2023 Comparative and Regional Analysis Report - Final

Washington Apple Health

Washington Health Care Authority

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Presented by:
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Seattle, WA

As Washington's Medicaid external quality review organization (EQRO), Comagine Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and managed behavioral health care services.

Comagine Health prepared this report under contract K3866 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.

Comagine Health is a national, nonprofit, health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

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Acronym List

Table 1. List of Acronyms with Definitions.

Acronym	Definition
ACA	Affordable Care Act
AHAC	Apple Health Adult Coverage (Medicaid Expansion)
AH-BD	Apple Health Blind/Disabled
AH-IFC	Apple Health Integrated Foster Care
AH-IMC	Apple Health Integrated Managed Care
AMG	Amerigroup Washington, Inc.
BHSO	Behavioral Health Services Only
CCW	Coordinated Care of Washington
CHIP	Children's Health Insurance Program
CHPW	Community Health Plan of Washington
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DSHS	Department of Social and Health Services
EQR	External Quality Review
EQRO	External Quality Review Organization
FFS	Fee-for-Service
HCA	Health Care Authority
HCBS	Home and Community-Based Long-Term Services and Supports Use
HEDIS	Healthcare Effectiveness Data and Information Set
MCO	Managed Care Organization
MH-B	Mental Health Service Rate (Broad version) [MH-B]: formally Mental Health Service Penetration – Broad Definition (MH-B)
MHW	Molina Healthcare of Washington
MLD	Member-Level Data
MY	Measurement Year
NCQA	National Committee for Quality Assurance
PEAR	Pro-Equity, Anti-Racism
RDA	Research and Data Analysis Division of the Washington Department of Social and Health Services
RSA	Regional Service Area
RUCA	Rural-Urban Commuting Area
SUD	Substance Use Disorder (SUD) Treatment Rate: formally Substance Use Disorder Treatment Penetration (SUD)
TANF	Temporary Assistance to Needy Families

Acronym	Definition
UHC	UnitedHealthcare Community Plan
VBP	Value-Based Payment

Executive Summary

In 2022, almost 2.3 million Washingtonians were enrolled in Apple Health, with more than 85% enrolled in managed care.[1] This managed care population is served by five managed care organizations (MCOs):

- Amerigroup Washington (AMG)[2]
- Community Health Plan of Washington (CHPW)
- Coordinated Care of Washington (CCW)
- Molina Healthcare of Washington (MHW)
- UnitedHealthcare Community Plan (UHC)

These MCOs are required to annually report the results of their performance on measures reflecting the levels of quality, timeliness and accessibility of health care services furnished to the state's Medicaid enrollees. As part of its work as the external quality review organization (EQRO) for the Washington State Health Care Authority (HCA), Comagine Health reviewed MCO performance on Healthcare Effectiveness Data and Information Set (HEDIS®)[3] measures for the calendar year (CY) 2022. In addition to the HEDIS measures, this report also includes five non-HEDIS measures that are calculated by the Washington Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA).

This report illustrates the trends in managed care performance across the performance measure set, focusing on performance against benchmarks and year-over-year trends. This report is intended as a description of year-over-year performance at the state, regional and MCO levels.

HEDIS Measures

HEDIS measures are developed and maintained by the National Committee for Quality Assurance (NCQA) and they are reflective of the levels of quality, timeliness and accessibility of health care services MCOs furnished to the state's Medicaid enrollees. The NCQA's database of HEDIS results — the Quality Compass®[4] — enables benchmarking against other Medicaid managed care health plans nationwide.

Many of the HEDIS measures included in this report are also included in the Washington State Common Measure Set on Health Care Quality and Cost,[5] a set of measures that enables a common way of tracking important elements of health and health care performance intended to inform public and private health care purchasing.

Comagine Health assessed each MCO's most recently reported HEDIS rates. In addition, this report also provides the following levels of analysis:

- Statewide performance compared to national benchmarks (when available)
- Individual MCO performance compared to national benchmarks (when available)
- Regional performance on select measures (not all measures provide a sufficient volume of data for regional analyses)

[1] Apple Health Client Eligibility Dashboard. Washington State Health Care Authority. Available here.
[2] Effective January 1, 2024, AMG will become Wellpoint of WA (WLP).
[3] The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.
[4] Quality Compass® is a registered trademark of NCQA.
[5] Healthier Washington. About the Washington Statewide Common Measure Set for Health Care Quality and Cost. Available here.

Washington State Measure Overview

At HCA's instruction, Comagine Health also assessed statewide performance by the MCOs on five non-HEDIS measures that are calculated by the DSHS RDA. The state monitors and self-validates the following five measures, all reflecting services delivered to Apple Health enrollees:

- Mental Health Treatment Rate, Broad Definition (MH-B) – Measure of access to mental health services (among persons with an indication of need for mental health services)
- Substance Use Disorder Treatment Rate (SUD) – Measure of access to SUD treatment services (among persons with an indication of need for SUD treatment services)
- Home and Community-Based Long-Term Services and Supports Use (HCBS) – Measure of receipt of home and community-based services (among those who need long-term services and supports [LTSS])
- Percent Homeless - Narrow Definition (HOME-N) – The percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year
- Percent Homeless - Broad Definition (HOME-B) – The percentage of Medicaid enrollees who were homeless in at least one month in the measurement year

Note the Home and Community-Based Long-Term Services and Supports Use (HCBS) and Percent Homeless measures are new to this report. An analysis of measure performance for these measures can be found in Appendix F.

Alignment with Value-Based Purchasing Efforts

In 2022, the Washington Legislature updated budget proviso, ESSB 5693 Sec.211 (37) (2022) requiring Washington State's HCA to select value-based purchasing (VBP) metrics to be included in the contractual agreements with the Apple Health MCOs providing services to Medicaid enrollees.[6]

As the EQRO for the State of Washington, Comagine Health assesses MCO performance on measures reported by each plan and, in August 2022, recommended a set of priority measures that meets the bill's specific criteria and best reflects the state's quality and value priorities — balancing cost and utilization — while ensuring quality care to enrollees. This recommendation process supports HCA's determination of the statewide VBP performance measure set. In addition, in October 2022, Comagine Health evaluated MCO performance of the VBP measures as selected by HCA for both AH-IMC and IFC contracts. The result of this evaluation has a direct effect on the reimbursement to MCOs. MCOs achieved VBP reimbursement if they demonstrated year-over-year improvement or scored in the top national Medicaid quartile of the performance measure.

During the 2023 legislative session, the requirement to select VBP metrics was removed from the budget proviso. HCA intends to continue the VBP program under the same basic structure with a few changes that align the program with HCA priorities. However, the proviso was still in place in 2022, which is the period covered in this report.

[6] Engrossed Substitute Senate Bill (ESSB) 5693 Sec.211 (37)(2022), State of Washington, 67th Legislature, 2022 Regular Season. Available here.

Comparative Analysis in this Report

Comagine Health thoroughly reviewed each MCO's rates for selected HEDIS measures and associated submeasures and the RDA measures. With HCA's approval, Comagine Health focused on the 42 highest priority measures for analysis in this report. These 42 measures, which include HEDIS measures and the two Washington behavioral health measures, reflect current HCA priorities and are part of the Statewide Common Measure Set. They also represent a broad population base or population of specific or prioritized interest. We present measure performance and comparison to national benchmarks (NCQA),[7] by the following:

- Apple Health statewide weighted rates
- Individual Apple Health MCOs
- Apple Health service regions

The 2022 calendar year is referred to as the measurement year 2022 (MY2022) in this report to be consistent with NCQA methodology.

Appendix E contains a full report of all performance measures and was submitted separately to HCA. Since Appendix E contains confidential information, including measure results with small denominators and NCQA Quality Compass benchmarks, it is not available publicly. For this reason, we have included Appendix A, which contains a subset of the information included in Appendix E for all the performance measures by MCO and by region.

Key Observations

This report represents the third analysis of performance measures following completion of the integration of behavioral health benefits into the Apple Health managed care program, providing Medicaid enrollees with access to both physical and behavioral health services through a single managed care program. As of January 1, 2020, the majority of services for Apple Health clients were provided through the MCOs.

Statewide Statistically Significant Improvements

A small number of access measures have shown a strong shift of improvement, as well as a few of the behavioral health measures. These statistically significant improvements are notable. Figures 1 and 2 shows the MY2022 MCO statewide weighted averages for 42 measures. (Note the teal horizontal bars indicate VBP measures.)

[7] Note: NCQA licensing agreement does not allow display of national performance benchmarks for all measures.

Figure 1. MY2022 MCO Statewide Weighted Average for 42 Measures.

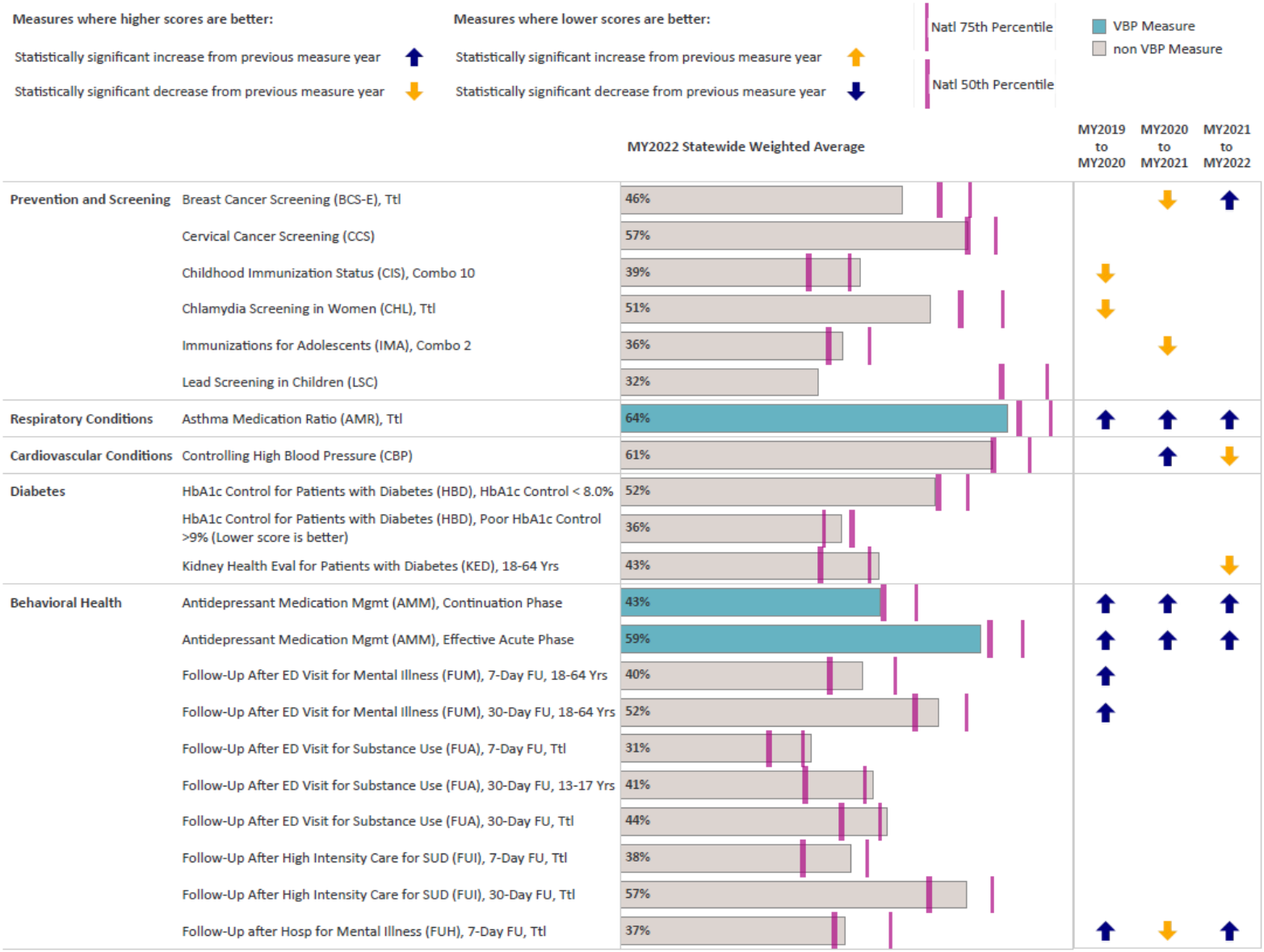
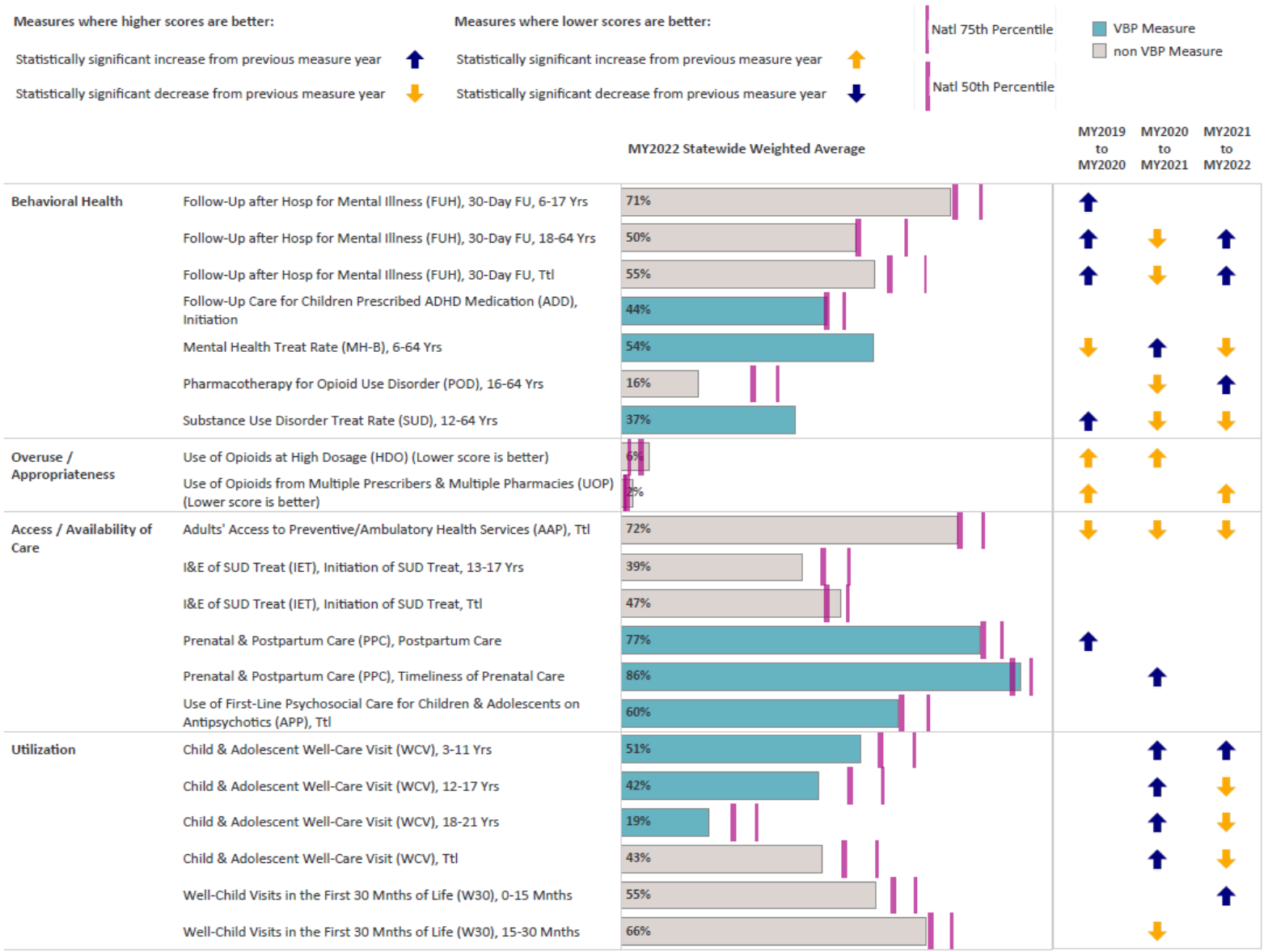


Figure 2. MY2022 MCO Statewide Weighted Average for 42 Measures (continued).



Key Statewide Improvements

The Asthma Medication Ratio (AMR) and Antidepressant Medication Management (AMM) measures have had statistically significant improvement for the last three years. In addition, there was a statistically significant improvement between MY2021 and MY2022 for the following measures:

- Breast Cancer Screening (BCS-E)
- Pharmacotherapy for Opioid Use Disorder (POD): 16-64 Years
- Follow up after Hospitalization for Mental Illness (FUH), for all indicators other than the 6-17 age band
- Child and Adolescent Well-Care Visits (WCV), 3-11 years
- Well Child Visits in the First 30 Months of Life (W30), 0-15 months measures

Statistically Significant Declines

While there were measures that showed improvements, there were also measures that demonstrated statistically significant declines. The following measures have declined between MY2021 and MY2022:

- Controlling High Blood Pressure (CBP)
- Kidney Health Evaluation for patients with Diabetes (KED), 18-64 years
- Mental Health Service Rate, Broad Definition (MH-B), 6-64 Years
- Child and Adolescent Well-Child Visits (WCV), 12-17 Years
- Child and Adolescent Well-Child Visits (WCV), 18-21 Years
- Child and Adolescent Well-Child Visits (WCV), Total

The Substance Use Disorder Treatment Rate (SUD), 12-64 Years measure has declined significantly for the past two years. The Adults' Access to Preventive/Ambulatory Health Services (AAP), Total measure has declined significantly for the past three years.

MCO Variation

There is considerable variation among the five MCOs both in terms of year-over-year improvements and comparisons to benchmarks. This variation often exists even for those measures that show strong statewide improvement. Figure 3 provides information on how the MCOs compare to each other and to benchmarks.

Figure 3. MCO Variation from MY2021 to MY2022.

Benchmark Comparison: No Benchmark; Below 50th; At 50th; Above 50th, Below 75th; At 75th; Above 75th; Below Benchmark; At Benchmark; Above Benchmark

▲ Statistically significant increase from previous measurement year

▼ Statistically significant decrease from previous measurement year

		AMG	CCW	CHPW	MHW	UHC	Statewide
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	40%	47% ▲	44%	49% ▲	46%	45% ▲
	Cervical Cancer Screening (CCS)	47%	51%	56%	59%	50%	53%
	Childhood Immunization Status (CIS), Combo 10	41%	40%	36%	33%	34%	37%
	Chlamydia Screening in Women (CHL), Ttl	50%	53%	50%	50%	48%	50%
	Immunizations for Adolescents (IMA), Combo 2	27%	38%	38%	31%	30%	33%
	Lead Screening in Children (LSC)	33%	40%	39%	29%	26%	34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	78% ▲	73%	65% ▲	78% ▲	59%	71% ▲
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	57%	55%	61%	61%	63%	59% ▼
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	49%	45%	55%	54%	55%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	39%	45%	33%	36%	34%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	39% ▼	41% ▼	40% ▼	41% ▼	45% ▲	41% ▼
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	44%	43%	42%	46% ▲	48%	45% ▲
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	63%	62%	59%	64% ▲	66%	63% ▲
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	27%	33% ▲	43%	48%	40%	38%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	39%	47% ▲	55% ▼	60%	53%	51%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	27%	31%	33%	33%	31%	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	35%	48%	41%	38%	53%	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	39%	42%	45%	46%	43%	43%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	33%	38%	41%	37%	40%	38%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	53%	57%	58%	56%	59%	57%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	28%	34% ▲	60% ▲	39% ▼	34% ▲	39% ▲
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	72%	69%	82% ▲	76%	70%	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	37%	48% ▲	73% ▲	56% ▼	51% ▲	53% ▲
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	42%	55% ▲	74% ▲	61% ▼	54% ▲	57% ▲
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	44%	44%	43%	46%	42%	44%
	Mental Health Treat Rate (MH-B), 6-64 Yrs	51% ▼	54%	53% ▼	56%	49% ▼	52% ▼
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15%	18% ▲	11%	14%	17% ▲	15% ▲
	Substance Use Disorder Treat Rate (SUD), 12-64 Yrs	36%	35%	35% ▼	36% ▼	37%	36% ▼
Overuse / Appropriateness	Use of Opioids at High Dosage (↓)	5%	5%	5%	4%	8%	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (↓)	1%	1% ▲	2%	2%	2%	2% ▼
Access / Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	64% ▼	67% ▼	65% ▼	72% ▼	68% ▼	67% ▼
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	44%	39%	32%	40%	33%	38%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	50%	44%	40%	49%	46%	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	76%	71%	83%	82%	75%	78%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	84%	77%	86%	90%	81% ▼	84%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	53%	62%	55%	59%	57%	57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	51%	55% ▼	52% ▼	55% ▲	49%	52% ▲
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	41% ▼	45% ▼	45% ▼	46% ▼	40% ▼	43% ▼
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	16%	18%	19% ▼	19% ▼	18%	18% ▼
	Child & Adolescent Well-Care Visit (WCV), Ttl	42%	45% ▼	43% ▼	46% ▼	41% ▼	44% ▼
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	53%	53%	58%	58% ▲	54% ▲	55% ▲
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	63%	66%	63%	65%	64%	64%

(↓) For this measure lower scores are better.

Prevention and Screening – There was very little variation seen for the Breast Cancer Screening (BCS-E) measure. The statewide weighted average and the five MCOs were all below the national 50th percentile. There have been some improvements, however; two of the five MCOs and the statewide weighted average all showed a statistically significant increase between MY2021 and MY2022.

There was some variation seen with other preventive measures.

Chronic Care – There was notable improvement across the board in the Asthma Medication Ratio (AMR) measure. The statewide weighted average showed statistically significant improvements from MY2021 to MY2022. These improvements were also seen for AMG, CHPW and MHW. There was no statistically significant change for CCW and UHC.

There was some variation noted for the Controlling High Blood Pressure (CBP) and the diabetes measures. It is also worth noting that for the Kidney Health Evaluation for Patients with Diabetes (KED) measure, the statewide weighted average and four of the five MCOs showed a statistically significant decrease between MY2021 and MY2022.

Behavioral Health – In general, there was a lot of variation in performance for the behavioral health measures. Here are some observations about a few of the measures:

- Follow-Up after Hospitalization for Mental Illness (FUH) – There was a significant variation between the plans in these measure results. MHW showed a statistically significant decline in three of the four measure results, and CHPW showed a statistically significant increase in all of the measure results between MY2021 and MY2022.
- Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation – The results for this measure are consistently below the national 50th percentile. There has been no year-over-year improvement.
- Mental Health Service Rate, Broad Definition (MH-B), 6-64 Years – The statewide weighted rate had a statistically significant decline. The results for the individual MCOs were mixed; three of five MCOs showed a year-over-year statistically significant decline.
- Substance Use Disorder Treatment Rate (SUD), 12-64 Years – The statewide weighted rate had a statistically significant decline between MY2021 and MY2022. The results for the individual MCOs were mixed; two out of five MCOs also had a statistically significant decline between MY2021 and MY2022.

Access/Availability of Care – There is some variation for the other Access/Availability of Care measures, especially in terms of comparisons to benchmarks. For the Adults Access to Preventative and Ambulatory Services (AAP) measure, there was a universal statistically significant decline between MY2021 and MY2022. There is a lot of variation in performance across the MCOs in terms of comparisons to benchmarks for the Prenatal and Postpartum Care (PPC) measures, but very little statistically significant change between MY2021 and MY2022.

Utilization – This category comprises the well-child visits. For the Well-Child Visits in the First 30 Months of Life (W30), there is variation among the MCOs when compared to the national benchmarks for both the First 15 Months and 15-30 Month measure indicators. The results for the Child and Adolescent Well-Care Visit (WCV) measures were more consistent. For all age bands, this measure is consistently below the national 50th percentile for both the statewide weighted average and the MCOs. The best measure result was the W30 for 0-15 months; the statewide weighted average and two out of five MCOs showed statistically significant improvement between MY2021 and MY2022.

Variation by Program

Included in this report is an analysis by Apple Health program. Because the different programs and eligibility categories serve different populations, this analysis can serve as a proxy for determining if there are health disparities that can be addressed.

Here are the key findings from that analysis.

- The Apple Health Blind/Disabled adult population had statistically worse performance on the Breast Cancer Screening (BCS-E) and Cervical Cancer Screening (CCS) measures.
- Apple Health Foster Care performed statistically better than other programs on the Childhood Immunization Status (CIS) and Lead Screening in Children measures.
- Programs that serve children performed better than programs that serve adults on Asthma Medication Ratio (AMR) measure.
- Performance on the behavioral health measures was mixed, with each program performing both statistically significantly better and worse on some measures.
- Enrollees in Apple Health Foster Care performed statistically significantly higher on the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measure. It is worth noting this measure has been a VBP measure for the foster care population since the inception of the VBP program in 2020.

When comparing MCO performance, there is always an interest in knowing how the medical risk of the underlying population is affecting measure performance. The illness burden of the underlying population can impact the measure results, and when comparing two MCO populations there is often the question of whether the comparison is truly an “apples-to-apples” comparison.

The measures used for this analysis are not risk-adjusted, however, and at this time Comagine Health does not have access to the data necessary to identify the risk burden of the different MCO populations included in this analysis. However, the Apple Health programs each have their own eligibility requirements that can serve as a proxy for risk. As an alternative to risk-adjustment, the measure results were stratified by Apple Health program and MCO to determine if the underlying population is a factor in the overall results for the MCO.

There are some differences between the MCO measure results in the Apple Health Adult Coverage program. In general, MHW had statistically significantly better performances than the other MCOs. When looking at the behavioral health measures in particular, AMG had a statistically significantly worse performance than the other MCOs.

For the other programs, there was some MCO variation that mirrored the overall MCO comparisons, but the differences between the MCOs were not as apparent. This may indicate the underlying risk of the populations are a factor in how MCOs compare to each other. However, it is advised that caution is used when interpreting this result, since program may be a weak proxy for overall population risk.

Health Equity

The stress of the COVID-19 pandemic on the Medicaid system has revealed several important patterns in health disparities, which suggest areas for further investigation and offers insights into potential strategies for addressing health disparities. The impact of the pandemic has been noticeably worse on non-white communities.

The two primary views of the health equity data are the statewide measure results by race/ethnicity and the statewide measure results by language.

- Figures 4 and 5 displays the results of this analysis by race/ethnicity. The last column displays the statewide average; the results by race/ethnicity are to the left. Downward arrows indicate the measure results for a particular race are statistically significantly lower than the statewide average; upward pointing arrows indicate the measure results are statistically significantly higher than the statewide average. This chart illustrates the variation that can be seen by race. However, due to the small number of measures presented, caution should be taken to not over-interpret these results as a reflection on all health care received by members of each racial group.
- It is worth noting the American Indian/Alaska Native population is allowed to choose whether to enroll in an MCO or to be served by the fee-for-service (FFS) delivery systems. As a result, the data for this population is split and, therefore, the denominators for this population tend to also be small as a result.

Figures 6 and 7 report the MY2022 results of the key measures for English, Spanish and Other Languages.

Figure 4. Statewide Variation in Rates by Race/Ethnicity, MY2022.*

Measures where higher scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethnicities ▼

Measures where lower scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethnicities ▼

		American Indian/ Alaska Native	Asian	Black	Hawaiian/ Pacific Islander	Hispanic	White	Not Provided/ Other	MY2022 Statewide Weighted Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	39% ▼	57% ▲	40% ▼	48%	57% ▲	43% ▼	48% ▲	46%
	Cervical Cancer Screening (CCS)	58%	55%	53%	43%	62% ▲	50% ▼	51%	55%
	Childhood Immunization Status (CIS), Combo 10	* * *	61% ▲	23% ▼	38%	42% ▲	31% ▼	37%	35%
	Chlamydia Screening in Women (CHL), Ttl	53%	48%	58% ▲	52%	54% ▲	47% ▼	46% ▼	50%
	Immunizations for Adolescents (IMA), Combo 2	* * *	37%	29%	25%	43% ▲	24% ▼	32%	32%
	Lead Screening in Children (LSC)	18%	39%	31%	32%	40% ▲	28% ▼	33%	32%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	67%	74%	67% ▼	74%	72%	73%	75%	72%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	55%	64%	57%	58%	62%	58%	63%	60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	42%	63% ▲	52%	46%	50%	52%	51%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	52% ▲	23% ▼	41%	42%	38%	37%	34%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	37% ▼	52% ▲	41%	44% ▲	45% ▲	39% ▼	44% ▲	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	40% ▼	49% ▲	34% ▼	42%	38% ▼	48% ▲	46%	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60% ▼	68% ▲	54% ▼	62%	57% ▼	66% ▲	64%	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	40%	38%	34% ▼	38%	40%	43% ▲	38%	41%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	54%	54%	46% ▼	52%	52%	56% ▲	51%	53%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	31%	30%	24% ▼	29%	26% ▼	34% ▲	35% ▲	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	* * *	* * *	46%	* * *	37%	44%	42%	41%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	43%	41%	34% ▼	38%	39% ▼	46% ▲	45%	44%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	40%	33%	30% ▼	38%	39%	38%	39%	37%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	60%	54%	49% ▼	54%	54%	57% ▲	57%	56%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	41%	38%	34% ▼	43%	44% ▲	39%	39%	39%

**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. The "Other" category means that a member selected "Other" as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 20% of Apple Health enrollment.*

Figure 5. Statewide Variation in Rates by Race/Ethnicity, MY2022 (continued).*

Measures where higher scores are better:
Statistically significant higher rate than other races/ethnicities ▲
Statistically significant lower rate than other races/ethnicities ▼
Measures where lower scores are better:
Statistically significant higher rate than other races/ethnicities ▲
Statistically significant lower rate than other races/ethnicities ▼

		American Indian/ Alaska Native	Asian	Black	Hawaiian/ Pacific Islander	Hispanic	White	Not Provided/ Other	MY2022 Statewide Weighted Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	69%	* * *	75%	* * *	78% ▲	75%	69%	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	56%	57%	46% ▼	55%	57% ▲	55%	53%	54%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	59%	57%	51% ▼	56%	65% ▲	59%	57%	58%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	47%	44%	42%	41%	43%	46% ▲	44%	45%
	Mental Health Treat Rate (MH-B), 6-64 Yrs	56% ▲	49% ▼	52% ▼	50% ▼	54% ▲	54% ▲	54%	54%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	13%	17%	11% ▼	15%	11% ▼	15% ▲	15%	15%
	Substance Use Disorder Treat Rate (SUD), 12-64 Yrs	42% ▲	30% ▼	30% ▼	30% ▼	32% ▼	38% ▲	30% ▼	36%
Overuse/App..	Use of Opioids at High Dosage (HDO) (Lower score is better)	5%	3%	6%	4%	3% ▼	5% ▲	6%	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	3% ▲	1%	3% ▲	1%	1% ▼	2%	1%	2%
Access/ Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	71% ▲	67% ▼	67% ▼	60% ▼	70% ▲	69% ▲	64% ▼	68%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	52% ▲	* * *	41%	35%	32% ▼	41% ▲	43%	39%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	46%	42% ▼	45% ▼	47%	42% ▼	49% ▲	47%	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	60% ▼	86%	74%	67% ▼	81% ▲	78%	72%	80%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	80%	89%	81%	76% ▼	86%	84%	83%	87%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	62%	* * *	64%	* * *	57%	60%	47% ▼	59%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	50% ▼	58% ▲	51% ▼	45% ▼	60%	50% ▼	54%	54%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	38% ▼	50% ▲	44% ▼	39% ▼	50%	40% ▼	44%	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	15% ▼	25% ▲	19%	15% ▼	21% ▲	16% ▼	19%	19%
	Child & Adolescent Well-Care Visit (WCV), Ttl	40% ▼	49% ▲	43% ▼	38% ▼	50%	41%	47% ▲	45%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	52%	68% ▲	51% ▼	48% ▼	60% ▲	55% ▼	55% ▼	56%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	62%	74% ▲	57% ▼	54% ▼	69% ▲	64% ▼	64%	65%

**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. The "Other" category means that a member selected "Other" as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 20% of Apple Health enrollment.*

Figure 6. Statewide Variation in Rates by Spoken Language, MY2022.*

Measures where higher scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethnicities ▼

Measures where lower scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethnicities ▼

		English	Other Language	Spanish; Castilian	MY2022 Statewide Weighted Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	45% ▼	50% ▲	65% ▲	46%
	Cervical Cancer Screening (CCS)	52% ▼	56%	71% ▲	55%
	Childhood Immunization Status (CIS), Combo 10	33% ▼	49% ▲	52% ▲	35%
	Chlamydia Screening in Women (CHL), Ttl	51% ▲	44% ▼	49% ▼	50%
	Immunizations for Adolescents (IMA), Combo 2	29% ▼	30%	49% ▲	32%
	Lead Screening in Children (LSC)	29% ▼	47% ▲	55% ▲	32%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	72%	78% ▲	71%	72%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	59%	53%	71% ▲	60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	51% ▼	62% ▲	54%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	38% ▲	27% ▼	33%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	40% ▼	50% ▲	54% ▲	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	46% ▲	45%	33% ▼	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	64% ▲	64%	52% ▼	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	41%	40%	39%	41%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	54%	50%	51%	53%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	31%	36% ▲	20% ▼	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	43% ▲	* * *	28% ▼	41%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	44%	49% ▲	27% ▼	44%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	37%	44% ▲	23% ▼	37%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	56%	63% ▲	41% ▼	56%

**Other Language is the sum of the 78 languages not specifically reported in this table and represents approximately 4% of enrollees.*

Figure 7. Statewide Variation in Rates by Spoken Language, MY2022 (continued).*

Measures where higher scores are better:
Statistically significant higher rate than other races/ethnicities ▲
Statistically significant lower rate than other races/ethnicities ▼
Measures where lower scores are better:
Statistically significant higher rate than other races/ethnicities ▲
Statistically significant lower rate than other races/ethnicities ▼

		English	Other Language	Spanish; Castilian	MY2022 Statewide Weighted Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	39% ▼	39%	52% ▲	39%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	74%	68%	83% ▲	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	54%	55%	67% ▲	54%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	58% ▼	58%	77% ▲	58%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	45%	47%	43%	45%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15% ▲	13%	2% ▼	15%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	5% ▲	2% ▼	NR	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	2%	1%	1%	2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	68% ▼	71% ▲	72% ▲	68%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	40% ▲	39%	28% ▼	39%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47% ▲	48%	32% ▼	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	77%	77%	84%	80%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	84%	80%	86%	87%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	59%	49%	59%	59%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	52% ▼	53% ▼	66% ▲	54%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	42% ▼	43% ▼	55% ▲	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	18% ▼	21% ▲	24% ▲	19%
	Child & Adolescent Well-Care Visit (WCV), Ttl	43% ▼	44% ▼	54% ▲	45%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	56% ▼	54%	61% ▲	56%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	64% ▼	63%	74% ▲	65%

**Other Language is the sum of the 78 languages not specifically reported in this table and represents approximately 4% of enrollees.*

The results of the health equity analysis are very similar to the results reported in the 2022 Comparative Analysis report.

Disparities in Behavioral Health

In general, members who identify as white had significantly higher performance for the behavioral health measures than other races/ethnicities. There was a statistically significant increase in measure performance for several measures for members who identify as white. In comparison, members who identify as Black had worse performance on these measures.

Behavioral Health

Although there have been some improvements in the behavioral health measures at the statewide level, there are still disparities in measure performance by race/ethnicity. In general, members who identify as white have significantly higher performance for the behavioral health measures than other races/ethnicities. There was a statistically significant increase in measure performance for several measures for members who identify as white.

In contrast, for members identifying as Black, the results were the opposite with a consistently worse performance across the board for the same metrics, with many measures showing a statistically significant decline. The performance was also worse for other measures for other races/ethnicities.

For the two the non-HEDIS RDA measures that are related to behavioral health, performance was significantly better for the American Indian/Alaska Native populations than others.

There is not as much contrast in this data when analyzed by language. Performance was statistically significantly better among English speakers for the Antidepressant Medication Management (AMM) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), Total for the 30-Day Follow-Up measures in the 13-17 age band, while performance was statistically significantly worse among Spanish speakers in those measures. For all of the Follow Up After Hospitalization (FUH) measures, performance was statistically significantly better among Spanish speakers.

Differences in Preventive Care Measure Performance by Race/Ethnicity and Language

Analysis by language and race/ethnicity showed that Spanish-speaking Hispanic members had consistently better performance on most preventive care measures than English speakers.

Preventive Care

Performance was statistically significantly better among Hispanic members than for members who identify as white, who had statistically significantly worse performance.

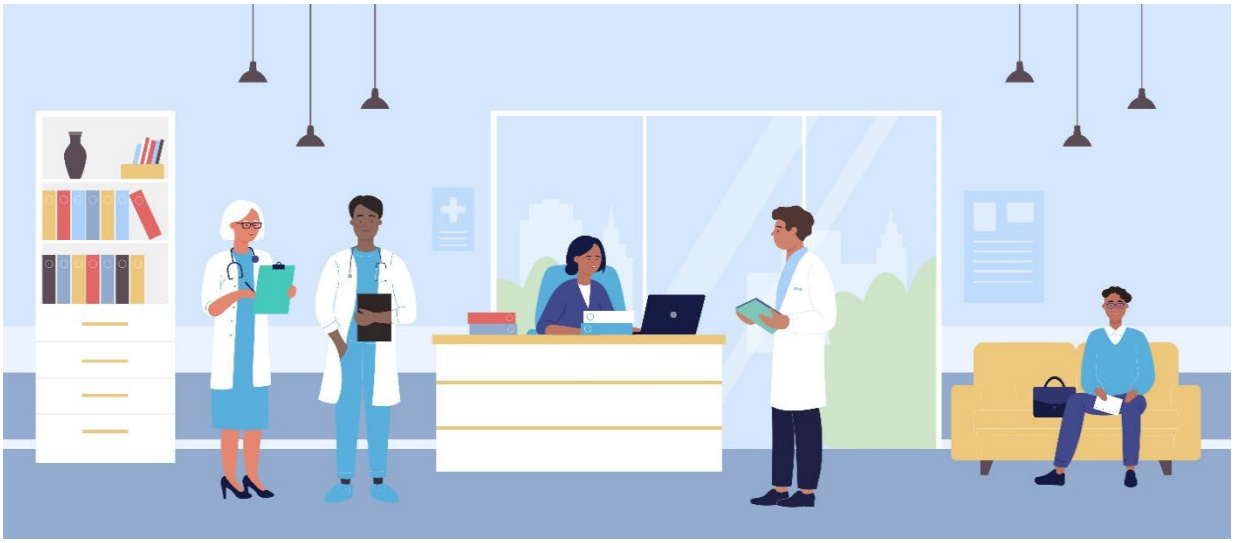
Performance was worse among Black members for Breast Cancer Screening (BCS-E) and Childhood Immunization Status (CIS), Combo 10, but statistically significantly better than other

race/ethnicities for Chlamydia Screenings (CHL). The results for Asian members are the reverse with statistically significantly better performance for Breast Cancer Screening (BCS-E) and Childhood Immunization Status (CIS), Combo 10. Breast Cancer Screening (BCS-E) performance was significantly worse among the American Indian/Alaska Native population.

Analysis by language shows a similar result for Spanish-speaking members as with Hispanic members, with better performance on preventive care measures than English speakers, with the noticeable exception of the Chlamydia Screenings measure, in which English speakers were statistically significantly higher than other languages and Spanish speakers were statistically significantly lower.

Chronic Disease

There was significant variation in performance by race and language for the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years. This variation was not seen in the other diabetes measures that were analyzed for this report. The KED measure was adopted in MY2020. Comagine Health recommends continuing to monitor the performance of this measure since it is fairly new. For all three of the diabetes measures, performance for Black members was statistically significantly worse than other races.



Additional Observations

Two major impacts on Medicaid between 2020 and 2022 were the COVID-19 pandemic and an increase in Medicaid enrollment in the Apple Health Integrated Managed Care (AH-IMC) program. COVID-19 severely stressed primary care delivery systems due to workflow changes required to protect the workforce and patients, re-ordering of clinical priorities and unstable delivery system revenue. The stress on the member population through anxiety, isolation and job loss increased the burden on mental health and substance use conditions. In addition, there was a significant influx of new Medicaid members, for which additional time and effort is usually required. Depending on prior insurance or lack of insurance, these new members may have a greater burden of unmet care needs than established

members. Due to COVID-19 and the increase in managed care enrollment, year-over-year comparison should be viewed with caution.

In addition, as part of the federal Public Health Emergency, Medicaid qualifications were not updated between 2020 and 2023. This resulted in an artificially inflated Medicaid population that might have an impact on the data for the relevant measure years.

It is worth noting that MCO performance is very similar to the results reported in the 2022 Comparative Report.

AMG

AMG performed below the state simple average for 29 of the 42 measures and significantly worse than the statewide average on 20 measures. AMG performed above the statewide simple average on a few measures. They demonstrated statistically significant improvement over their previous performance year for Asthma Medication Ratio (AMR) Total, and scored significantly better than the statewide average on this measure as well.

See Figure 57 for MCO measure performance.

CCW

CCW demonstrated overall improvements from 2022 in the number of measures performing at or above the statewide simple average. Even though CCW scored below the statewide average in multiple measures, they demonstrated statistically significant improvements over their previous year's performance in multiple measures addressing follow up after ED and hospital visits for mental illness.

See Figure 58 for MCO measure performance.

MCO and Regional Variation

Plan performance rates must be interpreted carefully. There are several potential sources of variation with the measures that must be considered, including a lack of risk adjustment, data availability and small denominators. A full discussion of these issues and the limitations of the data in this report can be found in Appendix A.

With that caveat in mind, there have been some intriguing statistically significant improvements that can be seen across the MCOs. Comparisons are made using the state simple average to mitigate the impact of plan size when comparing a particular plan's performance. For more details on the calculation of the state simple average, please refer to the section titled "Calculation of the Washington Apple Health Average" on page 27.

There was variation between MCOs on the behavioral health measures, while not as much on the other sets of measures.

CHPW

CHPW performed at or above the statewide simple average this year for many of their measures; however, they demonstrated a decrease in the overall number of measures at or above the statewide average when compared to last year's performance (reflected in the 2022 Comparative Analysis Report). They demonstrated a statistically significant increase in performance over last year and significantly better than the statewide average this year for all Follow-Up after Hospitalization for Mental Illness (FUH) measures. Where last year, CHPW was above the statewide average for Child & Adolescent Well-Care Visit (WCV), 3-11 Years, and Total, they performed significantly worse than the statewide average this year with a statistically significant decrease in their own performance.

See Figure 59 for MCO measure performance.

MHW

MHW performed at or above the statewide simple average for 35 of 42 measures and significantly better than the state average on 25 measures. They demonstrated statistically significant improvements over last year's performance with Asthma Medication Ratio (AMR)-Total, Breast Cancer Screening (BCS-E)-Total, and Child & Adolescent Well-Care Visit (WCV)-3-11 years, among additional improvements.

See Figure 60 for MCO measure performance.

UHC

UHC performed at or above the statewide simple average for half of their measures. They performed significantly better than the statewide average and demonstrated statistically significant increases over last year's performance for Kidney Health Evaluation for Patients with Diabetes (KED)-18-64, and Pharmacotherapy for Opioid Use Disorder (POD)-16-64 Years.

See Figure 61 for MCO measure performance.

Regions

When measures are split by MCO and region, it appears the MCO is a bigger driver in differences in performance than region. There is not a lot of variation in a specific MCO's performance across regions. In other words, if an MCO performed well in one region, it tended to perform well in others. MHW had strong performance in several regions. Conversely, AMG had weaker performance across several regions. There was some variation in performance by measure, but no other compelling themes emerged from the regional analysis.

Recommendations

With the following recommendations, we highlight areas of focus for Washington State MCO performance measures. The COVID-19 Public Health Emergency ended in April 2023. As we emerge from the COVID-19 pandemic, a close eye will be kept on its impacts on measurement and care. The ability to monitor the current measure set over time allows deeper analysis, including a focus on health equity. Recommendations are in four areas:

- Maintain Focus on Clinically Meaningful Areas
- Continue to Leverage Value Based Payment Incentives
- Focus on Access, Preventive Care and Utilization
- Continue to Prioritize Health Equity

We suggest caution in interpreting statistically significant improvements or declines as a trend when only one year of improvement is noted. Because of the smaller size of the population for many measures, particularly those that are collected with the hybrid methodology, there may be statistically significant changes in the measure results that simply reflect normal variation. A trend that has continued for three to five years has a much higher probability of demonstrating meaningful improvement. The use of data and implementation of quality initiatives should be addressed when disparities persist.

Maintain Focus on Clinically Meaningful Areas

Comagine Health recommends continuing the current work on behavioral health integration and the continuous quality improvement efforts associated with these measures. The Antidepressant Medication Management (AMM) measures have seen significant improvement for the last three years. Note these measures have been VBP performance measures since the inception of the program. The Follow up after Hospitalization for Mental Illness (FUH) measure, for all indicators other than the 6-17 age band, demonstrated statistically significant improvement between MY2021 and MY2022. We recommend that HCA continue to monitor these measures to ensure performance in these areas does not decline and identify opportunities to incorporate this new data to address program needs.

On a statewide basis another VBP measure, Asthma Medication Ratio (AMR), has demonstrated statistically significant improvement for the last three years. This measure has improved from a rate of 53% in MY2018 to 64% in MY2022. This 11-percentage point improvement can yield large population-based benefits, including a reduction of emergency department visits and inpatient stays for patients with asthma. Three of the five MCOs are now above the national 75th percentile for this measure, and four out of the five have seen statistically significant improvements during the time period included in this report. These results show significant success. We recommend continued emphasis on this important measure to avoid potential slippage.

The success on the asthma measure is partially the result of the Asthma Affinity Group. HCA convened this workgroup with the five MCOs in July 2020 to identify strategies to improve the treatment of patients with asthma. This work focused on the CDC's EXHALE strategies[8]:

- **E**ducation on asthma self-management

[8] CDC. EXHALE: Strategies to Help People with Asthma Breathe Easier. Available at: https://www.cdc.gov/asthma/exhale/index.htm.

- **X**-tinguishing smoking and exposure to second-hand smoke
- **H**ome visits for trigger reduction and asthma self-medication
- **A**chievement of guidelines-based medical management
- **L**inkages and coordination of care across settings
- **E**nvironmental policies and best practices to reduce asthma triggers from indoor, outdoor or occupational sources

Using this tool as the basis of this work, HCA worked with the MCOs to identify best practices and to address any gaps. The work also emphasized a standard 90-day refill for asthma medications. Although a clear causation cannot be identified with the HEDIS data, it is believed that spotlighting the issue has had an impact on plan performance. Comagine Health continues to recommend these types of collaborative efforts to improve the quality of care for the Apple Health population.

Performance for the Prenatal and Postpartum Care (PPC) measures has remained relatively flat. Note this is a hybrid measure, so the scattered statistically significant changes in the data are more likely due to random variation and not true improvement. The MCOs have also made efforts to identify pregnant members early in order to better coordinate care. Continued focus on prenatal and postpartum care by all MCOs is recommended.

There is still substantial variation in the performance of the five MCOs for many of the key measures. This is particularly true for the behavioral health measures. Adopting community-wide strategies similar to those that have been adopted for physical health improvements would address this variation and lead to statewide improvement. In addition, a collaboration among the MCOs with the higher performing plans sharing and standardizing successful strategies would be beneficial. Focusing on care coordination activities through which the MCOs have the greatest opportunity to impact clinical care and that have led to improved measure performance, may help improve all MCOs' performance on these measures. Comagine Health recommends maintaining a continued focus on behavioral health.

Continue to Leverage Value-Based Payment Incentives

In alignment with the Washington State Managed Care Quality Strategy, Comagine Health recommends continued focus on the VBP incentive program. There are early indications that the VBP incentive program has led to improvements in MCO performance. As noted above, and on a statewide basis, the Antidepressant Medication Management (AMM) and Asthma Medication Ratio (AMR) measures have both seen statistically significant improvements over the last three measurement periods. These measures have been included in the VBP contracts for the MCOs since the program was first implemented in 2020.

In addition, we recommend continuing statewide collaboratives that allow the entire health care community to focus on quality improvement efforts that minimize administrative burden for providers.

Focus on Access, Preventive Care and Utilization

There has been a statistically significant increase in Breast Cancer Screenings (BCS-E) from MY2021 to MY2022. The Adult Access to Preventive Care (AAP) measure has seen significant declines over the past three measurement years. Three Child and Adolescent Well-Child Visit (WCV) measures have demonstrated statistically significant declines between MY2021 and MY2022. All MCOs need to focus on these important preventive care, access and utilization measures.

It is worth noting that breast cancer screenings have been selected as a VBP plan-specific measure for the 2023 contract period. We are optimistic the payment incentive will lead to MCO focus and improvements on this measure as incentives have been associated with improvement in other metrics.

The COVID-19 pandemic has impacted prevention, access and utilization over the past few years. As the pandemic is ending, the MCOs will continue to focus on these important measures.

HCA should continue to focus on bidirectional clinical integration to sustain the behavioral health integration work. Just as primary care screens for behavioral health needs, routine screening and coordination of preventive care should be built into behavioral health visits (Certified Community Behavioral Health Clinic – CCBHC – model of care).[9]

Continue to Prioritize Health Equity

There is sufficient evidence of health disparities in these data to warrant further research and focused effort to better understand details of this disparity and to develop effective ways to meet the unique needs of communities. In addition, as part of the PEAR (Pro-Equity Anti Racism) initiative, HCA is working towards a pro-equity and anti-racist culture; addressing health disparities are a key piece of this work.

Added caution is recommended when interpreting data showing a disparity (up or down) when it appeared in only one year. It is further recommended that the use of data and implementation of quality initiatives should occur when disparities persist. Although there have been improvements in several measures at the statewide level, that improvement does not translate into improvements for all race/ethnicity categories. There are marked disparities for the behavioral health measures, especially for the Black community. This trend has existed over years.

Specific measures focused on health equity needs include:

- Behavioral health treatment and follow-up for the Black population including the following:
    - Antidepressant Medication Management (AMM)
    - Follow-Up After Emergency Department Visit for Mental Illness (FUM)
    - Follow-Up After Emergency Department Visit for Substance Use (FUA)
    - Follow-Up After High Intensity Care for Substance Use Disorder (FUI)
    - Pharmacotherapy for Opioid Use Disorder (POD)
    - Mental Health Treatment Rate (MH-B)
    - Substance Use Disorder Treatment Rate (SUD)
- Asthma Medication Ratio (AMR) for the Black population
- Antidepressant Medication Management (AMM) for American Indian/Alaska Native, and Hispanic populations
- Prenatal and Postpartum Care (PPC)measures for Hawaiian/Pacific Islander members
- Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV) for most races/ethnicities.

Hispanics and Spanish speakers performed statistically better than other group on many of the preventive and well-child visit measures. Potential reasons for this may shed light on effective strategies for other underserved and underrepresented racial and ethnic groups suffering from health disparities.

[9] Washington State Health Care Authority. Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants. Fact Sheet. Available at: cchbc-grant-fact-sheet_0.pdf (wa.gov).

There are two large federally qualified health centers in the State of Washington that provide culturally sensitive care to the Hispanic population. There is also a statewide network of community health workers comprised of individuals from this community that emphasizes preventive care education across a range of clinical topics closely aligned with these measures.

Comagine Health recommends that HCA continue to coordinate efforts to support equity-centered managed care accountability through the VBP program as well as quality and performance strategies to address disparities. With a growing national interest in adopting a standardized approach to health equity measurement, NCQA has developed a health equity measurement framework.[10] This schema is specifically aimed at aligning quality and performance strategies with equity-centered approaches to address disparities and close gaps in health care and outcomes for Medicaid managed care health members. This may be a useful tool/resource in moving forward with health equity in Washington.

Continued collaboration with partners in Washington around health equity data, including the collection, analysis, reporting and community participation in validating and interpreting those data will continue to benefit HCA in driving health equity work in Washington.

[10] National Committee for Quality Assurance. Advancing Standardized Health Equity Quality Measurement. Available at: https://www.ncqa.org/health-equity/measure-accountability/.

Introduction

The purpose of this report is to identify strengths and opportunities for improvement in the delivery of Medicaid services in Washington by examining variation in MCO performance across geographic, Medicaid program and demographic categories.

As part of its work as the EQRO for Washington State, Comagine Health reviewed Apple Health MCO performance on HEDIS measures for the calendar year 2022. Each Apple Health MCO is required to report results for HEDIS measures reflecting the levels of quality, timeliness and accessibility of health care services furnished to the state's Medicaid enrollees. HCA requires MCOs to report on these measures and their specific indicators (for example, rates for specific age groups).

HEDIS measures are developed and maintained by the NCQA, whose database of HEDIS results for health plans — the Quality Compass — enables benchmarking against other Medicaid managed care health plans nationwide (see Methodology section for more about HEDIS measures).

Many of these selected measures are also part of the Washington Statewide Common Measure Set on Health Care Quality and Cost, a set of measures that enables a common way of tracking important elements of health and health care performance intended to inform public and private health care purchasing. In addition to the HEDIS measures, two behavioral health measures developed by HCA are also included in this report. The 2022 calendar year is referred to as the measurement year 2022 (MY2022) in this report to be consistent with NCQA methodology.

Overview of Apple Health Enrollment

During MY2022, five MCOs provided managed health care services for Apple Health enrollees:

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

Medicaid enrollees are covered by the five MCOs through the following programs:

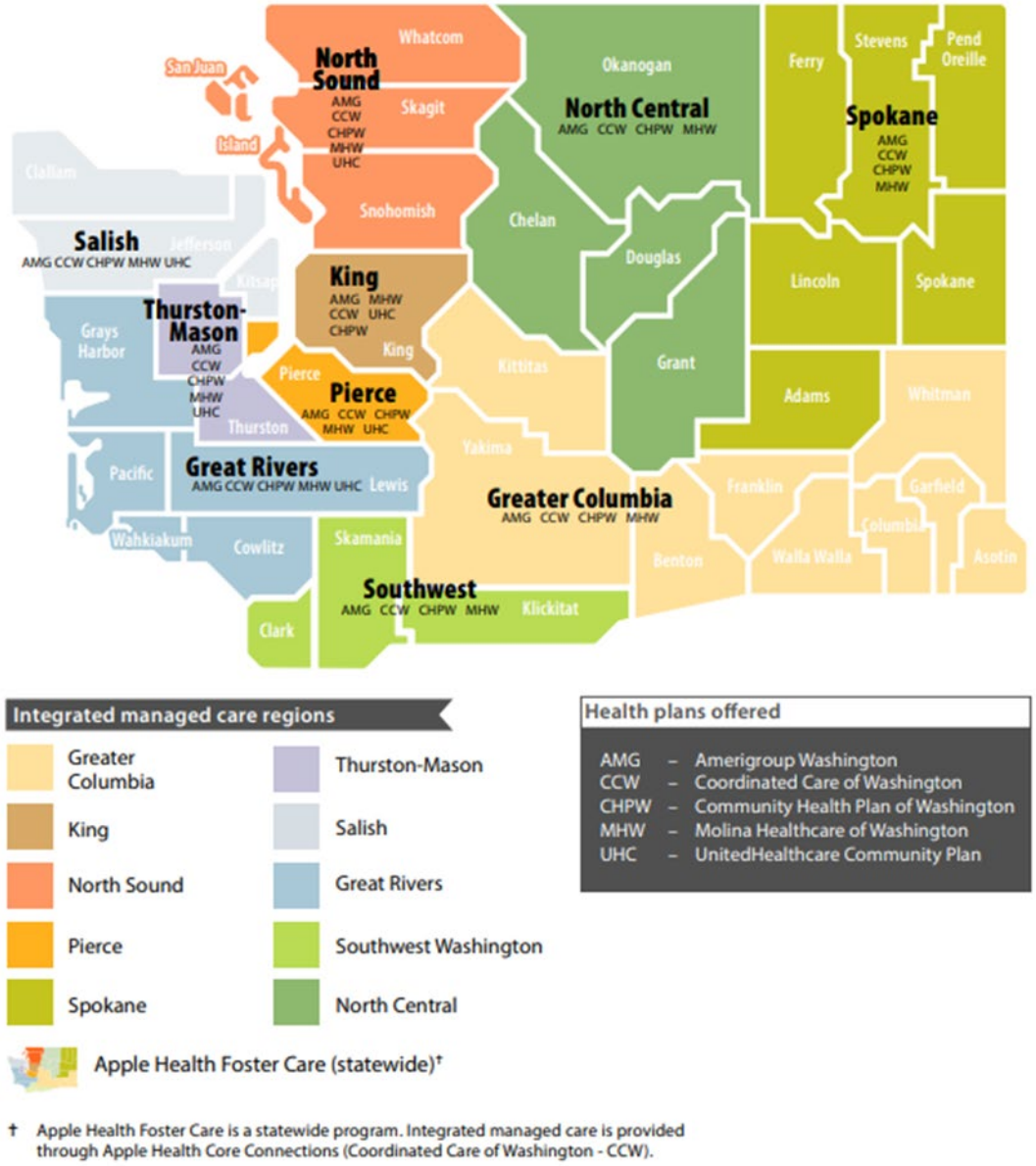
- Apple Health Integrated Managed Care (AH-IMC)
- Apple Health Integrated Foster Care (AH-IFC)
- Apple Health Behavioral Health Services Only (BHSO) (PIHP-contracted services)

Within Washington's AH-IMC program, Medicaid enrollees may qualify under the following eligibility categories:

- Apple Health Family (traditional Medicaid)
- Apple Health Adult Coverage (Medicaid expansion)
- Apple Health Blind/Disabled (AH-BD)
- State Children's Health Insurance Program (CHIP)

Figure 8 shows enrollment by Apple Health regional service areas (RSA) by county.

Figure 8. Apple Health Regional Service Areas by County in 2023.[11]



The regional service areas are defined as follows:

- **Great Rivers** includes Cowlitz, Grays Harbor, Lewis, Pacific and Wahkiakum counties
- **Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman and Yakima counties
- **King** includes King County
- **North Central** includes Chelan, Douglas, Grant and Okanogan counties

[11] Apple Health Managed Care Service Area Map (January 2023). Provided by Washington Health Care Authority. Available here: https://www.hca.wa.gov/assets/free-or-low-cost/service_area_map.pdf.

- **North Sound** includes Island, San Juan, Skagit, Snohomish and Whatcom counties
- **Pierce** includes Pierce County
- **Salish** includes Clallam, Jefferson and Kitsap counties
- **Southwest** includes Clark, Klickitat and Skamania counties
- **Spokane** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens counties
- **Thurston-Mason** includes Mason and Thurston counties

Methodology for Comparing Performance Measures

This report provides a summary of MCO performance at the plan, region and state levels, and compared to national benchmarks of Medicaid managed care plans across the country. Performance on select measures is also presented by Apple Health program, member-selected race, member-spoken language, urban versus rural geography and regional service area.

Interpreting Performance

Plan performance rates must be interpreted carefully. There are several potential sources of variation with the measures.

- **Performance measures are specifically defined.** It is important to keep in mind that a low performance score can be the result of an actual need for quality improvement, or it may reflect a need to improve electronic documentation and diligence in recording notes. Occasionally, member records may not include the specific notes or values required for a visit or action to count the member as having received the service.
- **Measures are not risk adjusted.** Risk adjustment is a method of using characteristics of a member population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics, and other factors that may impact interaction with health care providers and systems.
- **Some measures have very large, or very small, denominators.** There are populations with large denominator sizes, making it more likely statistical significance for differences of small magnitude is detected. There are also many HEDIS measures that are based on a small sample or are focused on a narrow eligible member population; these have small denominators, making it less likely to detect statistical differences. For measures with small denominators, it may be useful to look at patterns among associated measures to interpret overall performance.

Impact of COVID-19 on Performance Measurement

In March 2020, the State of Washington implemented a "Stay Home, Stay Healthy" order in response to the threat of COVID-19. This order included limiting health care facilities to emergency services for the months of March and April 2020 and delaying elective procedures and other non-urgent treatment until later in the year. Effects of the "Stay Home, Stay Healthy" order along with other changes due to the pandemic lingered into 2021 and are still being felt by the health care system. The performance for many of the MY2022 HEDIS measures may have been impacted as a result. This is particularly true for many of the preventive care and access measures. Other health care utilization may have decreased due to a lower incidence of flu and other respiratory illnesses due to the adherence to masking and social distancing.

HEDIS Performance Measures

HEDIS is a widely used set of health care performance measures reported by health plans. HEDIS rates are derived from provider administrative (such as claims) and clinical data. They can be used by the

public to compare plan performance over six domains of care, and also allow plans to determine where quality improvement efforts may be needed.

It is worth noting the HEDIS measures now contain several measures that use electronic clinical data systems (ECDS) as the source for quality measures. NCQA has developed ECDS standards and specifications to leverage the health care information contained in electronic data systems, and to ease the burden of quality reporting. Note that several of these ECDS measures will replace measures that currently are being reported through other methods.

In June 2023, Apple Health plans reported measures and their specific indicators (for example, rates for specific age groups). Comagine Health thoroughly reviewed each MCO's rates for all reported HEDIS measures, with associated submeasures and the RDA measures. These results are presented in Appendix E.

Since Appendix E contains information that is confidential, including measure results with small denominators and NCQA Quality Compass benchmarks, it is not available publicly and was submitted to HCA separately. Appendix A and Appendix B contain a subset of the information included in Appendix E for all the performance measures by MCO and by region and is available publicly.

Washington State Measures

In addition to HEDIS measures the state monitors, the state also monitors and self-validates the following five measures reflecting care and services delivered to Apple Health enrollees:

- Mental Health Service Rate, Broad Definition (MH-B)
- Substance Use Disorder Treatment Rate (SUD)
- Home and Community-Based Long-Term Services and Supports Use (HCBS)
- Percent Homeless - Narrow Definition (HOME-N)
- Percent Homeless - Broad Definition (HOME-B)

Note the Home and Community-Based Long-Term Services and Supports Use (HCBS) and Percent Homeless measures are new to this report. An analysis of measure performance for these measures can be found in Appendix E.

