Comagine Health

2024 EQR Annual Technical Report

Washington Apple Health

Washington State Health Care Authority

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Presented by:

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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 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.

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

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Acronym List

Table 1. Acronyms Used Frequently in this Report.

Acronym	Definition
AAP	Adults' Access to Preventive/Ambulatory Health Services
AH-BD	Apple Health Blind/Disabled
ADD	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication
ADHD	Attention-Deficit/Hyperactivity Disorder
AH-IFC	Apple Health Integrated Foster Care
AH-IMC	Apple Health Integrated Managed Care
AIAN	American Indian/Alaska Native
ASCR	Automatic Source Code Review
ASF-E	Unhealthy Use of Alcohol Screening and Follow-up Services - Electronic Clinical Data Systems
AMM	Antidepressant Medication Management
AMR	Asthma Medication Ration
BARC-10	Brief Assessment of Recovery Capital
BCS	Breast Cancer Screening
BCS-E	Breast Cancer Screening - Electronic Clinical Data Systems
BH	Behavioral Health
BHA	Behavioral Health Agency
BHSO	Behavioral Health Services Only - a PIHP plan
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CANS	Child and Adolescent Needs and Strengths
CAP	Corrective Action Plan
CCS	Cervical Cancer Screening
CCW	Coordinated Care of Washington
CHIP	Children's Health Insurance Program
CHPW	Community Health Plan of Washington
CFR	Code of Federal Regulations
CFT	Child and Family Team
CIS	Childhood Immunization Status
CMS	Centers for Medicare & Medicaid Services
COE	Center of Excellence
COL-E	Colorectal Cancer Screening - Electronic Clinical Data Systems
COPD	Chronic Obstructive Pulmonary Disease
CPC	Clinical Practice Consultants
CSCP	Cross-System Care Plan
CY	Calendar Year
DOC	Department of Corrections
DOH	Department of Health
DI-FUA-7D	Receipt of SUD Treatment 7 Days - DOC Release
DI-FUA-30D	Receipt of SUD Treatment 30 Days - DOC Release

Acronym	Definition
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
DI-FUM-7D	Receipt of MH Treatment 7 Days - DOC Release
DI-FUM-30D	Receipt of MH Treatment 30 Days - DOC Release
DME	Durable Medical Equipment
DRR	Depression Remission or Response
DRR-E	Depression Remission or Response for Adolescents and Adults - Electronic Clinical Data Systems
DSHS	Department of Social and Health Services
DV-FUM-7D	Receipt of MH Treatment 7 Days - Local Jail DOC Custody Release
DV-FUM-30D	Receipt of MH Treatment 30 Days - Local Jail DOC Custody Release
ECDS	Electronic Clinical Data Systems
ED	Emergency Department
EQR	External Quality Review
EQRO	External Quality Review Organization
FAR	Final Audit Report
FFS	Fee-for-Service
FUA	Follow-Up After Emergency Department Visit for Substance Use
FUH	Follow-Up After Hospitalization for Mental Illness
FUI	Follow-Up After High Intensity Care for Substance Use Disorder
FUM	Follow-Up after Emergency Department Visit for Mental Illness
FY	Fiscal Year
HCA	Health Care Authority
HCBS	Home and Community-Based Long-Term Services and Supports Use
HD	HEDIS Measure Determination
HDO	Use of Opioids at High Dosage
HEDIS®[1]	Healthcare Effectiveness Data and Information Set
HOME-B	Percent Homeless - Broad Definition
HOME-N	Percent Homeless - Narrow Definition
IET	Initiation and Engagement of Substance Use Disorder Treatment
IFC	Integrated Foster Care
IMC	Integrated Managed Care
IS	Information System
ISCA	Information Systems Capabilities Assessment
KED	Kidney Health Evaluation for Patients with Diabetes
LIER	Low Intensity Emergency Redirect
LSC	Lead Screening in Children
LTSS	Long-Term Services and Support
MCO	Managed Care Organization
MCP	Managed Care Plan[2]

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

[2] Includes MCOs, prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management (PCCM) entities described in 42 CFR 438.310(c)(2).

Acronym	Definition
MH	Mental Health
MH-B	Mental Health Service Rate - Broad Definition
MHW	Molina Healthcare of Washington
MY	Measurement Year
(N)	Number
NA	Not Applicable
NAV	Network Adequacy Validation
NCQA	National Committee for Quality Assurance
NQS	CMS National Quality Strategy
PAHP	Prepaid Ambulatory Health Plans[3]
PCC	Point Click Care
PCCM	Primary Care Case Management[4]
PCP	Primary Care Physician
PDSA	Plan-Do-Study-Act
PI	Program Integrity
PIHP	Prepaid Inpatient Health Plan[5]
PIP	Performance Improvement Plan
PMV	Performance Measure Validation
PND-E	Prenatal Depression Screening - Electronic Clinical Data Systems
POD	Pharmacotherapy for Opioid Use Disorder
PPC	Prenatal and Postpartum Care
PRO	Person-Reported Outcomes
PRO-PM	Person-Reported Outcomes-Based Performance Measures
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
QIRT	Quality Improvement Review Tool
QES	Quest Enterprise Services
QMMI	Quality Measurement Monitoring and Improvement
QS	Washington State Managed Care Quality Strategy
PHQ	Patient Health Questionnaire
RDA	Department of Social and Health Services Research and Data Analysis Division
RY	Reporting Year
REDCap	Research Electronic Data Capture System
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
SDP	State Directed Payment
SIU	Special Investigative Unit
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder Treatment Rate

[3] HCA did not contract with any PAHPs in the year reported.

[4] HCA's PCCM contracts do not include shared savings, incentive payments or other financial reward for the PCCM entity for improved quality outcomes, thus are not included in the state's EQR work.

[5] HCA contracted with PIHPs (BHSO) in the year reported within the Medicaid IMC contract.

Acronym	Definition
TM-RA	TEAMonitor Required Action
UHC	UnitedHealthcare Community Plan
UMP	Utilization Management Program
VBP	Value-Based Purchasing
W30	Well-Child Visits in the First 30 Months of Life
WCV	Child and Adolescent Well-Care Visits
WLP	Wellpoint of Washington
WISe	Wraparound with Intensive Services

Executive Summary

In 2023, approximately 2 million Washingtonians were enrolled in Apple Health,[6] with more than 84% enrolled in an integrated managed care program. The Washington State Health Care Authority (HCA) administered services for care delivery through contracts with five managed care plans (MCPs):

- 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

The MCPs in Washington State include both a managed care organization (MCO) and a Behavioral Health Services Only (BHSO) program – a Prepaid Inpatient Health Plan (PIHP)[7] – within each entity. In this report, the plans will be referred to as MCPs **except** for the following sections where the MCO/BHSO descriptors will be used to differentiate the plans.

- **Compliance Review:** MCP will be used in this section when not specifically referring to MCO or BHSO results.
- **Performance Measure Validation – Performance Measure Comparative Analysis**: MCP will be used in this section when not specifically referring to MCO or BHSO population data and/or results.

Federal requirements mandate that every state Medicaid agency that contracts with MCPs provide for an external quality review (EQR) of health care services to assess the accessibility, timeliness and quality of care furnished to Medicaid enrollees. Comagine Health conducted this 2024 review as Washington's Medicaid external quality review organization (EQRO). This technical report describes the results of this evaluation. No MCPs in Washington are exempt from the EQR.

In 2024, TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards, reviewed both MCOs and BHSOs for compliance, performance improvement project (PIP) validation and network adequacy validation (NAV). Although TEAMonitor completed both MCO and BHSO reviews in one session of the onsite visit, the programs were reviewed as separate entities, with their own scores. TEAMonitor provided the MCP-specific reports relating these activities to Comagine Health.

Information in this report was collected from MCPs through review activities based on Centers for Medicare & Medicaid Services (CMS) protocols.[8] Additional activities may be included as specified by contract.

[6] Apple Health Client Eligibility Dashboard. Washington State Health Care Authority. Available at: https://hca-tableau.watech.wa.gov/t/51/views/ClientDashboard-Externalversion/AppleHealthClientDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y.

[7] Washington HCA. Behavioral Health Services Only Enrollment. Available at: https://www.hca.wa.gov/assets/program/bhso-fact-sheet.pdf.

[8] CMS EQR Protocols. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf.

Washington's Medicaid Program Overview

In Washington, Medicaid enrollees are covered by five health plans through the following managed care 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 Medicaid managed care programs, Medicaid enrollees may qualify under the following 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)

Apple Health Managed Care Program and Initiatives

The Apple Health managed care program has been providing Medicaid and CHIP enrollees with access to both physical and behavioral health services through the managed care program statewide since January 2020. Most services for Apple Health clients are provided through managed care organizations through integrated and partial MCPs. The integrated program, AH-IMC, provides Apple Health clients both physical and behavioral health (mental health and substance use disorder treatment benefits, including crisis services) while the AH-IFC program provides these benefits and services to clients in foster care, receiving adoption support and alumni of foster care.

The BHSO program is a partial program serving clients with behavioral health benefits in their Apple Health eligibility package who are not eligible for AH-IMC (such as those with Medicare as primary insurance) or who have opted out of an integrated program (e.g., adoption support and alumni of foster care). BHSO enrollees have access to physical health benefits through the fee-for-service (FFS) delivery system (referred to as Apple Health coverage without a managed care plan) and/or other primary health insurance. Additionally, some services continue to be available through the FFS delivery system, such as dental services for all enrollees.

Health equity has been a focus for Washington's Apple Health program for several years now. To strengthen the health equity lens of Apple Health quality oversight, HCA continues to explore ways to embed health equity concepts into all program areas. Examples include expanding the available data set to allow for deeper analysis to identify health inequity, as well as encouraging and publicly recognizing the contracted MCPs holding a National Committee for Quality Assurance (NCQA) Health Equity Accreditation and moving towards requirement of this additional accreditation within MCP contracts.

Evaluation of Quality, Access and Timeliness of Health Care and Services

Under 42 CFR §438.364, states are required to contract with a qualified EQRO to summarize findings from each EQR-related activity, where data is aggregated and analyzed. Conclusions are then drawn regarding the quality, timeliness and access to health care provided by MCPs to Medicaid beneficiaries.

EQR-related activities set forth in 42 CFR §438.358 are intended to:

- Improve states' ability to oversee and manage the MCPs they contract with for services.
- Help MCPs improve their performance with respect to quality, timeliness and access to care.

These concepts are summarized below in Figure 1 and the following text.

Figure 1. Illustration of Quality, Access and Timeliness of Care.

Quality

Quality of care encompasses access and timeliness as well as the process of care delivery and the experience of receiving care. Although enrollee outcomes can also serve as an indicator of quality of care, outcomes depend on numerous variables that may fall outside the provider's control, such as patients' adherence to treatment. CMS describes quality as the degree to which a managed care organization increases the likelihood of desired health outcomes for its enrollees through its structural and operational characteristics as well as through the provision of health services that are consistent with current professional knowledge.

Access

Access to care encompasses the steps taken for obtaining needed health care and reflects the patient's experience before care is delivered. Access to care affects a patient's experience as well as outcomes and, therefore, the quality of care received. Adequate access depends on many factors, including availability of appointments, the patient's ability to see a specialist, adequacy of the health care network and availability of transportation and translation services.

Timeliness

Timeliness of care reflects the readiness with which enrollees are able to access care, a factor that ultimately influences quality of care and patient outcomes. It also reflects the health plan's adherence to timelines related to authorization of services, payment of claims and processing of grievances and appeals.

Summary of EQR Activities, Key Results and Recommendations

The federal regulations governing EQR under 42 CFR Part 438 outline both mandatory and optional activities that must be addressed by the EQRO. The 2024 EQR conducted in Washington state included activities that align with these CMS protocols.[9]

The summaries of the 2024 EQR are outlined below. For further information, please see the EQR activity sections within this report. EQRO recommendations will clarify whether the responsibility for addressing the recommendations lies with HCA or the MCPs. Follow-up on these recommendations will be included in the *2025 EQR Annual Technical Report*.

Quality Strategy Effectiveness Analysis

To fulfill the requirement established by federal regulation 42 CFR Part 438 Subpart E §438.340, the Washington State Managed Care Quality Strategy[10] "Quality Strategy" created a comprehensive strategy to assess, monitor, coordinate the quality of the managed care services and develop measurable goals and targets for continuous quality improvement.

The EQR is one part of an interrelated set of quality requirements that apply to Medicaid managed care. HCA reviews feedback provided by the EQRO when updating the Quality Strategy. Per 42 CFR §§ 438.364(a)(4) and 457.1250, the feedback obtained from the state's EQRO should be used by states when they examine and update their quality strategy. Comagine Health's analysis examines how the state can focus on goals and objectives within the Quality Strategy to enhance the quality, timeliness and accessibility of health care services provided to Medicaid beneficiaries.

Quality Strategy Key Results

HCA's goals, Vision and Mission Statement, and Core Values for Apple Health continue to align with the four priority areas of CMS National Quality Strategy (NQS) which was updated by CMS in 2022.

Quality Strategy Effectiveness Analysis Recommendation

After review of the Quality Strategy and MCP performance, the EQRO recommends the following to HCA to improve the effectiveness of the Quality Strategy and MCP performance:

- Increase focus on data interoperability

[9] Electronic Code of Federal Regulations. Available at: https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr438_main_02.tpl

[10] Washington State Health Care Authority. Washington State Managed Care Quality Strategy. October 2022. Available at: https://www.hca.wa.gov/assets/program/13-0053-washington-state-managed-care-quality-strategy.pdf.

- Broaden scope in population health priorities
- Explicitly address person-reported outcomes
- Increase emphasis on resilience in health care delivery
- Include carceral setting transitions interventions
- Maintain focus on clinically meaningful areas
- Continue to leverage value-based payment incentives
- Focus on access, and preventive care and utilization
- Continue to prioritize health equity

For comprehensive details see the Quality Strategy Effectiveness Analysis section of the report.

Compliance Review

Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state. Washington's MCPs (which include the MCOs and BHSOs) are evaluated by TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards. TEAMonitor has chosen to spread the review over a three-year cycle, with 2024 being the final year of the current cycle.

TEAMonitor's review assesses activities for the previous calendar year and evaluates MCPs' compliance with federal standards codified in 42 CFR 438 and 42 CFR 457, as well as those established in the MCPs' contracts with HCA for all Apple Health Managed Care programs including AH-IMC, AH-IFC, CHIP and the BHSO. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Compliance Review Key Results

Aggregately, MCPs demonstrated strong performance in several key areas, including:

- Timely claims payment by MCOs
- Disenrollment: Requirements and limitations
- Coordination and continuity of care
- Subcontractual relationships and delegation
- Health information systems
- Quality Assessment and Performance Improvement (QAPI)
- Grievance and appeals system

Aggregately, MCPs showed notable deficiencies in meeting compliance standards, including:

- Coverage and authorization of services
- Program integrity requirements under the contract

Compliance Review Recommendations

Compliance – Program Level

In reviewing the 2024 MCP aggregate compliance scores provided by TEAMonitor, the Apple Health Plan MCPs[11] did not meet all elements for the following standards and associated elements. The MCPs will benefit from technical assistance by HCA to ensure they meet those requirements.

- Coverage and authorization of services (76%)
- Program integrity requirements under the contract (83.3%)

For comprehensive aggregate program level scores see the compliance section of the report.

Compliance – Plan Level

EQRO recommendations are based on the TEAMonitor required actions (TM-RAs), formerly known as corrective action plans, supplied to the MCPs. These MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time, to address specific issues, these recommendations may not be indicative of current performance. An update of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report*.

Please refer to the MCP profiles in Appendix A for each MCP's EQRO Recommendations.

Performance Improvement Project (PIP) Validation

In accordance with 42 CFR §§ 438.330 and 457.1240(b), states are required to ensure that their Medicaid and CHIP MCPs carry out PIPs annually as part of the plan's QAPI program. Washington's MCPs (which include the MCOs and BHSOs) are contractually required to have an ongoing program of clinical and non-clinical PIPs that are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction for all Apple Health programs, including AH-IMC, AH-IFC and BHSO.

As a component of its EQR review, TEAMonitor conducted an assessment and validation of the MCPs' PIPs to ensure they met state and federal guidelines; included all Apple Health enrollees; and were designed, implemented, analyzed and reported in a methodologically sound manner.

PIP Key Results

Although the majority of the MCPs' PIPs were scored as met and received a high confidence validation rating for adhering to acceptable methodologies across all phases of design and data collection, as well as conducting accurate data analysis and interpretation of results, most of the PIPs were rated with low to moderate confidence regarding their ability to demonstrate significant evidence of improvement.

PIP Recommendations

EQRO recommendations are based on the TM-RAs supplied to the MCPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address

[11] *Please note both the MCO and BHSO are referred to as the Apple Health Plan MCP (i.e., CCW MCP is CCW MCO **and** CCW BHSO, etc.).*

specific issues, these recommendations may not be indicative of current performance. An update of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report*.

In reviewing the 2024 MCP PIP submissions, the MCPs were issued EQRO recommendations, and are responsible for follow-up, based on TM-RA findings related to adherence to HCA standards, among them, ensuring:

- Interventions can be linked to outcomes; and
- The implementation of culturally and linguistically appropriate performance improvement strategies.

Please refer to the MCP profiles in Appendix A for each MCP's EQRO Recommendations.

Performance Measure Validation (PMV)

Performance measure validation is a required EQR activity described at 42 CFR §438.358(b)(1)(ii) which mandates that the state or an EQRO must validate the performance measures that were calculated during the preceding 12 months. Per 42 CFR, §438.330(c), states specify standard performance measures which the MCPs must include in their QAPI program. These measures are used to monitor the performance of the individual MCPs at a point in time, to track performance over time, to compare performance among MCPs and to inform the selection and evaluation of quality improvement activities.

This section contains results of the following areas: PMV, Washington state-developed PMV and the comparative analysis that was completed in 2024.

PMV Key Results

Performance measure validation was conducted through the Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit by Aqurate Health Data Management, Inc. The MCPs were in full compliance with the measurement year (MY) 2023[12] audits, with measure reporting processes aligned to state specifications. Confidence is high in the MCPs' ability to meet technical requirements. No strengths. weaknesses or recommendations were noted during the 2024 PMV.

For additional information, see the PMV section of this report.

Washington State-Developed PMV

Performance measures are used to monitor the performance of individual MCPs at a point in time, track performance over time, compare performance among MCPs, and inform the selection and evaluation of quality improvement activities. The state monitors and self-validates 15 state-developed measures, listed below, which are calculated by the Department of Social and Health Services Research and Data Analysis Division (RDA) reflecting services delivered to Apple Health enrollees.

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

[12] The 2023 calendar year is referred to as the measurement year 2023 (MY2023) in this report to be consistent with NCQA methodology.

- Percent Homeless – Broad Definition (HOME-B)
- Percent Arrested – Arrest rate for Medicaid enrollees with an SUD treatment need (SA-SUD)
- Percent Arrested – Arrest rate for Members with an MH treatment need (SA-MH)
- Receipt of SUD Treatment 7 Days – Department of Corrections (DOC) Release (DI-FUA-7D)
- Receipt of SUD Treatment 30 Days – DOC Release (DI-FUA-30D)
- Receipt of SUD Treatment 7 Days – Local Jail DOC Custody Release (DV-FUA-7D)
- Receipt of SUD Treatment 30 Days – Local Jail DOC Custody Release (DV-FUA-30D)
- Receipt of MH Treatment 7 Days – DOC Release (DI-FUM-7D)
- Receipt of MH Treatment 30 Days – DOC Release (DI-FUM-30D)
- Receipt of MH Treatment 7 Days – Local Jail DOC Custody Release (DV-FUM-7D)
- Receipt of Mental Health Treatment 30 Days – Local Jail DOC Custody Release (DV-FUM-30D)

Validated performance rates are included in this report.

Based on the validation process completed for each performance measure, the measures met audit specifications and are reportable by the state. Comagine Health did not identify any strengths or weaknesses during the 2024 RDA Self-Validated PMV.

For additional information see the Washington state-developed PMV section of this report.

Washington State-Developed PMV Key Results

Based on the validation process completed for each performance measure, the measures met audit specifications and are reportable by the state. Comagine Health did not identify any strengths or weaknesses or recommendations during the 2024 RDA Self-Validated PMV.

Performance Measure Comparative Analysis

Comagine Health conducted an analysis of the MCPs' HEDIS measures, a widely used set of health care performance measures reported by health plans. In addition, non-HEDIS measures, calculated by the RDA, were analyzed. These measures also allow MCPs to determine where quality improvement efforts may be needed.

Comagine Health thoroughly reviewed each MCP's rates for selected HEDIS measures, associated submeasures and RDA measures, representing a broad population base or population of specific or prioritized interest.

Performance Measure Comparative Analysis Recommendations

For additional information, see the performance measure comparative analysis section of this report. Refer to the *2024 Comparative Analysis Report* for comprehensive recommendations.

Network Adequacy Validation (NAV)

States are required to ensure that CHIPs and MCPs have provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across all services. According to 42 CFR

§438.68, states must establish measurable network adequacy standards for MCPs that consider regional factors and the needs of their Medicaid and CHIP beneficiaries across all services.

HCA developed travel distance standards that align managed care network adequacy reviews with federal requirements per 42 CFR §§438.68, 438.206, 438.358(b)(1)(iv), 457.1218 and 457.1230.

HCA conducted validation of network adequacy according to the HCA defined network standards. Comagine Health reviewed and validated HCA's process including an analysis of the worksheets and reported results provided by HCA.

NAV Key Results

The following provides a summary of the results from HCA's completed Apple Health network adequacy validation. The EQRO review of the NAV processes confirmed that HCA employs a sound methodology and effective processes for validating and reporting network access results.

- **Provider network access results:** Overall outcomes for each MCP in relation to provider network adequacy indicators by county.
    - MCPs achieved over 95% of the provider network adequacy indicators, with a range of 95.1% to 99.8%
    - MCPs met the indicators in over 80% of the counties.
- **Validation scores and ratings:** Scores and ratings that demonstrate the confidence level in the acceptable methodology used throughout all phases of design, data collection, analysis and interpretation of the provider network adequacy indicators, by each MCP.
    - MCPs received validation scores ranging from a low of 58.8% to a high of 88.2%, with the overall WA MCP level receiving a 72.9% score.
    - Two MCPs received a validation rating of "High Confidence," two MCPs received a validation rating of "Moderate Confidence," and one MCP received a validation rating of "Low Confidence."

NAV Recommendations

NAV – Program level

The EQRO recommends that HCA maintain their current monitoring process and collaborate with the MCPs to identify the causes and potential solutions for network inadequacies. This may involve determining if there is a shortage of available providers in the area, a reluctance of providers to contract with the MCPs or other contributing factors.

Given the Quest Analytics' Quest Enterprise Services (QES) system, which generates provider network access reports, does not produce a combined result at the aggregate program level for the state of Washington, HCA should explore adding this report option for the 2025 reporting cycle to the QES system.

NAV – Plan level

The EQRO's recommendations are based on HCA's guidance to the MCPs. The EQRO recommends HCA continue to issue corrective actions for MCPs that fail to comply, particularly in cases where there are ongoing inadequacies in critical provider types or a lack of response.

For additional information, see the NAV section of the report. Please refer to the MCP profiles in Appendix A for each MCP's EQRO Recommendations.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS survey is a tool used to assess consumers' experiences with their health plans and addresses such areas as the timeliness of getting care, how well doctors communicate, global ratings of health care, access to specialized services and coordination of care. The survey aims to measure how well MCPs are meeting their members' expectations and goals, determine which areas of service have the greatest effect on members' overall satisfaction and identify opportunities for improvement.

In 2024, the following surveys[13] were conducted:

- Apple Health MCPs conducted:
    - **CAHPS 5.1H Adult Medicaid survey** of individuals enrolled in Apple Health. The full report summarizing the findings is in Comagine Health's *2024 CAHPS® 5.1H Member Survey: Medicaid Adult Washington All Plan Report* produced by Press Ganey, an NCQA-certified survey vendor and subcontractor of Comagine Health.
    - **CAHPS 5.1H Medicaid Child with Chronic Conditions survey** of individuals enrolled in Apple Health. The full report summarizing the findings is in Comagine Health's *2024 CAHPS® 5.1H Member Survey: Medicaid Child Washington All Plan Report* produced by Press Ganey.
- NCQA-certified CAHPS survey vendor Press Ganey, under a subcontract with Comagine Health, conducted the **CAHPS 5.1H Medicaid Child survey** to Apple Health member households with children enrolled under the state's CHIP. The full summary is available in the *2024 CAHPS® 5.1H Member Survey: Medicaid Children's Health Insurance Program (CHIP) Washington Report.*
- As required by HCA, CCW conducted the **CAHPS 5.1H Medicaid Child with Chronic Conditions survey** of the AH-IFC program. The full summary of findings is available in CCW's *MY2023 CAHPS® Medicaid Child with CCC 5.1 Survey: Coordinated Care- Foster Care Report* produced by Press Ganey.

CAHPS Key Results

For the Apple Health Adult Medicaid, Child with Chronic Conditions and CHIP surveys, scores for the State of Washington tend to fall below national averages, consistent with the other states in their Health and Human Services Region 10 – Seattle (Alaska, Oregon, Idaho, Washington).

CAHPS 5.1H Adult Medicaid survey

The following 2024 Washington composite or rating scores fall significantly below the 2023 Quality Compass Average:

- **Rating of Health Plan:** 69.2% of members rated their health plan highly compared to the national average of 77.7%.

[13] Produced by Comagine Health. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) reports. Available at: https://www.hca.wa.gov/about-hca/data-and-reports.

- **Rating of Health Care:** 69.3% of members rated their health care highly which is significantly below the national average of 74.6%.
- **Getting Needed Care:** 76.9% of members reported they always or usually received needed care compared to the national average of 81.0%.
- **Getting Care Quickly:** 69.7% of members reported they always or usually received urgent care or routine appointments as soon as needed which is significantly below the national average of 80.4%.

CAHPS 5.1H Medicaid Child with Chronic Conditions survey
The following 2024 Washington composite or rating scores fall significantly below the 2023 Quality Compass Average:

- **Rating of Health Plan:** 84.6% of members rated their health plan highly compared to the national average of 86.2%.
- **Getting Needed Care:** 79.2% of members reported they always or usually received needed care compared to the national average of 82.7%.

Washington state has made improvements in 2024 with the following composite scores showing significant improvement over 2023 performance:

- **Getting Care Quickly:** 83.8% of members stated they always or usually received care quickly compared to 78.8% in 2023. This score still falls below the national average of 85.5%
- **Coordination of Care**: 83.5% of members stated they always or usually received care coordination compared to 79.0% in 2023. The national average is 83.8%.

CAHPS 5.1H Medicaid Child (CHIP population) survey
The following 2024 Washington composite or rating scores fall significantly below the 2023 Quality Compass Average:

- **Rating of Health Plan:** 61.0% of members rated their health plan highly compared to the national average of 70.9%.
- **Getting Routine Care:** 68.9% of members reported they always or usually received needed care which is significantly below the national average of 81.7%.

Washington composite or rating scores that exceed the 2023 Quality Compass Average:

- **How Well Doctors Communicate:** 95.1% of members stated their doctor usually or always communicated well and spent enough time with them compared to the national average of 93.6%.

CAHPS 5.1H Medicaid Child with Chronic Conditions (AH-IFC program) survey
The following 2024 CCW composite or rating scores for the foster care population fall significantly below the 2023 Quality Compass Average:

- **Rating of Health Plan:** 79.0% of members rated their health plan highly compared to the national average of 86.2%.

CCW composite or rating scores for the foster care population that exceed the 2023 Quality Compass Average:

- **Getting Care Quickly:** 90.4% of members of members reported they always or usually received urgent care or routine appointments as soon as needed which is significantly above the national average of 85.5%.
- **How Well Doctors Communicate:** 98.3% of members stated their doctor usually or always communicated well and spent enough time with them compared to the national average of 93.6%.

CAHPS Recommendation

Recommendations for CAHPS are provided to all MCPs for the Apple Health Integrated Managed Care – Medicaid Adult, Medicaid Child and Medicaid Child with Chronic Conditions surveys include:

- Access to care remains a critical area for improvement for Apple Health MCPs and should be a primary focus for ongoing improvement efforts. MCPs could use targeted outreach to ensure members are able to schedule routine appointments early and ensure members are aware of alternative medical services such as: walk-in clinics, urgent care, immediate care and telehealth. Connecting high-risk members with a Case Manager can help members navigate specialty care and improve access for members with complex needs.
- MCPs should evaluate member responses or implement "Secret Shopper" surveys to identify where members are experiencing difficulties accessing care and work to address these gaps.
- Collaborate with providers and share tools, resources and best practices to support, or reinforce, a complete and effective information exchange with all patients.
- Recommended improvement strategies for CCW for the Apple Health Foster Care – Child Medicaid with Chronic Conditions Survey are referenced in the CAHPS section of this report.

For additional information, see the CAHPS section of this report.

Focus Studies

According to §438.358 (c)(5), states may direct their EQROs to conduct focus studies for quality improvement (QI), administrative, legislative or other purposes. Focus studies assess a particular aspect of clinical or nonclinical services at a point in time.

During the 2024 EQR review period, Comagine Health conducted the following two focus studies.

Wraparound with Intensive Services (WISe) Program Review

Washington's HCA chose to conduct a statewide study on quality with focus on the WISe service delivery model in 2023. Comagine Health was contracted to review agencies throughout the state that have implemented the WISe service delivery model.

WISe is a service delivery model that offers intensive services to Medicaid-eligible youth with complex behavioral health needs within the Washington AH-IFC, AH-IMC, BHSO programs and state (CHIP).[14] It is a team-based approach that provides services to youth and their families in home and community settings rather than at a behavioral health agency, and is intended as a treatment model to defer from and limit the need for institutional care.

[14] WISe Policy and Procedure Manual. Available at: https://www.hca.wa.gov/assets/billers-and-providers/wise-wraparound-intensive-services-manual.pdf.

The reviews consisted of clinical record reviews chosen from a state-wide sample provided by HCA. Records were chosen for two types of reviews: "Enrollment," spanning the first 90 days of WISe services and "Transition," spanning the last 90 days of WISe services based on the criteria of the Washington Quality Improvement Review Tool (QIRT). These records reflect a combination of both rural and urban agencies providing WISe services throughout the state of Washington during the period from July 2022 through June 2023.

WISe Study Review Key Results

The agencies reviewed exhibited strengths in the following areas of the WISe service delivery model:

Enrollment practices

- The initial full Child and Adolescent Needs and Strengths (CANS) assessment was completed within the required timeframe 84% of the time.
- The CANS reassessments were completed in a timely manner 91% of the time.
- A home representative attended Child and Family Team (CFT) sessions 83% of the time for the 0-4 age group and 89% of the time for the 5+ age group.
- Crisis plans were included in 87% of charts included. Of those including crisis plans, 82% were completed in a timely manner.

Transition practices

- Collaborative transition plans were included in 80% of the transition charts reviewed.
- A home representative attended CFT sessions 100% of the time for the 0-4 age group and 83% of the time for the 5+ age group.

The agencies reviewed exhibited the following opportunities for improvement of the WISe service delivery model:

Enrollment practices

- The CANS screening was completed in a timely manner 48% of the time.
- The initial full CANS was created collaboratively 15% of the time.
- The "Care Planning" requirement was completed in a timely manner 39% of the time.
- Collaborative crisis plans were included in 42% of the enrollment charts reviewed.

Transition practices

- Crisis plans were included in 45% of transition charts reviewed. Of those including crisis plans, 12% were created collaboratively.
- Formal transition plans were included in 31% of the transition charts reviewed.

WISe Program Review Recommendations

Agencies should use the findings and recommendations in the WISe program review to drive improvement efforts focusing on the following areas described below.

- Agencies should conduct a root cause analysis to identify the barriers to success in meeting WISe requirements. As interventions are identified, use Plan-Do-Study-Act (PDSA) cycles of improvement to measure the effectiveness of each intervention.
- It is recommended that agencies refer to the WISe manual and other WISe training resources, such as the WISe Workforce Collaborative which provides a variety of training and coaching, to identify best practices and ensure compliance with requirements.

Identified focus areas needing improvement include:

- Developing processes and tracking systems to ensure the CANS screening and assessments are completed within the required timeframe.
- Strengthening the connection between the initial full CANS and care planning to improve the timeliness of care planning.
- Ensuring key members of the youth's team are identified and included to ensure the collaborative development of CANS assessments and crisis plans.
- Creating procedures to ensure crisis plans are completed as required.
- Expanding internal tracking systems to identify youths' program transition dates and proactively create formal transition plans.

Due to similar results in prior years, it is also recommended that HCA work with the MCPs to investigate underlying causes of these results such as workforce issues and WISe program processes to drive improvement efforts and reduce barriers to success.

For comprehensive recommendations see the WISe Program review section of this report.

WISe Quality Study

The WISe Quality Study is an external evaluation study led by Comagine Health to support HCA in reviewing and evaluating the quality processes of the WISe program and to inform updates. The WISe Quality Study included identification and evaluation of monitoring efforts including what is working, not working, and what can be improved upon to streamline quality improvement and assessment activities and minimize administrative burden to WISe providers. The study did not focus on changes to the WISe program model or financial and payment-related topics.

WISe Quality Study Key Results

Participants discussed strengths in the current quality plan. They shared where the plan is flexible in supporting WISe teams to individualize services and meet the needs of youth and families. They also discussed foundational principles and elements that help to structure and support the vision and goals of WISe. Participants noted places in the quality plan that may not be perfect but have particular strengths that can and should be built on during the update.

Participants also reported challenges with the current quality plan and processes. In interviews and listening sessions, they noted the heavy focus on process and fidelity measures; documentation and audits, including the QIRT; workforce, staffing and training challenges; and inconsistent communication from state-level partners like HCA and MCPs.

WISe Quality Study Recommendations

Participants described suggestions and recommendations for HCA related to the WISe Quality Plan Update Project. Based on participants' input, Comagine Health developed the following recommendations, highlighting opportunities for HCA, in partnership with MCPs, to enhance the WISe delivery system's performance in quality, timeliness, and access to care. Recommendations involve updating the quality plan and enhancing WISe quality processes, communication and resources. Recommendations include:

- Strengthening language in the quality plan
- Providing orientation on the quality plan update
- Assessing WISe quality measures
- Evaluating quality review and feedback processes
- Supporting WISe provider agencies with quality improvement

For comprehensive recommendations see the WISe Quality Study section of this report.

Additional EQR Activities

In addition to the above activities, the following activities were included in the 2024 Washington EQR.

Value-Based Purchasing (VBP) Performance Measure Recommendation and Evaluation

Comagine Health is contracted to assess MCP performance on measures reported by each plan and to recommend a set of priority measures that meets HCA's specific criteria and best reflects the state's quality and value priorities—balancing cost and utilization—while ensuring quality care to enrollees. Comagine Health assessed both AH-IMC and IFC MCPs. This recommendation process supports HCA's determination of the statewide VBP performance measure set.

The following year, the MCPs' data are collected and analyzed to evaluate their performance on these assigned measures according to their achievement level. Comagine Health identifies where plans have met the criteria for the return of withhold dollars, either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure. This evaluation provides feedback to each MCP on their achievement of the state's quality initiative within the VBP strategy.

For more information, please refer to the VBP section of this report.

Enrollee Quality Report

The purpose of the 2024 Enrollee Quality Report "Apple Health Plan Report Card" is to provide Washington State Apple Health applicants and enrollees with simple, comparative information about health plan performance that may assist them in selecting a plan that best meets their needs. The Plan Report Card provides information to eligible Apple Health clients regarding MCP quality in serving Medicaid and CHIP clients and is posted annually to the Washington Healthplanfinder website.[15]

For more information, please refer to the Enrollee Quality Report section of this report.

[15] Washington Healthplanfinder. Available at: https://www.wahealthplanfinder.org/.

Overview of Apple Health MCP Enrollment

In Washington, Medicaid enrollees are covered by the five MCPs 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)

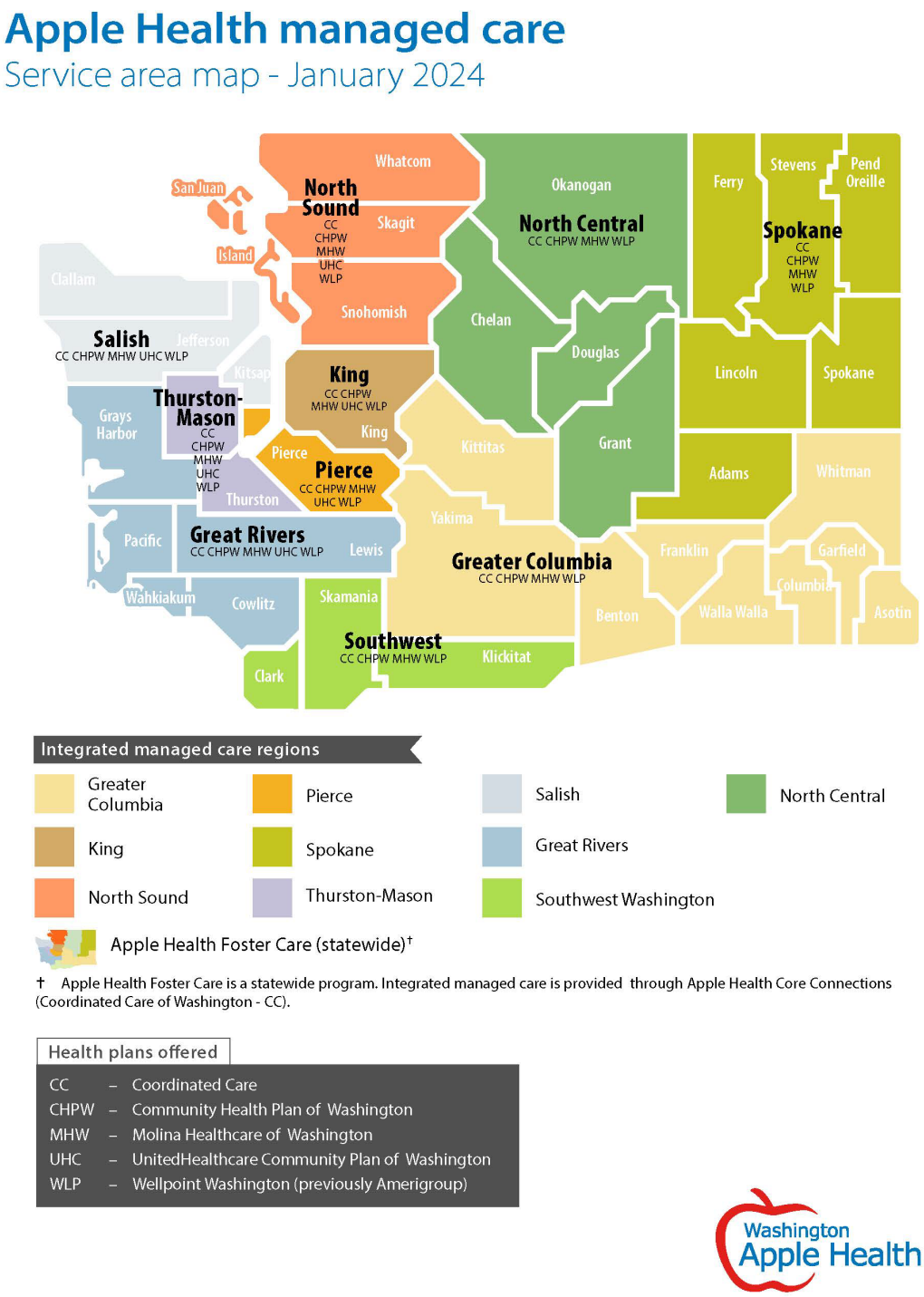
Within Washington's Apple Health Integrated Managed Care program, Medicaid enrollees may qualify under the following eligibility categories:

- Apple Health Family (traditional Medicaid)
- Apple Health Adult Coverage (Medicaid expansion)
- Apple Health Blind/Disabled (AH-BD)
- State CHIP

Figure 2 shows enrollment by MCP for the Apple Health Regional Service Areas by County in 2024 which 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

Figure 2. Apple Health Regional Service Areas by County in 2024.[16]



[16] Apple Health Managed Care Service Area Map. Provided by Washington Health Care Authority. Latest map available at: https://www.hca.wa.gov/assets/free-or-low-cost/service_area_map.pdf.

Apple Health MCP Enrollment

In 2024, the five MCPs provided managed health care services for Apple Health enrollees who meet the eligibility requirements. The following figures show MCP enrollment data covering physical and behavioral health services, including mental health and substance use disorder treatment.

Figure 3 shows MCO Medicaid enrollment by MCP. 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 3. Percent of Total Statewide Medicaid Enrollment, According to MCP.

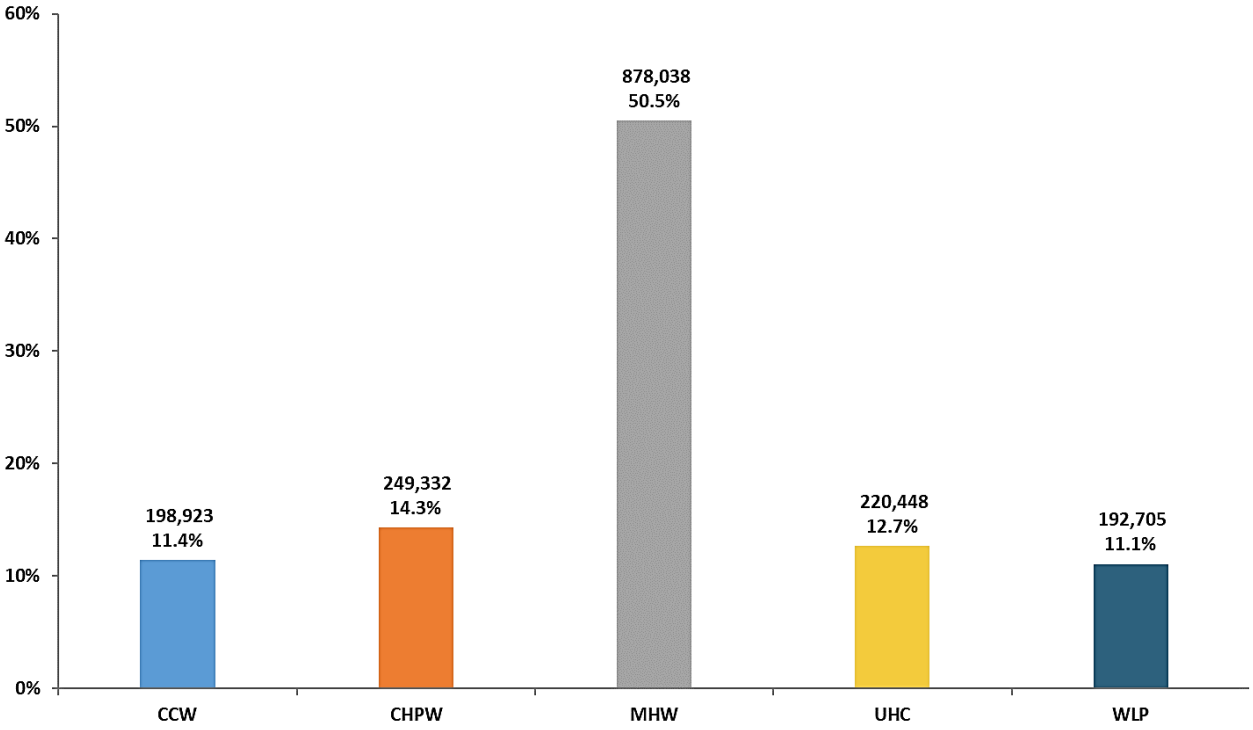
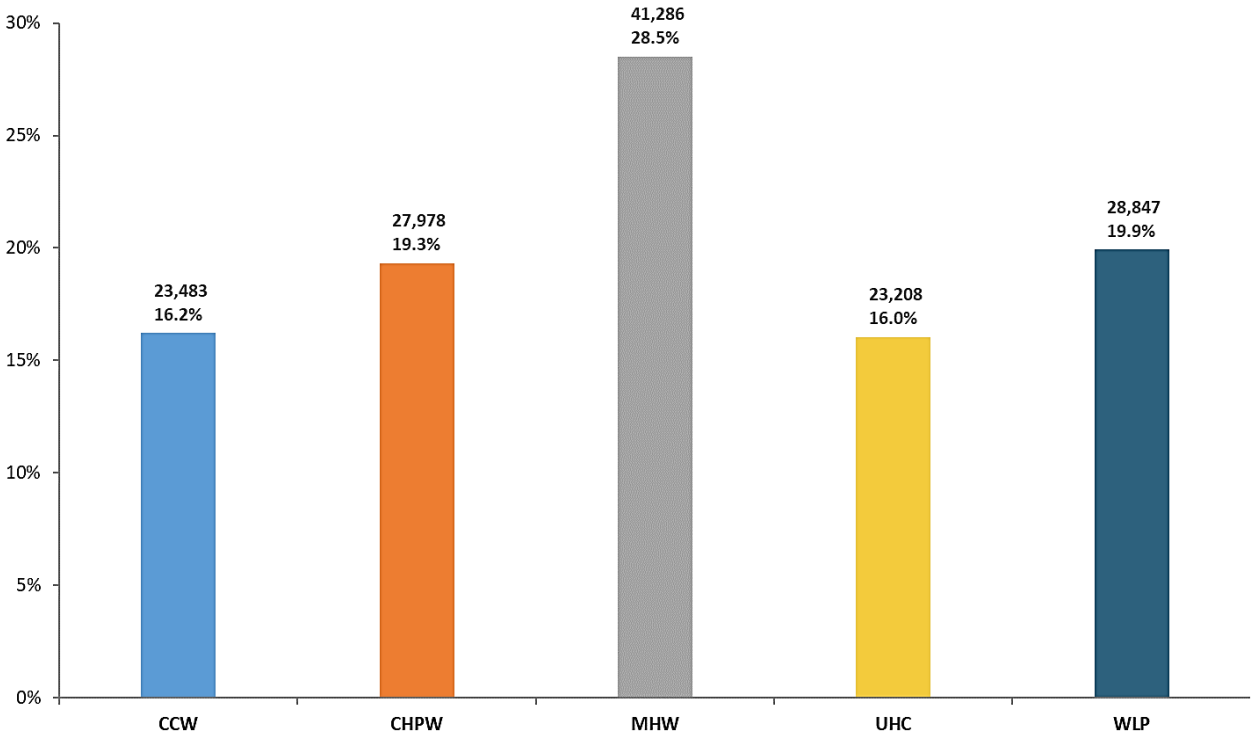


Figure 4 shows BHSO enrollment by MCP. The BHSO enrollment is distributed a bit differently than the MCO Medicaid enrollment. MHW still has the largest share of the enrollment, but only has 28.5% of BHSO enrollees. WLP and CHPW have the second largest BHSO enrollment with 19.9% and 19.3%, respectively. The remaining enrollment is distributed fairly evenly among CCW and UHC.

