



2024 Comparative Analysis Report Final

Washington Apple Health

Washington State Health Care Authority

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Presented by:
Comagine Health
Seattle, WA
Comagine.org

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 integrated managed care programs.

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.

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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
BHSO	Behavioral Health Services Only
CCBHC	Certified Community Behavioral Health Clinic
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
DI-FUA-7D	Receipt of SUD Treatment 7 Days – DOC Release
DI-FUA-30D	Receipt of SUD Treatment 30 Days – DOC Release
DOC	Department of Corrections
DI-FUM-7D	Receipt of MH Treatment 7 Days – DOC Release
DI-FUM-30D	Receipt of MH Treatment 30 Days – DOC Release
DV-FUA-7D	Receipt of SUD Treatment 7 Days – Local Jail DOC Custody Release
DV-FUA-30D	Receipt of SUD Treatment 30 Days – Local Jail DOC Custody Release
DV-FUM-7D	Receipt of MH Treatment 7 Days – Local Jail DOC Custody Release
DV-FUM-30D	Receipt of Mental Health Treatment 30 Days – Local Jail DOC Custody Release
DSHS	Department of Social and Health Services
ECDS	Electronic Clinical Data Systems
EQR	External Quality Review
EQRO	External Quality Review Organization
FPL	Federal Poverty Level
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
HOME-B	Percent Homeless - Broad Definition
HOME-N	Percent Homeless - Narrow Definition
LTSS	Long-Term Services and Supports
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

Acronym	Definition
MLD	Member-Level Data
MY	Measurement Year
NCQA	National Committee for Quality Assurance
PEAR	Pro-Equity, Anti-Racism
PIHP	Prepaid inpatient health plan
RDA	Research and Data Analysis Division of the Washington Department of Social and Health Services
RSA	Regional Service Area
RUCA	Rural-Urban Commuting Area
SA-MH	Percent Arrested – Arrest rate for Members with an MH treatment need
SA-SUD	Percent Arrested – Arrest rate for Medicaid enrollees with an SUD treatment need
SSI	Supplemental Security Income
SUD	Substance Use Disorder (SUD) Treatment Rate: formally Substance Use Disorder Treatment Penetration (SUD)
TANF	Temporary Assistance to Needy Families
UHC	UnitedHealthcare Community Plan
VBP	Value-Based Purchasing
WLP	Wellpoint of Washington (formerly Amerigroup Washington)

Executive Summary

In 2023, approximately 2 million Washingtonians were enrolled in Apple Health, with more than 84% enrolled in managed care.¹ This managed care population is served by five managed care organizations (MCOs):

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

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®)² measures for the calendar year (CY) 2023. In addition to the HEDIS measures, this report also includes several 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 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®³ — 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,⁴ and the CMS Core Measure sets.⁵ The Washington State Common Measure Set is a set of measures that enables a common way of tracking

¹ Washington State Health Care Authority. [Apple Health Client Eligibility Dashboard](#).

² The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

³ Quality Compass® is a registered trademark of NCQA.

⁴ Healthier Washington. About the Washington State Common Measure Set for Health Care Quality and Cost. [Available here](#).

⁵ CMS. [Core Measures](#).

important elements of health and health care performance intended to inform public and private health care purchasing.

The CMS Core Measure sets are maintained by the Core Quality Measures Collaborative, a broad coalition of healthcare leaders that includes representatives from over 75 consumer groups, medical associations, health insurers, purchasers and other quality-focused stakeholders. This collaborative works collectively to develop and recommend core measure sets by clinical area, aiming to evaluate and enhance the quality of healthcare in the United States. The coalition was established in 2015 by America's Health Insurance Providers and the Centers for Medicare & Medicaid Services and is convened by Battelle's Partnership for Quality Measurement in its role as the Consensus-Based Entity. 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)
- Individual MCO performance for measures selected for value-based purchasing contracts
- Individual MCO performance by Apple Health program and eligibility category
- Health equity including comparisons by race/ethnicity, language, gender and urban vs. rural
- Regional performance on select measures (not all measures provide a sufficient volume of data for regional analyses)

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 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 substance use disorder 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 - Broad Definition (HOME-B) – Percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year
- Percent Homeless - Narrow Definition (HOME-N) – Percentage of Medicaid enrollees who were homeless in at least one month in the measurement year
- Percent Arrested - Members with Substance Use Disorder (SUD) Treatment Need – Arrest rate for Medicaid enrollees with a substance use disorder treatment need (SA-SUD)
- Percent Arrested - Members with Mental Health Treatment Need – Arrest rate for Medicaid enrollees with a mental health treatment need (SA-MH)
- Receipt of Substance Use Disorder Treatment within 7 Days - Department of Corrections (DOC) Facility Releases (DI-FUA-7D) – Percent of members age 18 and older who were discharged from a DOC facility with an identified substance use disorder treatment need who received follow-up services within 7 days of discharge

- Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D) – Percent of members age 18 and older who were discharged from a DOC facility with an identified substance use disorder treatment need who received follow-up services within 30 days of discharge
- Receipt of Substance Use Disorder Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUA-7D) – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified substance use disorder treatment need who received follow-up services within 7 days of discharge
- Receipt of Substance Use Disorder Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUA-30D) – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified substance use disorder treatment need who received follow-up services within 30 days of discharge
- Receipt of Mental Health Treatment within 7 Days - DOC Facility Releases (DI-FUM-7D) – Percent of members age 18 and older who were discharged from a DOC facility with an identified mental health treatment need who received follow-up services within 7 days of discharge
- Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D) – Percent of members age 18 and older who were discharged from a DOC facility with an identified mental health treatment need who received follow-up services within 30 days of discharge
- Receipt of Mental Health Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUM-7D) – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified mental treatment need who received follow-up services within 7 days of discharge
- Receipt of Mental Health Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUM-30D) – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified mental treatment need who received follow-up services within 30 days of discharge

The results for the criminal justice measures are included in Appendix F.

Alignment with Value-Based Purchasing Efforts



In 2023, 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 2023, 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 2023, Comagine

⁶ Engrossed Substitute Senate Bill (ESSB) 5693 Sec.211 (37)(2022), State of Washington, 67th Legislature, 2022 Regular Session. Available here: <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL.pdf>.

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 2023, which is the period covered in this report.

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 35 highest priority measures for analysis in this report. These 35 measures, which include HEDIS measures and two of the five Washington State measures, reflect current HCA priorities and are part of the State Common Measure Set. They also represent a broad population base or population of specific or prioritized interest. Performance is measured and compared to national benchmarks (NCQA) by the following methods:

- Apple Health statewide weighted rates
- Individual Apple Health MCO rates
- Value-based purchasing measure rates

The 2023 calendar year is referred to as the measurement year 2023 (MY2023) 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 fourth 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.

Impact of Enrollment Declines

To protect people from losing health insurance during the COVID-19 pandemic, the Families First Coronavirus Response Act of 2020 offered states a temporary increase in federal matching funds for Medicaid in exchange for halting Medicaid disenrollment during the public health emergency. In the Consolidated Appropriations Act, 2023, the U.S. Congress ended this continuous enrollment condition, effective March 31, 2023, allowing states to resume Medicaid redetermination and terminate coverage for ineligible people. This process of ending the temporary rules and reinstating Medicaid

redeterminations is called unwinding. States had 14 months to complete this unwinding process, and the enhanced federal matching funds were phased out by December 2023.

The Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) maintained Apple Health (Medicaid) coverage during the COVID-19 public health emergency, unless clients:

- Moved out of state
- Did not meet the immigration and citizenship requirements
- Requested closure
- Passed away

HCA and DSHS also changed certain rules to make it easier for people to apply for Apple Health and keep their coverage. HCA and DSHS started rolling back these temporary rules, leading to the reinstatement of renewals and eligibility reviews. Consequently, this resulted in the termination of some Apple Health coverage.

The IMC and IFC populations declined by 10% and 11%, respectively, due to this unwinding process. These large decreases in enrollment can impact measure results as there may be an underlying shift in the demographics of the population. This may be especially true as it is likely that many of the Apple Health members whose coverage was terminated were working aged adults with less intense health care needs. As a result, care must be taken when interpreting year-over-year improvements.

Statewide Statistically Significant Improvements



Many of the measures that have shown a strong shift in improvement are VBP measures. Figures 1 and 2 shows the MY2023 MCO statewide weighted averages for 35 measures. (Note the teal horizontal bars indicate VBP measures.) A small number of behavioral health measures have also shown improvement.



Key Statewide Improvements

Many of the measures that have shown a strong shift in improvement are VBP measures.

The Antidepressant Medication Management (AMM) and Child and Adolescent Well-Care Visits (WCV), 3-11 measures have had statistically significant improvement for the last three years. The Breast Cancer Screening (BCS-E) and Well Child Visits in the First 30 Months of Life (W30), 0-15 months measures have had statistically significant improvement for the last 2 years. In addition, there was a statistically significant improvement between MY2022 and MY2023 for the following measures:

- Colorectal Cancer Screenings (COL-E)
- Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years
- Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, Total
- Adults' Access to Preventive/Ambulatory Health Services (AAP), Total
- Percent Homeless - Narrow Definition (HOME-N), 18-64 Years
- Percent Homeless - Broad Definition (HOME-B), 18-64 Years

Figure 1. MY2023 MCO Statewide Weighted Average for 35 Measures.

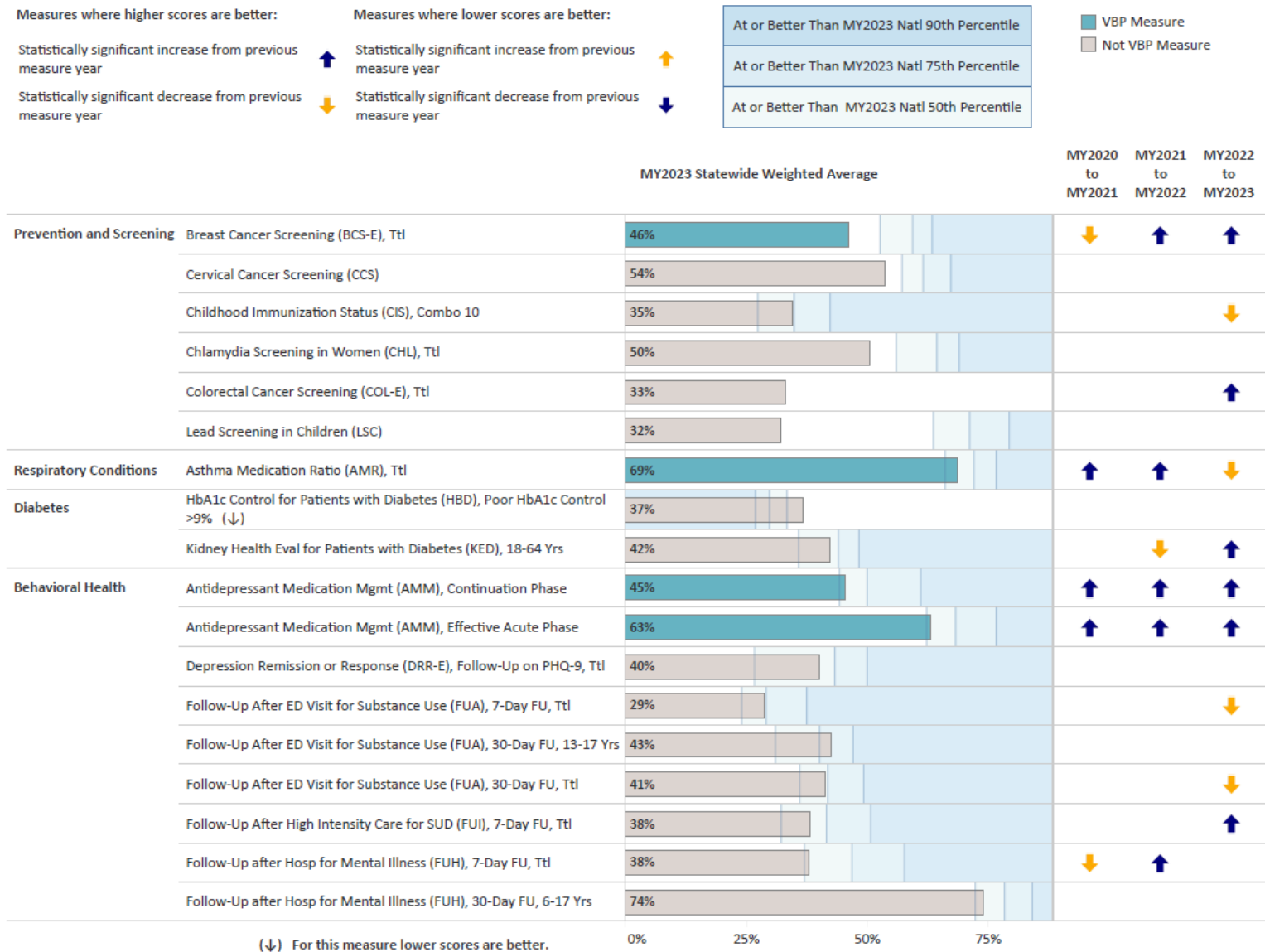
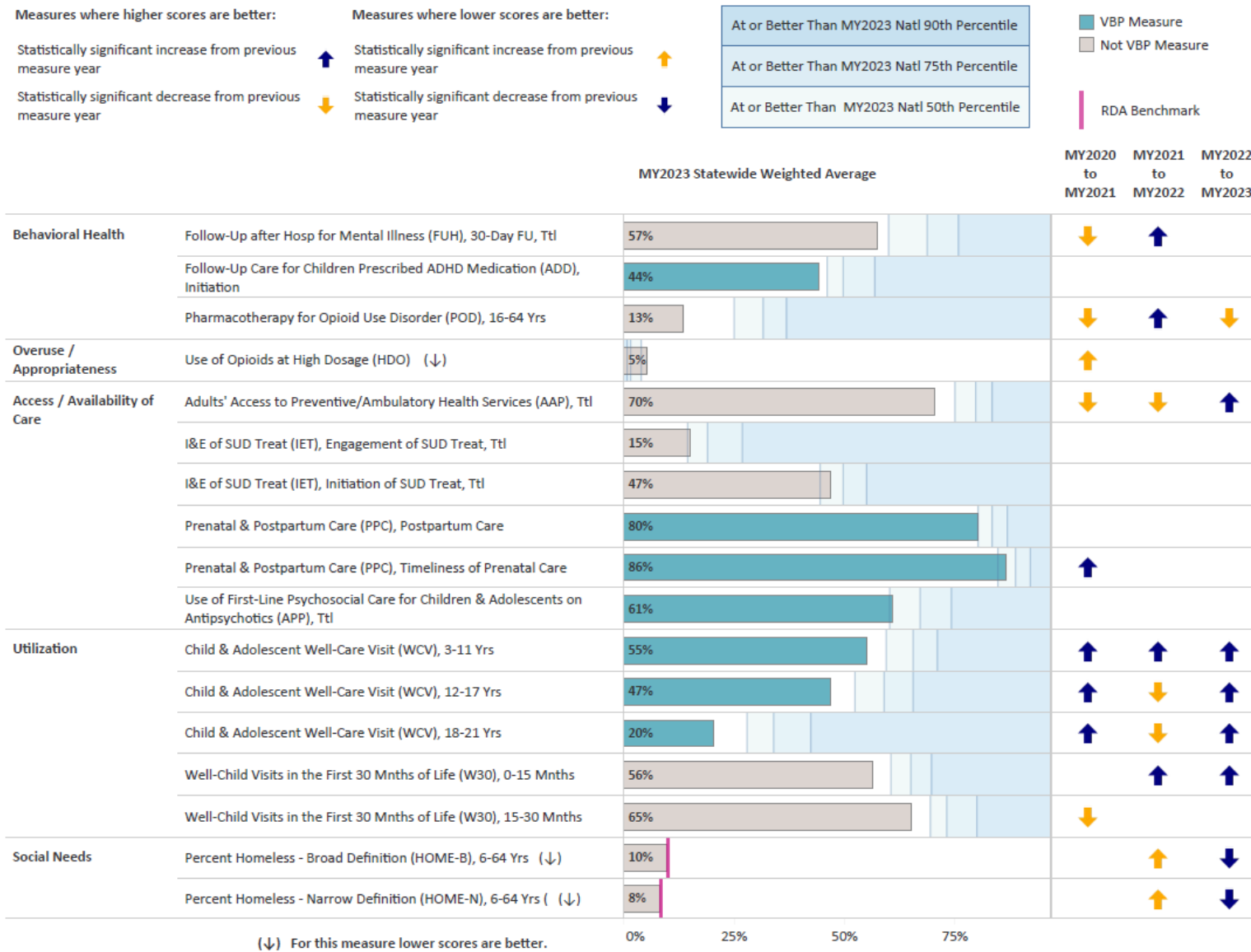


Figure 2. MY2023 MCO Statewide Weighted Average for 35 Measures, Continued.



Statistically Significant Declines

While there were measures that showed improvements, there were also measures that demonstrated statistically significant declines between MY2022 and MY2023:



- Childhood Immunization Status (CIS), Combo 10
- Asthma Medication Ratio (AMR), Total
- Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total
- Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total
- Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years

There were no measures that had statistically significant declines over multiple years. It is worth noting the Asthma Medication Ratio (AMR) had two years of statistically significant improvements, followed by the decline in performance between MY2022 and MY2023. Note this measure was an original VBP measure and was removed from the VBP contracts for performance year 2024 due to substantial improvements.

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.

Prevention and Screening – The following list summarizes the variation by MCO for the Prevention and Screening measures.

- 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.
- Cervical Cancer Screenings (CCS) had some variation in performance, with two of the MCOs performing at the national 50th percentile, and three others performing below the benchmark.
- Childhood Immunization Status (CIS), Combo 10 had the most variation of the preventive measures when compared to national benchmarks. Note that feedback from providers indicate the inclusion of the flu vaccine in the Combo 10 measure is a significant factor for much of the variation.
- There was no variation in performance for the Chlamydia Screening (CHL), Total and Lead Screening in Children (LSC) measures. All MCOs were below the national 50th percentile and none demonstrated year-over-year improvements for these measures.

Note there is no benchmark for the Colon Cancer Screening (COL-E) measure.

Chronic Care – There was considerable variation for the Asthma Medication Ratio (AMR), Total measure across the MCOs when compared to national benchmarks.

There was some variation in MCO performance for the diabetes measures. It is also worth noting that for the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 measure, the statewide weighted average and WLP showed a statistically significant increase between MY2022 and MY2023.

Behavioral Health – In general, there was considerable variation in performance for the behavioral health measures.

Access/Availability of Care –There was considerable 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 MY2022 and MY2023. There was some variation for the other Access/Availability of Care measures.

Utilization – This category comprises the well-child visits. When compared to national benchmarks, the MCOs fell below the national 50th percentile for most of these measures. The exception was CHPW’s performance on the Well-Child Visits in the First 30 Months of Life (W30), 0-15 months measure, where it was at the national 50th percentile.

Social Needs – There was variation in the homeless rates reported across MCOs. It is important to note that the focus for MCOs for these measures is ensuring this vulnerable population has the necessary supports and a lower or higher rate does not reflect on MCO performance. A higher rate of homelessness may also indicate an MCO has a greater illness burden that could be reflected in other measures.

Figures 3 and 4 provide information on how the MCOs compare to each other and to benchmarks.

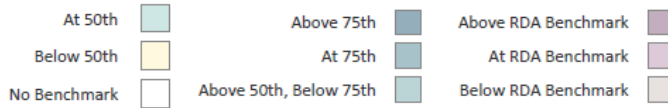
Figure 3. MCO Variation from MY2022 to MY2023.

Benchmark Comparison:		At 50th	Above 75th	Above RDA Benchmark	Statistically significant increase from previous measurement year ▲					
		Below 50th	At 75th	At RDA Benchmark	Statistically significant decrease from previous measurement year ▼					
		No Benchmark	Above 50th, Below 75th	Below RDA Benchmark						
					CCW	CHPW	MHW	UHC	WLP	Statewide
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl				49%	48% ▲	49%	46%	42%	47% ▲
	Cervical Cancer Screening (CCS)				54%	50%	54%	51%	43%	50%
	Childhood Immunization Status (CIS), Combo 10				35%	29%	29%	31%	29% ▼	31% ▼
	Chlamydia Screening in Women (CHL), Ttl				52%	50%	51%	49%	50%	50%
	Colorectal Cancer Screening (COL-E), Ttl				37% ▲	34% ▲	37% ▲	35% ▲	30% ▲	35% ▲
	Lead Screening in Children (LSC)				36%	43%	26%	27%	34%	33%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl				72%	68%	75% ▼	55%	78%	69% ▼
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)				40%	38%	38%	34%	36%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs				41%	41%	42%	46%	44% ▲	43% ▲
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase				46%	45%	47%	50%	46%	47% ▲
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase				63%	60%	66%	68%	65%	64% ▲
	Depression Remission or Response (DRR-E), Follow-Up on PHQ-9, Ttl				24%	51%	43%	63%	23%	40%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl				24% ▼	27% ▼	28% ▼	27%	22% ▼	26% ▼
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs				48%	35%	48%	34%	37%	40%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl				34% ▼	38% ▼	43% ▼	39%	34% ▼	37% ▼
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl				38%	39%	43% ▲	38%	36%	39% ▲
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl				36%	54% ▼	40%	32%	27%	38%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs				72%	84%	78%	70%	71%	75%

(↓) For this measure lower scores are better.

Figure 4. MCO Variation from MY2022 to MY2023, Continued.

Benchmark Comparison:



Measures where higher scores are better:

- Statistically significant increase from previous measurement year ▲
 - Statistically significant decrease from previous measurement year ▼
- Measures where lower scores are better:
- Statistically significant increase from previous measurement year ▲
 - Statistically significant decrease from previous measurement year ▼

		CCW	CHPW	MHW	UHC	WLP	Statewide
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	56%	69% ▼	63%	52%	44%	57%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	43%	43%	46%	45%	41%	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	11% ▼	12%	12% ▼	15%	15%	13% ▼
Overuse / Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5%	4%	4%	8%	4%	5%
Access / Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	69% ▲	69% ▲	73% ▲	70% ▲	66% ▲	69% ▲
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	13%	13%	16%	15%	14%	14%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	42%	40%	49%	47%	48%	45%
	Prenatal & Postpartum Care (PPC), Postpartum Care	81% ▲	83%	85%	75%	74%	80%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	82%	87%	89%	80%	75% ▼	82%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	62%	53%	63%	54%	58%	58%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	57% ▲	56% ▲	59% ▲	54% ▲	54% ▲	56% ▲
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	47% ▲	46% ▲	50% ▲	45% ▲	46% ▲	47% ▲
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	21% ▲	21% ▲	23% ▲	22% ▲	20% ▲	21% ▲
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	57% ▲	59%	58%	58% ▲	55%	58% ▲
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	67%	65%	66%	64%	63%	65%
Social Needs	Percent Homeless - Broad Definition (HOME-B), 6-64 Yrs (↓)	10% ▼	11% ▼	9% ▼	11% ▼	14% ▼	11% ▼
	Percent Homeless - Narrow Definition (HOME-N), 6-64 Yrs (↓)	8% ▼	9% ▼	8% ▼	10% ▼	12% ▼	9% ▼

(↓) For this measure lower scores are better.

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 Chlamydia Screening in Women (CCS), Total measures.
- The Apple Health Blind/Disabled adult population had statistically better performance on the Colon Cancer Screening (COL-E) measure.
- Apple Health Foster Care performed statistically better than other programs on the Childhood Immunization Status (CIS) measure.
- 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.

Health Equity

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



The two primary views of the health equity data:

1. **Statewide measure results by race/ethnicity** – Figures 5 and 6 display the results of this analysis by race/ethnicity. The last column displays the statewide average; the results by race/ethnicity are to the left. Triangles pointing up indicate the measure results for a particular race are statistically significantly lower than the statewide average; triangles pointing down 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. Please note 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. Appendix B contains the three-year trends for measures by race/ethnicity. Note that measures that do not have sufficient data for reporting are excluded from this appendix.
2. **Statewide measure results by language** – Figures 7 and 8 report the MY2023 results of the key measures for English, Spanish; Castilian and Other Languages.

Figure 5. Statewide Variation in Rates by Race/Ethnicity, MY2023.*

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	MY2023 Statewide Weighted Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	39% ▼	60% ▲	42% ▼	47%	60% ▲	44% ▼	48%	47%
	Cervical Cancer Screening (CCS)	47%	58%	55%	46%	64% ▲	45% ▼	53%	52%
	Childhood Immunization Status (CIS), Combo 10	23%	56% ▲	24%	26%	37% ▲	24% ▼	32%	30%
	Chlamydia Screening in Women (CHL), Ttl	52%	48% ▼	58% ▲	55% ▲	54% ▲	48% ▼	46% ▼	51%
	Colorectal Cancer Screening (COL-E), Ttl	30% ▼	46% ▲	33% ▼	30% ▼	40% ▲	34% ▼	36%	35%
	Lead Screening in Children (LSC)	***	34%	31%	29%	43% ▲	25% ▼	29%	31%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	65%	73%	63% ▼	68%	69%	70% ▲	68%	69%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	20% ▼	34%	52% ▲	41%	37%	40%	38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	38% ▼	56% ▲	43%	45% ▲	46% ▲	39% ▼	46% ▲	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	41% ▼	47%	37% ▼	42% ▼	39% ▼	50% ▲	49%	47%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60% ▼	66%	56% ▼	62%	59% ▼	68% ▲	64%	65%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	45%	36%	40%	36%	38%	40%	43%	40%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	29%	28%	22% ▼	19% ▼	23% ▼	27% ▲	29%	26%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	39%	***	46%	46%	40%	44%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	42%	38%	32% ▼	29% ▼	36% ▼	41% ▲	40%	39%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	46% ▲	26% ▼	32% ▼	44%	40%	41%	41%	40%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	36%	41%	34% ▼	32%	40%	39% ▲	38%	38%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	77%	81%	77%	69%	76%	76%	77%	76%	

(↓) For this measure lower scores are better.

*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 Race/Ethnicity, MY2023, Continued.*

		American Indian/ Alaska Native	Asian	Black	Hawaiian/ Pacific Islander	Hispanic	White	Not Provided/ Other	MY2023 Statewide Weighted Average
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	▼							
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	59%	59%	52% ▼	52% ▼	60%	60% ▲	59%	59%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	49%	49%	44%	46%	42% ▼	45%	44%	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	14%	10%	9% ▼	13%	10% ▼	14% ▲	13%	13%
Overuse/ Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5%	2% ▼	6% ▲	4%	3% ▼	5%	6%	5%
Access/ Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	73% ▲	70%	69% ▼	62% ▼	73% ▲	71% ▲	67% ▼	71%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	18% ▲	14%	12% ▼	11% ▼	12% ▼	16% ▲	14%	15%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47%	47%	46%	44%	40% ▼	48% ▲	45%	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	70%	81%	72% ▼	65% ▼	82%	82% ▲	80%	82%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	70% ▼	89%	79%	73% ▼	85%	82%	85%	85%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	66%	***	62%	***	58%	62%	54%	61%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	53% ▼	63% ▲	55% ▼	49% ▼	62% ▲	54% ▼	57%	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	43% ▼	55% ▲	47% ▼	42% ▼	52% ▲	45% ▼	47%	48%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	17% ▼	28% ▲	22%	18% ▼	24% ▲	20% ▼	23% ▲	22%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	55%	69% ▲	52% ▼	49% ▼	61% ▲	57% ▼	57% ▼	58%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	64%	77% ▲	60% ▼	52% ▼	70% ▲	63% ▼	64% ▼	65%
Social Needs	Percent Homeless - Broad Definition (HOME-B), 6-64 Yrs (↓)	18% ▲	4% ▼	16% ▲	10% ▼	7% ▼	13% ▲	5% ▼	10%
	Percent Homeless - Narrow Definition (HOME-N), 6-64 Yrs (↓)	16% ▲	3% ▼	14% ▲	7% ▼	6% ▼	11% ▲	4% ▼	9%

(↓) For this measure lower scores are better.

*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 7. Statewide Variation in Rates by Spoken Language, MY2023.*

		English	Spanish; Castilian	Other Language	MY2023 Statewide Weighted Average
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	▼			
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	45% ▼	71% ▲	52% ▲	47%
	Cervical Cancer Screening (CCS)	49% ▼	73% ▲	55%	52%
	Childhood Immunization Status (CIS), Combo 10	30% ▼	40% ▲	29%	30%
	Chlamydia Screening in Women (CHL), Ttl	51% ▲	48% ▼	49%	51%
	Colorectal Cancer Screening (COL-E), Ttl	34% ▼	47% ▲	43% ▲	35%
	Lead Screening in Children (LSC)	29% ▼	57% ▲	35%	31%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	69%	69%	73%	69%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	39% ▲	33%	25% ▼	38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	41% ▼	55% ▲	53% ▲	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	47% ▲	39% ▼	44%	47%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	65% ▲	57% ▼	62% ▼	65%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	40%	36%	45%	40%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	26%	22% ▼	28%	26%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	44%	47%	34%	44%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	39%	33% ▼	40%	39%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	40% ▼	35%	47% ▲	40%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	38% ▼	49% ▲	39%	38%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	76%	79%	73%	76%

(↓) For this measure lower scores are better.

*Other Language is the sum of the 79 languages not specifically reported in this table and represents approximately 5% of enrollees.

Figure 8. Statewide Variation in Rates by Spoken Language, MY2023, 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	Spanish; Castilian	Other Language	MY2023 Statewide Weighted Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	58% ▼	66% ▲	60%	59%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	45%	42%	44%	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	13%	12%	13%	13%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5% ▲	NR ▼	2% ▼	5%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	70% ▼	74% ▲	74% ▲	71%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	15% ▲	8% ▼	17% ▲	15%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47% ▲	31% ▼	48%	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	79% ▼	89% ▲	83%	82%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	82%	79%	87%	85%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	61%	61%	50%	61%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	55% ▼	68% ▲	60% ▲	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	46% ▼	57% ▲	49%	48%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	21% ▼	26% ▲	24% ▲	22%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	57% ▼	63% ▲	58%	58%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	64% ▼	75% ▲	63% ▼	65%

(↓) For this measure lower scores are better.

*Other Language is the sum of the 79 languages not specifically reported in this table and represents approximately 5% of enrollees.

The results of the health equity analysis were very similar to the results reported in the 2023 Comparative Analysis report.

Behavioral Health



Black members received statistically significantly fewer services related to the behavioral health measures, while white members received statistically significantly more services than members of other race/ethnicities. There was some variation for the other race/ethnicities for these measures.

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 there was scattered variation for the other measures.

Disparities in Behavioral Health

In general, white members received significantly more services related to behavioral health measures than other races/ethnicities. There was a statistically significant increase in measure performance for several measures for white members. In comparison, Black members received significantly fewer services on these measures.

Preventive Care

Hispanic members received statistically significantly more services than members of other race/ethnicities; white members received statistically significantly fewer services than members of 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's results.

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.

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.

Chronic Disease



Black members received statistically significantly fewer services for the Asthma Medication Ratio (AMR) than other race/ethnicities. The white population had statistically significantly more services than other races. For the Hemoglobin A1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% measure, Asian members had a statistically significantly higher percentage of people with diabetes who were in poor control. There was a statistically significantly higher percentage of Hawaiian/Pacific Islander members who were in poor control of their HbA1c. There was considerable variation in scores for the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years measure.

Access/Availability of Care and Utilization

There was considerable variation for the Adults' Access to Preventive/Ambulatory Health Services (AAP), Total measure. American Indian/Alaskan Native, Hispanic and white members received more services than members of other race/ethnicities. Black and Hawaiian/Pacific Islander members received statistically significantly fewer services.

Hawaiian/Pacific Islander members received significantly fewer services related to both Timeliness of Prenatal Care and Postpartum Care for the Prenatal and Postpartum Care (PPC) measures than members of other race/ethnicities. American Indian/Alaskan Native members also received statistically significantly fewer services related to the Timeliness of Prenatal Care measure. For the Postpartum Care measure, Black members received statistically significantly fewer services than members of other race/ethnicities, while white members received statistically significantly more post-partum services.

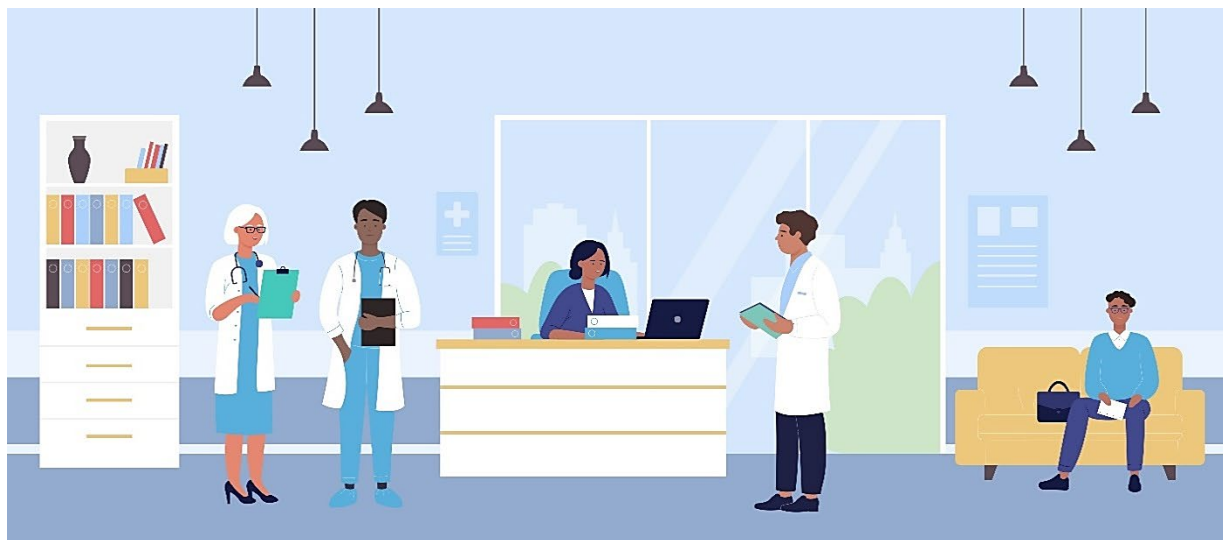
Asian and Hispanic members had statistically significantly more services than members of other race/ethnicities for the well-child visit measures, which is similar to the result reported last year.

Analysis by language shows a similar result for Spanish-speaking members as with Hispanic members, with better performance on these measures than English speakers.

Social Services

There was considerable variation in the measures related to homelessness. Alaska/Natives, Black and white members show statistically significantly higher rates of homelessness, reflecting deeper disparities for those members in housing stability. In contrast, Asian and Hispanic members are consistently shown by these measures to experience homelessness at significantly lower rates.

It is important to note that the focus for MCOs for these measures is ensuring this vulnerable population has the necessary supports, and a lower or higher rate does not reflect on MCO performance. A higher rate of homelessness may also indicate an MCO has a greater illness burden that could be reflected in other measures.



Additional Observations

MCO performance was very similar to the results reported in the 2023 Comparative Report.

CCW

CCW is close to the state simple average for many of the measures, although it was statistically significantly well below the state simple average for the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on patient health questionnaire-9 (PHQ-9), Total measures, as well as a few others. There were year-over-year statistically significant improvements for several measures, including Colorectal Cancer Screenings (COL-E), Adults' Access to Preventive/Ambulatory Health Services (AAP), Total, Prenatal and Postpartum Care (PPC), Postpartum Care and several of the well-child visit measures. There were statistically significant declines in performance for the Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years and both components of the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

See Figure 65 for MCO measure performance.

CHPW

CHPW performed notably above the state simple average for several measures, including Follow-Up after Hospitalization for Mental Illness (FUH), Depression Remission or Response for Adolescents and Adults

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 C](#).

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 34.

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

(DRR-E), Follow-Up on PHQ-9, Total, Lead Screening in Children (LSC) and Prenatal and Postpartum Care (PPC). The difference was statistically significant for most of these measures. CHPW was statistically significantly below the state average for a few measures, including several behavioral health measures. CHPW had a mix of year-over-year improvements and declines across the other measures, including the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

See Figure 66 for MCO measure performance.

MHW

MHW performed at or above the statewide simple average for 30 of 35 measures and significantly better than the state average on 27 measures. MHW demonstrated statistically significant improvements for many of the measures but had statistically significant declines for the Asthma Medication Ratio (AMR), Total measure and both components of the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

See Figure 67 for MCO measure performance.

UHC

UHC performed statistically significantly well above the state simple average for the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9 Total measure. UHC was also statistically above the state simple average for Antidepressant Medication Management (AMM) and Kidney Health for Patients with Diabetes (KED) for individuals aged 18–64. UHC was substantially below the state simple average for the Asthma Medication Ratio (AMR). UHC also performed significantly below the state simple average for Lead Screening for Children (LSC), Prenatal and Postpartum Care (PPC), Postpartum Care, and several behavioral health measures. Note, UHC was the only MCO that did not experience a statistically significant decline in the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

See Figure 68 for MCO measure performance.

WLP

WLP performed below the state simple average for 27 of the 35 measures and significantly worse than the statewide average on 19 measures, including the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total, Follow-up After Hospitalization for Mental Illness (FUH), Prenatal and Postpartum Care (PPC), and Cervical Cancer Screening (CCS) measures. WLP demonstrated statistically significant improvement over their previous performance year for Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years and several of the well-child visit measures. WLP showed a statistically significant decline for the Childhood Immunization Status (CIS), Combo 10, Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care and a few behavioral health measures, including the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

See Figure 69 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 considerable 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, WLP had weaker performance across several regions. There was some variation in performance by measure, but no other compelling themes emerged from the regional analysis.

New Analysis - MCO Performance by Race/Ethnicity

As the VBP program matures, HCA is interested in exploring measures that can be used as an explicit lever to address racial and ethnic disparities. NCQA is also requiring MCOs to report several measures stratified by race/ethnicity categories. The intent would be to use these audited measure results for the VBP program. Note that NCQA is requiring the MCOs to report select measures by race/ethnicity. The race/ethnicity data presented in this report are not the measures the MCOs reported to NCQA but are calculated using enrollment information provided by HCA. Therefore, the results may vary.

Small denominators will be a challenge for some of the measures, particularly those where the data is collected through the hybrid methodology. The measures selected to address disparities will need to be robust enough to ensure that improvements are not due to random chance.

HCA will be having conversations with community partners on this topic over the next several months and requested that Comagine Health provide analysis by MCO and race/ethnicity category to inform these conversations. HCA identified several measures of interest, and Comagine Health then determined which of those had sufficient denominators for reporting. Seven measures were analyzed for this new reporting.

In general, the analysis revealed there was not much differentiation between the MCOs when the data was stratified by race/ethnicity. There were a few interesting observations where a particular MCO performed differently than the statewide results by race/ethnicity. There were also three measures where no statistically significant differences were detected, which is likely due to smaller denominators when the data is stratified.

Continued efforts to identify the appropriate community and measures for this important work will continue in early 2025.

Recommendations

The following recommendations 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 the following 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

Exercising caution is recommended when interpreting statistically significant improvements or declines as trends, especially if only one year of improvement is observed. Due to the smaller population sizes for many measures—particularly those gathered using hybrid methodologies—there's a possibility that statistically significant changes in the results may merely reflect normal variations. Trends that continued over three to five years are much more likely to indicate meaningful improvement. Implementation of quality initiatives should be addressed when disparities persist.

Maintain Focus on Clinically Meaningful Areas

Behavioral Health

Comagine Health recommends continuing the current work on the clinical and bi-directional integration of physical and behavioral health, and the continuous quality improvement efforts associated with the behavioral measures. The Antidepressant Medication Management (AMM) measures have seen significant improvement for the last three years. Note that these measures have been VBP performance measures since the inception of the program. In the coming year, AMM will be discontinued and replaced with the Depression Remission and Response (DRR-E) measure as a VBP measure. This measure is much more clinically appropriate, since it directly reflects the desired outcome of depression management (improvement or resolution of symptoms). However, it is challenging for providers (and therefore plans) to report accurately, since PHQ-9 results must generally be extracted from the electronic health record, which may be reflected in the baseline poorer performance on this measure than on AMM. Having this measure as a VBP measure will incentivize providers and plans to develop these capabilities, which in the long term will be positive not only for patients with depression, but also because this ability should extend to other patient-reported outcomes, a key factor in increasing patient relevance of measures and strengthening the patient voice in quality in the longer term.

Aside from the Antidepressant Medication Management (AMM) measures, there has been no sustained improvement in other key behavioral health measures. Significant variation continues among the five MCOs for many of these measures. This variation likely stems from differences in the demographics served by each plan, including factors such as age, gender and rural versus urban status, which can impact baseline quality, as previously noted by Comagine Health.

The lack of improvement in behavioral health measures may also reflect broader ongoing challenges in the behavioral health space, such as workforce challenges, limited access to certain types of care, and the ongoing opioid crisis, particularly with the rise of fentanyl in Washington state. Additionally, there

has been a notable increase in mental health issues, especially among younger individuals, likely due to COVID-19 impacts such as school closures, amplified stress and increased social isolation.⁷

To address these challenges, implementing community-wide strategies and aligning with statewide initiatives could be particularly important in this setting. Furthermore, collaboration among MCOs, particularly those with higher performance, to share and standardize effective strategies would be advantageous. Emphasizing care coordination activities, where MCOs can significantly influence clinical care and improve performance metrics, may enhance overall outcomes for all MCOs. Comagine Health strongly recommends maintaining a focus on behavioral health.

Asthma

In the 2023 Comparative Report, it was reported that another VBP measure, Asthma Medication Ratio (AMR), had demonstrated statistically significant improvement on a statewide basis for three years in a row. Specifically, the rate increased from 53% in MY2018 to 64% in MY2022. Due to this substantial improvement, the measure was removed as a VBP measure for the 2024 performance period. However, in this year's report, it is noted that this measure had a statistically significant decline from 72.4% to 69.1% between MY2022 and MY2023. It is important to continue a focus on asthma control to prevent losing the gains achieved, especially now that AMR is no longer a focus for the VBP program. Effective asthma management can yield large population-based benefits, including a reduction of emergency department visits and inpatient stays for patients with asthma.

Prenatal and Postpartum Care

Performance for the Prenatal and Postpartum Care (PPC) measures has remained relatively stable. Since, this is a hybrid measure, the occasional statistically significant changes in the data are more likely due to random variation and not true improvement. It is recommended that all MCOs maintain a strong focus on prenatal and postpartum care moving forward.

Continue to Leverage Value-Based Purchasing 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 Child and Adolescent Well-Care Visits (WCV), 3-11 Years 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 2016.

In addition, the Breast Cancer Screening (BCS-E) measure has seen statistically significant improvement for the last two measurement periods.

It is apparent that focusing on the VBP measures can drive improvement. However, caution must be taken when measures are removed from the active improvement status. HCA has implemented a "sustained improvement" category that will allow for continued monitoring of measures to ensure there is no slippage in quality gains.

⁷ National Institute of Mental Health. [COVID-19 Pandemic Associated with Worse Mental Health and Accelerated Brain Development in Adolescents](#). January 2023.

In addition, continuing statewide collaboratives is recommended to enable the entire health care community to focus on quality improvement efforts that minimize administrative burden for providers. Finally, HCA has already begun the work for explicitly addressing health equity within the VBP program. It is strongly recommended that HCA continue its current work to identify the correct community partners and measures for this important work.

Focus on Access, Preventive Care and Utilization

As noted above, there has been a statistically significant increase in Breast Cancer Screenings (BCS-E) for the last two report periods. After several years of declining performance, the Adult Access to Preventive Care (AAP) measure has seen statistically significant improvement between MY2022 and MY2023.

The Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure has seen significant improvement for the last three years. Note this measure has been a VBP performance measure since the inception of the program. The Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months measure has also seen statistically significant improvement for the last three years. Note that improvement for the other age bands for the well-child visits has been more variable. Well-child visits are opportunities for providers to perform immunizations and screen children and adolescent for developmental delays or behavioral health issues. Continued focus on these measures may also lead to improvements in immunization and behavioral health measures.

The COVID-19 pandemic has impacted prevention, access and utilization over the past few years. The pandemic has now shifted to an endemic state, but persistent challenges remain including a threatened primary care system, statewide and nationwide challenges with workforce and access to care, vaccine hesitancy and distrust of health care, etc. All MCOs will need to continue to focus on these important preventive care, access and utilization measures.

HCA should continue to focus on bidirectional clinical integration to sustain the behavioral health improvement 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).⁸

Continue to Prioritize Health Equity

The data clearly indicate significant health disparities, highlighting the need for further research and focused effort to better understand details of these findings, elucidate root causes, and develop effective ways to meet the unique needs of communities. In addition, as part of the Pro-Equity Anti Racism (PEAR) initiative, HCA is working towards a pro-equity and anti-racist culture; addressing health disparities is a key piece of this work.

Caution is recommended when interpreting data showing a disparity (up or down) when it appears in only one year. Deeper analysis of data and implementation of quality initiatives should occur when disparities persist over more than one year. Although there have been improvements in several measures at the statewide level, that improvement does not translate into improvements for all race/ethnicity categories. This aligns with historical findings outside of Washington; where in some instances, a focus on quality measurement has led to increased disparities. Financial incentives may

⁸ Washington State Health Care Authority. Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants. Fact Sheet. Available at: <https://www.hca.wa.gov/assets/program/fact-sheet-certified-community-behavioral-health-clinic.pdf>.

drive focus on cases where small interventions can lead to meeting the measure, which may de-emphasize the populations with greatest need. Because of this, it is particularly important to focus on disparity measurement in addition to overall performance. There are marked disparities for the behavioral health measures, especially for the Black community. This trend has existed over several years.

Specific measures focused on health equity needs include:

- Behavioral health treatment and follow-up services delivered to Black members 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) Asthma Medication Ratio (AMR) services delivered to Black members
- Antidepressant Medication Management (AMM) services delivered to American Indian/Alaska Native, and Hispanic members
- Prenatal and Postpartum Care (PPC) services delivered to 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.

Hispanic and Spanish-speaking people performed statistically better than other groups on many of the preventive and well-child visit measures. Identifying root causes for this may shed light on effective strategies for other underserved and underrepresented racial and ethnic groups suffering from health disparities. 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. These strategies could be employed to drive improvements in other BIPOC populations.

Additionally, many of the members are likely involved with plan case management or care coordination services, given the clinical conditions involved. Particular attention to the cultural and linguistic appropriateness of these services, especially for behavioral health, and linkages to providers with strengths in working with these populations, could be an important opportunity for the MCOs to influence these results.

It is important to note that several key prevention measures, including screening and well child exams, the Hispanic and Asian communities have consistently outperformed other ethnicities, including those who self-categorize as white. These trends appear to not be related to MCO performance, but rather community characteristics that may include community-based delivery systems and community-based organizations. It would be beneficial for HCA to:

1. Recognize and publicize these success stories
2. Engage with leaders both in the delivery systems and in community-based organizations from these communities to understand the components of their success, and to learn from them how to replicate this success now that the pattern has become unmistakable

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. This could include incentives targeting reduction of disparities as well as absolute performance. With a growing national interest in adopting a standardized approach to health equity measurement, NCQA has developed a health equity measurement framework.⁹ 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 members. This may be a useful tool/resource in moving forward with health equity efforts 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.

⁹ 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 2023. 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).

In addition to the HEDIS measures reported by the MCOs, Comagine Health also assessed MCO performance on several non-HEDIS measures that are calculated by the DSHS RDA:

- **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 substance use disorder 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)** – 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)** – Percentage of Medicaid enrollees who were homeless in at least one month in the measurement year
- **Percent Arrested - Members with Substance Use Disorder (SUD) Treatment Need (SA-SUD)** – Arrest rate for Medicaid enrollees with a substance use disorder treatment need
- **Percent Arrested - Members with Mental Health Treatment Need (SA-MH)** – Arrest rate for Medicaid enrollees with a mental health treatment need
- **Receipt of Substance Use Disorder Treatment within 7 Days - Department of Corrections (DOC) Facility Releases (DI-FUA-7D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified substance use disorder treatment need who received follow-up services within 7 days of discharge
- **Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified substance use disorder treatment need who received follow-up services within 30 days of discharge
- **Receipt of Substance Use Disorder Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUA-7D)** – Percent of members age 18 and older who were discharged from a jail

facility under DOC supervision with an identified substance use disorder treatment need who received follow-up services within 7 days of discharge

- **Receipt of Substance Use Disorder Treatment within 30 Days - Local Jail Release from Department of Corrections Custody (DV-FUA-30D)** – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified substance use disorder treatment need who received follow-up services within 30 days of discharge
- **Receipt of Mental Health Treatment within 7 Days - DOC Facility Releases (DI-FUM-7D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified mental health treatment need who received follow-up services within 7 days of discharge
- **Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified mental health treatment need who received follow-up services within 30 days of discharge
- **Receipt of Mental Health Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUM-7D)** – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified mental treatment need who received follow-up services within 7 days of discharge
- **Receipt of Mental Health Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUM-30D)** – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified mental treatment need who received follow-up services within 30 days of discharge

Many of these selected measures are also part of the Washington State Common Measure Set on Health Care Quality and Cost, a set of measures that enables a common way of tracking important elements of health and health care performance intended to inform public and private health care purchasing. The 2023 calendar year is referred to as the measurement year 2023 (MY2023) in this report to be consistent with NCQA methodology.

Overview of Apple Health Enrollment

During MY2023, five MCOs provided managed health care services for Apple Health enrollees:

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

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:

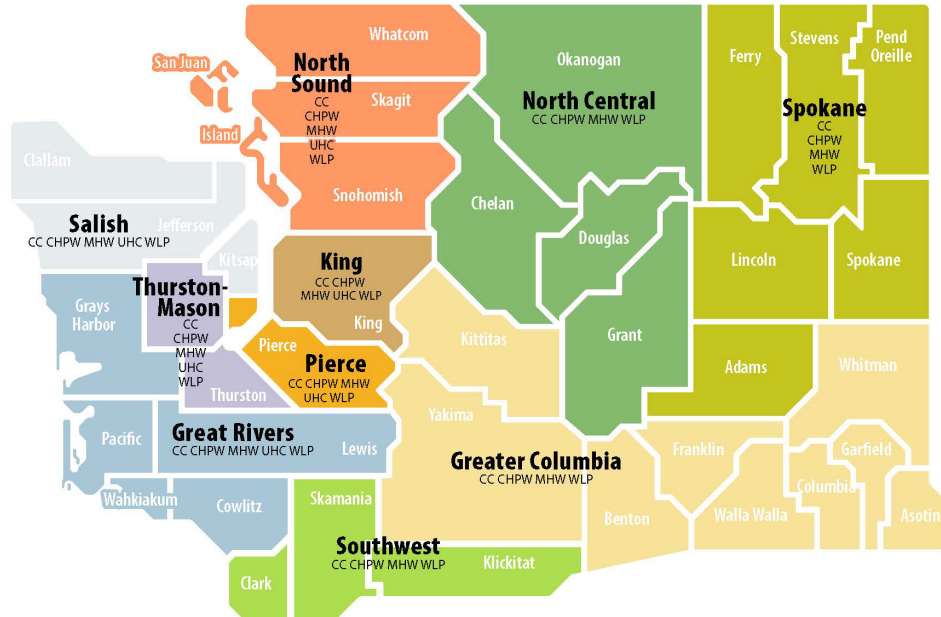
- Apple Health Family (traditional Medicaid)
- Apple Health Adult Coverage (Medicaid expansion)
- Apple Health Blind/Disabled (AH-BD)
- State Children’s Health Insurance Program (CHIP)

Figure 9 shows enrollment by Apple Health regional service areas (RSA) by county.

Figure 9. Apple Health Regional Service Areas by County in 2024.¹⁰

Apple Health managed care

Service area map - January 2024



Integrated managed care regions

Greater Columbia	Pierce	Salish	North Central
King	Spokane	Great Rivers	
North Sound	Thurston-Mason	Southwest Washington	

Apple Health Foster Care (statewide)[†]

[†] Apple Health Foster Care is a statewide program. Integrated managed care is provided through Apple Health Core Connections (Coordinated Care of Washington - CC).

Health plans offered	
CC	– Coordinated Care
CHPW	– Community Health Plan of Washington
MHW	– Molina Healthcare of Washington
UHC	– UnitedHealthcare Community Plan of Washington
WLP	– Wellpoint Washington (previously Amerigroup)



¹⁰ Apple Health Managed Care Service Area Map (January 2025). Provided by Washington Health Care Authority. Available here: https://www.hca.wa.gov/assets/free-or-low-cost/service_area_map.pdf.

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
- **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 pandemic-related changes are still being felt by the health care system. As a result, the performance of many MY2023 HEDIS measures may have been affected.

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's important to mention that 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 2024, 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 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 – Broad Definition (HOME-B)
- Percent Homeless – Narrow Definition (HOME-N)
- Percent Arrested – Members with Substance Use Disorder (SUD) Treatment Need (SA-SUD)
- Percent Arrested – Members with Mental Health Treatment Need (SA-MH)
- Receipt of Substance Use Disorder Treatment within 7 Days – Department of Corrections (DOC) Facility Releases (DI-FUA-7D)
- Receipt of Substance Use Disorder Treatment within 30 Days – DOC Facility Releases (DI-FUA-30D)
- Receipt of Substance Use Disorder Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUA-7D)
- Receipt of Substance Use Disorder Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUA-30D)

- Receipt of Mental Health Treatment within 7 Days – DOC Facility Releases (DI-FUM-7D)
- Receipt of Mental Health Treatment within 30 Days – DOC Facility Releases (DI-FUM-30D)
- Receipt of Mental Health Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUD-7D)
- Receipt of Mental Health Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUM-30D)

HCA partners with RDA to measure performance. Data is collected quarterly via the administrative method, using claims, encounters and enrollment data.

The results for the criminal justice measures are included in Appendix F.

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: MY2020 through MY2023. 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

Comagine Health compares 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 three benchmarks for 40 measures. HCA selected the 40 measures to be reported with benchmarks in Appendix E. Appendix E includes three benchmarks: the national 50th percentile, the national 75th percentile and the national 90th 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

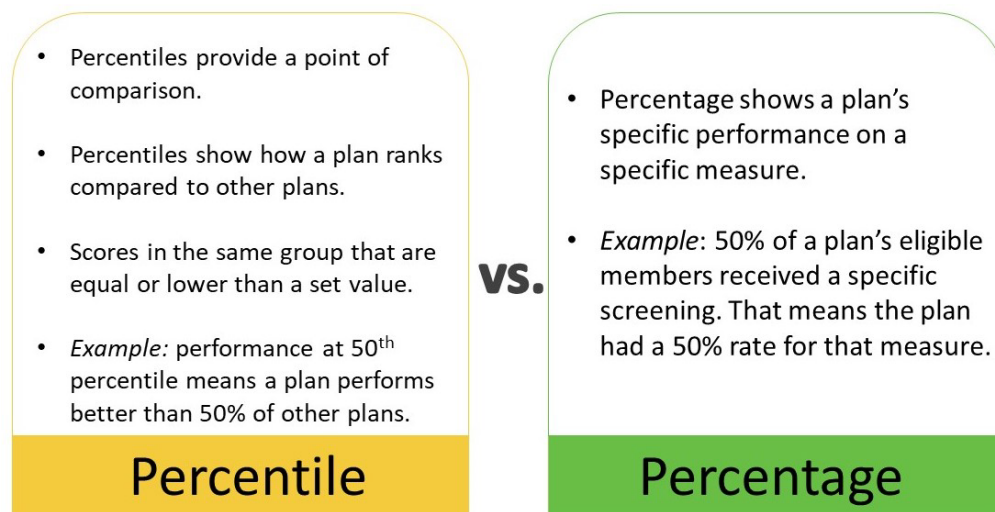
The majority of the measure results in this report are expressed as percentages. The actual percentage shows a plan's specific performance on a measure. For example, if Plan A reports a Breast Cancer Screening rate of 69%, that means that 69% of the eligible women enrolled in Plan A received the screening. 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 10 shows the differences between percentiles and percentages in the context of this report.