The MH-B metric is a state-developed measure of access to mental health services (among persons with an indication of need for mental health services). The SUD metric is a state-developed measure of access to SUD treatment services (among persons with an indication of need for SUD treatment services).

HCA partners with the Department of Social and Health Services RDA to measure performance on these measures. Data is collected via the administrative method, using claims, encounters and eligibility data and assessed on a quarterly basis.

Calculation of the Washington Apple Health Average

This report provides estimates of the average performance among the five Apple Health MCOs for the four most recent measurement years: MY2019 through MY2022. The majority of the analyses presented in this report use the state weighted average. The state weighted average for a given measure is

calculated as the weighted average among the MCOs that reported the measure (usually five), where the MCOs' share of the total eligible population is used as the weighting factor.

However, the MCO scorecards compare the individual MCO rates to the state simple average, or unweighted average. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans' performance (rather than a weighted average) mitigates those concerns. Comagine Health chose to use the simple average for the MCO scorecards because the Apple Health MCOs vary in size. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure.

Comparison to National Benchmarks

We compare MCO performance on national HEDIS measures with national benchmarks, which are published annually by NCQA in the *Quality Compass* report and are used with the permission of NCQA. These benchmarks represent performance of NCQA-accredited Medicaid HMO plans and Medicaid HMO plans that are either required to report HEDIS measures by the state agency responsible for monitoring managed Medicaid performance or opt to publicly report their HEDIS rates. The HEDIS measures reported to NCQA vary by plan. These national benchmarks reflect the average of the plans that reported the benchmark and are not a true national average of all managed Medicaid plans. Also, note these plans represent states with and without Medicaid expansion coverage.

The licensing agreement with NCQA limits the number of benchmarks that can be published each year. The current agreement limits publication to two benchmarks for 40 measures. HCA selected the 40 measures to be reported with benchmarks in Appendix E. The two benchmarks selected are the national 50th percentile and the national 75th percentile. In other areas of the report, Comagine Health provides information on comparison of performance to national benchmarks without providing the actual benchmark rates, in accordance with NCQA licensing terms.

In addition to the national average for measures, Quality Compass provides benchmarks that are measured as percentiles. Percentiles show how a plan ranks compared to a proportion of other plans that reported performance on a particular measure to NCQA. For example, if a plan performs at the 75th percentile, that means it performed better than 75% of plans nationwide on that particular measure.

The Washington State Behavioral Health measures were developed by the State. As there are no national benchmarks for these measures, HCA leadership chose to consider the plan with the second highest performance in the preceding year as the benchmark.

Interpreting Percentages versus Percentiles

The majority of the measure results in this report are expressed as percentages. The actual percentage shows a plan's specific performance on a measure. For example, if Plan A reports a Breast Cancer Screening rate of 69%, that means that 69% of the eligible women enrolled in Plan A received the screening. Ideally, 100% of the eligible woman should receive breast cancer screenings. The actual rate indicates there is still a gap in care that can be improved.

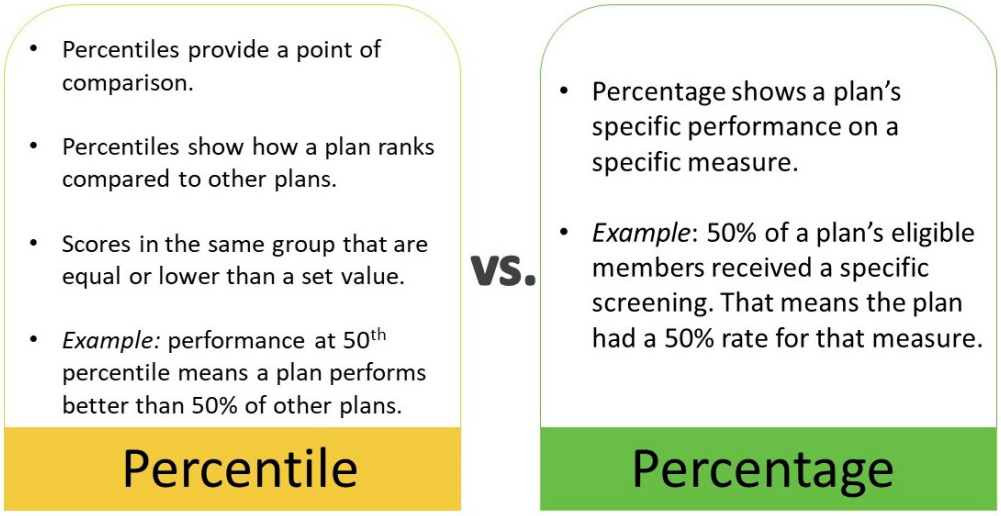
The national benchmarks included in this report are often displayed as percentiles. The percentile shows how Plan A ranks among all other plans who have reported Breast Cancer Screening rates. For example:

- If a plan's Breast Cancer Screening rate is at the national 50th percentile, it means that approximately 50% of the plans in the nation reported Breast Cancer Screening rates that were equal to or below Plan A; approximately 50% of the plans in the nation had rates that were above.
- If Plan A is above the 75th percentile, that means that at most 25% of the plans in the nation reported rates above Plan A, and at least 75% of the plans reported rates below Plan A.

The national percentiles give a benchmark, or point of comparison, to assess how Plan A's performance compares to other plans. This is especially important in identifying high priority areas for quality improvement. For example, if Plan A performs below the 50th percentile, we can conclude there is considerable room for improvement given the number of similar plans that performed better than Plan A. However, if Plan A performs above the 75th percentile, we can conclude that performance on that particular measure already exceeds the performance of most other plans and that improving the actual rate for that measure may not be the highest priority for this plan.

Figure 9 shows the differences between percentiles and percentages in the context of this report.

Figure 9. Percentile Versus Percentage.



Confidence Intervals, Statistical Significance and Denominator Size

The statistical tests in this report include calculations of the 95% confidence intervals. In layman's terms, this indicates the reader can be 95% confident there is a real difference between two numbers, and that the differences are not just due to random chance. The calculation of confidence intervals is dependent on denominator sizes.

The confidence interval is expressed as a range from the lower confidence interval value to the upper confidence interval value. A statistically significant improvement is identified if the current performance rate is above the upper confidence interval for the previous year.

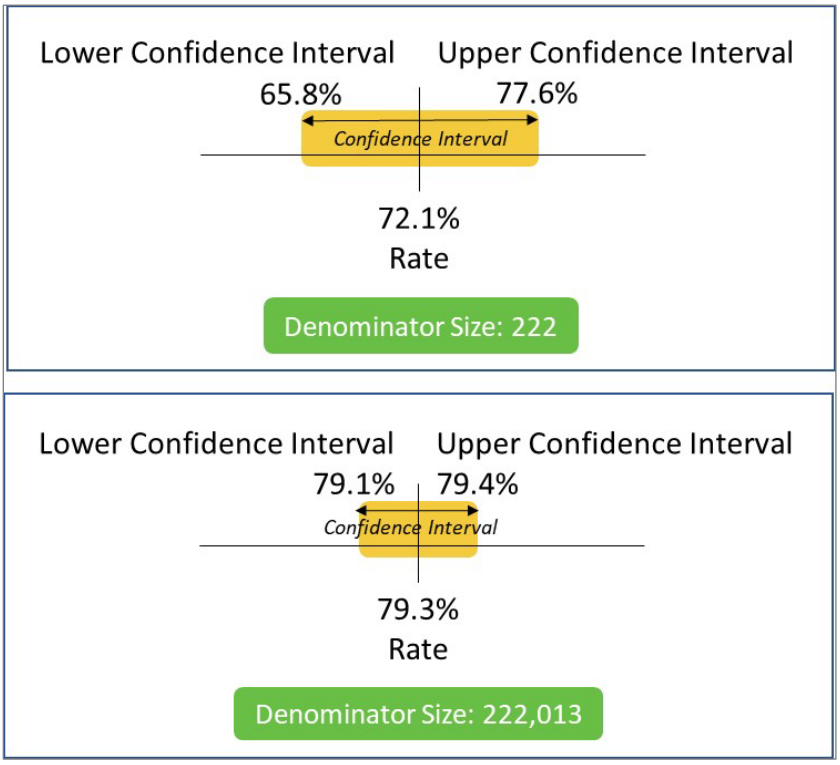
Significant and Significantly

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms "significant" or "significantly" are used when describing a statistically significant difference at the 95 percent confidence level. A Wilson Score Interval test was applied to calculate the 95 percent confidence intervals. This means that the reader can be 95% confident there is a real difference between two numbers, and that the differences are not due to chance.

Denominator size is important when comparing measure performance between MCOs. Some MCOs have larger populations than others, such as MHW. When measures have very large denominators (populations of sample sizes), it is more likely to detect significant differences even when the size of the difference between two rates is very small. Also, the member populations, or sample sizes, for particular measures vary widely. This means sometimes it appears there are large differences between two numbers, but the confidence interval is too wide to be 95% confident that there is a true difference.

Figure 10 shows two examples of how rates and their corresponding confidence intervals are affected by denominator size. The first example has a denominator of 222, and the second example has a much larger denominator of 222,013. Notice how the confidence interval is much wider for the first example, while the second is narrower. That is because with a small denominator we are less confident in the result and the confidence interval range will be much larger. With a large denominator, we can be more confident in the result; therefore, the confidence range is smaller.

Figure 10. Illustration of How Denominator Affects Confidence Intervals.



Limitations

Below are limitations to consider when reviewing this report.

- **Fee-for-service population:** The fee-for-service population is not included in these measures. Fee-for-service individuals include those eligible for both Medicare and Medicaid services. In addition, American Indian/Alaskan Natives are exempt from mandatory managed care enrollment.
- **Lack of risk adjustment**: HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics and other factors that may impact interaction with health care providers and systems.
- **COVID-19 impact and rotated measures**: In response to COVID-19, NCQA allowed Medicaid plans participating in HEDIS the option of submitting MY2018 rates for their MY2019 hybrid measures – "rotating" the measures they reported. Hybrid measures combine administrative claims data and data obtained from clinical charts. Under NCQA guidelines, MCOs could decide which hybrid measures, and how many, to report as rotated measures (i.e., submit MY2018 rates).

  The NCQA's decision was made to avoid placing a burden on clinics while they were dealing with the COVID-19 crisis. As a result of this decision, Comagine Health did not have access to updated rates for certain measures from the plans for MY2019. See Appendix C, Table C-2, for the rotated measures by MCO.

  Note that there were no rotated measures submitted for MY2020. The impact of the rotated measures will be seen in the year-over-year comparisons in Appendix E.
- **State behavioral health measures:** There are no national benchmarks available for the Washington Behavioral Health measures as these measures are Washington-specific measures developed by the state. Note there are several HEDIS measures related to behavioral health which are reported within this report which do include national benchmarks.

  For further discussion on HEDIS measures and the methodology utilized to report MCO performance, please see Appendix C.

Apple Health Statewide Performance

Comagine Health combined MCO performance to show how plans performed from MY2021 to MY2022 statewide. With HCA's approval, Comagine Health focused on the 42 highest priority measures for analysis in this report rather than the full list of HEDIS measures. These 42 measures, which include the two Washington behavioral health measures, reflect current HCA priorities and are part of the Statewide Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

Figures 11 and 12 show the MY2022 statewide weighted average compared to the MY2022 statewide weighted average for the 42 measures (note: these are the same charts as Figures 1 and 2 in the Executive Summary). Below are the highlights of this statewide comparison:

- The Breast Cancer Screening (BCS-E) had a statistically significant increase between MY2021 and MY2022, after a statistically significant decrease between MY2020 and MY2021.
- There was a statistically significant increase over all three years for two of the VBP measures: Antidepressant Medication Management (AMM) and Asthma Medication Ratio (AMR). This suggests that MCOs may be prioritizing VBP measures and taking steps to improve outcomes.
- There were several behavioral health measures that showed statistically significant improvement between MY2021 and MY2022. However, both the Mental Health Treatment Rate (MH-B) and Substance Use Disorder Treatment Rate (SUD) measures showed statistically significant declines for the same time period.
- The results for the well-child measures were mixed. While the scores for the youngest age cohorts (0-15 months and 3-11 years) had a statistically significant increase, the other age cohorts had a statistically significant decrease.

Note about the following chart: The middle column with the gray and teal bars shows the statewide rates for MY2022; the teal bars indicate VBP measures. The purple vertical bars indicate the National 50th and 75th percentiles. The arrows in the right columns show statistically significant changes in year-over-year performance for these measures. Arrows pointing down represent a statistically significant decrease; arrows pointing up represent a statistically significant increase.

Figure 11. MY2022 MCO Statewide Weighted Average for 42 Measures.

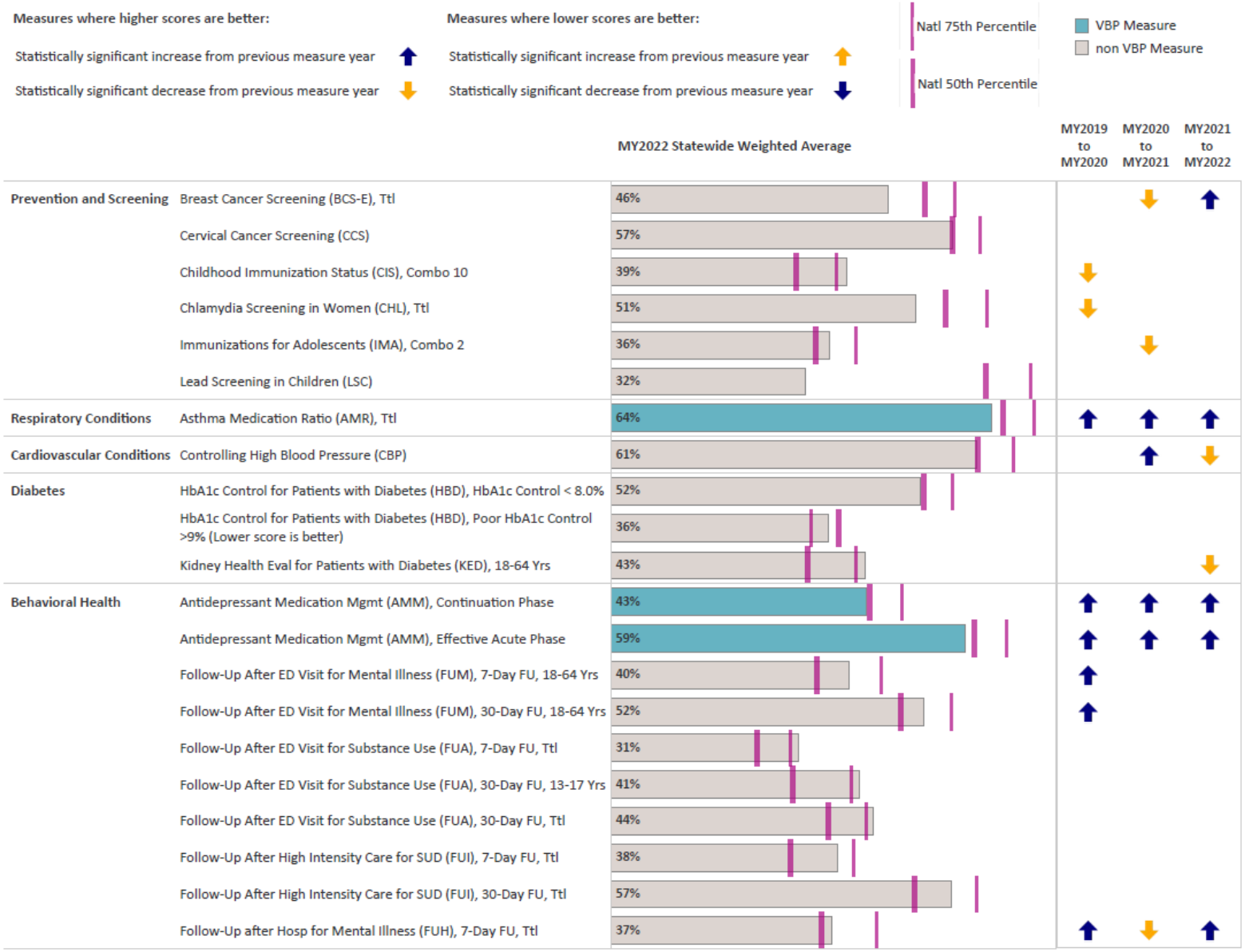
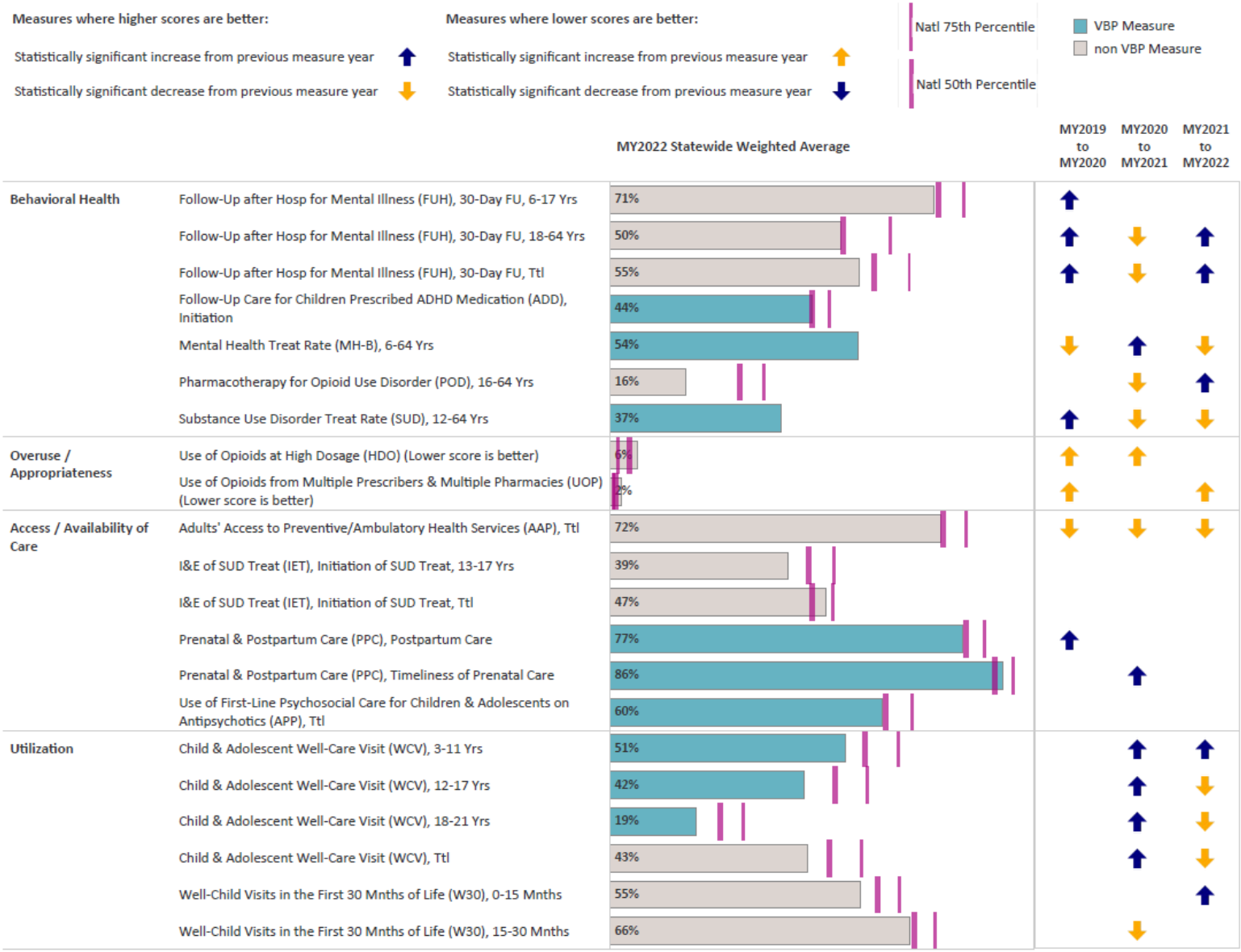


Figure 12. MY2022 MCO Statewide Weighted Average for 42 Measures (continued).



Apple Health Programs

In Washington, Medicaid enrollees are covered by five MCOs through the following managed care programs:

- **Apple Health Integrated Managed Care (AH-IMC)** – Integration of physical health, mental health and substance use disorder treatment services under one contract.
- **Apple Health Integrated Foster Care (AH-IFC**) – Statewide program for eligible children and youth, including:
  - < 21 Years old in the foster care program
  - < 21 Years old and receiving adoption support
  - Those 18–26 years of age who have aged out of the foster care program
- **Apple Health Behavioral Health Services Only (BHSO)** – Program for members who are eligible for Apple Health but not eligible to be in an integrated managed care program, including the below:
  - Dual-eligible for Medicare and Medicaid
  - Medically Needy program
  - Individuals who have met their Medicaid spenddown

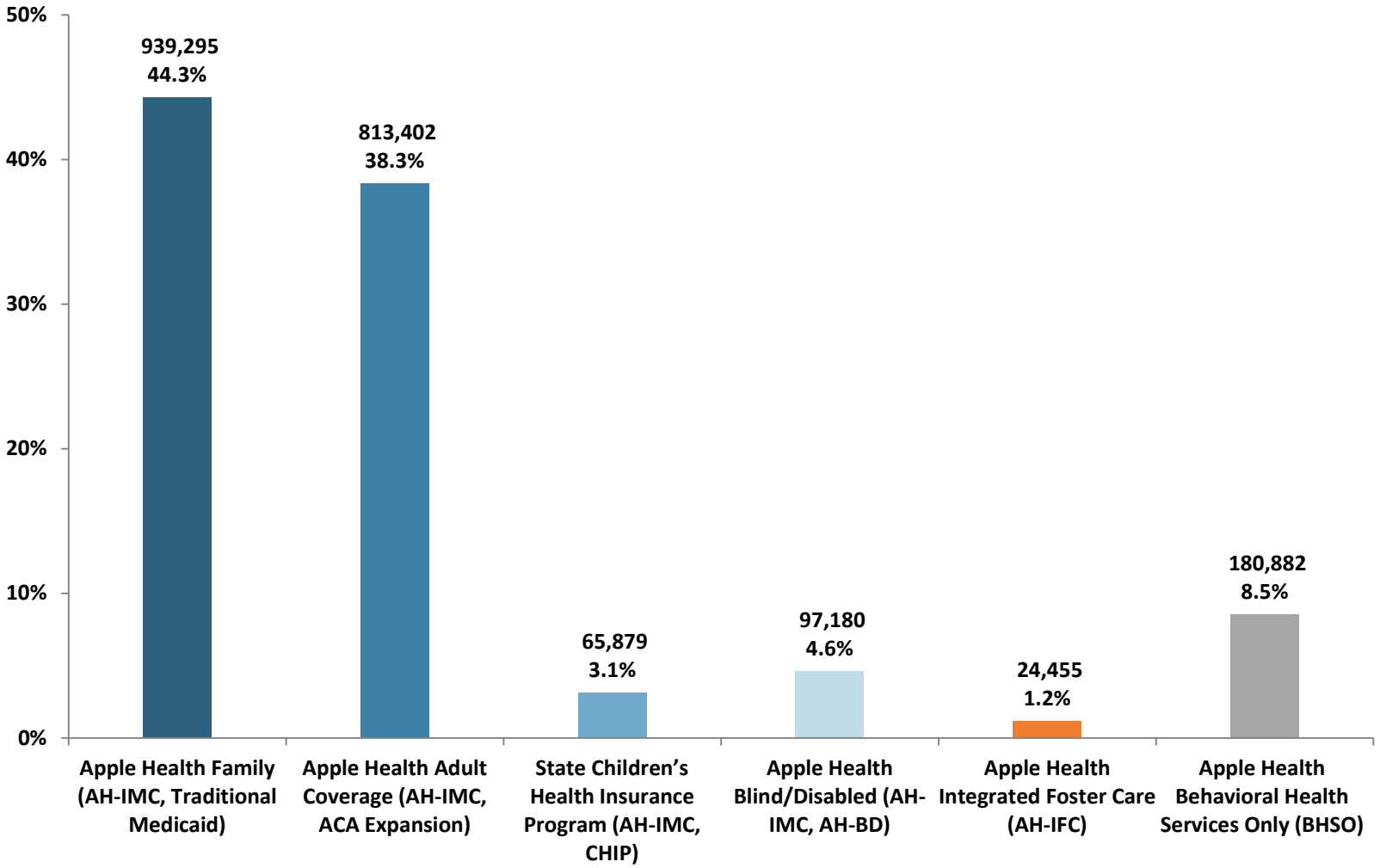
The AH-IMC program is further broken down into the following four Medicaid eligibility categories:

- **Apple Health Family** – Low-income programs for families, pregnant women and Temporary Assistance to Needy Families (TANF).
- **Apple Health Adult Coverage (AHAC)** – Low-income program for adults between 19 and 65 years old who are at or below the 138% federal poverty level (FPL). This expansion of coverage was introduced as part of the Affordable Care Act (ACA) in 2014.
- **Apple Health for Kids** – State Children's Health Insurance Program (CHIP)
  - Provides coverage for eligible children in households that are up to 250% FPL
  - The state also utilizes Medicaid CHIP funding to provide coverage with a monthly premium for children in households up to 312% FPL
- **Apple Health Blind/Disabled (AH-BD)** – Program for Supplemental Security Income (SSI)-related eligible members, including those who are currently receiving SSI.

The different Medicaid programs and eligibility categories may impact the performance of the MCOs since the mix of enrollees will vary by each MCO. For instance, CCW is the sole MCO contracted for AH-IFC throughout the entire state. Additionally, MCO coverage varied by RSAs, which would also impact the mix of enrollees and the performance of each MCO as reported in this report.

Figure 13 shows enrollment by Apple Health Program. Note that the first four blue columns represent AH-IMC program with various eligibility categories. The majority of members were enrolled in the AH-IMC program, with 44.3% enrolled as Apple Health Family (traditional Medicaid) and 38.3% enrolled as Apple Health Adult (Medicaid expansion).

Figure 13. MY2022 Percent Enrollment by Apple Health Program and Eligibility Category.

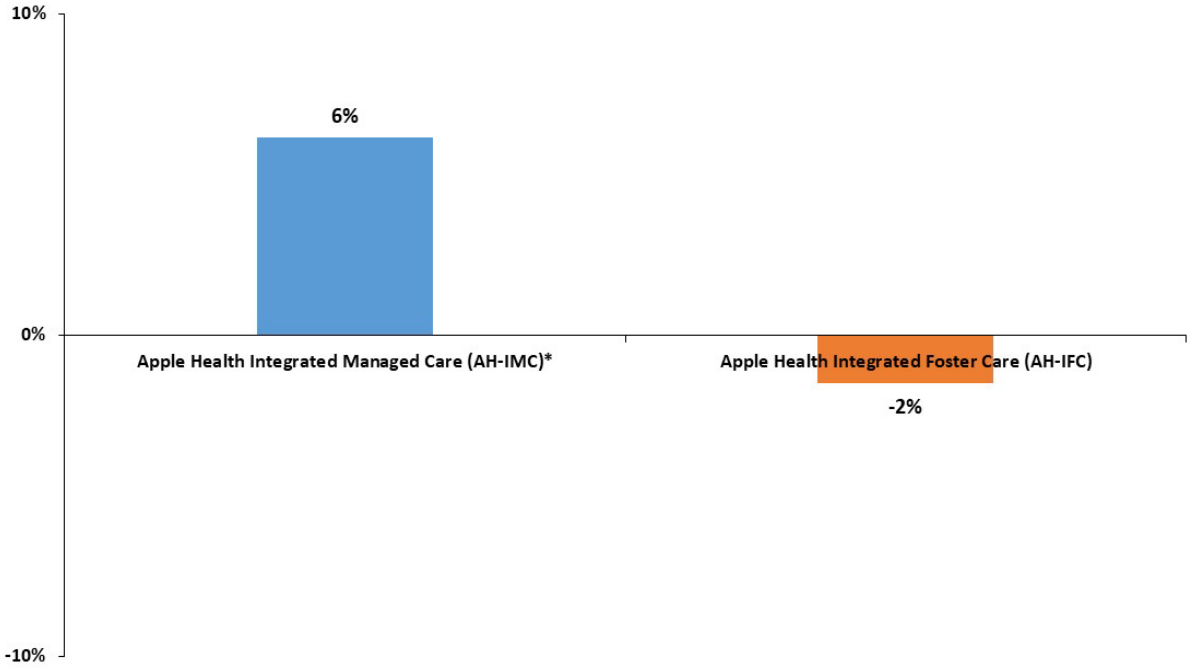


Note: The first four columns (the IMC programs) are shown in shades of blue.

There was an increase in Apple Health enrollment for the IMC program in Calendar Year 2022. Large increases in enrollment can impact measure results as there may be an underlying shift in the demographics of the population and delays in receiving care for new members.

Figure 14 shows the growth in Apple Health enrollment by program. The overall growth between MY2021 and MY2022 was 6%. The AH-IMC population grew by 6% and the AH-IFC population declined 2% between MY2021 and MY2022.

Figure 14. Enrollment Growth by Program, MY2021 vs. MY2022.



Demographics by Program

Medicaid enrollment demographics vary between programs and eligibility categories. This variation can affect the overall demographic mix of each MCO. It is important to consider this when comparing MCO performance by measure.

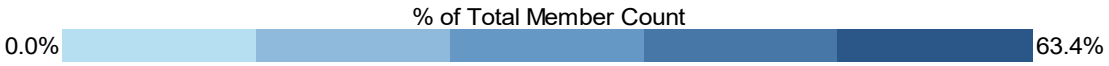
While this section of the report summarizes and compares MCO performance for certain HEDIS measures, it is crucial to recognize that the differences between the MCOs' member populations may impact MCO performance on different measures. Because of this variation, monitoring performance at both the plan level, and at the plan and program level, is important.

Age Range

Figure 15 shows the percentages of enrollment by age group and Apple Health program. In this chart and the following charts, the darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between. Blank, unshaded cells indicate the age group is not served by that program; for example, the state CHIP program covers only children and youth up to age 19.

Figure 15. Enrollee Population by Apple Health Program and Age Range, MY2022.

Age Range	Apple Health Adult Coverage (AH-IMC, ACA Expansion)	Apple Health Blind/Disabled (AH-IMC, AH-BD)	Apple Health Family (AH-IMC, Traditional Medicaid)	Apple Health Integrated Foster Care (AH-IFC)	State Children's Health Insurance Program (AH-IMC, CHIP)
Age 0 to 5	0.0%	3.2%	25.3%	22.6%	21.7%
Age 6 to 12	0.0%	8.4%	30.7%	34.4%	39.5%
Age 13 to 20	5.8%	11.3%	27.3%	37.7%	38.4%
Age 21 to 44	63.4%	34.0%	14.2%	5.3%	0.4%
Age 45 to 64	30.5%	37.8%	2.5%	NR	NR
Age 65+	0.3%	5.3%	0.0%	NR	NR



The average age of enrollees varies across programs and eligibility categories. Below are the age groups with greatest percentages of enrollees as seen in Figure 15:

- **Apple Health Adult (AH-IMC, ACA expansion)**: 63.4% of enrollees are between the ages of 21 and 44
- **Apple Health Blind/Disabled (AH-IMC, AH-BD)**: most are adults between the ages of 21 and 64
- **Apple Health Family (AH-IMC, Traditional Medicaid)**: 83.3% of the enrollees are below the age of 21; 14.2% of enrollees are between the ages of 21 and 44, and 2.5% of the enrollees are between the ages of 45 and 64
- **Apple Health Foster Care (IFC)**: most enrollees are youth and children under the age of 21; 5.3% are Foster Care alumni between the ages of 21 to 44
- **State Children's Health Insurance Program (AH-IMC, CHIP):** 39.5% are children ages 6 to 12

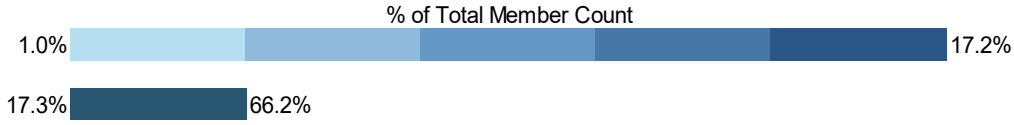
Race and Ethnicity

The race and ethnicity data presented here was provided by the members upon their enrollment in Apple Health. The members may choose "Other" if their race is not on the list defined in Medicaid eligibility application. The member may decline to provide the information, marked as "not provided."

The shading in Figure 16 is different from similar charts in this report to better differentiate race/ethnicities other than white, which is highlighted in the darkest blue and represents the majority of individuals. Overall, the "other" and "not provided" categories were the next most common. Black members showed the most variation in enrollment by program.

Figure 16. Statewide Apple Health Enrollees by Program and Race/Ethnicity, MY2022.

Race/Ethnicity	Apple Health Adult Coverage (AH-IMC, ACA Expansion)	Apple Health Blind/Disabled (AH-IMC, AH-BD)	Apple Health Family (AH-IMC, Traditional Medicaid)	Apple Health Integrated Foster Care (AH-IFC)	State Children's Health Insurance Program (AH-IMC, CHIP)
White	64.3%	66.2%	52.8%	62.1%	53.6%
Other	11.0%	9.0%	16.8%	7.0%	12.5%
Not Provided	4.1%	5.1%	9.7%	10.7%	17.2%
Black	8.5%	11.1%	9.6%	11.4%	4.7%
Asian	6.1%	4.0%	4.1%	1.0%	6.5%
American Indian/Alaska Native	2.1%	1.9%	2.2%	5.6%	1.7%
Hawaiian/Pacific Islander	3.8%	2.7%	4.9%	2.2%	3.8%

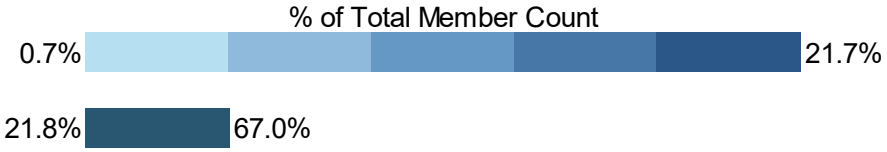


Note: These are the categories that HCA provided in Medicaid eligibility data files. The "Other" category indicates "client identified as a race other than those listed," and the "Not Provided" category is defined as "client chose not to provide."

Figure 17 shows Apple Health Enrollees by race/ethnicity and age. Enrollees under the age of 21 and over the age of 65 have the most diverse populations. Adults ages 45 to 64 years of age have the least diverse populations.

Figure 17. Statewide Apple Health Enrollees by Race/Ethnicity and Age, MY2022.

Race	Age 0 to 5	Age 6 to 12	Age 13 to 20	Age 21 to 44	Age 45 to 64	Age 65+
White	48.4%	53.5%	52.1%	64.2%	67.0%	45.4%
Other	11.7%	16.7%	21.7%	11.4%	8.4%	11.7%
Not Provided	19.9%	9.4%	6.4%	3.5%	4.7%	5.4%
Black	9.6%	9.5%	8.8%	9.4%	7.7%	9.9%
Asian	3.6%	4.2%	4.7%	4.9%	7.0%	17.1%
American Indian/Alaska Native	2.2%	2.1%	2.0%	2.4%	1.8%	0.7%
Hawaiian/Pacific Islander	4.7%	4.6%	4.3%	4.1%	3.4%	9.8%

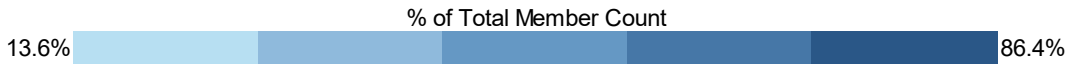


Note: These are the categories that HCA provided in Medicaid eligibility data files. The "Other" category indicates "client identified as a race other than those listed," and the "Not Provided" category is defined as "client chose not to provide."

Figure 18 shows that most Apple Health Program enrollees are not Hispanic. The Apple Health Family (Traditional Medicaid) program has the largest percentage of Hispanic enrollees at 30.1%.

Figure 18. Statewide Apple Health Enrollees by Program and Hispanic Indicator, MY2022.

Hispanic	Apple Health Adult Coverage (AH-IMC, ACA Expansion)	Apple Health Blind/Disabled (AH-IMC, AH-BD)	Apple Health Family (AH-IMC, Traditional Medicaid)	Apple Health Integrated Foster Care (AH-IFC)	State Children's Health Insurance Program (AH-IMC, CHIP)
No	82.8%	86.4%	69.9%	82.4%	77.3%
Yes	17.2%	13.6%	30.1%	17.6%	22.7%



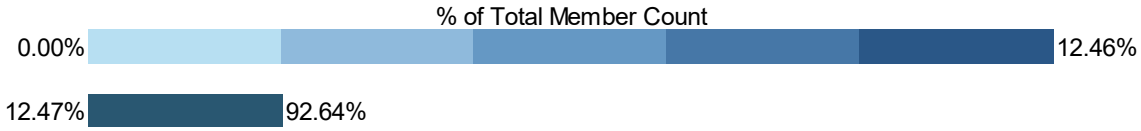
Language

Upon application for Medicaid eligibility, clients also provide information on their primary spoken language. According to Apple Health eligibility data, there are 85 separate spoken languages among 2 million members. Many of these languages have very small numbers of speakers in the Apple Health population. The top 15 most common non-English languages are listed in this report (HCA provides Apple Health-related written materials in these same 15 languages).

Figure 19 shows the variation in primary spoken language by Apple Health enrollees, reflecting the 15 most common languages. Similar to the race chart, the shading in Figure 15 is different from similar charts in this report to better differentiate languages other than English. After English, Spanish/Castilian is the most common language across programs. Russian and Vietnamese are the third and fourth most common languages, depending on the program, but are still spoken by less than 1.0% of enrollees.

Figure 19. Statewide Apple Health Enrollees by Program and Spoken Language, MY2022.

Spoken Language	Apple Health Adult Coverage (AH-IMC, ACA Expansion)	Apple Health Blind/Disabled (AH-IMC, AH-BD)	Apple Health Family (AH-IMC, Traditional Medicaid)	Apple Health Integrated Foster Care (AH-IFC)	State Children's Health Insurance Program (AH-IMC, CHIP)
English	92.64%	88.16%	82.71%	89.51%	87.21%
Spanish; Castilian	3.82%	3.13%	12.46%	1.44%	9.48%
Russian	0.79%	0.56%	1.18%	0.01%	0.73%
Vietnamese	0.54%	0.37%	0.40%	0.02%	0.92%
Chinese	0.43%	0.18%	0.34%	0.01%	0.68%
Arabic	0.17%	0.42%	0.27%	0.01%	0.05%
Ukrainian	0.39%	0.16%	0.71%	0.00%	0.13%
Somali	0.14%	0.16%	0.22%	0.01%	0.00%
Korean	0.14%	0.09%	0.06%	NR	0.18%
Amharic	0.08%	0.09%	0.12%	NR	0.06%
Tigrinya	0.06%	0.08%	0.09%	0.02%	0.00%
Panjabi; Punjabi	0.08%	0.11%	0.06%	NR	0.07%
Burmese	0.05%	0.03%	0.06%	NR	0.03%
Farsi	0.07%	0.08%	0.06%	NR	0.04%
Cambodian; Khmer	0.04%	0.08%	0.04%	0.02%	0.07%
Other Language*	0.57%	6.29%	1.20%	8.96%	0.35%



**Other Language is the sum of the 70 languages not specifically reported in this table and represents approximately 1% of enrollees.*

Note: blank, unshaded cells mean that those languages were not reported by clients enrolled in that program. A 0.00% indicates that there were a small number of enrollees in that category, but the percentage is too small to report.

Measure Performance by Apple Health Program and Eligibility Categories

Comagine Health stratified 40 of the 42 measures reported in Figures 20 and 21 by Apple Health program and eligibility category to determine if there are statistically significant differences in measure results between them. The non-HEDIS RDA measures were excluded because of lack of data availability by program. Because the different programs and eligibility categories serve different populations, this analysis can serve as a proxy for determining if there are health disparities that can be addressed.

Figures 20 and 21 list the statewide measure results by the Apple Health programs that serve adults. Note the Apple Health Integrated Foster Care program also serves adults between ages 18 and 26, but they are not displayed in this table because the number of eligible members is too small. Measures that are specific to the pediatric population have been removed from this view. This chart reports the statewide weighted average for each measure, along with the MY2022 result for each Apple Health program. Upward arrows indicate a particular program or eligibility category performs better than the other eligibility categories. A downward arrow indicates a particular program or eligibility category performs worse than the other programs or eligibility categories. Note that the comparison is done across all programs including both children and adults.

Figure 20. Statewide Measure Results by Apple Health Program Group, MY2022.

Measures where higher is better:
Statistically significant higher rate than other programs ▲
Statistically significant lower rate than other programs ▼

Measures where lower is better:
Statistically significant higher rate than other programs ▲
Statistically significant lower rate than other programs ▼

		Adult Programs			Child Programs				
		Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	MY2022 Statewide Weighted Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	47% ▲	40% ▼	44%	NR	***	***	NR	46%
	Cervical Cancer Screening (CCS)	51% ▼	49%	59% ▲	NR	NR	NR	***	55%
	Childhood Immunization Status (CIS), Combo 10	NR	NR	NR	***	35% ▼	46%	52% ▲	35%
	Chlamydia Screening in Women (CHL), Ttl	55% ▲	40% ▼	61% ▲	26% ▼	40% ▼	35% ▼	50%	50%
	Immunizations for Adolescents (IMA), Combo 2	NR	NR	NR	22%	32%	37%	33%	32%
	Lead Screening in Children (LSC)	NR	NR	NR	***	33%	25%	47% ▲	32%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	69% ▼	72%	68% ▼	79% ▲	78% ▲	81% ▲	86% ▲	72%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	58%	62%	54%	NR	***	NR	***	60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	51%	55% ▲	49%	NR	***	***	***	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	37%	34% ▼	38%	NR	***	***	***	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	42% ▲	39% ▼	36% ▼	NR	27% ▼	33%	29%	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	47% ▲	44%	41% ▼	NR	33% ▼	34%	34% ▼	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	64% ▲	61% ▼	62% ▼	NR	53% ▼	61%	51% ▼	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	39% ▼	49% ▲	39%	NR	45%	***	38%	41%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	51% ▼	65% ▲	52%	NR	57%	***	50%	53%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	30% ▼	38% ▲	32%	***	25% ▼	22%	31%	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	NR	***	NR	***	38% ▼	***	54% ▲	41%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	42% ▼	52% ▲	45%	***	35% ▼	26% ▼	41%	44%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	37%	31% ▼	40% ▲	***	24% ▼	***	***	37%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	56%	51% ▼	58%	***	40% ▼	***	***	56%

Figure 21. Statewide Measure Results by Apple Health Program Group, MY2022 (continued).

Measures where higher is better:
Statistically significant higher rate than other programs ▲
Statistically significant lower rate than other programs ▼

Measures where lower is better:
Statistically significant higher rate than other programs ▲
Statistically significant lower rate than other programs ▼

		Adult Programs			Child Programs				
		Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	MY2022 Statewide Weighted Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	34% ▼	42% ▲	40%	55% ▲	51% ▲	62% ▲	40%	39%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	NR	***	NR	79%	75%	79%	68% ▼	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	52% ▼	61% ▲	57% ▲	NR	51%	***	45%	54%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	52% ▼	61% ▲	57%	79% ▲	73% ▲	77% ▲	65% ▲	58%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	NR	NR	NR	43%	45%	38% ▼	48%	45%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	14%	20% ▲	15%	***	5% ▼	***	5%	15%
Overuse/ Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	4% ▼	7% ▲	3% ▼	NR	***	***	***	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	1%	2% ▲	NR	***	***	***	2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	66% ▼	81%	74%	NR	49% ▼	46% ▼	61% ▼	68%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	NR	***	NR	48%	38%	39%	39%	39%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47%	49% ▲	48% ▲	48%	38% ▼	38% ▼	36% ▼	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	78%	79%	76%	NR	76%	NR	***	80%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	85%	83%	83%	NR	87%	NR	***	87%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	NR	NR	NR	39% ▼	60%	60%	65% ▲	59%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	***	NR	NR	55% ▲	53% ▼	58% ▲	59% ▲	54%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	***	NR	NR	46% ▲	44% ▼	49% ▲	46% ▲	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	15% ▼	24% ▲	20% ▲	NR	22% ▲	26% ▲	17% ▼	19%
	Child & Adolescent Well-Care Visit (WCV), Ttl	15% ▼	24% ▼	20% ▼	51% ▲	47%	51% ▲	48% ▲	45%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	NR	NR	NR	13% ▼	57% ▲	52% ▼	62% ▲	56%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	NR	NR	NR	60%	64% ▼	74% ▲	82% ▲	65%

Analysis of Measure Performance by Apple Health Program

Prevention and Screening Measures

Performance on the preventive care measures varied across the different Apple Health populations. Here is a summary of the findings:

- The Apple Health Adult Coverage (Newly Eligible) population had statistically significantly better performance on Breast Cancer Screenings (BCS-E), while the Apple Health Blind/Disabled adult population had statistically worse performance.
- The Apple Health Family population performed statistically significantly better on Cervical Cancer Screenings (CCS), and Apple Health Adult Coverage (Newly Eligible) population performed statistically worse.
- Apple Health Foster Care performed statistically better than other programs on the Childhood Immunization Status (CIS) measure. The Apple Health Family program performed statistically worse.
- The Apple Health Adult Coverage (Newly Eligible) and Apple Health Family adult populations performed significantly better on Chlamydia Screenings in Women (CHL); enrollees in the Apple Health Blind/Disabled (both adults and children), SCHIP and Apple Health Family children performed significantly worse.
- Apple Health Foster Children performed statistically better on the Lead Screening in Children measure.

Chronic Diseases

- Programs that serve children performed better than programs that serve adults on Asthma Medication Ratio (AMR) measure.
- Enrollees in the Apple Health Blind/Disabled program performed statistically significantly higher on the Hemoglobin A1c Control for Patients with Diabetes (HBD) measures.
- Apple Health Adult Coverage (Newly Eligible) population performed statistically significantly higher than other programs on the Kidney Health Evaluation for Patients with Diabetes (KED), Age 18-64 measure. Enrollees in the Apple Health Family and Blind/Disabled performed statistically significantly worse.

Behavioral Health

Performance on the Behavioral Health was mixed, with each program performing both statistically significantly better and worse on some measures.

- The Apple Health Adult Coverage (Newly Eligible) program performed statistically significantly better than other programs for the Antidepressant Medication Management (AMM) measure. This program performed statistically significantly worse for several of the other behavioral health measures.
- The Apple Health Blind/Disabled adult population had mixed results with statistically better for some measures and statistically worse for others.

- Apple Health Family performed statistically significantly worse for the Antidepressant Medication Management (AMM) measure; this population performed statistically better for a few of the other behavioral health measures.
- Apple Health Blind/Disabled children performed statistically significantly worse on several of the behavioral health measures.

These measure shows that behavioral health is a complicated healthcare space across all ages and eligibility categories.

Overuse/Access/Appropriate

Analysis of the Overuse, Appropriate use, and Access measures yielded the following observations:

- The Apple Health Blind/Disabled adult population performed statistically significantly worse for the Use of Opioids at High Dosage (HDO) measure.
- In general, performance was better for the adult population on the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures than for the child population.
- Enrollees in Apple Health Foster Care performed statistically significantly higher on the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measure. It is worth noting this measure has been a VBP measure for the foster care population since the inception of the VBP program in 2020.

Utilization

There was a lot of variation across the different Apple Health programs for the well-child measures.

Value-Based Purchasing (VBP) Quality Measure Performance

In 2022, the Washington Legislature updated the budget proviso, ESSB 5693 Sec.211 (37)(2022), requiring Washington HCA's contracted EQRO to annually analyze the performance of Apple Health MCOs providing services to Medicaid enrollees. Specifically, MCOs will be assessed on a set of seven performance measures, including four shared measures reported by all plans and three measures unique to each of the five MCOs. The following year, HCA will evaluate the MCOs on their performance on these assigned measures and reimburse them according to their achievement level. Additionally, HCA uses the VBP performance measure evaluation as part of the evaluation of effectiveness for the Washington State Medicaid Quality Strategy.

The shared measures must be weighted toward having the potential to impact managed care costs and population health. Plan-specific measures must be chosen from the Washington Statewide Common Measure Set, reflect areas where an MCO has shown poor performance, and be substantive and clinically meaningful in promoting health status.

HCA contracted with Comagine Health to assess MCO performance on the measures reported by each plan and to recommend a set of priority measures that meets the bill's specific criteria and best reflects the state's quality and value priorities — balancing cost and utilization — while ensuring quality care to clients. HCA then selected the final measure set and included the measures as VBP performance measures in the MCO contracts.

The measures included in this section of the report are the VBP performance measures included in the contracts for the 2022 performance period. In addition, the AH-IFC contract includes seven VBP measures that are included in this report. HCA has also contracted with Comagine Health for the evaluation of measure performance; this was submitted to HCA as a separate deliverable in October 2023.

During the 2023 legislative session, the requirement to select VBP metrics was removed from the budget proviso. HCA intends to continue the VBP program under the same basic structure with a few changes that align the program with HCA priorities. However, the proviso was still in place in 2022, which is the period included in this report.

The following charts (Figures 22–24) show the three-year trend (MY2020 through MY2022) in performance for these measures by MCO and for the statewide weighted average for each measure. In these charts:

- The longer purple dashed line shows the MY2022 national 75th percentile for HEDIS measures; the shorter purple dashed line shows the MY2022 national 50th percentile.
- The solid blue line shows the benchmark for the RDA measures, which is the second highest performing MCO in MY2021.
- The arrows indicate statistically significant changes in the year-over-year performance of the measures (blue arrows indicate increases while yellow indicate decreases; see keys with each chart for more).
- Gray circles indicate there was no statistically significant change for that measure year.

VBP Performance – IMC Shared Measures

Figure 22 shows the VBP performance for the four AH-IMC shared measures. Note the Antidepressant Medication Management (AMM) and Prenatal and Postpartum Care (PPC) measures have two measure indicators that are reported separately in the chart.

The Antidepressant Medication Management (AMM) measure has improved substantially on a statewide basis. There have been statistically significant increases in measure performance for the last three years. It is harder to see year-over-year improvement at the MCO level, which is partially due to smaller denominators for all of the MCOs except MHW. It is assumed that MCOs are contributing to the aggregate. For CY2022, the state average was still slightly below the national 75th percentile.

The Child and Adolescent Well-Care Visit (WCV), 3-11 Years measure has improved significantly for the last two years. This improvement appears to be driven by the performance of MHW. The state average is still below the national 50th percentile.

The Prenatal and Postpartum Care (PPC) measures have not shown consistent improvement. These measures will continue to be a priority for quality improvement strategies.

The Substance Use Disorder Treatment Rate (SUD) measure has decreased by a statistically significant amount over the last two years. The larger population of MHW enrollees reflects this same pattern.

Figure 22. VBP Performance for MY2020 through MY2022; IMC Shared Measures.

VBP Performance – IMC Plan-Specific Measures

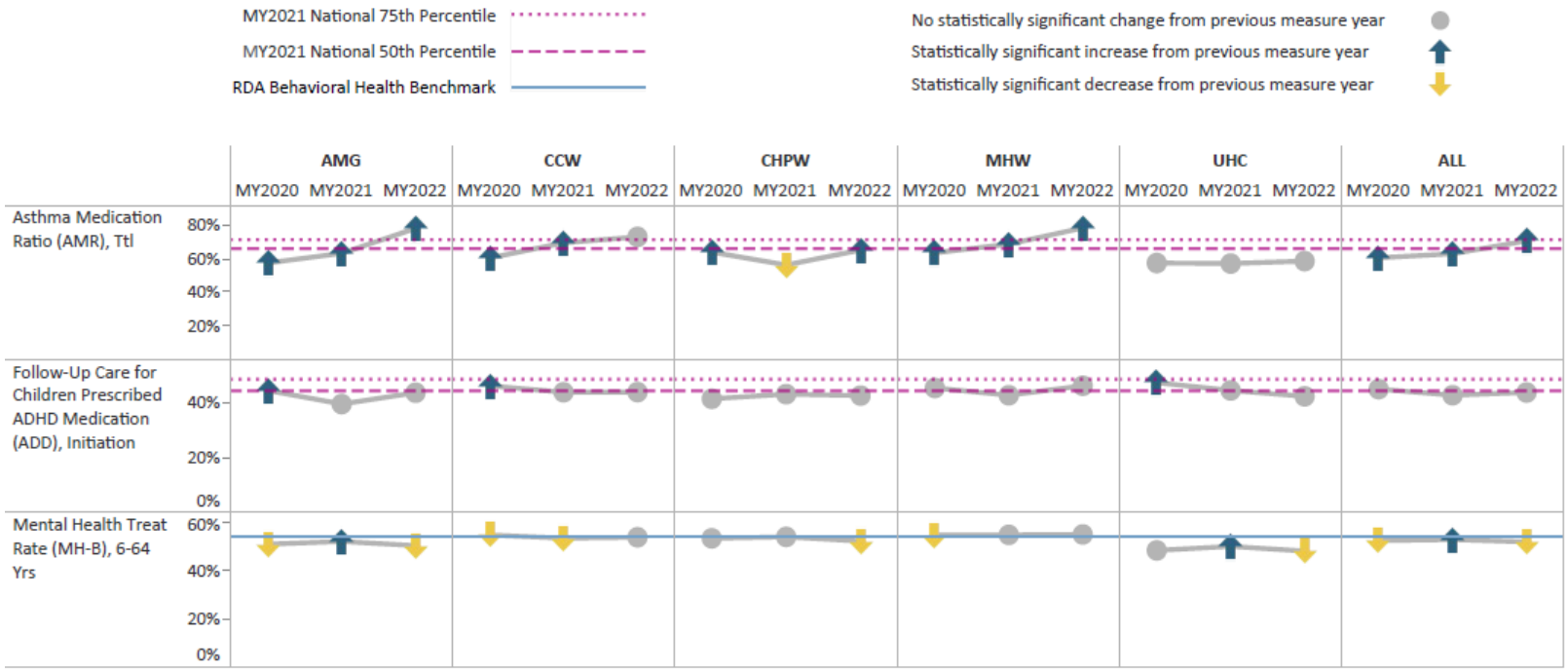
Figure 23 shows the VPB performance for the three AH-IMC plan-specific measures.

Findings

Below are the results by measure:

- The Asthma Medication Ratio (AMR) measure has shown substantial improvement. With the exception of UHC, all of the MCOs are now above the national 50th percentile; AMG and MHW are performing above the national 75th percentile.
- There have been no changes in the performance of the Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase measure.
- The Mental Health Treatment Rate (MH-B), 6-64 Years decreased by a statistically significant amount between MY2021 and MY2022.

Figure 23. VBP Performance for MY2020 through MY2022; IMC Plan-Specific Measures.



VBP Performance – IFC Measures

Figure 24 shows the VPB performance for the AH-IFC measures. Note that CCW is contracted to provide services for the foster care population; therefore, the other MCOs are not included in this chart. For the HEDIS measures, CCW is evaluated using the measures they report for their overall population. The CCW rates for two of the RDA measures (MH-B and SUD) are specific to their AH-AFC population.

Findings

Below are observations from the IFC measure analysis. (Note: these apply to CCW since it is the only provider of IFC.)

- None of the seven measures included in the IFC contract showed statistically significant increases between MY2021 and MY2022.
- The Child and Adolescent Well-Care Visit (WCV), 12-17 Years had a statistically significant decrease between MY2021 and MY2022.
- The Asthma Medication Ratio (AMR) and the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total performance is statistically at the national 75th percentile; the Mental Health Treatment Rate (MH-B), 6-64 Years measure is below the RDA benchmark.
- All other HEDIS measures perform statistically at or below the national 50th percentile; the Substance Use Disorder Treatment Rate (SUD), 12-64 Years measure is also below the RDA benchmark.

Figure 24. VBP Performance for MY2020 through MY2022; IFC Measures.

Health Equity Analysis

Monitoring health equity and equitable outcomes is essential and of increasing importance. Since the majority of Medicaid enrollees are associated with a vulnerable population, HCA values and continues to prioritize the identification and comprehension of health disparities to proactively address these gaps. The COVID-19 pandemic has added stress to the Medicaid system and revealed several important patterns in health disparities.

In 2022, Washington state, through the office of Governor Inslee, began evaluating areas for equity engagement work as part of the Pro-Equity, Anti-Racism (PEAR). Through Executive Order 22-04, the Governor directed agencies to move forward with implementation. According to HCA, "The purpose of PEAR is to foster an environment that creates belonging and establishes a pro-equity and anti-racist culture for Health Care Authority (HCA) employees and the people we work with and serve."[12] PEAR is a state government wide initiative, in which health equity is one aspect. While this initiative will not impact the data in this report, it may be relevant to future EQR reports.

These are some basic concepts of health equity:

- High quality health care is equitable. Care cannot be considered high quality if it is not equitable.
- A community includes ALL members. A healthy community is one that allows all members to grow to their full potential.
- Health equity is complex. Good health outcomes depend on many factors beyond just health care, such as environmental, social and economic factors.
- Health equity means treating the root causes, not just the symptoms.
- Health disparities lead to unhealthy communities which have far reaching and often unseen or overlooked ramifications.

Since performance measures are used to approximate population health and well-being, this section will further illuminate differences in measure results to identify potential health disparities. This section includes an analysis of statewide performance on all HEDIS measures by race, language, gender, and urban versus rural geographic location.

Challenges of Small Numbers with Health Equity Data

A major challenge with this analysis is that denominators for some measures are very small once the data is stratified by various demographic categories and MCO. NCQA guidelines state that measure results should not be reported when the denominator includes fewer than 30 individuals. This ensures that individual identity is protected and that measure results are more stable. Note that 30 is still small for most statistical tests, and it is difficult to identify true statistical differences.

The issue with small denominators is particularly problematic for the hybrid measures. Hybrid measure results are based on a sampling, which is typically around 400 members for each MCO. Once that data is stratified by the various demographic categories included in this analysis, the denominators often are too small for a reasonable analysis.

[12] Washington Health Care Authority. "Pro-Equity, Anti-Racism (PEAR)." Updated 2023. Accessed October 31, 2023. https://www.hca.wa.gov/about-hca/who-we-are/pro-equity-anti-racism-pear

As an example, Table 2 illustrates the denominator size for the Prenatal and Postpartum Care (PPC), Timeless of Prenatal Care measure when stratified by Spoken Language. There are several languages with a denominator of zero because there were no individuals who met the criteria for the measure who spoke that language (indicated by an NR) or where the denominator is less than 30 (indicated by "***"). English, Spanish/Castilian and "Other Language" are the only spoken languages with sufficient denominators to be included in an analysis by spoken language for this particular measure.

Table 2. Denominator Size by Spoken Language for Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care.

Spoken Language	Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	
	Denominator †	Rate‡
Amharic	7	***
Arabic	3	***
Burmese	0	*NR*
Cambodian; Khmer	0	*NR*
Chinese	4	***
English	1,522	*84%*
Farsi	0	*NR*
Korean	0	*NR*
Laotian	0	*NR*
Panjabi; Punjabi	1	***
Russian	9	***
Somali	4	***
Spanish; Castilian	84	*82%*
Tigrinya	2	***
Ukrainian	5	***
Vietnamese	2	***
Other Language*	93	*82%*

**Other Language is the sum of the 64 languages not specifically reported in this table and represents approximately 1% of enrollees.*

† *Denominators of "0" indicate there were no individuals who met the criteria for that language and indicated by "NR"*

‡ *Denominator with less than 30 indicated by "***"*

Comagine Health approached the health equity analysis by including as many categories as possible in comparison to detect statistically significant differences among groups. The statewide view of selected measures by race/ethnicity was fairly robust, allowing comparisons across most categories.

Comagine Health provided two separate analyses by language. The first compares English, Spanish; Castilian and all other languages for the 40 key HEDIS measures. The second compares performance across the 16 language categories listed in Table 2 for measures with at least 10 languages that had sufficient denominators for analysis.

Understanding the inequities described in this section and being able to identify other more subtle disparities will require new approaches and additional data sources. This is a topic of national interest and, as such, there is a growing body of experience from which to learn. Comagine Health will continue to explore innovative ways to analyze this data to address the important topic of health equity, including research, analysis and recommendations of mental health parity as a health equity issue.

Analysis by Race/Ethnicity

This section focuses on measure results stratified by race and ethnicity. Figures 25 and 26 display the results of this analysis. The last columns display the statewide average; the results by race/ethnicity are to the left. Downward arrows indicate the measure results for a particular race are statistically significantly lower than the statewide average; upward pointing arrows indicate the measure results are statistically significantly higher than the statewide average. These charts illustrate the variation that can be seen by race. However, due to the small number of measures presented, caution should be taken to not over-interpret these results as a reflection on all health care received by members of each racial group. (Note: these are the same charts as Figures 4 and 5 in the Executive Summary.)

It is worth noting the American Indian/Alaska Native population is allowed to choose whether to enroll in an MCO or to be served by the fee-for-service (FFS) delivery systems. As a result, the data for this population is split and, therefore, the denominators for this population tend to also be small as a result.