Figure 4. Percent of BHSO Enrollment, According to MCP.

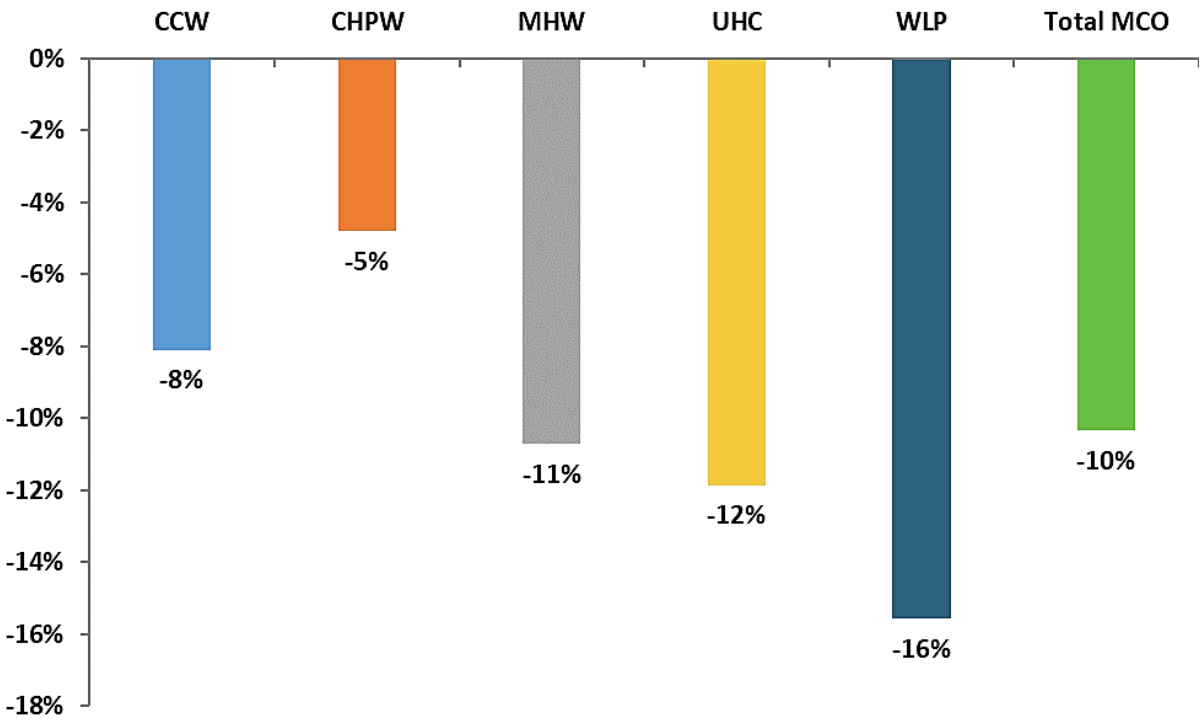


Apple Health MCP Enrollment Decline – MY2022 vs. MY2023

Apple Health enrollment by MCP saw an overall decline of 10% in MY2023. This decline resulted from HCA resuming eligibility determinations through the unwinding process following the COVID-19 public health emergency.

Figure 5 shows the change by MCP, showing that all MCPs experienced a drop in enrollment between MY2022 and MY2023. However, the extent of the decrease varied significantly, with CHPW declining by 5% and WLP by 16%.

Figure 5. Enrollment Decline by Program, MY2022 vs. MY2023.



Demographics by MCP

Variation between the MCPs' demographic profiles reflects the difference in plan mix for each MCP, which includes both MCOs and BHSOs, and should be considered when assessing HEDIS measurement results.

Age

Figure 6 shows the percentages of enrollment by age group and MCP. 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 MCPs was in the 21–44 age group.

Figure 6. MCO Enrollee Population by MCP and Age Range, MY2023 (Excluding BHSO).

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%

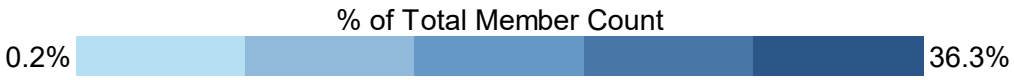
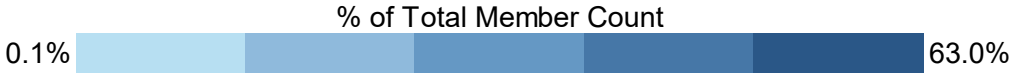


Figure 7 shows the percentages of enrollment by age group and BHSO. The darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between. Though the average age of members varies across plans, the highest proportion of members across BHSOs was in the 65+ age group.

Figure 7. BHSO Enrollee Population by MCP and Age Range, MY2023.

Age Range	CCW	CHPW	MHW	UHC	WLP
Age 0 to 5	0.6%	0.2%	0.2%	0.2%	0.1%
Age 6 to 12	2.5%	0.8%	1.5%	1.0%	1.0%
Age 13 to 20	3.6%	1.8%	2.7%	2.0%	2.2%
Age 21 to 44	16.2%	15.9%	18.0%	15.9%	16.7%
Age 45 to 64	16.9%	18.3%	21.0%	19.5%	21.1%
Age 65+	60.3%	63.0%	56.6%	61.4%	58.8%



Race and Ethnicity by MCP

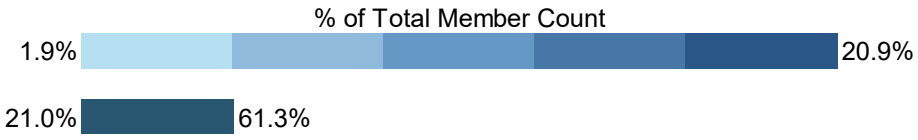
The race and ethnicity data presented here was provided by the members upon their enrollment in Apple Health. The members may choose “other” if their race is not on the list defined in the ProviderOne application. The member may also choose “not provided” if they decline to provide the information.

As shown in Figure 8, around half of CCW’s and CHPW’s enrollment is white, whereas the other three MCPs have approximately 60% white enrollment.

The “Other” race category was the second most common for most MCPs. 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 MCPs.

Figure 8. Statewide MCO Apple Health Enrollees by MCP and Race/Ethnicity.* MY2023 (Excluding BHSO).

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%



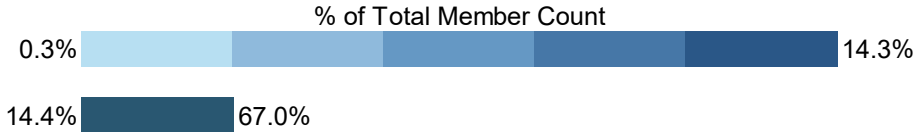
**These are the categories MCOs provide to HCA in eligibility data files. The "Other" category is defined as "client identified as a race other than those listed." And the "Not Provided" category is defined as "client chose not to provide."*

Figure 9 shows the statewide BHSO enrollment by race. The shading in Figure 9 is the same as Figure 8 to better differentiate race/ethnicities other than white. Similar to the population enrolled in MCOs, over half the BHSO enrollees are white. The Asian race category was the second most common for three of the five BHSOs.

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 10.7% and 11.1% of their members selecting other, respectively.

Figure 9. Statewide BHSO Apple Health Enrollees by MCP and Race/Ethnicity,* MY2023.

Race/Ethnicity	CCW	CHPW	MHW	UHC	WLP
White	57.4%	62.2%	67.0%	60.8%	65.8%
Other	10.7%	11.1%	8.1%	6.7%	8.1%
Not Provided	6.5%	5.9%	4.9%	5.4%	5.5%
Black	8.0%	6.2%	6.4%	8.3%	6.6%
Asian	13.0%	11.5%	9.8%	14.3%	10.6%
American Indian/Alaska Native	1.0%	0.3%	1.0%	0.6%	0.5%
Hawaiian/Pacific Islander	3.3%	2.8%	2.8%	3.8%	2.9%



**These are the categories MCPs 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 10 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 10. Statewide MCO Apple Health Enrollees by MCP and Hispanic Indicator (Excluding BHSO), 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%

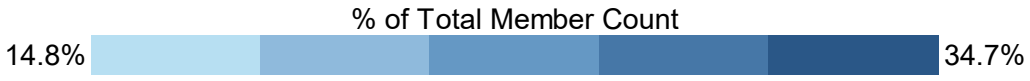
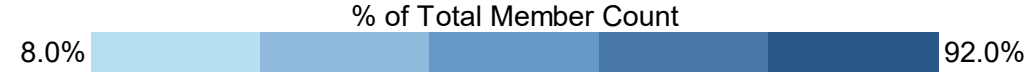


Figure 11 shows the percentage of BHSO enrollees who identified as Hispanic. CCW and CHPW have the largest percentages of Hispanic members at 15.2% and 15.4%, respectively. Please note that within this report, Hispanic is used to identify an ethnicity and does not indicate race.

Figure 11. Statewide BHSO Apple Health Enrollees by MCP and Hispanic Indicator, MY2023.

Hispanic	CCW	CHPW	MHW	UHC	WLP
No	84.8%	84.6%	88.9%	92.0%	88.7%
Yes	15.2%	15.4%	11.1%	8.0%	11.3%



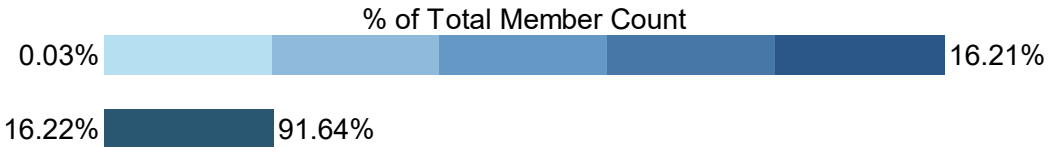
Primary Spoken Language by MCP

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 12 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 12. Statewide MCO Apple Health Enrollees by MCP and Language, MY2023 (Excluding BHSO).

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%

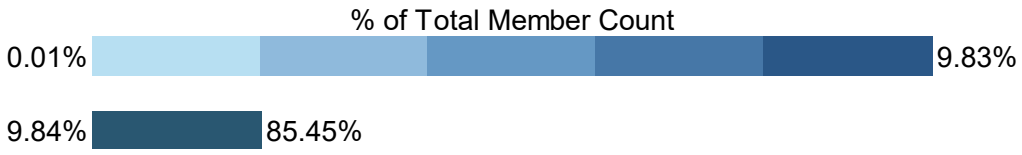


**Other Language is the sum of the 81 languages not specifically reported in this figure and represents less than 1% of enrollees.*

Figure 13 shows the most common primary spoken languages for BHSO enrollees. Similar to the 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 MCP.

Figure 13. Statewide BHSO Apple Health Enrollees by MCP and Language, MY2023.

Spoken Language	CCW	CHPW	MHW	UHC	WLP
English	79.9%	80.2%	85.5%	84.8%	85.1%
Spanish; Castilian	6.21%	6.60%	3.75%	2.84%	4.07%
Russian	0.63%	0.80%	1.24%	0.60%	0.54%
Vietnamese	1.00%	1.02%	0.90%	1.28%	0.83%
Chinese	0.95%	1.09%	0.73%	0.99%	0.83%
Arabic	0.08%	0.16%	0.10%	0.12%	0.09%
Ukrainian	0.11%	0.10%	0.16%	0.12%	0.06%
Somali	0.11%	0.16%	0.08%	0.11%	0.07%
Korean	0.45%	0.31%	0.38%	0.73%	0.31%
Amharic	0.12%	0.10%	0.09%	0.12%	0.06%
Tigrinya	0.06%	0.08%	0.08%	0.08%	0.07%
Panjabi; Punjabi	0.22%	0.19%	0.19%	0.25%	0.15%
Burmese	0.02%	0.04%	0.01%	0.03%	0.02%
Farsi	0.05%	0.07%	0.06%	0.08%	0.06%
Cambodian; Khmer	0.25%	0.16%	0.22%	0.26%	0.19%
Other Language*	9.83%	8.90%	6.56%	7.54%	7.55%



**Other Language is the sum of the 81 languages not specifically reported in this figure and represents less than 1% of enrollees.*

Managed Care Quality Strategy Effectiveness Analysis

Objective

To fulfill the requirement established by federal regulation 42 CFR Part 438 Subpart E §438.340, HCA created a comprehensive strategy known as the Washington State Managed Care Quality Strategy (QS)[17] to assess, monitor, coordinate the quality of managed care services, and develop measurable goals and targets for continuous quality improvement.

The EQR is one part of an interrelated set of quality requirements that apply to Medicaid managed care. Feedback provided by the EQRO is reviewed when HCA updates the QS. Per 42 CFR §§ 438.364(a)(4) and 457.1250, the feedback obtained from the state's EQRO should be used by states when examining and updating their QS. The QS is implemented through the ongoing, comprehensive QAPI program that each MCP is required to establish for the services provided to members. The PIPs and performance measures included in the QAPIs are validated through the annual EQR.

In addition to summarizing quality, access and timeliness as outlined in 42 CFR §438.364, the EQR integrates the CMS National Quality Strategy (NQS)[18] into its evaluation framework for the QS. The NQS serves as a benchmark to align state-level quality initiatives with national priorities, offering a strong foundation for advancing equity, improving health outcomes and strengthening system resilience across care settings. This framework is particularly well-suited to meeting the needs of Medicaid populations. By utilizing NQS priorities and measures, HCA can promote transparency, equity and accountability within its QS, ensuring consistency with federal guidelines and broader quality improvement efforts.

Overview

Washington HCA utilizes the QS to communicate its mission, vision and guiding principles for assessing and improving the quality of health care and services furnished by MCPs. Within the QS, HCA has identified goals, aims and objectives to support improvement in the quality, timeliness and access to health care services furnished to Medicaid enrollees. The QS is updated no less than triennially and when there is a significant change to Washington's Apple Health Program. The QS undergoes a thorough review and approval process, particularly during major revisions prompted by significant program changes. When such changes occur, HCA circulates the draft to internal and external stakeholders for feedback, including public comments, tribal representatives via Tribal Consultation, MCP quality leadership and CMS. In the absence of major program changes, as with the 2022 update, modifications are based on internal feedback, CMS reviews and updates to the Apple Health contract. Routine effectiveness reviews and insights from the EQRO also inform updates. Following multidisciplinary team discussions, final approval is provided by HCA's Delivery System Leadership Committee, and the updated strategy is then shared publicly and with contracted MCPs.

[17] Washington State Health Care Authority. Washington State Managed Care Quality Strategy. October 2022. Available at: https://www.hca.wa.gov/assets/program/13-0053-washington-state-managed-care-quality-strategy.pdf.

[18] CMS National Quality Strategy. Available at: https://www.cms.gov/medicare/quality/meaningful-measures-initiative/cms-quality-strategy.

Quality Strategy Populations and Programs

The QS is applicable to the following programs:

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

The QS is not applicable to Medicaid fee-for-service.

Quality Strategy Mission and Vision

HCA's goals, Vision and Mission Statement, and Core Values for Apple Health continue to align with the four priority areas of the NQS which was updated by CMS in 2022. HCA's mission and vision provide the overall framework that informs HCA's strategy to assess, monitor, coordinate and engage in continuous process improvement. Based on the vision, mission and values of Apple Health, HCA created three overarching goals. The goals include:

- Rewarding the delivery of person- and family-centered high value care
- Driving standardization and care transformation based on evidence
- Striving for smarter spending and better outcomes, and better consumer and provider experience

HCA's VBP principles are a primary strategy and guide for achieving these goals.

Washington Managed Care Program Aims and Objectives

At a high level, the QS aims relate to quality, access and timeliness of care. The QS provides six aims that ensure Apple Health enrollees receive the appropriate, responsive and evidence-based health care. The six QS aims are shown in Table 2.

The QS objectives further expand on the approach that HCA will take to provide oversight to ensure that the managed care program is accountable to achieving each aim. In addition to usual monitoring activities defined in the QS objectives, it provides an expectation to evaluate strategies to address health inequities.

Table 2 further outlines how the CMS NQS, Apple Health VBP and WA Managed Care priorities, goals and aims are aligned.

Table 2. CMS, Apple Health and WA Managed Care Oversight Priorities.

CMS National Quality Strategy Priority Areas*	WA State Medicaid: Apple Health Value-Based Purchasing Principles**	WA Medicaid Managed Care: Managed Care Aims for Quality Oversight±
Promote Aligned and Improved Health Outcomes Advance Equity and Engagement for All Individuals	Drive standardization and care transformation based on evidence Reward the delivery of person-and family-centered, high-value care	**Aim 1:** Assure the quality and appropriateness of care for Apple Health managed care enrollees *(Quality)* **Aim 2:** Assure enrollees have timely access to care *(Access, Timeliness)*

CMS National Quality Strategy Priority Areas*	WA State Medicaid: Apple Health Value-Based Purchasing Principles**	WA Medicaid Managed Care: Managed Care Aims for Quality Oversight‡
Ensure Safe and Resilient Health Care Systems Accelerate Interoperability and Scientific Innovation	Strive for smarter spending, better outcomes, and better consumer and provider experience	**Aim 3:** Assure medically necessary services are provided to enrollees as contracted *(Quality, Access, Timeliness)* **Aim 4:** Demonstrate continuous performance improvement *(Quality, Access, Timeliness)* **Aim 5:** Assure that MCPs are contractually compliant *(Quality, Access, Timeliness)* **Aim 6:** Eliminate fraud, waste and abuse in Apple Health managed care programs *(Quality)*

**CMS National Quality Strategy—2022.*
***Paying for Health and Value – Health Care Authority's Long-term Value-Based Purchasing Roadmap 2023-2027.*[19]
‡February 2023 Washington State Managed Care Quality Strategy – October 2022.

Information and Documentation Reviewed

Comagine Health has reviewed the following information and activities to assist with targeting goals and objectives in the QS to better support the quality, timeliness and access to health care services provided to MCP enrollees:

- CMS National Quality Strategy
- Quality in Motion: Acting on the CMS National Quality Strategy; 2024
- 2022 Washington State Managed Care Quality Strategy
- All EQRO activities[20], including:
  - HCA follow-up on 2023 EQRO Annual Technical Report recommendations
  - Compliance review
  - Performance improvement project validation
  - Enrollee Quality Report "Washington Apple Health Plan Report Card" (Quality Rating System)
  - WISe program review (focus study)
  - CAHPS surveys
  - Value-based purchasing strategy within the QS
  - VBP report card
  - Performance measure validation, including the Washington State-Developed Performance Measure Validation
  - Performance measure comparative analysis

[19] Washington HCA. Value-Based Purchasing Roadmap. Available at: https://www.hca.wa.gov/assets/program/vbp-roadmap.pdf.

[20] Apple Health (Medicaid) and managed care reports. Available at: https://www.hca.wa.gov/about-hca/data-and-reports/apple-health-medicaid-and-managed-care-reports.

2024 Recommendations

Comagine Health acknowledges the significant effort put forth by HCA to make the QS an effective, value-added and living document. Overall, HCA's strategy shows a strong foundation in equity, person-centered care and integration, aligning well with CMS NQS priorities. However, further development in areas such as interoperability, population health and health care delivery resilience could strengthen its alignment with the broader framework of the CMS NQS.

After review of the QS, CMS's NQS and individual MCP performance, the EQRO provides additional recognition of strengths of the QS in Table 3 and recommendations to HCA to improve the effectiveness of its QS in Table 4.

Table 3. Strengths Related to the Quality Strategy.

Strengths	Linked to Aim(s)*
Comprehensive Integration of Care: HCA's strategy effectively integrates physical and behavioral health care, particularly through the Apple Health program, enhancing service coordination and reducing care fragmentation.	Aim 1, 4
Strong Focus on Health Equity: The strategy incorporates health equity by expanding data analysis capabilities and recognizing MCPs with distinctions in health equity, showing a proactive approach toward reducing disparities.	Aim 1, 2
Clear Accountability Mechanisms: The strategy includes robust compliance and monitoring frameworks (e.g., TEAMonitor compliance reviews), which enhance accountability and ensure adherence to quality standards.	Aim 5, 6
Person-Centered Goals: HCA emphasizes culturally appropriate, evidence-based care. This aligns well with CMS's focus on community engagement.	Aim 1
Continuous Improvement and Evaluation: The use of value-based purchasing measures and performance improvement projects highlights HCA's commitment to continuous quality enhancement, promoting better outcomes over time.	Aim 4, 5, 6

Table 4. Recommendations Related to the Quality Strategy.

Recommendations	Linked to Aim(s)*
Recommendations Related to the Quality Strategy	
Increase Focus on Data Interoperability: The NQS's has a strong emphasis on interoperability. HCA's strategy could benefit from a more detailed framework for promoting digital health and data sharing across providers to improve care coordination and accessibility of health records.	Aim 4
Broaden Scope in Population Health Priorities: While comprehensive for Medicaid, HCA's strategy could benefit from incorporating broader national and state-wide population health initiatives into its priorities, such as those targeting maternity care, preventive care and behavioral health services.	Aim 1, 3
Explicitly Address Person-Reported Outcomes: The NQS explicitly calls out the need to increase collection of person-reported outcomes (PROs) and inclusion of PRO-based performance measures (PRO-PMs) as part of their Person-Centered Goals. HCA and the Performance Measure Coordinating Committee have done extensive work in this area. A PRO-PM, the Depression Remission or Response (DRR) measure, has been included as a MY2025 VBP measure, representing a new development since the 2022 Quality Strategy. Explicitly calling out the inclusion of a	Aim 1, 4

Recommendations	Linked to Aim(s)*
PRO-PM as a VBP measure, which will also serve to strengthen the Washington medical community's infrastructure for collecting and reporting other PROs and PRO-PMs, would make this alignment with the NQS visible.	
Increase Emphasis on Resilience in Health Care Delivery: The NQS emphasizes health system resilience, particularly for emergency responses and climate-related challenges. This could be a critical gap during public health crises or extreme weather events and could worsen long term threats to the health care system such as workforce issues. HCA's strategy could develop their approach in this area more extensively.	Aim 2, 4
Include Carceral Setting Transitions Interventions: Transitions from carceral settings are a major focus across many Medicaid programs. HCA's pilot in this area and other approaches to improve quality of care for this group could beneficially be reflected in the next version of the Quality Strategy.	Aim 1, 2, 3, 4
Recommendations from Performance Measure Comparative Analysis**	
Maintain focus on clinically meaningful areas	Aim 1
Continue to leverage value-based payment incentives	Aim 1
Focus on access, and preventive care and utilization	Aims 1, 2, 3
Continue to prioritize health equity	Aims 1, 2, 4, 5

**Aims from Washington State Managed Care Quality Strategy – October 2022.*

***See the Performance Measure Comparative Analysis section of this report for additional information and the 2024 Comparative Analysis Report for comprehensive recommendations.*

Please see additional program level recommendations made to HCA to improve MCP performance in the following sections of this Annual Technical Report which also align with the QS aims.

- Compliance Review (Aims 1, 2, 3, 5, 6)
- Performance Measure Comparative Analysis (Aims 1, 2, 4)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) (Aim 1, 2, 3, 4)
- Wraparound with Intensive Services (WISe) Program Review (Aims 1, 2, 3, 4, 5)

Summary of Previous Year (2023) Quality Strategy EQRO Recommendations

Table 5 outlines HCA's follow-up on recommendations made in the 2023 EQR technical report to assist with targeting goals and objectives in the QS to better support the quality, timeliness and access to health care services.

Table 5. 2023 EQRO Recommendations, HCA Response and EQRO Response.

EQRO Recommendation	HCA Response	EQRO Response
To help the state achieve their overall objectives for delivery system and payment reform and performance improvement, the state should tie evaluation of state directed payments to the Managed Care Quality Strategy as required by CMS. Include clarification of the measure selection process and enhanced program integrity in the use of state directed payments.	HCA reviews each state directed payment (SDP) through internal Quality Measurement Monitoring and Improvement (QMMI) structure to select measures representative of the care and services provided by the group of providers included in each state directed payment. QMMI selection of measures includes a goal of selecting at least one access measure and one quality measure to align with Medicaid Managed Care Quality Strategy goals. The data source for reported rates is currently the annual EQRO reports, which include a statewide rate, reflecting Apple Health MCO-level performance data for the 2022 measurement year. Washington State is working on standing up processes for reporting statewide rates that are inclusive of only those providers receiving directed payments. HCA quality staff, inclusive of RN staff, conducts an evaluation of each SDP taking into consideration WA State Managed Care Quality Strategy aims and objectives, statewide performance trends on selected HEDIS performance measures, performance compared to baseline year, and recommendations from the EQRO regarding improvement of access, timeliness and quality of care provided to managed care enrollees, as reported in annual EQR technical and comparative analysis reports.	HCA's response is accepted as written.
Updates to reflect changes to the VBP process, including no current legislative proviso and addition of state directed payments.	HCA's goal is to achieve a healthier Washington by containing health care costs while improving outcomes, patient and provider experience, and equity. One way we can reach this goal is through VBP. The VBP process includes a recommended set of priority measures that meets specific criteria and best reflects the state's quality and value priorities — balancing cost and utilization — while ensuring quality care to enrollees. The result of the annual VBP evaluation has a direct effect on the reimbursement to MCOs and achievement is monitored in alignment with HCA's Managed Care Quality Strategy aims and objectives. During the 2023 legislative session, the requirement to select VBP metrics through the contracted EQRO 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 for MY2023, which is the contract period evaluated in this report.	HCA's response is accepted as written

Compliance Review

Objective

The purpose of the compliance review is to determine whether Medicaid managed care plans are following federal standards. CMS developed mandatory standards for MCPs which are codified at 42 CFR 438[21] and 42 CFR 457[22], as revised by the Medicaid and CHIP managed care final rule issued in 2016.

Overview

Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state. Washington's MCPs (which include the MCOs and BHSOs) are evaluated by TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards. TEAMonitor has chosen to spread the review over a three-year cycle, with 2024 being the final year of the current cycle.

TEAMonitor's review assesses activities for the previous calendar year and evaluates MCPs' compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCPs' contracts with HCA for all Apple Health Managed Care programs including AH-IMC, AH-IFC, CHIP and BHSO. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

In 2024, Year 3 of the current review cycle, TEAMonitor reviewed the following standards listed in Table 6 for the MCPs. These fall under the domains of access, quality and timeliness, and fall under the Quality Strategy aims 1-6. **Please note that TEAMonitor may review standards in conjunction with standards falling under other subparts.** Please see Appendix E for a detailed summary of the standards reviewed in the current cycle.

Table 6. Compliance Standards Reviewed in Year 3 of the Current Cycle.

Compliance Principal Standards
42 CFR Part 438 Subpart D – MCO, PHIP and PAHP Standards
§447.46 – Timely claims payment by MCOs*
§438.56 – Disenrollment: Requirements and limitations
§438.208 – Coordination and continuity of care
§438.210 – Coverage and authorization of services**
§438.230 – Subcontractual relationships and delegation
§438.242 – Health information systems†
42 CFR Part 438 Subpart E – Quality Measurement and Improvement; External Review
§438.330 – Quality Assessment and Performance Improvement Program (QAPI)

[21] Electronic Code of Federal Regulations. Title 42, part 438 – Managed Care. Available at: https://www.ecfr.gov/current/title-42/part-438.

[22] Electronic Code of Federal Regulations. Title 42, part 457, Allotments and Grants to States. Available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=60f9f0f14136be95a1cee250074ae00d&mc=true&node=pt42.4.457&rgn=div5.

Compliance Principal Standards
42 CFR Part 438 Subpart F – Grievance and Appeal Systems
§438.400 – Statutory basis, definitions, and applicability (b)
§438.402 – Filing requirements (c)(1-3)
§438.404 – Timely and adequate notice of adverse benefit determination (a-c)
§438.406 – Handling of grievances and appeals (a)(b)
§438.408 – Resolution and notification: Grievances and appeals (a-e)
§438.410 – Expedited resolution of appeals
§438.414 – Information about the grievance and appeal system to providers and subcontractors
§438.416 – Recordkeeping and reporting requirement
§438.420 – Continuation of benefits while the MCO, PIHP or PAHP appeal and the State fair hearing are pending
§438.424 – Effectuation of reversed appeal resolutions
42 CFR Part 438 Subpart H – Additional Program Integrity Safeguards
§438.608 – Program integrity requirements under the contract[‡]

**TEAMonitor reviews §438.66 – State monitoring requirements with this standard.*

***TEAMonitor reviews §438.114 – Emergency and poststabilization services with this standard.*

[†]Accreditation standard that either fully met the non-duplication regulations and is deemed (in place of compliance review) or partially met, requiring some review within scheduled EQR activities.

[‡] TEAMonitor reviews §§1903(i)(2) of the Social Security Act; 455.104 - Disclosure of ownership and control; 455.106 - Disclosure by providers: Information on persons convicted of crimes; 455.23 - Provider Payment Suspension; and 1001.1901(b) - Scope and effect of exclusion in conjunction with this standard.

Methodology

Technical Methods of Data Collection

The TEAMonitor review process is a combined effort by clinical and non-clinical staff and subject matter experts. Desk review includes assessment of MCP policies and procedures, program descriptions, evaluations and reports. TEAMonitor also reviews individual enrollee files during the applicable review cycle. The types of files reviewed include authorizations, denials, adverse benefit determinations, appeals, grievances, health home services, care coordination and other applicable file types according to the review period. Also assessed are prior-year TEAMonitor required actions (TM-RAs) implemented by the MCPs, which can be viewed in Appendix A in the MCP profiles for each MCP.

After review, HCA staff share results with the MCPs through phone calls and virtual visits. Each MCP then receives a final report that includes compliance scores, notification of TM-RAs for standards not met and recommendations. Throughout the year, HCA offers plans technical assistance to develop and refine processes that will improve accessibility, timeliness and quality of care for Medicaid enrollees.

Scoring

TEAMonitor scores the MCPs on each compliance standard element according to a metric of Met, Partially Met and Not Met, each of which corresponds to a value on a point system of 0–3:

- Score of 0 indicates previous year TM-RA was not met
- Score of 1 indicates the element was not met
- Score of 2 indicates the element was partially met

- Score of 3 indicates the element was met
- Score of NA indicates the element was not applicable

Final scores for each compliance standard section reported below are denoted by the corresponding percentage. For example, in a section consisting of four elements in which the MCP scored a 3, or "Met", in three categories and a 1, or "Not Met," in one category, the total number of possible points would be 12, and the MCP's total points would be 10, yielding a score of 10 out of 12 with a corresponding 83% reported for the standard section. In addition, plans are reviewed on standard elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.

See Appendix B for more information on methodology, including technical methods of data collection, description of data obtained, and how TEAMonitor and Comagine Health aggregated and analyzed the data.

Summary of Program Level MCP Compliance Results

Table 7 provides a summary of the aggregate results for the MCPs within Apple Health by compliance standard in Year 3 of the current three-year cycle.

Table 7. Aggregate Compliance Results of the Apple Health MCPs.

Standard	Score*
§447.46 – Timely claims payment by MCOs	96.7%
§438.56 – Disenrollment: Requirements and limitations	100%
§438.208 – Coordination and continuity of care	95.8%
§438.210 – Coverage and authorization of services	76%
§438.230 – Subcontractual relationships and delegation	96.7%
§438.242 – Health information systems	95.6%
§438.330 – QAPI	93.3%
§438.400 – Grievance and appeals system	96.7%
§438.608 – Program integrity requirements under the contract	83.3%

**Aggregate MCP point values were totaled and the sum was divided by the aggregate number of applicable elements in the standard to derive percentage scores.*

Compliance Program Level EQRO Recommendation for HCA

Based on the program level findings from the compliance review, recommendations are presented to HCA for standards scoring below 90%.

The Apple Health Plan MCPs[23] did not meet all elements for the following standards and associated elements and will benefit from technical assistance by HCA to ensure the MCPs meet those requirements.

- **Coverage and authorization of services (76%)**
    - §438.210 (b) Authorization of services – No MCP met this element

[23] Please note both the MCO and BHSO are referred to as the Apple Health Plan MCP (i.e., CCW MCP is CCW MCO and CCW BHSO, etc.).

  - §438.210 (c) Notice of adverse benefit determination – Two of five MCPs did not meet the element
  - §438.210 (d) Timeframe for decisions – One of five MCPs did not meet the element
- **Program integrity requirements under the contract (83.3%)**
  - §438.608 (a) Administrative and management arrangements or procedures to detect and prevent fraud, waste and abuse, (b) Provider screening and enrollment requirements – Three of five MCPs did not meet the element
  - §455.104 Disclosure of ownership and control – Two of five MCPs did not meet the element
  - §455.23 Provider Payment Suspension – One of five MCPs did not meet the element
  - §§455.104; 455.106; 455.23; 1001.1901 (b) Social Security Act – One of five MCPs did not meet this element

Summary of Previous Year (2023) Compliance Program Level EQRO Recommendations

Comagine Health provided recommendations to HCA in 2023. Table 8 shows the program level compliance recommendations made, HCA's responses and the EQRO response to HCA.

Table 8. EQRO Responses to 2023 EQR Recommendations to HCA.

2023 Program Level Compliance Recommendations and Responses
2023 EQR Compliance Recommendations

The Apple Health Plan MCPs did not meet all elements for the following standards and associated elements and will benefit from technical assistance by HCA to ensure the plans meet those requirements.
• Availability of services (90%)
  ○ Four of five MCPs did not meet the following elements
  ▪ 438.206 (b)(1)(i-v) & (c) Delivery network; 438.10 (h) Information for all enrollees – Provider directory
  ▪ 438.207 Assurances of adequate capacity and services (b)(c)
• Practice guidelines standards (91%)
  ○ Four of five MCPs did not meet the following element
  ▪ 438.236(c) Dissemination of practice guidelines
• Coordination and Continuity of Care (83%)
  ○ Two of five MCPs did not meet the following element
  ▪ 438.208 (b) Care and coordination of services for all MCO, PIHP, and PAHP enrollees; §438.224 Confidentiality
  ○ No MCP (MCO and BHSO combined) met the following elements
  ▪ 438.208 (a) Basic rules
  ▪ 438.208 (c) Additional services for enrollees with special health care needs; (2) Assessment and (3) Treatment plans
• QAPI (83%)

2023 Program Level Compliance Recommendations and Responses
○ Three of five MCPs did not meet the following element ▪ 438. 330 (e)(2) QAPI Program evaluation
HCA Response to 2023 EQR Recommendations
Availability of Services: All MCPs met with their initial required action submissions. All other topics: Technical assistance was provided when requested and MCPs are required to provide requested additional documentation as part of the 2024 TEAMonitor submission.
EQRO Response
HCA response to EQRO recommendations accepted as written.

Summary of MCP Level Compliance Results/Conclusions

Table 9 shows the scoring key for compliance strengths and weaknesses/opportunities for improvement, while Table 10 provides a summary of all MCP scores by compliance standard in Year 3 of the current three-year cycle. Plans with elements scored as "Partially Met" or "Not Met" were required to submit TM-RAs to HCA. Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, scores may not be indicative of current performance.

Detailed scores for each element within the CFR standards reported below are available in the MCP's individual profile (Appendix A).

Table 9. Strengths and Weaknesses/Opportunities for Improvement Key.

Outcome	Description	Key
Strength	Met all elements within this standard	●
Weakness/Opportunity for Improvement	Partially met the elements within this standard	◑
Weakness/Opportunity for Improvement	Did not meet any elements within this standard	○

Table 10. Compliance Review Results by MCP.

CFR Standard	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§447.46 – Timely claims payment by MCOs	100%	100%	100%	100%	100%	100%	100%	100%	83.3%	83.3%
	●	●	●	●	●	●	●	●	◑	◑
§438.56 – Disenrollment: Requirements and limitations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	●	●	●	●	●	●	●	●	●	●
§438.208 – Coordination and continuity of care	100%	100%	100%	100%	91.7%	100%	83.3%	83.3%	100%	100%
	●	●	◑	◑	◑	●	◑	◑	●	●

CFR Standard	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§438.210 – Coverage and authorization of services	73.3%	73.3%	80%	80%	60%	60%	93.3%	93.3%	73.3%	73.3%
	◑	◑	◑	◑	◑	◑	◑	◑	◑	◑
§438.230 – Subcontractual relationships and delegation	100%	100%	91.7%	91.7%	91.7%	91.7%	100%	100%	100%	100%
	●	●	◑	◑	◑	◑	●	●	●	●
§438.242 – Health information systems	100%	100%	100%	100%	88.9%	88.9%	100%	100%	88.9%	88.9%
	●	●	●	●	◑	◑	●	●	◑	◑
§438.330 – QAPI	83.3%	83.3%	100%	100%	100%	100%	100%	100%	83.3%	83.3%
	◑	◑	●	●	●	●	●	●	◑	◑
§438.400 – Grievance and appeals system	97.6%	97.6%	95.2%	95.2%	97.6%	97.6%	100%	100%	92.9%	92.9%
	◑	◑	◑	◑	◑	◑	●	●	◑	◑
§438.608 – Program integrity requirements	91.7%	91.7%	100%	100%	91.7%	91.7%	75%	75%	58.3%	58.3%
	◑	◑	●	●	◑	◑	◑	◑	◑	◑

2024 EQRO Compliance Recommendations Based on TM-RAs

EQRO recommendations are based on the TM-RAs supplied to the MCPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, these recommendations may not be indicative of current performance. An update of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report*. Please refer to the MCP profiles (Appendix A) for each MCP's EQRO recommendations.

Summary of Previous Year (2023) EQRO Compliance Recommendations Based on TM-RAs

Table 11 provides a summary of the results of previous year (2023) EQRO Compliance Recommendations Based on TM-RAs follow-up review. For a detailed description of the elements subject to follow-up for the MCPs' please refer to the applicable MCP profile in Appendix A.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- Low – No TM-RAs met
- Medium – Less than all TM-RAs met
- High – All TM-RAs met
- NA – No TM-RAs received

Table 11. Results of Previous Year (2023) EQRO Compliance Recommendations Based on TM-RAs – Count.

Score	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
Met	12	1	10	10	8	8	10	10	15	15
Partially Met*	1	1	0	0	0	0	0	0	1	1
Not Met*	0	0	0	0	0	0	0	0	1	1
Degree Addressed	Medium	Medium	High	High	High	High	High	High	Medium	Medium

**Future follow-up required.*

Performance Improvement Project (PIP) Validation

Objective

States must require their Medicaid and CHIP MCPs to conduct PIPs that focus on both clinical and nonclinical areas each year as a part of the plan's QAPI program, per 42 CFR §§ 438.330 and 457.1240(b).

Overview

Washington's MCPs (which include the MCOs and BHSOs) are contractually required to have an ongoing program of clinical and non-clinical PIPs that are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction for all Apple Health programs, including AH-IMC, AH-IFC and BHSO.

As a component of its EQR review, TEAMonitor conducted an assessment and validation of the MCPs' PIPs to ensure they met state and federal guidelines; included all Apple Health enrollees; and were designed, implemented, analyzed and reported in a methodologically sound manner.

In addition, PIPs are outlined in the Washington State Managed Care Quality Strategy and are aligned with Washington Quality Aim #4 – "Demonstrate continuous performance improvement."

Methodology

The intent of the PIP validation process is to ensure the PIPs contain sound methodology in its design, implementation, analysis and reporting of its results. It is crucial that it has a comprehensive and logical thread that ties each aspect (e.g., aim statement, sampling methodology and data collection) together.

As required under *CMS Protocol 1. Validation of Performance Improvement Projects*, TEAMonitor determined whether PIP validation criteria were "Met," "Partially Met" or "Not Met." In addition, TEAMonitor utilizes validation ratings in reporting the results of the MCPs' PIPs. For a full description of HCA's methodology and scoring for PIP validation, please see Appendix C.

Summary of PIP Validation Results/Conclusions

The following tables provide an overview of each MCP's PIPs, including applicable domains, score, strengths, weaknesses/opportunities for improvement, validation status[24], validation ratings[25] and performance measure results, if applicable. Please refer to Appendix A for additional details of the MCP PIPs. Note: PIP weaknesses/opportunities for improvement in the referenced tables are provided when the MCP did not meet the scoring element. This language is a synopsis from TEAMonitor's PIP Validation worksheets completed for each PIP.

[24] Validation status" means that TEAMonitor reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

[25] Validation ratings refer to TEAMonitor's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results (rating 1), and produced significant evidence of improvement (rating 2).

2023 Statewide Collaborative PIPs Summaries: CCW, CHPW, MHW, UHC and WLP

The following PIPs were submitted collaboratively by the five MCPs for validation (Table 12-13).

Table 12. Statewide Well-Child Collaborative: CCW, CHPW, MHW, UHC and WLP.

PIP Title: Collaborative MCO Well-Child Visit Rate PIP					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Significant Improvement Validation Rating 2**	**Performance Measure & Results**
Access, Timeliness, Quality	Met	Yes	High confidence in reported results	Low confidence in reported results	NCQA HEDIS measure: • W30, 0-15 months: Demonstrated performance improvement; statistically significant change; p-value <.05 • W30, 15-30 months: Demonstrated performance improvement; statistically significant change; p-value <.05 • WCV, 3-11 years: Demonstrated performance improvement; statistically significant change; p-value <.05 • WCV, 12-17 years: Demonstrated performance improvement; statistically significant change; p-value <.05 • WCV, 18-21 years: Demonstrated performance improvement; statistically significant change; p-value <.05

Strengths

- The analysis of the Plan-Do-Study-Act (PDSA) process was very thoughtful and thorough.
- The MCP collaboration shared this process with clinics to enhance overall performance.
- An Extended Hour Toolkit and an MCP incentive handout were created.
- A buddy program was also developed within the MCPs, aimed at ensuring continued success and preserving historical knowledge.

