



Regional Analysis Report
Washington Apple Health
Washington Health Care Authority

December 2015



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.

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Overview

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 organizations (MCOs) and the managed mental healthcare services.

This *Regional Analysis Report* documents performance among Apple Health MCOs during the 2014 measurement year (2015 reporting year). The report comes during a time of transformation in Washington's Medicaid program. As a result of the expansion of Medicaid coverage under the Affordable Care Act, Apple Health enrollments grew by over 40 percent during 2014, covering over 1.3 million people by the end of the year. Washington is on a path to transform the way healthcare is furnished in the state through initiatives such as Healthier Washington, behavioral and physical health integration, introduction of value-based payments, greater community and consumer empowerment through Accountable Communities of Health and primary practice transformation.

Most of the performance measures found in this report come from NCQA's HEDIS® and AHRQ's CAHPS® measure sets. For some measures, the State has contractually defined goals that MCOs must meet. In an ongoing effort to improve the quality of care for enrollees, the report aims to:

- Contribute to the Centers for Medicare & Medicaid Services (CMS) requirements for an external quality review of managed care organization performance in Washington
- Provide transparency allowing stakeholders and consumers to have visibility to health plan performance information
- Encourage ongoing quality improvement by all stakeholders in Washington's Apple Health program

A companion *Comparative Analysis Report* provides a statewide review of Apple Health performance measures. Our aim is that these reports inspire better alignment between MCO performance and State healthcare initiatives.

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Table of Contents

Executive Summary	viii
Regional Perspective	viii
Performance Highlights	ix
Access.....	ix
Preventive care	ix
Quality of Medical Care.....	x
Recommendations	x
Introduction	12
HEDIS Performance Measures.....	12
Table 1: HEDIS Performance Measures and Abbreviations	12
Regional Perspective	13
Table 2: Largest and Smallest Number of Eligible Enrollees for Each Measure, By Region.....	14
Map Overview	14
Bar Chart Overview	14
Significance Testing	15
Regional Performance Summary	16
Overview of Apple Health Enrollment Trends	16
Enrollment Growth During 2014.....	16
Table 3: MCO Enrollment Growth, January to December 2014	16
Figure 1: Medicaid Enrollment Growth By County, January to December 2014	17
Figure 2: Medicaid Enrollment Growth By Age and Gender, January to December 2014	17
Measure Variation	18
Table 4: Number of Selected HEDIS Measures Statistically Above and Below the State Average By Region	18
Table 5: Highest- and Lowest-Performing Regions for Each Performance Measure	19
Access to Care	20
Overview	20
Reported Measures.....	20
Regional Performance	21
Adults' Access to Preventive/Ambulatory Health Services	21
Table 6: Range of Regional Variation By MCO, Adults' Access to Care, 2015 Reporting Year	21
Figure 3: Map of Regional Variation, Adults' Access to Care, 2015 Reporting Year	22

Table 7: MCO Performance Range By Region, Adults' Access to Care, 2015 Reporting Year	22
Figure 4: Standard Deviations from State Average By MCO By Region, Adults' Access to Care, 2015 Reporting Year	24
Spotlight: County Variation in Adult Access to Primary Care	25
Figure 5: Map of County Variation, Adults' Access to Care, 2015 Reporting Year.....	25
Figure 6: Map of County Variation, Adults' Access to Care Among Adults Whose Primary Language is Not English, 2015 Reporting Year	26
Figure 7: Map of County Variation, Adults' Access to Care Among Adults in Medicaid Expansion Populations, 2015 Reporting Year.....	26
Children and Adolescents' Access to PCPs	27
Table 8: Range of Regional Variation By MCO, Children's Access to Care, 2015 Reporting Year	27
Figure 8: Map of Regional Variation, Children's Access to Care, 2015 Reporting Year	28
Table 9: MCO Performance Range By Region, Children's Access to Care, 2015 Reporting Year	28
Figure 9: Standard Deviations from State Average By MCO By Region, Children's Access to Care, 2015 Reporting Year	30
Preventive Care.....	31
Overview	31
Reported Measures.....	31
Regional Performance	31
Breast Cancer Screening.....	31
Table 10: Range of Regional Variation By MCO, Breast Cancer Screening, 2015 Reporting Year.....	32
Figure 10: Map of Regional Variation, Breast Cancer Screening, 2015 Reporting Year	32
Table 11: MCO Performance Range By Region, Breast Cancer Screening, 2015 Reporting Year.....	33
Figure 11: Standard Deviations from State Average By MCO By Region, Breast Cancer Screening, 2015 Reporting Year.....	34
Chlamydia Screening.....	35
Table 12: Range of Regional Variation By MCO, Chlamydia Screening, 2015 Reporting Year.....	35
Figure 12: Map of Regional Variation, Chlamydia Screening, 2015 Reporting Year	36
Table 13: MCO Performance Range By Region, Chlamydia Screening, 2015 Reporting Year.....	36
Figure 13: Standard Deviations from State Average By MCO By Region, Chlamydia Screening, 2015 Reporting Year	37
Chronic Care Management.....	38
Overview	38
Reported Measures.....	38
Regional Performance	38
Antidepressant Medication Management, Acute Treatment Phase	38

Table 14: Range of Regional Variation By MCO, Acute Antidepressant Management, 2015 Reporting Year.....	39
Figure 14: Map of Regional Variation, Acute Antidepressant Management, 2015 Reporting Year.....	39
Table 15: MCO Performance Range By Region, Acute Antidepressant Management, 2015 Reporting Year.....	40
Figure 15: Standard Deviations from State Average By MCO By Region, Acute Antidepressant Management 2015 Reporting Year	41
Antidepressant Medication Management, Continuation Phase	42
Table 16: Range of Regional Variation By MCO, Continuation Antidepressant Management, 2015 Reporting Year	42
Figure 16: Map of Regional Variation, Continuation Antidepressant Management, 2015 Reporting Year.....	43
Table 17: MCO Performance Range By Region, Continuation Antidepressant Management, 2015 Reporting Year	43
Figure 17: Standard Deviations from State Average By MCO By Region, Continuation Antidepressant Management, 2015 Reporting Year	45
Follow-up Care for Children Prescribed ADHD Medication, Initiation Phase	46
Table 18: Range of Regional Variation By MCO, ADHD Medication Initiation Follow-up, 2015 Reporting Year.....	46
Figure 18: Map of Regional Variation, ADHD Medication Initiation Follow-up, 2015 Reporting Year.....	47
Table 19: MCO Performance Range By Region, ADHD Medication Initiation Follow-up, 2015 Reporting Year.....	47
Figure 19: Standard Deviations from State Average By MCO By Region, ADHD Medication Initiation Follow-up, 2015 Reporting Year	49
Follow-up Care for Children Prescribed ADHD Medication, Continuation Phase	50
Table 20: Range of Regional Variation By MCO, ADHD Medication Continuation Follow-up, 2015 Reporting Year	50
Figure 20: Map of Regional Variation, ADHD Medication Continuation Follow-up, 2015 Reporting Year.....	51
Table 21: MCO Performance Range By Region, ADHD Medication Continuation Follow-up, 2015 Reporting Year	51
Figure 21: Standard Deviations from State Average By MCO By Region, ADHD Medication Continuation Follow-up, 2015 Reporting Year	53

Medical Care Utilization..... 54

Overview	54
Preventing Wasteful Services.....	54
Reducing Inpatient Admissions.....	54
Reported Measures.....	54
Regional Performance	55
Appropriate Treatment for Children With Upper Respiratory Infections	55
Table 22: Range of Regional Variation By MCO, Appropriate Upper Respiratory Infection Treatment, 2015 Reporting Year	55
Figure 22: Map of Regional Variation, Appropriate Upper Respiratory Infection Treatment, 2015 Reporting Year	56

Table 23: MCO Performance Range By Region, Appropriate Upper Respiratory Infection Treatment, 2015 Reporting Year	56
Figure 23: Standard Deviations from State Average By MCO By Region, Upper Respiratory Infection Treatment, 2015 Reporting Year	58
Outpatient Visits per 1,000 Member Months	59
Table 24: Range of Regional Variation By MCO, Outpatient Visits, 2015 Reporting Year	59
Figure 24: Map of Regional Variation, Outpatient Visits, 2015 Reporting Year	60
Table 25: MCO Performance Range By Region, Outpatient Visits, 2015 Reporting Year	60
Figure 25: Standard Deviations from State Average By MCO By Region, Outpatient Visits, 2015 Reporting Year	61
ED Visits per 1,000 Member Months	62
Table 26: Range of Regional Variation By MCO, ED Visits, 2015 Reporting Year	62
Figure 26: Map of Regional Variation, ED Visits, 2015 Reporting Year	63
Table 27: MCO Performance Range By Region, ED Visits, 2015 Reporting Year	63
Figure 27: Standard Deviations from State Average By MCO By Region, ED Visits, 2015 Reporting Year	65
Inpatient Discharges per 1,000 Member Months	66
Table 28: Range of Regional Variation By MCO, Total Inpatient Discharges, 2015 Reporting Year	66
Figure 28: Map of Regional Variation, Total Inpatient Discharges, 2015 Reporting Year	67
Table 29: MCO Performance Range By Region, Total Inpatient Discharges, 2015 Reporting Year	67
Figure 29: Standard Deviations from State Average By MCO By Region, Total Inpatient Discharges, 2015 Reporting Year	69
All-Cause Readmissions	70
Table 30: Range of Regional Variation By MCO, All-Cause Readmissions, 2015 Reporting Year	70
Figure 30: Map of Regional Variation, All-Cause Readmissions, 2015 Reporting Year	72
Table 31: MCO Performance Range By Region, All-Cause Readmissions, 2015 Reporting Year	72
Figure 31: Standard Deviations from State Average By MCO By Region, All-Cause Readmissions, 2015 Reporting Year	74
Spotlight: County Variation in Readmission Rates	75
Figure 32: Map of County Variation, All-Cause Readmissions, 2015 Reporting Year	75
Figure 33: Map of County Variation, All-Cause Readmissions Among Blind or Disabled Populations, 2015 Reporting Year	76
Figure 34: Map of County Variation, All-Cause Readmissions Among Medicaid Expansion Populations, 2015 Reporting Year	76
Appendix – Region-Level Results	77
References	80

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 2014. The MCOs were required to report more than 30 Healthcare Effectiveness Data and Information Set (HEDIS[®]) measure items in order to assess the levels of quality, timeliness and access to healthcare services that they furnished to Apple Health Medicaid enrollees. HEDIS measures were developed and are maintained by the National Committee for Quality Assurance (NCQA). NCQA's database of HEDIS results for health plans enables benchmarking against other Medicaid managed care health plans nationwide.

During 2014, five MCOs provided care for Apple Health enrollees:

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

An additional Medicaid MCO, Columbia United Providers (CUP), began operations in Washington in 2015. As CUP was not operating in Washington in 2014, its performance is not reviewed in this report.

To be consistent with NCQA methodology, the 2014 measurement year is referred to as the 2015 reporting year (RY) in this report.

Regional Perspective

This report presents a regional analysis of ten selected HEDIS performance measures (13 individual indicators) for Apple Health MCOs. It is a companion report to the *Comparative Analysis Report*, which provides an overview of HEDIS measure performance for the Apple Health program overall and individual contracted MCOs.

The populations in this report represent Apple Health recipients enrolled with an MCO in Washington State between January 1, 2014, and December 31, 2014. Some HEDIS measures require 12 months of enrollment and therefore do not reflect enrollees who were covered for only part of the year. HEDIS measures were not adjusted for any differences in enrollee demographic characteristics. The regions delineated in this report are the Regional Service Area (RSA) boundaries for 2016 defined by the HCA as of June 2015ⁱ. Health plan enrollees were assigned to RSAs based on their residence ZIP code and not where care was provided.

This report is structured to present two dimensions of variation for each measure:

- Variation **across** regions, to identify which regions performed below or above the overall state average
- Variation **within** regions, to identify which MCOs performed well or poorly within each region

ⁱ HCA memo titled "Joint HCA-DSHS Revised Regional Service Area Boundaries for 2015 Medicaid Purchasing," June 30, 2015.

A review of both types of variation for each measure may provide insight as to whether performance improvement may be most effectively addressed at a regional level or a more localized MCO level.

Performance Highlights

The primary purpose of this report is to summarize MCO regional performance drawing from selected HEDIS measures. Multiple environmental factors may influence performance, including the rapid growth of Medicaid in Washington during 2014 and changing demographic patterns within MCO-covered populations.

Access

Health plans are responsible for ensuring care is convenient and 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 routine healthcare. In this regional analysis, access measures included percentage of adults and children with primary care visits.

- Adults' primary care visits:** Most MCOs in most regions did not vary substantially in adult access rates (i.e., MCO-region rates were often less than one standard deviation). The lowest-performing MCOs within some specific regions represented cases with relatively small numbers of members eligible for the measure. However, several substantially low-performing MCOs (AMG, CCW and UHC) were seen in King, Pierce and Thurston-Mason regions (see Figure 4). Some of these are regions where Medicaid expansion growth was strongest and also correlated with lower access rates for the Medicaid expansion population (see Spotlight on Access section and Figure 7). MCOs with rates below the state average tended to be newer MCOs in Washington and are likely working to expand their provider networks. It should be noted that in parts of some of these same regions, King, Kittitas and Kitsap, provider networks seem to be accommodating non-English speakers well (see Figure 6). A full population measure controlling for the period of time enrolled, measured as number of ambulatory visits per 1,000 member months, was reasonably even across Washington regions, with the exception of Southwest, which was 37 points lower than the state average.
- Children's primary care visits:** Some variation was seen in rates of children's access to primary care providers, although the largest negative performers were associated with small denominators. Pierce stood out as a consistently low-performing region for most MCOs (see Figure 9), which was masked for the region overall by the higher performance of MHW. The two primary MCOs in Southwest (MHW, CHPW) performed well below the state average. Both of these patterns suggest that region/county-level assessment of barriers to care could be useful.

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 administered at the right ages for highest effectiveness. Other types of preventive care and screenings also should be delivered at the right time to be effective, such as cancer screenings, and weight and nutrition counseling. This regional analysis includes breast cancer and chlamydia screening measures.

- Breast cancer screenings:** A higher level of variation across plan-region scores was seen for breast cancer screening rates, however, this could have been due to the smaller sizes of the populations from which this measure was derived. Much of the variation in breast cancer screening rates was at the region level, where all or nearly all MCOs performed poorly, such as North Sound, Greater Columbia, Thurston-Mason or Timberlands. This may suggest a general access or availability

problem in these areas. Other regions had more within-region variation, with MCOs performing both well and poorly, such as Peninsula and Spokane (see Figure 11).

- **Chlamydia screenings:** Regional performance patterns were more widely varying for chlamydia screening rates. Regions with consistently poor performance across all or nearly all MCOs included North Sound, Southwest and Peninsula. These patterns suggest area-wide barriers to screenings that could be addressed through a collaborative or coordinated approach by MCOs. Regions with wider internal variation among higher- and lower-performing MCOs included Spokane, Pierce, Thurston-Mason, King and Greater Columbia. The high degree of within-region variation suggests that there may be opportunities to identify best practices. Outside of North Sound and Peninsula, CCW in particular was a high-performing MCO for chlamydia screening rates.

Quality of Medical Care

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. This regional report includes measures relating to these activities such as management of antidepressant and ADHD medications, avoidance of antibiotics for children with upper respiratory infections, hospitalization rates, hospital readmission rates and use of emergency departments.

- **Chronic condition management:** Management of antidepressant medications varied widely among MCOs within regions (see Figures 15 and 17), and the range of regional scores was wide (see Figures 14 and 16). North Central's performance was well below the state average, while Southwest and Peninsula registered higher performance. Generalizing performance for ADHD medication follow-up (initiation and continuation phases) was not possible because of the small eligible population sizes for those measures.
- **Appropriateness of treatments:** Appropriate use of antibiotics for children and adults with respiratory infections is a bright spot for Washington Apple Health, with the state scoring above the national average. Still, the measure varied widely across regions (see Figure 22), although with relatively narrow dispersion among individual region-MCO rates (see Figure 23). MCO performance was often consistently higher or consistently lower within regions, with the exception of North Central and Peninsula, where performance varied among MCOs.
- **Avoidance of emergent and inpatient care:** Statewide, emergency department (ED) visits were slightly higher than in the previous year, but still well below the national average. Regionally, the ED visit measure showed very little variation, both across and within regions. More variation across regions was seen for hospitalization rates, particularly with Pierce, Southwest and Timberlands, all regions within which there was little variation. This suggests potential region-specific sources of risk that lead to higher hospitalization rates. Statewide, hospital all-cause readmissions were significantly higher in 2015 than in the previous year. Regionally, there was wide variation in readmission rates, varying from a low of 10.4 percent of hospital discharges readmitted in Thurston-Mason, to 16.8 in Peninsula.

Recommendations

Based on 2015 MCO performance, Qualis Health recommends that HCA:

- Closely monitor adult access rates and potential barriers to access, especially in disproportionately high-growth regions and counties such as King and Pierce, given the rapid growth in enrollments.

- Take steps to determine whether specific barriers to children’s access in Southwest and Pierce counties need to be addressed.
- Consider local and regional contexts when addressing performance improvement projects and priorities. Several measures demonstrate substantial regional variation, with low performance by all (or nearly all) MCOs in certain regions, suggesting common drivers of low performance that may be derived from local population or provider characteristics.

Qualis Health recommends that MCOs:

- Take steps to understand the root causes for low adult access rates in different regions where performance rates are particularly low, and make MCOs address priority areas. MCOs need to assist providers in identifying and eliminating barriers that prevent enrollees from obtaining necessary and timely care to preventive and ongoing services.
- Review their readmissions prevalence by region to identify opportunities for improvement, as all MCOs registered wide regional differences and overall had significantly higher 2015 rates than in the previous year. Readmission rates constitute an important measure that is being tracked both Federally and statewide and is a key indicator of care coordination and quality.

Introduction

As part of its work as the external quality review organization (EQRO) for the Health Care Authority (HCA), Qualis Health reviewed managed care organization (MCO) performance for the calendar year 2014 (reporting year [RY] 2015), primarily through an assessment of measures from the Healthcare Effectiveness Data and Information Set (HEDIS[®]) and results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) survey data collected during early 2015 for the Medicaid child population. The purpose of this report is to summarize regional variation in performance of Washington Apple Health MCOs in furnishing quality, timely and accessible care to Medicaid recipients. To enable a reliable measurement of performance, the MCOs were required to report more than 30 HEDIS measures. HEDIS measures were developed and are maintained by the National Committee for Quality Assurance (NCQA). NCQA's database of HEDIS results for MCOs enables benchmarking against other Medicaid managed care health plans nationwide.

HEDIS Performance Measures

The HEDIS measures are widely used performance measures reported by health plans. HEDIS results can be used by the public to compare MCO performance over eight domains of care; they also allow MCOs to determine where quality improvement efforts may be needed¹. In the first half of 2015, Qualis Health conducted an NCQA HEDIS[®] Compliance Audit[™] of each Apple Health Medicaid managed care plan to ensure that MCOs are accurately collecting, calculating and reporting HEDIS measures.

Using the NCQA standardized audit methodology, NCQA-certified auditors assessed each MCO's information system capabilities and compliance with HEDIS specifications. HCA and each MCO were provided with an onsite report and a final report that included an Audited Measures List, Summary of Audit Activity, Information Systems Standards Validation, HEDIS Source Code Validation, Survey Sample Frame Validation, HEDIS Supplemental Database Validation, Medical Record Review Validation, Final Audit Statement and Audit Measure Designations.

The HEDIS performance measures included in this report were selected by the HCA and are listed in Table 1. Abbreviations of the measure names have been assigned and are used throughout the text.

Table 1: HEDIS Performance Measures and Abbreviations

Abbreviation	HEDIS Measure
Access to Care	
AAP	Adults' Access to Preventive/Ambulatory Health Services
CAP	Children and Adolescents' Access to Primary Care Providers
Preventive Care	
BCS	Breast Cancer Screening
CHL	Chlamydia Screening in Women
Chronic Care Management	
ADD-a	Follow-up Care for Children Prescribed ADHD Medications – Initiation Phase
ADD-b	Follow-up Care for Children Prescribed ADHD Medications – Continuation Phase
AMM-a	Antidepressant Medication Management – Acute Treatment Phase
AMM-b	Antidepressant Medication Management – Continuation Phase
Medical Care Utilization	
URI	Appropriate Treatment for Children with Upper Respiratory Infections

AMB-a	Outpatient Visits per 1,000 Member Months
AMB-b	Emergency Department Visits per 1,000 Member Months
IPU	Inpatient Stays per 1,000 Member Months
PCR	All-Cause Readmissions

Regional Perspective

This report presents a regional analysis of selected HEDIS performance measures for Apple Health. It is a companion to the *Comparative Analysis Report*, which provides an overview of HEDIS performance measures for Washington State Apple Health overall. This is the first such regional report by a Washington EQRO.

The report relies on member-level data provided by each of the MCOs. HEDIS measures may be derived in two ways: from administrative data, using claims records and other administrative data sources, or from samples drawn from administrative data supplemented with medical chart reviews, also known as the “hybrid” method. The selected measures in this report were all derived from administrative data (following the HEDIS administrative collection methodology). Some measurements are based on small population sizes, which results in low occurrences of significant differences between MCOs and regions. Hybrid measures were not included because of the limited sample sizes upon which they are based.

The populations underlying each measure in this report represent Apple Health recipients enrolled with an MCO in Washington State anytime between January 1, 2014, and December 31, 2014. The HEDIS measures were not adjusted for any differences in enrollee demographic characteristics. Prior to performing regional analysis, member-level data was aggregated to the MCO level and validated against the reported HEDIS measures.

The regions delineated in this report are the Regional Service Area (RSA) boundaries for 2016 defined by the HCA as of June 2015ⁱⁱ. Health plan enrollees were assigned to RSAs based on their residence ZIP code. Less than 0.25 percent of enrollees for any HEDIS measure had missing or out-of-state ZIP code information and were excluded from the regional analyses in this report.

Some regions included relatively few enrollees for several measures. For example, the region with the smallest eligible measure population for Follow-up Care for Children Prescribed ADHD Medication had only 43 eligible enrollees for all five MCOs, while the largest region for that measure had 246 eligible enrollees. Throughout this report, results are not reported for organizations at the region level with fewer than 30 eligible enrollees. Table 2 provides the total eligible enrollees, the regions with the most and the fewest eligible enrollees for each measure.

This report is structured to present two dimensions of variation:

- Variation **across** regions, to identify which regions performed below or above the overall state average
- Variation **within** regions, to identify which MCOs performed well or poorly within each region

A review of both types of variation for each measure may provide insight as to whether performance improvement may be most effectively addressed at a regional level or a more localized MCO level.

ⁱⁱ HCA memo titled “Joint HCA-DSHS Revised Regional Service Area Boundaries for 2015 Medicaid Purchasing,” June 30, 2015.

Table 2: Largest and Smallest Number of Eligible Enrollees for Each Measure, By Region

Measure*	Total Eligible Members	Region with the Fewest Eligible Members		Region with the Most Eligible Members	
AAP	283,237	North Central	8,801	King	70,639
ADD-a	4,807	North Central	163	Greater Columbia	763
ADD-b	1,528	North Central	43	Spokane	246
AMB-a	14,041,137**	Peninsula	504,854	King	3,260,448
AMB-b	14,041,137**	Peninsula	504,854	King	3,260,449
AMM-a	9,767	North Central	308	King	2,001
AMM-b	9,767	North Central	308	King	2,001
BCS	9,527	Southwest	356	North Sound	1,850
CAP	385,964	Peninsula	11,773	King	83,867
CHL	30,487	Peninsula	1,138	King	5,689
IPU	14,041,137**	Peninsula	504,732	King	3,259,473
PCR	13,841	North Central	406	King	2,534
URI	43,445	Southwest	375	Greater Columbia	9,110

* These measures are defined in Table 1, on page 12.