Figure 25. Statewide Variation in Rates by Race/Ethnicity, MY2022.*

Measures where higher scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethniciities ▼

Measures where lower scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethnicities ▼

		American Indian/ Alaska Native	Asian	Black	Hawaiian/ Pacific Islander	Hispanic	White	Not Provided/ Other	MY2022 Statewide Weighted Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	39% ▼	57% ▲	40% ▼	48%	57% ▲	43% ▼	48% ▲	46%
	Cervical Cancer Screening (CCS)	58%	55%	53%	43%	62% ▲	50% ▼	51%	55%
	Childhood Immunization Status (CIS), Combo 10	* * *	61% ▲	23% ▼	38%	42% ▲	31% ▼	37%	35%
	Chlamydia Screening in Women (CHL), Ttl	53%	48%	58% ▲	52%	54% ▲	47% ▼	46% ▼	50%
	Immunizations for Adolescents (IMA), Combo 2	* * *	37%	29%	25%	43% ▲	24% ▼	32%	32%
	Lead Screening in Children (LSC)	18%	39%	31%	32%	40% ▲	28% ▼	33%	32%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	67%	74%	67% ▼	74%	72%	73%	75%	72%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	55%	64%	57%	58%	62%	58%	63%	60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	42%	63% ▲	52%	46%	50%	52%	51%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	52% ▲	23% ▼	41%	42%	38%	37%	34%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	37% ▼	52% ▲	41%	44% ▲	45% ▲	39% ▼	44% ▲	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	40% ▼	49% ▲	34% ▼	42%	38% ▼	48% ▲	46%	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60% ▼	68% ▲	54% ▼	62%	57% ▼	66% ▲	64%	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	40%	38%	34% ▼	38%	40%	43% ▲	38%	41%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	54%	54%	46% ▼	52%	52%	56% ▲	51%	53%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	31%	30%	24% ▼	29%	26% ▼	34% ▲	35% ▲	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	* * *	* * *	46%	* * *	37%	44%	42%	41%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	43%	41%	34% ▼	38%	39% ▼	46% ▲	45%	44%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	40%	33%	30% ▼	38%	39%	38%	39%	37%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	60%	54%	49% ▼	54%	54%	57% ▲	57%	56%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	41%	38%	34% ▼	43%	44% ▲	39%	39%	39%

**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. The "Other" category means that a member selected "Other" as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 20% of Apple Health enrollment.*

Figure 26. Statewide Variation in Rates by Race/Ethnicity, MY2022 (continued).*

Measures where higher scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethniciities ▼

Measures where lower scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethnicities ▼

		American Indian/ Alaska Native	Asian	Black	Hawaiian/ Pacific Islander	Hispanic	White	Not Provided/ Other	MY2022 Statewide Weighted Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	69%	* * *	75%	* * *	78% ▲	75%	69%	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	56%	57%	46% ▼	55%	57% ▲	55%	53%	54%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	59%	57%	51% ▼	56%	65% ▲	59%	57%	58%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	47%	44%	42%	41%	43%	46% ▲	44%	45%
	Mental Health Treat Rate (MH-B), 6-64 Yrs	56% ▲	49% ▼	52% ▼	50% ▼	54% ▲	54% ▲	54%	54%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	13%	17%	11% ▼	15%	11% ▼	15% ▲	15%	15%
	Substance Use Disorder Treat Rate (SUD), 12-64 Yrs	42% ▲	30% ▼	30% ▼	30% ▼	32% ▼	38% ▲	30% ▼	36%
Overuse/App..	Use of Opioids at High Dosage (HDO) (Lower score is better)	5%	3%	6%	4%	3% ▼	5% ▲	6%	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	3% ▲	1%	3% ▲	1%	1% ▼	2%	1%	2%
Access/ Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	71% ▲	67% ▼	67% ▼	60% ▼	70% ▲	69% ▲	64% ▼	68%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	52% ▲	* * *	41%	35%	32% ▼	41% ▲	43%	39%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	46%	42% ▼	45% ▼	47%	42% ▼	49% ▲	47%	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	60% ▼	86%	74%	67% ▼	81% ▲	78%	72%	80%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	80%	89%	81%	76% ▼	86%	84%	83%	87%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	62%	* * *	64%	* * *	57%	60%	47% ▼	59%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	50% ▼	58% ▲	51% ▼	45% ▼	60%	50% ▼	54%	54%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	38% ▼	50% ▲	44% ▼	39% ▼	50%	40% ▼	44%	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	15% ▼	25% ▲	19%	15% ▼	21% ▲	16% ▼	19%	19%
	Child & Adolescent Well-Care Visit (WCV), Ttl	40% ▼	49% ▲	43% ▼	38% ▼	50%	41%	47% ▲	45%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	52%	68% ▲	51% ▼	48% ▼	60% ▲	55% ▼	55% ▼	56%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	62%	74% ▲	57% ▼	54% ▼	69% ▲	64% ▼	64%	65%

**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. The "Other" category means that a member selected "Other" as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 20% of Apple Health enrollment.*

Key Observations of Analysis by Race/Ethnicity

Below are some noteworthy observations of the statewide results by race/ethnicity categories.

- For preventive care, the Hispanic population was statistically significantly higher than other race/ethnicities while the white population was below the other race/ethnicities. There were many variations between Breast Cancer Screenings (BCS), Childhood Immunization Status (CIS) and Chlamydia Screening for Women (CHL). These results are similar to last year, although the Asian population is no longer below the other race/ethnicities for Chlamydia Screenings in Women (CHL).
- The Black population rate of the Asthma Medication Ratio (AMR) measure was statistically significantly lower than other races; the other race/ethnicities do not have the same variation as reported last year which is a positive result. For the diabetes measures, the Asian population performed statistically significantly better than other populations, while American Indian/Alaskan Native populations performed worse. There was a lot of variation in scores for the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years measure.
- For the behavioral health measures, the Black population performed statistically significantly worse on several measures while the white population performed statistically significantly better. There was some variation for the other race/ethnicities for these measures.
- For the Adults' Access to Preventive/Ambulatory Health Services (AAP), Total measure, the American Indian/Alaskan Native, Hispanic and white were statistically above the other race/ethnicities; all other race/ethnicities were statistically significantly below. This is similar to the result reported in the 2022 version of this report.
- The Asian and Hispanic populations performed statistically significantly higher than other race/ethnicities for the well-child visit measures, which is similar to the result reported last year.

Analysis by Race/Ethnicity, Three-Year Trend

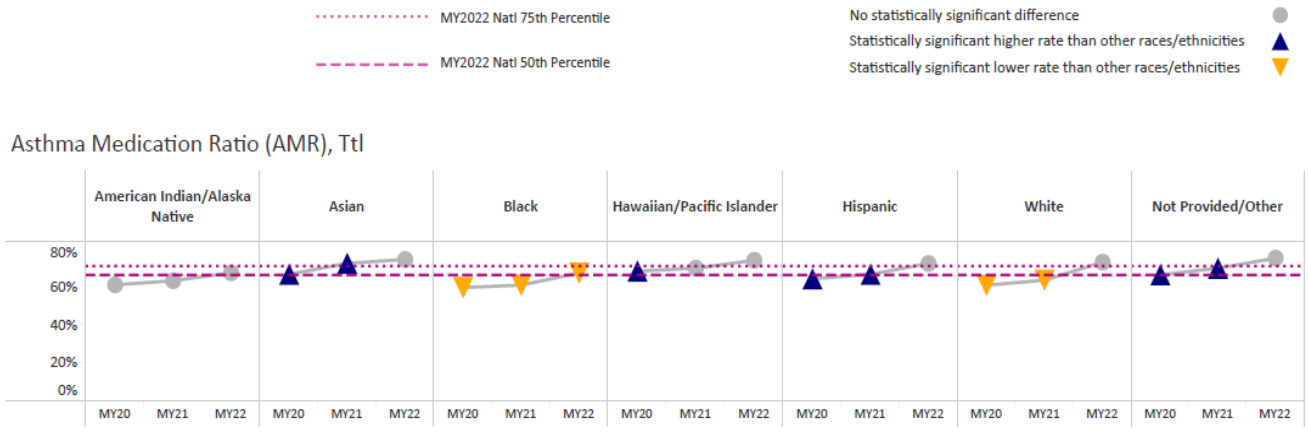
There was an interest in knowing if these disparities have been persistent for previous years. Comagine Health reviewed the full set of measures and selected a few measures that highlight interesting changes in measure performance. This section of the report shows the three-year trend for these selected measures stratified by race/ethnicity. Appendix B includes this information for all measures.

Asthma Medication Ratio (AMR) Performance

Figure 27 displays the results for two of the Asthma Medication Ratio (AMR) indicators. The longer purple dashed line shows the MY2022 national 50th percentile for HEDIS measures; the shorter purple dashed line shows the MY2022 national 75th percentile. The blue horizontal line represents the MY2022 statewide weighted average.

The variation in rates for Asthma Medication Ratio (AMR) by race/ethnicity has stabilized in MY2022 compared to prior years. For example, in MY2020 and MY2021, the Black and white populations were statistically significantly lower than the other groups; by comparison, Asians, Hawaiian/Pacific Islanders, Hispanics and Other were statistically significantly higher than the others. For MY2022, by comparison, only Blacks were statistically significantly below the other groups; there were no other statistically significant differences detected among the other groups.

Figure 27. Asthma Medication Ratio (AMR), Variation in Rates by Race/Ethnicity, Three-Year Trend.*

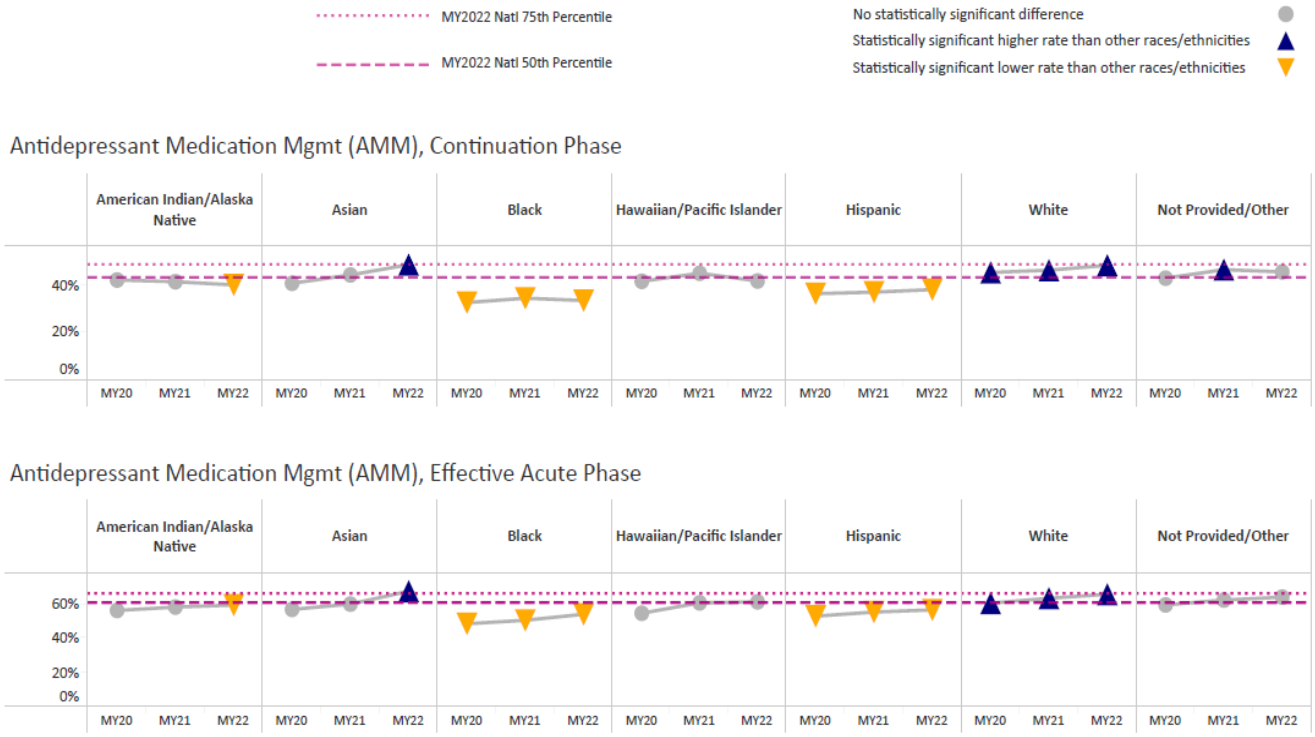


**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. The "Other" category means that a member selected "Other" as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 20% of Apple Health enrollment.*

Antidepressant Medication Management (AMM) Performance

When considering the Antidepressant Medication Management (AMM) measure overall, there has been statistically significant improvement over the last three years. However, once the data is viewed by race/ethnicity, disparities can be found (Figure 28). For example, for MY2020 through MY2022, measure performance for whites was statistically significantly better than the other racial groups. By contrast, Blacks and Hispanics had statistically significantly worse performance in the same period. In MY2022, Asians are statistically significantly higher than the other race/ethnicities, and American Indian/Alaskan Native were statistically significantly below the other race/ethnicities.

Figure 28. Antidepressant Medication Management (AMM), Variation in Rates by Race/Ethnicity, Three-Year Trend.*

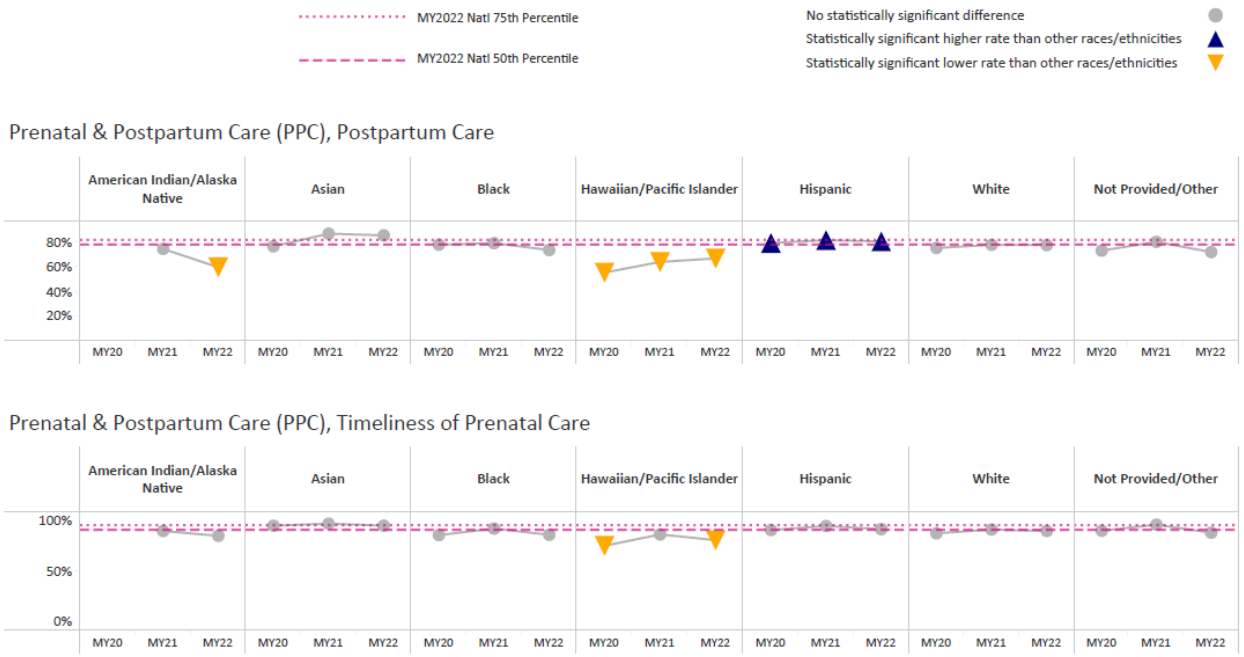


**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. The "Other" category means that a member selected "Other" as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 20% of Apple Health enrollment.*

Prenatal and Postpartum Care (PPC)

When considering the Prenatal and Postpartum Care (PPC) measures, there are a couple of data points to consider. For example, the Hispanic group was statistically significantly above the other groups for the Postpartum Care measure for all three measure years (Figure 29). For the Postpartum Care measure, the Hawaiian/Pacific Islander group has been significantly below the other groups for all three years (MY2020-MY2022). The American Indian/Alaskan Native group was below the other groups in MY2022 for the Postpartum Care measure.

Figure 29. Prenatal and Postpartum Care (PPC), Variation in Rates by Race/Ethnicity, Three-Year Trend.*



**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. The "Other" category means that a member selected "Other" as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 20% of Apple Health enrollment.*

Analysis by Spoken Language

As noted in the introduction to the health equity section of this report, analysis of measure results by spoken language can be limited due to small denominators that must be suppressed. Comagine Health and our partners at the Washington HCA have discussed various approaches for overcoming this obstacle.

For this year's report, we are taking two different approaches to analyzing measures by spoken language. The first approach recognizes that there are typically sufficient denominators for English and Spanish speakers. HCA tracks 80 separate spoken languages in their enrollment data. The non-English, non-Spanish-speaking members account for approximately 4% of all enrollees. The first section of the language analysis is a comparison of English, Spanish and the remaining languages grouped into an Other Language category.

The second approach is to analyze selected measures across a broader list of spoken languages. Currently, HCA provides written materials in 15 languages to Apple Health enrollees. This second analysis provides measure results for all 15 of these languages. The 64 remaining languages are grouped into an Other Language category and account for approximately 1% of all enrollees.

For future reports, we are exploring the possibility of grouping similar languages into broader categories in order to have more robust data for reporting. This approach must be considered carefully to prevent obscuring the experience of unique population groups when they are aggregated with others.

Figures 30 and 31 show the MY2022 results of the key measures for English, Spanish and Other Languages (note: these are the same as Figures 6 and 7 in the Executive Summary).

Figure 30. Statewide Variation in Rates by Spoken Language, MY2022.*

Measures where higher scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethniciities ▼

Measures where lower scores are better:
- Statistically significant higher rate than other races/ethnicities ▲
- Statistically significant lower rate than other races/ethnicities ▼

		English	Other Language	Spanish; Castilian	MY2022 Statewide Weighted Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	45% ▼	50% ▲	65% ▲	46%
	Cervical Cancer Screening (CCS)	52% ▼	56%	71% ▲	55%
	Childhood Immunization Status (CIS), Combo 10	33% ▼	49% ▲	52% ▲	35%
	Chlamydia Screening in Women (CHL), Ttl	51% ▲	44% ▼	49% ▼	50%
	Immunizations for Adolescents (IMA), Combo 2	29% ▼	30%	49% ▲	32%
	Lead Screening in Children (LSC)	29% ▼	47% ▲	55% ▲	32%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	72%	78% ▲	71%	72%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	59%	53%	71% ▲	60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	51% ▼	62% ▲	54%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	38% ▲	27% ▼	33%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	40% ▼	50% ▲	54% ▲	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	46% ▲	45%	33% ▼	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	64% ▲	64%	52% ▼	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	41%	40%	39%	41%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	54%	50%	51%	53%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	31%	36% ▲	20% ▼	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	43% ▲	* * *	28% ▼	41%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	44%	49% ▲	27% ▼	44%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	37%	44% ▲	23% ▼	37%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	56%	63% ▲	41% ▼	56%

**Other Language is the sum of the 78 languages not specifically reported in this table and represents approximately 4% of enrollees.*

Figure 31. Statewide Variation in Rates by Spoken Language, MY2022 (continued).*

Measures where higher scores are better:
Statistically significant higher rate than other races/ethnicities ▲
Statistically significant lower rate than other races/ethnicities ▼
Measures where lower scores are better:
Statistically significant higher rate than other races/ethnicities ▲
Statistically significant lower rate than other races/ethnicities ▼

		English	Other Language	Spanish; Castilian	MY2022 Statewide Weighted Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	39% ▼	39%	52% ▲	39%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	74%	68%	83% ▲	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	54%	55%	67% ▲	54%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	58% ▼	58%	77% ▲	58%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	45%	47%	43%	45%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15% ▲	13%	2% ▼	15%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	5% ▲	2% ▼	NR	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	2%	1%	1%	2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	68% ▼	71% ▲	72% ▲	68%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	40% ▲	39%	28% ▼	39%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47% ▲	48%	32% ▼	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	77%	77%	84%	80%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	84%	80%	86%	87%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	59%	49%	59%	59%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	52% ▼	53% ▼	66% ▲	54%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	42% ▼	43% ▼	55% ▲	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	18% ▼	21% ▲	24% ▲	19%
	Child & Adolescent Well-Care Visit (WCV), Ttl	43% ▼	44% ▼	54% ▲	45%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	56% ▼	54%	61% ▲	56%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	64% ▼	63%	74% ▲	65%

**Other Language is the sum of the 78 languages not specifically reported in this table and represents approximately 4% of enrollees.*

Key Observations of Analysis by Language

Here are some noteworthy observations of the statewide results by spoken language categories.

Prevention and Screening

In general, the data shows that English speakers perform statistically significantly worse on most prevention and screening measures than Spanish; Castilian speakers. The one exception is Chlamydia Screening in Women (CHL), where English speakers perform statistically significantly higher than Spanish; Castilian speakers.

Other Languages speakers perform statistically significantly better than English or Spanish; Castilian speakers for the Breast Cancer Screening (BCS-E), Childhood Immunization Status (CIS), and Lead Screening in Children (LSC) measures. However, Other Languages perform statistically significantly worse on the Chlamydia Screening in Women (CHL) measures.

Chronic Care

With regards to the Asthma Medication Ratio (AMR) measure, Other Languages perform statistically significantly better than the other language categories.

Spanish/Castilian speakers performs statistically significantly better than the populations for the Controlling Blood Pressure (CBP) measure.

When reviewing the data for diabetes care measures, the data shows that the English-speaking group perform statistically significantly worse than the other languages. By contrast, both Other Languages and Spanish; Castilian speakers performed statistically significantly higher in comparison to English in the KED measure.

Behavioral Health

When reviewing the behavioral health measures, the data shows that English speakers perform statistically significantly better for the Antidepressant Medication Management (AMM) measures. By contrast, Spanish; Castilian speakers perform statistically significantly worse.

Spanish; Castilian speakers perform statistically significantly better than other groups for the Follow-Up after Hospitalization for Mental Illness (FUH) measures. They perform statistically significantly worse than English or Other Language speakers for a few different measures, including Pharmacotherapy for Opioid Use Disorder (POD), the Follow-Up After Emergency Department Visit for Substance Use (FUA) and Follow-Up After High Intensity Care for Substance Use Disorder (FUI).

Access to Care

Spanish; Castilian and Other Language speakers perform statistically significantly better than English speakers for the Adults' Access to Preventive/Ambulatory Health Services (AAP), Total measure.

English speakers perform statistically significantly better on the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures than the other language groups; Spanish; Castilian speakers perform statistically significantly worse.

There are no statistically significant differences between the language groups for the Prenatal and Postpartum Care (PPC) measures.

Utilization

English speakers perform statistically significantly worse on the well-child visit measures; Spanish; Castilian speakers perform statistically significantly better.

Analysis by Spoken Language, Three-Year Trend

Figures 32 through 34 show the results for selected measures for the 16 languages for which Washington HCA provides written materials. These are measures with denominator populations that are sufficient to report across all language categories and also showed interesting variation across the three years reported.

Breast Cancer Screenings (BCS-E)

The data for Breast Cancer Screenings (BCS-E) shows that there is significant variation in the measure performance when broken out by Spoken Language (Figure 32). Some languages were statistically significantly above other languages for all three years (Spanish; Castilian, Vietnamese, Chinese, and Korean) and some languages were statistically significantly below the others (English, Russian and Tigrinya). Arabic speakers were statistically significantly above the other language groups in MY2021 and MY2022, and Farsi speakers were statistically significantly above in MY2020 and MY2022.

Figure 32. Breast Cancer Screenings (BCS-E), Variation in Rates by Spoken Language, MY2022.*

**Other Language is the sum of the 64 languages not specifically reported in this table and represents approximately 1% of enrollees.*

Adults' Access to Preventive/Ambulatory Health Services (AAP) Measure

As shown in Figure 33, the data for Adults' Access to Preventive/Ambulatory Health Services (AAP) indicates that several languages, including Other Languages and Spanish; Castilian, were statistically significantly above the other groups for the three years of reporting (MY2020 to MY2022). English, Russian and Ukrainian speakers, by contrast, were statistically significantly below the other language groups.

Figure 33. Adults' Access to Preventive/Ambulatory Health Services (AAP), Total, Variation in Rates by Spoken Language, MY2022.*

**Other Language is the sum of the 64 languages not specifically reported in this table and represents approximately 1% of enrollees.*

The Child and Adolescent Well-Care Visit (WCV) Measure

The Child and Adolescent Well-Care Visit (WCV) measure results indicates that several language categories, including Spanish; Castilian, Vietnamese, Chinese and Burmese, were statistically significantly above the other groups for the three years of data available (Figure 34). Amharic speakers were statistically significantly above the past two years. English, Russian, and Somali speakers were statistically significantly below the other groups for the three years of data.

Figure 34. Child and Adolescent Well-Care Visit (WCV), Total, Variation in Rates by Spoken Language, MY2022.*

**Other Language is the sum of the 64 languages not specifically reported in this table and represents approximately 1% of enrollees.*

Gender Comparison

This section of the report analyzes the key performance measures by gender for a three-year trend (MY2020 through MY2022).

Note that the analysis is limited to reporting by female and male only. While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate a more robust understanding of gender identity into their applications and other processes,[13,14] we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

The results of this analysis continue to be very interesting. Many of the disparities in the prevention and chronic disease measures noted in previous reports are no longer present in the data for the MY2022. However, there are persistent differences in performance of the behavioral health measures by gender.

Prevention and Screening Measures by Gender

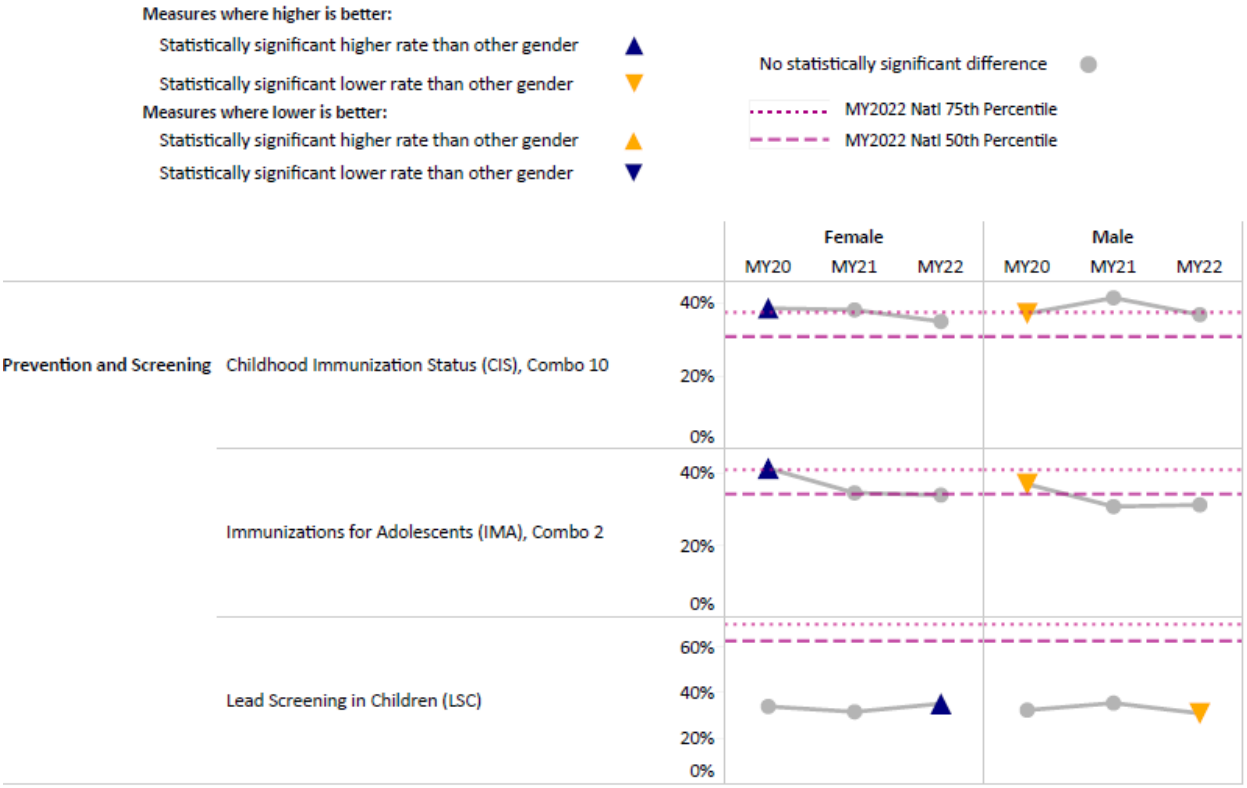
Figure 35 displays the results of this analysis for prevention and screening measures. Note that gender-specific measures such as breast cancer screenings have been removed from this chart. The blue triangles pointing upward indicate a gender performs statistically better than the other gender; the downward yellow triangles indicate they perform statistically worse.

When evaluating the three prevention and screening measures for MY2022, the only noticeable difference in the data compared to previous years was that males performed statistically significantly worse than females on the Lead Screening in Children measure.

[13] For more information on the Health Care Authority's work to collect accurate gender identity information: https://www.hca.wa.gov/about-hca/gender-identity-information.

[14] For more information on the Apple Health Transhealth program: https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/transhealth-program.

Figure 35. Gender Comparison by Measure,* Prevention and Screening, Three-Year Trend (MY2020-MY2022).



**While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.*

Chronic Care Measures by Gender

For the chronic disease measures, there are no statistically significant differences in performance between genders for MY2022 (Figure 36).

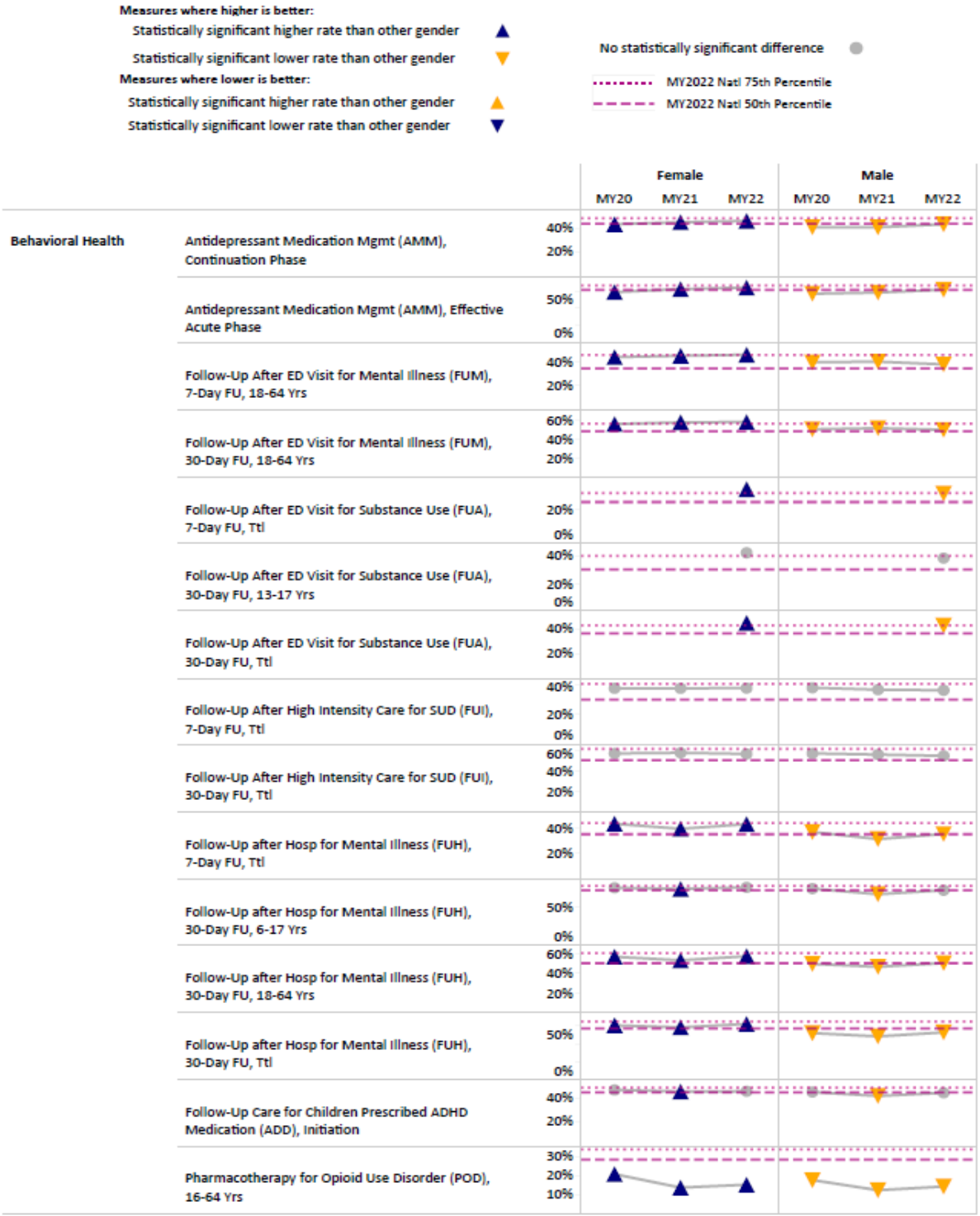
Figure 36. Gender Comparison by Measure,* Chronic Care Domains, Three-Year Trend (MY2020-MY2022).

**While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.*

Behavioral Health Measures by Gender

When comparing the results of the behavioral health measures, females performed statistically significantly better than males for the majority of the measures, including Antidepressant Medication Management (AMM), Follow-Up After Emergency Department Visit for Mental Illness (FUM), and Pharmacotherapy for Opioid Use Disorder (POD) measures (Figure 37). This difference is noticeable in all three years of reported data (MY2020 through MY2022).

Figure 37. Gender Comparison by Measure*, Behavioral Health, Three-Year Trend (MY2020-MY2022).



**While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.*

Overuse/Appropriateness and Access/Availability of Care Measures by Gender

There are a variety of different observations in the breakdown of these measures by gender. For example, females performed statistically significantly better than males in the Use of Opioids at High Dosages (HDO), visible across all three years reported (Figure 38). Males performed statistically significantly worse for Access to Preventative/Ambulatory Care (AAP) and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP); these differences were detected across all three years of measure data.

In addition, females performed statistically significantly worse than males on the Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP) measure in MY2022.

Figure 38. Gender Comparison by Measure,* Overuse/Appropriateness and Access/Availability of Care, Three-Year Trend (MY2020-MY2022).

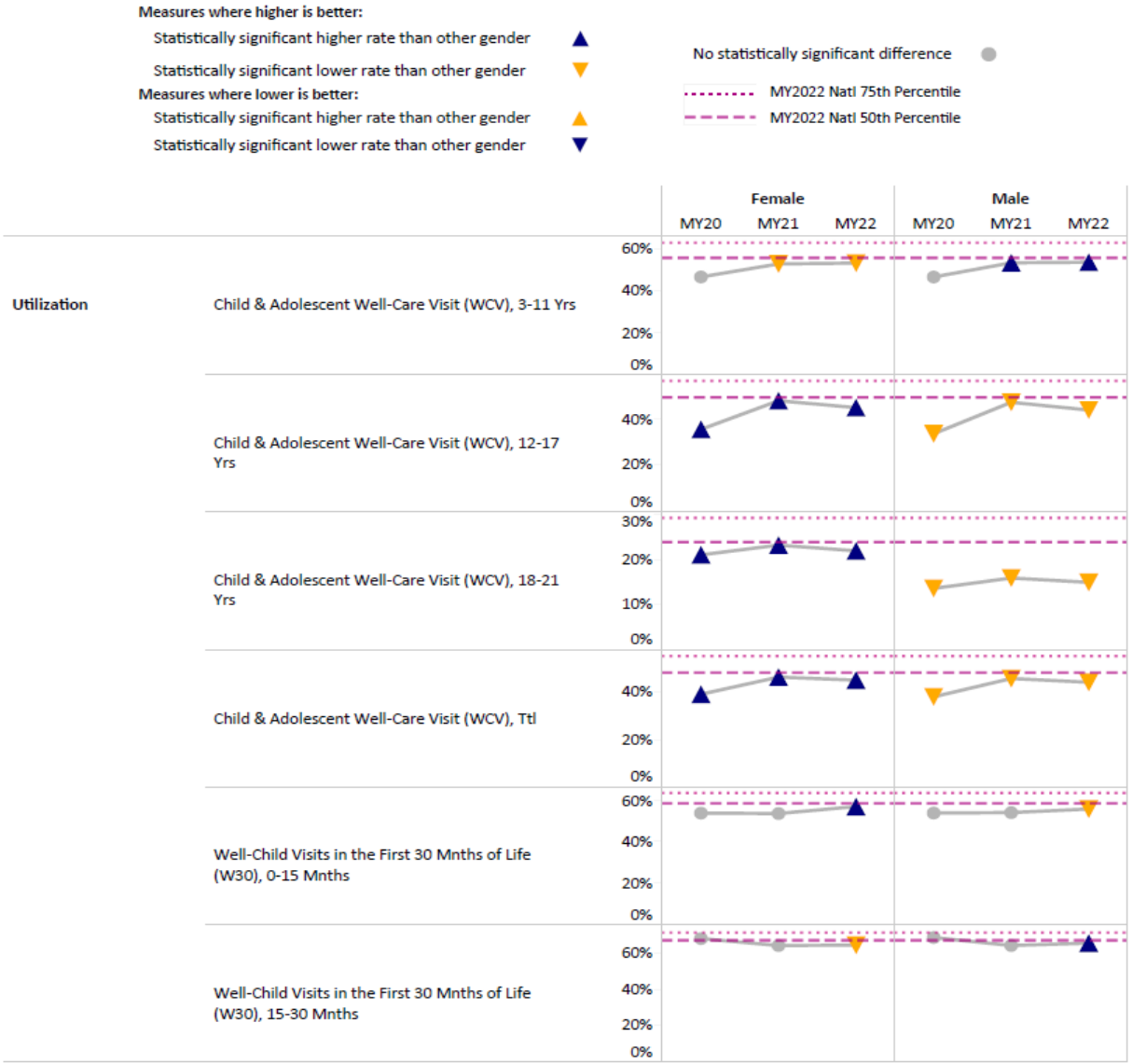
**While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.*

Utilization Measures by Gender

There are a few observations that come from the gender breakdown of the utilization measures. First, females performed statistically significantly better for the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months measure, while males performed better for the Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months measure (Figure 39). This difference only occurred in MY2022.

Additionally, although males performed statistically significantly better than females for the Child and Adolescent Well-Care Visit (WCV), 3-11 Years measure in MY2021 and MY2022, females performed statistically significantly better in the other Child and Adolescent Well-Care Visit (WCV) age bands in MY2020, MY2021 and MY2022.

Figure 39. Gender Comparison by Measure*, Utilization, Two-Year Trend (MY2020-MY2022).



**While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.*

Urban Versus Rural Comparison

This section compares measure results for members who live in urban settings versus rural settings. This section of the report analyzes the key performance measures comparing members who live in urban settings versus rural settings for a three-year trend (MY2020 through MY2022).

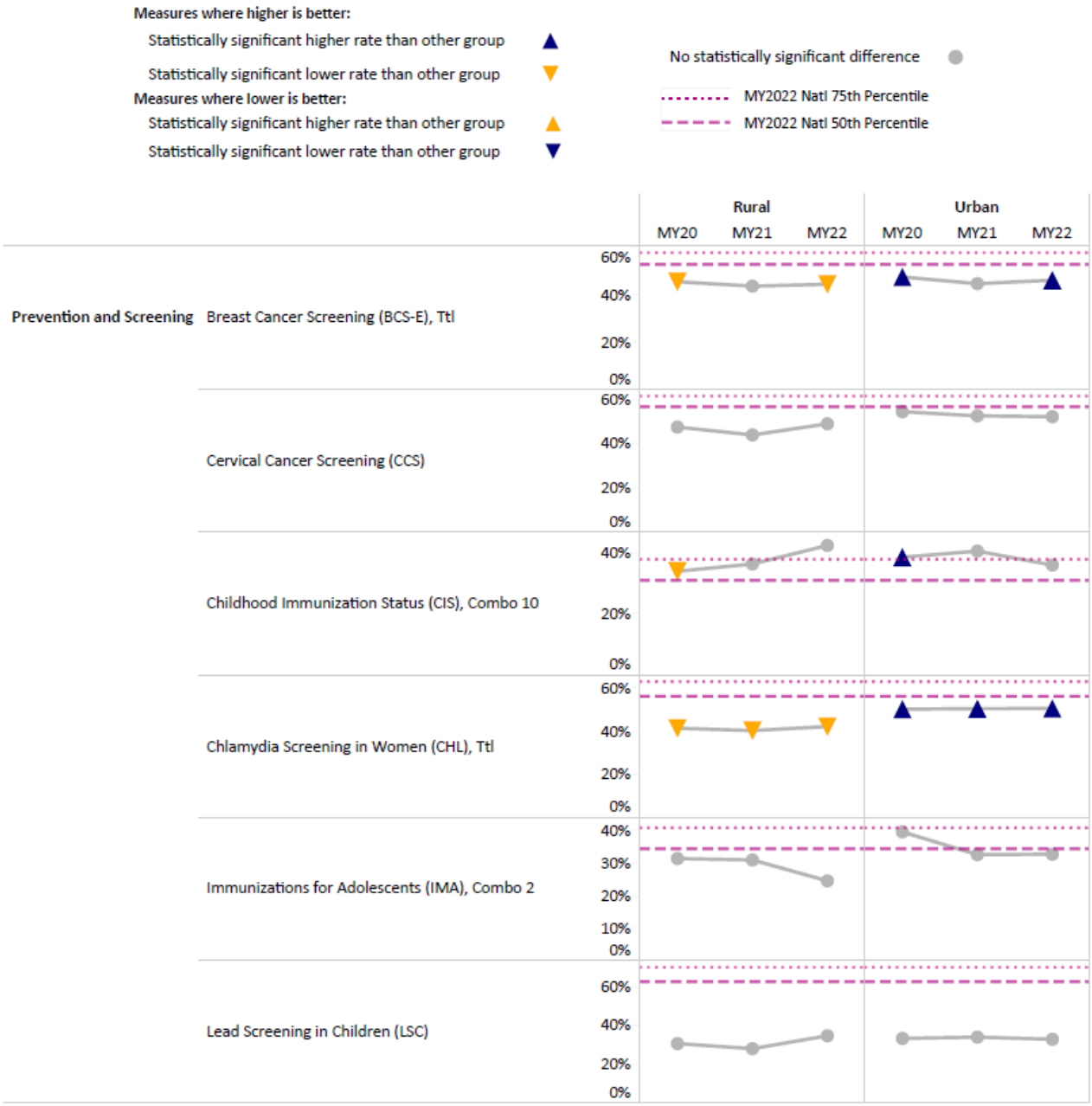
To define urban versus rural geographies, Comagine Health relied on the Centers for Medicare and Medicaid (CMS) rural-urban commuting area (RUCA) codes. RUCA codes classify United States census tracts using measures of population density, urbanization and daily commuting.[15]

Prevention and Screening Measures

When considering the prevention and screening measures through the lens of urban versus rural populations, urban populations performed statistically significantly better than rural populations for the Chlamydia Screening in Women (CHL) measure across all three years of reported data (MY2020 to MY2022). The urban population also performed statistically significantly better than the rural population on the Breast Cancer Screening (BCS-E) measure in both the MY2020 and MY2022 data (Figure 40).

[15] Whole numbers (1-10) delineate metropolitan, micropolitan, small town and rural commuting areas based on the size and direction of the primary (largest) commuting flows. For the purposes of this analysis, RUCA codes 8, 9, and 10 were classified as rural; this effectively defines rural areas as towns with populations of 10,000 or smaller.

Figure 40. Urban and Rural Comparison by Measure, Prevention and Screening, Three-Year Trend (MY2020-MY2022).



Chronic Conditions Measures

There were no statistically significant differences between rural and urban populations in the Chronic Condition domain for MY2022 (Figure 41). There was a statistically significant difference in the Asthma Medication Ratio measure in MY2020 and MY2021, in which urban populations performed statistically significantly better than rural populations, but that gap has diminished in MY2022.

Figure 41. Urban and Rural Comparison by Measure, Chronic Condition Domains, Two-Year Trend (MY2020-MY2022).

Behavioral Health Measures

When evaluating the behavioral health measures between the rural and urban groups, the rural group performed statistically significantly better than the urban group on both the Follow-Up After Emergency Department Visit for Mental Illness (FUM) measures and the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total measures (Figure 42). This performance can be seen in all three years of measurement data (MY2020-MY2022).

Figure 42. Urban and Rural Comparison by Measure, Behavioral Health, Two-Year Trend (MY2020-MY2022).

Overuse/Appropriateness and Access/Availability of Care Measures

The Overuse/Appropriateness and Access/Availability of Care measures show that the rural population performed statistically significantly better than the urban population on both the Adults' Access to Preventive/Ambulatory Health Services (AAP), Total for MY2021 and MY2022 and Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP) measures across all three years of reported data (MY2020 to MY2022). For MY2022, the rural population performed statistically better than the urban population for the Prenatal and Postpartum Care (PPC), Postpartum Care measure. The urban population performed better than the rural population for the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures. Figure 43 includes the measures in the utilization domain.

Figure 43. Urban and Rural Comparison by Measure, Overuse/Appropriateness and Access/Availability of Care Domains, Two-Year Trend (MY2020-MY2022).

Utilization Measures

Reviewing the utilization measures indicate that the rural group performed statistically significantly better than the urban group for the majority of the well-child visit measures (Figure 44). The exceptions were the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months and Child and Adolescent Well-Care Visit (WCV), 18-21 Years measures; these measures showed no statistically significant differences.

Figure 44. Urban and Rural Comparison by Measure, Utilization, Two-Year Trend (MY2020-MY2022).

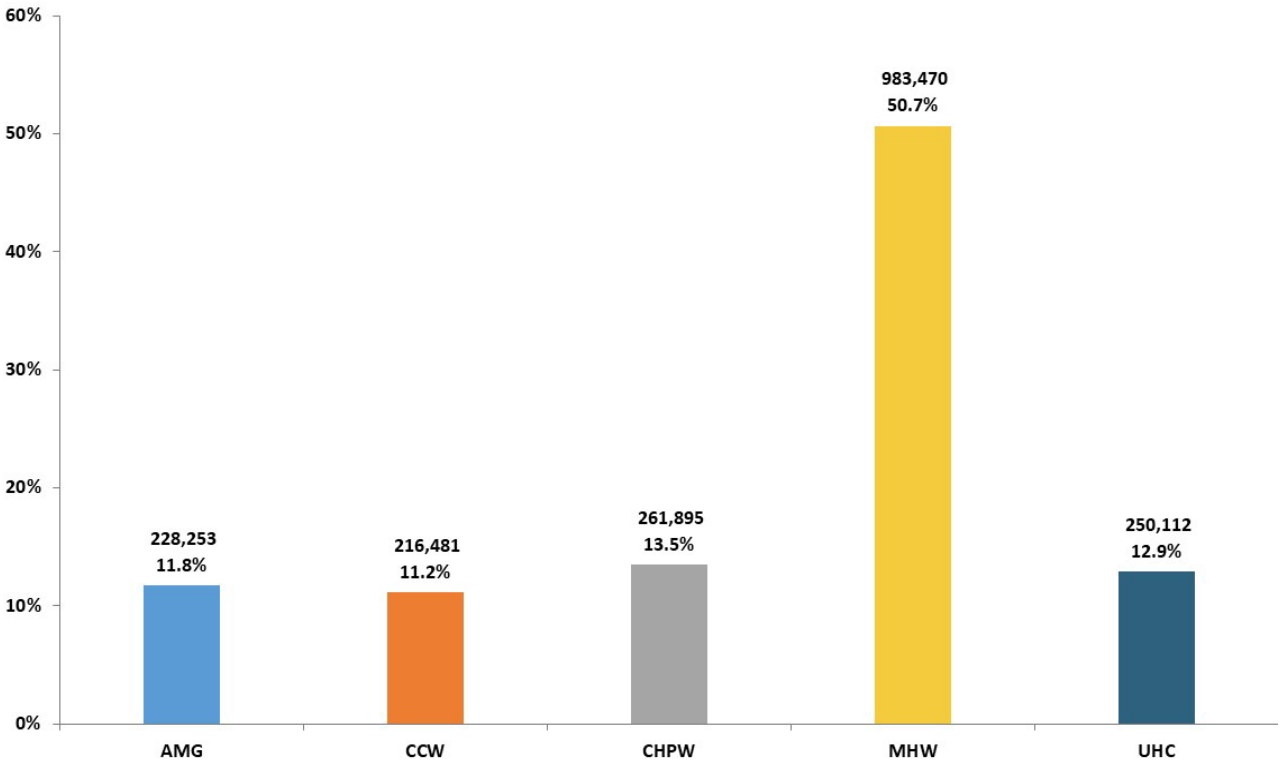
MCO-Specific Results

This section of the report presents MCO-specific demographic data and results on performance measures for each MCO. Washington MCOs have different member populations, and these differences may impact MCO performance on different measures. Because of this variation, it is important to monitor performance at both the plan and program levels.

MCO Enrollment

Figure 45 shows Medicaid enrollment by MCO. MHW enrolls about half of the Medicaid members in Washington. The rest of the member population is distributed across the remaining four plans, ranging from 11.2% to 13.5%.

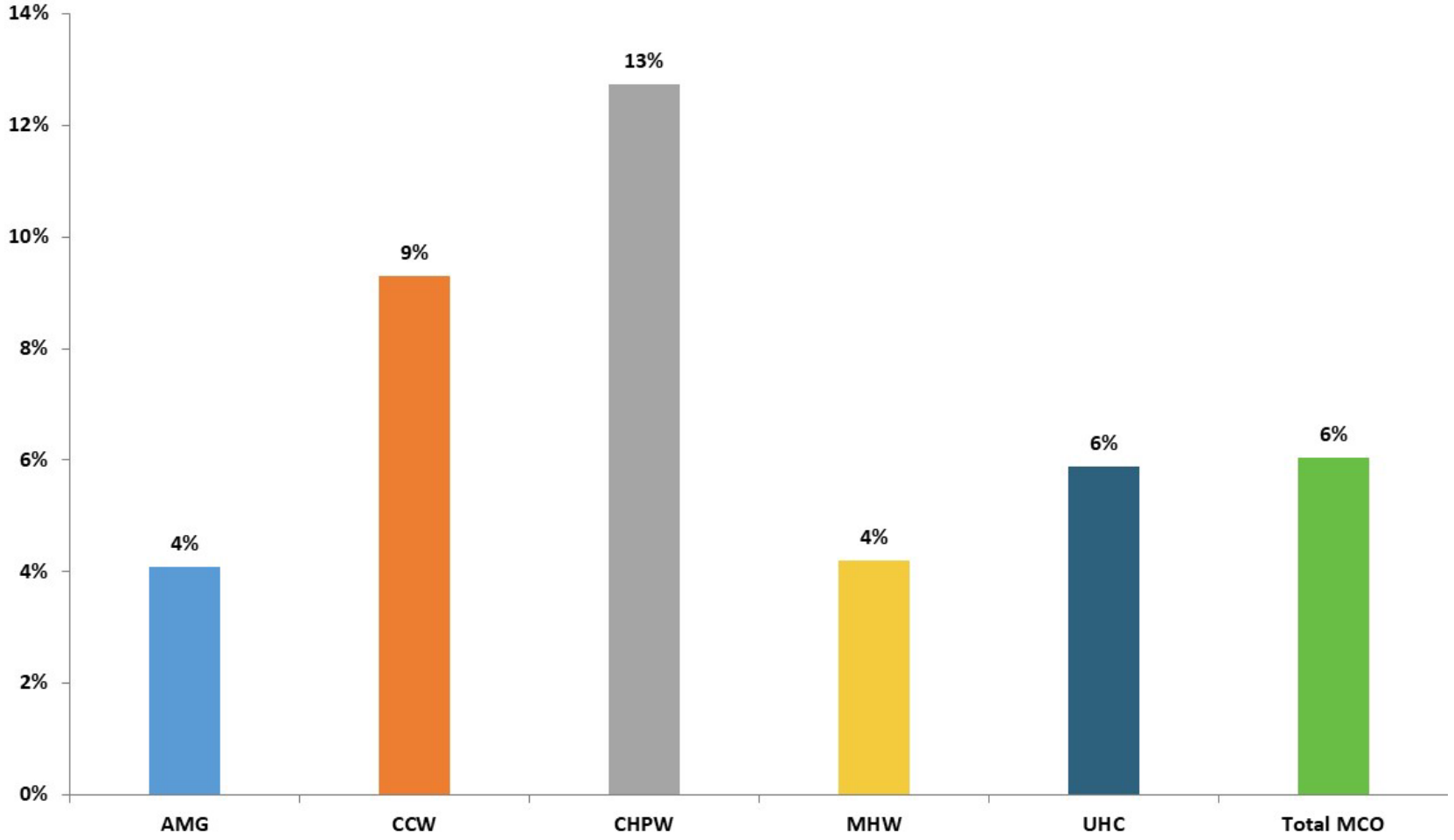
Figure 45. Percent of Total Statewide Medicaid Enrollment According to MCO, MY2022.



As noted in an earlier section of this report, there was an overall increase of 6% in the Apple Health programs. Figure 46 shows the growth in Apple Health enrollment by MCO. All of the MCOs gained enrollment between MY2021 and MY2022. However, CHPW increased their enrollment by 13% and CCW increased their enrollment by 9%.

The growth in CCW and CHPW is due to expansion in certain regions of the state. CCW saw large gains in enrollment in the Great Rivers, Salish, Southwest and Spokane regions. CHPW saw large gains in enrollment in the Great Rivers, North Central, Pierce and Salish Regions. These large changes in enrollment can impact measure results as the plans absorb new enrollees.

Figure 46. Enrollment Growth by MCO, MY2021 vs. MY2022.



Demographics by MCO

Variation between MCOs' demographic profiles is a reflection of the difference in plan mix for each MCO and should be taken into account when assessing HEDIS measurement results.

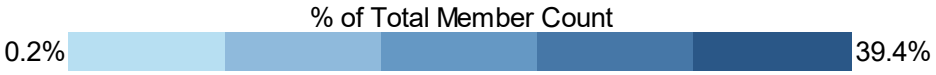
Age

Figure 47 shows the percentages of enrollment by age group and MCO. The darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between.

Though the average age of members varies across plans, the highest proportion of members across MCOs was in the 21–44 age group.

Figure 47. Enrollee Population by MCO and Age Range, MY2022.

Age Range	AMG	CCW	CHPW	MHW	UHC
Age 0 to 5	12.4%	15.0%	12.4%	14.0%	11.5%
Age 6 to 12	14.1%	18.8%	16.5%	18.2%	14.2%
Age 13 to 20	13.9%	19.3%	19.7%	19.2%	14.3%
Age 21 to 44	39.4%	31.8%	34.2%	34.4%	38.7%
Age 45 to 64	19.5%	14.4%	16.7%	13.9%	20.7%
Age 65+	0.6%	0.6%	0.6%	0.2%	0.6%



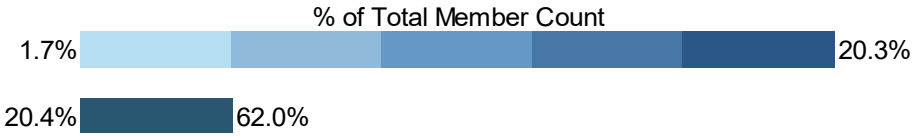
Race and Ethnicity by MCO

The data on race and ethnicity presented in this report was provided by members to their MCO upon their enrollment. Race is another demographic category where there is variation between the MCOs.

As shown in Figure 48, approximately half of CCW and CHPW's enrollment is white; the other three MCOs have approximately 60% of their enrollment is white. The "Other" race category was the second most common for most MCOs. Note that "Other" race is selected by the enrollee when they identify themselves as a race other than those listed; CCW and CHPW have the most enrollment in this category with approximately 20% of their members selecting other. Black members make up 11.6% of UHC's enrollee population and 9.4% of AMG's population, which were higher percentages than other MCOs.

Figure 48. Statewide Apple Health Enrollees by MCO and Race,* MY2022.

Race/Ethnicity	AMG	CCW	CHPW	MHW	UHC
White	62.0%	53.8%	52.2%	60.6%	57.2%
Other	10.5%	20.1%	20.3%	12.6%	8.5%
Not Provided	6.9%	8.2%	7.7%	7.2%	7.9%
Black	9.4%	8.2%	8.3%	8.7%	11.6%
Asian	4.3%	4.2%	5.9%	4.5%	7.0%
American Indian/Alaska Native	2.2%	2.0%	1.7%	2.3%	2.2%
Hawaiian/Pacific Islander	4.6%	3.5%	3.9%	4.0%	5.7%

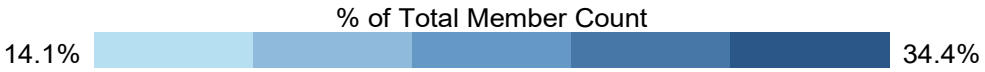


**These are the categories MCOs provide to HCA in eligibility data files. The "Other" category is defined as "client identified as a race other than those listed." And the "Not Provided" category is defined as "client chose not to provide."*

Figure 49 shows the percentage of MCO members who identified as Hispanic. CCW and CHPW have the largest percentages of Hispanic members at 34.4% and 33.3%, respectively. Please note that within this report, Hispanic is used to identify an ethnicity and does not indicate race.

Figure 49. Statewide Apple Health Enrollees by MCO and Hispanic Indicator, MY2022.

Hispanic	AMG	CCW	CHPW	MHW	UHC
No	80.4%	65.6%	66.7%	78.3%	85.9%
Yes	19.6%	34.4%	33.3%	21.7%	14.1%



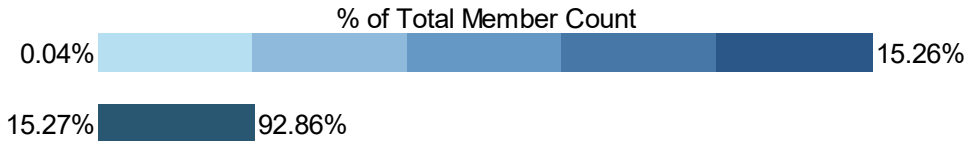
Primary Spoken Language by MCO

According to Apple Health eligibility data, there are 85 separate spoken languages among members. Many of these languages have very small numbers of speakers in the Apple Health population. Therefore, only the most common non-English languages are listed in this report (HCA provides Apple Health-related written materials in these same 15 languages).

Figure 50 shows the variation in the most common primary spoken languages. Across MCOs, Spanish; Castilian is the second most common language after English. Among other languages, such as Russian and Vietnamese, the percentages are much smaller and vary by MCO.

Figure 50. Statewide Apple Health Enrollees by MCO and Spoken Language, MY2022.*

Spoken Language	AMG	CCW	CHPW	MHW	UHC
English	89.03%	82.82%	78.28%	89.04%	92.86%
Spanish; Castilian	6.83%	12.25%	15.26%	6.90%	3.11%
Russian	0.67%	0.56%	1.08%	1.16%	0.63%
Vietnamese	0.36%	0.53%	0.72%	0.39%	0.57%
Chinese	0.39%	0.36%	1.04%	0.22%	0.33%
Arabic	0.20%	0.18%	0.33%	0.20%	0.25%
Ukrainian	0.47%	0.52%	0.51%	0.53%	0.54%
Somali	0.14%	0.11%	0.30%	0.16%	0.17%
Korean	0.06%	0.07%	0.05%	0.08%	0.28%
Amharic	0.13%	0.08%	0.16%	0.08%	0.10%
Tigrinya	0.10%	0.04%	0.11%	0.07%	0.06%
Panjabi; Punjabi	0.05%	0.06%	0.06%	0.08%	0.06%
Burmese	0.06%	0.04%	0.12%	0.04%	0.04%
Farsi	0.07%	0.05%	0.09%	0.05%	0.06%
Cambodian; Khmer	0.04%	0.04%	0.05%	0.04%	0.06%
Other Language*	1.39%	2.31%	1.84%	0.94%	0.88%



**Other Language is the sum of the 85 languages not specifically reported in this table and represents less than 1% of enrollees.*

MCO-Specific Performance for MY2022

This section of the report presents MCO-specific results for selected measures. These 42 measures, which include 40 HEDIS measures and two Washington behavioral health measures, reflect current HCA priorities and are part of the Statewide Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

MCO Performance Variation for Selected Measures

This section includes two different perspectives on assessing MCO performance. The first is to look at year-over-year performance to determine if rates are improving. The second perspective for assessing performance is to compare measure results to benchmarks.

Figure 51 shows the MY2022 statewide weighted average results that were displayed in Figure 2, with the addition of the results for each of the five MCOs. The triangles represent statistically significant changes in measure results between MY2021 and MY2022 for that MCO; triangles pointing down represent a statistically significant decrease and triangles pointing up indicate a statistically significant increase in performance for that MCO between years. The shading indicates performance compared to national benchmarks for the HEDIS measures, and a state-assigned benchmark for the two RDA measures related to behavioral health. Darker colors indicate higher performance in terms of benchmarks.

Figure 51. MCO Variation from MY2021 to MY2022.