Weaknesses/Opportunities for Improvement

- The data reflecting statistical significance did not take the public health emergency unwind into account.

Table 13. Statewide Health Equity Collaborative: CCW, CHPW, MHW, UHC and WLP.

PIP Title: Collaborative MCO well-child visit rate PIP					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Significant Improvement Validation Rating 2**	**Performance Measure & Results**
Access, Quality	Not Met	Yes	No confidence in reported results	No confidence in reported results	Mental Health Service Rate, Washington State Common Measure Set Measure: • Asian Disparity: Demonstrated performance improvement; no statistically significant change; p-value .319 • Hispanic/Latino Disparity: Demonstrated performance improvement; statistically significant change; p-value <.01 • Native Hawaiian Other Pacific Islander Disparity: Demonstrated performance improvement; no statistically significant change; p-value .06 • Statewide rate: Demonstrated performance improvement; statistically significant change; p-value <.01

Strengths

- PDSA process improvements reported include increasing the number of training sessions and conducting more literature reviews by the workgroup.
- The PDSA process is being utilized more effectively, supported by biweekly intervention workgroup meetings.
- New trainings focused on quality improvement tools and processes have been added.

Weaknesses/Opportunities for Improvement

- The clinics lacked capacity/funding for the Youth Mental Health Access Project.
- Few members successfully scheduled a mental health appointment. Some clinics stated that successful outreach was difficult because of inaccurate phone numbers provided, mental health stigma and age of consent for mental health services.
- There is a need to include the voice of the members and providers when developing culturally and linguistically appropriate interventions.
- Efforts must be made to improve relationships between MCPs and all the target populations for this PIP.
- There was a lack of MCP representatives during community events.
- Although there was improvement, the workgroup could not demonstrate that it resulted from the PIP, as the plan lacked measurable interventions.

2023 PIP Summary by MCP: CCW

The following PIPs were submitted by CCW for validation (Tables 14-16).

Table 14. CCW: Prenatal Depression (PND-E) Screening and Follow-Up Care Improvement.

PIP Title: Prenatal depression screening and follow-up care improvement					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Quality, Timeliness	Met	Yes	High confidence in reported results	Moderate confidence in reported results	NCQA HEDIS Measure: • PND-E Screening: Demonstrated performance improvement; statistically significant change; p-value <.05 • PND-E Follow Up: No demonstrated performance improvement; no statistically significant change; p-value >.05

Strengths

- There was a strong PDSA process that helped identify the assessment/screening issues.

Weaknesses/Opportunities for Improvement

- Data collection plan was not validated prior to starting the PIP.

Table 15. CCW: Unhealthy Use of Alcohol Screening and Follow-up Services (ASF-E) for members enrolled in BHSO.

PIP Title: Unhealthy use of alcohol screening and follow-up services (ASF-E) for members enrolled in BHSO					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Quality, Timeliness	Met	Yes	High confidence in reported results	Low confidence in reported results	NCQA HEDIS Measure: • ASF-E (BHSO): Demonstrated performance improvement; statistically significant change; p-value <.01

Strengths

- CCW engaged in a robust PDSA process and investigated different avenues of engagement for their project and will utilize learning for the next cycle of the PIP.

Weaknesses/Opportunities for Improvement

- The measure was not appropriate for the BHSO population because it is not part of the billing code system

Table 16. CCW: Increasing IFC Child and Adolescent Well-Care Visit in Centers of Excellence.

PIP Title: Increasing IFC child and adolescent well-care visit in centers of excellence					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Quality, Timeliness	Met	Yes	High confidence in reported results	High confidence in reported results	NCQA HEDIS Measure: • WCV: Demonstrated performance improvement; statistically significant change; p-value <.01

Strengths

- The PDSA process was good and acquired significant learning for the next cycle.

Weaknesses/Opportunities for Improvement

- Clinics were opened at end of PIP, and it is unclear how they contributed to the increase in rates.

2023 PIP Summary by MCP: CHPW

The following PIPs were submitted by CHPW for validation (Tables 17-18).

Table 17. CHPW: Implementation of Community-Based Interventions to Address Disparities in Breast Cancer Screening (BCS-E) Rates.

PIP Title: Implementation of community-based interventions to address disparities in breast cancer screening rates					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Timeliness	Met	Yes	High confidence in reported results	High confidence in reported results	NCQA HEDIS Measure: • BCS-E Screening: Demonstrated performance improvement; statistically significant change; p-value <.05

Strengths

- The PIP was well-written and outlined the importance of the PIP topic, and clearly described why specific interventions were selected.
- The PIP was well-designed. Interventions were thoughtful, timely and appropriate.
- The team demonstrated a good use of the PDSA cycle throughout the year to evaluate the effectiveness of their interventions and adjusted as needed.
- The PIP design also focused on data collection for populations broken up by race, ethnicity, language and region to help inform future interventions.

Weaknesses/Opportunities for Improvement

- The mobile mammography intervention did not pan out as expected due to work force challenges and supply chain issues, leading to the cancellation of one event in early 2023.

Table 18. CHPW: Expanding Access to Peer Support for BHSO Members with Substance Use Disorders.

PIP Title: Expanding access to peer support for behavioral health services only (BHSO) members with substance use disorders					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Quality, Timeliness	Met	Yes	High confidence in reported results	Moderate confidence in reported results	Brief Assessment of Recovery Capital (BARC-10): • BARC-10 Average Score: Demonstrated performance improvement; statistically significant change; p-value <.05

Strengths

- CHPW utilized the PDSA process well to continue to evolve strategies to increase outreach and engagement with the app.
- The change in measurement system provided CHPW with a good means to demonstrate efficacy or success.

Weaknesses/Opportunities for Improvement

- The continued lack of member participation made it difficult to determine whether the app was successful or even wanted by membership. Forty-two individuals took the survey on day one with the app, but only 19 were still using the app on day 360.

2023 PIP Summary by MCP: MHW

The following PIPs were submitted by MHW for validation (Tables 19-20).

Table 19. MHW: Increasing Breast Cancer Screening for Female American Indian/Alaska Native (AIAN) Medicaid Members Aged 50 through 74 Years.

PIP Title: Increasing breast cancer screening for female AIAN Medicaid members aged 50 through 74 years					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Quality, Timeliness	Met	Yes	High confidence in reported results	Low confidence in reported results	NCQA HEDIS Measure: • BCS-E (AIAN Population): Demonstrated performance improvement; no statistically significant change; p-value 0.894255 • BCS-E Overall MHW: Demonstrated performance improvement; no statistically significant change; p-value 0.528942

Strengths

- A strong PDSA process was implemented to determine what was working and what needed improvement.
- The MCP was able to work on tribal relationships and create stronger materials. Additionally, the PDSA process helped the collaboration redirect the intervention efforts to next year.

Weaknesses/Opportunities for Improvement

- There was a delay in production and circulation of culturally relevant materials.

Table 20. MHW: Increasing Substance Use Disorder Follow-up Care After Emergency Department Visit (FUA) for BHSO Members 13 Years of Age and Older.

PIP Title: Increasing substance use disorder follow-up care after emergency department visit (FUA) for BHSO members 13 yrs of age and older					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Timeliness	Met	Yes	High confidence in reported results	Moderate confidence in reported results	NCQA HEDIS Measure: • FUA 30-day Follow-Up: No demonstrated performance improvement; no statistically significant change; p-value 0.075608

Strengths

- MHW engaged in the PDSA process and re-tooled the intervention twice and utilized an innovative technology platform to assist behavioral providers in decreasing silos and communication barriers.

Weaknesses/Opportunities for Improvement

- MHW did not assess provider interest before starting the PIP and did not consider how privacy laws would impact utilization of the communication platform with SUD providers.

2023 PIP Summary by MCP: UHC

The following PIPs were submitted by UHC for validation (Tables 21-22).

Table 21. UHC: Increasing the ADD (Attention Deficit/Hyperactivity Disorder Medication Adherence) Initiation Phase.

PIP Title: Increasing the ADD (ADHD medication adherence) initiation phase					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Timeliness	Met	Yes	Moderate confidence in reported results	Low confidence in reported results	NCQA HEDIS measure: • ADD Initiation Phase: Demonstrated performance improvement; statistically significant change; p-value <.01

Strengths

- The goal of the PIP was met as the ADD Initiation Phase rate increased.

Weaknesses/Opportunities for Improvement

- Two thirds of the planned interventions did not come to fruition. The third planned intervention was only in effect through Q2.
- Though there was improvement of the ADD Initiation Phase, it cannot be reasonably concluded that the interventions attributed to the rate increase.

Table 22. UHC: Follow-Up After Hospitalization for Mental Illness (FUH).

PIP Title: Follow-up after hospitalization for mental illness (FUH)					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Timeliness	Not Met	Yes	Low confidence in reported results	Moderate confidence in reported results	NCQA HEDIS Measure: • FUH 7-day Follow-Up: Demonstrated performance improvement; statistically significant change; p-value <.05

Strengths

- The FUH after the seven-day measure increased.

Weaknesses/Opportunities for Improvement

- UHC failed to create a theoretical framework for their PIP so there were no targeted interventions outside of standard of care.
- The impact of the tele-mental health provider network is difficult to ascertain as claims for that service are not in the BHSO benefit set.

2023 PIP Summary by MCP: WLP

The following PIPs were submitted by WLP for validation (Tables 23-24).

Table 23. WLP: Reducing Potentially Avoidable Emergency Department Visits for Chronic Obstructive Pulmonary Disease (COPD) Among Adult IMC Members.

PIP Title: Reducing potentially avoidable emergency department visits for chronic obstructive pulmonary disease among adult IMC members					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Quality, Timeliness	Met	Yes	Moderate confidence in reported results	Moderate confidence in reported results	Low Intensity Emergency Redirect (LIER) initiative utilizing predictive modeling and behavioral science: • LIER: No demonstrated performance; no statistically significant change; no p-value available

Strengths

- The PIP was well-designed. The PIP was well-written, clearly described the importance of the PIP topic and outlined why specific interventions were selected.
- The interventions were thoughtful, timely and appropriate. The team demonstrated a good use of the PDSA cycle throughout the year to evaluate the effectiveness of their interventions and adjusted as needed.
- Although the PIP's goal was not met, the PIP did demonstrate some success:
    - Of the members who were outreached to through LIER, 49% did not go back to the ED for COPD after receiving messaging. 23% of these members scheduled an outpatient visit with a provider for their COPD diagnosis and/or received durable medical equipment (DME) for their COPD diagnosis.

- WLP sent educational letters to members who did not refill their COPD medication within 7 days after a 2023 COPD ED visit. Of the members who received an educational letter, 63% did not go back to the ED for COPD, and 14% of these members scheduled an outpatient visit with a provider for COPD or received DME for their COPD.

Weaknesses/Opportunities for Improvement

- As there was a 0.1% increase in potentially avoidable COPD-related ED visits from 2022 to 2023, the goal of the PIP was not met.

Table 24. WLP: Improving 7-day Follow-Up After Hospitalizations for Members with Mental Illness (FUH) and Emergency Department Visits for Members with Mental Illness (FUM) and/or Alcohol and Other Drug Abuse or Dependence (FUA).

PIP Title: Improving 7-day follow-up after hospitalizations for members with mental illness and emergency department visits for members with mental illness and/or alcohol and other drug abuse or dependence					
Domain	**Score**	**Validation Status**	**Methodology & Implementation Validation Rating 1**	**Improvement Strategies Validation Rating 2**	**Performance Measure & Results**
Access, Timeliness	Met	Yes	High confidence in reported results	No confidence in reported results	NCQA HEDIS Measure: • FUH 7-day Follow-Up: No demonstrated performance; no statistically significant change; no p-value available • FUM 7-day Follow-Up: No demonstrated performance; no statistically significant change; no p-value available • FUA 7-day Follow-Up: No demonstrated performance; no statistically significant change; no p-value available

Strengths

- The intervention was a great idea that did not materialize.

Weaknesses/Opportunities for Improvement

- The primary intervention encountered many barriers to implementation.

Summary of 2024 MCP PIP Scores

In this review cycle, TEAMonitor identified a significant knowledge gap within the MCPs regarding the Washington State behavioral health system, which has impeded their ability to develop effective interventions. This lack of understanding is particularly evident in PIPs focused on behavioral health and health equity. The required actions are designed to improve the MCPs' knowledge and proficiency in the behavioral health system and Social Determinants of Health, ensuring more effective efforts in the future.

Below is the summary of the scores the MCPs received:

- **Collaborative: All five MCPs** – PIPs: 1 Met, 1 Not Met (Included in the individual MCP count below)
- **CCW** – PIPs: 4 Met, 1 Not Met
- **CHPW** – PIPs: 3 Met, 1 Not Met
- **MHW** – PIPs: 3 Met, 1 Not Met
- **UHC** – PIPs: 2 Met, 2 Not Met
- **WLP** – PIPs: 3 Met, 1 Not Met

2024 EQRO PIP Recommendations Based on TM-RAs

TM-RAs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year.

Because MCPs may have implemented TM-RAs since that time to address specific issues, the following recommendations may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report*.

- **Collaborative PIPs – CCW, CHPW, MHW, UHC and WLP**
    - Health Equity: To address the not met score, for the 2023 Health Equity Collaborative PIP, the five MCPs must submit a narrative and supporting documents describing the actions they will take to address the findings related to ensuring:
        - Interventions can be linked to outcomes; and
        - The implementation of culturally and linguistically appropriate performance improvement strategies.
- **CCW, CHPW, MHW and WLP:** The four MCPs did not receive an additional individual TM-RA as part of the 2024 PIP validation activity.
- **UHC:** To address the not met score, the MCP will participate in a research study design training to enhance the MCP's ability to identify appropriate interventions that will affect a measure. Documentation of evidence of attendance and a detailed outline of the content for HCA review should be provided with the March 2025 TEAMonitor review document submission.

Summary of Previous Year (2023) PIP EQRO Recommendations Based on TM-RAs

The MCPs did not receive TM-RAs as part of the 2023 PIP validation activity. Consequently, the MCPs did not receive EQRO recommendations, which would have required a review to address these and an assessment of the effectiveness of the plans' responses during the 2024 PIP validation activity.

Performance Measure Validation

Objective

Performance measure validation is a required EQR activity described at 42 CFR §438.358(b)(1)(ii) which mandates that the state or an EQRO must validate the performance measures that were calculated during the preceding 12 months. Per 42 CFR 438.330(c), states specify standard performance measures which the MCPs must include in their QAPI program. These measures are used to monitor the performance of the individual MCPs at a point in time, to track performance over time, to compare performance among MCPs and to inform the selection and evaluation of quality improvement activities.

In March 2020, Washington State issued a "Stay Home, Stay Healthy" order in response to COVID-19, limiting health care facilities to emergency services during March and April of that year. Elective procedures and other non-urgent treatments were postponed until later in 2020. The impacts of this order, alongside other pandemic-related changes, extended into 2021 and were still evident in 2023. Consequently, many MY2023 HEDIS measures, especially those related to preventive care and access, may have been affected. Additionally, utilization patterns shifted, with decreased incidences of flu and other respiratory illnesses due to masking and social distancing measures.

To prevent loss of health insurance coverage during the pandemic, the Families First Coronavirus Response Act of 2020 provided states with a temporary increase in federal Medicaid matching funds in exchange for suspending Medicaid disenrollment during the public health emergency. This led to an artificially elevated Medicaid population, which could influence data across the affected measure years.

The Consolidated Appropriations Act of 2023 ended the continuous enrollment provision as of March 31, 2023, allowing states to resume Medicaid eligibility reviews and discontinue coverage for ineligible individuals. This process, known as "unwinding," provided states with fourteen months to complete the redeterminations, with the enhanced federal matching funds gradually phased out by December 2023.

This section contains results of the following areas of performance measure validation and comparative analysis that was completed in 2024.

Overview

According to 42 CFR §438.360, states have the option to utilize results from a private accreditation review to avoid duplication if the requirements are comparable to standards identified in the EQR protocols and 42 CFR §438.358.

Methodology

The performance measures identified by HCA are NCQA HEDIS[26] measures, which were validated by Aqurate Health Data Management, Inc., the private accreditation firm which conducted the 2023 MCP HEDIS audits. Comagine Health did not validate the measures but conducted an analysis of the reported results provided in the MCPs' HEDIS Compliance Audit final audit report (FAR).

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

Technical Methods of Data Collection/Description of Data Obtained

HEDIS Compliance Audit Process

The MY2023 HEDIS compliance audit process was conducted according to the standards and methods described in the NCQA *HEDIS® Compliance Audit™ Standards, Policies and Procedures.* The audit included the following components:

- An overall assessment of the capability of information systems to capture and process the information required for reporting (also referred to as ISCA)
- An evaluation of the processes that were used to prepare individual measures
- An assessment of the accuracy of rates reported

Information from several sources was used to satisfy the audit requirements which included:

- HEDIS Roadmap (Record of Administration, Data Management and Processes) and Long-Term Services and Support (LTSS) Roadmap, if applicable
- Documentation provided for review prior to, during and after the audit review (in-person or virtual); including organizational policies, procedures and management reports related to enrollment, member services, claims and provider data
- Verification to confirm that measures are produced with certified code or NCQA automatic source code review (ASCR) approved logic
- Observations that were made during systems review and queries
- Observations and interviews with staff responsible for the collection, maintenance and analysis of transaction data used in measure calculation
- Information provided subsequent to the audit review to address any deficiencies and/or outstanding issues
- Findings from validation of medical record review processes
- Review of supplemental data sources
- Preliminary rate review
- Final rate validation, comparison with product line specific national means and percentiles and previous year's rates

As part of the audit process, auditors examined all reported measures and confirmed that all reported measures are produced using NCQA-certified measure software or passed NCQA ASCR. However, if applicable, auditors were allowed to conduct manual source code review for measures that are not included in the certification program or for any measure that failed certification.

HEDIS Compliance Audit Standards

HEDIS Compliance Audit standards are the foundation on which Certified HEDIS Compliance Auditors assess the organization's ability to report HEDIS data accurately and reliably. These standards represent key processes involved in HEDIS data collection and reporting.

The standards are divided into the following sections:

- **Information System (IS) standards (also referred to as ISCA)** – Because HEDIS data depend on the quality of the organization's information systems, the IS standards measure how the organization collects, stores, analyzes and reports medical, service, member, practitioner and

vendor data. Health plans without adequate capabilities for processing health information may not be able to accurately and reliably report HEDIS information.

The standards specify the minimum requirements that information systems should meet and criteria that are used in HEDIS data collection. Compliance with the IS standards ensures that the organization has effective systems, practices and control procedures for core business functions and for HEDIS reporting.

- **HEDIS Measure Determination (HD) standards** – Auditors use the HD standards to assess organization's algorithmic compliance and oversight of outsourced or delegated reporting functions.

Summary of MCP MY2023 HEDIS FARs

Comagine Health received the MCP FARs from Aqurate Health Data Management, Inc. and then assessed the FARs to determine and develop EQR findings and recommendations.

The MCPs were in full compliance with the MY2023 audits, with measure reporting processes aligned to state specifications. Confidence is high in the MCPs' ability to meet technical requirements. No recommendations, strengths or weaknesses were noted during the 2024 PMV.

Table 25 shows the MCP results for each standard addressed in the individual MCP's FAR.

Table Legend: Met = Compliant Not Met = Not Compliant NA = Not Applicable

Table 25. Summary of MCP MY2023 HEDIS Final Audit Reports.

Std.	Information System Description	CCW	CHPW	MHW	UHC	WLP
IS A	Administrative Data: Claims & encounters, enrollment and provider data	Met	Met	Met	Met	Met
IS A-BH	Behavioral Health Administrative Data: Outsourced or delegated claims processing	NA	NA	NA	Met	NA
IS A-VS	Vision Administrative Data: Outsourced or delegated claims processing	Met	Met	Met	Met	Met
IS A-RX	Pharmacy Administrative Data: Outsourced or delegated claims processing	Met	Met	Met	Met	Met
IS A-DV	Dental Administrative Data: Outsourced or delegated claims processing	NA	NA	NA	NA	NA
IS A-LV	Laboratory Administrative Data: Outsourced or delegated claims processing	NA	NA	NA	NA	NA
IS M	Medical Record Review	Met	Met	Met	Met	Met
IS C	Clinical & Care Delivery Data	Met	Met	Met	Met	Met
IS R	Data Management & Reporting	Met	Met	Met	Met	Met
IS LTSS	Case Management Data-Long Term Services and Support	NA	NA	NA	NA	NA
HD	Outsourced or Delegated Reporting Functions	NA	Met	Met	NA	NA

Washington State-Developed Performance Measure Validation

Overview

The state monitors and self-validates the following state-developed measures in Table 26, reflecting services delivered to Apple Health enrollees.

Table 26. Washington State-Developed Performance Measures.

RDA Measure	Description
MH-B*	Mental Health (MH) Service Rate Broad Definition – Measure of access to mental health services among persons with an indication of need for mental health services
SUD*†	Substance Use Disorder Treatment Rate – Measure of access to SUD treatment services among persons with an indication of need for SUD treatment services
HCBS	Home and Community-Based Long-Term Services and Supports Use – Measure of receipt of home and community-based services among those who need LTSS
HOME-B	Percent Homeless Broad Definition – Percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year
HOME-N	Percent Homeless Narrow Definition – Percentage of Medicaid enrollees who were homeless in at least one month in the measurement year
SA-SUD	Percent Arrested – Arrest rate for Medicaid enrollees with an SUD treatment need
SA-MH	Percent Arrested – Arrest rate for Members with an MH treatment need
DI-FUA-7D	Receipt of SUD Treatment 7 Days – Department of Corrections (DOC) Release: Percentage of members receiving an SUD treatment within 7 days of release from a DOC facility
DI-FUA-30D	Receipt of SUD Treatment 30 Days – DOC Release: Percentage of members receiving an SUD treatment within 30 days of release from a DOC facility
DV-FUA-7D	Receipt of SUD Treatment 7 Days – Local Jail DOC Custody Release: Percentage of members receiving SUD treatment within 7 days of release from DOC custody - local jail
DV-FUA-30D	Receipt of SUD Treatment 30 Days – Local Jail DOC Custody Release: Percentage of members receiving SUD treatment within 7 days of release from DOC custody - local jail
DI-FUM-7D	Receipt of MH Treatment 7 Days – DOC Release: Percentage of members receiving MH treatment within 7 days of release from a DOC facility
DI-FUM-30D	Receipt of MH Treatment 30 Days – DOC Release: Percentage of members receiving MH treatment within 30 days of release from a DOC facility
DV-FUM-7D	Receipt of MH Treatment 7 Days – Local Jail DOC Custody Release: Percentage of members receiving MH treatment within 7 days of release - local jail from DOC custody
DV-FUM-30D	Receipt of Mental Health Treatment – Local Jail DOC Custody Release: Percentage of members receiving MH treatment within 30 days of release - local jail DOC custody

** These measures are also required VBP measures and are monitored for the Integrated Foster Care programs.*

† This measure is also a required VBP measure and is monitored for the Integrated Managed Care program.

HCA partners with RDA to measure performance. Data is collected quarterly via the administrative method, using claims, encounters and enrollment data. Performance measure validation is conducted to ensure the accuracy of reported measures and compliance with state specifications and reporting requirements. The findings from HCA's validation of these measures are outlined below.

Technical Methods of Data Collection

HCA conducted the performance measure validation for these measures based on the *CMS EQR Protocol 2. Validation of Performance Measures.*

Description of Data Obtained

All payers' integrated data is utilized, which includes a ProviderOne Medicaid Management Information System data repository and a Medicare data repository for persons dually eligible for Medicare and Medicaid. Annual review of performance is done for these measures with interim monitoring on a quarterly basis, reviewing the performance of these measures for IMC, IFC and BHSO populations.

Table 27 shows the population and age bands reported for the MY2023 RDA self-validated measures reported.

Table Legend: ✓ = Population/Age Band Reported – = Population/Age Band Not Reported

Table 27. RDA Self Validated Measures – MY2023 Population and Age Bands.

Statewide Performance Measure	IMC Only (0-17)	IMC Only (6-64)	IMC Only (12-64)	IMC Only (18+)	BSHO Only (0-17)	BSHO Only (6-64)	BSHO Only (12-64)	BHSO Only (18+)	IMC & BHSO (0-17)	IMC & BHSO (6-64)	IMC & BHSO (12-64)	IMC & BHSO (18+)	AH-IFC Only (6-26)	AH-IFC Only (12-26)	AH-IFC Only (18+)	AH-IFC (All)
MH-B	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–	–	–
SUD	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–	–
HCBS	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	–	–
HOME B	✓	–	–	✓	✓	–	–	✓	✓	–	–	✓	–	–	–	✓
HOME N	✓	–	–	✓	✓	–	–	✓	✓	–	–	✓	–	–	–	✓
SA-MH	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
SA-SUD	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DI-FUA-7D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DI-FUA-30D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DV-FUA-7D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DV-FUA-30D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DI-FUM-7D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DI-FUM-30D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DV-FUM-7D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–
DV-FUM-30D	–	–	–	✓	–	–	–	✓	–	–	–	✓	–	–	✓	–

The RDA produces and validates the quarterly and annual measures. The measure production process includes the monitoring of multi-year trends in numerators, denominators and rates, which helps inform regular assessment of data completeness and data quality before information

is released. However, the RDA team that produces this measure is not responsible for (or resourced for) validating the accuracy and completeness of the underlying service encounter and Medicaid enrollment data.

Data Aggregation and Analysis

HCA partners with RDA to measure performance for the Apple Health population. Within the 1915b waiver (April 2024), HCA has been approved to self-validate measures produced by RDA. No sampling is conducted, as all eligible enrollees are included in the measures. Data is collected via the administrative method only, using claims, encounters and enrollment data.

Summary of HCA Performance Measure Validation Rates and Results

HCA Performance Validation Rates

Tables 28-37 show the rates for the state-validated measures in MY2021–MY2023. Please note that for certain measures, the population and age groups may have been updated for MY2023 compared to previous years.

Table 28. Statewide Performance Measures Result: MH-B.

Statewide Performance Measure	MY2021 Rate				MY2022 Rate				MY2023 Rate			
	IMC Only (6-64)	IMC & BHSO (6-64)	BSHO Only (6-17)	BHSO Only (18+)	IMC Only (6-64)	IMC & BHSO (6-64)	BHSO Only (6-17)	BSHO Only (18+)	IMC Only (6-64)	IMC & BHSO (6-64)	BHSO Only (6-64)	AHFC Only (6-26)
Numerator	254,848	267,846	929	18,091	272,310	283,667	16,502	922	266,961	275,679	7,957	7,002
Denominator (N)	469,702	492,954	1,401	38,558	506,467	527,164	36,571	1310	469,256	486327	15,680	9,325
Rate	**54.3%**	**54.3%**	**66.3%**	**46.9%**	**53.8%**	**53.8%**	**45.1%**	**70.4%**	**56.9%**	**56.7%**	**50.7%**	**75.1%**

Table 29. Statewide Performance Measure Results: SUD.

Statewide Performance Measure	MY2021 Rate				MY2022 Rate				MY2023 Rate			
	IMC Only (12-64)	IMC & BHSO (12-64)	BSHO Only (12-17)	BHSO Only (18+)	IMC Only (12-64)	IMC & BHSO (12-64)	BSHO Only (12-17)	BHSO Only (18+)	IMC Only (12-64)	IMC & BHSO (12-64)	BSHO Only (12-64)	AH-IFC Only (12-26)
Numerator	53,823	55,708	31	2,171	53,694	55,317	2,080	31	50,785	1,163	52,097	322
Denominator (N)	142,428	149,502	126	10,221	148,111	154,190	9,711	117	134,252	4,075	138,755	1,030
Rate	**37.8%**	**37.3%**	**24.6%**	**21.2%**	**36.3%**	**35.9%**	**21.4%**	**26.5%**	**37.8%**	**28.5%**	**37.5%**	**31.3%**

Table 30. Statewide Performance Measure Results: HCBS.

Statewide Performance Measure	MY2021 Rate			MY2022 Rate			MY2023 Rate		
	IMC Only (18-64)	IMC & BHSO (18+)	BSHO Only (18+)	IMC Only (18-64)	IMC & BHSO (18+)	BSHO Only (18+)	IMC Only (18+)	IMC & BHSO (18+)	BSHO Only (18+)
Numerator	140,694	661,769	521,075	131,910	664,764	527,329	144,761	692,556	542,053
Denominator (N)	146,674	744,413	597,739	137,471	744,890	601,572	150,763	768,507	611,664
Rate	**95.9%**	**88.9%**	**87.2%**	**96.0%**	**89.2%**	**87.7%**	**96.0%**	**90.1%**	**88.6%**

**Excluding small proportion of IMC LTSS clients age 65+.*

Table 31. Statewide Performance Measure Results: HOME-B* (MY2022 was the first year of RDA self-validation for this measure).

Statewide Performance Measure	MY2022 Rate						MY2023 Rate						
	IMC Only (0-17)	IMC Only (18+)	BHSO Only (0-17)	BHSO Only (18+)	IMC & BHSO (0-17)	IMC & BHSO (18+)	IMC Only (0-17)	IMC Only (18+)	BHSO Only (0-17)	BHSO Only (18+)	IMC & BHSO (0-17)	IMC & BHSO (18+)	AH-IFC (All Ages)
Numerator	32,300	126,345	71	9,445	32,371	135,790	34,690	120,591	83	7,793	34,803	128,974	1,205
Denominator (N)	774,191	1,032,346	5,236	150,718	779,427	1,183,064	741,501	861,703	4,574	133,042	746,702	999,339	20,464
Rate	**4.2%**	**12.2%**	**1.4%**	**6.3%**	**4.2%**	**11.5%**	**4.7%**	**14.0%**	**1.8%**	**5.9%**	**4.7%**	**12.9%**	**5.9%**

**Note lower performance is better for this measure.*

Table 32. Statewide Performance Measure Results: HOME-N* (MY2022 was the first year of RDA self-validation for this measure).

Statewide Performance Measure	MY2022 Rate						MY2023 Rate						
	IMC Only (0-17)	IMC Only (18+)	BHSO Only (0-17)	BHSO Only (18+)	IMC & BHSO (0-17)	IMC & BHSO (18+)	IMC Only (0-17)	IMC Only (18+)	BHSO Only (0-17)	BHSO Only (18+)	IMC & BHSO (0-17)	IMC & BHSO (18+)	AH-IFC (All Ages)
Numerator	24,487	107,480	41	5,220	24,528	112,700	26,294	102,940	56	4157	26,371	107,474	873
Denominator (N)	774,191	1,032,346	5,236	150,718	779,427	1,183,064	741,501	861,703	4,574	133,042	746,702	999,339	20,464
Rate	**3.2%**	**10.4%**	**0.8%**	**3.5%**	**3.1%**	**9.5%**	**3.5%**	**11.9%**	**1.2%**	**3.1%**	**3.5%**	**10.8%**	**4.3%**

**Note lower performance is better for this measure.*

Table 33. Statewide Performance Measure Results: SA-MH and SA-SUD*

Statewide Performance Measure	SA-MH				SA-SUD			
	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)
Numerator	23,792	1,261	25,135	133	24,256	1,015	25,341	116
Denominator (N)	408,022	87,357	498,157	1,477	154,141	23,427	178,542	509
Rate	**5.8%**	**1.4%**	**5.0%**	**9.0%**	**15.7%**	**4.3%**	**14.2%**	**22.8%**

**Note MY2023 is the first year of RDA self-validation for these measures.*

Table 34. Statewide Performance Measures Results: DI-FUA-7D and DI-FUA-30D*

Statewide Performance Measure	DI-FUA-7D				DI-FUA-30D			
	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)
Numerator	483	14	497	0	880	25	905	1
Denominator (N)	1,235	42	1,277	5	1,235	42	1,277	5
Rate	**39.1%**	**33.3%**	**38.9%**	**0%**	**71.3**	**59.5%**	**70.9**	**20.0%**

**Note MY2023 is the first year of RDA self-validation for these measures.*

Table 35. Statewide Performance Measures Results: DI-FUM-7D and DI-FUM-30D*

Statewide Performance Measure	DI-FUM-7D				DI-FUM-30D			
	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)
Numerator	88	7	95	0	281	21	302	0
Denominator (N)	812	54	866	4	812	54	866	4
Rate	**10.8%**	**13.0%**	**11.0%**	**0%**	**34.6%**	**38.9%**	**34.9%**	**0%**

**Note MY2023 is the first year of RDA self-validation for these measures.*

Table 36. Statewide Performance Measures Results: DV-FUA-7D and DV-FUA-30D*

Statewide Performance Measure	DV-FUA-7D				DV-FUA-30D			
	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)
Numerator	958	18	976	3	1,662	37	1,699	6
Denominator (N)	2,822	66	2,888	14	2,822	66	2,888	14
Rate	**33.9%**	**27.3%**	**33.8%**	**21.4%**	**58.9%**	**56.1%**	**58.8%**	**42.9%**

**Note MY2023 is the first year of RDA self-validation for these measures.*

Table 37. Statewide Performance Measures Results: DV-FUM-7D and DV-FUM-30D*

Statewide Performance Measure	DV-FUM-7D				DV-FUM-30D			
	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)	IMC Only (18+)	BHSO Only (18+)	IMC & BHSO (18+)	AH-IFC Only (18+)
Numerator	295	23	318	2	692	43	735	6
Denominator (N)	1,770	78	1,848	12	1,770	78	1,848	12
Rate	**16.7%**	**29.5%**	**17.2%**	**16.7%**	**39.1%**	**55.1%**	**39.8%**	**50.0%**

**Note MY2023 is the first year of RDA self-validation for these measures.*

HCA Performance Validation Results

HCA's tool, based on CMS EQR Protocol 2, "*Validation of Performance Measures,"* Worksheet 2.2, was used to determine if validation requirements were met for the 15 RDA measures.

Validation Key

- **Yes**: The RDA's measurement and reporting process was fully compliant with state specifications.
- **No**: The RDA's measurement and reporting process was not fully compliant with state specifications.
- **N/A**: The validation component was not applicable.

Table 38 summarizes the validation results for the fifteen RDA measures in MY2023.

Table 38. RDA Self-Validated Performance Measures Results, MY2023.

Component	Validation Element	Result
Documentation	Did appropriate and complete measurement plans and programming specifications exist, including data sources, programming logic, and computer source code?	Yes
	Were internally developed codes used?	Yes
Denominator	Were all the data sources used to calculate the denominator complete and accurate?	Yes
	Did the calculation of the performance measure adhere to the specifications for all components of the denominator?	Yes
Numerator	Were the data sources used to calculate the numerator complete and accurate?	Yes
	Did the calculation of the performance measure adhere to the specifications for all components of the numerator?	Yes
	If medical record abstraction was used, were the abstraction tools adequate?	N/A
	If the hybrid method was used, was the integration of administrative and medical record data adequate?	N/A
	If the hybrid method or medical record review was used, did the results of the medical record review validation substantiate the reported numerator?	N/A
Sampling	Was the sample unbiased? Did the sample treat all measures independently? Did the sample size and replacement methodologies meet specifications?	N/A
Reporting	Were the state specifications for reporting performance measures followed?	Yes

Analyses and Conclusions

It would be desirable for RDA to develop cross-validation activities in partnership with HCA's Analytics, Research and Measurement team. However, given staff turnover and workload demands on state agency analytic teams supporting other agency operations, this was not a feasible undertaking in MY2023.

Cross-agency work was completed that lead to the updating of mental illness and substance use disorder diagnosis code sets that underly several current measurement specifications. These changes were accurately implemented and had a limited impact on measure results.

Last year, RDA anticipated that this year's validation report might explore opportunities for measurement process improvement in greater detail, including the potential to leverage cross-validation opportunities presented by working in partnership with HCA's Analytics, Research and Measurement team. However, staff turnover and workload demand on state agency analytic teams rendered this to be an unrealistic goal over the past year.

Significant work was completed to implement enhancements to code sets used for the MH and SUD Treatment Rate measures, and as planned, these coding enhancements were implemented in the 2023 Measurement Year.

Based on the validation process completed for each performance measure, the measures met audit specifications and are reportable by the state. Comagine Health did not identify any strengths or weaknesses during the 2024 RDA Self-Validated PMV. No recommendations are given.

Summary of Previous Year (2023) EQRO Recommendations Based on RDA Self-Validation

EQRO recommendations were not provided for the 2023 RDA self-validation, which would have required a review to address those recommendations and an assessment of the effectiveness of the responses during the 2024 validation activity.

Performance Measure Comparative Analysis

Objective

Federal regulations at 42 CFR §438.330(c) require states to specify standard performance measures for MCPs to include in their comprehensive QAPI programs. Each year, the MCPs must:

- Measure and report to the state the standard performance measures specified by the state;
- Submit specified data to the state which enables the state to calculate the standard performance measures; or
- A combination of these approaches

Overview

This section contains results of the following areas of performance measure comparative analysis related to the Washington EQR in 2023:

- **Healthcare Effectiveness Data and Information Set (HEDIS) measures:**

  MCPs are required to annually report 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. Comagine Health analyzed MCP performance on HEDIS measures for the calendar year (CY) 2023 (see more about HEDIS measures in the section, HEDIS and RDA performance measure analysis, which follows).

- **Statewide Non-HEDIS Measures:**

  At HCA's instruction, Comagine Health also assessed statewide performance by the MCPs on the 15 non-HEDIS measures that are calculated by the DSHS RDA. In addition, the state monitors and self-validates these measures delivered to Apple Health enrollees. RDA reviewed and validated performance rates for the measures to determine impact and need for this program's population.

Validated performance rates for these measures are included in this section, starting on page 64.

HEDIS and RDA Measure Analysis

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.[27]

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.

[27] NCQA. HEDIS and Performance Measurement. Available at: http://www.ncqa.org/HEDISQualityMeasurement/WhatisHEDIS.aspx.

Comagine Health thoroughly reviewed each MCP's rates for selected HEDIS measures, associated submeasures, and RDA measures, representing a broad population base or population of specific or prioritized interest.

To be consistent with NCQA methodology, the 2023 calendar year is referred to as measurement year 2023 (MY2023) in this report. The results from these analyses can be found in the *2024 Comparative Analysis Report*.

For a full description of the performance measure comparative methodology, please see the *2024 Comparative Analysis Report.*

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.

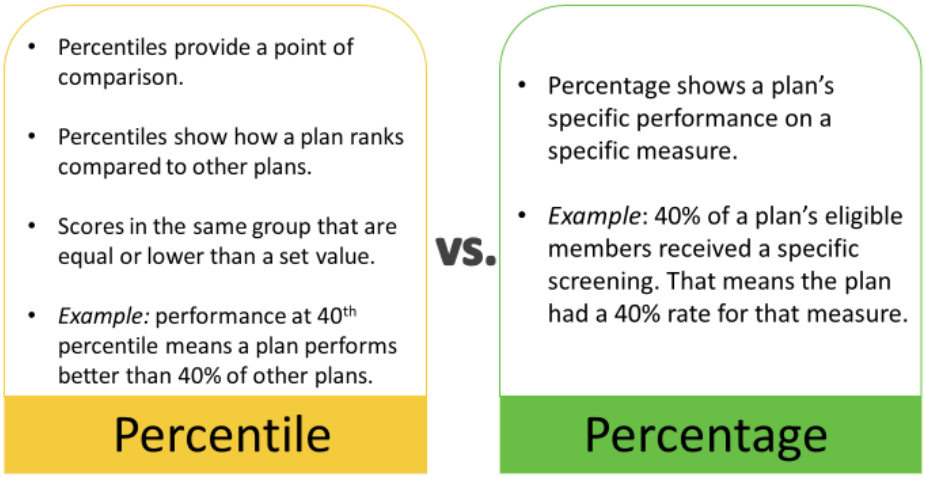
The national benchmarks included in this report are often displayed as percentiles. The percentile shows how Plan A ranks among all other plans who have reported Breast Cancer Screening rates. For example:

- 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 14 shows the differences between percentiles and percentages in the context of this report.

Figure 14. Percentile vs. Percentage.



Summary of Performance Measure Results/Conclusions

Comagine Health used HEDIS data to perform comparisons among MCPs and against national benchmarks, as well as to identify variations in measure performance across regions, Apple Health programs and demographic groups.

The RDA measure analysis was limited due to a lack of national benchmarks and detailed data that would allow Comagine Health to stratify the data by region, Apple Health programs or demographic groups.

Access/Availability of Care HEDIS Measures

HEDIS access/availability of care measures relate to whether enrollees are able to access primary care providers at least annually, whether children are able to access appropriate well-child and well-care services, and whether pregnant women are able to access adequate prenatal and postpartum care. These measures reflect the accessibility and timeliness of care provided.

Access for adults steadily declined between MY2020 and MY2022, and then increased between MY2022 and MY2023. The state remains below the national 40th percentile for both adult age bands.

For the well-child visit measures, there was an improvement for children ages 0-15 months and for the age 3-11 age bands for the years reported (MY2020 through MY2022). The age 3-11 category does best for the well-child visit measures when compared to national benchmarks; they are between the 40th and 59th national percentile. The age 18-21 category performs the worst falling below the national 20th percentile. All other age categories are below the national 40th percentile.

Performance in the maternal health category is between the 40th and 59th national percentile for the Timeliness of Prenatal Care measure, and between the 60th and 79th percentile for the Postpartum Care measure. The state also saw improvement for the Postpartum Care measure across the period reported (MY2020 through MY2023). Performance for the Timeliness of Prenatal Care measure has been more varied.

Table 39 displays the statewide results of these measures for the last four reporting years. The national benchmarks included in this report are displayed as quintiles, which divide performance by the 20th, 40th, 60th and 80th national percentiles. Note that the small blue squares reflect quintiles and their corresponding national percentile ranges.

Key

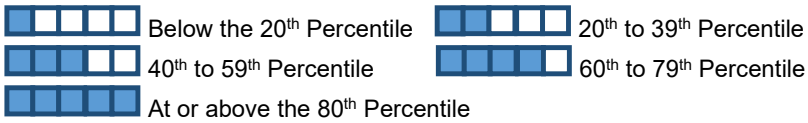


Table 39. Access/Availability of Care HEDIS Measures, MY2020–MY2023.

Measures	MY2020 State Rate	MY2021 State Rate	MY2022 State Rate	MY2023 State Rate	MY2023 National Quintile*
Adults' Access to Preventive/Ambulatory Health Services					
20–44 years	70.9	69.5	65.5	68.0	
45–64 years	77.2	76.8	74.6	75.9	
Well-Child Visits					
First 15 months	54.0	54.1	56.3	58.0	
15-30 months	68.4	64.3	64.8	65.2	
3–11 years	46.9	53.4	53.8	57.2	
12–17 years	34.8	47.8	44.6	48.1	
18-21 years	17.7	19.9	18.7	22.1	
Maternal Health					
Timeliness of Prenatal Care	82.7	87.5	86.7	85.2	
Postpartum Care	76.7	79.3	79.6	81.8	

**Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.*

Prevention and Screening HEDIS Measures

Prevention and screening measures relate to whether enrollees receive adequate preventive care needed to prevent chronic conditions or other acute health problems. These measures reflect access and quality. Table 40 shows the results for these measures.

The performance of the weight assessment and counseling measures has been varied over the time periods reported. This is likely due to the relatively small denominators for these hybrid measures. These measures are all below the 40th percentile for MY2023.

Two children's immunization rates were reported: Combination 3 and Combination 10. There are also two adolescent immunization rates reported: Combination 1 and Combination 2. Performance on these measures has been declining since MY2020. The children's Combination 3 measure is below the 20th percentile in MY2023; Combination 10 is above the 60th percentile but below the 80th. Combination 1 for the adolescent rate is below the 20th percentile and Combination 2 is below the 40th percentile.

The lead screening in children measure is below the 20th percentile for MY2022 and has declined between MY2021 and MY2023, after an increase from MY2020 to MY2021.

