

Medicaid Managed Care Preventive Services and Vaccinations

September 15, 2016

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



Medicaid Managed Care Preventive Services and Vaccinations



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Executive Summary

This report is submitted by the Washington State Health Care Authority (HCA) to the Legislature as required by Second Engrossed Substitute House Bill 2376 (2ESHB 2376), Chapter 36, Laws of 2016, 1st Special Session, Section 213(1)(rr). It includes baseline and benchmark information on the delivery of preventive services to Apple Health enrollees in Medicaid managed care, broken out by age and managed care organization (MCO) and summarizes the analysis and findings of Washington Medicaid’s external quality review organization (EQRO), Qualis Health. HCA concurs with the analysis and the findings of its EQRO regarding these measures.

While the legislation specified that baseline and benchmark information should be collected for the previous two fiscal years, the national standard for reporting this type of information is based upon calendar year. Consequently, HCA has reported this information by calendar year instead of fiscal year.

In addition to providing information based on age, gender (where appropriate), and MCO, HCA has provided information on the national Medicaid average for specific performance measures, when this information is available. National Commission of Quality Assurance (NCQA) licensure provides access to national averages for only seven measures.

The following section details key findings, additional highlights and opportunities, and next steps HCA, along with other agencies and MCOs, is taking to improve performance in the future.

HCA is also submitting two other performance measure reports this year as requested by the Legislature. These reports are “Child Health Services: Provider Performance” responsive to 2ESHB 2128 (enacted in 2009), and “Service Coordination Organization Performance Measures” responsive to SSB 5147 (enacted in 2015). These reports differ because they track different measures, use data from different sources or time frames, or track different subject populations (e.g., all Medicaid enrollees, in both managed care and fee-for-service, instead of only Medicaid managed care enrollees).



Background

About this Report

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

The authority shall submit reports to the governor and the legislature by September 15, 2016, and by September 15, 2017, that delineate the number of individuals in medicaid managed care, by carrier, age, gender, and eligibility category, receiving preventative services and vaccinations. The reports should include baseline and benchmark information from the previous two fiscal years and should be inclusive of, but not limited to, services recommended under the United States preventative services task force, advisory committee on immunization practices, early and periodic screening, diagnostic, and treatment (EPSDT) guidelines, and other relevant preventative and vaccination medicaid guidelines and requirements.¹

This report provides information about delivery of preventive services and access to care in calendar years (CY) 2013 and 2014, along with benchmarks on related performance measures. 2ESHB 2376, as written, requires HCA to report baseline and benchmark information for the previous two fiscal years. However, the national standard for reporting this type of information is based upon calendar year, thus HCA has reported the information by calendar year instead of fiscal year. As directed by the Legislature, this report includes measures for preventive services recommended by the United States Preventive Services Task Force, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices, and early and periodic screening, diagnostic, and treatment (EPSDT) guidelines, along with other relevant preventive and vaccination Medicaid guidelines and requirements.

Preventive care

Effective preventive care is delivered proactively, before the onset of disease. Perhaps the best example of primary preventive care is immunization from disease, which must be 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.

Access to care

In order to receive preventive services one must have access to care. Access to care 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. Access is measured by the frequency of primary care, well child and maternal health visits.

¹ See *Appendix B: Preventive Services and Source of Recommendation*.



Managed Care Quality Review Requirements

Compliant with the Code of Federal Regulations 42 §CFR 462 and 42 §CFR 438, Managed Care, Subpart E External Quality Review, HCA contracts with an External Quality Review Organization (EQRO) to complete required annual quality review activities.² The EQRO conducts an objective, independent assessment of the quality of health care services provided to managed care enrollees, including a determination of timeliness of care, quality of care, and access to care. Under this contract the EQRO is responsible for validating performance measures reported by each managed care plan to NCQA, as described above, and analyzing each plan's performance measure results. The annual report produced by the EQRO publishes the performance measure results for services rendered in the previous calendar year. The 2015 External Quality Review Annual Report, along with reports from previous years, can be found at <http://www.hca.wa.gov/about-hca/apple-health-medicaid-reports>.³

Medicaid Managed Care

In July of 2012, HCA began increasing the number of individuals enrolled in Medicaid managed care by expanding the enrollment criteria beyond children, mothers and pregnant women to include members of the disabled and blind Supplemental Security Income (SSI) eligibility group (adults and children) and other new client populations. In CY 2013, 800,000 individuals received Medicaid services through a managed care plan. With the implementation of the Affordable Care Act in January 2014 Medicaid expanded and by the end of December 2014 over 1.3 million individuals were receiving services through managed care. This represents a rapid growth of 42 percent in one year.

In CY 2013 and CY 2014, HCA contracted with five managed care plans: Amerigroup Washington, Inc. (AM); Coordinated Care Corporation of Washington (CC); Community Health Plan of Washington (CH); Molina Healthcare of Washington (MH); and United Healthcare Community Plan (UH).

MCO Enrollment Growth during Calendar Year 2014

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

To ensure clients enrolled in managed care are receiving quality care, HCA requires the plans to be accredited by the National Commission of Quality Assurance (NCQA), a standard commercial health plans strive to achieve. To retain NCQA accreditation, the plans must submit measures of their

² In 2015, HCA contracted with Qualis Health. In 2014, HCA contracted with Acentra Health.

³ Qualis Health. December 2015. Comparative Analysis Report: Washington Apple Health.



performance annually in various aspects of care delivery. This defined set of measures is known as the Healthcare Delivery Effectiveness Data and Information Set, or HEDIS®.⁴ Broadly adopted by the industry in the mid 1990's, HEDIS® is one of the most widely used sets of health care performance measures in the United States.

Key Findings

The *Comparative Analysis Report for 2015*⁵, written by Qualis Health, compares CY 2014 performance measure results to CY 2015. This report, which includes a broader picture and context than the specific measures noted here, can be found at http://www.hca.wa.gov/assets/free-or-low-cost/ComparativeAnalysis_20151215.pdf. The report provides the following findings about the performance for these measures—and, as an aid for quickly reviewing performance, the following symbols are used to summarize each group of measures: ▼ (poor performance), ◀▶ (average performance), ▲ (good performance), and ± (mixed performance):

Child health

Child and Adolescent Immunizations (▲): Two commonly reported combinations of vaccines (2 and 3) for children under the age of two improved over the previous year, with one now surpassing the national average. Adolescent immunizations (Combination 1) also improved and surpassed the national average.

Primary Care Visits for Children (◀▶): The percentage of children who had at least one primary care visit was slightly above the national average.

Well- Child Visits (▼): The percentage of well-child visits for children and adolescents dropped a bit below the national average this year. *Note: It is unclear whether these well child visit measures were low because of incomplete medical coding or an actual deficiency in the number of well-care visits conducted. This result is inconsistent with the performance in primary care visits for children which was above the national average; the reason for this inconsistency is unknown.*

- The percentage for the age group defined as the first 15 months of life with children having more than six visits was 57.7 percent, just under the national Medicaid average of 58.9 percent.
- The percentage for children in the third, fourth, fifth and sixth year of life was 66.6 percent, slightly below the national Medicaid average of 71.9 percent.
- The percentage for adolescents in the age range of 12-21 years old was 42.6 percent, slightly below the national Medicaid average of 50 percent.

⁴ HEDIS® is a registered trademark of the National Committee for Quality Assurance.

⁵ Qualis Health. December 2015. Comparative Analysis Report: Washington Apple Health.



Countermeasures underway: Because of the low performance for 3-6 year olds, the State has set performance goals for well-child visits for this age group, and importantly, tied to financial incentives as a contract provision for MCOs (value based purchasing). In addition, all MCOs fell at least one level below their contracted goal for 2015 and will be required to implement a performance improvement project. This initiative, led by the Department of Health (DOH), is working with MCO staff to identify interventions that all plans will implement to promote well-child checks and improve this performance measure result.

Weight Assessment and Counseling (±): The percentage of Body Mass Index (BMI) assessments was very low for Apple Health children (20 points lower than the national average). Counseling for nutrition and physical activity were also below the national average, although physical activity counseling rose significantly in 2015.

Countermeasure underway: Continue to monitor and check performance in 2016 EQRO report. The Bree Collaborative was requested to examine potential solutions, but there are limited interventions that have shown effectiveness to date. This remains an important area for further research and clinical improvement.

Adult Health

Weight Assessment and Counseling (▲): The rate of BMI assessments for adults was above the national average for this first-time required measure.

Primary Care Visits (◀▶): The percentage of adults who had at least one primary care visit was slightly below the national average. Overall, the outpatient visit rate per 1,000 member months declined slightly in the 2015 reporting year from the previous year, and was about 93 percent of the national average rate. *Note: MCOs with rates below the state average tended to be newer to Washington and more strongly impacted by Medicaid expansion; HCA will monitor the following year's performance results as the plans work to expand their provider networks.*

Countermeasure underway: Continue to monitor and check performance in 2016 EQRO report. It is important to appreciate that the rapid increase in the number of covered adults may have adversely affected this measure. If data for reporting CY 2015 continues to reflect low performance, HCA will address low performance with plans, as indicated.

HPV Vaccination (▲): The percentage of girls enrolled in Apple Health receiving human papillomavirus (HPV) vaccinations before the age of 13 was above the national average (29.2 percent compared to the national average of 22.2 percent).

Women's Health Screenings (▼): All three measures of women's health screenings—breast cancer, cervical cancer and chlamydia—were below national averages.

Countermeasure underway: Continue to monitor performance in women's health screenings and check performance in 2016 EQRO report. Recognizing these are new measures for this year, if data



for reporting CY 2015 continues to reflect low performance, HCA will address low performance with plans, as indicated.

Maternal Health Visits (▼): The percentages for the three measures for maternal health visit rates were all low, reporting 73.7 percent for timeliness of prenatal visits in the first trimester, 43.8 percent for ongoing prenatal care, and 51.6 percent for new mothers with postpartum visits. The measure for postpartum care was below the national average of 61.8 percent.

Countermeasures underway: Continue to monitor and check performance in 2016 EQRO report. Improvement on these measures will be key to achieving Healthier Washington goals relating to decreases in disparities in adverse birth outcomes. If data for reporting CY 2015 continues to reflect low performance, HCA will address low performance with plans, as indicated.

Highlights

- For childhood immunizations, performance improved overall in 2015, with performance increasing or staying steady for every type of immunization. In addition, the overall performance for the delivery of Combination 2 for children 2 years of age was consistent with the national average.
- Overall immunization rates for adolescents (13 year olds) improved. For the delivery of immunizations referred to as Combination 1, Apple Health was two percentage points above the national average.
- The overall average for the new adult BMI assessment performance measure was 82 percent.
- Washington State exceed the national Medicaid average for the delivery of the Human Papillomavirus (HPV) vaccination for females up to 13 years old with a 29.2 percent immunization rate in its first year of reporting, compared to a national Medicaid average of 22.2 percent.
- For all children between the ages of 12 months and 19 years of age, overall plan performance in access to primary care providers stayed steady in 2015.
- Overall performance for access to preventive care or ambulatory services for adults was above 80 percent in the first year of reporting. Although short of the national average, this was the year of Medicaid expansion under the Affordable Care Act, which increased the number of managed care enrollees significantly and increased the demand on the provider networks.



Opportunities

- The plans' overall performance measure for weight assessment and counseling interventions for children was fairly stable in 2015, but there is room for improvement. The 2015 overall average score is about 27 points below the national average for BMI assessment, while the overall averages for physical activity and nutrition counseling are 9 points and 8 points, respectively, below the national averages.
- Women's health screening is an area for improvement. This was the first year for reporting these measures and it demonstrates less than 56 percent in each of these measures. Chlamydia screening for 16-24 year olds was about 3 points below the national average.
- Results for prenatal and postpartum care are low, with the overall plan score for timely postpartum visits 10 points below the national Medicaid average.
- Overall performance in 2015 for the delivery of six or more well-child visits in the first 15 months of life fell below both 2014 performance and the national average. The result for children in their third, fourth, fifth and sixth years of life was 5 points below the national Medicaid average; for adolescents, it was 7 points below the national Medicaid average.

HCA monitors the performance of each managed care plan in ensuring access and delivery of quality care. The agency works with the MCOs to improve their results, while holding them accountable. HCA is committed to using evidenced-based research to provide high quality health care through innovative health policies and purchasing strategies. Two current examples of HCA's continuing collaboration with other agencies as well as MCOs to improve health outcomes, specifically on preventive services, are described below.