**Indicates member months. There were 1,705,867 eligible enrollees for these measures in the 2015 reporting year.

Map Overview

For each measure, a map is provided that depicts variation for each region compared to the state average. For HEDIS utilization measures (AMB or IPU), confidence intervals were not calculated, so maps show regions that were above the average or below the average. For HEDIS effectiveness of care measures, each region was colored green (statistically above average), red (statistically below average) or yellow (no statistical difference from the average). All regions had at least 30 eligible enrollees for each measure. A Wilson Score Interval Test, with a 95 percent confidence interval, was used to determine statistically significant differences. In order for a region to achieve a statistically higher or lower rating, the region's score and confidence interval must lie completely outside (above or below) the state's average score.

Bar Chart Overview

For each measure, a bar chart provides a standardized comparison of each regional MCO to the state average. In order to facilitate comparison, the regional scores for each MCO were rescaled around the Washington State average. The scores were rescaled by subtracting the state average and dividing by the standard deviation of the 50 regional scores (10 regions times five MCOs). In addition to standard deviation bars for the performance measure, the relative population sizes for each MCO in each region are depicted. Bars are not shown for MCOs that have fewer than 30 eligible enrollees for the measure in the region.

The bar chart indicates how many standard deviations above or below the state average the regional score lies. Note that this is not a test of statistical significance; however, it is reasonable to consider those

scores beyond two standard deviations as being substantially different from the state average and presenting potential opportunities for further investigation and improvement. A narrative is provided with each chart to further explain results.

Significance Testing

For each measure, maps depict the statistical significance of each region's score compared to the state average. The state average is the overall state-level rate. Therefore, calculating the state average as the weighted average across the MCOs or the weighted average across the regions produces the same state-level rate. This method provides consistency when comparing the state average to the region, managed care or regional managed care levels of the data. A Wilson Score Interval Test, with a 95 percent confidence interval, is used to compare the regional rates with the state average. Unlike other statistical tests for proportions, such as the exact Clopper-Pearson method, confidence intervals calculated from the Wilson Score Interval Test do not suffer from being overly conservative, having a coverage level closer to the nominal level of 95 percent for a 95 percent confidence interval. Also, the Wilson Score Interval Test yields confidence intervals that have been shown to be accurate for most values (e.g., performance measure scores) and small samples (e.g., numbers of eligible enrollees).¹ The results of the Wilson Score Interval Test are shown on the map for each measure. Unless otherwise indicated, the terms "significant" or "significantly" refer to the results of a Wilson Score Interval Test.

Regional Performance Summary

Overview of Apple Health Enrollment Trends

A review of enrollment trends provides a background to help understand how the Medicaid expansion may have impacted performance in the 2015 reporting year (RY). A number of HEDIS quality measures require continuous enrollment over one year or more for enrollees to be eligible for the measure. With the current environment of rapid Medicaid enrollment growth, the experience of a large number of new enrollees may not be directly reflected; however, the experience of eligible longstanding enrollees could have been affected in many instances by the influx of new enrollees in 2014, especially with respect to access to care.

Enrollment Growth During 2014

The Medicaid expansion provision of the Affordable Care Act was implemented in January 2014. As a result, Medicaid MCOs in Washington State grew rapidly during 2014 (Table 3). Overall, the Apple Health-covered population grew by nearly 42 percent during the year. The number of enrollees for two MCOs (AMG and UHC) more than doubled.

Table 3: MCO Enrollment Growth, January to December 2014 Calendar Year

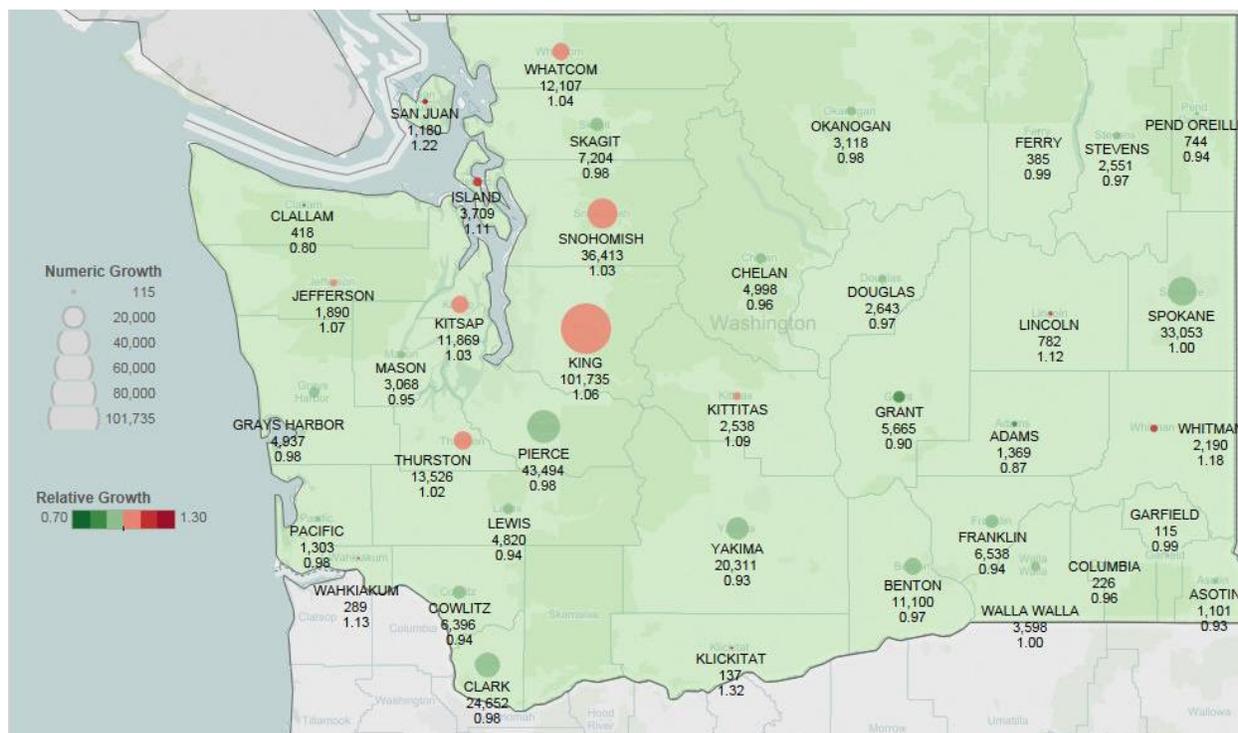
Medicaid Managed Care Plan	January 2014	December 2014	% Change
Amerigroup Washington (AMG)	55,459	128,369	131.4%
Coordinated Care of Washington (CCW)	105,914	175,353	65.6%
Community Health Plan of Washington (CHW)	267,634	332,456	24.2%
Molina Healthcare of Washington (MHW)	402,942	486,524	20.7%
United Health Care Community Plan (UHC)	88,199	180,225	104.3%
Total	920,158	1,302,927	41.6%

Source: Enrollment data provided by Washington State Health Care Authority

Growth was not uniform across the state. The map in Figure 1 depicts the number of additional enrollees by county between January and December 2014, as well as each county's "relative growth," the share of the county's growth relative to its share of enrollees at the beginning of 2014 (in January). King County, for example, had over 100,000 new enrollees during the year. As a share of the statewide new enrollments, those 100,000 enrollees represented a greater share than King County's share of enrollment in January, by a factor of 1.06, or 6 percent. That is, King County's Medicaid population grew 6 percent faster than the state average. Yakima County, by contrast, had over 20,000 new enrollees; however, its share of new enrollments lagged behind its share of enrollees at the beginning of the year, by a factor of .93, or about -7 percent. That is, Yakima County enrollments grew 7 percent slower than the state average.

While nearly all counties saw growth in the Medicaid-covered population, the growth fueled by the Medicaid expansion was relatively concentrated in western Washington counties. San Juan and Island counties saw the greatest relative increase in Medicaid enrollees, growing 22 percent and 11 percent faster than the state average, respectively. Both counties, however, began 2014 with small Medicaid populations. Skamania was the only county to have lost Medicaid enrollees during 2014.

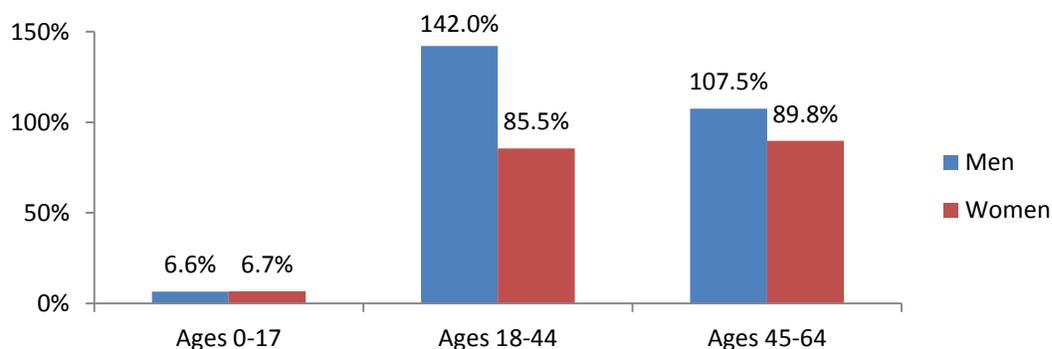
Figure 1: Medicaid Enrollment Growth By County, January to December 2014 Calendar Year



Source: Enrollment data provided by Washington State Health Care Authority

Many of the new enrollees in 2014 were men and older-than-traditional (pre-expansion) enrollees (Figure 2). This demographic shift was not likely reflected in many of the performance measures reviewed in this report; however, it will become more apparent in performance measures collected in 2015. An older population will have different healthcare needs and utilization patterns than a traditionally younger population.

Figure 2: Medicaid Enrollment Growth By Age and Gender, January to December 2014 Calendar Year



Source: Enrollment data provided by Washington State Health Care Authority

Measure Variation

A number of regions varied significantly from the state average for the selected set of 13 performance measures. For half of the regions, five or more measures were significantly below the state average (Table 4). However, for several of these regions (King, North Central and North Sound), four measures were significantly above the average. The Southwest region had six measures below the state average. Timberlands had three measures below the state average, and none above the average.

Table 4: Number of Selected HEDIS Measures Statistically Above and Below the State Average By Region

Region	Number of Measures Statistically Above the State Average	Number of Measures Statistically Below the State Average
Greater Columbia	3	5
King	4	5
North Central	4	5
North Sound	4	5
Peninsula	2	2
Pierce	3	1
Southwest	3	6
Spokane	2	2
Thurston-Mason	3	3
Timberlands	0	3

Note: More information on the statistical analysis used to determine whether regions were above or below the state average can be found on page 15.

Table 5 presents highest- and lowest- performing regions for each of the 13 measures. For some measures there was a wide range between the highest- and lowest-performing regions. This was true for several of the measures with small eligible populations, such as ADD, AMM and BCS, as well as for several with large eligible populations, such as AMB and CAP.

Smaller regions were often seen at the extremes. North Central and Southwest were each the highest-performing regions for four measures. The same two regions were also often the lowest-performing regions, with North Central the lowest-performing region for five measures, and Southwest for four.

Table 5: Highest- and Lowest-Performing Regions for Each Performance Measure

Measure	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AAP	80.4%	North Central (84.6%) **	Thurston Mason (77.6%) **
ADD-a	37.7%	Thurston Mason (48.5%) **	Southwest (5.6%) **
ADD-b	39.1%	North Central (58.1%) **	Southwest (3.3%) **
AMB-a	330.0	North Central (357.6)	Southwest (293.2) **
AMB-b *	52.1	North Central (34.9)	Peninsula (69.5) **
AMM-a	51.7%	Peninsula (59.9%) **	North Central (42.2%) **
AMM-b	37.0%	Southwest (42.0%) **	North Central (26.6%) **
BCS	54.4%	Southwest (66.0%) **	Greater Columbia (48.0%) **, Thurston Mason (47.8%) **
CAP	91.0%	North Central (94.9%) **	Southwest (87.8%) **
CHL	51.2%	Pierce (56.1%) **	North Central (46.1%) **
IPU *	5.4	North Central (4.3) **	Southwest (6.5)
PCR *	13.9%	Thurston Mason (10.4%) **	Peninsula (16.8%) **
URI	92.6%	King (95.9%) **, Southwest (96.0%) **	Timberlands (89.1%) **

* AMB-b, IPU and PCR are reverse scale measures; a lower score is interpreted as higher (better) performance.

** Significantly above or below the state average.

Note: AMBa, AMBb and IPU are measured in terms of service utilization per 1,000 member months. The rest of the HEDIS indicators are measured in terms of the percentage of eligible enrollees satisfying the numerator criteria.

Access to Care

Overview

Access to primary care depends on the ability of consumers to both locate healthcare providers and receive services. Following the implementation of the Medicaid expansion under the Affordable Care Act (ACA) in January 2014, enrollments in Apple Health grew to over 1.3 million by December 2014, representing an increase of more than 40 percent. As intended, this expansion significantly improved the ability of many people to afford care; however, the rapid influx of new enrollees may also be overtaxing existing provider networks, limiting the ability of Apple Health enrollees to receive care where and when they need it.

Critics of managed care often express concern about the problems enrollees have in getting the care they need. Individuals who do not access preventive healthcare are more likely to develop advanced or preventable disease, at higher personal and financial cost. Although patients have a responsibility to take care of themselves, health plans need to take an active role in educating enrollees about the importance of routine care and in reminding them when routine care is needed.

Surveys of Apple Health consumers have shown that finding care and making appointments have been difficult in recent years. Survey scores for two key composites, “Getting Needed Care” and “Getting Care Quickly,” were below the national mean in surveys reflecting the experiences of adults in 2014 and of children in 2015, as measured by the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.ⁱⁱⁱ

Reported Measures

- **Adults’ Access to Preventive/Ambulatory Health Services:** the percentage of enrollees aged 20 years and older who had an ambulatory or preventive care visit in the last year. This measure excludes acute inpatient encounters and emergency department (ED) visits. A higher score indicates better performance for this measure.
- **Children and Adolescents’ Access to PCPs:** the percentage of children aged 12 months to 19 years who had a visit with a primary care practitioner (PCP) in the last year (or the year prior for 7- to 19-year-olds). A higher score indicates better performance for this measure.

ⁱⁱⁱ For the 2014 adult survey results, see *2014 Washington State Health Care Authority Adult Medicaid Health Plan CAHPS® Report*, Health Services Advisory Group, December 2014, http://www.hca.wa.gov/medicaid/healthyoptions/documents/2014_cahps.pdf

For the 2015 child survey results, see *Apple Health Managed Care: CAHPS® 5.0H Child Medicaid with Chronic Conditions*, Qualis Health, August 2015, http://www.hca.wa.gov/medicaid/healthyoptions/Documents/AHMC_CAHPS_2015.pdf

Regional Performance

Adults' Access to Preventive/Ambulatory Health Services

There were 283,237 adult enrollees eligible for this measure during the 2015 reporting year. A total of 80.4 percent of eligible adult enrollees had an ambulatory or preventative care visit over the last year. MHW was the highest-performing MCO (85.3 percent), while AMG was the lowest (73.3 percent). UHC had the largest difference between its highest- and lowest-performing regions (16.6 percent), while CHPW had the smallest difference (4.5 percent). Notably, AMG's performance was below the state average in all regions (Table 6).

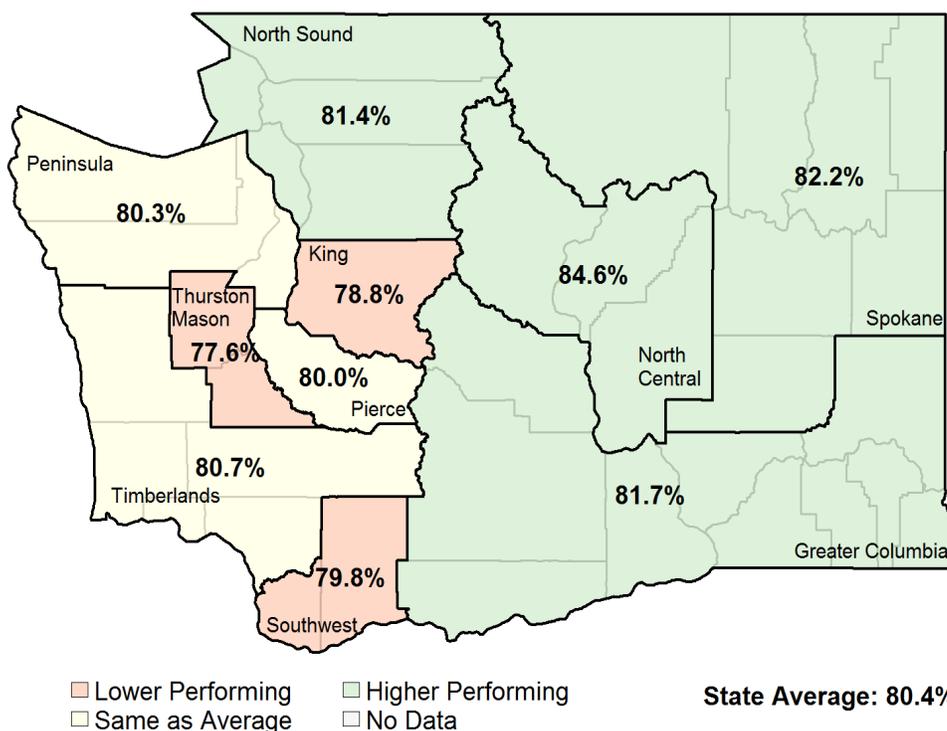
Lower rates suggest one of two access problems: enrollees cannot access care, or they do not understand the importance of routine care and do not seek it. In both cases, the health plan can make a difference by increasing access or by developing systems that identify persons who need care and reaching out to them. However, a MCO or region with a younger, healthier population may naturally have lower access rates, as healthy individuals generally have less incentive to seek out primary care.

Table 6: Range of Regional Variation By MCO, Adults' Access to Care, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	73.3%	Timberlands (78.4%)	Greater Columbia (68.8%)
CCW	75.2%	Greater Columbia (81.3%), North Central (81.4%)	Timberlands (66.1%)
CHPW	83.9%	Greater Columbia (85.7%), King (85.6%), Spokane (85.5%)	Southwest (81.2%)
MHW	85.3%	North Central (88.0%)	Southwest (71.7%)
UHC	75.7%	North Sound (82.6%)	North Central (66.0%)
All MCOs	80.4%	North Central (84.6%)	Thurston Mason (77.6%)

Figure 3 shows the region-level results. All of Eastern Washington and the North Sound region are statistically above the state average, while the rest are either at or below the state average. North Central was the highest-performing region (84.6 percent), while Thurston-Mason was the lowest (77.6 percent). North Central had the largest difference between its highest- and lowest-performing MCOs (22.0 percent), while North Sound had the smallest difference (9.1 percent). MHW was the highest performer in every region except for Southwest, where it was the lowest performer (Table 7).

Figure 3: Map of Regional Variation, Adults' Access to Care, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

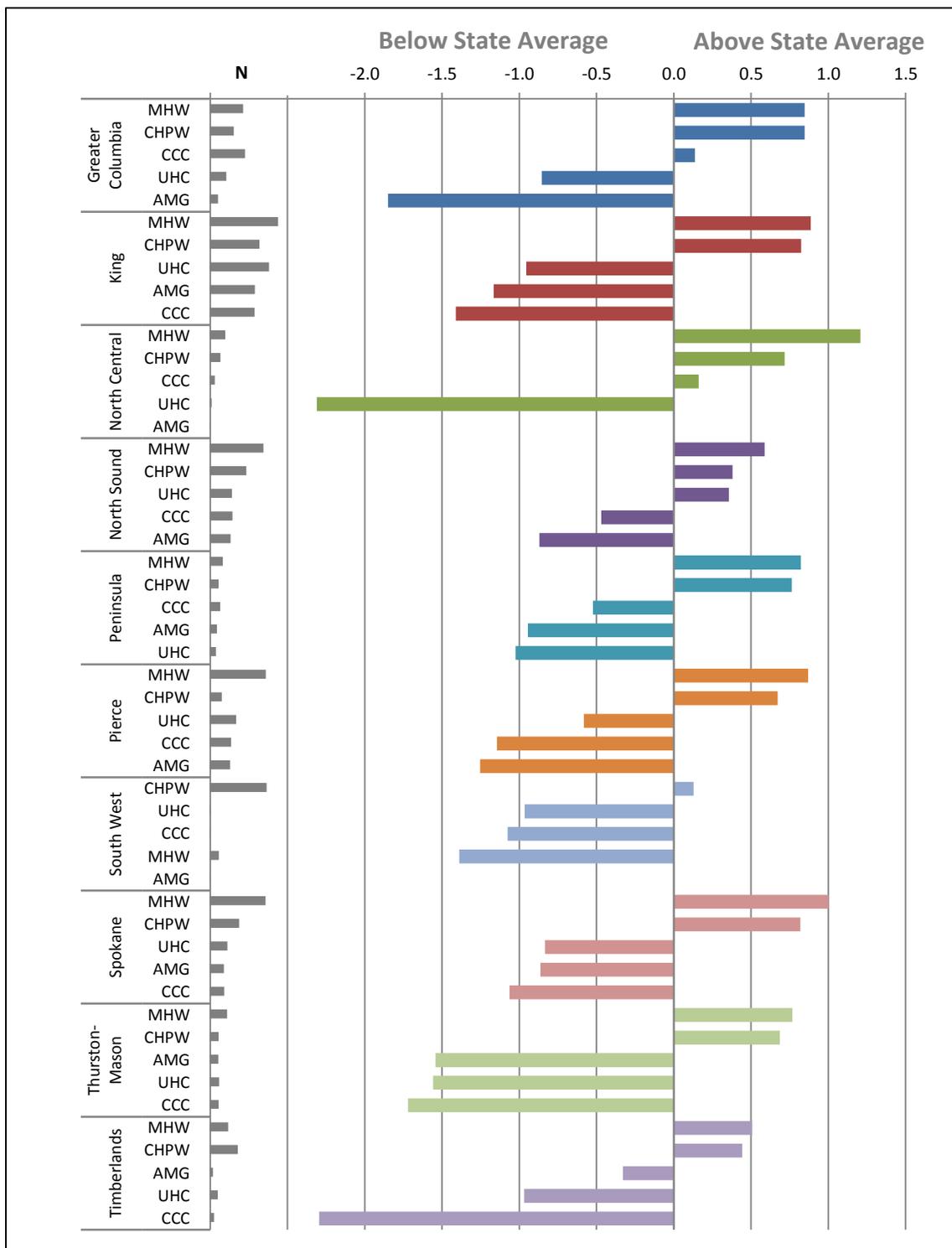
Table 7: MCO Performance Range By Region, Adults' Access to Care, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	81.7%	CHPW (85.7%), MHW (85.7%)	AMG (68.8%)
King	78.8%	CHPW (85.6%), MHW (86.0%)	CCW (71.6%)
North Central	84.6%	MHW (88.0%)	UHC (66.0%)
North Sound	81.4%	MHW (84.1%)	AMG (75.0%)
Peninsula	80.3%	MHW (85.6%)	UHC (74.0%)
Pierce	80.0%	MHW (85.9%)	AMG (72.6%)
Southwest	79.8%	CHPW (81.2%)	MHW (71.7%)
Spokane	82.2%	MHW (86.7%)	CCW (73.8%)
Thurston-Mason	77.6%	CHPW (84.7%), MHW (85.2%)	CCW (69.7%)
Timberlands	80.7%	MHW (83.6%)	CCW (66.1%)
Statewide	80.4%	MHW (85.3%)	AMG (73.3%)

Aggregating to region levels may mask performance opportunities. For example, North Central as a region is statistically significantly higher than the state rate, but one MCO (AMG) had performance more than two standard deviations below the state rate (Figure 4).

MHW in North Central (88.0 percent) and MHW in Spokane (86.7 percent) were both at least one standard deviation above the state average. They provided care for 4,074 and 14,740 eligible enrollees, respectively. The three lowest-performing MCOs at the region level were at least one standard deviation below the state average. They were AMG in Greater Columbia (68.8 percent), UHC in North Central (66.0 percent) and CCW in Timberlands (66.1 percent). In each instance, the MCOs had small but non-negligible volumes of eligible enrollees, at 2,234, 520, and 1,146, respectively.