Figure 10. 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

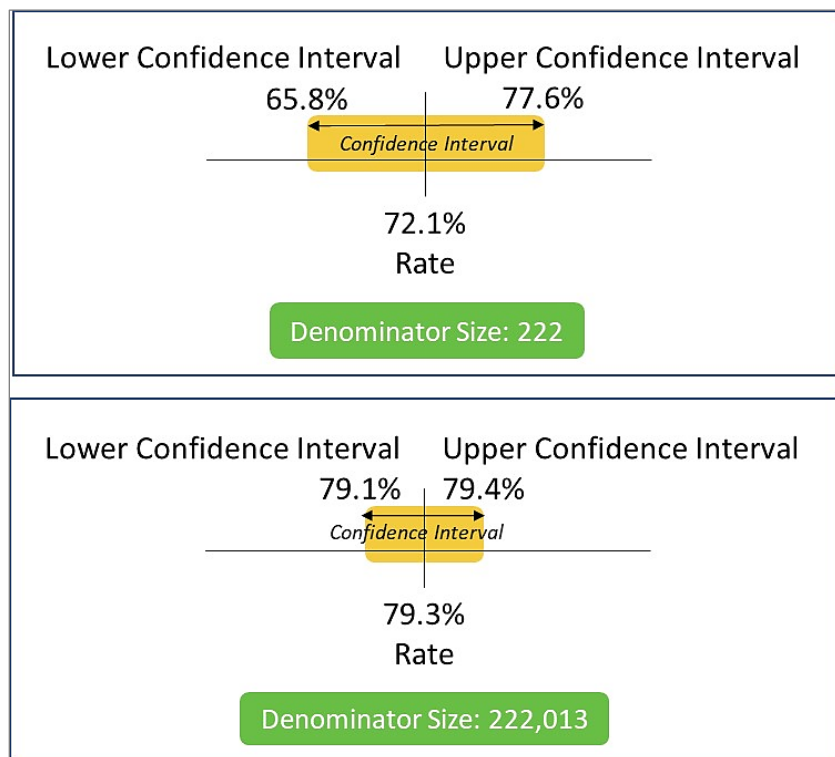
Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms "significant" or "significantly" are used when describing a statistically significant difference at the 95 percent confidence level. 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 11 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 11. 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.
- 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 MY2022 to MY2023 statewide. With HCA's approval, Comagine Health focused on the 35 highest priority measures for analysis in this report rather than the full list of HEDIS and RDA measures. These 35 measures, which include two of the five Washington behavioral health measures, reflect current HCA priorities and are part of the State Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

Figures 12 and 13 show the MY2022 statewide weighted average compared to the MY2023 statewide weighted average for the 35 measures (note: these are the same charts as Figures 1 and 2 in the Executive Summary).

Below are the highlights of this statewide comparison for the VBP measures. Several had significantly significant improvements, which suggests MCOs may be prioritizing VBP measures and taking steps to improve outcomes:

- The Breast Cancer Screening (BCS-E) had a statistically significant increase between MY2021 and MY2022, and between MY2022 and MY2023. The measure is still below the national 50th percentile.
- Both components of the Antidepressant Medication Management (AMM) measure have had statistically significant increases for the measure periods included in the report. Both components are above the national 50th percentile, but below the national 75th percentile. Performance was mixed for the other behavioral health measures.
- There was a statistically significant improvement for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years for the three measure periods included in the report. This has been selected as a VBP measure for the IMC contract since the inception of the VBP program. The two components that are included in the IFC contract (ages 12-17 and 18-21) had a statistically significant improvement between MY2022 and MY2023.

Here are some highlights for non-VBP measures:

- After two periods of statistically significant increases for the Asthma Medication Ratio (AMR) measure, there was a statistically significant decrease between MY2022 and MY2023. This measure is still above the national 50th percentile, but below the national 75th percentile. Note this measure was removed as a VBP measure for the 2024 performance period.
- The results for other behavioral health measures were mixed, with scattered increases and decreases reported across the three time periods.
- The Adults' Access to Preventive/Ambulatory Health Services (AAP), Total had statistically significant improvement between MY2022 and MY2023 after several years of statistically significant declines. This measure is below the national 50th percentile.
- The measures related to homelessness both improved between MY2022 and MY2023.

Note about the following chart: The middle column with the gray and teal bars shows the statewide rates for MY2023; the teal bars indicate VBP measures. The blue shading on the graph indicates the cut-offs for the national 50th, 75th and 90th 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 12. MY2023 MCO Statewide Weighted Average for 35 Measures.

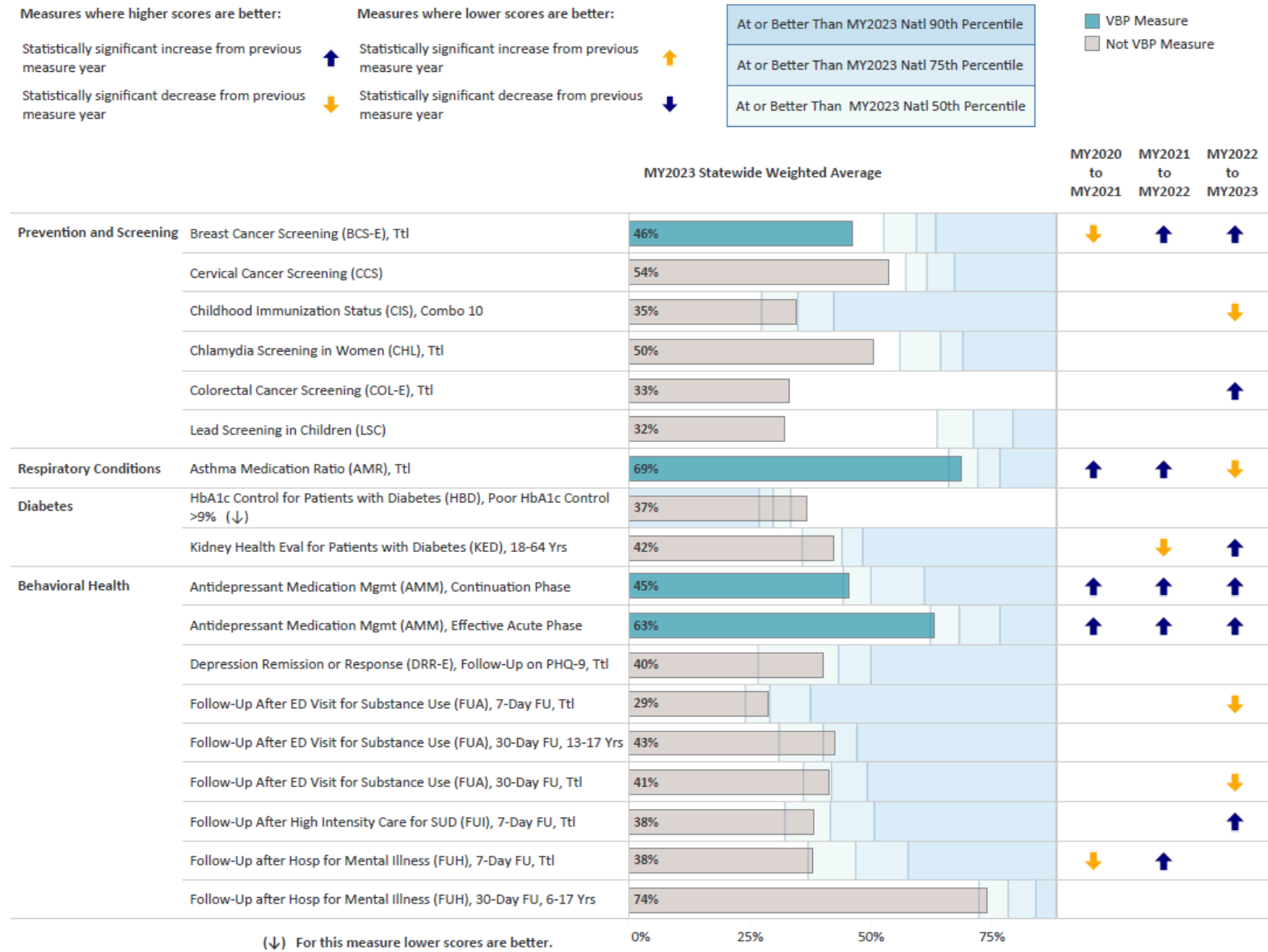
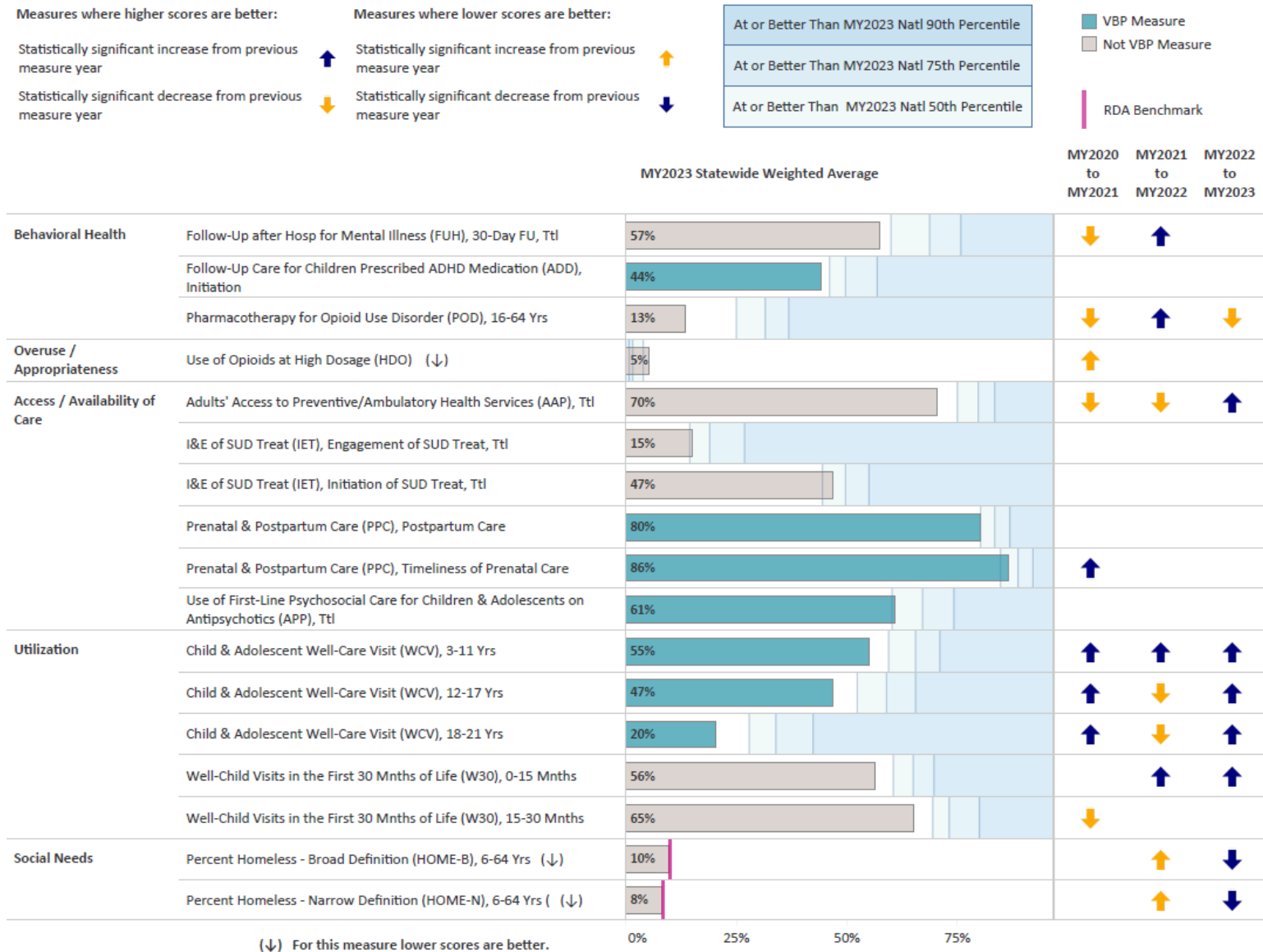


Figure 13. MY2023 MCO Statewide Weighted Average for 35 Measures, Continued.



Apple Health Program Demographics

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

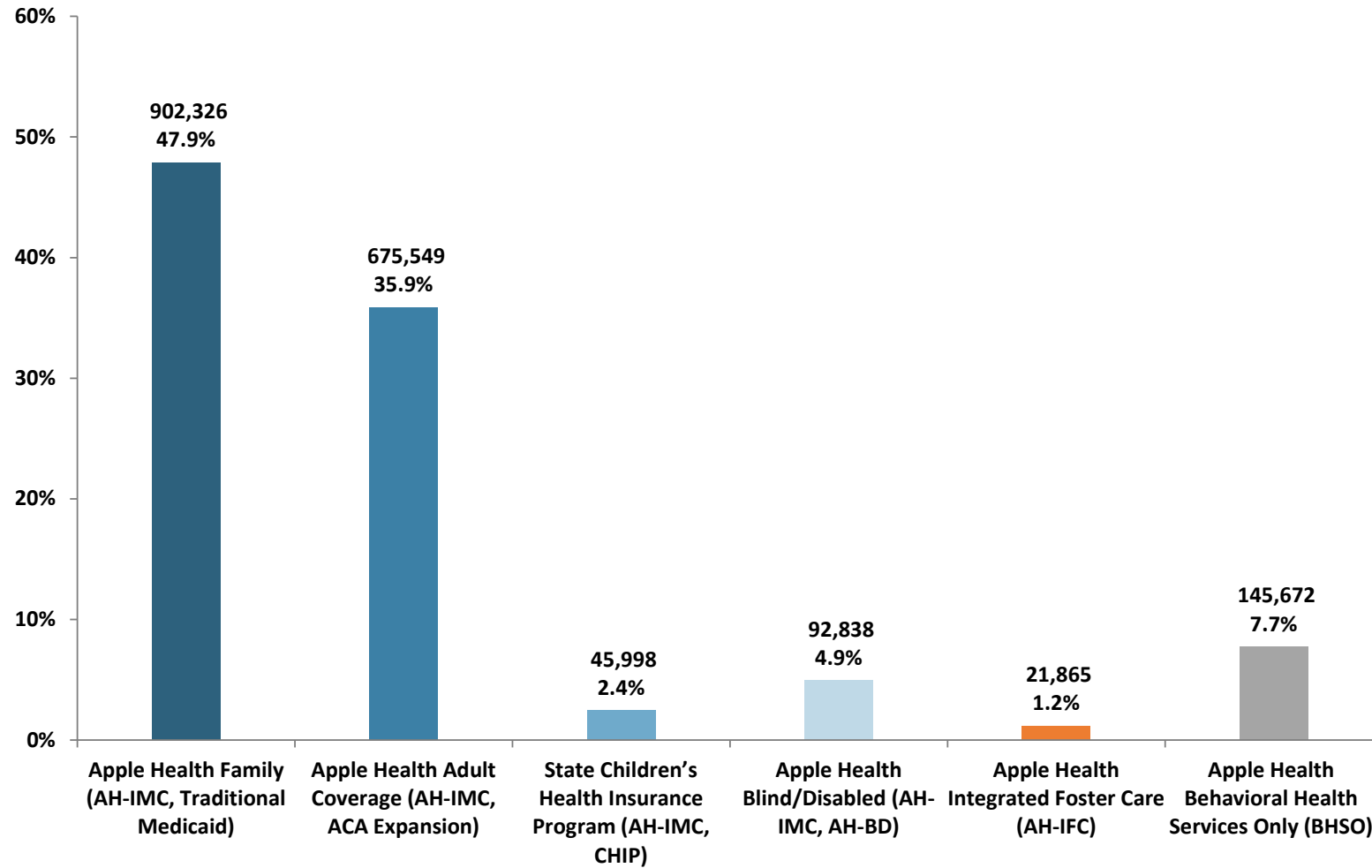
The AH-IMC program is further broken down into the following four Medicaid eligibility categories:

- **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 14 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 47.9% enrolled as Apple Health Family (traditional Medicaid) and 35.9% enrolled as Apple Health Adult (Medicaid expansion).

Figure 14. MY2023 Percent Enrollment by Apple Health Program and Eligibility Category.



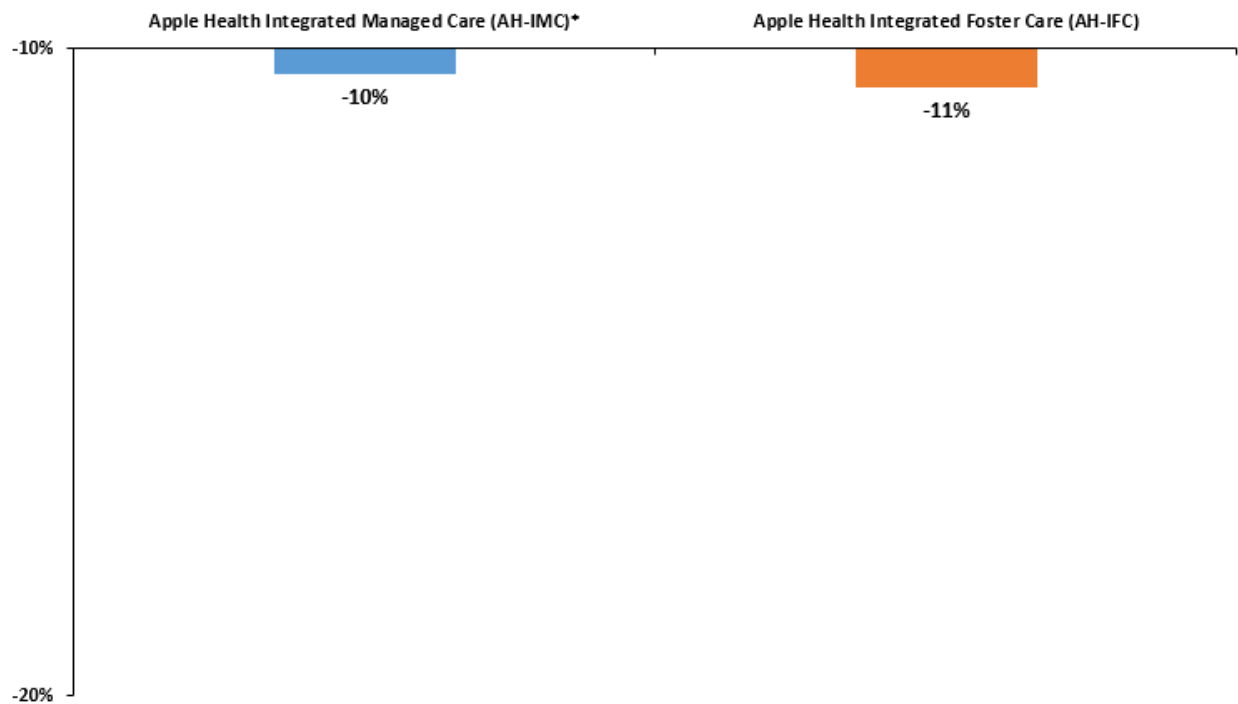
Note: The first four columns (the IMC programs) are shown in shades of blue.

There was a decrease in Apple Health enrollment for the IMC and IFC programs in calendar year 2023. This decline was due to HCA resuming eligibility determinations after the COVID-19 public health emergency through the unwinding process.

Please note that large decreases in enrollment can impact measure results as there may be an underlying shift in the demographics of the population.

Figure 15 shows the decline in Apple Health enrollment by program. The overall decline between MY2022 and MY2023 was 10%. The AH-IMC population declined by 10% and the AH-IFC population declined 11% between MY2021 and MY2022.

Figure 15. Enrollment Decline by Program, MY2022 vs. MY2023.



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.

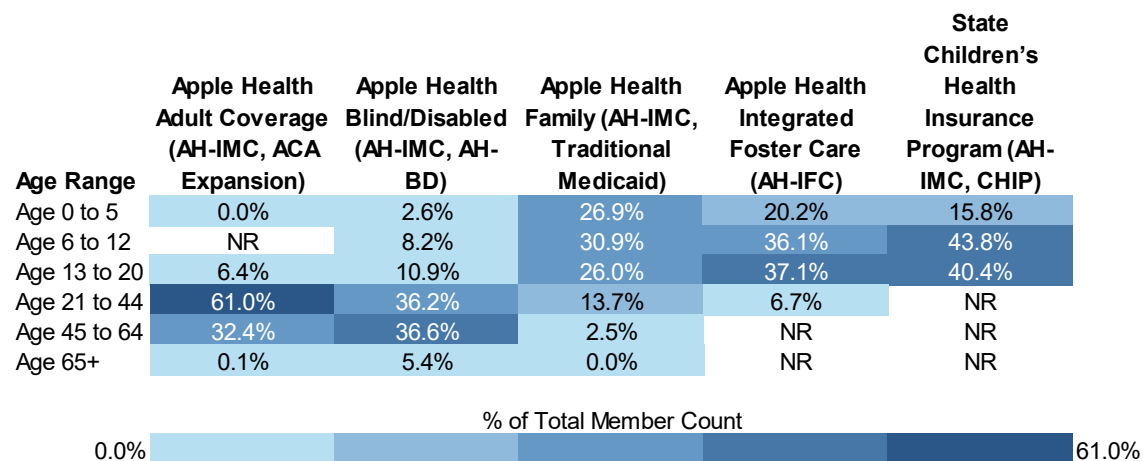
While this section of the report summarizes and compares MCO performance for certain HEDIS measures, it is crucial to recognize that the differences between the MCOs’ member populations may impact MCO performance on different measures. Because of this variation, monitoring performance at both the plan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

Age Range

Figure 16 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 16. Enrollee Population by Apple Health Program and Age Range, MY2023.



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 16:

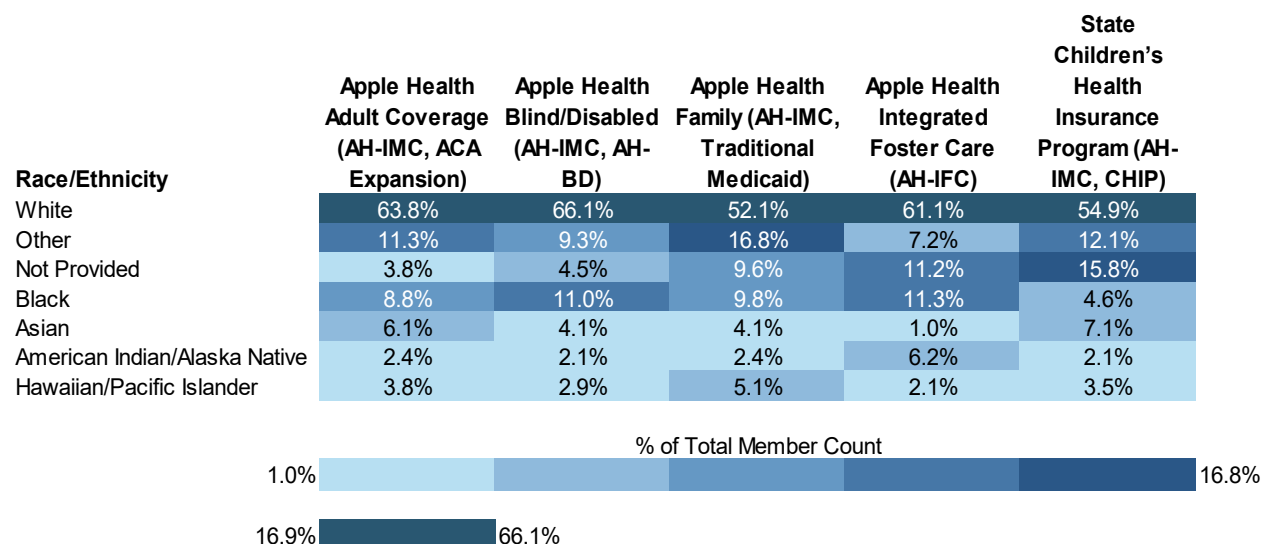
- **Apple Health Adult (AH-IMC, ACA expansion):** 61.0% of enrollees are between the ages of 21 and 44
- **Apple Health Blind/Disabled (AH-IMC, AH-BD):** most are adults between the ages of 21 and 64
- **Apple Health Family (AH-IMC, Traditional Medicaid):** 83.8% of the enrollees are below the age of 21; 13.7% of enrollees are between the ages of 21 and 44; 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; 6.7% are Foster Care alumni between the ages of 21 to 44
- **State Children's Health Insurance Program (AH-IMC, CHIP):** 43.8% 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 17 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.

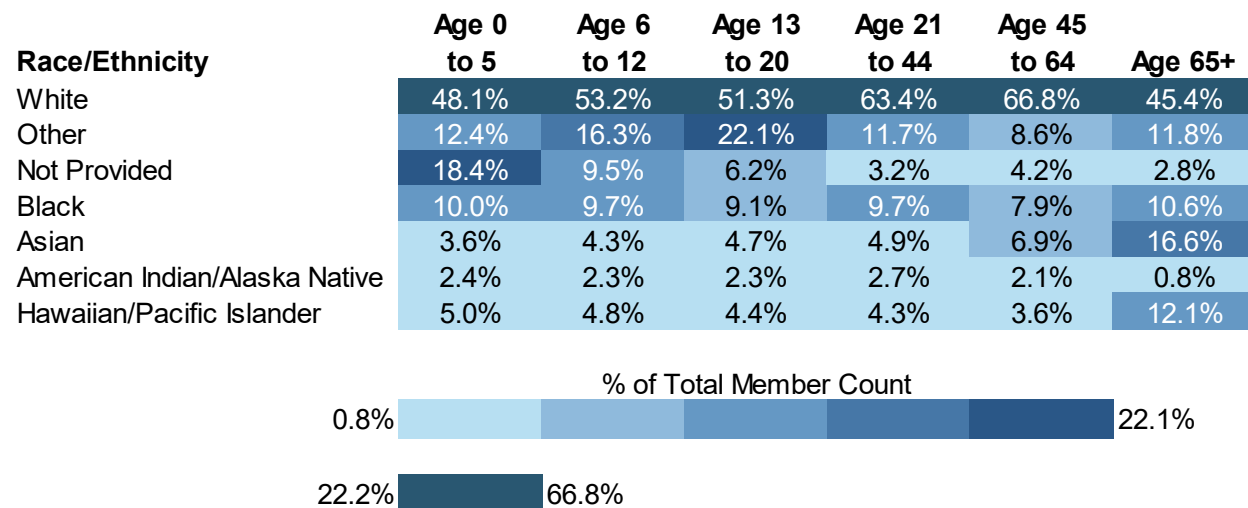
Figure 17. Statewide Apple Health Enrollees by Program and Race/Ethnicity, MY2023.



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 Apple Health Enrollees by race/ethnicity and age. Adults ages 45 to 64 years of age have the least diverse populations.

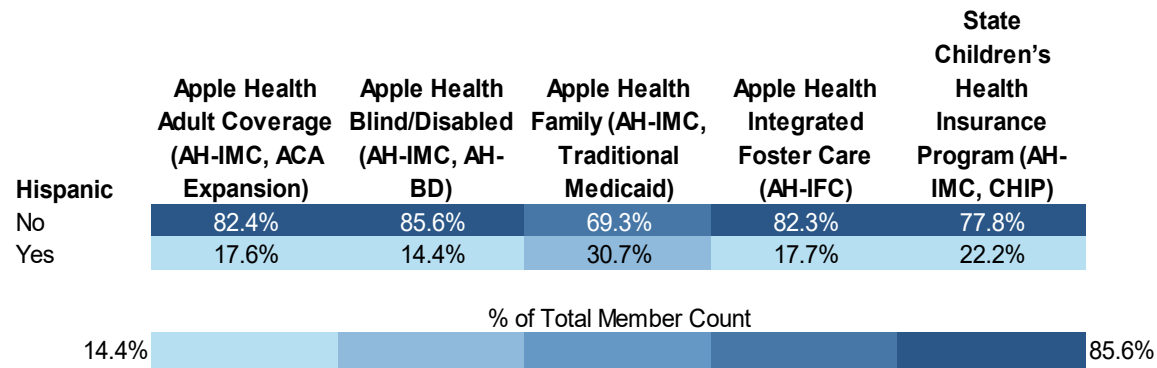
Figure 18. Statewide Apple Health Enrollees by Race/Ethnicity and Age, MY2023.



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 19 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 30.7%.

Figure 19. Statewide Apple Health Enrollees by Program and Hispanic Indicator, MY2023.



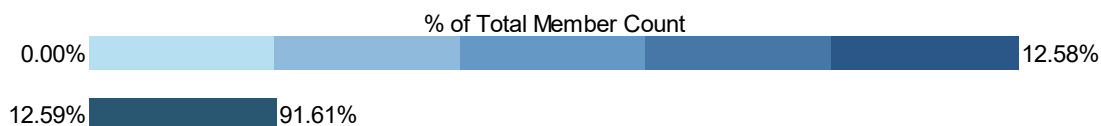
Language

Upon application for Medicaid eligibility, clients also provide information on their primary spoken language. According to Apple Health eligibility data, there are 81 separate spoken languages among approximately 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 20 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 20 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 2% of enrollees.

Figure 20. Statewide Apple Health Enrollees by Program and Spoken Language, MY2023.

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	91.61%	87.73%	81.72%	89.62%	87.01%
Spanish; Castilian	4.26%	3.23%	12.58%	1.42%	8.80%
Russian	0.91%	0.64%	1.40%	0.02%	0.94%
Vietnamese	0.56%	0.37%	0.39%	0.02%	1.02%
Chinese	0.45%	0.17%	0.35%	0.01%	0.88%
Arabic	0.20%	0.43%	0.31%	0.00%	0.08%
Ukrainian	0.56%	0.23%	0.95%	NR	0.24%
Somali	0.16%	0.16%	0.22%	0.01%	0.01%
Korean	0.14%	0.07%	0.06%	NR	0.26%
Amharic	0.09%	0.09%	0.14%	NR	0.04%
Tigrinya	0.07%	0.08%	0.11%	0.03%	0.02%
Panjabi; Punjabi	0.09%	0.10%	0.07%	NR	0.09%
Burmese	0.05%	0.02%	0.07%	NR	0.08%
Farsi	0.07%	0.09%	0.07%	NR	0.05%
Cambodian; Khmer	0.04%	0.10%	0.04%	0.01%	0.07%
Other Language*	0.75%	6.50%	1.53%	8.85%	0.40%



*Other Language is the sum of the 66 languages not specifically reported in this table and represents approximately 2% 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 30 of the 35 measures reported in Figures 21 and 22 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 21 and 22 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 are not displayed in this table because the number of eligible members is too small. Measures that are specific to the pediatric population have also been removed from this view.

This chart reports the statewide weighted average for each measure, along with the MY2023 result for each Apple Health program. Upward triangles indicate a particular program or eligibility category performs better than the other eligibility categories. A downward triangle 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 21. Statewide Measure Results by Apple Health Program Group, MY2023.

		Adult Programs			Child Programs				MY2023 Statewide Weighted Average
		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)	
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	48% ▲	42% ▼	46%	NR	NR	NR	NR	47%
	Cervical Cancer Screening (CCS)			53%	NR	NR	NR	***	52%
	Childhood Immunization Status (CIS), Combo 10			NR	***	30%	39%	47% ▲	30%
	Chlamydia Screening in Women (CHL), Ttl	54% ▲	39% ▼	64% ▲	23% ▼	40% ▼	31% ▼	52%	51%
	Colorectal Cancer Screening (COL-E), Ttl	34% ▼	38% ▲	32% ▼	NR	***	NR	NR	35%
	Lead Screening in Children (LSC)			NR	***	33%	37%	35%	31%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	68%	66%	64% ▼	77% ▲	71% ▲	73%	75%	69%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	37%	36%	38%	NR	***	NR	***	38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	44% ▲	40% ▼	37% ▼	NR	24% ▼	***	21% ▼	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	47% ▲	47%	43% ▼	NR	29% ▼	***	39%	47%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	66% ▲	64%	61% ▼	NR	51% ▼	***	48% ▼	65%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	38% ▼	48% ▲	40%	***	36%	71% ▲	NR	40%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	24% ▼	33% ▲	26%	***	27%	23%	24%	26%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	NR	***	NR	***	43%	41%	45%	44%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	37% ▼	47% ▲	40%	***	42%	42%	33%	39%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	38% ▼	38%	45% ▲	***	26% ▼	***	***	40%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	34% ▼	40%	33% ▼	48%	50% ▲	54% ▲	43%	38%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	NR	***	NR	77%	76%	82%	71%	76%

(!) For this measure lower scores are better.

Figure 22. Statewide Measure Results by Apple Health Program Group, MY2023, Continued.

		Adult Programs			Child Programs				MY2023 Statewide Weighted Average
		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)	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	52% ▼	60%	54% ▼	77% ▲	74% ▲	79% ▲	67% ▲	59%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	NR	NR	NR	46%	44%	46%	39% ▼	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	12%	16% ▲	12%	***	3% ▼	***	6%	13%
Overuse/ Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	4% ▼	7% ▲	3% ▼	NR	NR	NR	***	5%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	67% ▼	82% ▲	77% ▲	NR	***	NR	61% ▼	71%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	15% ▲	10% ▼	17% ▲	11%	10% ▼	9%	13%	15%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47% ▲	47%	47% ▲	39%	36% ▼	39%	39% ▼	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	82% ▲	87% ▲	75% ▼	NR	70%	***	***	82%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	84%	90% ▲	79% ▼	NR	78%	***	***	85%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	NR	NR	NR	41% ▼	62% ▲	68%	62%	61%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	NR	NR	NR	60% ▲	56% ▼	63% ▲	61% ▲	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	NR	NR	NR	49% ▲	47% ▼	56% ▲	49% ▲	48%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	16% ▼	26% ▲	22%	***	29% ▲	36% ▲	20% ▼	22%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	***	NR	***	21% ▼	58% ▲	51% ▼	68% ▲	58%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	***	NR	NR	69%	64% ▼	76% ▲	85% ▲	65%

(1) For this measure lower scores are better.

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 Adult Coverage (Newly Eligible) and Apple Health Family adult populations performed significantly better on Chlamydia Screenings in Women (CHL), Total; enrollees in the Apple Health Blind/Disabled adults performed significantly worse.
- Apple Health Foster Care performed statistically better than other programs on the Childhood Immunization Status (CIS), Combo 10 measure.
- There were no statistically significant differences detected between the populations for the Cervical Cancer Screening (CCS) or Lead Screening in Children (LSC) measures.

Chronic Diseases

- Programs that serve children performed better than programs that serve adults on Asthma Medication Ratio (AMR) measure.
- There were no statistically significant differences between programs detected for the Hemoglobin A1c Control for Patients with Diabetes (HBD) measure.
- 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 measures 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 performed statistically better for some measures.
- Apple Health Family performed statistically significantly worse for the Antidepressant Medication Management (AMM) measures; there were mixed results for a few of the other behavioral health measures.
- The results for the children's programs were mixed.

These measure shows that behavioral health is a complicated health care 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. The exception is for the adult Apple Health Blind/Disabled population where performance was significantly worse for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total measure.
- Children enrolled in the Apple Health Family program performed statistically significantly higher on the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measure; children enrolled in the Apple Health Blind/Disabled program performed statistically below.

Utilization

There was considerable variation across the different Apple Health programs for the well-child measures that are included in the utilization section.

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 State 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 2023 performance period. In addition, the AH-IFC contract includes eight 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 September 2024.

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 2023, which is the period included in this report.

The following charts (Figures 23–25) show the three-year trend (MY2021 through MY2023) in performance for these measures by MCO and for the statewide weighted average for each measure. In these charts:

- The blue shaded areas show the ranges for the 50th, 75th and 90th national percentiles for HEDIS measures; the shorter purple dashed line shows the MY2023 national 50th percentile.
- The solid purple line represents the benchmark for the RDA measures, set by the second-highest performing MCO from the previous year (MY2022). 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.

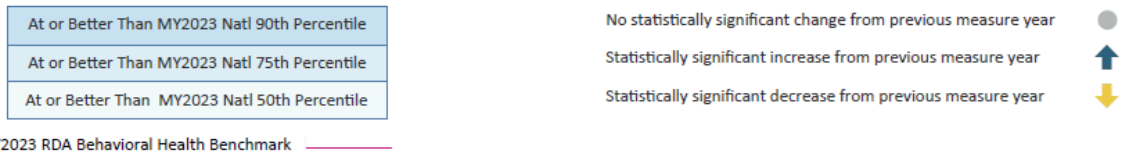
VBP Performance – IMC Shared Measures

Figure 23 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.

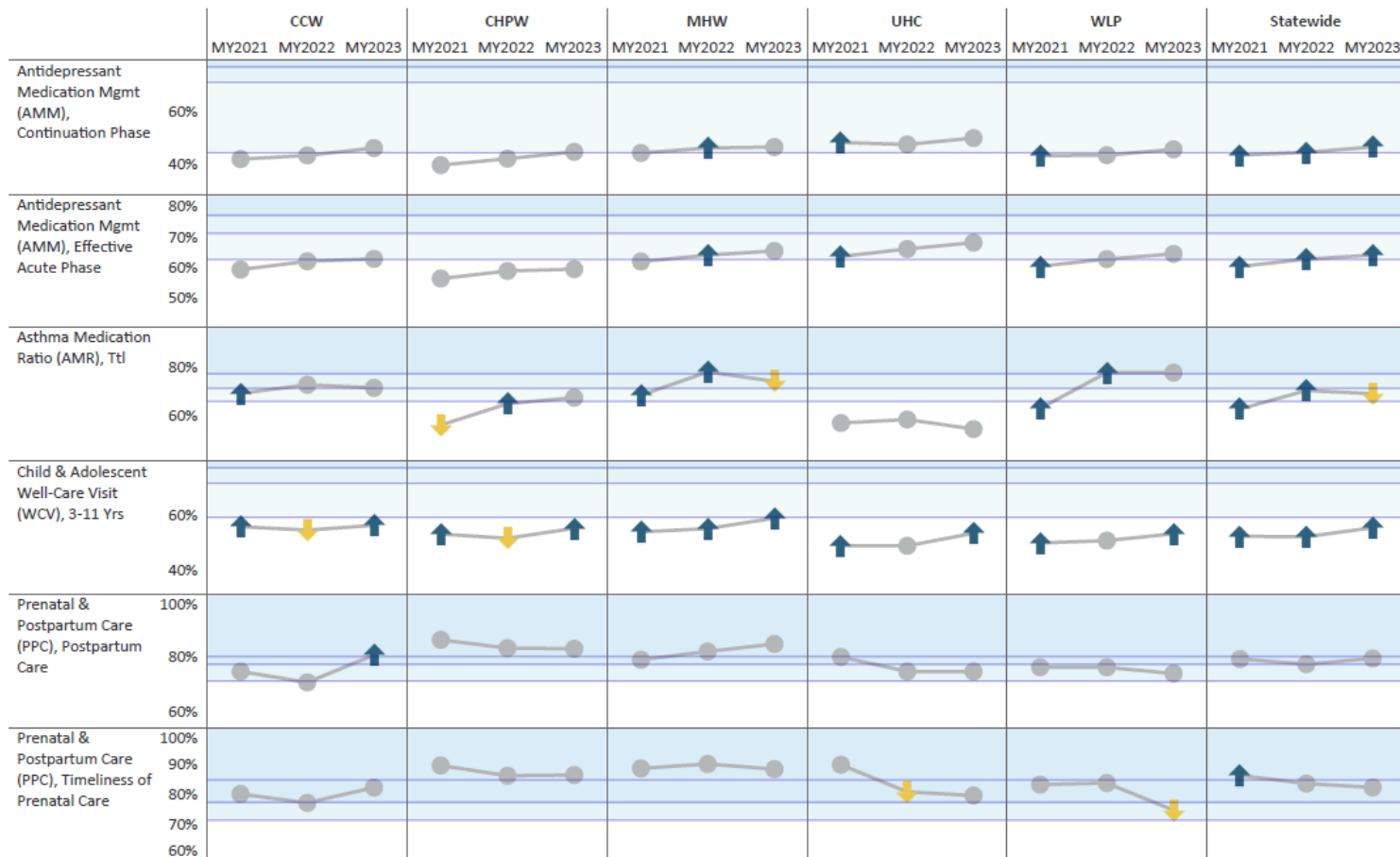
Below are the results by measure:

- 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 and CY2023, the state average was above the national 50th percentile.
- After improving significantly for the first two of the periods reported, the Asthma Medication Ratio (AMR) measure declined significantly between MY2022 and MY2023. The measure is still above the national 50th percentile for MY2023. Note this measure was removed from the VBP measure list for the 2024 contract period based on significant improvements.
- The Child and Adolescent Well-Care Visit (WCV), 3-11 Years measure has improved significantly for the last three 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.

Figure 23. VBP Performance for MY2021 through MY2023; IMC Shared Measures.



NOTE: x-axes are not equivalent across measures.



VBP Performance – IMC Plan-Specific Measures

Figure 24 shows the VBP performance for the three AH-IMC plan-specific measures.

Findings

Below are the results by measure:

- The Breast Cancer Screening (BSC-E) measure has shown statistically significant improvement between MY2021 and MY2022, and between MY2022 and MY2023. The change does not appear to be driven by a particular MCO. All MCOs and the statewide average are well below the national 50th percentile.
- There have been no changes in the performance of the Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase measure.
- The Substance Use Disorder Treatment Rate (SUD), 12-64 Years decreased by a statistically significant amount between MY2021 and MY2022.

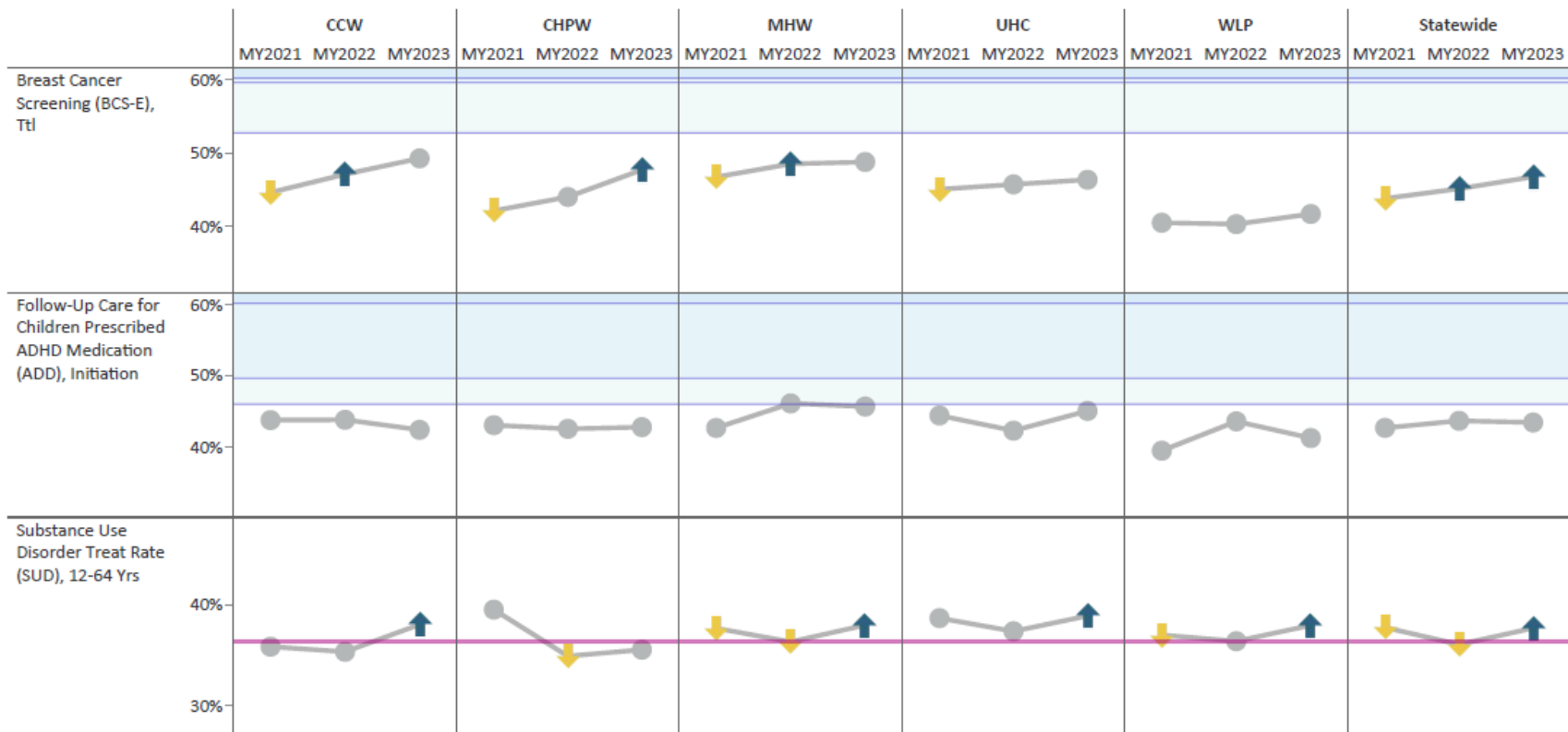
Figure 24. VBP Performance for MY2021 through MY2023; IMC Plan-Specific Measures.

At or Better Than MY2023 Natl 90th Percentile
At or Better Than MY2023 Natl 75th Percentile
At or Better Than MY2023 Natl 50th Percentile

- No statistically significant change from previous measure year ●
- Statistically significant increase from previous measure year ↑
- Statistically significant decrease from previous measure year ↓

MY 2023 RDA Behavioral Health Benchmark —

NOTE: x-axes are not equivalent across measures.



VBP Performance – IFC Measures

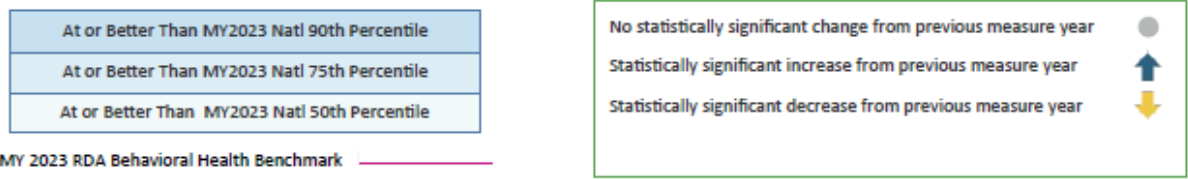
Figure 25 shows the VBP performance for the AH-IFC measures. Note that CCW is contracted to provide services for the foster care population; therefore, the other MCOs are not included in this chart. For the HEDIS measures, CCW is evaluated using the measures it reports for its overall population. The CCW rates for two of the RDA measures (MH-B and SUD) are specific to its AH-IFC population.

Findings

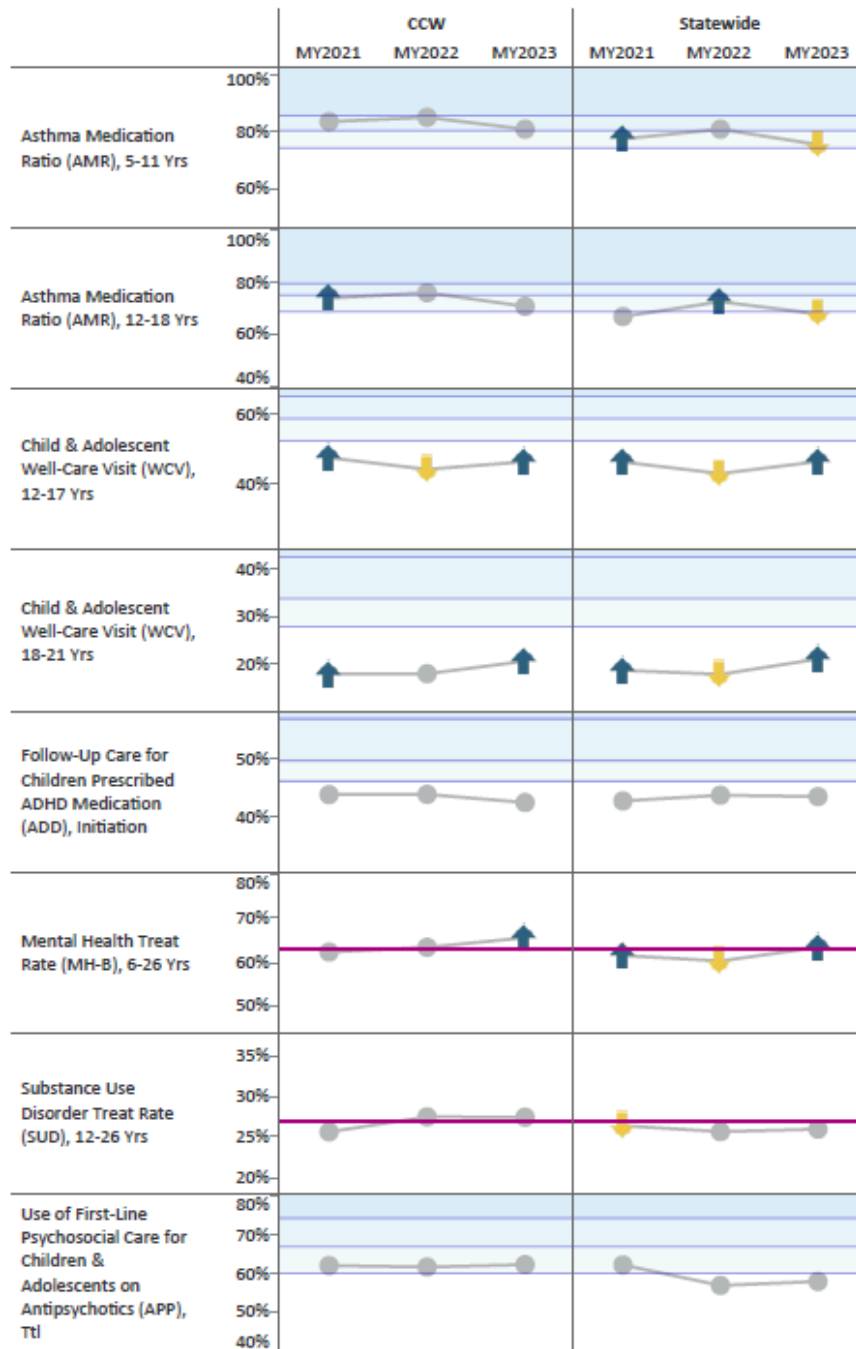
Below are observations from the IFC measure analysis. (Note: these apply to CCW since it is the only provider of IFC.)

- Neither component of the Asthma Medication Ratio (AMR) showed any significant change between MY2022 and MY2023. The 5-11 years age band is above the national 75th percentile, while the 12-18 age band is above the national 50th percentile.
- The Child and Adolescent Well-Care Visit (WCV) had a statistically significant increase between MY2022 and MY2023 for both components included in the IFC measures. Both age bands are below the national 50th 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), 6-26 Years measure had a statistically significant improvement between MY2022 and MY2023. There was no change for the Substance Use Disorder Treatment Rate (SUD), 12-26 Years measure. Both measures are above the RDA benchmark.
- There have been no statistically significant changes for the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measure. Performance is above the national 50th percentile but below the national 75th percentile.

Figure 25. VBP Performance for MY2021 through MY2023; IFC Measures.



NOTE: x-axes are not equivalent across 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.”¹¹ 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.

¹¹ 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	1	***
Arabic	3	***
Burmese	1	***
Cambodian; Khmer	0	NR
Chinese	8	***
English	1,789	82%
Farsi	3	***
Korean	0	NR
Panjabi; Punjabi	1	***
Russian	21	***
Somali	2	***
Spanish; Castilian	75	79%
Tigrinya	0	NR
Ukrainian	7	***
Vietnamese	20	***
Other Language*	82	85%

*Other Language is the sum of the 66 languages not specifically reported in this table and represents approximately 2% 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 30 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 26 and 27 display the results of this analysis. The last columns display the statewide average; the results by race/ethnicity are to the left. Triangles pointing down indicate the measure results for a particular race are statistically significantly lower than the statewide average; triangles pointing up 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 that American Indian/Alaska Native members are allowed to choose whether to enroll in an MCO or to be served by the fee-for-service (FFS) delivery systems. As a result, Comagine Health does not have complete data for services provided to American Indian/Alaskan Native members, therefore the denominators for their measures tend to also be small as a result.

Figure 26. Statewide Variation in Rates by Race/Ethnicity, MY2023.*

		Measures where higher scores are better:		Measures where lower scores are better:									
		Statistically significant higher rate than other races/ethnicities ▲	Statistically significant lower rate than other races/ethnicities ▼	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	MY2023 Statewide Weighted Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	39% ▼	60% ▲	42% ▼	47%	60% ▲	44% ▼	48%	47%				
	Cervical Cancer Screening (CCS)	47%	58%	55%	46%	64% ▲	45% ▼	53%	52%				
	Childhood Immunization Status (CIS), Combo 10	23%	56% ▲	24%	26%	37% ▲	24% ▼	32%	30%				
	Chlamydia Screening in Women (CHL), Ttl	52%	48% ▼	58% ▲	55% ▲	54% ▲	48% ▼	46% ▼	51%				
	Colorectal Cancer Screening (COL-E), Ttl	30% ▼	46% ▲	33% ▼	30% ▼	40% ▲	34% ▼	36%	35%				
	Lead Screening in Children (LSC)	***	34%	31%	29%	43% ▲	25% ▼	29%	31%				
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	65%	73%	63% ▼	68%	69%	70% ▲	68%	69%				
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	20% ▼	34%	52% ▲	41%	37%	40%	38%				
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	38% ▼	56% ▲	43%	45% ▲	46% ▲	39% ▼	46% ▲	42%				
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	41% ▼	47%	37% ▼	42% ▼	39% ▼	50% ▲	49%	47%				
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60% ▼	66%	56% ▼	62%	59% ▼	68% ▲	64%	65%				
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	45%	36%	40%	36%	38%	40%	43%	40%				
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	29%	28%	22% ▼	19% ▼	23% ▼	27% ▲	29%	26%				
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	39%	***	46%	46%	40%	44%				
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	42%	38%	32% ▼	29% ▼	36% ▼	41% ▲	40%	39%				
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	46% ▲	26% ▼	32% ▼	44%	40%	41%	41%	40%				
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	36%	41%	34% ▼	32%	40%	39% ▲	38%	38%				
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	77%	81%	77%	69%	76%	76%	77%	76%					

(↓) For this measure lower scores are better.

*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 27. Statewide Variation in Rates by Race/Ethnicity, MY2023, 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	MY2023 Statewide Weighted Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	59%	59%	52% ▼	52% ▼	60%	60% ▲	59%	59%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	49%	49%	44%	46%	42% ▼	45%	44%	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	14%	10%	9% ▼	13%	10% ▼	14% ▲	13%	13%
Overuse/ Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5%	2% ▼	6% ▲	4%	3% ▼	5%	6%	5%
Access/ Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	73% ▲	70%	69% ▼	62% ▼	73% ▲	71% ▲	67% ▼	71%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	18% ▲	14%	12% ▼	11% ▼	12% ▼	16% ▲	14%	15%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47%	47%	46%	44%	40% ▼	48% ▲	45%	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	70%	81%	72% ▼	65% ▼	82%	82% ▲	80%	82%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	70% ▼	89%	79%	73% ▼	85%	82%	85%	85%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	66%	***	62%	***	58%	62%	54%	61%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	53% ▼	63% ▲	55% ▼	49% ▼	62% ▲	54% ▼	57%	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	43% ▼	55% ▲	47% ▼	42% ▼	52% ▲	45% ▼	47%	48%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	17% ▼	28% ▲	22%	18% ▼	24% ▲	20% ▼	23% ▲	22%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	55%	69% ▲	52% ▼	49% ▼	61% ▲	57% ▼	57% ▼	58%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	64%	77% ▲	60% ▼	52% ▼	70% ▲	63% ▼	64% ▼	65%
Social Needs	Percent Homeless - Broad Definition (HOME-B), 6-64 Yrs (↓)	18% ▲	4% ▼	16% ▲	10% ▼	7% ▼	13% ▲	5% ▼	10%
	Percent Homeless - Narrow Definition (HOME-N), 6-64 Yrs (↓)	16% ▲	3% ▼	14% ▲	7% ▼	6% ▼	11% ▲	4% ▼	9%

(↓) For this measure lower scores are better.

*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, Hispanic members received statistically significantly more services than members of other race/ethnicities, while white members received statistically significantly fewer services. There were many variations between Breast Cancer Screenings (BCS-E), Childhood Immunization Status (CIS) and Chlamydia Screening for Women (CHL), similar to last year's results.
- Black members received statistically significantly fewer services for the Asthma Medication Ratio (AMR) than members of other race/ethnicities, while the white population received statistically significantly more services. For the Hemoglobin A1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% measure, Asian members had a statistically significantly higher percentage of people with diabetes who were in poor control of their HbA1c. There was a statistically significantly higher percentage of Hawaiian/Pacific Islander members who were in poor control of their HbA1c. There was considerable variation in scores for the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years measure.
- Black members received statistically significantly fewer services related to the behavioral health measures, while white members received statistically significantly more services than members of other race/ethnicities. There was some variation for the other race/ethnicities for these measures.
- There is considerable variation for the Adults' Access to Preventive/Ambulatory Health Services (AAP), Total measure. American Indian/Alaskan Native, Hispanic and white members received more services than members of other race/ethnicities. Black and Hawaiian/Pacific Islander members received statistically significantly fewer services.
- Hawaiian/Pacific Islander members received significantly fewer services related to both Timeliness of Prenatal Care and Postpartum Care for the Prenatal and Postpartum Care (PPC) measures than members of other race/ethnicities. American Indian/Alaskan Native members also received statistically significantly fewer services related to the Timeliness of Prenatal Care measure. For the Postpartum Care measure, Black members received statistically significantly fewer services than members of other race/ethnicities, while white members received statistically significantly more postpartum services.
- Asian and Hispanic members had statistically significantly more services than members of other race/ethnicities for the well-child visit measures, similar to the result reported last year.
- There was considerable variation in the measures related to homelessness. American Indian/Alaskan Natives, Black and white members show statistically higher rates of homelessness, reflecting deeper disparities for those members in housing stability. In contrast, Asian and Hispanic members are consistently shown by these measures to experience homelessness at significantly lower rates.