Well-Child and Development Screening Collaboration

In February 2016, the agency joined the Department of Health (DOH), the Department of Early Learning (DEL), and the Department of Social and Health Services (DSHS) to establish a strategic cross-agency partnership to increase the number of at-risk children who receive a well-child exam and developmental screening in order to ameliorate illnesses and conditions and prevent possible future problems in learning, development and behavior.

DOH and HCA are working in collaboration with the Apple Health managed care plans on a cross-plan Performance Improvement Project (PIP) aimed at improving care for enrollees statewide.

The current project is focused on improving performance in completing well-child checks for all children enrolled in a managed care plan. This PIP will promote innovative thinking about ways to increase well-child visit rates. Such innovative thinking may include interventions to expand where well-child visits can be performed and provider education on how to bill for these services to use maximum reimbursement as an incentive for improving completion of well-child exams. The first step for this collaborative MCO group is to decide on interventions that can reasonably be expected

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to improve well-child visit rates. Because of NCQA’s annual schedule for collecting HEDIS® data, we are unlikely to see the results of this initiative until the CY 2018 report.

Value-Based Roadmap

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

To further support the agency’s commitment to improve the quality of care for clients enrolled in managed care, and support HCA’s adoption of value-based reimbursement and alternative payment strategies, the following two performance measures directly related to preventive services will be tied to incentives in all 2017 Apple Health Medicaid contracts:

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

A portion of a one percent (1%) withhold of premium will be refunded to plans that meet the targets for these two performance measures.

The complete “Value Based Roadmap” can be found at http://www.hca.wa.gov/assets/program/vbp_roadmap.pdf



Appendix A: Performance Measures

HEDIS® provides standardized measurement and reporting, and a valid, objective tool for comparing HCA's contracted plans to one another and the national Medicaid average. Each performance measure is defined by technical specifications which derive a "rate" that is an indicator of the quality of care delivered under that measure.⁶

Performance Measures for Preventive Services and Access to Care

- Childhood immunization status
- Immunizations for adolescents
- Weight assessment and counseling for nutrition and physical activity for children and adolescents:
 - BMI percentile
 - Counseling for nutrition
 - Counseling for physical activity
- Adult BMI assessment⁷
- Human papillomavirus vaccine for female adolescents (HPV)⁷
- Breast cancer screening⁷
- Chlamydia screening in women⁷
- Cervical cancer screening⁷
- Children and adolescents' access to primary care practitioners
- Well-child visits in the first 15 months of life
- Well-child visits in the third, fourth, fifth and sixth years of life
- Adolescent well-care visits
- Adults' access to preventive/ambulatory health services⁷
- Prenatal and postpartum care⁷
- Frequency of ongoing prenatal care⁷

These charts demonstrate the results for the past two reporting years. The results from the annual 2014 report for services delivered in CY 2013 are provided by Acumentra Health. The measure results in the annual 2015 report for services delivered in CY 2014 are provided by Qualis Health. The charts on the following pages provide valuable information about the performance of each plan and, when possible, compare results reported in the 2014 and 2015 annual reports. Where applicable, an accompanying chart represents the rate of increase or decrease in performance reported in the two annual reports.

⁶ See *Appendix B: Definitions of HEDIS® Performance Measures* for a description of each measure.

⁷ These are new HEDIS performance measures added by NCQA for delivered services in CY 2014 and reported in CY 2015 EQRO annual report.



The following key will assist in interpreting the 2015 and 2014 data presented in the charts.

Amerigroup Washington (AM)
Coordinated Care (CC)
Community Health Plan of Washington (CH)
Molina Healthcare of Washington (MH)
United Healthcare of Washington (UH)

For more detail, the *Comparative Analysis Report for 2015*, written by Qualis Health, can be found at http://www.hca.wa.gov/assets/free-or-lowcost/ComparativeAnalysis_20151215.pdf.



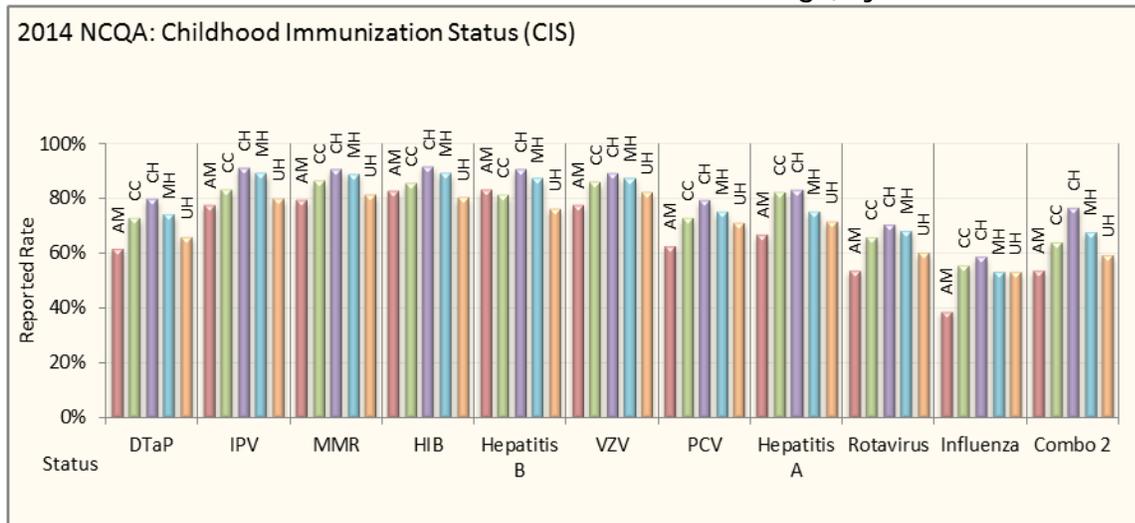
HEDIS Performance Measures: Preventive

Reported in 2014 and 2015

Childhood Immunization Status

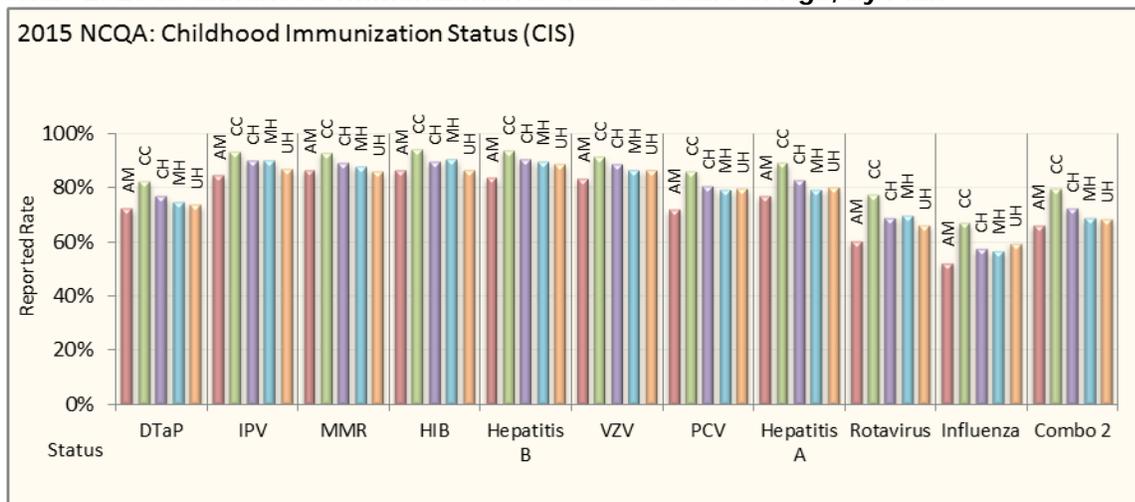
This measure tracks the percentage of children 2 years of age, who have had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCF); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. For the purpose of this report Combo 2, which includes all the underlined vaccines, is also reported here.

Chart 1. 2014 Childhood Immunization Status—2 Years of Age, by Plan



Source: Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014.

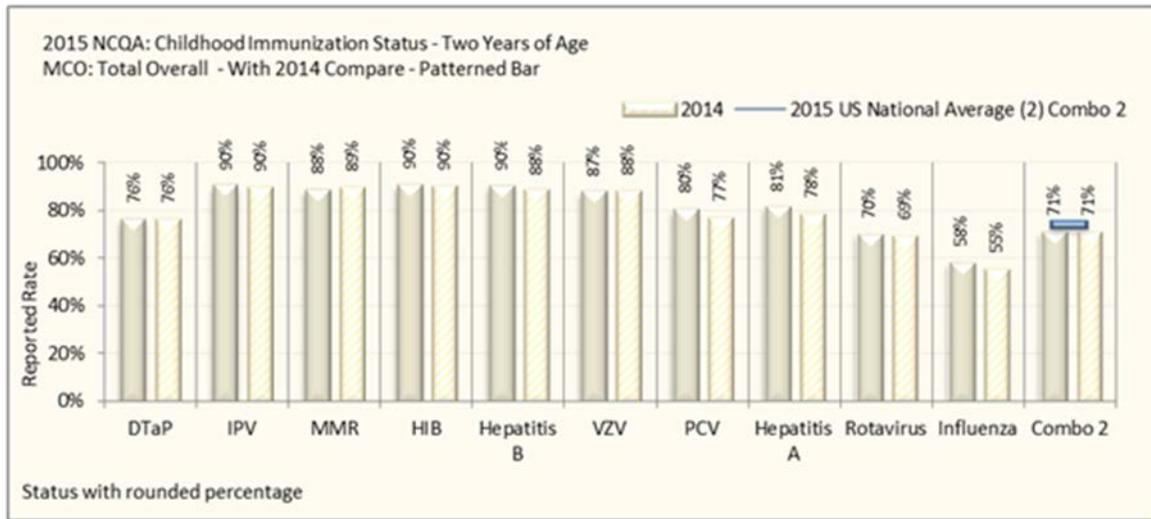
Chart 2. 2015 Childhood Immunization Status—2 Years of Age, by Plan



Source: Qualis Health. *Comparative Analysis Report*, December 2015.

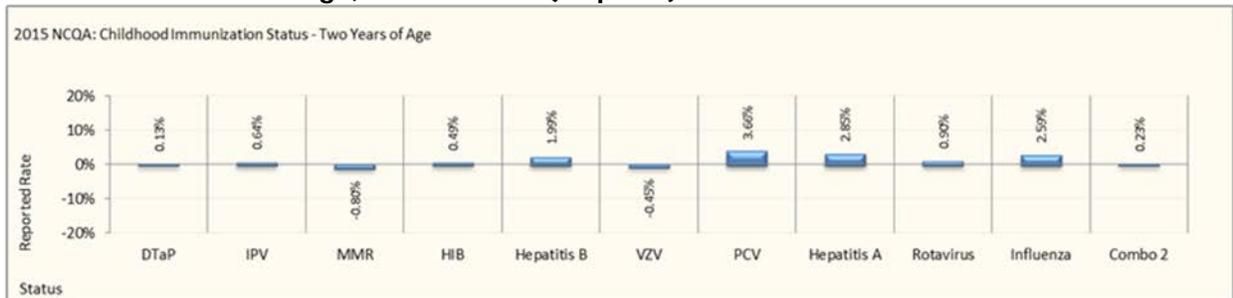


Chart 3. Childhood Immunization Status—2 Years of Age, Overall Total (all plans)



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 4. Childhood Immunization Status, Rate of Increase/Decrease —2 Years of Age, Overall Total (all plans)



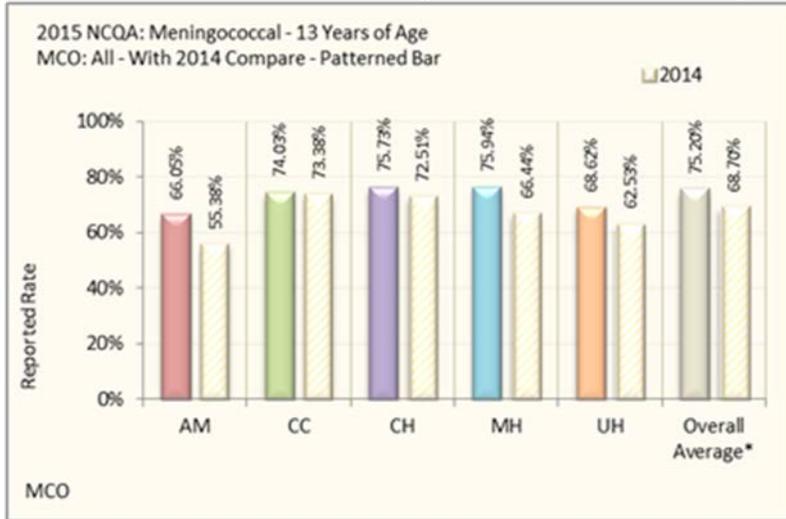
Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Immunizations for Adolescents

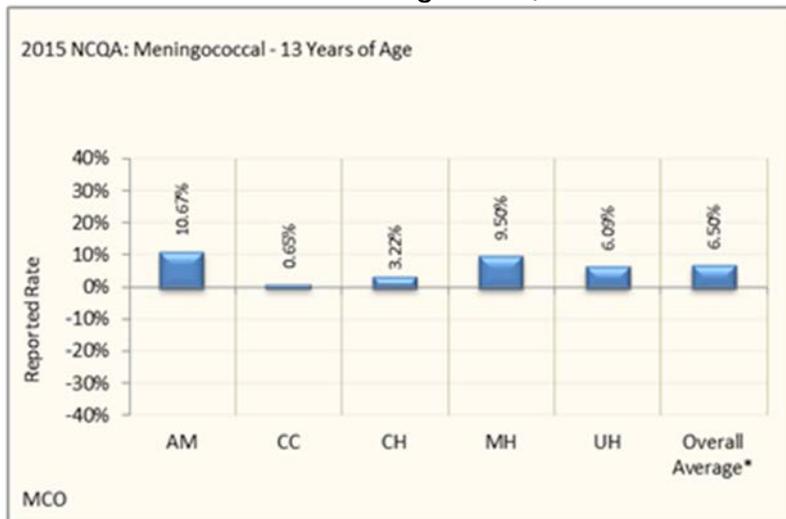
These measures track the percentage of adolescents who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. The measure calculates a rate for each vaccine and the rate for giving the vaccinations in combination, commonly referred to as Combo 1.

