39.9%	39.2%	64.2%
Chlamydia: 16-24 Years	NR	45.0%	55.3%	Children Physical Activity: 3-17 Years	34.5%	37.7%	51.1%
				Adult BMI Assessment: 18-74 Years	NR	68.1%	80.8%
Childhood Immunizations				**Adolescent Immunizations**			
Combination 2: 2 Years	59.6%	68.6%	66.9%	Combination 1: 13 Years	61.3%	66.1%	70.4%
Combination 10: 2 Years	32.4%	37.2%	37.5%	HPV for Females: 13 Years	NR	25.5%	26.5%

Data Source: Qualis Health, Comparative Analysis Report 2016, https://www.hca.wa.gov/assets/program/eqr-comparative-analysis-report-2016.pdf

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Access to Care includes the following HEDIS Measures by Acronym:
Primary Care Visits: APP and CAP. Maternal Health Visits: PPC and FPC 81+ Percent of Recommended Visits. Well-Child Visits: W15, W34 and AWC.

Preventive Care includes the following HEDIS Measures by Acronym:
Women's Health Screenings: BCS, CCS and CHL. Weight Assessment and Counseling: WCC and ABA. Childhood Immunizations: CIS. Adolescent Immunizations: IMA and HPV.