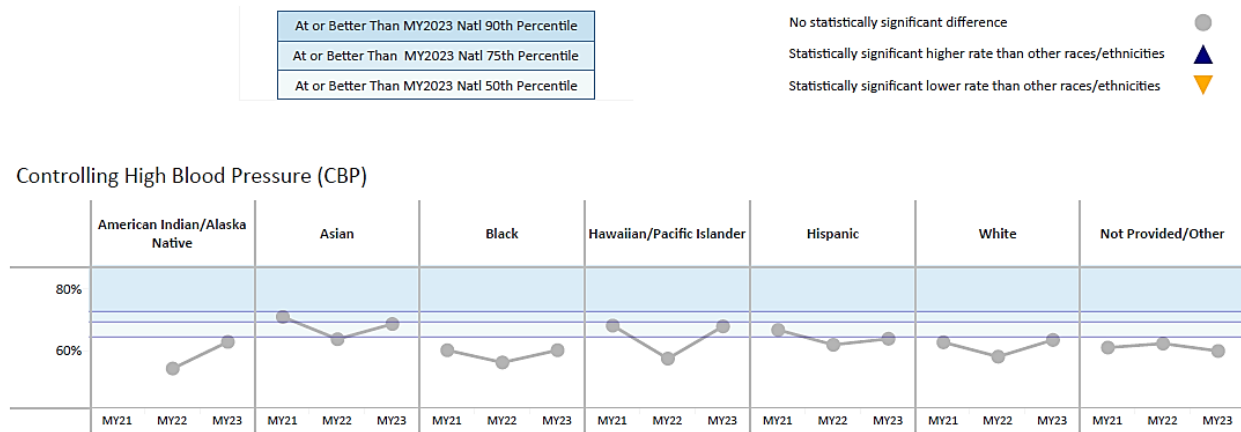
Analysis by Race/Ethnicity, Three-Year Trend

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 four 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.

Controlling High Blood Pressure (CBP) Performance

The data for the Controlling High Blood Pressure (CBP) measure is presented as an example where there are no detectable differences in performance by race/ethnicity. The data for this measure is collected via the hybrid method, and small denominators make it difficult to detect statistical differences.

Figure 28. Controlling High Blood Pressure (CBP), Variation in Rates by Race/Ethnicity, Three-Year Trend.*

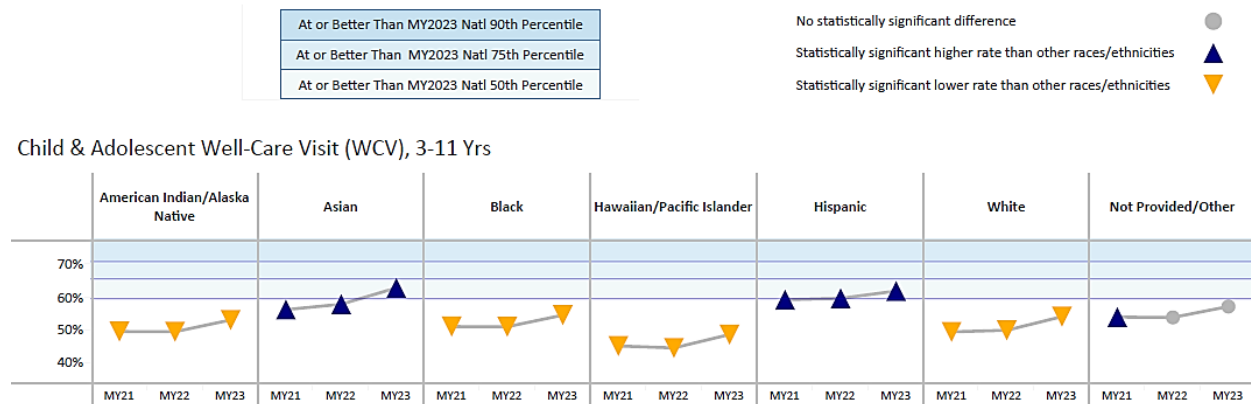


*The “Not Provided” category means a member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group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

Child and Adolescent Well-Care Visits (WCV), 3-11 Years Performance

The differences illustrated in the Statewide Variation in Rates by Race/Ethnicity, MY2023 (Figures 26 and 27) are also apparent here. Asian and Hispanic members receive statistically significantly more services for this measure, while members of other race/ethnicities receive statistically significantly fewer services. This disparity is apparent in the three years reported in Figure 29.

Figure 29. Child and Adolescent Well-Care Visits (WCV), 3-11 Years, Variation in Rates by Race/Ethnicity, Three-Year Trend.*

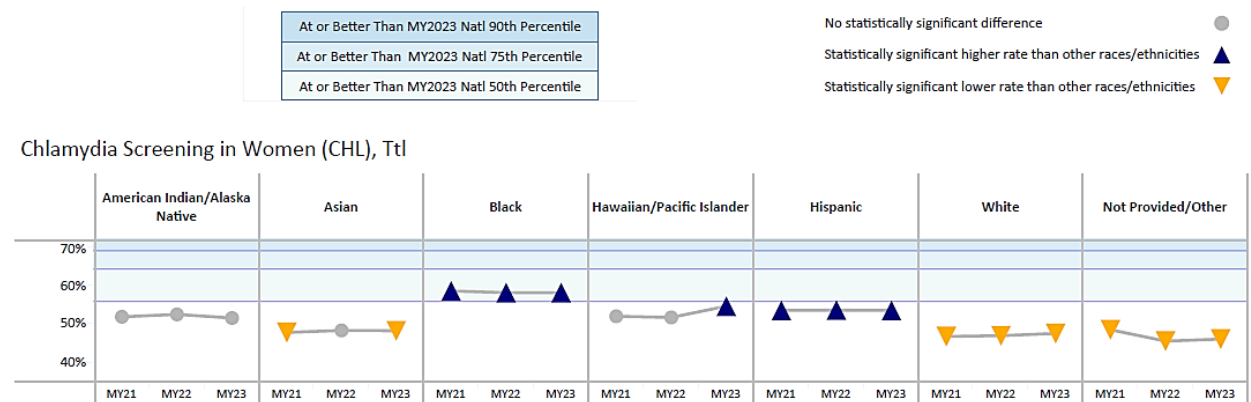


*The “Not Provided” category means a member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group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

Chlamydia Screening in Women (CHL), Total Performance

The differences illustrated in the Statewide Variation in Rates by Race/Ethnicity, MY2023 are also apparent here (Figure 30). Black and Hispanic members receive statistically significantly more services than member of other race/ethnicities; this disparity has persisted for the last three years. Conversely, the white population receives significantly fewer screenings over the last three measure periods than members of other race/ethnicities.

Figure 30. Chlamydia Screening in Women (CHL), Total, Variation in Rates by Race/Ethnicity, Three-Year Trend.*

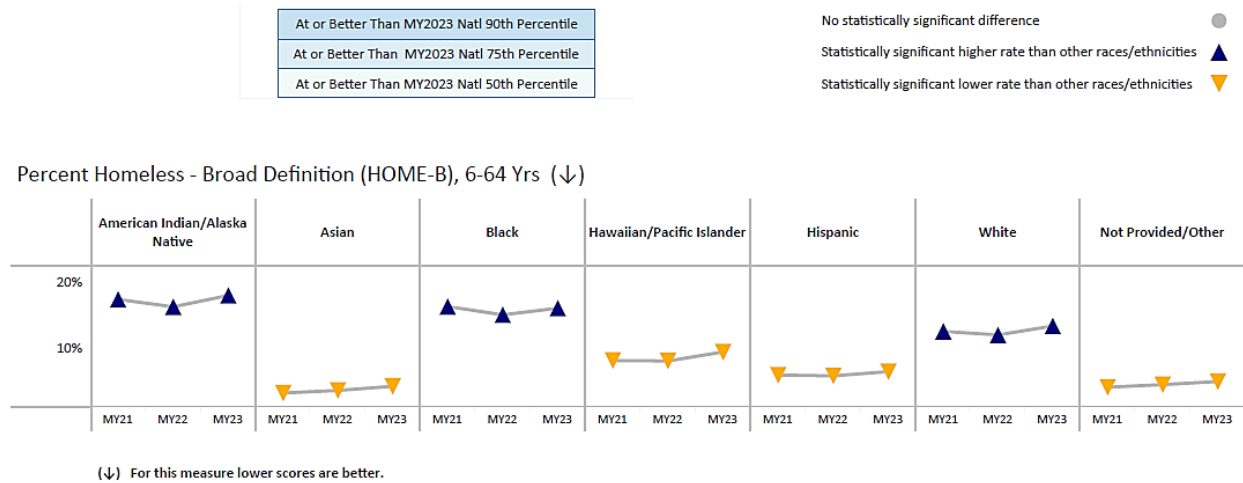


*The “Not Provided” category means a member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group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

Percent Homeless - Broad Definition (HOME-B), 6-64 Years Performance

The disparities reported in the Statewide Variation in Rates by Race/Ethnicity, MY2023 (Figures 26 and 27) are also apparent in Figure 31. These disparities are across all three periods included in the report.

Figure 31. Percent Homeless - Broad Definition (HOME-B), 6-64 Years, 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; Castilian speakers. HCA tracks 81 separate spoken languages in their enrollment data. The non-English, non-Spanish; Castilian-speaking members account for approximately 5% of all enrollees. The first section of the language analysis is a comparison of English, Spanish; Castilian 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 66 remaining languages are grouped into an Other Language category and account for approximately 2% 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 32 and 33 show the MY2023 results of the key measures for English, Spanish; Castilian and Other Languages (Note: these are the same as Figures 5 and 6 in the Executive Summary).

Figure 32. Statewide Variation in Rates by Spoken Language, MY2023.*

		Measures where higher scores are better:			MY2023 Statewide Weighted Average
		English	Spanish; Castilian	Other Language	
		Statistically significant higher rate than other races/ethnicities ▲	Statistically significant lower rate than other races/ethnicities ▼		
		Statistically significant higher rate than other races/ethnicities ▲	Statistically significant lower rate than other races/ethnicities ▼		
		Statistically significant higher rate than other races/ethnicities ▲	Statistically significant lower rate than other races/ethnicities ▼		
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	45% ▼	71% ▲	52% ▲	47%
	Cervical Cancer Screening (CCS)	49% ▼	73% ▲	55%	52%
	Childhood Immunization Status (CIS), Combo 10	30% ▼	40% ▲	29%	30%
	Chlamydia Screening in Women (CHL), Ttl	51% ▲	48% ▼	49%	51%
	Colorectal Cancer Screening (COL-E), Ttl	34% ▼	47% ▲	43% ▲	35%
	Lead Screening in Children (LSC)	29% ▼	57% ▲	35%	31%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	69%	69%	73%	69%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	39% ▲	33%	25% ▼	38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	41% ▼	55% ▲	53% ▲	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	47% ▲	39% ▼	44%	47%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	65% ▲	57% ▼	62% ▼	65%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	40%	36%	45%	40%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	26%	22% ▼	28%	26%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	44%	47%	34%	44%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	39%	33% ▼	40%	39%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	40% ▼	35%	47% ▲	40%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	38% ▼	49% ▲	39%	38%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	76%	79%	73%	76%

(↓) For this measure lower scores are better.

*Other Language is the sum of the 79 languages not specifically reported in this table and represents approximately 5% of enrollees.

Figure 33. Statewide Variation in Rates by Spoken Language, MY2023, Continued.*

		English	Spanish; Castilian	Other Language	MY2023 Statewide Weighted Average
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	▼			
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	58% ▼	66% ▲	60%	59%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	45%	42%	44%	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	13%	12%	13%	13%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5% ▲	NR ▼	2% ▼	5%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	70% ▼	74% ▲	74% ▲	71%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	15% ▲	8% ▼	17% ▲	15%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	47% ▲	31% ▼	48%	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care	79% ▼	89% ▲	83%	82%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	82%	79%	87%	85%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	61%	61%	50%	61%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	55% ▼	68% ▲	60% ▲	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	46% ▼	57% ▲	49%	48%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	21% ▼	26% ▲	24% ▲	22%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	57% ▼	63% ▲	58%	58%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	64% ▼	75% ▲	63% ▼	65%

(↓) For this measure lower scores are better.

*Other Language is the sum of the 79 languages not specifically reported in this table and represents approximately 5% 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. This is the same result that was reported in the 2023 version of this report.

Other Languages speakers perform statistically significantly better than English or Spanish; Castilian speakers for the Breast Cancer Screening (BCS-E) and the Colorectal Cancer Screening (COL-E) measure.

Chronic Care

There were no statistically significant differences detected between the languages for the Asthma Medication Ratio (AMR) measure.

The English-speaking group performed statistically significantly worse than the other languages for the diabetes measures. 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.

There is scattered variation in the other behavioral health measures by language.

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, while Spanish; Castilian speakers perform statistically significantly worse.

For the Prenatal and Postpartum Care (PPC), Postpartum Care measure, English-speakers performed significantly worse, while Spanish; Castilian speakers perform statistically significantly better.

Utilization

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

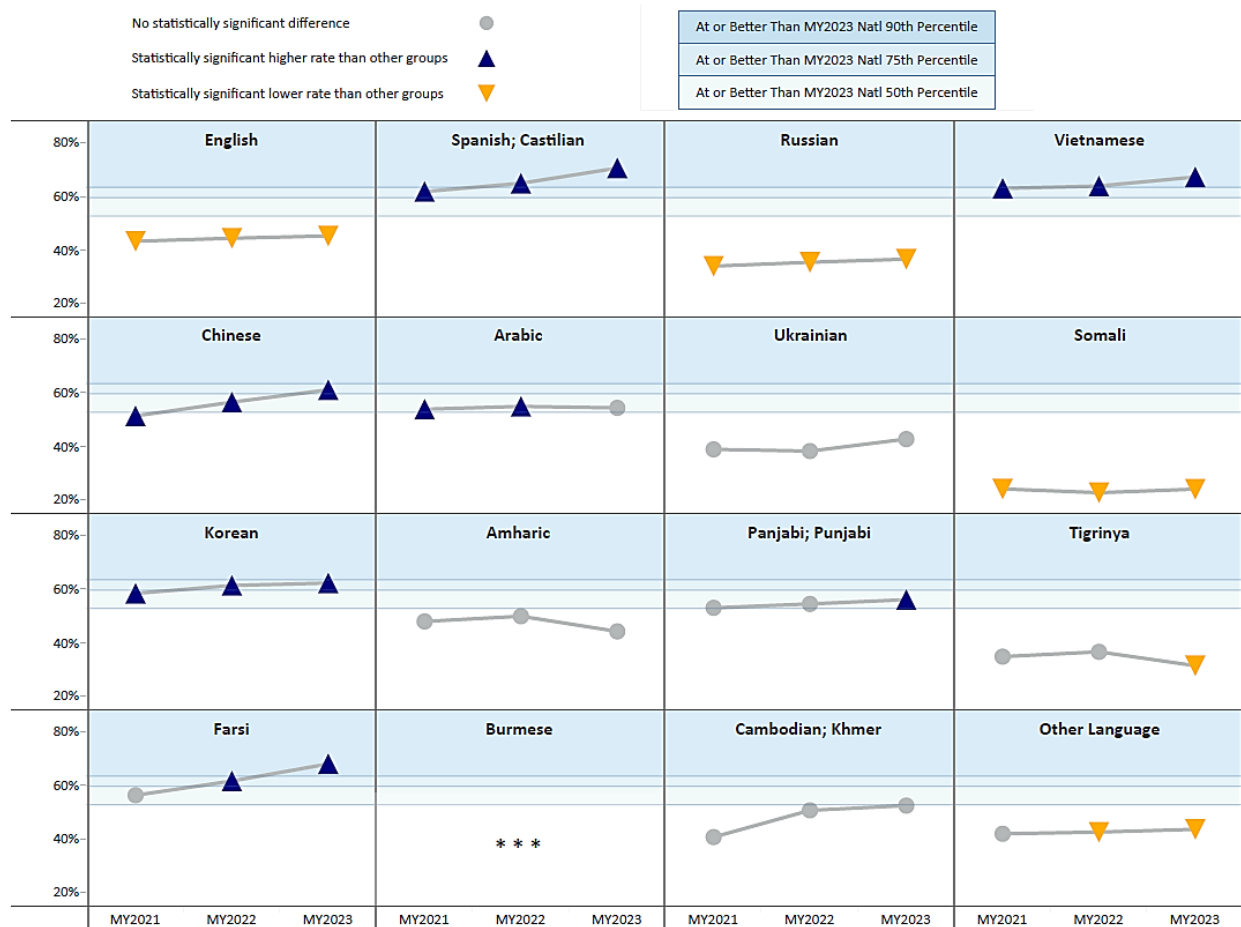
Analysis by Spoken Language, Three-Year Trend

Figures 34 through 36 show the results for selected measures for the 15 languages for which Washington HCA provides written materials. These are measures with denominator populations that are sufficient to report across Most 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 34). 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 Somali). Arabic speakers were statistically significantly above the other language groups in MY2021 and MY2022, and Farsi speakers were statistically significantly above in MY2022 and MY2023.

Figure 34. Breast Cancer Screenings (BCS-E), Variation in Rates by Spoken Language, MY2023.*

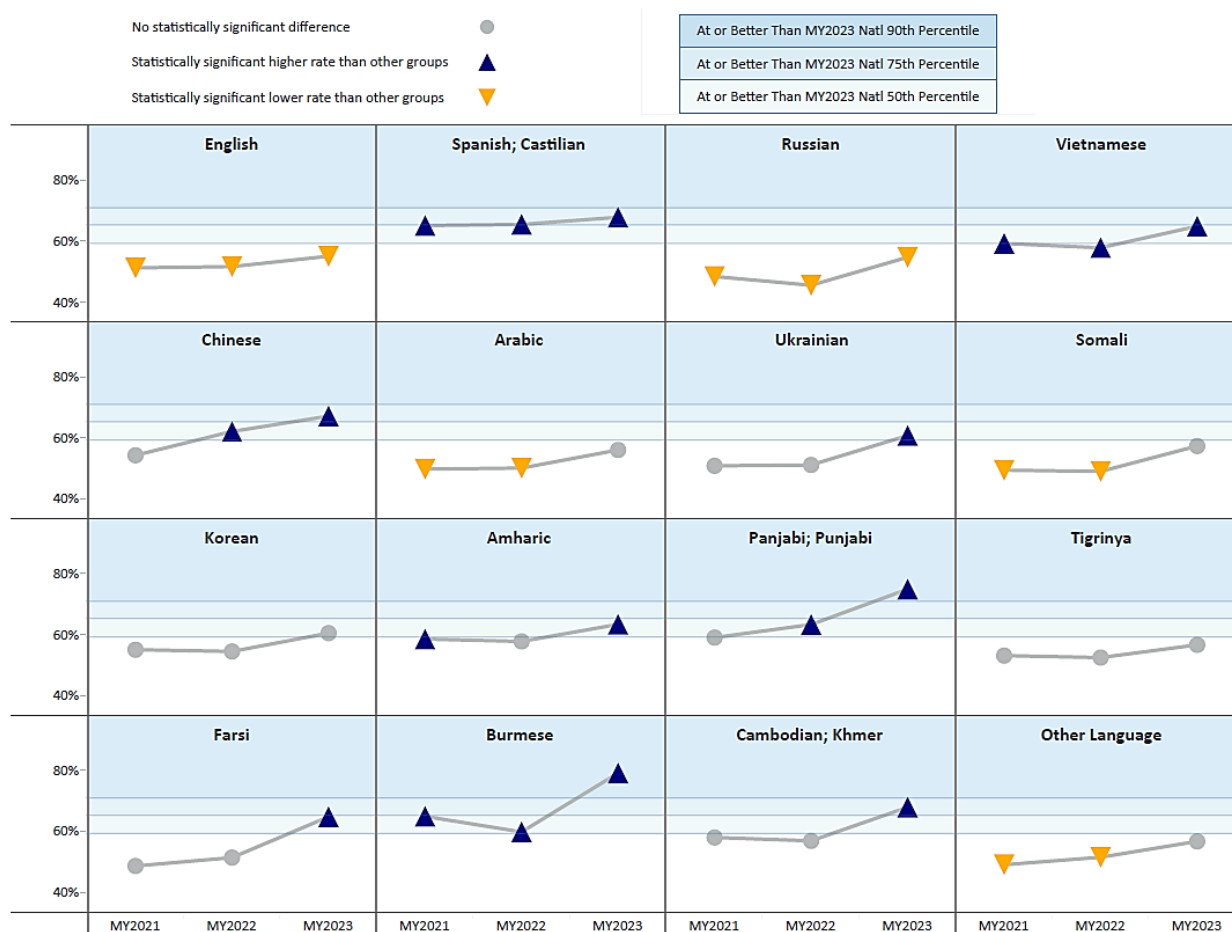


*Other Language is the sum of the 66 languages not specifically reported in this table and represents approximately 2% of enrollees.

Child and Adolescent Well-Care Visits (WCV), 3-11 Years

The Child and Adolescent Well-Care Visit (WCV) measure results indicates that several language categories, including Spanish; Castilian, Vietnamese and Burmese, were statistically significantly above the other groups for the three years of data available (Figure 35). Panjabi; Punjabi speakers were statistically significantly above the past two years. English and Russian speakers were statistically significantly below the other groups for the three years of data.

Figure 35. Child and Adolescent Well-Care Visits (WCV), 3-11 Years, Variation in Rates by Spoken Language, MY2023.*

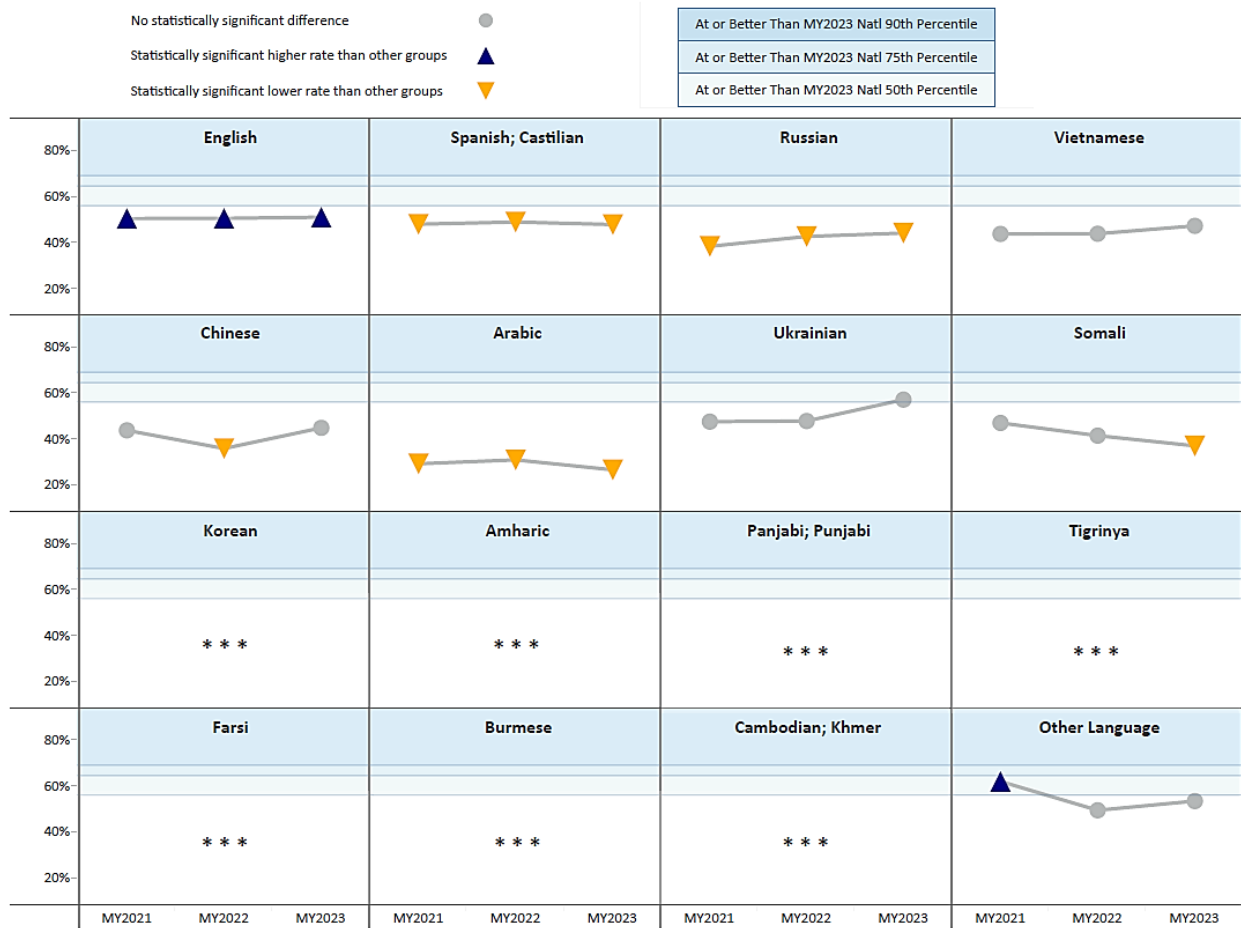


*Other Language is the sum of the 66 languages not specifically reported in this table and represents approximately 2% of enrollees.

Chlamydia Screening in Women (CHL), Total

English speakers performed statistically significantly above the other language groups for the Chlamydia Screenings in Women (CHL), Total measure for all three years reported (Figure 36). Some languages were statistically significantly above other languages for all three years (Spanish; Castilian, Russian and Arabic).

Figure 36. Chlamydia Screening in Women (CHL), Total, Variation in Rates by Spoken Language, MY2023.*



*Other Language is the sum of the 66 languages not specifically reported in this table and represents approximately 2% of enrollees.

Gender Comparison

This section of the report analyzes the key performance measures by gender for a three-year trend (MY2021 through MY2023).

Note that the analysis is limited to reporting by female and male only. While HCA, DSHS 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,^{12,13} we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

Prevention and Screening Measures by Gender

Figure 37 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, females performed statistically significantly better than males for the two years reported. For MY2022, males performed statistically significantly worse than females on the Lead Screening in Children measure, but that difference was not seen in MY2023. There were no statistically significant differences detected for the Childhood Immunization Status (CIS), Combo 10 measure.

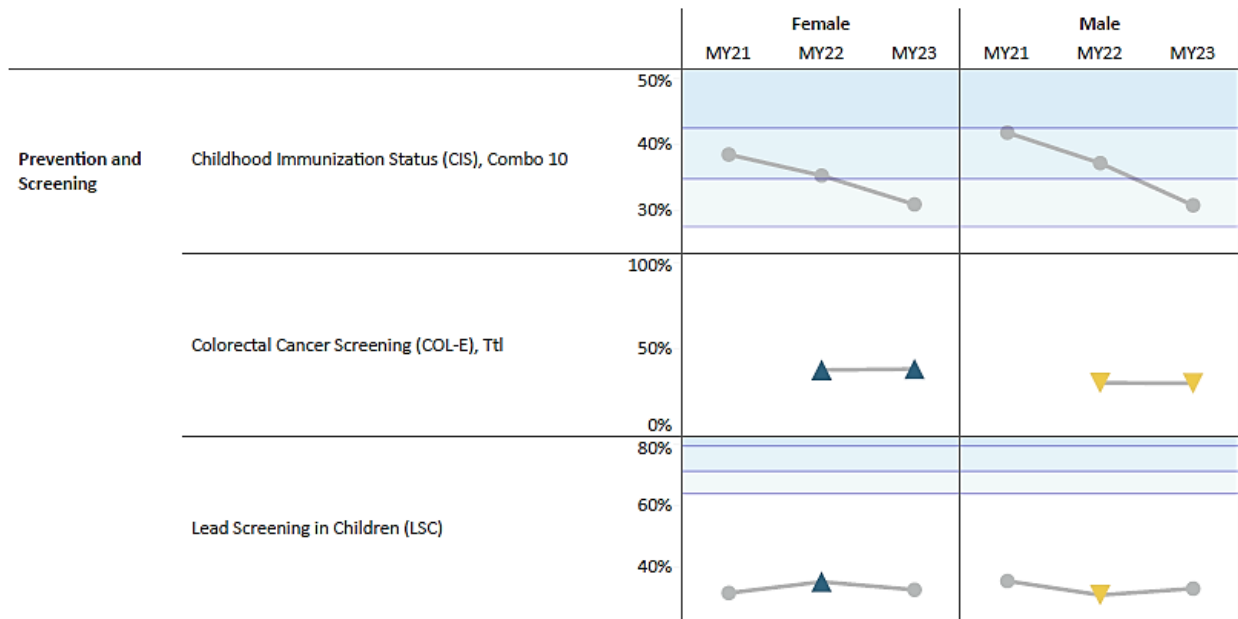
¹² For more information on the Health Care Authority's work to collect accurate gender identity information: <https://www.hca.wa.gov/about-hca/gender-identity-information>.

¹³ 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 37. Gender Comparison by Measure,* Prevention and Screening, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



**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.*

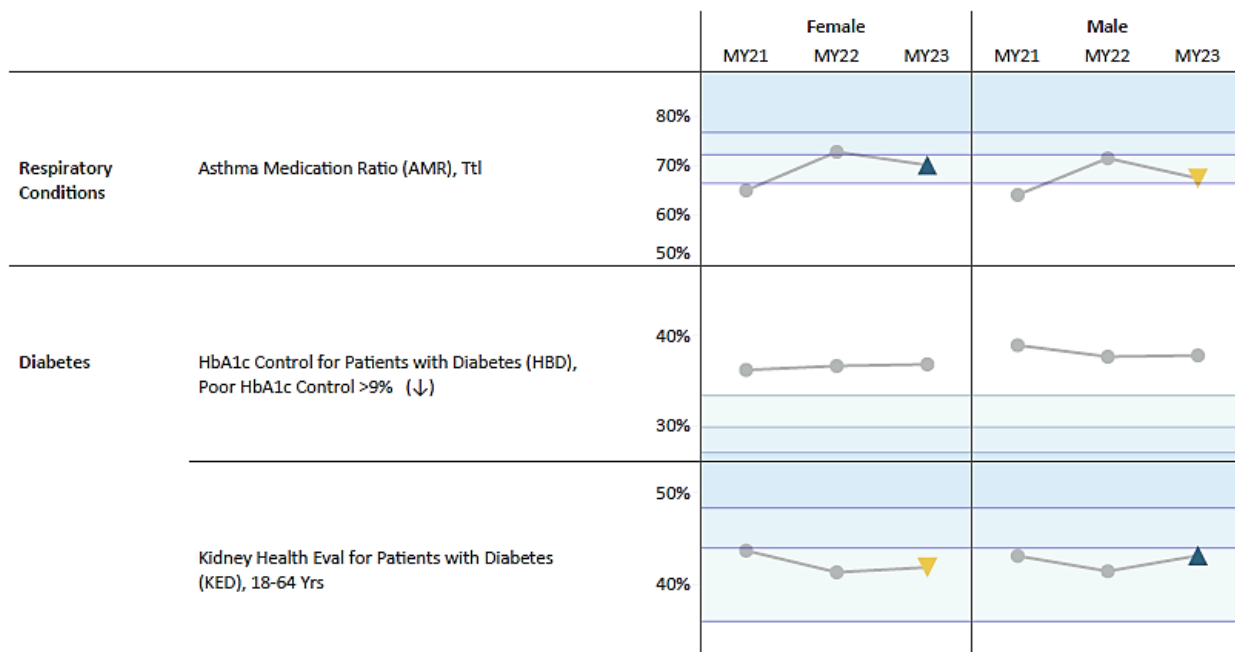
Chronic Care Measures by Gender

There were no statistically significant differences reported for the chronic disease measures in MY2021 or MY2022 (Figure 38). However, for MY2023 females performed statistically better than males for the Asthma Medication Ratio (AMR), Total measure. For the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years measure, females performed statistically significantly worse than males for this measure.

Figure 38. Gender Comparison by Measure,* Chronic Care Domains, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



(↓) For this measure lower scores are better.

**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.*

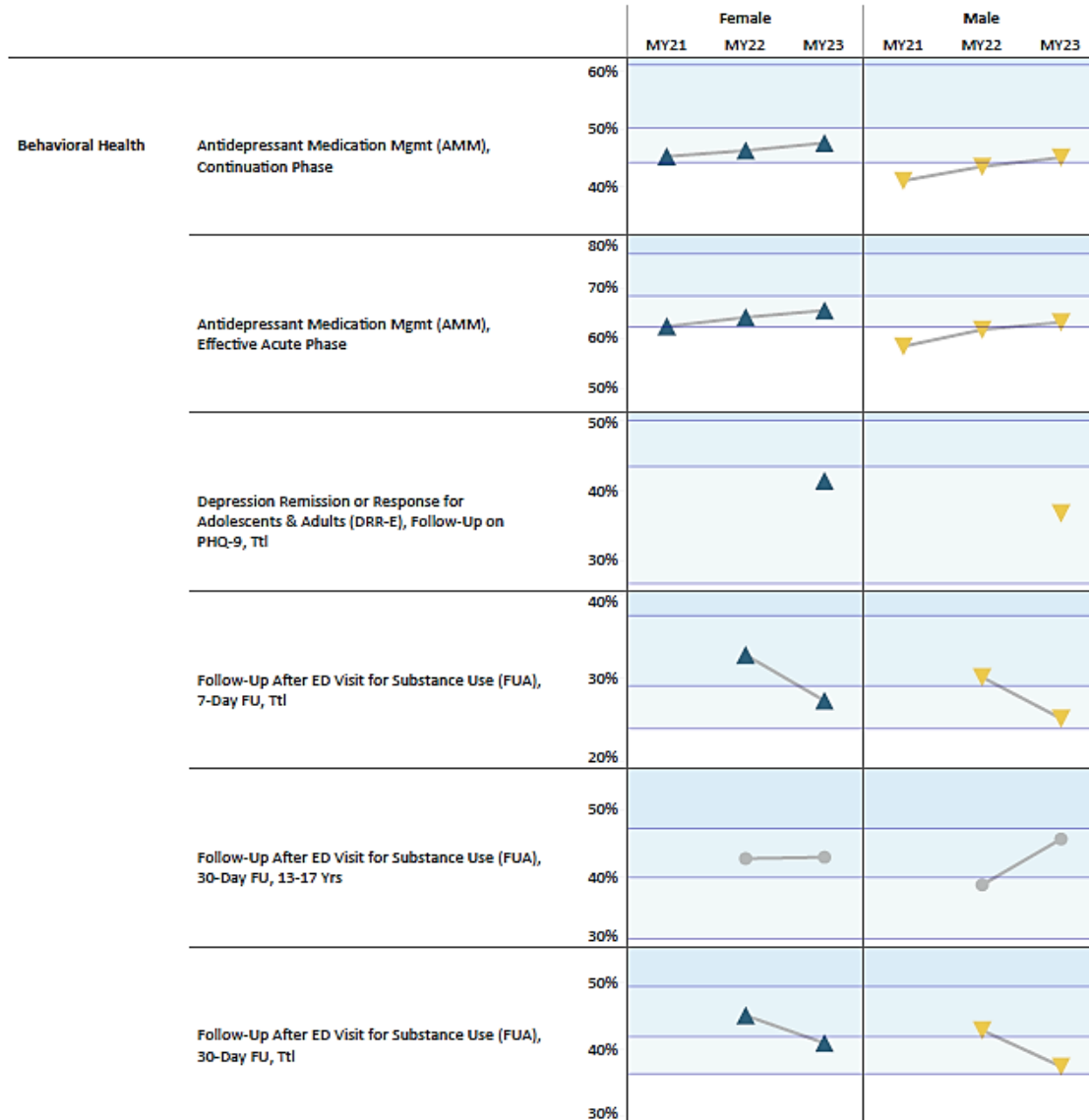
Behavioral Health Measures by Gender

When comparing the results of the behavioral health measures, females performed statistically significantly better than males for the majority of the measures (Figure 39 and 40). This difference is noticeable in all three years of reported data (MY2021 through MY2023).

Figure 39. Gender Comparison by Measure*, Behavioral Health, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



**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.*

Figure 40. Gender Comparison by Measure*, Behavioral Health, Three-Year Trend (MY2021-MY2023), Continued.



NOTE: x-axes are not equivalent across measures.



*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.

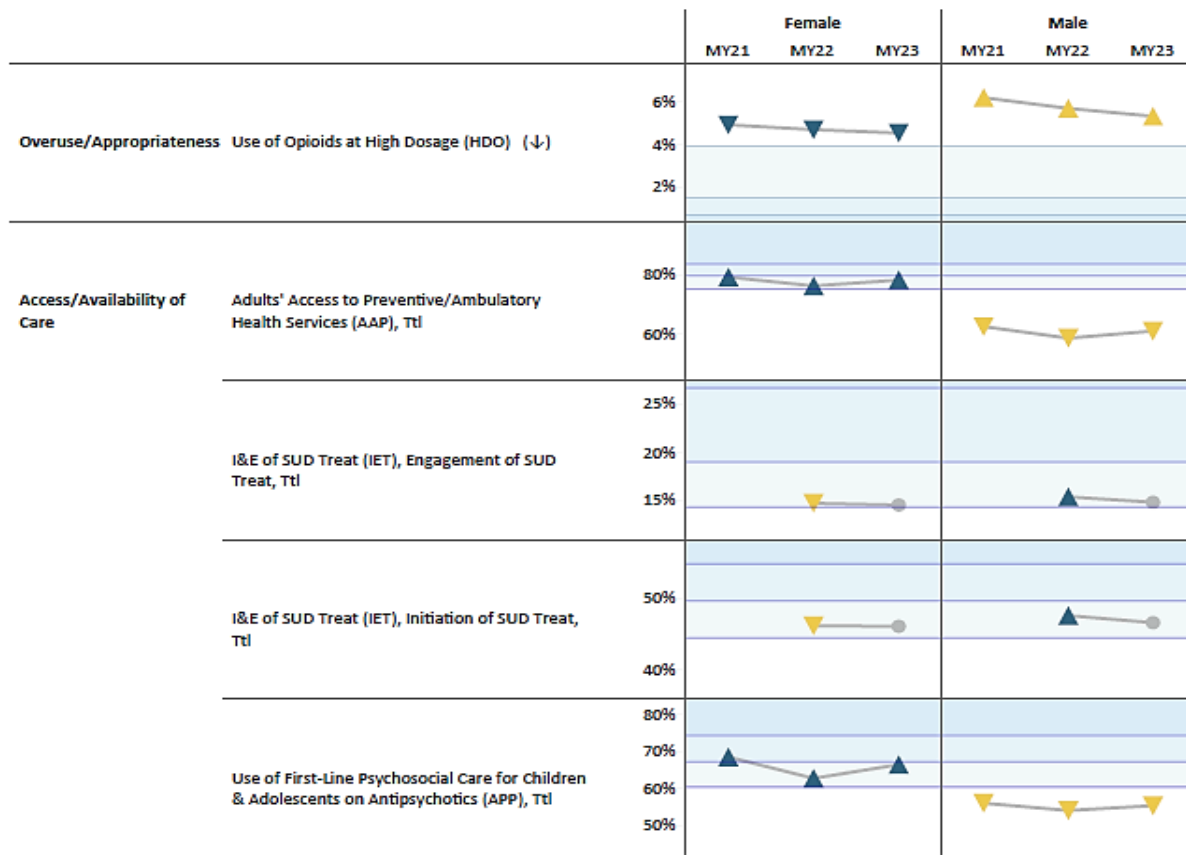
Overuse/Appropriateness and Access/Availability of Care Measures by Gender

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 41). 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.

Figure 41. Gender Comparison by Measure,* Overuse/Appropriateness and Access/Availability of Care, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



(↓) For this measure lower scores are better.

*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

Females perform statistically significantly better than males for all three years reported for the Child and Adolescent Well-Care Visit (WCV) 12-17 Years and 18-21 Years age band (Figure 42). Although these same differences are reported for the 3-11 Years age band in MY2021 and MY2022, there is no difference detected for MY2023.

In a similar manner, the differences seen for MY2022 for the Well-Child Visits in the First 30 Months of Life (W30) measures, those differences are no longer apparent for MY2023.

Figure 42. Gender Comparison by Measure*, Utilization, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



*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 (MY2021 through MY2023).

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.¹⁴

Prevention and Screening Measures

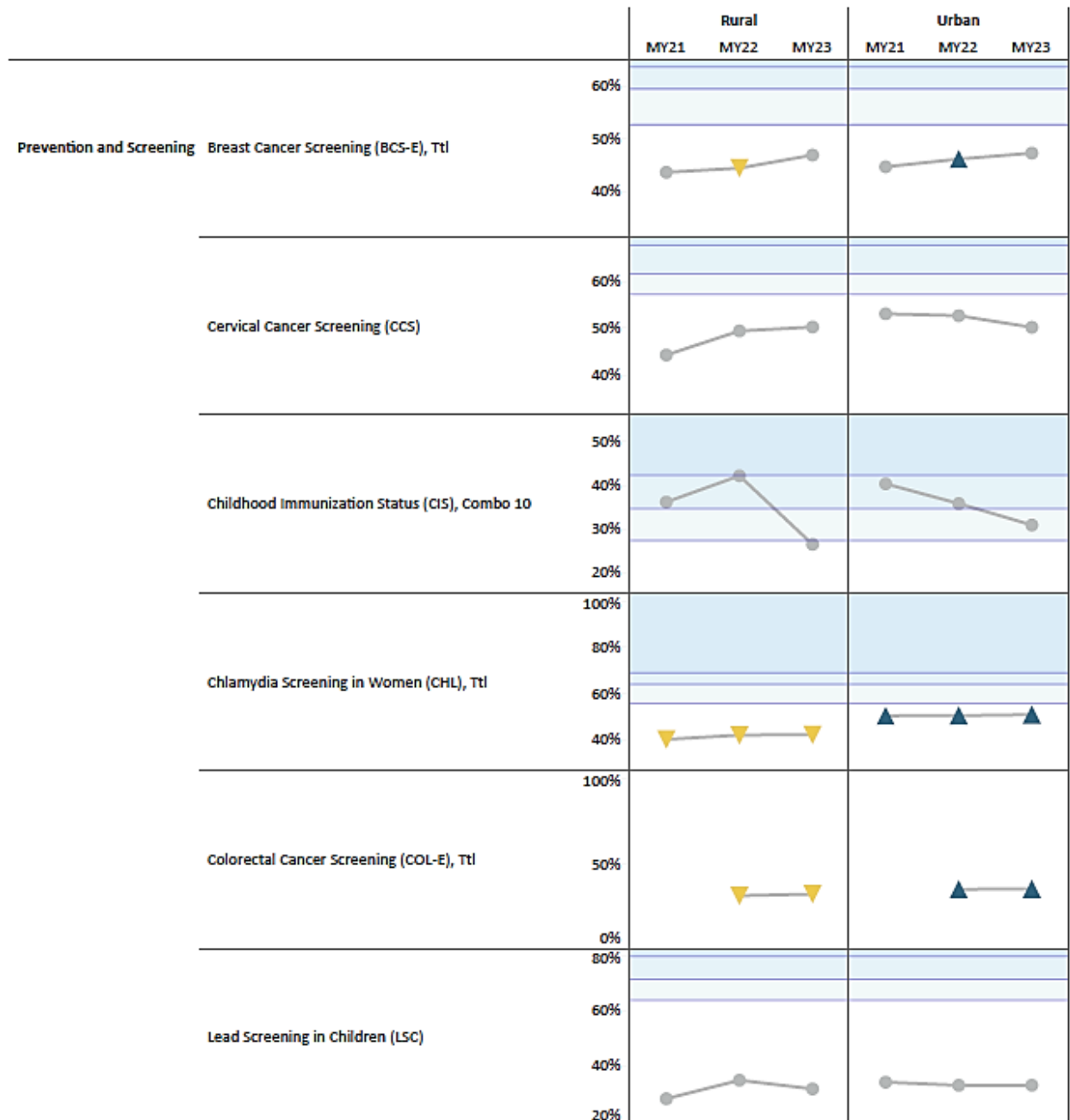
When considering the prevention and screening measures through the lens of urban versus rural populations, urban populations performed statistically significantly better than rural populations for the Chlamydia Screening in Women (CHL) measure across all three years of reported data (MY2021 to MY2023). The urban population also performed statistically significantly better than the rural population on the Colorectal Cancer Screening (COL-E) for the two years reported (Figure 43).

¹⁴ 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 43. Urban and Rural Comparison by Measure, Prevention and Screening, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



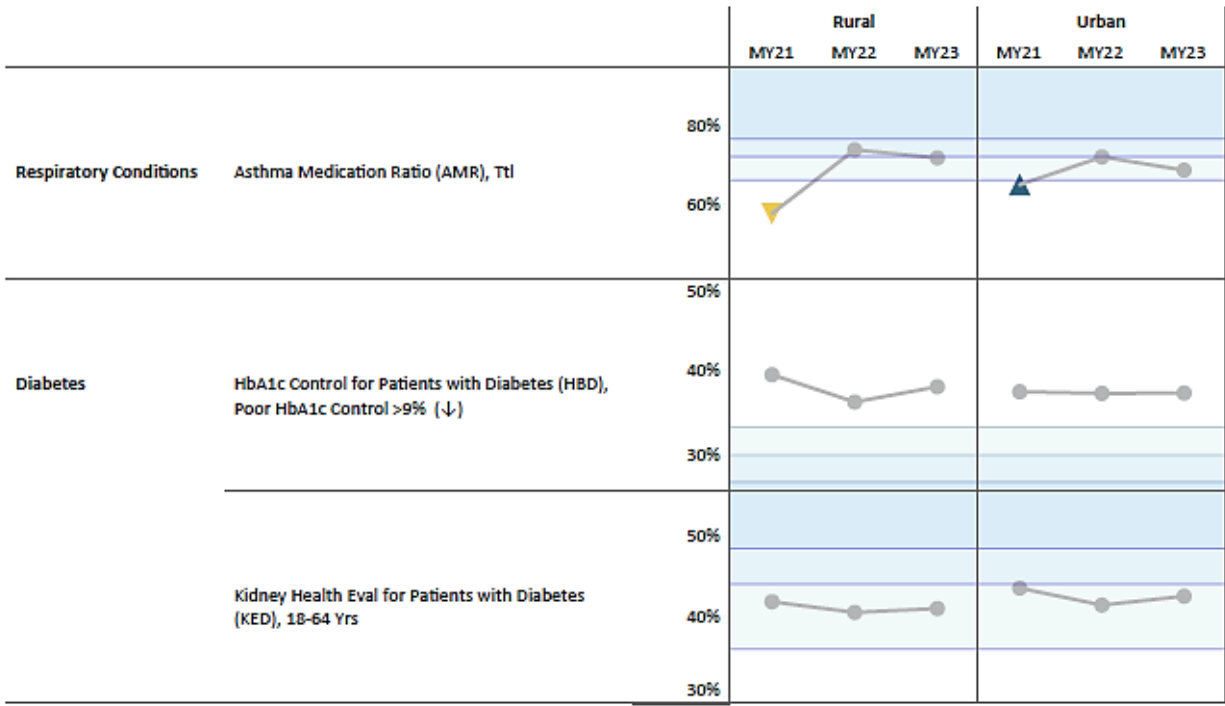
Chronic Conditions Measures

There were no statistically significant differences between rural and urban populations in the Chronic Condition domain for MY2022 or MY2023 (Figure 44). There was a statistically significant difference in the Asthma Medication Ratio measure in MY2021, in which urban populations performed statistically significantly better than rural populations, but that gap has diminished.

Figure 44. Urban and Rural Comparison by Measure, Chronic Condition Domains, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



(↓) For this measure lower scores are better.

Behavioral Health Measures

There was scattered variation between the rural and urban groups for the behavioral health measures, but the statistically significant differences don't appear to be a pattern (Figures 45 and 46).

Figure 45. Urban and Rural Comparison by Measure, Behavioral Health, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.

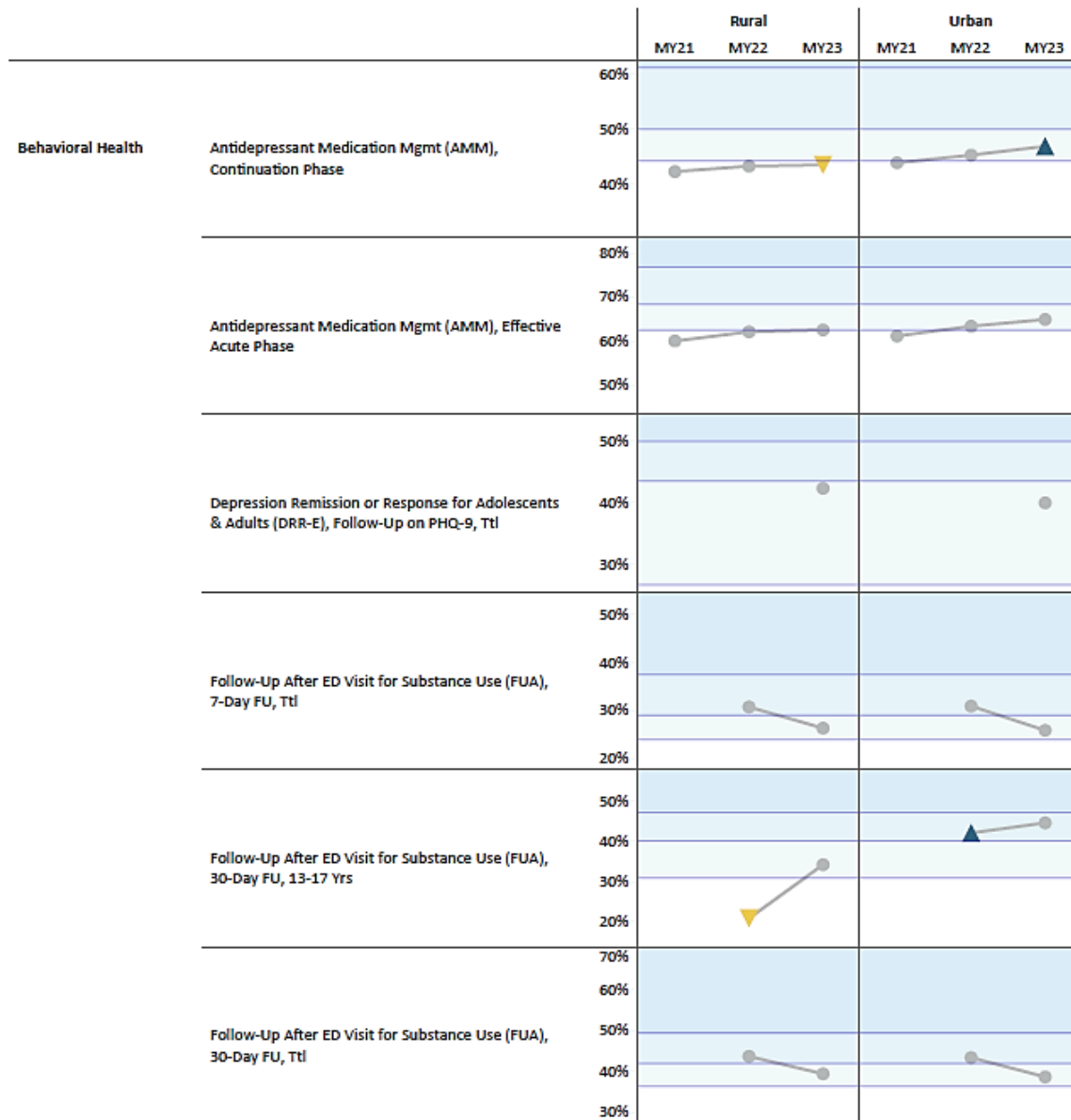


Figure 46. Urban and Rural Comparison by Measure, Behavioral Health, Three-Year Trend (MY2021-MY2023), Continued.



NOTE: x-axes are not equivalent across measures.



Overuse/Appropriateness and Access/Availability of Care Measures

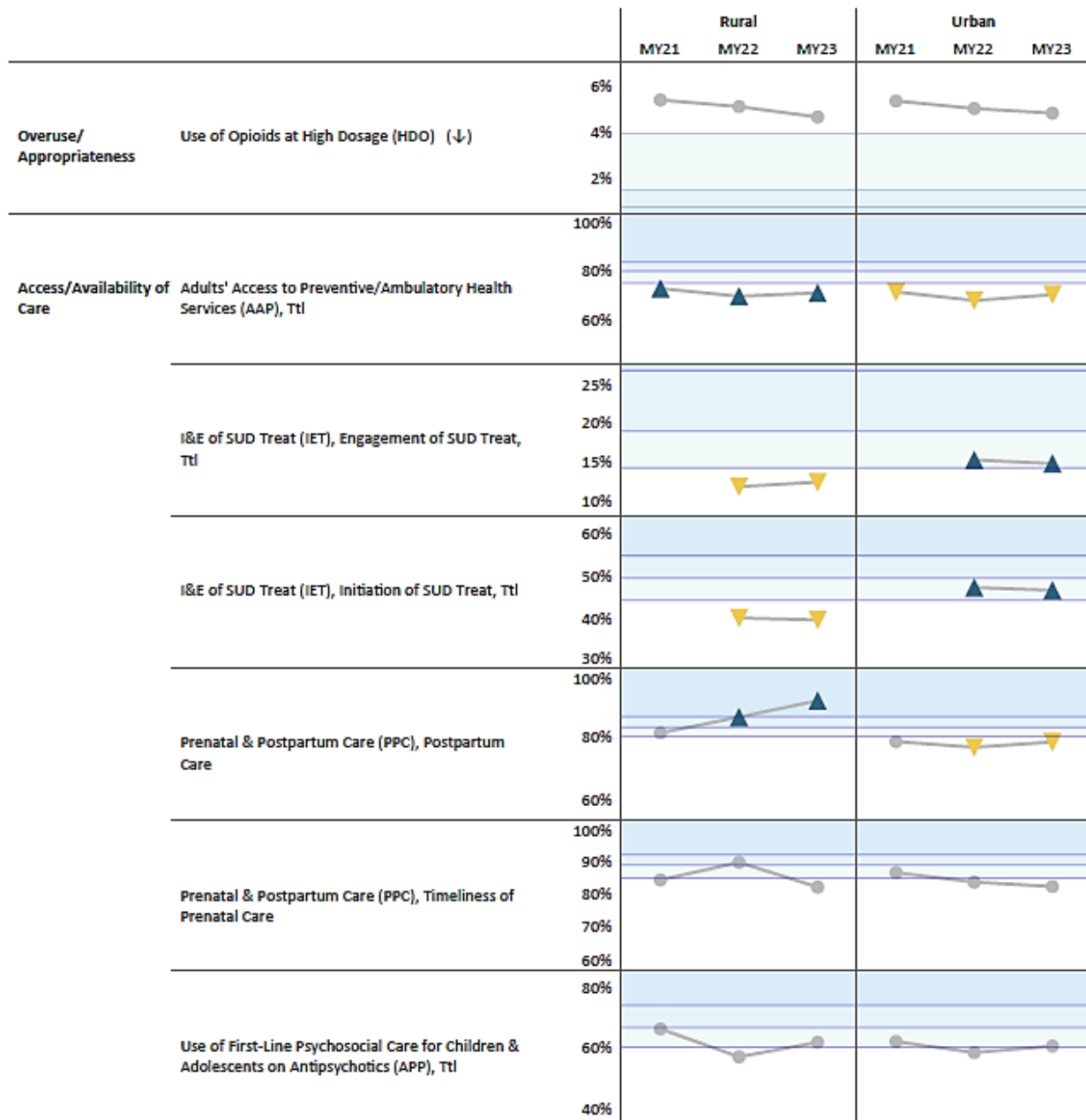
The Overuse/Appropriateness and Access/Availability of Care measures show that the rural population performed statistically significantly better than the urban population on both the Adults' Access to Preventive/Ambulatory Health Services (AAP), Total for MY2021 through MY2023 (Figure 47). The rural population also had statistically significantly higher performance in MY2022 and MY2023 for the Prenatal and Postpartum Care (PPC), Postpartum Care measure.