Chart 5. Immunizations: Meningococcal—13 Years of Age



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

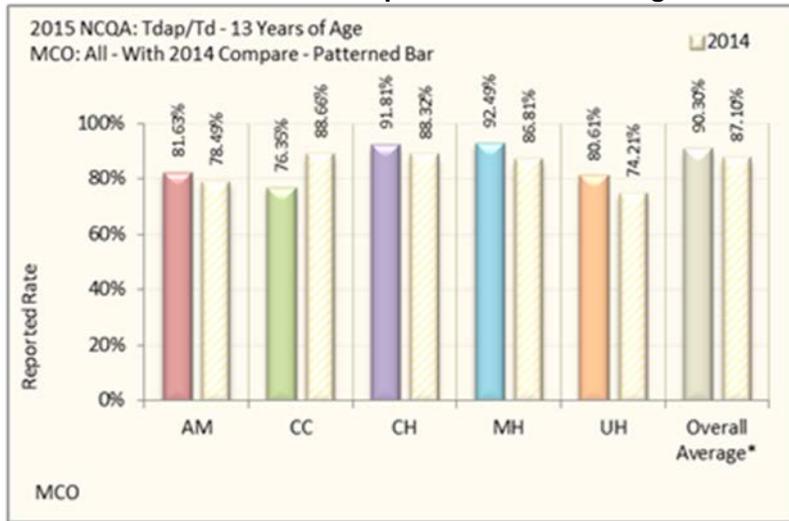
Chart 6. Immunizations: Meningococcal, Rate of Increase/Decrease—13 Years of Age



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Chart 7. Immunizations: Tdap/Td—13 Years of Age



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

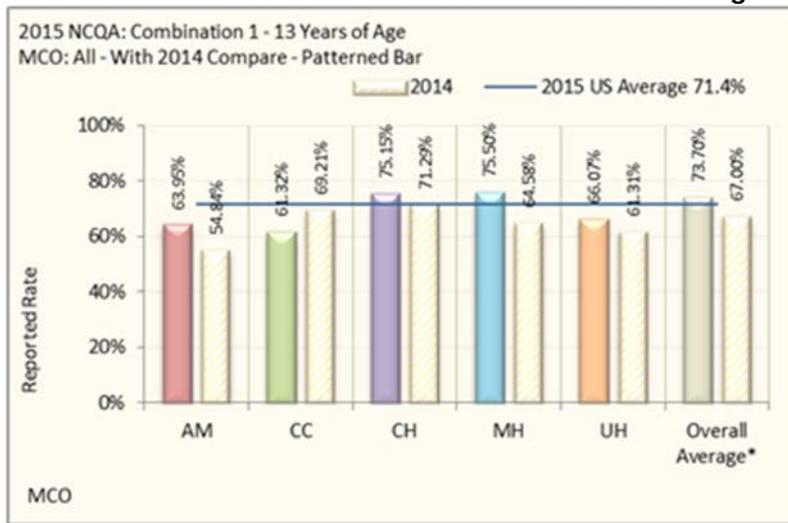
Chart 8. Immunizations: Tdap/Td, Rate of Increase/Decrease—13 Years of Age



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

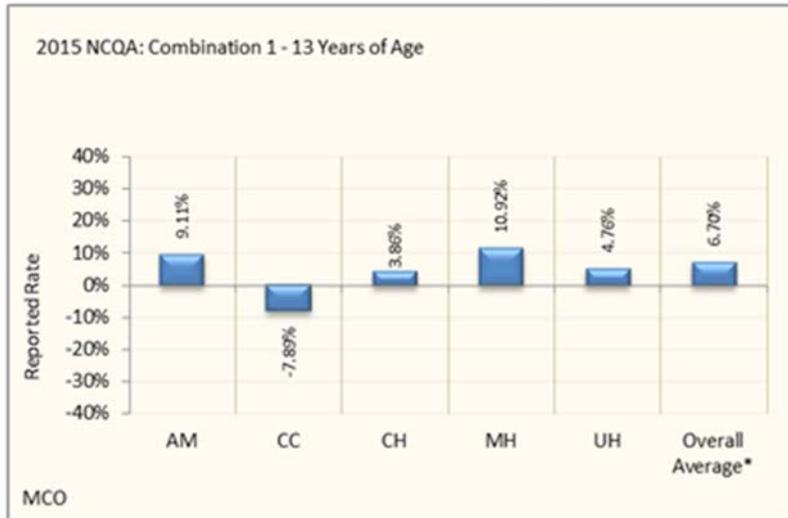


Chart 9. Immunizations: Combination 1—13 Years of Age



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 10. Immunizations: Combination 1, Rate of Increase/Decrease—13 Years of Age



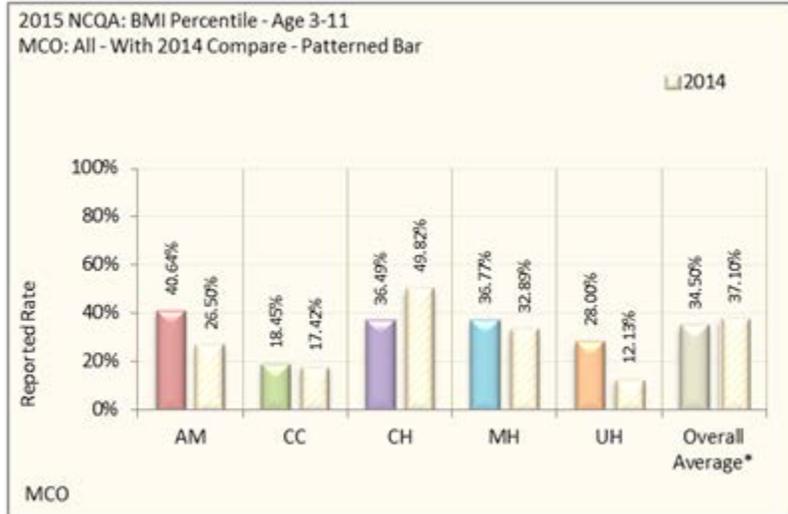
Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Weight Assessment/Counseling for Children and Adolescents: BMI

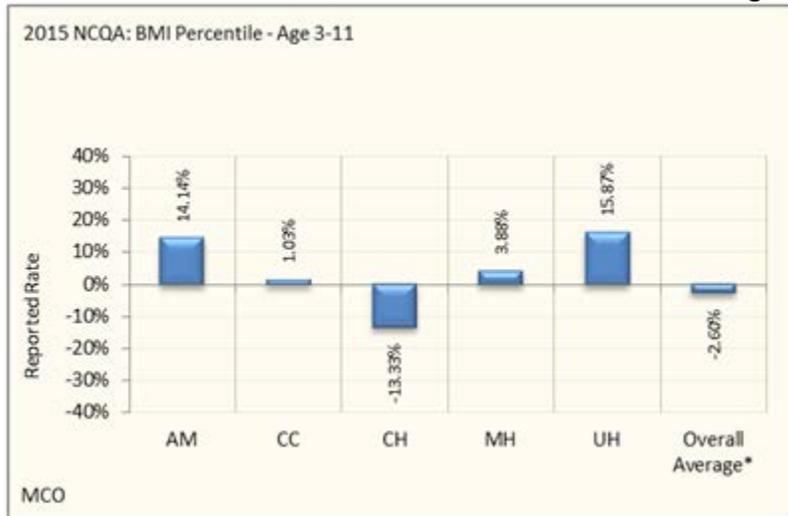
This measure reports the number of children in age groups who had an appointment with a primary care physician (PCP) who had documentation of a Body Mass Index (BMI) percentile.

Chart 11. BMI Percentile—Age 3-11 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

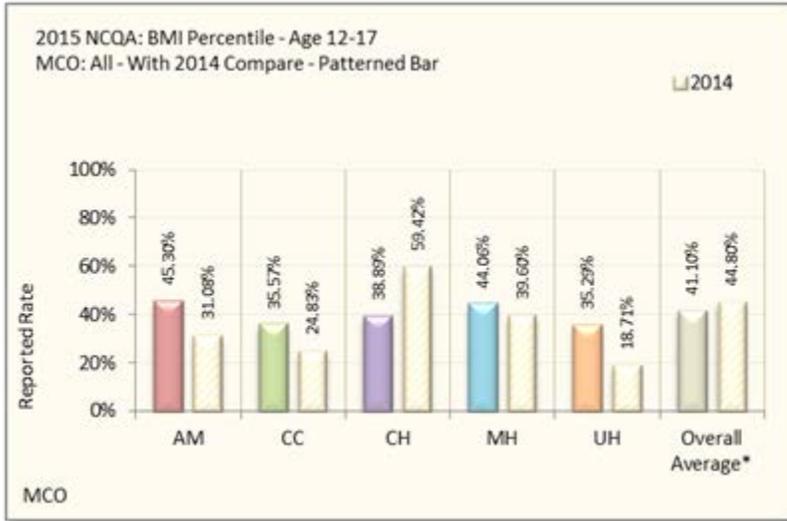
Chart 12. BMI Percentile, Rate of Increase/Decrease—Age 3-11 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015

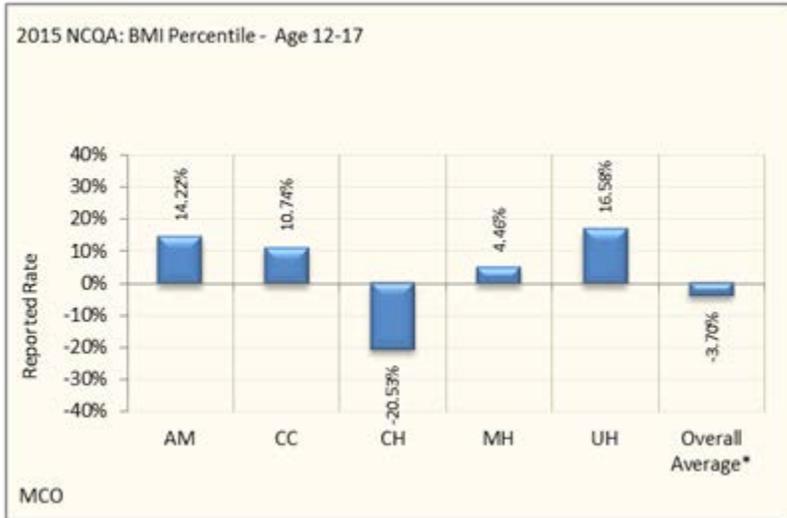


Chart 13. BMI Percentile—Age 12-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

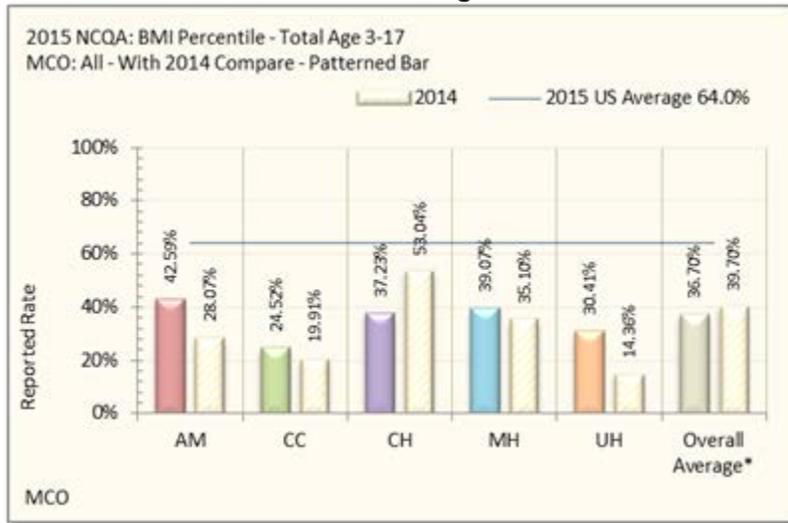
Chart 14. BMI Percentile, Rate of Increase/Decrease—Age 12-17 years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Chart 15. BMI Percentile—Total, Age 3-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. "Comparative Analysis Report", December 2015.