Figure 4: Standard Deviations from State Average By MCO By Region, Adults' Access to Care, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Spotlight: County Variation in Adult Access to Primary Care

Access to care varies geographically as well as by MCO and, as previously mentioned, may be heavily influenced by Medicaid expansion. This section spotlights county variation in adult access to primary care (AAP) during the 2015 reporting year; only individuals with 12 months of continuous coverage are included in this population. This will be an important measure to monitor in coming years to ensure that all Apple Health enrollees have adequate access to care.

Access to primary care was significantly below the state average in several counties, including King, Spokane, Mason, Grays Harbor, Thurston and Kittitas counties, among others, as shown in the figures below.

Aggregate rates by county may mask potential access problems among minority populations. For example, while Whatcom County had higher access for the overall population, enrollees whose primary language is not English had fewer appointments, suggesting improvement opportunities. In contrast, enrollees whose primary language is not English were more likely to have access to care than the broader population in Kittitas, Kitsap and King counties, indicating better-developed networks to serve those enrollees. Additionally, individuals in the Medicaid expansion population generally had lower access rates than the non-expansion population, though those differences may be due in part to demographic differences between the populations, including the ability to schedule appointments outside of working hours.

Figure 5: Map of County Variation, Adults' Access to Care, 2015 RY

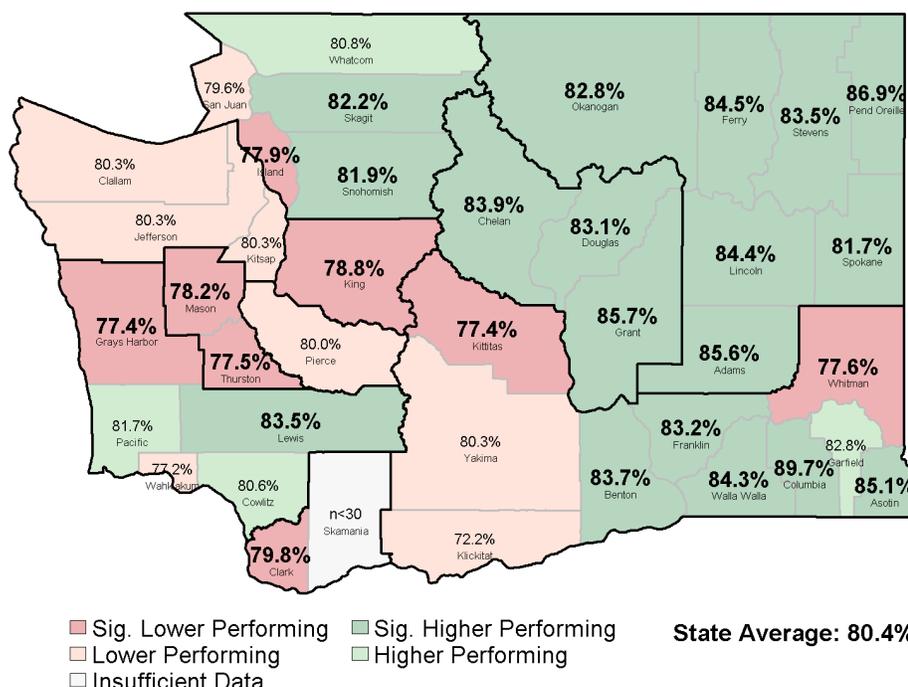


Figure 6: Map of County Variation, Adults' Access to Care Among Adults Whose Primary Language is Not English, 2015 RY

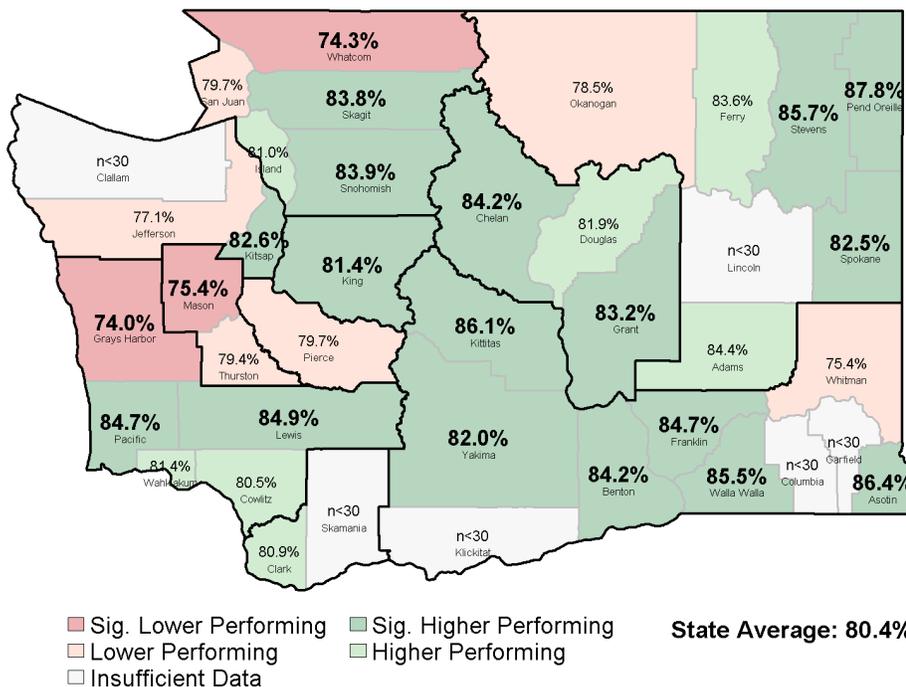
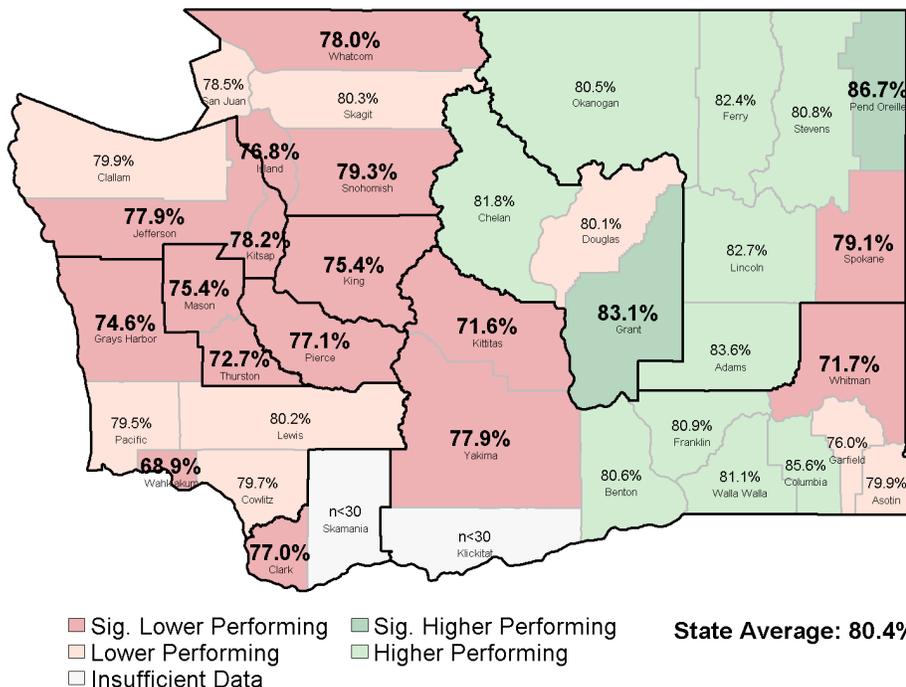


Figure 7: Map of County Variation, Adults' Access to Care Among Adults in Medicaid Expansion Populations, 2015 RY



Children and Adolescents' Access to PCPs

In the 2015 reporting year there were 385,964 Apple Health enrollees aged 12 months to 19 years eligible for this measure. A total of 91.0 percent of eligible children had an ambulatory or preventative care visit. MHW was the highest-performing MCO (91.8 percent), while AMG was the lowest (87.0 percent) (Table 8). CCW had the largest difference between its highest- and lowest-performing regions (25.8 percent), while AMG had the smallest (6.8 percent).

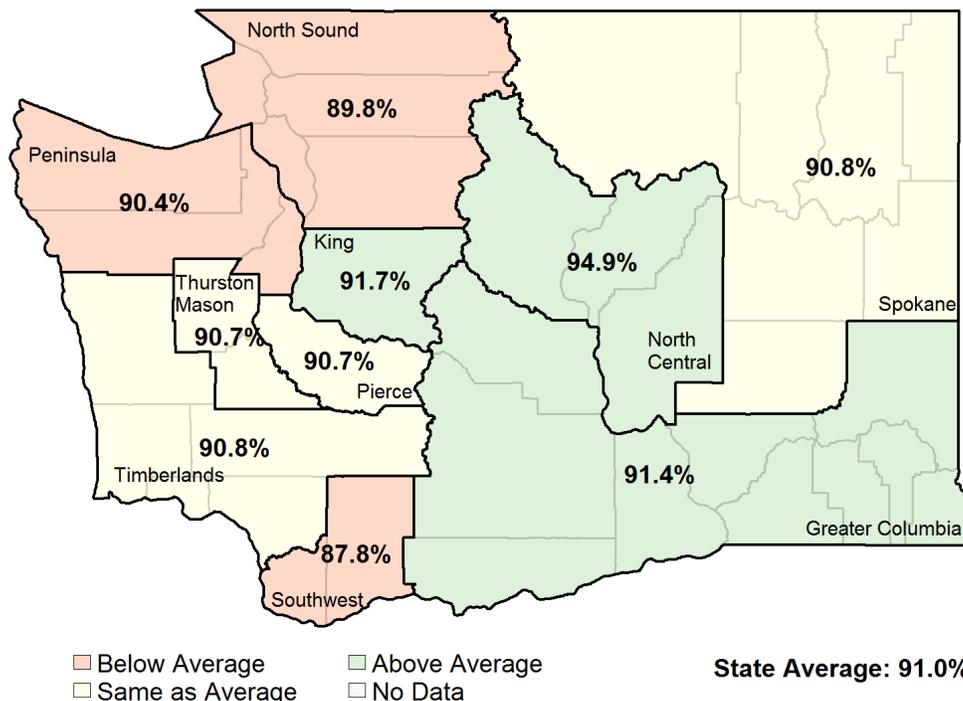
In general, lower rates suggest an access problem: children cannot access care, or parents do not understand the importance of routine care and therefore do not seek it. In either case, health plans can make a difference by increasing access or by developing systems that identify persons who need care and reaching out to them.

Table 8: Range of Regional Variation By MCO, Children's Access to Care, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	87.0%	North Sound (89.2%), Spokane (89.3%)	Pierce (82.5%)
CCW	91.1%	North Central (96.8%)	Southwest (71.0%)
CHPW	89.9%	North Central (94.3%)	Pierce (86.8%)
MHW	91.8%	North Central (95.0%)	Southwest (84.1%)
UHC	90.1%	North Sound (93.1%)	Southwest (76.9%)
All MCOs	91.0%	North Central (94.9%)	Southwest (87.8%)

Figure 8 shows the region-level results. The three southeastern regions are statistically above the state average, while the rest are either at or below the state average. Similar to the Adults' Access to Care measure, North Central was the highest-performing region (94.9 percent), while Southwest was the lowest (87.8 percent). Southwest had the largest difference between its highest- and lowest-performing MCOs (17.3 percent), while King, North Sound and Thurston-Mason had the smallest differences (5.3 percent), (5.2 percent) and (5.5 percent) (Table 9).

Figure 8: Map of Regional Variation, Children’s Access to Care, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

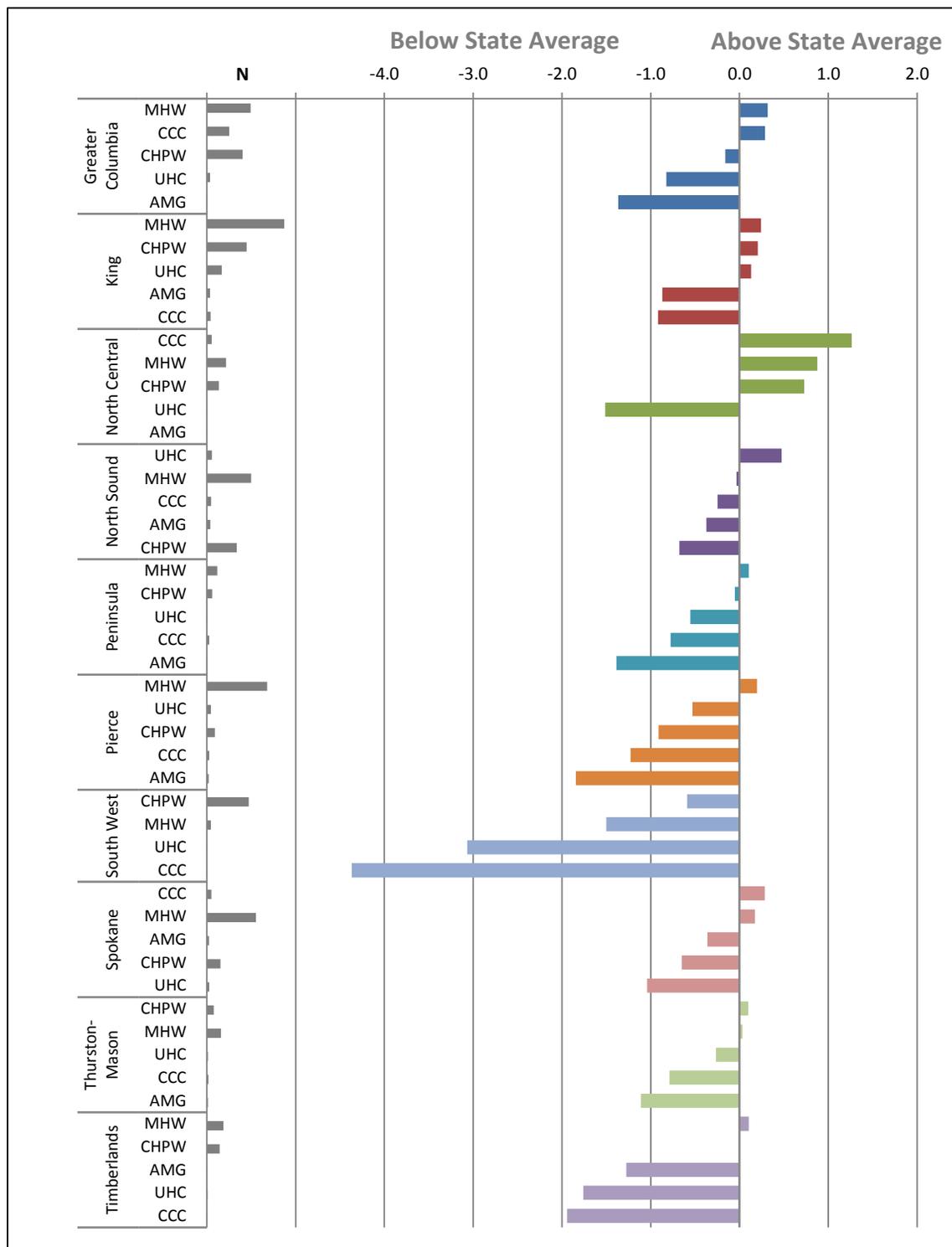
Table 9: MCO Performance Range By Region, Children’s Access to Care, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	91.4%	CCW (92.3%), MHW (92.4%)	AMG (84.7%)
King	91.7%	CHPW (91.9%), MHW (92.1%), UHC (91.6%)	AMG (87.0%), CCW (86.8%)
North Central	94.9%	CCW (96.8%)	UHC (84.0%)
North Sound	89.8%	UHC (93.1%)	CHPW (87.9%)
Peninsula	90.4%	CHPW (90.7%), MHW (91.4%)	AMG (84.6%)
Pierce	90.7%	MHW (91.9%)	AMG (82.5%)
Southwest	87.8%	CHPW (88.3%)	CCW (71.0%)
Spokane	90.8%	CCW (92.3%), MHW (91.8%)	UHC (86.2%)
Thurston-Mason	90.7%	CHPW (91.4%), MHW (91.1%)	AMG (85.9%)
Timberlands	90.8%	CHPW (91.0%), MHW (91.4%)	CCW (82.1%)
Statewide	91.0%	MHW (91.8%)	AMG (87.0%)

Only CCW in North Central (96.8 percent) performed at least one standard deviation above the state average. It covered 2,954 eligible enrollees. The two lowest-performing MCOs at the region level

performed more than three standard deviations below the state average: CCW in Southwest (71.0 percent) and UHC in Southwest (76.9 percent); however, these deviations from the state average were based on small numbers of eligible enrollees, 31 and 52 eligible enrollees, respectively. The state average was driven upward because of MHW, which had among the highest performance rates in each region and the largest number of eligible enrollees.

Figure 9: Standard Deviations from State Average By MCO By Region, Children’s Access to Care, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Preventive Care

Overview

The National Cancer Institute estimates that approximately one in eight American women will develop breast cancer in her lifetime. Early detection can lead to earlier, more successful and less invasive treatment. The most effective way to detect breast cancer when it is treatable is with a mammogram.

Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States. Approximately 3 million people are infected each year. However, it is more prevalent among adolescents and young adult women. Screening for chlamydia is essential because the majority of women who have the condition do not experience symptoms. The main objective of chlamydia screening is to prevent pelvic inflammatory disease, infertility and ectopic pregnancy, which have high rates of occurrence among women with untreated chlamydia.

Reported Measures

- **Breast Cancer Screening:** the percentage of women aged 50 to 74 years who had a mammogram within the last two years. A higher score indicates better performance for this measure.
- **Chlamydia Screening:** the percentage of sexually active women aged 16 to 24 years who have had at least one test for chlamydia. A higher score indicates better performance for this measure.

Regional Performance

Breast Cancer Screening

There were 9,527 eligible women aged 50 to 74 years during the 2015 reporting year. A total of 54.4 percent of eligible women had a mammogram within the last two years. MHW was the highest-performing MCO (58.4 percent), while AMG was the lowest (39.2 percent). CHPW had the largest difference between its highest- and lowest-performing regions (23.6 percent), while UHC had the smallest difference (8.7 percent) (

Table 10).

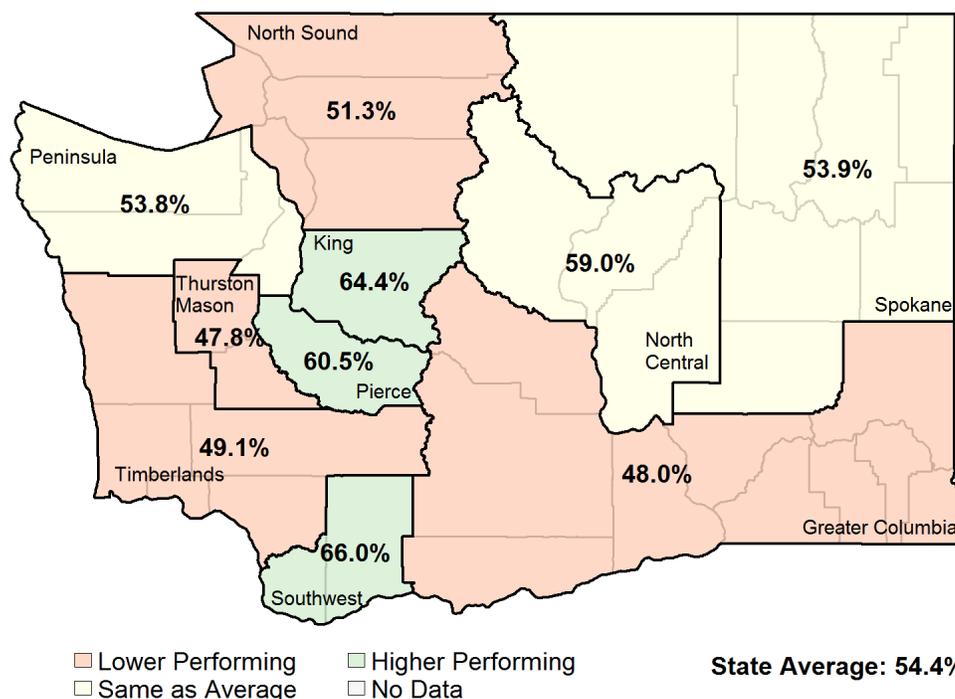
Mammography rates may be low because some women are unaware of the importance of routine mammograms, are apprehensive about the procedure, or face access barriers due to geography or scheduling difficulties. MCOs may improve mammography rates by raising patient awareness and using computerized tracking and reminder systems to support patient outreach.

Table 10: Range of Regional Variation by MCO, Breast Cancer Screening, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	39.2%	Thurston Mason (41.9%)	North Sound (31.0%)
CCW	43.6%	Peninsula (47.7%)	Thurston Mason (35.3%)
CHPW	56.1%	King (67.6%)	Spokane (44.0%)
MHW	58.4%	Spokane (64.1%)	Greater Columbia (51.9%)
UHC	41.2%	King (45.7%)	Peninsula (37.0%)
All MCOs	54.4%	Southwest (66.0%)	Greater Columbia (48.0%), Thurston-Mason (47.8%)

Figure 10 shows the region-level results. King, Pierce and Southwest were statistically above the state average; Greater Columbia, North Sound, Thurston-Mason and Timberlands were statistically below; and the rest were at the state average. As the urban areas appear to have higher rates, there may be difficulties accessing Apple Health-covered mammography services in rural areas of the state. Southwest was the highest-performing region (66.0 percent), while Greater Columbia (48.0 percent) and Thurston-Mason (47.8 percent) were the lowest. In Southwest, only CHPW had at least 30 enrollees who were eligible for this measure. Excluding Southwest, Spokane had the largest difference between its highest- and lowest-performing MCOs (24.8 percent), while Pierce had the smallest difference (4.9 percent) (Table 11).