Benchmark Comparison:

No Benchmark | Below 50th | At 50th | Above 50th, Below 75th | At 75th | Above 75th | Below Benchmark | At Benchmark | Above Benchmark

▲ Statistically significant increase from previous measurement year

▼ Statistically significant decrease from previous measurement year

		AMG	CCW	CHPW	MHW	UHC	Statewide
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	40%	47% ▲	44%	49% ▲	46%	45% ▲
	Cervical Cancer Screening (CCS)	47%	51%	56%	59%	50%	53%
	Childhood Immunization Status (CIS), Combo 10	41%	40%	36%	33%	34%	37%
	Chlamydia Screening in Women (CHL), Ttl	50%	53%	50%	50%	48%	50%
	Immunizations for Adolescents (IMA), Combo 2	27%	38%	38%	31%	30%	33%
	Lead Screening in Children (LSC)	33%	40%	39%	29%	26%	34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	78% ▲	73%	65% ▲	78% ▲	59%	71% ▲
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	57%	55%	61%	61%	63%	59% ▼
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	49%	45%	55%	54%	55%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	39%	45%	33%	36%	34%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	39% ▼	41% ▼	40% ▼	41% ▼	45% ▲	41% ▼
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	44%	43%	42%	46% ▲	48%	45% ▲
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	63%	62%	59%	64% ▲	66%	63% ▲
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	27%	33% ▲	43%	48%	40%	38%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	39%	47% ▲	55% ▼	60%	53%	51%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	27%	31%	33%	33%	31%	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	35%	48%	41%	38%	53%	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	39%	42%	45%	46%	43%	43%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	33%	38%	41%	37%	40%	38%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	53%	57%	58%	56%	59%	57%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	28%	34% ▲	60% ▲	39% ▼	34% ▲	39% ▲
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	72%	69%	82% ▲	76%	70%	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	37%	48% ▲	73% ▲	56% ▼	51% ▲	53% ▲
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	42%	55% ▲	74% ▲	61% ▼	54% ▲	57% ▲
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	44%	44%	43%	46%	42%	44%
	Mental Health Treat Rate (MH-B), 6-64 Yrs	51% ▼	54%	53% ▼	56%	49% ▼	52% ▼
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15%	18% ▲	11%	14%	17% ▲	15% ▲
	Substance Use Disorder Treat Rate (SUD), 12-64 Yrs	36%	35%	35% ▼	36% ▼	37%	36% ▼
Overuse / Appropriateness	Use of Opioids at High Dosage (↓)	5%	5%	5%	4%	8%	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (↓)	1%	1% ▲	2%	2%	2%	2% ▼
Access / Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	64% ▼	67% ▼	65% ▼	72% ▼	68% ▼	67% ▼
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	44%	39%	32%	40%	33%	38%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	50%	44%	40%	49%	46%	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	76%	71%	83%	82%	75%	78%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	84%	77%	86%	90%	81% ▼	84%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	53%	62%	55%	59%	57%	57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	51%	55% ▼	52% ▼	55% ▲	49%	52% ▲
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	41% ▼	45% ▼	45% ▼	46% ▼	40% ▼	43% ▼
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	16%	18%	19% ▼	19% ▼	18%	18% ▼
	Child & Adolescent Well-Care Visit (WCV), Ttl	42%	45% ▼	43% ▼	46% ▼	41% ▼	44% ▼
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	53%	53%	58%	58% ▲	54% ▲	55% ▲
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	63%	66%	63%	65%	64%	64%

(↓) For this measure lower scores are better.

Below are the notable findings from this analysis.

Prevention and Screening – There was very little variation for the Breast Cancer Screening (BCS-E) measure. The statewide weighted average and the five MCOs were all below the national 50th percentile. There have been some improvements, however; two of the five MCOs and the statewide weighted average all showed a statistically significant increase between MY2021 and MY2022.

There was some variation seen with other preventive measures.

Chronic Care – There was notable improvement across the board in the Asthma Medication Ratio (AMR) measure. The statewide weighted average showed statistically significant improvements from MY2021 to MY2022. These improvements were also seen for AMG, CHPW and MHW. There was no statistically significant change for CCW and UHC.

There was some variation noted for the Controlling High Blood Pressure (CBP) and the diabetes measures. It is also worth noting that for the Kidney Health Evaluation for Patients with Diabetes (KED) measure, the statewide weighted average and four of the five MCOs showed a statistically significant decrease between MY2021 and MY2022.

Behavioral Health – In general, there is a lot of variation in performance for the behavioral health measures. Here are some observations about a few of the measures:

- Follow-Up after Hospitalization for Mental Illness (FUH) – There was a significant variation between the plans in these measure results. MHW showed a statistically significant decline in three of the four measure results, and CHPW showed a statistically significant increase in all of the measure results between MY2021 and MY2022.
- Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation – The results for this measure are consistently below the national 50th percentile. There has been no year-over-year improvement.
- Mental Health Service Rate, Broad Definition (MH-B), 6-64 Years – The statewide weighted rate had a statistically significant decline. The results for the individual MCOs were mixed; three of five MCOs showed a year-over-year statistically significant decline.
- Substance Use Disorder Treatment Rate (SUD), 12-64 Years – The statewide weighted rate had a statistically significant decline between MY2021 and MY2022. The results for the individual MCOs were mixed; two out of five MCOs also had a statistically significant decline between MY2021 and MY2022.

Access/Availability of Care – There is some variation for the other Access/Availability of Care measures, especially in terms of comparisons to benchmarks. For the Adults Access to Preventative and Ambulatory Services (AAP) measure, there was a universal statistically significant decline between MY2021 and MY2022. There is a lot of variation in performance across the MCOs in terms of comparisons to benchmarks for the Prenatal and Postpartum Care (PPC) measures, but very little statistically significant change between MY2021 and MY2022.

Utilization – This category comprises the well-child visits. For the Well-Child Visits in the First 30 Months of Life (W30), there is variation among the MCOs across the MCOs when compared to the national benchmarks for both the First 15 Months and 15-30 Month measure indicators. The results for the Child and Adolescent Well-Care Visit (WCV) measures were more consistent. For all age bands, this measure is consistently below the national 50th percentile for both the statewide weighted average and the MCOs.

The best measure result was the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months; the statewide weighted average and two out of five MCOs showed statistically significant improvement between MY2021 and MY2022.

MCO Performance by Program

When comparing MCO performance, there is always an interest in knowing how the medical risk of the underlying population is affecting measure performance. The illness burden of the underlying population can impact the measure results, and when comparing two MCO populations there is often the question of whether the comparison is truly an “apples-to-apples” comparison.

The measures used for this analysis are not risk-adjusted, however, and at this time Comagine Health does not have access to the necessary data to identify the risk burden of the different MCO populations included in this analysis. However, the Apple Health programs each have their own eligibility requirements that can serve as a proxy for risk. As an alternative to risk-adjustment, the measure results were stratified by Apple Health program and MCO to determine if the underlying population is a factor in the overall results for the MCO.

The first program to be evaluated is the Apple Health Family population (Figure 52). A review of the measures in the Apple Health Family population does not provide a strong source of difference between the five MCOs who provide Apple Health Family coverage. There are individuals measures where an MCO will be statistically significantly better or worse than another MCO (for example, MHW performed statistically significantly better than other MCOs in all of the well child visit measures), but there is not sufficient data to suggest a pattern.

Figure 52. MY2022 Measures by MCO, Apple Health Family.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	State Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	38% ▼	46%	43%	46%	44%	45%
	Cervical Cancer Screening (CCS)	62%	53%	70% ▲	65%	48% ▼	53%
	Childhood Immunization Status (CIS), Combo 10	41% ▲	37%	35%	31%	32%	37%
	Chlamydia Screening in Women (CHL), Ttl	45%	50% ▲	46%	47%	45%	50%
	Immunizations for Adolescents (IMA), Combo 2	27% ▼	39% ▲	38% ▲	30%	29%	33%
	Lead Screening in Children (LSC)	34%	39% ▲	39% ▲	29% ▼	26% ▼	34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	81% ▲	76%	69% ▼	80% ▲	62% ▼	71%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	***	50%	70%	57%	45%	59%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	35% ▼	47%	52%	63% ▲	43%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	55% ▲	47%	35%	24% ▼	48%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	35%	37%	35%	36%	40% ▲	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	38%	38%	36% ▼	42% ▲	42%	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	58%	61%	53% ▼	62% ▲	63%	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	33%	26% ▼	40%	45% ▲	46%	38%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	45%	38% ▼	51%	56%	65% ▲	51%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	27%	35%	29%	30%	32%	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	33%	40%	44%	37%	51%	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	39%	45%	40%	43%	44%	43%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	34%	42%	45%	40%	36%	38%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	55%	56%	56%	58%	58%	57%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	47%	42%	66% ▲	48%	41% ▼	39%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	70%	71%	82% ▲	76%	70%	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	52%	52%	69% ▲	56%	55%	53%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	65%	64%	78% ▲	70%	65%	57%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	45%	40%	43%	47% ▲	42%	44%
	Mental Health Treat Rate (MH-B), 6-64 Yrs	***	***	***	***	***	52%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	14%	18%	10% ▼	15%	19% ▲	15%
	Substance Use Disorder Treat Rate (SUD), 12-64 Yrs	***	***	***	***	***	36%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	3%	4%	3%	3%	5% ▲	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	1%	1%	3%	3%	2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	70% ▼	73% ▼	71% ▼	76% ▲	72% ▼	67%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	45% ▲	36%	32% ▼	40%	33%	38%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	50% ▲	42% ▼	39% ▼	46%	47%	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	76%	66% ▼	83% ▲	79%	76%	78%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	85%	79%	85%	87%	81%	84%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	57%	58%	58%	62%	57%	57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	51% ▼	54% ▲	52% ▼	55% ▲	48% ▼	52%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	41% ▼	44%	45%	45% ▲	39% ▼	43%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	19% ▼	22%	23%	23% ▲	20% ▼	18%
	Child & Adolescent Well-Care Visit (WCV), Ttl	45% ▼	48% ▲	46% ▼	49% ▲	43% ▼	44%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	55% ▼	53% ▼	60% ▲	59% ▲	54% ▼	55%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	63%	63%	64%	65% ▲	64%	64%

In contrast to the Apple Health Family program, there are some differences between the MCO measure results in the AHAC program (Figure 53). In general, MHW had statistically significantly better performances than the other MCOs. When looking at the behavioral health measures in particular, AMG had a statistically significantly worse performance than the other MCOs.

Figure 53. MY2022 Measures by MCO, Apple Health Adult Coverage (AHAC).

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	State Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	41% ▼	49% ▲	46% ▼	50% ▲	48%	45%
	Cervical Cancer Screening (CCS)	44% ▼	51%	51%	59% ▲	50%	53%
	Childhood Immunization Status (CIS), Combo 10	***	***	***	***	***	37%
	Chlamydia Screening in Women (CHL), Ttl	54%	57% ▲	55%	55%	51% ▼	50%
	Immunizations for Adolescents (IMA), Combo 2	***	***	***	***	***	33%
	Lead Screening in Children (LSC)	***	***	***	***	***	34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	76% ▲	68%	63% ▼	76% ▲	59% ▼	71%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	56%	54%	57%	62%	64% ▲	59%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	52%	43% ▼	55% ▲	49%	56% ▲	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	36%	46% ▲	32% ▼	40%	34% ▼	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	40% ▼	42%	42%	43%	46% ▲	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	45%	46%	44% ▼	48% ▲	50% ▲	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	65%	64%	61% ▼	65%	68% ▲	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	26% ▼	33% ▼	41%	45% ▲	37%	38%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	37% ▼	47% ▼	52%	57% ▲	49%	51%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	26% ▼	29%	32%	33% ▲	29%	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	***	***	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	38% ▼	40%	43%	46% ▲	41%	43%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	34% ▼	39%	39%	37%	39%	38%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	53% ▼	58%	57%	57%	59% ▲	57%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	22% ▼	28% ▼	58% ▲	32% ▼	30% ▼	39%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	***	***	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	36% ▼	47% ▼	71% ▲	54%	49% ▼	53%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	36% ▼	47% ▼	71% ▲	54%	49% ▼	57%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	***	***	***	***	***	44%
	Mental Health Treat Rate (MH-B), 6-64 Yrs	***	***	***	***	***	52%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15%	17% ▲	11% ▼	13% ▼	17% ▲	15%
	Substance Use Disorder Treat Rate (SUD), 12-64 Yrs	***	***	***	***	***	36%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	4%	4%	4%	4% ▼	8% ▲	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1% ▼	1% ▼	2%	2% ▲	2%	2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	61% ▼	64% ▼	63% ▼	69%	66% ▼	67%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	***	***	***	***	38%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	48% ▲	45% ▼	40% ▼	50% ▲	46% ▼	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	77%	78%	82%	83%	74%	78%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	83%	78% ▼	88%	96% ▲	83%	84%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	***	***	57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	***	***	***	***	***	52%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	***	***	***	***	***	43%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	13% ▼	14%	14% ▼	16% ▲	15%	18%
	Child & Adolescent Well-Care Visit (WCV), Ttl	13% ▼	14%	14% ▼	16% ▲	15%	44%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	***	***	***	***	***	55%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	***	***	***	***	***	64%

When considering the Apple Health for Kids data, there is significant variety in results. However, there are too few measures with sufficient data to draw any conclusions about the differences in the MCO performance (Figure 54).

Figure 54. MY2022 Measures by MCO, Apple Health for Kids.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	State Simple Average
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10	***	***	***	***	***	37%
	Chlamydia Screening in Women (CHL), Ttl	54%	57% ▲	55%	55%	51% ▼	50%
	Immunizations for Adolescents (IMA), Combo 2	***	***	***	***	***	33%
	Lead Screening in Children (LSC)	***	***	***	***	***	34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	76% ▲	68%	63% ▼	76% ▲	59% ▼	71%
Behavioral Health	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	***	***	43%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	***	***	74%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	***	***	***	***	***	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15%	17% ▲	11% ▼	13% ▼	17% ▲	15%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	***	***	***	***	38%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	***	***	57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	***	***	***	***	***	52%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	***	***	***	***	***	43%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	13% ▼	14%	14% ▼	16% ▲	15%	18%
	Child & Adolescent Well-Care Visit (WCV), Ttl	13% ▼	14%	14% ▼	16% ▲	15%	44%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	***	***	***	***	***	55%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	***	***	***	***	***	64%

There is variation in the well child visit measures for the Apple Health Blind/Disabled population; MHW was statistically significantly above the other MCOs for all age bands, while AMG was statistically significantly below the other age bands (Figure 55). While there was some scattered variation in MCO performance for the other measures, there was no discernable pattern for any MCO.

Figure 55. MY2022 Measures by MCO, Apple Health - Blind/Disabled.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	State Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	38% ▼	38% ▼	39% ▼	43% ▲	40%	45%
	Cervical Cancer Screening (CCS)	36%	***	63%	48%	53%	53%
	Childhood Immunization Status (CIS), Combo 10	***	***	***	***	***	37%
	Chlamydia Screening in Women (CHL), Ttl	44%	42%	37%	38%	33%	50%
	Immunizations for Adolescents (IMA), Combo 2	***	***	***	***	***	33%
	Lead Screening in Children (LSC)	***	***	***	***	***	34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	80% ▲	76%	65% ▼	83% ▲	54% ▼	71%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	62%	55%	67%	61%	68%	59%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	44% ▼	57%	54%	64% ▲	58%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	43% ▲	36%	35%	28%	28%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	37%	38%	38%	40%	43% ▲	41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	44%	43%	45%	45%	44%	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	62%	58%	59%	62%	60%	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	27% ▼	40% ▼	52%	60% ▲	53%	38%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	42% ▼	59%	67%	75% ▲	69%	51%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	33%	42%	39%	38%	39%	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	***	***	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	45% ▼	54%	57%	54%	49%	43%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	29%	23%	30%	31%	42% ▲	38%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	47%	46%	50%	53%	58%	57%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	31% ▼	39%	62% ▲	42%	44%	39%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	71% ▼	***	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	40% ▼	57%	78% ▲	64%	62%	53%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	43% ▼	58%	78% ▲	65%	63%	57%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	44%	29% ▼	55%	44%	44%	44%
	Mental Health Treat Rate (MH-B), 6-64 Yrs	***	***	***	***	***	52%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	24%	29% ▲	11% ▼	20%	21%	15%
	Substance Use Disorder Treat Rate (SUD), 12-64 Yrs	***	***	***	***	***	36%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	7%	9%	7%	8%	10% ▲	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	1%	2%	2% ▲	1%	2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	77% ▼	78% ▼	80% ▼	85% ▲	81%	67%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	***	***	52%	***	38%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	55% ▲	45% ▼	40% ▼	51% ▲	47%	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	***	89%	***	***	78%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	***	87%	***	***	84%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	37%	***	57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	45% ▼	51% ▼	52% ▼	60% ▲	54%	52%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	41% ▼	43% ▼	44%	49% ▲	41% ▼	43%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	17% ▼	23%	26%	26% ▲	26%	18%
	Child & Adolescent Well-Care Visit (WCV), Ttl	36% ▼	41% ▼	42% ▼	48% ▲	42% ▼	44%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	2% ▼	11%	9%	34% ▲	***	55%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	46% ▼	45% ▼	48%	72% ▲	66%	64%

MCO Scorecards

Comagine Health compared MCO performance on each measure to the statewide simple average for that measure and created a "scorecard" chart for each MCO. Comagine Health chose to use the simple average for the MCO scorecards because the Apple Health MCOs are of such different sizes. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns.

Below is a summary of the key findings from the MCO scorecards.

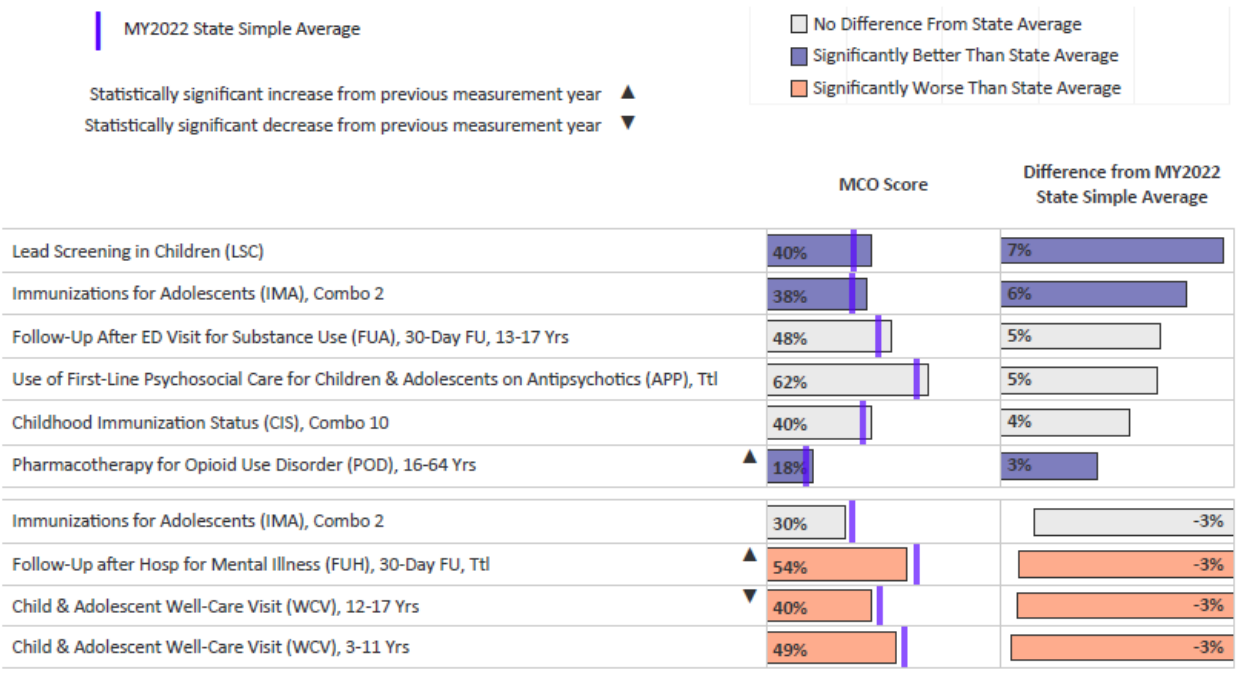
- **AMG** performed below the state simple average for 29 of the 42 measures and significantly worse than the statewide average on 20 measures. AMG performed above the statewide simple average on a few measures. They demonstrated statistically significant improvement over their previous performance year for Asthma Medication Ratio (AMR) Total, and scored significantly better than the statewide average on this measure as well. These results are very similar to the results from both the 2021 and 2022 Comparative Analysis Reports.
- **CCW** demonstrated overall improvements from 2022 in the number of measures performing at or above the statewide simple average. Even though CCW scored below the statewide average in multiple measures, they demonstrated statistically significant improvements over their previous year's performance in multiple measures addressing follow up after ED and hospital visits for mental illness.
- **CHPW** performed at or above the statewide simple average this year for many of their measures; however, they had a decrease in the overall number of measures at or above the statewide average when compared to last year's performance (reflected in the 2022 Comparative Analysis Report). They demonstrated a statistically significant increase in performance over last year and significantly better than the statewide average this year for all Follow-Up after Hospitalization for Mental Illness (FUH) measures. Where last year, CHPW was above the statewide average for Child & Adolescent Well-Care Visit (WCV), 3-11 Years, and Total, they performed significantly worse than the statewide average this year with a statistically significant decrease in their own performance.
- **MHW** performed at or above the statewide simple average for 35 of 42 measures and significantly better than the state average on 25 measures. They demonstrated statistically significant improvements over last year's performance with Asthma Medication Ratio (AMR)-Total, Breast Cancer Screening (BCS-E)-Total, and Child & Adolescent Well-Care Visit (WCV)-3-11 years, among additional improvements.
- **UHC** performed at or above the statewide simple average for half of their measures. They performed significantly better than the statewide average and demonstrated statistically significant increases over last year's performance for Kidney Health Evaluation for Patients with Diabetes (KED)-18-64, and Pharmacotherapy for Opioid Use Disorder (POD)-16-64 Years.

More detail on the specific measures where the MCOs performed well can be found on the following pages.

Figure 56 shows a snapshot of the scorecard to illustrate how to read the MCO scorecards. The measures are listed in the left column with MCO performance listed in the shaded column in the middle. The bright blue vertical bar illustrates the Statewide Simple Average. The right column lists the raw difference between the MCO performance and the Statewide Simple Average.

Color coding: Purple shading indicates the MCOs performance is statistically significantly above the statewide simple average. Orange shading indicates MCO performance is statistically significantly below the statewide simple average. Grey shading indicates MCO performance is no different than the statewide simple average. Note that even though the MCO rate can be several percentage points above or below the statewide average the results may not be statistically different and will be shaded gray.

Figure 56. Example of MCO Scorecard.



The MCO performance scorecards on the following pages (Figures 57–61) highlight the variance of measures from the simple state average. Comagine Health chose to use the simple average for the MCO scorecards as the Apple Health MCOs are of such different sizes.

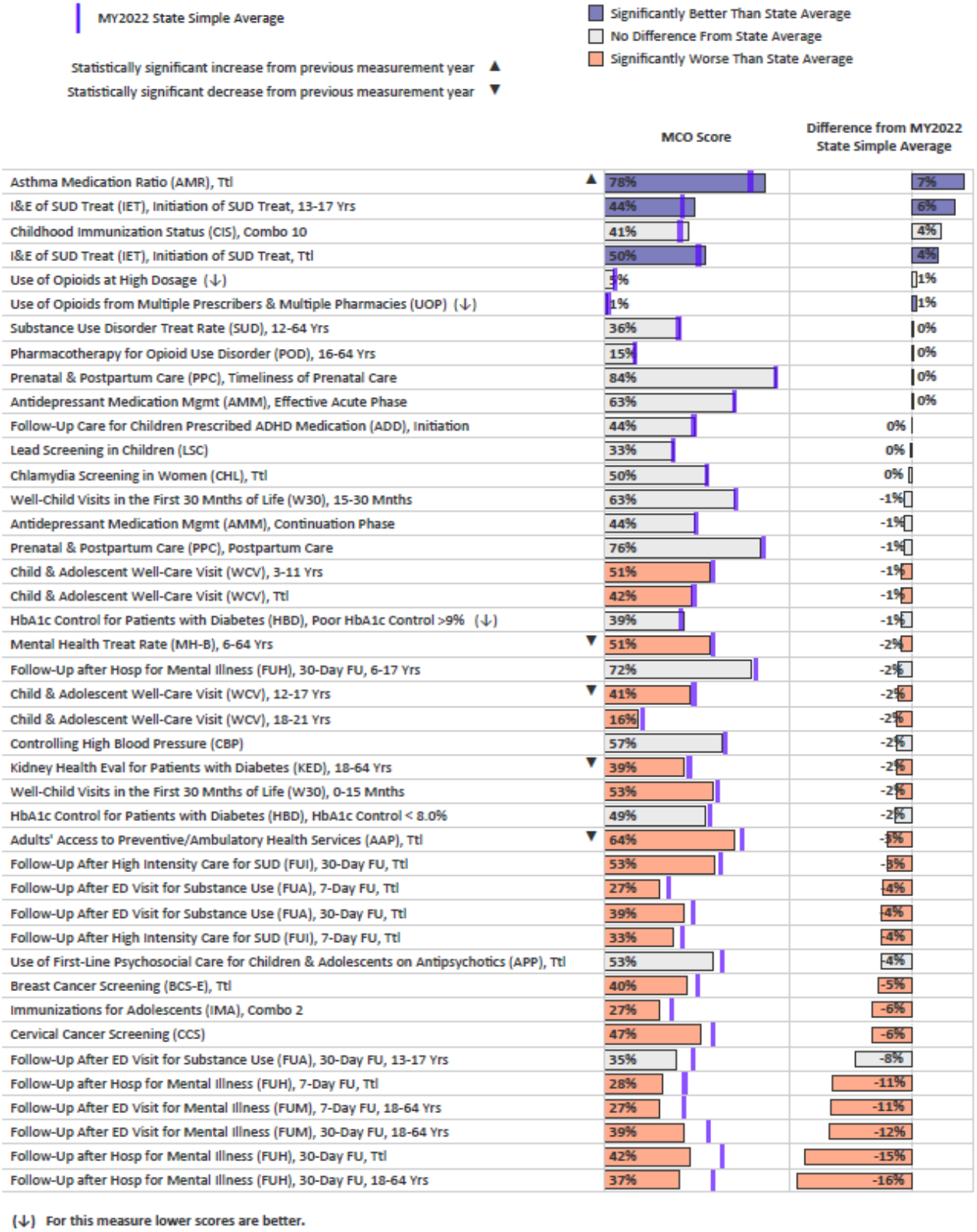
Please note that the simple state average is different than the weighted state average used in other sections of the report. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns.

Please refer to the methodology section of this report for more information on how the simple state average is calculated.

Amerigroup Washington (AMG)

As shown in Figure 57, AMG scored significantly above the statewide simple average for a few measures, including Asthma Medication Ratio (AMR), Initiation and Engagement of Substance Use Disorder Treatment (IET), and Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP). However, they are also several measures significantly below the statewide simple average, including many behavioral health measures such as Follow-Up after ED Visit for Mental Illness (FUM) and Follow-Up after Hospitalization for Mental Illness (FUH) measures. These results are similar to what was reported in the 2022 Comparative Analysis Report.

Figure 57. AMG Scorecard, MY2022.



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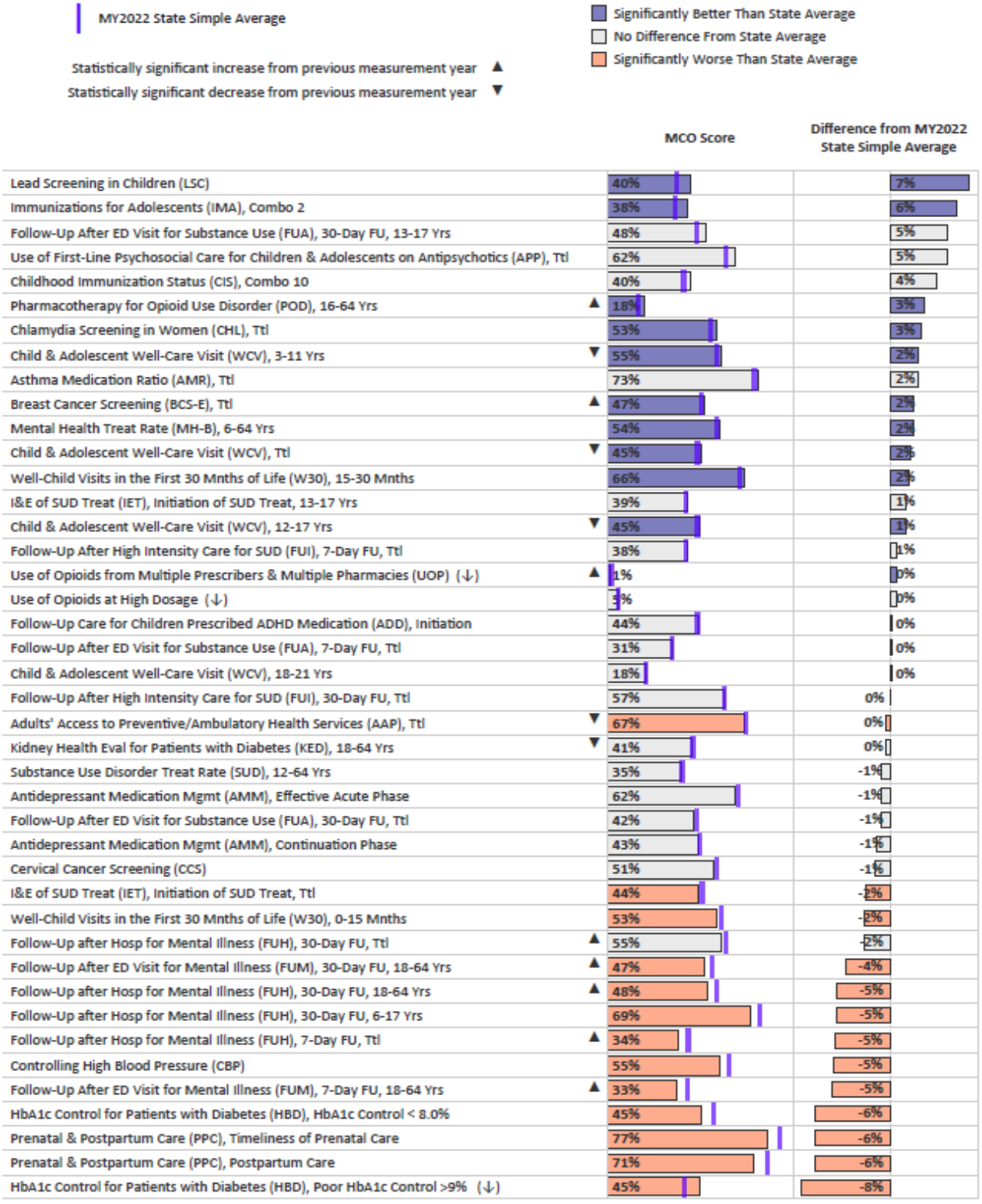
Coordinated Care of Washington (CCW)

CCW performed significantly better than the state simple average for many of the pediatric measures; a couple of notable examples are the Lead Screening in Children (LSC) and Immunizations for Adolescents (IMA), Combo 2 measures (Figure 58). They performed significantly worse than the state simple average for several behavioral health measures, as well as Controlling High Blood Pressure (CBP), HbA1c Control for Patients with Diabetes (HBD), and Prenatal and Postpartum Care (PPC). Although CCW performed significantly below the statewide average for all measures for Follow-Up After ED Visit and Hospitalization for Mental Illness (FUH), they made statistically significant improvements in their own performance over last year. This result is very similar to what was reported in the 2022 Comparative Report.

Figure 58. CCW Scorecard, MY2022.



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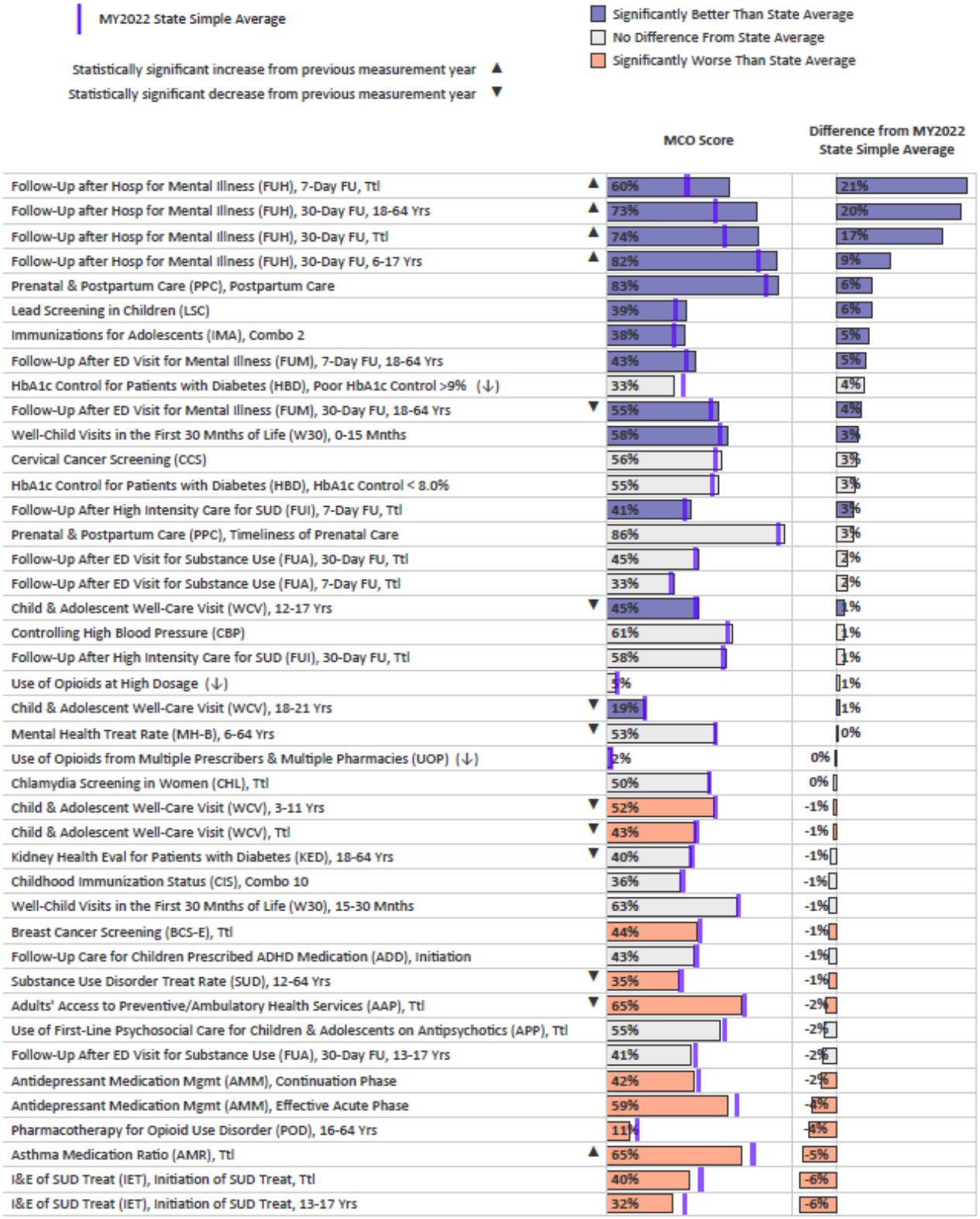
Community Health Plan of Washington (CHPW)

CHPW demonstrated a statistically significant increase in performance over last year and significantly better than the statewide average this year for all Follow-Up after Hospitalization for Mental Illness (FUH) measures (Figure 59). In addition, they performed significantly above the state simple average for the Lead Screening in Children (LSC), Prenatal and Postpartum Care (PPC), and Immunizations for Adolescents (IMA).

They performed significantly below the state simple average for the Asthma Medication Ratio (AMR) and many of the behavioral health measures. Although CHPW performed at or above the statewide simple average this year for many of their measures, they demonstrated a decrease in the overall number of measures at or above the statewide average when compared to last year's performance (reflected in the 2022 Comparative Analysis Report). Last year, CHPW was above the statewide average for Child & Adolescent Well-Care Visit (WCV), 3-11 Years, and Total, but they performed significantly worse than the statewide average this year with a statistically significant decrease in their own performance.

Figure 59. CHPW Scorecard, MY2022.



(↓) For this measure lower scores are better.

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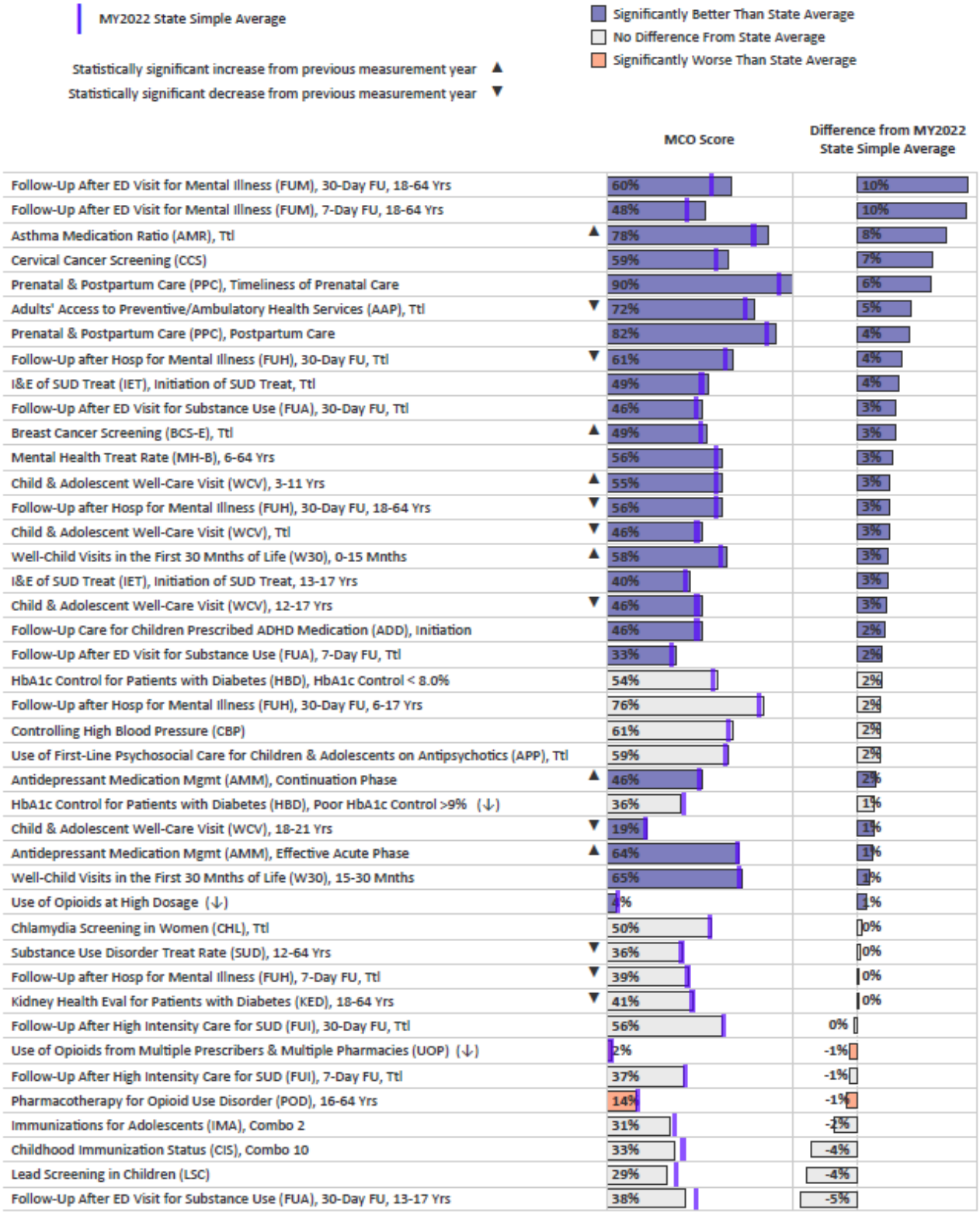
Molina Healthcare of Washington (MHW)

MHW performed at or above the statewide simple average for 35 of 42 measures and significantly better than the state average on 25 measures (Figure 60). Notable measures include Follow-Up After Emergency Department Visit for Mental Illness (FUM), Asthma Medication Ratio (AMR), Cervical Cancer Screening (CCS) and Prenatal and Postpartum Care (PPC) measures. Among additional improvements, MHW demonstrated statistically significant improvements over last year's performance with Asthma Medication Ratio (AMR)-Total, Breast Cancer Screening (BCS-E)-Total, and Child & Adolescent Well-Care Visit (WCV)-3-11 years. MHW performed significantly below the state simple average for two measures; Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years and Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP). As a reminder, comparisons are made using the state simple average to mitigate the impact of plan size when comparing a particular plan's performance. MHW, in fact, performs well after mitigating the impact its size would have on the state average.

Figure 60. MHW Scorecard, MY2022.



(↓) For this measure lower scores are better.

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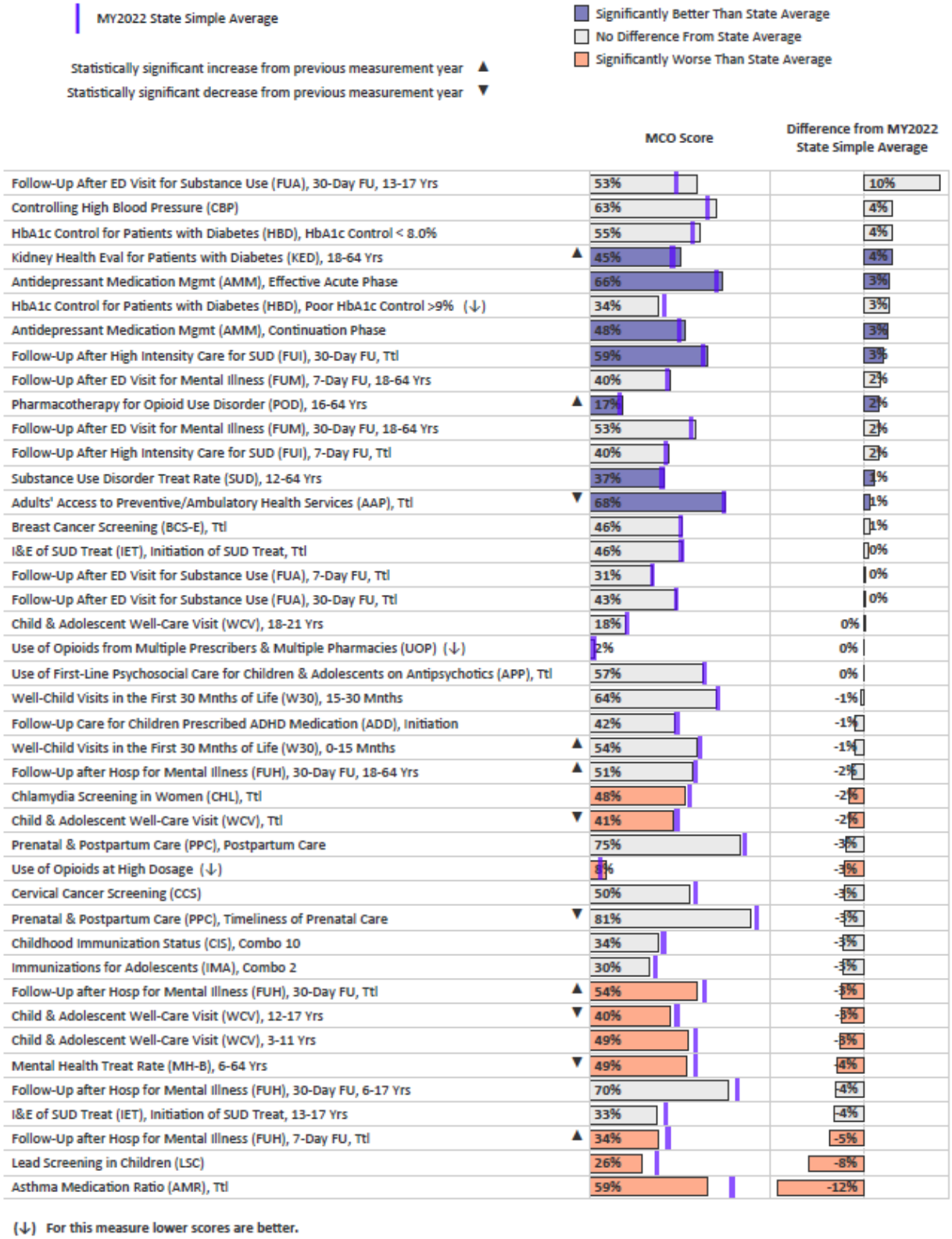
UnitedHealthcare Community Plan (UHC)

UHC performed at or above the statewide simple average for half of their measures (Figure 61). They performed significantly better than the statewide average and demonstrated statistically significant increases over last year's performance for Kidney Health Evaluation for Patients with Diabetes (KED)-18-64, and Pharmacotherapy for Opioid Use Disorder (POD)-16-64 Years. Additionally, UHC performed significantly above the statewide simple average for the two Antidepressant Medication Management (AMM) measures. Among additional measures, UHC performed significantly below the state simple average for the Asthma Medication Ratio (AMR), Lead Screening in Children (LSC), and Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total measures. The overall results are very similar to what was reported in the 2022 Comparative Analysis Report.

Figure 61. UHC Scorecard, MY2022.



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Regional Comparison

This section compares the selected measures by geographic region. The regional comparison is imperative because it provides contextual information on the potential unique population needs and health inequities within each region. The regional comparison provides additional depth and understanding of the health and well-being of Medicaid enrollees. As shown in Table 3 below, six of the ten regions are covered by all five MCOs. The remaining four regions are covered by four of the MCOs, excluding UHC. There is less variation in MCO coverage by region as in the past.

On January 1, 2022, CCW was added to the Great Rivers, Salish and Thurston-Mason service areas and CHPW was added to the Great Rivers and Thurston-Mason service areas.

Table 3. MCO Coverage by Region (AH-IMC and AH-BHSO only).

Regions	Managed Care Organizations				
Regional Service Areas with their counties	**AMG**	**CCW**	**CHPW**	**MHW**	**UHC**
Great Rivers *Cowlitz, Grays Harbor, Lewis, Pacific and Wahkiakum counties*	✓	✓	✓	✓	✓
Greater Columbia *Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman and Yakima counties*	✓	✓	✓	✓	–
King *King County*	✓	✓	✓	✓	✓
North Central *Chelan, Douglas, Grant and Okanogan counties*	✓	✓	✓	✓	–
North Sound *Island, San Juan, Skagit, Snohomish and Whatcom counties*	✓	✓	✓	✓	✓
Pierce *Pierce County*	✓	✓	✓	✓	✓
Salish *Clallam, Jefferson and Kitsap counties*	✓	✓	✓	✓	✓
Southwest *Clark, Klickitat and Skamania counties*	✓	✓	✓	✓	–
Spokane *Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens counties*	✓	✓	✓	✓	–
Thurston-Mason *Mason and Thurston counties*	✓	✓	✓	✓	✓

✓ *Indicates the MCO covers that region.*

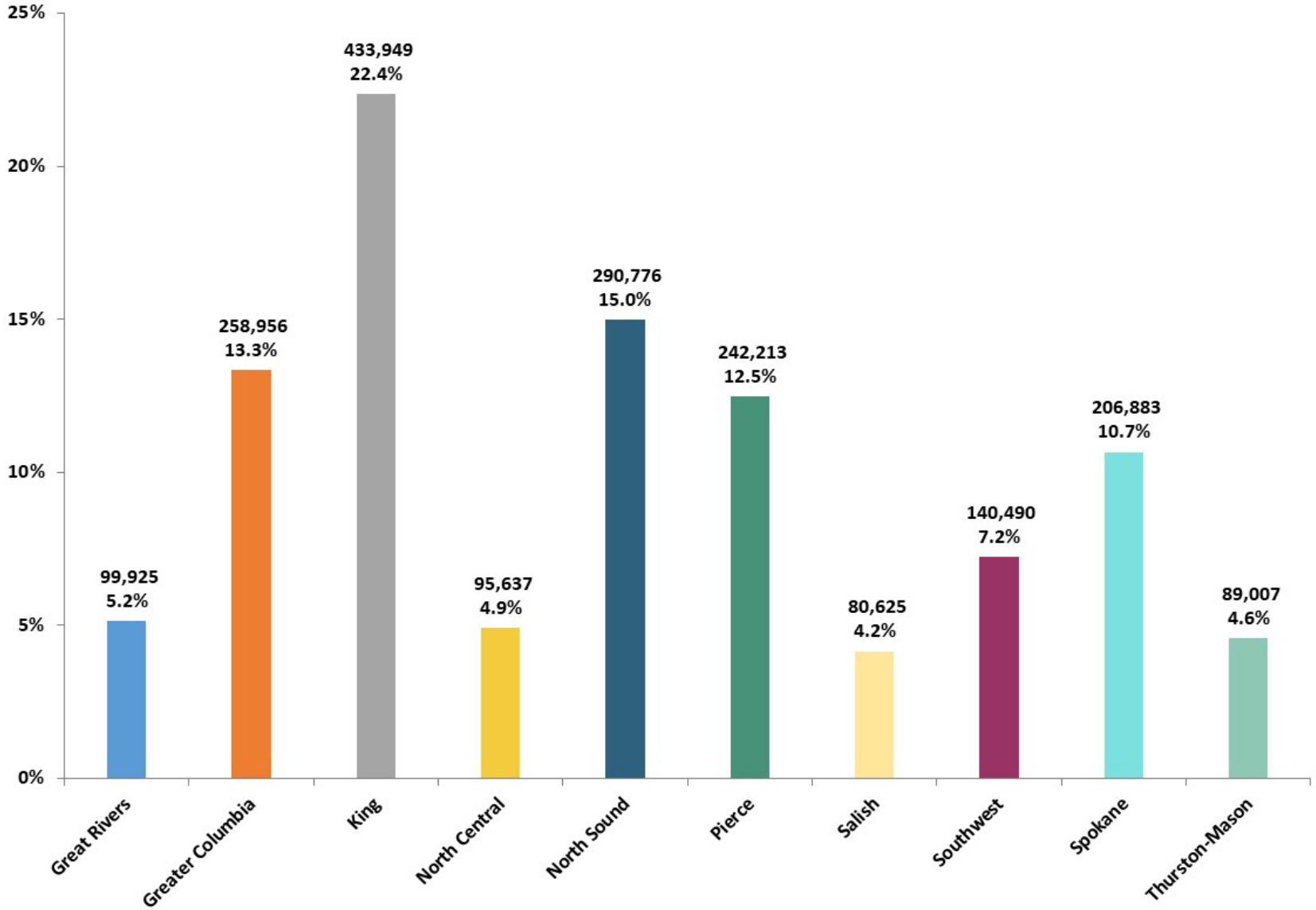
– *Indicates the MCO does not cover that region.*

Demographics by Region

As with MCO performance compared in previous sections, differences between the member populations of each region may impact regional performance on different measures.

Figure 62 shows Medicaid enrollment by region. Not surprisingly, the regions that include the Seattle metropolitan area have the largest enrollment, while the more sparsely populated Salish and Thurston-Mason regions have the smallest Medicaid enrollments.

Figure 62. Percent Enrollment of Total Apple Health Enrollment Statewide by Region, MY2022.

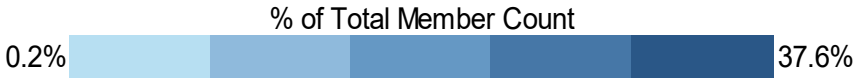


Age Range

Across regions, the largest percentage of enrollees are ages 21 to 44 (Figure 63). All regions have enrollees across all age groups. In this chart and those that follow, the darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between.

Figure 63. Percent Enrollment by Region and Age Range, MY2022.

Age Range	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston - Mason
Age 0 to 5	12.9%	15.2%	12.4%	15.2%	13.5%	13.8%	11.7%	13.6%	13.0%	12.8%
Age 6 to 12	16.9%	19.7%	15.3%	19.9%	17.0%	17.4%	14.9%	17.6%	16.7%	16.5%
Age 13 to 20	17.8%	21.5%	16.5%	21.8%	17.6%	17.8%	15.7%	18.8%	17.2%	16.3%
Age 21 to 44	33.6%	31.6%	37.5%	29.5%	35.1%	35.4%	37.6%	34.4%	37.0%	37.3%
Age 45 to 64	18.5%	11.8%	17.7%	13.2%	16.4%	15.3%	19.7%	15.1%	15.8%	16.8%
Age 65+	0.2%	0.2%	0.7%	0.3%	0.4%	0.3%	0.3%	0.4%	0.3%	0.3%



Race and Ethnicity

This data is reported in categories to align eligibility data collected and provided by DSHS when a client enrolls in Apple Health. Note that in addition to a specific race, members could select “other,” meaning, “client identified as a race other than those listed.” The “not provided” category is defined as, “client chose not to provide;” in other words, the member did not select any of the race categories.

Figure 64 shows that the member population for most regions is at least 50% white. The exception is the King region, which is 38.8% white, 19.9% Black, 11.7% Asian and 6.5% Hawaiian/Pacific Islander. All regions have at least a 1% American Indian/Alaskan Native membership, with the highest percentages in the Great Rivers, Salish, Spokane and Thurston-Mason regions.

Figure 64. Statewide Apple Health Enrollees by Region and Race/Ethnicity, MY2022.

Race/Ethnicity	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston - Mason
White	79.0%	56.1%	38.8%	63.6%	61.7%	52.3%	72.5%	68.5%	76.1%	68.5%
Other	7.7%	30.5%	12.6%	23.5%	12.9%	10.4%	6.1%	9.8%	6.4%	8.5%
Not Provided	5.5%	6.8%	9.0%	8.3%	8.4%	7.0%	6.9%	7.8%	5.1%	6.0%
Black	2.1%	2.3%	19.9%	1.3%	5.9%	15.1%	5.0%	4.9%	4.9%	6.3%
Asian	1.2%	1.3%	11.7%	0.7%	5.2%	5.3%	1.9%	2.8%	1.6%	3.7%
American Indian/Alaska Native	3.0%	1.8%	1.6%	2.0%	2.4%	2.1%	2.7%	1.9%	2.9%	2.9%
Hawaiian/Pacific Islander	1.5%	1.2%	6.5%	0.6%	3.4%	7.8%	5.0%	4.4%	3.0%	4.1%

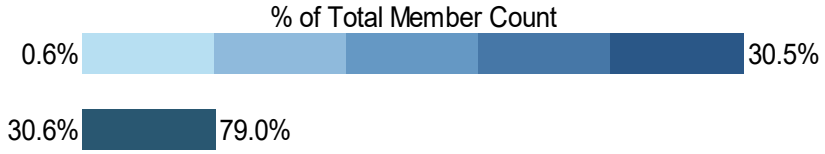
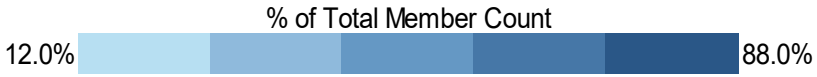


Figure 65 shows the breakdown of the Apple Health enrollment by Hispanic indicator. Most of the regions are at least 79.5% non-Hispanic. The exceptions are the Greater Columbia and North Central regions. The majority of Apple Health members who reside in the Greater Columbia region are Hispanic, with 54.3% of members flagged as Hispanic. Hispanics represent 51.7% of the Apple Health population in the North Central region.

Figure 65. Statewide Apple Health Enrollees by Region and Hispanic Indicator, MY2022.

Hispanic	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston - Mason
No	83.5%	45.7%	82.6%	51.7%	79.5%	82.7%	88.0%	82.4%	87.7%	83.9%
Yes	16.5%	54.3%	17.4%	48.3%	20.5%	17.3%	12.0%	17.6%	12.3%	16.1%

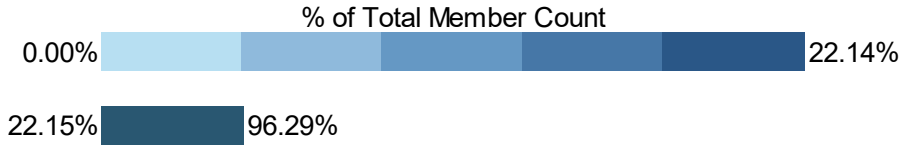


Primary Spoken Language by Region

Figure 66 shows the variation in primary spoken language by region. Spanish/Castilian is the second most commonly spoken language across regions, with Greater Columbia and North Central having the highest percentages. After that, Russian is the most common language, with North Sound and Southwest having the highest percentages.

Figure 66. Statewide Apple Health Enrollees by Region and Spoken Language, MY2022.

Spoken Language	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston - Mason
English	94.1%	79.6%	83.1%	76.9%	88.1%	91.9%	96.3%	88.2%	94.4%	94.3%
Spanish; Castilian	4.92%	19.14%	7.11%	22.14%	7.22%	4.52%	2.65%	5.70%	2.54%	4.28%
Russian	0.06%	0.18%	0.99%	0.26%	1.26%	0.91%	0.04%	3.92%	0.97%	0.04%
Vietnamese	0.05%	0.08%	1.23%	0.04%	0.43%	0.50%	0.08%	0.22%	0.14%	0.40%
Chinese	0.07%	0.06%	1.30%	0.04%	0.25%	0.11%	0.12%	0.12%	0.04%	0.09%
Arabic	NR	0.15%	0.43%	NR	0.37%	0.11%	0.02%	0.09%	0.29%	0.01%
Ukrainian	0.02%	0.16%	0.93%	0.28%	0.97%	0.60%	0.02%	0.50%	0.14%	0.03%
Somali	0.01%	0.03%	0.74%	NR	0.01%	0.01%	0.02%	NR	0.01%	0.01%
Korean	0.01%	0.01%	0.16%	0.00%	0.19%	0.21%	0.03%	0.02%	0.00%	0.11%
Amharic	NR	0.00%	0.37%	NR	0.10%	0.01%	NR	0.01%	0.01%	0.00%
Tigrinya	NR	0.00%	0.28%	0.00%	0.06%	0.01%	NR	0.01%	0.02%	NR
Panjabi; Punjabi	0.01%	0.01%	0.17%	0.01%	0.14%	0.05%	0.00%	0.02%	0.01%	0.02%
Burmese	NR	0.07%	0.15%	0.00%	0.01%	0.01%	0.01%	0.02%	0.06%	0.01%
Farsi	NR	0.00%	0.19%	0.00%	0.07%	0.02%	0.01%	0.01%	0.03%	NR
Cambodian; Khmer	0.04%	NR	0.08%	NR	0.04%	0.12%	NR	0.02%	0.00%	0.05%
Other Language*	0.71%	0.51%	2.78%	0.36%	0.83%	0.90%	0.70%	1.14%	1.28%	0.62%



Note: NR in a cell means that those languages were not reported for that region.

Region-Specific Performance

This section presents performance on the selected measures by region. Appendix D contains state maps showing regional performance.

MCO Performance by Region

This analysis compares MCO performance within each RSA. The key question explored in this section is whether a particular MCO is performing differently within a region than the region as a whole. Each MCO's performance within the region will be compared to the regional weighted average.

HCA provided the definitions of RSAs, which are defined by county. Note the RSAs reflect the regional footprint for the Integrated Managed Care plans. The HCA enrollment file includes the county of residence for each measure. This was used to stratify the measure results by RSA and MCO.

Similar to data presented in the Health Equity section of this report, denominators for some measures get very small once the data is stratified by RSA and MCO. Rates where the denominators are less than 30 have been suppressed and are indicated with "***". Note that an "NR" will be used to indicate when there is no data reported for a particular cell. There may be regional variation in measure performance that cannot be identified with this analysis due to small denominators.

Figures 67 through 76 include the results of this analysis. The yellow downward arrows indicate MCOs that perform statistically below other MCOs that operate in the region; the blue upward arrows indicate MCOs that perform statistically above other MCOs that operate in the region. If an MCO does not operate in that region, its column is grayed out. The regional simple average is provided for comparison. Note this simple average is calculated using the rates that are reported for each region; if the MCO does not operate in that region or if there is insufficient data for an MCO, their rate is excluded.

Summary of Regional Analysis

When measures are split by MCO and region, it appears the MCO is a bigger driver in differences in performance than region. There is not a lot of variation in a specific MCO's performance across regions; in other words, if an MCO performed well in one region, it tended to perform well in others. MHW had strong performance in several regions. Conversely, AMG had weaker performance across several regions. There was some variation in performance by measure, but no other compelling themes emerged from the regional analysis.

Great Rivers Region

In the Great Rivers region, many measures did not display a statistically significant difference by plan. However, MHW performed statistically significantly above the other MCOs for the Adults' Access to Preventive/Ambulatory Health Services (AAP), Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visit (WCV) measures, and several of the behavioral health measures (Figure 67). By contrast, AMG and UHC performed statistically significantly below the other MCOs on several measures. There were a handful of additional measures where an individual MCO did better or worse compared to the other MCOs.

Figure 67. Comparison of MCOs by Measure within Great Rivers Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	39% ▼	***	***	43%	43%	42%
	Cervical Cancer Screening (CCS)	34%	***	***	***	***	34%
	Childhood Immunization Status (CIS), Combo 10	***	***	***	33%	***	33%
	Chlamydia Screening in Women (CHL), Ttl	45%	49%	***	46%	45%	46%
	Immunizations for Adolescents (IMA), Combo 2	35%	***	***	***	***	35%
	Lead Screening in Children (LSC)	***	***	***	47%	***	47%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	83%	***	***	84% ▲	53% ▼	73%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	56%	***	***	***	65%	60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	53%	***	***	52%	53%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	35%	***	***	45%	33%	38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	34%	***	18% ▼	34%	40% ▲	32%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	36% ▼	***	***	44%	47%	42%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	55% ▼	***	***	63% ▲	59%	59%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	21% ▼	***	***	46% ▲	35%	34%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	35% ▼	***	***	62% ▲	54%	50%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	24%	***	***	25%	20%	23%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	***	***	***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	38%	***	***	37%	34%	36%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	40%	***	***	34% ▼	43%	39%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	62%	***	***	57%	64%	61%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	34%	40%	***	41%	38%	38%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	83%	***	83%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	38% ▼	***	***	57%	62%	52%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	47% ▼	60%	***	65% ▲	64%	59%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	57%	***	***	54%	***	55%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	19%	***	***	19%	15%	17%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	3% ▼	***	***	5%	6%	4%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	0% ▼	***	***	2% ▲	1%	1%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	65% ▼	58% ▼	65%	70% ▲	64% ▼	64%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	45%	***	***	51%	***	48%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	52%	36% ▼	42%	55% ▲	48% ▼	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	***	***	***	***	***
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	***	***	***	***	***
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	61%	***	61%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	46% ▼	56% ▲	41%	55% ▲	39% ▼	47%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	38% ▼	45%	31%	48% ▲	28% ▼	38%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	14% ▼	14%	11%	19% ▲	6% ▼	13%
	Child & Adolescent Well-Care Visit (WCV), Ttl	37% ▼	45%	30% ▼	47% ▲	29% ▼	38%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	54%	40% ▼	***	61% ▲	38% ▼	48%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	66%	81%	***	70% ▲	53% ▼	68%

Greater Columbia Region

In the Greater Columbia Region, many measures did not show a statistically significant difference between the plans (Figure 68). However, CHPW performed significantly above the other MCOs for the Well-Child Visits in the First 30 Months of Life (W30), First 15 Months and Child and Adolescent Well-Care Visit (WCV) measures. There were also a handful of other measures where an individual MCO did better or worse than the other MCOs.