Chart 16. BMI Percentile, Rate of Increase/Decrease—Total, Age 3-17 Years



Sources: Acumentra Health. "2014 Performance Measure Comparative Analysis Report", December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

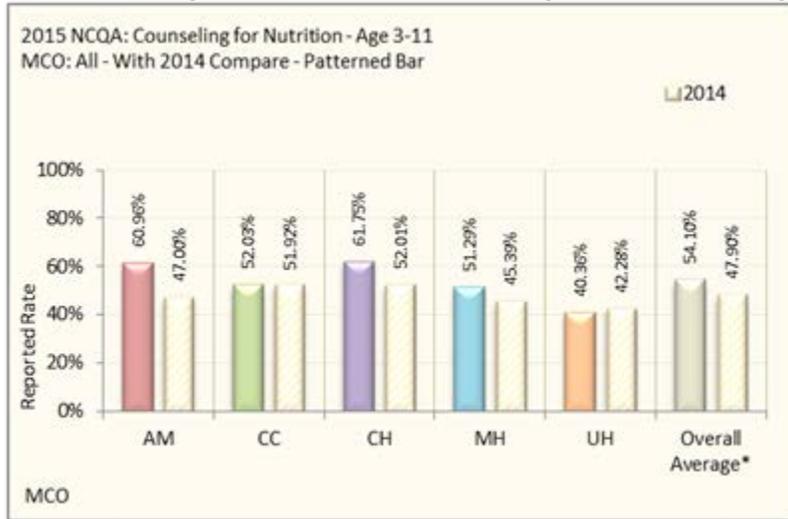


Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

This measure tracks the percentage of enrolled children and adolescents, ages 3-17 years of age, who had an outpatient visit with a PCP or obstetrician/gynecologist (OB/GYN) that included BMI percentile documentation, and/or counseling for nutrition or physical activity.

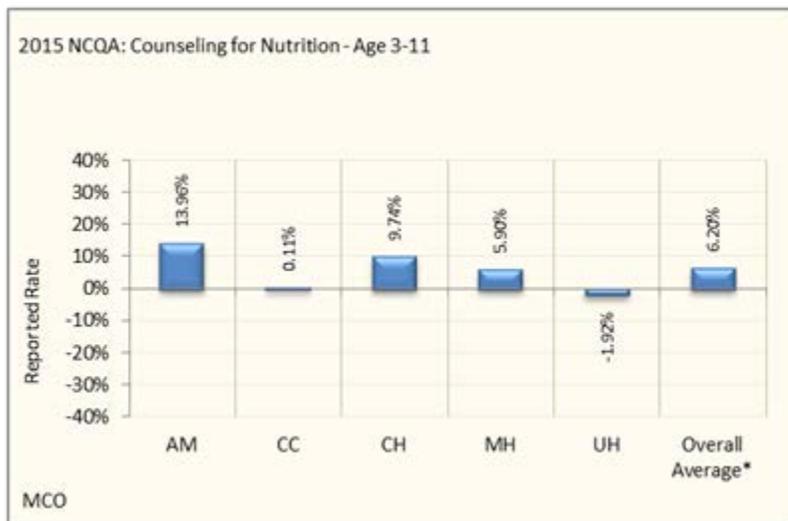
Weight Assessment/Counseling for Nutrition

Chart 17. Weight Assessment/Counseling for Nutrition—Age 3-11 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 18. Counseling for Nutrition, Rate of Increase/Decrease—Age 3-11 Years

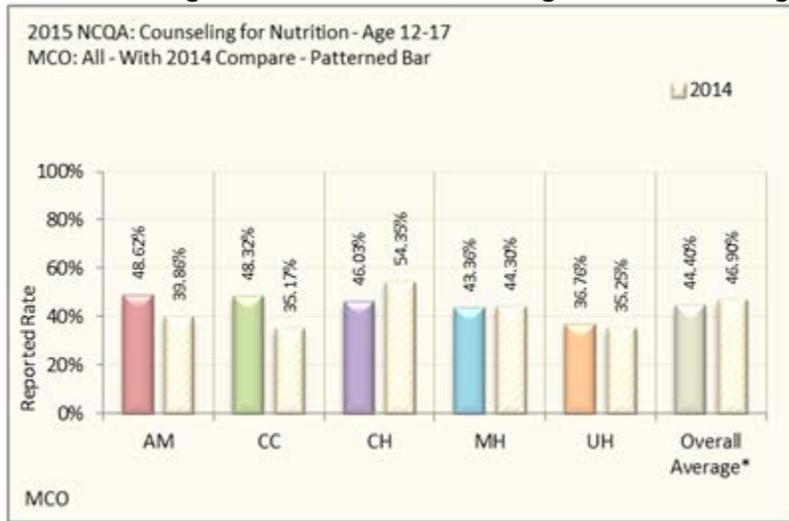


Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

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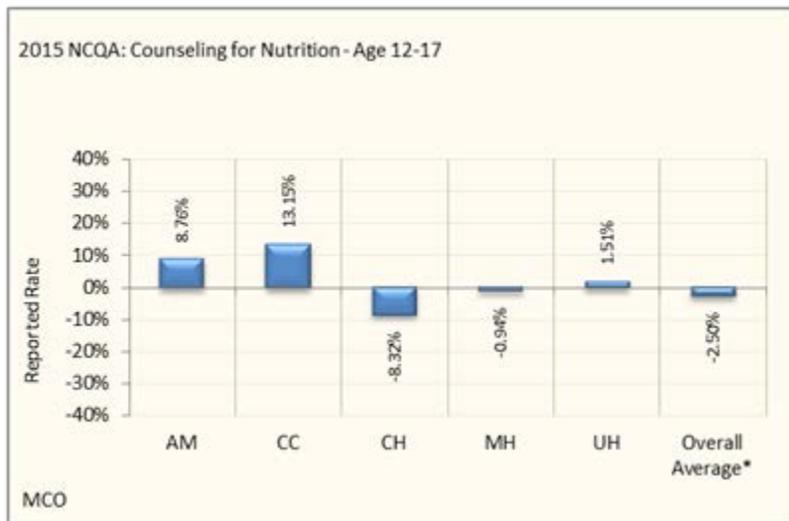


Chart 19. Weight Assessment/Counseling for Nutrition—Age 12-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. Source: Qualis Health. *Comparative Analysis Report*, December 2015.

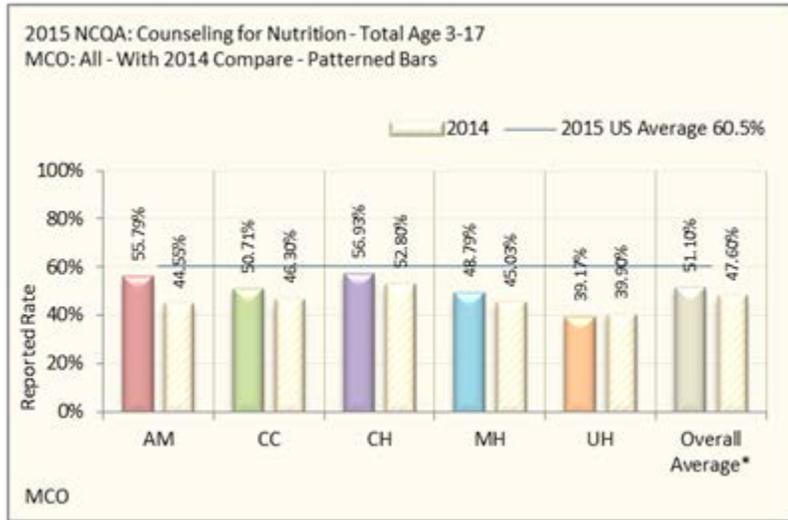
Chart 20. Counseling for Nutrition, Rate of Increase/Decrease—Age 12-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

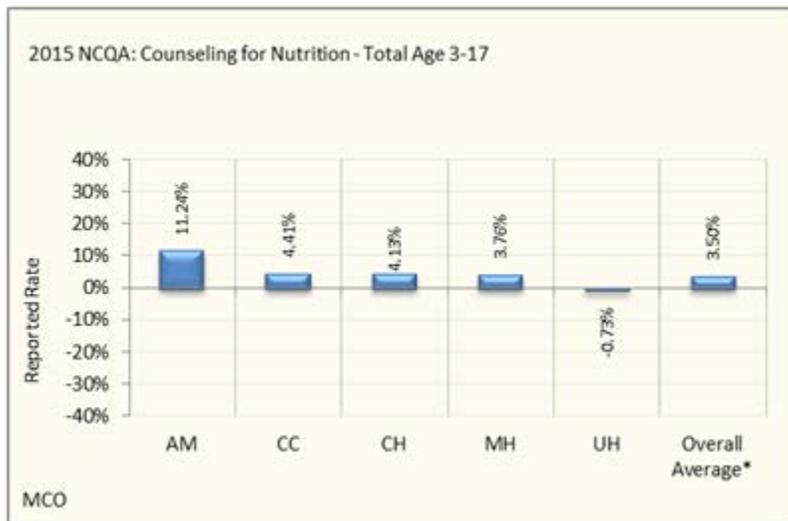


Chart 21. Weight Assessment/ Counseling for Nutrition—Total, Age 3-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 22. Counseling for Nutrition, Rate of Increase/Decrease—Total, Age 3-17 Years

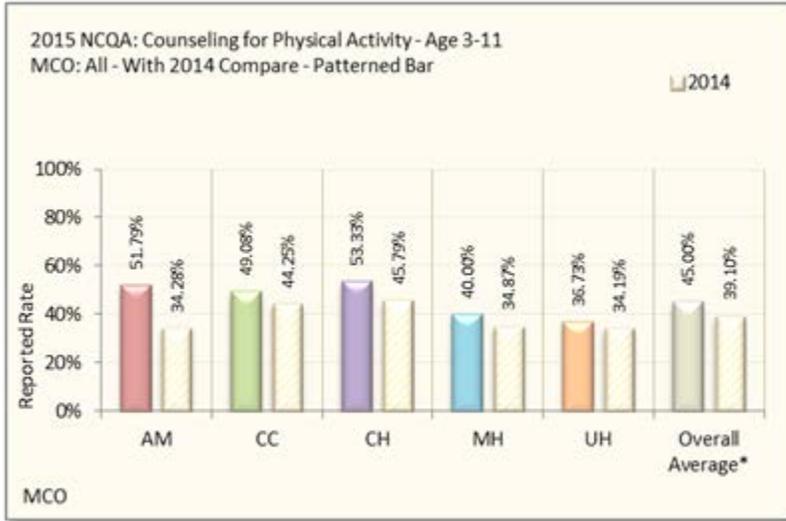


Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



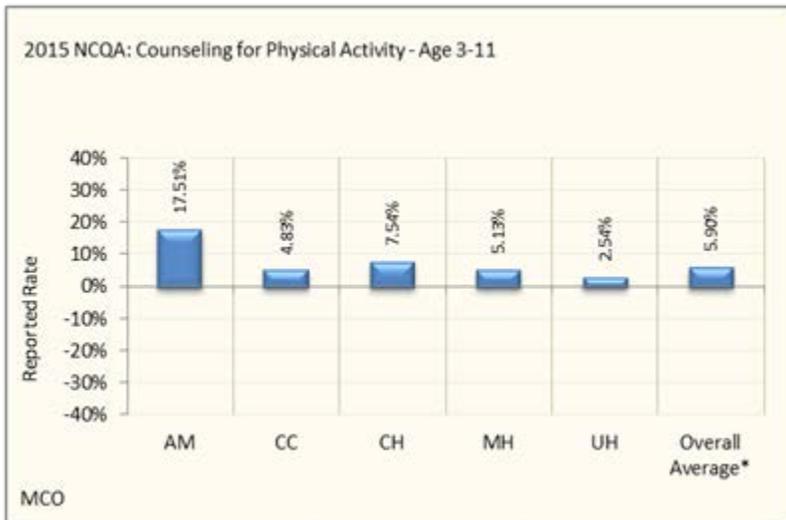
Weight Assessment/Counseling for Physical Activity