The Breast Cancer Screening declined between MY2020 and MY2021 and then saw an improvement between MY2021 and MY2023. Cervical Cancer screenings had a notable decline between MY2022 and MY2023. Chlamydia screenings improved between MY2020 and MY2021 and then saw no change between MY2021 and MY2022. The measure improved slightly between MY2022 and MY2023. All three of the women's health measures were below the 40th percentile in MY2021.

Key

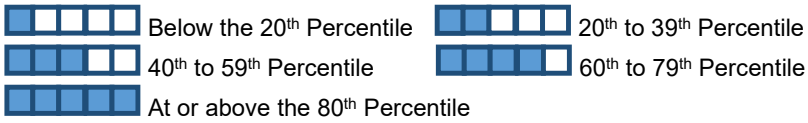


Table 40. Prevention and Screening HEDIS Measures, MY2020–MY2023.

Measure	MY2020 State Rate	MY2021 State Rate	MY2022 State Rate	MY2023 State Rate	MY2023 National Quintile*
Weight Assessment and Counseling					
Children's Body Mass Index Percentile	69.6	75.7	75.6	75.2	
Children's Nutrition Counseling	59.7	63.6	65.9	65.1	
Children's Physical Activity Counseling	56.3	61.8	62.5	61.7	
Immunizations					
Children's Combination 3	64.8	62.2	60.6	56.4	
Children's Combination 10	41.7	38.8	35.0	30.3	
Adolescents' Combination 1	75.0	73.0	70.4	69.3	
Adolescents' Combination 2	39.6	32.5	32.2	31.9	
Pediatric Screenings					
Lead Screening in Children	33.7	34.5	31.9	30.5	
Women's Health Screenings					
Breast Cancer Screening	47.9	44.7	46.1	47.4	
Cervical Cancer Screening	58.6	54.1	55.0	51.5	
Chlamydia Screening	49.9	50.3	50.3	50.7	

**Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.*

Chronic Care Management HEDIS Measures

Chronic care management measures relate to whether enrollees with chronic conditions can receive adequate outpatient management services to prevent worsening of chronic conditions and more costly inpatient services. These measures reflect access and quality. Table 41 shows these results.

Statewide performance on the diabetes care measures has been mostly volatile, most likely due to small denominators related to using the hybrid measure. The rates for diabetic eye exams

have declined between MY2020 and MY2023; this measure is below the national 40th percentile for MY2023. The HBA1c measures are between the national 20th and 39th percentile. The blood pressure control and kidney health evaluation measures are between the 60th and 79th percentile for MY2023 although there is still room for improvement in terms of actual performance. Statewide performance improved for the Controlling High Blood Pressure (<140/90) measure between MY2020 and MY2021 but then declined in MY2022. This measure improved between MY2020 and MY2023, again likely due to variation due to small number. Performance was between the 60th and 79th percentile for this measure in MY2023.

Performance has been steadily improving for the Asthma Medication Ratio measure between MY2020 and MY2022, followed by a decline between MY2022 and MY2023. The statewide performance was between the 60th and 79th percentile for MY2023.

Key

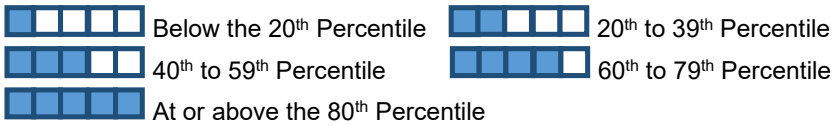


Table 41. Chronic Care Management HEDIS Measures, MY2020–MY2023.

Measure	MY2020 State Rate	MY2021 State Rate	MY2022 State Rate	MY2023 State Rate	MY2023 National Quintile*
Diabetes Care					
Eye Exam	51.6	50.7	48.7	48.2	
Blood Pressure Control (<140/90)	68.4	71.1	69.6	72.7	
HbA1c Control (<8.0%)	51.9	51.1	52.5	54.1	
Poor HbA1c Control (>9.0%)**	37.5	36.7	36.5	37.5	
Kidney Health Evaluation	43.0	43.5	41.5	42.6	
Other Chronic Care Management					
Controlling High Blood Pressure (<140/90)	58.6	64.6	60.1	63.0	
Asthma Medication Ratio, Total	62.1	64.7	72.4	69.1	

**Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.*

***Note that a lower score is better for this measure.*

Behavioral Health

Behavioral health measures relate to whether enrollees with mental health conditions or substance use disorders receive adequate outpatient management services to improve their condition. Positive behavioral health allows people to cope better with everyday stress, and engage in healthy eating, sleeping and exercise habits that can improve their overall health status. These measures reflect access and quality.

As shown in Table 42, the state saw improvements with several behavioral health measures between MY2020 and MY2023.

The state does perform well when compared to the national benchmarks. The following measures are between the 60th and 79th percentile for MY2023:

- Antidepressant Medication Management (AMM)
- Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total
- Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, Total
- Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, Total

The remaining behavioral health measures included in Table 42 are between the 40th and 59th percentile in MY2023.

Key

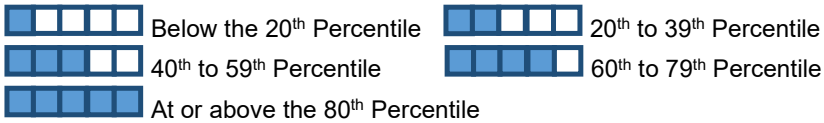


Table 42. Behavioral Health HEDIS Measures, MY2020–MY2023.

Measure	MY2020 State Rate	MY2021 State Rate	MY2022 State Rate	MY2023 State Rate	MY2023 National Quintile*
Antidepressant Medication Management (Effective Acute Phase)	58.5	61.2	63.5	64.8	
Antidepressant Medication Management (Continuation Phase)	42.9	44.0	45.4	46.8	
Follow-Up Care for Children Prescribed ADHD Medication (Initiation Phase)	45.2	42.9	44.9	44.4	
Follow-Up Care for Children Prescribed ADHD Medication (Continuation Phase)	52.4	54.8	53.1	50.9	
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total	40.2	35.9	39.4	38.5	
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total	57.2	54.5	58.5	58.7	
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total **	NR	NR	31.4	26.2	
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total **	NR	NR	43.8	38.8	
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, Total	45.1	45.6	44.8	46.3	
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, Total	57.8	58.9	58.1	60.8	

**Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.*

*** Due to significant changes in the measure specifications for MY2022, historical data is not displayed for this measure.*

Washington State (RDA) Measures

In 2020, HCA requested that Comagine Health include the state calculated measures as part of the VBP measure recommendation process. Developed by RDA, these measures were initially designed to capture how enrollees were being served across multiple systems. These measures have been utilized for many years to monitor access to care and utilization of services. Since financial integration has been fully implemented, it is important for HCA and the MCPs to continue to monitor these measures to ensure access and service goals are being met.

This year, HCA requested Comagine Health add several additional measures that have been developed by the state to ensure coordination of behavioral health services for members with criminal justice involvement:

- Percent Arrested – Members with Substance Use Disorder Treatment Need (SA-SUD)
- Percent Arrested – Members with Mental Health Treatment Need (SA-MH)
- Receipt of Substance Use Disorder Treatment within 7 Days – 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-FUM-7D)
- Receipt of Mental Health Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUM-30D)

Note these measures are also part of the Washington State Developed Performance Measure Validation.

Table 43 shows the results of these measures from MY2020 through MY2023. There was a significant decline in the SUD Treatment Rate measure between MY2020 and MY2021, and between MY2021 and MY2022. There was a statistically significant improvement between MY2022 and MY2023. The Mental Health Service Rate measure has been more variable, with a statistically significant improvement between MY2020 and MY2021, a statistically significant decline between MY2021 and MY2022, and then another statistically significant improvement between MY2022 and MY2023.

There were statistically significant improvements for the two Percent Homeless measures between MY2021 and MY2022, followed by a statistically significant decline between MY2022 and MY2023. Note that a lower percentage is better for these two measures.

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) between MY2020 and MY2021. This result was on a statewide basis and for all of the 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 of the 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 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 seen statewide between MY2021 and MY2022.

Table 43. Washington State (RDA) Measures, MY2020–MY2023.

Measures	MY2020 State Rate	MY2021 State Rate	MY2022 State Rate	MY2023 State Rate
Mental Health Service Rate, Broad Definition (MH-B), 6-64 Years	53.9	54.3	53.8	56.9
Substance Use Disorder (SUD) Treatment Rate, 12-64 Years	38.4	37.8	36.2	37.8
Home and Community-Based Long Term Services and Supports Use (HCBS), 18-64 Years	NR	96.0	96.0	96.1
Percent Homeless – Narrow Definition (HOME-N), 6-64 Years**	NR	8.0	7.8	8.7
Percent Homeless – Broad Definition (HOME-B), 6-64 Years**	NR	9.8	9.3	10.4
Percent Arrested – Members with Substance Use Disorder Treatment Need (SA-SUD)**	16.0	13.5	14.0	15.8
Percent Arrested – Members with Mental Health Treatment Need (SA-MH)**	6.2	5.0	4.9	5.8
Receipt of Substance Use Disorder Treatment within 7 Days – DOC Facility Releases (DI-FUA-7D)	NR	30.3	37.0	38.9
Receipt of Substance Use Disorder Treatment within 30 Days – DOC Facility Releases (DI-FUA-30D)	NR	63.7	69.5	70.9
Receipt of Substance Use Disorder Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUA-7D)	NR	35.2	33.4	33.8
Receipt of Substance Use Disorder Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUA-30D)	NR	59.4	57.9	58.8
Receipt of Mental Health Treatment within 7 Days – DOC Facility Releases (DI-FUM-7D)	NR	12.8	14.1	11.0
Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D)	NR	35.6	33.2	34.9
Receipt of Mental Health Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUM-7D)	NR	18.9	20.4	17.2

Measures	MY2020 State Rate	MY2021 State Rate	MY2022 State Rate	MY2023 State Rate
Receipt of Mental Health Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUM-30D)	NR	42.4	41.9	39.8

**NR indicates not reported.*

***Notes that a lower score is better for this measure.*

Summary of MCP Performance Measure Comparative Analysis

For details of each MCP's strengths and weaknesses/opportunities for improvement regarding the performance measure comparative analysis, please see Appendix A.

Performance Measure Comparative Analysis State Recommendations

The following recommendations highlight areas of focus for Washington State MCP performance measures. With the COVID-19 Public Health Emergency ending in April 2023, 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

Please refer to the *2024 Comparative Analysis Report* for additional details and comprehensive recommendations.

Network Adequacy Validation

Objective

Network adequacy validation (NAV) is a required EQR activity described in 42 CFR §438.68. The purpose of NAV is to determine the extent to which Medicaid and CHIP MCPs comply with network adequacy requirements during the preceding 12 months.

Overview

States are required to ensure that MCPs have provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across all services. States must establish measurable network adequacy standards for MCPs that consider regional factors and the needs of their Medicaid and CHIP populations. In addition, if the state enrolls American Indians/Alaska Natives in the MCP, it must comply with 42 CFR §438.14(b)(1). State-defined network adequacy standards must be included in the state's quality strategy per 42 CFR §340(b)(1). In Washington State, primary care case management (PCCM) contracts with tribal clinics and Urban Indian Health Centers to provide PCCM services for American Indian/Alaska Native and are not subject to Quality Strategy oversight as these contracts do not include language about financial rewards based on quality performance, and are therefore excluded from NAV.

Over the past several years, HCA has prioritized monitoring and improving provider network adequacy, along with the NAV oversight process. Since MCP contracting for the integrated managed care program went statewide in 2020, the NAV oversight process has evolved, with significant updates such as the inclusion of BH network standards.

HCA developed the following travel distance standards, shown in Table 44, that align managed care network adequacy reviews with federal requirements per 42 CFR §§438.68, 438.206, 438.358(b)(1)(iv), 457.1218 and 457.1230. HCA conducted validation of network adequacy according to the HCA defined network standards.

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance, in all provider type categories, within the county and regional service areas[28] as shown in Table 46 below.

HCA designated ZIP codes in counties as either urban or non-urban for purposes of measurement. "Rural area" is defined as any area other than "urban area" as defined in 42 CFR §412.62(f)(1)(ii).

The network adequacy standards fall under the domains of access and timeliness of health care services, defined as the availability of sufficient providers to ensure enrollees can obtain necessary care promptly and without barriers, as outlined in 42 CFR §438.358 and defined on pages 3-4 of this report.

[28] 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.

Provider Network Adequacy Standards

The following table describes HCA's provider network distance standards by provider type. Each standard is reported for each MCP at the county level resulting in 429 network adequacy indicators.

Table 44. Provider Type and Provider Network Distance Standards.

Provider Type	Provider Network Distance Standards
Primary Care Physicians (PCP)	Urban: 2 within 10 miles
	Non-urban: 1 within 25 miles
Pediatric Primary Care Physicians (PCP) (including Family Practice Physician Qualified to Provide Pediatric Services)	Urban: 2 within 10 miles
	Non-urban: 1 within 25 miles
Obstetrics	Urban: 2 within 10 miles
	Non-urban: 1 within 25 miles
Pharmacy	Urban: 2 within 10 miles
	Non-urban: 1 within 25 miles
Hospital	Urban/Non-urban: 1 within 25 miles
Mental Health (MH)	Urban/Non-urban: 1 within 25 miles
Outpatient Behavioral Health Agency (BHA) Providers	Urban/Non-urban: 1 within 25 miles
Substance Use Disorder (SUD) Adult Outpatient	Urban/Non-urban: 1 within 25 miles
Substance Use Disorder (SUD) Adult intensive Outpatient	Urban/Non-urban: 1 within 25 miles
Substance Use Disorder (SUD) Youth Outpatient	Urban/Non-urban: 1 within 25 miles
Substance Use Disorder (SUD) Youth Intensive Outpatient	Urban/Non-urban: 1 within 25 miles

Methodology

To ensure network adequacy, HCA completed a comprehensive validation process for each MCP following the process outlined in *CMS Protocol 4. Validation of Network Adequacy*[29] during the period of July – September 2024.

Quarterly, MCPs submit provider network files to HCA in specified file formats. HCA then uploads managed care enrollment and MCP provider network files into the Quest Analytics' Quest Enterprise Services (QES) system, which generates provider network access reports. Using QES network adequacy analysis software, HCA compiles and analyzes this data, including mapping provider locations relative to the Medicaid population. HCA's review focuses on:

- **Accuracy and completeness**: Ensuring the quarterly provider submission template is submitted correctly, as per data definition instructions.
- **Technical assistance needs**: Identifying if HCA needs to provide support.
- **Provider removal**: Excluding providers who no longer have contracts with the MCP.
- **Network compliance impact**: Assessing how changes in the provider network affect compliance with provider network requirements.

[29] CMS. External Quality Review (EQR) Protocols. February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf.

- **Encounter validation**: Verifying MCP's compliance with encounter validation against network submissions.

HCA's monitoring efforts include reviewing network access in counties that fall below the 80% threshold, comparing quarterly network outcomes, identifying discrepancies between MCPs, comparing networks to online provider directories, ensuring only active Medicaid providers are listed, and determining if exceptions should be granted.

If a provider type does not meet the access standard, HCA may grant exceptions to the distance requirements. These exceptions must be approved in writing by HCA. The MCP must submit a written request for an exception using the HCA-approved form and provide supporting evidence. If no provider of the required type is within the applicable distance standard for the ZIP code, the standard will default to match the distance to the nearest provider, regardless of whether that provider participates with the MCP.

HCA employs a range of strategies to monitor, enhance and mitigate issues with provider networks. Depending on the issue, actions are taken through a structured process ranging from informal conversations to terminating MCP contracts in certain regions.

Comagine Health reviewed and validated HCA's process including an analysis of the worksheets and reported results provided by HCA.

Please see Appendix D for more information on the NAV methodology.

Summary of NAV Results

The review of the NAV processes confirmed that HCA employs a sound methodology and effective processes for validating and reporting network access results.

The following sections provide a summary of the results from HCA's completed Apple Health network adequacy validation:

- **Provider network access results:** Overall outcomes for each MCP in relation to provider network adequacy indicators by county.
- **Validation scores and ratings:** Scores and ratings that demonstrate the confidence level in the acceptable methodology used throughout all phases of design, data collection, analysis and interpretation of the provider network adequacy indicators, by each MCP.

After thoroughly reviewing the worksheets completed by HCA, including the assigned validation scores and ratings, Comagine Health agrees with the NAV results reported by HCA.

Summary of MCP Level Provider Network Access Results

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance (i.e., % Met) in all provider type categories, across both county and regional service areas. HCA may grant statewide exceptions if fewer than 80% of members have access to a provider within 25 miles, and there are not enough providers in a specific county to establish contracts or no providers are available in the area. The following results represent a snapshot in time and may not reflect the current provider network.

Table 45 below shows the percentage of network adequacy indicators achieved by each MCP across all counties and regional service areas. It highlights the proportion of counties where each MCP met the network adequacy requirements.

There are a total of 429 indicators applicable to CCW, CHPW, MHW and WLP. However, UHC's contract with HCA does not cover all counties and regions, resulting in 154 network adequacy indicators for UHC.

Table 45. Network Adequacy Indicators Results by MCP

MCP	# of Network Adequacy Indicators			
	Total # of indicators	# of indicators met*	# of indicators not met	% Met
CCW	429	425	4	99.1%
CHPW	429	428	1	99.8%
MHW	429	424	5	98.8%
UHC**	154	152	2	98.7%
WLP	429	408	21	95.1%

** Includes indicators met by exception.*

*** UHC is not contracted with HCA to provide services in all service areas.*

Table 46 breaks down the results by county, including data for all 39 counties for CCW, CHPW, MHW and WLP, and 17 counties for UHC.

Table 46. Network Adequacy Indicators by MCP by Number of Counties

MCP	# of Network Adequacy Indicators by County			
	Total # of counties	# of counties met*	# of counties not met	% Met
CCW	39	37	2	94.9%
CHPW	39	38	1	97.4%
MHW	39	36	3	92.3%
UHC**	17	16	1	94.1%
WLP	39	32	7	82.1%

** Includes counties met by exception.*

*** UHC is not contracted with HCA to provide services in all service areas.*

Summary of MCP and Program Level (WA MCP) NAV Scores and Ratings

HCA utilized the worksheets from *CMS Protocol 4. Validation of Network Adequacy* to guide the review of the MCP's network adequacy. Specifically, worksheet 4.6 was completed for each MCP to evaluate and assess the data and methodologies used in calculating the network adequacy indicators. This worksheet also supported the assignment of a validation rating, reflecting the overall confidence that acceptable methodology was used by the MCP across all phases: design, data collection, analysis and interpretation of the network adequacy indicators. HCA reviewed 17 applicable elements in the worksheet, assigning either "Yes," "No" or "Not Applicable (NA)" to each. Standard scores were then calculated as the number of "Yes" elements out of the total number of scoring elements, excluding elements scored as "NA," to determine the validation rating.

Determine Validation Rating

The validation rating reflects the overall confidence that acceptable methodology was used during all phases of design, data collection, analysis and interpretation of the network adequacy indicators. The table below shows the scoring legend including the validation score, which correlates with the validation rating assigned to each MCP.

Table 47. Validation Rating Legends.

Validation Score	Validation Rating
≥ 80%	High confidence
60% – 79.9%	Moderate confidence
30% – 59.9%	Low confidence
≤ 29.9%	No confidence

Table 48 summarizes the overall assessment of MCPs' data, methodology and NAV results including the validation scores and ratings by MCP, as well as an aggregate overall program level (WA MCP) result.

Validation scores ranged from a low of 58.8% for WLP to a high of 88.2% for CHPW and MHW. CCW and UHC both received a validation score of 64.7% while the overall WA MCP level received a 72.9% score. CHPW and MHW received a validation rating of "High Confidence" for provider network indicators, while CCW, UHC and WA MCP received a validation rating of "Moderate Confidence." WLP received a validation rating of "Low Confidence."

Table 48. Assessment of the MCP's Network Adequacy Data, Methods and NAV Results.

Assessment and Validation Elements	CCW	CHPW	MHW	UHC	WLP	WA MCPs*
Assess the reliability and validity of MCP provider network data collection procedures (6 elements)	3/6	5/6	5/6	3/6	3/6	19/30
Assess the methods used by the MCP to assess network adequacy (7 elements)	7/7	7/7	7/7	7/7	7/7	35/35
Validate the network adequacy results submitted by the MCP (4 elements)	1/4	3/4	3/4	1/4	0/4	8/20
# of Scoring Elements Met/Total Scoring Elements	**11/17**	**15/17**	**15/17**	**11/17**	**10/17**	**62/85**
Validation Score	**64.7%**	**88.2%**	**88.2%**	**64.7%**	**58.8%**	**72.9%**
Validation Rating	**Moderate Confidence**	**High Confidence**	**High Confidence**	**Moderate Confidence**	**Low Confidence**	**Moderate Confidence**

**Overall score and an aggregate overall rating are based on the sum of the MCP's scores and presented at the program level.*

Summary of MCP Level Findings and Recommendations/Conclusions

Overall, HCA has low to high confidence in the MCP's process and data. Comagine Health recommends HCA should continue to put MCPs under corrective action for non-compliance such as when inadequacies of critical provider types continue or there is a lack of response.

The following tables provide an overview of the individual NAV findings for the MCPs including strengths, weaknesses/opportunities for improvement and recommendations/conclusions. A strength is defined as achieving 90% or higher on provider network adequacy indicators.

The weaknesses/opportunities for improvement and recommendations/conclusions below are a synopsis from HCA's annual NAV report submitted to Comagine Health.

Coordinated Care of Washington (CCW)

The following table describes the strengths, weaknesses/opportunities for improvement and recommendations/conclusions for CCW.

Table 49. CCW NAV Findings.

NAV Findings
Strengths
CCW met 425 out of 429 (99.1%) provider network adequacy indicators across 37 out of 39 counties (94.9%).
Weaknesses/Opportunities for Improvement
The MCP received a "moderate confidence" rating based on worksheet 4.6 for the following reasons: • Prolonged inadequacies in at least one of the critical provider types • Lack of responsiveness to inquiries related to network reporting activities • Failure to resolve inadequacies in a timely manner and/or provide a timeline for closing the coverage gap(s)
Recommendations/Conclusions
The MCP has been placed on a corrective action plan by HCA to address the inadequacies and lack of responsiveness in both reporting and resolving the issues.

Community Health Plan of Washington (CHPW)

The following table describes the strengths, weaknesses/opportunities for improvement and recommendations/conclusions for CHPW.

Table 50. CHPW NAV Findings.

NAV Findings
Strengths
CHPW met 428 out of 429 (99.8%) provider network adequacy indicators across 38 out of 39 counties (97.4%).

NAV Findings
Weaknesses/Opportunities for Improvement
The MCP received a "high confidence" rating based on worksheet 4.6. The MCP responded appropriately and resolved the following issue in a timely manner: • The MCP has had one inadequacy for the report year which was self-identified and resolved prior to the end of the reporting quarter. The MCP has been responsive and communicative throughout the process from gap identification to gap closure.
Recommendations/Conclusions
The MCP appears to be following the compliance steps outlined in the contract and is effectively monitoring their network. This is demonstrated by their responsiveness and proactive identification of issues prior to the HCA review.

Molina Healthcare of Washington (MHW)

The following table describes the strengths, weaknesses/opportunities for improvement and recommendations/conclusions for MHW.

Table 51. MHW NAV Findings.

NAV Findings
Strengths
MHW met 424 out of 429 (98.8%) provider network adequacy indicators across 36 out of 39 counties (92.3%).
Weaknesses/Opportunities for Improvement
The MCP received a "high confidence" rating based on worksheet 4.6. The MCP responded appropriately and resolved the following issue in a timely manner: • The MCP has had two inadequacies for the report year as the result of filtering issues within the data. The MCP has been responsive and communicative throughout the process from HCA sending the initial notice to requesting technical assistance to better understand how to filter the template for services rendered at facilities.
Recommendations/Conclusions
The MCP appears to be following the compliance steps outlined in the contract and is effectively monitoring their network. This is demonstrated by their responsiveness and proactive identification of issues prior to the HCA review.

UnitedHealthcare of Washington (UHC)

The following table describes the strengths, weaknesses/opportunities for improvement and recommendations/conclusions for UHC.

Table 52. UHC NAV Findings and Recommendations.

NAV Findings and Recommendations
Strengths
UHC met 152 out of 154 (98.7%) provider network adequacy indicators across 16 out of 17 counties (94.1%).*
Weaknesses/Opportunities for Improvement
The MCP received a "moderate confidence" rating based on worksheet 4.6 for the following reasons: • Prolonged inadequacies in at least one of the critical provider types with resolution reported several times despite the gap persisting • Lack of responsiveness to inquiries related to network reporting activities • Failure to resolve inadequacies in a timely manner and/or provide a timeline for closing the coverage gap(s)
Recommendations/Conclusions
The MCP has been on a corrective action plan and subject to non-performance penalties for the above referenced issues and appears to have revised policies to avoid the noted reporting issues.

**UHC is not contracted with HCA to provide services in all services areas.*

Wellpoint of Washington (WLP)

The following table describes the strengths, weaknesses/opportunities for improvement and recommendations/conclusions for WLP.

Table 53. WLP NAV Findings.

NAV Findings
Strengths
WLP met 408 out of 429 (95.1%) provider network adequacy indicators.
Weaknesses/Opportunities for Improvement
Although WLP met 95.1% of the indicators, the MCP did not meet indicators across 7 out of 39 counties (82.1%). The MCP received a "low confidence" rating based on worksheet yes/no questions in worksheet 4.6 for the following reasons: • Errors that drive inadequacies in quarterly reports throughout the reporting year • System and filtering issues causing inadequacies reported as fixed but persisting in the following quarters
Recommendations/Conclusions
The MCP has reached out for technical assistance and put together a plan to better address these issues before the reports are analyzed.

Summary of Program (WA MCP) Level Findings and Recommendations/ Conclusions

Comagine Health has a high level of confidence in HCA's processes to monitor and assess the MCP provider networks.

After reviewing the Protocol 4 worksheets completed by HCA to assess MCP network adequacy, Comagine Health has moderate confidence in the data and methods used by the MCPs to calculate provider network access indicator results at the WA MCP program level.

HCA has a strong review and monitoring system which identifies areas for the MCPs to focus on to improve the reliability and validity of the data, processes and systems used by the MCPs to report the network adequacy results. HCA monitors these areas on a quarterly basis to determine if the MCPs have remedied identified issues.

When an MCP's capacity falls between 60%-79% of the provider network indicators, HCA has mechanisms in place where they may adjust the methodology used to limit enrollment of clients into that MCP. For MCPs that fall below a 60% capacity threshold in any county in a region, they are given an official notice of intent to remove the MCP from the region and put on a corrective action plan which outlines specific steps the MCP must take to avoid being removed from the region and ensure adequate access to services. MCPs are given two quarters (six months) to show proof that there is an adequate network in the county.

Based on a review of the program-level findings from the NAV review, the following recommendations are provided to HCA.

Comagine Health recommends HCA continue with their current monitoring process as well as work with the MCPs to identify the reasons and potential solutions for network inadequacies. This may include determining if there's a shortage of available providers in the area, a reluctance of providers willing to contract with the MCPs, or other contributing factors.

Given the QES system does not produce a combined result at the aggregate program level for the state of Washington, HCA should explore adding this report option for the 2025 reporting cycle to the QES system.

Summary of Previous Year (2023) Program and MCP Plan Level NAV EQRO Recommendation

In February 2023, CMS introduced revised EQR protocols that include a new protocol for mandatory network adequacy validation. States and EQROs were required to implement the new network adequacy validation protocol by February 2024, marking the first year for reporting on this activity. An update of the current year's EQRO recommendations will be reflected in the *2025 Annual Technical Report.*

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Objective

As required by HCA, the MCPs contract with NCQA-certified CAHPS 5.1H survey vendors to conduct annual CAHPS Health Plan Surveys. Table 54 shows the surveys administered in 2024.

Table 54. CAHPS Surveys in 2024.

Survey	Population	Administered By
CAHPS 5.1H Medicaid Adult	Apple Health	CCW, CHPW, MHW, UHC, WLP
CAHPS 5.1H Medicaid Child with Chronic Conditions	Apple Health	CCW, CHPW, MHW, UHC, WLP
CAHPS 5.1 Medicaid Child and Children with Chronic Conditions	Apple Health Foster Care Program	CCW
CAHPS 5.1H Medicaid Child	CHIP	Comagine Health (Press Ganey)

Overview

The CAHPS survey is a tool used to assess consumers' experiences with their health plans. CAHPS surveys address such areas as the timeliness of getting care, how well doctors communicate, global ratings of health care, access to specialized services and coordination of care. The surveys aim to measure how well MCPs are meeting their members' expectations and goals; determine which areas of service have the greatest effect on members' overall satisfaction; and identify areas of opportunity for improvement.

Apple Health Integrated Managed Care – Adult Medicaid Survey

In 2024, the Apple Health MCPs conducted the CAHPS® 5.1H Medicaid Adult survey via individually contracted NCQA-certified survey vendors.

Description of Data Obtained

Survey respondents included members 18 years and older continuously enrolled in Apple Health for at least six months as of December 31, 2023, with no more than one enrollment gap of 45 days or less.

Data Aggregation and Analysis

Each MCP's survey data was provided to NCQA-certified survey vendor Press Ganey, who under a subcontract with Comagine Health, aggregated and assessed the survey response sets utilizing current CAHPS analytic routines for calculating composites and rating questions. Press Ganey produced a report that summarized survey responses and identified key strengths and opportunities for improvement, as well as recommendations based on survey questions most highly correlated to enrollees' satisfaction with their health plan.

The SatisAction™ key driver statistical model was used to identify the key drivers of the health plan rating and provide actionable direction for satisfaction improvement programs. This proprietary statistical methodology identifies which items are important in driving the rating of the health plan by

measuring the relative importance of each survey item to members and comparing them with plan performance. Both individual questions and composite scores were evaluated using this method and reported as summary rate scores.

Adult CAHPS Survey Summary of Findings/Conclusions

The following results present the Apple Health MCP average rating as compared to national benchmarks derived from the NCQA Quality Compass. The full summary of findings is available in the *2024 CAHPS® 5.1H Member Survey: Medicaid Adult Washington All Plan Report*. The report is designed to identify key opportunities for improving members' experiences. Member responses to survey questions are summarized as summary rate scores. Summary rate scores are computed and reported for all pertinent survey items. The lower the summary rate score, the greater the need for the program to improve. In addition, composite scores are built from summary rate scores for groups of survey items that make up broad domains of members' experience: getting needed care, getting care quickly, how well doctors communicate and customer service. Questions with fewer than 100 responses are not sufficient for inclusion in this report.

Washington State scores for the rating measures for "Rating of Health Plan" and "Rating of Health Care" all fall significantly below national benchmark averages. The following composite measures also fall significantly below national benchmark averages: "Getting Needed Care" and "Getting Care Quickly."

Included below are results from the 2022, 2023 and 2024 CAHPS® 5.1H Medicaid Adult survey years. None of the differences in summary rate scores were statistically significant in year-over-year trends. Table 55 reports 2022, 2023 and 2024 reporting year (RY) performance.

Key

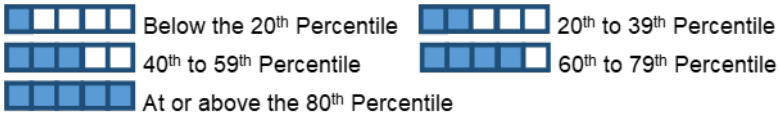


Table 55. Adult CAHPS Survey Ratings Results: 2022, 2023 and 2024 RY.

Results	2022 Rating	2023 Rating	2024 Rating	2024 National Quintile*
Rating of All Health Care (Scored 8, 9 or 10 out of 10)	68.7	67.6	69.3	
Rating of Personal Doctor (Scored 8, 9 or 10 out of 10)	79.2	78.9	79.7	
Rating of Specialist Seen Most Often (Scored 8, 9 or 10 out of 10)	77.6	77.7	81.8	
Rating of Plan (Scored 8, 9 or 10 out of 10)	68.4	72.2	69.2	
Getting Needed Care (composite score)	74.6	72.8	76.9	
Getting Care Quickly (composite score)	73.9	71.2	69.7	
How Well Doctors Communicate (composite score)	91.4	91.1	91.5	
Customer Service (composite score)	87.3	85.2	87.0	

**Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.*

While scores for the state of Washington tend to fall below national averages, performance varies by MPC. The quilt chart below highlights differences in MCP performance and signifies if there is statistically significance variance from the previous year. Results are reported according to the 2023 measurement year (MY2023) which aligns with the 2024 reporting year (RY). Figure 15 shows MCP 2024 RY performance (MY2023).

Figure 15. Adult CAHPS Survey Ratings Results 2024 RY.

Benchmark Comparison:

Below MY2023 50th
At MY2023 50th
Above MY2023 50th, Below 75th
At MY2023 75th
Above MY2023 75th

Statistically significant increase from previous measurement year ▲
Statistically significant decrease from previous measurement year ▼

	CHPW	CCW	MHW	UHC	WLP	WASHINGTON TOTAL
Rating of Health Plan (Q28) (% 8, 9 or 10)	73%	65%	66%	73%	68%	69%
Rating of Health Care (Q8) (% 8,9 or 10)	73%	* * *	69%	67%	71%	69%
Rating of Personal Doctor (Q18) (8,9 or 10)	80%	* * *	76%	81%	81%	80%
Rating of Specialist (Q22) (% 8, 9 or 10)	84%	* * *	* * *	* * *	79%	82%
Customer Service (% Always or Usually)	* * *	* * *	* * *	* * *	* * *	87%
Getting Needed Care (% Always or Usually)	82%	* * *	79%	* * *	74%	77%
Getting Care Quickly (% Always or Usually)	70%	* * *	67%	* * *	71%	70%
How Well Doctors Communicate (% Always or Usually)	93%	* * *	88%	91%	92%	92%
Coordination of Care (Q17) (% Always or Usually)	* * *	* * *	* * *	* * *	* * *	81%

* * * Data suppressed due to small sample size (Denominator<100).

Adult CAHPS Survey Key Strengths/Power

Questions with high summary rate score that also have a high correlation with the Apple Health plans members' satisfaction with the health plan are indicated as key strengths/power in the SatisAction™ key driver statistical model. These are items that have a relatively large impact on the rating of the health plan and performance is above average. In 2024, no questions met these criteria. Plans should focus on increasing the scores for items listed as opportunities for improvement into key strengths/power.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from the listed recommendations. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement. These global ratings are available in the CAHPS reports.

Adult CAHPS Survey Weaknesses/Opportunities for Improvement

The five questions with the lowest summary rate scores that also are highly correlated with the Apple Health plans members' satisfaction with the health plan are presented below as weaknesses/ opportunities for improvement in the SatisAction™ key driver statistical model. These are items that have a relatively large impact on the rating of the health plan, but performance is below average (Table 56). Plans should prioritize improving these items.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from the listed recommendations. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement. These global ratings are available in the CAHPS reports.

Table 56. Adult CAHPS Survey Questions: Weaknesses/Opportunities for Improvement.

Question	Summary Rate Score
Q06. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?	67.4
Q04. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	71.9
Q20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	72.7
Q24. In the last 6 months, did anyone from your child's heath plan, doctor's office, or clinic health coordinate your child's care among these different providers to services?	79.0
Q09. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	81.2

Adult CAHPS Survey Supplemental Questions

Supplemental questions were included in the Adult CAHPS survey by HCA and were associated with members experiences with their mental health care and treatment (Table 57). These questions are not part of the CAHPS percentile scores, composites or benchmarked against other programs. Only supplemental questions that could be aggregated across MCOs are included in the table below.

Table 57. Adult CAHPS Survey: Supplemental Questions.

Question	Summary Rate Score
In the last 6 months, did your personal doctor or anyone from that office ask you about your mental or emotional health?	49.5
Did you receive mental health care or counseling in the last 6 months?	21.6

Adult CAHPS Survey Recommendations

Comagine Health offers the following recommendations to assist MCPs in focusing their efforts on the identified improvement opportunities. While the CAHPS survey helps identify priorities across the state, the MCPs should identify actionable areas for their own quality improvement activities, then conduct a root cause analysis to identify underlying causes and build quality improvement plans. MCPs may look at member grievances to see what issues show up frequently for their members.

Access to Care

Access to care remains a critical area for improvement for Apple Health MCPs. The measures of "Getting Needed Care" (76.9%) and "Getting Care Quickly" (69.7%) have consistently received lower satisfaction ratings from members in both the 2023 and 2024 CAHPS surveys, with no statistically significant changes observed between these years. Notably, the measure for "Getting a Check-up or Routine Appointment" (67.4%) has the lowest satisfaction score within this segment. Improving member access to care is essential for improving member satisfaction with their MCP and should be a primary focus for ongoing improvement efforts.

MCPs should assess why Apple Health members are reporting difficulty accessing care. Some improvements may be:

- Connecting high-risk members with a case manager to help navigate specialty care.
- Increasing utilization of telemedicine and other technologies.
- Targeted outreach to encourage members to schedule routine appointments early.
- Evaluating and simplifying member communications about care coverage and ensuring members are aware of alternative medical services such as: walk-in clinics, urgent care, immediate care and telehealth.

MCPs may use process mapping to improve understanding of the details of care processes to know exactly, step by step, what happens within that process, and what each entity (MCPs/providers) are responsible for and can impact.

One possible strategy may be for the MCPs to work together, including all levels of delivery system, to identify areas of improvement while balancing any additional burden to staff. This process may include:

- Identifying common barriers to being able to access care among Apple Health members.
- Performing an environmental scan to identify strategies described in the quality improvement literature for overcoming barriers to getting access to care.
- Identifying innovative delivery systems around the country that have improved members' ability to access needed care.

Please see the *2024 CAHPS® 5.1H Member Survey: Medicaid Adult Washington All Plan Report* for the full survey results and description of recommendations.

Apple Health Integrated Managed Care – Child Medicaid with Chronic Conditions Survey

In 2024, the Apple Health MCPs conducted the CAHPS® 5.1H Medicaid Child with Chronic Conditions survey via individually contracted NCQA-certified survey vendors.

Description of Data Obtained

Survey respondents included parents/caregivers of children 17 years and younger continuously enrolled in Apple Health for at least six months as of December 31, 2023, with no more than one enrollment gap of 45 days or less.

Data Aggregation and Analysis

Each MCP's survey data was provided to NCQA-certified survey vendor Press Ganey who, under a subcontract with Comagine Health, aggregated and assessed the survey response sets utilizing current CAHPS analytic routines for calculating composites and rating questions. Press Ganey produced a report that summarized survey responses and identified key strengths and opportunities for improvement, as well as recommendations based on survey questions most highly correlated to enrollees' satisfaction with their health plan.

The SatisAction™ key driver statistical model was used to identify the key drivers of the health plan rating and provide actionable direction for satisfaction improvement programs. This proprietary statistical methodology identifies which items are important in driving the rating of the health plan by measuring the relative importance of each survey item to members and comparing them with plan performance. Both individual questions and composite scores were evaluated using this method and reported as summary rate scores.

Child CAHPS Survey Summary of Findings/Conclusions

The following results present the Apple Health MCP average rating as compared to national benchmarks derived from the NCQA Quality Compass. The full summary of findings is available in the *2024 CAHPS® 5.1H Member Survey: Medicaid Child Washington All Plan Report*. The report is designed to identify key opportunities for improving members' experiences. Member responses to survey questions are summarized as summary rate scores. Summary rate scores are computed and reported for all pertinent survey items. The lower the summary rate score, the greater the need for the program to improve. In addition, composite scores are built from summary rate scores for groups of survey items that make up broad domains of members' experience: getting needed care, getting care quickly, how well doctors communicate and customer service. Questions with fewer than 100 responses are not sufficient for inclusion in this report.

Washington State scores for the "Rating of All Health Care" falls significantly below the national benchmark average. The composite measure "Getting Needed Care" also fall significantly below national benchmark averages. The composite measure of "Getting Care Quickly" saw significant improvement in 2024 and is no longer significantly below the national benchmark average.

Included below (Table 58) are results from the 2021, 2023, and 2024 RY performance for *CAHPS® 5.1H Medicaid Child with Chronic Conditions* survey years. In 2023, Apple Health implemented yearly reporting of for *CAHPS® 5.1H Medicaid Child with Chronic Conditions* survey.

Key

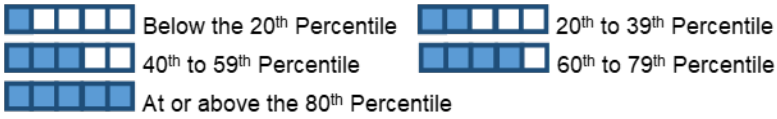


Table 58. Child CAHPS Survey Ratings Results: 2021, 2023 and 2024 RY.

Results	2021 Rating	2023 Rating	2024 Rating	2023 National Quintile*
Rating of All Health Care (Scored 8, 9 or 10 out of 10)	87.5	82.5	84.8	
Rating of Personal Doctor (Scored 8, 9 or 10 out of 10)	88.6	87.5	89.2	
Rating of Specialist Seen Most Often (Scored 8, 9 or 10 out of 10)	85.2	84.9	84.6	
Rating of Plan (Scored 8, 9 or 10 out of 10)	82.8	84.3	84.6	
Getting Needed Care (composite score)	82.8	76.1	79.2	
Getting Care Quickly (composite score)	84.1	78.8	83.8	
How Well Doctors Communicate (composite score)	93.0	91.0	93.7	
Customer Service (composite score)	85.5	88.1	84.9	

**Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.*

While scores for the state of Washington tend to fall below national averages, performance varies by MCP. The quilt chart below highlights differences in MCP performance and signifies if there is statistically significance variance from the previous year. Results are reported according to the 2023 measurement year (MY2023), which aligns with the 2024 reporting year (RY). Figure 16 shows MCP 2024 RY performance (MY2023).

Figure 16. Child CAHPS Survey Ratings Results 2024 RY.

Benchmark Comparison:

Below MY2023 50th
At MY2023 50th
Above MY2023 50th, Below 75th
At MY2023 75th
Above MY2023 75th
Statistically significant increase from previous measurement year ▲
Statistically significant decrease from previous measurement year ▼

	CHPW	CCW	MHW	UHC	WLP	WASHINGTON TOTAL
Rating of Health Plan (Q49) (% 8, 9 or 10)	85%	87%	84%	82%	85%	85%
Rating of Health Care (Q9) (% 8,9 or 10)	84%	90%	85%	83%	84%	85%
Rating of Personal Doctor (Q36) (8,9 or 10)	88%	91%	90%	88%	89%	89%
Rating of Specialist (Q43) (% 8, 9 or 10)	* * *	* * *	* * *	* * *	* * *	85%
Customer Service (% Always or Usually)	84%	* * *	* * *	* * *	84%	85%
Getting Needed Care (% Always or Usually)	79%	* * *	79%	* * *	79%	79%
Getting Care Quickly (% Always or Usually)	78%	* * *	87%	80%	85%	84%
How Well Doctors Communicate (% Always or Usually)	93%	95%	95%	95%	92%	94%
Coordination of Care (Q35) (% Always or Usually)	* * *	* * *	85%	* * *	81%	84%

* * * Data suppressed due to small sample size (Denominator<100).

Child CAHPS Survey Key Strengths/Power

Questions with high summary rate score that also have a high correlation with the Apple Health plan members' satisfaction with the health plan are indicated as key strengths/power in the SatisAction™ key driver statistical model. These are items that have a relatively large impact on the rating of the health plan and performance is above average. In 2024, no questions met these criteria. Plans should focus on increasing the scores for items listed as opportunities for improvement into key strengths/power.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from the listed recommendations. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement. These global ratings are available in the CAHPS reports.

Child CAHPS Survey Weaknesses/Opportunities for Improvement

The five questions with the lowest summary rate scores that also are highly correlated with the Apple Health plans members' satisfaction with the health plan are presented below as weaknesses/ opportunities for improvement (Table 59). These are items that have a relatively large impact on the rating of the health plan, but performance is below average. Plans should prioritize improving these items.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from the listed recommendations. By their nature, global ratings tend to be more highly

correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement. These global ratings are available in the CAHPS reports.

Table 59. Child CAHPS Survey Questions: Weaknesses/Opportunities for Improvement.