Figure 10: Map of Regional Variation, Breast Cancer Screening, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

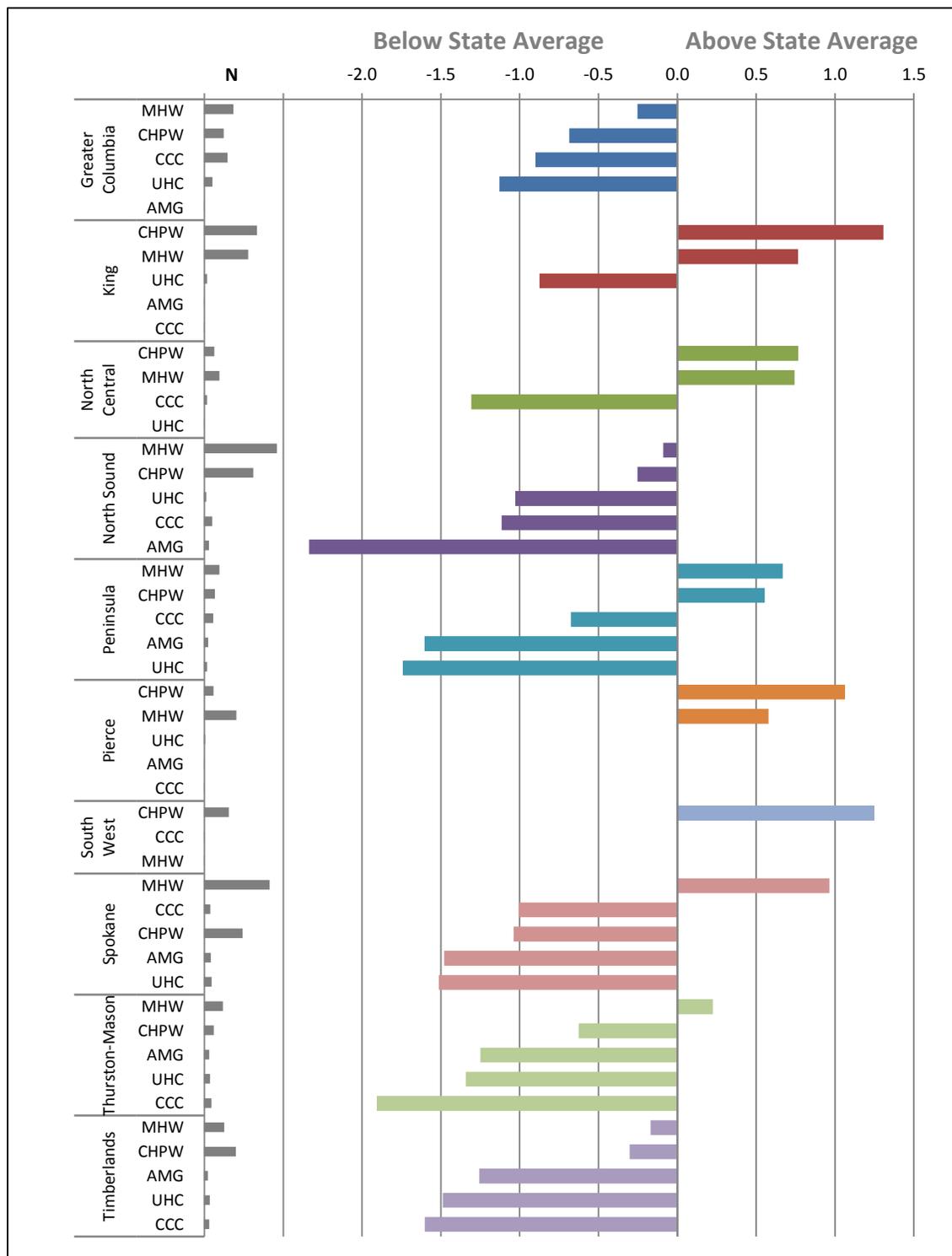
Table 11: MCO Performance Range By Region, Breast Cancer Screening, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	48.0%	MHW (51.9%)	UHC (43.1%)
King	64.4%	CHPW (67.6%)	UHC (45.7%)
North Central	59.0%	CHPW (62.1%), MHW (61.9%)	CCW (41.3%)
North Sound	51.3%	MHW (53.5%)	AMG (31.0%)
Peninsula	53.8%	MHW (61.1%)	UHC (37.0%)
Pierce	60.5%	CHPW (65.1%)	MHW (60.2%)
Southwest	66.0%	CHPW (67.0%)	I
Spokane	53.9%	MHW (64.1%)	UHC (39.3%)
Thurston-Mason	47.8%	MHW (56.7%)	CCW (35.3%)
Timberlands	49.1%	MHW (52.7%)	CCW (38.4%)
Statewide	54.4%	MHW (58.4%)	AMG (39.2%)

* I indicates that all the MCOs had fewer than 30 eligible enrollees for the region. Only MCOs with at least 30 eligible enrollees for the region were considered for the highest- and lowest-performing MCO.

CHPW in King (67.6 percent), CHPW in Pierce (65.1 percent), and CHPW in Southwest (67.0 percent) performed at least one standard deviation above the state average. They provided care for 712, 129 and 336 eligible enrollees, respectively. Fifteen MCOs at the region level performed at least one standard deviation below the state average. AMG in North Sound (31.0 percent) performed at least two standard deviations below and provided care for 71 eligible patients (Figure 11).

Figure 11: Standard Deviations from State Average By MCO By Region, Breast Cancer Screening, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Chlamydia Screening

There were 30,487 women aged 16 to 24 years eligible for chlamydia screening in the 2015 reporting year. A total of 51.2 percent had at least one chlamydia test. CCW was the highest-performing MCO (54.5 percent), while UHC was the lowest (45.0 percent). CCW had the largest difference between its highest- and lowest-performing regions (22.2 percent), while AMG and MHW had the smallest difference at approximately 12 percent (Table 12).

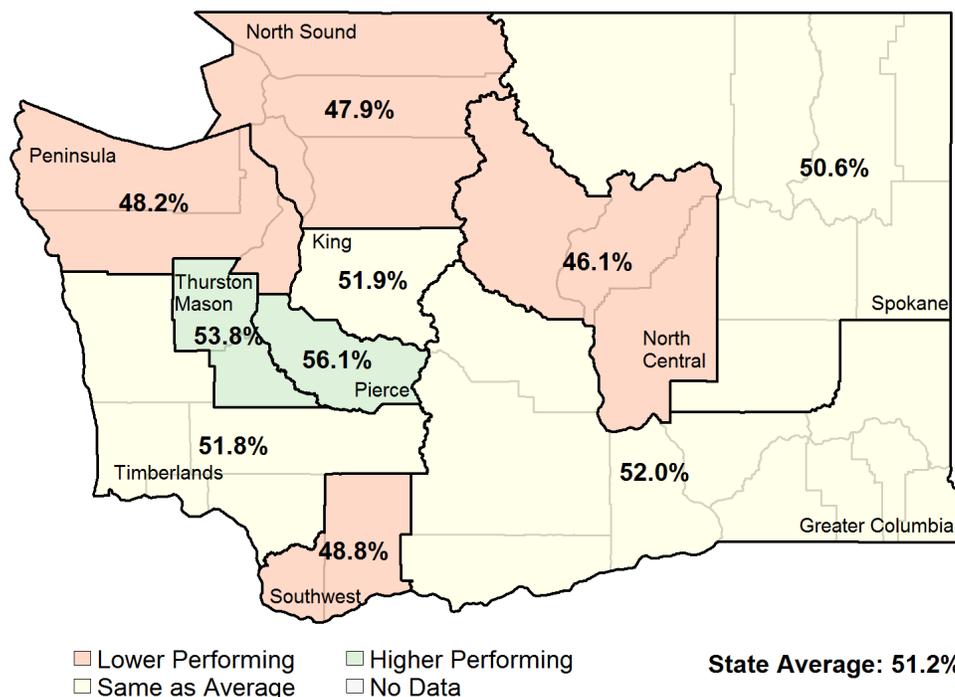
Table 12: Range of Regional Variation By MCO, Chlamydia Screening, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	49.7%	Greater Columbia (53.0%)	Thurston Mason (41.0%)
CCW	54.5%	Pierce (62.1%)	Peninsula (39.9%)
CHPW	49.7%	Thurston Mason (58.6%)	North Central (43.7%)
MHW	52.8%	Pierce (57.2%)	North Central (45.0%)
UHC	45.0%	Timberlands (53.2%)	North Sound (39.8%)
All MCOs	51.2%	Pierce (56.1%)	North Central (46.1%)

Pierce was the highest-performing region (56.1 percent), while North Central was the lowest (46.1 percent). Thurston-Mason has the largest difference between its highest- and lowest-performing MCO (17 percent), while Southwest had the smallest difference (0.4 percent) (Table 13).

Figure 12 shows the region-level results. Pierce and Thurston-Mason were statistically above the state average; North Sound, Peninsula, North Central and Southwest were statistically below; and the rest were at the state average. Pierce was the highest-performing region (56.1 percent), while North Central was the lowest (46.1 percent). Thurston-Mason has the largest difference between its highest- and lowest-performing MCO (17 percent), while Southwest had the smallest difference (0.4 percent) (Table 13).

Figure 12: Map of Regional Variation, Chlamydia Screening, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

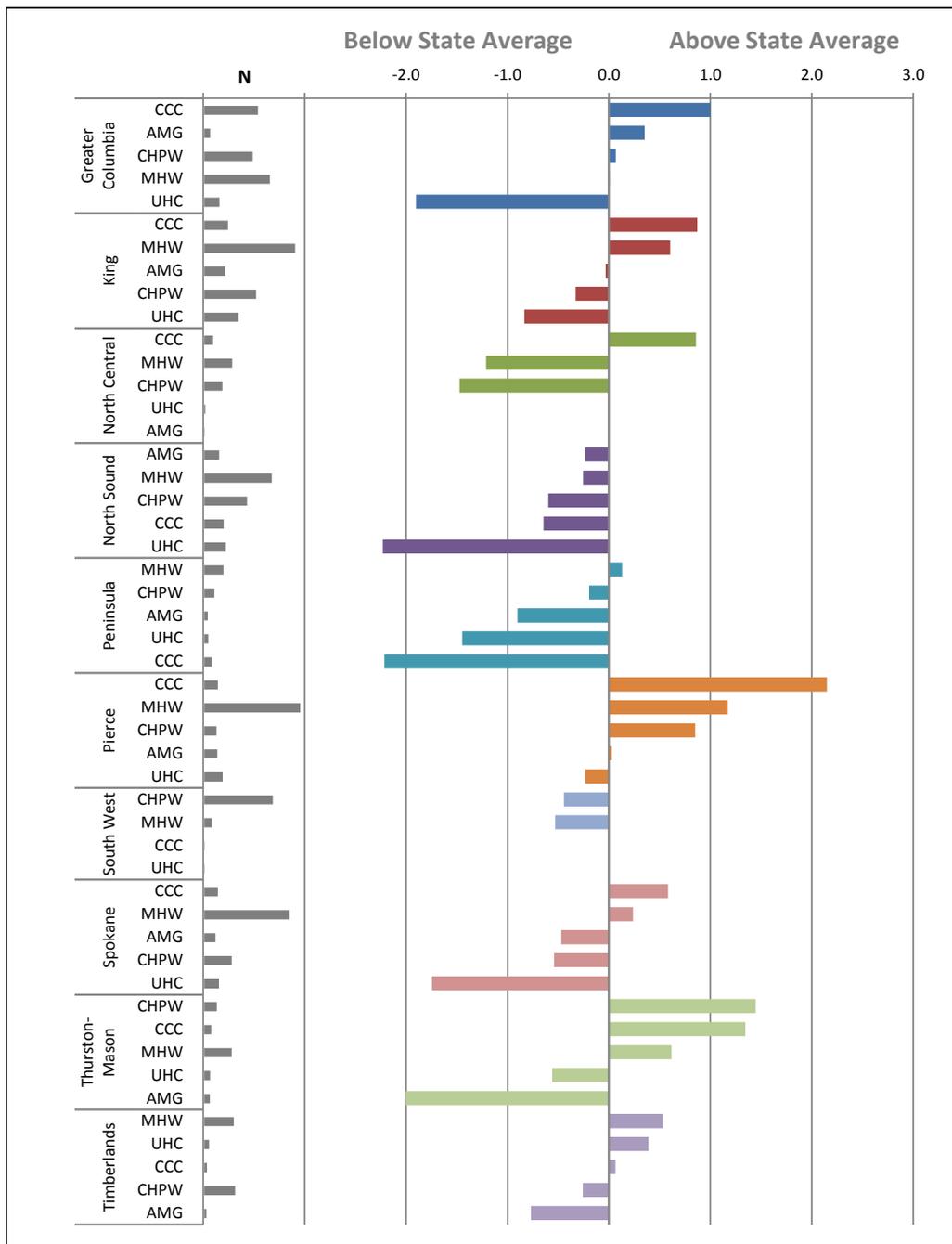
Table 13: MCO Performance Range By Region, Chlamydia Screening, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	52.0%	CCW (56.3%)	UHC (41.5%)
King	51.9%	CCW (55.6%)	UHC (46.9%)
North Central	46.1%	CCW (55.6%)	CHPW (43.7%)
North Sound	47.9%	AMG (50.0%), MHW (49.9%)	UHC (39.8%)
Peninsula	48.2%	MHW (51.8%)	CCW (39.9%)
Pierce	56.1%	CCW (62.1%)	UHC (50.0%)
Southwest	48.8%	CHPW (48.9%)	MHW (48.5%)
Spokane	50.6%	CCW (54.2%)	UHC (42.3%)
Thurston-Mason	53.8%	CHPW (58.6%)	AMG (41.0%)
Timberlands	51.8%	MHW (53.9%)	AMG (47.3%)
Statewide	51.2%	CCW (54.5%)	UHC (45.0%)

CCW in Pierce (62.1 percent) performed at least two standard deviations above the state average and provided care for 346 eligible enrollees. UHC in North Sound (39.8 percent), CCW in Peninsula (39.9

percent) and AMG in Thurston-Mason (41.0 percent) performed at least two standard deviations below the state average and provided care for 555, 198 and 144 eligible enrollees, respectively (Figure 13).

Figure 13: Standard Deviations from State Average By MCO By Region, Chlamydia Screening, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Chronic Care Management

Overview

Effective chronic condition management slows the progression of many chronic diseases. These services are of particular importance for Medicaid enrollees, who are more likely than individuals in the commercial insurance market to face socioeconomic risk factors that may make them more susceptible to developing serious chronic conditions. Additionally, good monitoring and follow-up of chronic conditions may reduce costs associated with caring for individuals with advanced or recurrent disease.

Reported Measures

- **Antidepressant Medication Management:** Contains two measures that assess successful pharmacological management of major depression for patients 18 years or older with new episodes of major depression who were treated with antidepressant medication.
 - **Acute Treatment Phase:** the percentage of enrollees who remained on an antidepressant medication during the entire 84-day Acute Treatment Phase. A higher score indicates better performance for this measure.
 - **Continuation Phase:** the percentage of enrollees who remained on an antidepressant medication for the 180-day Continuation Phase. A higher score indicates better performance for this measure.
- **Follow-Up Care for Children Prescribed ADHD Medications:** Contains two measures that assess appropriate management of ADHD for patients aged 6 to 12 years at the Index Prescription Start Date with an ambulatory prescription dispensed for ADHD medication.
 - **Initiation Phase:** the percentage of enrollees who had at least one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. A higher score indicates better performance for this measure.
 - **Continuation Phase:** the percentage of enrollees who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits within 270 days (9 months) after the Initiation Phase ended. A higher score indicates better performance for this measure.

Regional Performance

Antidepressant Medication Management, Acute Treatment Phase

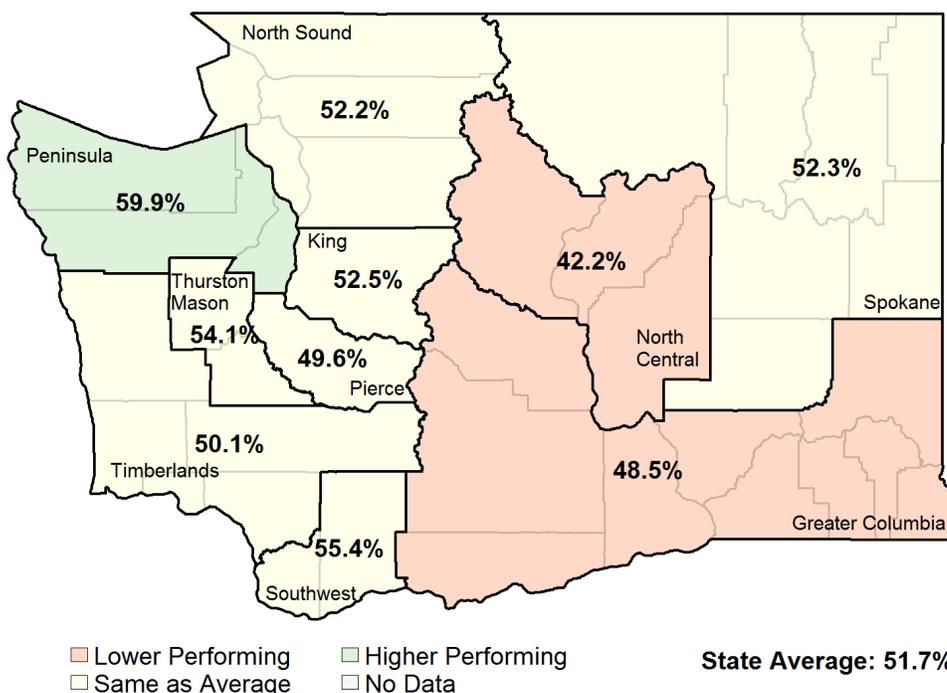
There were 9,767 enrollees aged 18 years or older who had a new episode of major depression and were treated with an antidepressant medication during the 2015 reporting year. A total of 51.7 percent of eligible enrollees remained on the medication for the entire 84-day Acute Treatment Phase. AMG was the highest-performing MCO (58.0 percent), while MHW was the lowest (48.4 percent). CCW had the largest difference between its highest- and lowest-performing regions (23.9 percent), while AMG had the smallest difference (14.2 percent) (Table 14).

Table 14: Range of Regional Variation By MCO, Acute Antidepressant Management, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	58.0%	Thurston Mason (65.0%)	North Sound (50.8%)
CCW	52.6%	Peninsula (63.5%)	North Central (39.6%)
CHPW	52.3%	Peninsula (56.9%)	North Central (41.7%)
MHW	48.4%	Peninsula (61.1%)	North Central (42.9%)
UHC	57.2%	North Sound (64.6%)	Timberlands (48.0%)
All MCOs	51.7%	Peninsula (59.9%)	North Central (42.2%)

Figure 14 shows the region-level results. Peninsula was the highest-performing region (59.9 percent), while North Central was the lowest (42.2 percent). North Sound had the largest difference between its highest- and lowest-performing MCOs (17.9 percent), while Southwest has the smallest difference (1.9 percent) (Table 15).

Figure 14: Map of Regional Variation, Acute Antidepressant Management, 2015 RY



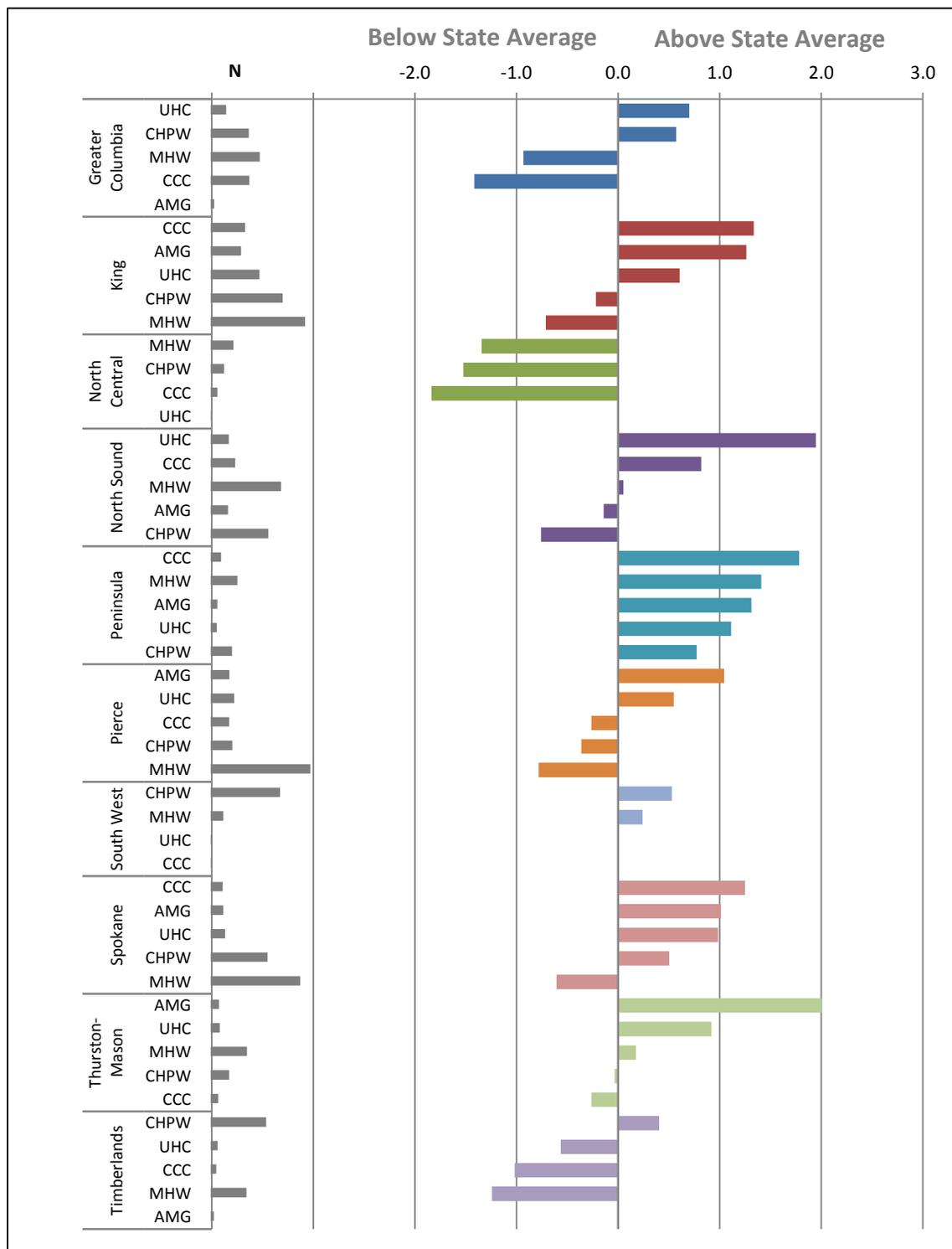
*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

Table 15: MCO Performance Range By Region, Acute Antidepressant Management, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	48.5%	CHPW (55.5%), UHC (56.4%)	CCW (42.4%)
King	52.5%	CCW (60.6%)	MHW (47.0%)
North Central	42.2%	MHW (42.9%)	CCW (39.6%)
North Sound	52.2%	UHC (64.6%)	CHPW (46.7%)
Peninsula	59.9%	CCW (63.5%)	CHPW (56.9%)
Pierce	49.6%	AMG (58.6%)	MHW (46.6%)
Southwest	55.4%	CHPW (55.2%)	MHW (53.3%)
Spokane	52.3%	CCW (60.0%)	MHW (47.7%)
Thurston-Mason	54.1%	AMG (65.0%)	CCW (50.0%)
Timberlands	50.1%	CHPW (54.4%)	MHW (43.5%)
Statewide	51.7%	AMG (58.0%)	MHW (48.4%)

Nine MCOs at the region level performed at least one standard deviation above the state average. AMG in Thurston-Mason (65.0 percent) performed at least two standard deviations above the state average and provided care for 60 eligible enrollees. Six MCOs at the region level performed at least one standard deviation below the state average. They were CCW in Greater Columbia (42.4 percent), MHW in North Central (42.9 percent), CHPW in North Central (41.7 percent), CCW in North Central (39.6 percent), CCW in Timberlands (45.0 percent) and MHW in Timberlands (43.5 percent). They provided care for 276, 161, 96, 48, 40 and 255 eligible patients, respectively.

Figure 15: Standard Deviations from State Average By MCO By Region, Acute Antidepressant Management 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Antidepressant Medication Management, Continuation Phase

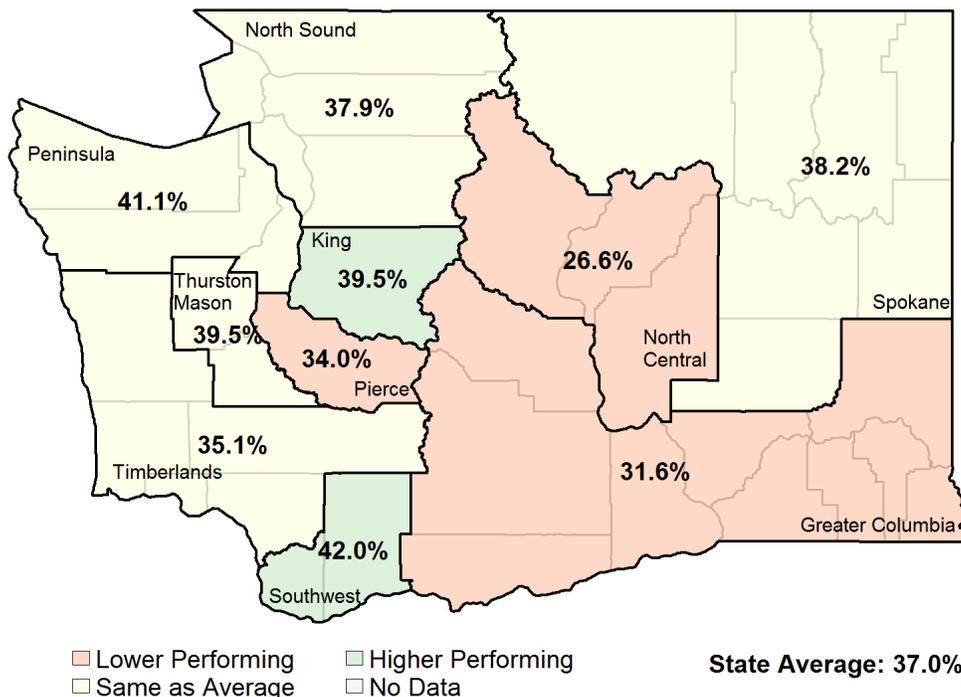
There were 9,767 enrollees aged 18 years or older who had a new episode of major depression and were treated with an antidepressant medication during the 2015 reporting year. A total of 37.0 percent of eligible enrollees remained on the medication for the entire 180-day Continuation Phase. AMG was the highest-performing MCO (44.4 percent), while MHW was the lowest (33 percent). CCW had the largest difference between its highest- and lowest-performing regions (17.1 percent), while AMG had the smallest difference (11.6 percent) (Table 16).