The urban population had statistically significant higher performance for both of the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures in MY2022 and MY2023.

Figure 47. Urban and Rural Comparison by Measure, Overuse/Appropriateness and Access/Availability of Care Domains, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



(↓) For this measure lower scores are better.

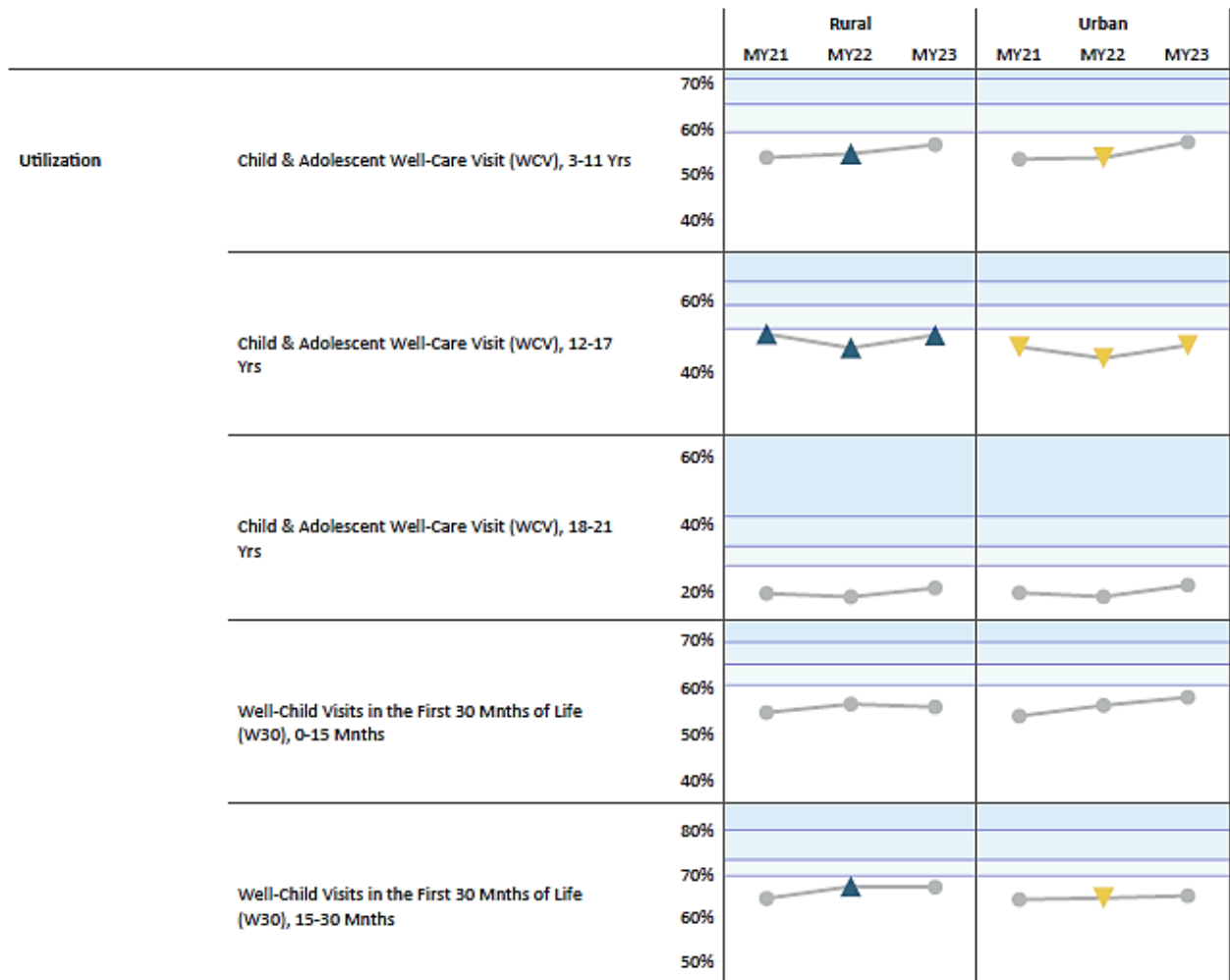
Utilization Measures

Reviewing the utilization measures indicate that the rural group performed statistically significantly better than the urban group for the Child and Adolescent Well-Care Visits (WCV), 12-17 Years measure across all three years (Figure 48). There was isolated variation for MY2022 for other measures, but these differences disappeared in MY2023.

Figure 48. Urban and Rural Comparison by Measure, Utilization, Three-Year Trend (MY2021-MY2023).



NOTE: x-axes are not equivalent across measures.



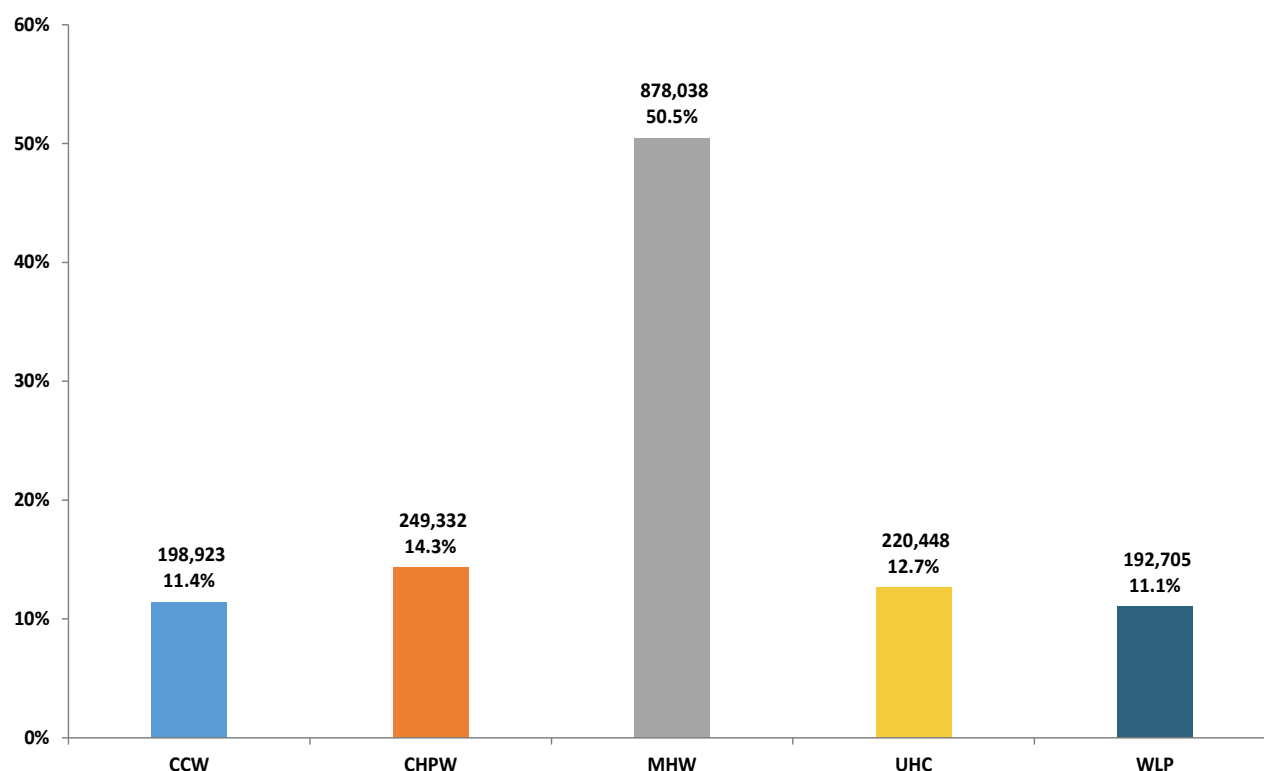
MCO-Specific Results

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 49 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 11.1% to 14.3%.

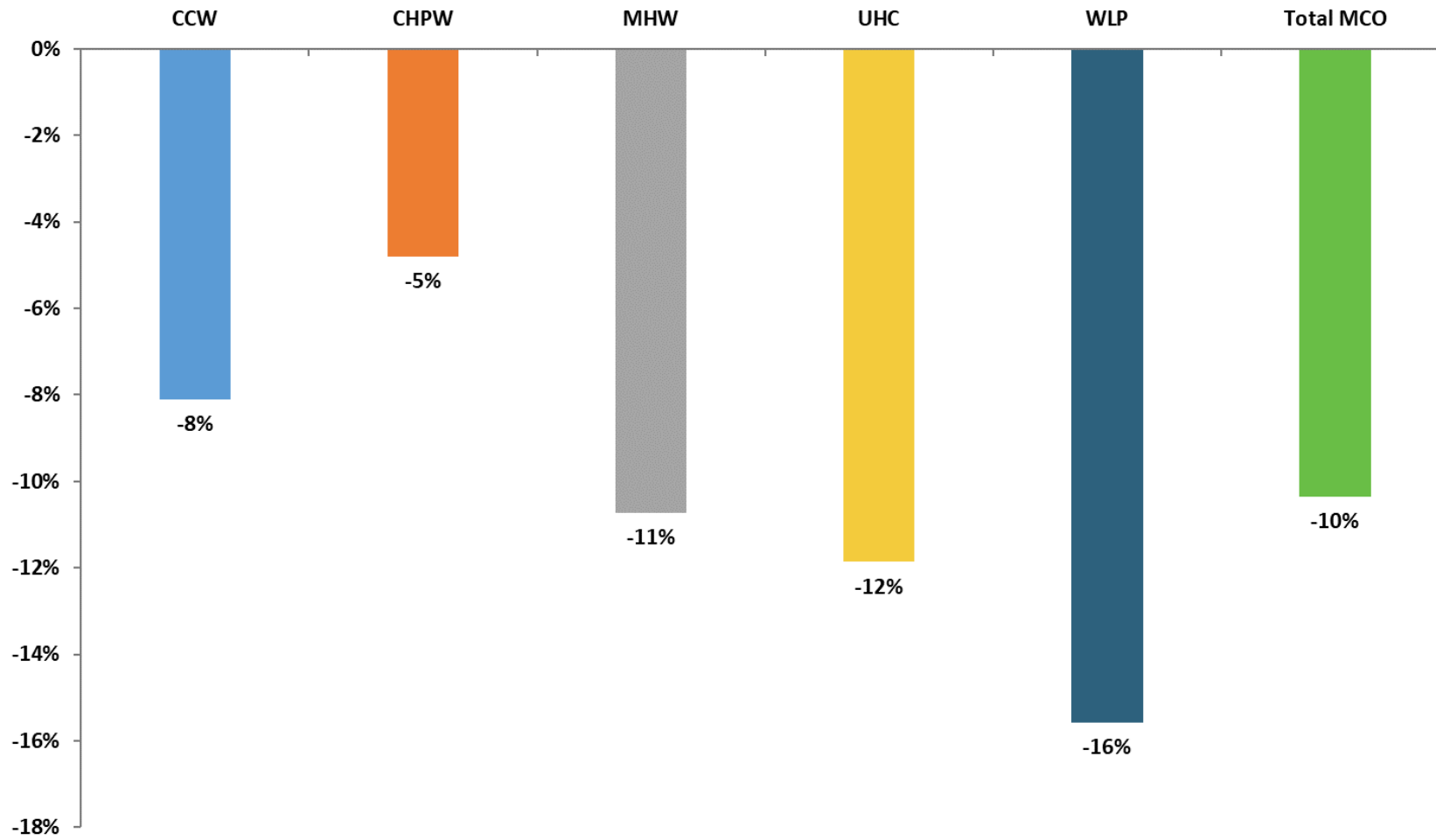
Figure 49. Percent of Total Statewide Medicaid Enrollment According to MCO, MY2023.



As noted in an earlier section of this report, there was an overall decrease of 10% in the Apple Health programs. Figure 50 shows the change in Apple Health enrollment by MCO. All of the MCOs lost enrollment between MY2022 and MY2023. However, there was wide variation in the decrease, from CHPW declining by 5% to WLP declining by 16%.

This changes in enrollment can impact measure results due to changes to the underlying population included in the measures. Caution should be used when interpreting the year-over-year changes by MCO.

Figure 50. Enrollment Changes by MCO, MY2022 vs. MY2023.



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 51 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 51. Enrollee Population by MCO and Age Range, MY2023.

Age Range	CCW	CHPW	MHW	UHC	WLP
Age 0 to 5	16.1%	14.1%	15.3%	13.0%	14.0%
Age 6 to 12	19.8%	17.3%	19.2%	15.3%	15.5%
Age 13 to 20	19.0%	19.6%	19.3%	14.3%	14.2%
Age 21 to 44	30.2%	31.9%	32.1%	35.9%	36.3%
Age 45 to 64	14.3%	16.5%	13.9%	20.9%	19.6%
Age 65+	0.6%	0.6%	0.2%	0.6%	0.5%



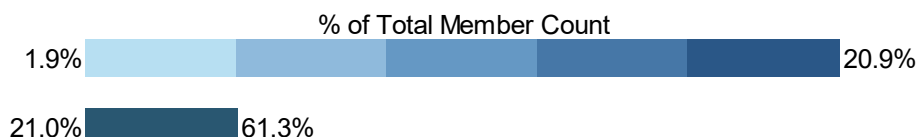
Race and Ethnicity by MCO

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 52, approximately half of CCW and CHPW's enrollment is white; 56.1% of UHC's enrollment is white, while in the other two MCOs, approximately 60% of enrollees are white. The "Other" race category was the second most common for all MCOs except UHC. 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 12.1% of UHC's enrollee population and 9.9% of WLP's population, which were higher percentages than other MCOs.

Figure 52. Statewide Apple Health Enrollees by MCO and Race,* MY2023.

Race/Ethnicity	CCW	CHPW	MHW	UHC	WLP
White	53.8%	51.4%	59.8%	56.1%	61.3%
Other	19.7%	20.9%	12.9%	8.8%	10.6%
Not Provided	8.1%	7.6%	7.0%	7.7%	6.7%
Black	8.3%	8.5%	9.1%	12.1%	9.9%
Asian	4.2%	5.5%	4.5%	7.0%	4.3%
American Indian/Alaska Native	2.3%	1.9%	2.6%	2.4%	2.4%
Hawaiian/Pacific Islander	3.6%	4.1%	4.2%	5.9%	4.8%



*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 53 shows the percentage of MCO members who identified as Hispanic. CCW and CHPW have the largest percentages of Hispanic members at 34.2% and 34.7%, respectively. Please note that within this report, Hispanic is used to identify an ethnicity and does not indicate race.

Figure 53. Statewide Apple Health Enrollees by MCO and Hispanic Indicator, MY2023.

Hispanic	CCW	CHPW	MHW	UHC	WLP
No	65.8%	65.3%	77.6%	85.2%	79.6%
Yes	34.2%	34.7%	22.4%	14.8%	20.4%



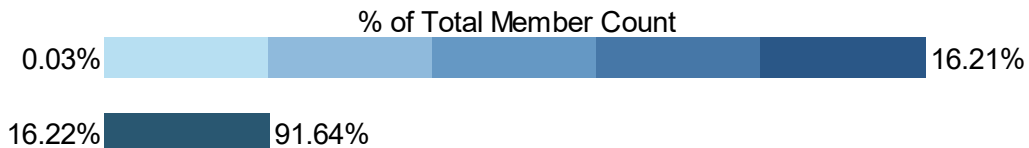
Primary Spoken Language by MCO

According to Apple Health eligibility data, there are 81 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 54 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 54. Statewide Apple Health Enrollees by MCO and Spoken Language, MY2023.*

Spoken Language	CCW	CHPW	MHW	UHC	WLP
English	82.51%	76.33%	87.97%	91.64%	87.86%
Spanish; Castilian	12.14%	16.21%	7.15%	3.53%	7.50%
Russian	0.70%	1.38%	1.33%	0.84%	0.74%
Vietnamese	0.50%	0.65%	0.39%	0.57%	0.38%
Chinese	0.39%	0.98%	0.24%	0.33%	0.39%
Arabic	0.22%	0.36%	0.25%	0.28%	0.21%
Ukrainian	0.58%	0.71%	0.79%	0.82%	0.56%
Somali	0.11%	0.31%	0.18%	0.17%	0.16%
Korean	0.06%	0.05%	0.08%	0.28%	0.06%
Amharic	0.08%	0.17%	0.09%	0.12%	0.15%
Tigrinya	0.05%	0.13%	0.08%	0.07%	0.12%
Panjabi; Punjabi	0.06%	0.07%	0.09%	0.08%	0.06%
Burmese	0.04%	0.11%	0.04%	0.04%	0.06%
Farsi	0.05%	0.10%	0.06%	0.06%	0.09%
Cambodian; Khmer	0.03%	0.04%	0.04%	0.06%	0.05%
Other Language*	2.49%	2.40%	1.21%	1.09%	1.62%



*Other Language is the sum of the 66 languages not specifically reported in this table and represents less than 2% of enrollees.

MCO-Specific Performance for MY2023

This section of the report presents MCO-specific results for selected measures. These 35 measures, which include 30 HEDIS measures and five Washington behavioral health measures, reflect current HCA priorities and are part of the State 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.

Figures 55 and 56 show the MY2023 statewide weighted average results that were displayed in Figures 12 and 13, with the addition of the results for each of the five MCOs.

The triangles represent statistically significant changes in measure results between MY2022 and MY2023 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 55. MCO Variation from MY2022 to MY2023.

Benchmark Comparison:

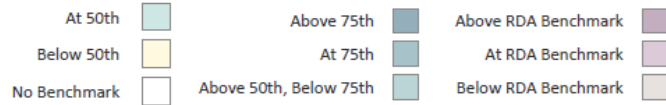
At 50th		Above 75th		Above RDA Benchmark		Statistically significant increase from previous measurement year 
Below 50th		At 75th		At RDA Benchmark		
No Benchmark		Above 50th, Below 75th		Below RDA Benchmark		

		CCW	CHPW	MHW	UHC	WLP	Statewide
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	49%	48% ▲	49%	46%	42%	47% ▲
	Cervical Cancer Screening (CCS)	54%	50%	54%	51%	43%	50%
	Childhood Immunization Status (CIS), Combo 10	35%	29%	29%	31%	29% ▼	31% ▼
	Chlamydia Screening in Women (CHL), Ttl	52%	50%	51%	49%	50%	50%
	Colorectal Cancer Screening (COL-E), Ttl	37% ▲	34% ▲	37% ▲	35% ▲	30% ▲	35% ▲
	Lead Screening in Children (LSC)	36%	43%	26%	27%	34%	33%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	72%	68%	75% ▼	55%	78%	69% ▼
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	40%	38%	38%	34%	36%	37%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	41%	41%	42%	46%	44% ▲	43% ▲
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	46%	45%	47%	50%	46%	47% ▲
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	63%	60%	66%	68%	65%	64% ▲
	Depression Remission or Response (DRR-E), Follow-Up on PHQ-9, Ttl	24%	51%	43%	63%	23%	40%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	24% ▼	27% ▼	28% ▼	27%	22% ▼	26% ▼
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	48%	35%	48%	34%	37%	40%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	34% ▼	38% ▼	43% ▼	39%	34% ▼	37% ▼
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	38%	39%	43% ▲	38%	36%	39% ▲
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	36%	54% ▼	40%	32%	27%	38%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	72%	84%	78%	70%	71%	75%	

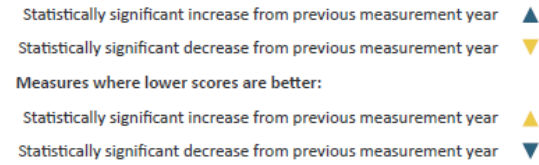
(↓) For this measure lower scores are better.

Figure 56. MCO Variation from MY2022 to MY2023, Continued.

Benchmark Comparison:



Measures where higher scores are better:



		CCW	CHPW	MHW	UHC	WLP	Statewide
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	56%	69% ▼	63%	52%	44%	57%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	43%	43%	46%	45%	41%	44%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	11% ▼	12%	12% ▼	15%	15%	13% ▼
Overuse / Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5%	4%	4%	8%	4%	5%
Access / Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	69% ▲	69% ▲	73% ▲	70% ▲	66% ▲	69% ▲
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	13%	13%	16%	15%	14%	14%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	42%	40%	49%	47%	48%	45%
	Prenatal & Postpartum Care (PPC), Postpartum Care	81% ▲	83%	85%	75%	74%	80%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	82%	87%	89%	80%	75% ▼	82%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	62%	53%	63%	54%	58%	58%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	57% ▲	56% ▲	59% ▲	54% ▲	54% ▲	56% ▲
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	47% ▲	46% ▲	50% ▲	45% ▲	46% ▲	47% ▲
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	21% ▲	21% ▲	23% ▲	22% ▲	20% ▲	21% ▲
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	57% ▲	59%	58%	58% ▲	55%	58% ▲
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	67%	65%	66%	64%	63%	65%
Social Needs	Percent Homeless - Broad Definition (HOME-B), 6-64 Yrs (↓)	10% ▼	11% ▼	9% ▼	11% ▼	14% ▼	11% ▼
	Percent Homeless - Narrow Definition (HOME-N), 6-64 Yrs (↓)	8% ▼	9% ▼	8% ▼	10% ▼	12% ▼	9% ▼

(↓) 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 CHPW and the statewide weighted average all showed a statistically significant increase between MY2022 and MY2023.

Cervical Cancer Screenings (CCS) had some variation in performance, with two of the MCOs performing at the national 50th percentile, and three others performing below the benchmark.

Childhood Immunization Status (CIS) had the most variation of the preventive measures when compared to national benchmarks. The performance of WLP and the statewide weighted average all showed a significant decrease between MY2022 and MY2023.

There was no variation in performance for the Chlamydia Screening (CHL) and Lead Screening in Children (LSC) measures. All MCOs are below the national 50th percentile and none demonstrated year-over-year improvements for these measures.

Note there is no benchmark for the Colon Cancer Screening (COL-E) measure. All five MCOs had statistically significant improvements in their rates between MY2022 and MY2023.

Chronic Care – The statewide weighted average showed a statistically significant decline for the Asthma Medication Ratio (AMR) measure between MY2022 and MY2023. This decline appears to be driven by a significant decline in performance for MHW. There is considerable variation across the MCOs when compared to national benchmarks.

There is some variation in MCO performance for 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 WLP showed a statistically significant increase between MY2022 and MY2023.

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

- Antidepressant Medication Management – There was a significant increase in the statewide weighted rate between MY2022 and MY2023. There is variation between the plans in these measure results when compared to national benchmarks, which may indicate opportunities for improvement.
- Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total – There is variation in MCO performance when compared to national benchmarks.
- Follow-Up After Emergency Department Visit for Substance Use (FUA) – The statewide weighted rate had a statistically significant decline between MY2022 and MY2023 for the adult and total components. Four of the five MCOs also had a statistically significant decline for these two measures.
- Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation – Although there have been no statistically significant improvements for this measure, three of the five MCOs are now at the national 50th percentile.

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 improvement between MY2022 and MY2023. There is considerable 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 MY2022 and MY2023.

Utilization – This category comprises the well-child visits. When compared to national benchmarks, the MCOs fell below the national 50th percentile for most of these measures. The exception was CHPW’s performance on the Well-Child Visits in the First 30 Months of Life (W30), 0-15 months measure, where they are at the national 50th percentile.

There was a significant improvement in performance for all MCOs and the statewide weighted rate for the Child and Adolescent Well-Care Visit (WCV) measures between MY2022 and MY2023.

Social Needs – There is variation in the homeless rates reported across MCOs. It is important to note that the focus for MCOs for these measures is ensuring this vulnerable population has the necessary supports and a lower or higher rate does not reflect on MCO performance. A higher rate of homelessness may also indicate an MCO has a greater illness burden that could be reflected in other measures.

MCO Performance by Race/Ethnicity

As the VBP program matures, HCA is interested in exploring measures that can be used as an explicit lever to address racial and ethnic disparities. NCQA is also requiring MCOs to report several measures stratified by race/ethnicity categories. The intent would be to use these audited measure results for the VBP program.

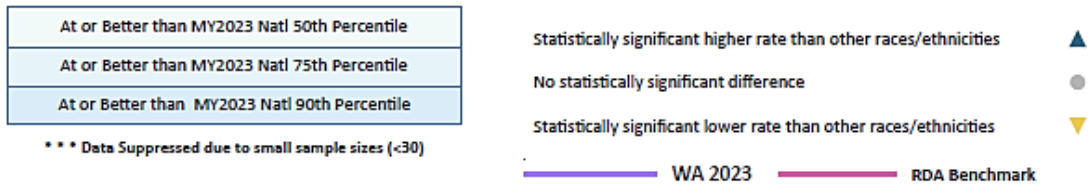
Note that NCQA requires MCOs to report select measures by race and ethnicity. However, the race and ethnicity data presented in this report are not obtained from the measures reported by the MCOs to NCQA. Instead, they are calculated using enrollment information provided by HCA, which may result in differences in the outcomes.

Small denominators will be a challenge for some of the measures, particularly those where the data is collected through the hybrid methodology. The measures selected to address disparities will need to be robust enough to ensure that improvements are not due to random chance.

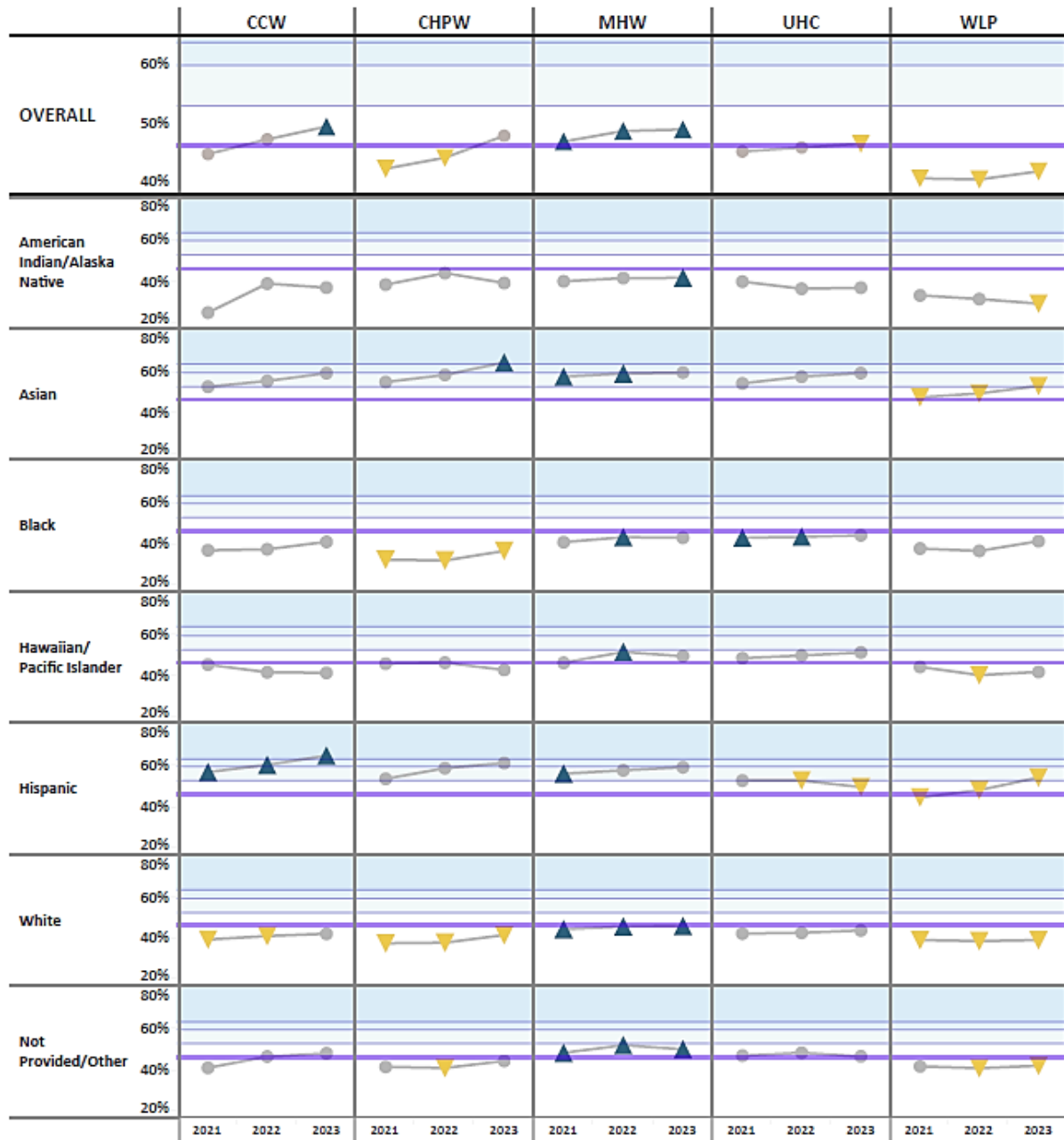
HCA will be having conversations with community partners on this topic over the coming months and has requested that Comagine Health provide an analysis by MCO and race/ethnicity category to inform these conversations. HCA identified several measures of interest, and Comagine Health then determined which of those had sufficient denominators for reporting. There are seven measures presented in this section.

The first measure to be evaluated is the Breast Cancer Screening (BCS-E) measure. (Figure 57). The results reflect some of the previous analysis in this report. Asian and Hispanic members tend to receive more breast cancer screenings across MCOs, while Black and white members tend to receive fewer screenings. In a similar theme, MHW tends to have more members who receive screenings across all races, while WLP tends to have fewer members who receive screenings. However, there are a few interesting results worth pointing out. CCW’s Hispanic members receive statistically significantly more screenings than other members across all three years included in the report. MHW’s white members receive statistically significantly more screenings than members of other race/ethnicities.

Figure 57. Breast Cancer Screening (BCS-E) by MCO and Race/Ethnicity, MY2023.

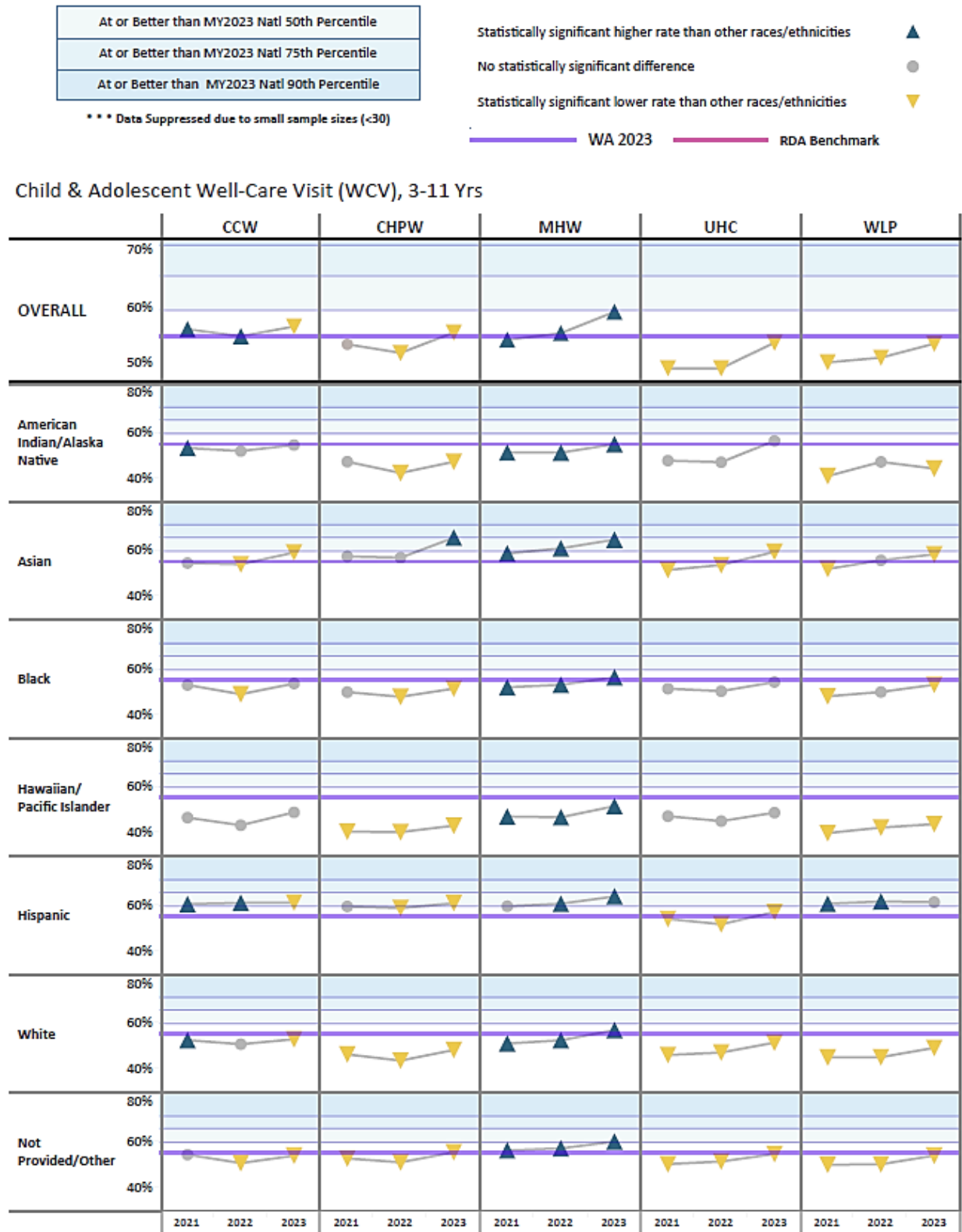


Breast Cancer Screening (BCS-E), Ttl



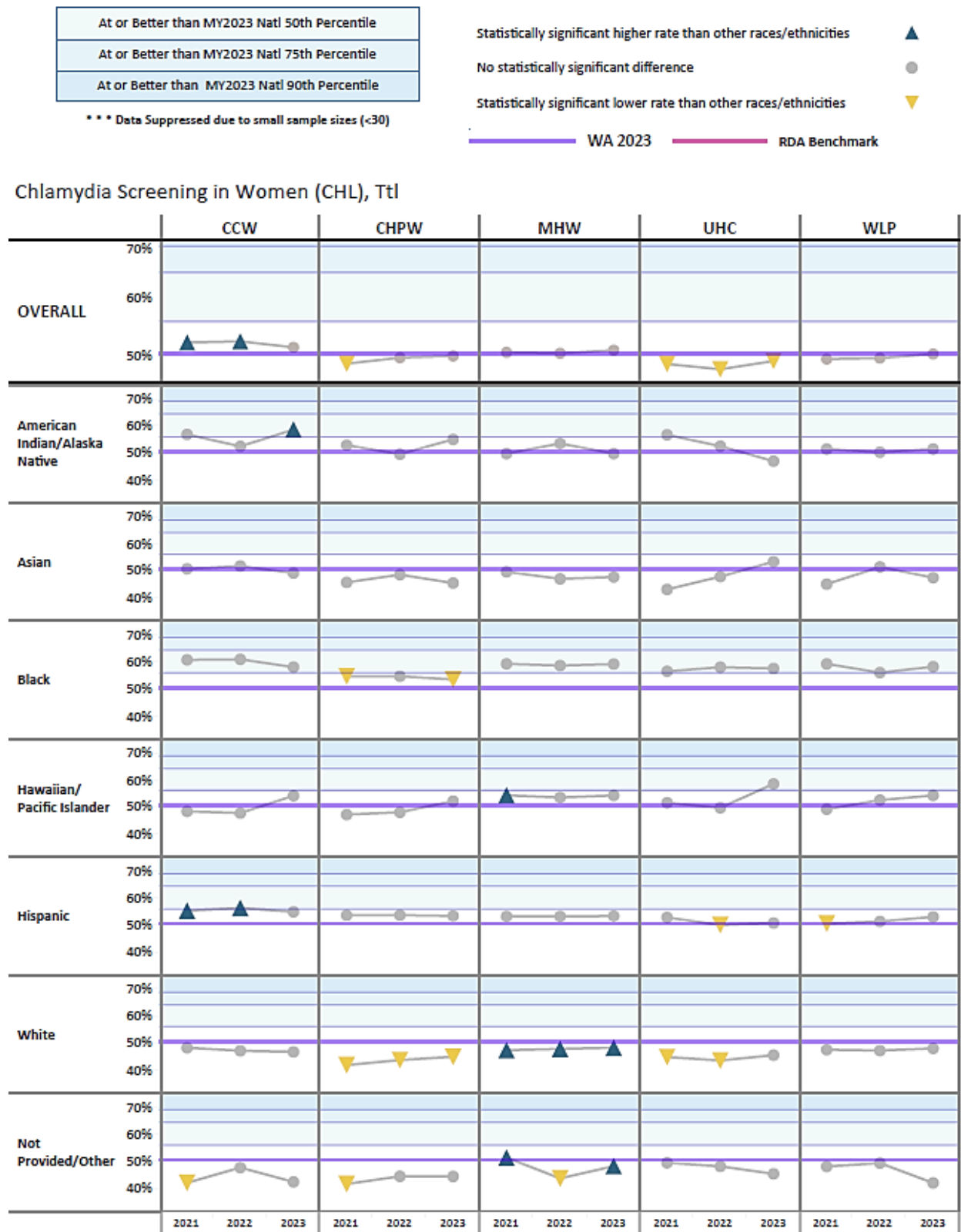
For the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure, Hispanic members enrolled in CHPW and UHC received statistically significantly fewer services than members of other race/ethnicities (Figure 58). White members enrolled in MHW received statistically significantly more services than members of other race/ethnicities.

Figure 58. Child and Adolescent Well-Care Visits (WCV), 3-11 Years by MCO and Race/Ethnicity, MY2023.



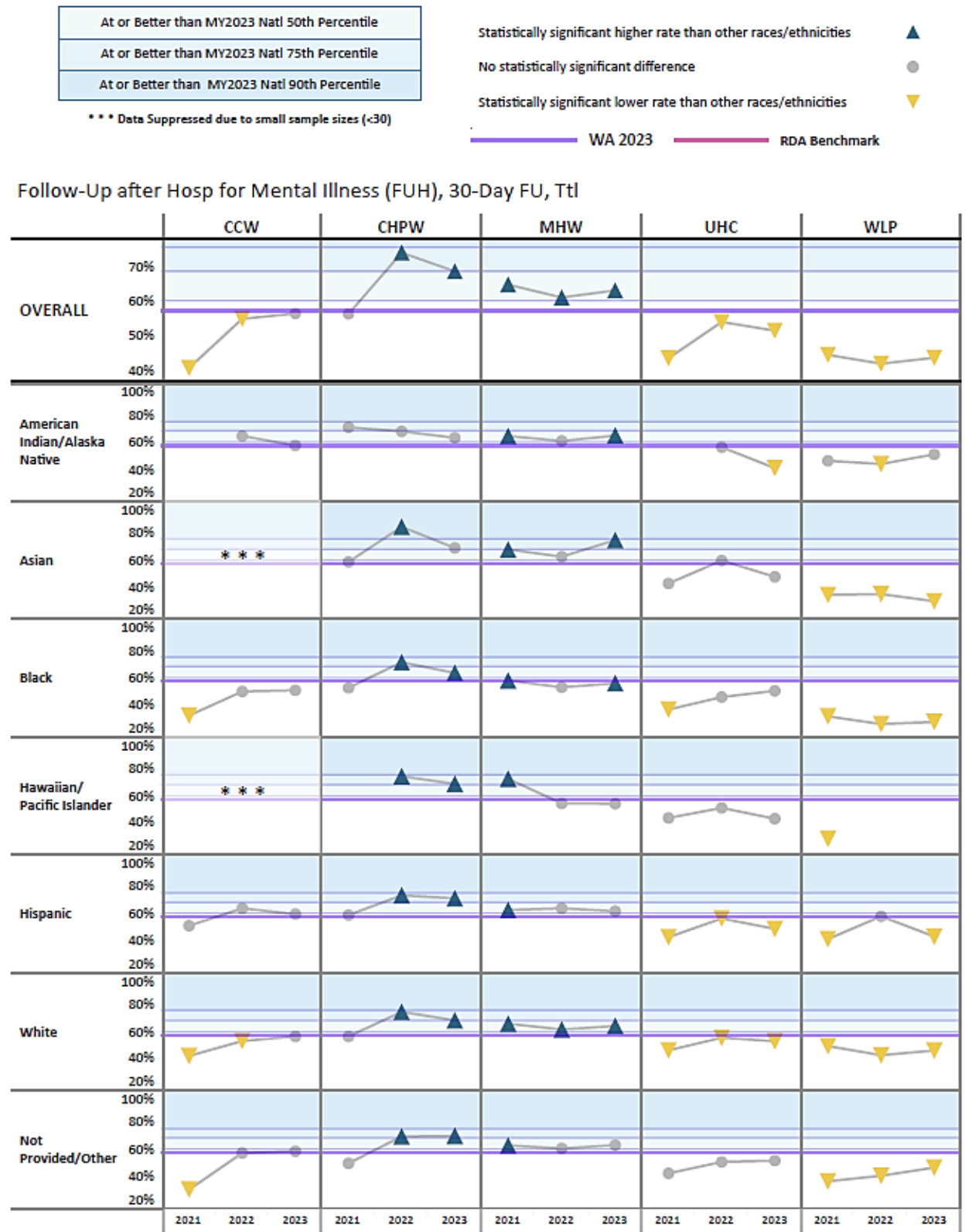
When viewed at a statewide level, there were several statistically significant differences among race/ethnicities for the Chlamydia Screening in Women (CHL) measure. These differences are not as apparent when the measure is reported by both MCO and race/ethnicity (Figure 59). This is likely due to the inability to detect statistical differences when the denominator gets smaller.

Figure 59. Chlamydia Screening in Women (CHL), Total by MCO and Race/Ethnicity, MY2023.



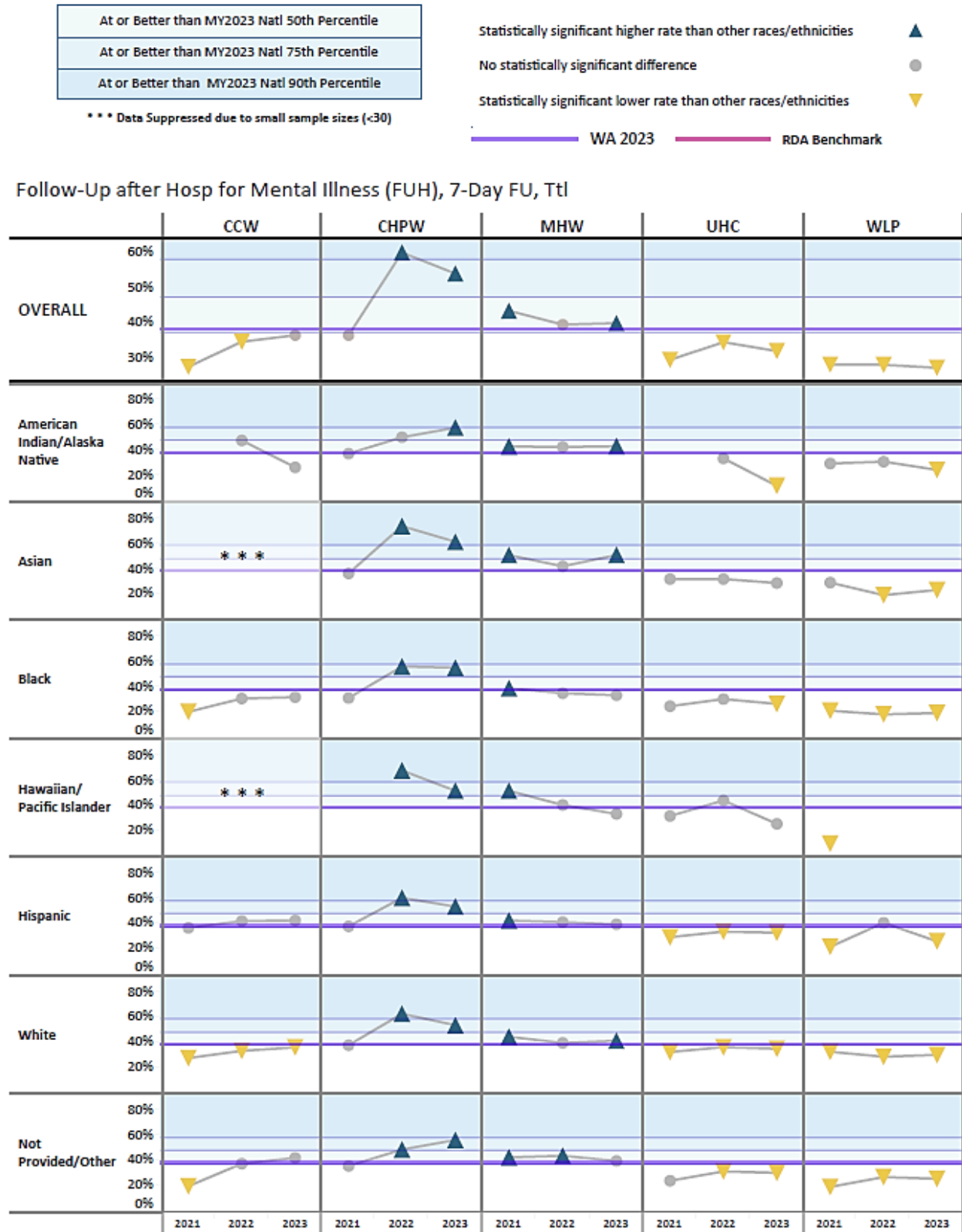
The results for the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up measure follow the same patterns as the statewide results by race/ethnicity or the results by MCO (Figure 60).

Figure 60. Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total by MCO and Race/Ethnicity, MY2023.



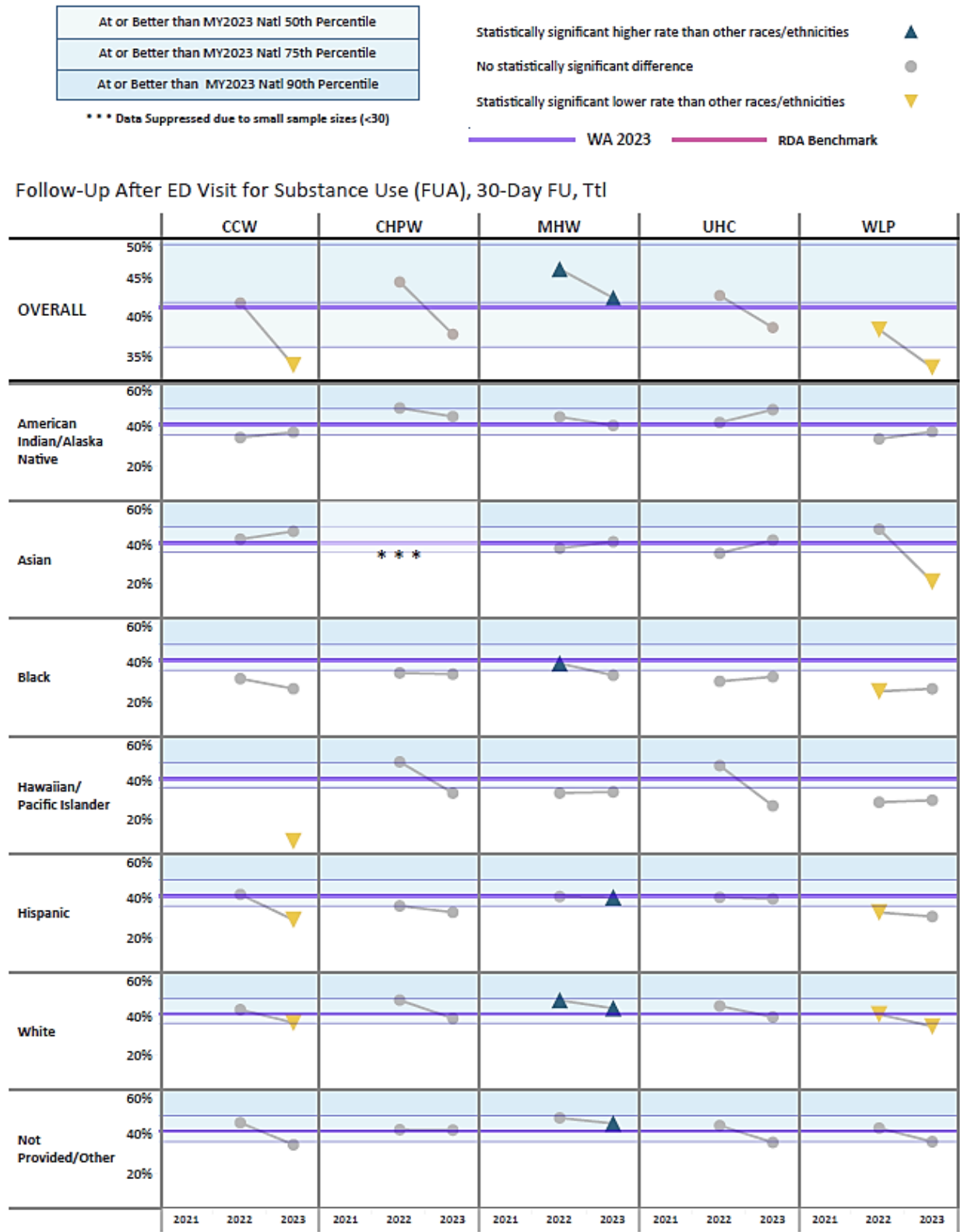
In a similar fashion, the results for the Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up measure follow the same patterns as the statewide results by race/ethnicity or the results by MCO (Figure 61).

Figure 61. Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total by MCO and Race/Ethnicity, MY2023.



There are not many statistically significant differences for the Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up when it is reported by both MCO and race/ethnicity (Figure 62). This is likely due to the inability to detect statistical differences when the denominator gets smaller.

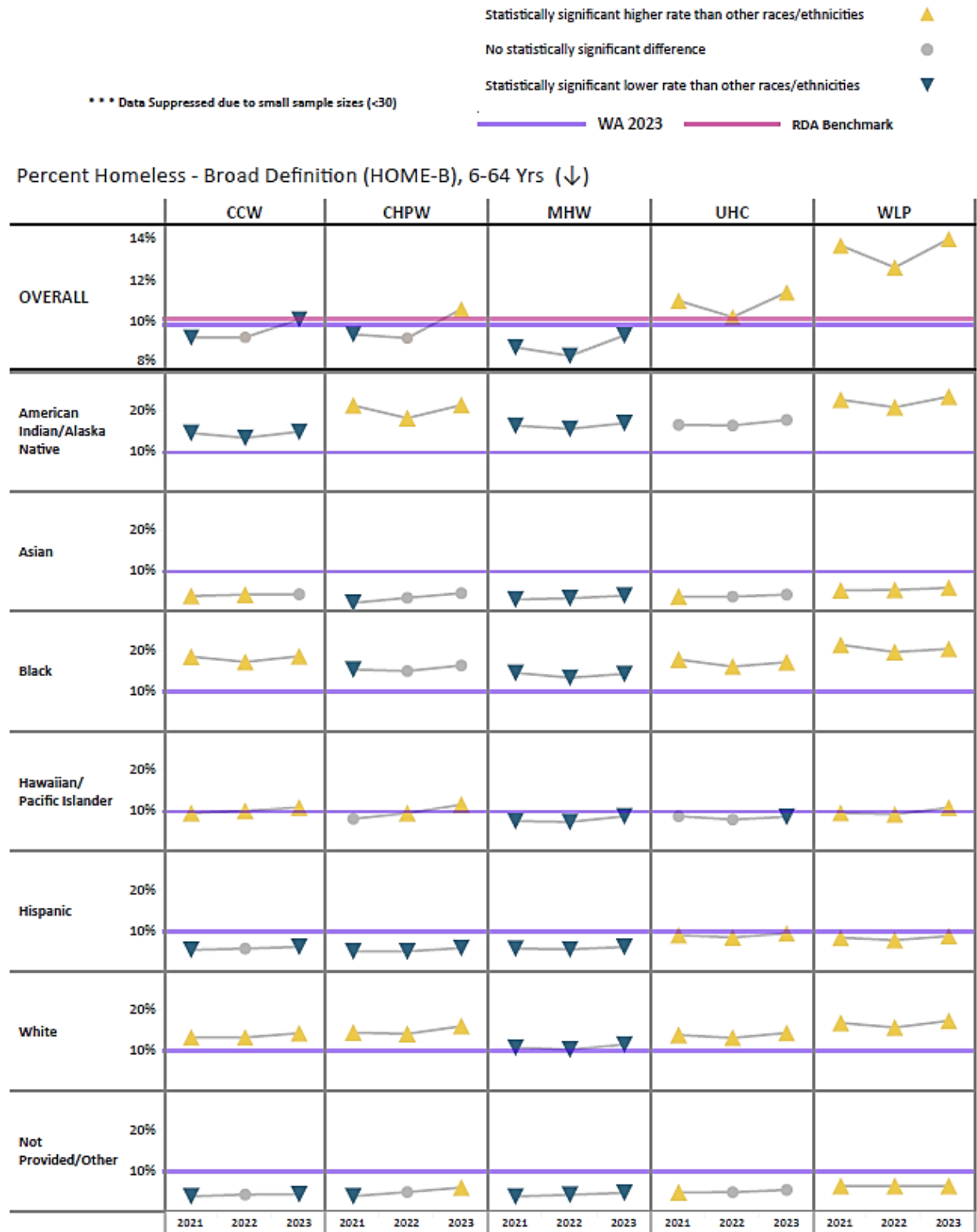
Figure 62. Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total by MCO and Race/Ethnicity, MY2023.



When viewing the overall statewide results, MHW has a statistically significantly lower percentage of their members who are experiencing homelessness, while WLP has a statistically significantly higher percentage of homelessness among their members (Figure 63). As a reminder, the MCOs have been tasked with coordinating services for their homeless populations, and this measure does not reflect any work that has been done in that regard.

When looking at performance by race/ethnicity, the results for MHW and WLP are consistent with their statewide results. However, there is considerable variation in the performance of CCW and CHPW by race/ethnicity.

Figure 63. Percent Homeless - Broad Definition (HOME-B), 6-64 Years (Note that a lower score is better for this measure) by MCO and Race/Ethnicity, MY2023.



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. Note that four of the five plans saw statistically significant decreases in performance for the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

- **CCW** is close to the state simple average for many of the measures, although it was statistically significantly well below the state simple average for the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total measure, as well as a few others. There were year-over-year statistically significant improvements for several measures, including Colorectal Cancer Screenings (COL-E), Total, Adults' Access to Preventive/Ambulatory Health Services (AAP), Total, Prenatal and Postpartum Care (PPC), Postpartum Care and several of the well-child visit measures. There were statistically significant declines in performance for the Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years and both components of the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.
- **CHPW** performed notably above the state simple average for several measures, including Follow-Up after Hospitalization for Mental Illness (FUH), Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total, Lead Screening in Children (LSC) and Prenatal and Postpartum Care (PPC). The difference was statistically significant for most of these measures. CHPW was statistically significantly below the state average for a few measures, including several behavioral health measures. CHPW had a mix of year-over-year improvements and declines across the other measures, including the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.
- **MHW** performed at or above the statewide simple average for 30 of 35 measures and significantly better than the state average on 27 measures. MHW demonstrated statistically significant improvements for many of the measures but had statistically significant declines for the Asthma Medication Ratio (AMR), Total measure and both components of the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.
- **UHC** performed statistically significantly well above the state simple average for the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9 Total measure. UHC was also statistically above the state simple average for Antidepressant Medication Management (AMM) and Kidney Health for Patients with Diabetes (KED) for individuals aged 18–64. UHC was substantially below the state simple average for the Asthma Medication Ratio (AMR). UHC also performed significantly below the state simple average for Lead Screening for Children (LSC), Prenatal and Postpartum Care (PPC), Postpartum Care, and several behavioral health measures. Notably, UHC was the only MCO that did not experience a statistically significant decline in the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.
- **WLP** performed below the state simple average for 27 of the 35 measures and significantly worse than the statewide average on 19 measures, including the Depression Remission or

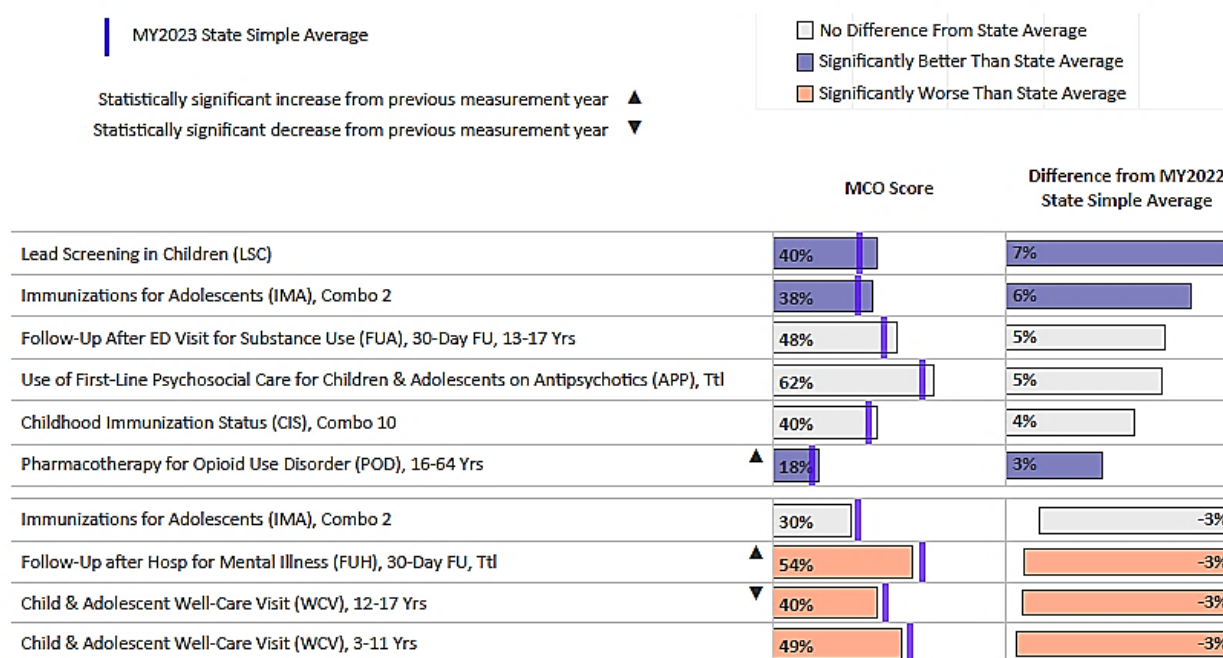
Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total, Follow-up After Hospitalization for Mental Illness (FUH), Prenatal and Postpartum Care (PPC), and Cervical Cancer Screening (CCS) measures. WLP demonstrated statistically significant improvement over their previous performance year for Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years and several of the well-child visit measures. WLP showed a statistically significant decline for the Childhood Immunization Status (CIS), Combo 10, Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care and a few behavioral health measures, including the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

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

Figure 64 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 grey.