Question	Summary Rate Score
Q06. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?	77.4
Q45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	77.8
Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	85.7
Q04. In the last 6 months, when your child needed care right now away, how often did your child get care as soon as he or she needed?	90.2
Q46. In the last 6 months, how often did the customer service staff at your child health plan treat you with courtesy and respect?	92.0

Child CAHPS Survey Supplemental Questions

Supplemental questions were included in the Child CAHPS survey by HCA and were associated with members experiences with their child's mental health care and treatment (Table 60). These questions are not part of the CAHPS percentile scores, composites or benchmarked against other programs. Only supplemental questions that could be aggregated across MCPs are included in the table below.

Table 60. Child CAHPS Survey: Supplemental Questions.

Question	Summary Rate Score
In the last 6 months, did your child's personal doctor or anyone from that office ask you about your child's mental or emotional health?	34.3
Did your child receive mental health care or counseling in the last 6 months?	9.2

Child CAHPS Survey Recommendations

Comagine Health offers the following recommendations to assist MCPs in focusing their efforts on the identified improvement opportunities. While the CAHPS survey helps identify priorities across Washington State, the MCPs should identify actionable areas for their own quality improvement activities, then conduct a root cause analysis to identify underlying causes and build quality improvement plans. MCPs may look at member grievances to see what issues show up frequently for their members. Recommendations for the adult and child populations are similar in this report and highlight the importance of addressing access to care concerns.

Access to Care

The ability to access care is a valuable part the patient experience and continues to be an area of focus for Apple Health MCPs. In 2024, members reported statistically significant improvements in the "Getting Care Quickly" composite (83.8% vs 78.8%) which rates how quickly a member got a routine appointment

(77.4% vs 73.0) or urgent care (90.2% vs 84.6%). MCPs should continue to prioritize members access to these services as they remain a key measure in members satisfaction with their MCP and overall scores are still below benchmark averages.

"Getting Needed Care" (79.2%) is an important element of access to care and Apple Health MCPs continue to score significantly lower than the benchmark score. Members reported no statistically significant improvement in their ease of getting care, tests or treatment (85.7%) or in getting an appointment with specialist as soon as needed (72.7%) and both measures remain significantly below benchmark averages.

MCPs should assess why Apple Health members are reporting difficulty accessing specialty care and continue to strengthen improvements made to members access to routine and urgent care. Some improvements may include:

- Connecting high-risk members with a case manager to help navigate specialty care.
- Increased utilization of telemedicine and other technologies.
- Targeted outreach to encourage members to schedule routine appointments early.
- Evaluating and simplifying member communications about care coverage and ensuring members are aware of alternative medical services such as: walk-in clinics, urgent care, immediate care and telehealth.

MCPs should be clear about providers' realm of control and what providers can realistically influence and improve upon. MCPs may use process mapping to improve understanding of the details of care processes to know exactly, step by step, what happens within that process, and what each entity (MCPs/providers) are responsible for and can impact. MCPs may consider utilizing "Secret Shopper" access surveys to help identify specific areas of improvement within their networks.

One possible strategy may be for the MCPs to work together, including all levels of delivery system, to identify areas of improvement while balancing any additional burden to staff. This process may include:

- Identifying the most common barriers to being able access needed care among Apple Health members.
- Performing an environmental scan to identify strategies described in the quality improvement literature for overcoming barriers to getting access to needed care.
- Targeting high-risk members with a care coordination outreach program can be impactful.
- Identifying innovative delivery systems around the country that have improved members' ability to access needed care.

Please see the *2024 CAHPS® 5.1H Member Survey: Medicaid Child Washington All Plan Report* for full survey results description of recommendations.

Apple Health Foster Care – Child Medicaid with Chronic Conditions Survey

In 2024, CCW, the Apple Health Foster Care plan, conducted the CAHPS 5.1 Medicaid Child with Chronic Conditions survey via an independently contracted NCQA-certified survey vendor.

Description of Data Obtained

Respondents included parents/caregivers of children 17 years and younger as of December 31, 2023, continuously enrolled in the in foster care and adoption support components of the Apple Health Foster Care program for at least five of the last six months of the measurement year. The survey included children enrolled as part of the general foster care population as well as children with chronic conditions.

Data Aggregation and Analysis

CCW's survey vendor produced a summary report, including comparison of the Apple Health Foster Care scores to Child Medicaid 2023 Quality Compass® rates. The SatisAction™ key driver statistical model was used to identify the key drivers of the rating of the health plan. This model is a powerful, proprietary statistical methodology used to identify the key drivers of the rating of the health plan and provide actionable direction for satisfaction improvement programs.

Foster Care CAHPS Survey Summary of Findings/Conclusions

Table 61 shows the results for the Integrated Foster Care CAHPS survey in 2022, 2023 and 2024 RY performance for the general population. Note there are no national benchmarks available for the foster care population. For the full report, please see *MY2023 CAHPS® Medicaid Child with CCC 5.1 Survey: Coordinated Care-Foster Care Report,* produced by Press Ganey. This report includes a key driver summary, conducted to understand the impact different aspects of service and care have on members' overall satisfaction with their health plan, physicians and health care. Questions with fewer than 100 responses are not sufficient for inclusion in this report.

Table 61. Foster Care CAHPS Survey Ratings Results, General Population: 2022–2024 RY.

Results	2022 Rating	2023 Rating	2024 Rating
Rating of All Health Care (Scored 8, 9 or 10 out of 10)	82.9	82.8	85.0
Rating of Personal Doctor (Scored 8, 9 or 10 out of 10)	92.3	86.4	89.5
Rating of Specialist Seen Most Often (Scored 8, 9 or 10 out of 10)	***	***	***
Rating of Plan (Scored 8, 9 or 10 out of 10)	75.6	74.6	79.0
Getting Needed Care (composite score)	***	75.9	83.9
Getting Care Quickly (composite score)	***	88.9	90.4
How Well Doctors Communicate (composite score)	96.8	96.2	98.3
Customer Service (composite score)	***	***	***

****Denominator < 100; insufficient for reporting.*

Foster Care CAHPS Survey Key Strengths/Power

Questions with high summary rate score that also have a high correlation with the Apple Health plan members' satisfaction with the health plan are indicated as key strengths/power in the SatisAction™ key driver statistical model. These are items that have a relatively large impact on the rating of the health plan and performance is above average.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from the listed recommendations. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement. These global ratings are available in the CAHPS reports.

The following measures shown in Table 62 are key strengths/power of the plan.

Table 62. Foster Care CAHPS Survey: Key Strengths/Power.

Question	Summary Rate Score
Q06. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?	85.9
Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	91.6
Q28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	98.6

Foster Care CAHPS Survey Weaknesses/Opportunities for Improvement

Questions with low summary rate scores that also are highly correlated with members' satisfaction with the health plan are presented below as weaknesses/opportunities for improvement. These are items that have a relatively large impact on the rating of the health plan, but performance is below average. Plans should prioritize improving these items.

The following measures in Table 63 present weaknesses/opportunities for improvement.

Table 63. Foster Care CAHPS Survey: Weaknesses/Opportunities for Improvement.

Question	Summary Rate Score
Q31. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?	93.1

Foster Care CAHPS Survey Supplemental Questions

Supplemental questions were included in the Child with Chronic Conditions CAHPS survey by HCA and were associated with members experiences with their child's mental health care and treatment (Table 64). These questions are not part of the CAHPS percentile scores, composites or benchmarked against other programs.

Table 64. Foster Care CAHPS Survey: Supplemental Questions.

Question	Summary Rate Score
Rating of Treatment or Counseling (9 or 10 out of 10)	***
In the last 6 months, did your child's personal doctor or anyone from that office ask you about your child's mental or emotional health?	60.0
Did your child receive mental health care or counseling in the last 6 months?	33.0
Did your child receive all the mental health care or counseling that he or she needed?	55.9
In the last 12 months, did your child need any treatment or counseling for a personal or family problem?	28.9
In the last 12 months, how often was it easy to get the treatment or counseling your child needed through your child's health plan?	***
If your child received mental health care or counseling in the last 6 months, how often were you involved as much as you wanted in your child's mental health care or counseling?	***

****Denominator < 100; insufficient for reporting.*

Foster Care CAHPS Survey Recommendations

Please refer to the MY2023 CAHPS® Medicaid Child with CCC 5.1 Survey: Coordinated Care-Foster Care Report for full survey results and recommended improvement strategies.

Apple Health CHIP – Child Medicaid Survey

In 2024 NCQA-certified survey vendor Press Ganey, under a subcontract with Comagine Health, administered the 5.1H Medicaid Child survey to the member households of children enrolled in Apple Health's Children's Health Insurance Program (CHIP). Any CHIP members included in the *CAHPS 5.1H Medicaid Child with Chronic Conditions* surveys conducted by the MCPs were removed from the CHIP population prior to drawing the random sample to ensure a child was not included in both surveys. This population was also compared to the CAHPS® 5.1H Medicaid Adult survey conducted by the plan to ensure households did not receive multiple surveys.

Description of Data Obtained

Respondents included parents/caregivers of children under the age of 18 and continuously enrolled for at least six months as of December 31, 2023, with no more than one enrollment gap during that time of 45 days or less. The member must be enrolled in Apple Health through CHIP.

Data Aggregation and Analysis

NCQA-certified survey vendor Press Ganey, under a subcontract with Comagine Health, produced a report that summarized survey responses and identified key strengths and weaknesses/opportunities for improvement, based on survey questions most highly correlated to enrollees' satisfaction with their health plan.

CHIP CAHPS Survey Summary of Findings/Conclusions

The CHIP CAHPS survey was conducted by Press Ganey on behalf of Comagine Health. The survey included members from all five Washington State MCPs and compared achievement scores with the National CAHPS percentiles as well as trended the data with scores from the 2022 CHIP CAHPS survey which was administered by a different vendor.

The following results present the Apple Health MCP average rating as compared to national benchmarks derived from the NCQA Quality Compass (Table 65). For the full report, please see the *2024 CAHPS® 5.1H Member Survey: Medicaid Children's Health Insurance Program (CHIP) Washington Report.* Assessing consumers' experience in this report is accomplished with the use of achievement scores and composite scores. Member responses to survey questions are summarized as achievement scores. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the program to improve. In addition, composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: getting needed care, getting care quickly, how well doctors communicate and customer service. Questions with fewer than 100 responses are not sufficient for inclusion in this report.

Key

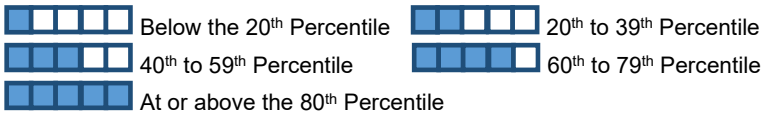


Table 65. CHIP CAHPS Survey Ratings Results: 2020, 2022, 2024 RY.

Results	2020 Rating	2022 Rating	2024 Rating	2024 National Quintile*
Rating of All Health Care (Scored 8, 9 or 10 out of 10)	88.3	84.6	87.5	
Rating of Personal Doctor (Scored 8, 9 or 10 out of 10)	90.5	89.5	89.0	
Rating of Specialist Seen Most Often (Scored 8, 9 or 10 out of 10)	***	***	***	N/A
Rating of Plan (Scored 8, 9 or 10 out of 10)	86.3	81.1	83.1	
Getting Needed Care (composite score)	87.8	80.2	***	N/A
Getting Care Quickly (composite score)	90.7	87.8	***	N/A
How Well Doctors Communicate (composite score)	96.6	96.2	95.1	
Customer Service (composite score)	87.3	***	***	N/A

**Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.*

****Denominator < 100; insufficient for reporting.*

CHIP CAHPS Survey Key Strengths/Power

Questions with high summary rate score that also have a high correlation with members' satisfaction with the health plan are indicated as key strengths/power in the SatisAction™ key driver statistical model. These are items that have a relatively large impact on the rating of the health, plan and performance is above average. Plans should continue to promote and leverage these items as they are key strengths.

The following measures shown in Table 66 are key strengths/power of the plan.

Table 66. CHIP CAHPS Survey: Key Strengths/Power.

Question	Summary Rate Score
Q30 in the last 6 months, how often were the forms from your child's health plan easy to fill out?	95.8
Q13 In the last 6 months, how often did your child's personal doctor listen carefully to you?	99.0

CHIP CAHPS Survey Weaknesses/Opportunities for Improvement

Questions with low summary rate scores that also are highly correlated with members' satisfaction with the health plan are presented below as weaknesses/opportunities for improvement. These are items that have a relatively large impact on the rating of the health plan, but performance is below average. Plans should prioritize improving these items.

The following measures in Table 67 present weaknesses/opportunities for improvement.

Table 67. CHIP CAHPS Survey: Weaknesses/Opportunities for Improvement.

Question	Summary Rate Score
Q06 In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?	68.9
Q09 In the last 6 months, how often was it easy to get care, tests, or treatment your child needed?	88.4
Q12 In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	93.1

CHIP CAHPS Survey Supplemental Questions

Supplemental questions were included in the CHIP CAHPS survey by HCA and were associated with members experiences with their child's mental health care and treatment (Table 68). These questions are not part of the CAHPS percentile scores, composites or benchmarked against other programs.

Table 68. CHIP CAHPS Survey: Supplemental Questions.

Question	Summary Rate Score
Rating of Treatment or Counseling (9 or 10 out of 10)	***
In the last 6 months, did your child's personal doctor or anyone from that office ask you about your child's mental or emotional health?	36.8
Did your child receive mental health care or counseling in the last 6 months?	10.4
Did your child receive all the mental health care or counseling that he or she needed?	52.7
In the last 12 months, did your child need any treatment or counseling for a personal or family problem?	6.8
In the last 12 months, how often was it easy to get the treatment or counseling your child needed through your child's health plan?	***
If your child received mental health care or counseling in the last 6 months, how often were you involved as much as you wanted in your child's mental health care or counseling?	***

****Denominator < 100; insufficient for reporting.*

CHIP CAHPS Survey Recommendations

The following recommendations are offered to assist MCPs in focusing their efforts on the identified opportunities for improvement.

Comagine Health offers the following recommendations to assist MCPs in focusing their efforts on the identified improvement opportunities. While the CAHPS survey helps identify priorities across Washington State, the MCPs should identify actionable areas for their own quality improvement activities, then conduct a root cause analysis to identify underlying causes and build quality improvement plans. MCPs may look at member grievances to see what issues show up frequently for their members.

Access to Care

A member's ability to access routine care when they need it is a key driver for member satisfaction and integral to the member experience. In 2024, members reported statistically significant lower satisfaction in "Getting a Check-up or Routine Appointment" (68.9%) when compared to 2022 scores (82.0%). MCPs should focus on improving members access to routine appointments as scores are significantly below benchmark (81.7%).

MCPs should assess why CHIP members are reporting difficulty accessing care. Some improvements may include:

- Increased utilization of telemedicine and other technologies.
- Targeted outreach to encourage members to schedule routine appointments early.
- Evaluate and simplify member communications about care coverage and ensure members are aware of alternative medical services such as: walk-in clinics, urgent care, immediate care and telehealth.

MCPs should be clear about providers' realm of control and what providers can realistically influence and improve upon. MCPs may use process mapping to improve understanding of the details of care processes to know exactly, step by step, what happens within that process, and what each entity (MCPs/providers) are responsible for and can impact. MCPs may consider utilizing "Secret Shopper" access surveys to help identify specific areas of improvement within their networks.

One possible strategy may be for the MCPs to work together, including all levels of delivery system, to identify areas of improvement while balancing any additional burden to staff. This process may include:

- Identifying the most common barriers to being able access needed care among Apple Health members.
- Performing an environmental scan to identify strategies described in the quality improvement literature for overcoming barriers to getting access to needed care.
- Targeting high-risk members with a care coordination outreach program can be impactful.
- Identifying innovative delivery systems around the country that have improved members' ability to access needed care.

Please see the *2024 CAHPS® 5.1H Member Survey: Medicaid Children's Health Insurance Program (CHIP) Washington Report* for more information.

Wraparound with Intensive Services (WISe) Focus Studies

According to §438.358 (c)(5), states may direct their EQROs to conduct focus studies for quality improvement, administrative, legislative or other purposes. Focus studies assess a particular aspect of clinical or nonclinical services at a point in time.

During the 2024 EQR review period, Comagine Health conducted the following focus studies:

- WISe Program Review
- WISe Quality Study Report

WISe Program Review

Objective

HCA chose to conduct a state-wide study on quality with focus on the WISe service delivery model in 2023. As the EQRO, Comagine Health was contracted to review agencies throughout the state that have implemented the WISe service delivery model. Comagine Health contracted with MetaStar, Inc. to conduct the WISe record reviews. WISe implementation began in Washington in 2014, with a statewide goal establishing WISe treatment throughout the state by 2018.

The goals of this review summary are to:

- Assess WISe performance at both the individual child and system level.
- Gauge fidelity to the WISe program policy and procedure manual program.
- Present program data and identify weaknesses/opportunities for improvement.
- Develop and refine a review process for future quality assurance use.
- Identify practices associated with high-quality, effective care coordination and behavioral health treatment.

Overview

WISe is a service delivery model that offers intensive services to Medicaid-eligible youth with complex behavioral health needs within the Washington AH-IFC, Washington AH-IMC, BHSO programs and state CHIP.[30] It is a team-based approach that provides services to youth and their families in home and community settings and is intended as a treatment model to defer from and limit the need for institutional care.

Review Methodology and Scope of Review

Technical Methods of Data Collection

The reviews consisted of clinical record reviews chosen from a statewide sample provided by HCA. Records were chosen for two types of reviews, “Enrollment,” spanning the first 90 days of WISe services,

[30] WISe Policy and Procedure Manual. Available at: https://www.hca.wa.gov/assets/billers-and-providers/wise-wraparound-intensive-services-manual.pdf.

and "Transition" spanning the last 90 days of WISe services. These records reflect a combination of both rural and urban agencies providing WISe services throughout the state of Washington. The review criteria are identified in the Washington QIRT.[31]

The key areas evaluated during the enrollment review include:

- Care Coordination
- Child and Family Team (CFT) Processes
- Crisis Prevention and Response
- Treatment Characteristics
- Parent and Youth Peer Support

The key areas evaluated during the transition review include:

- Care Coordination
- CFT Processes and Transition Planning
- Crisis Prevention and Response
- Treatment Characteristics
- Parent and Youth Peer Support

In order to determine the significance of year-to-year results, a Pearson's chi-squared test[32] was used to evaluate the statistical significance for both increased and decreased results. Table 69 provides a legend for the test results, indicating which changes were statistically significant and likely attributable to actions taken by WISe agencies, as well as the level of significance or whether changes were due to normal variation.

Table 69. Statistical Significance Level Legend.

Level of Significance	p-value	Designation of Significance
Not Statistically Significant	$p > .05$	NS
Statistically Significant	$p \leq .05$	*
Very Statistically Significant	$p \leq .01$	**
Highly Statistically Significant	$p \leq .001$	***

Description of Data Obtained

HCA provided Comagine Health with a list of randomly selected charts from a list of randomly selected agencies. The initial review process included 200 enrollment records and 100 transition records; however, one enrollment chart was excluded from the analysis and dashboard due to technical limitations of the data cleaning process. The review included examining PDF records of the clinical charts covering WISe services provided to eligible youth.

[31] WISe QIRT Manual. Available at: https://www.hca.wa.gov/assets/program/qirt-manual-v1.6.pdf

[32] Pearson's chi-squared test is a statistical test used to compare categorical variables. This test evaluates how likely it is that any observed difference between data sets occurred by normal variation or chance. A *p*-value, or probability value, that is less than or equal to the .05 significance level indicates that the observed values are different than the expected values.

Review data was collected using the Research Electronic Data Capture (REDCap) system. REDCap is a secure web-based data collection application supported by the Center for Clinical and Translational Science at the University of Kentucky. Aggregate level results are provided in a dashboard report pulled from REDCap.[33]

Data Aggregation and Analysis

This summary review is based on the documentation within the enrollment and transition records for the current review period, which covers September 2023 to April 2024 (FY24). The enrollment record results were compared to those from the two prior years' reviews, conducted during the periods of August 2021 to April 2022 (FY22) and September 2022 to April 2023 (FY23), respectively. Since this is the second year of transition reviews, only data from the period of FY23 was available for comparison.

Each chart review was conducted on documentation from individual WISe provider agencies and may not reflect care provided outside the reviewed agencies unless coordinated and documented by those agencies. After completing the reviews of all charts, HCA provided an aggregate dashboard of the data generated from the QIRT reviews for this report to Comagine Health. WISe agencies should compare the results from this review to the findings from internal QIRT reviews.

Summary of Findings – Enrollment Reviews

The results reported in this section consisted of clinical record reviews spanning the first 90 days of WISe services. The enrollment record results were compared to those from the two prior years' reviews, conducted during FY22 and FY23, respectively.

Care Coordination Elements

Initial Engagement and Assessment

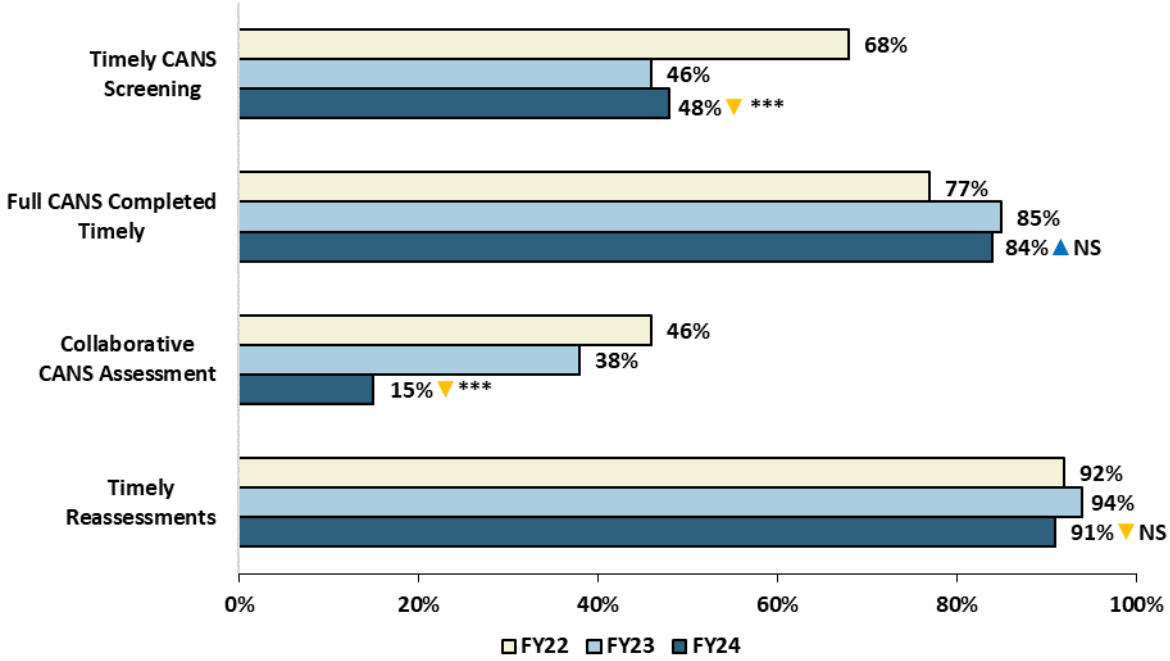
A Child and Adolescent Needs and Strengths (CANS) assessment screening is required to be offered within 10 business days of a WISe referral and an initial full CANS assessment completed within the first 30 days of enrollment. Documentation should include evidence of youth and family inclusion in the CANS process.

Of the 199 charts reviewed this year, 6 received the 0-4 version compared to the prior review where 5 received the 0-4 version. Of the 199 of records reviewed, 193 received the 5+ version of the CANS, compared to 179 during the prior review. Please note that due to the low number of records in the sample that utilized the 0-4 CANS version, the results of the review are not representative of the population utilizing this assessment.

Figure 17 identifies the CANS assessment findings.

[33] WISe QIRT Dashboard. Available at: https://www.hca.wa.gov/about-hca/behavioral-health-recovery/wraparound-intensive-services-wise-0

Figure 17. CANS-Related Findings.



Increased ▲

Decreased ▼

NS = not statistically significant

****Highly statistically significant (p* ≤ .001)

Statistical Analysis of CANS-Related Findings

The requirement of a "Timely CANS Screening" evaluates if the initial CANS screening was conducted within 10 days of a WISe referral.

- Results decreased between FY24 and FY22, from 68% to 48%. Analysis indicated the change in rates is statistically significant and unlikely due to normal variation or chance.

A full CANS assessment must be completed no later than 30 days following enrollment.

- Results increased between FY24 and FY22, 77% to 84%. Analysis indicated the change in rates is likely due to normal variation or chance.

The CANS assessments must be completed collaboratively including members of the child's team in the completion of the assessment.

- Results decreased between FY24 and FY22, from 46% to 15%. Analysis indicated the change in rates is statistically significant and unlikely due to normal variation or chance.

All CANS reassessments must be completed within the required timeframe.

- Results decreased between FY24 and FY23, from 92% to 91%. Analysis indicated the change in rates is likely due to normal variation or chance.

Child and Family Team (CFT) Processes and Transition Planning

Each youth has a CFT that develops and implements the youth and family's plan, addresses unmet needs, works toward the family's vision and monitors progress regularly. CFT meetings should take place every 30 days, with documentation reflecting ongoing discussions for transition planning and discharge criteria.

- During the first 30 days, the average contact between CFT members and youth/family was 6.6 hours in FY24 and 7.1 hours in FY22. The average contact hours measured in FY24 demonstrated a decline from FY22.
- Approximately 5% youth in the sample had fewer than 1 CFTs during the first 90 days of enrollment in FY24, compared to 8% in FY22. The results from FY24 showed a decline from FY22.

During the first 90 days of enrollment:

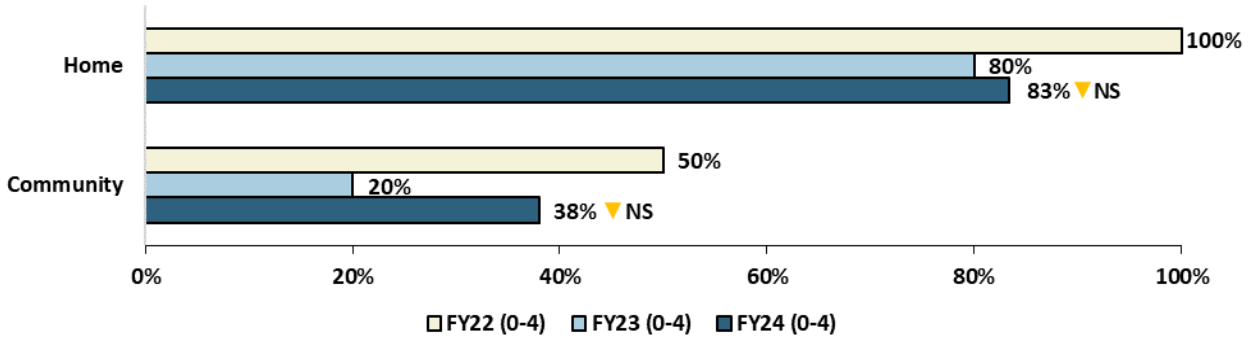
- Approximately 23% of youth had 0 to 1 CFT meetings in FY24 compared to 23% in FY22. The results remain the same as FY22.
- Approximately 78% of youth had 2 or more CFT meetings in FY24 compared to 77% in FY22. The results from FY24 showed a slight increase compared to FY22.

Participation

Members of the child's team are required to participate in CFTs. Please note due to the small number of children in the 0-4 age group, results may not be representative of the entire population.

Figures 18 and 19 identify the percentage of attendees by category who participated in CFT processes.

Figure 18. CFT Meeting Participants – Year-to-Year Comparison (0-4 Version).



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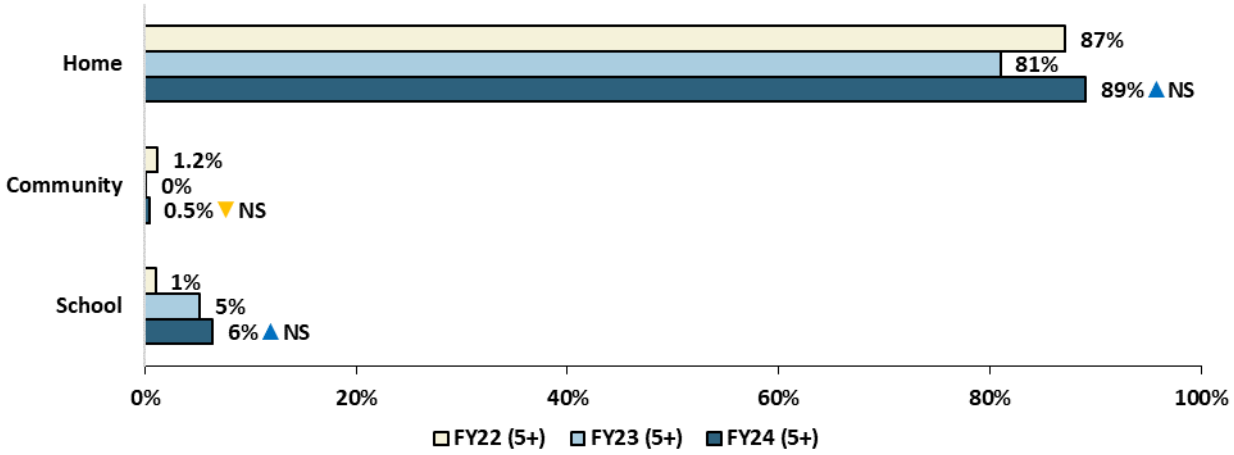
NS = not statistically significant

Figure 19. CFT Meeting Participants – Year-to-Year Comparison (5+ Version).



Increased ▲

Decreased ▼

NS = not statistically significant

Statistical Analysis of CFT Processes Findings

During the first 90 days of enrollment, CFT Meeting Participation for youth receiving the 0-4 version showed changes in rates and included:

- Home representatives attended 83% of the sessions during the current year compared to 100% in FY22. Analysis indicated the change in rates is likely due to normal variation or chance.
- Community representatives attended 38% of the sessions during the current year compared to 50% in FY22. Analysis indicated the change in rates is likely due to normal variation or chance.

During the first 90 days of enrollment, CFT Meeting Participation for youth receiving the 5+ version showed changes in rates and included:

- Home representatives attended 89% of sessions during the current year compared to 87% in FY22. Analysis indicated the change in rates is likely due to normal variation or chance.
- Of sessions attended by a community representative, 0.5% attended during the current year compared to 1.2% in FY22. Analysis indicated the change in rates is likely due to normal variation or chance.
- School representatives attended 6% of sessions during the current year compared to 1% in FY22. Analysis indicated the change in rates is likely due to normal variation or chance.

Crisis Prevention and Response

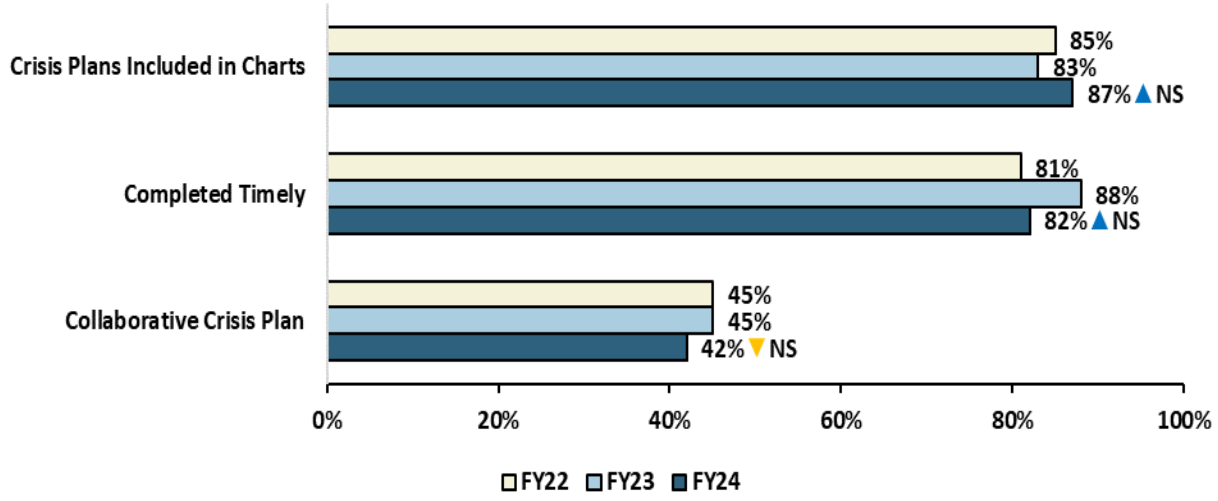
Each Cross-System Care Plan (CSCP) must include a crisis plan that addresses potential crises that could occur for the youth and family to ensure safety. An effective crisis plan includes:

- Crisis identification and prevention steps, with CFT members' roles
- Crisis response actions based on the severity level of a crisis
- Post-crisis evaluation of the youth's behavioral health status and effectiveness of the crisis plan

- A crisis plan must also be completed for each child enrolled in the program no later than 45 days following enrollment and collaboratively involve members of the child's team.

Figure 20 identifies the year-to-year comparison of the "Crisis Plans" requirement.

Figure 20. Crisis Plans (Year-to-Year Comparison) – Crisis Plan Included, Timely, Collaborative.



Increased ▲

Decreased ▼

NS = not statistically significant

Statistical Analysis of Crisis Prevention and Response Findings

Of the 199 charts reviewed, 87% contained crisis plans, compared to 85% from FY22. Analysis indicated the increase in rates is likely due to normal variation or chance.

Of the 174 charts containing crisis plans, 82% were completed timely within 45 days of enrollment, compared to 81% from FY22. Analysis indicated the change in rates is likely due to normal variation or chance.

For the 174 charts that contained crisis plans reviewed they were created collaboratively 42% of the time, compared to 45% in FY22. Analysis indicated the change in rates is likely due to normal variation or chance.

Treatment Characteristics

Qualified clinicians provide individual clinical treatment sessions to the youth/family in the amount, duration and scope appropriate to address the identified medically necessary needs. Documentation should reflect needs identified in the CSCP, indicate how the therapeutic intervention benefitted the youth's functioning or symptoms, and the impact of the services for the youth at home, school and/or in the community. Statistical testing on the "Treatment Characteristics" requirement was not conducted as this data is for informational purposes only.

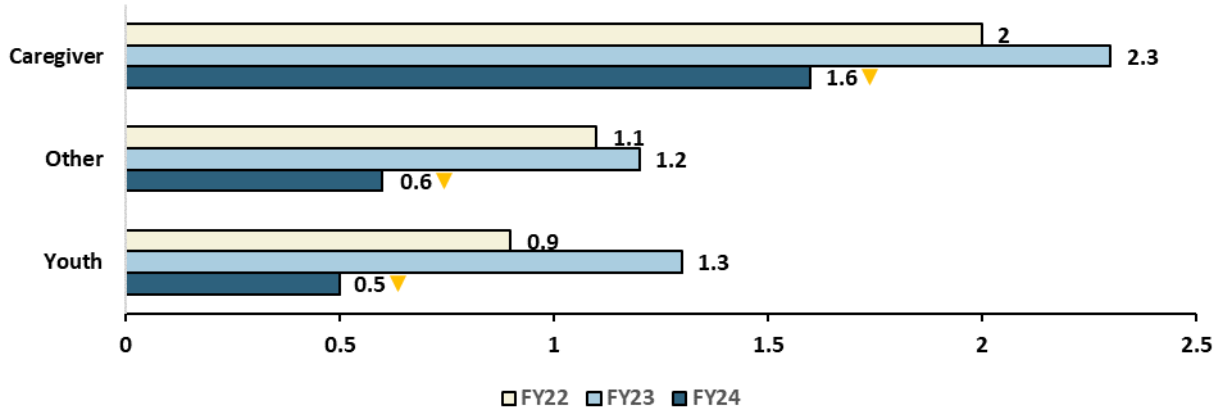
- Therapist involvement in the WISe service model was evidenced by participation in 67% of all CFT meetings and an average of 1.9 treatment sessions monthly, compared to 75% in FY22.
- The review indicated 72% of treatment sessions were attended by the youth alone, compared to 51% in FY22.
- The youth and caregiver participated in 25% of sessions, compared to 33% in FY22.
- The caregiver, without the youth, attended 3% of the treatment sessions, compared to 16% identified during FY22.
- Persistence in problem-solving was evidenced by documentation of the same treatment focus from session to session in 91% of the sessions, compared to 95% sessions identified during FY22.
- Most frequently treatment content documented were “Skill Development” and “Psychoeducation” at 24% and 12%, respectively. Documentation of progress reviewed was identified in 25% of records, while 5% of records included celebrating success.

Parent and Youth Peer Support Elements

Each youth and family must be offered a youth peer or parent peer support partner. These partners are formal members of the CFT who support the parent/youth in the WISe process through active engagement and informed decision making.

Figures 21 (parent) and 22 (youth) identify the average hours of peer support by type.

Figure 21. Parent Peer Support Elements: Average Hours of Peer Support by Type* (Year-to-Year Comparison).**



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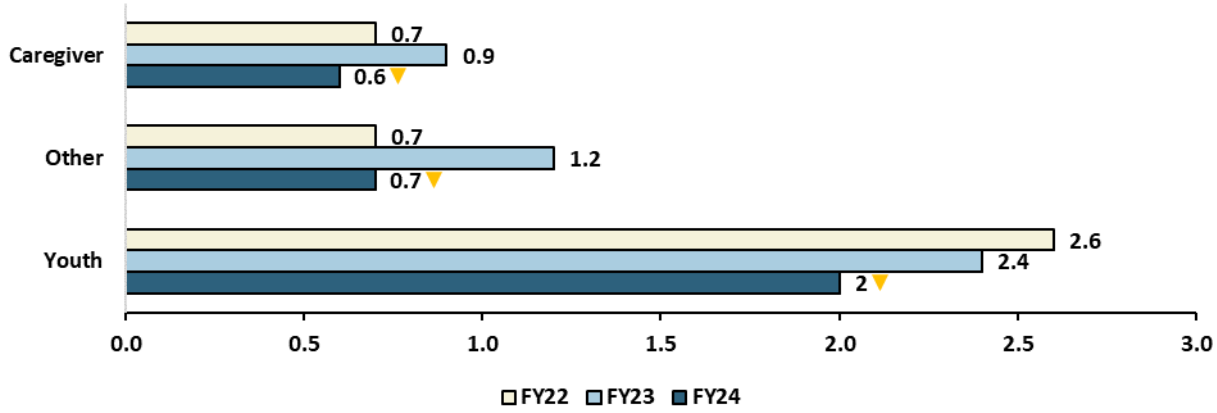
**Since children under age 5 are not eligible for youth peers, these cases are not included in youth peer metrics of any kind.*

***Statistical testing was not conducted on parent peer support elements as this data is for informational purposes only.*

Figure 22. Youth Peer Support Elements: Average Hours of Peer Support by Type* (Year-to-Year Comparison).**



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**Since children under age 5 are not eligible for youth peers, these cases are not included in youth peer metrics of any kind.*

***Statistical testing was not conducted on parent peer support elements as this data is for informational purposes only.*

During the first 90 days of enrollment, the parent peer support partner:

- Spent an average of 1.6 hours with caregiver(s), compared to 2.0 hours during FY22
- Spent an average of 0.6 hours with other(s), compared to 1.1 hours during FY22
- Spent an average of 0.5 hours with the youth, compared to and 0.9 hours during FY22

During the first 90 days of enrollment, the youth peer support partner:

- Spent an average of 0.6 hours with caregiver(s), compared to 0.7 hours during FY22
- Spent an average of 0.7 hours with other(s), compared to 1.2 hours from FY23 and 0.7 hours during FY22
- Spent an average of 2.0 hours with the youth, compared to 2.6 hours during FY22

Summary of Findings – Transition Reviews

The results reported in this section consisted of clinical record reviews spanning the last 90 days of WISe services. Since this is the second year of transition reviews, only data from FY23 was available for comparison.

Care Coordination Elements

Child and Family Team (CFT) Processes

Each youth has a CFT that develops and implements the youth and family's plan, addresses unmet needs, works toward the family's vision and monitors progress regularly. CFT meetings should take place every 30 days, with documentation reflecting ongoing discussions for transition planning and discharge criteria.

- Approximately 2% of the youth in the sample had fewer than 1 CFT during the last 90 days of care, compared to 8% of the youth from the prior review.

During the last 90 days of care:

- Approximately 22% of youth had 0 to 1 CFT meetings, compared to 29% of the youth from the prior review.
- Approximately 78% of youth had 2 or more CFT meetings, compared to 71% of the youth from the prior review.

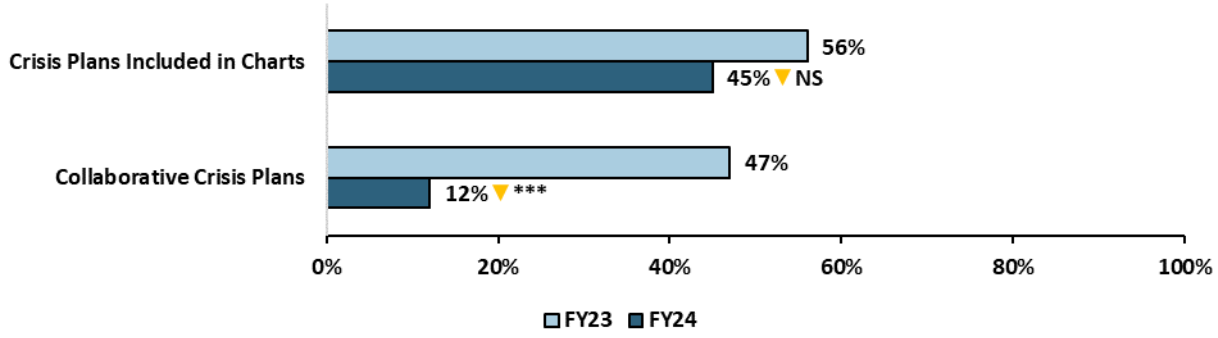
Crisis Prevention and Response

Each CSCP plan must include a crisis plan that addresses potential crises that could occur for the youth and family to ensure safety. An effective crisis plan includes:

- Crisis identification and prevention steps, with CFT members' roles
- Crisis response actions based on the severity level of a crisis
- Post-crisis evaluation of the youth's behavioral health status and the effectiveness of the crisis plan

Figure 23 below, identifies the percentage of compliance with crisis plan requirements for the last 90 days of care.

Figure 23. Crisis Plans (Year-to-Year Comparison) – Crisis Plan and Collaborative.



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NS = not statistically significant

****Highly statistically significant* ($p \leq .001$)

Statistical Analysis of Crisis Prevention and Response Findings

Of the 100 charts reviewed, 45% contained crisis plans, compared to 56% from the prior review. Results decreased from the prior review. Analysis indicated the year-to-year difference in the rates is likely due to normal variation or chance.

For the 45 charts that contained crisis plans reviewed they were created collaboratively 12% of the time, compared to 47% from the prior review. Analysis indicated the year-to-year difference in the rates is statistically significant and unlikely due to normal variation or chance.

Treatment Characteristics

Qualified clinicians provide individual clinical treatment sessions to the youth/family in the amount, duration and scope appropriate to address the identified medically necessary needs. Documentation should reflect needs identified in the CSCP, indicate how the therapeutic intervention benefitted the youth's functioning or symptoms, and the impact of the services for the youth at home, school and/or in the community.

- The average number of treatment sessions attended per month was 2.07 compared to 2.52 from the prior review.
- Therapist involvement in the WISe service model was evidenced by participation in 69% of all CFT meetings, compared to 68% from the prior review.
- The review indicated 79% of treatment sessions were attended by the youth alone, compared to 60% from the prior review.
- The youth and caregiver participated in 18% of sessions, compared to 26% from the prior review.
- Only the caregiver attended 3% of the treatment sessions, compared to 14% from the prior review.