Figure 68. Comparison of MCOs by Measure within Greater Columbia Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	41% ▼	54%	54%	54%		51%
	Cervical Cancer Screening (CCS)	***	59%	70%	59%		63%
	Childhood Immunization Status (CIS), Combo 10	36%	42%	41%	37%		39%
	Chlamydia Screening in Women (CHL), Ttl	55%	55%	55%	53%		54%
	Immunizations for Adolescents (IMA), Combo 2	37%	43%	46%	33%		40%
	Lead Screening in Children (LSC)	21%	40%	32%	37%		32%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	81%	73%	67% ▼	78% ▲		75%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	67%	58%	61%	54%		60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	42%	45% ▼	61% ▲	45%		48%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	45%	46%	32% ▼	48%		43%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	35% ▼	44%	47% ▲	39% ▼		41%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	45%	42%	39% ▼	45% ▲		43%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	65%	61%	58% ▼	65% ▲		62%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	32%	35%	38%	41%		36%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	46%	47%	52%	55%		50%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	22%	29%	29%	29%		27%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	42%	***	34%		38%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	32% ▼	42%	42%	44%		40%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	39%	44%	37%	43%		41%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	58%	59%	53%	60%		58%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	47%	42%	62% ▲	42% ▼		48%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	66% ▼	84%	86%		78%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	64%	63%	75% ▲	56% ▼		64%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	68%	64%	77% ▲	65%		69%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	54%	37% ▼	42%	48% ▲		46%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	11%	11%	11%	14%		12%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	4%	4%	3%	5%		4%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	0%	1%	1%	1%		1%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	64% ▼	72% ▲	69% ▼	74% ▲		70%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	32%	25%	30%		29%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	43%	42%	33% ▼	45% ▲		41%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	78%	87%	73%		79%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	77% ▼	90% ▲	90%		86%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	63%	56%	51%		57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	51% ▼	58% ▲	59% ▲	57%		56%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	40% ▼	47%	52% ▲	46% ▼		46%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	19%	19% ▼	24% ▲	20%		20%
	Child & Adolescent Well-Care Visit (WCV), Ttl	42% ▼	48%	50% ▲	47% ▼		46%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	62%	56% ▼	67% ▲	64% ▲		62%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	66%	63% ▼	69%	72% ▲		67%

King Region

In the King Region, there was notable variation for several of the behavioral health measures (Figure 69). MHW performed statistically significantly better than other MCOs in the King region in the behavioral health measures; AMG performed significantly worse on many of these same measures. MHW also performed statistically significantly better than the other MCOs on the Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visit (WCV) measures; the exception was the Well-Child Visits in the First 30 Months of Life (W30), Ages 15-30 months measure. The other MCOs performed statistically significantly below MHW for the well-child visit measures. Outside of these specific examples, there were a handful of other measures where an individual MCO did better or worse than the other MCOs.

Figure 69. Comparison of MCOs by Measure within King Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	39% ▼	43% ▼	43% ▼	50% ▲	46%	44%
	Cervical Cancer Screening (CCS)	54%	43% ▼	53%	66% ▲	53%	54%
	Childhood Immunization Status (CIS), Combo 10	45%	36%	37%	38%	36%	38%
	Chlamydia Screening in Women (CHL), Ttl	55%	58% ▲	52% ▼	54%	54%	55%
	Immunizations for Adolescents (IMA), Combo 2	22%	30%	32%	28%	30%	29%
	Lead Screening in Children (LSC)	41%	43%	63% ▲	23% ▼	35%	41%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	77% ▲	68%	57% ▼	75% ▲	56% ▼	67%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	54%	43% ▼	68% ▲	66%	64%	59%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	55%	49%	53%	57%	53%	54%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	35%	41% ▲	31%	29%	37%	35%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	42% ▼	43% ▼	47%	48% ▲	48%	45%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	46%	47%	41% ▼	46%	47%	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	62%	65%	57% ▼	64%	66% ▲	63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	12% ▼	36%	38%	41% ▲	36%	33%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	21% ▼	48%	48%	54% ▲	48%	44%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	21% ▼	28%	28%	30% ▲	29%	27%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	47%	***	47%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	30% ▼	40%	38%	41% ▲	41%	38%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	16% ▼	28%	31%	32% ▲	31%	28%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	36% ▼	47%	52%	53% ▲	52%	48%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	8% ▼	28% ▼	56% ▲	36% ▲	29%	31%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	59%	76%	73% ▲	49% ▼	64%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	15% ▼	47%	69% ▲	54% ▲	44%	46%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	16% ▼	49%	69% ▲	57% ▲	44% ▼	47%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	39%	41%	44%	43%	34%	40%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	12% ▼	28% ▲	7% ▼	14%	14%	15%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	3%	6%	3%	4% ▼	7% ▲	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	2%	1% ▼	4%	4% ▲	3%	3%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	62% ▼	63% ▼	63% ▼	71% ▲	67% ▲	65%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	39%	36%	34%	44%	38%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	51% ▲	44% ▼	40% ▼	49% ▲	45%	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	87% ▲	59% ▼	82%	82%	73%	77%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	86%	75% ▼	87%	86%	86%	84%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	49%	***	48%	***	48%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	52% ▼	50% ▼	52% ▼	56% ▲	51% ▼	52%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	42% ▼	41% ▼	46%	48% ▲	42% ▼	44%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	17% ▼	20% ▼	20% ▼	23% ▲	22%	20%
	Child & Adolescent Well-Care Visit (WCV), Ttl	44% ▼	42% ▼	43% ▼	48% ▲	43% ▼	44%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	50%	46% ▼	54%	55% ▲	51%	51%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	60%	59%	57%	60%	60%	59%

North Central Region

In the North Central region, many of the measures reported had denominators too small to report (Figure 70). While there was isolated variation between the plans for the measures that had sufficient data, overall, there were no discernible statistical differences. Another explanation may be small denominators resulting in difficulties in detecting statistically significant differences.

Figure 70. Comparison of MCOs by Measure within North Central Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	46%	55% ▲	***	50%		50%
	Cervical Cancer Screening (CCS)	***	***	***	***		***
	Childhood Immunization Status (CIS), Combo 10	***	41%	***	41%		41%
	Chlamydia Screening in Women (CHL), Ttl	46%	44%	44%	47%		45%
	Immunizations for Adolescents (IMA), Combo 2	***	46%	***	28%		37%
	Lead Screening in Children (LSC)	***	***	***	41%		41%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	79%	72%	***	73%		75%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	***	77%	***	62%		70%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	***	35%	***	61% ▲		48%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	***	35%	***	29%		32%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	51%	46% ▼	49%	52% ▲		50%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	35%	41%	55% ▲	40%		43%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	58%	64%	70%	59%		63%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	***	38% ▼	***	63% ▲		50%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	***	63%	***	76% ▲		69%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	26% ▼	42%	43%	39%		38%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	***		***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	43%	52%	54%	53%		51%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	43%	37%	***	48%		43%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	63%	51%	***	70%		61%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	***	43%	***	40%		41%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	77%		77%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	***	***	***	63%		63%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	***	73%	***	69%		71%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	***	44%	***	49%		47%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	17%	10%	14%	12%		13%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	6%	3%	***	5%		4%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	1%	3%	2%		2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	70% ▼	71% ▼	69% ▼	75% ▲		71%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	29%	***	33%		31%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	51% ▲	36% ▼	40%	43%		42%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	89%	***	***		89%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	95%	***	***		95%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	55%		55%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	66% ▲	66% ▲	55% ▼	63% ▼		63%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	57% ▲	56% ▲	50%	53% ▼		54%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	25% ▲	25% ▲	12% ▼	19% ▼		20%
	Child & Adolescent Well-Care Visit (WCV), Ttl	56% ▲	55% ▲	45% ▼	52% ▼		52%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	61%	49% ▼	57%	63% ▲		58%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	75%	78% ▲	***	72%		75%

North Sound Region

In the North Sound region, MHW performed statistically significantly better than other MCOs (Figure 71). AMG, CCW and CHPW performed statistically significantly worse. MHW and UHC both performed statistically significantly better than the other MCOs on the Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visit (WCV) measures; AMG, CCW, and CHPW performed worse on these measures.

Figure 71. Comparison of MCOs by Measure within North Sound Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	39% ▼	45%	40% ▼	49% ▲	49% ▲	44%
	Cervical Cancer Screening (CCS)	41%	46%	53%	72% ▲	49%	52%
	Childhood Immunization Status (CIS), Combo 10	46%	41%	33%	38%	37%	39%
	Chlamydia Screening in Women (CHL), Ttl	46%	46%	43% ▼	47% ▲	42% ▼	45%
	Immunizations for Adolescents (IMA), Combo 2	23%	30%	40%	32%	32%	31%
	Lead Screening in Children (LSC)	33%	35%	34%	24%	25%	30%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	71%	72%	64% ▼	79% ▲	58% ▼	69%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	60%	66%	53%	57%	64%	60%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	43%	42% ▼	54%	57%	55%	50%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	41%	46% ▲	33%	28%	34%	36%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	40%	33% ▼	34% ▼	41%	48% ▲	39%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	46%	44%	45%	49%	49%	47%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	66%	62%	60% ▼	67%	68%	65%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	26% ▼	30% ▼	40%	48% ▲	45%	38%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	39% ▼	46% ▼	54%	62% ▲	57%	52%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	19% ▼	32%	27%	29%	31%	28%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	28%	***	28%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	29% ▼	43%	41%	46% ▲	43%	40%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	38% ▼	46%	46%	49%	45%	45%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	56% ▼	63%	61%	66% ▲	61%	61%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	24% ▼	34%	62% ▲	39%	34% ▼	39%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	68%	85% ▲	74%	76%	76%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	38% ▼	43% ▼	71% ▲	59% ▲	48% ▼	52%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	42% ▼	50% ▼	74% ▲	63% ▲	55% ▼	57%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	31%	41%	46%	41%	43%	40%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	25% ▲	14%	11% ▼	14%	18% ▲	17%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	7%	5%	4%	5% ▼	8% ▲	6%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	1%	1%	1%	1%	1%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	59% ▼	65% ▼	65% ▼	73% ▲	71% ▲	67%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	32%	21% ▼	34%	31%	29%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	46%	45%	43% ▼	48%	49%	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	60%	49% ▼	83% ▲	79%	77%	70%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	80%	73%	80%	94% ▲	84%	82%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	46%	50%	66% ▲	***	54%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	46% ▼	49% ▼	48% ▼	56% ▲	52%	50%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	37% ▼	37% ▼	40% ▼	45% ▲	44% ▲	41%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	13% ▼	15% ▼	15% ▼	20% ▲	22% ▲	17%
	Child & Adolescent Well-Care Visit (WCV), Ttl	38% ▼	40% ▼	39% ▼	47% ▲	45% ▲	42%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	56%	54%	58%	56%	60%	57%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	63% ▼	68%	64% ▼	68%	71% ▲	67%

Pierce Region

In the Pierce Region, many measures did not show statistically significant differences by MCO plan (Figure 72). However, MHW does better than the other MCOs on the Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visit (WCV) measures. AMG, CCW, CHPW and UHC performed significantly worse for the well-child visit measures. In addition, there were a few examples where an individual MCO did better or worse than the other MCOs on a particular measure.

Figure 72. Comparison of MCOs by Measure within Pierce Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	36% ▼	39% ▼	29%	44% ▲	45% ▲	38%
	Cervical Cancer Screening (CCS)	38%	52%	***	43%	43%	44%
	Childhood Immunization Status (CIS), Combo 10	43%	33%	***	27%	28%	33%
	Chlamydia Screening in Women (CHL), Ttl	54%	52%	53%	53%	49% ▼	52%
	Immunizations for Adolescents (IMA), Combo 2	20%	36%	***	37%	29%	31%
	Lead Screening in Children (LSC)	22%	41% ▲	***	29%	18% ▼	28%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	74%	78%	***	79% ▲	61% ▼	73%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	53%	48%	***	60%	57%	55%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	54%	51%	***	56%	59%	55%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	29%	45% ▲	***	40%	32%	36%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	33% ▼	36% ▼	40%	41% ▲	42% ▲	38%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	39% ▼	42%	39%	46% ▲	45%	42%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60%	59%	59%	63%	63%	61%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	38%	30%	37%	42%	38%	37%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	48%	42%	54%	53%	55%	50%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	30%	32%	22%	30%	32%	29%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	39%	***	39%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	40%	40%	32%	43%	42%	39%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	32%	26%	44%	32%	38%	34%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	49%	49%	58%	51%	60% ▲	54%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	40%	40%	56% ▲	42%	36%	43%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	73%	75%	***	76%	***	75%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	53%	50%	73% ▲	54%	57%	58%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	56%	57%	72% ▲	60%	59%	61%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	45%	40%	***	45%	46%	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15%	15%	10%	14%	16%	14%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	4%	5%	***	4% ▼	7% ▲	5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	2%	2%	6%	3% ▲	2%	3%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	59% ▼	60% ▼	59% ▼	68% ▲	66% ▲	62%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	35%	***	31%	16% ▼	27%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	52% ▲	48%	49%	49%	45% ▼	49%
	Prenatal & Postpartum Care (PPC), Postpartum Care	73%	78%	***	82%	78%	78%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	87%	78%	***	90%	80%	84%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	65%	***	56%	***	60%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	47% ▼	47% ▼	36% ▼	52% ▲	47% ▼	46%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	36% ▼	37% ▼	34% ▼	44% ▲	38% ▼	38%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	12% ▼	13% ▼	10% ▼	18% ▲	15% ▼	14%
	Child & Adolescent Well-Care Visit (WCV), Ttl	38% ▼	39% ▼	31% ▼	44% ▲	39% ▼	38%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	52% ▼	57%	33% ▼	62% ▲	56%	52%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	60%	67% ▲	40% ▼	62%	61%	58%

Salish Region

In the Salish Region, most of the measures showed no statistically significant differences between MCOs (Figure 73). However, there were a handful of measures where an individual MCO did better or worse than the other MCOs.

Figure 73. Comparison of MCOs by Measure within Salish Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	38% ▼	***	***	46% ▲	46%	43%
	Cervical Cancer Screening (CCS)	***	***	***	***	55%	55%
	Childhood Immunization Status (CIS), Combo 10	***	***	***	***	***	***
	Chlamydia Screening in Women (CHL), Ttl	43%	50%	52%	47%	45%	47%
	Immunizations for Adolescents (IMA), Combo 2	***	***	***	***	***	***
	Lead Screening in Children (LSC)	***	***	***	***	***	***
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	79%	***	***	84% ▲	66% ▼	76%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	59%	***	***	***	69%	64%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	46%	***	***	65%	58%	56%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	43% ▲	***	***	18%	27%	29%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	39% ▼	***	39%	44%	45%	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	50%	***	***	50%	48%	49%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	69%	***	***	67%	69%	68%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	46%	***	***	57%	54%	52%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	59%	***	***	69% ▲	59%	63%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	24% ▼	25%	***	39%	42% ▲	33%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	***	***	***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	42% ▼	41%	***	53%	59% ▲	49%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	37%	***	***	45%	45%	42%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	58%	***	***	65%	63%	62%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	44%	43%	***	41%	41%	42%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	80%	***	80%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	61%	***	***	58%	67%	62%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	67%	60%	***	64%	69%	65%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	50%	53%	***	47%	40%	47%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	19% ▲	***	10%	9% ▼	21% ▲	15%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	8%	***	***	3% ▼	14% ▲	8%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	***	***	1%	2%	1%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	65% ▼	66%	62% ▼	71% ▲	69%	67%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	***	***	39%	***	39%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	53%	32% ▼	***	55% ▲	45% ▼	46%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	***	***	***	***	***
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	***	***	***	***	***
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	56%	***	56%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	45% ▼	51%	41% ▼	54% ▲	45% ▼	47%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	33% ▼	41%	45%	41% ▲	35% ▼	39%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	11% ▼	15%	13%	16% ▲	12%	13%
	Child & Adolescent Well-Care Visit (WCV), Ttl	35% ▼	41%	36%	44% ▲	36% ▼	38%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	47% ▼	62%	***	58% ▲	52%	55%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	66%	77%	***	62% ▼	69%	68%

Southwest Region

In the Southwest Region, MHW performed statistically significantly better than other MCOs on the Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visit (WCV) measures; this is similar to their performance in other regions (Figure 74). AMG performed statistically significantly worse on several measures. There were a handful of other measures where an individual MCO did better or worse than the other MCOs.

Figure 74. Comparison of MCOs by Measure within Southwest Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	42%	***	35% ▼	47% ▲		42%
	Cervical Cancer Screening (CCS)	***	***	42%	66%		54%
	Childhood Immunization Status (CIS), Combo 10	***	***	***	16%		16%
	Chlamydia Screening in Women (CHL), Ttl	40% ▼	43%	47%	48%		45%
	Immunizations for Adolescents (IMA), Combo 2	***	***	***	27%		27%
	Lead Screening in Children (LSC)	***	***	***	20%		20%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	83%	***	75%	77%		78%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	***	***	***	46%		46%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	***	***	43%	50%		47%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	***	***	50%	35% ▼		42%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	26%	18%	17% ▼	30% ▲		23%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	46%	53%	46%	48%		48%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	67%	71%	61%	64%		66%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	23% ▼	***	40%	44% ▲		36%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	37% ▼	***	49%	57% ▲		48%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	13% ▼	33%	30%	27%		26%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	34%		34%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	21% ▼	43%	39%	37%		35%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	26%	39%	30%	29%		31%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	47%	67% ▲	48%	46%		52%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	29%	31%	58% ▲	34% ▼		38%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	69%		69%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	38% ▼	34% ▼	74% ▲	57%		51%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	40% ▼	50%	75% ▲	58%		56%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	***	65% ▲	***	37% ▼		51%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	8%	21%	16%	17%		16%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	6%	6%	7%	6%		6%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	0%	3%	2%		1%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	55% ▼	53% ▼	59% ▼	69% ▲		59%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	41%	***	49%		45%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	48%	40%	45%	49%		45%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	***	***	86%		86%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	***	***	93%		93%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	68%		68%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	36% ▼	49%	36% ▼	50% ▲		43%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	32% ▼	38%	28% ▼	39% ▲		34%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	9% ▼	12%	7% ▼	15% ▲		11%
	Child & Adolescent Well-Care Visit (WCV), Ttl	29% ▼	39%	28% ▼	41% ▲		34%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	37%	37%	44%	42%		40%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	46% ▼	75% ▲	61%	59%		60%

Spokane Region

In the Spokane Region, MHW performed statistically significantly better compared to the other MCOs for many of the measures (Figure 75). By contrast, AMG performed statistically significantly worse on many measures, with the exception of the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years and three of the Child and Adolescent Well-Care Visit (WCV) measures, where AMG performed significantly better than the other MCOs. The performance of CCW and CHPW were overall more mixed, with their performance on several measures statistically significantly above the other MCOs, and several statistically significantly below. Note that AMG and CCW performed better on the Child and Adolescent Well-Care Visit (WCV) measures in the Spokane region than the other.

Figure 75. Comparison of MCOs by Measure within Spokane Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	48%	52%	43% ▼	53% ▲		49%
	Cervical Cancer Screening (CCS)	55%	***	56%	36% ▼		49%
	Childhood Immunization Status (CIS), Combo 10	24%	***	25%	38%		29%
	Chlamydia Screening in Women (CHL), Ttl	49%	48%	46% ▼	51% ▲		48%
	Immunizations for Adolescents (IMA), Combo 2	31%	***	***	29%		30%
	Lead Screening in Children (LSC)	33%	***	29%	27%		30%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	78%	76%	70% ▼	81% ▲		77%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	61%	***	60%	69%		63%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	45%	***	57% ▲	44%		49%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	42%	***	27% ▼	44%		38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	46% ▲	37%	40% ▼	45%		42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	44%	50%	44%	46%		46%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	65%	61%	60%	64%		62%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	32% ▼	30% ▼	55%	58% ▲		44%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	42% ▼	50%	66%	67% ▲		56%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	38% ▼	38%	46%	43%		41%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	36%		36%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	52%	43% ▼	58%	56%		52%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	35% ▼	***	46%	44%		42%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	56%	***	64%	62%		61%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	38% ▼	35% ▼	69% ▲	44% ▼		46%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	70%	70%	87% ▲	76%		76%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	46% ▼	***	81% ▲	58%		62%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	53% ▼	63%	82% ▲	65%		66%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	41% ▼	59%	44%	53%		49%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	12%	7%	13%	12%		11%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	5%	***	6%	4%		5%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	***	2%	2% ▲		2%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	70% ▼	65% ▼	68% ▼	75% ▲		70%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	48%	45%	53%	52%		49%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	46%	49%	40% ▼	52% ▲		47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	69% ▼	***	81%	86%		79%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	80%	***	90%	95% ▲		89%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	65%	78% ▲	60%	63%		66%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	59% ▲	63% ▲	52% ▼	59% ▲		58%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	50% ▲	52% ▲	43% ▼	49%		49%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	21%	22%	16% ▼	21% ▲		20%
	Child & Adolescent Well-Care Visit (WCV), Ttl	51% ▲	52% ▲	43% ▼	50% ▲		49%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	54% ▼	49%	54% ▼	63% ▲		55%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	67%	83% ▲	60% ▼	70% ▲		70%

Thurston-Mason Region

In the Thurston-Mason Region, many measures showed no statistically significant difference between the MCOs (Figure 76). The most variation between the MCOs was in the Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visit (WCV) measures, in which MHW was statistically significantly better than other MCOs and AMG was statistically significantly worse. A handful of other measures had individual MCOs that did better or worse than the regional average.

Figure 76. Comparison of MCOs by Measure within Thurston-Mason Region, MY2022.

Measures where higher is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

Measures where lower is better:
Statistically significant higher rate than other MCOs ▲
Statistically significant lower rate than other MCOs ▼

		AMG	CCW	CHPW	MHW	UHC	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	40%	***	***	44%	41%	42%
	Cervical Cancer Screening (CCS)	36%	***	***	***	57%	47%
	Childhood Immunization Status (CIS), Combo 10	***	***	***	***	39%	39%
	Chlamydia Screening in Women (CHL), Ttl	51%	59% ▲	***	50%	46%	52%
	Immunizations for Adolescents (IMA), Combo 2	***	***	***	***	31%	31%
	Lead Screening in Children (LSC)	***	***	***	***	26%	26%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	82% ▲	***	***	77% ▲	63% ▼	74%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	***	***	***	***	61%	61%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	46%	***	***	57%	54%	52%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Lower score is better)	46%	***	***	35%	35%	38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	32%	27%	26%	35%	40% ▲	32%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	44%	***	***	47%	49%	47%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	66%	***	***	66%	70%	67%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	38%	***	***	50%	43%	44%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs	57%	***	***	67%	58%	61%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	31%	***	***	31%	29%	30%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	***	***	***	***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	43%	***	***	51%	41%	45%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	38%	***	***	35%	39%	38%
	Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	56%	***	***	56%	59%	57%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	31%	29%	***	38%	42%	35%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	***	74%	***	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	44%	***	***	53%	60%	52%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	50%	60%	***	58%	63%	58%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	33%	***	***	40%	39%	38%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	14%	***	***	18%	21%	17%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	2%	***	***	4%	5%	4%
	Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (Lower score is better)	1%	***	***	2%	1%	1%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	63% ▼	67%	71%	71% ▲	66% ▼	68%
	I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	***	***	***	40%	***	40%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	52%	58%	***	51%	45% ▼	52%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	***	***	***	77%	77%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	***	***	***	82%	82%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***	66%	***	66%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	40% ▼	55% ▲	51%	51% ▲	46% ▼	49%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	31% ▼	40%	36%	42% ▲	37%	37%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	8% ▼	14%	13%	15% ▲	14%	13%
	Child & Adolescent Well-Care Visit (WCV), Ttl	32% ▼	43% ▲	41%	43% ▲	38% ▼	39%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	42% ▼	52%	***	62% ▲	49% ▼	51%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	64%	79%	***	68%	63%	68%

Appendix A: MCO Comparison Results

Appendix A contains a subset of the information included in Appendix E for all the performance measures by MCO and by region and is available publicly.

Legend:

▲ Measure result is statistically significant above prior year (p < 0.05)

▼ Measure result is statistically significant below prior year (p < 0.05)

Can report benchmark

† Statewide Weighted Rate

*** 2022 performance indicates whether a measure is statistically different than national benchmarks.**

***** Rates suppressed when the denominator is less than 30.**

NR There was no data to report.