Figure 64. Example of MCO Scorecard.



The MCO performance scorecards on the following pages (Figures 65–69) 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.

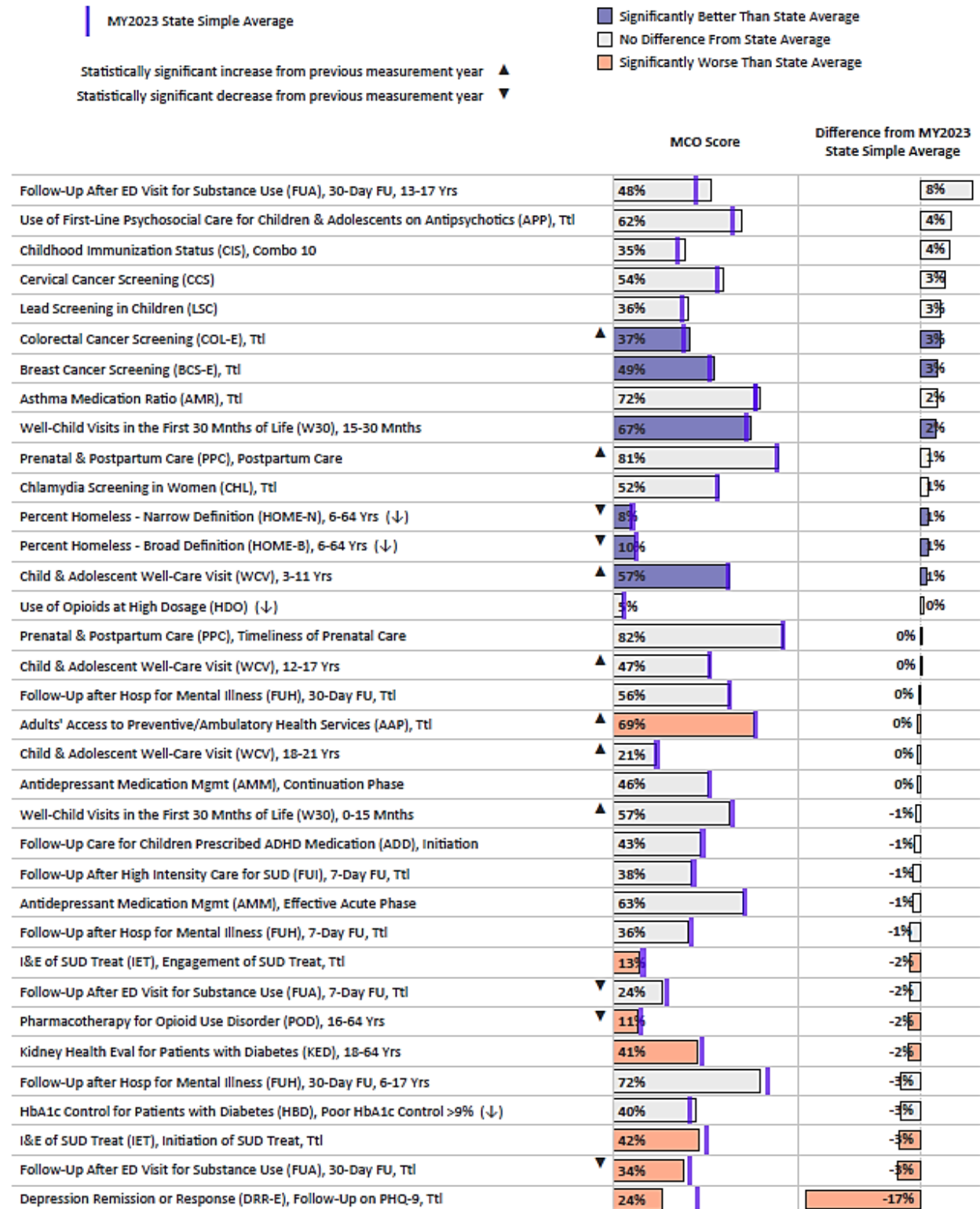
Please refer to the methodology section of this report for more information on how the simple state average is calculated.

Coordinated Care of Washington (CCW)

CCW performed close to the state simple average for most of the measures (Figure 65). CCW was statistically significantly above the state simple average for the Colorectal Cancer Screening (COL-E), the Breast Cancer Screening (BCS-E), the Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months, the Child and Adolescent Well-Care Visits (WCV), 3-11 Years and the two homeless measures.

CCW performed 17% below the statewide simple average for the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total; this difference is statistically significant. CCW was also significantly below that statewide simple average for the Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years and several measures related to behavioral health.

Figure 65. CCW Scorecard, MY2023.



(↓) For this measure lower scores are better.

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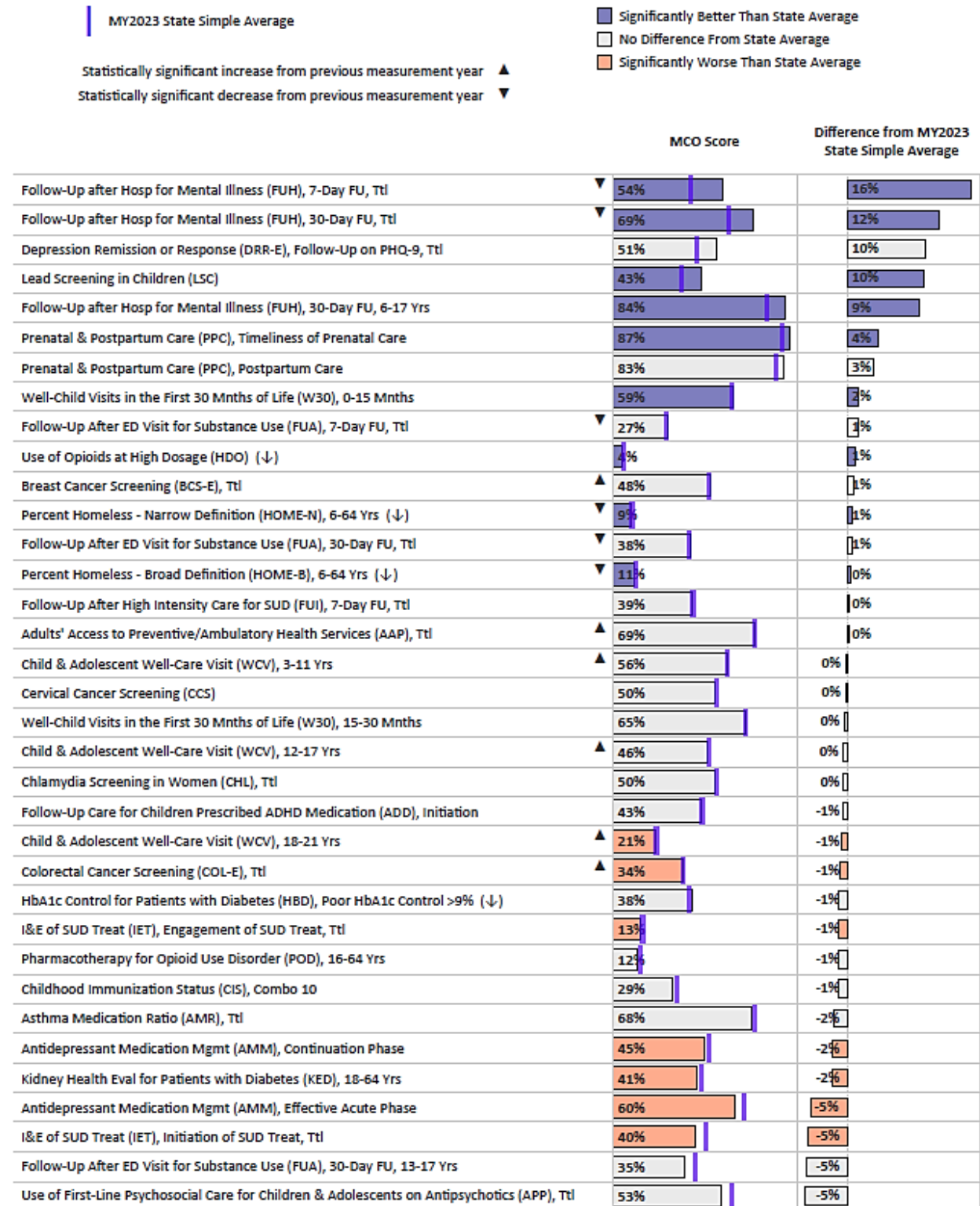
Community Health Plan of Washington (CHPW)

For most measures, CHPW performs close to the statewide simple average. CHPW did perform significantly better than the statewide simple average all Follow-Up after Hospitalization for Mental Illness (FUH) measures (Figure 66). In addition, CHPW performed significantly above the state simple average for the Lead Screening in Children (LSC) and Prenatal and Postpartum Care (PPC) measures.

CHPW performed significantly below the state simple average for the Antidepressant Medication Management (AMM), Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total and Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 13-17 Years measures.

Overall, CHPW demonstrated a decrease in the number of measures that were below the statewide simple average compared to the number reflected in the 2023 Comparative Analysis Report.

Figure 66. CHPW Scorecard, MY2023.



(↓) For this measure lower scores are better.

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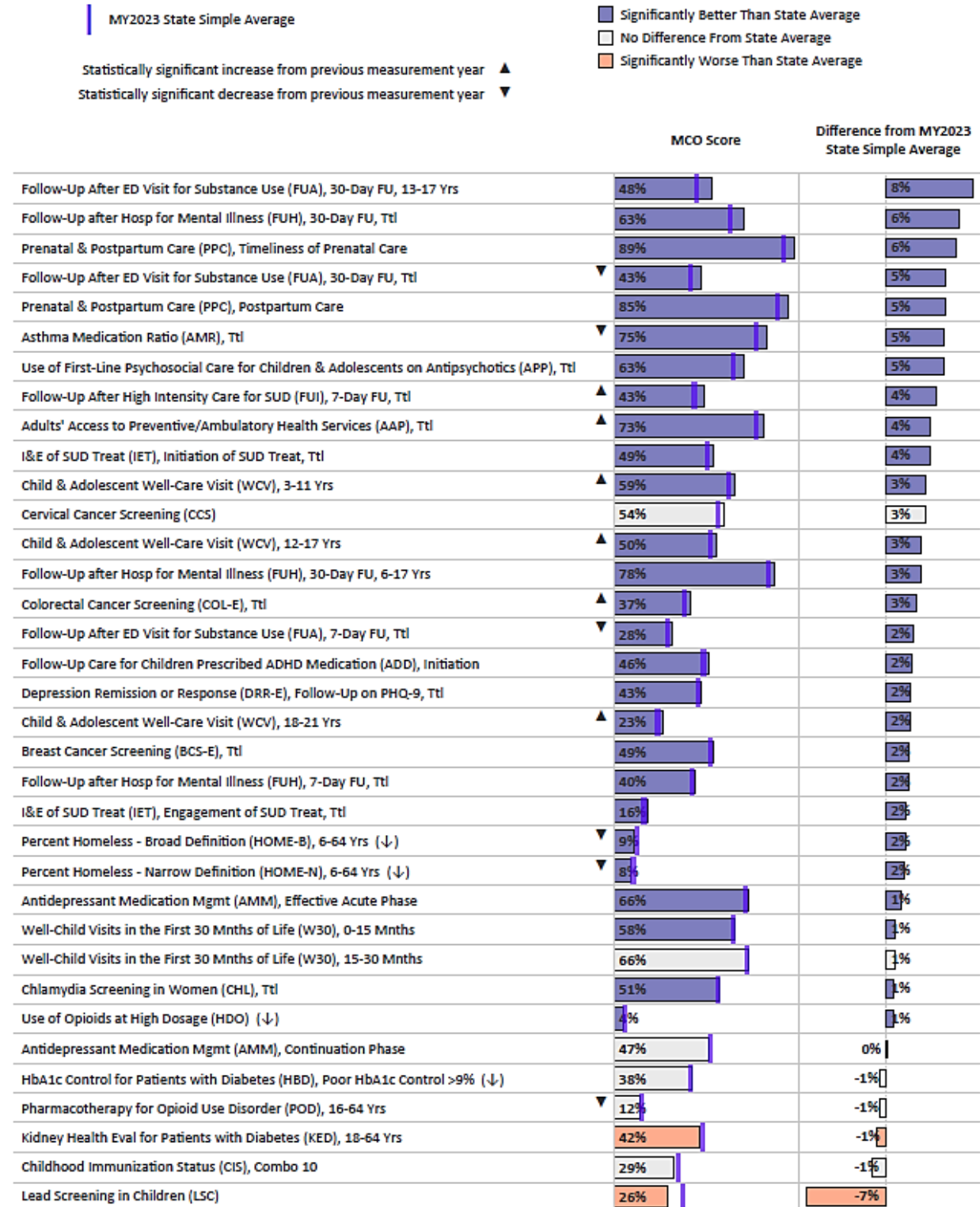
Molina Healthcare of Washington (MHW)

MHW performed at or above the statewide simple average for 30 of 35 measures and significantly better than the state average on 27 measures (Figure 67). Notable measures include Follow-Up After Emergency Department Visit for Substance Use (FUA), Follow-Up after Hospitalization for Mental Illness (FUH), and Prenatal and Postpartum Care (PPC) measures.

MHW performed significantly below the state simple average for two measures: Lead Screening in Children (LSC) and Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years.

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 67. MHW Scorecard, MY2023.



(↓) For this measure lower scores are better.

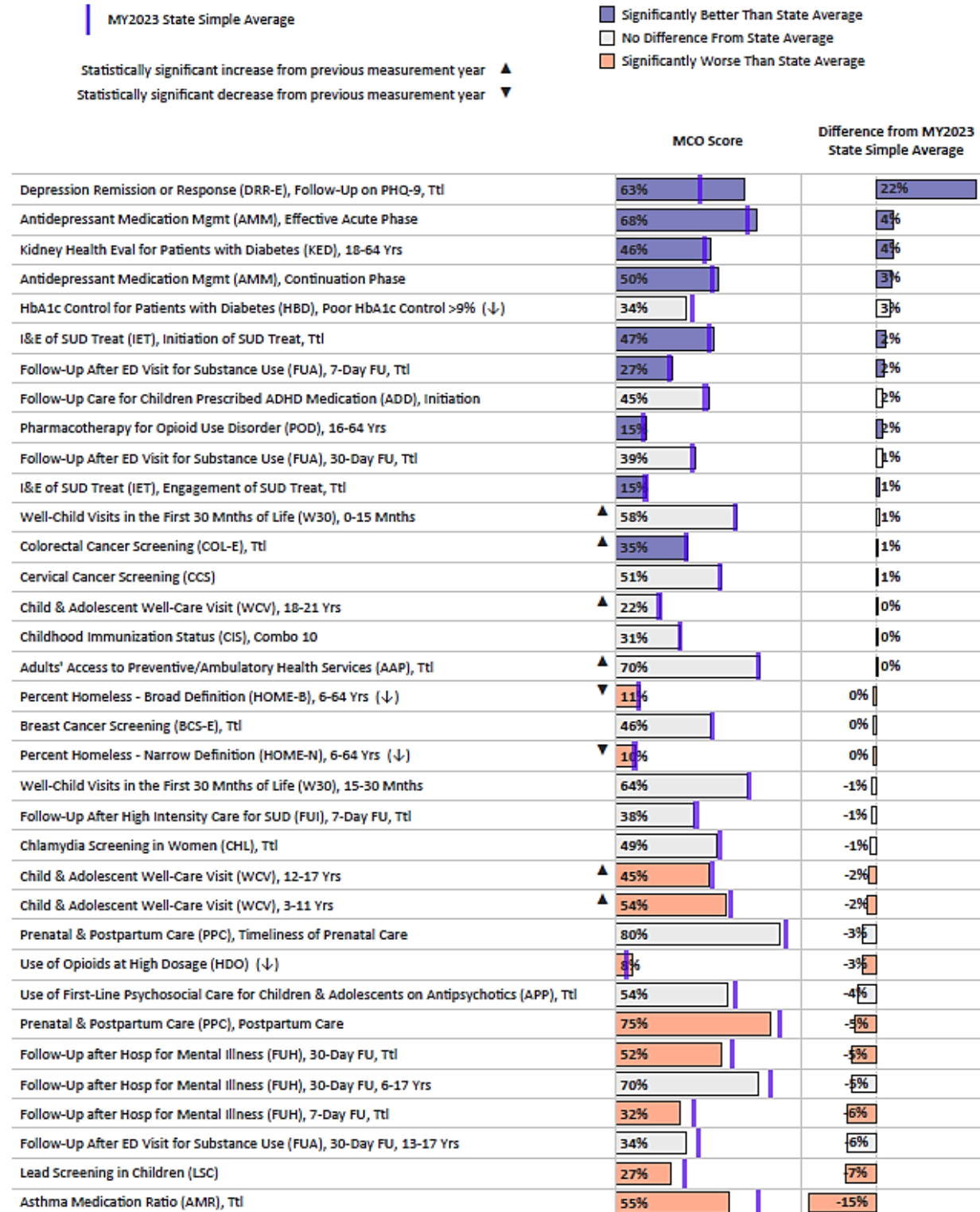
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UnitedHealthcare Community Plan (UHC)

UHC performed at or above the statewide simple average for half of their measures (Figure 68). UHC performed significantly better than the statewide average and demonstrated statistically significant increases over last year's performance for Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total, Antidepressant Medication Management (AMM), Kidney Health Evaluation for Patients with Diabetes (KED), 18-64, and Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total.

UHC performed significantly below the state simple average for the Asthma Medication Ratio (AMR), Lead Screening in Children (LSC), Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day and 7-Day Follow-Up, Total and Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care measures.

Figure 68. UHC Scorecard, MY2023.



(↓) For this measure lower scores are better.

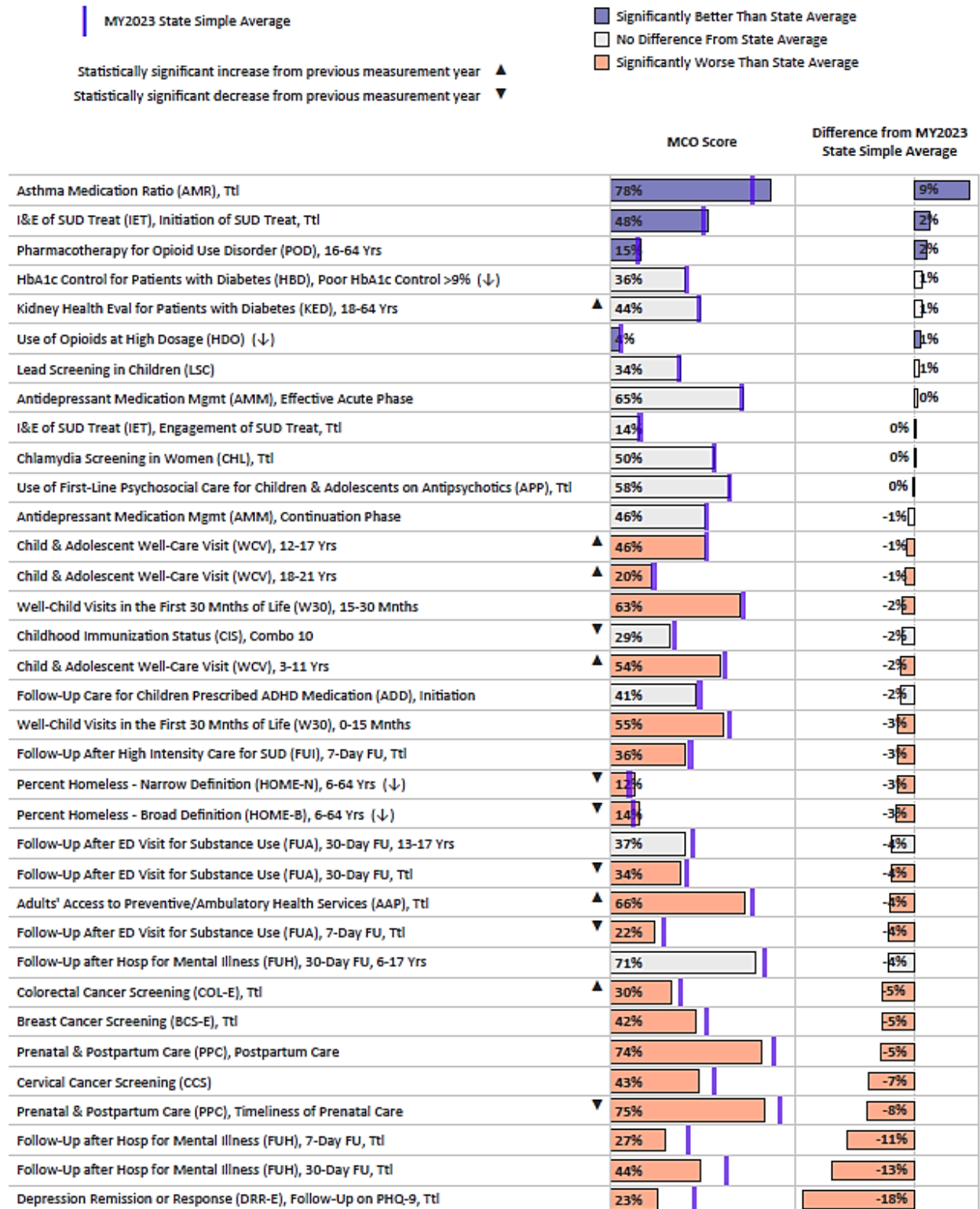
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Wellpoint of Washington (WLP)

As shown in Figure 69, WLP 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), Initiation of Substance Use Disorder Treatment, Total, Pharmacotherapy for Opioid Use Disorder (POD), 16-64 and Use of Opioids at High Doses (HDO).

However, there were also several measures significantly below the statewide simple average, including many preventive screening measures, behavioral health measures, prenatal and post-partum care measures, well-child visit measures and homelessness measures. These results are similar to what was reported in the 2023 Comparative Analysis Report.

Figure 69. WLP Scorecard, MY2023.



(↓) For this measure lower scores are better.

[Click here to return to Executive Summary.](#)

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.

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

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

✓ Indicates the MCO covers that region.

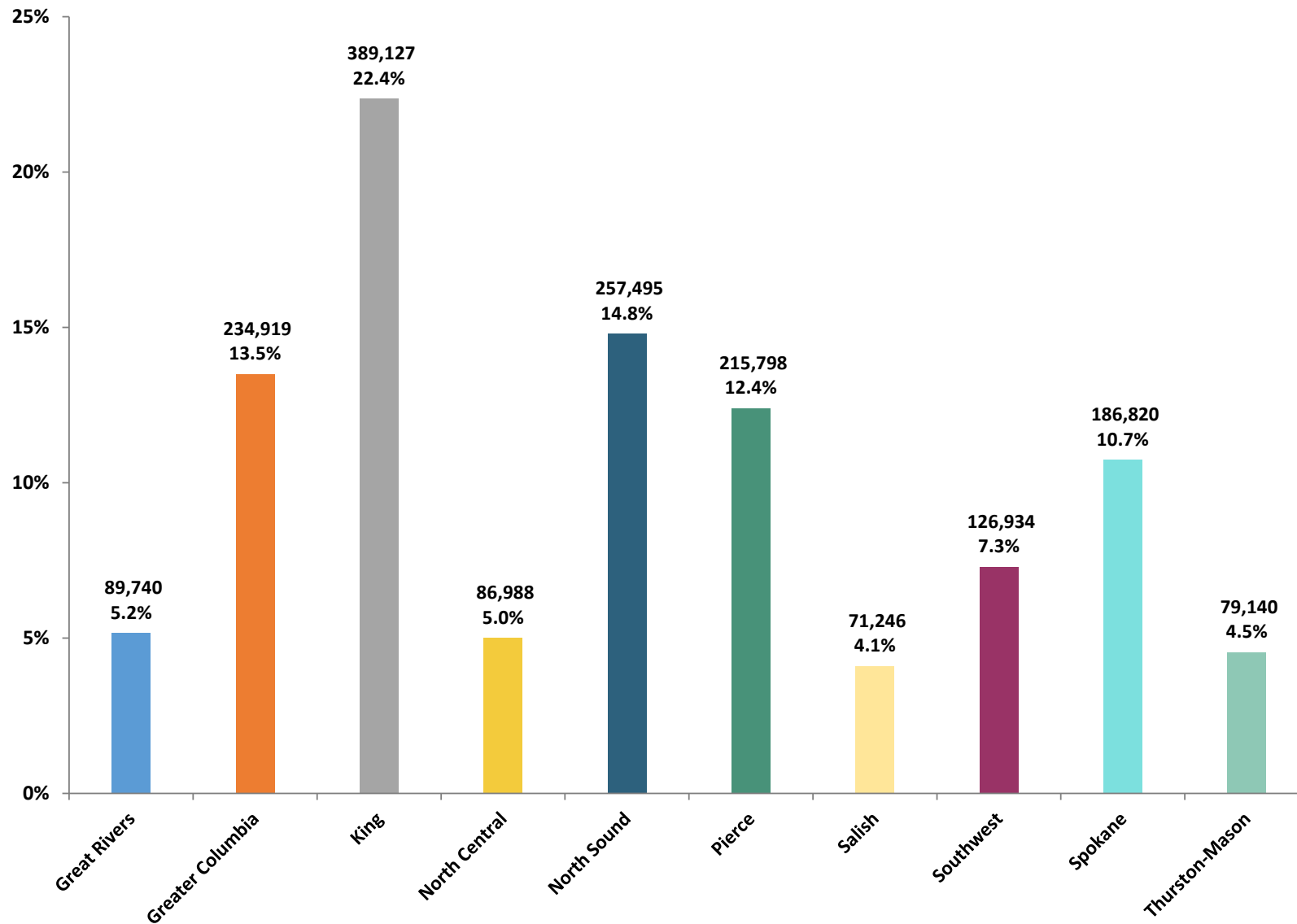
– Indicates the MCO does not cover that region.

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

Figure 70. Percent Enrollment of Total Apple Health Enrollment Statewide by Region, MY2023.



Age Range

Across regions, the largest percentage of enrollees are ages 21 to 44 (Figure 71). 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 71. Percent Enrollment by Region and Age Range, MY2023.

Age Range	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston-Mason
Age 0 to 5	14.1%	16.3%	13.8%	16.5%	15.0%	15.2%	13.0%	14.9%	14.2%	14.2%
Age 6 to 12	17.7%	20.6%	16.3%	20.7%	18.1%	18.4%	16.1%	18.4%	17.9%	17.4%
Age 13 to 20	17.7%	21.7%	16.6%	22.3%	17.7%	17.8%	15.7%	18.7%	17.4%	16.5%
Age 21 to 44	31.6%	29.4%	35.0%	27.0%	32.5%	33.0%	35.1%	32.6%	34.4%	34.7%
Age 45 to 64	18.6%	11.8%	17.6%	13.2%	16.4%	15.3%	19.8%	15.1%	15.7%	17.0%
Age 65+	0.2%	0.2%	0.6%	0.3%	0.4%	0.3%	0.3%	0.4%	0.2%	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 72 shows that the member population for most regions is at least 50% white. The exception is the King region, which is 37.8% white, 20.4% Black, 11.5% Asian and 6.6% 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 72. Statewide Apple Health Enrollees by Region and Race/Ethnicity, MY2023.

Race/Ethnicity	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston-Mason
White	78.1%	55.9%	37.8%	64.0%	60.7%	51.2%	71.2%	67.5%	74.9%	67.6%
Other	8.1%	30.6%	13.0%	22.7%	13.4%	10.8%	6.6%	10.2%	6.6%	8.7%
Not Provided	5.4%	6.7%	8.8%	8.3%	8.4%	6.6%	6.7%	7.4%	5.2%	5.8%
Black	2.2%	2.4%	20.4%	1.4%	6.3%	15.5%	5.2%	5.1%	5.1%	6.6%
Asian	1.2%	1.3%	11.5%	0.7%	5.1%	5.3%	2.0%	2.9%	1.7%	3.7%
American Indian/Alaska Native	3.3%	2.1%	1.7%	2.3%	2.6%	2.3%	3.2%	2.0%	3.2%	3.2%
Hawaiian/Pacific Islander	1.6%	1.2%	6.6%	0.6%	3.5%	8.2%	5.1%	4.9%	3.3%	4.3%

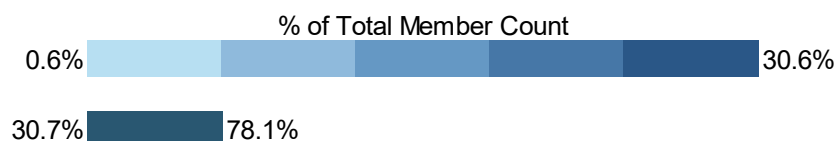


Figure 73 shows the breakdown of the Apple Health enrollment by Hispanic indicator. Most of the regions are at least 78.6% non-Hispanic. The exceptions are the Greater Columbia and North Central regions. The majority of Apple Health members who reside in the Greater Columbia region are Hispanic, with 55.3% of members flagged as Hispanic. Hispanics represent 49.2% of the Apple Health population in the North Central region.

Figure 73. Statewide Apple Health Enrollees by Region and Hispanic Indicator, MY2023.

Hispanic	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston-Mason
No	82.6%	44.7%	82.0%	50.8%	78.6%	81.8%	87.0%	81.8%	87.1%	82.7%
Yes	17.4%	55.3%	18.0%	49.2%	21.4%	18.2%	13.0%	18.2%	12.9%	17.3%

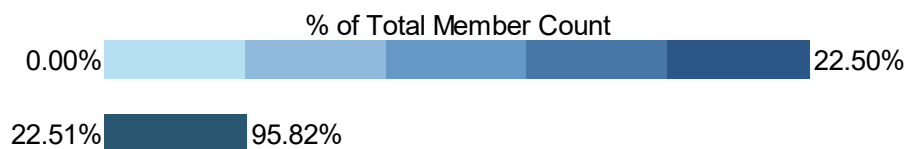


Primary Spoken Language by Region

Figure 74 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 Southwest having the highest percentage.

Figure 74. Statewide Apple Health Enrollees by Region and Spoken Language, MY2023.

Spoken Language	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston-Mason
English	93.8%	79.0%	80.9%	76.3%	86.3%	90.9%	95.8%	86.8%	93.8%	93.6%
Spanish; Castilian	5.22%	19.54%	7.61%	22.50%	7.94%	4.83%	3.06%	5.98%	2.81%	4.89%
Russian	0.06%	0.20%	1.26%	0.30%	1.53%	1.13%	0.07%	4.42%	1.10%	0.05%
Vietnamese	0.06%	0.09%	1.20%	0.05%	0.43%	0.50%	0.08%	0.21%	0.14%	0.41%
Chinese	0.04%	0.06%	1.35%	0.04%	0.26%	0.12%	0.12%	0.13%	0.05%	0.09%
Arabic	0.00%	0.19%	0.48%	0.01%	0.44%	0.12%	0.03%	0.13%	0.35%	0.04%
Ukrainian	0.02%	0.21%	1.26%	0.34%	1.39%	0.83%	0.03%	0.92%	0.20%	0.04%
Somali	0.01%	0.03%	0.79%	NR	0.01%	0.01%	0.02%	NR	0.01%	0.01%
Korean	0.01%	0.01%	0.14%	0.00%	0.18%	0.21%	0.04%	0.03%	0.00%	0.12%
Amharic	NR	0.00%	0.41%	NR	0.12%	0.01%	NR	0.01%	0.01%	0.00%
Tigrinya	0.00%	0.00%	0.33%	0.00%	0.07%	0.02%	NR	0.01%	0.02%	0.00%
Panjabi; Punjabi	0.01%	0.01%	0.19%	0.01%	0.14%	0.06%	0.01%	0.03%	0.01%	0.03%
Burmese	0.00%	0.08%	0.14%	0.00%	0.02%	0.01%	0.01%	0.02%	0.06%	0.01%
Farsi	NR	0.00%	0.22%	0.00%	0.07%	0.02%	0.01%	0.01%	0.04%	NR
Cambodian; Khmer	0.04%	0.00%	0.08%	NR	0.05%	0.11%	NR	0.03%	0.00%	0.05%
Other Language*	0.77%	0.57%	3.69%	0.44%	1.03%	1.09%	0.70%	1.27%	1.39%	0.71%



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 are 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 75 through 94 include the results of this analysis. The yellow downward pointing triangles indicate MCOs that perform statistically below other MCOs that operate in the region; the blue upward pointing triangles 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 considerable 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, WLP had weaker performance across several regions. There was some variation in performance by measure, but no other compelling themes emerged from the regional analysis. It is also worth noting that where there were statistically significant reported for a particular region, the results were similar to what was reported in the 2023 Comparative Report.

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 Colorectal Cancer Screenings (COL-E), Asthma Medication Ratio (AMR), Adults' Access to Preventive/Ambulatory Health Services (AAP), several of the Child and Adolescent Well-Care Visit (WCV) measures, and several of the behavioral health measures (Figures 75 and 76).

By contrast, UHC and WLP 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 75. Comparison of MCOs by Measure within Great Rivers Region, MY2023.

Measures where higher is better:		Measures where lower is better:							
Statistically significant higher rate than other MCOs ▲		Statistically significant higher rate than other MCOs ▲		CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Statistically significant lower rate than other MCOs ▼		Statistically significant lower rate than other MCOs ▼							
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	***	***	45%	45%	41% ▼	44%		
	Cervical Cancer Screening (CCS)	***	***	***	43%	51%	47%		
	Childhood Immunization Status (CIS), Combo 10	***	***	***	***	***	***		
	Chlamydia Screening in Women (CHL), Ttl	54%	52%	49%	46%	46%	50%		
	Colorectal Cancer Screening (COL-E), Ttl	24%	27%	29% ▲	27%	25% ▼	27%		
	Lead Screening in Children (LSC)	***	***	***	***	***	***		
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	***	***	86% ▲	45% ▼	85% ▲	72%		
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	***	37%	36%	23%	32%		
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	27%	26% ▼	34% ▼	38%	49% ▲	35%		
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	***	47%	48%	42%	48%	46%		
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	***	64%	66%	59%	62%	63%		
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	41%	***	***	41%		
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	11%	15%	28% ▲	23%	18%	19%		
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	57%	***	***	57%		
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	31%	26%	41% ▲	32%	32%	32%		
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	65% ▲	38%	44%	54% ▲	38% ▼	48%		
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	47%	58%	45%	26% ▼	43%	44%		
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	85%	***	78%	81%		

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 76. Comparison of MCOs by Measure within Great Rivers Region, MY2023, Continued.

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 ▼

Regional Simple Average

		CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	65%	79%	72%	58%	62%	67%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	54%	***	52%	47%	47%	50%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	8%	23%	15%	16%	19%	16%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	***	***	5%	5%	3%	4%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	61% ▼	68%	72% ▲	66% ▼	67% ▼	67%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	20%	22%	19%	22%	17%	20%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	57%	45%	51%	54%	51%	51%
	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	***	***	72%	***	***	72%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	59%	48% ▼	61% ▲	39% ▼	52% ▼	52%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	52%	40% ▼	52% ▲	34% ▼	45% ▼	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	19%	13%	23% ▲	12% ▼	22%	18%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	76%	***	62%	66%	49% ▼	63%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	75%	***	71% ▲	46% ▼	60% ▼	63%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Greater Columbia Region

In the Greater Columbia Region, many measures did not show a statistically significant difference between the plans (Figures 77 and 78).

However, CCW performed significantly below the other MCOs for the 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 77. Comparison of MCOs by Measure within Greater Columbia Region, MY2023.

Measures where higher is better:		Measures where lower is better:							Regional Simple Average
Statistically significant higher rate than other MCOs	▲	Statistically significant higher rate than other MCOs	▲	CCW	CHPW	MHW	UHC	WLP	
Statistically significant lower rate than other MCOs	▼	Statistically significant lower rate than other MCOs	▼						
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	59% ▲	56%	56%				47% ▼	54%
	Cervical Cancer Screening (CCS)	60%	58%	45%				***	55%
	Childhood Immunization Status (CIS), Combo 10	41%	33%	25%				34%	33%
	Chlamydia Screening in Women (CHL), Ttl	54%	55%	54%				52%	54%
	Colorectal Cancer Screening (COL-E), Ttl	41% ▲	39%	39%				31% ▼	37%
	Lead Screening in Children (LSC)	45% ▲	40%	23% ▼				24%	33%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	69%	65% ▼	77% ▲				75%	71%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	43%	37%	53%				26%	40%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	42%	45% ▲	40% ▼				42%	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	45%	42%	48%				50%	46%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	64%	58% ▼	66% ▲				66%	64%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	42%				***	42%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	21%	22%	27%				26%	24%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	59% ▲	***	48%				***	53%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	35%	35%	42% ▲				42%	38%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	36% ▼	43%	46% ▲				38%	41%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	42%	51% ▲	40%				32%	41%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	77%	86%	76%				***	80%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 78. Comparison of MCOs by Measure within Greater Columbia Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	CCW	CHPW	MHW		UHC	WLP
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	69%	77% ▲	69%				48% ▼	66%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	41%	41%	46%				40%	42%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	10%	9%	13%				17%	12%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	4%	2%	4%				4%	3%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	74%	74%	76% ▲				65% ▼	72%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	13%	12% ▼	17% ▲				14%	14%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	38%	32% ▼	42% ▲				45% ▲	39%
	Prenatal & Postpartum Care (PPC), Postpartum Care	82%	88%	91%				78%	85%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	81% ▼	93% ▲	94%				76%	86%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	59%	52%	46%				***	52%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	57% ▼	58%	60% ▲				51% ▼	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	46% ▼	49% ▲	47%				42% ▼	46%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	22%	23%	23%				24%	23%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	62% ▼	69% ▲	65%				61%	64%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	66% ▼	68%	70% ▲				67%	68%

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

King Region

In the King Region, there was notable variation for several of the behavioral health measures (Figures 79 and 80). MHW performed statistically significantly better than other MCOs in the King region in the behavioral health measures; WLP 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 79. Comparison of MCOs by Measure within King Region, MY2023.

Measures where higher is better:		Measures where lower is better:						
Statistically significant higher rate than other MCOs ▲		Statistically significant higher rate than other MCOs ▲						
Statistically significant lower rate than other MCOs ▼		Statistically significant lower rate than other MCOs ▼						
		CCW	CHPW	MHW	UHC	WLP	Regional Simple Average	
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	45%	49% ▲	49% ▲	45%	40% ▼	46%	
	Cervical Cancer Screening (CCS)	54%	52%	55%	53%	49%	52%	
	Childhood Immunization Status (CIS), Combo 10	33%	32%	34%	35%	30%	33%	
	Chlamydia Screening in Women (CHL), Ttl	54%	51% ▼	55%	56%	56%	54%	
	Colorectal Cancer Screening (COL-E), Ttl	37%	35% ▼	39% ▲	37%	33% ▼	36%	
	Lead Screening in Children (LSC)	33%	57% ▲	26% ▼	39%	44%	40%	
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	72% ▲	59%	65% ▲	52% ▼	68% ▲	63%	
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	41%	39%	29%	31%	46%	37%	
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	46% ▼	49%	49%	51% ▲	47%	48%	
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	49%	45%	46%	46%	43%	46%	
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	62%	59% ▼	63%	68% ▲	62%	63%	
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	39%	***	13% ▼	26%	
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	25%	29%	28%	30% ▲	18% ▼	26%	
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	46%	***	***	46%	
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	33% ▼	38%	43% ▲	42% ▲	27% ▼	37%	
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	29%	23% ▼	35% ▲	29%	20% ▼	27%	
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	33%	51% ▲	36% ▲	32%	11% ▼	33%	
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	71%	76%	74%	63%	***	71%	

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 80. Comparison of MCOs by Measure within King Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average
Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼		
		CCW	CHPW	MHW	UHC	WLP	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	51%	63% ▲	60% ▲	49%	19% ▼	48%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	39%	41%	44%	44%	42%	42%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	14%	13%	12%	15% ▲	9% ▼	12%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	6%	3%	4%	7% ▲	2% ▼	5%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	67% ▼	67% ▼	72% ▲	69%	64% ▼	68%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	13%	11% ▼	18% ▲	15%	12% ▼	14%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	44% ▼	44% ▼	52% ▲	48%	50%	48%
	Prenatal & Postpartum Care (PPC), Postpartum Care	77%	82%	72%	74%	75%	76%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	81%	86%	83%	79%	76%	81%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	57%	***	***	57%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	55% ▼	60% ▲	60% ▲	56% ▼	56% ▼	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	44% ▼	50%	51% ▲	49%	45% ▼	48%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	22% ▼	23% ▼	27% ▲	24%	21% ▼	23%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	54%	54%	56% ▲	51% ▼	52%	53%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	66% ▲	61%	63%	57% ▼	60%	61%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

North Central Region

In the North Central region, many of the measures reported had denominators too small to report (Figures 81 and 82).

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 81. Comparison of MCOs by Measure within North Central Region, MY2023.

		Measures where higher is better:		Measures where lower is better:				Regional Simple Average
	Statistically significant higher rate than other MCOs ▲		Statistically significant higher rate than other MCOs ▲		Statistically significant lower rate than other MCOs ▼			
	Statistically significant lower rate than other MCOs ▼		Statistically significant lower rate than other MCOs ▼					
		CCW	CHPW	MHW	UHC	WLP		
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	59% ▲	62%	54%		44% ▼		55%
	Cervical Cancer Screening (CCS)	70%	***	***		***		70%
	Childhood Immunization Status (CIS), Combo 10	***	***	***		***		***
	Chlamydia Screening in Women (CHL), Ttl	44%	52%	47%		52%		49%
	Colorectal Cancer Screening (COL-E), Ttl	45% ▲	25% ▼	39%		30% ▼		35%
	Lead Screening in Children (LSC)	34%	***	***		***		34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	74%	***	72%		71%		72%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	***	25%		***		25%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	46% ▼	57%	51%		47%		50%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	45%	43%	39%		41%		42%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	61%	59%	63%		65%		62%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	51%		***		51%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	19% ▼	28%	36% ▲		23%		26%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	77%		***		77%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	38% ▼	36%	52% ▲		40%		42%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	***	***	60% ▲		41%		50%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	54%	***	53%		***		53%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	90%		***		90%

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 82. Comparison of MCOs by Measure within North Central Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	CCW	CHPW	MHW		UHC	WLP
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	76%	***	74%				***	75%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	51%	***	49%				***	50%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	12%	8%	12%				5%	9%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5%	0%	5%				4%	3%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	74%	74%	76% ▲				68% ▼	73%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	13%	17%	13%				13%	14%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	36% ▼	40%	43% ▲				37%	39%
	Prenatal & Postpartum Care (PPC), Postpartum Care	95%	***	***				***	95%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	93%	***	***				***	93%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	***				***	***
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	70% ▲	64%	64% ▼				61% ▼	65%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	61% ▲	52% ▼	54% ▼				64% ▲	58%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	27% ▲	19% ▼	23%				26%	24%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	57%	60%	59%				59%	59%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	76%	72%	74%				76%	75%

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

North Sound Region

In the North Sound region, MHW performed statistically significantly better than other MCOs (Figures 83 and 84). CCW, CHPW and WLP 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; WLP, CCW and CHPW performed worse on these measures.

Figure 83. Comparison of MCOs by Measure within North Sound Region, MY2023.

		Measures where higher is better:		Measures where lower is better:			
		Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼		
		Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲		
		CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	46%	45% ▼	50% ▲	52% ▲	41% ▼	47%
	Cervical Cancer Screening (CCS)	42%	47%	45%	56%	44%	47%
	Childhood Immunization Status (CIS), Combo 10	37%	40%	32%	34%	37%	36%
	Chlamydia Screening in Women (CHL), Ttl	46%	42% ▼	50% ▲	47%	41% ▼	45%
	Colorectal Cancer Screening (COL-E), Ttl	33% ▼	35% ▼	40% ▲	39% ▲	30% ▼	36%
	Lead Screening in Children (LSC)	21%	42% ▲	26%	20%	20%	26%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	67%	71% ▲	73% ▲	54% ▼	71%	67%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	58%	44%	38%	37%	63% ▲	48%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	36% ▼	37% ▼	44%	49% ▲	44%	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	52%	44% ▼	50%	54% ▲	47%	49%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	66%	59% ▼	69% ▲	70%	68%	66%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	27%	***	***	27%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	27%	27%	27%	26%	19% ▼	25%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	48%	39%	41%	***	***	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	35%	38%	41% ▲	37%	32%	37%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	45%	42%	50% ▲	42%	39%	44%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	33%	53% ▲	39%	29% ▼	24% ▼	36%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	71%	80%	72%	63%	***	71%	

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 84. Comparison of MCOs by Measure within North Sound Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average
Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼		
		CCW	CHPW	MHW	UHC	WLP	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	49%	66% ▲	60% ▲	47% ▼	38% ▼	52%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	47%	44%	40%	44%	33%	42%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	11%	12%	12%	13%	18% ▲	13%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	5%	5%	5%	9% ▲	5%	6%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	67% ▼	70% ▼	75% ▲	73% ▲	62% ▼	69%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	12% ▼	13%	15%	17% ▲	13%	14%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	40% ▼	38% ▼	45% ▲	46% ▲	45%	43%
	Prenatal & Postpartum Care (PPC), Postpartum Care	78%	75%	85%	74%	***	78%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	85%	79%	89%	78%	***	83%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	55%	53%	62%	***	***	56%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	51% ▼	52% ▼	58% ▲	56% ▲	50% ▼	53%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	41% ▼	42% ▼	49% ▲	47% ▲	40% ▼	44%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	16% ▼	19% ▼	24% ▲	24% ▲	16% ▼	20%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	49% ▼	59%	57%	62% ▲	55%	57%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	69%	66%	66%	73% ▲	62% ▼	67%

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

Pierce Region

In the Pierce Region, many measures did not show statistically significant differences by MCO plan (Figures 85 and 86). 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.

CCW, CHPW, UHC and WLP 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 85. Comparison of MCOs by Measure within Pierce Region, MY2023.

		Measures where higher is better:		Measures where lower is better:			
		Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼		
		Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲		
		CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	38% ▼	41%	43% ▲	45% ▲	37% ▼	41%
	Cervical Cancer Screening (CCS)	50%	***	55%	51%	36%	48%
	Childhood Immunization Status (CIS), Combo 10	36%	***	35%	24%	25%	30%
	Chlamydia Screening in Women (CHL), Ttl	52%	56%	54%	49% ▼	59% ▲	54%
	Colorectal Cancer Screening (COL-E), Ttl	35%	22% ▼	39% ▲	35%	31% ▼	33%
	Lead Screening in Children (LSC)	31%	***	22%	16%	18%	22%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	84% ▲	***	73% ▲	59% ▼	80% ▲	74%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	28%	***	41%	35%	32%	34%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	36%	37%	39%	42% ▲	38%	39%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	44%	49%	45% ▼	53% ▲	46%	47%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	64%	70%	64%	69% ▲	65%	66%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	42% ▲	***	15% ▼	29%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	24%	22%	23%	26%	14% ▼	22%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	33%	***	***	33%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	32%	26%	36%	36%	27% ▼	32%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	31%	37%	33%	34%	28%	33%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	33%	50% ▲	37%	39%	27% ▼	37%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	63%	***	77%	82%	***	74%	

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 86. Comparison of MCOs by Measure within Pierce Region, MY2023, Continued.

		Measures where higher is better:		Measures where lower is better:				Regional Simple Average		
		Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼					
		Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲	CCW	CHPW		MHW	UHC
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	53%	64%	60% ▲	60%	42% ▼	56%			
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	39%	***	44%	45%	36%	41%			
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	10%	13%	12%	13%	13%	12%			
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	4%	0%	4% ▼	7% ▲	5%	4%			
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	64% ▼	62% ▼	70% ▲	68% ▲	62% ▼	65%			
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	9% ▼	15%	13% ▲	11%	11%	12%			
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	45%	43%	49% ▲	43% ▼	51% ▲	46%			
	Prenatal & Postpartum Care (PPC), Postpartum Care	69%	***	84%	76%	66%	74%			
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	80%	***	84%	80%	66% ▼	77%			
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	55%	***	53%	***	***	54%			
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	52% ▼	42% ▼	56% ▲	51% ▼	48% ▼	50%			
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	43% ▼	36% ▼	49% ▲	43% ▼	41% ▼	42%			
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	18% ▼	13% ▼	22% ▲	20%	15% ▼	18%			
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	58%	48% ▼	61%	64% ▲	53% ▼	57%			
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	61%	49% ▼	64%	65%	61%	60%			

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Salish Region

In the Salish Region, most of the measures showed no statistically significant differences between MCOs (Figures 87 and 88). However, there were a handful of measures where an individual MCO did better or worse than the other MCOs.

Figure 87. Comparison of MCOs by Measure within Salish Region, MY2023.

		Measures where higher is better:		Measures where lower is better:			
		Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼		
		Statistically significant lower rate than other MCOs ▼	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant higher rate than other MCOs ▲		
		CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	***	56%	45%	44%	40% ▼	46%
	Cervical Cancer Screening (CCS)	***	***	***	47%	***	47%
	Childhood Immunization Status (CIS), Combo 10	***	***	***	***	***	***
	Chlamydia Screening in Women (CHL), Ttl	45%	54%	47%	42%	48%	47%
	Colorectal Cancer Screening (COL-E), Ttl	37%	21% ▼	33% ▲	31%	29% ▼	30%
	Lead Screening in Children (LSC)	***	***	***	***	***	***
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	***	***	79% ▲	61% ▼	80%	73%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	***	***	36%	***	36%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	39%	46%	43%	45%	37% ▼	42%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	45%	57%	50%	55%	40% ▼	49%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60%	57%	69%	72%	66%	64%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	49%	***	59%	54%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	18%	31%	33%	30%	28%	28%
	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	29%	51%	47%	47%	45%	44%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	***	50%	47%	43%	45%	46%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	42%	47%	45%	26% ▼	49%	42%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	78%	***	***	78%	

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 88. Comparison of MCOs by Measure within Salish Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:							
Statistically significant higher rate than other MCOs	▲	Statistically significant higher rate than other MCOs	▲	CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Statistically significant lower rate than other MCOs	▼	Statistically significant lower rate than other MCOs	▼						
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	58%	71%	68%	54% ▼	73%	65%		
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	***	***	44%	51%	29%	41%		
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	7%	18%	13%	15%	19%	14%		
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	***	***	3% ▼	15% ▲	6%	8%		
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	68%	65% ▼	73% ▲	71%	67% ▼	69%		
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	16%	12%	18% ▲	13% ▼	16%	15%		
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	36% ▼	40%	53% ▲	45% ▼	48%	44%		
	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	***	***	74%	***	***	74%		
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	53%	45% ▼	57% ▲	54%	50% ▼	52%		
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	42%	40%	47% ▲	43%	37% ▼	42%		
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	16%	17%	20%	18%	18%	18%		
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	50%	47%	60% ▲	54%	51%	52%		
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	75%	***	64%	64%	51% ▼	63%		

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

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 (Figures 89 and 90).

WLP 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 89. Comparison of MCOs by Measure within Southwest Region, MY2023.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
Statistically significant higher rate than other MCOs	▲	Statistically significant higher rate than other MCOs	▲	CCW	CHPW	MHW	UHC	WLP	
Statistically significant lower rate than other MCOs	▼	Statistically significant lower rate than other MCOs	▼						
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	34%	39% ▼	48% ▲				43%	41%
	Cervical Cancer Screening (CCS)	***	39%	53% ▲				***	46%
	Childhood Immunization Status (CIS), Combo 10	***	***	25%				***	25%
	Chlamydia Screening in Women (CHL), Ttl	52%	52%	48%				45%	49%
	Colorectal Cancer Screening (COL-E), Ttl	23% ▼	28% ▼	36% ▲				24% ▼	28%
	Lead Screening in Children (LSC)	***	***	31%				***	31%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	***	92% ▲	69% ▼				85%	82%
	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	38%	37%				***	37%
Diabetes	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	11% ▼	13% ▼	29% ▲				37% ▲	22%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	46%	45%	48%				51%	48%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	54%	60%	66%				68%	62%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	31%				***	31%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	21%	21%	20%				12%	18%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	54%				***	54%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	25%	30%	36% ▲				22% ▼	28%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	43%	32%	35%				29%	35%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	32%	41%	37%				32%	35%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	80%				***	80%

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 90. Comparison of MCOs by Measure within Southwest Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average			
Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	CCW	CHPW	MHW		UHC	WLP	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl				56%	54%	58%		49%	54%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation		▼		31%	59%	47%		***	46%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs				10%	12%	13%		13%	12%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)				***	6%	6%		9%	7%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl		▼	▼	54%	60%	71% ▲		58% ▼	61%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl				13%	14%	13%		14%	14%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl				47%	46%	45%		49%	47%
	Prenatal & Postpartum Care (PPC), Postpartum Care				***	***	93%		***	93%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care				***	***	93%		***	93%
	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			▲	50%	42% ▼	55% ▲		41% ▼	47%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			▲	42%	32% ▼	45% ▲		36% ▼	39%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			▲	14%	7% ▼	18% ▲		11% ▼	13%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			▲	47%	40%	47% ▲		33% ▼	42%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths				63%	53%	56%		42% ▼	54%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Spokane Region

In the Spokane Region, MHW performed statistically significantly better compared to the other MCOs for many of the measures (Figures 91 and 92).

By contrast, CHPW and WLP performed statistically significantly worse on many measures, although there were a few exceptions where it performed better than the other MCOs. CCW only had a few measures with any detectable statistically significant differences.