Chart 23. Weight Assessment/Counseling for Physical Activity—Age 3-11 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

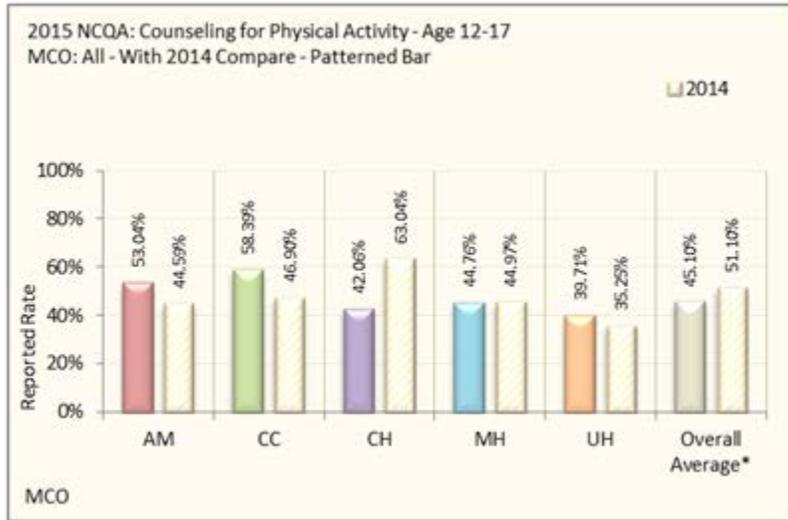
Chart 24. Counseling for Physical Activity, Rate of Increase/Decrease—Age 3-11 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

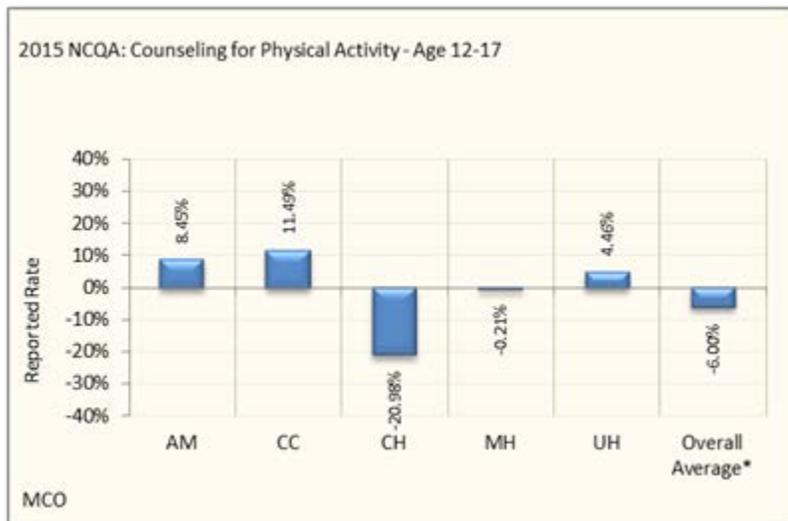


Chart 25. Weight Assessment/Counseling for Physical Activity—Age 12-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

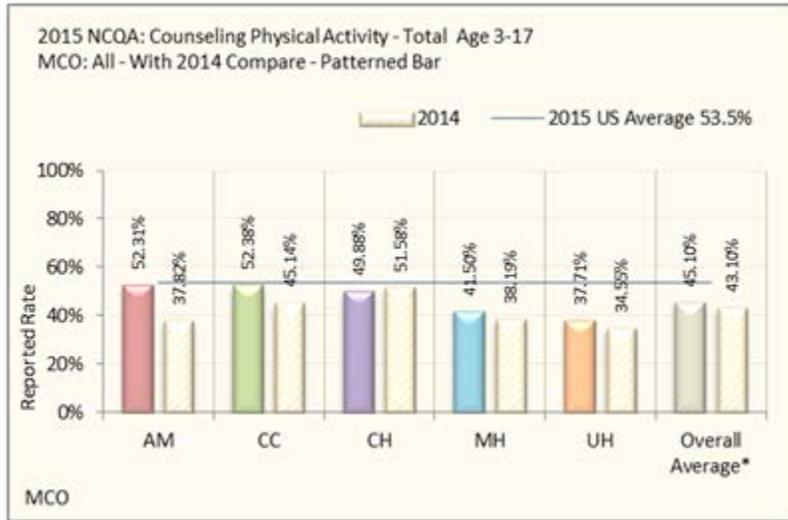
Chart 26. Counseling for Physical Activity, Rate Increase/Decrease—Age 12-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

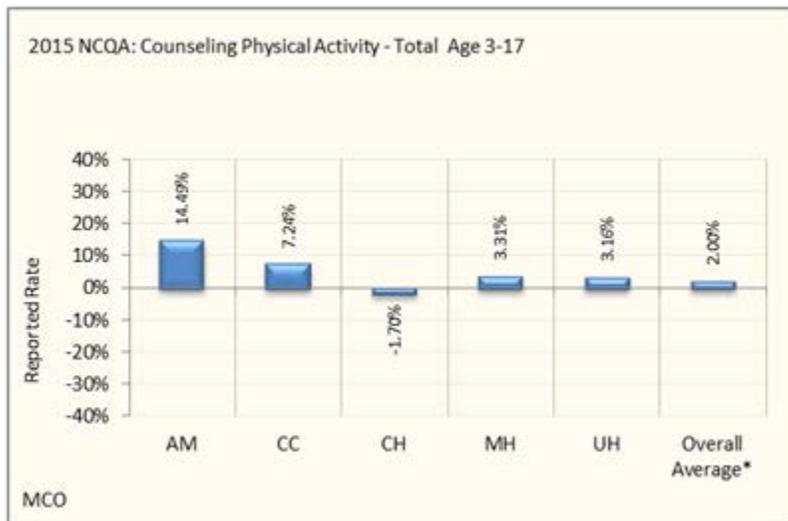


Chart 27. Weight Assessment/Counseling for Physical Activity—Total, Age 3-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Source: Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 28. Counseling for Physical Activity, Rate of Increase/Decrease—Total, Age 3-17 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



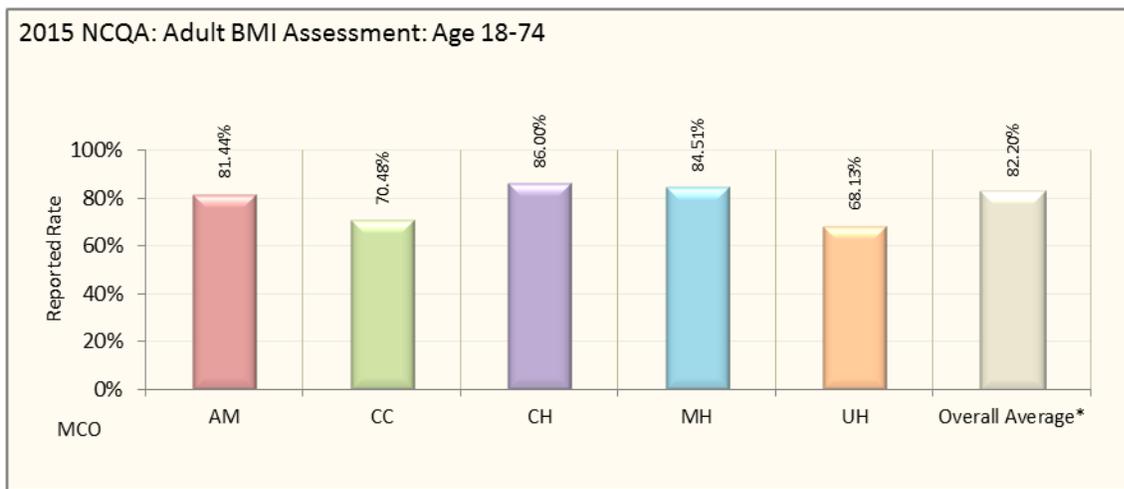
New Measures Reported in 2015

NCQA began requiring several new preventive measures in CY 2014, which were reported for the first time in the 2015 annual report. Charts for these new measures are shown below and on the following pages.

Adult BMI Assessment

This measure tracks the percentage of members 18-64 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Chart 29. Adult BMI Assessment: Age 18-74 Years



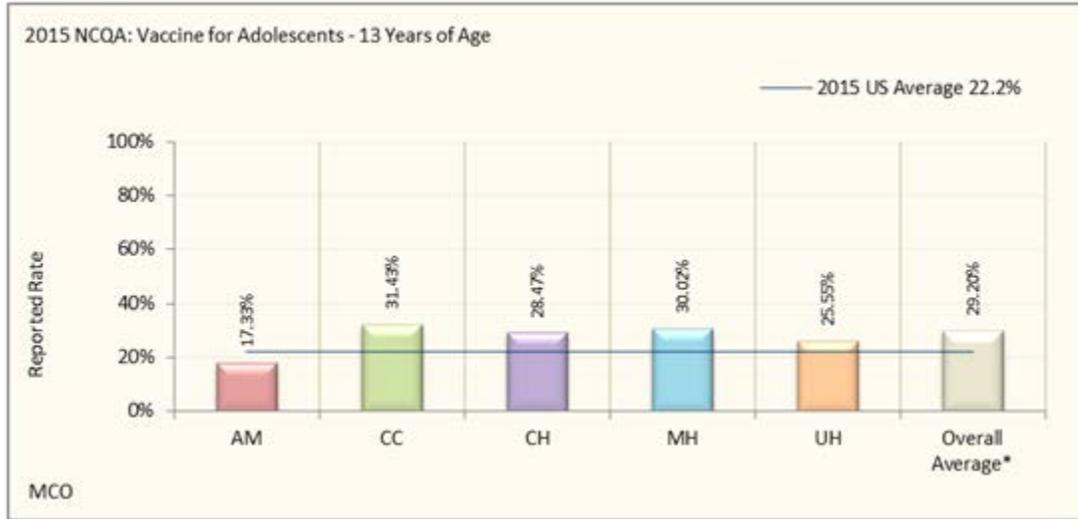
Source: Qualis Health. *Comparative Analysis Report* December 2015.



Human Papillomavirus Vaccine (HPV) for Female Adolescents

This measure tracks the percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their thirteenth birthday.

Chart 30. Human Papillomavirus Vaccine for Female Adolescents (HPV): 13 Years

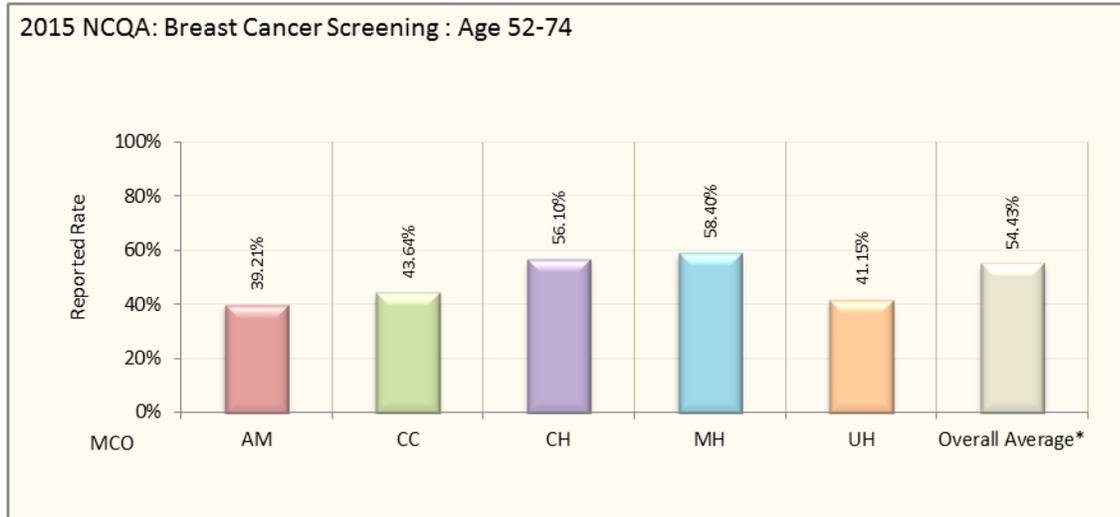


Source: Qualis Health. *Comparative Analysis Report*, December 2015.