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, 3-11 Years	Statewide†	72.8%	77.0% ▲	77.8%	Below 50th
	AMG	69.8%	79.5%	80.5%	At 50th
	CCW	64.5%	72.7%	76.0%	At 50th
	CHPW	75.3%	76.6%	75.8%	At 50th
	MHW	75.9%	76.9%	79.2%	At 50th
	UHC	66.5%	81.9% ▲	72.3%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, 12-17 Years	Statewide†	64.5%	73.8% ▲	72.0%	Below 50th
	AMG	69.2%	85.3% ▲	80.6%	At 50th
	CCW	57.4%	73.6% ▲	66.4%	Below 50th
	CHPW	72.6%	76.7%	71.1%	Below 50th
	MHW	64.6%	71.7%	72.9%	Below 50th
	UHC	57.2%	71.3%	67.1%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, Total	Statewide†	69.6%	75.7% ▲	75.6%	Below 50th
	AMG	69.6%	81.5% ▲	80.5%	At 50th
	CCW	61.8%	73.0% ▲	72.8%	Below 50th
	CHPW	74.2%	76.6%	74.0%	Below 50th
	MHW	71.5%	74.7%	76.6%	At 50th
	UHC	63.3%	78.6% ▲	70.3%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, 3-11 Years	Statewide†	64.8%	67.1%	69.4%	Below 50th
	AMG	58.1%	68.7%	72.3%	At 50th
	CCW	70.7%	73.8%	74.5%	At 50th
	CHPW	70.1%	72.5%	70.6%	At 50th
	MHW	62.9%	63.5%	68.6%	At 50th
	UHC	67.3%	70.6%	61.7%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity	Statewide†	51.4%	58.4%	60.4%	Below 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
for Children & Adolescents (WCC), Nutrition Counseling, 12-17 Years	AMG	54.8%	69.2%	66.0%	At 50th
	CCW	61.9%	67.9%	60.7%	Below 50th
	CHPW	59.2%	58.9%	64.2%	At 50th
	MHW	46.2%	54.3%	59.6%	Below 50th
	UHC	53.1%	58.1%	52.9%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, Total	Statewide†	59.7%	63.6% ▲	65.9%	Below 50th
	AMG	56.9%	68.9% ▲	70.1%	At 50th
	CCW	67.4%	71.8%	69.8%	At 50th
	CHPW	65.7%	66.3%	68.1%	At 50th
	MHW	56.5%	59.6%	65.0%	Below 50th
	UHC	62.3%	66.7%	58.4%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, 3-11 Years	Statewide†	58.7%	61.2%	63.2%	Below 50th
	AMG	53.6%	61.2%	66.3%	At 50th
	CCW	63.3%	66.4%	66.8%	At 50th
	CHPW	60.2%	66.5%	61.9%	Below 50th
	MHW	57.3%	58.0%	63.3%	At 50th
	UHC	62.8%	65.6%	56.3%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, 12-17 Years	Statewide†	52.4%	62.8% ▲	61.4%	Below 50th
	AMG	54.8%	72.0% ▲	73.6%	At 50th
	CCW	61.9%	70.7%	65.0%	At 50th
	CHPW	58.6%	63.3%	65.4%	At 50th
	MHW	48.1%	59.5%	57.8%	Below 50th
	UHC	53.8%	62.0%	60.0%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, Total	Statewide†	56.3%	61.8% ▲	62.5%	Below 50th
	AMG	54.0%	65.0% ▲	68.9%	At 50th
	CCW	62.8%	67.9%	66.2%	At 50th
	CHPW	59.5%	65.1%	63.3%	Below 50th
	MHW	53.8%	58.6%	61.1%	Below 50th
	UHC	59.6%	64.5%	57.7%	Below 50th
Childhood Immunization Status (CIS), DTaP	Statewide†	72.8%	69.2%	65.2%	Below 50th
	AMG	75.2%	67.6%	70.6%	At 50th
	CCW	81.5%	73.0% ▼	71.3%	At 50th
	CHPW	78.8%	69.8% ▼	68.6%	At 50th
	MHW	69.4%	68.6%	62.0%	Below 50th
	UHC	70.1%	68.9%	64.2%	Below 50th
Childhood Immunization Status (CIS), IPV	Statewide†	86.1%	83.9%	81.2%	Below 50th
	AMG	88.8%	85.9%	84.2%	At 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	92.7%	89.5%	88.3%	At 50th
	CHPW	92.0%	83.7% ▼	83.0%	At 50th
	MHW	82.4%	82.0%	78.4%	Below 50th
	UHC	87.1%	85.2%	81.3%	Below 50th
Childhood Immunization Status (CIS), MMR	Statewide†	85.3%	82.0%	79.8%	Below 50th
	AMG	88.1%	83.9%	83.5%	At 50th
	CCW	89.5%	87.4%	86.4%	At 50th
	CHPW	89.1%	84.2%	80.1%	At 50th
	MHW	82.6%	79.8%	77.9%	Below 50th
	UHC	86.4%	82.5%	77.4%	Below 50th
Childhood Immunization Status (CIS), HIB	Statewide†	85.2%	83.5%	79.6%	Below 50th
	AMG	87.6%	81.8%	81.3%	At 50th
	CCW	92.2%	89.5%	88.1%	At 75th
	CHPW	90.8%	84.2% ▼	80.8%	At 50th
	MHW	81.6%	82.2%	77.1%	Below 50th
	UHC	85.9%	83.9%	78.8%	Below 50th
Childhood Immunization Status (CIS), Hepatitis B	Statewide†	84.5%	85.4% ▲	83.1%	Below 50th
	AMG	89.5%	86.6%	86.6%	At 50th
	CCW	92.7%	92.0%	90.3%	At 75th
	CHPW	91.5%	87.6%	83.9%	At 50th
	MHW	79.4%	83.0%	80.3%	Below 50th
	UHC	86.4%	86.9%	83.2%	Below 50th
Childhood Immunization Status (CIS), VZV	Statewide†	84.1%	80.9%	79.5%	Below 50th
	AMG	86.6%	82.2%	83.2%	At 50th
	CCW	87.8%	85.6%	85.9%	At 50th
	CHPW	88.6%	83.7%	79.8%	Below 50th
	MHW	81.3%	78.8%	77.6%	Below 50th
	UHC	85.6%	81.5%	76.9%	Below 50th
Childhood Immunization Status (CIS), Pneumococcal	Statewide†	72.9%	69.0%	68.0%	Below 50th
	AMG	75.4%	70.3%	68.4%	At 50th
	CCW	80.8%	75.9%	74.5%	At 50th
	CHPW	78.1%	68.1% ▼	69.8%	At 50th
	MHW	69.3%	67.2%	66.2%	Below 50th
	UHC	72.0%	70.6%	67.2%	At 50th
Childhood Immunization Status (CIS), Hepatitis A	Statewide†	81.1%	78.1%	76.1%	Below 50th
	AMG	85.4%	79.1%	81.0%	At 50th
	CCW	88.6%	83.2%	84.2%	At 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CHPW	85.9%	81.0%	78.1%	At 50th
	MHW	77.2%	76.2%	72.8%	Below 50th
	UHC	81.3%	77.9%	75.7%	Below 50th
Childhood Immunization Status (CIS), Rotavirus	Statewide†	69.8%	68.3%	67.0%	At 50th
	AMG	70.3%	70.8%	69.3%	At 50th
	CCW	76.4%	73.0%	75.7%	At 75th
	CHPW	71.5%	68.9%	69.8%	At 50th
	MHW	67.3%	66.4%	63.3%	Below 50th
	UHC	72.0%	69.3%	69.1%	At 50th
Childhood Immunization Status (CIS), Influenza	Statewide†	55.0%	50.0%	43.7% ▼	At 50th
	AMG	52.8%	45.7%	49.9%	At 50th
	CCW	69.1%	57.2% ▼	49.9%	At 50th
	CHPW	61.1%	52.6%	43.3%	At 50th
	MHW	50.1%	47.7%	41.1%	Below 50th
	UHC	56.9%	55.5%	42.3% ▼	Below 50th
Childhood Immunization Status (CIS), Combo 3	Statewide†	64.8%	62.2%	60.6%	At 50th
	AMG	68.1%	63.0%	64.7%	At 50th
	CCW	73.5%	67.6%	65.0%	At 50th
	CHPW	72.8%	63.8% ▼	63.0%	At 50th
	MHW	60.2%	60.3%	58.4%	Below 50th
	UHC	64.0%	63.3%	58.6%	At 50th
Childhood Immunization Status (CIS), Combo 7	Statewide†	57.0%	54.9%	54.8%	At 50th
	AMG	58.6%	57.4%	58.6%	At 50th
	CCW	65.0%	57.4%	58.6%	At 50th
	CHPW	62.8%	57.2%	56.9%	At 50th
	MHW	53.3%	53.0%	52.6%	At 50th
	UHC	57.2%	56.0%	54.5%	At 50th
Childhood Immunization Status (CIS), Combo 10	Statewide†	41.7%	38.8%	35.0%	At 50th
	AMG	40.4%	36.0%	40.6%	At 75th
	CCW	52.3%	43.1%	40.4%	At 75th
	CHPW	47.9%	42.3%	35.5%	At 50th
	MHW	37.5%	37.0%	32.6%	At 50th
	UHC	43.6%	42.8%	33.6%	At 50th
Childhood Immunization Status (CIS-E), DTaP	Statewide†	NR	NR	64.6%	No Benchmark
	AMG	NR	NR	65.4%	No Benchmark
	CCW	NR	NR	67.2%	No Benchmark
	CHPW	NR	NR	69.0%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	MHW	NR	NR	62.7%	No Benchmark
	UHC	NR	NR	65.4%	No Benchmark
Childhood Immunization Status (CIS-E), IPV	Statewide†	NR	NR	80.9%	No Benchmark
	AMG	NR	NR	82.6%	No Benchmark
	CCW	NR	NR	83.4%	No Benchmark
	CHPW	NR	NR	85.3%	No Benchmark
	MHW	NR	NR	78.8%	No Benchmark
	UHC	NR	NR	81.6%	No Benchmark
Childhood Immunization Status (CIS-E), MMR	Statewide†	NR	NR	79.0%	No Benchmark
	AMG	NR	NR	80.5%	No Benchmark
	CCW	NR	NR	83.5%	No Benchmark
	CHPW	NR	NR	82.8%	No Benchmark
	MHW	NR	NR	76.8%	No Benchmark
	UHC	NR	NR	78.7%	No Benchmark
Childhood Immunization Status (CIS-E), HIB	Statewide†	NR	NR	79.6%	No Benchmark
	AMG	NR	NR	80.7%	No Benchmark
	CCW	NR	NR	83.3%	No Benchmark
	CHPW	NR	NR	83.7%	No Benchmark
	MHW	NR	NR	77.6%	No Benchmark
	UHC	NR	NR	80.0%	No Benchmark
Childhood Immunization Status (CIS-E), Hepatitis B	Statewide†	NR	NR	81.8%	No Benchmark
	AMG	NR	NR	83.9%	No Benchmark
	CCW	NR	NR	83.8%	No Benchmark
	CHPW	NR	NR	86.1%	No Benchmark
	MHW	NR	NR	79.7%	No Benchmark
	UHC	NR	NR	82.9%	No Benchmark
Childhood Immunization Status (CIS-E), VZV	Statewide†	NR	NR	78.5%	No Benchmark
	AMG	NR	NR	79.7%	No Benchmark
	CCW	NR	NR	83.2%	No Benchmark
	CHPW	NR	NR	82.5%	No Benchmark
	MHW	NR	NR	76.2%	No Benchmark
	UHC	NR	NR	78.0%	No Benchmark
Childhood Immunization Status (CIS-E), Pneumococcal	Statewide†	NR	NR	65.7%	No Benchmark
	AMG	NR	NR	66.5%	No Benchmark
	CCW	NR	NR	68.8%	No Benchmark
	CHPW	NR	NR	69.4%	No Benchmark
	MHW	NR	NR	63.6%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	UHC	NR	NR	67.5%	No Benchmark
Childhood Immunization Status (CIS-E), Hepatitis A	Statewide†	NR	NR	76.0%	No Benchmark
	AMG	NR	NR	76.9%	No Benchmark
	CCW	NR	NR	82.8%	No Benchmark
	CHPW	NR	NR	80.0%	No Benchmark
	MHW	NR	NR	73.2%	No Benchmark
	UHC	NR	NR	76.3%	No Benchmark
Childhood Immunization Status (CIS-E), Rotavirus	Statewide†	NR	NR	65.6%	No Benchmark
	AMG	NR	NR	66.2%	No Benchmark
	CCW	NR	NR	69.0%	No Benchmark
	CHPW	NR	NR	69.9%	No Benchmark
	MHW	NR	NR	63.3%	No Benchmark
	UHC	NR	NR	67.4%	No Benchmark
Childhood Immunization Status (CIS-E), Influenza	Statewide†	NR	NR	41.7%	No Benchmark
	AMG	NR	NR	43.8%	No Benchmark
	CCW	NR	NR	49.0%	No Benchmark
	CHPW	NR	NR	43.5%	No Benchmark
	MHW	NR	NR	38.8%	No Benchmark
	UHC	NR	NR	42.8%	No Benchmark
Childhood Immunization Status (CIS-E), Combo 3	Statewide†	NR	NR	58.0%	No Benchmark
	AMG	NR	NR	58.9%	No Benchmark
	CCW	NR	NR	60.3%	No Benchmark
	CHPW	NR	NR	61.6%	No Benchmark
	MHW	NR	NR	56.0%	No Benchmark
	UHC	NR	NR	59.6%	No Benchmark
Childhood Immunization Status (CIS-E), Combo 7	Statewide†	NR	NR	51.8%	No Benchmark
	AMG	NR	NR	52.1%	No Benchmark
	CCW	NR	NR	54.2%	No Benchmark
	CHPW	NR	NR	55.6%	No Benchmark
	MHW	NR	NR	49.9%	No Benchmark
	UHC	NR	NR	54.0%	No Benchmark
Childhood Immunization Status (CIS-E), Combo 10	Statewide†	NR	NR	31.9%	No Benchmark
	AMG	NR	NR	33.2%	No Benchmark
	CCW	NR	NR	36.3%	No Benchmark
	CHPW	NR	NR	34.0%	No Benchmark
	MHW	NR	NR	29.8%	No Benchmark
	UHC	NR	NR	33.2%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Immunizations for Adolescents (IMA), Meningococcal	Statewide†	77.2%	73.6%	71.0%	Below 50th
	AMG	74.9%	70.8%	65.7%	Below 50th
	CCW	78.4%	76.9%	74.7%	Below 50th
	CHPW	81.3%	79.1%	75.9%	Below 50th
	MHW	76.2%	71.8%	69.6%	Below 50th
	UHC	76.9%	73.5%	71.5%	Below 50th
Immunizations for Adolescents (IMA), Tdap	Statewide†	86.9%	84.7%	83.6%	At 50th
	AMG	85.4%	82.7%	82.2%	At 50th
	CCW	86.4%	85.9%	83.9%	At 50th
	CHPW	90.0%	88.6%	85.4%	At 50th
	MHW	86.6%	83.5%	83.2%	At 50th
	UHC	85.4%	85.6%	84.2%	At 50th
Immunizations for Adolescents (IMA), HPV	Statewide†	43.2%	34.9% ▼	33.1%	Below 50th
	AMG	38.2%	29.4%	27.5%	Below 50th
	CCW	47.2%	37.7%	39.2%	At 50th
	CHPW	46.7%	40.2%	39.4%	At 50th
	MHW	43.1%	33.8%	31.4%	Below 50th
	UHC	36.3%	33.6%	30.4%	Below 50th
Immunizations for Adolescents (IMA), Combo 1	Statewide†	75.0%	73.0%	70.4%	Below 50th
	AMG	72.5%	70.6%	65.2%	Below 50th
	CCW	75.7%	76.2%	74.2%	Below 50th
	CHPW	79.8%	78.6%	74.9%	At 50th
	MHW	74.0%	71.3%	69.1%	Below 50th
	UHC	74.0%	72.0%	71.1%	Below 50th
Immunizations for Adolescents (IMA), Combo 2	Statewide†	39.6%	32.5% ▼	32.2%	Below 50th
	AMG	36.0%	28.2%	27.0%	Below 50th
	CCW	42.8%	34.3%	38.2%	At 50th
	CHPW	44.0%	39.4%	37.7%	At 50th
	MHW	38.9%	31.1%	30.7%	At 50th
	UHC	34.3%	30.9%	29.7%	Below 50th
Immunizations for Adolescents (IMA-E), Meningococcal	Statewide†	NR	NR	70.1%	No Benchmark
	AMG	NR	NR	66.2%	No Benchmark
	CCW	NR	NR	73.4%	No Benchmark
	CHPW	NR	NR	74.0%	No Benchmark
	MHW	NR	NR	69.2%	No Benchmark
	UHC	NR	NR	68.8%	No Benchmark
Immunizations for Adolescents (IMA-E), Tdap	Statewide†	NR	NR	81.7%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	AMG	NR	NR	78.8%	No Benchmark
	CCW	NR	NR	80.9%	No Benchmark
	CHPW	NR	NR	83.7%	No Benchmark
	MHW	NR	NR	81.9%	No Benchmark
	UHC	NR	NR	81.6%	No Benchmark
Immunizations for Adolescents (IMA-E), HPV	Statewide†	NR	NR	31.5%	No Benchmark
	AMG	NR	NR	27.7%	No Benchmark
	CCW	NR	NR	36.5%	No Benchmark
	CHPW	NR	NR	36.1%	No Benchmark
	MHW	NR	NR	30.1%	No Benchmark
	UHC	NR	NR	28.8%	No Benchmark
Immunizations for Adolescents (IMA-E), Combo 1	Statewide†	NR	NR	69.6%	No Benchmark
	AMG	NR	NR	65.6%	No Benchmark
	CCW	NR	NR	72.6%	No Benchmark
	CHPW	NR	NR	73.4%	No Benchmark
	MHW	NR	NR	68.7%	No Benchmark
	UHC	NR	NR	68.3%	No Benchmark
Immunizations for Adolescents (IMA-E), Combo 2	Statewide†	NR	NR	30.4%	No Benchmark
	AMG	NR	NR	27.0%	No Benchmark
	CCW	NR	NR	35.4%	No Benchmark
	CHPW	NR	NR	35.1%	No Benchmark
	MHW	NR	NR	29.0%	No Benchmark
	UHC	NR	NR	27.9%	No Benchmark
Lead Screening in Children (LSC)	Statewide†	33.7%	34.5%	31.9%	Below 50th
	AMG	31.4%	36.3%	33.3%	Below 50th
	CCW	33.6%	31.1%	40.2%	Below 50th
	CHPW	41.1%	40.6%	39.2%	Below 50th
	MHW	34.1%	34.8%	29.2%	Below 50th
	UHC	26.0%	27.0%	25.8%	Below 50th
Breast Cancer Screening (BCS)	Statewide†	48.0%	44.9% ▼	46.3% ▲	Below 50th
	AMG	42.5%	40.7%	40.5%	Below 50th
	CCW	49.2%	44.9% ▼	47.4% ▲	Below 50th
	CHPW	46.2%	42.3% ▼	44.2%	Below 50th
	MHW	49.7%	46.9% ▼	48.7% ▲	Below 50th
	UHC	48.9%	45.2% ▼	45.9%	Below 50th
Breast Cancer Screening (BCS-E), Total	Statewide†	47.9%	44.7% ▼	46.1% ▲	Below 50th
	AMG	42.2%	40.6%	40.4%	Below 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	49.1%	44.7% ▼	47.2% ▲	Below 50th
	CHPW	46.1%	42.2% ▼	44.1%	Below 50th
	MHW	49.6%	46.8% ▼	48.6% ▲	Below 50th
	UHC	48.8%	45.1% ▼	45.8%	Below 50th
Cervical Cancer Screening (CCS)	Statewide†	58.6%	54.1%	55.0%	Below 50th
	AMG	47.7%	44.5%	47.0%	Below 50th
	CCW	51.1%	53.5%	51.3%	Below 50th
	CHPW	55.0%	55.8%	55.7%	At 50th
	MHW	65.9%	56.7%	59.1%	At 50th
	UHC	53.3%	53.3%	49.9%	Below 50th
Colorectal Cancer Screening (COL), Age 45-49 Years	Statewide†	NR	NR	17.0%	No Benchmark
	AMG	NR	NR	14.2%	No Benchmark
	CCW	NR	NR	16.5%	No Benchmark
	CHPW	NR	NR	16.3%	No Benchmark
	MHW	NR	NR	18.1%	No Benchmark
	UHC	NR	NR	17.5%	No Benchmark
Colorectal Cancer Screening (COL), Age 50-75 Years	Statewide†	NR	NR	35.5%	No Benchmark
	AMG	NR	NR	30.0%	No Benchmark
	CCW	NR	NR	39.0%	No Benchmark
	CHPW	NR	NR	35.3%	No Benchmark
	MHW	NR	NR	36.8%	No Benchmark
	UHC	NR	NR	35.8%	No Benchmark
Colorectal Cancer Screening (COL), Total	Statewide†	NR	NR	31.8%	No Benchmark
	AMG	NR	NR	27.0%	No Benchmark
	CCW	NR	NR	34.7%	No Benchmark
	CHPW	NR	NR	31.5%	No Benchmark
	MHW	NR	NR	32.6%	No Benchmark
	UHC	NR	NR	32.5%	No Benchmark
Colorectal Cancer Screening (COL-E), Age 45-49 Years	Statewide†	NR	NR	16.8%	No Benchmark
	AMG	NR	NR	14.1%	No Benchmark
	CCW	NR	NR	16.3%	No Benchmark
	CHPW	NR	NR	16.1%	No Benchmark
	MHW	NR	NR	17.9%	No Benchmark
	UHC	NR	NR	17.3%	No Benchmark
Colorectal Cancer Screening (COL-E), Age 50-75 Years	Statewide†	NR	NR	35.1%	No Benchmark
	AMG	NR	NR	29.5%	No Benchmark
	CCW	NR	NR	38.5%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CHPW	NR	NR	34.9%	No Benchmark
	MHW	NR	NR	36.3%	No Benchmark
	UHC	NR	NR	35.3%	No Benchmark
Colorectal Cancer Screening (COL-E), Total	Statewide†	NR	NR	31.3%	No Benchmark
	AMG	NR	NR	26.5%	No Benchmark
	CCW	NR	NR	34.3%	No Benchmark
	CHPW	NR	NR	31.1%	No Benchmark
	MHW	NR	NR	32.2%	No Benchmark
	UHC	NR	NR	32.1%	No Benchmark
Chlamydia Screening in Women (CHL), 16-20 Years	Statewide†	45.5%	44.5%	44.1%	Below 50th
	AMG	45.8%	43.0%	43.2%	Below 50th
	CCW	48.2%	47.7%	47.4%	Below 50th
	CHPW	45.0%	43.4%	43.8%	Below 50th
	MHW	45.2%	44.5%	43.8%	Below 50th
	UHC	44.0%	43.1%	42.1%	Below 50th
Chlamydia Screening in Women (CHL), 21-24 Years	Statewide†	55.2%	56.7% ▲	57.1%	Below 50th
	AMG	52.7%	55.1%	55.4%	Below 50th
	CCW	57.6%	58.3%	58.7%	Below 50th
	CHPW	53.7%	54.9%	56.1%	Below 50th
	MHW	56.2%	57.5%	57.9%	Below 50th
	UHC	52.2%	54.7%	53.9%	Below 50th
Chlamydia Screening in Women (CHL), Total	Statewide†	49.9%	50.3%	50.3%	Below 50th
	AMG	49.4%	49.5%	49.6%	Below 50th
	CCW	52.2%	52.3%	52.6%	Below 50th
	CHPW	48.9%	48.7%	49.7%	Below 50th
	MHW	50.2%	50.6%	50.5%	Below 50th
	UHC	48.0%	48.6%	47.7%	Below 50th
Appropriate Testing for Pharyngitis (CWP), 3-17 Years	Statewide†	80.6%	79.3%	76.7% ▼	At 50th
	AMG	75.2%	74.9%	73.1%	Below 50th
	CCW	78.9%	83.5% ▲	83.1%	At 75th
	CHPW	80.9%	78.9%	75.6%	At 50th
	MHW	81.2%	79.0% ▼	76.3% ▼	At 50th
	UHC	84.5%	79.2%	73.2%	At 50th
Appropriate Testing for Pharyngitis (CWP), 18-64 Years	Statewide†	76.0%	74.9%	74.6%	Above 75th
	AMG	73.8%	73.0%	74.5%	Above 75th
	CCW	75.3%	75.9%	79.4%	Above 75th
	CHPW	77.7%	74.8%	73.1%	Above 75th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	MHW	76.6%	75.3%	74.1%	Above 75th
	UHC	74.1%	74.4%	73.6%	Above 75th
Appropriate Testing for Pharyngitis (CWP), Total	Statewide†	78.7%	76.7% ▼	75.6%	Above 50th, Below 75th
	AMG	74.5%	73.7%	73.9%	Above 50th, Below 75th
	CCW	77.6%	79.8%	81.3%	Above 75th
	CHPW	79.7%	76.6% ▼	74.3%	Above 50th, Below 75th
	MHW	79.4%	76.9% ▼	75.1% ▼	Above 50th, Below 75th
	UHC	79.3%	75.9%	73.5%	Above 50th, Below 75th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Statewide†	21.8%	19.0%	17.8%	Below 50th
	AMG	24.1%	17.8%	17.0%	Below 50th
	CCW	20.7%	16.7%	17.1%	Below 50th
	CHPW	21.1%	14.5%	18.3%	Below 50th
	MHW	22.5%	20.2%	18.5%	Below 50th
	UHC	19.3%	23.6%	16.9%	Below 50th
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid	Statewide†	71.9%	72.4%	75.0%	Above 50th, Below 75th
	AMG	71.3%	69.8%	76.0%	At 75th
	CCW	71.4%	76.8%	78.3%	At 75th
	CHPW	74.1%	70.4%	67.5%	At 50th
	MHW	73.7%	75.0%	77.2%	At 75th
	UHC	68.2%	68.3%	73.9%	At 50th
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator	Statewide†	84.8%	86.5%	86.3%	At 50th
	AMG	85.1%	84.6%	86.6%	At 50th
	CCW	88.2%	88.1%	85.5%	At 50th
	CHPW	87.2%	85.7%	84.2%	At 50th
	MHW	86.8%	87.1%	87.2%	At 50th
	UHC	78.2%	86.9% ▲	86.7%	At 50th
Asthma Medication Ratio (AMR), 5-11 Years	Statewide†	74.7%	80.3% ▲	82.4%	At 75th
	AMG	81.4%	81.0%	94.2% ▲	Above 75th
	CCW	77.3%	83.9%	85.4%	At 75th
	CHPW	60.9%	68.6%	72.1%	At 50th
	MHW	76.5%	83.9% ▲	85.9%	Above 75th
	UHC	74.7%	71.8%	68.7%	Below 50th
Asthma Medication Ratio (AMR), 12-18 Years	Statewide†	65.8%	69.2%	76.2% ▲	Above 75th
	AMG	66.7%	68.8%	75.2%	At 50th
	CCW	62.1%	74.1% ▲	76.2%	At 75th
	CHPW	61.2%	61.5%	69.5%	At 50th
	MHW	68.2%	72.7%	81.5% ▲	Above 75th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	UHC	61.8%	58.0%	61.3%	Below 50th
Asthma Medication Ratio (AMR), 19-50 Years	Statewide†	57.2%	60.1% ▲	69.4% ▲	Above 75th
	AMG	51.7%	59.8% ▲	76.0% ▲	Above 75th
	CCW	53.7%	63.5% ▲	68.4%	Above 75th
	CHPW	66.2%	51.4% ▼	62.7% ▲	At 75th
	MHW	57.5%	64.4% ▲	75.6% ▲	Above 75th
	UHC	52.9%	54.0%	55.7%	At 50th
Asthma Medication Ratio (AMR), 51-64 Years	Statewide†	59.7%	63.1%	71.3% ▲	Above 75th
	AMG	56.0%	63.1%	78.7% ▲	Above 75th
	CCW	57.7%	66.7%	71.5%	Above 75th
	CHPW	64.8%	58.5%	64.7%	At 75th
	MHW	60.2%	66.0% ▲	77.9% ▲	Above 75th
	UHC	57.4%	59.0%	60.9%	At 50th
Asthma Medication Ratio (AMR), Total	Statewide†	62.1%	64.7% ▲	72.4% ▲	Above 75th
	AMG	57.8%	63.5% ▲	78.2% ▲	Above 75th
	CCW	60.7%	69.7% ▲	73.2%	Above 75th
	CHPW	64.2%	56.6% ▼	65.4% ▲	At 50th
	MHW	63.7%	68.9% ▲	78.5% ▲	Above 75th
	UHC	57.7%	57.4%	58.9%	Below 50th
Controlling High Blood Pressure (CBP)	Statewide†	58.6%	64.6% ▲	60.1% ▼	At 50th
	AMG	57.4%	61.3%	57.2%	At 50th
	CCW	58.4%	60.1%	54.5%	Below 50th
	CHPW	63.3%	64.6%	60.6%	At 50th
	MHW	56.0%	65.5% ▲	61.3%	At 50th
	UHC	62.3%	68.1%	63.0%	At 50th
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Statewide†	82.7%	84.7%	83.0%	At 50th
	AMG	77.0%	78.5%	82.8%	At 50th
	CCW	78.3%	85.9%	74.1%	At 50th
	CHPW	83.9%	86.1%	79.4%	At 50th
	MHW	86.9%	85.8%	86.7%	At 75th
	UHC	77.9%	86.0%	81.4%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 21-75 Years (Male)	Statewide†	84.0%	84.6%	83.4%	Above 50th, Below 75th
	AMG	83.8%	84.0%	80.3%	At 50th
	CCW	81.7%	83.3%	81.6%	At 50th
	CHPW	80.9%	85.5%	87.3%	At 75th
	MHW	85.6%	84.9%	84.2%	At 75th
	UHC	84.2%	84.7%	83.3%	At 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 40-75 Years (Female)	Statewide†	81.3%	79.8%	79.0%	At 50th
	AMG	79.8%	79.6%	75.5%	At 50th
	CCW	81.3%	78.4%	82.9%	At 50th
	CHPW	85.6%	81.5%	81.5%	At 50th
	MHW	80.5%	79.6%	79.0%	At 50th
	UHC	81.4%	80.4%	78.5%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy Total	Statewide†	83.1%	83.0%	81.9%	Above 50th, Below 75th
	AMG	82.6%	82.6%	78.9%	At 50th
	CCW	81.6%	81.7%	82.0%	At 50th
	CHPW	82.3%	84.2%	85.4%	At 75th
	MHW	83.8%	83.0%	82.2%	At 50th
	UHC	83.2%	83.4%	81.7%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 21-75 Years (Male)	Statewide†	74.3%	68.8% ▼	71.5%	Above 50th, Below 75th
	AMG	70.6%	69.2%	74.2%	At 75th
	CCW	71.5%	69.8%	70.1%	At 50th
	CHPW	80.4%	69.8% ▼	72.8%	At 50th
	MHW	76.1%	68.1% ▼	69.3%	At 50th
	UHC	70.3%	68.4%	74.1%	At 75th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 40-75 Years (Female)	Statewide†	75.9%	70.5% ▼	72.4%	At 50th
	AMG	69.9%	61.7%	69.8%	At 50th
	CCW	70.4%	74.6%	72.4%	At 50th
	CHPW	83.1%	70.3% ▼	69.4%	At 50th
	MHW	76.8%	69.8%	74.2%	At 50th
	UHC	76.0%	80.5%	71.2%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total	Statewide†	74.9%	69.3% ▼	71.8%	Above 50th, Below 75th
	AMG	70.4%	67.0%	73.0%	At 50th
	CCW	71.1%	71.2%	70.8%	At 50th
	CHPW	81.3%	70.0% ▼	71.8%	At 50th
	MHW	76.3%	68.7% ▼	71.0%	At 50th
	UHC	72.3%	71.8%	73.3%	At 75th
Cardiac Rehabilitation (CDE), Initiation, 18-64 Years	Statewide†	3.5%	4.4%	4.9%	At 75th
	AMG	3.3%	2.7%	3.0%	At 50th
	CCW	2.9%	4.3%	3.7%	At 50th
	CHPW	2.2%	2.9%	3.6%	At 50th
	MHW	5.0%	5.9%	5.9%	Above 75th
	UHC	1.0%	3.2%	6.2%	At 75th
Cardiac Rehabilitation (CDE), Initiation, 65+ Years	Statewide†	7.1%	***	***	At 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	AMG	***	***	***	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	At 50th
	UHC	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Initiation, Total	Statewide†	3.5%	4.3%	4.9%	At 75th
	AMG	3.2%	2.7%	3.0%	At 50th
	CCW	2.8%	4.3%	3.6%	At 50th
	CHPW	2.2%	2.9%	3.6%	At 50th
	MHW	4.9%	5.9%	5.9%	Above 75th
	UHC	1.7%	3.2%	6.2%	At 75th
Cardiac Rehabilitation (CDE), Engagement1, 18-64 Years	Statewide†	4.3%	4.9%	5.8%	At 75th
	AMG	3.0%	3.9%	4.4%	At 50th
	CCW	5.3%	4.7%	5.1%	At 50th
	CHPW	3.2%	3.9%	7.7%	Above 75th
	MHW	5.7%	5.8%	5.5%	At 75th
	UHC	2.3%	4.3%	7.1%	At 75th
Cardiac Rehabilitation (CDE), Engagement1, 65+ Years	Statewide†	11.9%	***	***	At 50th
	AMG	***	***	***	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	Above 75th
	UHC	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Engagement1, Total	Statewide†	4.4%	4.9%	5.8%	At 75th
	AMG	3.0%	3.8%	4.3%	At 50th
	CCW	5.7%	4.6%	5.0%	At 50th
	CHPW	3.5%	4.2%	7.5%	At 75th
	MHW	5.7%	5.8%	5.6%	At 75th
	UHC	2.9%	4.3%	7.1%	At 75th
Cardiac Rehabilitation (CDE), Engagement2, 18-64 Years	Statewide†	2.6%	3.4%	4.0%	At 75th
	AMG	1.8%	2.3%	2.5%	At 50th
	CCW	3.4%	4.3%	2.8%	At 50th
	CHPW	1.6%	3.9%	5.3%	At 75th
	MHW	3.5%	3.7%	4.6%	At 75th
	UHC	1.3%	3.0%	4.0%	At 50th
Cardiac Rehabilitation (CDE), Engagement2, 65+ Years	Statewide†	7.1%	***	***	At 50th
	AMG	***	***	***	At 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	Above 75th
	UHC	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Engagement2, Total	Statewide†	2.7%	3.4%	4.0%	At 75th
	AMG	1.7%	2.3%	2.4%	At 50th
	CCW	3.8%	4.3%	2.7%	At 50th
	CHPW	1.9%	4.2%	5.2%	At 75th
	MHW	3.5%	3.7%	4.7%	At 75th
	UHC	1.4%	2.9%	4.0%	At 50th
Cardiac Rehabilitation (CDE), Achievement, 18-64 Years	Statewide†	0.4%	0.6%	1.0%	At 50th
	AMG	0.3%	0.5%	0.3%	At 50th
	CCW	1.9%	1.4%	0.0%	At 50th
	CHPW	0.0%	0.3%	0.0%	At 50th
	MHW	0.3%	0.4%	1.4%	At 75th
	UHC	0.3%	0.9%	1.9%	At 75th
Cardiac Rehabilitation (CDE), Achievement, 65+ Years	Statewide†	4.8%	***	***	At 50th
	AMG	***	***	***	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	Above 75th
	UHC	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Achievement, Total	Statewide†	0.5%	0.6%	1.0%	At 50th
	AMG	0.3%	0.5%	0.3%	At 50th
	CCW	2.4%	1.4%	0.0%	At 50th
	CHPW	0.0%	0.6%	0.0%	At 50th
	MHW	0.3%	0.4%	1.5% ▲	At 75th
	UHC	0.5%	0.9%	1.9%	At 75th
Hemoglobin A1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Note that a lower score is better for this measure)	Statewide†	37.5%	36.7%	36.5%	At 75th
	AMG	40.2%	38.0%	38.7%	At 50th
	CCW	45.3%	44.8%	44.8%	Below 50th
	CHPW	41.1%	37.7%	32.9%	At 75th
	MHW	36.3%	35.5%	35.8%	At 50th
	UHC	30.4%	31.9%	34.1%	At 75th
Hemoglobin A1c Control for Patients with Diabetes (HBD), HbA1c Control < 8.0%	Statewide†	51.9%	51.1%	52.5%	At 50th
	AMG	47.7%	50.6%	49.2%	At 50th
	CCW	44.5%	42.1%	45.3%	Below 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CHPW	48.9%	50.6%	54.5%	At 50th
	MHW	53.5%	51.6%	53.8%	At 50th
	UHC	58.2%	57.9%	55.2%	At 75th
Eye Exam for Patients with Diabetes (EED)	Statewide†	51.6%	50.7%	48.7%	Below 50th
	AMG	49.6%	40.4%	43.8%	Below 50th
	CCW	51.6%	46.7%	47.5%	At 50th
	CHPW	54.0%	49.6%	52.3%	At 50th
	MHW	50.6%	54.5%	50.6%	At 50th
	UHC	54.0%	52.8%	44.8%	Below 50th
Blood Pressure Control for Patients with Diabetes (BPD)	Statewide†	68.4%	71.1%	69.6%	At 75th
	AMG	64.7%	69.8%	69.1%	At 75th
	CCW	65.7%	65.5%	59.1%	At 50th
	CHPW	66.2%	71.5%	69.6%	At 75th
	MHW	70.1%	72.8%	72.3%	Above 75th
	UHC	70.6%	71.1%	70.1%	At 75th
Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years	Statewide†	42.7%	43.5%	41.4% ▼	Above 75th
	AMG	40.4%	42.1%	39.2% ▼	At 75th
	CCW	43.3%	44.7%	40.9% ▼	At 75th
	CHPW	43.8%	45.7%	40.4% ▼	At 75th
	MHW	42.8%	43.2%	41.4% ▼	Above 75th
	UHC	43.0%	42.6%	45.0% ▲	Above 75th
Kidney Health Evaluation for Patients with Diabetes (KED), 65-74 Years	Statewide†	54.1%	48.9%	44.3%	At 75th
	AMG	42.9%	48.9%	40.7%	At 50th
	CCW	55.9%	50.0%	38.0%	At 50th
	CHPW	63.5%	50.0%	44.4%	At 75th
	MHW	46.0%	45.9%	45.2%	At 75th
	UHC	55.7%	53.3%	52.0%	At 75th
Kidney Health Evaluation for Patients with Diabetes (KED), 75-85 Years	Statewide†	51.5%	41.5%	44.1%	At 50th
	AMG	***	***	35.5%	At 50th
	CCW	***	***	45.2%	At 50th
	CHPW	***	***	44.4%	At 50th
	MHW	***	***	***	At 50th
	UHC	51.9%	***	***	At 50th
Kidney Health Evaluation for Patients with Diabetes (KED), Total	Statewide†	43.0%	43.5%	41.5% ▼	Above 75th
	AMG	40.5%	42.2%	39.2% ▼	Above 50th, Below 75th
	CCW	43.4%	44.8%	40.9% ▼	At 75th
	CHPW	44.0%	45.7%	40.5% ▼	At 75th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	MHW	42.8%	43.2%	41.5% ▼	Above 75th
	UHC	44.3%	42.7%	45.2% ▲	Above 75th
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	Statewide†	66.4%	66.1%	64.4% ▼	Below 50th
	AMG	65.8%	64.6%	62.3%	Below 50th
	CCW	65.9%	66.4%	65.5%	At 50th
	CHPW	66.1%	65.8%	65.5%	At 50th
	MHW	66.0%	65.9%	64.0% ▼	Below 50th
	UHC	68.6%	68.0%	66.0%	At 50th
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	Statewide†	73.1%	68.0% ▼	68.7%	Above 50th, Below 75th
	AMG	68.2%	65.3%	67.0%	At 50th
	CCW	72.0%	70.5%	69.0%	Above 50th, Below 75th
	CHPW	76.6%	68.5% ▼	68.9%	Above 50th, Below 75th
	MHW	74.5%	66.8% ▼	68.3%	Above 50th, Below 75th
	UHC	71.2%	71.1%	70.8%	At 75th
Diagnosed Mental Health Disorders (DMH), 1-17 Years	Statewide†	NR	NR	20.0%	No Benchmark
	AMG	NR	NR	18.1%	No Benchmark
	CCW	NR	NR	24.8%	No Benchmark
	CHPW	NR	NR	16.7%	No Benchmark
	MHW	NR	NR	20.4%	No Benchmark
	UHC	NR	NR	18.5%	No Benchmark
Diagnosed Mental Health Disorders (DMH), 18-64 Years	Statewide†	NR	NR	30.2%	No Benchmark
	AMG	NR	NR	27.8%	No Benchmark
	CCW	NR	NR	28.0%	No Benchmark
	CHPW	NR	NR	26.5%	No Benchmark
	MHW	NR	NR	32.4%	No Benchmark
	UHC	NR	NR	30.8%	No Benchmark
Diagnosed Mental Health Disorders (DMH), 65+ Years	Statewide†	NR	NR	19.8%	No Benchmark
	AMG	NR	NR	16.3%	No Benchmark
	CCW	NR	NR	17.0%	No Benchmark
	CHPW	NR	NR	21.4%	No Benchmark
	MHW	NR	NR	22.2%	No Benchmark
	UHC	NR	NR	19.8%	No Benchmark
Diagnosed Mental Health Disorders (DMH), Total	Statewide†	NR	NR	25.7%	No Benchmark
	AMG	NR	NR	24.3%	No Benchmark
	CCW	NR	NR	26.5%	No Benchmark
	CHPW	NR	NR	22.3%	No Benchmark
	MHW	NR	NR	26.8%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	UHC	NR	NR	26.3%	No Benchmark
Antidepressant Medication Management (AMM), Effective Acute Phase	Statewide†	58.5%	61.2% ▲	63.5% ▲	Above 50th, Below 75th
	AMG	52.9%	60.6% ▲	62.9%	Above 50th, Below 75th
	CCW	58.9%	59.5%	62.2%	At 50th
	CHPW	57.4%	56.5%	59.0%	At 50th
	MHW	60.6%	62.1%	64.2% ▲	At 75th
	UHC	57.1%	63.8% ▲	66.3%	At 75th
Antidepressant Medication Management (AMM), Continuation Phase	Statewide†	42.9%	44.0% ▲	45.4% ▲	Above 50th, Below 75th
	AMG	38.4%	43.4% ▲	43.6%	At 50th
	CCW	41.1%	42.1%	43.5%	At 50th
	CHPW	42.6%	39.8%	42.2%	At 50th
	MHW	44.6%	44.4%	46.4% ▲	Above 50th, Below 75th
	UHC	42.6%	48.4% ▲	47.7%	At 75th
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	Statewide†	45.2%	42.9%	44.9%	Below 50th
	AMG	44.5%	39.6%	43.7%	Below 50th
	CCW	46.2%	43.9%	43.9%	Below 50th
	CHPW	41.5%	43.2%	42.7%	Below 50th
	MHW	45.4%	42.8%	46.2%	Below 50th
	UHC	47.3%	44.5%	42.4%	Below 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Continuation	Statewide†	52.4%	54.8%	53.1%	Above 75th
	AMG	52.8%	49.6%	49.4%	At 75th
	CCW	53.6%	53.3%	50.1%	Above 75th
	CHPW	44.7%	54.0%	52.4%	At 75th
	MHW	53.0%	55.2%	55.7%	Above 75th
	UHC	53.7%	61.4%	49.7%	At 75th
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase	Statewide†	45.2%	42.8%	44.9%	No Benchmark
	AMG	44.5%	39.5%	43.7%	No Benchmark
	CCW	46.2%	43.9%	43.9%	No Benchmark
	CHPW	41.5%	43.0%	42.7%	No Benchmark
	MHW	45.4%	42.7%	46.2%	No Benchmark
	UHC	47.3%	44.5%	42.4%	No Benchmark
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Continuation and Maintenance (C&M) Phase	Statewide†	52.4%	54.8%	53.0%	No Benchmark
	AMG	52.8%	49.1%	49.4%	No Benchmark
	CCW	53.6%	53.3%	50.1%	No Benchmark
	CHPW	44.7%	54.0%	52.4%	No Benchmark
	MHW	53.0%	55.1%	55.6%	No Benchmark
	UHC	53.7%	61.8%	49.7%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 6-17 Years	Statewide†	74.2%	71.9%	74.4%	Above 50th, Below 75th
	AMG	74.1%	65.0%	71.9%	At 50th
	CCW	68.9%	65.8%	69.3%	At 50th
	CHPW	69.8%	66.9%	82.5% ▲	At 75th
	MHW	79.8%	79.3%	75.9%	Above 50th, Below 75th
	UHC	65.3%	59.8%	69.6%	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 18-64 Years	Statewide†	53.5%	49.8% ▼	53.9% ▲	At 50th
	AMG	42.8%	41.2%	36.8%	Below 50th
	CCW	36.0%	28.5% ▼	48.4% ▲	Below 50th
	CHPW	60.0%	54.1% ▼	72.6% ▲	Above 75th
	MHW	63.5%	60.4%	55.8% ▼	Above 50th, Below 75th
	UHC	44.6%	41.2%	51.3% ▲	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total	Statewide†	57.2%	54.5% ▼	58.5% ▲	Below 50th
	AMG	46.6%	44.6%	42.0%	Below 50th
	CCW	47.0%	40.8% ▼	55.0% ▲	Below 50th
	CHPW	61.3%	56.4%	74.1% ▲	Above 75th
	MHW	66.8%	64.9%	61.1% ▼	Above 50th, Below 75th
	UHC	46.9%	43.6%	54.1% ▲	Below 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, 6-17 Years	Statewide†	55.7%	50.1% ▼	52.9%	Above 50th, Below 75th
	AMG	57.5%	41.0% ▼	53.5%	At 50th
	CCW	51.9%	45.7%	45.3%	At 50th
	CHPW	47.8%	43.9%	69.7% ▲	Above 75th
	MHW	59.9%	56.1%	53.3%	At 75th
	UHC	51.5%	47.1%	45.1%	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, 18-64 Years	Statewide†	36.7%	32.1% ▼	35.6% ▲	Above 50th, Below 75th
	AMG	27.6%	25.8%	23.4%	Below 50th
	CCW	25.2%	18.3% ▼	29.6% ▲	At 50th
	CHPW	40.3%	34.7%	58.0% ▲	Above 75th
	MHW	44.5%	39.3% ▼	34.3% ▼	Above 50th, Below 75th
	UHC	30.7%	26.7%	32.4% ▲	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total	Statewide†	40.2%	35.9% ▼	39.4% ▲	Above 50th, Below 75th
	AMG	31.1%	28.0%	27.9%	Below 50th
	CCW	34.2%	27.3% ▼	34.5% ▲	Below 50th
	CHPW	41.3%	36.3%	59.9% ▲	Above 75th
	MHW	47.6%	43.3% ▼	39.3% ▼	At 50th
	UHC	33.1%	29.3%	34.3% ▲	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM),	Statewide†	73.3%	73.0%	74.1%	Above 50th, Below 75th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
30-Day Follow-Up, 6-17 Years	AMG	60.4%	63.2%	59.9%	Below 50th
	CCW	72.6%	70.8%	77.1%	At 75th
	CHPW	62.7%	67.8%	72.1%	At 50th
	MHW	78.5%	77.5%	75.9%	At 75th
	UHC	72.1%	67.8%	72.4%	At 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, 18-64 Years	Statewide†	53.7%	54.9%	53.4%	Above 50th, Below 75th
	AMG	42.8%	42.3%	38.9%	Below 50th
	CCW	38.1%	38.7%	47.0% ▲	At 50th
	CHPW	61.1%	60.8%	54.7% ▼	Above 50th, Below 75th
	MHW	59.5%	61.8%	60.3%	Above 75th
	UHC	53.7%	53.8%	52.7%	Above 50th, Below 75th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, Total	Statewide†	57.8%	58.9%	58.1%	Above 50th, Below 75th
	AMG	45.2%	45.2%	41.7%	Below 50th
	CCW	49.9%	50.0%	57.2% ▲	At 50th
	CHPW	61.3%	62.0%	57.7%	Above 50th, Below 75th
	MHW	64.0%	65.7%	64.4%	At 75th
	UHC	56.5%	55.6%	55.7%	At 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, 6-17 Years	Statewide†	58.2%	58.4%	58.0%	Above 50th, Below 75th
	AMG	44.2%	48.8%	38.4%	Below 50th
	CCW	55.5%	52.5%	57.8%	Above 50th, Below 75th
	CHPW	48.1%	49.8%	54.3%	At 50th
	MHW	63.9%	64.9%	61.9%	At 75th
	UHC	59.6%	53.7%	59.2%	At 75th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, 18-64 Years	Statewide†	41.6%	42.0%	41.0%	Above 50th, Below 75th
	AMG	30.7%	30.5%	26.9%	Below 50th
	CCW	27.8%	26.5%	33.3% ▲	At 50th
	CHPW	48.5%	47.6%	42.9%	Above 50th, Below 75th
	MHW	47.5%	48.4%	47.7%	At 75th
	UHC	40.3%	41.0%	40.3%	Above 50th, Below 75th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, Total	Statewide†	45.1%	45.6%	44.8%	Above 50th, Below 75th
	AMG	32.5%	33.0%	28.3%	Below 50th
	CCW	37.2%	35.7%	41.6% ▲	At 50th
	CHPW	48.4%	47.9%	44.8%	Above 50th, Below 75th
	MHW	51.4%	52.5%	51.4%	At 75th
	UHC	43.2%	42.6%	43.2%	At 50th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 13-17 Years	Statewide†	NR	NR	0.5%	No Benchmark
	AMG	NR	NR	0.5%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	NR	NR	0.7%	No Benchmark
	CHPW	NR	NR	0.4%	No Benchmark
	MHW	NR	NR	0.5%	No Benchmark
	UHC	NR	NR	0.4%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 13-17 Years	Statewide†	NR	NR	0.1%	No Benchmark
	AMG	NR	NR	0.1%	No Benchmark
	CCW	NR	NR	0.2%	No Benchmark
	CHPW	NR	NR	0.1%	No Benchmark
	MHW	NR	NR	0.1%	No Benchmark
	UHC	NR	NR	0.1%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 13-17 Years	Statewide†	NR	NR	1.2%	No Benchmark
	AMG	NR	NR	1.3%	No Benchmark
	CCW	NR	NR	1.6%	No Benchmark
	CHPW	NR	NR	0.9%	No Benchmark
	MHW	NR	NR	1.2%	No Benchmark
	UHC	NR	NR	1.1%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 13-17 years	Statewide†	NR	NR	1.4%	No Benchmark
	AMG	NR	NR	1.5%	No Benchmark
	CCW	NR	NR	1.9%	No Benchmark
	CHPW	NR	NR	1.1%	No Benchmark
	MHW	NR	NR	1.4%	No Benchmark
	UHC	NR	NR	1.2%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 18-64 Years	Statewide†	NR	NR	3.7%	No Benchmark
	AMG	NR	NR	4.2%	No Benchmark
	CCW	NR	NR	3.7%	No Benchmark
	CHPW	NR	NR	3.6%	No Benchmark
	MHW	NR	NR	3.5%	No Benchmark
	UHC	NR	NR	3.8%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 18-64 Years	Statewide†	NR	NR	4.4%	No Benchmark
	AMG	NR	NR	4.5%	No Benchmark
	CCW	NR	NR	4.0%	No Benchmark
	CHPW	NR	NR	3.5%	No Benchmark
	MHW	NR	NR	4.6%	No Benchmark
	UHC	NR	NR	5.2%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 18-64 Years	Statewide†	NR	NR	5.1%	No Benchmark
	AMG	NR	NR	5.7%	No Benchmark
	CCW	NR	NR	5.0%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CHPW	NR	NR	4.6%	No Benchmark
	MHW	NR	NR	5.0%	No Benchmark
	UHC	NR	NR	5.3%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 18-64 Years	Statewide†	NR	NR	9.7%	No Benchmark
	AMG	NR	NR	10.7%	No Benchmark
	CCW	NR	NR	9.4%	No Benchmark
	CHPW	NR	NR	8.7%	No Benchmark
	MHW	NR	NR	9.6%	No Benchmark
	UHC	NR	NR	10.7%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 65+ Years	Statewide†	NR	NR	2.0%	No Benchmark
	AMG	NR	NR	1.8%	No Benchmark
	CCW	NR	NR	2.3%	No Benchmark
	CHPW	NR	NR	1.8%	No Benchmark
	MHW	NR	NR	2.0%	No Benchmark
	UHC	NR	NR	2.1%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 65+ Years	Statewide†	NR	NR	1.4%	No Benchmark
	AMG	NR	NR	1.7%	No Benchmark
	CCW	NR	NR	1.5%	No Benchmark
	CHPW	NR	NR	1.1%	No Benchmark
	MHW	NR	NR	1.4%	No Benchmark
	UHC	NR	NR	1.5%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 65+ Years	Statewide†	NR	NR	1.6%	No Benchmark
	AMG	NR	NR	1.6%	No Benchmark
	CCW	NR	NR	2.8%	No Benchmark
	CHPW	NR	NR	1.4%	No Benchmark
	MHW	NR	NR	1.5%	No Benchmark
	UHC	NR	NR	0.9%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 65+ Years	Statewide†	NR	NR	4.1%	No Benchmark
	AMG	NR	NR	4.1%	No Benchmark
	CCW	NR	NR	4.9%	No Benchmark
	CHPW	NR	NR	3.4%	No Benchmark
	MHW	NR	NR	4.1%	No Benchmark
	UHC	NR	NR	4.0%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, Total	Statewide†	NR	NR	3.1%	No Benchmark
	AMG	NR	NR	3.7%	No Benchmark
	CCW	NR	NR	3.1%	No Benchmark
	CHPW	NR	NR	2.9%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	MHW	NR	NR	2.9%	No Benchmark
	UHC	NR	NR	3.4%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, Total	Statewide†	NR	NR	3.6%	No Benchmark
	AMG	NR	NR	3.9%	No Benchmark
	CCW	NR	NR	3.2%	No Benchmark
	CHPW	NR	NR	2.8%	No Benchmark
	MHW	NR	NR	3.7%	No Benchmark
	UHC	NR	NR	4.5%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, Total	Statewide†	NR	NR	4.3%	No Benchmark
	AMG	NR	NR	5.1%	No Benchmark
	CCW	NR	NR	4.3%	No Benchmark
	CHPW	NR	NR	3.9%	No Benchmark
	MHW	NR	NR	4.2%	No Benchmark
	UHC	NR	NR	4.7%	No Benchmark
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, Total	Statewide†	NR	NR	8.2%	No Benchmark
	AMG	NR	NR	9.5%	No Benchmark
	CCW	NR	NR	7.8%	No Benchmark
	CHPW	NR	NR	7.1%	No Benchmark
	MHW	NR	NR	7.9%	No Benchmark
	UHC	NR	NR	9.3%	No Benchmark
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 13-17 Years	Statewide†	NR	NR	41.4%	No Benchmark
	AMG	NR	NR	34.9%	No Benchmark
	CCW	NR	NR	47.7%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	40.7%	No Benchmark
	MHW	NR	NR	38.1%	No Benchmark
	UHC	NR	NR	53.2%	No Benchmark
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 18+ Years	Statewide†	NR	NR	43.9%	No Benchmark
	AMG	NR	NR	38.6%	No Benchmark
	CCW	NR	NR	41.5%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	44.8%	No Benchmark
	MHW	NR	NR	46.7%	No Benchmark
	UHC	NR	NR	42.7%	No Benchmark
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total	Statewide†	NR	NR	43.8%	No Benchmark
	AMG	NR	NR	38.5%	No Benchmark
	CCW	NR	NR	42.0%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	44.6%	No Benchmark
	MHW	NR	NR	46.3%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	UHC	NR	NR	42.9%	No Benchmark
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, 13-17 Years	Statewide†	NR	NR	29.3%	No Benchmark
	AMG	NR	NR	22.2%	No Benchmark
	CCW	NR	NR	33.3%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	33.3%	No Benchmark
	MHW	NR	NR	26.7%	No Benchmark
	UHC	NR	NR	36.2%	No Benchmark
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, 18+ Years	Statewide†	NR	NR	31.5%	No Benchmark
	AMG	NR	NR	26.8%	No Benchmark
	CCW	NR	NR	30.8%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	32.6%	No Benchmark
	MHW	NR	NR	33.3%	No Benchmark
	UHC	NR	NR	30.8%	No Benchmark
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total	Statewide†	NR	NR	31.4%	No Benchmark
	AMG	NR	NR	26.7%	No Benchmark
	CCW	NR	NR	31.0%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	32.6%	No Benchmark
	MHW	NR	NR	33.0%	No Benchmark
	UHC	NR	NR	30.9%	No Benchmark
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, 13-17 Years	Statewide†	44.2%	37.0%	33.3%	At 50th
	AMG	***	***	***	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	At 50th
	UHC	***	***	***	At 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, 18-64 Years	Statewide†	58.0%	57.4%	56.6%	Above 50th, Below 75th
	AMG	56.4%	55.3%	53.4%	At 50th
	CCW	55.8%	54.8%	56.8%	Above 50th, Below 75th
	CHPW	59.9%	60.9%	57.8%	Above 50th, Below 75th
	MHW	59.0%	58.5%	56.6%	Above 50th, Below 75th
	UHC	56.7%	56.4%	59.2%	At 75th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, Total	Statewide†	57.9%	57.3%	56.4%	Above 50th, Below 75th
	AMG	56.5%	55.2%	53.3%	At 50th
	CCW	55.7%	54.7%	56.7%	Above 50th, Below 75th
	CHPW	59.8%	60.7%	57.9%	Above 50th, Below 75th
	MHW	58.9%	58.3%	56.4%	Above 50th, Below 75th
	UHC	56.4%	56.4%	59.2%	At 75th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, 13-17 Years	Statewide†	28.8%	25.9%	16.7%	At 50th
	AMG	***	***	***	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	Below 50th
	UHC	***	***	***	At 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, 18-64 Years	Statewide†	38.3%	37.2%	37.5%	Above 50th, Below 75th
	AMG	37.9%	35.2%	33.5%	Above 50th, Below 75th
	CCW	35.5%	35.4%	38.5%	At 75th
	CHPW	41.0%	40.7%	40.7%	At 75th
	MHW	38.9%	38.0%	37.5%	Above 50th, Below 75th
	UHC	36.2%	36.4%	39.7%	At 75th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, Total	Statewide†	38.2%	37.2%	37.4%	Above 50th, Below 75th
	AMG	38.1%	35.1%	33.5%	Above 50th, Below 75th
	CCW	35.6%	35.4%	38.4%	At 75th
	CHPW	40.9%	40.7%	40.7%	At 75th
	MHW	38.9%	38.0%	37.3%	Above 50th, Below 75th
	UHC	35.9%	36.4%	39.7%	At 75th
Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years	Statewide†	19.4%	12.8% ▼	14.6% ▲	Below 50th
	AMG	21.0%	13.3% ▼	15.1%	Below 50th
	CCW	17.6%	11.6% ▼	17.7% ▲	Below 50th
	CHPW	16.0%	11.1% ▼	10.7%	Below 50th
	MHW	19.6%	13.0% ▼	13.9%	Below 50th
	UHC	21.5%	14.0% ▼	16.8% ▲	Below 50th
Pharmacotherapy for Opioid Use Disorder (POD), Total	Statewide†	19.5%	12.8% ▼	14.6% ▲	Below 50th
	AMG	21.0%	13.3% ▼	15.1%	Below 50th
	CCW	17.7%	11.7% ▼	17.9% ▲	Below 50th
	CHPW	16.0%	11.2% ▼	10.6%	Below 50th
	MHW	19.6%	13.0% ▼	14.0%	Below 50th
	UHC	21.6%	14.0% ▼	16.9% ▲	Below 50th
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	Statewide†	77.0%	79.0% ▲	78.7%	Below 50th
	AMG	76.8%	79.5%	78.6%	At 50th
	CCW	79.3%	80.5%	79.7%	At 50th
	CHPW	73.9%	76.4%	76.8%	Below 50th
	MHW	78.2%	79.5%	78.8%	At 50th
	UHC	75.4%	78.3%	79.4%	At 50th
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Statewide†	60.9%	61.9%	60.3%	Below 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	AMG	63.1%	59.8%	61.4%	Below 50th
	CCW	59.2%	65.2%	57.0%	Below 50th
	CHPW	57.5%	58.8%	59.1%	Below 50th
	MHW	61.7%	63.4%	61.8%	Below 50th
	UHC	61.4%	61.0%	58.8%	Below 50th
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia-á(SMC)	Statewide†	52.3%	49.0%	55.4%	Below 50th
	AMG	***	***	***	Below 50th
	CCW	***	***	***	Below 50th
	CHPW	***	***	***	At 50th
	MHW	62.2%	43.6%	58.8%	Below 50th
	UHC	***	***	***	Below 50th
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Statewide†	67.1%	63.9% ▼	63.9%	Above 50th, Below 75th
	AMG	60.2%	61.5%	60.7%	At 50th
	CCW	64.1%	64.1%	64.5%	At 50th
	CHPW	68.4%	64.5%	60.4%	At 50th
	MHW	69.6%	64.1% ▼	65.1%	At 75th
	UHC	67.4%	65.0%	66.9%	At 75th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Testing, 1-11 Years	Statewide†	36.4%	38.1%	39.8%	At 50th
	AMG	32.9%	33.7%	38.9%	At 50th
	CCW	38.9%	39.5%	38.9%	At 50th
	CHPW	34.0%	31.4%	44.0%	At 50th
	MHW	37.1%	39.2%	40.2%	At 50th
	UHC	28.9%	36.1%	37.3%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Testing, 12-17 Years	Statewide†	52.8%	58.7% ▲	58.4%	At 50th
	AMG	54.7%	60.0%	57.9%	At 50th
	CCW	54.2%	60.8%	54.5%	Below 50th
	CHPW	51.1%	54.9%	57.6%	At 50th
	MHW	52.2%	59.0% ▲	59.8%	At 50th
	UHC	52.6%	53.7%	61.8%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Testing, Total	Statewide†	47.5%	52.7% ▲	53.2%	At 50th
	AMG	48.5%	52.3%	52.5%	At 50th
	CCW	49.1%	53.8%	49.3%	Below 50th
	CHPW	45.8%	49.5%	54.8%	At 50th
	MHW	47.2%	53.1% ▲	54.5%	At 50th
	UHC	45.5%	49.4%	54.7%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Testing, 1-11 Years	Statewide†	27.7%	27.6%	27.3%	Below 50th
	AMG	28.2%	22.5%	24.4%	At 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	29.3%	30.4%	27.8%	At 50th
	CHPW	23.6%	22.9%	26.7%	At 50th
	MHW	28.2%	27.9%	28.0%	At 50th
	UHC	24.1%	24.6%	24.0%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Testing, 12-17 Years	Statewide†	28.2%	32.6% ▲	29.5%	Below 50th
	AMG	32.7%	36.3%	29.0%	Below 50th
	CCW	30.2%	37.4%	31.7%	Below 50th
	CHPW	27.2%	28.3%	24.2%	Below 50th
	MHW	26.9%	31.4%	30.1%	Below 50th
	UHC	27.6%	26.6%	26.8%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Testing, Total	Statewide†	28.1%	31.1% ▲	28.9%	Below 50th
	AMG	31.4%	32.2%	27.7%	Below 50th
	CCW	29.9%	35.1%	30.4%	Below 50th
	CHPW	26.1%	27.1%	24.7%	Below 50th
	MHW	27.3%	30.4%	29.6%	Below 50th
	UHC	26.5%	26.1%	26.0%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Testing, 1-11 Years	Statewide†	25.7%	26.2%	25.8%	At 50th
	AMG	27.1%	21.4%	23.3%	At 50th
	CCW	27.9%	28.7%	26.5%	At 50th
	CHPW	23.6%	22.9%	25.3%	At 50th
	MHW	25.8%	26.3%	26.3%	At 50th
	UHC	19.3%	24.6%	22.7%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Testing, 12-17 Years	Statewide†	27.5%	31.0%	28.6%	Below 50th
	AMG	32.7%	34.9%	28.1%	Below 50th
	CCW	29.5%	36.4%	30.2%	Below 50th
	CHPW	26.8%	24.9%	23.9%	Below 50th
	MHW	26.2%	29.7%	29.3%	Below 50th
	UHC	25.5%	26.6%	25.7%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Testing, Total	Statewide†	26.9%	29.6%	27.8%	Below 50th
	AMG	31.1%	30.9%	26.7%	Below 50th
	CCW	29.0%	33.9%	28.9%	Below 50th
	CHPW	25.8%	24.4%	24.2%	Below 50th
	MHW	26.1%	28.7%	28.5%	Below 50th
	UHC	23.7%	26.1%	24.8%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, 1-11 Years	Statewide†	NR	NR	39.7%	No Benchmark
	AMG	NR	NR	38.9%	No Benchmark
	CCW	NR	NR	38.6%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CHPW	NR	NR	44.0%	No Benchmark
	MHW	NR	NR	40.2%	No Benchmark
	UHC	NR	NR	37.3%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, 12-17 Years	Statewide†	NR	NR	58.2%	No Benchmark
	AMG	NR	NR	57.9%	No Benchmark
	CCW	NR	NR	53.8%	No Benchmark
	CHPW	NR	NR	57.6%	No Benchmark
	MHW	NR	NR	59.8%	No Benchmark
	UHC	NR	NR	61.8%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, Total	Statewide†	NR	NR	53.0%	No Benchmark
	AMG	NR	NR	52.5%	No Benchmark
	CCW	NR	NR	48.8%	No Benchmark
	CHPW	NR	NR	54.8%	No Benchmark
	MHW	NR	NR	54.5%	No Benchmark
	UHC	NR	NR	54.7%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, 1-11 Years	Statewide†	NR	NR	27.2%	No Benchmark
	AMG	NR	NR	24.4%	No Benchmark
	CCW	NR	NR	27.5%	No Benchmark
	CHPW	NR	NR	26.7%	No Benchmark
	MHW	NR	NR	28.0%	No Benchmark
	UHC	NR	NR	24.0%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, 12-17 Years	Statewide†	NR	NR	29.3%	No Benchmark
	AMG	NR	NR	29.0%	No Benchmark
	CCW	NR	NR	30.8%	No Benchmark
	CHPW	NR	NR	24.2%	No Benchmark
	MHW	NR	NR	30.1%	No Benchmark
	UHC	NR	NR	26.8%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, Total	Statewide†	NR	NR	28.7%	No Benchmark
	AMG	NR	NR	27.7%	No Benchmark
	CCW	NR	NR	29.7%	No Benchmark
	CHPW	NR	NR	24.7%	No Benchmark
	MHW	NR	NR	29.6%	No Benchmark
	UHC	NR	NR	26.0%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, 1-11 Years	Statewide†	NR	NR	25.7%	No Benchmark
	AMG	NR	NR	23.3%	No Benchmark
	CCW	NR	NR	26.1%	No Benchmark
	CHPW	NR	NR	25.3%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	MHW	NR	NR	26.3%	No Benchmark
	UHC	NR	NR	22.7%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, 12-17 Years	Statewide†	NR	NR	28.5%	No Benchmark
	AMG	NR	NR	28.1%	No Benchmark
	CCW	NR	NR	29.5%	No Benchmark
	CHPW	NR	NR	23.9%	No Benchmark
	MHW	NR	NR	29.3%	No Benchmark
	UHC	NR	NR	25.7%	No Benchmark
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, Total	Statewide†	NR	NR	27.7%	No Benchmark
	AMG	NR	NR	26.7%	No Benchmark
	CCW	NR	NR	28.4%	No Benchmark
	CHPW	NR	NR	24.2%	No Benchmark
	MHW	NR	NR	28.5%	No Benchmark
	UHC	NR	NR	24.8%	No Benchmark
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) (Note that a lower score is better for this measure)	Statewide†	0.3%	0.3%	0.2%	At 75th
	AMG	0.1%	0.1%	0.1%	Above 75th
	CCW	0.4%	0.2%	0.2%	At 75th
	CHPW	0.2%	0.2%	0.2%	At 75th
	MHW	0.3%	0.3%	0.2%	At 75th
	UHC	0.2%	0.2%	0.2%	At 75th
Appropriate Treatment for Upper Respiratory Infection (URI), 3 Months-17 Years	Statewide†	95.7%	97.1% ▲	96.7% ▼	Above 75th
	AMG	95.6%	97.0% ▲	96.3%	At 75th
	CCW	96.4%	96.7%	96.7%	At 75th
	CHPW	96.0%	97.1% ▲	97.0%	Above 75th
	MHW	95.3%	97.2% ▲	96.8% ▼	Above 75th
	UHC	96.0%	97.3% ▲	96.6%	At 75th
Appropriate Treatment for Upper Respiratory Infection (URI), 18-64 Years	Statewide†	90.8%	93.8% ▲	93.3%	Above 75th
	AMG	90.7%	94.1% ▲	93.2%	Above 75th
	CCW	93.3%	95.0%	94.1%	Above 75th
	CHPW	91.7%	93.5% ▲	94.3%	Above 75th
	MHW	90.1%	93.6% ▲	93.1%	Above 75th
	UHC	90.0%	93.9% ▲	92.5%	Above 75th
Appropriate Treatment for Upper Respiratory Infection (URI), Total	Statewide†	94.4%	96.0% ▲	95.8%	Above 75th
	AMG	94.1%	95.8% ▲	95.3%	Above 75th
	CCW	95.7%	96.3%	96.1%	Above 75th
	CHPW	94.8%	95.8% ▲	96.3%	Above 75th
	MHW	94.0%	96.0% ▲	95.9%	Above 75th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	UHC	94.0%	95.8% ▲	95.4%	Above 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), 3 Months-17 Years	Statewide†	75.2%	77.4%	82.4% ▲	Above 75th
	AMG	79.0%	80.9%	82.6%	Above 75th
	CCW	82.1%	82.4%	88.3% ▲	Above 75th
	CHPW	73.2%	76.6%	86.3% ▲	Above 75th
	MHW	72.2%	75.1%	80.0% ▲	Above 75th
	UHC	79.0%	79.3%	81.9%	Above 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), 18-64 Years	Statewide†	50.9%	57.6% ▲	57.7%	Above 75th
	AMG	53.3%	56.2%	60.4%	Above 75th
	CCW	54.5%	65.4% ▲	60.4%	Above 75th
	CHPW	51.3%	53.6%	58.7%	Above 75th
	MHW	48.9%	57.5% ▲	56.6%	Above 75th
	UHC	52.8%	57.6%	56.4%	Above 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total	Statewide†	64.5%	66.1%	74.8% ▲	Above 75th
	AMG	66.3%	64.3%	75.1% ▲	Above 75th
	CCW	72.4%	74.8%	81.6% ▲	Above 75th
	CHPW	63.6%	63.7%	77.4% ▲	Above 75th
	MHW	62.4%	65.1% ▲	73.0% ▲	Above 75th
	UHC	64.4%	65.7%	71.8%	Above 75th
Use of Imaging Studies for Low Back Pain (LBP), 18-64 Years	Statewide†	NR	NR	73.7%	No Benchmark
	AMG	NR	NR	73.4%	No Benchmark
	CCW	NR	NR	74.2%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	76.7%	No Benchmark
	MHW	NR	NR	73.2%	No Benchmark
	UHC	NR	NR	72.4%	No Benchmark
Use of Imaging Studies for Low Back Pain (LBP), 65-75 Years	Statewide†	NR	NR	68.1%	No Benchmark
	AMG	NR	NR	60.6%	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	77.4%	No Benchmark
	MHW	NR	NR	66.7%	No Benchmark
	UHC	NR	NR	***	No Benchmark
Use of Imaging Studies for Low Back Pain (LBP), Total	Statewide†	NR	NR	73.7%	No Benchmark
	AMG	NR	NR	73.2%	No Benchmark
	CCW	NR	NR	74.3%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	76.7%	No Benchmark
	MHW	NR	NR	73.2%	No Benchmark
	UHC	NR	NR	72.3%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Use of Opioids at High Dosage (HDO) (Note that a lower score is better for this measure)	Statewide†	6.3%	5.4% ▼	5.1%	Below 50th
	AMG	5.8%	5.3%	4.6%	At 50th
	CCW	6.5%	5.7%	4.9%	At 50th
	CHPW	5.8%	5.1%	4.7%	At 50th
	MHW	5.7%	4.9% ▲	4.5%	At 50th
	UHC	8.3%	7.4%	8.0%	Below 50th
Use of Opioids from Multiple Prescribers (UOP) (Note that a lower score is better for this measure)	Statewide†	22.2%	22.2%	21.6%	Below 50th
	AMG	21.2%	20.3%	19.6%	At 50th
	CCW	19.7%	20.3%	18.0%	At 50th
	CHPW	21.4%	19.3%	20.7%	Below 50th
	MHW	23.3%	23.4%	22.9%	Below 50th
	UHC	21.7%	23.3%	22.3%	Below 50th
Use of Opioids from Multiple Pharmacies (UOP) (Note that a lower score is better for this measure)	Statewide†	3.7%	3.5%	2.6% ▼	Below 50th
	AMG	2.8%	2.4%	1.8%	Above 50th, Below 75th
	CCW	3.4%	3.3%	2.0% ▲	At 50th
	CHPW	3.2%	4.5% ▼	2.4% ▲	At 50th
	MHW	3.9%	3.5%	3.0%	Below 50th
	UHC	4.5%	3.7%	2.8%	Below 50th
Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP) (Note that a lower score is better for this measure)	Statewide†	2.5%	2.4%	1.9% ▼	Below 50th
	AMG	1.9%	1.6%	1.1%	At 50th
	CCW	2.1%	2.1%	1.1% ▲	At 50th
	CHPW	2.0%	2.9%	1.8%	At 50th
	MHW	2.7%	2.5%	2.2%	Below 50th
	UHC	2.9%	2.6%	1.8%	At 50th
Risk of Continued Opioid Use (COU), At least 15 days, 18-64 Years (Note that a lower score is better for this measure)	Statewide†	6.3%	5.6% ▼	5.6%	At 50th
	AMG	6.6%	6.6%	6.0%	Below 50th
	CCW	5.8%	5.3%	6.2%	Below 50th
	CHPW	6.4%	5.9%	5.3%	At 50th
	MHW	6.1%	5.2% ▲	5.3%	Above 50th, Below 75th
	UHC	7.0%	6.2%	6.4%	Below 50th
Risk of Continued Opioid Use (COU), At least 15 days, Total (Note that a lower score is better for this measure)	Statewide†	6.4%	5.6% ▼	5.6%	At 50th
	AMG	6.6%	6.6%	6.0%	At 50th
	CCW	5.8%	5.3%	6.2%	Below 50th
	CHPW	6.4%	6.0%	5.3%	At 50th
	MHW	6.1%	5.2% ▲	5.3%	Above 50th, Below 75th
	UHC	7.6%	6.1% ▲	6.4%	Below 50th
Risk of Continued Opioid Use (COU), At least 30 days, 18-64 Years (Note	Statewide†	2.7%	2.2% ▼	2.2%	Above 50th, Below 75th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
that a lower score is better for this measure)	AMG	2.9%	2.7%	2.7%	Above 50th, Below 75th
	CCW	2.1%	2.0%	2.1%	At 75th
	CHPW	2.5%	2.3%	2.2%	Above 50th, Below 75th
	MHW	2.6%	2.0% ▲	2.0%	At 75th
	UHC	3.2%	2.7%	2.8%	At 50th
Risk of Continued Opioid Use (COU), At least 30 days, Total (Note that a lower score is better for this measure)	Statewide†	2.7%	2.2% ▼	2.2%	Above 50th, Below 75th
	AMG	2.9%	2.7%	2.7%	Above 50th, Below 75th
	CCW	2.1%	2.0%	2.1%	At 75th
	CHPW	2.5%	2.3%	2.2%	At 75th
	MHW	2.6%	2.0% ▲	2.0%	At 75th
	UHC	3.6%	2.7% ▲	2.8%	Above 50th, Below 75th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 Years	Statewide†	70.9%	69.5% ▼	65.5% ▼	No Benchmark
	AMG	65.7%	64.3% ▼	60.4% ▼	No Benchmark
	CCW	68.7%	67.0% ▼	63.5% ▼	No Benchmark
	CHPW	70.5%	68.7% ▼	61.5% ▼	No Benchmark
	MHW	73.8%	72.6% ▼	69.2% ▼	No Benchmark
	UHC	68.2%	66.1% ▼	63.8% ▼	No Benchmark
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 Years	Statewide†	77.2%	76.8% ▼	74.6% ▼	No Benchmark
	AMG	72.7%	72.6%	69.9% ▼	No Benchmark
	CCW	75.4%	75.4%	73.3% ▼	No Benchmark
	CHPW	77.7%	77.1%	73.1% ▼	No Benchmark
	MHW	79.4%	79.3%	77.3% ▼	No Benchmark
	UHC	76.9%	75.1% ▼	74.3%	No Benchmark
Adults' Access to Preventive/Ambulatory Health Services (AAP), 65+ Years	Statewide†	88.6%	75.5% ▼	69.4% ▼	No Benchmark
	AMG	68.4%	69.9%	65.4%	No Benchmark
	CCW	77.8%	72.7%	70.1%	No Benchmark
	CHPW	79.8%	77.4%	70.8% ▼	No Benchmark
	MHW	79.1%	78.1%	71.6% ▼	No Benchmark
	UHC	94.0%	76.8% ▼	67.6% ▼	No Benchmark
Adults' Access to Preventive/Ambulatory Health Services (AAP), Total	Statewide†	73.2%	71.9% ▼	68.4% ▼	No Benchmark
	AMG	68.2%	67.2% ▼	63.6% ▼	No Benchmark
	CCW	71.0%	69.7% ▼	66.5% ▼	No Benchmark
	CHPW	73.1%	71.5% ▼	65.3% ▼	No Benchmark
	MHW	75.5%	74.6% ▼	71.6% ▼	No Benchmark
	UHC	72.4%	69.6% ▼	67.8% ▼	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	NR	NR	35.9%	No Benchmark
	AMG	NR	NR	33.8%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	NR	NR	34.3%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	30.3%	No Benchmark
	MHW	NR	NR	39.5%	No Benchmark
	UHC	NR	NR	20.0%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	NR	NR	10.9%	No Benchmark
	AMG	NR	NR	11.3%	No Benchmark
	CCW	NR	NR	11.7%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	12.4%	No Benchmark
	MHW	NR	NR	11.2%	No Benchmark
	UHC	NR	NR	2.2%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	NR	NR	55.6%	No Benchmark
	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	46.0%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	***	No Benchmark
	MHW	NR	NR	56.3%	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	NR	NR	26.4%	No Benchmark
	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	24.3%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	***	No Benchmark
	MHW	NR	NR	25.4%	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	NR	NR	38.9%	No Benchmark
	AMG	NR	NR	45.9%	No Benchmark
	CCW	NR	NR	40.1%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	31.2%	No Benchmark
	MHW	NR	NR	39.6%	No Benchmark
	UHC	NR	NR	35.4%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	NR	NR	12.6%	No Benchmark
	AMG	NR	NR	14.2%	No Benchmark
	CCW	NR	NR	15.6%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	12.2%	No Benchmark
	MHW	NR	NR	12.3%	No Benchmark
	UHC	NR	NR	6.9%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, 13-17 years	Statewide†	NR	NR	38.9%	No Benchmark
	AMG	NR	NR	43.8%	No Benchmark
	CCW	NR	NR	39.0%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	31.9%	No Benchmark
	MHW	NR	NR	40.3%	No Benchmark
	UHC	NR	NR	33.3%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, 13-17 years	Statewide†	NR	NR	12.8%	No Benchmark
	AMG	NR	NR	14.3%	No Benchmark
	CCW	NR	NR	15.2%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	12.7%	No Benchmark
	MHW	NR	NR	12.6%	No Benchmark
	UHC	NR	NR	7.1%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	NR	NR	41.2%	No Benchmark
	AMG	NR	NR	44.8%	No Benchmark
	CCW	NR	NR	37.8%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	34.6%	No Benchmark
	MHW	NR	NR	43.2%	No Benchmark
	UHC	NR	NR	38.6%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, 18-64 Years	Statewide†	NR	NR	10.8%	No Benchmark
	AMG	NR	NR	11.7%	No Benchmark
	CCW	NR	NR	9.3%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	9.8%	No Benchmark
	MHW	NR	NR	11.5%	No Benchmark
	UHC	NR	NR	9.3%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	NR	NR	66.9%	No Benchmark
	AMG	NR	NR	67.5%	No Benchmark
	CCW	NR	NR	63.7%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	62.1%	No Benchmark
	MHW	NR	NR	68.9%	No Benchmark
	UHC	NR	NR	65.5%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, 18-64 Years	Statewide†	NR	NR	34.1%	No Benchmark
	AMG	NR	NR	35.1%	No Benchmark
	CCW	NR	NR	33.5%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	31.6%	No Benchmark
	MHW	NR	NR	34.4%	No Benchmark
	UHC	NR	NR	34.9%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	NR	NR	42.7%	No Benchmark
	AMG	NR	NR	45.1%	No Benchmark
	CCW	NR	NR	39.5%	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	34.5%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
MY2020 and MY2021 results are not displayed	MHW	NR	NR	45.0%	No Benchmark
	UHC	NR	NR	41.8%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	9.5%	No Benchmark
Other Substance Use Disorder, Engagement of SUD Treatment, 18-64	AMG	NR	NR	9.8%	No Benchmark
Years	CCW	NR	NR	8.4%	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	7.0%	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	10.5%	No Benchmark
	UHC	NR	NR	8.4%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	47.6%	No Benchmark
Initiation of SUD Treatment, 18-64 Years	AMG	NR	NR	49.7%	No Benchmark
	CCW	NR	NR	44.2%	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	40.5%	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	49.9%	No Benchmark
	UHC	NR	NR	46.6%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	15.5%	No Benchmark
Engagement of SUD Treatment, 18-64 Years	AMG	NR	NR	15.8%	No Benchmark
	CCW	NR	NR	14.2%	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	13.3%	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	16.3%	No Benchmark
	UHC	NR	NR	15.3%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	30.0%	No Benchmark
Alcohol Use Disorder, Initiation of SUD Treatment, 65+ Years	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	0.0%	No Benchmark
Alcohol Use Disorder, Engagement of SUD Treatment, 65+ Years	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	***	No Benchmark
Opioid Use Disorder, Initiation of SUD Treatment, 65+ Years	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	***	No Benchmark
Opioid Use Disorder, Engagement of SUD Treatment, 65+ Years	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	***	No Benchmark
Other Substance Use Disorder, Initiation of SUD Treatment, 65+ Years	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	***	No Benchmark
Other Substance Use Disorder, Engagement of SUD Treatment, 65+	AMG	NR	NR	***	No Benchmark
Years	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	42.0%	No Benchmark
Initiation of SUD Treatment, 65+ Years	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	4.3%	No Benchmark
Engagement of SUD Treatment, 65+-Years	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	***	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	***	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	***	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	40.9%	No Benchmark
Alcohol Use Disorder, Initiation of SUD Treatment, Total	AMG	NR	NR	44.5%	No Benchmark
	CCW	NR	NR	37.6%	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	34.4%	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	43.1%	No Benchmark
	UHC	NR	NR	38.1%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, Total *Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed*	Statewide†	NR	NR	10.8%	No Benchmark
	AMG	NR	NR	11.6%	No Benchmark
	CCW	NR	NR	9.5%	No Benchmark
	CHPW	NR	NR	9.9%	No Benchmark
	MHW	NR	NR	11.4%	No Benchmark
	UHC	NR	NR	9.1%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, Total *Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed*	Statewide†	NR	NR	66.7%	No Benchmark
	AMG	NR	NR	67.6%	No Benchmark
	CCW	NR	NR	63.1%	No Benchmark
	CHPW	NR	NR	62.0%	No Benchmark
	MHW	NR	NR	68.7%	No Benchmark
	UHC	NR	NR	65.5%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, Total *Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed*	Statewide†	NR	NR	34.0%	No Benchmark
	AMG	NR	NR	35.1%	No Benchmark
	CCW	NR	NR	33.2%	No Benchmark
	CHPW	NR	NR	31.5%	No Benchmark
	MHW	NR	NR	34.3%	No Benchmark
	UHC	NR	NR	34.8%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, Total *Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed*	Statewide†	NR	NR	42.4%	No Benchmark
	AMG	NR	NR	45.1%	No Benchmark
	CCW	NR	NR	39.5%	No Benchmark
	CHPW	NR	NR	34.3%	No Benchmark
	MHW	NR	NR	44.5%	No Benchmark
	UHC	NR	NR	41.4%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, Total *Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed*	Statewide†	NR	NR	9.7%	No Benchmark
	AMG	NR	NR	10.0%	No Benchmark
	CCW	NR	NR	9.2%	No Benchmark
	CHPW	NR	NR	7.4%	No Benchmark
	MHW	NR	NR	10.7%	No Benchmark
	UHC	NR	NR	8.3%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total *Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed*	Statewide†	NR	NR	47.2%	No Benchmark
	AMG	NR	NR	49.5%	No Benchmark
	CCW	NR	NR	43.7%	No Benchmark
	CHPW	NR	NR	40.0%	No Benchmark
	MHW	NR	NR	49.3%	No Benchmark
	UHC	NR	NR	46.2%	No Benchmark
Initiation and Engagement of Substance Use Disorder Treatment (IET),	Statewide†	NR	NR	15.3%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Engagement of SUD Treatment, Total	AMG	NR	NR	15.7%	No Benchmark
	CCW	NR	NR	14.2%	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	13.2%	No Benchmark
	MHW	NR	NR	16.1%	No Benchmark
	UHC	NR	NR	15.1%	No Benchmark
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	Statewide†	82.7%	87.5% ▲	86.7%	Below 50th
	AMG	78.6%	83.5%	83.9%	At 50th
	CCW	78.1%	80.3%	77.4%	Below 50th
	CHPW	88.3%	89.8%	86.4%	At 50th
	MHW	82.5%	88.8%	90.3%	At 75th
	UHC	86.1%	90.0%	81.0% ▼	Below 50th
Prenatal and Postpartum Care (PPC), Postpartum Care	Statewide†	76.7%	79.3%	79.6%	At 50th
	AMG	71.8%	76.4%	76.4%	At 50th
	CCW	73.5%	74.9%	71.1%	Below 50th
	CHPW	82.5%	86.1%	83.2%	At 75th
	MHW	77.4%	79.1%	82.0%	At 75th
	UHC	75.2%	80.1%	74.9%	At 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 1-11 Years	Statewide†	62.9%	56.6%	57.9%	At 50th
	AMG	50.0%	***	54.8%	At 50th
	CCW	62.4%	56.1%	75.0%	At 75th
	CHPW	***	***	***	Below 50th
	MHW	66.5%	56.6%	55.9%	At 50th
	UHC	***	***	***	At 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 12-17 Years	Statewide†	60.4%	65.2%	58.8% ▼	Below 50th
	AMG	52.4%	55.0%	51.8%	Below 50th
	CCW	66.0%	65.9%	57.1%	Below 50th
	CHPW	54.8%	69.7%	60.0%	At 50th
	MHW	63.1%	66.0%	60.1%	At 50th
	UHC	49.3%	64.8%	60.3%	At 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total	Statewide†	61.2%	62.8%	58.6%	Below 50th
	AMG	51.7%	58.7%	52.6%	Below 50th
	CCW	64.7%	62.2%	61.8%	At 50th
	CHPW	55.6%	65.6%	55.2%	At 50th
	MHW	64.2%	63.6%	59.0%	At 50th
	UHC	52.2%	61.6%	56.9%	At 50th
Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months	Statewide†	54.0%	54.1%	56.3% ▲	Above 50th, Below 75th
	AMG	49.5%	51.1%	52.8%	Below 50th

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	55.7%	52.0% ▼	52.9%	Below 50th
	CHPW	62.2%	61.0%	58.5%	Above 50th, Below 75th
	MHW	54.3%	55.0%	57.8% ▲	Above 50th, Below 75th
	UHC	44.9%	47.5%	53.8% ▲	Below 50th
Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months	Statewide†	68.4%	64.3% ▼	64.8%	Below 50th
	AMG	66.9%	61.5% ▼	63.3%	Below 50th
	CCW	71.8%	65.8% ▼	65.9%	At 50th
	CHPW	67.3%	65.2%	63.3%	Below 50th
	MHW	68.3%	64.4% ▼	65.4%	At 50th
	UHC	67.4%	64.0% ▼	63.7%	Below 50th
Child and Adolescent Well-Care Visit (WCV), 3-11 Years	Statewide†	46.9%	53.4% ▲	53.8% ▲	Below 50th
	AMG	42.2%	50.2% ▲	51.1%	Below 50th
	CCW	49.3%	56.1% ▲	54.9% ▼	Below 50th
	CHPW	44.9%	53.4% ▲	51.9% ▼	Below 50th
	MHW	48.4%	54.2% ▲	55.4% ▲	Below 50th
	UHC	43.3%	49.2% ▲	49.2%	Below 50th
Child and Adolescent Well-Care Visit (WCV), 12-17 Years	Statewide†	34.8%	47.8% ▲	44.6% ▼	Below 50th
	AMG	29.3%	44.1% ▲	41.4% ▼	Below 50th
	CCW	36.3%	47.9% ▲	44.6% ▼	Below 50th
	CHPW	33.8%	49.1% ▲	44.8% ▼	Below 50th
	MHW	36.2%	48.7% ▲	45.9% ▼	Below 50th
	UHC	31.5%	43.7% ▲	40.1% ▼	Below 50th
Child and Adolescent Well-Care Visit (WCV), 18-21 Years	Statewide†	17.7%	19.9% ▲	18.7% ▼	Below 50th
	AMG	14.6%	16.2% ▲	16.0%	Below 50th
	CCW	16.4%	18.1% ▲	18.2%	Below 50th
	CHPW	17.4%	20.1% ▲	18.6% ▼	Below 50th
	MHW	19.0%	21.2% ▲	19.5% ▼	Below 50th
	UHC	16.7%	18.9% ▲	18.0%	Below 50th
Child and Adolescent Well-Care Visit (WCV), Total	Statewide†	38.8%	46.3% ▲	44.8% ▼	Below 50th
	AMG	34.0%	42.8% ▲	42.1%	Below 50th
	CCW	40.4%	47.4% ▲	45.2% ▼	Below 50th
	CHPW	36.8%	46.1% ▲	43.0% ▼	Below 50th
	MHW	40.3%	47.3% ▲	46.4% ▼	Below 50th
	UHC	35.7%	42.8% ▲	41.3% ▼	Below 50th
Ambulatory Care (AMB), Outpatient	Statewide†	NR	NR	3019.4	No Benchmark
	AMG	NR	NR	2546.1	No Benchmark
	CCW	NR	NR	3125.5	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	2557.1	No Benchmark
	MHW	NR	NR	3229.1	No Benchmark
	UHC	NR	NR	3109.3	No Benchmark
Ambulatory Care (AMB), Emergency Department	Statewide†	NR	NR	505.4	No Benchmark
	AMG	NR	NR	525.1	No Benchmark
	CCW	NR	NR	537.9	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	492.5	No Benchmark
	MHW	NR	NR	495.3	No Benchmark
	UHC	NR	NR	508.5	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Total Inpatient, Days per 1,000 Member Months	Statewide†	NR	NR	256.4	No Benchmark
	AMG	NR	NR	304.9	No Benchmark
	CCW	NR	NR	253.0	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	240.1	No Benchmark
	MHW	NR	NR	238.7	No Benchmark
	UHC	NR	NR	300.1	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Total Inpatient, Discharges per 1,000 Member Months	Statewide†	NR	NR	47.9	No Benchmark
	AMG	NR	NR	54.9	No Benchmark
	CCW	NR	NR	44.0	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	49.1	No Benchmark
	MHW	NR	NR	45.5	No Benchmark
	UHC	NR	NR	52.9	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Medicine, Days per 1,000 Member Months	Statewide†	NR	NR	93.9	No Benchmark
	AMG	NR	NR	123.6	No Benchmark
	CCW	NR	NR	94.2	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	92.2	No Benchmark
	MHW	NR	NR	80.3	No Benchmark
	UHC	NR	NR	119.2	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Medicine, Discharges per 1,000 Member Months	Statewide†	NR	NR	19.6	No Benchmark
	AMG	NR	NR	25.5	No Benchmark
	CCW	NR	NR	18.3	No Benchmark
Due to substantial changes in measure specifications in MY2022, MY2020 and MY2021 results are not displayed	CHPW	NR	NR	20.5	No Benchmark
	MHW	NR	NR	16.8	No Benchmark
	UHC	NR	NR	25.2	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Surgery, Days per 1,000 Member Months	Statewide†	NR	NR	126.2	No Benchmark
	AMG	NR	NR	146.7	No Benchmark
	CCW	NR	NR	126.7	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	112.2	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
MY2020 and MY2021 results are not displayed	MHW	NR	NR	118.1	No Benchmark
	UHC	NR	NR	153.3	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Surgery,	Statewide†	NR	NR	12.8	No Benchmark
Discharges per 1,000 Member Months	AMG	NR	NR	15.3	No Benchmark
	CCW	NR	NR	12.0	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	12.6	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	12.0	No Benchmark
	UHC	NR	NR	14.9	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Maternity,	Statewide†	NR	NR	48.3	No Benchmark
Days per 1,000 Member Months	AMG	NR	NR	44.3	No Benchmark
	CCW	NR	NR	44.2	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	46.1	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	54.5	No Benchmark
	UHC	NR	NR	35.3	No Benchmark
Inpatient Utilization - General Hospital/Acute Care (IPU), Maternity,	Statewide†	NR	NR	20.5	No Benchmark
Discharges per 1,000 Member Months	AMG	NR	NR	18.2	No Benchmark
	CCW	NR	NR	18.9	No Benchmark
Due to substantial changes in measure specifications in MY2022,	CHPW	NR	NR	20.7	No Benchmark
MY2020 and MY2021 results are not displayed	MHW	NR	NR	22.7	No Benchmark
	UHC	NR	NR	16.2	No Benchmark
Antibiotic Utilization for Respiratory Conditions (AXR), 3 Months-17	Statewide†	NR	NR	14.6%	No Benchmark
Years	AMG	NR	NR	14.5%	No Benchmark
	CCW	NR	NR	15.1%	No Benchmark
	CHPW	NR	NR	13.3%	No Benchmark
	MHW	NR	NR	14.8%	No Benchmark
	UHC	NR	NR	14.0%	No Benchmark
Antibiotic Utilization for Respiratory Conditions (AXR), 18-64 Years	Statewide†	NR	NR	12.4%	No Benchmark
	AMG	NR	NR	12.5%	No Benchmark
	CCW	NR	NR	12.1%	No Benchmark
	CHPW	NR	NR	10.9%	No Benchmark
	MHW	NR	NR	12.8%	No Benchmark
	UHC	NR	NR	12.6%	No Benchmark
Antibiotic Utilization for Respiratory Conditions (AXR), 65+ Years	Statewide†	NR	NR	9.1%	No Benchmark
	AMG	NR	NR	10.1%	No Benchmark
	CCW	NR	NR	7.3%	No Benchmark
	CHPW	NR	NR	10.7%	No Benchmark
	MHW	NR	NR	9.4%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	UHC	NR	NR	7.5%	No Benchmark
Antibiotic Utilization for Respiratory Conditions (AXR), Total	Statewide†	NR	NR	13.6%	No Benchmark
	AMG	NR	NR	13.4%	No Benchmark
	CCW	NR	NR	13.9%	No Benchmark
	CHPW	NR	NR	12.2%	No Benchmark
	MHW	NR	NR	13.9%	No Benchmark
	UHC	NR	NR	13.2%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, 18-44 Years (Note that a lower score is better for this measure)	Statewide†	9.0%	8.1% ▼	8.1%	No Benchmark
	AMG	9.1%	8.5%	8.7%	No Benchmark
	CCW	9.4%	9.9%	9.2%	No Benchmark
	CHPW	10.1%	7.8%	9.2%	No Benchmark
	MHW	8.5%	7.5%	7.3%	No Benchmark
	UHC	9.9%	9.6%	8.3%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, 45-54 Years (Note that a lower score is better for this measure)	Statewide†	9.0%	9.2%	8.7%	No Benchmark
	AMG	9.6%	9.4%	9.0%	No Benchmark
	CCW	7.4%	9.0%	9.9%	No Benchmark
	CHPW	9.2%	11.3%	9.5%	No Benchmark
	MHW	8.6%	8.2%	8.3%	No Benchmark
	UHC	10.5%	10.3%	7.9%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, 55-64 Years (Note that a lower score is better for this measure)	Statewide†	9.8%	9.4%	9.9%	No Benchmark
	AMG	9.9%	10.8%	10.5%	No Benchmark
	CCW	9.9%	10.4%	12.8%	No Benchmark
	CHPW	9.8%	9.9%	9.2%	No Benchmark
	MHW	9.5%	8.9%	9.5%	No Benchmark
	UHC	10.6%	8.5%	9.0%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, Total (Note that a lower score is better for this measure)	Statewide†	9.3%	8.7%	8.7%	No Benchmark
	AMG	9.5%	9.4%	9.3%	No Benchmark
	CCW	9.1%	9.9%	10.4%	No Benchmark
	CHPW	9.8%	9.2%	9.3%	No Benchmark
	MHW	8.8%	8.0% ▲	8.1%	No Benchmark
	UHC	10.3%	9.4%	8.4%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 18-44 Years	Statewide†	1.03	0.92	0.93	No Benchmark
	AMG	0.99	0.93	0.97	No Benchmark
	CCW	1.01	1.10	1.04	No Benchmark
	CHPW	1.15	0.90	1.06	No Benchmark
	MHW	1.00	0.87	0.87	No Benchmark
	UHC	1.06	1.01	0.88	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 45-54 Years	Statewide†	0.86	0.88	0.83	No Benchmark
	AMG	0.90	0.89	0.87	No Benchmark
	CCW	0.68	0.83	0.88	No Benchmark
	CHPW	0.89	1.08	0.91	No Benchmark
	MHW	0.84	0.82	0.80	No Benchmark
	UHC	0.94	0.92	0.73	No Benchmark
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 55-64 Years	Statewide†	0.81	0.79	0.82	No Benchmark
	AMG	0.80	0.89	0.86	No Benchmark
	CCW	0.82	0.84	1.05	No Benchmark
	CHPW	0.81	0.84	0.77	No Benchmark
	MHW	0.82	0.76	0.80	No Benchmark
	UHC	0.82	0.68	0.70	No Benchmark
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, Total	Statewide†	0.91	0.87	0.87	No Benchmark
	AMG	0.90	0.91	0.90	No Benchmark
	CCW	0.86	0.94	1.01	No Benchmark
	CHPW	0.97	0.93	0.93	No Benchmark
	MHW	0.90	0.83	0.83	No Benchmark
	UHC	0.94	0.87	0.78	No Benchmark
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Depression Screening, Total	Statewide†	1.1%	1.5% ▲	1.1% ▼	No Benchmark
	AMG	0.0%	0.0%	0.0%	No Benchmark
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	7.9%	10.7% ▲	0.4% ▼	No Benchmark
	MHW	0.0%	0.0%	2.0% ▲	No Benchmark
	UHC	0.0%	0.0%	0.8% ▲	No Benchmark
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Follow-Up on Positive Screen, Total	Statewide†	79.0%	77.4%	75.1%	No Benchmark
	AMG	NR	NR	***	No Benchmark
	CCW	NR	NR	NR	No Benchmark
	CHPW	79.0%	77.4%	54.6% ▼	No Benchmark
	MHW	NR	NR	79.9%	No Benchmark
	UHC	NR	NR	43.8%	No Benchmark
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 1, Total	Statewide†	2.6%	3.8% ▲	2.0% ▼	No Benchmark
	AMG	0.0%	0.0%	0.0%	No Benchmark
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	21.2%	30.3% ▲	1.8% ▼	No Benchmark
	MHW	0.0%	0.0%	3.1% ▲	No Benchmark
	UHC	0.0%	0.0%	1.7% ▲	No Benchmark
Utilization of the PHQ-9 to Monitor Depression Symptoms for	Statewide†	2.8%	3.7% ▲	3.9%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
Adolescents and Adults (DMS-E), Assessment Period 2, Total	AMG	0.0%	0.0%	0.0%	No Benchmark
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	23.3%	29.5% ▲	1.9% ▼	No Benchmark
	MHW	0.0%	0.0%	6.7% ▲	No Benchmark
	UHC	0.0%	0.0%	1.6% ▲	No Benchmark
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 3, Total	Statewide†	3.4%	4.0% ▲	5.2% ▲	No Benchmark
	AMG	0.0%	0.0%	0.0%	No Benchmark
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	27.5%	31.1% ▲	2.2% ▼	No Benchmark
	MHW	0.0%	0.0%	8.6% ▲	No Benchmark
	UHC	0.0%	0.0%	2.4% ▲	No Benchmark
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Total, Total	Statewide†	3.0%	3.8% ▲	3.7%	No Benchmark
	AMG	0.0%	0.0%	0.0%	No Benchmark
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	24.0%	30.3% ▲	1.9% ▼	No Benchmark
	MHW	0.0%	0.0%	6.1% ▲	No Benchmark
	UHC	0.0%	0.0%	1.9% ▲	No Benchmark
Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total	Statewide†	31.4%	32.9%	39.1% ▲	No Benchmark
	AMG	NR	NR	NR	No Benchmark
	CCW	NR	NR	NR	No Benchmark
	CHPW	31.4%	32.9%	*** ▼	No Benchmark
	MHW	NR	NR	41.0%	No Benchmark
	UHC	NR	NR	NR	No Benchmark
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Remission, Total	Statewide†	4.4%	4.0%	4.5%	No Benchmark
	AMG	NR	NR	NR	No Benchmark
	CCW	NR	NR	NR	No Benchmark
	CHPW	4.4%	4.0%	***	No Benchmark
	MHW	NR	NR	4.8%	No Benchmark
	UHC	NR	NR	NR	No Benchmark
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Response, Total	Statewide†	8.6%	8.5%	10.8%	No Benchmark
	AMG	NR	NR	NR	No Benchmark
	CCW	NR	NR	NR	No Benchmark
	CHPW	8.6%	8.5%	***	No Benchmark
	MHW	NR	NR	11.4%	No Benchmark
	UHC	NR	NR	NR	No Benchmark
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Unhealthy Alcohol Use Screening, Total	Statewide†	0.0%	0.0%	0.0% ▼	No Benchmark
	AMG	0.0%	0.0%	0.0%	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	0.1%	0.1%	0.0% ▼	No Benchmark
	MHW	0.0%	0.0%	0.0%	No Benchmark
	UHC	0.0%	0.0%	0.0%	No Benchmark
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Follow-Up on Positive Screen, Total	Statewide†	***	8.3%	NR	No Benchmark
	AMG	NR	NR	NR	No Benchmark
	CCW	NR	NR	NR	No Benchmark
	CHPW	***	8.3%	NR	No Benchmark
	MHW	NR	NR	NR	No Benchmark
	UHC	NR	NR	NR	No Benchmark
Adult Immunization Status (AIS-E), Influenza	Statewide†	17.8%	19.6% ▲	15.9% ▼	No Benchmark
	AMG	11.9%	10.4% ▼	14.8% ▲	No Benchmark
	CCW	25.7%	22.5% ▼	11.6% ▼	No Benchmark
	CHPW	19.0%	21.4% ▲	17.0% ▼	No Benchmark
	MHW	15.2%	20.1% ▲	16.2% ▼	No Benchmark
	UHC	25.4%	24.4% ▼	19.0% ▼	No Benchmark
Adult Immunization Status (AIS-E), Td/Tdap	Statewide†	35.8%	41.6% ▲	48.1% ▲	No Benchmark
	AMG	20.6%	21.7% ▲	37.5% ▲	No Benchmark
	CCW	57.6%	60.5% ▲	55.9% ▼	No Benchmark
	CHPW	45.2%	60.3% ▲	56.5% ▼	No Benchmark
	MHW	27.4%	40.8% ▲	44.6% ▲	No Benchmark
	UHC	53.7%	33.4% ▼	56.8% ▲	No Benchmark
Adult Immunization Status (AIS-E), Zoster	Statewide†	4.6%	9.6% ▲	13.6% ▲	No Benchmark
	AMG	1.5%	2.7% ▲	11.4% ▲	No Benchmark
	CCW	8.3%	9.4% ▲	11.3% ▲	No Benchmark
	CHPW	5.4%	11.8% ▲	14.2% ▲	No Benchmark
	MHW	2.1%	10.4% ▲	13.5% ▲	No Benchmark
	UHC	10.2%	12.7% ▲	16.8% ▲	No Benchmark
Prenatal Depression Screening and Follow-Up (PND-E), Depression Screening	Statewide†	2.8%	4.1% ▲	1.7% ▼	No Benchmark
	AMG	0.0%	0.0%	0.0%	No Benchmark
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	27.8%	31.3% ▲	0.3% ▼	No Benchmark
	MHW	0.0%	0.0%	1.6% ▲	No Benchmark
	UHC	0.0%	0.0%	8.8% ▲	No Benchmark
Prenatal Depression Screening and Follow-Up (PND-E), Follow-Up on Positive Screen	Statewide†	33.9%	37.4%	66.7% ▲	No Benchmark
	AMG	NR	NR	NR	No Benchmark
	CCW	NR	NR	NR	No Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	CHPW	33.9%	37.4%	***	No Benchmark
	MHW	NR	NR	70.3%	No Benchmark
	UHC	NR	NR	***	No Benchmark
Postpartum Depression Screening and Follow-Up (PDS-E), Depression Screening	Statewide†	1.2%	1.6% ▲	0.6% ▼	No Benchmark
	AMG	0.0%	0.0%	0.0%	No Benchmark
	CCW	0.0%	0.0%	0.0%	No Benchmark
	CHPW	11.2%	12.9%	0.1% ▼	No Benchmark
	MHW	0.0%	0.0%	1.0% ▲	No Benchmark
	UHC	0.0%	0.0%	0.2%	No Benchmark
Postpartum Depression Screening and Follow-Up (PDS-E), Follow-Up on Positive Screen	Statewide†	69.8%	64.3%	***	No Benchmark
	AMG	NR	NR	NR	No Benchmark
	CCW	NR	NR	NR	No Benchmark
	CHPW	69.8%	64.3%	***	No Benchmark
	MHW	NR	NR	***	No Benchmark
	UHC	NR	NR	NR	No Benchmark
Substance Use Disorder Treatment Rate (SUD), 12-64 Years	Statewide†	38.4%	37.8% ▼	36.2% ▼	Below Benchmark
	AMG	38.9%	37.0% ▼	36.4%	Below Benchmark
	CCW	35.2%	35.9%	35.4%	Below Benchmark
	CHPW	39.6%	39.5%	35.0% ▼	Below Benchmark
	MHW	38.5%	37.7% ▼	36.4% ▼	Below Benchmark
	UHC	39.0%	38.7%	37.4%	Below Benchmark
Substance Use Disorder Treatment Rate (SUD), 12-17 Years	Statewide†	24.4%	22.8%	28.1% ▲	Above Benchmark
	AMG	27.5%	26.0%	29.3%	At Benchmark
	CCW	23.2%	24.4%	28.0%	At Benchmark
	CHPW	21.4%	16.8%	23.9% ▲	At Benchmark
	MHW	25.1%	22.7%	28.3% ▲	Above Benchmark
	UHC	23.6%	25.6%	32.4%	Above Benchmark
Substance Use Disorder Treatment Rate (SUD), 12-26 Years	Statewide†	27.7%	25.7% ▼	25.1%	Below Benchmark
	AMG	30.9%	27.6% ▼	26.4%	Below Benchmark
	CCW	25.8%	25.8%	27.6%	Below Benchmark
	CHPW	27.2%	26.9%	23.8% ▼	Below Benchmark
	MHW	27.3%	24.6% ▼	24.1%	Below Benchmark
	UHC	29.0%	27.7%	27.0%	Below Benchmark
Substance Use Disorder Treatment Rate (SUD), 18-64 Years	Statewide†	39.1%	38.3% ▼	36.6% ▼	Below Benchmark
	AMG	39.1%	37.2% ▼	36.6%	Below Benchmark
	CCW	36.3%	36.7%	35.9%	Below Benchmark
	CHPW	40.4%	40.3%	35.4% ▼	Below Benchmark