Figure 91. Comparison of MCOs by Measure within Spokane Region, MY2023.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	CCW	CHPW	MHW		UHC	WLP
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	45%	43% ▼	52% ▲				49%	47%
	Cervical Cancer Screening (CCS)	***	48%	63%				48%	53%
	Childhood Immunization Status (CIS), Combo 10	***	23%	29%				27%	26%
	Chlamydia Screening in Women (CHL), Ttl	46%	44% ▼	50% ▲				48%	47%
	Colorectal Cancer Screening (COL-E), Ttl	28%	30% ▼	36% ▲				29% ▼	31%
	Lead Screening in Children (LSC)	***	42%	24% ▼				50%	39%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	***	74% ▼	83% ▲				84%	80%
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	30%	36%				25%	30%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	43%	37% ▼	44%				47% ▲	43%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	42%	47%	47%				46%	45%
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60%	62%	65%				64%	63%
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	47% ▲				21% ▼	34%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	29%	33%	33%				28%	31%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	40%				***	40%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	39%	46%	47% ▲				40% ▼	43%
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	56%	51%	56% ▲				45% ▼	52%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	33% ▼	69% ▲	41% ▼				32% ▼	43%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	64% ▼	93% ▲	77%				65%	75%

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 92. Comparison of MCOs by Measure within Spokane Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:							
Statistically significant higher rate than other MCOs	▲	Statistically significant higher rate than other MCOs	▲	CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Statistically significant lower rate than other MCOs	▼	Statistically significant lower rate than other MCOs	▼						
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	61%	82% ▲	67%		53% ▼		66%	
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	47%	40%	46%		45%		44%	
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	9%	12%	11% ▼		21% ▲		13%	
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	2%	5%	4%		4%		4%	
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	69% ▼	72% ▼	77% ▲		72% ▼		73%	
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	18%	15% ▼	19% ▲		16%		17%	
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	50%	41% ▼	54% ▲		43% ▼		47%	
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	87%	80%		77%		82%	
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	90%	98% ▲		80% ▼		89%	
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	68%	59%	71%		45% ▼		61%	
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	63%	55% ▼	64% ▲		60% ▼		61%	
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	55%	48% ▼	54% ▲		55% ▲		53%	
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	24%	19% ▼	26% ▲		22%		23%	
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	59%	56% ▼	64% ▲		62%		60%	
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	78% ▲	67%	70%		68%		71%	

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Thurston-Mason Region

In the Thurston-Mason Region, many measures showed no statistically significant difference between the MCOs (Figures 93 and 94). The most variation between the MCOs was in the Child and Adolescent Well-Care Visit (WCV) measures, in which MHW was statistically significantly better than other MCOs and WLP was statistically significantly worse. A handful of other measures had individual MCOs that did better or worse than the regional average.

Figure 93. Comparison of MCOs by Measure within Thurston-Mason Region, MY2023.

Measures where higher is better:		Measures where lower is better:		CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Statistically significant higher rate than other MCOs	▲	Statistically significant higher rate than other MCOs	▲						
Statistically significant lower rate than other MCOs	▼	Statistically significant lower rate than other MCOs	▼						
Prevention and Screening	Breast Cancer Screening (BCS-E), Ttl	49%	***	44%	46%	41%	45%		
	Cervical Cancer Screening (CCS)	***	***	***	38%	29%	33%		
	Childhood Immunization Status (CIS), Combo 10	***	***	***	28%	***	28%		
	Chlamydia Screening in Women (CHL), Ttl	61% ▲	56%	47%	44%	49%	51%		
	Colorectal Cancer Screening (COL-E), Ttl	31%	26%	34% ▲	33%	29% ▼	30%		
	Lead Screening in Children (LSC)	***	***	***	36%	***	36%		
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	***	***	75%	60% ▼	84% ▲	73%		
Diabetes	HbA1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (↓)	***	***	***	30%	***	30%		
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	25% ▼	36%	38%	44% ▲	41%	37%		
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	44%	43%	48%	51%	53%	48%		
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	49% ▼	54%	69%	71%	70%	63%		
	Depression Remission or Response for Adolescents & Adults (DRR-E), Follow-Up on PHQ-9, Ttl	***	***	62% ▲	***	24% ▼	43%		
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	31%	22%	25%	29%	29%	27%		
	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	36%	33%	46% ▲	36%	40%	38%		
	Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	***	32%	45%	36%	42%	39%		
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	46%	37%	45% ▲	32% ▼	34%	39%		
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	***	***	86%	***	***	86%			

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 94. Comparison of MCOs by Measure within Thurston-Mason Region, MY2023, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average
Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼	Statistically significant higher rate than other MCOs ▲	Statistically significant lower rate than other MCOs ▼		
		CCW	CHPW	MHW	UHC	WLP	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	65%	55%	68% ▲	52% ▼	56%	60%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	51%	***	54% ▲	41%	38%	46%
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	***	16%	17%	19%	16%	17%
Overuse/Appropriateness	Use of Opioids at High Dosage (HDO) (↓)	***	***	4%	4%	2%	3%
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	67%	70%	73% ▲	68% ▼	65% ▼	69%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	12%	15%	15%	15%	16%	15%
	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	54%	48%	55%	52%	51%	52%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	***	***	64%	***	64%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	***	***	78%	***	78%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	***	***	58%	***	***	58%
Utilization	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	58%	44% ▼	58% ▲	52% ▼	47% ▼	52%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	44%	50%	47% ▲	43%	35% ▼	44%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	14% ▼	18%	22% ▲	17%	14% ▼	17%
	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	51%	41% ▼	57%	59%	51%	52%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	72%	***	66%	69%	68%	69%

(↓) For this measure lower scores are better.

*** Indicates rates where the denominators were less than 30 and have been suppressed.

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

* 2023 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.

ND There was no data for comparison to benchmarks.

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, 3-11 Years	Statewide†	77.0%	77.8%	73.5%	Below 50th
	CCW	72.7%	76.0%	74.7%	Below 50th
	CHPW	76.6%	75.8%	77.9%	Below 50th
	MHW	76.9%	79.2%	69.4%	Below 50th
	UHC	81.9%	72.3%	81.8%	At 50th
	WLP	79.5%	80.5%	81.8%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, 12-17 Years	Statewide†	73.8%	72.0%	77.9%	Below 50th
	CCW	73.6%	66.4%	71.7%	Below 50th
	CHPW	76.7%	71.1%	76.0%	At 50th
	MHW	71.7%	72.9%	79.1%	At 50th
	UHC	71.3%	67.1%	78.6%	At 50th
	WLP	85.3%	80.6%	82.4%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, Total	Statewide†	75.7%	75.6%	75.2%	Below 50th
	CCW	73.0%	72.8%	73.5%	Below 50th
	CHPW	76.6%	74.0%	77.1%	Below 50th
	MHW	74.7%	76.6%	73.2%	Below 50th
	UHC	78.6%	70.3%	80.5% ▲	At 50th
	WLP	81.5%	80.5%	82.0%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, 3-11 Years	Statewide†	67.1%	69.4%	65.9%	Below 50th
	CCW	73.8%	74.5%	72.7%	At 50th
	CHPW	72.5%	70.6%	70.4%	At 50th
	MHW	63.5%	68.6%	64.9%	Below 50th
	UHC	70.6%	61.7%	48.0% ▼	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	68.7%	72.3%	73.0%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, 12-17 Years	Statewide†	58.4%	60.4%	64.0%	Below 50th
	CCW	67.9%	60.7%	62.1%	Below 50th
	CHPW	58.9%	64.2%	65.5%	At 50th
	MHW	54.3%	59.6%	66.3%	At 50th
	UHC	58.1%	52.9%	44.7%	Below 50th
	WLP	69.2%	66.0%	68.2%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, Total	Statewide†	63.6%	65.9%	65.1%	Below 50th
	CCW	71.8%	69.8%	68.4%	At 50th
	CHPW	66.3%	68.1%	68.4%	At 50th
	MHW	59.6%	65.0%	65.5%	Below 50th
	UHC	66.7%	58.4%	46.7%	▼ Below 50th
	WLP	68.9%	70.1%	71.3%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, 3-11 Years	Statewide†	61.2%	63.2%	60.0%	Below 50th
	CCW	66.4%	66.8%	65.3%	At 50th
	CHPW	66.5%	61.9%	65.0%	At 50th
	MHW	58.0%	63.3%	59.3%	Below 50th
	UHC	65.6%	56.3%	40.1%	▼ Below 50th
	WLP	61.2%	66.3%	69.2%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, 12-17 Years	Statewide†	62.8%	61.4%	64.3%	Below 50th
	CCW	70.7%	65.0%	62.1%	Below 50th
	CHPW	63.3%	65.4%	68.4%	At 50th
	MHW	59.5%	57.8%	65.6%	At 50th
	UHC	62.0%	60.0%	45.9%	Below 50th
	WLP	72.0%	73.6%	69.6%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, Total	Statewide†	61.8%	62.5%	61.7%	Below 50th
	CCW	67.9%	66.2%	64.0%	At 50th
	CHPW	65.1%	63.3%	66.4%	At 50th
	MHW	58.6%	61.1%	61.8%	Below 50th
	UHC	64.5%	57.7%	42.3%	▼ Below 50th
	WLP	65.0%	68.9%	69.3%	At 50th
Childhood Immunization Status (CIS), DTaP	Statewide†	69.2%	65.2%	64.2%	Below 50th
	CCW	73.0%	71.3%	72.5%	At 50th
	CHPW	69.8%	68.6%	69.1%	At 50th
	MHW	68.6%	62.0%	60.3%	Below 50th
	UHC	68.9%	64.2%	63.0%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	67.6%	70.6%	67.4%	At 50th
Childhood Immunization Status (CIS), IPV	Statewide†	83.9%	81.2%	80.6%	Below 50th
	CCW	89.5%	88.3%	86.6%	At 50th
	CHPW	83.7%	83.0%	85.9%	At 50th
	MHW	82.0%	78.4%	77.9%	Below 50th
	UHC	85.2%	81.3%	77.9%	Below 50th
	WLP	85.9%	84.2%	82.0%	At 50th
Childhood Immunization Status (CIS), MMR	Statewide†	82.0%	79.8%	77.0%	Below 50th
	CCW	87.4%	86.4%	83.5%	At 50th
	CHPW	84.2%	80.1%	84.9%	At 50th
	MHW	79.8%	77.9%	72.8%	Below 50th
	UHC	82.5%	77.4%	76.4%	Below 50th
	WLP	83.9%	83.5%	80.3%	Below 50th
Childhood Immunization Status (CIS), Hib	Statewide†	83.5%	79.6%	79.4%	Below 50th
	CCW	89.5%	88.1%	84.9%	At 50th
	CHPW	84.2%	80.8%	85.4%	At 50th
	MHW	82.2%	77.1%	76.6%	Below 50th
	UHC	83.9%	78.8%	76.4%	Below 50th
	WLP	81.8%	81.3%	81.3%	At 50th
Childhood Immunization Status (CIS), Hepatitis B	Statewide†	85.4%	83.1%	80.1%	Below 50th
	CCW	92.0%	90.3%	86.6%	At 50th
	CHPW	87.6%	83.9%	85.9%	At 50th
	MHW	83.0%	80.3%	76.2%	Below 50th
	UHC	86.9%	83.2%	79.6%	Below 50th
	WLP	86.6%	86.6%	84.7%	At 50th
Childhood Immunization Status (CIS), VZV	Statewide†	80.9%	79.5%	76.1%	Below 50th
	CCW	85.6%	85.9%	82.5%	At 50th
	CHPW	83.7%	79.8%	83.7%	At 50th
	MHW	78.8%	77.6%	71.8%	Below 50th
	UHC	81.5%	76.9%	75.4%	Below 50th
	WLP	82.2%	83.2%	80.3%	Below 50th
Childhood Immunization Status (CIS), Pneumococcal	Statewide†	69.0%	68.0%	63.7%	Below 50th
	CCW	75.9%	74.5%	72.0%	At 50th
	CHPW	68.1%	69.8%	68.4%	At 50th
	MHW	67.2%	66.2%	59.4%	Below 50th
	UHC	70.6%	67.2%	64.5%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	70.3%	68.4%	67.9%	At 50th
Childhood Immunization Status (CIS), Hepatitis A	Statewide†	78.1%	76.1%	74.8%	Below 50th
	CCW	83.2%	84.2%	81.0%	At 50th
	CHPW	81.0%	78.1%	80.3%	At 50th
	MHW	76.2%	72.8%	71.5%	Below 50th
	UHC	77.9%	75.7%	73.0%	Below 50th
	WLP	79.1%	81.0%	77.4%	Below 50th
Childhood Immunization Status (CIS), Rotavirus	Statewide†	68.3%	67.0%	63.0%	▼ Below 50th
	CCW	73.0%	75.7%	68.1%	At 50th
	CHPW	68.9%	69.8%	69.1%	At 50th
	MHW	66.4%	63.3%	59.9%	Below 50th
	UHC	69.3%	69.1%	62.3%	Below 50th
	WLP	70.8%	69.3%	65.5%	At 50th
Childhood Immunization Status (CIS), Influenza	Statewide†	50.0%	43.7%	39.6%	▼ Above 50th, Below 75th
	CCW	57.2%	49.9%	44.3%	At 75th
	CHPW	52.6%	43.3%	41.6%	At 50th
	MHW	47.7%	41.1%	38.9%	At 50th
	UHC	55.5%	42.3%	38.2%	At 50th
	WLP	45.7%	49.9%	36.0%	▼ At 50th
Childhood Immunization Status (CIS), Combo 3	Statewide†	62.2%	60.6%	56.4%	Below 50th
	CCW	67.6%	65.0%	65.7%	At 50th
	CHPW	63.8%	63.0%	58.9%	Below 50th
	MHW	60.3%	58.4%	52.3%	Below 50th
	UHC	63.3%	58.6%	57.4%	Below 50th
	WLP	63.0%	64.7%	60.6%	At 50th
Childhood Immunization Status (CIS), Combo 7	Statewide†	54.9%	54.8%	50.0%	▼ Below 50th
	CCW	57.4%	58.6%	57.4%	At 50th
	CHPW	57.2%	56.9%	52.1%	At 50th
	MHW	53.0%	52.6%	47.0%	Below 50th
	UHC	56.0%	54.5%	50.1%	Below 50th
	WLP	57.4%	58.6%	52.6%	At 50th
Childhood Immunization Status (CIS), Combo 10	Statewide†	38.8%	35.0%	30.3%	▼ Above 50th, Below 75th
	CCW	43.1%	40.4%	34.8%	At 75th
	CHPW	42.3%	35.5%	29.4%	At 50th
	MHW	37.0%	32.6%	29.4%	At 50th
	UHC	42.8%	33.6%	31.1%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	36.0%	40.6%	28.7% ▼	At 50th
Immunizations for Adolescents (IMA), Meningococcal	Statewide†	73.6%	71.0%	69.6%	Below 50th
	CCW	76.9%	74.7%	74.5%	Below 50th
	CHPW	79.1%	75.9%	71.8%	Below 50th
	MHW	71.8%	69.6%	68.9%	Below 50th
	UHC	73.5%	71.5%	66.7%	Below 50th
	WLP	70.8%	65.7%	67.2%	Below 50th
Immunizations for Adolescents (IMA), Tdap	Statewide†	84.7%	83.6%	83.4%	Below 50th
	CCW	85.9%	83.9%	87.8%	At 50th
	CHPW	88.6%	85.4%	84.4%	At 50th
	MHW	83.5%	83.2%	83.2%	At 50th
	UHC	85.6%	84.2%	79.1%	Below 50th
	WLP	82.7%	82.2%	81.0%	Below 50th
Immunizations for Adolescents (IMA), HPV	Statewide†	34.9%	33.1%	32.9%	Below 50th
	CCW	37.7%	39.2%	36.0%	At 50th
	CHPW	40.2%	39.4%	33.1%	At 50th
	MHW	33.8%	31.4%	33.8%	At 50th
	UHC	33.6%	30.4%	28.0%	Below 50th
	WLP	29.4%	27.5%	27.7%	Below 50th
Immunizations for Adolescents (IMA), Combo 1	Statewide†	73.0%	70.4%	69.3%	Below 50th
	CCW	76.2%	74.2%	73.7%	Below 50th
	CHPW	78.6%	74.9%	71.3%	Below 50th
	MHW	71.3%	69.1%	68.9%	Below 50th
	UHC	72.0%	71.1%	65.7%	Below 50th
	WLP	70.6%	65.2%	66.7%	Below 50th
Immunizations for Adolescents (IMA), Combo 2	Statewide†	32.5%	32.2%	31.9%	Below 50th
	CCW	34.3%	38.2%	35.0%	At 50th
	CHPW	39.4%	37.7%	32.6%	At 50th
	MHW	31.1%	30.7%	32.6%	At 50th
	UHC	30.9%	29.7%	27.3%	Below 50th
	WLP	28.2%	27.0%	27.0%	Below 50th
Lead Screening in Children (LSC)	Statewide†	34.5%	31.9%	30.5%	Below 50th
	CCW	31.1%	40.2%	36.0%	Below 50th
	CHPW	40.6%	39.2%	43.1%	Below 50th
	MHW	34.8%	29.2%	26.0%	Below 50th
	UHC	27.0%	25.8%	26.5%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
Cervical Cancer Screening (CCS)	WLP	36.3%	33.3%	33.8%	Below 50th
	Statewide†	54.1%	55.0%	51.5%	Below 50th
	CCW	53.5%	51.3%	53.8%	At 50th
	CHPW	55.8%	55.7%	50.1%	Below 50th
	MHW	56.7%	59.1%	53.8%	At 50th
	UHC	53.3%	49.9%	50.9%	Below 50th
	WLP	44.5%	47.0%	43.1%	Below 50th
Chlamydia Screening in Women (CHL), 16-20 Years	Statewide†	44.5%	44.1%	44.6%	Below 50th
	CCW	47.7%	47.4%	45.9%	Below 50th
	CHPW	43.4%	43.8%	43.8%	Below 50th
	MHW	44.5%	43.8%	44.8%	Below 50th
	UHC	43.1%	42.1%	42.4%	Below 50th
	WLP	43.0%	43.2%	44.5%	Below 50th
	Chlamydia Screening in Women (CHL), 21-24 Years	Statewide†	56.7%	57.1%	57.7%
CCW		58.3%	58.7%	58.4%	Below 50th
CHPW		54.9%	56.1%	57.0%	Below 50th
MHW		57.5%	57.9%	58.3%	Below 50th
UHC		54.7%	53.9%	56.3%	Below 50th
WLP		55.1%	55.4%	56.2%	Below 50th
Chlamydia Screening in Women (CHL), Total		Statewide†	50.3%	50.3%	50.7%
	CCW	52.3%	52.6%	51.5%	Below 50th
	CHPW	48.7%	49.7%	50.0%	Below 50th
	MHW	50.6%	50.5%	51.0%	Below 50th
	UHC	48.6%	47.7%	49.1%	Below 50th
	WLP	49.5%	49.6%	50.4%	Below 50th
	Appropriate Testing for Pharyngitis (CWP), 3-17 Years	Statewide†	79.3%	76.7% ▼	86.1% ▲
CCW		83.5%	83.1%	88.8%	▲ At 75th
CHPW		78.9%	75.6%	86.0%	▲ Above 50th, Below 75th
MHW		79.0%	76.3% ▼	85.8%	▲ Above 50th, Below 75th
UHC		79.2%	73.2%	84.8%	▲ At 50th
WLP		74.9%	73.1%	84.7%	▲ At 50th
Appropriate Testing for Pharyngitis (CWP), 18-64 Years		Statewide†	74.9%	74.6%	80.9%
	CCW	75.9%	79.4%	84.2%	▲ Above 75th
	CHPW	74.8%	73.1%	81.7%	▲ At 75th
	MHW	75.3%	74.1%	80.6%	▲ At 75th
	UHC	74.4%	73.6%	77.7%	Above 50th, Below 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	73.0%	74.5%	80.6%	▲ At 75th
Appropriate Testing for Pharyngitis (CWP), Total	Statewide†	76.7%	75.6%	84.1%	▲ Above 50th, Below 75th
	CCW	79.8%	81.3%	87.3%	▲ Above 75th
	CHPW	76.6%	74.3%	84.4%	▲ Above 50th, Below 75th
	MHW	76.9%	75.1%	83.9%	▲ Above 50th, Below 75th
	UHC	75.9%	73.5%	81.7%	▲ At 50th
	WLP	73.7%	73.9%	82.9%	▲ Above 50th, Below 75th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Statewide†	19.0%	17.8%	18.2%	Below 50th
	CCW	16.7%	17.1%	18.9%	At 50th
	CHPW	14.5%	18.3%	18.2%	Below 50th
	MHW	20.2%	18.5%	19.4%	Below 50th
	UHC	23.6%	16.9%	15.8%	Below 50th
	WLP	17.8%	17.0%	16.7%	Below 50th
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid	Statewide†	72.4%	75.0%	74.4%	Above 50th, Below 75th
	CCW	76.8%	78.3%	73.4%	At 50th
	CHPW	70.4%	67.5%	68.0%	At 50th
	MHW	75.0%	77.2%	75.4%	At 75th
	UHC	68.3%	73.9%	78.7%	At 75th
	WLP	69.8%	76.0%	74.5%	At 50th
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator	Statewide†	86.5%	86.3%	85.0%	Above 50th, Below 75th
	CCW	88.1%	85.5%	83.4%	At 50th
	CHPW	85.7%	84.2%	83.1%	At 50th
	MHW	87.1%	87.2%	84.2%	At 50th
	UHC	86.9%	86.7%	88.5%	At 75th
	WLP	84.6%	86.6%	86.3%	At 50th
Asthma Medication Ratio (AMR), 5-11 Years	Statewide†	80.3%	82.4%	75.2%	▼ At 50th
	CCW	83.9%	85.4%	81.3%	At 75th
	CHPW	68.6%	72.1%	70.2%	At 50th
	MHW	83.9%	85.9%	80.1%	▼ At 75th
	UHC	71.8%	68.7%	60.7%	Below 50th
	WLP	81.0%	94.2%	87.0%	▲ At 75th
Asthma Medication Ratio (AMR), 12-18 Years	Statewide†	69.2%	76.2%	69.2%	▼ At 50th
	CCW	74.1%	76.2%	70.9%	At 50th
	CHPW	61.5%	69.5%	63.5%	At 50th
	MHW	72.7%	81.5%	74.6%	▼ At 75th
	UHC	58.0%	61.3%	52.1%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	68.8%	75.2%	79.2%	At 75th
Asthma Medication Ratio (AMR), 19-50 Years	Statewide†	60.1%	69.4% ▲	67.2%	At 75th
	CCW	63.5%	68.4%	66.8%	At 50th
	CHPW	51.4%	62.7% ▲	67.2%	At 75th
	MHW	64.4%	75.6% ▲	72.4%	Above 75th
	UHC	54.0%	55.7%	52.9%	Below 50th
	WLP	59.8%	76.0% ▲	77.2%	Above 75th
Asthma Medication Ratio (AMR), 51-64 Years	Statewide†	63.1%	71.3% ▲	69.4%	At 75th
	CCW	66.7%	71.5%	76.7%	At 75th
	CHPW	58.5%	64.7%	71.1%	At 75th
	MHW	66.0%	77.9% ▲	75.7%	Above 75th
	UHC	59.0%	60.9%	56.9%	Below 50th
	WLP	63.1%	78.7% ▲	76.4%	At 75th
Asthma Medication Ratio (AMR), Total	Statewide†	64.7%	72.4% ▲	69.1% ▼	Above 50th, Below 75th
	CCW	69.7%	73.2%	71.9%	At 75th
	CHPW	56.6%	65.4% ▲	67.9%	At 50th
	MHW	68.9%	78.5% ▲	74.6% ▼	Above 75th
	UHC	57.4%	58.9%	54.9%	Below 50th
	WLP	63.5%	78.2% ▲	78.2%	Above 75th
Controlling High Blood Pressure (CBP)	Statewide†	64.6%	60.1% ▼	63.0% ▲	At 50th
	CCW	60.1%	54.5%	62.0%	At 50th
	CHPW	64.6%	60.6%	65.5%	At 50th
	MHW	65.5%	61.3%	60.8%	At 50th
	UHC	68.1%	63.0%	65.5%	At 50th
	WLP	61.3%	57.2%	65.5%	At 50th
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Statewide†	84.7%	83.0%	58.1% ▼	At 50th
	CCW	85.9%	74.1%	56.9%	At 50th
	CHPW	86.1%	79.4%	53.3% ▼	At 50th
	MHW	85.8%	86.7%	63.0% ▼	At 50th
	UHC	86.0%	81.4%	58.0% ▼	At 50th
	WLP	78.5%	82.8%	52.5% ▼	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 21-75 Years (Male)	Statewide†	84.6%	83.4%	83.5%	At 50th
	CCW	83.3%	81.6%	83.3%	At 50th
	CHPW	85.5%	87.3%	83.3%	At 50th
	MHW	84.9%	84.2%	84.4%	At 50th
	UHC	84.7%	83.3%	84.4%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	84.0%	80.3%	80.6%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 40-75 Years (Female)	Statewide†	79.8%	79.0%	79.9%	At 50th
	CCW	78.4%	82.9%	81.9%	At 50th
	CHPW	81.5%	81.5%	81.6%	At 50th
	MHW	79.6%	79.0%	79.6%	At 50th
	UHC	80.4%	78.5%	79.3%	At 50th
	WLP	79.6%	75.5%	78.8%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total	Statewide†	83.0%	81.9%	82.2%	At 50th
	CCW	81.7%	82.0%	82.9%	At 50th
	CHPW	84.2%	85.4%	82.7%	At 50th
	MHW	83.0%	82.2%	82.5%	At 50th
	UHC	83.4%	81.7%	82.8%	At 50th
	WLP	82.6%	78.9%	80.0%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 21-75 Years (Male)	Statewide†	68.8%	71.5%	71.2%	At 50th
	CCW	69.8%	70.1%	69.9%	At 50th
	CHPW	69.8%	72.8%	70.3%	At 50th
	MHW	68.1%	69.3%	71.4%	At 50th
	UHC	68.4%	74.1%	72.6%	At 50th
	WLP	69.2%	74.2%	71.0%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 40-75 Years (Female)	Statewide†	70.5%	72.4%	72.2%	At 50th
	CCW	74.6%	72.4%	71.7%	At 50th
	CHPW	70.3%	69.4%	71.0%	At 50th
	MHW	69.8%	74.2%	71.7%	At 50th
	UHC	80.5%	71.2%	71.7%	At 50th
	WLP	61.7%	69.8%	76.5%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total	Statewide†	69.3%	71.8%	71.6%	At 50th
	CCW	71.2%	70.8%	70.4%	At 50th
	CHPW	70.0%	71.8%	70.5%	At 50th
	MHW	68.7%	71.0%	71.5%	At 50th
	UHC	71.8%	73.3%	72.3%	At 50th
	WLP	67.0%	73.0%	72.6%	At 50th
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	Statewide†	66.1%	64.4% ▼	63.6%	Below 50th
	CCW	66.4%	65.5%	63.8%	At 50th
	CHPW	65.8%	65.5%	65.2%	At 50th
	MHW	65.9%	64.0% ▼	62.5%	Below 50th
	UHC	68.0%	66.0%	66.4%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	64.6%	62.3%	62.0%	Below 50th
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	Statewide†	68.0%	68.7%	69.4%	Above 50th, Below 75th
	CCW	70.5%	69.0%	70.8%	Above 50th, Below 75th
	CHPW	68.5%	68.9%	68.9%	At 50th
	MHW	66.8%	68.3%	69.4%	Above 50th, Below 75th
	UHC	71.1%	70.8%	70.9%	Above 50th, Below 75th
	WLP	65.3%	67.0%	67.1%	At 50th
Antidepressant Medication Management (AMM), Effective Acute Phase	Statewide†	61.2%	63.5% ▲	64.8% ▲	Above 50th, Below 75th
	CCW	59.5%	62.2%	63.0%	At 50th
	CHPW	56.5%	59.0%	59.6%	Below 50th
	MHW	62.1%	64.2% ▲	65.6%	Above 50th, Below 75th
	UHC	63.8%	66.3%	68.4%	At 75th
	WLP	60.6%	62.9%	64.6%	Above 50th, Below 75th
Antidepressant Medication Management (AMM), Continuation Phase	Statewide†	44.0%	45.4% ▲	46.8% ▲	Above 50th, Below 75th
	CCW	42.1%	43.5%	46.3%	Above 50th, Below 75th
	CHPW	39.8%	42.2%	44.8%	At 50th
	MHW	44.4%	46.4% ▲	46.7%	Above 50th, Below 75th
	UHC	48.4%	47.7%	50.1%	At 75th
	WLP	43.4%	43.6%	45.8%	At 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	Statewide†	42.9%	44.9%	44.4%	Below 50th
	CCW	43.9%	43.9%	42.5%	Below 50th
	CHPW	43.2%	42.7%	42.9%	At 50th
	MHW	42.8%	46.2%	45.8%	At 50th
	UHC	44.5%	42.4%	45.2%	At 50th
	WLP	39.6%	43.7%	41.4%	Below 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Continuation	Statewide†	54.8%	53.1%	50.9%	Below 50th
	CCW	53.3%	50.1%	47.4%	Below 50th
	CHPW	54.0%	52.4%	49.7%	At 50th
	MHW	55.2%	55.7%	52.4%	At 50th
	UHC	61.4%	49.7%	52.8%	At 50th
	WLP	49.6%	49.4%	49.8%	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 6-17 Years	Statewide†	71.9%	74.4%	76.0%	Above 50th, Below 75th
	CCW	65.8%	69.3%	71.9%	At 50th
	CHPW	66.9%	82.5% ▲	84.2%	Above 75th
	MHW	79.3%	75.9%	77.9%	At 75th
	UHC	59.8%	69.6%	69.5%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	65.0%	71.9%	70.7%	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 18-64 Years	Statewide†	49.8%	53.9% ▲	54.3%	At 50th
	CCW	28.5%	48.4% ▲	49.5%	Below 50th
	CHPW	54.1%	72.6% ▲	65.8% ▼	At 75th
	MHW	60.4%	55.8% ▼	58.8%	Above 50th, Below 75th
	UHC	41.2%	51.3% ▲	48.8%	Below 50th
	WLP	41.2%	36.8%	39.6%	Below 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total	Statewide†	54.5%	58.5% ▲	58.7%	Below 50th
	CCW	40.8%	55.0% ▲	56.5%	Below 50th
	CHPW	56.4%	74.1% ▲	68.7% ▼	At 75th
	MHW	64.9%	61.1% ▼	63.2%	Above 50th, Below 75th
	UHC	43.6%	54.1% ▲	51.5%	Below 50th
	WLP	44.6%	42.0%	43.7%	Below 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, 6-17 Years	Statewide†	50.1%	52.9%	51.0%	Above 50th, Below 75th
	CCW	45.7%	45.3%	47.4%	At 50th
	CHPW	43.9%	69.7% ▲	63.9%	Above 75th
	MHW	56.1%	53.3%	51.5%	Above 50th, Below 75th
	UHC	47.1%	45.1%	44.7%	At 50th
	WLP	41.0%	53.5%	46.3%	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, 18-64 Years	Statewide†	32.1%	35.6% ▲	35.3%	Above 50th, Below 75th
	CCW	18.3%	29.6% ▲	31.3%	At 50th
	CHPW	34.7%	58.0% ▲	52.0% ▼	Above 75th
	MHW	39.3%	34.3% ▼	36.3%	Above 50th, Below 75th
	UHC	26.7%	32.4% ▲	29.8%	At 50th
	WLP	25.8%	23.4%	24.1%	Below 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total	Statewide†	35.9%	39.4% ▲	38.5%	Above 50th, Below 75th
	CCW	27.3%	34.5% ▲	36.3%	At 50th
	CHPW	36.3%	59.9% ▲	53.9% ▼	Above 75th
	MHW	43.3%	39.3% ▼	39.8%	Above 50th, Below 75th
	UHC	29.3%	34.3% ▲	31.8%	Below 50th
	WLP	28.0%	27.9%	27.0%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, 6-17 Years	Statewide†	73.0%	74.1%	75.5%	Above 50th, Below 75th
	CCW	70.8%	77.1%	73.7%	At 75th
	CHPW	67.8%	72.1%	69.7%	At 50th
	MHW	77.5%	75.9%	78.7%	At 75th
	UHC	67.8%	72.4%	75.1%	At 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	63.2%	59.9%	68.1%	At 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, 18-64 Years	Statewide†	54.9%	53.4%	56.4%	▲ At 75th
	CCW	38.7%	47.0%	48.0%	▲ At 50th
	CHPW	60.8%	54.7%	61.7%	▲ Above 75th
	MHW	61.8%	60.3%	62.7%	Above 75th
	UHC	53.8%	52.7%	53.0%	Above 50th, Below 75th
	WLP	42.3%	38.9%	41.5%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, Total	Statewide†	58.9%	58.1%	60.8%	▲ Above 50th, Below 75th
	CCW	50.0%	57.2%	56.4%	▲ At 50th
	CHPW	62.0%	57.7%	63.0%	▲ At 75th
	MHW	65.7%	64.4%	66.9%	Above 75th
	UHC	55.6%	55.7%	57.0%	Above 50th, Below 75th
	WLP	45.2%	41.7%	45.1%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, 6-17 Years	Statewide†	58.4%	58.0%	58.0%	Above 50th, Below 75th
	CCW	52.5%	57.8%	51.1%	At 50th
	CHPW	49.8%	54.3%	54.8%	At 50th
	MHW	64.9%	61.9%	61.9%	At 75th
	UHC	53.7%	59.2%	63.5%	At 75th
	WLP	48.8%	38.4%	47.2%	At 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, 18-64 Years	Statewide†	42.0%	41.0%	42.9%	Above 50th, Below 75th
	CCW	26.5%	33.3%	34.5%	▲ At 50th
	CHPW	47.6%	42.9%	49.6%	▲ Above 75th
	MHW	48.4%	47.7%	48.7%	Above 75th
	UHC	41.0%	40.3%	39.1%	Above 50th, Below 75th
	WLP	30.5%	26.9%	28.2%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, Total	Statewide†	45.6%	44.8%	46.3%	Above 50th, Below 75th
	CCW	35.7%	41.6%	40.0%	▲ At 50th
	CHPW	47.9%	44.8%	50.5%	▲ At 75th
	MHW	52.5%	51.4%	52.1%	Above 75th
	UHC	42.6%	43.2%	43.5%	Above 50th, Below 75th
	WLP	33.0%	28.3%	30.7%	Below 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, 13-17 Years	Statewide†	37.0%	33.3%	44.9%	At 75th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	At 50th
	UHC	***	***	***	At 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	***	***	***	At 75th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, 18-64 Years	Statewide†	57.4%	56.6%	58.6%	▲ Above 50th, Below 75th
	CCW	54.8%	56.8%	56.2%	At 50th
	CHPW	60.9%	57.8%	55.8%	At 50th
	MHW	58.5%	56.6%	62.4%	▲ Above 50th, Below 75th
	UHC	56.4%	59.2%	56.6%	Above 50th, Below 75th
	WLP	55.3%	53.4%	54.8%	At 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, Total	Statewide†	57.3%	56.4%	58.5%	▲ Above 50th, Below 75th
	CCW	54.7%	56.7%	56.1%	Above 50th, Below 75th
	CHPW	60.7%	57.9%	55.8%	At 50th
	MHW	58.3%	56.4%	62.3%	▲ Above 50th, Below 75th
	UHC	56.4%	59.2%	56.6%	Above 50th, Below 75th
	WLP	55.2%	53.3%	54.8%	At 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, 13-17 Years	Statewide†	25.9%	16.7%	24.5%	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 75th
	MHW	***	***	***	At 50th
	UHC	***	***	***	At 50th
	WLP	***	***	***	At 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, 18-64 Years	Statewide†	37.2%	37.5%	40.1%	▲ Above 50th, Below 75th
	CCW	35.4%	38.5%	37.8%	Above 50th, Below 75th
	CHPW	40.7%	40.7%	39.1%	Above 50th, Below 75th
	MHW	38.0%	37.5%	43.4%	▲ At 75th
	UHC	36.4%	39.7%	38.0%	Above 50th, Below 75th
	WLP	35.2%	33.5%	36.2%	Above 50th, Below 75th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, Total	Statewide†	37.2%	37.4%	40.0%	▲ Above 50th, Below 75th
	CCW	35.4%	38.4%	37.6%	Above 50th, Below 75th
	CHPW	40.7%	40.7%	39.2%	At 75th
	MHW	38.0%	37.3%	43.3%	▲ Above 75th
	UHC	36.4%	39.7%	38.0%	Above 50th, Below 75th
	WLP	35.1%	33.5%	36.1%	Above 50th, Below 75th
Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years	Statewide†	12.8%	14.6%	12.9%	▼ Below 50th
	CCW	11.6%	17.7%	11.3%	▼ Below 50th
	CHPW	11.1%	10.7%	11.9%	Below 50th
	MHW	13.0%	13.9%	12.4%	▼ Below 50th
	UHC	14.0%	16.8%	14.7%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	13.3%	15.1%	15.2%	Below 50th
Pharmacotherapy for Opioid Use Disorder (POD), Total	Statewide†	12.8%	14.6% ▲	12.9% ▼	Below 50th
	CCW	11.7%	17.9% ▲	11.2% ▼	Below 50th
	CHPW	11.2%	10.6%	11.9%	Below 50th
	MHW	13.0%	14.0%	12.4% ▼	Below 50th
	UHC	14.0%	16.9% ▲	14.7%	Below 50th
	WLP	13.3%	15.1%	15.2%	Below 50th
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	Statewide†	79.0%	78.7%	80.9% ▲	At 50th
	CCW	80.5%	79.7%	80.5%	At 50th
	CHPW	76.4%	76.8%	79.5%	Below 50th
	MHW	79.5%	78.8%	81.0% ▲	At 50th
	UHC	78.3%	79.4%	81.8%	At 50th
	WLP	79.5%	78.6%	81.6%	At 50th
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Statewide†	61.9%	60.3%	62.2%	Below 50th
	CCW	65.2%	57.0%	59.5%	Below 50th
	CHPW	58.8%	59.1%	60.0%	Below 50th
	MHW	63.4%	61.8%	63.9%	Below 50th
	UHC	61.0%	58.8%	60.9%	Below 50th
	WLP	59.8%	61.4%	63.1%	Below 50th
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	Statewide†	49.0%	55.4%	56.8%	Below 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	Below 50th
	MHW	43.6%	58.8%	58.9%	Below 50th
	UHC	***	***	***	Below 50th
	WLP	***	***	***	Below 50th
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Statewide†	63.9%	63.9%	65.8%	Above 50th, Below 75th
	CCW	64.1%	64.5%	62.8%	At 50th
	CHPW	64.5%	60.4%	62.5%	At 50th
	MHW	64.1%	65.1%	68.0%	At 75th
	UHC	65.0%	66.9%	67.6%	At 75th
	WLP	61.5%	60.7%	62.9%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Testing, 1-11 Years	Statewide†	38.1%	39.8%	37.9%	Below 50th
	CCW	39.5%	38.9%	41.0%	At 50th
	CHPW	31.4%	44.0%	26.3%	Below 50th
	MHW	39.2%	40.2%	38.0%	Below 50th
	UHC	36.1%	37.3%	42.9%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	33.7%	38.9%	35.6%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Testing, 12-17 Years	Statewide†	58.7%	58.4%	58.8%	Below 50th
	CCW	60.8%	54.5%	58.4%	At 50th
	CHPW	54.9%	57.6%	57.8%	At 50th
	MHW	59.0%	59.8%	58.8%	Below 50th
	UHC	53.7%	61.8%	59.6%	At 50th
	WLP	60.0%	57.9%	60.7%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Testing, Total	Statewide†	52.7%	53.2%	52.8%	Below 50th
	CCW	53.8%	49.3%	53.0%	Below 50th
	CHPW	49.5%	54.8%	50.0%	Below 50th
	MHW	53.1%	54.5%	53.0%	Below 50th
	UHC	49.4%	54.7%	54.9%	At 50th
	WLP	52.3%	52.5%	53.3%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Testing, 1-11 Years	Statewide†	27.6%	27.3%	28.5%	At 50th
	CCW	30.4%	27.8%	35.9%	At 50th
	CHPW	22.9%	26.7%	15.8%	Below 50th
	MHW	27.9%	28.0%	28.4%	At 50th
	UHC	24.6%	24.0%	31.8%	At 50th
	WLP	22.5%	24.4%	17.3%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Testing, 12-17 Years	Statewide†	32.6%	29.5%	30.4%	Below 50th
	CCW	37.4%	31.7%	33.3%	Below 50th
	CHPW	28.3%	24.2%	24.6%	Below 50th
	MHW	31.4%	30.1%	30.4%	Below 50th
	UHC	26.6%	26.8%	27.3%	Below 50th
	WLP	36.3%	29.0%	31.6%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Testing, Total	Statewide†	31.1%	28.9%	29.8%	Below 50th
	CCW	35.1%	30.4%	34.1%	Below 50th
	CHPW	27.1%	24.7%	22.4%	Below 50th
	MHW	30.4%	29.6%	29.8%	Below 50th
	UHC	26.1%	26.0%	28.6%	Below 50th
	WLP	32.2%	27.7%	27.4%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Testing, 1-11 Years	Statewide†	26.2%	25.8%	26.9%	At 50th
	CCW	28.7%	26.5%	33.9%	At 50th
	CHPW	22.9%	25.3%	13.7%	Below 50th
	MHW	26.3%	26.3%	26.9%	At 50th
	UHC	24.6%	22.7%	30.2%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	21.4%	23.3%	17.3%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Testing, 12-17 Years	Statewide†	31.0%	28.6%	29.5%	Below 50th
	CCW	36.4%	30.2%	32.7%	Below 50th
	CHPW	24.9%	23.9%	22.8%	Below 50th
	MHW	29.7%	29.3%	29.4%	Below 50th
	UHC	26.6%	25.7%	26.1%	Below 50th
	WLP	34.9%	28.1%	31.2%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Testing, Total	Statewide†	29.6%	27.8%	28.7%	Below 50th
	CCW	33.9%	28.9%	33.1%	Below 50th
	CHPW	24.4%	24.2%	20.6%	Below 50th
	MHW	28.7%	28.5%	28.7%	Below 50th
	UHC	26.1%	24.8%	27.2%	Below 50th
	WLP	30.9%	26.7%	27.1%	Below 50th
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) (Note that a lower score is better for this measure)	Statewide†	0.3%	0.2%	0.1%	▲ At 75th
	CCW	0.2%	0.2%	0.1%	Above 75th
	CHPW	0.2%	0.2%	0.2%	At 75th
	MHW	0.3%	0.2%	0.2%	At 75th
	UHC	0.2%	0.2%	0.1%	At 75th
	WLP	0.1%	0.1%	0.1%	At 75th
Appropriate Treatment for Upper Respiratory Infection (URI), 3 Months-17 Years	Statewide†	97.1%	96.7%	95.5%	▼ Above 75th
	CCW	96.7%	96.7%	95.7%	▼ Above 75th
	CHPW	97.1%	97.0%	96.1%	▼ Above 75th
	MHW	97.2%	96.8%	95.6%	▼ Above 75th
	UHC	97.3%	96.6%	94.6%	▼ At 75th
	WLP	97.0%	96.3%	95.3%	▼ Above 75th
Appropriate Treatment for Upper Respiratory Infection (URI), 18-64 Years	Statewide†	93.8%	93.3%	91.2%	▼ Above 75th
	CCW	95.0%	94.1%	91.9%	▼ Above 75th
	CHPW	93.5%	94.3%	92.0%	▼ Above 75th
	MHW	93.6%	93.1%	91.0%	▼ Above 75th
	UHC	93.9%	92.5%	89.7%	▼ Above 75th
	WLP	94.1%	93.2%	91.8%	Above 75th
Appropriate Treatment for Upper Respiratory Infection (URI), Total	Statewide†	96.0%	95.8%	94.5%	▼ Above 75th
	CCW	96.3%	96.1%	94.9%	▼ Above 75th
	CHPW	95.8%	96.3%	95.1%	▼ Above 75th
	MHW	96.0%	95.9%	94.5%	▼ Above 75th
	UHC	95.8%	95.4%	93.3%	▼ Above 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	95.8%	95.3%	94.3%	▼ Above 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), 3 Months-17 Years	Statewide†	77.4%	82.4%	▲ 80.4%	▼ Above 50th, Below 75th
	CCW	82.4%	88.3%	▲ 85.1%	▼ Above 75th
	CHPW	76.6%	86.3%	▲ 85.4%	Above 75th
	MHW	75.1%	80.0%	▲ 77.3%	▼ Above 50th, Below 75th
	UHC	79.3%	81.9%	82.1%	At 75th
	WLP	80.9%	82.6%	82.7%	At 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), 18-64 Years	Statewide†	57.6%	57.7%	55.4%	Above 75th
	CCW	65.4%	60.4%	58.0%	Above 75th
	CHPW	53.6%	58.7%	59.5%	Above 75th
	MHW	57.5%	56.6%	52.9%	▼ Above 75th
	UHC	57.6%	56.4%	57.3%	Above 75th
	WLP	56.2%	60.4%	57.7%	Above 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total	Statewide†	66.1%	74.8%	▲ 72.9%	▼ Above 75th
	CCW	74.8%	81.6%	▲ 78.0%	▼ Above 75th
	CHPW	63.7%	77.4%	▲ 77.8%	Above 75th
	MHW	65.1%	73.0%	▲ 70.2%	▼ Above 75th
	UHC	65.7%	71.8%	73.2%	Above 75th
	WLP	64.3%	75.1%	▲ 74.4%	Above 75th
Use of Opioids at High Dosage (HDO) (Note that a lower score is better for this measure)	Statewide†	5.4%	5.1%	4.9%	Below 50th
	CCW	5.7%	4.9%	4.6%	At 50th
	CHPW	5.1%	4.7%	3.9%	At 50th
	MHW	4.9%	4.5%	4.4%	Below 50th
	UHC	7.4%	8.0%	7.9%	Below 50th
	WLP	5.3%	4.6%	4.1%	At 50th
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers (Note that a lower score is better for this measure)	Statewide†	22.2%	21.6%	22.5%	Below 50th
	CCW	20.3%	18.0%	20.6%	Below 50th
	CHPW	19.3%	20.7%	23.1%	Below 50th
	MHW	23.4%	22.9%	23.5%	Below 50th
	UHC	23.3%	22.3%	21.3%	Below 50th
	WLP	20.3%	19.6%	20.7%	Below 50th
Use of Opioids from Multiple Providers (UOP), Multiple Pharmacies (Note that a lower score is better for this measure)	Statewide†	3.5%	2.6%	▲ 3.7%	▼ Below 50th
	CCW	3.3%	2.0%	▲ 3.7%	▼ At 50th
	CHPW	4.5%	2.4%	▲ 3.1%	At 50th
	MHW	3.5%	3.0%	3.6%	Below 50th
	UHC	3.7%	2.8%	4.9%	▼ Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	2.4%	1.8%	2.8%	▼ At 50th
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies (Note that a lower score is better for this measure)	Statewide†	2.4%	1.9%	▲ 2.2%	▼ Below 50th
	CCW	2.1%	1.1%	▲ 2.3%	▼ At 50th
	CHPW	2.9%	1.8%	2.2%	At 50th
	MHW	2.5%	2.2%	2.2%	Below 50th
	UHC	2.6%	1.8%	2.7%	▼ Below 50th
	WLP	1.6%	1.1%	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†	5.6%	5.6%	5.3%	▲ Above 50th, Below 75th
	CCW	5.3%	6.2%	5.4%	At 50th
	CHPW	5.9%	5.3%	5.3%	Above 50th, Below 75th
	MHW	5.2%	5.3%	4.9%	Above 50th, Below 75th
	UHC	6.2%	6.4%	6.0%	At 50th
	WLP	6.6%	6.0%	5.7%	At 50th
Risk of Continued Opioid Use (COU), At least 15 days, Total (Note that a lower score is better for this measure)	Statewide†	5.6%	5.6%	5.3%	▲ Above 50th, Below 75th
	CCW	5.3%	6.2%	5.4%	Above 50th, Below 75th
	CHPW	6.0%	5.3%	5.3%	Above 50th, Below 75th
	MHW	5.2%	5.3%	4.9%	Above 50th, Below 75th
	UHC	6.1%	6.4%	6.0%	At 50th
	WLP	6.6%	6.0%	5.7%	At 50th
Risk of Continued Opioid Use (COU), At least 31 days, 18-64 Years (Note that a lower score is better for this measure)	Statewide†	2.2%	2.2%	2.2%	At 75th
	CCW	2.0%	2.1%	2.1%	At 75th
	CHPW	2.3%	2.2%	1.9%	Above 75th
	MHW	2.0%	2.0%	2.1%	Above 75th
	UHC	2.7%	2.8%	2.6%	Above 50th, Below 75th
	WLP	2.7%	2.7%	2.4%	At 75th
Risk of Continued Opioid Use (COU), At least 31 days, Total (Note that a lower score is better for this measure)	Statewide†	2.2%	2.2%	2.2%	Above 75th
	CCW	2.0%	2.1%	2.1%	At 75th
	CHPW	2.3%	2.2%	1.9%	Above 75th
	MHW	2.0%	2.0%	2.1%	Above 75th
	UHC	2.7%	2.8%	2.6%	Above 50th, Below 75th
	WLP	2.7%	2.7%	2.4%	At 75th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 Years	Statewide†	69.5%	65.5%	▼ 68.0%	▲ Below 50th
	CCW	67.0%	63.5%	▼ 66.3%	▲ Below 50th
	CHPW	68.7%	61.5%	▼ 65.9%	▲ Below 50th
	MHW	72.6%	69.2%	▼ 71.0%	▲ Below 50th
	UHC	66.1%	63.8%	▼ 66.0%	▲ Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	64.3%	60.4% ▼	62.6% ▲	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 Years	Statewide†	76.8%	74.6% ▼	75.9% ▲	Below 50th
	CCW	75.4%	73.3% ▼	74.4% ▲	Below 50th
	CHPW	77.1%	73.1% ▼	76.1% ▲	Below 50th
	MHW	79.3%	77.3% ▼	78.2% ▲	Below 50th
	UHC	75.1%	74.3%	75.1%	Below 50th
	WLP	72.6%	69.9% ▼	70.7%	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 65+ Years	Statewide†	75.5%	69.4% ▼	82.3% ▲	Above 50th, Below 75th
	CCW	72.7%	70.1%	80.5% ▲	At 50th
	CHPW	77.4%	70.8% ▼	81.0% ▲	At 50th
	MHW	78.1%	71.6% ▼	86.8% ▲	Above 50th, Below 75th
	UHC	76.8%	67.6% ▼	82.1% ▲	At 50th
	WLP	69.9%	65.4%	80.0% ▲	At 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), Total	Statewide†	71.9%	68.4% ▼	70.7% ▲	Below 50th
	CCW	69.7%	66.5% ▼	69.0% ▲	Below 50th
	CHPW	71.5%	65.3% ▼	69.5% ▲	Below 50th
	MHW	74.6%	71.6% ▼	73.3% ▲	Below 50th
	UHC	69.6%	67.8% ▼	69.7% ▲	Below 50th
	WLP	67.2%	63.6% ▼	65.6% ▲	Below 50th
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	Statewide†	87.5%	86.7%	85.2%	Below 50th
	CCW	80.3%	77.4%	82.5%	At 50th
	CHPW	89.8%	86.4%	86.6%	At 50th
	MHW	88.8%	90.3%	88.6%	At 75th
	UHC	90.0%	81.0% ▼	79.8%	Below 50th
	WLP	83.5%	83.9%	74.9% ▼	Below 50th
Prenatal and Postpartum Care (PPC), Postpartum Care	Statewide†	79.3%	79.6%	81.8%	At 50th
	CCW	74.9%	71.1%	80.8% ▲	At 50th
	CHPW	86.1%	83.2%	83.0%	At 50th
	MHW	79.1%	82.0%	84.7%	At 75th
	UHC	80.1%	74.9%	74.9%	Below 50th
	WLP	76.4%	76.4%	74.2%	Below 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 1-11 Years	Statewide†	56.6%	57.9%	61.7%	At 50th
	CCW	56.1%	75.0%	67.0%	At 75th
	CHPW	***	***	41.3%	Below 50th
	MHW	56.6%	55.9%	65.2%	At 75th
	UHC	***	***	***	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	***	54.8%	46.7%	At 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 12-17 Years	Statewide†	65.2%	58.8% ▼	60.4%	At 50th
	CCW	65.9%	57.1%	60.2%	At 50th
	CHPW	69.7%	60.0%	57.7%	At 50th
	MHW	66.0%	60.1%	62.3%	At 50th
	UHC	64.8%	60.3%	50.0%	At 50th
	WLP	55.0%	51.8%	61.2%	At 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total	Statewide†	62.8%	58.6%	60.8%	At 50th
	CCW	62.2%	61.8%	62.4%	At 50th
	CHPW	65.6%	55.2%	52.7%	At 50th
	MHW	63.6%	59.0%	63.2%	At 50th
	UHC	61.6%	56.9%	54.4%	At 50th
	WLP	58.7%	52.6%	57.9%	At 50th
Plan All-Cause Readmissions (PCR), Observed Rate, 18-44 Years (Note that a lower score is better for this measure)	Statewide†	8.1%	8.1%	8.4%	No Benchmark
	CCW	9.9%	9.2%	9.9%	No Benchmark
	CHPW	7.8%	9.2%	8.4%	No Benchmark
	MHW	7.5%	7.3%	8.0%	No Benchmark
	UHC	9.6%	8.3%	8.1%	No Benchmark
	WLP	8.5%	8.7%	8.8%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, 45-54 Years (Note that a lower score is better for this measure)	Statewide†	9.2%	8.7%	9.1%	No Benchmark
	CCW	9.0%	9.9%	9.7%	No Benchmark
	CHPW	11.3%	9.5%	9.5%	No Benchmark
	MHW	8.2%	8.3%	9.2%	No Benchmark
	UHC	10.3%	7.9%	8.4%	No Benchmark
	WLP	9.4%	9.0%	8.8%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, 55-64 Years (Note that a lower score is better for this measure)	Statewide†	9.4%	9.9%	9.8%	No Benchmark
	CCW	10.4%	12.8%	11.9%	No Benchmark
	CHPW	9.9%	9.2%	9.6%	No Benchmark
	MHW	8.9%	9.5%	9.7%	No Benchmark
	UHC	8.5%	9.0%	10.0%	No Benchmark
	WLP	10.8%	10.5%	9.0%	No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, Total (Note that a lower score is better for this measure)	Statewide†	8.7%	8.7%	8.9%	No Benchmark
	CCW	9.9%	10.4%	10.4%	No Benchmark
	CHPW	9.2%	9.3%	9.0%	No Benchmark
	MHW	8.0%	8.1%	8.7%	No Benchmark
	UHC	9.4%	8.4%	8.7%	No Benchmark