Persistence in problem-solving was evidenced by documentation of the same treatment focus from session to session in 90% of the sessions. Most frequently treatment content documented were Skill

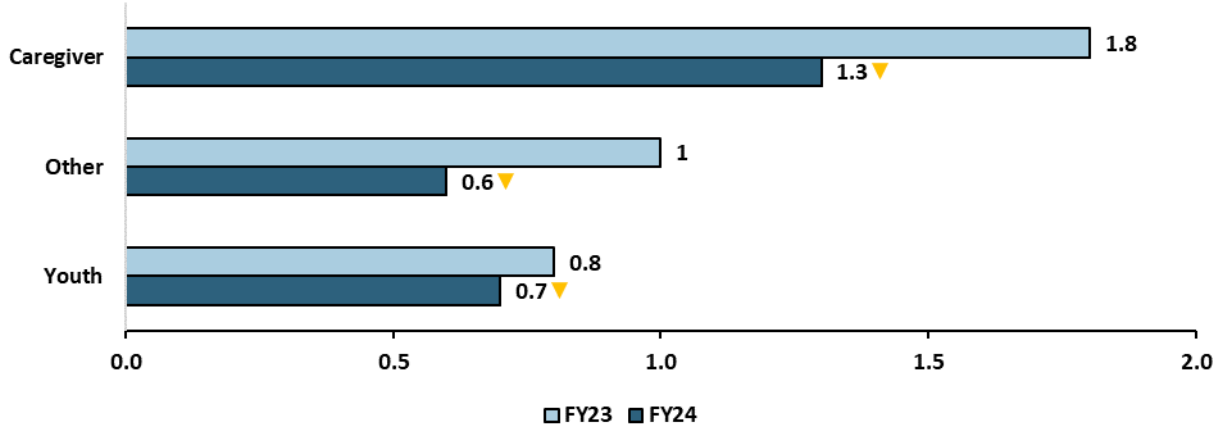
Development and Transition Planning at 27% and 13% respectively. Documentation of progress reviewed was identified in 14% of records, while 3% of records included celebrating success, compared to 21% documented progress and 7% documented celebrating success from the prior review.

Parent and Youth Peer Support Elements

Each youth and family must be offered a youth peer or parent support partner. These partners are formal members of the CFT who support the parent/youth in the WISe process through active engagement and informed decision making.

Figures 24 (Parent) and 25 (Youth) identify the average hours of peer support by type.

Figure 24. Parent Peer Support Elements: Average Hours of Peer Support by Type* (Year-to-Year Comparison).**



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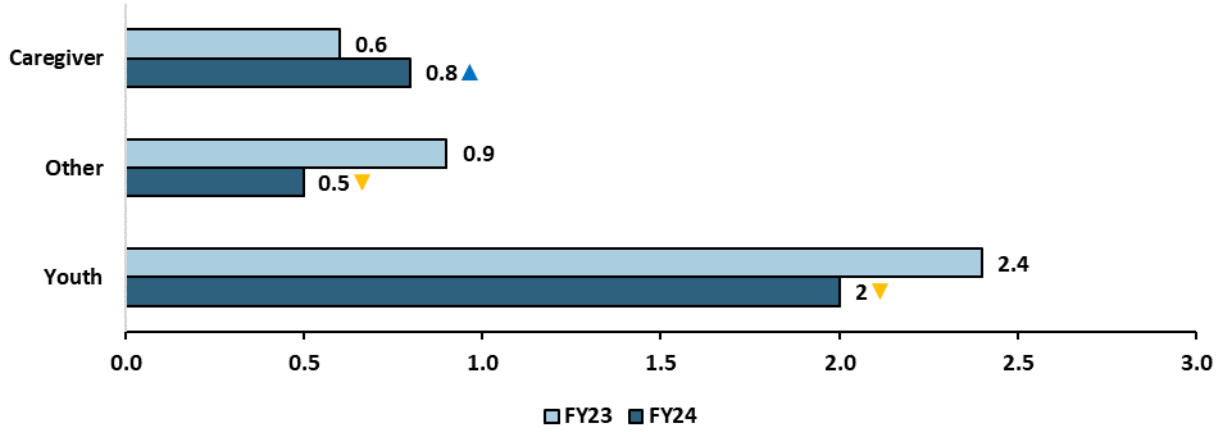
**Since children under age 5 are not eligible for youth peers, these cases are not included in youth peer metrics of any kind.*

***Statistical testing was not conducted on parent peer support elements as this data is for informational purposes only.*

Figure 25. Youth Peer Support Elements: Average Hours of Peer Support by Type* (Year-to-Year Comparison).**



Increased ▲

Decreased ▼

**Since children under age 5 are not eligible for youth peers, these cases are not included in youth peer metrics of any kind.*

***Statistical testing was not conducted on youth peer support elements as this data is for informational purposes only.*

During the last 90 days of enrollment, the parent peer support partner:

- Spent an average of 1.3 hours with caregiver(s), compared to 1.8 hours from the prior review
- Spent an average of 0.6 hours with other(s), compared to 1.0 hours from the prior review
- Spent an average of 0.7 hours with the youth, compared to 0.8 hours from the prior review

During the last 90 days of enrollment, the youth peer support partner:

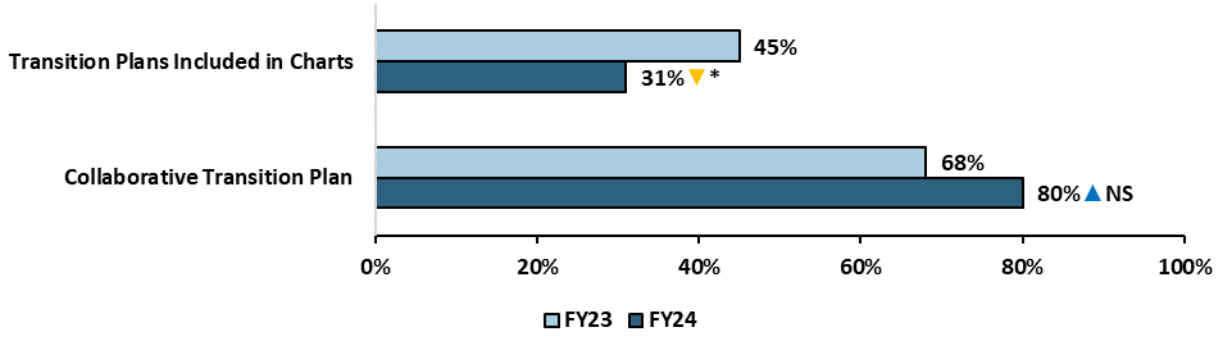
- Spent an average of 0.8 hours with caregiver(s), compared to 0.6 hours from the prior review
- Spent an average of 0.5 hours with other(s), compared to 0.9 hours from the prior review
- Spent an average of 2.0 hours with the youth, compared to 2.4 hours from the prior review

Transition Planning

Prior to transitioning from the WISe Program, all youth must have a formal transition plan developed to plan for a successful transition from the program. The plan must contain specific steps to be taken during the transition as well as the supports available to make the transition successful. The plan must be created in collaboration with input from the youth, family, formal service providers and natural supports.

Figure 26 identifies the year-to-year comparison of the transition planning, included and collaborative requirements

Figure 26. Transition Planning (Year-to-Year Comparison) – Included and Collaborative.



Increased ▲

Decreased ▼

NS = not statistically significant

**Statistically significant ($p \leq .05$)*

Statistical Analysis of Transition Planning

A formal transition plan was included in 31 of cases out of 100 of charts reviewed, compared to 50 out of 110 charts reviewed from the prior review. Results decreased from the prior review. Analysis indicated the year-to-year difference in the rates is statistically significant and unlikely due to normal variation or chance.

Of the 31 of transition plans, 80% contained evidence of collaboration and input from the youth, family, formal service providers, and natural supports, compared to 68% from the prior review. Results increased from the prior review. Analysis indicated the year-to-year difference in the rates is likely due to normal variation or chance.

Summary of Conclusions

Strengths

The agencies reviewed exhibited strengths for enrollment practices in the following areas of the WISe service delivery model:

- The initial full CANS assessment was completed within the required timeframe 84% of the time.
- The CANS reassessments were completed in a timely manner 91% of the time.
- A home representative attended CFT sessions 83% of the time for the 0-4 age group and 89% of the time for the 5+ age group.
- Crisis plans were included in 87% of charts included. Of those including crisis plans, 82% were completed in a timely manner.

The agencies reviewed exhibited strengths for transition practices in the following areas of the WISe service delivery model:

- Collaborative transition plans were included in 80% of the transition charts reviewed.

- A home representative attended CFT sessions 100% of the time for the 0-4 age group and 83% of the time for the 5+ age group.

Progress

Progress is defined as an area of practice the agencies made improvements to from the prior review. The following progress was identified for the enrollment and transition reviews:

- The agencies implemented processes to ensure a full CANS assessment was completed no later than 30 days following enrollment.
- The agencies improved processes to include crisis plans in enrollment charts.
- The agencies ensured crisis plans found in enrollment charts were completed in a timely manner.
- The agencies ensured transition plans were developed in a collaborative manner.

Weaknesses/Opportunities for Improvement

The agencies reviewed exhibited the following opportunities for improvement for enrollment practices of the WISe service delivery model:

- The CANS screening was completed in a timely manner 48% of the time.
- The initial full CANS was created collaboratively 15% of the time.
- The “Care Planning” requirement was completed in a timely manner 39% of the time.
- Collaborative crisis plans were included in 42% of the enrollment charts reviewed.

The agencies reviewed exhibited the following opportunities for improvement for transition practices of the WISe service delivery model:

- Crisis plans were included in 45% of transition charts reviewed. Of those including crisis plans, 12% were created collaboratively.
- Formal transition plans were included in 31% of the transition charts reviewed.

Recommendations

Agencies should use the findings and recommendations in the WISe program review to drive improvement efforts focusing on the following areas described below.

- Agencies should conduct a root cause analysis to identify the barriers to success in meeting WISe requirements. As interventions are identified, use Plan-Do-Study-Act (PDSA) cycles of improvement to measure the effectiveness of each intervention.
- It is recommended that agencies refer to the WISe manual and other WISe training resources, such as the WISe Workforce Collaborative which provides a variety of training and coaching, to identify best practices and ensure compliance with requirements.

Identified focus areas needing improvement include:

- Developing processes and tracking systems to ensure the CANS screening and assessments are completed within the required timeframe.

- Strengthening the connection between the initial full CANS and care planning to improve the timeliness of care planning.
- Ensuring key members of the youth's team are identified and included to ensure the collaborative development of CANS assessments and crisis plans.
- Creating procedures to ensure crisis plans are completed as required.
- Expanding internal tracking systems to identify youths' program transition dates and proactively create formal transition plans.

Due to similar results in prior years, it is also recommended that HCA work with the MCPs to investigate underlying causes of these results such as workforce issues and WISe program processes to drive improvement efforts and reduce barriers to success.

Summary of Previous Year (2023) WISe Program Review EQRO Recommendations

Table 70 shows the 2023 WISe recommendation with HCA's responses and the EQRO's response to HCA.

Table 70. EQRO Responses to 2023 EQR WISe Program Recommendations to HCA.

EQRO Recommendations	HCA's Response	EQRO's Response
We recommend MCPs work with their agencies by using the findings in this study to drive improvement efforts. In addition, HCA should work with the MCPs to assist agencies in conducting a root cause analysis to identify the barriers to success in meeting WISe requirements. As interventions are identified, agencies should use PDSA cycles of improvement to measure the effectiveness of each intervention. Agencies should: • Ensure WISe team is utilizing training resources for WISe and Crisis Planning and reviewing WISe Manual for Crisis Plan template • Ensure WISe team is participating in coaching through the WISe Workforce Collaborative • Conduct collaborative and timely initial full CANs assessments • Continue utilizing MCPs' support of agency-level QIRT reviews • Ensure collaboration in the development of crisis plans	HCA meets with the MCPs monthly to partner and provide technical assistance and clarity with WISe requirements. HCA also attends regional WISe collaboratives with MCPs and contracted WISe agencies to provide assistance, clarity and support for any issues voiced by the provider agencies or MCPs. In collaboration with the WISe Workforce Collaborative and the MCPs, HCA has increased training and support for WISe providers around both quality improvement and other WISe skills for providers. MCPs continue to engage in focused work with agencies to address their individual quality improvement needs, as does the WISe Workforce collaborative. Additionally, this year HCA provided technical assistance to MCOs and WISe provider agencies to conduct a focused quality improvement project to	HCA response to EQRO recommendations accepted as written.

EQRO Recommendations	HCA's Response	EQRO's Response
• Conduct CFT meetings at least every 30 days, with the youth 100% of the time • Develop formal transition plans and ensure the plans contain collaboration and input from youth, family, formal service providers and natural supports • Conduct collaborative initial full CANs assessments • Ensure documentation of progress and celebration of success is identified in all records Due to similar results in prior years, we also recommend HCA work with the MCPs to investigate underlying causes of these results such as workforce issues and WISe program processes to drive improvement efforts and reduce barriers to success.	ensure that CANS data is correctly collected and reported. The regional WISe collaborative meetings provide a forum for HCA to address these issues with MCPs and agencies. Feedback is also gathered from participants at required WISe trainings and technical assistance sessions. This provides a sustainable framework to support ongoing quality improvement work at WISe agencies. HCA has also worked with Comagine Health to develop a new focused quality study of the WISe service delivery model, designed to update and improve the fidelity tools developed for WISe.	

WISe Quality Study

Objective

As the EQRO for Washington, Comagine Health was contracted to conduct a focus study to support HCA in reviewing and evaluating the quality processes outlined in the WISe program. These processes are detailed in the *WISe Program, Policy and Procedure Manual*, and in the *WISe Quality Plan*,[34] which is currently under review by the HCA.

This report provides a high-level summary. See the *2024 Wraparound with Intensive Services (WISe) Quality Study Findings Report* for additional details.[35]

Overview

The *WISe Quality Plan* is required by state regulations (Washington Administrative Code 182-501-0215) to:

- Provide a framework for quality management goals, objectives, processes, tools and resources to measure the implementation and success of the WISe service delivery model; and
- Guide production, dissemination and use of measures used to inform and improve WISe service delivery.

Currently, HCA is in the process of updating the *WISe Quality Plan*, which went through its last update in 2019. The priorities for the *WISe Quality Plan* Update Project include:

- Ensuring that WISe is working well for youth and families.
- Providing useful tools that help build up WISe teams.
- Supporting WISe providers, and where possible, reducing administrative burden.

The WISe Quality Study is a component of HCA's update of the *WISe Quality Plan* (referred to in this report as "quality plan").

The WISe Quality Study is an external evaluation study led by Comagine Health to support HCA in reviewing and evaluating the quality processes of the WISe program and to inform updates. The WISe Quality Study included identification and evaluation of monitoring efforts including what is working, not working and what can be improved upon to streamline quality improvement and assessment activities and minimize administrative burden to WISe providers. The study did not focus on changes to the WISe program model, or financial and payment-related topics.

The WISe Quality Study supports HCA and MCP/PIHPs in meeting WISe Program goals for eligible youth including:

- To live and thrive in their homes and communities.
- To avoid or reduce disruptive and costly out-of-home placements while receiving behavioral health treatment services.

Comagine Health conducted the WISe Quality Study July through November 2024.

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[34] Washington State Health Care Authority (2019). WISe Quality Plan. Available at: www.hca.wa.gov/assets/program/wise-quality-plan.pdf.

[35] Washington State Health Care Authority. 2024 WISe Quality Study Findings Report. Available at https://www.hca.wa.gov/assets/program/wraparound-with-intensive-services-wise-quality-study-findings-202412.pdf.

Study Methodology and Scope of Review

Technical Methods of Data Collection

The WISe Quality Study used key informant interviews and public listening sessions to gather data from WISe provider agency staff and other stakeholders (e.g., families, community partners, system advocates, policymakers) involved with the WISe model in Washington.

Description of Data Obtained

Participants discussed a range of topics surrounding WISe quality and fidelity in interviews and listening sessions. They described their views on what makes WISe services high quality, strengths and challenges with the current quality plan and quality processes, and characteristics impacting WISe quality and fidelity across the state. WISe provider agencies shared how they internally monitor quality and fidelity for their WISe teams and services. They also discussed current challenges and barriers related to their WISe programs and quality monitoring.

Limitations

The WISe Quality Study encountered several limitations stemming from various factors. Some were methodological or related to study design, such as the characteristics and knowledge of participants in interviews and listening sessions. Additional limitations involved issues and topics beyond the scope of the study. These limitations include:

- **Participant knowledge of the quality plan and processes.** A majority of WISe provider agency and listening session participants had limited knowledge and awareness of the quality plan. This may have limited their ability to speak directly to specific components or topics This limitation may have impacted the depth of data available in certain topic areas.
- **Financial or payment topics.** The role of MCOs is central to WISe services and quality. Participants frequently discussed the importance of partnering with MCOs to address WISe quality gaps and improve processes. Financial and payment-related topics, however, were not included in this study.

WISe Quality Plan Strengths and Challenges

In interviews and listening sessions, time was spent discussing the strengths and challenges of the current approach to WISe quality. While many participants were unfamiliar with the details of the quality plan, they did describe areas where they see the plan supporting WISe quality improvement efforts. They also noted areas where components of the plan, or WISe quality processes, act as barriers for WISe teams, youth and families, or broader system change and improvement efforts. This section outlines strengths and challenges described by participants.

WISe Quality Plan Strengths

Participants discussed strengths in the current quality plan. They shared where the plan is flexible in supporting WISe teams to individualize services and meet the needs of youth and families. They also discussed foundational principles and elements that help to structure and support the vision and goals of WISe. Participants noted places in the quality plan that may not be perfect but have particular

strengths that can and should be built on during the update. Important strengths noted by participants include:

- **WISe model and team-based approach** – The team-based, wraparound model of WISe allows for "*flexibility and individualized approaches"* to meet the needs of youth and families. Participants discussed how the overarching philosophy and approach of WISe, including the service array (crisis intervention and stabilization, intensive services, care coordination and peer supports), creates a structure that is high-quality, flexible and supportive for youth and families.
- **Guiding principles and goals** – The guiding principles and goals in the quality plan help set the tone for the quality framework and articulate goals to work toward. They establish a quality monitoring and improvement foundation for WISe provider agencies. Participants noted the importance of using the guiding principles and goals to direct WISe quality and fidelity.
- **Child and Adolescent Needs and Strengths (CANS)** – Participants discussed the value of CANS data, often citing it as the most important data source for gauging WISe service quality. It allows WISe teams to monitor youth and family progress over time and to ensure that services are meeting their needs and promoting change and improvement.
- **Certain components of the Quality Improvement Review Tool (QIRT)** – While nearly all participants discussed barriers and challenges with the QIRT, participants also highlighted how specific components of the QIRT help them organize their internal WISe quality and chart review structures and processes. The QIRT provides consistency and continuity across WISe provider agencies by defining terms, outlining data sources and highlighting important program elements to monitor, including components that are important to the HCA and MCPs. Participants also reported that the QIRT can be helpful when paired with training for new staff and other quality improvement initiatives.
- **Outcome measures** – Outcome measures in the quality plan are key metrics to track and should be a focus of WISe quality monitoring and assessment.
- **Quality benchmarks** – Outlining benchmarks and goals for specific measures is helpful for quality monitoring and identifying improvement areas.
- **Training to support quality improvement goals** – The importance of training and coaching to support WISe quality improvement is outlined well in the current quality plan, according to participants. Training is an important component for quality monitoring and improvement. Participants noted the wide breadth of training opportunities provided for WISe teams to support continued learning and quality improvement.

WISe Quality Plan Challenges

Participants also reported challenges with the current quality plan and processes. In interviews and listening sessions, they noted the heavy focus on process and fidelity measures; documentation and audits, including the QIRT; workforce, staffing and training challenges; and inconsistent communication from state-level partners like HCA and MCPs. Participants discussed the following challenges:

- **Focus on process measures** – The quality plan focuses heavily on process, or fidelity measures. Participants noted that this focus on process measures does not get to the results or outcomes of WISe services, or the progress taking place in youth and families' lives. The process measures

show what assessments were completed, meetings attended and therapy sessions conducted, but do not holistically encapsulate WISe service quality.

- **Quality Improvement Review Tool (QIRT)** – Across interview and listening sessions, the QIRT was noted as a barrier. While participants discussed the importance of chart review as a quality process, they noted multiple challenges with the QIRT and how it is operationalized.
    - The organization of QIRT components do not match how WISe services are configured or documented.
    - The documentation platform is challenging to navigate and does not allow the user to start and stop data entry.
    - Reviews are time consuming, including the required training for staff to input data, conducting the reviews and having to complete the review in one session due to the data entry system.
- **Data entry systems** – Technology barriers with data entry and billing systems was another WISe quality barrier discussed by participants. Many of these systems are challenging for WISe provider agencies to navigate; they may freeze, kick the user off and not allow simultaneous users or forward and back navigation. Further, entering data into these systems is duplicative with other documentation and creates an added administrative burden for WISe provider agencies.
- **Workforce challenges** – WISe provider agencies may not be able to fulfill WISe quality and fidelity requirements outlined in the quality plan due to staffing shortages, turnover, gaps on WISe teams with particular roles (e.g., therapists, peers) or where WISe teams are too small to meet the community need for WISe services.
- **Caseload and interest list challenges** – Staffing, caseload and interest lists are connected and interdependent for many WISe provider agencies. Different size agencies reported varied challenges related to staffing WISe teams, managing caseloads and meeting community need.
- **Staff onboarding and training obstacles** – Onboarding and training WISe staff is time consuming for provider agencies and often impacts their ability to meet WISe staffing requirements. It can take multiple months to onboard and train new staff (e.g., required training, documentation processes), including providing new team members with sufficient coaching and shadowing time in the field. This time barrier is often even more challenging for peers, where there are additional training requirements, and for Spanish speaking staff, where there may be language barriers. While the quality of training was appreciated by most providers, thoughtful attention to avoiding duplication and monitoring overall training requirements was requested.
- **Inconsistent communication and coordination** – Communication and coordination challenges between WISe providers, HCA, and MCPs was frequently mentioned as a barrier with current WISe quality processes. Participants reported that HCA and MCPs may communicate different requirements or priorities to WISe provider agencies. MCPs vary from region to region, which impacts how WISe quality elements are operationalized and reviewed. MCPs may also prioritize different components, communicate divergent information and provide varying degrees of support for WISe provider agencies.

Recommendations

Participants described suggestions and recommendations for HCA related to the WISe Quality Plan Update Project. Based on participants' input, Comagine Health developed the following recommendations, highlighting opportunities for HCA, in partnership with MCPs, to enhance the WISe delivery system's performance in quality, timeliness, and access to care. Recommendations involve updating the quality plan and enhancing WISe quality processes, communication and resources. Recommendations include:

- **Strengthening language in the quality plan** – Building on strengths in the current quality plan, HCA can integrate additional language reflecting youth and family voice and choice, and the WISe model approach and philosophy.
- **Providing orientation on the quality plan update** – Given the range of knowledge and understanding on the quality plan across WISe provider agencies, HCA and MCPs can train WISe provider agencies to the elements included in the updated quality plan. This may help to increase WISe provider agency awareness and understanding of the quality plan and processes.
- **Assessing WISe quality measures** – HCA can review WISe quality measures with a focus on balancing process measures with outcome and engagement metrics. Additionally, HCA, in partnership with MCPs, can evaluate using existing data sources (e.g., electronic health record, MCP claims data) for quality reporting and assessment. To support the MCPs and WISe provider agencies with quality monitoring, HCA can establish or enhance minimum standards, benchmarks and data dashboards.
- **Evaluating quality review and feedback processes** – To help reduce administrative burden on WISe provider agencies, HCA, in partnership with MCPs, can review and streamline duplicative documentation standards and simplify audit and chart review processes. Leveraging technology, such as integrating EHRs or automating data extraction, could further reduce the need for redundant data entry. Additionally, MCPs, working with HCA, can explore strategies to provide timely feedback, quality improvement coaching and actionable planning support.
- **Supporting WISe provider agencies with quality improvement** – HCA, in partnership with MCPs, can continue to provide spaces for WISe provider agencies to share quality measurement, improvement strategies, successes, challenges and best practices. To enhance engagement, HCA and MCPs can encourage WISe provider agency attendance and participation in preexisting meetings and other convening opportunities. Additionally, to address gaps in participation, MCPs can share relevant quality improvement information and resources with WISe provider agencies in their region.

Summary of Previous Year (2023) WISe Quality Study EQRO Recommendations

In July 2024, HCA contracted with Comagine Health to conduct the *WISE Quality Study*. An update of the current year's EQRO recommendations will be reflected in the *2025 Annual Technical Report*.

Value-Based Purchasing (VBP) Performance Measure Recommendation and Evaluation

Objectives

Comagine Health is contracted to assess MCP performance on measures reported by each plan and to recommend a set of priority measures that meets HCA's specific criteria and best reflects the state's quality and value priorities—balancing cost and utilization—while ensuring quality care to enrollees. Comagine Health assessed both AH-IMC and IFC MCPs. This recommendation process supports HCA's determination of the statewide VBP performance measure set.

The following year, the MCPs' data are collected and analyzed to evaluate their performance on these assigned measures according to their achievement level. Comagine Health identifies where plans have met the criteria for the return of withhold dollars, either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure. This evaluation provides feedback to each MCP on their achievement of the state's quality initiative within the VBP strategy.

Overview

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 contract period evaluated in this report.

Although proviso language was removed, HCA and Comagine Health will continue to use a very similar process to identify VBP measures for MCP contracts, while also modifying certain elements to closely reflect priorities for the agency and the state. Identifying measures with the potential to address health disparities will be a continued focus. Another concept that was introduced into this year's process was the identification of measures that would be placed in a "sustain" versus "active" category. The sustain category will include VBP measures where performance has improved but continued focus is warranted to prevent performance from declining. This is the sixth year that HCA will be using this annual process to review and select VBP performance measures for the five MCPs.

In August 2023, Comagine Health clinicians, analysts and program staff completed a rigorous review process using HCA's specific criteria and guidance to identify, review and select the recommended measures listed in the *2023 EQR Value-Based Purchasing Measures Analysis Report* evaluated in 2024.

In September 2024, Comagine Health delivered the *2024 EQR VBP Evaluation Spreadsheet* to HCA that included detail by contract and a separate *2024 Value-Based Payment Report Card* that presented the overall results of its evaluation. Comagine Health evaluated the VBP performance measures selected for the five AH-IMC contracted plans: CHPW, CCW, MHW, UHC and WLP. In addition, Comagine Health evaluated the performance for the IFC contract that is currently held by CCW.

Methodology

Please see the Comagine Health *2023 EQR Value-Based Purchasing Measures Analysis Report* and the *2024 EQR Value-Based Purchasing Evaluation Methodology Report* for the methodology used in this report.

2024 Value-Based Payment (VBP) Report Card

Washington Apple Health

This report card shows how Washington Apple Health Plans performed in Performance Year 2023 which identifies where plans have met the criteria for the return of withhold dollars for the quality performance measure part of the value-based purchasing strategy. Criteria can be met either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure.

Key: ✓ **Criteria Met** No **Criteria Not Met**

Value-Based Payment Measure		Coordinated Care	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare Community Plan	Wellpoint (previously Amerigroup)
Total Percent Achieved for VBP Quality Performance Measures		**83.3%**	**100%**	**83.3%**	**66.7%**	**66.7%**
Washington Apple Health Integrated Managed Care (AH-IMC) Shared Measures - *Four shared measures reported by all MCOs*						
Antidepressant Medication Management (AMM)	Effective Acute Phase Treatment	✓	✓	✓	✓	✓
	Effective Continuation Phase Treatment	✓	✓	✓	✓	✓
Asthma Medication Ratio (AMR), Total		✓	✓	✓	No	✓
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	✓	✓	✓	No	No
	Postpartum Care	✓	✓	✓	No	No
Child and Adolescent Well-Care Visits (WCV), Age 3-11		✓	✓	✓	✓	✓
Washington Apple Health Integrated Managed Care (AH-IMC) Plan-Specific Measures - *Three quality focus performance measures specific to each MCO*						
Breast Cancer Screenings (BCS-E)		✓	✓	✓	✓	✓
Substance Use Disorder Treatment Rate (SUD), Age 12 -64, all MCO excluding BHSO		✓	✓	✓	✓	✓
Follow Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase		No	✓	No	✓	No

Washington State Health Care Authority

2024 Value-Based Payment (VBP) Report Card

Washington Apple Health

This report card shows how Coordinated Care as the single MCO providing Apple Health Integrated Foster Care (AH-IFC) services, performed in Performance Year 2023 and identifies where the plan has met the criteria for the return of withhold dollars for the quality performance measure part of the value-based purchasing strategy. Criteria can be met either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure.

Key: ✓ **Criteria Met** No **Criteria Not Met**

Apple Health Integrated Foster Care VBP Measure		Coordinated Care
Total Percent Achieved for VBP Quality Performance Measures		**75%**
Apple Health Integrated Foster Care (AH-IFC) Shared Measures -*Seven performance measures specific to the IFC contract.*		
Asthma Medication Ratio (AMR), Total	Age 5-11	✓
	Age 12-18	No
Child and Adolescent Well-Care Visit (WCV)	Age 12-17	✓
	Age 18-21	✓
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase		No
Mental Health Service Rate, Broad Definition (MH-B), Age 6–26, IFC Only		✓
Substance Use Disorder (SUD) Treatment Penetration, Age 12-26, IFC Only		✓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total		✓

Enrollee Quality Report

Objectives/Overview

The purpose of the 2024 Enrollee Quality Report "Report Card" is to provide Washington State Apple Health applicants and enrollees with simple, comparative information about health plan performance that may assist them in selecting a plan that best meets their needs. The Report Card is posted annually to the Washington Healthplanfinder website[36] and is included in the Welcome to Washington Apple Health Managed Care handbook.[37]

On May 10, 2024, CMS published the Medicaid and CHIP Managed Care Access, Finance and Quality Final Rule, which advances its efforts to improve access to care, quality and health outcomes, and better address health equity issues for Medicaid and CHIP managed care enrollees. The final rule establishes a quality rating system for Medicaid and CHIP MCPs, including new and updated requirements for the Medicaid and CHIP Quality Rating System that build off previous rulemaking in the 2016 and 2020 managed care final rules. The regulations in the rule are effective on July 9, 2024. Implementation of this rule is scheduled to occur four years after the publication of the rule in 2029.

There are three pieces of this final rule – a mandatory measure set, a methodology for calculating quality ratings and a website display. Comagine Health has provided the HCA with a comparison of the current measure set used for the Plan Report Card and the mandatory measure set outlined by CMS. The majority of the measures align. HCA and Comagine Health are in the process of reviewing the new CMS rules.

Methodology

For more information on the methodology used to derive this report's star rating system and detailed results, refer to Comagine Health's *2024 Enrollee Quality Report Methodology.*

Summary of Conclusions

Comagine Health produced the *2024 Washington Apple Health Plan Report Card,* designed to provide Apple Health applicants and enrollees with simple, straightforward comparative health plan performance information that may assist them in selecting a plan that best meets their needs.

The following "report cards" show how Washington Apple Health Plans compared to each other in key performance areas in English and Spanish. Results reflect scores for the five Washington Apple Health plans: CCW, CHPW, MHW, UHC and WLP.

[36] Washington State Health Care Authority. Washington Healthplanfinder. Available at: https://www.wahealthplanfinder.org/.

[37] Washington State Health Care Authority. Apple Health Managed Care Handbook. Available at: https://www.hca.wa.gov/assets/free-or-low-cost/19-046.pdf.

2024 Washington Apple Health Plan Report Card

Washington Apple Health

This report card shows how Washington Apple Health plans compare to each other in key performance areas. You can use this report card to help guide your selection of a plan that works best for you.

Performance areas	Coordinated Care	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare	Wellpoint (previously Amerigroup)
Getting care	★☆☆	★★☆	★★☆	★★☆	★☆☆
Keeping kids healthy	★★☆	★★☆	★★☆	★☆☆	★☆☆
Keeping women and mothers healthy	★★☆	★★☆	★★★	★☆☆	★☆☆
Preventing and managing illness	★☆☆	★☆☆	★★☆	★★☆	★★☆
Ensuring appropriate care	★★★	★★☆	★☆☆	★☆☆	★☆☆
Satisfaction of care provided	★★☆	★★☆	★★☆	★★☆	★★☆
Satisfaction with plan	★★☆	★★☆	★★☆	★★☆	★★☆

KEY: Performance compared to all Apple Health plans	
Above average	★★★
Average	★★☆
Below average	★☆☆

These ratings were based on information collected from health plans and surveys of health plan members in 2023. (some of the data used in the Getting Care category is from 2022).

The information was reviewed for accuracy by independent auditors.

Health plan performance scores were not adjusted for differences in their member populations or service regions.

Performance area definitions

Getting care
- Members have access to a doctor
- Members report they get the care they need, when they need it

Keeping kids healthy
- Children in the plan get regular checkups
- Children get important immunizations
- Children get the appropriate level of care when they are sick

Keeping women and mothers healthy
- Women get important health screenings, such as cervical cancer screenings
- New and expecting mothers get the care they need

Preventing and managing illness
- The plan helps its members keep long-lasting illness under control, such as asthma, high blood pressure or diabetes
- The plan helps prevent illnesses with screenings and appropriate care

Ensuring appropriate care
- Members receive the most appropriate care and treatment for their condition

Satisfaction with care provided
- Members report high ratings for doctors, specialists and overall health care

Satisfaction with plan
- Members report high ratings for the plan's customer service and the plan overall

Washington State Health Care Authority

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HCA 19-057 (9/24)

Informe sobre los planes de Washington Apple Health para el año 2024

Este informe muestra una comparativa entre los planes de Washington Apple Health según los resultados en diversas áreas. Puede utilizar este informe como ayuda para elegir el plan que mejor se adapte a sus necesidades.

Valoración por áreas	Coordinated Care	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare	Wellpoint (antes eran Amerigroup)
Obtención de atención	★☆☆	★★☆	★★☆	★★☆	★☆☆
Mantenimiento de niños sanos	★★☆	★★☆	★★☆	★☆☆	★☆☆
Mantenimiento de mujeres y madres sanas	★★☆	★★☆	★★★	★☆☆	★☆☆
Prevención y tratamiento de enfermedades	★☆☆	★☆☆	★★☆	★★☆	★★☆
Garantía de atención adecuada	★★★	★★☆	★☆☆	★☆☆	★☆☆
Satisfacción con la atención brindada	★★☆	★★☆	★★☆	★★☆	★★☆
Satisfacción con el plan	★★☆	★★☆	★★☆	★★☆	★★☆

EYENDA: Resultados de la comparación de todos los planes de Apple Health	
Superior al promedio	★★★
Promedio	★★☆
Inferior al promedio	★☆☆

Estas calificaciones se basaron en la información recaudados de los planes de salud y las encuestas de los miembros del plan de salud en 2023 (algunos de los datos utilizados en la categoría Obtención de Atención son de 2022).

Varios auditores independientes revisaron estos datos para comprobar que fueran exactos.

No se ajustaron los resultados de los planes de salud por las diferencias demográficas entre sus afiliados o las regiones de servicio.

Definiciones de las áreas evaluadas

Obtención de atención
- Los afiliados tienen acceso a un médico.
- Los afiliados informan que reciben la atención que necesitan cuando la necesitan.

Mantenimiento de niños sanos
- Los niños incluidos en el plan se someten a chequeos habituales.
- Los niños reciben vacunaciones importantes.
- Los niños reciben el nivel adecuado de atención cuando están enfermos.

Mantenimiento de mujeres y madres sanas
- Las mujeres se someten a exámenes médicos importantes, como exámenes de detección de cáncer de cuello uterino
- Las madres primerizas y embarazadas reciben la atención que necesitan.

Prevención y tratamiento de enfermedades
- El plan ayuda a sus afiliados a tener bajo control las enfermedades crónicas como el asma, la tensión arterial alta o la diabetes.
- El plan contribuye a prevenir enfermedades gracias a exámenes médicos y una atención adecuada.

Garantía de atención adecuada
- Los afiliados reciben la atención y el tratamiento más adecuados para su condición.

Satisfacción con la atención brindad
- Los afiliados valoran positivamente a los doctores, especialistas y la atención médica en general.

Satisfacción con el plan
- Los afiliados valoran positivamente el servicio de atención de cliente del plan, así como el plan en general.

HCA 19-057 SP (10/24) Spanish

Appendix A: MCP Profiles

Appendix A: MCP Profiles

The MCP profiles are presented for the five MCOs and five BHSOs that served the Apple Health enrollees in 2024. These profiles provide a brief overview of each MCP's performance in the review areas addressed by the 2024 EQR. EQRO recommendations included in each profile are based on the TEAMonitor required actions (TM-RAs), formerly known as corrective action plans, supplied to the MCPs. The MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time, to address specific issues, these recommendations may not be indicative of current performance. They are based on findings extracted from individual health plan review reports for the activities detailed in this appendix:

- Review of compliance with regulatory and contractual standards.
- Statewide and MCP-specific PIPs.
- Comprehensive validation of the MCP provider network.
- Provide Washington State Apple Health applicants and enrollees with clear, comparative health plan performance information to help them choose the best plan for their needs via the Enrollee Quality Report Card.
- Evaluation of MCP performance on key measures and recommendation of priority measures aligned with HCA's quality and value goals, and supporting the determination of the statewide VBP performance set via the Value-Based Payment Report Card.
- Validation of performance measures based on the MCP's Final Audit Report from Aqurate Health Data Management, Inc., which conducted the MY2023 MCP HEDIS audits.
- Results of the comparative analysis of the MCPs performance.
- Analysis of performance measures including a "scorecard" for each MCP, showing its performance on statewide performance measures.

Coordinated Care of Washington (CCW) Profile

Summary of Results: Compliance Review

Compliance Standards: 5 Met; 4 Partially Met; 0 Not Met

TEAMonitor's review assessed activities for the previous calendar year and evaluated CCW's compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health managed care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report.*

CCW demonstrated strengths in compliance by achieving 100% scores (Met) for the following standards:

- §447.46 – Timely claims payment by MCOs
- §438.56 – Disenrollment: Requirements and limitations
- §438.208 – Coordination and continuity of care
- §438.230 – Subcontractual relationships and delegation
- §438.242 – Health information systems

CCW will need to address the following compliance standards where it did not meet the requirements and received TM-RAs:

- §438.210 – Coverage and authorization of services
- §438.330 – QAPI
- §438.400 – Grievance and appeals system
- §438.608 – Program integrity requirements

CCW met 12 of the 13 TM-RAs provided in 2023, demonstrating a medium degree in compliance with its follow-up.

The compliance review section, starting on page 32 of this report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not met" or "Partially met," requiring a TM-RA. Comagine Health's recommendations to CCW reflect the TM-RAs provided by TEAMonitor. Please note both the MCO and BHSO received the same EQRO recommendations. This language is a synopsis from TEAMonitor's compliance summary report completed for each standard reviewed in 2024.

Tables A-1 through A-9 show the results of CCW's 2024 TEAMonitor Compliance Review.

Table A-1. CCW 2024 Compliance Review Results: Timely Claims Payment by MCPs.

§447.46 – Timely claims payment by MCPs	MCO	BHSO
§447.46 Timely claims payment	3	3
§438.66 (c)(3) Monitoring Procedures	3	3
Total Score	**6/6**	**6/6**
Total Score (%)	**100%**	**100%**

§447.46 – Timely claims payment by MCPs	MCO	BHSO
TM-RAs: 0 CCW met all elements within this standard. As a result, no recommendations are being made.		

Table A-2. CCW 2024 Compliance Review Results: Disenrollment – Requirements and Limitations.

§438.56 – Disenrollment: Requirements and limitations	MCO	BHSO
§ 438.56(b)(1-3) Disenrollment requested by the MCO, PIHP Involuntary Termination Initiated by the Contractor	3	3
Total Score	**3/3**	**3/3**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CCW met all elements within this standard. As a result, no recommendations are being made.		

Table A-3. CCW 2024 Compliance Review Results: Coordination and Continuity of Care.

§438.208 – Coordination and continuity of care	MCO	BHSO
§438.208 Coordination and continuity of care	3	3
§438.208 (b) Primary care and coordination of health care services for all MCP and PIHP enrollees; §438.224 Confidentiality [File review]	3	3
§438.208 (c) Additional services for enrollees with special health care needs (2) Assessment, (3) Treatment/service plans [File review]	3	3
§438.208 (c) Additional services for enrollees with special health care needs (4) Direct access to specialists	3	3
Total Score	**12/12**	**12/12**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CCW met all elements within this standard. As a result, no recommendations are being made.		

Table A-4. CCW 2024 Compliance Review Results: Coverage and Authorization of Services.

§438.210 – Coverage and authorization of services	MCO	BHSO
§438.210 (b) Authorization of services [File review]	2	2
§438.210 (c) Notice of adverse benefit determination [File review]	0	0
§438.210 (d) Timeframe for decisions [File review]	3	3
§438.210 (e) Compensation for utilization management decisions	3	3
§438.114 Emergency and post-stabilization services	3	3
Total Score	**11/15**	**11/15**
Total Score (%)	**73.3%**	**73.3%**
TM-RAs: 3 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, CCW will provide: *§438.210 (b) Authorization of services* 1. Documentation of a review of the Utilization Management Program (UMP) Evaluation Plan to ensure the missing information is included in the 2024 UMP Evaluation.		

§438.210 – Coverage and authorization of services	MCO	BHSO
2. Actions taken to address the finding which should include documentation of an assessment of the original reviewed files to determine the cause of findings. *§438.210 (c) Notice of adverse benefit determination** 3. Actions taken to address the finding should include documentation of: a. An assessment of the original reviewed files to determine the cause of findings. b. Requested technical assistance to ensure an understanding of contract expectations.		

**Repeat finding.*

Table A-5. CCW 2024 Compliance Review Results: Subcontractual Relationships and Delegation.

§438.230 – Subcontractual relationships and delegation	MCO	BHSO
§438.230 (a) Applicability (b) General rule	3	3
§438.230 (c)(1) Written agreement	3	3
§438.230 (c)(1)(iii) MCP monitors subcontractors' performance	3	3
§438.230 (c)(1)(iii) MCP identifies deficiencies and ensures corrective action is taken	3	3
Total Score	**12/12**	**12/12**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CCW met all elements within this standard. As a result, no recommendations are being made.		

Table A-6. CCW 2024 Compliance Review Results: Health Information Systems.

§438.242 – Health information systems	MCO	BHSO
§438.242 (a) General rule	3	3
§438.242 (b)(1)(2) Basic elements	3	3
§438.242 (b)(3) Basic element	3	3
Total Score	**9/9**	**9/9**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CCW met all elements within this standard. As a result, no recommendations are being made.		

Table A-7. CCW 2024 Compliance Review Results: QAPI.

§438.330 – QAPI	MCO	BHSO
§438.330 (b)(2) and (c) Performance measurement	3	3
§438. 330 (e)(2) Program evaluation	2	2
Total Score	**5/6**	**5/6**
Total Score (%)	**83.3%**	**83.3%**
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met score, CCW will provide: *§438. 330 (e)(2) Program evaluation*		

§438.330 – QAPI	MCO	BHSO
1. A narrative document describing how they will address the concern to ensure results of disparity analysis and interventions implemented to close identified gaps are incorporated into the 2024 QAPI evaluation.		

Table A-8. CCW 2024 Compliance Review Results: Grievance and Appeals System.

§438.400 – Grievance and appeals system [File review]	MCO	BHSO
§438.400 Statutory basis and definitions (b)	3	3
§438.402 (c)(1) Filing requirements – Authority to file	3	3
§438.402(c)(2) Filing requirements – Timing	3	3
§438.402 (c)(3) Filing requirements – Procedures	3	3
§438.404 (a) Timely and adequate notice of adverse benefit determination – Language and format	3	3
§438.404 (b) Notice of action – Content of notice	3	3
§438.406 (a) Handling of grievances and appeals – General requirements	2	2
§438.406 (b) Handling of grievances and appeals – Special requirements for appeals	3	3
§438.408 (a) Resolution and notification: Grievances and appeals – Basic rule	3	3
§438.408 (b)(c) Resolution and notification: Grievances and appeals – Specific timeframes and extension of timeframes	3	3
§438.408 (d)(e) Resolution and notification: Grievances and appeals – Format of notice and content of notice of appeal resolution	3	3
§438.410 Expedited resolution of appeals	3	3
§438.420 Continuation of benefits while the MCP or PIHP appeal and the State fair hearing are pending	3	3
§438.424 Effectuation of reversed appeal resolutions	3	3
Total Score	**41/42**	**41/42**
Total Score (%)	**97.6%**	**97.6%**
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met score, CCW will provide: *§438.406 (a) Handling of grievances and appeals – General requirements* 1. Actions taken to address the finding which should include documentation of an assessment of the original reviewed files to determine the cause of findings.		