Measure Description	MCO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 Performance*
	MHW	39.1%	38.3% ▼	36.7% ▼	Below Benchmark
	UHC	39.3%	39.0%	37.5% ▼	Below Benchmark
Mental Health Treatment Rate (MH-B), 6-64 Years	Statewide†	53.9%	54.3% ▲	53.8% ▼	Below Benchmark
	AMG	51.5%	52.7% ▲	50.9% ▼	Below Benchmark
	CCW	55.4%	54.0% ▼	54.4%	At Benchmark
	CHPW	54.0%	54.6%	52.8% ▼	Below Benchmark
	MHW	55.3%	55.4%	55.6%	Above Benchmark
	UHC	48.9%	50.6% ▲	48.6% ▼	Below Benchmark
Mental Health Treatment Rate (MH-B), 6-17 Years	Statewide†	64.0%	66.5% ▲	67.1% ▲	At Benchmark
	AMG	60.0%	65.5% ▲	64.0%	Below Benchmark
	CCW	67.5%	67.4%	69.3% ▲	Above Benchmark
	CHPW	61.0%	63.8% ▲	62.7%	Below Benchmark
	MHW	64.6%	67.1% ▲	68.3% ▲	Above Benchmark
	UHC	61.1%	65.6% ▲	62.8% ▼	Below Benchmark
Mental Health Treatment Rate (MH-B), 6-26 Years	Statewide†	60.4%	62.3% ▲	61.8% ▼	Above Benchmark
	AMG	57.2%	61.4% ▲	59.0% ▼	Above Benchmark
	CCW	63.1%	62.5%	63.6%	Above Benchmark
	CHPW	58.8%	61.0% ▲	58.6% ▼	Above Benchmark
	MHW	61.1%	62.9% ▲	63.0%	Above Benchmark
	UHC	57.6%	61.0% ▲	58.4% ▼	Above Benchmark
Mental Health Treatment Rate (MH-B), 18-64 Years	Statewide†	50.1%	50.0%	49.0% ▼	Below Benchmark
	AMG	49.7%	50.0%	48.0% ▼	Below Benchmark
	CCW	48.3%	47.1% ▼	46.8%	Below Benchmark
	CHPW	51.5%	51.6%	49.7% ▼	Below Benchmark
	MHW	51.3%	50.8% ▼	50.4%	Below Benchmark
	UHC	46.1%	47.3% ▲	45.3% ▼	Below Benchmark

Legend:

▲ Measure result is statistically significant above prior year ($p < 0.05$)

▼ Measure result is statistically significant below prior year ($p < 0.05$)

Can report benchmark

† Statewide Weighted Rate

*** 2022 performance indicates whether a measure is statistically different than national benchmarks.**

***** Rates suppressed when the denominator is less than 30.**

NR There was no data to report.

Appendix B: Measure Comparison by Race, Ethnicity, Three-Year Trend

Appendix B contains measure comparisons by race/ethnicity with three-year trends.

Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

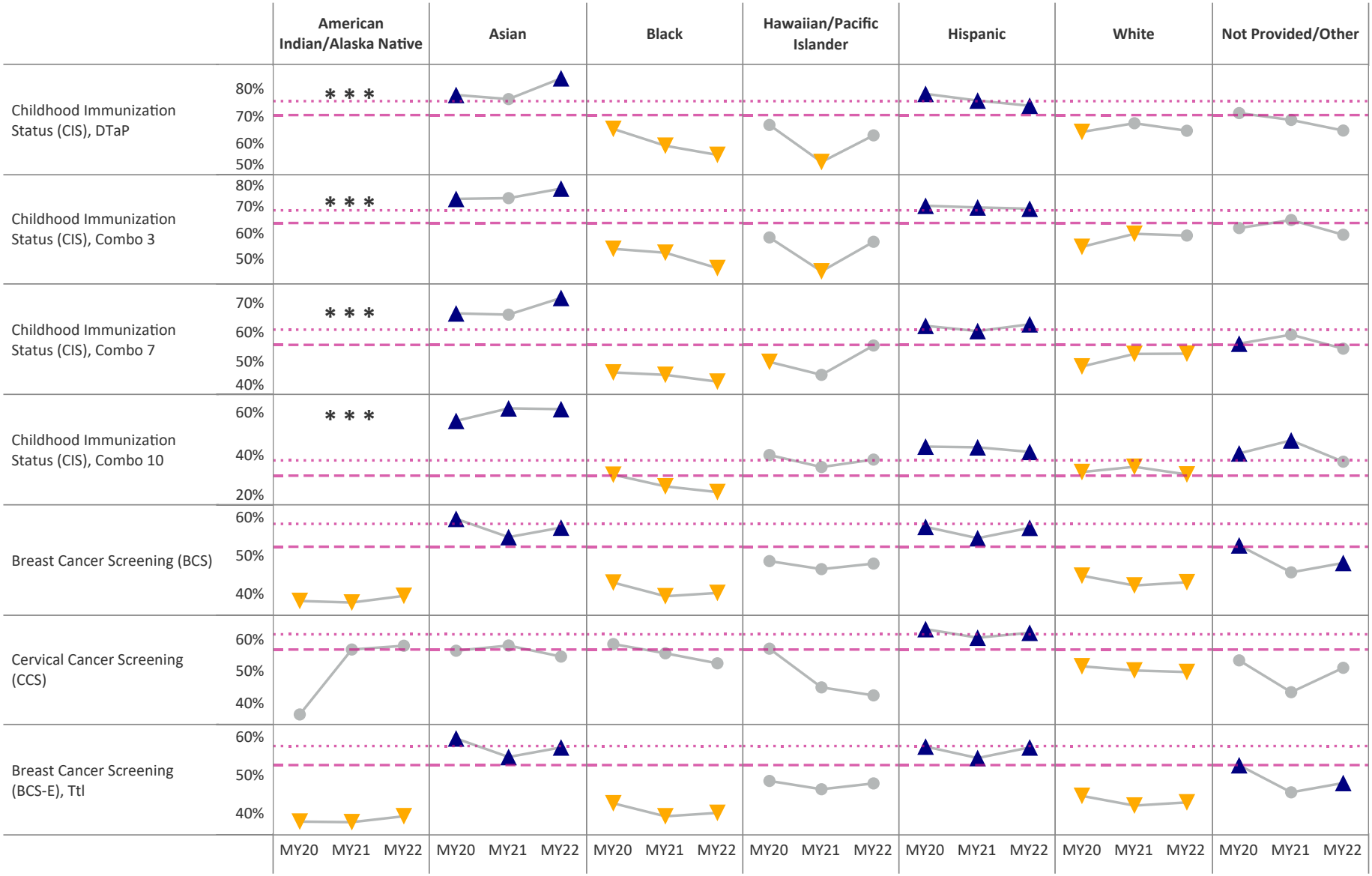
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

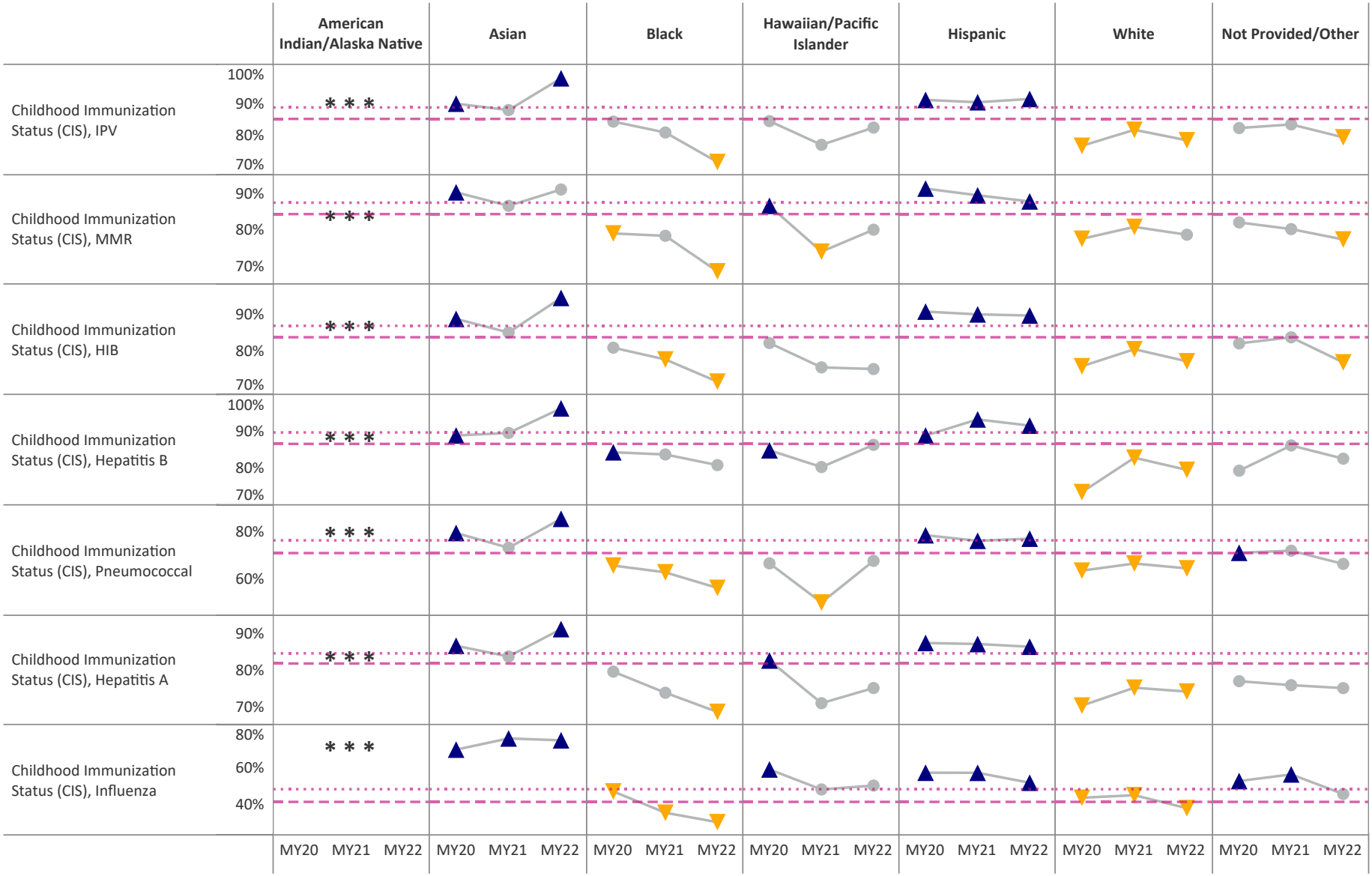
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

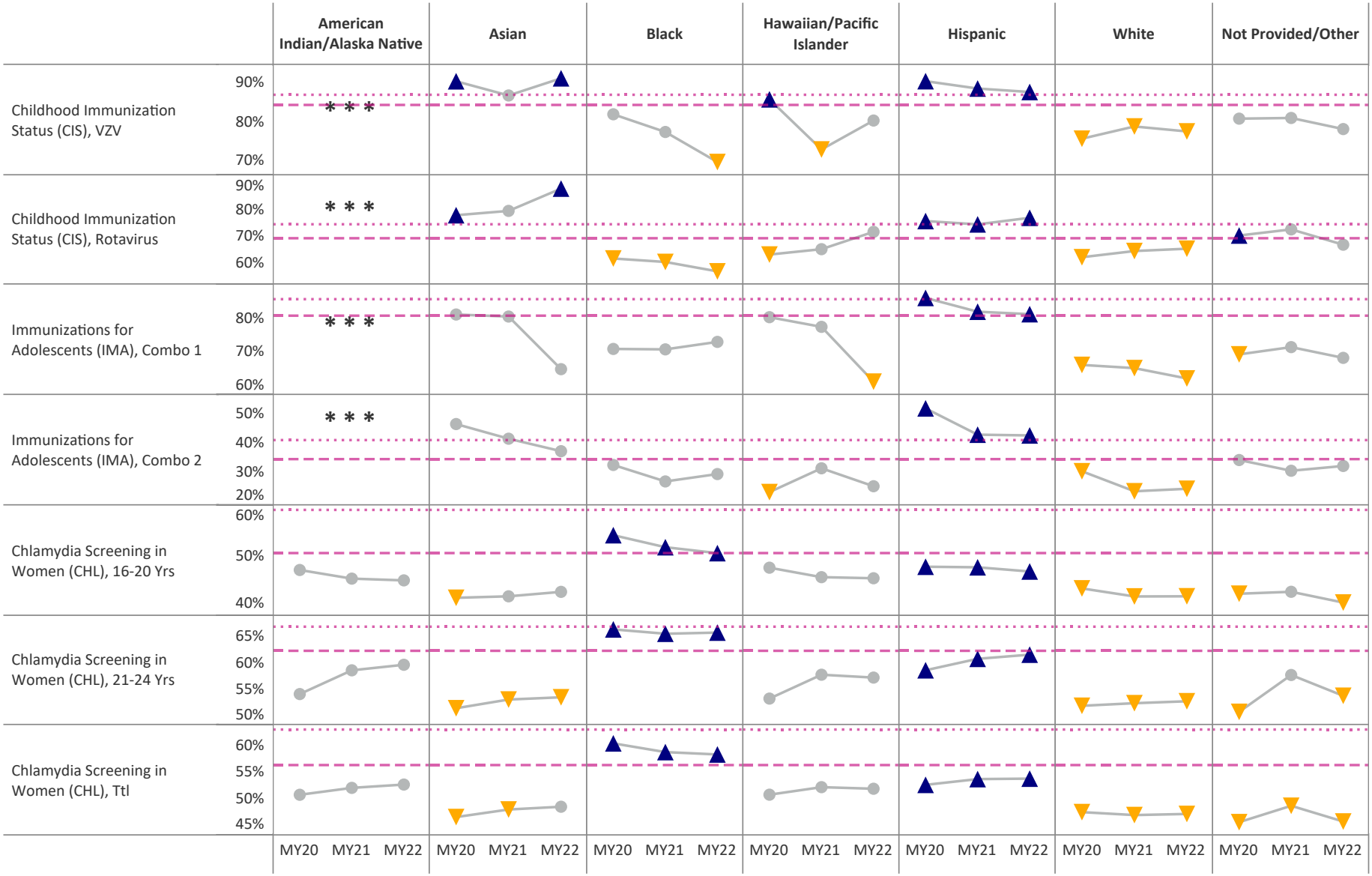
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities ▲

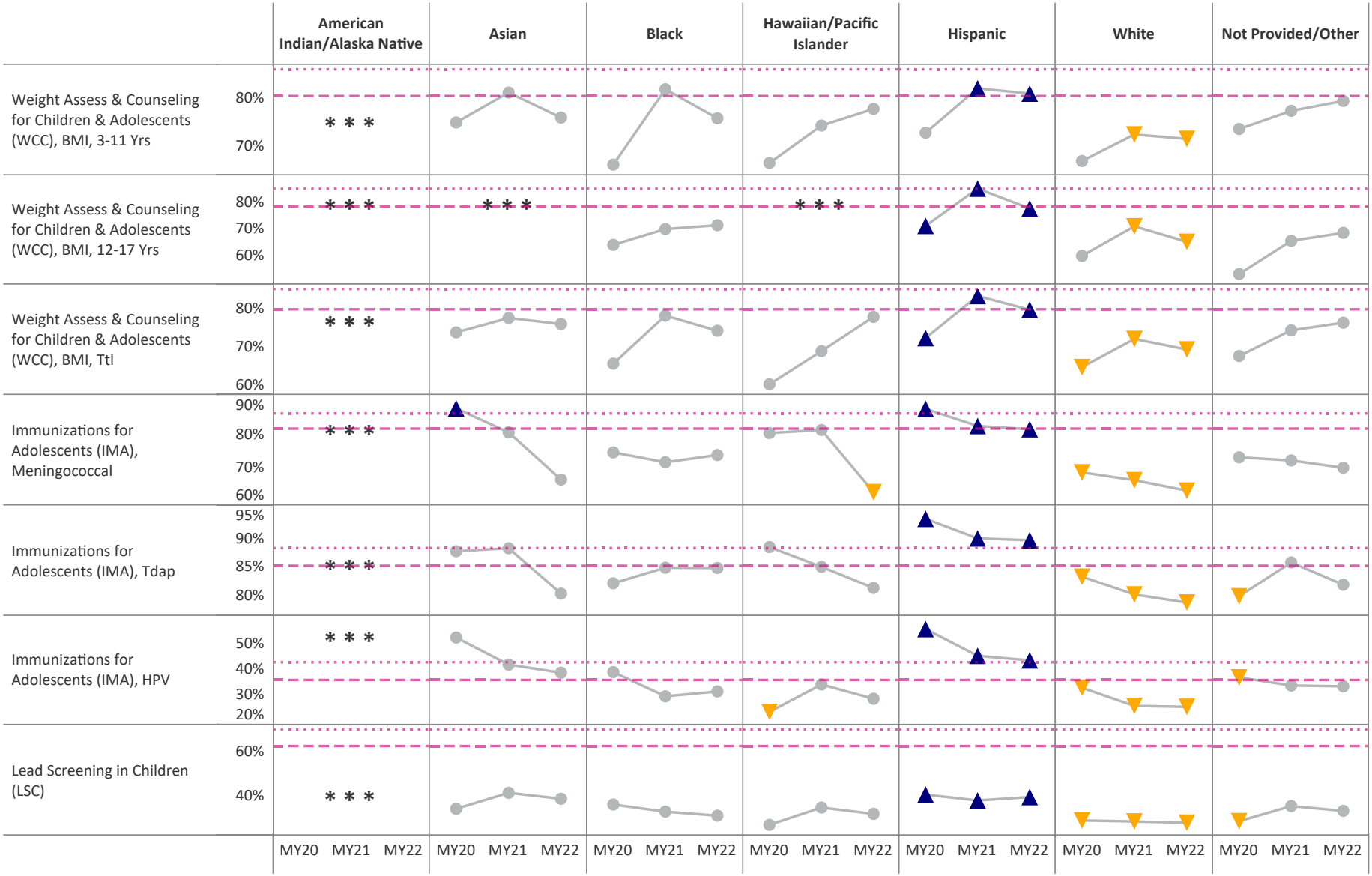
Statistically significant lower rate than other races/ethnicities ▼

No statistically significant difference ●

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

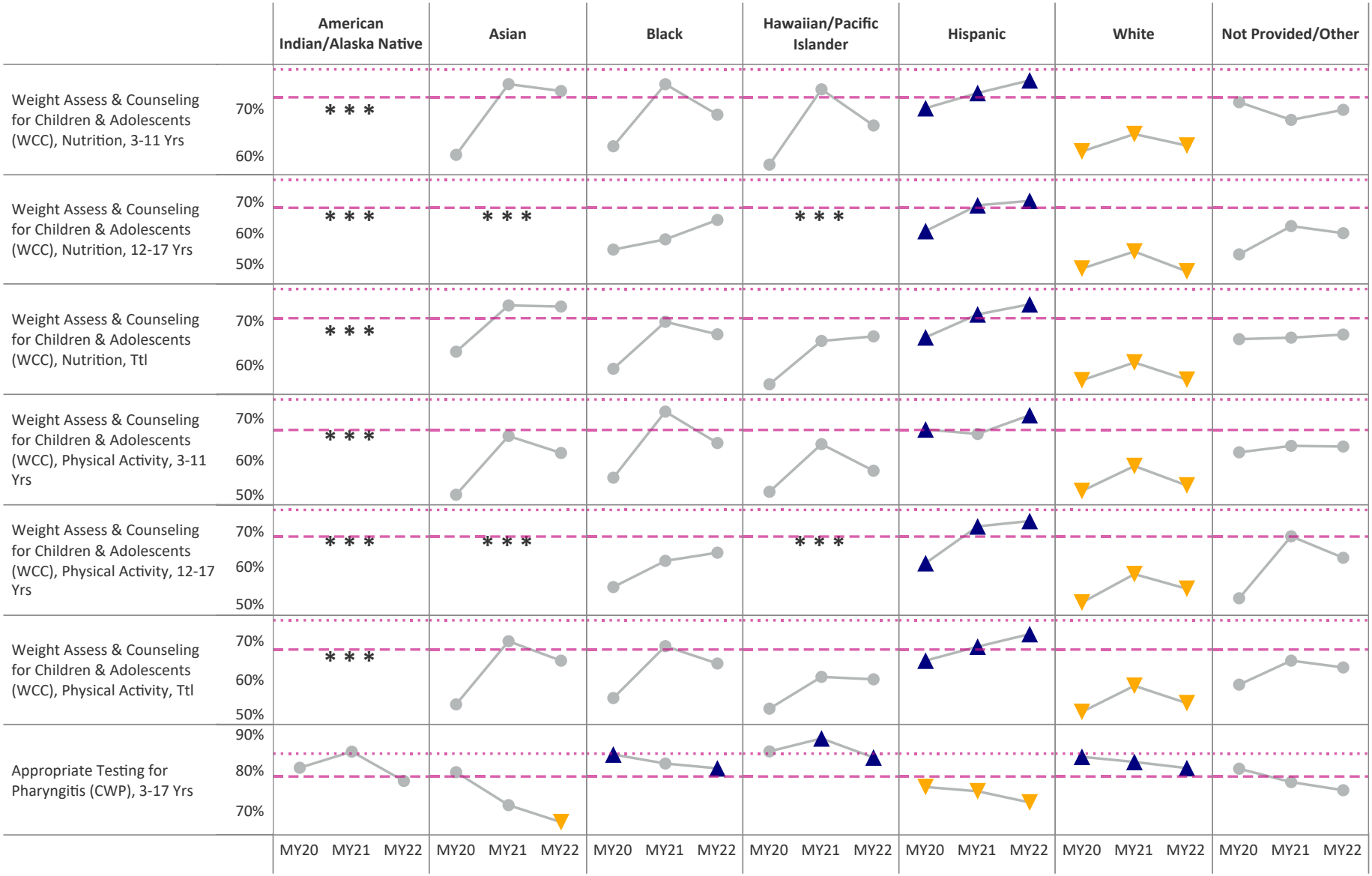
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

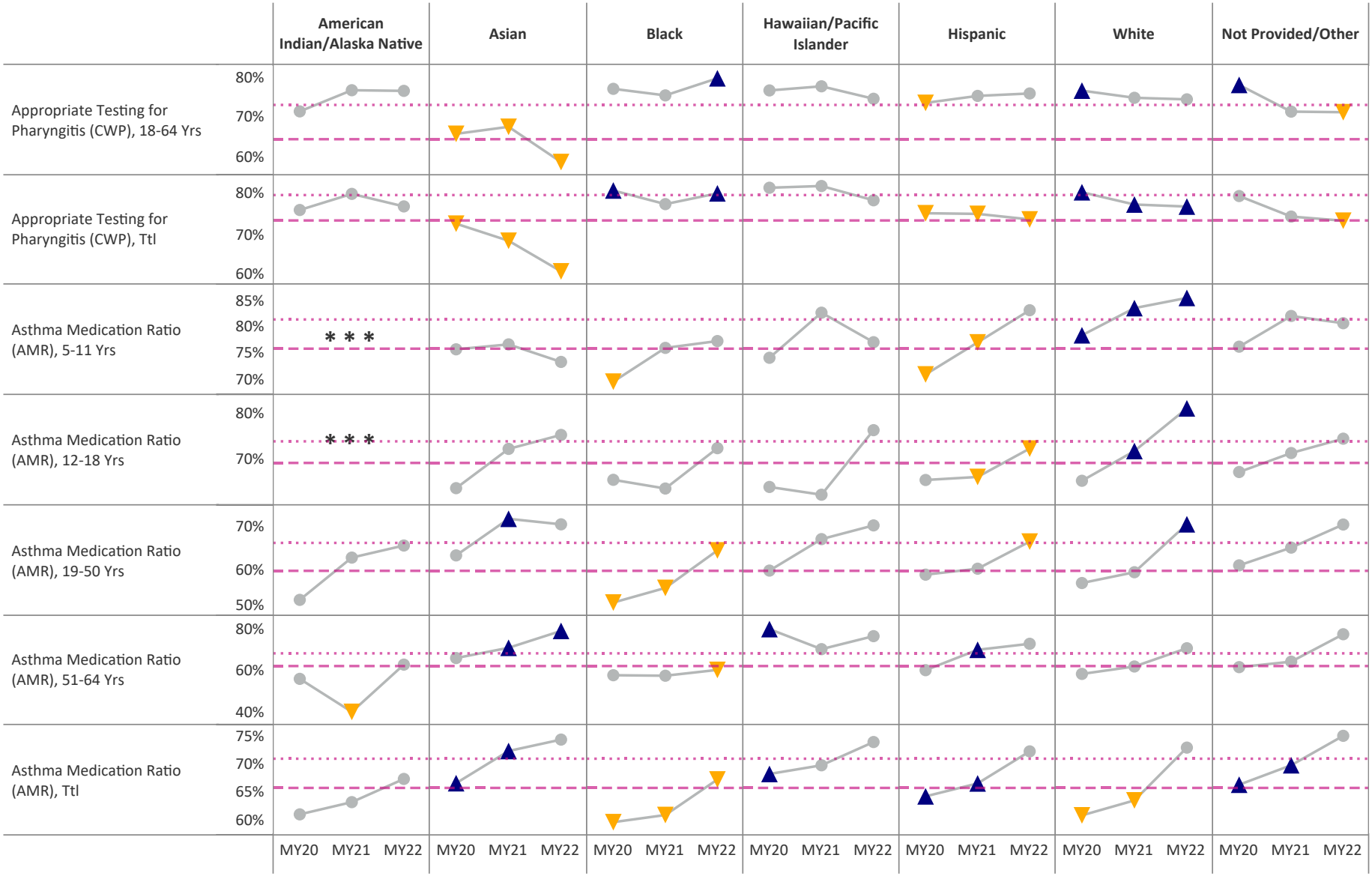
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

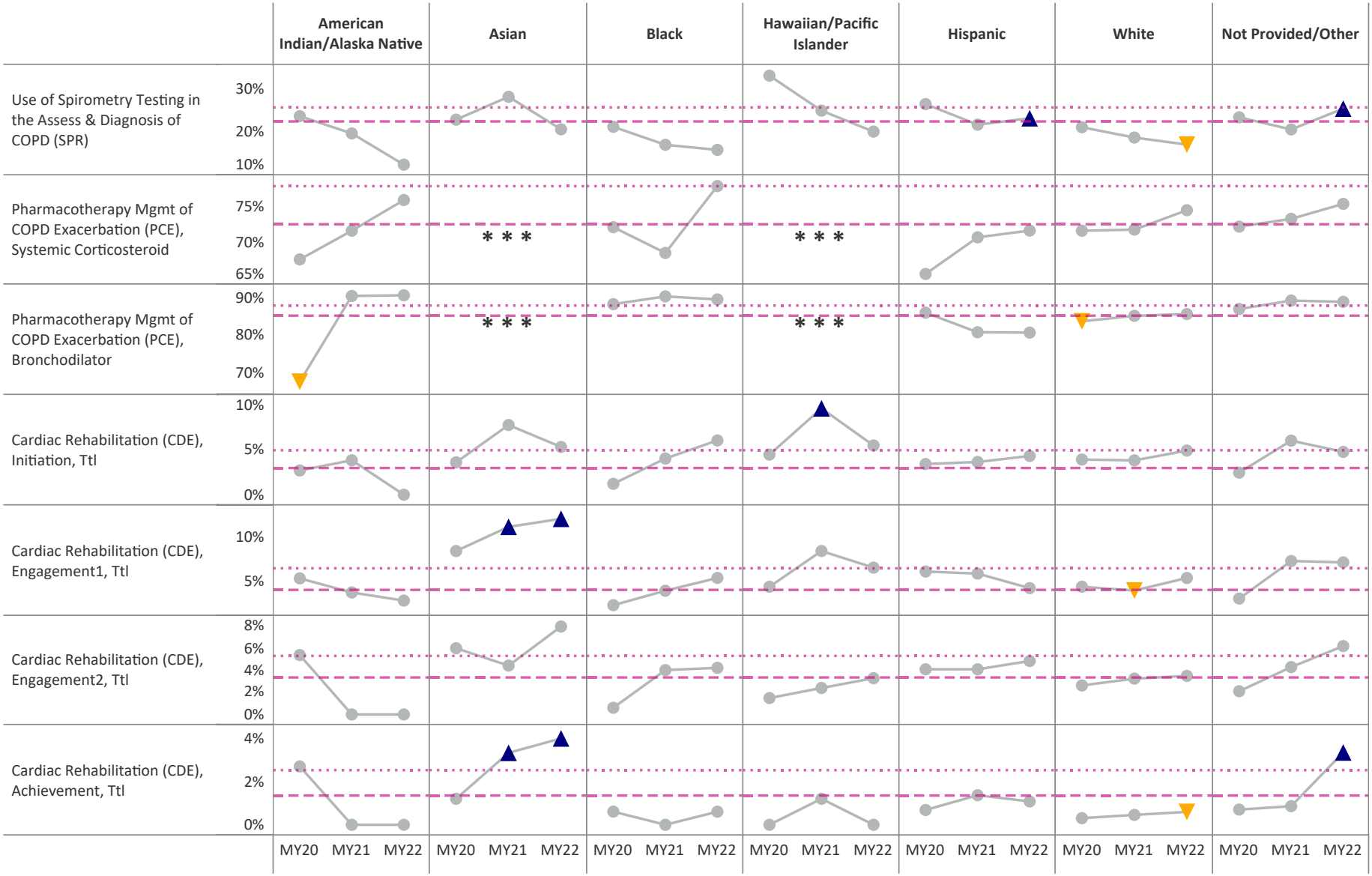
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

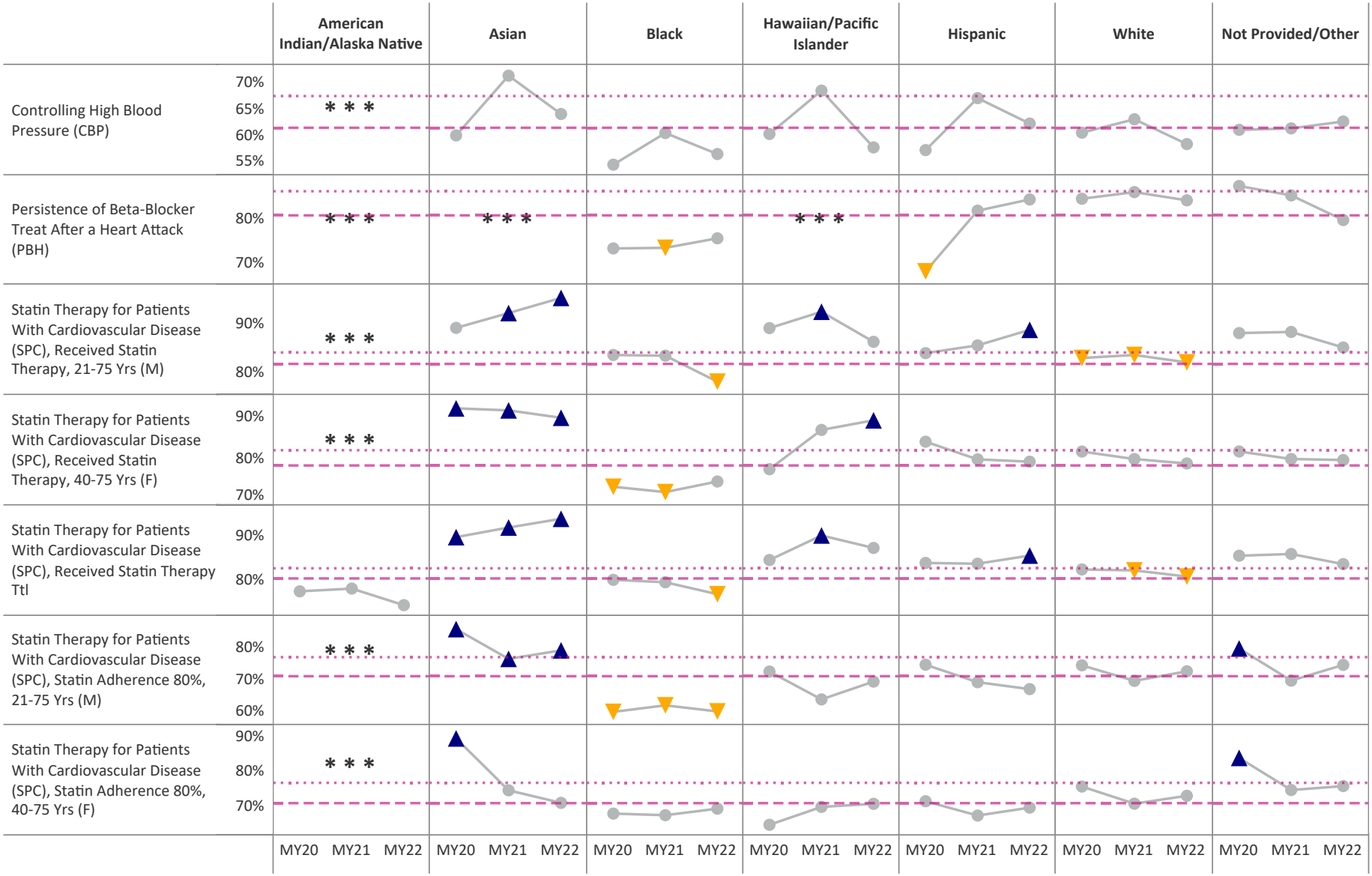
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

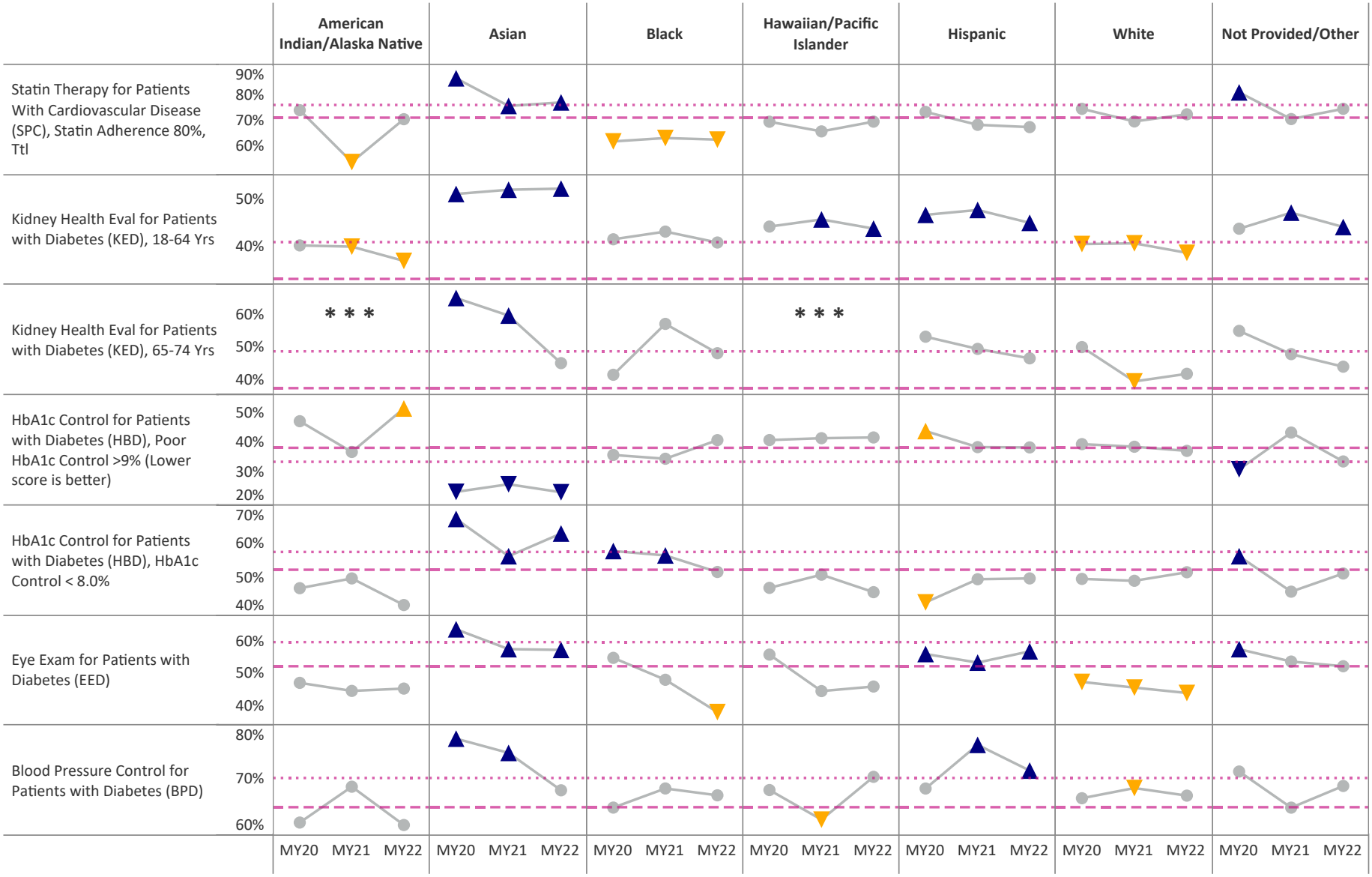
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

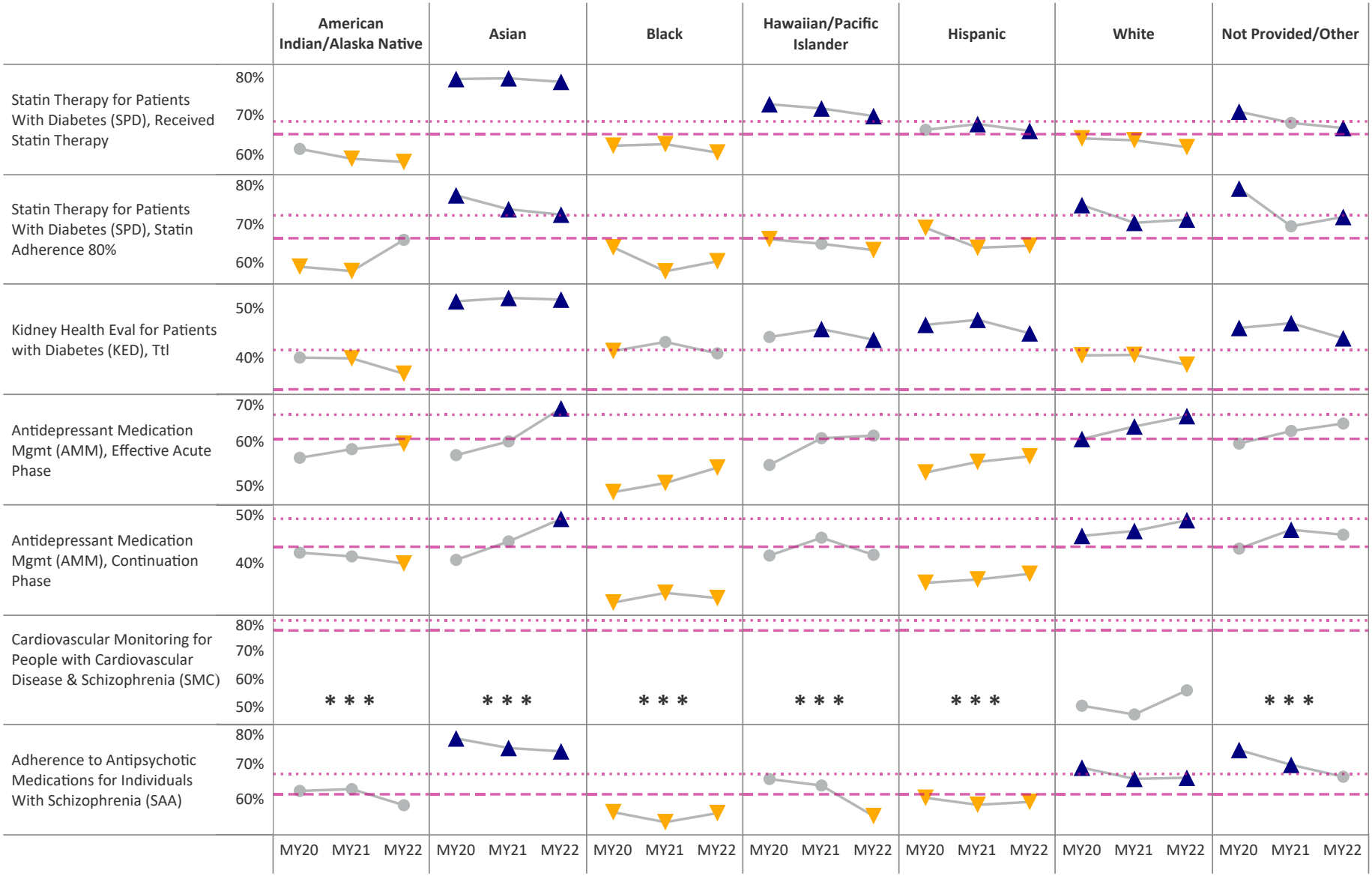
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

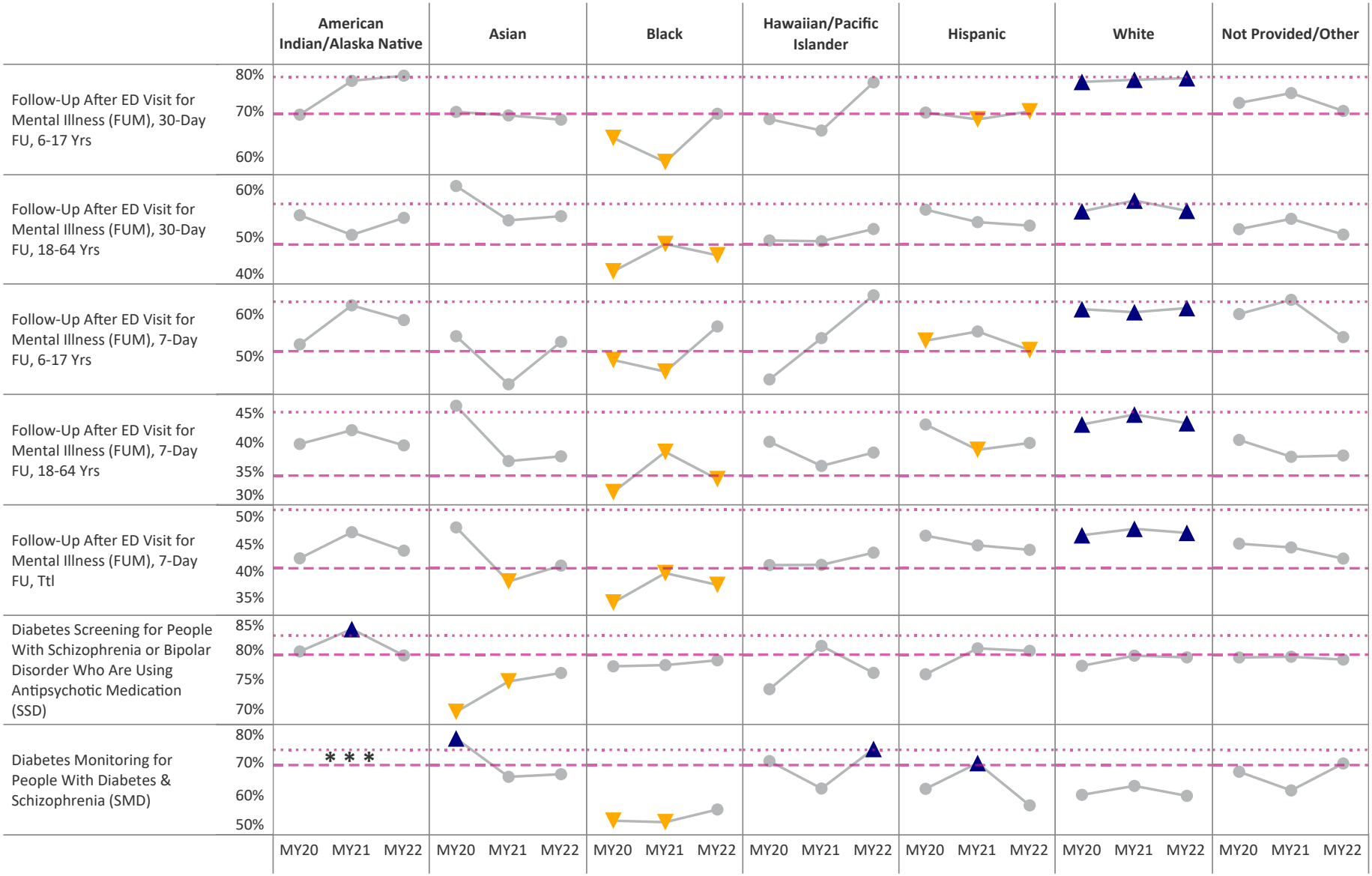
Statistically significant lower rate than other races/ethnicities

No statistically significant difference

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities ▲

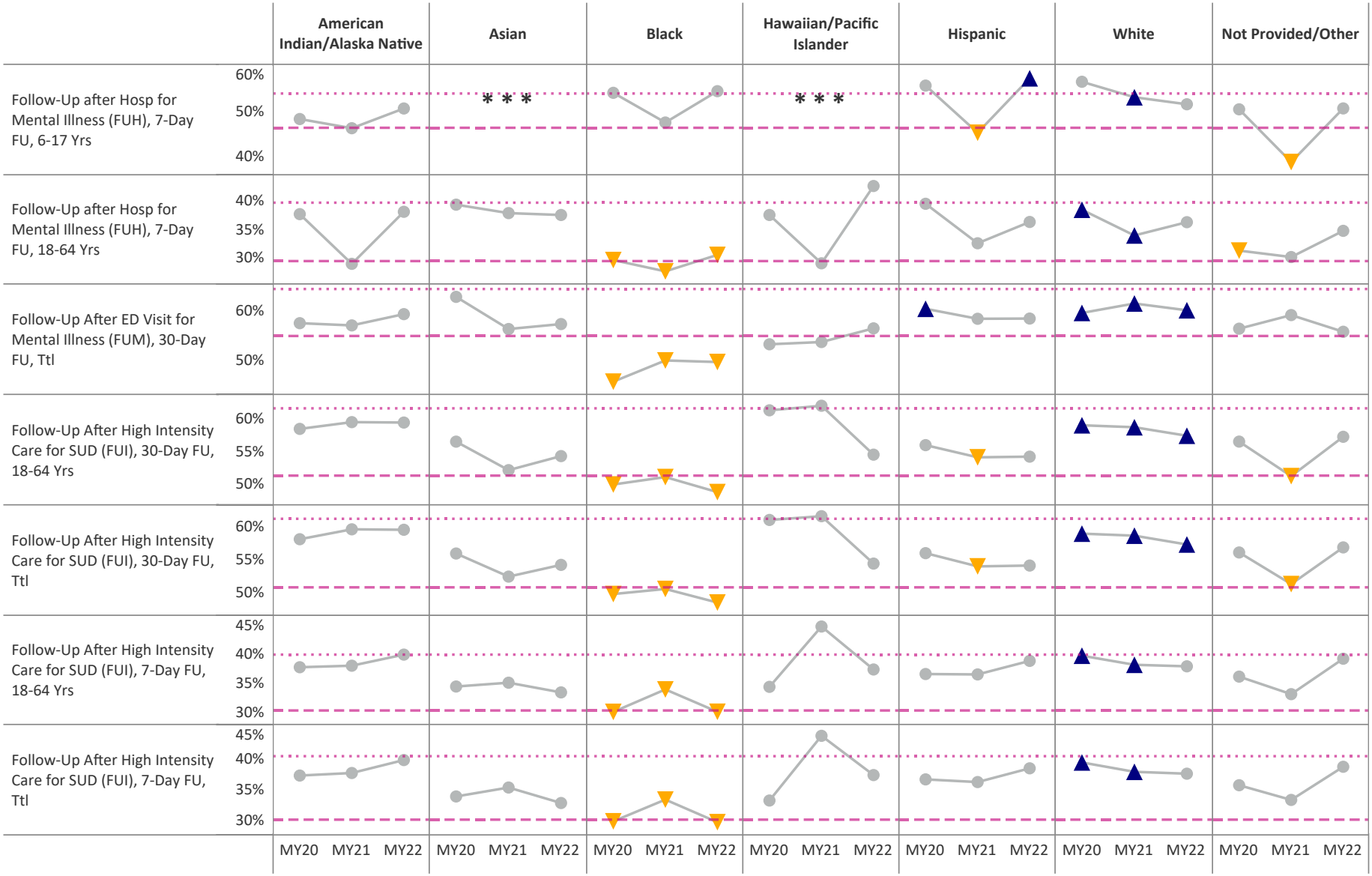
Statistically significant lower rate than other races/ethnicities ▼

No statistically significant difference ●

Not enough data to report * * *

MY2022 Natl 75th Percentile

MY2022 Natl 50th Percentile



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Measures where lower is better:

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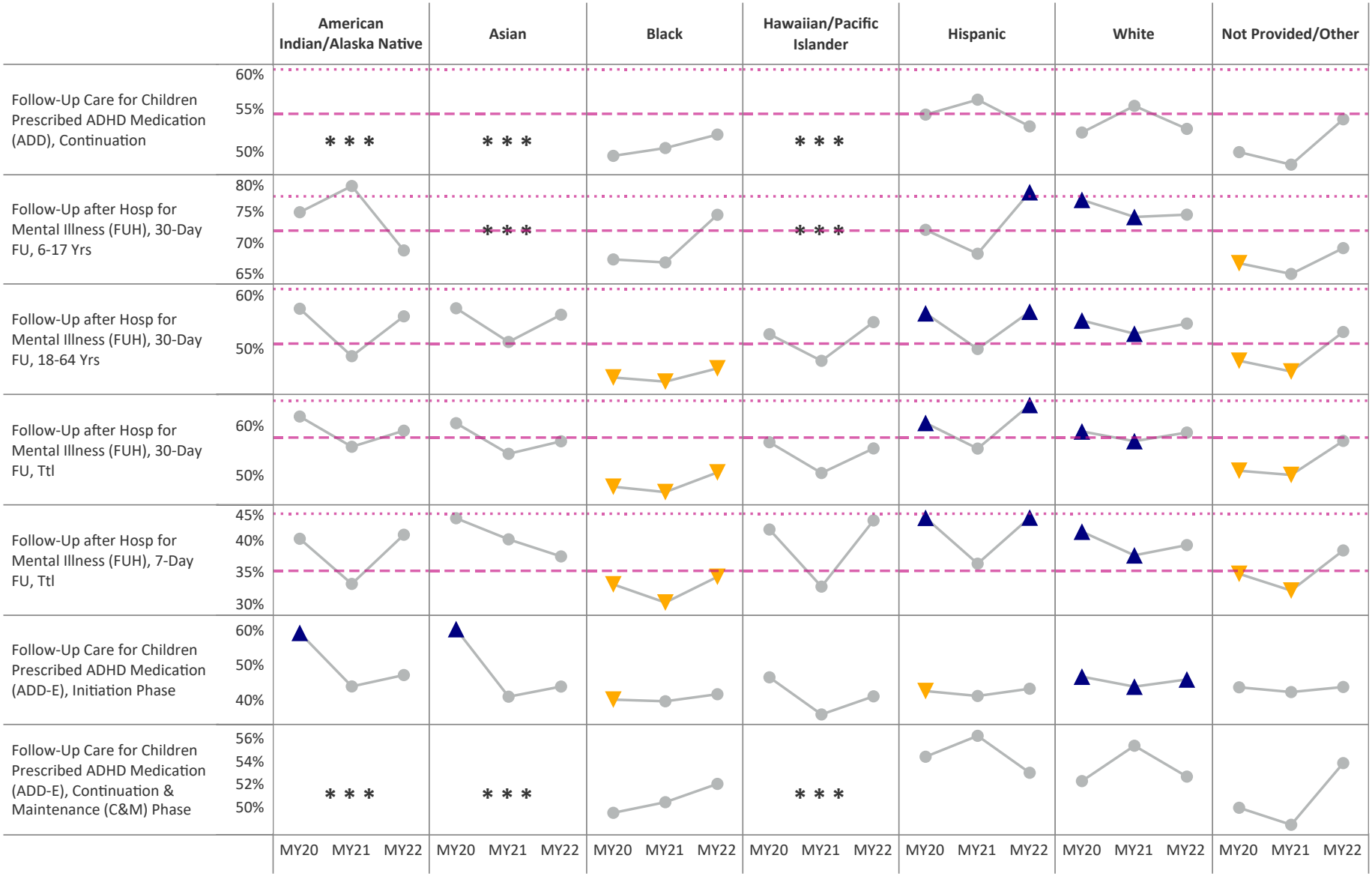