Table 16: Range of Regional Variation By MCO, Continuation Antidepressant Management, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	44.4%	King (49.1%)	Peninsula (37.5%)
CCW	38.5%	King (46.3%)	North Central (22.9%)
CHPW	38.0%	Peninsula (42.5%), Southwest (42.3%)	North Central (29.2%)
MHW	32.8%	Peninsula (41.1%)	North Central (25.5%)
UHC	43.0%	North Sound (48.5%), Thruston-Mason (48.4%)	Timberlands (34.0%)
All MCOs	37.0%	Southwest (42.0%)	North Central (26.6%)

Figure 16 shows the region-level results. Unlike the previous antidepressant management measure, King and Southwest were statistically above the state average, three southeast regions were statistically below, and the rest were at the state average. Southwest was the highest-performing region (42.0 percent), while North Central was the lowest (26.6 percent). King has the largest difference between its highest- and lowest-performing MCO (15.6 percent), while Southwest had the smallest difference (3.4 percent) (Table 17).

Figure 16: Map of Regional Variation, Continuation Antidepressant Management, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

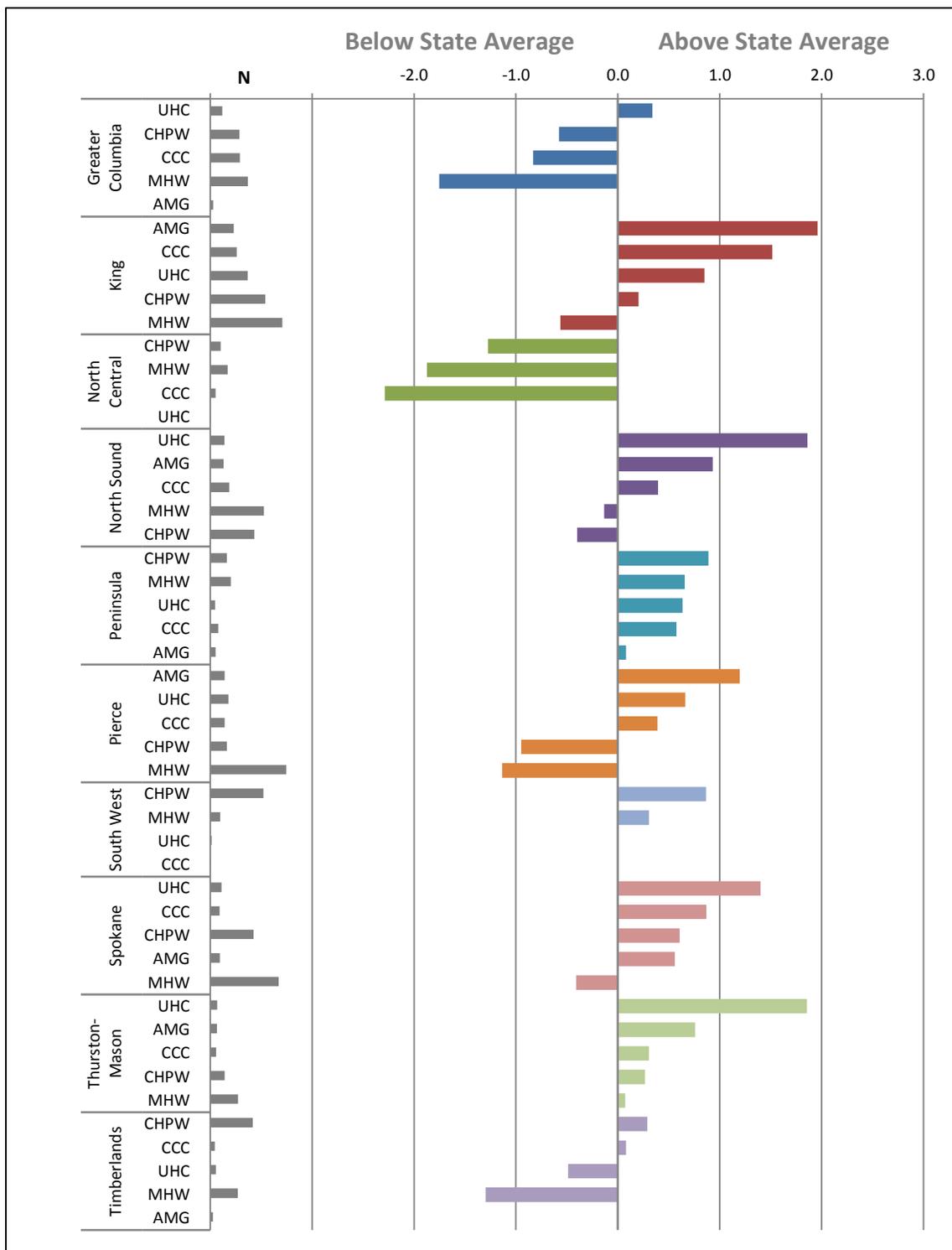
Table 17: MCO Performance Range By Region, Continuation Antidepressant Management, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	31.6%	UHC (39.1%)	MHW (26.2%)
King	39.5%	AMG (49.1%)	MHW (33.5%)
North Central	26.6%	CHPW (29.2%)	CCW (22.9%)
North Sound	37.9%	UHC (48.5%)	CHPW (34.5%)
Peninsula	41.1%	CHPW (42.5%)	AMG (37.5%)
Pierce	34.0%	AMG (44.4%)	MHW (30.0%)
Southwest	42.0%	CHPW (42.3%)	MHW (38.9%)
Spokane	38.2%	UHC (45.6%)	MHW (34.5%)
Thurston-Mason	39.5%	UHC (48.4%)	MHW (37.5%)
Timberlands	35.1%	CHPW (38.8%)	MHW (29.0%)
Statewide	37.0%	AMG (44.4%)	MHW (32.8%)

Six MCOs at the region level performed at least one standard deviation above the state average. They were AMG in King (49.1 percent), CCW in King (46.3 percent), UHC in North Sound (48.5 percent), AMG

in Pierce (44.4 percent), UHC in Spokane (45.6 percent) and UHC in Thurston-Mason (48.4 percent). They provided care for 218, 246, 130, 133,103 and 64 patients, respectively. Six MCOs at the region level performed at least one standard deviation below the state average. They were MHW in Greater Columbia (26.2 percent), CHPW in North Central (29.2 percent), MHW in North Central (25.5 percent), CCW in North Central (22.9 percent), MHW in Pierce (30.0 percent) and MHW in Timberlands (29.0 percent).

Figure 17: Standard Deviations from State Average By MCO By Region, Continuation Antidepressant Management, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Follow-up Care for Children Prescribed ADHD Medication, Initiation Phase

There were 4,807 enrollees aged 18 years or older who had a new episode of major depression and were treated with an antidepressant medication during the 2015 reporting year. A total of 37.7 percent of eligible enrollees had at least one follow-up visit with a practitioner during the 30-day Initiation Phase. CCW was the highest-performing MCO (42.4 percent), while UHC was the lowest (29.6 percent). In the case of AMG, the “I” indicates that all the regions had fewer than 30 patients and in the case of CCW, there were two regions with approximately 42 percent and the rest of the regions had fewer than 30 patients. CHPW had the largest difference between its highest- and lowest-performing regions (49.2 percent), while UHC has the smallest difference (8.8 percent) (Table 18).

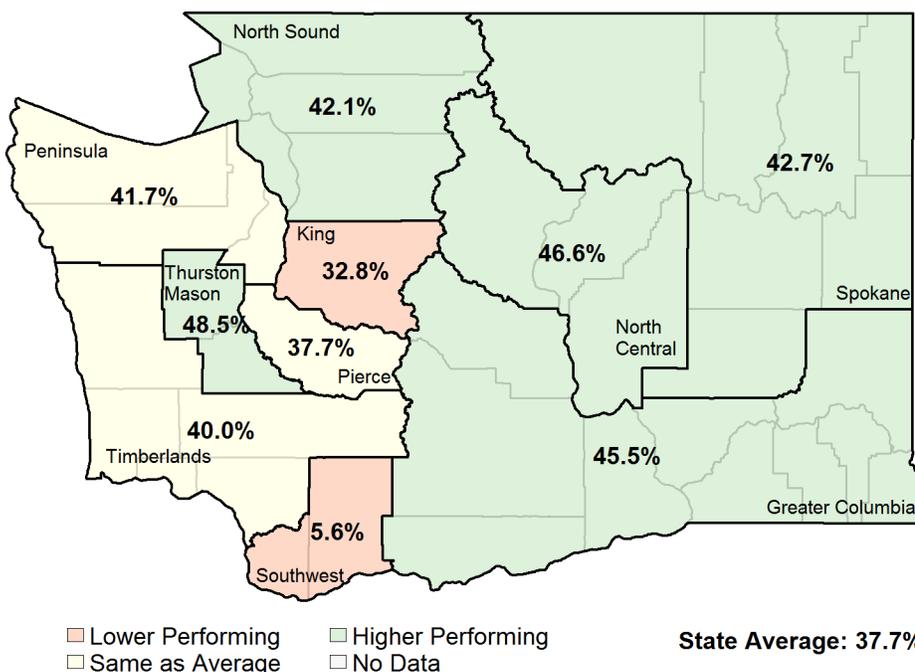
Table 18: Range of Regional Variation by MCO, ADHD Medication Initiation Follow-up, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	36.4%	I	I
CCW	42.4%	Greater Columbia (42.4%), North Sound (42.4%)	I
CHPW	30.5%	North Central (52.6%)	Southwest (3.4%)
MHW	41.3%	Greater Columbia (48.1%)	Southwest (30.6%)
UHC	29.6%	King (31.0%)	Pierce (22.2%)
All MCOs	37.7%	Thurston Mason (48.5%)	Southwest (5.6%)

* I indicates that all MCOs had fewer than 30 eligible enrollees for the region. Only MCOs with at least 30 eligible enrollees for the region were considered for the highest- and lowest-performing MCO.

Figure 18 shows the region-level results. The Southeast regions and Thurston-Mason were statistically above the state average; King and Southwest were statistically below, and the rest were at the state average. Thurston-Mason was the highest-performing region (48.5 percent), while Southwest was the lowest (5.6 percent). Southwest had the largest difference between its highest- and lowest-performing MCOs (27.2 percent), while North Sound, Peninsula and Timberlands had the smallest difference of approximately 2 percent. CCW had two regions with approximately the same rate (42 percent), while the other three organizations had fewer than 30 eligible enrollees (Table 19).

Figure 18: Map of Regional Variation, ADHD Medication Initiation Follow-up, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

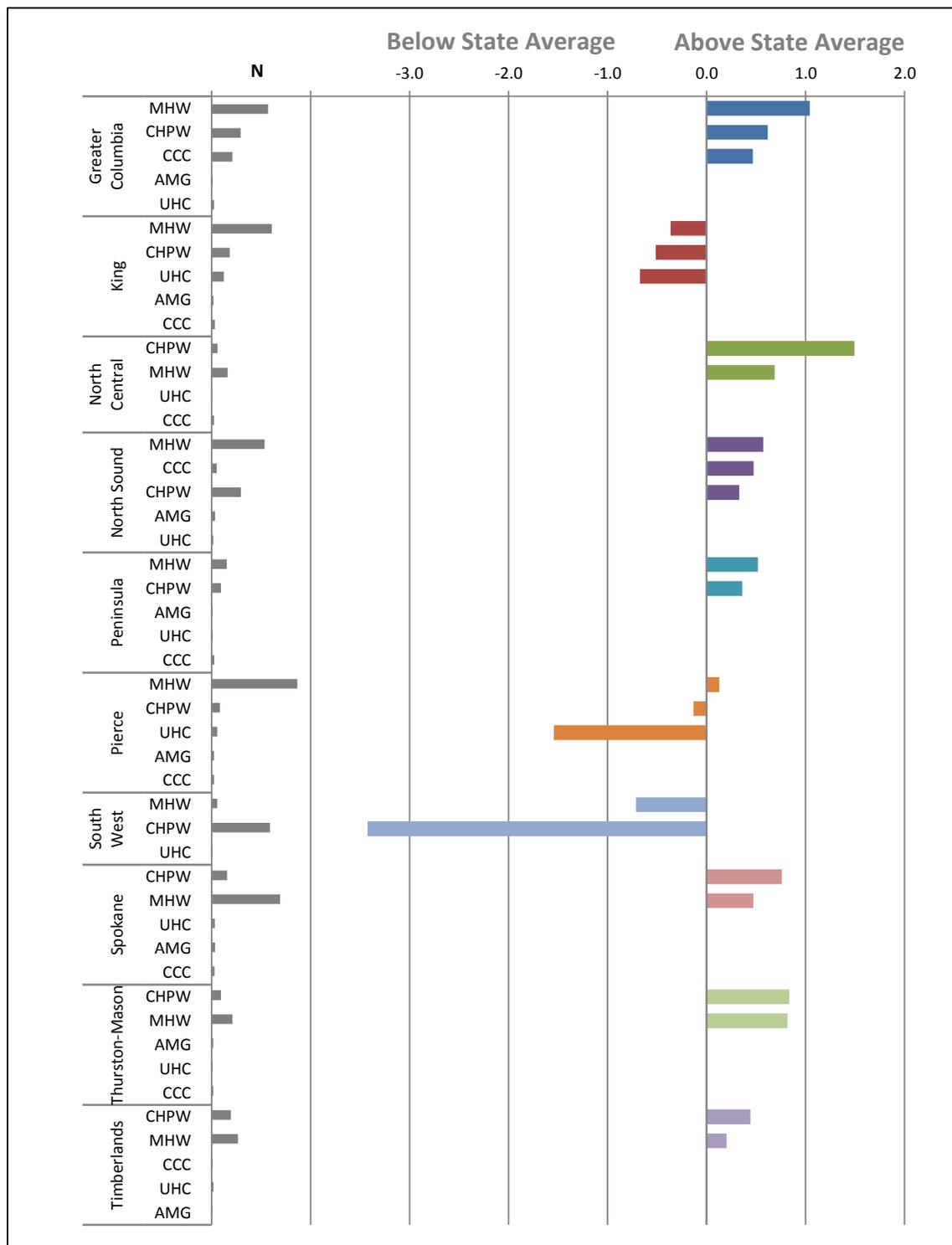
Table 19: MCO Performance Range By Region, ADHD Medication Initiation Follow-up, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	45.5%	MHW (48.1%)	CCW (42.4%)
King	32.8%	MHW (34.0%)	UHC (31.0%)
North Central	46.6%	CHPW (52.6%)	MHW (44.5%)
North Sound	42.1%	MHW (43.4%)	CHPW (41.0%)
Peninsula	41.7%	MHW (42.9%)	CHPW (41.3%)
Pierce	37.7%	MHW (39.0%)	UHC (22.2%)
Southwest	5.6%	MHW (30.6%)	CHPW (3.4%)
Spokane	42.7%	CHPW (45.3%)	MHW (42.4%)
Thurston-Mason	48.5%	I	CHPW (46.0%), MHW (45.8%)
Timberlands	40.0%	CHPW (42.1%)	MHW (39.7%)
Statewide	37.7%	CCW (42.4%)	UHC (29.6%)

* I indicates that all the MCOs had fewer than 30 eligible enrollees for the region. Only MCOs with at least 30 eligible enrollees for the region were considered for the highest- and lowest-performing MCO. Note: CHPW and MHW were the only MCOs with adequate sample sizes for inclusion in the table; however, the regional average includes all MCO enrollees in the region.

MHW in Greater Columbia (48.1 percent) and CHPW in North Central (52.6 percent) performed at least one standard deviation above the state average. They provided care for 397 and 38 eligible enrollees, respectively. UHC in Pierce (22.2 percent) performed at least one standard deviation below the state average, while CHPW in Southwest (3.4 percent) performed at least three standards below. They provided care for 36 and 410 patients, respectively. CHPW is a clear outlier in Southwest and largely drives the rate in that region, as it has the majority of eligible enrollees compared to other MCOs (Figure 19).

Figure 19: Standard Deviations from State Average By MCO By Region, ADHD Medication Initiation Follow-up, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Follow-up Care for Children Prescribed ADHD Medication, Continuation Phase

There were 1,528 enrollees aged 6 to 12 years old with an ambulatory prescription dispensed for ADHD medication and a visit in the 30-day Initiation Phase during the 2015 reporting year. A total of 39.1 percent of eligible enrollees remained on medication for at least 210 days and had at least two follow-up visits within 270 days after the Initiation Phase ended. MHW was the highest-performing MCO (44.1 percent), while CHPW was the lowest (30.0 percent). In the case of AMG and UHC, the “I” indicates that all the regions had fewer than 30 eligible enrollees but the organization had at least 30 eligible enrollees in the state. CCW had one region with at least 30 eligible enrollees, which was Greater Columbia (40.5 percent). CHPW had the largest difference between its highest- and lowest-performing regions (50.7 percent), while MHW had the smallest difference (23.8 percent) (Table 20).

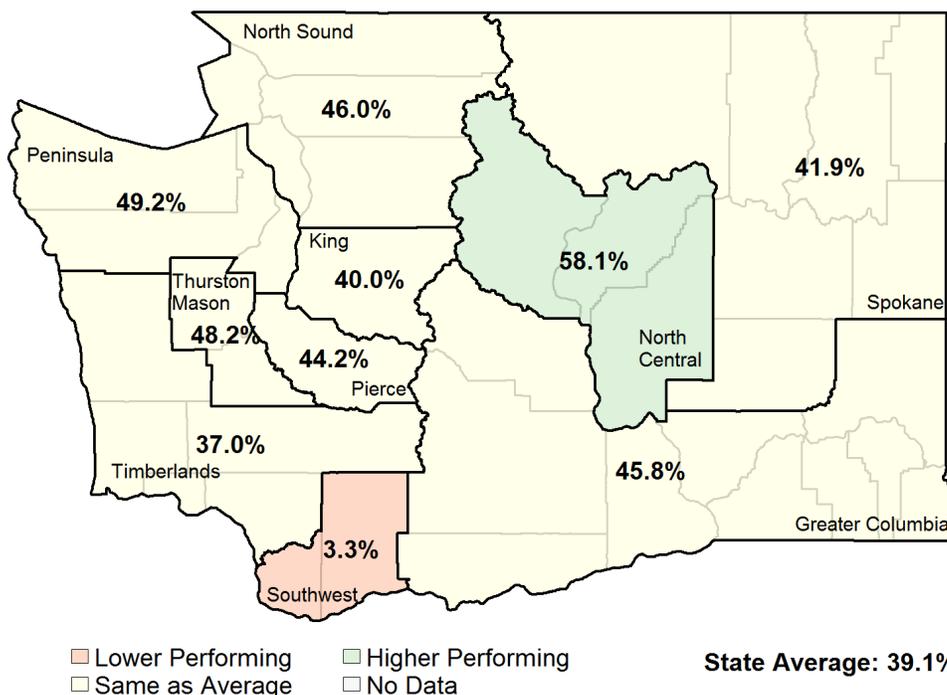
Table 20: Range of Regional Variation By MCO, ADHD Medication Continuation Follow-up, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	35.5%	I	I
CCW	40.6%	Greater Columbia (40.5%)	I
CHPW	30.0%	North Sound (53.6%)	Southwest (2.9%)
MHW	44.1%	North Central (54.8%)	Timberlands (31.0%)
UHC	32.8%	I	I
All MCOs	39.1%	North Central (58.1%)	Southwest (3.3%)

* I indicates that all the MCOs had fewer than 30 eligible enrollees for the region. Only MCOs with at least 30 eligible enrollees for the region were considered for the highest- and lowest-performing MCO.

Figure 20 shows the region-level results. North Central was statistically above the state average, Southwest was statistically below, and the rest were at the state average. North Central was the highest-performing region (58.1 percent), while Southwest was the lowest (3.3 percent). There were only 15 MCOs at the region level that had at least 30 eligible enrollees for this measure. Among the regions with at least two different MCOs, Timberlands had the largest difference between its highest- and lowest-performing MCO (15.4 percent), while Greater Columbia and Spokane had the smallest difference of approximately 7 percent (Table 21).

Figure 20: Map of Regional Variation, ADHD Medication Continuation Follow-up, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

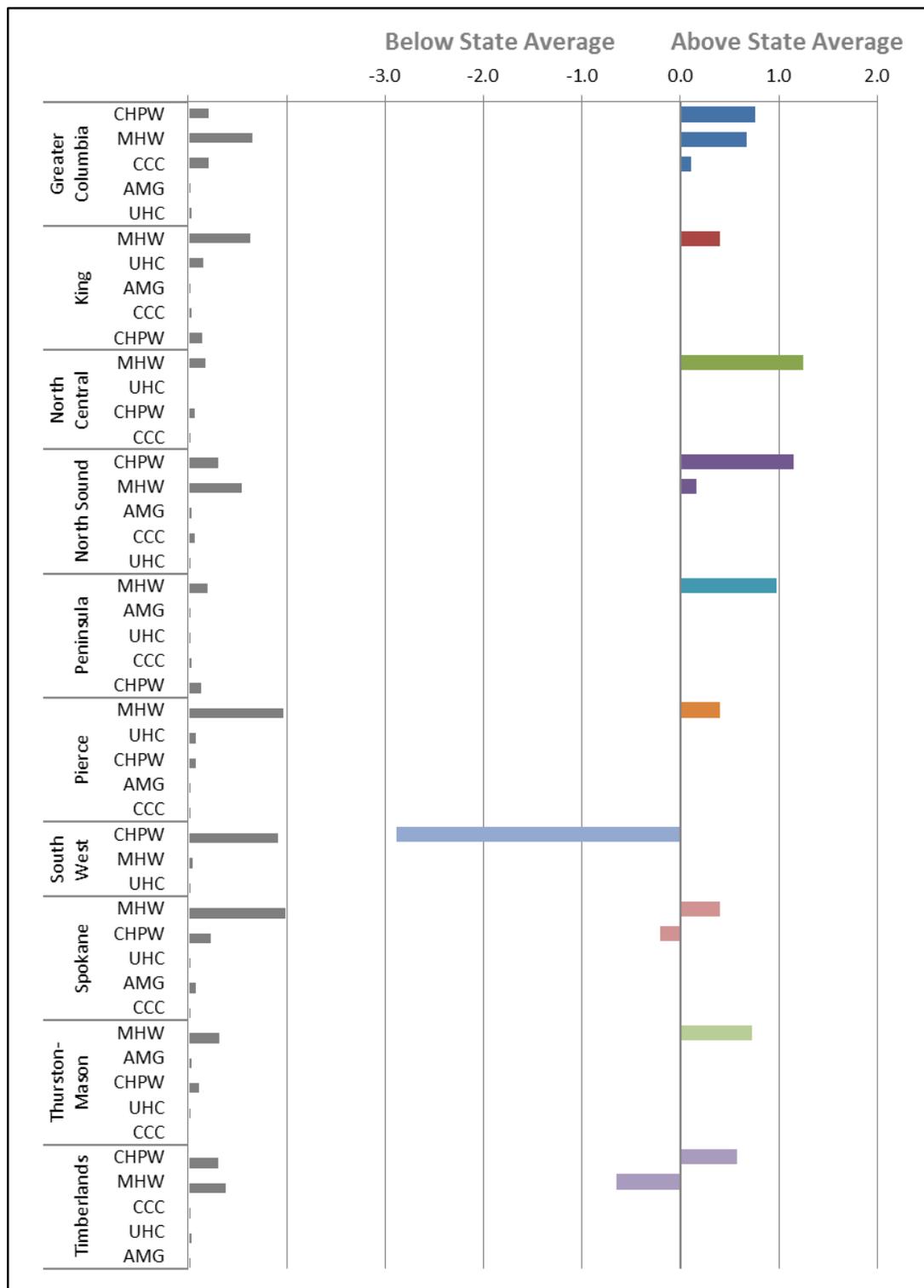
Table 21: MCO Performance Range By Region, ADHD Medication Continuation Follow-up, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	45.8%	CHPW (48.6%)	CCW (40.5%)
King	40.0%	MHW (44.2%)	I
North Central	58.1%	MHW (54.8%)	I
North Sound	46.0%	CHPW (53.6%)	MHW (41.2%)
Peninsula	49.2%	MHW (51.4%)	I
Pierce	44.2%	MHW (44.3%)	I
Southwest	3.3%	CHPW (2.9%)	I
Spokane	41.9%	MHW (44.1%)	CHPW (36.6%)
Thurston-Mason	48.2%	MHW (48.3%)	I
Timberlands	37.0%	CHPW (46.4%)	MHW (31.0%)
Statewide	39.1%	MHW (44.1%)	CHPW (30.0%)

* I indicates that all the MCOs had fewer than 30 eligible enrollees for the region. Only MCOs with at least 30 eligible enrollees for the region were considered for the highest- and lowest-performing MCO.