Breast Cancer Screening

This measure tracks the percentage of women 52-74 years of age who had a mammogram to screen for breast cancer.

Chart 31. Breast Cancer Screening: Age 52-74 Years



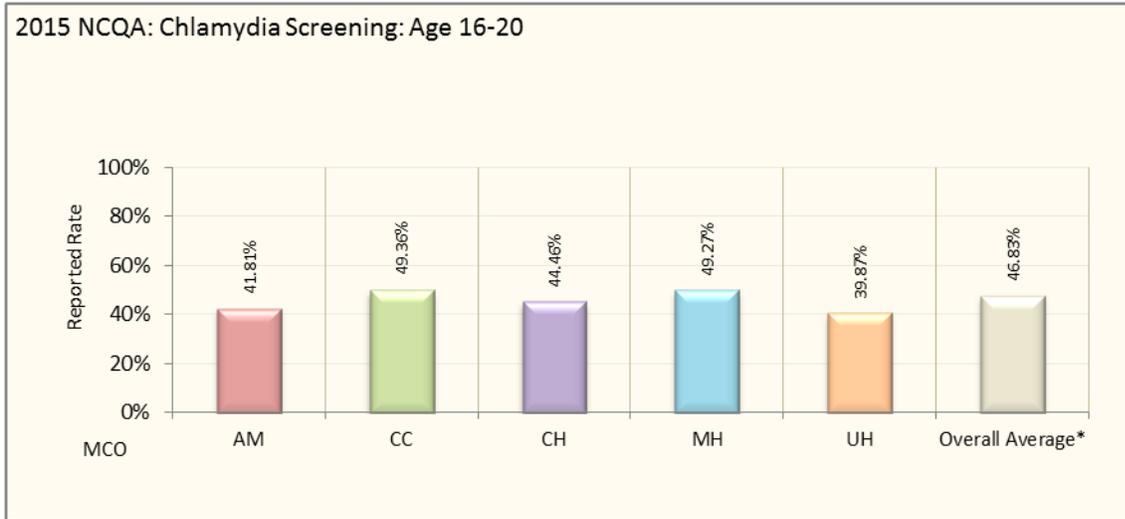
Source: Qualis Health. *Comparative Analysis Report*, December 2015



Chlamydia Screening in Women

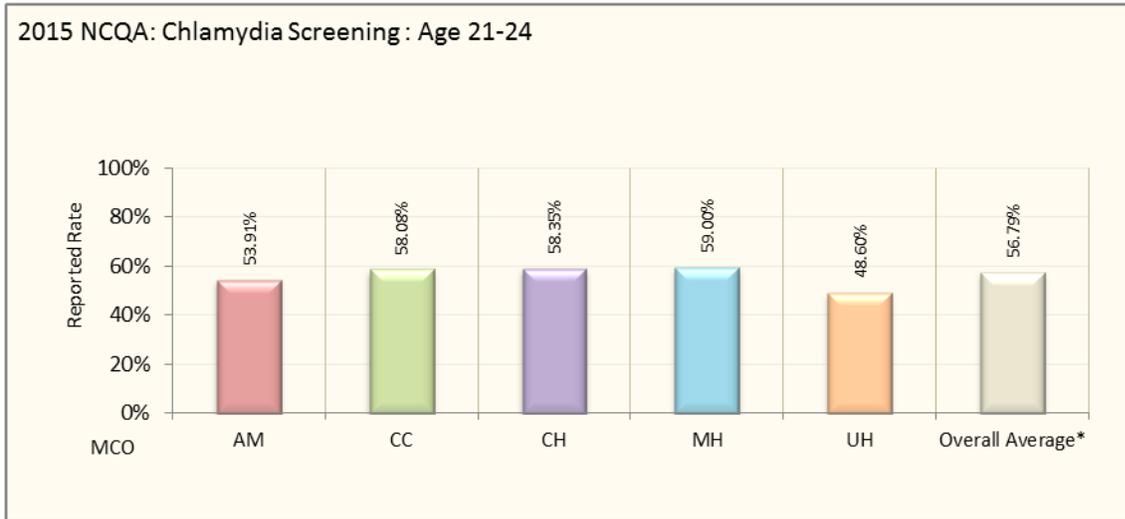
This measure tracks the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Chart 32. Chlamydia Screening in Women: Age 16-20 Years



Source: Qualis Health. *Comparative Analysis Report*, December 2015.

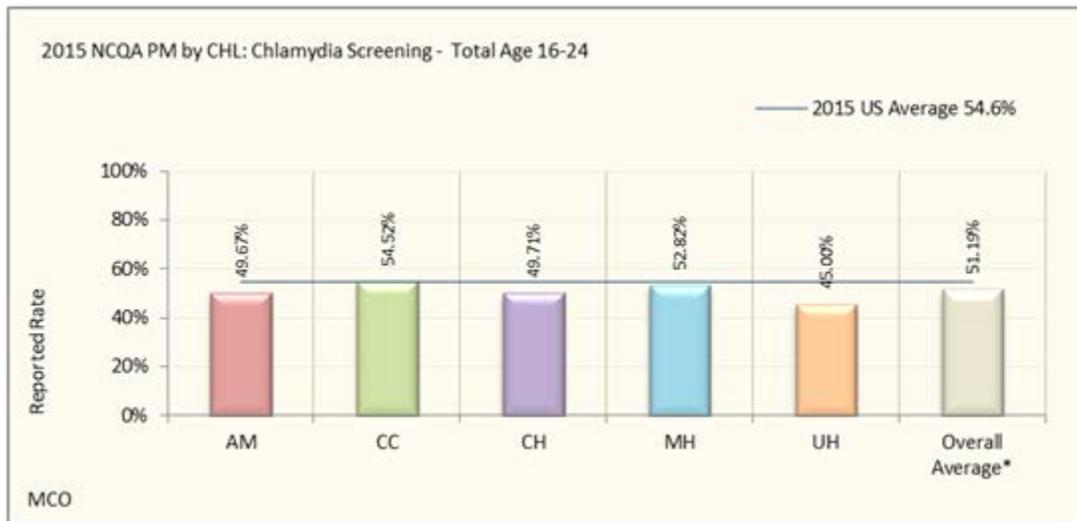
Chart 33. Chlamydia Screening in Women: Age 21-24 Years



Source: Qualis Health. *Comparative Analysis Report*, December 2015.



Chart 34. Chlamydia Screening in Women: Total, Age 16-24 Years



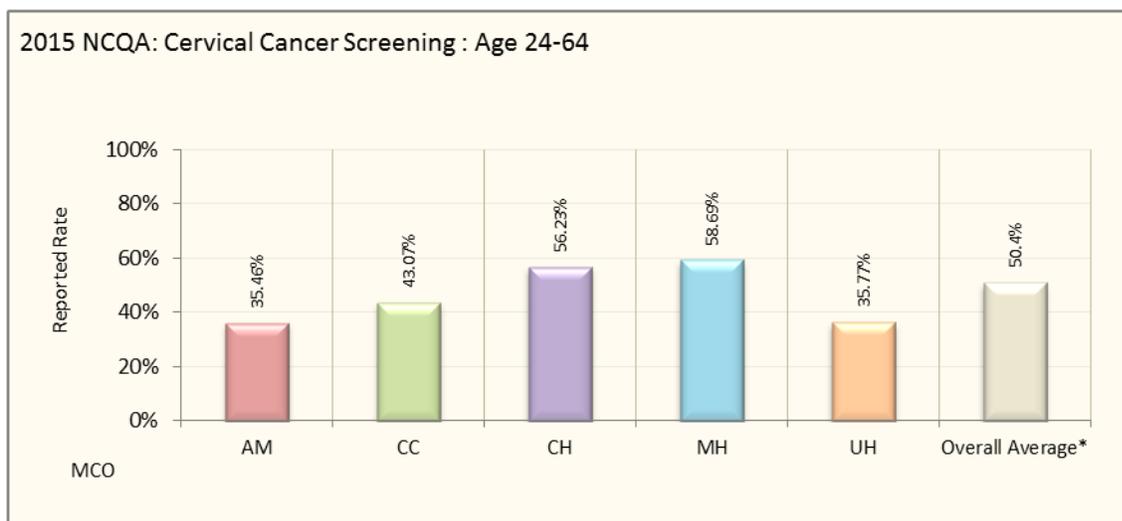
Source: Qualis Health. *Comparative Analysis Report*, December 2015.

Cervical Cancer Screening

This measure tracks the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Chart 35. Cervical Cancer Screening: Age 24-64 Years



Source: Qualis Health. *Comparative Analysis Report*, December 2015.



HEDIS[®] Performance Measures: Access

HCA includes these measures because of the relationship between adequate access and receiving preventive care.

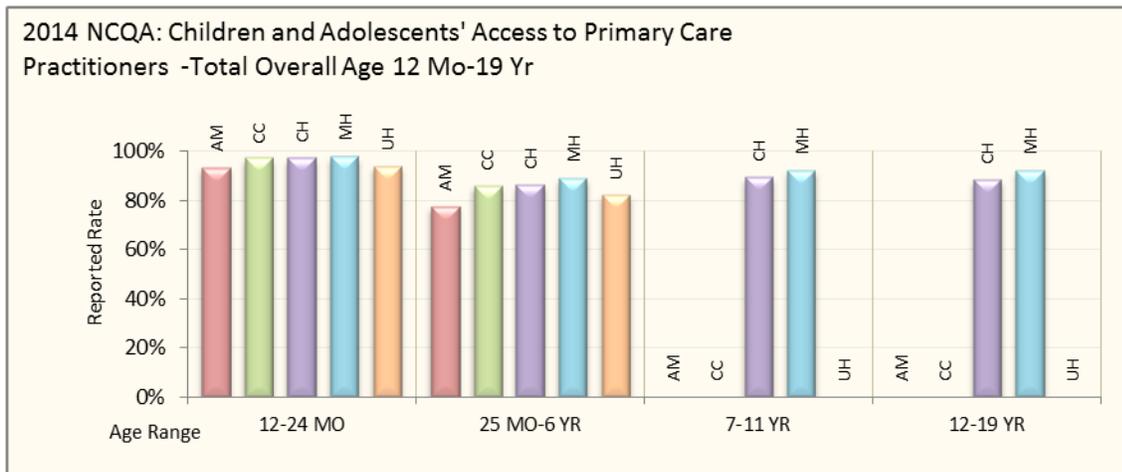
Reported in 2014 and 2015

Children's and Adolescents' Access to Primary Care Practitioners

This measure tracks the percentage of enrollees 12 months to 19 years of age who had a visit with a primary care practitioner (PCP). The organization reports four separate measures:

- The percentage of children 12-24 months who had a visit with a PCP during the measurement year.
- The percentage of children 25 months to 6 years who had a visit with a PCP during the measurement year.
- The percentage of children 7-11 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.
- The percentage of adolescents 12-19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Chart 36. 2014 Access to Primary Care Practitioners: Age 12 Months - 19 Years

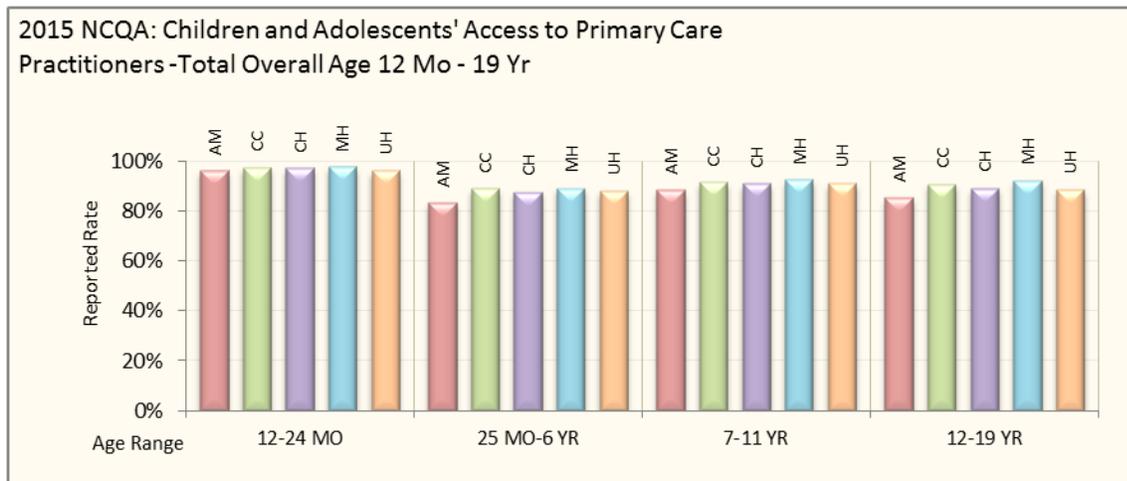


Source: Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014.