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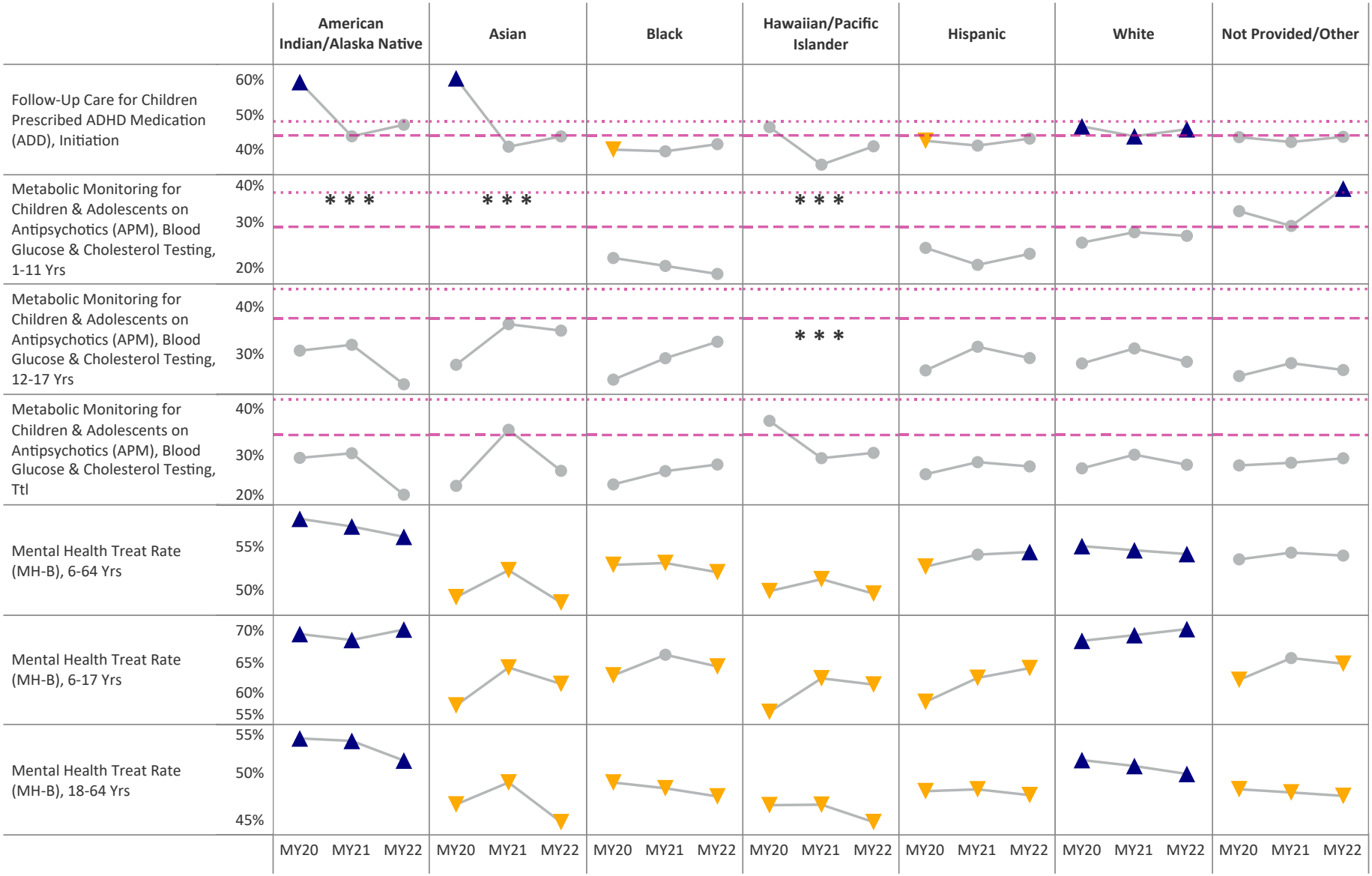

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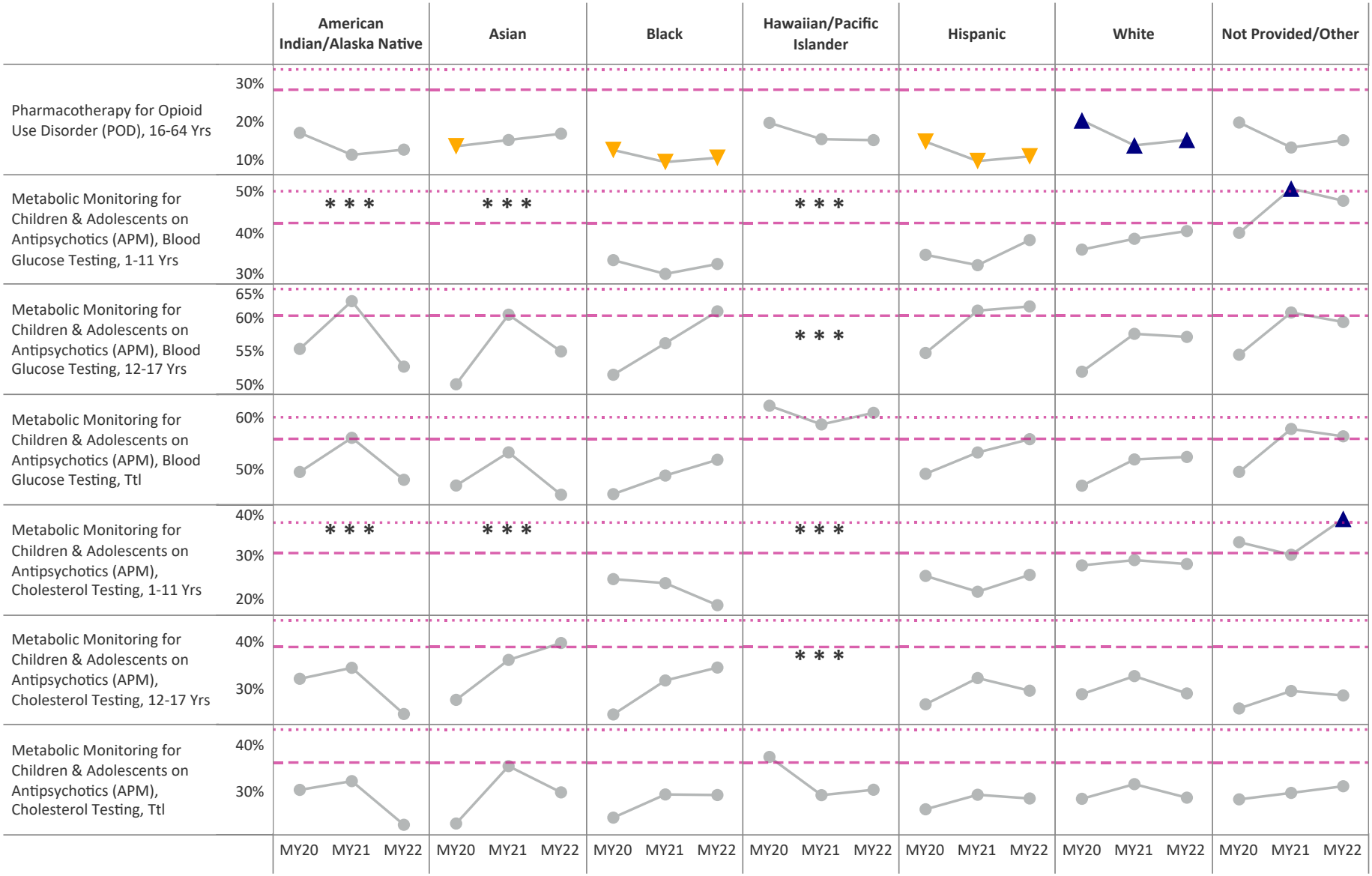

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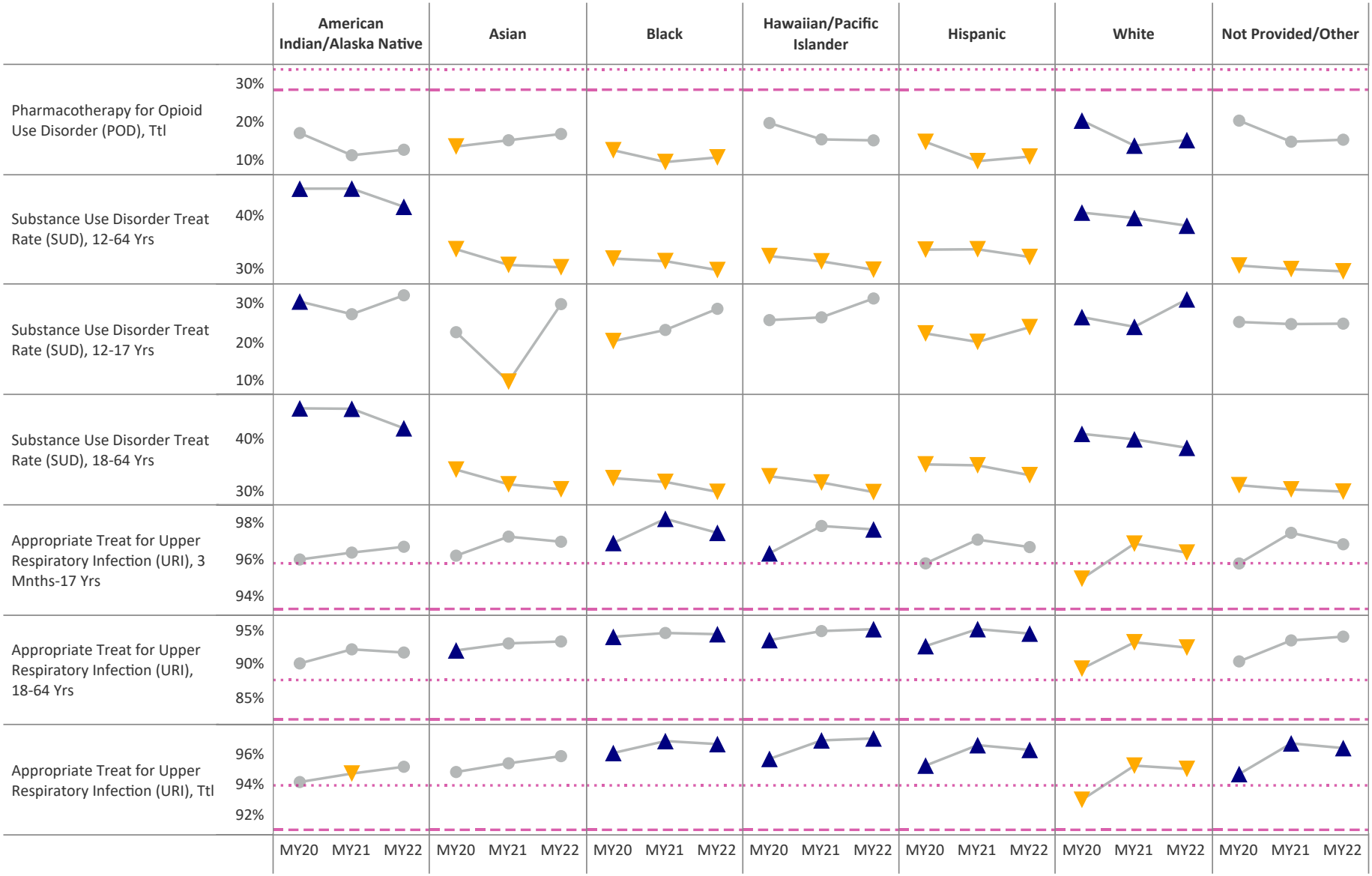

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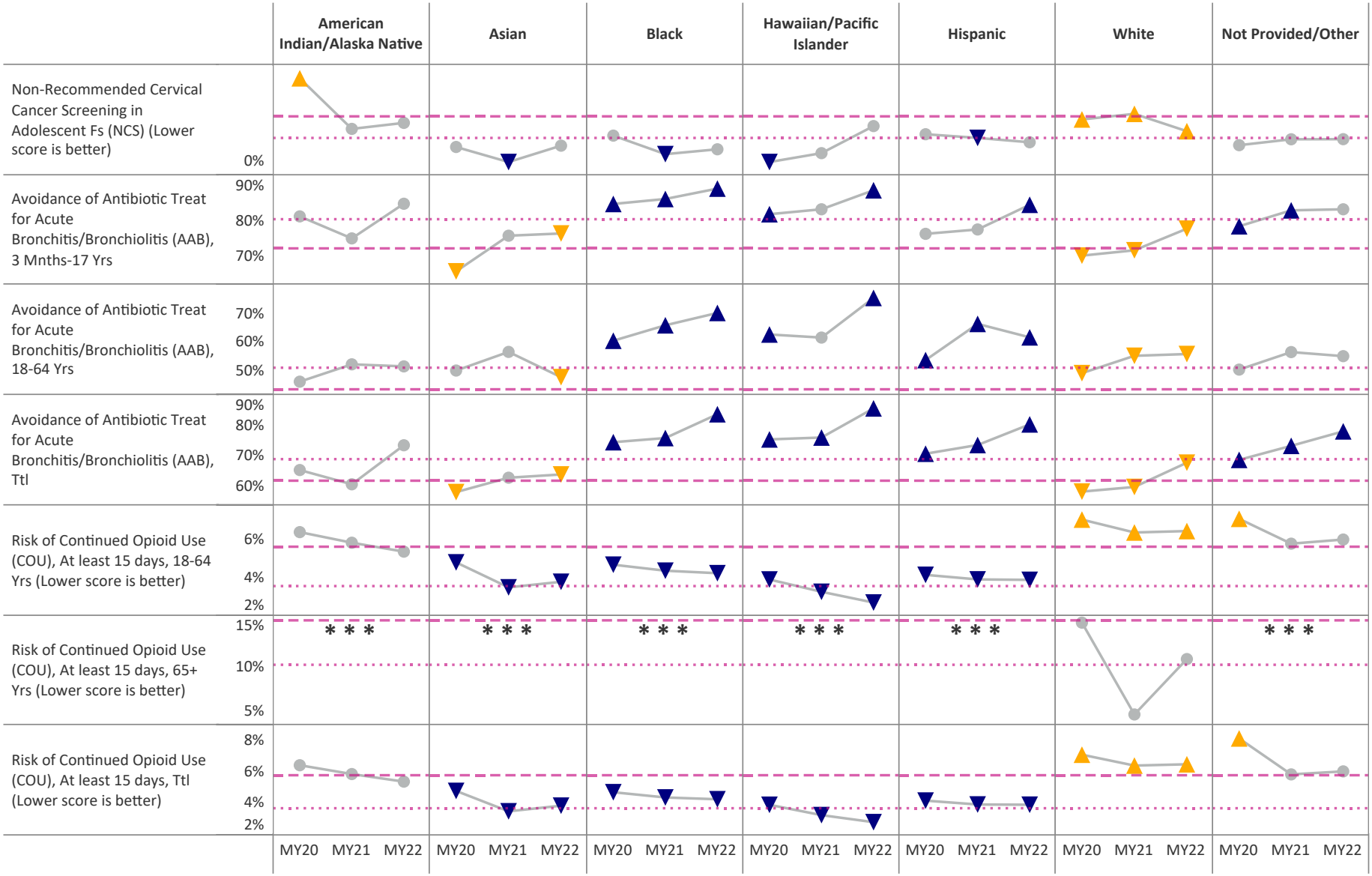

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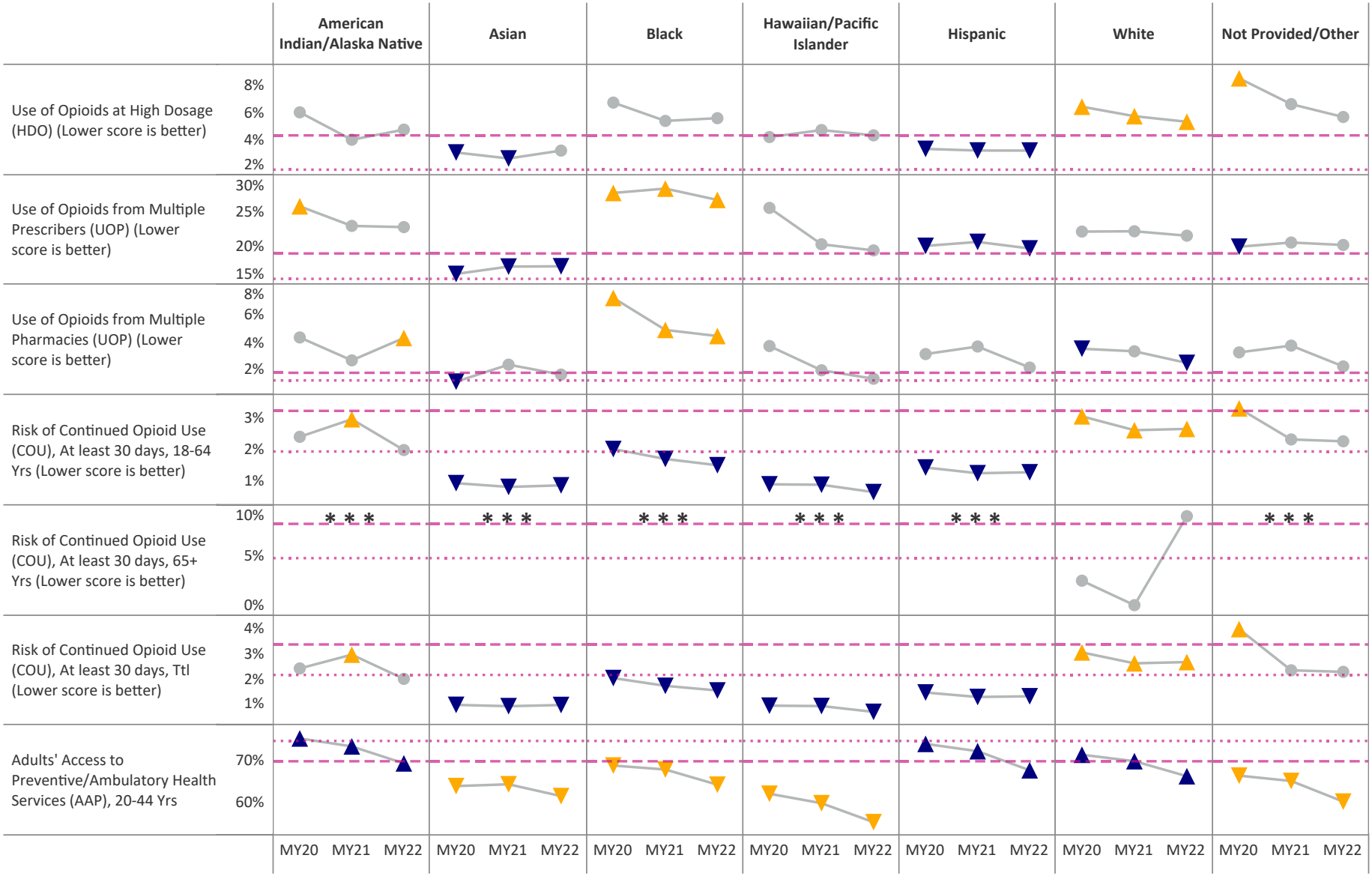

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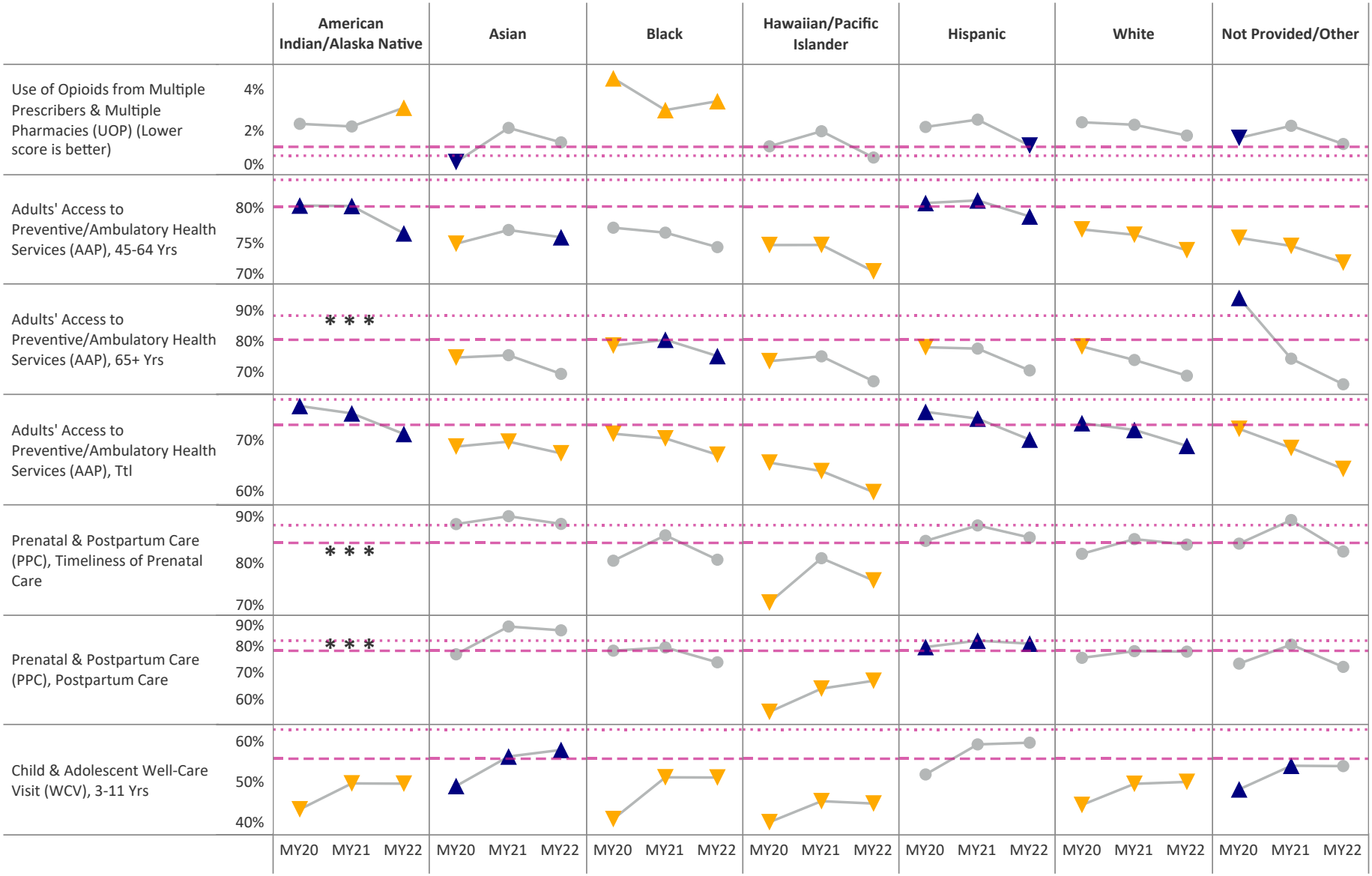

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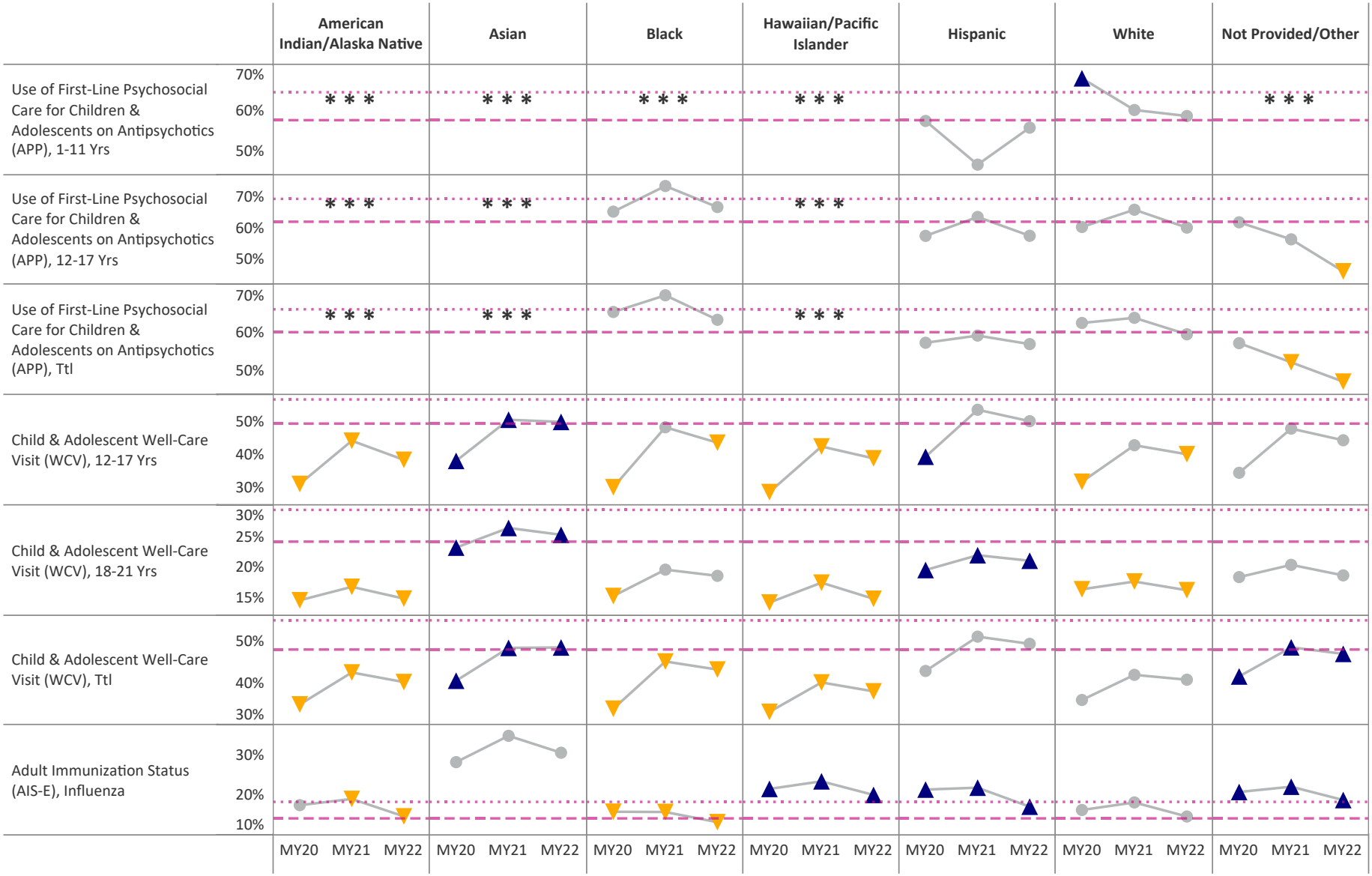

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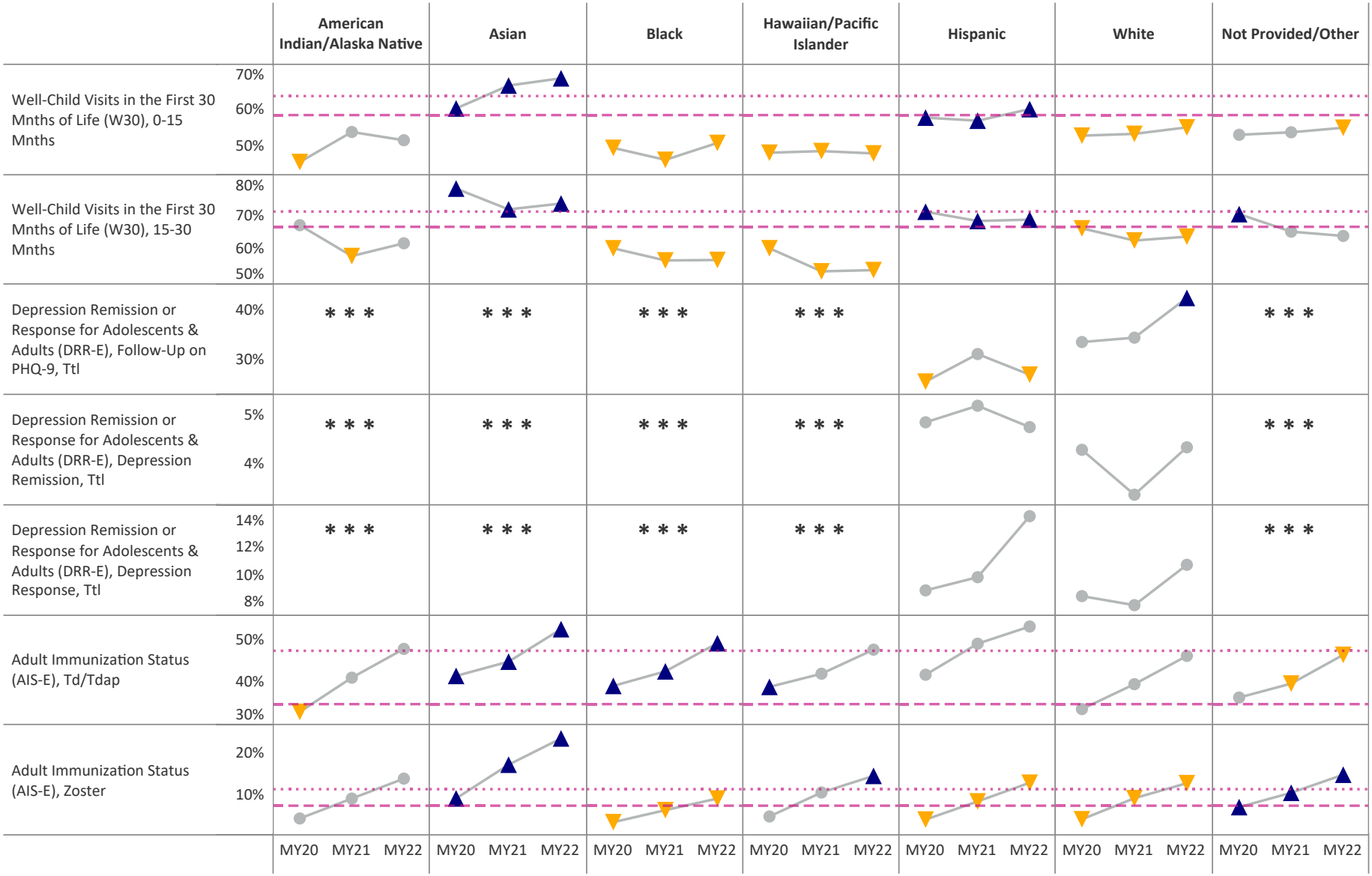

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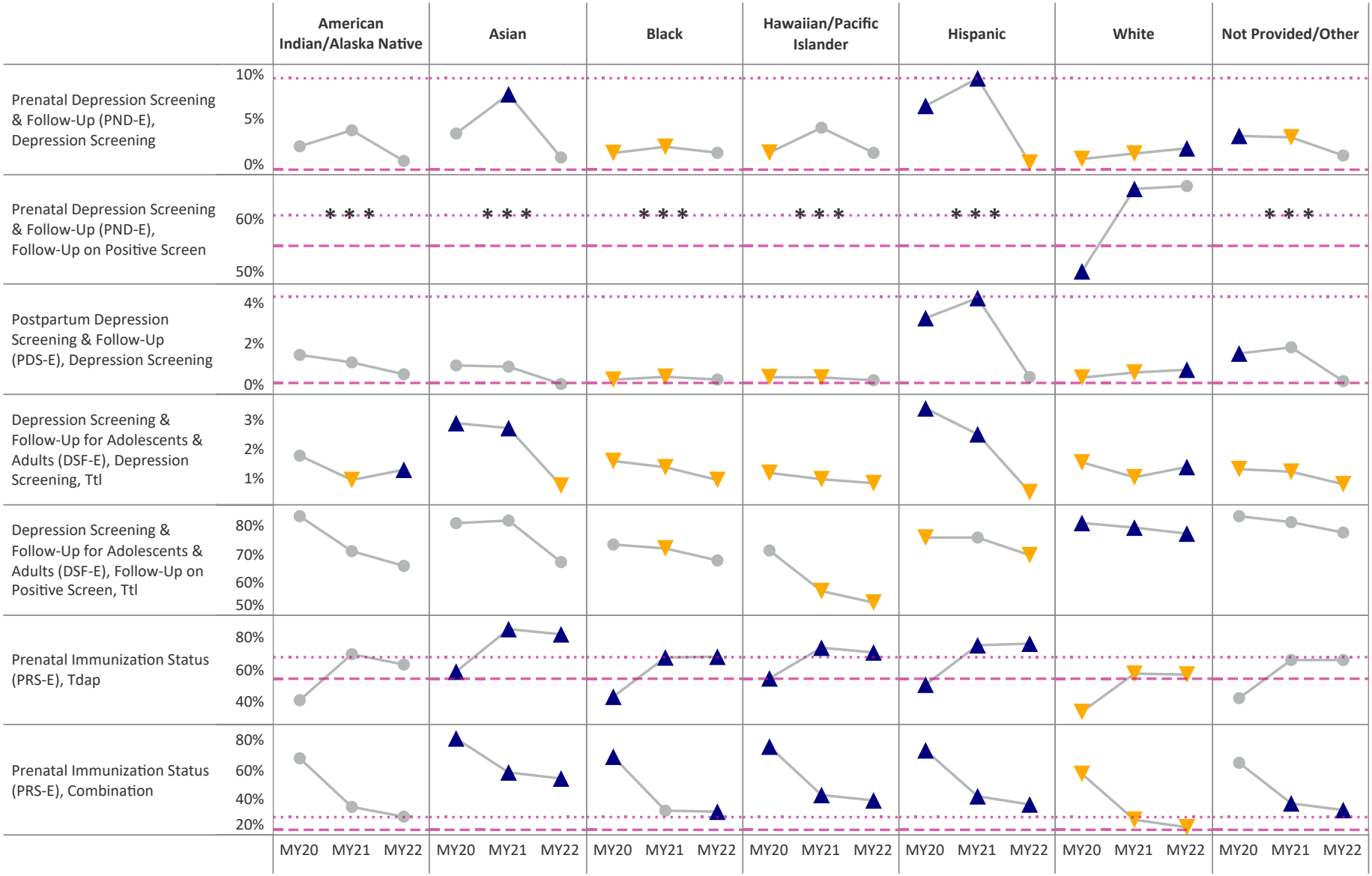

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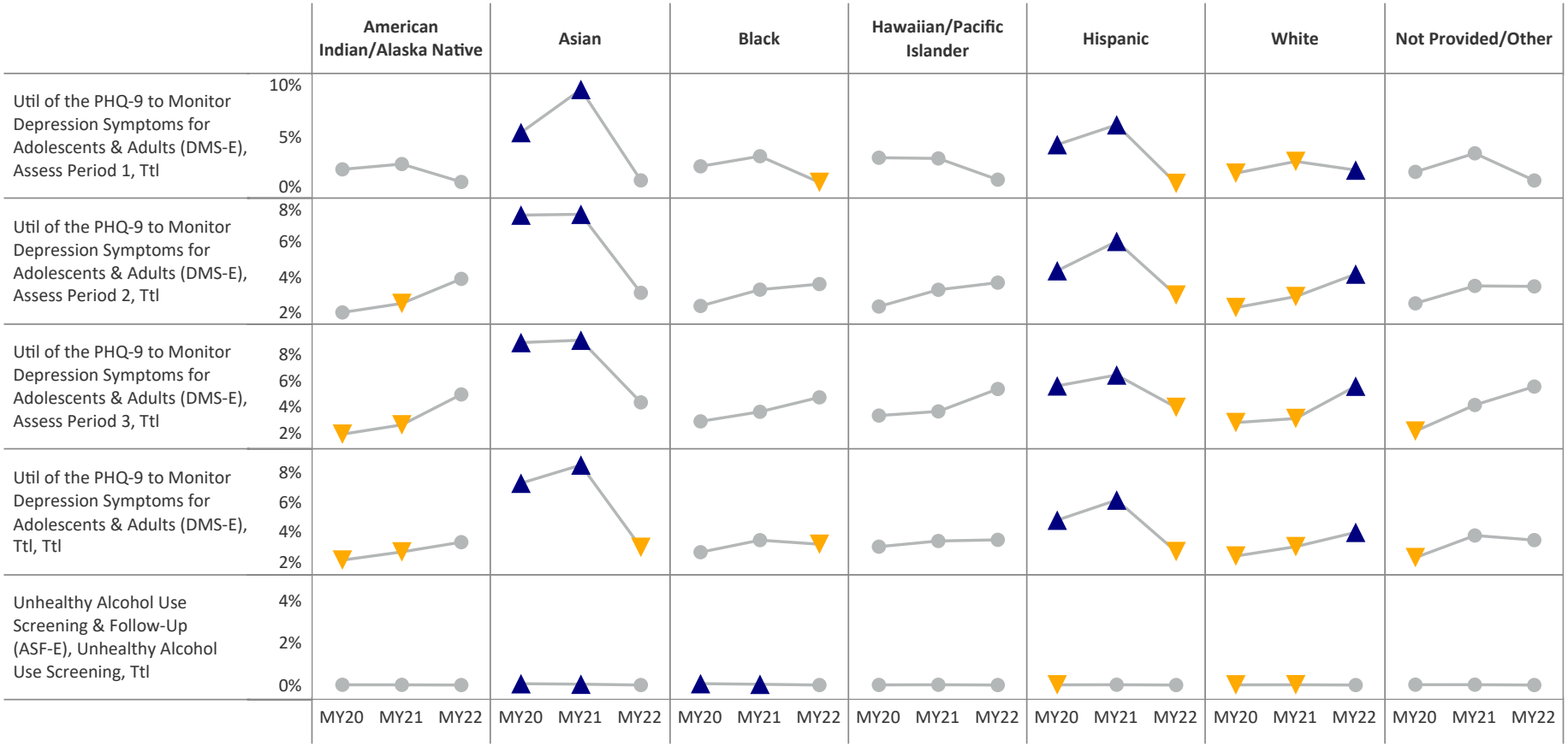

Appendix C: Methodology

Methodology

This appendix contains additional information about the methodology used for the analysis presented in this report.

HEDIS

Comagine Health assessed Apple Health MCO-level performance data for the 2022 measurement year. The measures include Healthcare Effectiveness Data and Information Set (HEDIS®) performance measure rates collected in 2023, reflecting performance in calendar year 2022. It also includes behavioral health measures that were developed by the Washington State Health Care Authority. To be consistent with NCQA methodology, the 2022 calendar year (CY) is referred to as the Measure Year 2022 (MY2022) in this report. The measures also include their indicators (for example, rates for specific age groups or specific populations).

It is worth noting the HEDIS measures now contain several measures that use electronic clinical data systems (ECDS) as the source for quality measures. NCQA has developed ECDS standards and specifications to leverage the health care information contained in electronic data systems, and to ease the burden of quality reporting. Note that several of these ECDS measures will replace measures that currently are being reported through other methods.

For more information on ECDS measure development, please visit https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.

Washington State Measures

The state monitors and self-validates the following five measures, reflecting behavioral health care services delivered to Apple Health enrollees:

- Mental Health Treatment Rate, Broad Definition (MH-B)
- Substance Use Disorder Treatment Rate (SUD)
- Home and Community-Based Long-Term Services and Supports Use (HCBS)
- Percent Homeless - Narrow Definition (HOME-N)
- Percent Homeless - Broad Definition (HOME-B)

Note the Home and Community-Based Long-Term Services and Supports Use (HCBS) and Percent Homeless measures are new to this report. An analysis of measure performance for these measures can be found in Appendix F.

The MH-B metric is a state-developed measure of access to mental health services (among persons with an indication of need for mental health services). The SUD metric is a state-developed measure of access to SUD treatment services (among persons with an indication of need for SUD treatment services).

HCA partners with the Department of Social and Health Services RDA to measure performance. Data is collected via the administrative method, using claims, encounters and enrollment data and assessed on a quarterly basis.

Administrative Versus Hybrid Data Collection

HEDIS measures draw from clinical data sources, utilizing either a fully "administrative" or a "hybrid" collection method, explained below:

- The administrative collection method relies solely on clinical information collected from electronic records generated through claims, registration systems or encounters, among others.
- The hybrid collection method supplements administrative data with a valid sample of carefully reviewed chart data.

Because hybrid measures are supplemented with sample-based data, scores for these measures will always be the same or better than scores based solely on the administrative data for these measures.[16]

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

Table C-1. Administrative Versus Hybrid Rates for Select Measures, MY2022.

Measure	Administrative Rate	Hybrid Rate	Difference
Controlling High Blood Pressure (CBP)	42.0%	61.3%	+ 19.3%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	66.0%	90.3%	+ 24.3%
Prenatal and Postpartum Care (PPC), Postpartum Care	63.7%	82.0%	+ 18.3%

Supplemental Data

In calculating HEDIS rates, the Apple Health MCOs used auditor-approved supplemental data, which is generated outside of a health plan's claims or encounter data system. This supplemental information includes historical medical records, lab data, immunization registry data and FFS data on early and periodic screening, diagnosis and treatment provided to MCOs by HCA. Supplemental data were used in determining performance rates for both administrative and hybrid measures. For hybrid measures, supplemental data provided by the state reduced the number of necessary chart reviews for MCOs, as plans were not required to review charts for individuals who, according to HCA's supplemental data, had already received the service.

Rotated Measures

In the following table shows all the rotated measures and which MCO chose to report as rotated. MCO specific charts in the report will include footnotes to indicate where rotated measures are reported.

[16] Tang et al. HEDIS measures vary in how completely the corresponding data are captured in course of clinical encounters and the degree to which administrative data correspond to the actual quality parameter they are designed to measure.

Table C-2. MY2019 Rotated Measures by MCOs.

Measure Name	AMG	CCW	CHPW	MHW	UHC
Adolescent Well-Care Visits (AWC)	—	—	—	—	Y
Adult BMI Assessment (ABA)	Y	Y	—	—	—
Cervical Cancer Screening (CCS)	Y	—	—	—	—
Childhood Immunization Status (CIS), All Components	—	—	—	Y	Y
Controlling High Blood Pressure (CBP)	Y	Y	—	—	—
Lead Screening in Children (LSC)	Y	—	—	—	—
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	Y	—	—	—	—
Prenatal and Postpartum Care (PPC), Postpartum Care	Y	—	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), All Components and Age Bands	Y	—	—	—	—
Well-Child Visits in the First 15 Months of Life (W15), 0, 1, 2, 3, 4, 5 and 6 or More Visits	Y	Y	—	—	—
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	—	—	—	—	Y

Y = indicates yes; the MCO reported on that measure.

— Indicates the MCO did not report that measure.

Member-Level Data Analysis

For this report, HCA required MCOs to submit member-level data (MLD) files for analyses relating to demographic and geographic disparities. These files provide member-level information for each HEDIS quality measure. These data sets were then provided to Comagine Health for analysis. In addition to the MLD files, HCA also provided Comagine Health with an eligibility file that included enrollee demographic information (age, gender, race/ethnicity, language, county of residence and specific Apple Health program and eligibility category). Note the MLD files do not contain data for the Washington State behavioral health measures.

The populations underlying each measure in this report represent Apple Health members enrolled with an MCO in Washington State between January 1, 2022, and December 31, 2022. Of note: Only individuals who are in the denominator of at least one HEDIS measure are included in the member-level data. As a result, individuals with short tenures in their plans or individuals with little to no healthcare utilization may not be included in the measure analysis. The HEDIS measures were not risk-adjusted for any differences in enrollee demographic characteristics. Prior to performing analysis, member-level data were aggregated to the MCO level and validated against the reported HEDIS measures.

Definitions Used to Stratify Member-Level Data

Comagine Health needed to develop methods for stratifying the member level data for the various analyses presented in this report.

- **Apple Health Program and Eligibility Category** – HCA included the Apple Health program information on the eligibility file, (Apple Health Integrated Managed Care, Apple Health Integrated Foster Care and Apple Health Behavioral Health Services Only). The data was first stratified by Apple Health Program. The AH-IMC program was then further broken down into eligibility groups using recipient aid category (RAC) codes on the enrollment file and a mapping of RAC codes to eligibility category.
- **Race/Ethnicity Data** – The HCA eligibility data included both a race field and a Hispanic indicator field. Enrollment data is reported separately by race and Hispanic ethnicity. For measure reporting, the race and ethnicity information is combined into one category; an individual who indicated they are Hispanic are reported as Hispanic, otherwise they are reported by race.
- **Spoken Language** – The HCA eligibility data also captures approximately 85 different spoken languages. In addition to English, Comagine Health reported on the 15 languages where HCA currently had written materials available. The remaining languages were reported in the "Other languages" category; they represent less than 1% of the total enrollees.
- **Urban versus Rural** – To define urban versus rural geographies, Comagine Health relied on the CMS rural-urban commuting area (RUCA) codes. RUCA codes classify United States census tracts using measures of population density, urbanization and daily commuting.

  Whole numbers (1-10) delineate metropolitan, micropolitan, small-town and rural commuting areas based on the size and direction of the primary (largest) commuting flows. The member ZIP code included in the MLD files was used to map each member to the appropriate RUCA codes. For the purposes of this analysis, RUCA codes 8, 9 and 10 were classified as rural; this effectively defines rural areas as towns of ten thousand or smaller.
- **Regional** – The member county from the HCA enrollment data was used to map the member to region.

Sufficient Denominator Size

In order to report measure results, there needs to be a sufficient denominator, or number of enrollees who meet the criteria for inclusion in the measure. Comagine Health follows NCQA guidelines to suppress the reporting of measure results if there are fewer than 30 enrollees in a measure. This ensures that patient identity is protected for HIPAA purposes, and that measure results are not volatile. Note that 30 is still small for most statistical tests, and it is difficult to identify true statistical differences.

Note that stratification of the measure results for the various of the member level data analyses often resulted in measures with denominators too small to report. This was particularly true for the hybrid measures, which tend to have smaller denominators because of the sampling methodology used to collect the data. The measures selected for reporting varied for each analysis as a result.

Calculation of the Washington Apple Health Average

This report provides estimates of the average performance among the five Apple Health MCOs for the four most recent reporting years: MY2019, MY2020, MY2021 and MY2022. The majority of the analyses

presented in this report use the state weighted average. The state weighted average for a given measure is calculated as the weighted average among the MCOs that reported the measure (usually five), with the MCOs' shares of the total eligible population used as the weighting factors.

However, the MCO scorecards compare the individual MCO rates to the state simple average. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns. Comagine Health chose to use the simple average for the MCO scorecards because the Apple Health MCOs are of such different sizes. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure.

Comparison to Benchmarks

This report provides national benchmarks for select HEDIS measures from the MY2022 NCQA Quality Compass. These benchmarks represent the national average and selected percentile performance among all NCQA-accredited Medicaid HMO plans and non-accredited Medicaid HMO plans that opted to publicly report their HEDIS rates. These plans represent states both with and without Medicaid expansion. The number of plans reporting on each measure varies, depending on each state's requirement (not all states require reporting; they also vary on the number of measures they require their plans to report).

The license agreement with NCQA for publishing HEDIS benchmarks in this report limits the number of individual indicators to 40, with no more than two benchmarks reported for each selected indicator. Therefore, a number of charts and tables do not include a direct comparison with national benchmarks but may instead include a narrative comparison with national benchmarks; for example, noting that a specific indicator or the state average is lower or higher than the national average.

Note there are no national benchmarks for the Washington State Behavioral Health measures. As an alternative approach, HCA leadership chose to consider the plan with the second highest performance in MY2021 as the benchmark.

Interpreting Percentages Versus Percentiles

The majority of the measure results in this report are expressed as a percentage. The actual percentage shows a plan's specific performance on a measure. For example, if Plan A reports a Breast Cancer Screening rate of 69%, that means that 69% of the eligible women enrolled in Plan A have received the screening. Ideally, 100% of the eligible woman should receive breast cancer screenings. The actual rate indicates there is still a gap in care that can be improved.

The national benchmarks included in this report are often displayed as percentiles. The percentile shows how Plan A ranks among all other plans who have reported Breast Cancer Screening rates. For example, if we say the plan's Breast Cancer Screening rate is at the national 50th percentile, it means that approximately 50% of the plans in the nation reported Breast Cancer Screening rates that were equal to or below Plan A; approximately 50% of the plans in the nation had rates that were above. If Plan A is above the 90th percentile, that means that at least 90% of the plans reported rates below Plan A.

The national percentiles give a benchmark, or point of comparison, to assess how Plan A's performance compares to other plans. This is especially important for identifying high priority areas for quality improvement. For example, if Plan A performs below the 50th percentile, we can conclude there is a lot of room for improvement given the number of similar plans who perform better than Plan A. However,

if Plan A performs above the 90th percentile, we can conclude that performance on that particular measure already exceeds the performance of most other plans and improving the actual rate for that measure may not be the highest priority.

Statistical Significance

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms “significant” or “significantly” are used when describing a statistically significant difference at the 95 percent confidence level. A Wilson Score Interval test was applied to calculate the 95 percent confidence intervals.

For comparisons of performance scores between categories such as MCO or race/ethnicity, a chi-square test was used to compare each category against the remaining categories as a group (i.e., an individual MCO would be compared to the average of the other four MCOs). Occasionally, a test may be significant even when the confidence interval crosses the state average line shown in the bar charts, because the state averages on the charts reflect the weighted average of all MCOs, not the average excluding the MCO being tested.

Other tests of statistical significance are generally made by comparing confidence interval boundaries calculated using a Wilson Score Interval test, for example, comparing the MCO performance scores or state averages from year to year.

Denominator Size Considerations and Confidence Intervals

When measures have values required for a visit or action to count as a numerator event. Therefore, it is important to keep in mind that a low performance score can be the result of an actual need for quality improvement, or it may reflect a need to improve electronic documentation and diligence in recording notes. For example, in order for an outpatient visit to be counted as counseling for nutrition, a note with evidence of the counseling must be attached to the medical record, with demonstration of one of several specific examples from a list of possible types of counseling, such as discussion of behaviors, a checklist, distribution of educational materials, etc. Even if such discussion did occur during the visit, if it was not noted in the patient record, it cannot be counted as a numerator event for weight assessment and counseling for nutrition and physical activity for children/adolescents. For low observed scores, health plans and other stakeholders should examine (and strive to improve) both of these potential sources of low measure performance.

Confidence interval ranges are narrow when there are very large denominators (populations of sample sizes), it is more likely to detect significant differences even when the apparent difference between two numbers is very small. Conversely, many HEDIS measures are focused on a small segment of the patient population, which means sometimes it appears there are large differences between two numbers, but the confidence interval is too wide to be 95% confident that there is a true difference between two numbers. In such instances, it may be useful to look at patterns among associated measures to interpret overall performance. In this report, we attempt to identify true statistical differences between populations as much as the data allows. This is done through the comparison of 95 percent confidence interval ranges calculated using a Wilson Score Interval. In layman’s terms, this indicates the reader can be 95 percent confident there is a real difference between two numbers, and that the differences are not just due to random chance. The calculation of confidence intervals is dependent on denominator sizes.

Confidence interval ranges are narrow when there is a large denominator because we can be more confident in the result with a large sample. When there is a small sample, we are less confident in the result, and the confidence interval range will be much larger.

The confidence interval is expressed as a range from the lower confidence interval value to the upper confidence interval value. A statistically significant improvement is identified if the current performance rate is above the upper confidence interval for the previous year.

For example, if a plan had a performance rate in the previous year of 286/432 (66.20%), the Wilson Score Interval would provide a 95% confidence interval of 61.62% (lower confidence interval value) to 70.50% (upper confidence interval value). The plan's current rate for the measure is then compared to the confidence interval to determine if there is a statistically significant change. If the plan is currently performing at a 72% rate, the new rate is above the upper confidence interval value and would represent a statistically significant improvement. However, if the plan is currently performing at a 63% rate, the new rate is within the confidence interval range and is statistically the same as the previous rate. If the current performance rate is 55%, the new rate is below the lower confidence interval value and would represent a statistically significant decrease in performance.

Note that for measures where a lower score indicates better performance, the current performance rate must be below the lower confidence interval value to show statistically significant improvement.

Additional Notes Regarding Interpretation

Plan performance rates must be interpreted carefully. HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics and other factors that may impact interaction with health care providers and systems.

Some measures have very large denominators (populations of sample sizes), making it more likely to detect significant differences even for very small differences. Conversely, many HEDIS measures are focused on a narrow eligible patient population and in the final calculation, can differ markedly from a benchmark due to a relatively wide confidence interval. In such instances, it may be useful to look at patterns among associated measures to interpret overall performance.

Limitations

- **Fee-for-service population:** The fee-for-service population is not included in these measures. Fee-for-service individuals include those eligible for both Medicare and Medicaid services. In addition, American Indian/Alaskan Natives are exempt from mandatory managed care enrollment.
- **Lack of risk adjustment**: HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics and other factors that may impact interaction with health care providers and systems.
- **COVID-19 impact**: In response to COVID-19, NCQA allowed Medicaid plans participating in HEDIS reporting the option of submitting 2019 rates for their 2020 hybrid measures (rotated

measures). Hybrid measures combine administrative claims data and data obtained from clinical charts. Under NCQA guidelines, the MCOs could decide which hybrid measures, and how many, to rotate.

The NCQA's decision was made to avoid placing a burden on clinics while they were dealing with the COVID-19 crisis. As a result of this decision, Comagine Health did not have access to updated rates for certain measures from the plans.

- **State measures**: There are no national benchmarks available for the Washington measures as the measures are Washington-specific measures developed by the State.

Interpreting Performance

Potential Sources of Variation in Performance

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

Appendix D: Regional Comparison Results

Appendix D contains state maps comparing regional performance. This appendix is attached as a separate PDF due to size.

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Appendix E: 2022 Performance Measure Tables

The data included in Appendix E includes specific NCQA benchmarks which, due to licensing agreement limitations, are available to HCA staff for internal use only.

For a full set of performance measure overall results, please see Appendix A.

Appendix F: Home and Community-Based Long-Term Services and Supports Use (HCBS) and Percent Homeless (HOME-B and HOME-N) Measure Performance by MCO

Home and Community-Based Long-Term Services and Supports Use (HCBS)

Effective March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) published a new set of regulations regarding Medicaid Home and Community Based Services and Settings. The intent of the rule is to ensure that individuals receiving long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

In order to monitor compliance with this regulation, HCA worked with community partners to develop the Home and Community-Based Long- Term Services and Supports Use (HCBS) measure. This measure reports the proportion of person months receiving long-term services and supports (LTSS) associated receipt of services in a home and community-based setting during the measurement year.

Percent Homeless (HOME-B and HOME-N)

In June 2022, the Washington legislature passed Second Substitute House Bill 1860 which to Preventing homelessness among persons discharging from inpatient behavioral health settings. The bill requires HCA to establish performance measures to be added to the Washington State Common Measure Set that track rates of homelessness and housing instability among Medicaid clients. The Performance Measure Coordinating Committee convened a workgroup to recommend measures to identify the appropriate measures.

There are two homeless measures reported — a broad definition and a narrow definition. These two measures indicate the percentage of Medicaid enrollees who were homeless in at least one month in the measurement year. The broad definition includes individuals who meet the ACES Living Arrangement criteria of “Homeless with Housing”; these members are excluded from the narrow definition. Otherwise, the numerator criteria for the two measures are the same.

Caution is advised regarding interpretation of results for these measures as the impacts are outside of the MCO coordination of care scope of work. MCOs need to provide safe discharge planning, yet there are limits to what they can do to affect these measures.

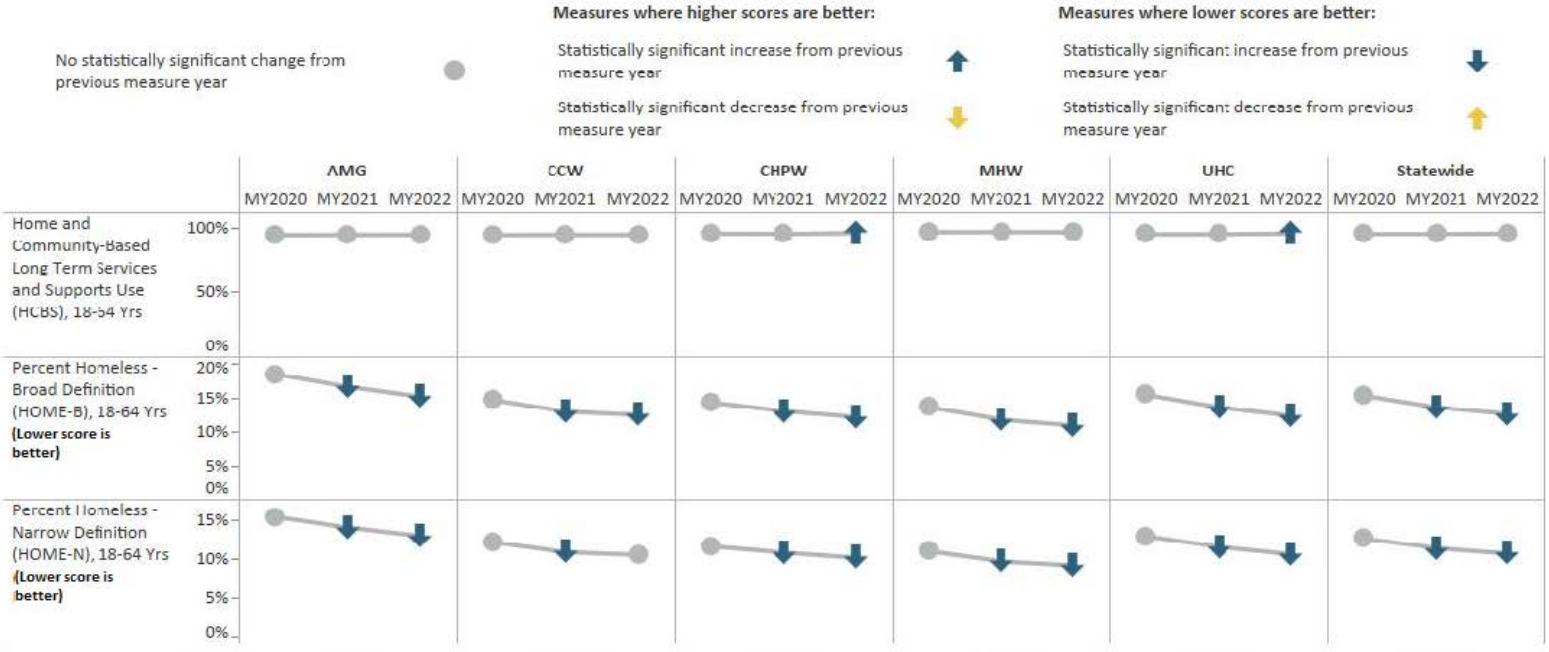
Measure Results

Figure F-1 shows the results for these measures for the period of MY2020 through MY2022. On a statewide basis, there have been no statistically significant changes for the Home and Community-Based Long-Term Services and Supports Use (HCBS) measure for the three years reported. The result is the same for AMG, CCW and MHW. There was a statistically significant increase in measure results between MY2021 and MY2022 for CHPW and UHC.

There have been two years of statistically significant improvement in the broad definition Percent Homeless measure. This result is both on a statewide basis and for all five of the MCOs.

The results for the narrow definition Percent Homeless measure were similar. There have been two years of statistically significant improvements on a statewide basis for four of the MCOs. The exception is CCW, which saw a statistically significant improvement between MY2020 and MY2021, but then had no significant change between MY2021 and MY20.

Figure F-1. Home and Community-Based Long-Term Services and Supports Use (HCBS) and Percent Homeless (HOME-B and HOME-N) Measure Performance by MCO, MY2020-MY2022.



		AMG			CCW			CHPW			MHW			UHC			Statewide		
		MY2020	MY2021	MY2022	MY2020	MY2021	MY2022	MY2020	MY2021	MY2022	MY2020	MY2021	MY2022	MY2020	MY2021	MY2022	MY2020	MY2021	MY2022
Home and Community Based Long Term Services and Supports Use (HCBS), 18-64 Years	Rate	94.5%	94.7%	94.8%	94.6%	94.7%	94.7%	95.7%	95.4%	96.0%	96.8%	96.9%	96.8%	95.2%	95.1%	95.7%	95.4%	95.4%	95.6%
	Num	16.7K	17.7K	17.6K	13.2K	13.3K	13.9K	17.7K	18.3K	18.9K	61.7K	65.2K	64.4K	20.0K	22.7K	22.9K	129.2K	137.3K	137.6K
	Den	17.6K	18.7K	18.5K	13.9K	14.1K	14.6K	18.5K	19.2K	19.7K	63.7K	67.3K	66.5K	21.1K	23.9K	23.9K	134.8K	143.2K	143.4K
Percent Homeless - Broad Definition (HOME-B), 18-64 Years (Lower score is better)	Rate	18.6%	16.7%	15.3%	14.7%	13.0%	12.5%	14.4%	13.1%	12.2%	13.7%	11.8%	11.0%	15.5%	13.7%	12.4%	15.4%	13.7%	12.7%
	Num	23.1K	23.2K	22.6K	12.5K	12.8K	14.0K	15.5K	16.4K	17.8K	57.0K	57.4K	57.9K	19.2K	19.7K	19.5K	127.2K	129.5K	131.9K
	Den	124.2K	138.9K	148.2K	84.7K	98.0K	112.0K	108.1K	125.5K	145.3K	417.1K	485.1K	526.2K	123.5K	143.9K	157.2K	857.7K	991.3K	1,088.9K
Percent Homeless Narrow Definition (HOME-N), 18-64 Years (Lower score is better)	Rate	15.4%	14.1%	13.0%	12.1%	10.9%	10.5%	11.6%	10.8%	10.2%	11.0%	9.7%	9.2%	12.9%	11.6%	10.6%	12.6%	11.4%	10.7%
	Num	19.2K	19.5K	19.2K	10.3K	10.7K	11.8K	12.6K	13.6K	14.8K	46.0K	47.1K	48.4K	16.0K	16.6K	16.7K	103.9K	107.5K	111.0K
	Den	124.2K	138.9K	148.2K	84.7K	98.0K	112.0K	108.1K	125.5K	145.3K	417.1K	485.1K	526.2K	123.5K	143.9K	157.2K	857.7K	991.3K	1,088.9K