MHW in North Central (54.8 percent) and CHPW in North Sound (53.6 percent) performed at least one standard deviation above the state average. They provided care for 31 and 56 eligible enrollees, respectively. CHPW in Southwest (2.9 percent) performed at least two standards below and provided care for 174 eligible patients (Figure 21).

Figure 21: Standard Deviations from State Average By MCO By Region, ADHD Medication Continuation Follow-up, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Medical Care Utilization

Overview

The cost of healthcare is growing at an unsustainable rate. Health spending per capita grew by 5 percent in 2014 after five years of slowed growth in the wake of the economic downturn.² While the costs of insuring the Medicaid expansion population are currently covered in full by the Federal government, Washington State will begin assuming more of these costs in future years, beginning with 10 percent of costs in 2017. Limiting cost growth while maximizing health coverage is essential for the program to be sustainable. Two important ways of controlling costs include preventing wasteful services and reducing unnecessary inpatient admissions.

Preventing Wasteful Services

The Institute of Medicine estimated that in 2010, approximately one-third of medical spending in the United States (\$750 billion) was spent on services that did not improve health.³ This includes \$210 billion in unnecessary services. Seventy-two percent of physicians say they believe the average medical doctor prescribes an unnecessary test or procedure at least once per week.⁴ The American Board of Internal Medicine (ABIM) has developed the Choosing Wisely[®] campaign to identify and educate providers on tests or procedures that may be of little value. The Washington Health Alliance publishes an annual report on geographic and provider trends on several of these measures.⁵ In this report we include MCO performance on one Choosing Wisely measure. Additional information on MCO performance on two additional Choosing Wisely[®] measures can be found in the companion *Comparative Analysis Report*.

Reducing Inpatient Admissions

Nearly one-third of all healthcare spending in the United States is spent on inpatient care.⁶ Research suggests that nearly 10 percent of all inpatient stays would be potentially avoidable with better outpatient monitoring of chronic conditions or better outpatient access to after-hours care for acute conditions.⁷ There may be opportunities to lower costs and improve the care provided to Apple Health enrollees through enhanced outpatient access and reduced readmissions within 30 days.

Reported Measures

- Avoidance of Inappropriate Care:
 - Appropriate Treatment for Children with Upper Respiratory Infections: the percentage of children aged 3 months to 18 years with a diagnosis of upper respiratory infection who were not dispensed an antibiotic within three days of diagnosis. Specifically, this measure reports the proportion of eligible children for whom antibiotics were not prescribed. A higher score indicates better performance.
- Ambulatory Care Utilization
 - Outpatient Visits per 1,000 Member Months: This measure summarizes the number of outpatient visits per 1,000 member months. The formula for this calculation is (total number of outpatient visits/total member months) x 1,000. A higher score indicates better performance for this measure.
 - Emergency Department Visits per 1,000 Member Months: This measure summarizes the number of emergency department visits per 1,000 member months. The formula for this calculation is (total number of emergency department visits/total member months) x 1,000. A lower score indicates better performance for this measure.

- Inpatient Utilization
 - Inpatient Discharges per 1,000 Member Months: This measure summarizes the total number of discharges for acute care per 1,000 member months. The formula for this calculation is (total inpatient acute care discharges/total member months) x 1,000. Discharges for mental health, chemical dependency, newborns and non-acute medical care are excluded. A lower score indicates better performance for this measure.
 - All-Cause Readmissions: This measure reports the number of acute inpatient stays during the measurement year, for enrollees aged 18 and older, that were followed by an acute readmission for any diagnosis within 30 days. A lower score indicates better performance for this measure.

Regional Performance

Appropriate Treatment for Children With Upper Respiratory Infections

There were 43,445 eligible children aged 3 months to 18 years who were diagnosed with an upper respiratory infection during the 2015 reporting year. A total of 92.6 percent of eligible children were not prescribed an antibiotic within three days. AMG (92.5 percent), CHPW (93.0 percent) and MHW (92.8 percent) were the highest-performing MCOs, while UHC was the lowest (90.8 percent). UHC had the largest difference between its highest- and lowest-performing regions (17.6 percent), while CHPW has the smallest difference (8.0 percent) (Table 22).

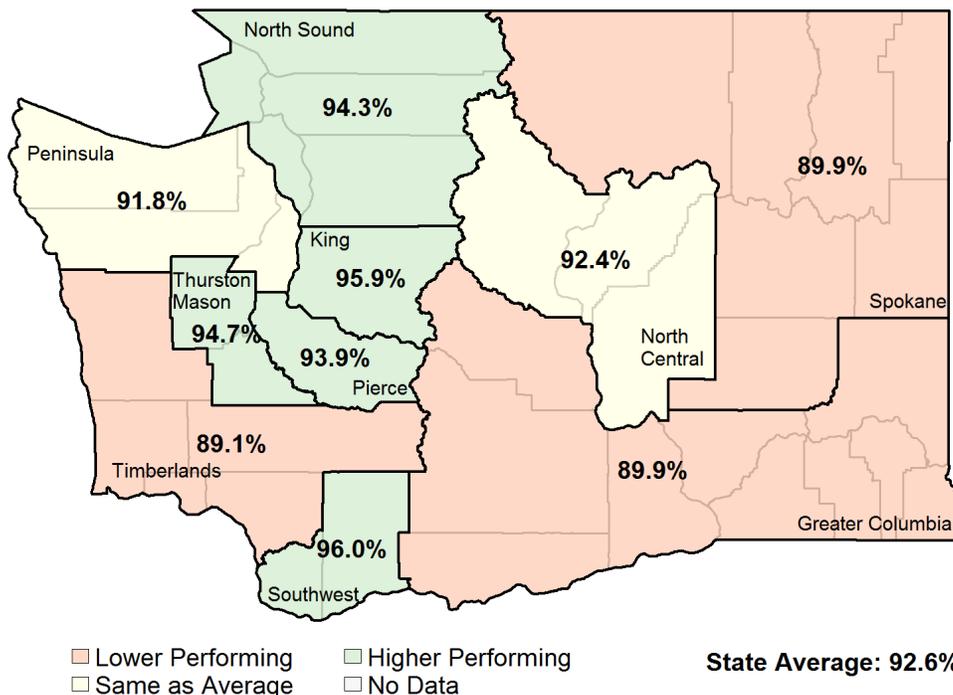
Table 22: Range of Regional Variation By MCO, Appropriate Upper Respiratory Infection Treatment, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	92.5%	Thurston Mason (96.8%)	Greater Columbia (83.1%)
CCW	91.7%	Peninsula (95.3%)	Timberlands (80.6%)
CHPW	93.0%	Pierce (96.9%)	Peninsula (88.7%), Spokane (88.9%)
MHW	92.8%	King (96.8%)	Greater Columbia (86.4%)
UHC	90.8%	North Sound (95.7%)	Timberlands (78.1%)
All MCOs	92.6%	King (95.9%), Southwest (96.0%)	Timberlands (89.1%)

* I indicates that all the MCOs had fewer than 30 eligible enrollees for the region. Only MCOs with at least 30 eligible enrollees for the region were considered for the highest- and lowest-performing MCO.

Figure 22 shows the region-level results. Five regions were statistically above the state average, three regions were statistically below, and the rest were at the state average. King (95.9 percent) and Southwest (96.0 percent) were the highest-performing regions, while Timberlands was the lowest (89 percent). In Southwest, only two MCOs had at least 30 eligible enrollees for this measure. Excluding Southwest, Timberlands had the largest difference between its highest- and lowest-performing MCOs (14.7%), while North Sound and Spokane had the smallest difference of approximately 4.0 percent (Table 23).

Figure 22: Map of Regional Variation, Appropriate Upper Respiratory Infection Treatment, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

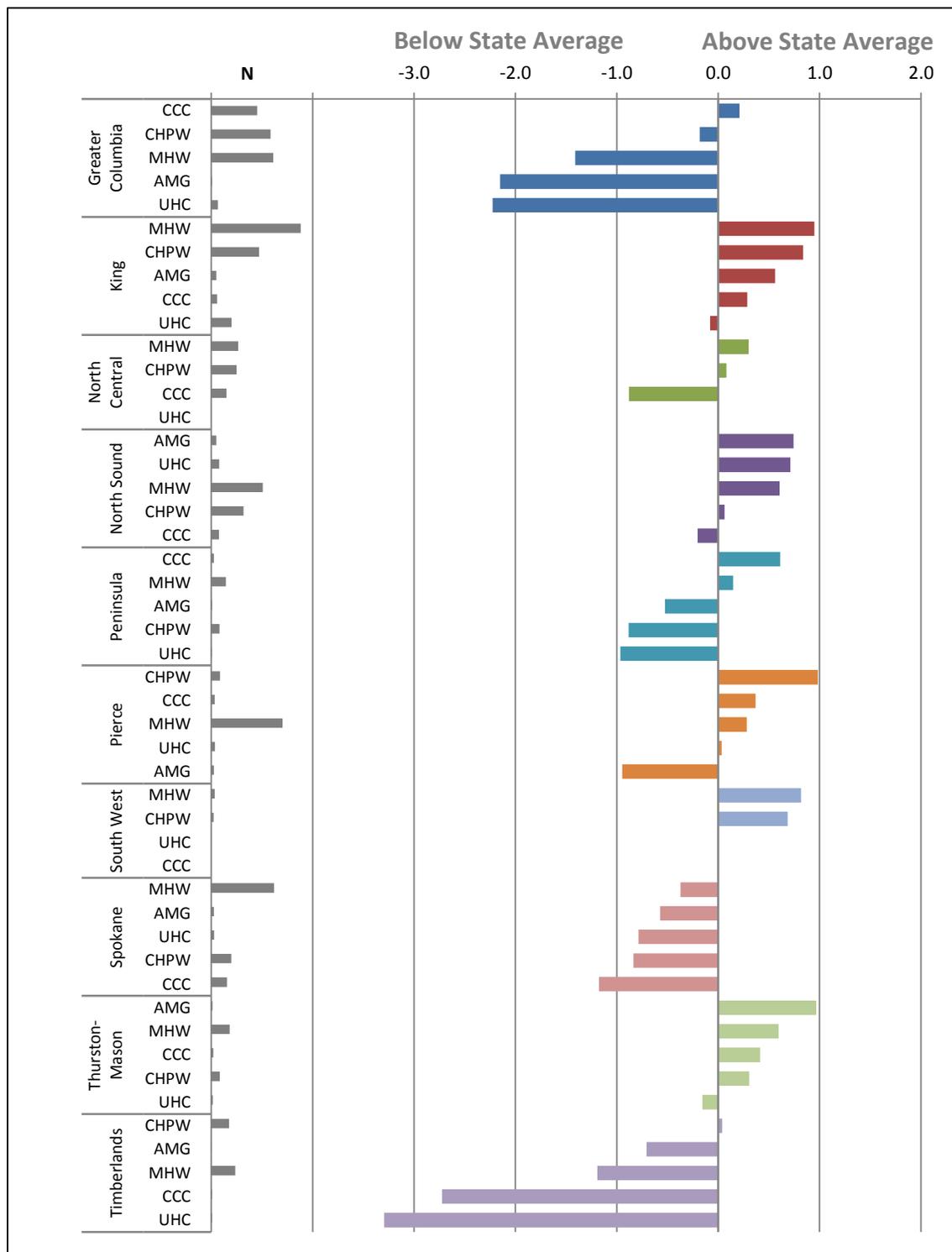
Table 23: MCO Performance Range By Region, Appropriate Upper Respiratory Infection Treatment, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	89.9%	CCW (93.5%)	AMG (83.1%), UHC (82.8%)
King	95.9%	MHW (96.8%)	UHC (92.2%)
North Central	92.4%	MHW (93.9%)	CCW (88.7%)
North Sound	94.3%	AMG (95.8%), UHC (95.7%)	CCW (91.7%)
Peninsula	91.8%	CCW (95.3%)	UHC (88.3%)
Pierce	93.9%	CHPW (96.9%)	AMG (88.4%)
Southwest	96.0%	CHPW (95.6%), MHW (96.2%)	I
Spokane	89.9%	MHW (90.9%)	CCW (87.4%)
Thurston-Mason	94.7%	AMG (96.8%)	UHC (91.9%)
Timberlands	89.1%	CHPW (92.8%)	UHC (78.1%)
Statewide	92.6%	AMG (92.5%), CHPW (93.0%), MHW (92.8%)	UHC (90.8%)

* I indicates that all the MCOs had fewer than 30 eligible enrollees for the region. Only MCOs with at least 30 eligible enrollees for the region were considered for the highest- and lowest-performing MCO.

No regional-level MCO performed at least one standard deviation above the state average. MHW in Greater Columbia (86.4 percent), CCW in Spokane (87.4 percent) and MHW in Timberlands (87.3 percent) performed at least one standard deviation below the state average and provided care for 3207, 842 and 1,264 eligible patients, respectively. AMG in Greater Columbia (83.1 percent), UHC in Greater Columbia (82.8 percent) and CCW in Timberlands (80.6 percent) performed at least two standard deviations below the state average and provided care for 77, 372 and 67 patients, respectively. UHC in Timberlands (78.1 percent) performed care at least three standard deviations below the state average and provided care for 73 eligible patients (Figure 23).

Figure 23: Standard Deviations from State Average By MCO By Region, Upper Respiratory Infection Treatment, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Outpatient Visits per 1,000 Member Months

There were 14,041,137 member months representing 1,705,867 enrollees eligible for this measure during the 2015 reporting year. The Washington State average was 330.0 outpatient visits per 1,000 member months. MHW (345.8) had the highest rate, while AMG had the lowest (311.5). CCW had the largest difference between its regions with the highest and lowest rates (174.8), while CHPW had the smallest difference between its regions with the highest and lowest rates (89.1) (Table 24).

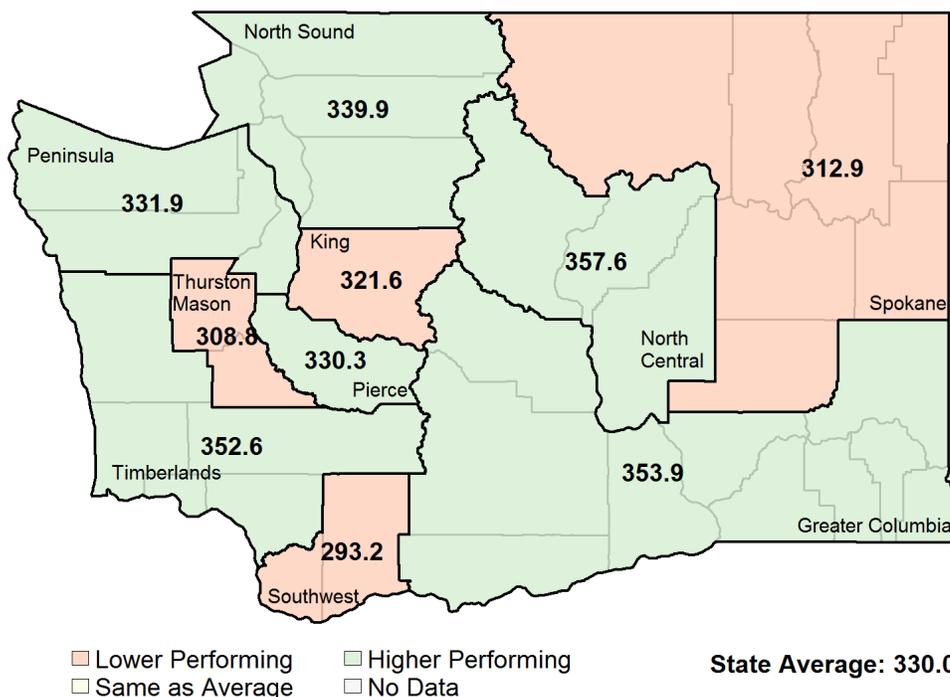
Rates of outpatient visits may be high when a health plan's population is unusually sick, and will be higher when a MCO serves an older or more disabled population. Low rates may indicate that the MCO serves an unusually healthy population or that it manages preventive and health maintenance care with unusual success.

Table 24: Range of Regional Variation By MCO, Outpatient Visits, 2015 RY

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	311.5	Timberlands (338.7)	North Central (248.5)
CCW	313.8	North Central (374.1)	Southwest (199.3)
CHPW	323.2	Timberlands (390.8)	Southwest (301.7)
MHW	345.8	Greater Columbia (397.7)	Southwest (246.0)
UHC	326.9	North Sound (375.2)	Southwest (242.8)
All MCOs	330.0	North Central (357.6)	Southwest (293.2)

Figure 24 shows the region-level results. Four regions were statistically below the state average and the rest were at the state average. North Central (357.6) had the highest rate, while Southwest (293.2) had the lowest. Timberlands (154.3) had the largest different between its regions with the highest and lowest rates, while King (41.5) had the smallest difference between its regions with the highest and lowest rates (Table 25).

Figure 24: Map of Regional Variation, Outpatient Visits, 2015 RY



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.
 Note: Confidence intervals are not calculated for utilization measures; map depicts regions above or below the state average

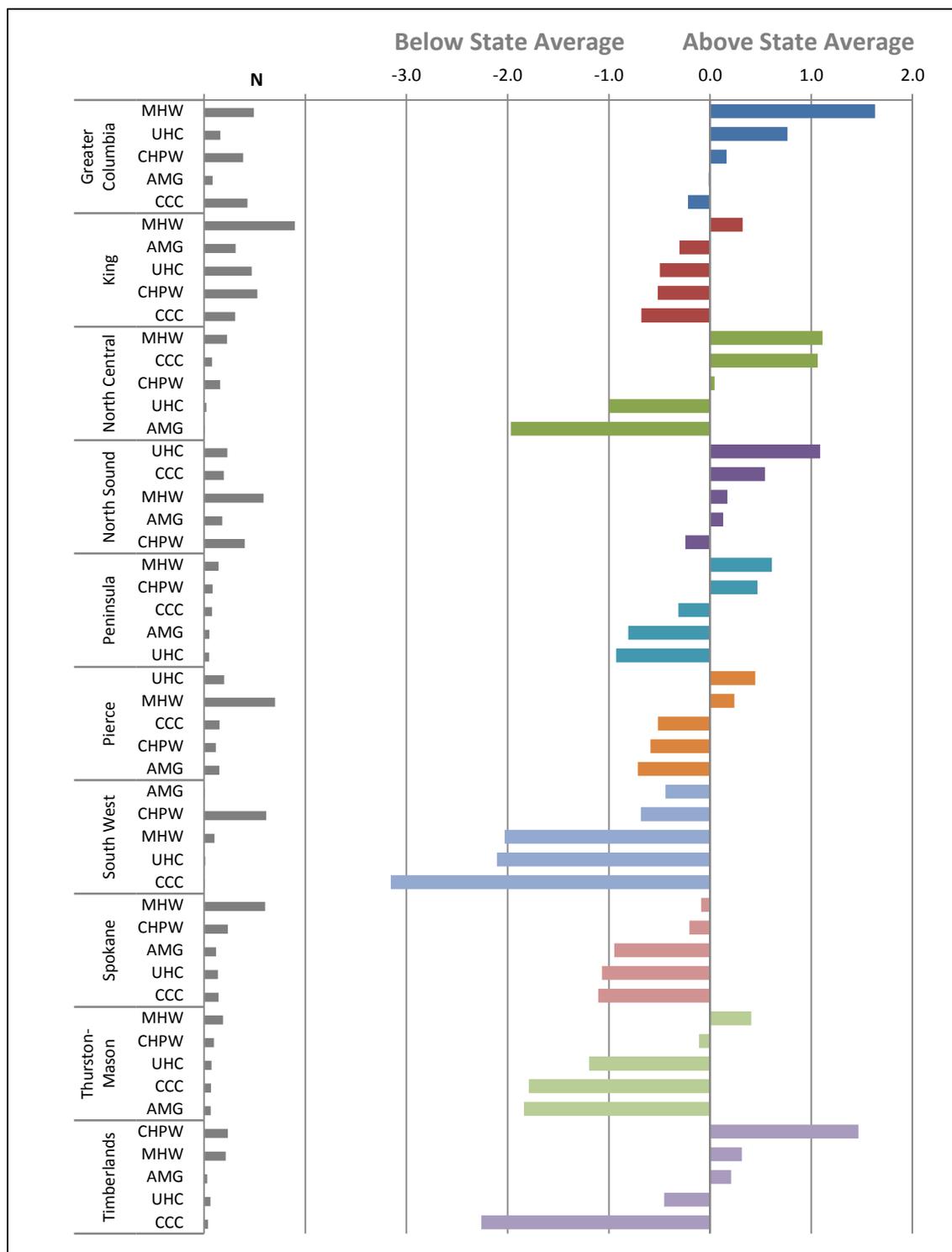
Table 25: MCO Performance Range By Region, Outpatient Visits, 2015 RY

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	353.9	MHW (397.7)	CCW (321.1)
King	321.6	MHW (343.4)	CCW (301.9)
North Central	357.6	MHW (376.1)	AMG (248.5)
North Sound	339.9	UHC (375.2)	CHPW (319.9)
Peninsula	331.9	MHW (355.3)	UHC (291.7)
Pierce	330.3	UHC (348.6)	AMG (300.5)
Southwest	293.2	AMG (311.8)	CCW (199.3)
Spokane	312.9	MHW (326.4)	CCW (284.3)
Thurston-Mason	308.8	MHW (346.9)	AMG (253.8)
Timberlands	352.6	CHPW (390.8)	CCW (236.5)
Statewide	330.0	MHW (345.8)	AMG (311.5)

MHW in Greater Columbia (397.7), MHW in North Central (376.1), CCW in North Central (374.1), UHC in North Sound (375.2) and CHPW in Timberlands (390.8) had rates at least one standard deviation above

the state average. MHW in Southwest (246.0), UHC in Southwest (242.8), CCW in Southwest (199.3) and CCW in Timberlands (236.5) had rates that were at least two standard deviations below the state average (Figure 25).

Figure 25: Standard Deviations from State Average By MCO By Region, Outpatient Visits, 2015 RY



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

ED Visits per 1,000 Member Months

There were 14,041,137 member months representing 1,705,867 enrollees eligible for this measure during the 2015 reporting year. The Washington State average was 52.1 emergency department visits per 1,000 member months. CCW (57.1) had the highest rate, while MHW had the lowest (49.6). AMG had the largest difference between its regions with the highest and lowest rates (156.9), while UHC had the smallest difference between its regions with the highest and lowest rates (27.3) (Table 26).

Emergency department rates may be high when a health plan's population is unusually sick, and will be higher when a MCO serves an older population. However, high rates may indicate that enrollees have problems accessing lower-cost ambulatory care. Low rates may indicate that the MCO serves an unusually healthy population or that it manages preventive and health maintenance care with unusual success.