Note: The sample sizes for ages 7-11 years and 12-19 years for Amerigroup Washington (AM), Coordinated Care (CC), and United Healthcare of Washington (UH) were not large enough for meaningful analysis.

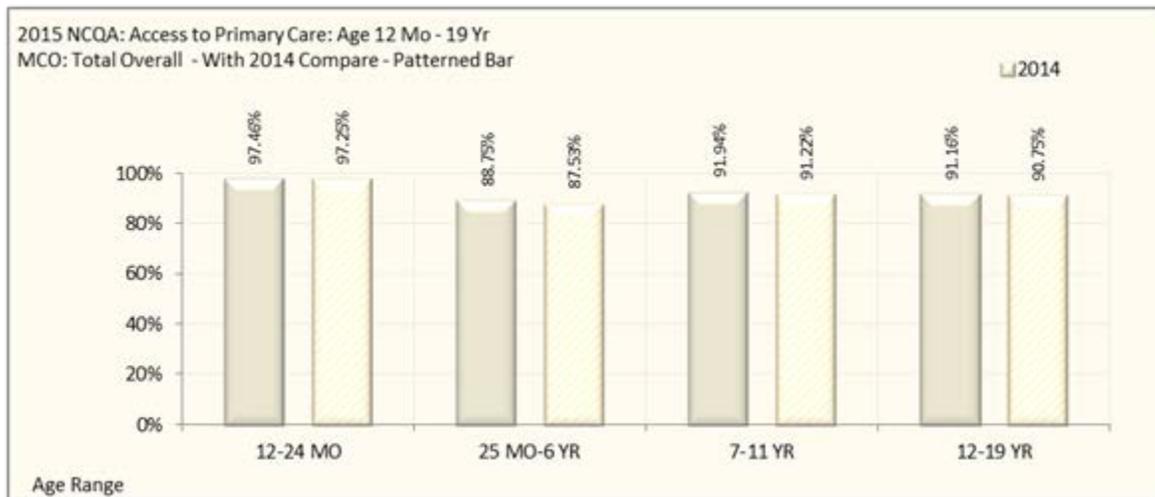


Chart 37. 2015 Access to Primary Care Practitioners: Age 12 Months - 19 Years



Source: Qualis Health. *Comparative Analysis Report*, December 2015.

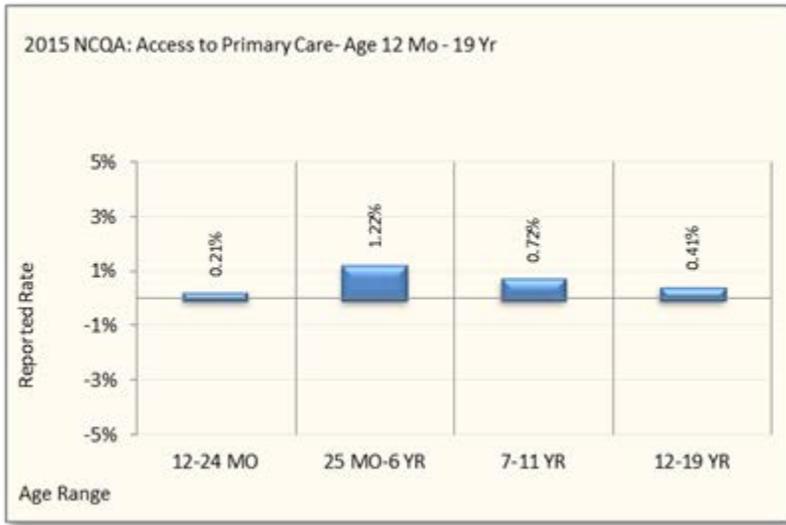
Chart 38. 2014 and 2015 Access to Primary Care Practitioners, Total Overall (all MCOs): Age 12 Months - 19 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Chart 39. Children and Adolescents' Access to Primary Care Practitioners, Rate of Increase/Decrease, Total Overall (all MCOs): Age 12 Months - 19 Years



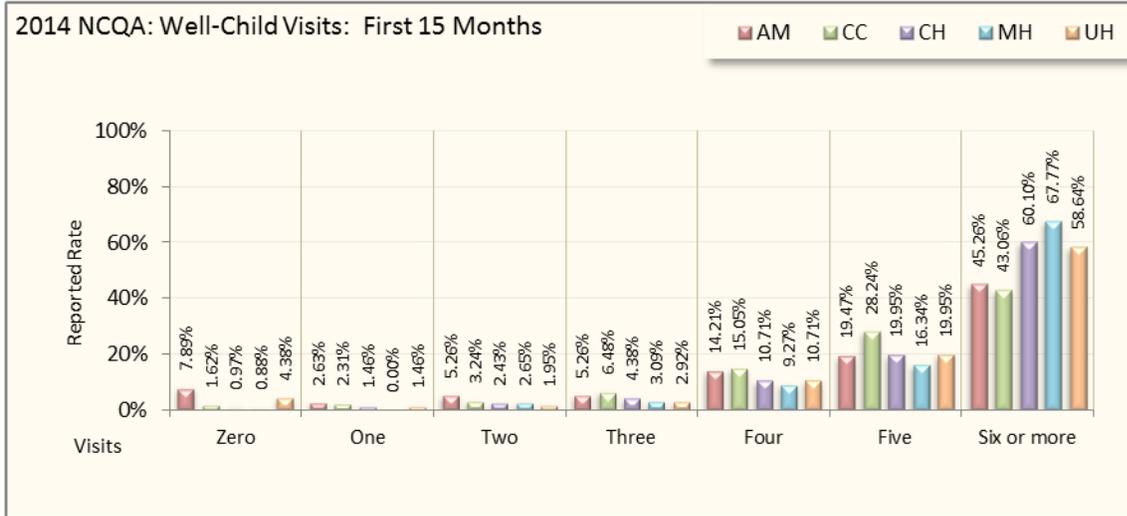
Sources: Acentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Well-Child Visits in the First 15 Months of Life

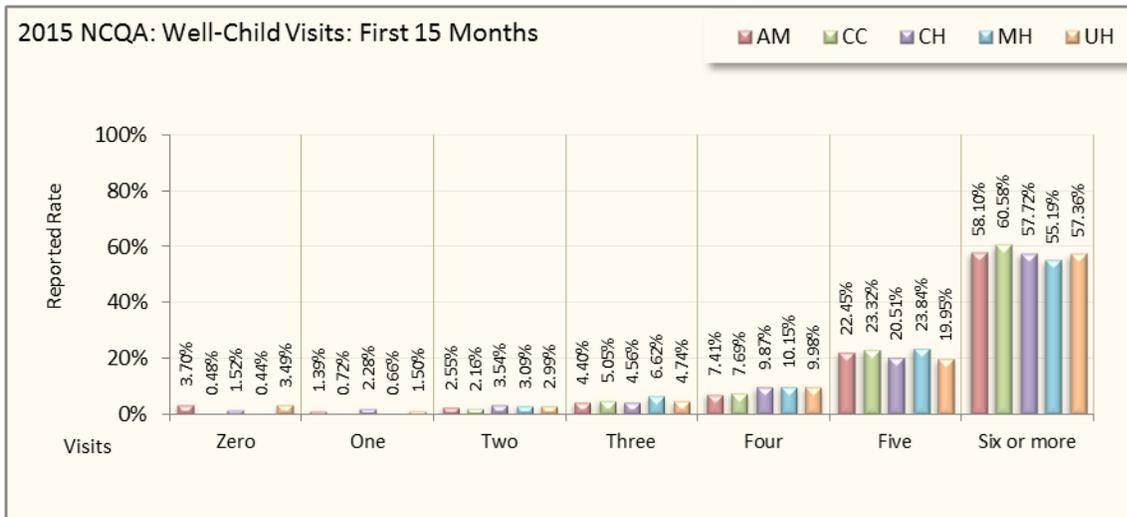
This measure tracks the percentage of enrolled children who turned 15 months old during the measurement year who received between 0 and 6 or more well-child visits with a PCP during their first 15 months of life.

Chart 40. 2014 Well-Child Visits in the First 15 Months of Life



Source: Acumentra Health. 2014 *Performance Measure Comparative Analysis Report*, December 2014.

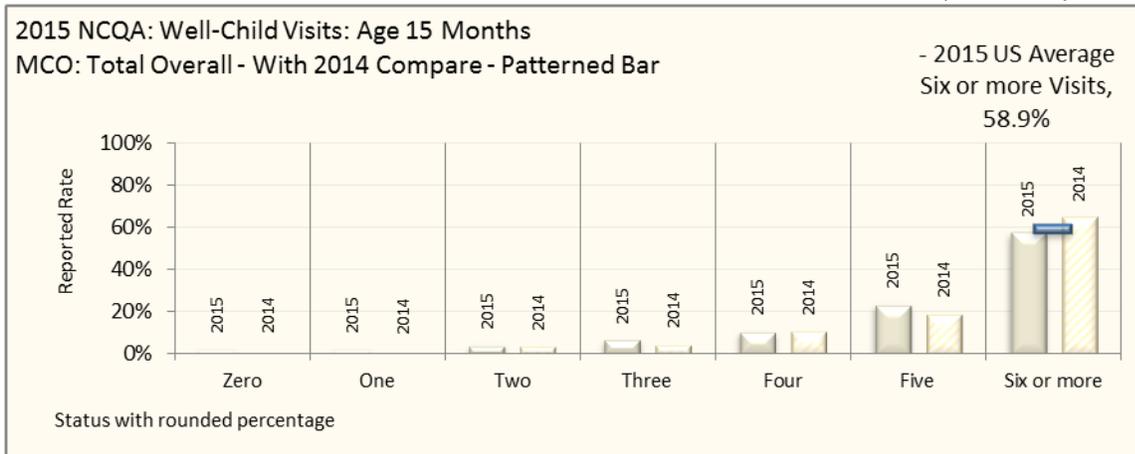
Chart 41. 2015 Well-Child Visits in the First 15 Months of Life



Source: Qualis Health. *Comparative Analysis Report*, December 2015.



Chart 42. Well-Child Visits in the First 15 Months of Life: Total Overall (all MCOs)



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 43. Well-Child Visits in the First 15 Months of Life, Rate of Increase/Decrease: Total Overall (all MCOs)



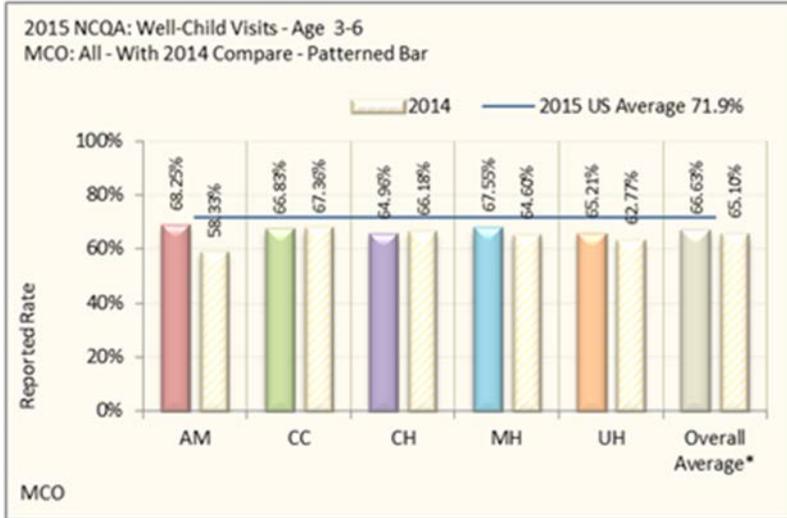
Sources: Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

This measure tracks the percentage of enrolled children between 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.