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	9.4%	9.3%	8.9%	No Benchmark
Cardiac Rehabilitation (CDE), Initiation, 18-64 Years	Statewide†	4.4%	4.9%	3.4%	At 50th
	CCW	4.3%	3.7%	3.6%	At 50th
	CHPW	2.9%	3.6%	3.7%	At 50th
	MHW	5.9%	5.9%	2.4%	▼ At 50th
	UHC	3.2%	6.2%	4.1%	At 50th
	WLP	2.7%	3.0%	4.7%	At 75th
Cardiac Rehabilitation (CDE), Initiation, 65+ Years	Statewide†	***	***	3.2%	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	Above 75th
	UHC	***	***	***	At 50th
	WLP	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Initiation, Total	Statewide†	4.3%	4.9%	3.4%	At 50th
	CCW	4.3%	3.6%	3.5%	At 50th
	CHPW	2.9%	3.6%	3.6%	At 50th
	MHW	5.9%	5.9%	2.5%	▼ At 50th
	UHC	3.2%	6.2%	4.0%	At 50th
	WLP	2.7%	3.0%	4.6%	At 50th
Cardiac Rehabilitation (CDE), Engagement1, 18-64 Years	Statewide†	4.9%	5.8%	3.0%	▼ Below 50th
	CCW	4.7%	5.1%	4.4%	At 50th
	CHPW	3.9%	7.7%	7.1%	At 75th
	MHW	5.8%	5.5%	0.1%	▼ Below 50th
	UHC	4.3%	7.1%	5.3%	At 50th
	WLP	3.9%	4.4%	3.6%	At 50th
Cardiac Rehabilitation (CDE), Engagement1, 65+ Years	Statewide†	***	***	3.2%	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	At 50th
	UHC	***	***	***	At 50th
	WLP	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Engagement1, Total	Statewide†	4.9%	5.8%	3.0%	▼ Below 50th
	CCW	4.6%	5.0%	4.3%	At 50th
	CHPW	4.2%	7.5%	6.9%	At 75th
	MHW	5.8%	5.6%	0.1%	▼ Below 50th
	UHC	4.3%	7.1%	5.5%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	3.8%	4.3%	3.5%	At 50th
Cardiac Rehabilitation (CDE), Engagement2, 18-64 Years	Statewide†	3.4%	4.0%	2.3%	▼ Below 50th
	CCW	4.3%	2.8%	4.0%	At 50th
	CHPW	3.9%	5.3%	5.4%	At 50th
	MHW	3.7%	4.6%	0.1%	▼ Below 50th
	UHC	3.0%	4.0%	4.7%	At 50th
	WLP	2.3%	2.5%	1.9%	At 50th
Cardiac Rehabilitation (CDE), Engagement2, 65+ Years	Statewide†	***	***	0.0%	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	At 50th
	UHC	***	***	***	At 50th
	WLP	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Engagement2, Total	Statewide†	3.4%	4.0%	2.3%	▼ Below 50th
	CCW	4.3%	2.7%	3.9%	At 50th
	CHPW	4.2%	5.2%	5.3%	At 50th
	MHW	3.7%	4.7%	0.1%	▼ Below 50th
	UHC	2.9%	4.0%	4.6%	At 50th
	WLP	2.3%	2.4%	1.9%	At 50th
Cardiac Rehabilitation (CDE), Achievement, 18-64 Years	Statewide†	0.6%	1.0%	0.3%	▼ Below 50th
	CCW	1.4%	0.0%	0.4%	At 50th
	CHPW	0.3%	0.0%	1.3%	At 50th
	MHW	0.4%	1.4%	0.0%	▼ Below 50th
	UHC	0.9%	1.9%	0.3%	At 50th
	WLP	0.5%	0.3%	0.0%	Below 50th
Cardiac Rehabilitation (CDE), Achievement, 65+ Years	Statewide†	***	***	0.0%	At 50th
	CCW	***	***	***	At 50th
	CHPW	***	***	***	At 50th
	MHW	***	***	***	At 50th
	UHC	***	***	***	At 50th
	WLP	***	***	***	At 50th
Cardiac Rehabilitation (CDE), Achievement, Total	Statewide†	0.6%	1.0%	0.3%	▼ Below 50th
	CCW	1.4%	0.0%	0.4%	At 50th
	CHPW	0.6%	0.0%	1.3%	At 50th
	MHW	0.4%	1.5%	0.0%	▼ Below 50th
	UHC	0.9%	1.9%	0.3%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	0.5%	0.3%	0.0%	Below 50th
Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years	Statewide†	43.5%	41.4% ▼	42.5% ▲	Above 50th, Below 75th
	CCW	44.7%	40.9% ▼	40.9%	Above 50th, Below 75th
	CHPW	45.7%	40.4% ▼	40.8%	Above 50th, Below 75th
	MHW	43.2%	41.4% ▼	41.9%	Above 50th, Below 75th
	UHC	42.6%	45.0% ▲	46.4%	Above 75th
	WLP	42.1%	39.2% ▼	43.8% ▲	At 75th
Kidney Health Evaluation for Patients with Diabetes (KED), 65-74 Years	Statewide†	48.9%	44.3%	49.3%	At 75th
	CCW	50.0%	38.0%	47.5%	At 50th
	CHPW	50.0%	44.4%	53.6%	At 75th
	MHW	45.9%	45.2%	47.6%	At 50th
	UHC	53.3%	52.0%	46.5%	At 50th
	WLP	48.9%	40.7%	52.5%	At 75th
Kidney Health Evaluation for Patients with Diabetes (KED), 75-85 Years	Statewide†	41.5%	44.1%	50.2%	At 50th
	CCW	***	45.2%	47.9%	At 50th
	CHPW	***	44.4%	40.4%	At 50th
	MHW	***	***	52.8%	At 50th
	UHC	***	***	60.0%	At 50th
	WLP	***	35.5%	56.3%	At 50th
Kidney Health Evaluation for Patients with Diabetes (KED), Total	Statewide†	43.5%	41.5% ▼	42.6% ▲	Above 50th, Below 75th
	CCW	44.8%	40.9% ▼	41.1%	Above 50th, Below 75th
	CHPW	45.7%	40.5% ▼	41.0%	Above 50th, Below 75th
	MHW	43.2%	41.5% ▼	42.0%	Above 50th, Below 75th
	UHC	42.7%	45.2% ▲	46.5%	Above 75th
	WLP	42.2%	39.2% ▼	44.1% ▲	At 75th
Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months	Statewide†	54.1%	56.3% ▲	58.0% ▲	Below 50th
	CCW	52.0%	52.9%	57.0%	▲ Below 50th
	CHPW	61.0%	58.5%	59.2%	At 50th
	MHW	55.0%	57.8% ▲	58.5%	Below 50th
	UHC	47.5%	53.8% ▲	58.5% ▲	▲ Below 50th
	WLP	51.1%	52.8%	54.9%	Below 50th
Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months	Statewide†	64.3%	64.8%	65.2%	Below 50th
	CCW	65.8%	65.9%	67.2%	Below 50th
	CHPW	65.2%	63.3%	64.7%	Below 50th
	MHW	64.4%	65.4%	65.6%	Below 50th
	UHC	64.0%	63.7%	64.1%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	61.5%	63.3%	63.1%	Below 50th
Child and Adolescent Well-Care Visits (WCV), 3-11 Years	Statewide†	53.4%	53.8% ▲	57.2% ▲	Below 50th
	CCW	56.1%	54.9% ▼	56.6% ▲	Below 50th
	CHPW	53.4%	51.9% ▼	55.5% ▲	Below 50th
	MHW	54.2%	55.4% ▲	59.2% ▲	Below 50th
	UHC	49.2%	49.2%	53.7% ▲	Below 50th
	WLP	50.2%	51.1%	53.5% ▲	Below 50th
	Child and Adolescent Well-Care Visits (WCV), 12-17 Years	Statewide†	47.8%	44.6% ▼	48.1% ▲
CCW		47.9%	44.6% ▼	46.8% ▲	Below 50th
CHPW		49.1%	44.8% ▼	46.4% ▲	Below 50th
MHW		48.7%	45.9% ▼	49.9% ▲	Below 50th
UHC		43.7%	40.1% ▼	45.3% ▲	Below 50th
WLP		44.1%	41.4% ▼	45.7% ▲	Below 50th
Child and Adolescent Well-Care Visits (WCV), 18-21 Years		Statewide†	19.9%	18.7% ▼	22.1% ▲
	CCW	18.1%	18.2%	20.8% ▲	Below 50th
	CHPW	20.1%	18.6% ▼	20.5% ▲	Below 50th
	MHW	21.2%	19.5% ▼	23.4% ▲	Below 50th
	UHC	18.9%	18.0%	21.7% ▲	Below 50th
	WLP	16.2%	16.0%	19.8% ▲	Below 50th
	Child and Adolescent Well-Care Visits (WCV), Total	Statewide†	46.3%	44.8% ▼	49.2% ▲
CCW		47.4%	45.2% ▼	48.3% ▲	Below 50th
CHPW		46.1%	43.0% ▼	46.6% ▲	Below 50th
MHW		47.3%	46.4% ▼	51.1% ▲	Below 50th
UHC		42.8%	41.3% ▼	46.8% ▲	Below 50th
WLP		42.8%	42.1%	46.5% ▲	Below 50th
Prenatal Depression Screening and Follow-Up (PND-E), Depression Screening		Statewide†	4.1%	1.7% ▼	7.8% ▲
	CCW	0.0%	0.0%	30.4% ▲	Above 75th
	CHPW	31.3%	0.3% ▼	0.5%	Below 50th
	MHW	0.0%	1.6% ▲	5.0% ▲	Below 50th
	UHC	0.0%	8.8% ▲	10.5%	Above 50th, Below 75th
	WLP	0.0%	0.0%	4.1% ▲	Below 50th
	Prenatal Depression Screening and Follow-Up (PND-E), Follow-Up on Positive Screen	Statewide†	37.4%	66.7% ▲	55.8%
CCW		NR	NR	36.5%	Below 50th
CHPW		37.4%	***	***	At 50th
MHW		NR	70.3%	63.6%	At 75th
UHC		NR	***	***	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	NR	***	At 50th
Postpartum Depression Screening and Follow-Up (PDS-E), Depression Screening	Statewide†	1.6%	0.6% ▼	2.2% ▲	Above 50th, Below 75th
	CCW	0.0%	0.0%	3.8% ▲	Above 50th, Below 75th
	CHPW	12.9%	0.1% ▼	0.2%	Below 50th
	MHW	0.0%	1.0% ▲	2.8% ▲	Above 50th, Below 75th
	UHC	0.0%	0.2%	1.3% ▲	At 50th
	WLP	0.0%	0.0%	1.3% ▲	At 50th
Postpartum Depression Screening and Follow-Up (PDS-E), Follow-Up on Positive Screen	Statewide†	64.3%	***	65.6%	At 50th
	CCW	NR	NR	***	At 50th
	CHPW	64.3%	***	***	At 50th
	MHW	NR	***	68.9%	At 50th
	UHC	NR	NR	***	At 50th
	WLP	NR	NR	***	At 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase	Statewide†	42.8%	44.9%	44.4%	Below 50th
	CCW	43.9%	43.9%	42.5%	Below 50th
	CHPW	43.0%	42.7%	42.9%	At 50th
	MHW	42.7%	46.2%	45.8%	At 50th
	UHC	44.5%	42.4%	45.1%	At 50th
	WLP	39.5%	43.7%	41.4%	Below 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Continuation and Maintenance (C&M) Phase	Statewide†	54.8%	53.0%	50.9%	Below 50th
	CCW	53.3%	50.1%	47.4%	Below 50th
	CHPW	54.0%	52.4%	49.7%	At 50th
	MHW	55.1%	55.6%	52.4%	At 50th
	UHC	61.8%	49.7%	52.6%	At 50th
	WLP	49.1%	49.4%	49.8%	At 50th
Breast Cancer Screening (BCS-E), Total	Statewide†	44.7%	46.1% ▲	47.4% ▲	Below 50th
	CCW	44.7%	47.2% ▲	49.3%	Below 50th
	CHPW	42.2%	44.1%	47.8% ▲	Below 50th
	MHW	46.8%	48.6% ▲	48.8%	Below 50th
	UHC	45.1%	45.8%	46.4%	Below 50th
	WLP	40.6%	40.4%	41.8%	Below 50th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Depression Screening, Total	Statewide†	1.5%	1.1% ▼	2.6% ▲	Above 50th, Below 75th
	CCW	0.0%	0.0%	3.4% ▲	Above 50th, Below 75th
	CHPW	10.7%	0.4% ▼	0.6% ▲	Below 50th
	MHW	0.0%	2.0% ▲	3.8% ▲	Above 50th, Below 75th
	UHC	0.0%	0.8% ▲	0.9%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	0.0%	0.0%	1.3%	▲ Above 50th, Below 75th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Follow-Up on Positive Screen, Total	Statewide†	77.4%	75.1%	67.6%	▼ Below 50th
	CCW	NR	NR	47.4%	Below 50th
	CHPW	77.4%	54.6%	45.5%	▼ Below 50th
	MHW	NR	79.9%	70.8%	▼ At 50th
	UHC	NR	43.8%	52.8%	Below 50th
	WLP	NR	***	67.1%	At 50th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 1, Total	Statewide†	3.8%	2.0%	8.2%	▲ Above 75th
	CCW	0.0%	0.0%	4.0%	▲ Above 50th, Below 75th
	CHPW	30.3%	1.8%	1.8%	▲ Above 50th, Below 75th
	MHW	0.0%	3.1%	13.2%	▲ Above 75th
	UHC	0.0%	1.7%	1.7%	At 50th
	WLP	0.0%	0.0%	4.8%	▲ Above 50th, Below 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 2, Total	Statewide†	3.7%	3.9%	7.2%	▲ Above 75th
	CCW	0.0%	0.0%	8.1%	▲ Above 75th
	CHPW	29.5%	1.9%	1.9%	▲ Above 50th, Below 75th
	MHW	0.0%	6.7%	11.0%	▲ Above 75th
	UHC	0.0%	1.6%	1.3%	▲ Above 50th, Below 75th
	WLP	0.0%	0.0%	1.6%	▲ Above 50th, Below 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 3, Total	Statewide†	4.0%	5.2%	6.1%	▲ Above 75th
	CCW	0.0%	0.0%	3.0%	▲ Above 50th, Below 75th
	CHPW	31.1%	2.2%	2.2%	▲ Above 50th, Below 75th
	MHW	0.0%	8.6%	10.1%	▲ Above 75th
	UHC	0.0%	2.4%	1.3%	▼ Above 50th, Below 75th
	WLP	0.0%	0.0%	1.6%	▲ Above 50th, Below 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Total	Statewide†	3.8%	3.7%	7.2%	▲ Above 75th
	CCW	0.0%	0.0%	5.1%	▲ Above 50th, Below 75th
	CHPW	30.3%	1.9%	1.9%	▲ Above 50th, Below 75th
	MHW	0.0%	6.1%	11.5%	▲ Above 75th
	UHC	0.0%	1.9%	1.4%	▼ Above 50th, Below 75th
	WLP	0.0%	0.0%	2.7%	▲ Above 50th, Below 75th
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Unhealthy Alcohol Use Screening, Total	Statewide†	0.0%	0.0%	0.7%	▲ Above 75th
	CCW	0.0%	0.0%	6.3%	▲ Above 75th
	CHPW	0.1%	0.0%	0.1%	▲ Above 50th, Below 75th
	MHW	0.0%	0.0%	0.0%	At 50th
	UHC	0.0%	0.0%	0.0%	Above 50th, Below 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	0.0%	0.0%	0.0%	Above 50th, Below 75th
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Follow-Up on Positive Screen, Total	Statewide†	8.3%	NR	0.6%	At 50th
	CCW	NR	NR	0.6%	At 50th
	CHPW	8.3%	NR	***	At 50th
	MHW	NR	NR	NR	ND
	UHC	NR	NR	NR	ND
	WLP	NR	NR	***	At 50th
Hemoglobin A1c Control for Patients with Diabetes (HBD), Poor HbA1c Control >9% (Note that a lower score is better for this measure)	Statewide†	36.7%	36.5%	37.5%	Below 50th
	CCW	44.8%	44.8%	40.4%	Below 50th
	CHPW	37.7%	32.9%	38.4%	Below 50th
	MHW	35.5%	35.8%	38.0%	Below 50th
	UHC	31.9%	34.1%	34.1%	At 50th
	WLP	38.0%	38.7%	36.0%	At 50th
Hemoglobin A1c Control for Patients with Diabetes (HBD), HbA1c Control < 8%	Statewide†	51.1%	52.5%	54.1%	Below 50th
	CCW	42.1%	45.3%	51.6%	Below 50th
	CHPW	50.6%	54.5%	54.5%	At 50th
	MHW	51.6%	53.8%	53.8%	At 50th
	UHC	57.9%	55.2%	55.0%	At 50th
	WLP	50.6%	49.2%	56.0%	At 50th
Eye Exam for Patients with Diabetes (EED)	Statewide†	50.7%	48.7%	48.2%	Below 50th
	CCW	46.7%	47.5%	47.5%	Below 50th
	CHPW	49.6%	52.3%	57.7%	At 50th
	MHW	54.5%	50.6%	47.0%	Below 50th
	UHC	52.8%	44.8%	45.7%	Below 50th
	WLP	40.4%	43.8%	44.0%	Below 50th
Blood Pressure Control for Patients with Diabetes (BPD)	Statewide†	71.1%	69.6%	72.7% ▲	At 75th
	CCW	65.5%	59.1%	69.1% ▲	At 50th
	CHPW	71.5%	69.6%	77.4%	At 75th
	MHW	72.8%	72.3%	71.1%	At 50th
	UHC	71.1%	70.1%	77.4%	At 75th
	WLP	69.8%	69.1%	70.8%	At 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 13-17 Years	Statewide†	NR	41.4%	43.9%	Above 75th
	CCW	NR	47.7%	47.8%	Above 75th
	CHPW	NR	40.7%	34.8%	At 50th
	MHW	NR	38.1%	47.9%	Above 75th
	UHC	NR	53.2%	33.8%	At 50th

Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	34.9%	36.7%	At 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 18+ Years	Statewide†	NR	43.9%	38.5%	▼ Above 50th, Below 75th
	CCW	NR	41.5%	32.7%	▼ Below 50th
	CHPW	NR	44.8%	38.1%	▼ Above 50th, Below 75th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	46.7%	42.2%	▼ At 75th
	UHC	NR	42.7%	39.0%	Above 50th, Below 75th
	WLP	NR	38.6%	33.6%	▼ Below 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total	Statewide†	NR	43.8%	38.8%	▼ Above 50th, Below 75th
	CCW	NR	42.0%	34.0%	▼ Below 50th
	CHPW	NR	44.6%	37.9%	▼ At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	46.3%	42.6%	▼ At 75th
	UHC	NR	42.9%	38.8%	Above 50th, Below 75th
	WLP	NR	38.5%	33.7%	▼ Below 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, 13-17 Years	Statewide†	NR	29.3%	29.6%	At 75th
	CCW	NR	33.3%	31.9%	At 75th
	CHPW	NR	33.3%	24.1%	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	26.7%	32.7%	Above 75th
	UHC	NR	36.2%	22.5%	At 50th
	WLP	NR	22.2%	21.7%	At 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, 18+ Years	Statewide†	NR	31.5%	26.0%	▼ Above 50th, Below 75th
	CCW	NR	30.8%	23.2%	▼ At 50th
	CHPW	NR	32.6%	27.2%	▼ Above 50th, Below 75th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	33.3%	27.6%	▼ Above 50th, Below 75th
	UHC	NR	30.8%	27.7%	At 75th
	WLP	NR	26.8%	21.5%	▼ Below 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total	Statewide†	NR	31.4%	26.2%	▼ Above 50th, Below 75th
	CCW	NR	31.0%	23.9%	▼ At 50th
	CHPW	NR	32.6%	27.0%	▼ Above 50th, Below 75th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	33.0%	27.9%	▼ Above 50th, Below 75th
	UHC	NR	30.9%	27.5%	At 75th
	WLP	NR	26.7%	21.5%	▼ Below 50th
Use of Imaging Studies for Low Back Pain (LBP), 18-64 Years	Statewide†	NR	73.7%	71.5%	▼ Above 50th, Below 75th
	CCW	NR	74.2%	71.5%	At 50th
	CHPW	NR	76.7%	73.2%	▼ At 75th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	73.2%	70.5%	▼ At 50th
	UHC	NR	72.4%	72.7%	At 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	73.4%	71.7%	At 50th
Use of Imaging Studies for Low Back Pain (LBP), 65-75 Years	Statewide†	NR	68.1%	64.4%	Below 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	77.4%	60.8%	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	66.7%	65.6%	At 50th
	UHC	NR	***	60.0%	At 50th
	WLP	NR	60.6%	68.8%	At 50th
Use of Imaging Studies for Low Back Pain (LBP), Total	Statewide†	NR	73.7%	71.4%	▼ Above 50th, Below 75th
	CCW	NR	74.3%	71.5%	At 50th
	CHPW	NR	76.7%	73.0%	▼ At 75th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	73.2%	70.5%	▼ At 50th
	UHC	NR	72.3%	72.5%	At 75th
	WLP	NR	73.2%	71.7%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	NR	35.9%	33.6%	At 50th
	CCW	NR	34.3%	37.6%	At 50th
	CHPW	NR	30.3%	24.8%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	39.5%	33.9%	At 50th
	UHC	NR	20.0%	32.9%	At 50th
	WLP	NR	33.8%	38.5%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	NR	10.9%	9.0%	At 50th
	CCW	NR	11.7%	10.7%	At 50th
	CHPW	NR	12.4%	7.5%	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	11.2%	8.7%	At 50th
	UHC	NR	2.2%	5.7%	At 50th
	WLP	NR	11.3%	12.8%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	NR	55.6%	56.5%	At 50th
	CCW	NR	46.0%	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	56.3%	55.1%	At 50th
	UHC	NR	***	***	At 50th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	NR	26.4%	28.8%	At 75th
	CCW	NR	24.3%	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	25.4%	29.2%	At 75th
	UHC	NR	***	***	At 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, 13-17 Years <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	38.9%	38.4%	Below 50th
	CCW	NR	40.1%	39.7%	At 50th
	CHPW	NR	31.2%	30.3%	Below 50th
	MHW	NR	39.6%	39.1%	Below 50th
	UHC	NR	35.4%	34.9%	Below 50th
	WLP	NR	45.9%	45.0%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, 13-17 Years <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	12.6%	11.1%	At 50th
	CCW	NR	15.6%	12.3%	At 50th
	CHPW	NR	12.2%	11.0%	At 50th
	MHW	NR	12.3%	10.4%	At 50th
	UHC	NR	6.9%	9.6%	At 50th
	WLP	NR	14.2%	14.8%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, 13-17 years <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	38.9%	37.9%	Below 50th
	CCW	NR	39.0%	39.6%	At 50th
	CHPW	NR	31.9%	29.6%	Below 50th
	MHW	NR	40.3%	38.4%	Below 50th
	UHC	NR	33.3%	35.6%	At 50th
	WLP	NR	43.8%	45.3%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, 13-17 years <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	12.8%	11.4%	At 50th
	CCW	NR	15.2%	12.3%	At 50th
	CHPW	NR	12.7%	10.4%	At 50th
	MHW	NR	12.6%	10.8%	At 50th
	UHC	NR	7.1%	10.1%	At 50th
	WLP	NR	14.3%	15.6%	At 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, 18-64 Years <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	41.2%	40.6%	Below 50th
	CCW	NR	37.8%	35.7%	Below 50th
	CHPW	NR	34.6%	34.0%	Below 50th
	MHW	NR	43.2%	43.4%	Above 50th, Below 75th
	UHC	NR	38.6%	39.6%	Below 50th
	WLP	NR	44.8%	42.3%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, 18-64 Years <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	10.8%	11.2%	Below 50th
	CCW	NR	9.3%	8.6%	Below 50th
	CHPW	NR	9.8%	10.7%	Below 50th
	MHW	NR	11.5%	12.4%	At 50th
	UHC	NR	9.3%	9.2%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	11.7%	11.7%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	NR	66.9%	64.7% ▼	Above 50th, Below 75th
	CCW	NR	63.7%	61.2%	At 50th
	CHPW	NR	62.1%	61.8%	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	68.9%	66.8%	At 75th
	UHC	NR	65.5%	61.9%	At 50th
	WLP	NR	67.5%	65.2%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, 18-64 Years	Statewide†	NR	34.1%	31.7% ▼	At 50th
	CCW	NR	33.5%	29.1%	At 50th
	CHPW	NR	31.6%	30.7%	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	34.4%	33.2%	Above 50th, Below 75th
	UHC	NR	34.9%	31.8%	At 50th
	WLP	NR	35.1%	29.6% ▼	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	NR	42.7%	42.9%	Above 50th, Below 75th
	CCW	NR	39.5%	37.5%	Below 50th
	CHPW	NR	34.5%	36.5%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	45.0%	45.5%	Above 50th, Below 75th
	UHC	NR	41.8%	45.3%	Above 50th, Below 75th
	WLP	NR	45.1%	42.9%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, 18-64 Years	Statewide†	NR	9.5%	9.6%	Below 50th
	CCW	NR	8.4%	7.9%	Below 50th
	CHPW	NR	7.0%	7.9%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	10.5%	10.7%	At 50th
	UHC	NR	8.4%	10.1%	At 50th
	WLP	NR	9.8%	8.5%	Below 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, 18-64 Years	Statewide†	NR	47.6%	47.1%	Above 50th, Below 75th
	CCW	NR	44.2%	42.1%	Below 50th
	CHPW	NR	40.5%	40.5%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	49.9%	49.7%	At 75th
	UHC	NR	46.6%	47.7%	Above 50th, Below 75th
	WLP	NR	49.7%	47.6%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, 18-64 Years	Statewide†	NR	15.5%	15.1%	Above 50th, Below 75th
	CCW	NR	14.2%	12.7%	Below 50th
	CHPW	NR	13.3%	13.3%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	16.3%	16.4%	Above 50th, Below 75th
	UHC	NR	15.3%	15.3%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	15.8%	14.2% ▼	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, 65+ Years	Statewide†	NR	30.0%	***	At 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	At 50th
	UHC	NR	***	***	At 50th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, 65+ Years	Statewide†	NR	0.0%	***	At 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 75th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	At 50th
	UHC	NR	***	***	At 75th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, 65+ Years	Statewide†	NR	***	***	At 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	At 50th
	UHC	NR	***	***	At 50th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, 65+ Years	Statewide†	NR	***	***	At 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	At 50th
	UHC	NR	***	***	At 50th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, 65+ Years	Statewide†	NR	***	***	At 75th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	Above 75th
	UHC	NR	***	***	At 50th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, 65+ Years	Statewide†	NR	***	***	At 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	At 50th
	UHC	NR	***	***	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, 65+ Years	Statewide†	NR	42.0%	52.9%	At 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	At 50th
	UHC	NR	***	***	At 50th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, 65+-Years	Statewide†	NR	4.3%	10.3%	At 50th
	CCW	NR	***	***	At 50th
	CHPW	NR	***	***	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	***	***	At 50th
	UHC	NR	***	***	At 75th
	WLP	NR	***	***	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, Total	Statewide†	NR	40.9%	40.2%	Below 50th
	CCW	NR	37.6%	35.8%	Below 50th
	CHPW	NR	34.4%	33.5%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	43.1%	42.8%	Above 50th, Below 75th
	UHC	NR	38.1%	39.5%	Below 50th
	WLP	NR	44.5%	42.2%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, Total	Statewide†	NR	10.8%	11.1%	Below 50th
	CCW	NR	9.5%	8.8%	Below 50th
	CHPW	NR	9.9%	10.5%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	11.4%	12.1%	At 50th
	UHC	NR	9.1%	9.1%	Below 50th
	WLP	NR	11.6%	11.7%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, Total	Statewide†	NR	66.7%	64.6%	▲ Above 50th, Below 75th
	CCW	NR	63.1%	61.0%	At 50th
	CHPW	NR	62.0%	61.5%	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	68.7%	66.6%	At 75th
	UHC	NR	65.5%	61.9%	At 50th
	WLP	NR	67.6%	65.3%	At 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, Total	Statewide†	NR	34.0%	31.6%	▲ Above 50th, Below 75th
	CCW	NR	33.2%	28.9%	At 50th
	CHPW	NR	31.5%	30.5%	At 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	34.3%	33.1%	Above 50th, Below 75th
	UHC	NR	34.8%	31.9%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	35.1%	29.6% ▼	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, Total	Statewide†	NR	42.4%	42.5%	At 50th
	CCW	NR	39.5%	37.8%	Below 50th
	CHPW	NR	34.3%	36.1%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	44.5%	44.9%	Above 50th, Below 75th
	UHC	NR	41.4%	44.7%	Above 50th, Below 75th
	WLP	NR	45.1%	43.0%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, Total	Statewide†	NR	9.7%	9.7%	Below 50th
	CCW	NR	9.2%	8.4%	Below 50th
	CHPW	NR	7.4%	8.1%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	10.7%	10.7%	Below 50th
	UHC	NR	8.3%	10.1%	Below 50th
	WLP	NR	10.0%	8.8%	Below 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total	Statewide†	NR	47.2%	46.5%	Above 50th, Below 75th
	CCW	NR	43.7%	41.8%	Below 50th
	CHPW	NR	40.0%	40.0%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	49.3%	49.0%	Above 50th, Below 75th
	UHC	NR	46.2%	47.3%	Above 50th, Below 75th
	WLP	NR	49.5%	47.6%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total	Statewide†	NR	15.3%	14.9%	Above 50th, Below 75th
	CCW	NR	14.2%	12.7%	Below 50th
	CHPW	NR	13.2%	13.2%	Below 50th
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	16.1%	16.1%	Above 50th, Below 75th
	UHC	NR	15.1%	15.1%	At 50th
	WLP	NR	15.7%	14.3%	At 50th
Ambulatory Care (AMB), Outpatient	Statewide†	NR	3019.4	2957.1	
	CCW	NR	3125.5	3115.9	
	CHPW	NR	2557.1	2684.9	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	3229.1	2993.3	
	UHC	NR	3109.3	3148.7	
	WLP	NR	2546.1	2802.6	
Ambulatory Care (AMB), Emergency Department	Statewide†	NR	505.4	495.7	
	CCW	NR	537.9	516.5	
	CHPW	NR	492.5	492.3	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	495.3	483.3	
	UHC	NR	508.5	498.4	

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	525.1	525.2	
Inpatient Utilization - General Hospital/Acute Care (IPU), Total Inpatient, Days per 1,000 Member Months	Statewide†	NR	256.4	251.2	
	CCW	NR	253.0	246.5	
	CHPW	NR	240.1	243.0	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	238.7	233.3	
	UHC	NR	300.1	304.5	
	WLP	NR	304.9	284.1	
Inpatient Utilization - General Hospital/Acute Care (IPU), Total Inpatient, Discharges per 1,000 Member Months	Statewide†	NR	47.9	49.7	
	CCW	NR	44.0	45.5	
	CHPW	NR	49.1	50.4	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	45.5	47.5	
	UHC	NR	52.9	56.1	
	WLP	NR	54.9	55.6	
Inpatient Utilization - General Hospital/Acute Care (IPU), Medicine, Days per 1,000 Member Months	Statewide†	NR	93.9	92.5	
	CCW	NR	94.2	95.5	
	CHPW	NR	92.2	88.1	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	80.3	81.5	
	UHC	NR	119.2	124.2	
	WLP	NR	123.6	106.9	
Inpatient Utilization - General Hospital/Acute Care (IPU), Medicine, Discharges per 1,000 Member Months	Statewide†	NR	19.6	20.6	
	CCW	NR	18.3	19.4	
	CHPW	NR	20.5	20.7	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	16.8	18.1	
	UHC	NR	25.2	27.3	
	WLP	NR	25.5	24.9	
Inpatient Utilization - General Hospital/Acute Care (IPU), Surgery, Days per 1,000 Member Months	Statewide†	NR	126.2	121.9	
	CCW	NR	126.7	118.9	
	CHPW	NR	112.2	118.6	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	118.1	111.6	
	UHC	NR	153.3	149.2	
	WLP	NR	146.7	143.1	
Inpatient Utilization - General Hospital/Acute Care (IPU), Surgery, Discharges per 1,000 Member Months	Statewide†	NR	12.8	13.6	
	CCW	NR	12.0	12.5	
	CHPW	NR	12.6	13.2	
<i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	MHW	NR	12.0	12.8	
	UHC	NR	14.9	15.7	

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	15.3	16.0	
Inpatient Utilization - General Hospital/Acute Care (IPU), Maternity, Days per 1,000 Member Months <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	48.3	49.0	
	CCW	NR	44.2	44.4	
	CHPW	NR	46.1	47.1	
	MHW	NR	54.5	54.5	
	UHC	NR	35.3	39.8	
	WLP	NR	44.3	44.0	
Inpatient Utilization - General Hospital/Acute Care (IPU), Maternity, Discharges per 1,000 Member Months <i>Due to substantial changes in measure specifications in MY2022, MY2021 results are not displayed</i>	Statewide†	NR	20.5	20.7	
	CCW	NR	18.9	18.6	
	CHPW	NR	20.7	21.5	
	MHW	NR	22.7	22.5	
	UHC	NR	16.2	16.8	
	WLP	NR	18.2	19.0	
Diagnosed Mental Health Disorders (DMH), 1-17 Years	Statewide†	NR	20.0%	21.2%	▲ Below 50th
	CCW	NR	24.8%	25.7%	▲ Above 50th, Below 75th
	CHPW	NR	16.7%	18.0%	▲ Below 50th
	MHW	NR	20.4%	21.7%	▲ At 50th
	UHC	NR	18.5%	19.6%	▲ Below 50th
	WLP	NR	18.1%	19.4%	▲ Below 50th
Diagnosed Mental Health Disorders (DMH), 18-64 Years	Statewide†	NR	30.2%	32.5%	▲ Below 50th
	CCW	NR	28.0%	31.0%	▲ Below 50th
	CHPW	NR	26.5%	29.4%	▲ Below 50th
	MHW	NR	32.4%	34.4%	▲ Above 50th, Below 75th
	UHC	NR	30.8%	32.8%	▲ At 50th
	WLP	NR	27.8%	30.5%	▲ Below 50th
Diagnosed Mental Health Disorders (DMH), 65+ Years	Statewide†	NR	19.8%	22.7%	▲ Below 50th
	CCW	NR	17.0%	19.5%	Below 50th
	CHPW	NR	21.4%	23.0%	Below 50th
	MHW	NR	22.2%	25.6%	Below 50th
	UHC	NR	19.8%	23.3%	Below 50th
	WLP	NR	16.3%	21.2%	Below 50th
Diagnosed Mental Health Disorders (DMH), Total	Statewide†	NR	25.7%	27.2%	▲ Below 50th
	CCW	NR	26.5%	28.3%	▲ Above 50th, Below 75th
	CHPW	NR	22.3%	24.2%	▲ Below 50th
	MHW	NR	26.8%	28.1%	▲ Above 50th, Below 75th
	UHC	NR	26.3%	27.6%	▲ At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	24.3%	26.1%	▲ Below 50th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 13-17 Years	Statewide†	NR	0.5%	0.6%	▲ Above 75th
	CCW	NR	0.7%	1.0%	▲ Above 75th
	CHPW	NR	0.4%	0.6%	▲ Above 75th
	MHW	NR	0.5%	0.6%	▲ Above 75th
	UHC	NR	0.4%	0.5%	Above 75th
	WLP	NR	0.5%	0.5%	Above 75th
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 13-17 Years	Statewide†	NR	0.1%	0.1%	▲ Above 75th
	CCW	NR	0.2%	0.3%	Above 75th
	CHPW	NR	0.1%	0.1%	At 75th
	MHW	NR	0.1%	0.1%	Above 75th
	UHC	NR	0.1%	0.2%	Above 75th
	WLP	NR	0.1%	0.2%	Above 75th
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 13-17 Years	Statewide†	NR	1.2%	1.4%	▲ At 75th
	CCW	NR	1.6%	2.0%	▲ Above 75th
	CHPW	NR	0.9%	0.9%	At 50th
	MHW	NR	1.2%	1.4%	▲ At 75th
	UHC	NR	1.1%	1.3%	At 75th
	WLP	NR	1.3%	1.3%	At 75th
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 13-17 years	Statewide†	NR	1.4%	1.6%	▲ Above 75th
	CCW	NR	1.9%	2.3%	▲ Above 75th
	CHPW	NR	1.1%	1.2%	At 50th
	MHW	NR	1.4%	1.6%	▲ Above 75th
	UHC	NR	1.2%	1.5%	At 75th
	WLP	NR	1.5%	1.5%	At 75th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 18-64 Years	Statewide†	NR	3.7%	3.9%	▲ Above 50th, Below 75th
	CCW	NR	3.7%	4.0%	Above 50th, Below 75th
	CHPW	NR	3.6%	3.8%	▲ Above 50th, Below 75th
	MHW	NR	3.5%	3.7%	▲ Above 50th, Below 75th
	UHC	NR	3.8%	4.0%	Above 50th, Below 75th
	WLP	NR	4.2%	4.4%	▲ Above 75th
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 18-64 Years	Statewide†	NR	4.4%	5.1%	▲ Above 75th
	CCW	NR	4.0%	5.0%	▲ Above 75th
	CHPW	NR	3.5%	3.9%	▲ Above 50th, Below 75th
	MHW	NR	4.6%	5.2%	▲ Above 75th
	UHC	NR	5.2%	5.8%	▲ Above 75th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	4.5%	5.2%	▲ Above 75th
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 18-64 Years	Statewide†	NR	5.1%	5.9%	▲ Above 50th, Below 75th
	CCW	NR	5.0%	6.1%	▲ At 75th
	CHPW	NR	4.6%	5.5%	▲ Above 50th, Below 75th
	MHW	NR	5.0%	5.7%	▲ Above 50th, Below 75th
	UHC	NR	5.3%	6.1%	▲ At 75th
	WLP	NR	5.7%	6.8%	▲ Above 75th
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 18-64 Years	Statewide†	NR	9.7%	10.7%	▲ Above 75th
	CCW	NR	9.4%	10.7%	▲ At 75th
	CHPW	NR	8.7%	9.6%	▲ Above 50th, Below 75th
	MHW	NR	9.6%	10.5%	▲ Above 50th, Below 75th
	UHC	NR	10.7%	11.4%	▲ Above 75th
	WLP	NR	10.7%	12.0%	▲ Above 75th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 65+ Years	Statewide†	NR	2.0%	1.9%	Below 50th
	CCW	NR	2.3%	1.6%	At 50th
	CHPW	NR	1.8%	1.9%	At 50th
	MHW	NR	2.0%	1.5%	Below 50th
	UHC	NR	2.1%	2.8%	At 50th
	WLP	NR	1.8%	1.8%	At 50th
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 65+ Years	Statewide†	NR	1.4%	1.4%	At 50th
	CCW	NR	1.5%	2.0%	At 50th
	CHPW	NR	1.1%	1.1%	At 50th
	MHW	NR	1.4%	1.5%	At 50th
	UHC	NR	1.5%	1.6%	At 50th
	WLP	NR	1.7%	1.0%	At 50th
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 65+ Years	Statewide†	NR	1.6%	1.5%	At 50th
	CCW	NR	2.8%	1.6%	At 50th
	CHPW	NR	1.4%	1.5%	At 50th
	MHW	NR	1.5%	1.7%	At 50th
	UHC	NR	0.9%	1.3%	At 50th
	WLP	NR	1.6%	1.5%	At 50th
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 65+ Years	Statewide†	NR	4.1%	4.0%	Below 50th
	CCW	NR	4.9%	4.5%	At 50th
	CHPW	NR	3.4%	3.7%	Below 50th
	MHW	NR	4.1%	4.0%	At 50th
	UHC	NR	4.0%	4.8%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	4.1%	3.4%	Below 50th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, Total	Statewide†	NR	3.1%	3.2%	▲ Above 50th, Below 75th
	CCW	NR	3.1%	3.3%	Above 50th, Below 75th
	CHPW	NR	2.9%	3.1%	Above 50th, Below 75th
	MHW	NR	2.9%	3.0%	▲ Above 50th, Below 75th
	UHC	NR	3.4%	3.5%	Above 50th, Below 75th
	WLP	NR	3.7%	3.9%	Above 75th
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, Total	Statewide†	NR	3.6%	4.0%	▲ Above 75th
	CCW	NR	3.2%	3.9%	▲ Above 75th
	CHPW	NR	2.8%	3.1%	▲ Above 50th, Below 75th
	MHW	NR	3.7%	4.0%	▲ Above 75th
	UHC	NR	4.5%	5.0%	▲ Above 75th
	WLP	NR	3.9%	4.5%	▲ Above 75th
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, Total	Statewide†	NR	4.3%	5.0%	▲ Above 50th, Below 75th
	CCW	NR	4.3%	5.2%	▲ At 75th
	CHPW	NR	3.9%	4.5%	▲ Above 50th, Below 75th
	MHW	NR	4.2%	4.7%	▲ Above 50th, Below 75th
	UHC	NR	4.7%	5.3%	▲ Above 75th
	WLP	NR	5.1%	6.0%	▲ Above 75th
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, Total	Statewide†	NR	8.2%	8.8%	▲ Above 50th, Below 75th
	CCW	NR	7.8%	8.8%	▲ At 75th
	CHPW	NR	7.1%	7.8%	▲ Above 50th, Below 75th
	MHW	NR	7.9%	8.5%	▲ Above 50th, Below 75th
	UHC	NR	9.3%	9.9%	▲ Above 75th
	WLP	NR	9.5%	10.4%	▲ Above 75th
Antibiotic Utilization for Respiratory Conditions (AXR), 3 Months-17 Years	Statewide†	NR	14.6%	24.0%	▲ Below 50th
	CCW	NR	15.1%	23.9%	▲ Below 50th
	CHPW	NR	13.3%	21.8%	▲ Below 50th
	MHW	NR	14.8%	24.8%	▲ Below 50th
	UHC	NR	14.0%	23.8%	▲ Below 50th
	WLP	NR	14.5%	23.1%	▲ Below 50th
Antibiotic Utilization for Respiratory Conditions (AXR), 18-64 Years	Statewide†	NR	12.4%	17.3%	▲ Below 50th
	CCW	NR	12.1%	17.2%	▲ Below 50th
	CHPW	NR	10.9%	15.6%	▲ Below 50th
	MHW	NR	12.8%	17.9%	▲ Below 50th
	UHC	NR	12.6%	17.1%	▲ Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	12.5%	17.0%	▲ Below 50th
Antibiotic Utilization for Respiratory Conditions (AXR), 65+ Years	Statewide†	NR	9.1%	10.7%	Below 50th
	CCW	NR	7.3%	9.7%	Below 50th
	CHPW	NR	10.7%	10.0%	Below 50th
	MHW	NR	9.4%	14.0%	At 50th
	UHC	NR	7.5%	8.9%	Below 50th
	WLP	NR	10.1%	9.9%	At 50th
Antibiotic Utilization for Respiratory Conditions (AXR), Total	Statewide†	NR	13.6%	21.2%	▲ Below 50th
	CCW	NR	13.9%	21.3%	▲ Below 50th
	CHPW	NR	12.2%	19.1%	▲ Below 50th
	MHW	NR	13.9%	22.0%	▲ Below 50th
	UHC	NR	13.2%	20.5%	▲ Below 50th
	WLP	NR	13.4%	20.1%	▲ Below 50th
Childhood Immunization Status (CIS-E), DTaP	Statewide†	NR	64.6%	64.3%	No Benchmark
	CCW	NR	67.2%	71.5%	▲ No Benchmark
	CHPW	NR	69.0%	66.3%	No Benchmark
	MHW	NR	62.7%	61.5%	No Benchmark
	UHC	NR	65.4%	65.4%	No Benchmark
	WLP	NR	65.4%	65.6%	No Benchmark
Childhood Immunization Status (CIS-E), IPV	Statewide†	NR	80.9%	80.3%	No Benchmark
	CCW	NR	83.4%	86.9%	▲ No Benchmark
	CHPW	NR	85.3%	83.0%	▼ No Benchmark
	MHW	NR	78.8%	77.4%	▼ No Benchmark
	UHC	NR	81.6%	80.6%	No Benchmark
	WLP	NR	82.6%	81.9%	No Benchmark
Childhood Immunization Status (CIS-E), MMR	Statewide†	NR	79.0%	78.7%	No Benchmark
	CCW	NR	83.5%	85.3%	No Benchmark
	CHPW	NR	82.8%	82.1%	No Benchmark
	MHW	NR	76.8%	75.9%	No Benchmark
	UHC	NR	78.7%	78.6%	No Benchmark
	WLP	NR	80.5%	79.7%	No Benchmark
Childhood Immunization Status (CIS-E), Hib	Statewide†	NR	79.6%	79.5%	No Benchmark
	CCW	NR	83.3%	86.3%	▲ No Benchmark
	CHPW	NR	83.7%	82.6%	No Benchmark
	MHW	NR	77.6%	76.6%	No Benchmark
	UHC	NR	80.0%	79.9%	No Benchmark

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
Childhood Immunization Status (CIS-E), Hepatitis B	WLP	NR	80.7%	80.9%	No Benchmark
	Statewide†	NR	81.8%	80.1%	▼ No Benchmark
	CCW	NR	83.8%	87.6%	▲ No Benchmark
	CHPW	NR	86.1%	79.8%	▼ No Benchmark
	MHW	NR	79.7%	77.5%	▼ No Benchmark
	UHC	NR	82.9%	80.7%	No Benchmark
	WLP	NR	83.9%	83.0%	No Benchmark
Childhood Immunization Status (CIS-E), VZV	Statewide†	NR	78.5%	78.0%	No Benchmark
	CCW	NR	83.2%	84.8%	No Benchmark
	CHPW	NR	82.5%	81.5%	No Benchmark
	MHW	NR	76.2%	75.2%	No Benchmark
	UHC	NR	78.0%	77.6%	No Benchmark
	WLP	NR	79.7%	79.3%	No Benchmark
	Childhood Immunization Status (CIS-E), Pneumococcal	Statewide†	NR	65.7%	64.5%
CCW		NR	68.8%	72.1%	▲ No Benchmark
CHPW		NR	69.4%	65.7%	▼ No Benchmark
MHW		NR	63.6%	61.6%	▼ No Benchmark
UHC		NR	67.5%	65.6%	No Benchmark
WLP		NR	66.5%	66.4%	No Benchmark
Childhood Immunization Status (CIS-E), Hepatitis A		Statewide†	NR	76.0%	75.2%
	CCW	NR	82.8%	82.2%	No Benchmark
	CHPW	NR	80.0%	79.3%	No Benchmark
	MHW	NR	73.2%	71.9%	No Benchmark
	UHC	NR	76.3%	75.5%	No Benchmark
	WLP	NR	76.9%	77.3%	No Benchmark
	Childhood Immunization Status (CIS-E), Rotavirus	Statewide†	NR	65.6%	63.0%
CCW		NR	69.0%	68.2%	No Benchmark
CHPW		NR	69.9%	64.7%	▼ No Benchmark
MHW		NR	63.3%	60.7%	▼ No Benchmark
UHC		NR	67.4%	64.7%	No Benchmark
WLP		NR	66.2%	64.5%	No Benchmark
Childhood Immunization Status (CIS-E), Influenza		Statewide†	NR	41.7%	37.5%
	CCW	NR	49.0%	44.4%	▼ No Benchmark
	CHPW	NR	43.5%	40.9%	No Benchmark
	MHW	NR	38.8%	34.2%	▼ No Benchmark
	UHC	NR	42.8%	39.0%	▼ No Benchmark

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
Childhood Immunization Status (CIS-E), Combo 3	WLP	NR	43.8%	38.9%	▼ No Benchmark
	Statewide†	NR	58.0%	56.6%	▼ No Benchmark
	CCW	NR	60.3%	64.5%	▲ No Benchmark
	CHPW	NR	61.6%	55.7%	▼ No Benchmark
	MHW	NR	56.0%	54.1%	▼ No Benchmark
	UHC	NR	59.6%	58.1%	No Benchmark
	WLP	NR	58.9%	58.8%	No Benchmark
Childhood Immunization Status (CIS-E), Combo 7	Statewide†	NR	51.8%	49.4%	▼ No Benchmark
	CCW	NR	54.2%	55.7%	No Benchmark
	CHPW	NR	55.6%	48.4%	▼ No Benchmark
	MHW	NR	49.9%	47.3%	▼ No Benchmark
	UHC	NR	54.0%	51.6%	No Benchmark
	WLP	NR	52.1%	51.2%	No Benchmark
	Childhood Immunization Status (CIS-E), Combo 10	Statewide†	NR	31.9%	28.1%
CCW		NR	36.3%	33.5%	▼ No Benchmark
CHPW		NR	34.0%	28.6%	▼ No Benchmark
MHW		NR	29.8%	26.0%	▼ No Benchmark
UHC		NR	33.2%	30.1%	▼ No Benchmark
WLP		NR	33.2%	29.3%	▼ No Benchmark
Colorectal Cancer Screening (COL), Total		Statewide†	NR	31.8%	35.3%
	CCW	NR	34.7%	37.4%	▲ At 50th
	CHPW	NR	31.5%	33.7%	▲ Below 50th
	MHW	NR	32.6%	37.2%	▲ Below 50th
	UHC	NR	32.5%	35.2%	▲ Below 50th
	WLP	NR	27.0%	29.7%	▲ Below 50th
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, 1-11 Years	Statewide†	NR	39.7%	37.9%
CCW		NR	38.6%	41.0%	At 50th
CHPW		NR	44.0%	26.3%	Below 50th
MHW		NR	40.2%	38.0%	Below 50th
UHC		NR	37.3%	42.9%	At 50th
WLP		NR	38.9%	35.6%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, 12-17 Years		Statewide†	NR	58.2%	58.8%
	CCW	NR	53.8%	58.4%	At 50th
	CHPW	NR	57.6%	57.8%	At 50th
	MHW	NR	59.8%	58.8%	Below 50th
	UHC	NR	61.8%	59.6%	At 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	57.9%	60.7%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, Total	Statewide†	NR	53.0%	52.8%	Below 50th
	CCW	NR	48.8%	53.0%	Below 50th
	CHPW	NR	54.8%	50.0%	Below 50th
	MHW	NR	54.5%	53.0%	Below 50th
	UHC	NR	54.7%	54.9%	At 50th
	WLP	NR	52.5%	53.3%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, 1-11 Years	Statewide†	NR	27.2%	28.5%	Below 50th
	CCW	NR	27.5%	35.9%	At 50th
	CHPW	NR	26.7%	15.8%	Below 50th
	MHW	NR	28.0%	28.4%	At 50th
	UHC	NR	24.0%	31.8%	At 50th
	WLP	NR	24.4%	17.3%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, 12-17 Years	Statewide†	NR	29.3%	30.4%	Below 50th
	CCW	NR	30.8%	33.3%	Below 50th
	CHPW	NR	24.2%	24.6%	Below 50th
	MHW	NR	30.1%	30.4%	Below 50th
	UHC	NR	26.8%	27.3%	Below 50th
	WLP	NR	29.0%	31.6%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, Total	Statewide†	NR	28.7%	29.8%	Below 50th
	CCW	NR	29.7%	34.1%	Below 50th
	CHPW	NR	24.7%	22.4%	Below 50th
	MHW	NR	29.6%	29.8%	Below 50th
	UHC	NR	26.0%	28.6%	Below 50th
	WLP	NR	27.7%	27.4%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, 1-11 Years	Statewide†	NR	25.7%	26.9%	At 50th
	CCW	NR	26.1%	33.9%	At 50th
	CHPW	NR	25.3%	13.7%	Below 50th
	MHW	NR	26.3%	26.9%	At 50th
	UHC	NR	22.7%	30.2%	At 50th
	WLP	NR	23.3%	17.3%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, 12-17 Years	Statewide†	NR	28.5%	29.5%	Below 50th
	CCW	NR	29.5%	32.7%	Below 50th
	CHPW	NR	23.9%	22.8%	Below 50th
	MHW	NR	29.3%	29.4%	Below 50th
	UHC	NR	25.7%	26.1%	Below 50th

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	28.1%	31.2%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, Total	Statewide†	NR	27.7%	28.7%	Below 50th
	CCW	NR	28.4%	33.1%	At 50th
	CHPW	NR	24.2%	20.6%	Below 50th
	MHW	NR	28.5%	28.7%	Below 50th
	UHC	NR	24.8%	27.2%	Below 50th
	WLP	NR	26.7%	27.1%	Below 50th
Colorectal Cancer Screening (COL), Age 46-50 Years	Statewide†	NR	17.0%	24.4%	▲ Below 50th
	CCW	NR	16.5%	24.8%	▲ At 50th
	CHPW	NR	16.3%	23.4%	▲ Below 50th
	MHW	NR	18.1%	26.4%	▲ Above 50th, Below 75th
	UHC	NR	17.5%	23.8%	▲ Below 50th
	WLP	NR	14.2%	19.4%	▲ Below 50th
Colorectal Cancer Screening (COL), Age 51-75 Years	Statewide†	NR	35.5%	38.9%	▲ Below 50th
	CCW	NR	39.0%	41.3%	▲ At 50th
	CHPW	NR	35.3%	37.0%	▲ Below 50th
	MHW	NR	36.8%	41.2%	▲ Below 50th
	UHC	NR	35.8%	38.5%	▲ Below 50th
	WLP	NR	30.0%	33.0%	▲ Below 50th
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 18-44 Years	Statewide†	0.9	0.9	1.0	
	CCW	1.1	1.0	1.1	
	CHPW	0.9	1.1	1.0	
	MHW	0.9	0.9	0.9	
	UHC	1.0	0.9	0.9	
	WLP	0.9	1.0	1.0	
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 45-54 Years	Statewide†	0.9	0.8	0.9	
	CCW	0.8	0.9	0.9	
	CHPW	1.1	0.9	0.9	
	MHW	0.8	0.8	0.9	
	UHC	0.9	0.7	0.8	
	WLP	0.9	0.9	0.8	
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 55-64 Years	Statewide†	0.8	0.8	0.8	
	CCW	0.8	1.1	1.0	
	CHPW	0.8	0.8	0.8	
	MHW	0.8	0.8	0.8	
	UHC	0.7	0.7	0.8	

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	0.9	0.9	0.8	
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, Total	Statewide†	0.9	0.9	0.9	
	CCW	0.9	1.0	1.0	
	CHPW	0.9	0.9	0.9	
	MHW	0.8	0.8	0.9	
	UHC	0.9	0.8	0.8	
	WLP	0.9	0.9	0.9	
Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, 12-17 Years	Statewide†	NR	NR	39.4%	At 75th
	CCW	NR	NR	NR	ND
	CHPW	NR	NR	NR	ND
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	43.0%	At 75th
	UHC	NR	NR	NR	ND
	WLP	NR	NR	22.8%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total	Statewide†	NR	NR	40.1%	Above 50th, Below 75th
	CCW	NR	NR	23.6%	At 50th
	CHPW	NR	NR	50.6%	At 75th
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	42.7%	At 75th
	UHC	NR	NR	62.5%	Above 75th
	WLP	NR	NR	22.9%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Remission, 12-17 Years	Statewide†	NR	NR	4.5%	At 50th
	CCW	NR	NR	NR	ND
	CHPW	NR	NR	NR	ND
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	5.2%	At 50th
	UHC	NR	NR	NR	ND
	WLP	NR	NR	1.3%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Remission, Total	Statewide†	NR	NR	4.2%	At 50th
	CCW	NR	NR	3.6%	At 50th
	CHPW	NR	NR	2.4%	At 50th
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	4.7%	At 50th
	UHC	NR	NR	4.2%	At 50th
	WLP	NR	NR	2.2%	Below 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Response, 12-17 Years	Statewide†	NR	NR	9.7%	At 50th
	CCW	NR	NR	NR	ND
	CHPW	NR	NR	NR	ND
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	11.3%	At 50th
	UHC	NR	NR	NR	ND

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	NR	NR	2.5%	Below 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Response, Total	Statewide†	NR	NR	9.5%	Above 50th, Below 75th
	CCW	NR	NR	3.6%	At 50th
	CHPW	NR	NR	3.6%	At 50th
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	10.7%	Above 50th, Below 75th
	UHC	NR	NR	9.7%	At 50th
	WLP	NR	NR	4.5%	Below 50th
Adult Immunization Status (AIS-E), Influenza	Statewide†	NR	NR	18.0%	Above 50th, Below 75th
	CCW	NR	NR	19.8%	Above 75th
	CHPW	NR	NR	18.5%	At 75th
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	17.6%	Above 50th, Below 75th
	UHC	NR	NR	20.2%	Above 75th
	WLP	NR	NR	15.4%	Above 50th, Below 75th
Adult Immunization Status (AIS-E), Td/Tdap	Statewide†	NR	NR	55.9%	Above 75th
	CCW	NR	NR	59.5%	Above 75th
	CHPW	NR	NR	57.0%	Above 75th
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	55.4%	Above 75th
	UHC	NR	NR	57.7%	Above 75th
	WLP	NR	NR	51.8%	Above 75th
Adult Immunization Status (AIS-E), Zoster	Statewide†	NR	NR	17.9%	Above 75th
	CCW	NR	NR	18.5%	Above 75th
	CHPW	NR	NR	18.1%	Above 75th
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	18.0%	Above 75th
	UHC	NR	NR	20.2%	Above 75th
	WLP	NR	NR	14.2%	At 75th
Adult Immunization Status (AIS-E), Pneumococcal	Statewide†	NR	NR	54.6%	Above 50th, Below 75th
	CCW	NR	NR	58.0%	At 75th
	CHPW	NR	NR	52.8%	Above 50th, Below 75th
<i>Due to substantial changes in measure specifications in MY2023, MY2021 and MY2022 results are not displayed</i>	MHW	NR	NR	64.6%	Above 75th
	UHC	NR	NR	48.2%	At 50th
	WLP	NR	NR	49.7%	Above 50th, Below 75th
Substance Use Disorder Treatment Rate (SUD), 12-64 Years	Statewide†	37.8%	36.2% ▼	37.8% ▲	Above Benchmark
	CCW	35.9%	35.4%	38.1% ▲	Above Benchmark
	CHPW	39.5%	35.0% ▼	35.6%	Below Benchmark
	MHW	37.7%	36.4% ▼	38.0%	Above Benchmark
	UHC	38.7%	37.4%	38.9%	Above Benchmark

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	37.0%	36.4%	38.0%	▲ Above Benchmark
Substance Use Disorder Treatment Rate (SUD), 12-17 Years	Statewide†	22.8%	28.1%	▲ 26.2%	Below Benchmark
	CCW	24.4%	28.0%	29.2%	At Benchmark
	CHPW	16.8%	23.9%	▲ 19.7%	Below Benchmark
	MHW	22.7%	28.3%	▲ 26.5%	Below Benchmark
	UHC	25.6%	32.4%	29.0%	At Benchmark
	WLP	26.0%	29.3%	25.3%	At Benchmark
Substance Use Disorder Treatment Rate (SUD), 18-64 Years	Statewide†	38.3%	36.6%	▼ 38.4%	▲ Above Benchmark
	CCW	36.7%	35.9%	38.8%	▲ Above Benchmark
	CHPW	40.3%	35.4%	▼ 36.3%	At Benchmark
	MHW	38.3%	36.7%	▼ 38.6%	▲ Above Benchmark
	UHC	39.0%	37.5%	▼ 39.2%	▲ Above Benchmark
	WLP	37.2%	36.6%	38.3%	▲ Above Benchmark
Mental Health Treatment Rate (MH-B), 6-64 Years	Statewide†	54.3%	53.8%	▼ 56.9%	▲ Above Benchmark
	CCW	54.0%	54.4%	57.9%	▲ Above Benchmark
	CHPW	54.6%	52.8%	▼ 55.9%	▲ Above Benchmark
	MHW	55.4%	55.6%	58.1%	▲ Above Benchmark
	UHC	50.6%	48.6%	▼ 53.5%	▲ Below Benchmark
	WLP	52.7%	50.9%	▼ 54.6%	▲ At Benchmark
Mental Health Treatment Rate (MH-B), 6-17 Years	Statewide†	66.5%	67.1%	▲ 68.5%	▲ At Benchmark
	CCW	67.4%	69.3%	▲ 69.8%	Above Benchmark
	CHPW	63.8%	62.7%	64.1%	Below Benchmark
	MHW	67.1%	68.3%	▲ 69.6%	▲ Above Benchmark
	UHC	65.6%	62.8%	▼ 67.0%	▲ Below Benchmark
	WLP	65.5%	64.0%	66.1%	▲ Below Benchmark
Mental Health Treatment Rate (MH-B), 18-64 Years	Statewide†	50.0%	49.0%	▼ 51.9%	▲ Above Benchmark
	CCW	47.1%	46.8%	51.1%	▲ Above Benchmark
	CHPW	51.6%	49.7%	▼ 52.8%	▲ Above Benchmark
	MHW	50.8%	50.4%	52.5%	▲ Above Benchmark
	UHC	47.3%	45.3%	▼ 49.8%	▲ At Benchmark
	WLP	50.0%	48.0%	▼ 51.5%	▲ Above Benchmark
Substance Use Disorder Treatment Rate (SUD), 12-26 Years	Statewide†	25.7%	25.1%	25.3%	Below Benchmark
	CCW	25.8%	27.6%	27.6%	At Benchmark
	CHPW	26.9%	23.8%	▼ 24.0%	Below Benchmark
	MHW	24.6%	24.1%	24.3%	Below Benchmark
	UHC	27.7%	27.0%	27.8%	At Benchmark

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	27.6%	26.4%	26.8%	At Benchmark
Mental Health Treatment Rate (MH-B), 6-26 Years	Statewide†	62.3%	61.8% ▼	64.6% ▲	Above Benchmark
	CCW	62.5%	63.6%	65.8% ▲	Above Benchmark
	CHPW	61.0%	58.6% ▼	61.4% ▲	Below Benchmark
	MHW	62.9%	63.0%	65.4% ▲	Above Benchmark
	UHC	61.0%	58.4% ▼	63.0% ▲	At Benchmark
	WLP	61.4%	59.0% ▼	62.6% ▲	At Benchmark
Home and Community-Based Long Term Services and Supports Use (HCBS), 18-64 Years	Statewide†	96.0%	96.0%	96.1%	At Benchmark
	CCW	94.7%	94.7%	94.4%	Below Benchmark
	CHPW	95.5%	96.0%	96.3%	Above Benchmark
	MHW	96.9%	96.8%	96.8%	Above Benchmark
	UHC	95.3%	95.7%	95.8%	At Benchmark
	WLP	94.9%	94.8%	95.1%	Below Benchmark
Percent Homeless - Narrow Definition (HOME-N), 6-17 Years (Note that a lower score is better for this measure)	Statewide†	2.6%	2.9% ▼	3.3% ▼	Above Benchmark
	CCW	2.3%	2.6% ▼	2.7%	Below Benchmark
	CHPW	2.0%	2.4% ▼	2.9% ▼	At Benchmark
	MHW	2.8%	2.9% ▼	3.3% ▼	Above Benchmark
	UHC	2.9%	3.1%	3.6% ▼	Above Benchmark
	WLP	3.1%	3.3%	3.9% ▼	Above Benchmark
Percent Homeless - Narrow Definition (HOME-N), 6-26 Years (Note that a lower score is better for this measure)	Statewide†	4.3%	4.3%	4.7% ▼	Above Benchmark
	CCW	3.9%	4.1%	4.3%	At Benchmark
	CHPW	3.5%	3.7%	4.2% ▼	At Benchmark
	MHW	4.3%	4.3%	4.7% ▼	Above Benchmark
	UHC	4.7%	4.5%	5.0% ▼	Above Benchmark
	WLP	5.3%	5.1%	5.5% ▼	Above Benchmark
Percent Homeless - Narrow Definition (HOME-N), 6-64 Years (Note that a lower score is better for this measure)	Statewide†	8.0%	7.8% ▲	8.7% ▼	Above Benchmark
	CCW	7.6%	7.7%	8.3% ▼	At Benchmark
	CHPW	7.7%	7.6%	8.8% ▼	Above Benchmark
	MHW	7.1%	6.9% ▲	7.8% ▼	Below Benchmark
	UHC	9.3%	8.8% ▲	9.8% ▼	Above Benchmark
	WLP	11.5%	10.8% ▲	12.1% ▼	Above Benchmark
Percent Homeless - Narrow Definition (HOME-N), 18-64 Years (Note that a lower score is better for this measure)	Statewide†	10.8%	10.2% ▲	12.0% ▼	Above Benchmark
	CCW	10.9%	10.5%	12.3% ▼	Above Benchmark
	CHPW	10.8%	10.2% ▲	12.3% ▼	Above Benchmark
	MHW	9.7%	9.2% ▲	10.7% ▼	Above Benchmark
	UHC	11.6%	10.6% ▲	12.5% ▼	Above Benchmark

Measure Description	MCO	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2023 Performance*
	WLP	14.1%	13.0% ▲	15.7% ▼	Above Benchmark
Percent Homeless - Broad Definition (HOME-B), 6-17 Years (Note that a lower score is better for this measure)	Statewide†	3.7%	3.8%	4.3%	▼ Above Benchmark
	CCW	3.5%	3.7%	3.8%	Below Benchmark
	CHPW	2.9%	3.3% ▼	4.1%	▼ At Benchmark
	MHW	3.8%	3.8%	4.3%	▼ Above Benchmark
	UHC	3.9%	3.9%	4.6%	▼ Above Benchmark
	WLP	4.3%	4.3%	4.9%	▼ Above Benchmark
Percent Homeless - Broad Definition (HOME-B), 6-26 Years (Note that a lower score is better for this measure)	Statewide†	5.5%	5.4% ▲	5.9%	▼ Above Benchmark
	CCW	5.3%	5.4%	5.7%	At Benchmark
	CHPW	4.5%	4.7%	5.5%	▼ Below Benchmark
	MHW	5.6%	5.3% ▲	5.9%	▼ Above Benchmark
	UHC	5.9%	5.5% ▲	6.2%	▼ Above Benchmark
	WLP	6.7%	6.3% ▲	6.9%	▼ Above Benchmark
Percent Homeless - Broad Definition (HOME-B), 6-64 Years (Note that a lower score is better for this measure)	Statewide†	9.8%	9.3% ▲	10.4%	▼ Above Benchmark
	CCW	9.2%	9.2%	10.1%	▼ At Benchmark
	CHPW	9.4%	9.2%	10.6%	▼ Above Benchmark
	MHW	8.8%	8.4% ▲	9.3%	▼ Below Benchmark
	UHC	11.0%	10.2% ▲	11.4%	▼ Above Benchmark
	WLP	13.7%	12.6% ▲	14.0%	▼ Above Benchmark
Percent Homeless - Broad Definition (HOME-B), 18-64 Years (Note that a lower score is better for this measure)	Statewide†	13.1%	12.1% ▲	14.0%	▼ Above Benchmark
	CCW	13.0%	12.5% ▲	14.6%	▼ Above Benchmark
	CHPW	13.1%	12.2% ▲	14.5%	▼ Above Benchmark
	MHW	11.8%	11.0% ▲	12.7%	▼ Above Benchmark
	UHC	13.7%	12.4% ▲	14.4%	▼ Above Benchmark
	WLP	16.7%	15.3% ▲	17.9%	▼ Above 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

* 2023 performance indicates whether a measure is statistically different than national

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

NR There was no data to report.