Table A-9. CCW 2024 Compliance Review Results: Program Integrity Requirements Under the Contract.

§438.608 – Program integrity requirements under the contract	MCO	BHSO
§438.608 (a)(b) Program integrity requirements	3	3
§455.104 Disclosure of ownership and control	3	3
§455.23 Provider payment suspension	2	2
§§455.104 Disclosure of ownership and control; 455.106 Disclosure by providers: Information on persons convicted of crimes; 455.23 Provider Payment Suspension; 1001.1901 (b) Program integrity – Medicare and state health care programs; §1903(i)(2) Social Security Act	3	3

§438.608 – Program integrity requirements under the contract	MCO	BHSO
Total Score	11/12	11/12
Total Score (%)	91.7%	91.7%
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met score, CCW will provide: *§455.23 Provider payment suspension* 1. Evidence of the implementation of the updates to the notice of provider payment suspension letter template to: a. Explicitly state that the provider does not have appeal rights as stated in 2023 IMC contract §12.8.3.5 b. Reflect the correct contact information for HCA		

Summary of CCW 2023 EQRO Recommendations Based on TM-RAs Follow-Up

Table A-10 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- High – All TM-RAs met
- Medium – Less than all TM-RAs met
- Low – No TM-RAs met
- NA – No TM-RAs received

Table A-10. CCW Results of Previous Year (2023) Compliance Recommendations Based on TM-RAs – Count.

Met	Partially Met*	Not Met*	Degree to which plans addressed all EQRO recommendation(s):
12	1	0	Medium Degree

**Follow-up required.*

Table A-11 shows the results of the previous year EQRO compliance recommendations based on TM-RAs follow-up.

Table A-11. CCW Results of Previous Year (2023) EQRO Compliance Recommendations Based on TM-RAs – Follow-up.

42 CFR Part 438	MCO and BHSO		
Subpart C – Enrollee Rights and Protections	**Met**	**Partially Met**	**Not Met**
438.100 (b)(2)(i) Specific rights - 438.10 (d) Language and format (4)(5) Language – Oral interpretation/written information	1	0	0
Subpart D – MCO, PIHP and PAHP Standards	**Met**	**Partially Met**	**Not Met**

42 CFR Part 438	MCO and BHSO		
438.206 (b)(1)(i-v) & (c) Delivery network, 438.10 (h) Information for all enrollees – Provider directory	3	0	0
438.207 (b)(c) Assurances of adequate capacity and services	3	0	0
438.208 (a) General requirement	3	0	0
438.208 (c)(2)(3) Assessment and treatment/service plans	1	0	0
438.236(c) Dissemination of [practice] guidelines	1	0	0
Subpart E – Quality Measurement and Improvement; External Review	**Met**	**Partially Met**	**Not Met**
438.330 (e)(2) QAPI Program evaluation*	0	1	0

**Follow-up required.*

Summary of Results: PIP Validation

PIPs: 4 Met; 0 Partially Met; 1 Not Met

CCW met the criteria for validating its individual PIPs, supported by robust PDSA processes that helped identify issues with assessment and screening. No TM-RAs were assigned to these PIPs. However, despite not receiving any TM-RAs for the individual PIPs, CCW, along with other members of the Health Equity Collaborative, received a "No Confidence" rating and "Not Met" score in reported results due to various contributing factors for the Statewide Health Equity Collaborative PIP.

CCW did not receive any TM-RAs during the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of CCW's responses were required during the current 2024 PIP validation activity.

The PIP validation section, starting on page 39 of this report, outlines strengths, weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a required action plan. This language is a synopsis from TEAMonitor PIP Validation Worksheets completed for each PIP.

Tables A-12 through A-21 show the results of CCW's submitted PIPs.

PIP Title: Collaborative MCP Well-Child Visit (WCV) Rate PIP

PIP Aim Statement: In 2023, the workgroup aims to show a one percentage point increase in well-care visits for infants, youth, and adolescents through 21 years of age for all five HEDIS sub measures compared to the 2022 preliminary rates through provider and community partnerships which includes supporting events, outreach, and educational campaigns.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - After hours well-care visit clinic events: 24 events were held throughout 2023. Clinics were coached on outreach tactics, promotion of events and hosting large well-care visit events.

  - A video sharing the value of well-care visits with parents is now available for statewide use to promote well visits after being converted from its original local promotional use.
  - Extended hours clinic event toolkit created and distributed
- **Provider-focused** – The well-established all MCO incentive list for immunizations and well-care visits will be expanded to contain all childhood incentives available. Updates will be managed by the Department of Health (DOH) after the end of this PIP.

MCP-focused interventions/System changes – MCO Buddy Group: In the past year there has been a large amount of turnover in the workgroup. This has created a deficit of historical knowledge. In order to help alleviate the struggle of absorbing the historical content and processes, a new program has been put in place. The MCO Buddy program's goal is to make the orientation process easier for new members.

Table A-12. CCW: Collaborative WCV Rate PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Low confidence in reported results

Table A-13. CCW: Collaborative WCV Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
W30, 0-15 months	N: 14,982 D: 26,434	56.7%	N: 15,212 D: 26,304	57.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
W30, 15-30 months	N: 21,500 D: 36,948	58.2%	N: 18,889 D: 29,177	64.7% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 3-11 years	N: 185,242 D: 357,697	51.8%	N: 166,583 D: 293,355	56.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 12-17 years	N: 101,484 D: 237,357	42.8%	N: 92,658 D: 193,796	47.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 18-21 years	N: 20,914 D: 120,213	17.4%	N: 17,444 D: 79,939	22% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

▲ *Statistically significant increase from the previous year.*

PIP Title: Statewide Health Equity Collaborative PIP

PIP Aim Statement: By December 31, 2023, the Workgroup aims to close any race/ethnicity disparities amongst children ages 6-17 years greater than or equal to a 3%-point difference from the statewide average of 61.73% for administrative mental health service rate (calendar year 2023 end of Q1 rate). This will be accomplished through targeted communications, provider and community partnerships by promoting educational webinars, videos, campaigns and completion and analysis of the Youth Mental Health Access Project.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality

Improvement Strategies/Interventions

- **Member-focused**
  - Targeted, linguistically tailored educational public service announcements and Spanish language videos.
  - Mental Health Service Rate gap-in-care lists that enable clinics to encourage members to follow up on care needed.
- **Provider-focused**
  - Established partnerships with two provider groups to support gap-in-care outreach.
  - Incentivized partnerships with funding from DOH.
  - Provided Uncovering & Navigating Racism in Mental Health System webinar intended for primary care and mental health providers to educate them on cultural history and how it can play a role in health care.
- **MCP-focused interventions/system changes** – Conducted root cause and deep dive data analysis to understand barriers and facilitators to supporting youth in connecting to needed mental health services.

Table A-14. CCW: Statewide Health Equity Collaborative PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Not Met	Yes	No confidence in reported results	No confidence in reported results

Table A-15. CCW: Statewide Health Equity Collaborative Performance Measures and Results.

Performance Measure (Mental Health Service Rate, WA State Common Measure Set Measure)	Baseline Q2 2022 – Q1 2023		Remeasurement Q2 2023 – Q4 2023	
	Sample Size	Rate	Sample Size	Rate
Asian Disparity	N: 2,922 D: 4,911	59.5%	N: 2,836 D: 4,688	60.49% ▲
Results: Demonstrated performance improvement*; no statistically significant change; p-value .319				
Hispanic/Latino Disparity	N: 23,300 D: 37,698	61.81%	N: 23,443 D: 37,309	62.83% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				
Native Hawaiian Other Pacific Islander Disparity	N: 623 D: 1,220	51.07%	N: 557 D: 1,012	55.04%
Results: Demonstrated performance improvement*; no statistically significant change; p-value .06				
Statewide Rate	N: 79,438 D: 128,690	61.73%	N: 76,697 D: 120,131	63.84% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				

**Although there was improvement, the workgroup could not demonstrate that it resulted from the PIP, as the plan lacked measurable interventions.*

▲ *Statistically significant increase from the previous year.*

PIP Title: Prenatal Depression Screening and Follow-Up Care Improvement PIP

PIP Aim Statement: The aim of this PIP is to develop a baseline rate of the NCQA HEDIS® Prenatal Depression Screening rate (PND-E) for pregnant members who are enrolled in Apple Health Managed Care from 15.8% in MY 2022 to 17.8% in MY 2023 by improving internal processes focused on ensuring pregnant members are screened for depression using accepted screening instruments under the NCQA HEDIS® reporting for PND-E rates.

PIP Type: AH-IMC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused** – Standardizing the depression screening assessments utilized (PHQ-2 and PHQ-9) allows Coordinated Care to identify members with the need for care and follow-up.
- **Provider-focused** – Year 1 of this PIP did not include a provider-focused intervention. The 2024 PIP will include a provider-focused intervention.
- **MCP-focused interventions/System changes**
    - Standardize the depression screening assessments utilized (PHQ-2 and PHQ-9)
    - Educate the Start Smart for Baby team on proper administration of the screening tools

Table A-16. CCW: PND-E Screening and Follow-Up Care Improvement PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Moderate confidence in reported results

Table A-17. CCW: PND-E Screening and Follow-Up Care Improvement Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
PND-E Screening	N: 454 D: 2870	15.8%	N: 809 D: 2,649	30.44% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
PND-E Follow -Up	N: 0 D: 0	0%	N: 19 D: 52	36.54%
Results: No demonstrated performance improvement; no statistically significant change; p-value >.05				

▲ *Statistically significant increase from the previous year.*

PIP Title: Unhealthy Use of Alcohol Screening and Follow-up Services (ASF-E) for members enrolled in BHSO

PIP Aim Statement: The aim of this PIP is to improve the rate for MY2023 of the HEDIS ASF-E measure for CCW members, ages 18-64, who are enrolled in BHSO, from starting baseline of 0% to 10% by improving internal processes to ensure accurate data collection so that members are screened for use of alcohol and referred to the appropriate care based on the results.

PIP Type: BHSO

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused** – Standardize the Unhealthy Alcohol Use screening assessments utilized
- **Provider-focused** – Standardize the Unhealthy Alcohol Use screening assessments utilized
- **MCP-focused interventions/System changes**
  - Standardize the Unhealthy Alcohol Use screening assessments utilized
  - Educate behavioral health leadership team and internal teams on proper administration of the screening tools.

Table A-18. CCW: Unhealthy Use of ASF-E for members enrolled in BHSO PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Low confidence in reported results

Table A-19. CCW: Unhealthy Use of ASF-E for members enrolled in BHSO PIP Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
ASF-E Screening (BHSO)	N: 0 D: 0	0%	N: 13,315 D: 242	1.8%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.01				

▲ *Statistically significant increase from the previous year.*

PIP Title: Increasing IFC Child and Adolescent WCV in Centers of Excellence (COE) PIP

PIP Aim Statement: The aim of this PIP is to increase the NCQA HEDIS rate of the WCV rate from 48.07% in MY2022 to 49.1% in MY2023 for members ages 3-21, who are enrolled in IFC, by creating three more COEs to increase the number of children who are served by a COE medical model.

PIP Type: AH-IFC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - Increase in the number of Centers of Excellence in 2023
  - Promote COEs to members and Washington State Department of Children, Youth and Families caseworkers across the state
- **Provider-focused**
  - Deliver Trauma Informed Care through COE training
  - Updates to Foster Care Operations COE dashboard
- **MCP-focused interventions/System changes** – Updates to Foster Care Operations COE dashboard

Table A-20. CCW: Increasing IFC WCV in Centers of Excellence PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	High confidence in reported results

Table A-21. CCW: Increasing IFC WCV in Centers of Excellence Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
IFC WCV	N: 9353 D: 19,370	48.07%	N: 9,104 D: 17,602	51.72%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.01				

▲ *Statistically significant increase from the previous year.*

Summary of CCW 2023 EQRO PIP Recommendation Based on TM-RAs

TM-RAs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, the following recommendations may not be indicative of current performance.

CCW did not receive an individual TM-RA as part of the 2024 PIP validation activity.

Health Equity Collaborative TM-RA: To address the not met score, for the 2023 Health Equity Collaborative PIP, the five MCPs must submit a narrative and supporting documents describing the actions they will take to address the findings related to ensuring:

- Interventions can be linked to outcomes; and
- The implementation of culturally and linguistically appropriate performance improvement strategies

Summary of Previous Year (2023) PIP EQRO Recommendations Based on TM-RAs

CCW did not receive any TM-RAs in the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of CCW's responses were required during the 2024 PIP validation activity.

Summary of Results: Network Adequacy Validation

States are required to ensure that MCPs have provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across all services. States must establish measurable network adequacy standards for MCPs that consider regional factors and the needs of their Medicaid and CHIP populations.

HCA developed travel distance standards, shown in Table 44 in the Validation of Network Adequacy section of this report, that align managed care network adequacy reviews with federal requirements per 42 CFR §§438.68, 438.206, 438.358(b)(1)(iv), 457.1218 and 457.1230. Each standard is

reported for CCW at the county level, resulting in 429 network adequacy indicators across 39 counties.

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance (i.e., % Met) in all provider type categories, across both county and regional service areas. HCA may grant statewide exceptions if fewer than 80% of members have access to a provider within 25 miles, and there are not enough providers in a specific county to establish contracts, or no providers are available in the area. The following results represent a snapshot in time and may not reflect CCW's current provider network.

To ensure network adequacy, HCA completed a comprehensive validation process for CCW following the process outlined in *CMS Protocol 4. Validation of Network Adequacy* during the period of July – September 2024. The validation provided a summary of the results from HCA's completed Apple Health network adequacy validation:

- Provider network access results: Overall outcomes for CCW in relation to provider network adequacy indicators by county.
- Validation scores and ratings: Scores and ratings that demonstrate the confidence level in the acceptable methodology used throughout all phases of design, data collection, analysis, and interpretation of the provider network adequacy indicators, by CCW.

The following table provides an overview of NAV findings for CCW including strengths, weaknesses/ opportunities for improvement and recommendations/conclusions. A strength is defined as achieving 90% or higher on provider network adequacy indicators.

Table A-22. CCW NAV Findings.

NAV Findings
Strengths
CCW met 425 out of 429 (99.1%) provider network adequacy indicators across 37 out of 39 counties (94.9%).
Weaknesses/Opportunities for Improvement
The MCP received a "moderate confidence" rating based on worksheet 4.6 for the following reasons: • Prolonged inadequacies in at least one of the critical provider types • Lack of responsiveness to inquiries related to network reporting activities • Failure to resolve inadequacies in a timely manner and/or provide a timeline for closing the coverage gap(s)
Recommendations/Conclusions
The MCP has been placed on a corrective action plan by HCA to address the inadequacies and lack of responsiveness in both reporting and resolving the issues.

Summary of Previous Year (2023) NAV EQRO Recommendations

In February 2023, CMS introduced revised EQR protocols that include a new protocol for mandatory network adequacy validation. States and EQROs were required to implement the new network adequacy validation protocol by February 2024, marking the first year for reporting on this activity.

Summary of Results: Enrollee Quality Report Card

In the Enrollee Quality Report (2024 Washington Apple Health Plan Report Card), CCW received an above average rating for "Ensuring appropriate care." It received average ratings for:

- Keeping kids healthy
- Keeping women and mothers healthy
- Satisfaction of care provided
- Satisfaction of plan

CCW received below average ratings for "Getting care" and "Preventing and managing illness."

Please refer to the *2024 Washington Apple Health Plan Report Card* for additional details.

Summary of Results: Value-Based Payment Report Card

CCW achieved 83.3% of the VBP Quality Performance Measures for 2024, which reflects an increase from the previous year in performance areas identified by HCA as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status. CCW did not meet the VBP performance targets for:

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

CCW is the single MCP providing Apple Health Integrated Foster Care services (AH-IFC). CCW achieved 75% of the VBP Quality Performance Measures for AH-IFC, which demonstrated improvement over the previous year. It did not meet the VBP criteria for this population for:

- Asthma Medication Ration (AMR), Total (Age 12-18)
- Follow-up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase

Please refer to the *2024 Value-Based Payment Report Card* for additional details.

Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the MY2023 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations. CCW was in full compliance with the audit, with measure reporting processes aligned to state specifications. Confidence is high in the CCW's ability to meet technical requirements. No recommendations, strengths or weaknesses were noted during the 2024 PMV.

Table A-23 shows CCW's results for each standard addressed in the FAR.

Table Legend: Met = Compliant Not Met = Not Compliant NA = Not Applicable

Table A-23. Summary of CCW MY2023 HEDIS FAR.

Information Standard	Score
IS A – Administrative Data: Claims & encounters, enrollment and provider data	Met
IS A-BH – Behavioral Health Administrative Data: Outsourced or delegated claims processing	NA
IS A-VS – Vision Administrative Data: Outsourced or delegated claims processing	Met
IS A-RX – Pharmacy Administrative Data: Outsourced or delegated claims processing	Met
IS A-DV – Dental Administrative Data: Outsourced or delegated claims processing	NA
IS A-LV – Laboratory Administrative Data: Outsourced or delegated claims processing	NA
IS M – Medical Record Review	Met
IS C – Clinical & Care Delivery Data	Met
IS R – Data Management & Reporting	Met
IS LTSS – Case Management Data-Long Term Services and Support	NA
HD – Outsourced or Delegated Reporting Functions	NA

Summary of Results: Performance Measure Comparative Analysis

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.

VBP Measure Performance

CCW's performance for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure has varied over the last three years. There was a statistically significant improvement between MY2020 and MY2021, followed by a statistically significant decline between MY2021 and MY2022, and then a statistically significant improvement between MY2022 and MY2023. CCW is still performing below the national 50th percentile benchmark for this measure.

For the IFC contract, CCW is accountable for the adolescent age bands for the well visit measures. For the Child and Adolescent Well-Care Visits (WCV), 12-18 Years measure, the results were similar to the 3-11 Years measure, with performance varying every year. There was a statistically significant improvement between MY2020 and MY2021, and between MY2022 and MY2023 for the Child and Adolescent Well-Care Visits (WCV), 18-21 Years measure.

There was a statistically significant improvement between MY2022 and MY2023 for the Prenatal and Postpartum Care (PPC), Postpartum Care measure. The rate for MY2023 was above the national 90th percentile. Note this is a hybrid measure with small denominators, so caution is advised when interpreting this positive result.

CCW also demonstrated a statistically significant improvement for the Substance Use Disorder Treatment Rate (SUD), 12-64 Years measure between MY2022 and MY2023. This rate for MY2023 is above the benchmark established by HCA.

CCW's performance on the Mental Health Treatment Rate (MH-B), 6-26 Years measure improved statistically significantly between MY2022 and MY2023. Note this measure is specific to the Foster Care population.

Performance for the remaining VBP measures was mostly flat. There have been scattered historical improvements for other VBP measures but those may be due to random statistical variation.

Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement

Strengths and weaknesses/opportunities for improvement are noted when an MCP scores above or below the state average, respectively.

Table A-24 shows CCW's performance measure comparative analysis strengths and weaknesses/ opportunities for improvement.

Table A-24. CCW's Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.

Performance Measures	
Strengths	**Weaknesses/Opportunities for Improvement**
Prevention and Screening • Colorectal Cancer Screening (COL-E) • Breast Cancer Screening (BCS-E)* *Utilization* • Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months • Child and Adolescent Well-Care Visit (WCV), 3-11 Years* *Social Needs* • Percent Homeless – Narrow Definition (HOME-N), 6-64 Years • Percent Homeless – Broad Definition (HOME-B), 6-64 Years	*Diabetes* • Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years *Behavioral Health* • Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total • Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total • Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total • Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total • Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years

**These measures are also required VBP measures.*

CCW Performance Measure Comparative Analysis Scorecard

Comagine Health compared MCP performance on each measure to the statewide simple average for that measure and created a "scorecard" for CCW. Comagine Health chose to use the simple average for the scorecard because the Apple Health MCPs are of such different sizes.

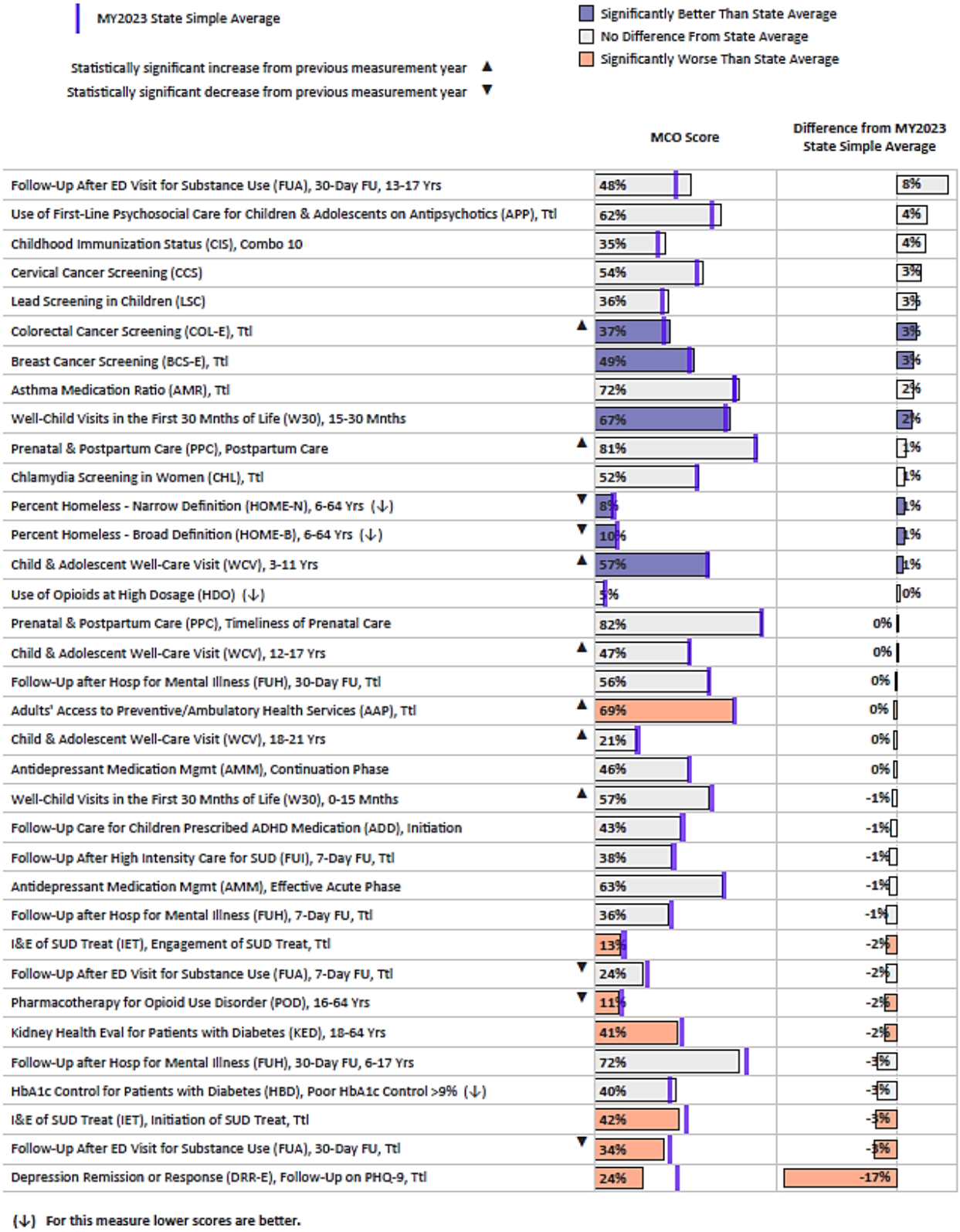
CCW performed close to the state simple average for most of the measures. CCW was statistically significantly above the state simple average for the Colorectal Cancer Screening (COL-E), the Breast Cancer Screening (BCS-E), the Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months, the 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 A-1, on the next page, represents the variance of measures from the simple state average for CCW.

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

Figure A-1. CCW Scorecard, MY2023.



Community Health Plan of Washington (CHPW) Profile

Summary of Results: Compliance Review

Compliance Standards: 6 Met; 3 Partially Met; 0 Not Met

TEAMonitor's review assessed activities for the previous calendar year and evaluated CHPW's compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report.*

CHPW demonstrated strengths in compliance by achieving 100% scores (Met) for the following standards:

- §447.46 – Timely claims payment by MCPs
- §438.56 – Disenrollment: Requirements and limitations
- §438.208 – Coordination and continuity of care
- §438.242 – Health information systems
- §438.330 – QAPI
- §438.608 – Program integrity requirements under the contract

CHPW will need to address the following compliance standards where it did not meet the requirements and received TM-RAs:

- §438.210 – Coverage and authorization of services
- §438.230 – Subcontractual relationships and delegation
- §438.400 – Grievance and appeals system [File review]

CHPW met 10 of the 10 TM-RAs provided in 2023, demonstrating a high degree in compliance with its follow-up.

The compliance review section, starting on page 32 of this report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a TM-RA. Comagine Health's recommendations to CHPW reflect the TM-RAs provided by TEAMonitor. Please note both the MCO and BHSO received the same EQRO recommendations. This language is a synopsis from TEAMonitor's compliance summary report completed for each standard reviewed in 2024.

Tables A-25 through A-33 show the results of CHPW's 2024 TEAMonitor Compliance Review.

Table A-25. CHPW 2024 Compliance Review Results: Timely Claims Payment by MCPs.

§447.46 – Timely claims payment by MCPs	MCO	BHSO
§447.46 Timely claims payment	3	3
§438.66 (c)(3) Monitoring Procedures	3	3
Total Score	**6/6**	**6/6**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CHPW met all elements within this standard. As a result, no recommendations are being made.		

Table A-26. CHPW 2024 Compliance Review Results: Disenrollment – Requirements and Limitations.

§438.56 – Disenrollment: Requirements and limitations	MCO	BHSO
§ 438.56(b)(1-3) Disenrollment requested by the MCO, PIHP Involuntary Termination Initiated by the Contractor	3	3
Total Score	**3/3**	**3/3**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CHPW met all elements within this standard. As a result, no recommendations are being made.		

Table A-27. CHPW 2024 Compliance Review Results: Coordination and Continuity of Care.

§438.208 – Coordination and continuity of care	MCO	BHSO
§438.208 Coordination and continuity of care	3	3
§438.208 (b) Primary care and coordination of health care services for all MCP and PIHP enrollees; §438.224 Confidentiality [File review]	3	3
§438.208 (c) Additional services for enrollees with special health care needs (2) Assessment, (3) Treatment/service plans [File review]	3	3
§438.208 (c) Additional services for enrollees with special health care needs (4) Direct access to specialists	3	3
Total Score	**12/12**	**12/12**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CHPW met all elements within this standard. As a result, no recommendations are being made.		

Table A-28. CHPW 2024 Compliance Review Results: Coverage and Authorization of Services.

§438.210 – Coverage and authorization of services	MCO	BHSO
§438.210 (b) Authorization of services [File review]	0	0
§438.210 (c) Notice of adverse benefit determination [File review]	3	3
§438.210 (d) Timeframe for decisions [File review]	3	3
§438.210 (e) Compensation for utilization management decisions	3	3
§438.114 Emergency and post-stabilization services	3	3
Total Score	**12/15**	**12/15**
Total Score (%)	**80%**	**80%**

§438.210 – Coverage and authorization of services	MCO	BHSO
TM-RAs: 2 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, CHPW will provide: *§438.210 (b) Authorization of services** 1. Actions taken to address the finding including documentation of: a. An assessment of the original reviewed files to determine the cause of findings b. Technical Assistance should be requested to ensure an understanding of contract expectations 2. Documentation of: a. An assessment of the original reviewed files to determine the cause of findings b. Requested Technical Assistance to ensure an understanding of contract expectations		

**Repeat finding.*

Table A-29. CHPW 2024 Compliance Review Results: Subcontractual Relationships and Delegation.

§438.230 – Subcontractual relationships and delegation	MCO	BHSO
§438.230 (a) Applicability (b) General rule	3	3
§438.230 (c)(1) Written agreement	3	3
§438.230 (c)(1)(iii) MCP monitors subcontractors' performance	2	2
§438.230 (c)(1)(iii) MCP identifies deficiencies and ensures corrective action is taken	3	3
Total Score	**11/12**	**11/12**
Total Score (%)	**91.7%**	**91.7%**
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, CHPW will provide: *§438.230 (c)(3) MCP monitors subcontractors' performance* 1. Actions taken to address the finding including documentation of: a. Supporting evidence of monitoring efforts (e.g., reports or meeting minutes documenting discussion of monitoring) b. A narrative explaining barriers in implementing the contract requirements		

Table A-30. CHPW 2024 Compliance Review Results: Health Information Systems.

§438.242 – Health information systems	MCO	BHSO
§438.242 (a) General rule	3	3
§438.242 (b)(1)(2) Basic elements	3	3
§438.242 (b)(3) Basic element	3	3
Total Score	**9/9**	**9/9**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CHPW met all elements within this standard. As a result, no recommendations are being made.		

Table A-31. CHPW 2024 Compliance Review Results: QAPI.

§438.330 – QAPI	MCO	BHSO
§438.330 (b)(2) and (c) Performance measurement	3	3
§438. 330 (e)(2) Program evaluation	3	3
Total Score	**6/6**	**6/6**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CHPW met all elements within this standard. As a result, no recommendations are being made.		

Table A-32. CHPW 2024 Compliance Review Results: Grievance and Appeals System.

§438.400 – Grievance and appeals system [File review]	MCO	BHSO
§438.400 Statutory basis and definitions (b)	3	3
§438.402 (c)(1) Filing requirements – Authority to file	3	3
§438.402(c)(2) Filing requirements – Timing	3	3
§438.402 (c)(3) Filing requirements – Procedures	3	3
§438.404 (a) Timely and adequate notice of adverse benefit determination – Language and format	3	3
§438.404 (b) Notice of action – Content of notice	3	3
§438.406 (a) Handling of grievances and appeals – General requirements	3	3
§438.406 (b) Handling of grievances and appeals – Special requirements for appeals	3	3
§438.408 (a) Resolution and notification: Grievances and appeals – Basic rule	3	3
§438.408 (b)(c) Resolution and notification: Grievances and appeals – Specific timeframes and extension of timeframes	2	2
§438.408 (d)(e) Resolution and notification: Grievances and appeals – Format of notice and content of notice of appeal resolution	2	2
§438.410 Expedited resolution of appeals	3	3
§438.420 Continuation of benefits while the MCP or PIHP appeal and the State fair hearing are pending	3	3
§438.424 Effectuation of reversed appeal resolutions	3	3
Total Score	**40/42**	**40/42**
Total Score (%)	**95.2%**	**95.2%**
TM-RAs: 2 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, CHPW will provide: *§438.408 (b)(c) Resolution and notification: Grievances and appeals – Specific timeframes and extension of timeframes* 1. Actions taken to address the finding should include documentation of an assessment of the original reviewed files to determine the cause of findings *§438.408 (d)(e) Resolution and notification: Grievances and appeals – Format of notice and content of notice of appeal resolution* 2. Actions taken to address TM's concern with compliance of requirements related to the evidence of MCO/PIHP notification to enrollees of the disposition of grievances orally or in writing, and in writing for clinical grievances.		

Table A-33. CHPW 2024 Compliance Review Results: Program Integrity Requirements Under the Contract.

§438.608 – Program integrity requirements under the contract	MCO	BHSO
§438.608 (a)(b) Program integrity requirements	3	3
§455.104 Disclosure of ownership and control	3	3
§455.23 Provider payment suspension	3	3
§§455.104 Disclosure of ownership and control; 455.106 Disclosure by providers: Information on persons convicted of crimes; 455.23 Provider Payment Suspension; 1001.1901 (b) Program integrity – Medicare and state health care programs; §1903(i)(2) Social Security Act	3	3
Total Score	**12/12**	**12/12**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 CHPW met all elements within this standard. As a result, no recommendations are being made.		

Summary of CHPW 2023 EQRO Recommendations Based on TM-RAs Follow-Up

Table A-34 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- High – All TM-RAs met
- Medium – Less than all TM-RAs met
- Low – No TM-RAs met
- NA – TM-RAs received

Table A-34. CHPW Results of Previous Year (2023) Compliance Recommendations Based on TM-RAs – Count.

Met	Partially Met*	Not Met*	Degree to which plans addressed all EQRO recommendation(s):
10	0	0	High Degree

**Follow-up required.*

Table A-35 shows the results of the previous year EQRO compliance recommendations based on TM-RAs follow-up.

Table A-35. CHPW Results of Previous Year (2023) EQRO Compliance Recommendations Based on TM-RAs – Follow-up.

42 CFR Part 438	MCO and BHSO		
Subpart D – MCO, PIHP and PAHP Standards	**Met**	**Partially Met**	**Not Met**
438.206 (b)(1)(i-v) & (c) Delivery network, 438.10 (h) Information for all enrollees – Provider directory	2	0	0
438.207 (b)(c) Assurances of adequate capacity and services	2	0	0
438.208 (a) General requirement	3	0	0

42 CFR Part 438	MCO and BHSO		
438.208 (b) Care and coordination of services for all MCO, PIHP and PAHP enrollees – 438.224 Confidentiality	1	0	0
438.208 (c)(2)(3) Assessment and treatment/service plans	1	0	0
438.236(c) Dissemination of [practice] guidelines	1	0	0

Summary of Results: PIP Validation

PIPs: 3 Met; 1 Not Met

CHPW met the criteria for validating its individual PIPs by demonstrating good use of the PDSA cycle to evaluate the effectiveness of the interventions and making adjustments as needed. No TM-RAs were assigned to these PIPs. However, despite not receiving any TM-RAs for the individual PIPs, CHPW, along with other members of the Health Equity Collaborative, received a "No Confidence" rating and "Not Met" score in reported results due to various contributing factors for the Statewide Health Equity Collaborative PIP.

CHPW did not receive any TM-RAs during the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of CHPW's responses were required during the current 2024 PIP validation activity.

The PIP validation section, starting on page 39 of this report, outlines strengths, weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a required action plan. This language is a synopsis from TEAMonitor PIP Validation Worksheets completed for each PIP.

Tables A-36 through A-43 show the results of CHPW's submitted PIPs.

PIP Title: Collaborative MCP Well-Child Visit (WCV) Rate PIP

PIP Aim Statement: In 2023, the workgroup aims to show a one percentage point increase in well-care visits for infants, youth and adolescents through 21 years of age for all five HEDIS sub measures compared to the 2022 preliminary rates through provider and community partnerships which includes supporting events, outreach and educational campaigns.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - After-hours well-care visit clinic events: 24 events were held throughout 2023. Clinics were coached on outreach tactics, promotion of events and hosting large well-care visit events.
  - A video sharing the value of well-care visits with parents is now available for statewide use to promote well-care visits, after being converted from its original local promotional use.
  - An extended hours clinic event toolkit was created and distributed.
- **Provider-focused** – The well-established all MCO incentive list for immunizations and well-care visits will be expanded to contain all childhood incentives available. Updates will be managed by DOH after the end of this PIP.

- **MCP-focused interventions/System changes** – MCO Buddy Group: In the past year there has been a large amount of turnover in the workgroup. This has created a deficit of historical knowledge. In order to help alleviate the struggle of absorbing the historical content and processes, a new program has been put in place. The MCO Buddy Program's goal is to make the orientation process easier for new members.

Table A-36. CHPW: Collaborative WCV Rate PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Low confidence in reported results

Table A-37. CHPW: Collaborative WCV Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
W30, 0-15 months	N: 14,982 D: 26,434	56.7%	N: 15,212 D: 26,304	57.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
W30, 15-30 months	N: 21,500 D: 36,948	58.2%	N: 18,889 D: 29,177	64.7% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 3-11 years	N: 185,242 D: 357,697	51.8%	N: 166,583 D: 293,355	56.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 12-17 years	N: 101,484 D: 237,357	42.8%	N: 92,658 D: 193,796	47.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 18-21 years	N: 20,914 D: 120,213	17.4%	N: 17,444 D: 79,939	22% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

▲ *Statistically significant increase from the previous year.*

PIP Title: Statewide Health Equity Collaborative PIP

PIP Aim Statement: By December 31, 2023, the Workgroup aims to close any race/ethnicity disparities amongst children ages 6-17 years greater than or equal to a 3%-point difference from the statewide average of 61.73% for administrative mental health service rate (calendar year 2023 end of Q1 rate). This will be accomplished through targeted communications; provider and community partnerships by promoting educational webinars, videos, campaigns; and completion and analysis of the Youth Mental Health Access Project.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality

Improvement Strategies/Interventions

- **Member-focused**
  - Targeted, linguistically tailored educational public service announcements and Spanish language videos.
  - Mental Health Service Rate gap-in-care lists that enable clinics to encourage members to follow-up on care needed.
- **Provider-focused**
  - Established partnerships with two provider groups to support gap-in-care outreach.
  - Incentivized partnerships with funding from DOH.
  - Provided Uncovering & Navigating Racism in Mental Health System webinar intended for primary care and mental health providers to educate them on cultural history and how it can play a role in health care.
- **MCP-focused interventions/System changes** – Conducted root cause and deep dive data analysis to understand barriers and facilitators to supporting youth in connecting to needed mental health services.

Table A-38. CHPW: Statewide Health Equity Collaborative PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Not Met	Yes	No confidence in reported results	No confidence in reported results

Table A-39. CHPW: Statewide Health Equity Collaborative Performance Measures and Results.

Performance Measure (Mental Health Service Rate, WA State Common Measure Set Measure)	Baseline Q2 2022 – Q1 2023		Remeasurement Q2 2023 – Q4 2023	
	Sample Size	Rate	Sample Size	Rate
Asian Disparity	N: 2,922 D: 4,911	59.50%	N: 2,836 D: 4,688	60.49% ▲
Results: Demonstrated performance improvement*; no statistically significant change; p-value .319				
Hispanic/Latino Disparity	N: 23,300 D: 37,698	61.81%	N: 23,443 D: 37,309	62.83% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				
Native Hawaiian Other Pacific Islander Disparity	N: 623 D: 1,220	51.07%	N: 557 D: 1,012	55.04%
Results: Demonstrated performance improvement*; no statistically significant change; p-value .06				
Statewide Rate	N: 79,438 D: 128,690	61.73%	N: 76,697 D: 120,131	63.84% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				

**Although there was improvement, the workgroup could not demonstrate that it resulted from the PIP, as the plan lacked measurable interventions.*

▲ *Statistically significant increase from the previous year.*

PIP Title: Implementation of Community-Based Interventions to Address Disparities in Breast Cancer Screening (BCS) Rates

PIP Aim Statement: By December 31, 2023, CHPW aims to improve the Community Health Network of Washington BCS rate from baseline (44.1%) by 1.13 percentage points for eligible enrollees 50 to 74 years old through mobile mammography, education and incentives.

PIP Type: IMC

Domain: Access, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - Conducted targeted, linguistically tailored education text campaign to encourage BCS for members with an identified gap-in-care.
  - Customer Service gap-in-care reminders and encourage members to seek screening mammography when they call customer service and have an identified gap-in-care.
  - Educational materials translated into targeted enrollee languages.
  - Understand what enrollees' cultural beliefs and attitudes are around BCS through enrollee and provider feedback.
  - Provide enrollee incentives to drive completion of screening mammography.
- **Provider-focused**
  - Maintain partnership with Community Health Center partner and mobile mammography vendor, Rezolut, to bring screening mammography services to members and communities experiencing access issues.
  - Sponsor screening mammography events in communities with known access issues (Arbor Health).
- **MCP-focused interventions/System changes**
  - Continue to conduct root cause analysis through stakeholder engagement to understand barriers and facilitators to accessing BCS services for enrollees in populations with greater disparity.
  - Continue to contract with mobile mammography vendor, Rezolut, to help increase access to BCS in communities with known barriers or limited access.

Table A-40. CHPW: Implementation of Community-Based Interventions to Address Disparities in BCS Rates PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	High confidence in reported results

Table A-41. CHPW: Implementation of Community-Based Interventions to Address Disparities in BCS Rates Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
BCS-E Screening – Community Health Network of WA	N: Not Available D: 7185	44.1%	N: Not Available D: 6610	46.91% ▲

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – CHPW	N: Not Available D: 9094	44.08%	N: Not Available D: 8367	47.76%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – Neighborcare Health	N: Not Available D: 626	33.39%	N: Not Available D: 549	39.89%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – English Language	N: Not Available D: 6794	39.71%	N: Not Available D: 6179	43.02%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – Somali Language	N: Not Available D: 82	9.76%	N: Not Available D: 74	25.68%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – Russian Language	N: Not Available D: 130	35.38%	N: Not Available D: 114	36.84%
Results: Demonstrated performance improvement; no statistically significant change; p-value <.05				
BCS-E Screening – White - Race/Ethnicity	N: Not Available D: 5347	38.43%	N: Not Available D: 4797	42.38%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – Asian - Race/Ethnicity	N: Not Available D: 1014	58.38%	N: Not Available D: 879	64.62%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – King Region	N: Not Available D: 2586	43.23%	N: Not Available D: 2273	49.05%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
BCS-E Screening – North Sound Region	N: Not Available D: 2127	40.53%	N: Not Available D: 1873	45.49%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

▲ *Statistically significant increase from the previous year.*

PIP Title: Expanding Access to Peer Support for BHSO Members with Substance Use Disorders

PIP Aim Statement: By December 31, 2023, CHPW aims to increase the individual improvement in Brief Assessment of Recovery Capital (BARC-10) scores from baseline average of 45 by an average of 3% points for BHSO members with an SUD diagnosis who are engaged on the WEconnect Application through enhanced outreach and engagement on the application.

PIP Type: BHSO

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - Outreach via phone and letter, inviting members to download the WEconnect application.

  - For members of the application, access to 1:1 peer support services.
  - For members on the application, goal setting and habit tracking technology.
  - For members on the application, monetary rewards for completing recovery "challenges."
  - For members of the application, group support sessions are available at multiple times of the day.
- **Provider-focused** – Clinic partnership, including education/awareness of WEconnect offerings and establishment of a warm referral pathway between clinic partner and WEconnect.
- **MCP-focused interventions/System changes** – MCP continued to fund and offer a virtual peer offering and high-value rewards to bridge the gap in recovery support services and support members diagnosed with SUD.

Table A-42. CHPW: Expanding Access to Peer Support for BHSO Members with Substance Use Disorders PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Moderate confidence in reported results

Table A-43. CHPW: Expanding Access to Peer Support for BHSO Members with Substance Use Disorders Performance Measures and Results.

Performance Measure	Baseline		Most Recent Remeasurement	
	Sample Size	0-day average survey score	Sample Size	360-day average survey score
BARC-10 Average Score	52 members	45.7	17 members	51.8
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

Summary of CHPW 2023 EQRO PIP Recommendation Based on TM-RAs

TM-RAs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RA since that time to address specific issues, the following recommendations may not be indicative of current performance.

CHPW did not receive an individual TM-RA as part of the 2024 PIP validation activity.

Health Equity Collaborative TM-RA: To address the not met score, for the 2023 Health Equity Collaborative PIP, the five MCPs must submit a narrative and supporting documents describing the actions they will take to address the findings related to ensuring:

- Interventions can be linked to outcomes; and
- The implementation of culturally and linguistically appropriate performance improvement strategies.

Summary of Previous Year (2023) PIP EQRO Recommendations Based on TM-RAs

CHPW did not receive any TM-RAs in the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of CHPW's responses were required during the 2024 PIP validation activity.

Summary of Results: Network Adequacy Validation

States are required to ensure that MCPs have provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across all services. States must establish measurable network adequacy standards for MCPs that consider regional factors and the needs of their Medicaid and CHIP populations.