Table 26: Range of Regional Variation By MCO, ED Visits, 2015 RY

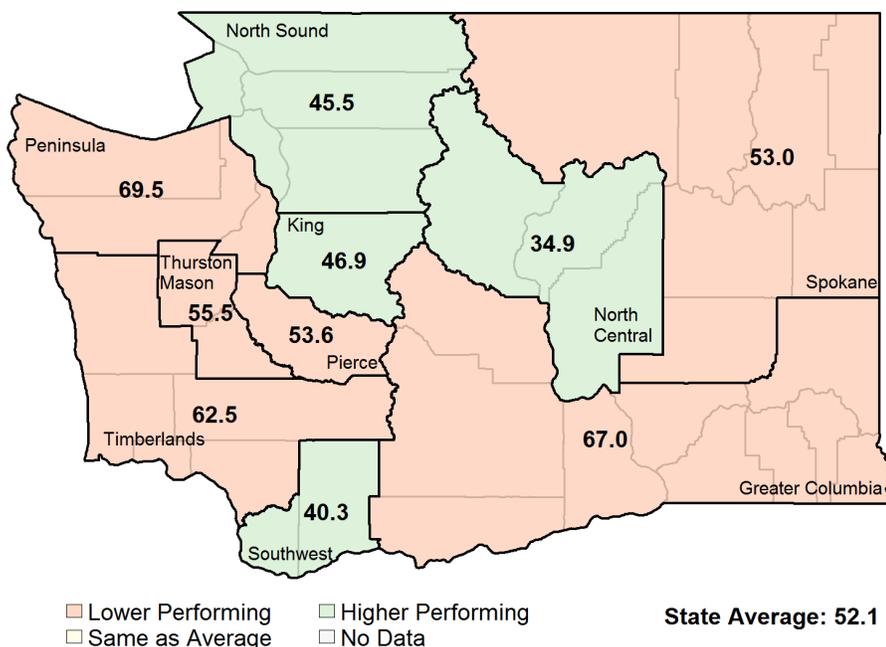
Note: For this measure, a lower score is interpreted as better performance.

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	53.7	King (47.4)	Southwest (204.3)
CCW	57.1	North Central (32.1)	Greater Columbia (72.4)
CHPW	52.9	North Central (34.4)	Peninsula (76.7)
MHW	49.6	North Central (35.7)	Peninsula (75.3)
UHC	51.9	North Central (39.0)	Timberlands (66.3)
All MCOs	52.1	North Central (34.9)	Peninsula (69.5)

Figure 26 shows the region-level results. Four regions had rates that were statistically below the state average, and the rest were at the state average. Peninsula (69.5) had the highest rate, while North Central (34.9) had the lowest. Southwest (165.1) had the largest different between its regions with the highest and lowest rates, while King (7.7) had the smallest difference between its regions with the highest and lowest rates (Table 27).

Figure 26: Map of Regional Variation, ED Visits, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.
 Note: Confidence intervals are not calculated for utilization measures; map depicts regions above or below the state average.

Table 27: MCO Performance Range By Region, ED Visits, 2015 RY

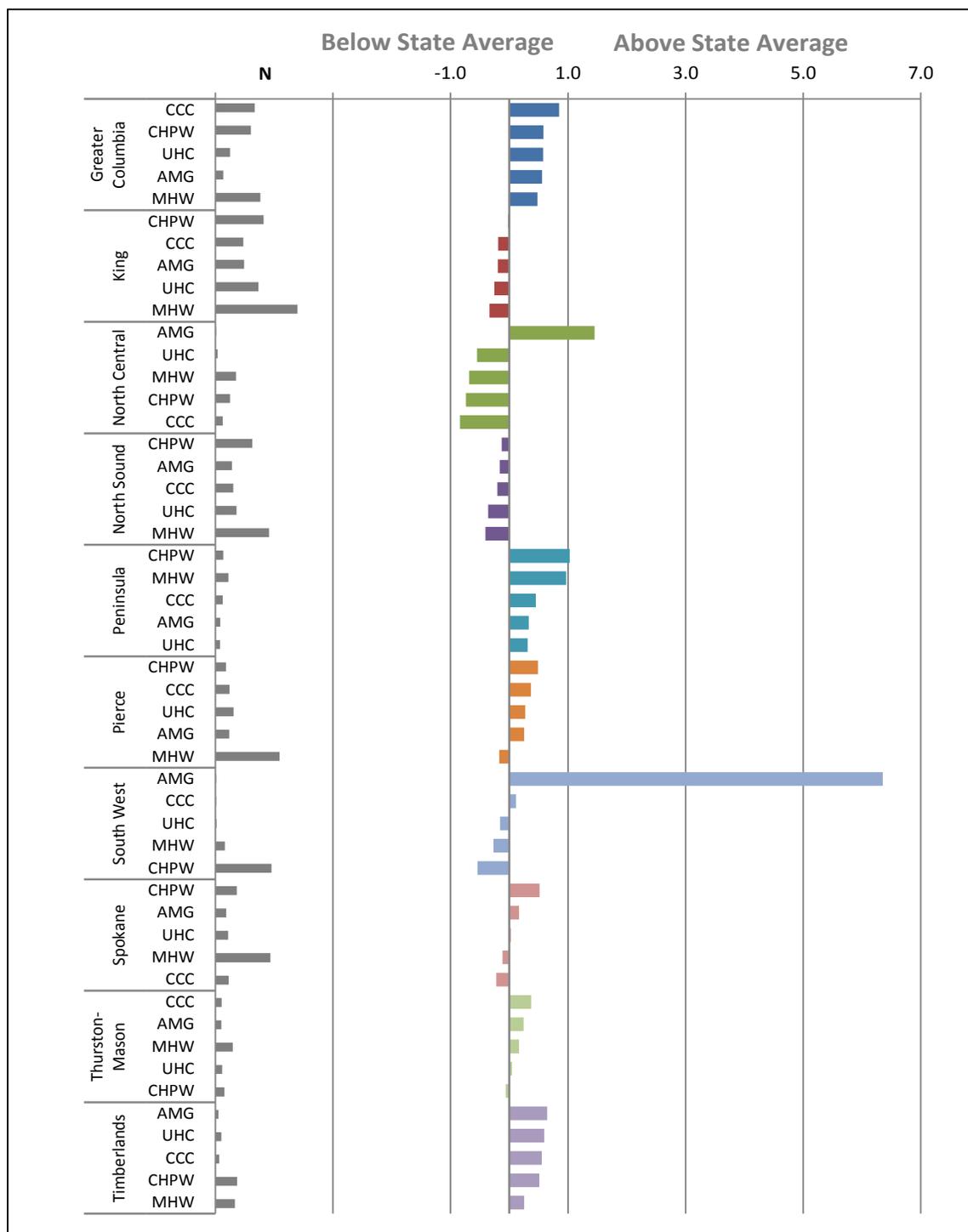
Note: For this measure, a lower score is interpreted as better performance.

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	67.0	MHW (63.6)	CCW (72.4)
King	46.9	MHW (44.0)	CHPW (51.7)
North Central	34.9	CCW (32.1)	AMG (86.9)
North Sound	45.5	MHW (42.5)	CHPW (49.0)
Peninsula	69.5	UHC (59.7)	CHPW (76.7)
Pierce	53.6	MHW (48.1)	CHPW (63.8)
Southwest	40.3	CHPW (39.2)	AMG (204.3)
Spokane	53.0	CCW (46.8)	CHPW (64.5)
Thurston-Mason	55.5	CHPW (50.7)	CCW (61.1)
Timberlands	62.5	MHW (58.2)	AMG (67.5)
Statewide	52.1	MHW (49.6)	CCW (57.1)

AMG in North Central (86.9) and CHPW in Peninsula (76.7) had rates at least one standard deviation above the state average, while AMG in Southwest (204.3) had rates at least six standard deviations above the state average. There were no MCOs at the region level that were at least one standard deviation below the state average (Table 27).

Figure 27: Standard Deviations from State Average By MCO By Region, ED Visits, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Inpatient Discharges per 1,000 Member Months

There were 14,041,137 member months representing 1,705,867 enrollees eligible for this measure during the 2015 reporting year. The Washington State average was 5.4 inpatient discharges per 1,000 member months. AMG (6.3) had the highest rate, while MHW had the lowest (4.9). AMG (5.4) had the largest difference between its regions with the highest and lowest rates, while UHC (2.5) had the smallest difference (Table 28).

Discharge rates may be high when a health plan's population is unusually sick, and will be higher when a MCO serves an older population. However, high rates are often a sign that access to high-cost inpatient care is not appropriately managed, or that ambulatory care is not used effectively. Low rates may indicate that the MCO serves an unusually healthy population or that it manages preventive and health maintenance care with unusual success. However, in some cases it can be a sign of overly aggressive utilization management. MCOs should review utilization management procedures to ensure that there are no barriers to inpatient care.

Table 28: Range of Regional Variation By MCO, Total Inpatient Discharges, 2015 RY

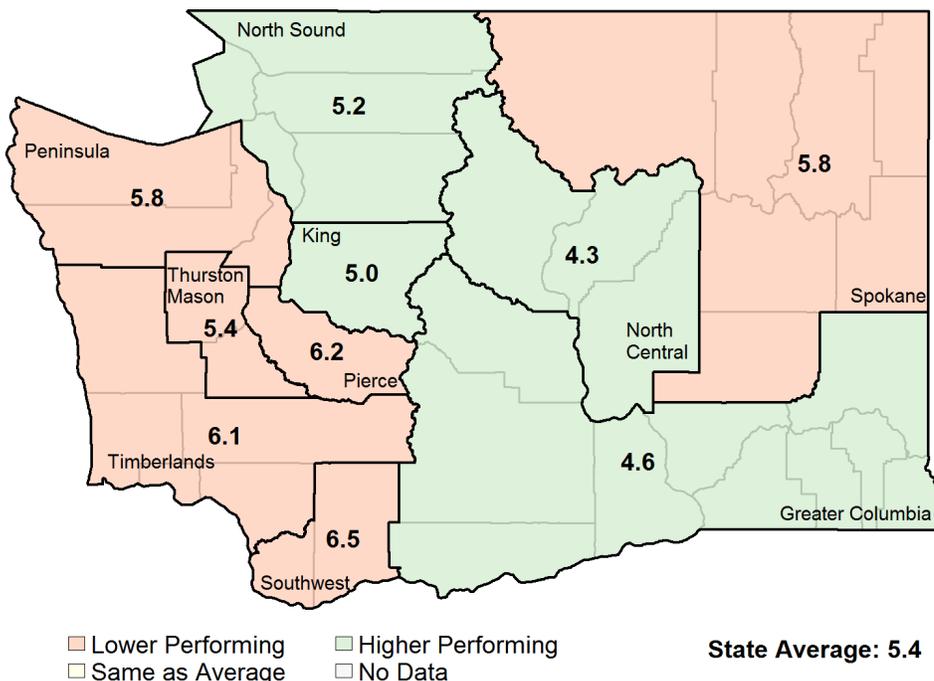
Note: For this measure, a lower score is interpreted as better performance.

MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	6.3	Thurston Mason (5.4)	Southwest (10.8)
CCW	5.8	North Central (4.3)	Pierce (8.4)
CHPW	5.7	Greater Columbia (3.9)	Pierce (7.8)
MHW	4.9	North Central (4.1)	Southwest (6.7)
UHC	5.2	King (4.1)	Pierce (6.6)
All MCOs	5.4	North Central (4.3)	Southwest (6.5)

Figure 28 shows the region-level results. Four regions were statistically below the state average and the rest were at the state average. Southwest (6.5) had the highest rate, while North Central had the lowest (4.3). Southwest (4.4) had the largest difference between its regions with the highest and lowest rates, while Peninsula (5.5) had the smallest difference (Table 29).

Figure 28: Map of Regional Variation, Total Inpatient Discharges, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

Note: Confidence intervals are not calculated for utilization measures; map depicts regions above or below the state average

Table 29: MCO Performance Range By Region, Total Inpatient Discharges, 2015 RY

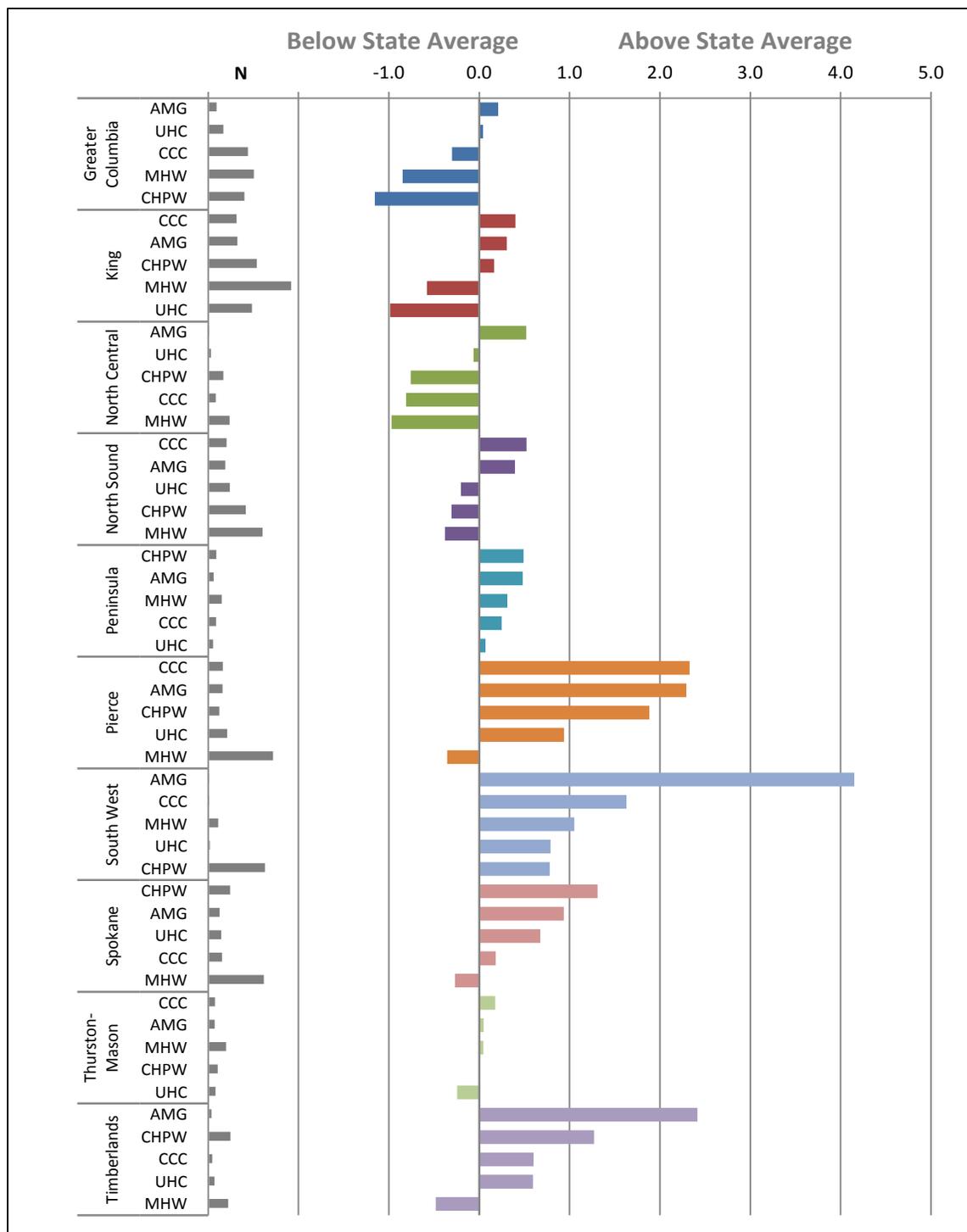
Note: For this measure, a lower score is interpreted as better performance.

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	4.6	CHPW (3.9)	AMG (5.7)
King	5.0	UHC (4.1)	CCW (5.9)
North Central	4.3	MHW (4.1)	AMG (6.1)
North Sound	5.2	MHW (4.9)	CCW (6.1)
Peninsula	5.8	UHC (5.5)	CHPW (6.0)
Pierce	6.2	MHW (4.9)	CCW (8.4)
Southwest	6.5	CHPW (6.4)	AMG (10.8)
Spokane	5.8	MHW (5.0)	CHPW (7.1)
Thurston-Mason	5.4	UHC (5.1)	CCW (5.6)
Timberlands	6.1	MHW (4.8)	AMG (8.5)
Statewide	5.4	MHW (4.9)	AMG (6.3)

AMG in Southwest (10.8) had a rate at least four standard deviations above the state average, while CCW in Pierce (8.4), AMG in Pierce (8.3) and AMG in Timberlands (8.5) had rates at least two standard deviations above the state average. CHPW in Greater Columbia (3.9) had a rate at least one standard deviation below the state average (Figure 29).

Figure 29: Standard Deviations from State Average By MCO By Region, Total Inpatient Discharges, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

All-Cause Readmissions

There were 13,841 enrollees aged 18 years or older eligible for this measure during the 2015 reporting year. A total of 13.9 percent of eligible enrollees with an acute inpatient stay had an acute readmission for any diagnosis within 30 days. MHW (12.8 percent) and UHC (12.6 percent) were the highest-performing MCOs, while AMG was the lowest (15.4 percent). AMG had the largest difference between its highest- and lowest-performing regions (14.3 percent), while MHW had the smallest difference (8.3 percent) (Table 30).

Discharge from a hospital is a critical transition point in a patient's care. Poor care coordination at discharge can lead to adverse events for patients and avoidable re-hospitalizations and costs. Hospital readmissions may indicate poor care or missed opportunities to better coordinate care. Reducing readmissions represents an opportunity to improve the quality of care and reduce healthcare costs.

Table 30: Range of Regional Variation By MCO, All-Cause Readmissions, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.

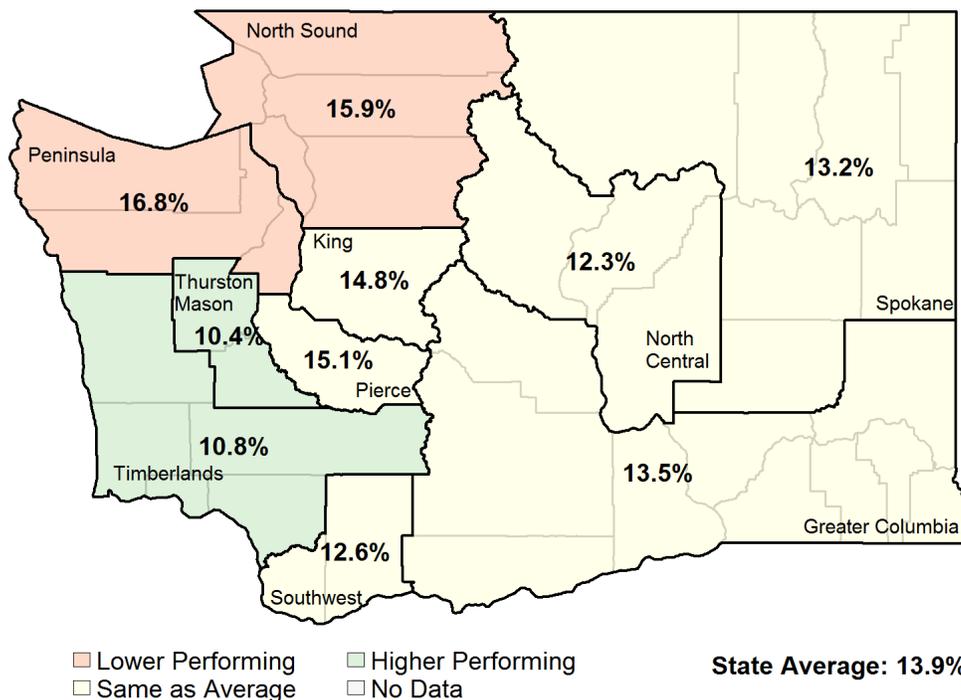
MCO	Washington State Average	Highest-Performing Region	Lowest-Performing Region
AMG	15.4%	Peninsula (5.3%), Thurston-Mason (5.4%)	King (19.7%)
CCW	14.4%	Thurston Mason (8.9%)	North Sound (21.8%)
CHPW	14.5%	North Central (9.7%)	Peninsula (21.9%)
MHW	12.8%	Greater Columbia (8.8%), Thurston-Mason (8.6%)	Southwest (16.9%)
UHC	12.6%	Timberlands (5.7%)	North Sound (19.2%), Peninsula (19.0%)
All MCOs	13.9%	Thurston-Mason (10.4%)	Peninsula (16.8%)

rest were at the state average. Thurston-Mason was the highest-performing region (10.4 percent), while Peninsula was the lowest (16.8 percent). Timberlands had the largest difference between its highest and lowest-performing MCOs (11.0 percent), while North Central and Southwest had the smallest difference (5.2 and 5.0 percent, respectively) (Table 31).

Figure 30 shows the region-level results. Peninsula and North Sound were statistically above the state average, Thurston-Mason and Timberlands were statistically below, and the rest were at the state average. Thurston-Mason was the highest-performing region (10.4 percent), while Peninsula was the lowest (16.8 percent). Timberlands had the largest difference between its highest and lowest-performing MCOs (11.0 percent), while North Central and Southwest had the smallest difference (5.2 and 5.0 percent, respectively) (Table 31).

Figure 30: Map of Regional Variation, All-Cause Readmissions, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.



*More information on the statistical analysis used to determine whether regions were above or below the state average can be found in the Introduction on page 15.

Table 31: MCO Performance Range By Region, All-Cause Readmissions, 2015 RY

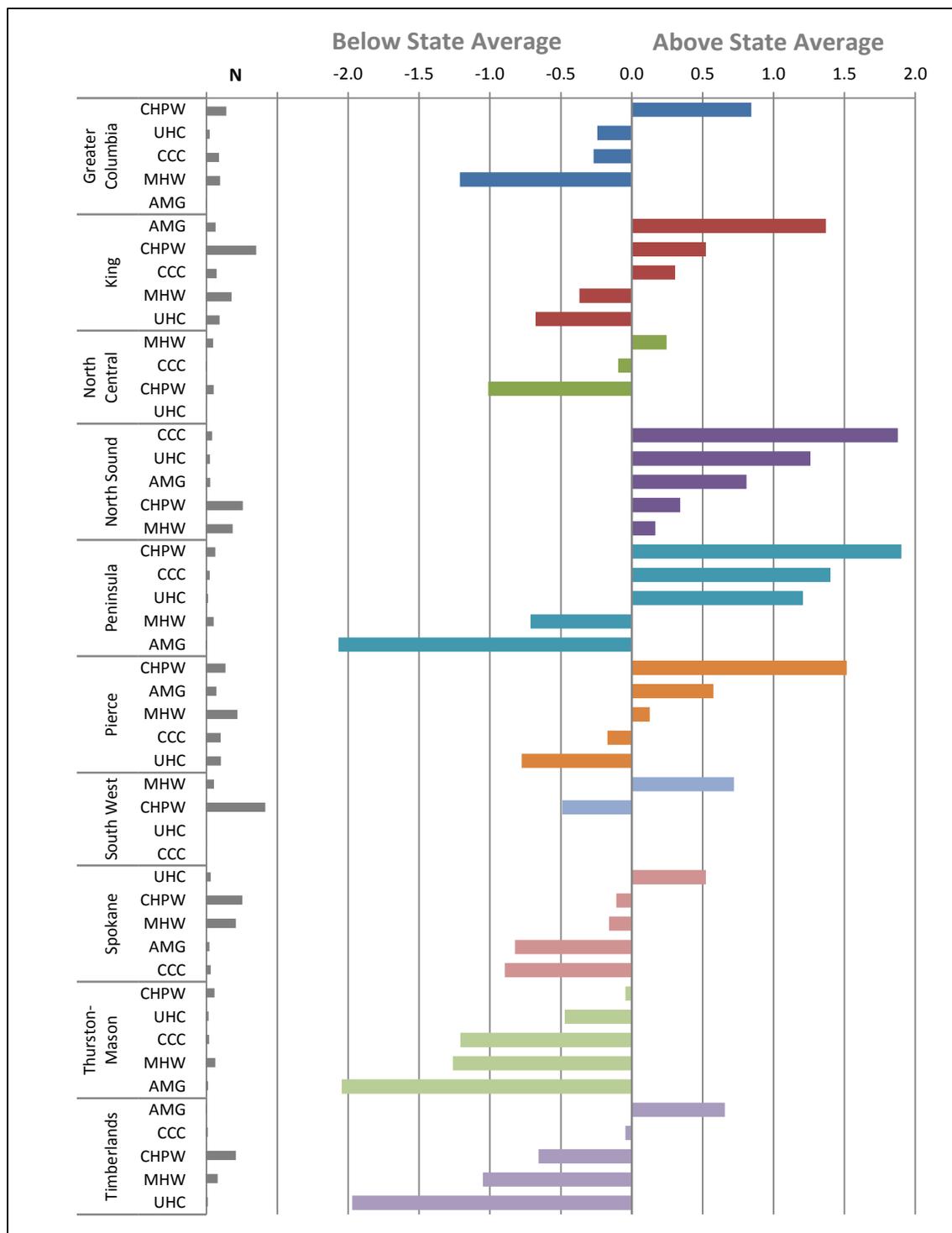
Note: For this measure, a lower score is interpreted as better performance.