ND There was no data for comparison to benchmarks.

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 * * *
 RDA Benchmark —

At or Better than MY2023 Natl 50th Percentile
At or Better than MY2023 Natl 75th Percentile
At or Better than MY2023 Natl 90th Percentile

Prevention and Screening



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 * * *

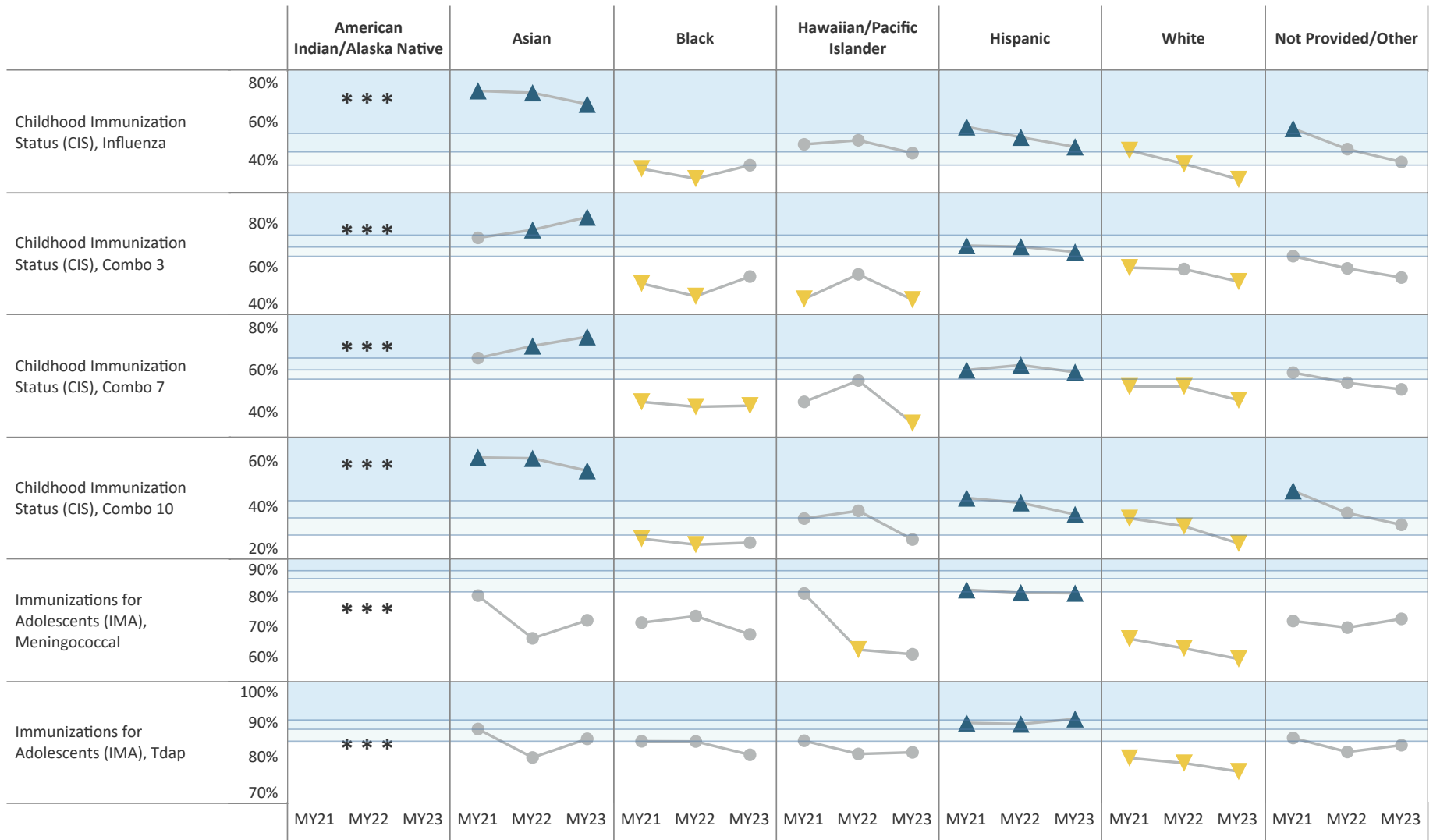
RDA Benchmark

At or Better than MY2023 Natl 50th Percentile

At or Better than MY2023 Natl 75th Percentile

At or Better than MY2023 Natl 90th Percentile

Prevention and Screening



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 * * *

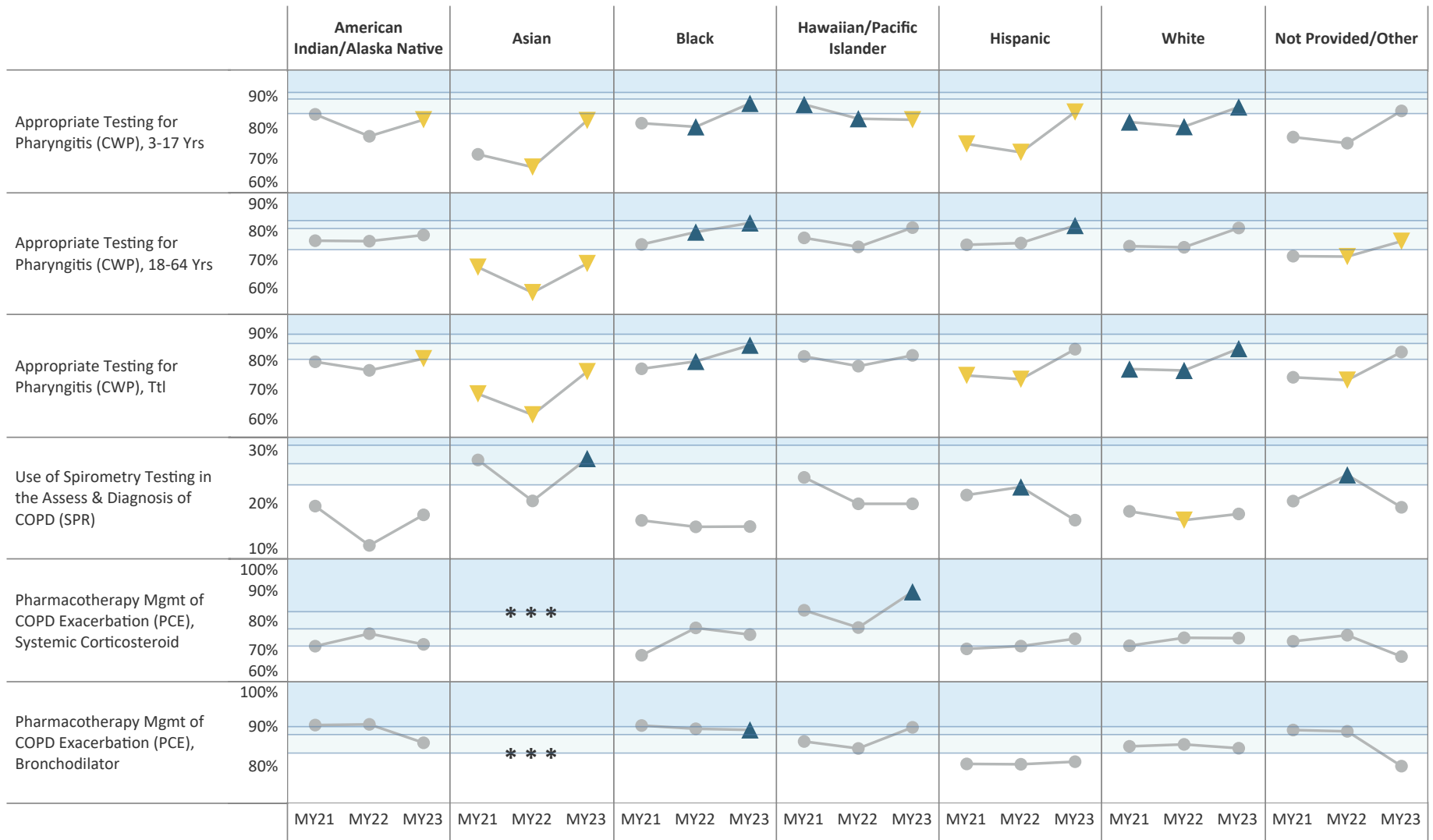
RDA Benchmark

At or Better than MY2023 Natl 50th Percentile

At or Better than MY2023 Natl 75th Percentile

At or Better than MY2023 Natl 90th Percentile

Respiratory Conditions



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 * * *

RDA Benchmark

At or Better than MY2023 Natl 50th Percentile

At or Better than MY2023 Natl 75th Percentile

At or Better than MY2023 Natl 90th Percentile

Diabetes



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

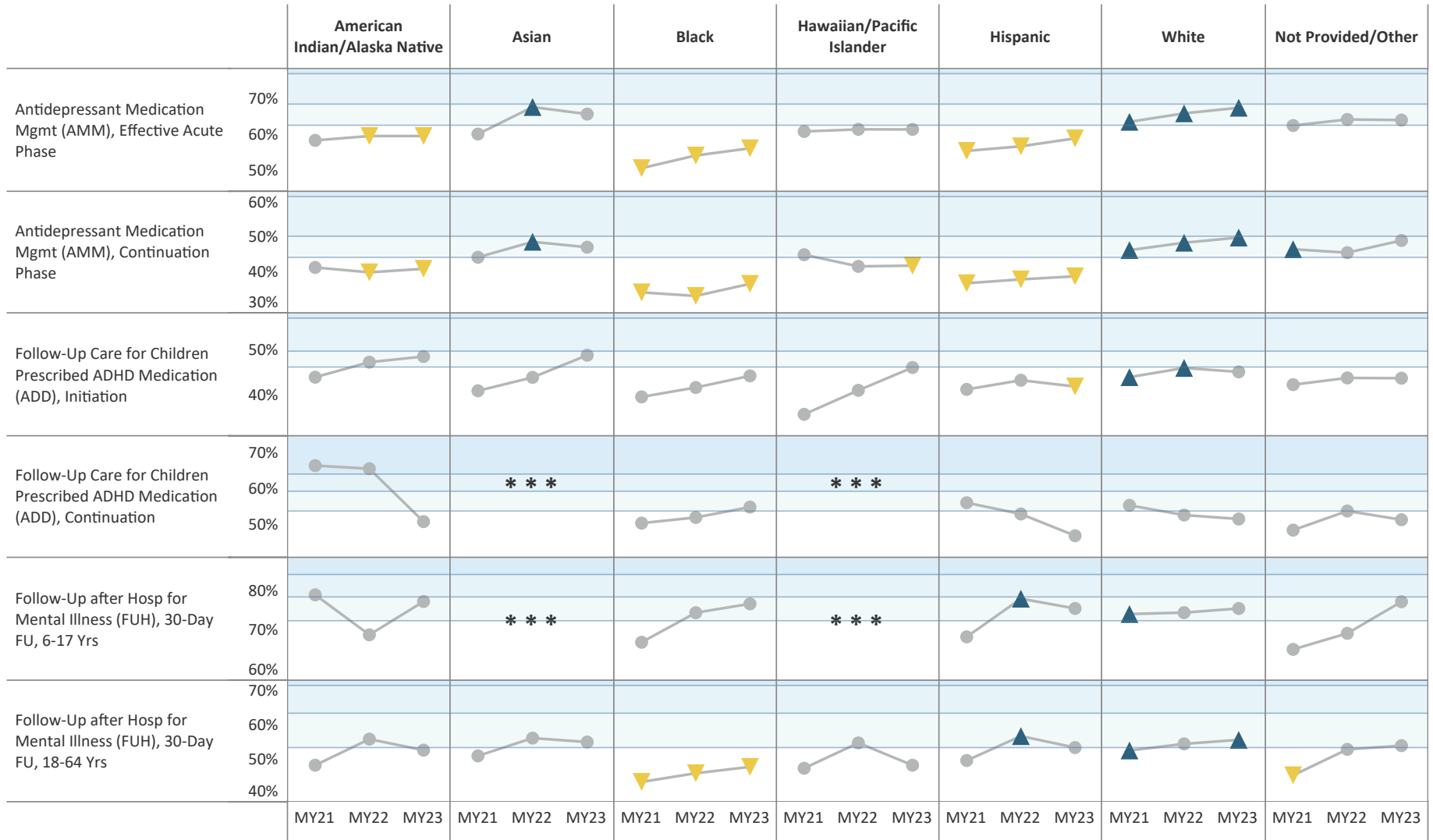
No statistically significant difference

Not enough data to report * * *

RDA Benchmark

At or Better than MY2023 Natl 50th Percentile
At or Better than MY2023 Natl 75th Percentile
At or Better than MY2023 Natl 90th Percentile

Behavioral Health



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 * * *

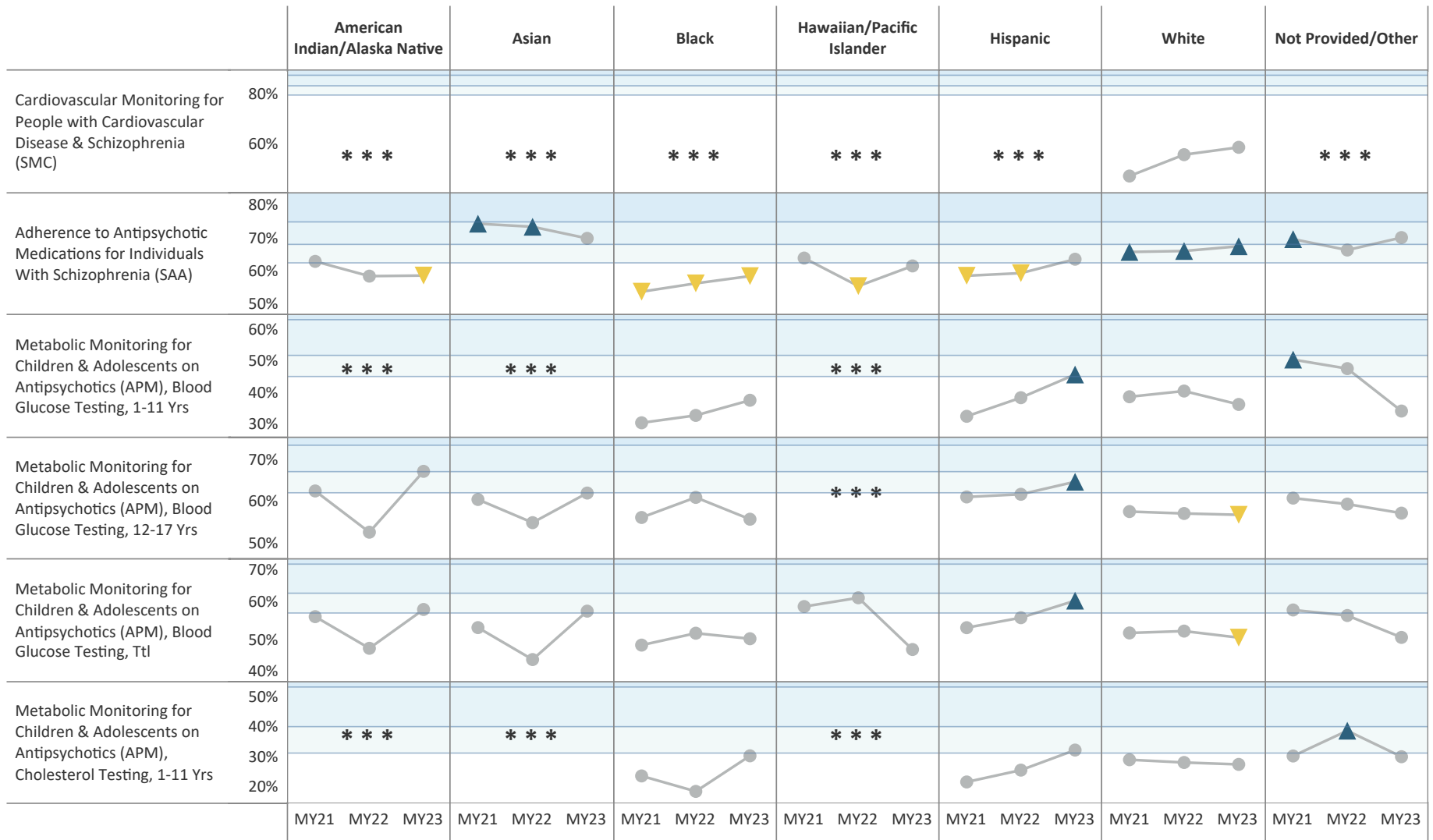
— RDA Benchmark

At or Better than MY2023 Natl 50th Percentile

At or Better than MY2023 Natl 75th Percentile

At or Better than MY2023 Natl 90th Percentile

Behavioral Health



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

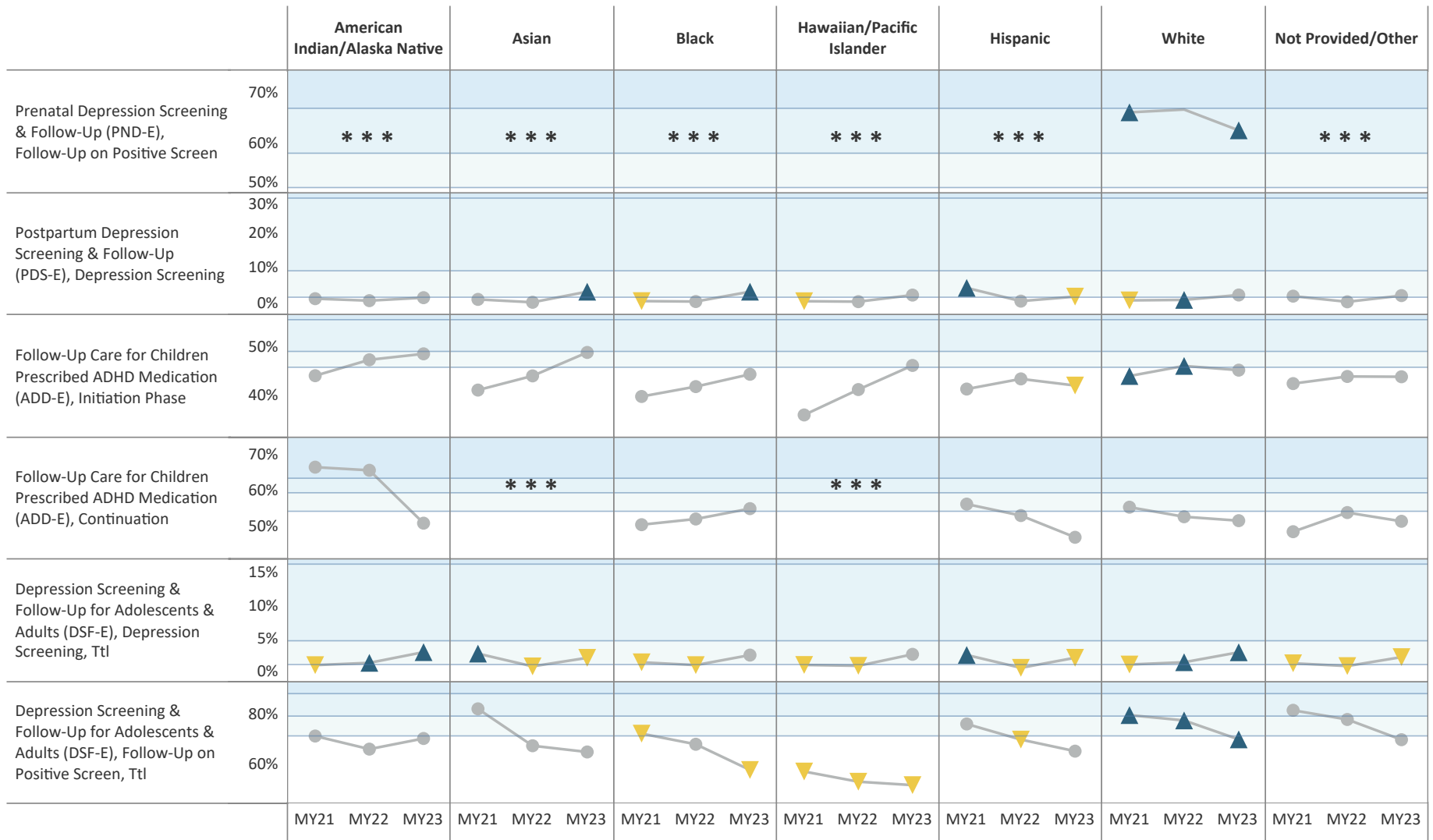
No statistically significant difference

Not enough data to report * * *

RDA Benchmark

At or Better than MY2023 Natl 50th Percentile
At or Better than MY2023 Natl 75th Percentile
At or Better than MY2023 Natl 90th Percentile

Behavioral Health



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 * * *

RDA Benchmark

At or Better than MY2023 Natl 50th Percentile
At or Better than MY2023 Natl 75th Percentile
At or Better than MY2023 Natl 90th Percentile

Behavioral Health



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 * * *

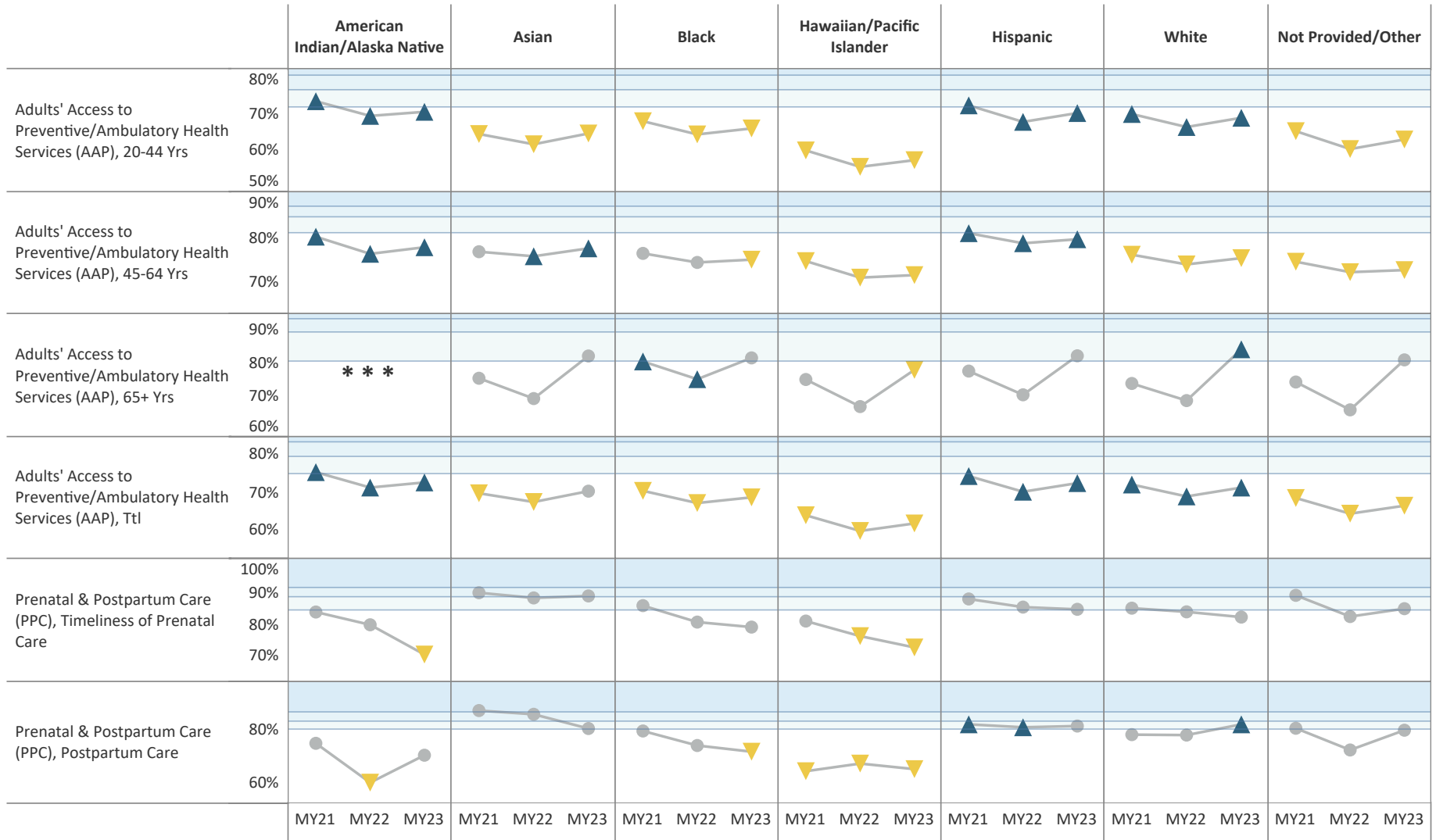
RDA Benchmark

At or Better than MY2023 Natl 50th Percentile

At or Better than MY2023 Natl 75th Percentile

At or Better than MY2023 Natl 90th Percentile

Access/Availability of Care



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



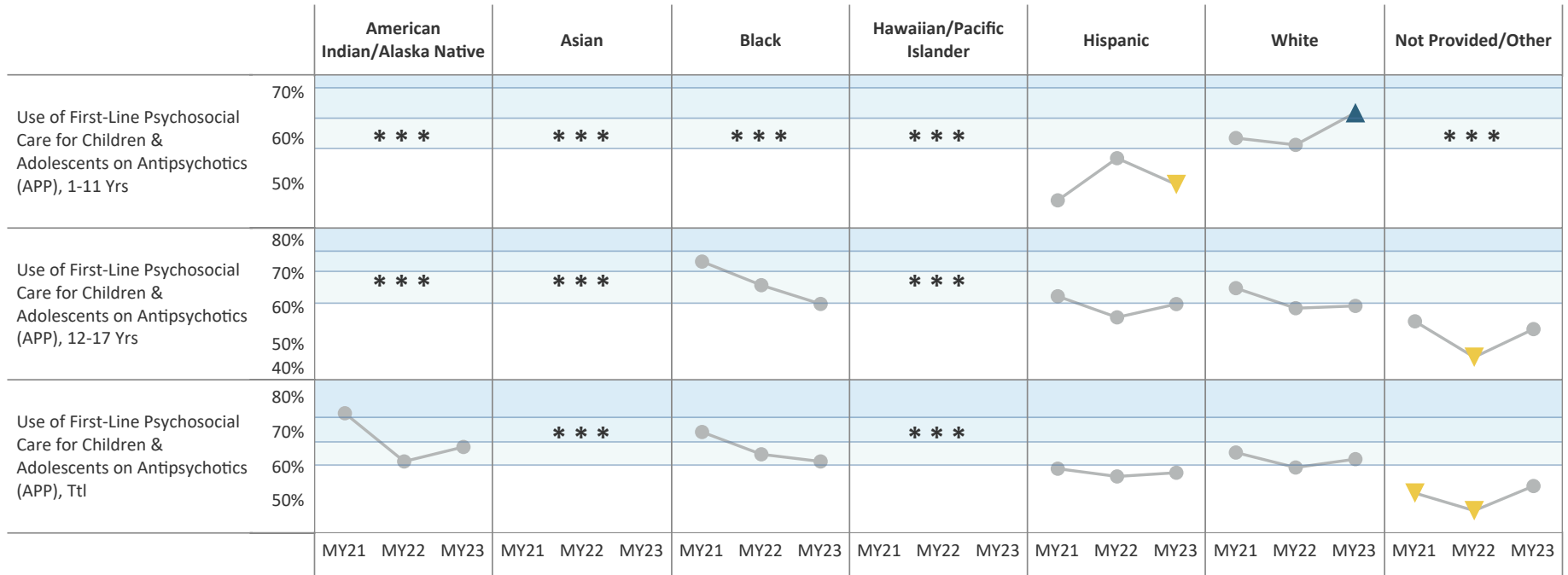
No statistically significant difference

Not enough data to report * * *

RDA Benchmark

At or Better than MY2023 Natl 50th Percentile
At or Better than MY2023 Natl 75th Percentile
At or Better than MY2023 Natl 90th Percentile

Access/Availability of Care



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 2023 measurement year. The measures include Healthcare Effectiveness Data and Information Set (HEDIS®) performance measure rates collected in 2024, reflecting performance in calendar year 2023. It also includes five additional measures that were developed by the Washington State Health Care Authority. To be consistent with NCQA methodology, the 2023 calendar year (CY) is referred to as the Measure Year 2023 (MY2023) in this report. The measures also include their indicators (for example, rates for specific age groups or specific populations).

Washington State Measures

The state monitors and self-validates the following measures, reflecting 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)
- Percent Arrested – Members with Substance Use Disorder (SUD) Treatment Need (SA-SUD)
- Percent Arrested – Members with Mental Health Treatment Need (SA-MH)
- Receipt of Substance Use Disorder Treatment within 7 Days – Department of Corrections (DOC) Facility Releases (DI-FUA-7D)
- Receipt of Substance Use Disorder Treatment within 30 Days – DOC Facility Releases (DI-FUA-30D)
- Receipt of Substance Use Disorder Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUA-7D)
- Receipt of Substance Use Disorder Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUA-30D)
- Receipt of Mental Health Treatment within 7 Days – DOC Facility Releases (DI-FUM-7D)
- Receipt of Mental Health Treatment within 30 Days – DOC Facility Releases (DI-FUM-30D)
- Receipt of Mental Health Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUD-7D)
- Receipt of Mental Health Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUM-30D)

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.

Effective March 17, 2014, 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 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.

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 Automated Client Eligibility 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.

The Washington legislature passed Substitute Senate Bill 5157; Section 2(7); Chapter 267 and Second Substitute House Bill 1860; Section 2(7)(a); Chapter 215 which require HCA to track rates of criminal justice system involved Apple Health clients with an identified behavioral health need and then report on options and its recommendations to utilize the identified criminal justice performance measures within MCO contracts for value-based purchasing and performance improvement projects. In alignment with the legislation, HCA and RDA provided the Performance Measures Coordinating Committee (PMCC) a list of potential performance measures to establish the criminal justice performance measures. The PMCC then developed and incorporated the criminal justice measures into the statewide common measure set.

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.

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.¹⁵

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, MY2023.

Measure	Administrative Rate	Hybrid Rate	Difference
Controlling High Blood Pressure (CBP)	40.6%	63.0%	+ 22.4%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	60.4%	85.2%	+ 24.8%
Prenatal and Postpartum Care (PPC), Postpartum Care	63.1%	81.8%	+ 18.7%

ECDS Measures

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/>.

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.

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

¹⁵ 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.

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, 2023, and December 31, 2023. 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 Health Insurance Portability and Accountability Act 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: MY2020, MY2021, MY2022 and MY2023. 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 MY2023 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 MY2022 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 considerable 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

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.

Appendix E: 2023 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: Criminal Justice Measures

Appendix F contains the criminal justice measures with three-year trends.

Summary

Legislation requires HCA to monitor the rates of Apple Health clients with identified behavioral health needs involved in the criminal justice system.^{16,17} In alignment with the legislation, three (3) criminal justice performance measures were established by the Department of Social and Health Services (DSHS) Research and Data Administration (RDA) and incorporated into the statewide common measure set by the Performance Measures Coordinating Committee. The final approved performance measures include:

- Rate for Medicaid Beneficiaries with Behavioral Health Needs
- Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Following Release from a Correctional Facility
- Receipt of Outpatient Mental Health Treatment for Medicaid Beneficiaries Following Release from a Correctional Facility

List of Measures

This is the list of specific criminal justice measures that RDA is producing for HCA:

- **Percent Arrested - Members with Substance Use Disorder (SUD) Treatment Need (SA-SUD)** – Arrest rate for Medicaid enrollees with a substance use disorder treatment need
- **Percent Arrested - Members with Mental Health Treatment Need (SA-MH)** – Arrest rate for Medicaid enrollees with a mental health treatment need
- **Receipt of Substance Use Disorder Treatment within 7 Days - Department of Corrections (DOC) Facility Releases (DI-FUA-7D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified substance use disorder treatment need who received follow-up services within 7 days of discharge
- **Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified substance use disorder treatment need who received follow-up services within 30 days of discharge
- **Receipt of Substance Use Disorder Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUA-7D)** – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified substance use disorder treatment need who received follow-up services within 7 days of discharge
- **Receipt of Substance Use Disorder Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUA-30D)** - percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified substance use disorder treatment need who received follow-up services within 30 days of discharge
- **Receipt of Mental Health Treatment within 7 Days - DOC Facility Releases (DI-FUM-7D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified mental health treatment need who received follow-up services within 7 days of discharge

¹⁶ Substitute Senate Bill 5157; Section 2(7); Chapter 267; Laws of 2021.

¹⁷ Second Substitute House Bill 1860; Section 2(7)(a); Chapter 215; Laws of 2022.

- **Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D)** – Percent of members age 18 and older who were discharged from a DOC facility with an identified mental health treatment need who received follow-up services within 30 days of discharge
- **Receipt of Mental Health Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUM-7D)** – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified mental treatment need who received follow-up services within 7 days of discharge
- **Receipt of Mental Health Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUM-30D)** – Percent of members age 18 and older who were discharged from a jail facility under DOC supervision with an identified mental treatment need who received follow-up services within 30 days of discharge

Measure Results

Figures F-1 and F-2 show the results for these measures for the period of MY2021 through MY2023. Note the blue arrows indicate a statistically significant improvement and the yellow arrows indicate a statistically significant decline.

Table F-1 reports the actual rates for these measures for the period between MY2021 through MY2023.

Between MY2020 and MY2021, there was a statistically significant improvement in the Percent Arrested - Members with Mental Health Treatment Need (SA – MH) and the Percent Arrested - Members with Substance Use Disorder Treatment Need (SA-SUD). This result was on a statewide basis and for all MCOs. However, there was a statistically significant decline in the Percent Arrested - Members with Mental Health Treatment Need (SA-MH) and the Percent Arrested - Members with Substance Use Disorder Treatment Need (SA-SUD) between MY2022 and MY2023. This result was on a statewide basis and for all MCOs. There was also a statewide significantly significant decline for the Percent Arrested - Members with Substance Use Disorder Treatment Need (SA-SUD) between MY2021 and MY2022. Note that a lower percentage is better for these measures.

For the Receipt of Substance Use Disorder Treatment within 7 Days – Department of Corrections Facility Releases measure (DI-FUA-7D), there were statistically significant increases statewide and for UHC between MY2021 and MY2022. There were similar results for the Receipt of Substance Use Disorder Treatment within 30 Days – Department of Corrections Facility Releases measure (DI-FUA-30D), with a statistically significant increase statewide between MY2021 and MY2022.

There were no other statistically significant changes reported.

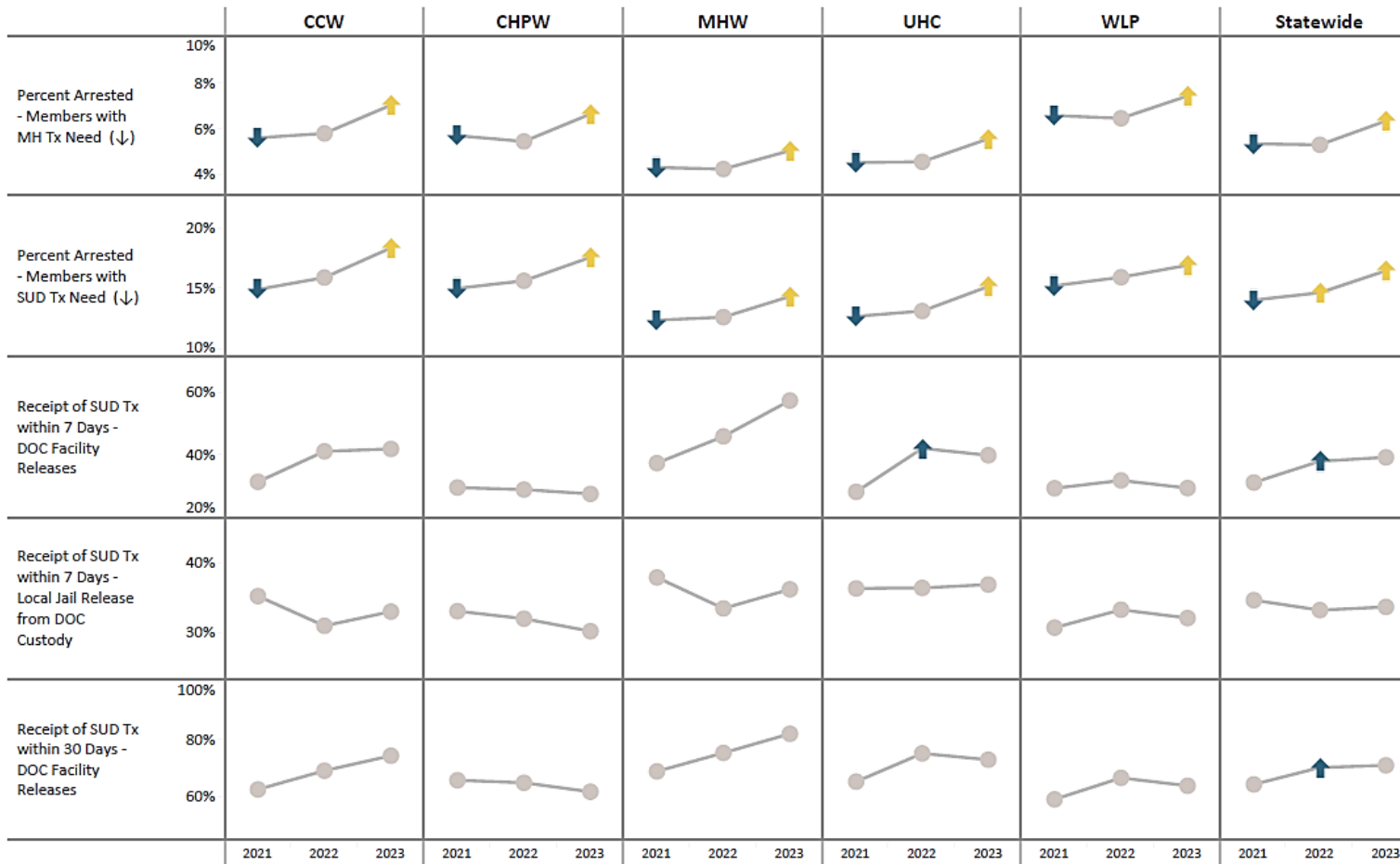
Figure F-1. Criminal Justice Measure Performance by MCO, MY2021-MY2023.

Measures where higher scores are better: Measures where lower scores are better:

Statistically significant decrease from previous measure year ⬆ Statistically significant decrease from previous measure year ⬇ No statistically significant change from previous measure year ●




Statistically significant increase from previous measure year ⬇ Statistically significant increase from previous measure year ⬆




NOTE: x-axes are not equivalent across measures.



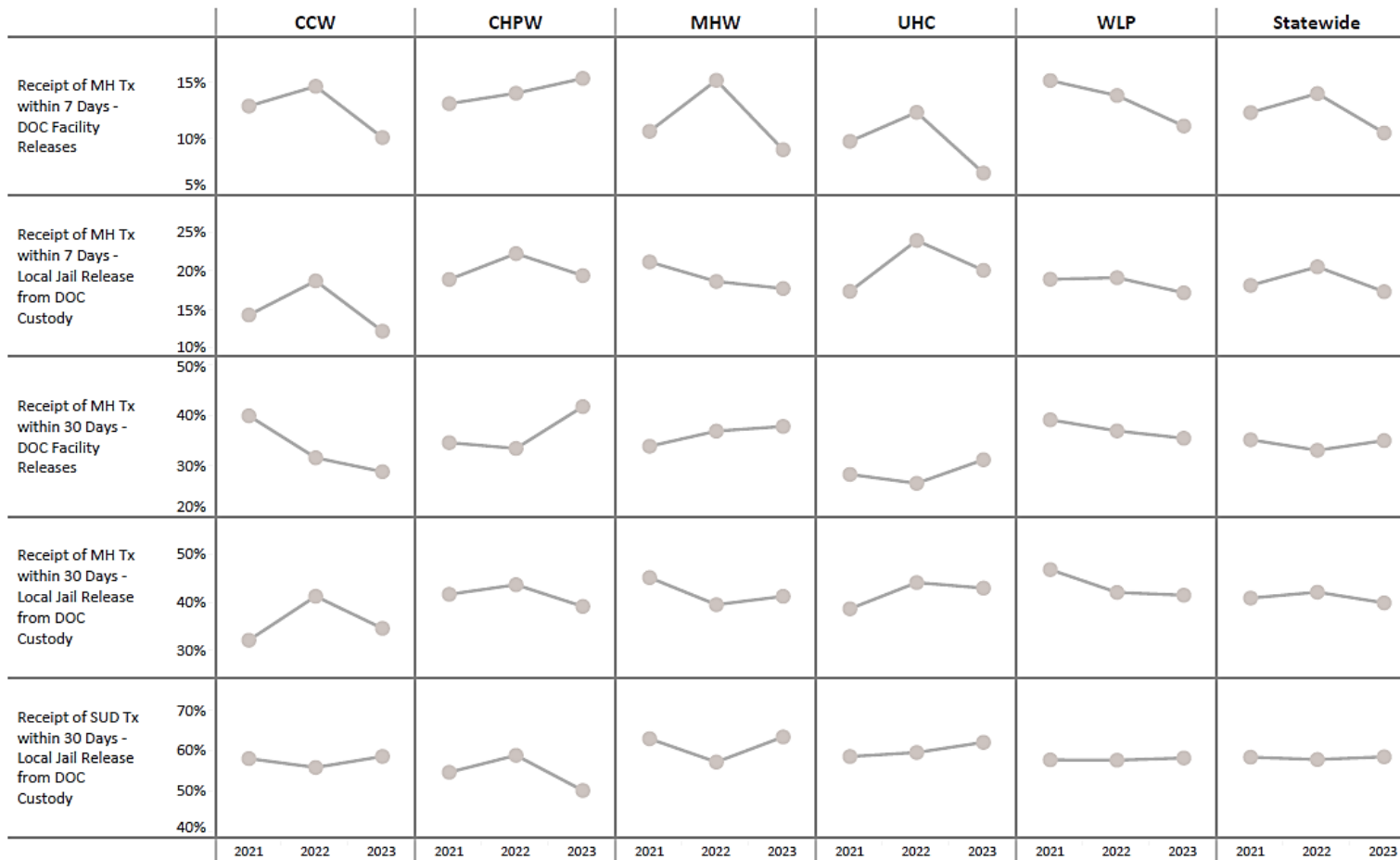
(↓) For this measure lower scores are better.

Figure F-2. Criminal Justice Measure Performance by MCO, MY2021-MY2023, Continued.

Measures where higher scores are better: Statistically significant increase from previous measure year  Statistically significant decrease from previous measure year  No statistically significant change from previous measure year 

Measures where lower scores are better: Statistically significant increase from previous measure year  Statistically significant decrease from previous measure year  No statistically significant change from previous measure year 

NOTE: x-axes are not equivalent across measures.



(↓) For this measure lower scores are better.

Table F-1. Criminal Justice Measure Performance by MCO, MY2021-MY2023.

Abbrev Measure Desc		CCW			CHPW			MHW			UHC			WLP			Statewide		
		2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Percent Arrested - Members with MH Tx Need (↓)	Rate	5.6%	5.8%	7.1%	5.7%	5.5%	6.7%	4.3%	4.3%	5.1%	4.6%	4.6%	5.6%	6.6%	6.5%	7.5%	5.4%	5.3%	6.4%
	Num	2,203	2,582	2,838	2,831	3,051	3,551	9,615	10,167	10,600	2,794	2,998	3,166	3,656	3,748	3,621	21,099	22,546	23,776
	Den	39,037	44,258	40,120	49,351	55,624	53,147	221,097	237,650	208,534	61,241	65,201	56,526	55,294	57,696	48,467	426,020	460,429	406,794
Percent Arrested - Members with SUD Tx Need (↓)	Rate	15.0%	16.0%	18.4%	15.1%	15.7%	17.6%	12.4%	12.7%	14.4%	12.8%	13.2%	15.2%	15.3%	16.0%	17.0%	14.1%	14.7%	16.5%
	Num	2,329	2,817	3,007	3,063	3,367	3,680	9,515	10,107	10,402	3,024	3,240	3,325	3,953	4,167	3,831	21,884	23,698	24,245
	Den	15,552	17,657	16,339	20,332	21,464	20,878	76,539	79,676	72,264	23,705	24,566	21,852	25,868	26,077	22,575	161,996	169,440	153,908
Receipt of MH Tx within 7 Days - DOC Facility Releases	Rate	12.9%	14.7%	10.2%	13.2%	14.1%	15.4%	10.7%	15.2%	9.1%	9.8%	12.4%	7.0%	15.2%	13.9%	11.2%	12.4%	14.0%	10.6%
	Num	22	26	25	30	29	32	12	14	12	17	14	9	38	24	17	119	107	95
	Den	170	177	246	228	206	208	112	92	132	173	113	128	250	173	152	933	761	866
Receipt of MH Tx within 7 Days - Local Jail Release from DOC Custody	Rate	14.3%	18.8%	12.2%	19.0%	22.3%	19.5%	21.2%	18.7%	17.8%	17.4%	24.0%	20.2%	19.0%	19.2%	17.2%	18.2%	20.6%	17.4%
	Num	33	40	47	55	48	73	133	78	90	54	68	52	79	67	56	354	301	318
	Den	230	213	384	290	215	375	626	417	506	310	283	258	416	349	325	1,872	1,477	1,848
Receipt of MH Tx within 30 Days - DOC Facility Releases	Rate	40.0%	31.6%	28.9%	34.6%	33.5%	41.8%	33.9%	37.0%	37.9%	28.3%	26.5%	31.3%	39.2%	37.0%	35.5%	35.2%	33.1%	35.1%
	Num	68	56	71	79	69	87	38	34	50	49	30	40	98	64	54	332	253	302
	Den	170	177	246	228	206	208	112	92	132	173	113	128	250	173	152	933	761	866
Receipt of MH Tx within 30 Days - Local Jail Release from DOC Custody	Rate	32.2%	41.3%	34.6%	41.7%	43.7%	39.2%	45.2%	39.6%	41.3%	38.7%	44.2%	43.0%	46.9%	42.1%	41.5%	40.9%	42.2%	39.9%
	Num	74	88	133	121	94	147	283	165	209	120	125	111	195	147	135	793	619	735
	Den	230	213	384	290	215	375	626	417	506	310	283	258	416	349	325	1,872	1,477	1,848
Receipt of SUD Tx within 7 Days - DOC Facility Releases	Rate	31.3%	41.2%	41.9%	29.4%	28.8%	27.4%	37.4%	46.0%	57.6%	28.1%	42.1%	39.9%	29.2%	31.7%	29.3%	31.1%	38.0%	39.2%
	Num	77	119	138	106	78	86	65	75	136	85	75	77	125	80	60	458	427	497
	Den	246	289	329	360	271	314	174	163	236	303	178	193	428	252	205	1,511	1,153	1,277
Receipt of SUD Tx within 7 Days - Local Jail Release from DOC Custody	Rate	35.3%	31.0%	33.1%	33.1%	32.0%	30.2%	38.1%	33.5%	36.3%	36.4%	36.5%	37.0%	30.7%	33.3%	32.1%	34.7%	33.3%	33.7%
	Num	136	114	201	156	114	173	424	238	300	195	164	144	207	195	158	1,118	825	976
	Den	385	368	608	471	356	573	1,114	710	826	535	449	389	674	585	492	3,179	2,468	2,888
Receipt of SUD Tx within 30 Days - DOC Facility Releases	Rate	62.6%	69.2%	74.5%	65.8%	64.9%	61.8%	69.0%	75.5%	82.2%	65.3%	75.3%	73.1%	59.1%	66.7%	63.9%	64.4%	70.3%	71.1%
	Num	154	200	245	237	176	194	120	123	194	198	134	141	253	168	131	962	801	905
	Den	246	289	329	360	271	314	174	163	236	303	178	193	428	252	205	1,511	1,153	1,277
Receipt of SUD Tx within 30 Days - Local Jail Release from DOC Custody	Rate	58.2%	56.0%	58.7%	54.8%	59.0%	50.3%	63.1%	57.3%	63.6%	58.7%	59.7%	62.2%	57.9%	57.8%	58.3%	58.5%	58.0%	58.6%
	Num	224	206	357	258	210	288	703	407	525	314	268	242	390	338	287	1,889	1,429	1,699
	Den	385	368	608	471	356	573	1,114	710	826	535	449	389	674	585	492	3,179	2,468	2,888

(√) For this measure, lower scores are better.