Chart 44. Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life



Sources: Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 45. Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, Rate of Increase/Decrease



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



Adolescent Well-Care Visits

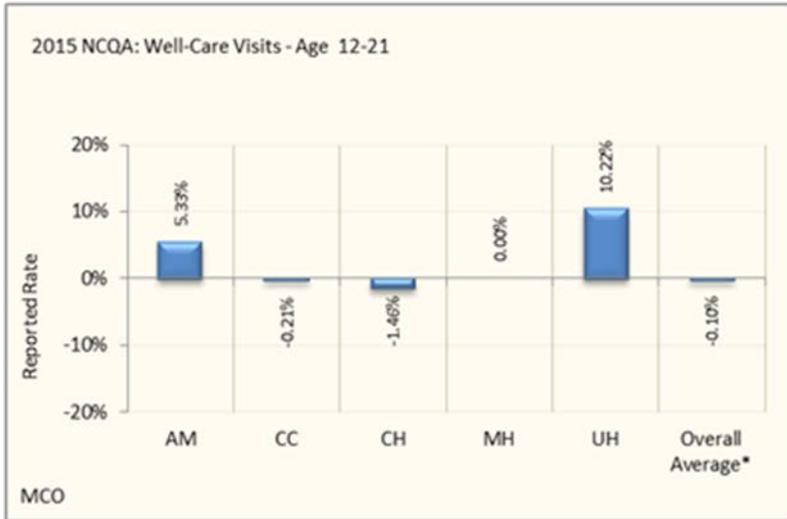
This measure tracks the percentage of enrollees 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.

Chart 46. Adolescent Well-Care Visits: Age 12-21 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.

Chart 47. Adolescent Well-Care Visits, Rate of Increase/Decrease: Age 12-21 Years



Sources: (1) Acumentra Health. *2014 Performance Measure Comparative Analysis Report*, December 2014. (2) Qualis Health. *Comparative Analysis Report*, December 2015.



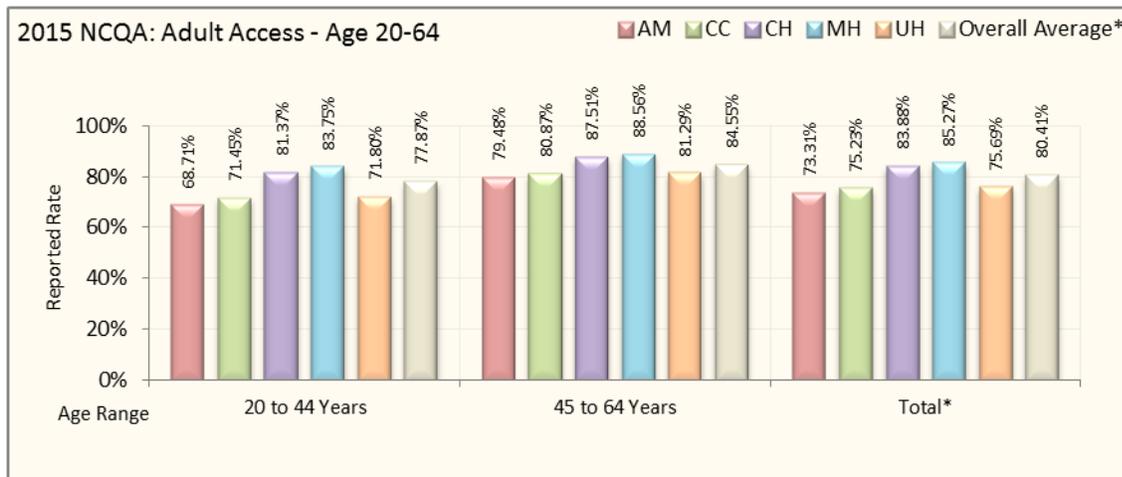
New Measures Reported in 2015

NCQA began requiring several new measures in CY 2014. They were reported for the first time in the 2015 annual report and appear in the charts below and on the following pages.

Adults' Access to Preventive/Ambulatory Health Services

This measure tracks the percentage of members 20 years and older who had an ambulatory or preventive care visit.

Chart 48. Access to Preventive/Ambulatory Health Services: Age 20-64 Years



Source: Qualis Health. *Comparative Analysis Report*, December 2015.

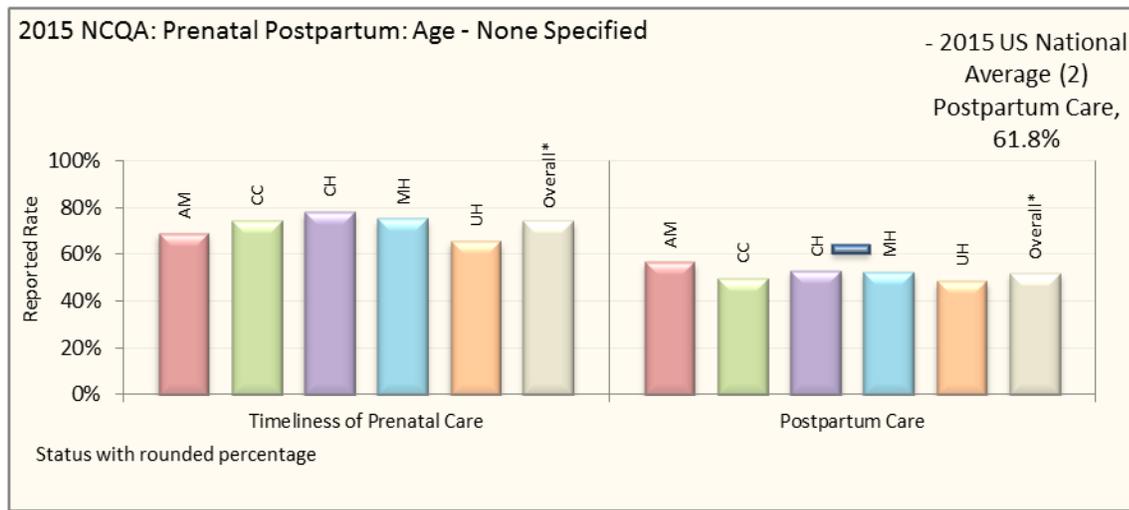


Prenatal and Postpartum Care

This measure tracks the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- *Timelines of Prenatal Care.* The percentage of women who delivered babies who received a prenatal care visit in the first trimester or within 42 days of enrollment in the health plan.
- *Postpartum Care.* The percentage of women who delivered babies who had a postpartum visit on or between 21 and 56 days after delivery.

Chart 49. Prenatal and Postpartum Care



Source: Qualis Health. *Comparative Analysis Report*, December 2015.



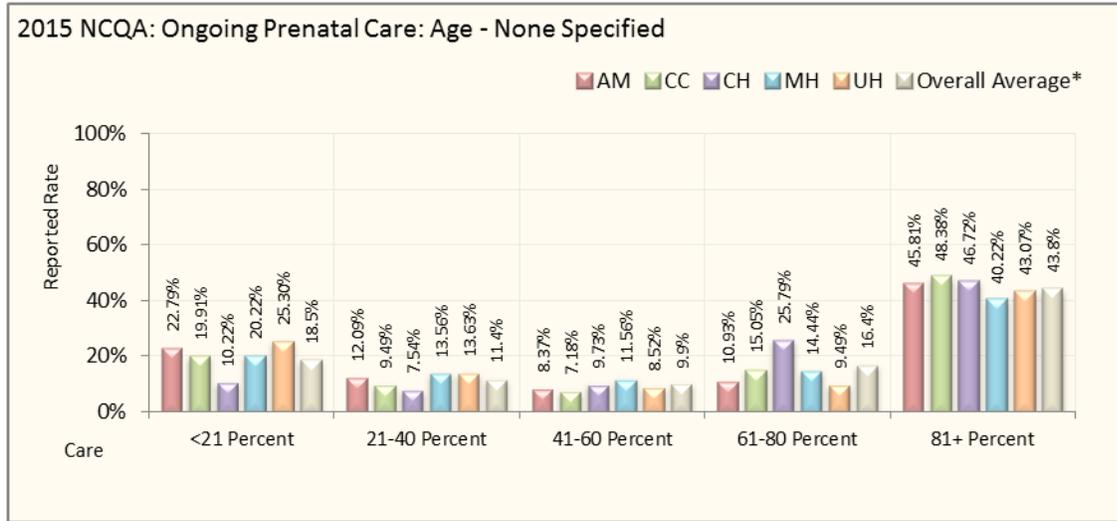
Frequency of Ongoing Prenatal Care

This measure tracks the percentage of Medicaid members who delivered babies between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:

- Less than 21 percent of expected visits
- 21 percent – 40 percent of expected visits
- 41 percent – 60 percent of expected visits
- 61 percent – 80 percent of expected visits
- At least 81 percent of expected visits

This measure uses the same denominator as the *Prenatal and Postpartum Care Measure*.

Chart 50. Frequency of Ongoing Prenatal Care



Source: Qualis Health. *Comparative Analysis Report*, December 2015.



Appendix B: Preventive Services and Source of Recommendation

Applicable Performance Measure Description	Recommended By
Adult BMI Assessment (ABA)	United States Preventive Services Task Force
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): BMI Percentile	United States Preventive Services Task Force
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition	United States Preventive Services Task Force
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity	United States Preventive Services Task Force
Childhood Immunization Status (CIS)	CDC
Immunizations for Adolescents (IMA)	CDC
Human Papillomavirus Vaccine for Female Adolescents (HPV)	CDC
Breast Cancer Screening (BCS)	United States Preventive Services Task Force/NCQA
Cervical Cancer Screening (CCS)	United States Preventive Services Task Force/NCQA
Chlamydia Screening in Women (CHL)	United States Preventive Services Task Force/NCQA
Adults' Access to Preventive/Ambulatory Health Services (AAP)	NCQA
Children and Adolescents' Access to Primary Care Practitioners (CAP)	NCQA



Well-Child Visits in the First 15 Months of Life (W15)	Bright Futures
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Bright Futures
Adolescent Well-Care Visits (AWC)	Bright Futures
Frequency of Ongoing Prenatal Care (FPC)	NCQA
Prenatal and Postpartum Care (PPC)	NCQA



Appendix C:

Definitions of HEDIS[®] Performance Measures

Note: Performance measures followed by an asterisk () were added by NCQA in CY 2014 and are included in the 2015 annual report.*

Adolescent Well-Care Visits (AWC) – The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Adult BMI Assessment (ABA)* – The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Adults' Access to Preventive/Ambulatory Health Services (AAP)* – The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages:

- 20-44 years of age
- 45-64 years of age
- Total

Breast Cancer Screening (BCS)* – The percentage of women 52-74 years of age who had a mammogram to screen for breast cancer.

Cervical Cancer Screening (CCS)* – The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Children and Adolescents' Access to Primary Care Practitioners (CAP) – The percentage of members 12 months–19 years of age who had a visit with a primary care practitioner (PCP). The organization reports four separate percentages:

- The percentage of children 12-24 months who had a visit with a PCP during the measurement year.
- The percentage of children 25 months – 6 years who had a visit with a PCP during the measurement year.
- The percentage of children 7-11 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.



- The percentage of adolescents 12-19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Childhood Immunization Status (CIS) – The percentage of children 2 years of age, who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCF); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and a rate for nine separate vaccine combinations.

Chlamydia Screening in Women (CHL)* – The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Frequency of Ongoing Prenatal Care (FPC)* – The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:

- Less than 21 percent of expected visits.
- 21 percent – 40 percent of expected visits.
- 41 percent – 60 percent of expected visits.
- 61 percent – 80 percent of expected visits.
- At least 81 percent of expected visits.

This measure uses the same denominator as the *Prenatal and Postpartum Care Measure*.

Human Papillomavirus Vaccine for Female Adolescents (HPV)* – The percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their thirteenth birthday.

Immunizations for Adolescents (IMA) – The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and the rate for when it is given in combination.

Prenatal and Postpartum Care (PPC)* – The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timelines of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.



Weight Assessment and Counseling for Nutrition and Physical Activity for

Children/Adolescents (WCC): BMI Percentile – The percentage of members 3-17 years of age who had an outpatient visit with a primary care provider and who had evidence of calculating their BMI during the measurement year.

Weight Assessment and Counseling for Nutrition and Physical Activity for –

Children/Adolescents (WCC) – The percentage of members 3-17 years of age who had an outpatient visit with a primary care practitioner (PCP) or OB/GYN and who had evidence of the following during the measurement year:

- Counseling for nutrition.
- Counseling for physical activity.

Well-Child Visits in the First 15 Months of Life (W15) – The percentage of members who turned 15 months old during the measurement year and who had 0 to 6 or more well-child visits with a primary care practitioner during their first 15 months of life:

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) – The percentage of members 3-6 years of age who had one or more well-child visits with a primary care practitioner during the measurement year.