Region	Region Average	Highest-Performing MCO	Lowest-Performing MCO
Greater Columbia	13.5%	MHW (8.8%)	CHPW (17.4%)
King	14.8%	UHC (11.1%)	AMG (19.7%)
North Central	12.3%	CHPW (9.7%)	MHW (14.9%)
North Sound	15.9%	CHPW (15.3%), MHW (14.6%)	CCW (21.8%)
Peninsula	16.8%	AMG (5.3%)	CHPW (21.9%)
Pierce	15.1%	UHC (10.7%)	CHPW (20.3%)
Southwest	12.6%	CHPW (11.9%)	MHW (16.9%)
Spokane	13.2%	AMG (10.5%), CCW (10.2%)	UHC (16.1%)
Thurston-Mason	10.4%	AMG (5.4%)	CHPW (13.7%)
Timberlands	10.8%	UHC (5.7%)	AMG (16.7%)
Statewide	13.9%	MHW (12.8%), UHC (12.6%)	AMG (15.4%), CHPW (14.5%)

Seven MCOs at the region level performed above the state average (Table 31). A higher score for this measure indicates poorer performance. They were AMG in King (19.7 percent), CCW in North Sound (21.8 percent), UHC in North Sound (19.2 percent), CHPW in Peninsula (21.9 percent), CCW in Peninsula (19.8 percent), UHC in Peninsula (19.0 percent) and CHPW in Pierce (20.3 percent). They provided care for 229, 147, 99, 224, 91, 58 and 449 eligible patients, respectively. AMG in Peninsula (5.0 percent) performed at least two standard deviations below the state average and provided care for 38 eligible patients. All MCOs had lower performance than the state rate in North Sound and had higher performance than the state rate in Thurston-Mason.

Figure 31: Standard Deviations from State Average By MCO By Region, All-Cause Readmissions, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.



*More information on how the standard deviations were constructed can be found on page 14. Only MCOs operating in each region are listed. No bar is shown if an MCO had fewer than 30 eligible enrollees in the region. N represents the relative number of eligible enrollees.

Spotlight: County Variation in Readmission Rates

There is significant county-level variation in readmission rates, which may be influenced by population trends, provider quality and provider availability. The Seattle metropolitan area has readmission rates slightly above the state rate, while more rural portions of the state have lower readmission rates. This trend is particularly pertinent for the Medicaid expansion population, which had high readmission rates in King and Pierce counties as compared with the rest of the state.

Individuals in the blind or disabled population are, not unexpectedly, more likely to be readmitted than the Medicaid population at large, but there are particular counties, such as Clark, where enrollees may benefit from additional MCO-led case management.

Figure 32: Map of County Variation, All-Cause Readmissions, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.

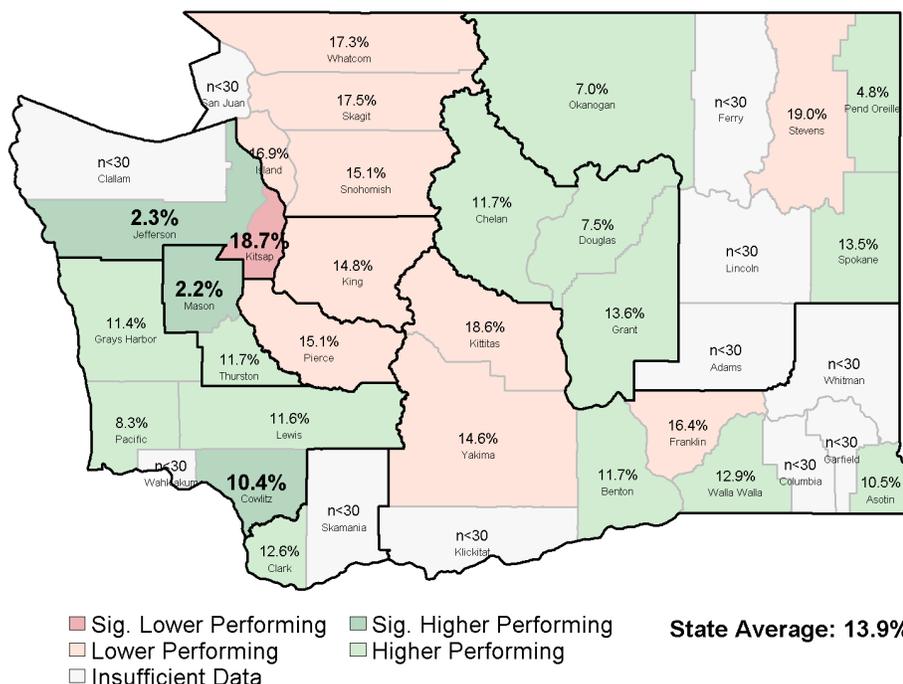
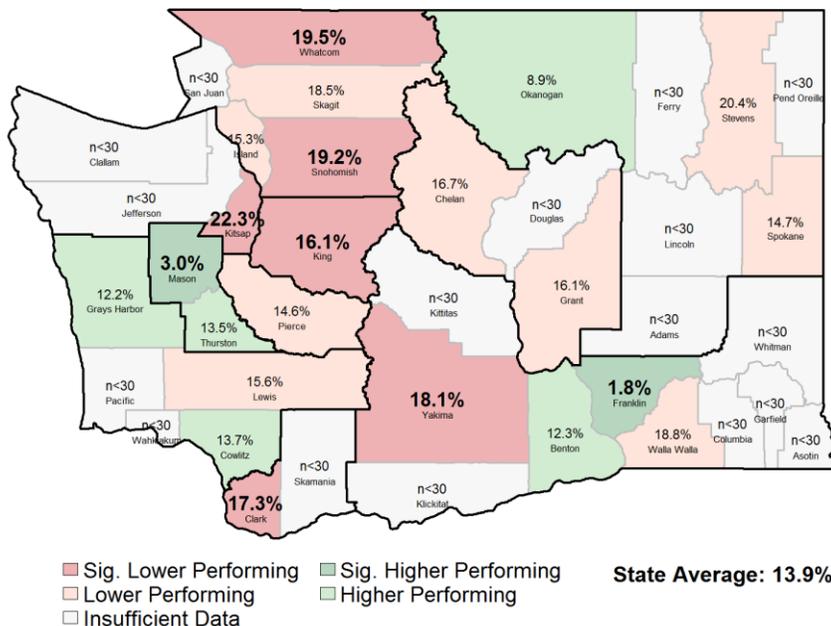


Figure 33: Map of County Variation, All-Cause Readmissions Among Blind or Disabled Populations, 2015 RY

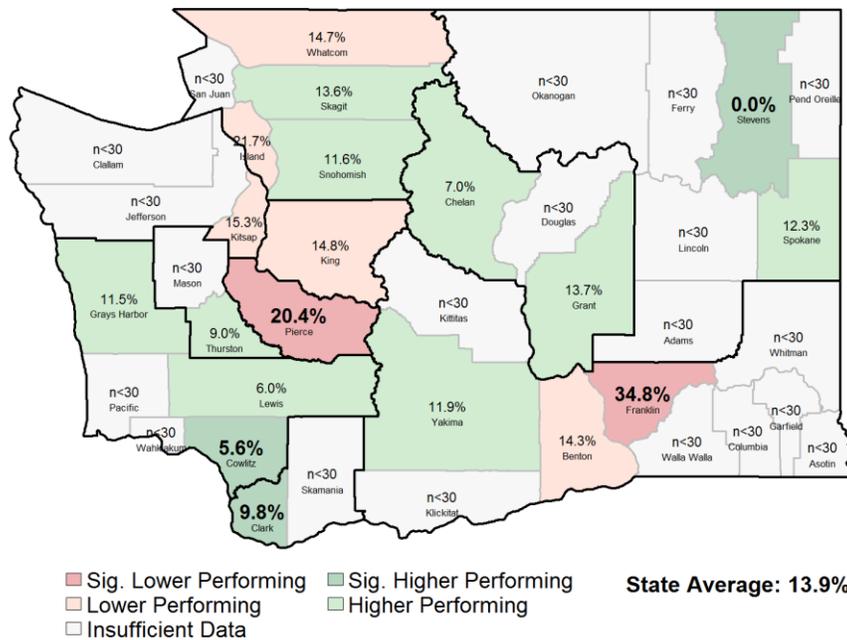
Note: For this measure, a lower score is interpreted as better performance.



PCR, Plan All-Cause Readmissions, Blind or Disabled

Figure 34: Map of County Variation, All-Cause Readmissions Among Medicaid Expansion Populations, 2015 RY

Note: For this measure, a lower score is interpreted as better performance.



PCR, Plan All-Cause Readmissions, Expansion

Appendix – Region-Level Results

		AAP	ADDA	ADDb	AMBa	AMBb
State Average		80.4%	37.7%	39.1%	330.0	52.1
Greater Columbia	AMG	68.8% [2234]	I	I	329.5 [105,310]	65.5 [105,310]
	CCW	81.3% [9314]	42.4% [144]	40.5% [37]	321.1 [556,009]	72.4 [556,009]
	CHPW	85.7% [6334]	43.8% [203]	48.6% [37]	336.8 [501,516]	66.1 [501,516]
	MHW	85.7% [8848]	48.1% [397]	47.6% [124]	397.7 [638,035]	63.6 [638,035]
	UHC	75.1% [4383]	I	I	361.7 [204,016]	65.9 [204,016]
King	AMG	73.1% [11945]	I	I	317.5 [403,294]	47.4 [403,294]
	CCW	71.6% [11854]	I	I	301.9 [394,038]	47.6 [394,038]
	CHPW	85.6% [13134]	32.5% [126]	I	308.6 [682,304]	51.7 [682,304]
	MHW	86.0% [18041]	34.0% [423]	44.2% [120]	343.4 [1,169,928]	44.0 [1,169,928]
	UHC	74.4% [15665]	31.0% [84]	I	309.5 [610,884]	46.0 [610,884]
North Central	AMG	I	ND	ND	248.5 [495]	86.9 [495]
	CCW	81.4% [1346]	I	I	374.1 [96,388]	32.1 [96,388]
	CHPW	84.9% [2847]	52.6% [38]	I	331.9 [202,872]	34.4 [202,872]
	MHW	88.0% [4074]	44.5% [110]	54.8% [31]	376.1 [289,899]	35.7 [289,899]
	UHC	66.0% [520]	I	I	288.7 [24,303]	39.0 [24,303]
North Sound	AMG	75.0% [5498]	I	I	335.4 [230,416]	48.2 [230,416]
	CCW	77.5% [5999]	42.4% [33]	I	352.5 [250,819]	47.3 [250,819]
	CHPW	82.8% [9651]	41.0% [205]	53.6% [56]	319.9 [521,478]	49.0 [521,478]
	MHW	84.1% [14170]	43.4% [371]	41.2% [102]	337.1 [763,748]	42.5 [763,748]
	UHC	82.6% [5888]	I	I	375.2 [296,444]	43.5 [296,444]
Peninsula	AMG	74.5% [1887]	I	I	296.5 [63,884]	60.1 [63,884]
	CCW	77.1% [2748]	I	I	317.0 [97,879]	63.0 [97,879]
	CHPW	85.2% [2364]	41.3% [63]	I	349.4 [104,221]	76.7 [104,221]
	MHW	85.6% [3484]	42.9% [105]	51.4% [35]	355.3 [180,987]	75.3 [180,987]
	UHC	74.0% [1620]	I	I	291.7 [57,883]	59.7 [57,883]
Pierce	AMG	72.6% [5399]	I	I	300.5 [192,099]	58.2 [192,099]
	CCW	73.3% [5680]	I	I	308.8 [194,947]	60.9 [194,947]
	CHPW	84.6% [3205]	36.4% [55]	I	305.6 [144,534]	63.8 [144,534]
	MHW	85.9% [14804]	39.0% [603]	44.3% [183]	340.0 [911,877]	48.1 [911,877]
	UHC	76.8% [6998]	22.2% [36]	I	348.6 [254,988]	58.7 [254,988]
Southwest	AMG	I	ND	ND	311.8 [93]	204.3 [93]
	CCW	73.7% [76]	ND	ND	199.3 [3,171]	54.9 [3,171]
	CHPW	81.2% [15030]	3.4% [410]	2.9% [174]	301.7 [798,466]	39.2 [798,466]
	MHW	71.7% [2419]	30.6% [36]	I	246.0 [128,325]	45.7 [128,325]
	UHC	74.4% [242]	I	I	242.8 [9,831]	48.4 [9,831]
Spokane	AMG	75.0% [3786]	I	I	290.8 [149,460]	56.2 [149,460]
	CCW	73.8% [3811]	I	I	284.3 [181,733]	46.8 [181,733]
	CHPW	85.5% [7765]	45.3% [106]	36.6% [41]	321.6 [300,973]	64.5 [300,973]
	MHW	86.7% [14740]	42.4% [481]	44.1% [188]	326.4 [782,954]	49.4 [782,954]
	UHC	75.2% [4676]	I	I	285.8 [173,593]	52.8 [173,593]
Thurston- Mason	AMG	70.8% [2275]	I	I	253.8 [78,350]	58.0 [78,350]
	CCW	69.7% [2330]	I	I	255.8 [82,312]	61.1 [82,312]
	CHPW	84.7% [2361]	46.0% [63]	I	325.6 [120,125]	50.7 [120,125]
	MHW	85.2% [4621]	45.8% [144]	48.3% [58]	346.9 [240,825]	56.1 [240,825]
	UHC	70.7% [2509]	I	I	280.5 [89,900]	53.2 [89,900]
Timberlands	AMG	78.4% [887]	I	I	338.7 [34,781]	67.5 [34,781]
	CCW	66.1% [1146]	I	I	236.5 [46,191]	65.4 [46,191]
	CHPW	83.2% [7409]	42.1% [133]	46.4% [56]	390.8 [303,520]	64.4 [303,520]
	MHW	83.6% [4868]	39.7% [184]	31.0% [71]	343.1 [273,827]	58.2 [273,827]
	UHC	74.4% [2110]	I	I	311.2 [77,131]	66.3 [77,131]

*I indicates that the regional MCO had fewer than 30 eligible enrollees. ND indicates that the regional MCO had no eligible enrollees.

		AMMa	AMMb	BCS	CAP	CHL
State Average		51.7%	37.0%	54.4%	91.0%	51.2%
Greater Columbia	AMG	I	I	I	84.7% [412]	53.0% [151]
	CCW	42.4% [276]	31.9% [276]	45.4% [315]	92.3% [13557]	56.3% [1377]
	CHPW	55.5% [272]	33.5% [272]	47.5% [265]	90.2% [21492]	51.5% [1244]
	MHW	45.6% [351]	26.2% [351]	51.9% [395]	92.4% [26420]	51.2% [1685]
	UHC	56.4% [110]	39.1% [110]	43.1% [116]	87.2% [2067]	41.5% [388]
King	AMG	60.1% [218]	49.1% [218]	I	87.0% [1989]	51.0% [539]
	CCW	60.6% [246]	46.3% [246]	I	86.8% [2236]	55.6% [604]
	CHPW	50.3% [515]	38.3% [515]	67.6% [712]	91.9% [24004]	49.5% [1329]
	MHW	47.0% [674]	33.5% [674]	62.1% [594]	92.1% [46612]	54.3% [2335]
	UHC	55.7% [348]	42.2% [348]	45.7% [46]	91.6% [9026]	46.9% [882]
North Central	AMG	ND	ND	ND	I	I
	CCW	39.6% [48]	22.9% [48]	41.3% [46]	96.8% [2954]	55.6% [225]
	CHPW	41.7% [96]	29.2% [96]	62.1% [140]	94.3% [7223]	43.7% [467]
	MHW	42.9% [161]	25.5% [161]	61.9% [210]	95.0% [11657]	45.0% [713]
	UHC	I	I	I	84.0% [119]	I
North Sound	AMG	50.8% [124]	42.7% [124]	31.0% [71]	89.2% [2167]	50.0% [384]
	CCW	57.1% [175]	39.4% [175]	43.2% [111]	89.8% [2703]	47.9% [499]
	CHPW	46.7% [411]	34.5% [411]	51.9% [659]	87.9% [17955]	48.1% [1099]
	MHW	52.1% [503]	36.2% [503]	53.5% [975]	90.8% [26694]	49.9% [1730]
	UHC	64.6% [130]	48.5% [130]	44.1% [34]	93.1% [3145]	39.8% [555]
Peninsula	AMG	60.4% [48]	37.5% [48]	38.3% [60]	84.6% [364]	46.6% [88]
	CCW	63.5% [74]	40.5% [74]	47.7% [128]	87.4% [1445]	39.9% [198]
	CHPW	56.9% [153]	42.5% [153]	60.0% [150]	90.7% [3352]	50.2% [259]
	MHW	61.1% [190]	41.1% [190]	61.1% [211]	91.4% [6249]	51.8% [488]
	UHC	59.1% [44]	40.9% [44]	37.0% [46]	88.4% [363]	43.8% [105]
Pierce	AMG	58.6% [133]	44.4% [133]	I	82.5% [1138]	51.3% [337]
	CCW	50.0% [132]	39.4% [132]	I	85.3% [1535]	62.1% [346]
	CHPW	49.4% [154]	31.2% [154]	65.1% [129]	86.8% [4812]	55.5% [317]
	MHW	46.6% [713]	30.0% [713]	60.2% [435]	91.9% [36327]	57.2% [2465]
	UHC	55.4% [168]	41.1% [168]	I	88.5% [2458]	50.0% [472]
Southwest	AMG	ND	ND	ND	ND	ND
	CCW	I	I	I	71.0% [31]	I
	CHPW	55.2% [496]	42.3% [496]	67.0% [336]	88.3% [25281]	48.9% [1760]
	MHW	53.3% [90]	38.9% [90]	I	84.1% [2526]	48.5% [198]
	UHC	I	I	ND	76.9% [52]	I
Spokane	AMG	58.4% [89]	40.4% [89]	39.6% [96]	89.3% [1299]	48.8% [289]
	CCW	60.0% [85]	42.4% [85]	44.3% [88]	92.3% [2768]	54.2% [349]
	CHPW	55.1% [405]	40.7% [405]	44.0% [518]	88.0% [8192]	48.4% [700]
	MHW	47.7% [641]	34.5% [641]	64.1% [878]	91.8% [29614]	52.4% [2189]
	UHC	58.3% [103]	45.6% [103]	39.3% [107]	86.2% [1478]	42.3% [376]
Thurston- Mason	AMG	65.0% [60]	41.7% [60]	41.9% [74]	85.9% [680]	41.0% [144]
	CCW	50.0% [54]	38.9% [54]	35.3% [102]	87.3% [972]	58.0% [174]
	CHPW	51.5% [132]	38.6% [132]	48.1% [135]	91.4% [4285]	58.6% [321]
	MHW	52.9% [259]	37.5% [259]	56.7% [254]	91.1% [8583]	54.3% [703]
	UHC	57.8% [64]	48.4% [64]	41.0% [83]	89.7% [692]	48.3% [151]
Timberlands	AMG	I	I	41.8% [55]	85.1% [168]	47.3% [55]
	CCW	45.0% [40]	37.5% [40]	38.4% [73]	82.1% [329]	51.5% [66]
	CHPW	54.4% [397]	38.8% [397]	51.4% [428]	91.0% [7722]	49.9% [792]
	MHW	43.5% [255]	29.0% [255]	52.7% [275]	91.4% [10077]	53.9% [757]
	UHC	48.0% [50]	34.0% [50]	39.5% [81]	82.9% [538]	53.2% [126]

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		IPUa	PCR	URI
State Average		5.4	13.9%	92.6%
Greater Columbia	AMG	5.7 [105,310]	I	83.1% [77]
	CCW	5.0 [555,795]	12.8% [305]	93.5% [2387]
	CHPW	3.9 [501,876]	17.4% [470]	91.8% [3067]
	MHW	4.3 [638,035]	8.8% [328]	86.4% [3207]
	UHC	5.4 [204,034]	12.9% [93]	82.8% [372]
King	AMG	5.8 [403,294]	19.7% [229]	95.1% [283]
	CCW	5.9 [393,024]	15.2% [250]	93.8% [325]
	CHPW	5.6 [682,357]	16.1% [1149]	96.3% [2490]
	MHW	4.6 [1,169,928]	12.4% [590]	96.8% [4616]
	UHC	4.1 [610,870]	11.1% [316]	92.2% [1068]
North Central	AMG	6.1 [495]	ND	ND
	CCW	4.3 [95,765]	13.5% [37]	88.7% [806]
	CHPW	4.4 [202,961]	9.7% [186]	92.9% [1331]
	MHW	4.1 [289,899]	14.9% [174]	93.9% [1411]
	UHC	5.3 [24,303]	I	I
North Sound	AMG	5.9 [230,416]	17.3% [104]	95.8% [289]
	CCW	6.1 [251,009]	21.8% [147]	91.7% [433]
	CHPW	5.0 [521,503]	15.3% [847]	92.9% [1694]
	MHW	4.9 [763,748]	14.6% [616]	95.2% [2673]
	UHC	5.1 [296,433]	19.2% [99]	95.7% [443]
Peninsula	AMG	6.0 [63,884]	5.3% [38]	90.3% [72]
	CCW	5.7 [97,727]	19.8% [91]	95.3% [169]
	CHPW	6.0 [104,250]	21.9% [224]	88.7% [460]
	MHW	5.8 [180,987]	10.9% [183]	93.2% [783]
	UHC	5.5 [57,884]	19.0% [58]	88.3% [60]
Pierce	AMG	8.3 [192,099]	16.3% [245]	88.4% [164]
	CCW	8.4 [195,286]	13.2% [341]	94.2% [207]
	CHPW	7.8 [144,554]	20.3% [449]	96.9% [485]
	MHW	4.9 [911,877]	14.4% [727]	93.8% [3690]
	UHC	6.6 [254,991]	10.7% [347]	92.7% [220]
Southwest	AMG	10.8 [93]	ND	ND
	CCW	7.5 [3,603]	I	I
	CHPW	6.4 [797,632]	11.9% [1357]	95.6% [159]
	MHW	6.7 [128,325]	16.9% [189]	96.2% [209]
	UHC	6.4 [9,831]	I	I
Spokane	AMG	6.6 [149,460]	10.5% [86]	90.1% [161]
	CCW	5.6 [181,821]	10.2% [118]	87.4% [842]
	CHPW	7.1 [301,087]	13.5% [832]	88.9% [1063]
	MHW	5.0 [782,954]	13.2% [687]	90.9% [3257]
	UHC	6.3 [173,592]	16.1% [118]	89.1% [184]
Thurston- Mason	AMG	5.4 [78,350]	5.4% [56]	96.8% [95]
	CCW	5.6 [82,606]	8.9% [79]	94.4% [143]
	CHPW	5.4 [120,211]	13.7% [204]	93.9% [461]
	MHW	5.4 [240,825]	8.6% [220]	95.2% [979]
	UHC	5.1 [89,916]	11.9% [67]	91.9% [111]
Timberlands	AMG	8.5 [34,781]	16.7% [36]	89.5% [38]
	CCW	6.2 [46,547]	13.7% [51]	80.6% [67]
	CHPW	7.0 [303,757]	11.2% [690]	92.8% [953]
	MHW	4.8 [273,827]	9.5% [273]	87.3% [1264]
	UHC	6.2 [77,119]	5.7% [53]	78.1% [73]

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