HCA developed the travel distance standards, shown in Table 44 in the Validation of Network Adequacy section of this report, that align managed care network adequacy reviews with federal requirements per 42 CFR §§438.68, 438.206, 438.358(b)(1)(iv), 457.1218 and 457.1230. Each standard is reported for CHPW at the county level, resulting in 429 network adequacy indicators across 39 counties.

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance (i.e., % Met) in all provider type categories, across both county and regional service areas. HCA may grant statewide exceptions if fewer than 80% of members have access to a provider within 25 miles, and there are not enough providers in a specific county to establish contracts, or no providers are available in the area. The following results represent a snapshot in time and may not reflect CHPW's current provider network.

To ensure network adequacy, HCA completed a comprehensive validation process for CHPW following the process outlined in *CMS Protocol 4: Validation of Network Adequacy* during the period of July – September 2024. The validation provided a summary of the results from HCA's completed Apple Health network adequacy validation:

- Provider network access results: Overall outcomes for CHPW in relation to provider network adequacy indicators by county.
- Validation scores and ratings: Scores and ratings that demonstrate the confidence level in the acceptable methodology used throughout all phases of design, data collection, analysis, and interpretation of the provider network adequacy indicators, by CHPW.

The following table provides an overview of NAV findings for CHPW including strengths, weaknesses/ opportunities for improvement and recommendations/conclusions. A strength is defined as achieving 90% or higher on provider network adequacy indicators.

Table A-44. CHPW NAV Findings.

NAV Findings
Strengths
CHPW met 428 out of 429 (99.8%) provider network adequacy indicators across 38 out of 39 counties (97.4%).
Weaknesses/Opportunities for Improvement
The MCP received a "high confidence" rating based on worksheet 4.6. The MCP responded appropriately and resolved following issue in a timely manner. • The MCP has had one inadequacy for the report year, which was self-identified and resolved prior to the end of the reporting quarter. The MCP has been responsive and communicative throughout the process from gap identification to gap closure.

NAV Findings
Recommendations/Conclusions
The MCP appears to be following the compliance steps outlined in the contract and is effectively monitoring their network. This is demonstrated by their responsiveness and proactive identification of issues prior to the HCA review.

Summary of Previous Year (2023) NAV EQRO Recommendations

In February 2023, CMS introduced revised EQR protocols that include a new protocol for mandatory network adequacy validation. States and EQROs were required to implement the new network adequacy validation protocol by February 2024, marking the first year for reporting on this activity

Summary of Results: Enrollee Quality Report Card

In the Enrollee Quality Report (2024 Washington Apple Health Plan Report Card), CHPW received an above average rating for "Ensuring appropriate care." It received average ratings for:

- Getting care
- Keeping kids healthy
- Keep women and mothers healthy
- Satisfaction of care provided
- Satisfaction with plan

CHPW received below average ratings for preventing and managing illness.

Please refer to the *2024 Washington Apple Health Plan Report Card* for additional details.

Summary of Results: Value-Based Payment Report Card

CHPW achieved 100% of the VBP Quality Performance Measures for 2024, which reflects an increase from the previous year in performance areas identified by HCA as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status.

Please refer to the *2024 Value-Based Payment Report Card* for additional details.

Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the MY2023 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations. CHPW was in full compliance with the audit, with measure reporting processes aligned to state specifications. Confidence is high in the CHPW's ability to meet technical requirements. No recommendations, strengths or weaknesses were noted during the 2024 PMV.

Table A-45 shows CHPW's results for each standard addressed in the FAR.

Table Legend: Met = Compliant Not Met = Not Compliant NA = Not Applicable

Table A-45. Summary of CHPW MY2023 HEDIS FAR.

Information Standard	Score
IS A – Administrative Data: Claims & encounters, enrollment and provider data	Met
IS A-BH – Behavioral Health Administrative Data: Outsourced or delegated claims processing	NA
IS A-VS – Vision Administrative Data: Outsourced or delegated claims processing	Met
IS A-RX – Pharmacy Administrative Data: Outsourced or delegated claims processing	Met
IS A-DV – Dental Administrative Data: Outsourced or delegated claims processing	NA
IS A-LV – Laboratory Administrative Data: Outsourced or delegated claims processing	NA
IS M – Medical Record Review	Met
IS C – Clinical & Care Delivery Data	Met
IS R – Data Management & Reporting	Met
IS LTSS – Case Management Data-Long Term Services and Support	NA
HD – Outsourced or Delegated Reporting Functions	Met

Summary of Results: Performance Measure Comparative Analysis

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.

VBP Measure Performance

CHPW's performance for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure has varied over the last three years. There was a statistically significant improvement between MY2020 and MY2021, followed by a statistically significant decline between MY2021 and MY2022, and then a statistically significant improvement between MY2022 and MY2023. CHPW is still performing below the national 50th percentile benchmark for this measure.

For the Breast Cancer Screening (BCS-E) measure, CHPW's performance improved statistically significantly between MY2022 and MY2023. The rate for MY2023 was below the national 50th percentile.

Performance for the remaining VBP measures was mostly flat. There have been scattered historical improvements for other VBP measures, but those may be due to random statistical variation.

Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement

Strengths and weaknesses/opportunities for improvement are noted when an MCP scores above or below the state average, respectively.

Table A-46 shows CHPW's performance measure comparative analysis strengths and weaknesses/ opportunities for improvement.

Table A-46. CHPW's Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.

Performance Measures	
Strengths	**Weaknesses/Opportunities for Improvement**
Prevention and Screening • Lead Screening in Children (LSC) *Behavioral Health* • Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total • Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total • Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 6-17 Years *Overuse/Appropriateness* • Use of Opioids at High Dosage (HDO) *Access/Availability of Care* • Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care *Utilization* • Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months *Social Needs* • Percent Homeless – Narrow Definition (HOME-N), 6-64 Years • Percent Homeless – Broad Definition (HOME-B), 6-64 Years	*Prevention and Screening* • Colorectal Cancer Screening (COL-E), Total *Diabetes* • Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years *Behavioral Health* • Antidepressant Medication Management (AMM) • Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total *Utilization* • Child and Adolescent Well-Care Visits (WCV), 3-11 Years*

**These measures are also required VBP measures.*

CHPW Performance Measure Comparative Analysis Scorecard

Comagine Health compared MCP performance on each measure to the statewide simple average for that measure and created a "scorecard" for CHPW. Comagine Health chose to use the simple average for the scorecard because the Apple Health MCPs are of such different sizes.

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

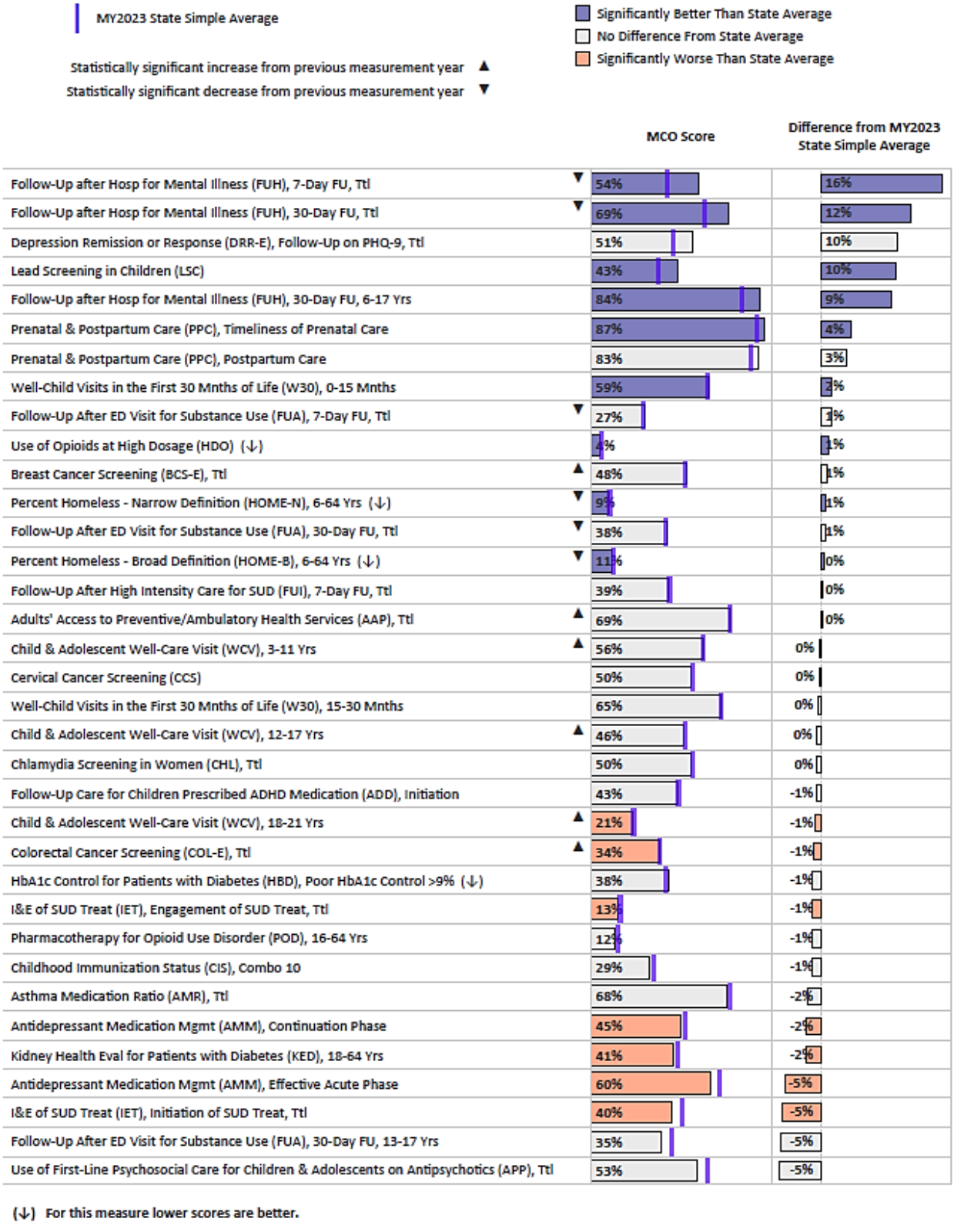
CHPW performed significantly below the state simple average for the Antidepressant Medication Management (AMM), Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total and Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 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 A-2, on the next page, represents the variance of measures from the simple state average for CHPW.

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

Figure A-2. CHPW Scorecard, MY2023.



(↓) For this measure lower scores are better.

Molina Healthcare of Washington (MHW) Profile

Summary of Results: Compliance Review

Compliance Standards:

MCO – 3 Met; 6 Partially Met; 0 Not Met; BHSO – 4 Met; 5 Partially Met; 0 Not Met

TEAMonitor's review assessed activities for the previous calendar year and evaluated MHW's compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report.*

MHW demonstrated strengths in compliance by achieving 100% scores (Met) for the following standards:

- §447.46 – Timely claims payment by MCPs
- §438.56 – Disenrollment: Requirements and limitations
- §438.208 – Coordination and continuity of care (BHSO only)
- §438.330 – QAPI

MHW will need to address the following compliance standards where it did not meet the requirements and received TM-RAs:

- §438.208 – Coordination and continuity of care (MCO only)
- §438.210 – Coverage and authorization of services
- §438.230 – Subcontractual relationships and delegation
- §438.242 – Health information systems
- §438.400 – Grievance and appeals system [File review]
- §438.608 – Program integrity requirements under the contract

MHW met eight of the eight TM-RAs provided in 2023, demonstrating a high degree in compliance with its follow-up.

The compliance review section, starting on page 32 of this report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a TM-RA. Comagine Health's recommendations to MHW reflect the TM-RAs provided by TEAMonitor. Please note both the MCO and BHSO received the same EQRO recommendations. This language is a synopsis from TEAMonitor's compliance summary report completed for each standard reviewed in 2024.

Tables A-47 through A-55 show the results MHW's 2024 TEAMonitor Compliance Review.

Table A-47. MHW 2024 Compliance Review Results: Timely Claims Payment by MCPs.

§447.46 – Timely claims payment by MCPs	MCO	BHSO
§447.46 Timely claims payment	3	3
§438.66 (c)(3) Monitoring Procedures	3	3
Total Score	**6/6**	**6/6**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 MHW met all elements within this standard. As a result, no recommendations are being made.		

Table A-48. MHW 2024 Compliance Review Results: Disenrollment – Requirements and Limitations.

§438.56 – Disenrollment: Requirements and limitations	MCO	BHSO
§ 438.56(b)(1-3) Disenrollment requested by the MCO, PIHP Involuntary Termination Initiated by the Contractor	3	3
Total Score	**3/3**	**3/3**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 MHW met all elements within this standard. As a result, no recommendations are being made.		

Table A-49. MHW 2024 Compliance Review Results: Coordination and Continuity of Care.

§438.208 – Coordination and continuity of care	MCO	BHSO
§438.208 Coordination and continuity of care	3	3
§438.208 (b) Primary care and coordination of health care services for all MCP and PIHP enrollees; §438.224 Confidentiality [File review]	3	3
§438.208 (c) Additional services for enrollees with special health care needs (2) Assessment, (3) Treatment/service plans [File review]	2	3
§438.208 (c) Additional services for enrollees with special health care needs (4) Direct access to specialists	3	3
Total Score	**11/12**	**12/12**
Total Score (%)	**91.7%**	**100%**
TM-RAs: 1 (MCO-only) **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, MHW will provide: *§438.208 (c) Additional services for enrollees with special health care needs (2) Assessment, (3) Treatment/service plans [File review]* 1. Evidence of training and file reviews to document adherence to approved MHW lead screening outreach policy.		

Table A-50. MHW 2024 Compliance Review Results: Coverage and Authorization of Services.

§438.210 – Coverage and authorization of services	MCO	BHSO
§438.210 (b) Authorization of services [File review]	0	0
§438.210 (c) Notice of adverse benefit determination [File review]	3	3
§438.210 (d) Timeframe for decisions [File review]	0	0

§438.210 – Coverage and authorization of services	MCO	BHSO
§438.210 (e) Compensation for utilization management decisions	3	3
§438.114 Emergency and post-stabilization services	3	3
Total Score	**9/15**	**9/15**
Total Score (%)	**60.0%**	**60.0%**

TM-RAs: 2

EQRO Recommendations based on TEAMonitor RAs

To address the Partially Met and Not Met scores, MHW will provide:

*§438.210 (b) Authorization of services [File review]**

1. Documentation of an assessment of the original reviewed files to determine the cause of findings

*§438.210 (d) Timeframe for decisions [File review]**

2. Documentation of:
    a. An assessment of the original reviewed files to determine the cause of findings
    b. Requested Technical Assistance to ensure an understanding of Contract expectations

**Repeat finding.*

Table A-51. MHW 2024 Compliance Review Results: Subcontractual Relationships and Delegation.

§438.230 – Subcontractual relationships and delegation	MCO	BHSO
§438.230 (a) Applicability (b) General rule	3	3
§438.230 (c)(1) Written agreement	3	3
§438.230 (c)(1)(iii) MCP monitors subcontractors' performance	2	2
§438.230 (c)(1)(iii) MCP identifies deficiencies and ensures corrective action is taken	3	3
Total Score	**11/12**	**11/12**
Total Score (%)	**91.7%**	**91.7%**

TM-RAs: 1

EQRO Recommendations based on TEAMonitor RAs

To address the Partially Met and Not Met scores, MHW will provide:

§438.230 (c)(3) MCP monitors subcontractors' performance

1. Evidence of behavioral health services subcontractors for the following requirements:
    a. The use of the Global Appraisal of Individual Needs - Short Screener and assessment process that includes use of the quadrant placement.
    b. Evidence of applicable implemented corrective action if the Integrated Co-Occurring Disorder Screening and Assessment process was not implemented and maintained throughout the contract period of performance.

Table A-52. MHW 2024 Compliance Review Results: Health Information Systems.

§438.242 – Health information systems	MCO	BHSO
§438.242 (a) General rule	2	2
§438.242 (b)(1)(2) Basic elements	3	3
§438.242 (b)(3) Basic element	3	3
Total Score	**8/9**	**8/9**
Total Score (%)	**88.9%**	**88.9%**

TM-RAs: 1

§438.242 – Health information systems	MCO	BHSO
EQRO Recommendations based on TEAMonitor RAs To address the Partially Met and Not Met scores, MHW will provide: *§438.242 (a) General rule* 1. A narrative document of the active plan detailing the steps implemented to fully address each of the concerns to the extent that they are not repeated in the HEDIS audit report produced in 2025.		

Table A-53. MHW 2024 Compliance Review Results: QAPI.

§438.330 – QAPI	MCO	BHSO
§438.330 (b)(2) and (c) Performance measurement	3	3
§438. 330 (e)(2) Program evaluation	3	3
Total Score	**6/6**	**6/6**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 MHW met all elements within this standard. As a result, no recommendations are being made.		

Table A-54. MHW 2024 Compliance Review Results: Grievance and Appeals System.

§438.400 – Grievance and appeals system [File review]	MCO	BHSO
§438.400 Statutory basis and definitions (b)	3	3
§438.402 (c)(1) Filing requirements – Authority to file	3	3
§438.402(c)(2) Filing requirements – Timing	3	3
§438.402 (c)(3) Filing requirements – Procedures	3	3
§438.404 (a) Timely and adequate notice of adverse benefit determination – Language and format	3	3
§438.404 (b) Notice of action – Content of notice	3	3
§438.406 (a) Handling of grievances and appeals – General requirements	3	3
§438.406 (b) Handling of grievances and appeals – Special requirements for appeals	3	3
§438.408 (a) Resolution and notification: Grievances and appeals – Basic rule	2	2
§438.408 (b)(c) Resolution and notification: Grievances and appeals – Specific timeframes and extension of timeframes	3	3
§438.408 (d)€ Resolution and notification: Grievances and appeals – Format of notice and content of notice of appeal resolution	3	3
§438.410 Expedited resolution of appeals	3	3
§438.420 Continuation of benefits while the MCP or PIHP appeal and the State fair hearing are pending	3	3
§438.424 Effectuation of reversed appeal resolutions	3	3
Total Score	**41/42**	**41/42**
Total Score (%)	**97.6%**	**97.6%**
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, MHW will provide: *§438.408 (a) Resolution and notification: Grievances and appeals – Basic rule*		

§438.400 – Grievance and appeals system [File review]	MCO	BHSO
1. Documentation of an assessment of the original reviewed files to determine the cause of findings.		

Table A-55. MHW 2024 Compliance Review Results: Program Integrity Requirements Under the Contract.

§438.608 – Program integrity requirements under the contract	MCO	BHSO
§438.608 (a)(b) Program integrity requirements	2	2
§455.104 Disclosure of ownership and control	3	3
§455.23 Provider payment suspension	3	3
§§455.104 Disclosure of ownership and control; 455.106 Disclosure by providers: Information on persons convicted of crimes; 455.23 Provider Payment Suspension; 1001.1901 (b) Program integrity – Medicare and state health care programs; §1903(i)(2) Social Security Act	3	3
Total Score	**11/12**	**11/12**
Total Score (%)	**91.7%**	**91.7%**
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, MHW will provide: *§438.608 (a)(b) Program integrity requirements* 1. Documentation identifying suppressed codes related to confidential services such as women's health care, family planning, STDs and BH services.		

Summary of MHW 2023 EQRO Recommendations Based on TM-RAs Follow-Up

Table A-56 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- High – All TM-RAs met
- Medium – Less than all TM-RAs met
- Low – No TM-RAs met
- NA – No TM-RAs received

Table A-56. MHW Results of Previous Year (2023) Compliance Recommendations Based on TM-RAs – Count.

Met	Partially Met*	Not Met*	Degree to which plans addressed all EQRO recommendation(s):
8	0	0	High Degree

**Future follow-up required.*

Table A-57 shows the results of the previous year EQRO compliance recommendations based on TM-RAs follow-up.

Table A-57. MHW Results of Previous Year (2023) EQRO Compliance Recommendations Based on TM-RAs – Follow-up.

42 CFR Part 438	MCO and BHSO		
Subpart D – MCO, PIHP and PAHP Standards	**Met**	**Partially Met**	**Not Met**
438.206 (b)(1)(i-v) & (c) Delivery network, 438.10 (h) Information for all enrollees – Provider directory	1	0	0
438.208 (a) General requirement	3	0	0
438.208 (c)(2)(3) Assessment and treatment/service plans	1	0	0
438.208 (c)(1) Additional services for enrollees with special health care needs or who need LTSS – Identification	1	0	0
438.236(c) Dissemination of [practice] guidelines	1	0	0
Subpart F – Grievance and Appeal System	**Met**	**Partially Met**	**Not Met**
438.406 (a) Handling of grievances and appeals - General requirements – file review -1	1	0	0

Summary of Results: PIP Validation

PIPs: 3 Met; 1 Not Met

MHW met the criteria for validating its individual PIPs, by demonstrating strong PDSA processes to evaluate the effectiveness of the interventions and making adjustments as needed. No TM-RAs were assigned to these PIPs. However, despite not receiving any TM-RAs for the individual PIPs, MHW, along with other members of the Health Equity Collaborative, received a "No Confidence" rating and "Not Met" score in reported results due to various contributing factors for the Statewide Health Equity Collaborative PIP.

MHW did not receive any TM-RAs during the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of MHW's responses were required during the current 2024 PIP validation activity.

The PIP validation section, starting on page 39 of this report, outlines strengths, weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a required action plan. This language is a synopsis from TEAMonitor PIP Validation Worksheets completed for each PIP.

Tables A-58 through A-65 show the results of MHW's submitted PIPs.

PIP Title: Collaborative MCP Well-Child Visit (WCV) Rate PIP

PIP Aim Statement: In 2023, the workgroup aims to show a one percentage point increase in well-care visits for infants, youth and adolescents through 21 years of age for all five HEDIS® sub measures compared to the 2022 preliminary rates through provider and community partnerships which includes supporting events, outreach and educational campaigns.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - After hours well-care visit clinic events: 24 events were held throughout 2023. Clinics were coached on outreach tactics, promotion of events and hosting large well-care visit events.
  - A video sharing the value of well-care visits with parents is now available for statewide use to promote well visits after being converted from its original local promotional use.
  - Extended hours clinic event toolkit created and distributed.
- **Provider-focused** – The well-established all MCO incentive list for immunizations and well-care visits will be expanded to contain all childhood incentives available. Updates will be managed by DOH after the end of this PIP.
- **MCP-focused interventions/system changes** – MCO Buddy Group: In the past year there has been a large amount of turnover in the workgroup. This has created a deficit of historical knowledge. In order to help alleviate the struggle of absorbing the historical content and processes, a new program has been put in place. The MCO Buddy program's goal is to make the orientation process easier for new members.

Table A-58. MHW: Collaborative WCV Rate PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Low confidence in reported results

Table A-59. MHW: Collaborative WCV Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
W30, 0-15 months	N: 14,982 D: 26,434	56.7%	N: 15,212 D: 26,304	57.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
W30, 15-30 months	N: 21,500 D: 36,948	58.2%	N: 18,889 D: 29,177	64.7% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 3-11 years	N: 185,242 D: 357,697	51.8%	N: 166,583 D: 293,355	56.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 12-17 years	N: 101,484 D: 237,357	42.8%	N: 92,658 D: 193,796	47.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 18-21 years	N: 20,914 D: 120,213	17.4%	N: 17,444 D: 79,939	22% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

▲ *Statistically significant increase from the previous year.*

PIP Title: Statewide Health Equity Collaborative PIP

PIP Aim Statement: By December 31, 2023, the Workgroup aims to close any race/ethnicity disparities amongst children ages 6-17 years greater than or equal to a 3%-point difference from the statewide average of 61.73% for administrative mental health service rate (calendar year 2023 end of Q1 rate). This will be accomplished through targeted communications, provider, and community partnerships by promoting educational webinars, videos, campaigns and completion and analysis of the Youth Mental Health Access Project.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality

Improvement Strategies/Interventions

- **Member-focused**
  - Targeted, linguistically tailored educational public service announcements and Spanish language videos.
  - Mental Health Service Rate gap-in-care lists that enable clinics to encourage members to follow-up on care needed.
- **Provider-focused**
  - Established partnerships with two provider groups to support gap-in-care outreach.
  - Incentivized partnerships with funding from DOH.
  - Provided Uncovering & Navigating Racism in Mental Health System webinar intended for primary care and mental health providers to educate them on cultural history and how it can play a role in health care.
- **MCP-focused interventions/System changes** – Conducted root cause and deep dive data analysis to understand barriers and facilitators to supporting youth in connecting to needed mental health services.

Table A-60. MHW: Statewide Health Equity Collaborative PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Not Met	Yes	No confidence in reported results	No confidence in reported results

Table A-61. MHW: Statewide Health Equity Collaborative Performance Measures and Results.

Performance Measure (Mental Health Service Rate, WA State Common Measure Set Measure)	Baseline Q2 2022 – Q1 2023		Remeasurement Q2 2023 – Q4 2023	
	Sample Size	Rate	Sample Size	Rate
Asian Disparity	N: 2,922 D: 4,911	59.50%	N: 2,836 D: 4,688	60.49% ▲
Results: Demonstrated performance improvement*; no statistically significant change; p-value .319				
Hispanic/Latino Disparity	N: 23,300 D: 37,698	61.81%	N: 23,443 D: 37,309	62.83% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				
Native Hawaiian Other Pacific Islander Disparity	N: 623 D: 1,220	51.07%	N: 557 D: 1,012	55.04%
Results: Demonstrated performance improvement*; no statistically significant change; p-value .06				

Performance Measure (Mental Health Service Rate, WA State Common Measure Set Measure)	Baseline Q2 2022 – Q1 2023		Remeasurement Q2 2023 – Q4 2023	
	Sample Size	Rate	Sample Size	Rate
Statewide Rate	N: 79,438 D: 128,690	61.73%	N: 76,697 D: 120,131	63.84% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				

**Although there was improvement, the workgroup could not demonstrate that it resulted from the PIP, as the plan lacked measurable interventions.*

▲ *Statistically significant increase from the previous year.*

PIP Title: Increasing Breast Cancer Screening (BSC) for Female American Indian and Alaska Native (AIAN) Medicaid Members Aged 50 through 74 Years

PIP Aim Statement: For MY 2023, MHW aims to reduce the BCS racial disparity gap for AIAN members from the MY 2022 rate of 41.25% to meet or exceed MHW's overall rate of 48.57%. This will be accomplished through targeted communications to AIAN members and provider and community partnerships that promote the importance of breast cancer screening and MHW's $100 member incentive.

PIP Type: IMC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - Member Rewards Program: MHW members can fill out an attestation form when completing a BCS. This is part of the MHW Member Rewards Program. Members can earn a gift card for completing a preventive mammogram in the current calendar year. For 2023, MHW has increased the existing $25 incentive to $100 for members who complete their mammogram. MHW is promoting the increased member incentive amount in communications tailored for the AIAN population.
  - Multi-Channel Communication Strategy: Update the multi-channel communication strategy (text message, e-mail and mail) to use appropriate stock imagery for the AIAN population. Work with MHW tribal liaison/health equity staff to update messaging as needed. Promote an increased member incentive amount in member communications.
  - Voice of the Customer Calls: Perform Voice of the Customer calls to AIAN members who have not completed a BCS to understand the specific barriers they are experiencing so they can be addressed through the Plan-Do-Study-Act.
- **Provider-focused**
  - Large Health System: Outreach Value-Based Care groups and inquire what current interventions and or resources are currently in place for BCS-E for CY23.
  - Provider Education: Develop and distribute resources for providers outside of the tribal community that see AIAN members to educate on addressing concerns that may be expressed by the AIAN population about mammography.
- **MCP-focused interventions/System changes** – Strengthen Partnerships: Partner with providers that have a large AIAN membership, and other local tribal organizations to promote the

importance of BCS. Consider co-branding or sponsorship opportunities if available. Develop and distribute resources for providers outside of the tribal community that see AIAN members to educate on addressing concerns that may be expressed by the AIAN population about mammography.

Table A-62. MHW: Increasing BSC for Female AIAN Medicaid Members Aged 50 through 74 Years PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Low confidence in reported results

Table A-63. MHW: Increasing BSC for Female AIAN Medicaid Members Aged 50 through 74 Years Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
BCS-E (AIAN Population)	N: 188 D: 459	40.96%	N: 197 D: 476	41.39%
Results: Demonstrated performance improvement; no statistically significant change; p-value 0.894255				
BCS-E (Overall MHW Rate)	N: 14,161 D: 29,156	48.57%	N: 13,328 D: 27,292	48.83%
Results: Demonstrated performance improvement; no statistically significant change; p-value 0.528942				

PIP Title: Increasing Substance Use Disorder Follow-up Care After Emergency Department Visit (FUA) for BHSO Members 13 Yrs of Age and Older

PIP Aim Statement: By December 2023, MHW will improve the frequency of BHSO members receiving follow-up care after an emergency department visit for substance use disorder (FUA) by one percentage point over MY 2022 FUA 30-day rate of 22.81%. MHW will sponsor two Behavioral Health Agencies to gain access to Point Click Care (PCC), develop and share a FUA best practices tip sheet, and provide training to setup proactive notifications when a member is seen at an emergency department and encourage provider outreach to members.

PIP Type: BHSO

Domain: Access, Timeliness

Improvement Strategies/Interventions

- **Member-focused** – N/A as the motivation of this PIP was to first assist providers and look at MHW's internal use of PCC before moving onto member-focused interventions.
- **Provider-focused**
    - Sponsor two behavioral health agencies to join the PCC Platform. Meet with high-utilizing providers and low-utilizing providers to assess best practices and barriers.
    - Create material for providers surrounding the FUA measure, and best practices, and promote the use of PCC.

- **MCP-focused interventions/System changes** – N/A as the motivation of this PIP was to first assist providers and look at MHW's internal use of PCC before moving on to MCP interventions.

Table A-64. MHW: Increasing Substance Use Disorder FUA for BHSO Members 13 Years of Age and Older PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Moderate confidence in reported results

Table A-65. MHW: Increasing Substance Use Disorder FUA for BHSO Members 13 Years of Age and Older Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
FUA 30-day Follow-Up	N: 13 D: 57	22.81%	N: 20 D: 52	38.46%
Results: No demonstrated performance improvement; no statistically significant change; p-value 0.075608				

Summary of MHW 2023 EQRO PIP Recommendation Based on TM-RAs

TM-RAs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, the following recommendations may not be indicative of current performance.

MHW did not receive an individual TM-RA as part of the 2024 PIP validation activity.

Health Equity Collaborative TM-RA: To address the not met score, for the 2023 Health Equity Collaborative PIP, the five MCPs must submit a narrative and supporting documents describing the actions they will take to address the findings related to ensuring:

- Interventions can be linked to outcomes; and
- The implementation of culturally and linguistically appropriate performance improvement strategies.

Summary of Previous Year (2023) PIP EQRO Recommendations Based on TM-RAs

MHW did not receive any TM-RAs in the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of MHW's responses were required during the 2024 PIP validation activity.

Summary of Results: Network Adequacy Validation

States are required to ensure that MCPs have provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across all services. States must establish measurable network adequacy standards for MCPs that consider regional factors and the needs of their Medicaid and CHIP populations.

HCA developed travel distance standards, shown in Table 44 in the Validation of Network Adequacy section of this report, that align managed care network adequacy reviews with federal requirements per 42 CFR §§438.68, 438.206, 438.358(b)(1)(iv), 457.1218 and 457.1230. Each standard is reported for MHW at the county level, resulting in 429 network adequacy indicators across 39 counties.

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance (i.e., % Met) in all provider type categories, across both county and regional service areas. HCA may grant statewide exceptions if fewer than 80% of members have access to a provider within 25 miles, and there are not enough providers in a specific county to establish contracts, or no providers are available in the area. The following results represent a snapshot in time and may not reflect MHW's current provider network.

To ensure network adequacy, HCA completed a comprehensive validation process for MHW following the process outlined in *CMS Protocol 4. Validation of Network Adequacy* during the period of July – September 2024. The validation provided a summary of the results from HCA's completed Apple Health network adequacy validation:

- Provider network access results: Overall outcomes for MHW in relation to provider network adequacy indicators by county.
- Validation scores and ratings: Scores and ratings that demonstrate the confidence level in the acceptable methodology used throughout all phases of design, data collection, analysis, and interpretation of the provider network adequacy indicators, by MHW.

The following table provides an overview of NAV findings for MHW including strengths, weaknesses/ opportunities for improvement and recommendations/conclusions. A strength is defined as achieving 90% or higher on provider network adequacy indicators.

Table A-66. MHW NAV Findings.

NAV Findings
Strengths
MHW met 424 out of 429 (98.8%) provider network adequacy indicators across 36 out of 39 counties (92.3%).
Weaknesses/Opportunities for Improvement
The MCP received a "high confidence" rating based on validation scores and ratings in worksheet 4.6. The MCP responded appropriately and resolved following issue in a timely manner. • The MCP has had two inadequacies for the report year as the result of filtering issues within the data. The MCP has been responsive and communicative throughout the process from HCA sending the initial notice to requesting technical assistance to better understand how to filter the template for services rendered at facilities.

NAV Findings
Recommendations/Conclusions
The MCP appears to be following the compliance steps outlined in the contract and is effectively monitoring their network. This is demonstrated by their responsiveness and proactive identification of issues prior to the HCA review.

Summary of Previous Year (2023) NAV EQRO Recommendations

In February 2023, CMS introduced revised EQR protocols that include a new protocol for mandatory network adequacy validation. States and EQROs were required to implement the new network adequacy validation protocol by February 2024, marking the first year for reporting on this activity.

Summary of Results: Enrollee Quality Report Card

In the Enrollee Quality Report (2024 Washington Apple Health Plan Report Card), MHW received an above average rating for "Keeping women and mothers healthy." It received average ratings for:

- Getting care
- Keeping kids healthy
- Preventing and managing illness
- Satisfaction of care provided
- Satisfaction with plan

MHW received below average ratings for "Ensuring appropriate care."

Please refer to the *2024 Washington Apple Health Plan Report Card* for additional details.

Summary of Results: Value-Based Payment Report Card

MHW achieved 83.3% of the VBP Quality Performance Measures for 2024, which reflects a decline from the previous year in performance areas identified by HCA as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status.

Please refer to the *2024 Value-Based Payment Report Card* for additional details

Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the MY2023 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations. MHW was in full compliance with the audit, with measure reporting processes aligned to state specifications. Confidence is high in the MHW's ability to meet technical requirements. No recommendations, strengths or weaknesses were noted during the 2024 PMV.

Table A-67 shows MHW's results for each standard addressed in the FAR.

Table Legend: Met = Compliant Not Met = Not Compliant NA = Not Applicable

Table A-67. Summary of MHW 2023 HEDIS FAR.

Information Standard	Score
IS A – Administrative Data: Claims & encounters, enrollment and provider data	Met
IS A-BH – Behavioral Health Administrative Data: Outsourced or delegated claims processing	NA
IS A-VS – Vision Administrative Data: Outsourced or delegated claims processing	Met
IS A-RX – Pharmacy Administrative Data: Outsourced or delegated claims processing	Met
IS A-DV – Dental Administrative Data: Outsourced or delegated claims processing	NA
IS A-LV – Laboratory Administrative Data: Outsourced or delegated claims processing	NA
IS M – Medical Record Review	Met
IS C – Clinical & Care Delivery Data	Met
IS R – Data Management & Reporting	Met
IS LTSS – Case Management Data-Long Term Services and Support	NA
HD – Outsourced or Delegated Reporting Functions	Met

Summary of Results: Performance Measure Comparative Analysis

MHW performed at or above the statewide simple average for 30 of 35 measures and significantly better than the state average on 28 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.

VBP Measure Performance

MHW's performance for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure has improved statistically significantly over the last three years. They performed slightly above the national 50th percentile in MY2023.

After two years of statistically significant improvements, MHW's performance declined significantly for the Asthma Medication Ratio (AMR) measure between MY2022 and MY2023. They are between the national 75th and 90th percentile in MY2023.

For the Antidepressant Medication Management (AMM) measures, MHW had a statistically significant improvement between MY2021 and MY2022. They are slightly above the national 50th percentile for these measures.

For the Breast Cancer Screening (BCS-E) measure, MHW experienced a statistically significant decline between MY2020 and MY2021, followed by a statistically significant improvement between MY2022 and MY2023. Performance was flat between MY2022 and MY2023. MHW is below the national 50th percentile for this measure in MY2023.

MHW also demonstrated a statistically significant improvement for the Substance Use Disorder Treatment Rate (SUD), 12-64 Years measure between MY2022 and MY2023. Their performance had statistically significantly declined in the prior periods reported.

Performance for the remaining VBP measures was mostly flat. There have been scattered historical improvements for other VBP measures but those may be due to random statistical variation.

Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement

Strengths and weaknesses/opportunities for improvement are noted when an MCP scores above or below the state average, respectively.

Table A-68 shows MHW's performance measure comparative analysis strengths and weaknesses/ opportunities for improvement.

Table A-68. MHW's Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.

Performance Measures	
Strengths	**Weaknesses/Opportunities for Improvement**
Prevention and Screening • Colorectal Cancer Screening (COL-E) *Respiratory Conditions* • Asthma Medication Ratio (AMR)* *Behavioral Health* • Follow-Up After Emergency Department Visit for Substance Use (FUA) • Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, Total • Follow-Up after Hospitalization for Mental Illness (FUH) *Access/Availability of Care* • Adults' Access to Preventive/Ambulatory Health Services (AAP), Total • Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total • Prenatal and Postpartum Care (PPC)* • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total *Utilization* • Child and Adolescent Well-Care Visits (WCV), 3-11 Years* • Child and Adolescent Well-Care Visits (WCV), 12-17 Years	*Prevention and Screening* • Lead Screening in Children (LSC) *Diabetes* • Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years

**These measures are also required VBP measures.*

MHW Performance Measure Comparative Analysis Scorecard

Comagine Health compared MCP performance on each measure to the statewide simple average for that measure and created a "scorecard" for MHW. Comagine Health chose to use the simple average for the scorecard because the Apple Health MCPs are of such different sizes.

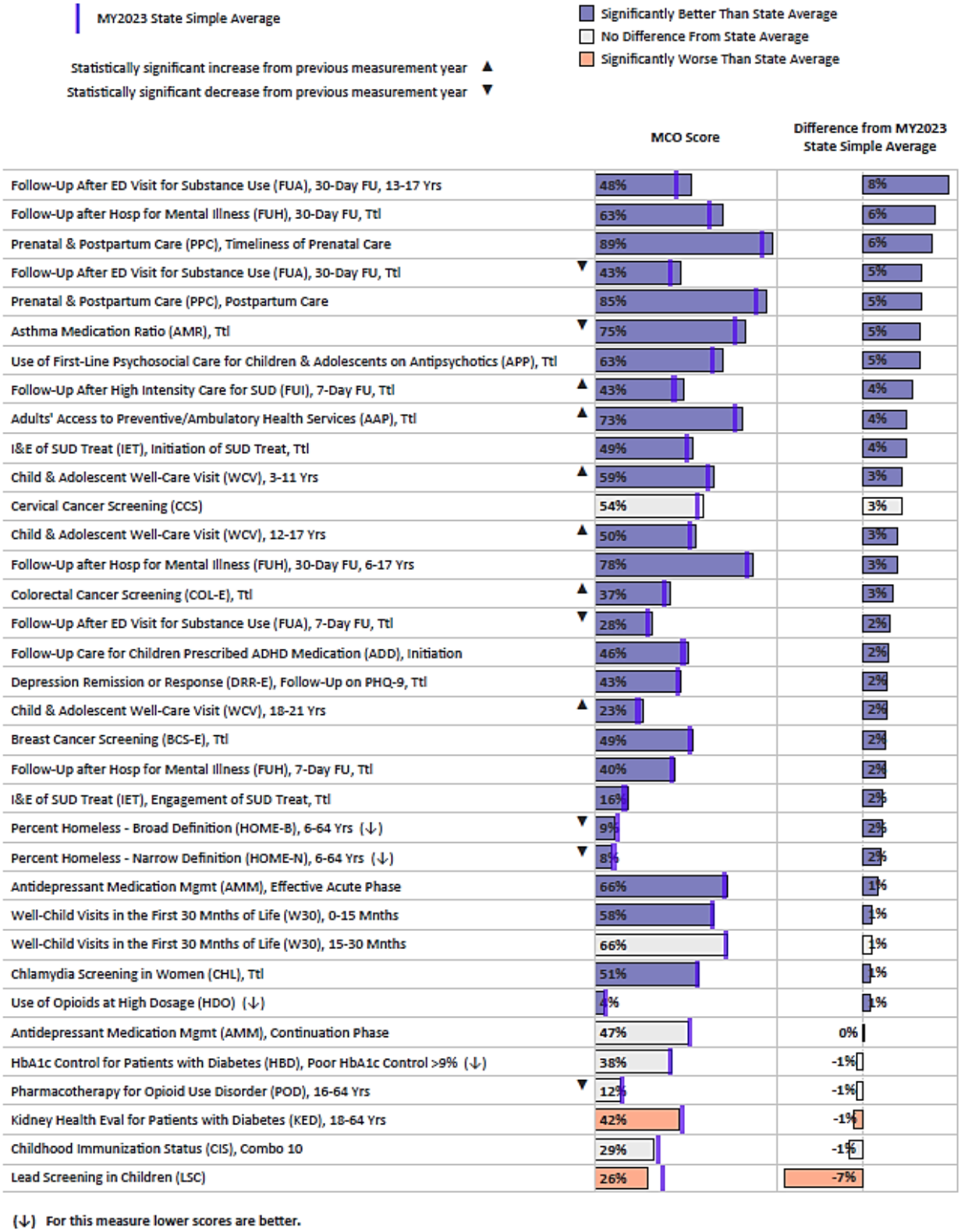
MHW performed at or above the statewide simple average for 30 of 35 measures and significantly better than the state average on 28 measures. Notable measures include Follow-Up After Emergency Department Visit for Substance Use (FUA), Follow-Up after Hospitalization for Mental Illness (FUH), and Prenatal 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 A-3, on the next page, represents the variance of measures from the simple state average for MHW.

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

Figure A-3. MHW Scorecard, MY2023.



UnitedHealthcare Community Plan (UHC) Profile

Summary of Results: Compliance Review

Compliance Standards: 6 Met; 3 Partially Met; 0 Not Met

TEAMonitor's review assessed activities for the previous calendar year and evaluated UHC's compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the *2025 Annual Technical Report.*

UHC demonstrated strengths in compliance by achieving 100% scores (Met) for the following standards:

- §447.46 – Timely claims payment by MCPs
- §438.56 – Disenrollment: Requirements and limitations
- §438.230 – Subcontractual relationships and delegation
- §438.242 – Health information systems
- §438.330 – QAPI
- §438.400 – Grievance and appeals system [File review]

UHC will need to address the following compliance standards where it did not meet the requirements and received TM-RAs:

- §438.208 – Coordination and continuity of care
- §438.210 – Coverage and authorization of services
- §438.608 – Program integrity requirements under the contract

UHC met 10 of the 10 TM-RAs provided in 2023, demonstrating a high degree in compliance with its follow-up.

The compliance review section, starting on page 32 of this report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a TM-RA. Comagine Health's recommendations to UHC reflect the TM-RAs provided by TEAMonitor. Please note both the MCO and BHSO received the same EQRO recommendations. This language is a synopsis from TEAMonitor's compliance summary report completed for each standard reviewed in 2024.

Tables A-69 through A-77 show the results of UHC's 2024 TEAMonitor Compliance Review.

Table A-69. UHC 2024 Compliance Review Results: Timely Claims Payment by MCPs.

§447.46 – Timely claims payment by MCPs	MCO	BHSO
§447.46 Timely claims payment	3	3
§438.66 (c)(3) Monitoring Procedures	3	3
Total Score	**6/6**	**6/6**
Total Score (%)	**100%**	**100%**

§447.46 – Timely claims payment by MCPs	MCO	BHSO
TM-RAs – 0 UHC met all elements within this standard. As a result, no recommendations are being made.		

Table A-70. UHC 2024 Compliance Review Results: Disenrollment – Requirements and Limitations.

§438.56 – Disenrollment: Requirements and limitations	MCO	BHSO
§ 438.56(b)(1-3) Disenrollment requested by the MCO, PIHP Involuntary Termination Initiated by the Contractor	3	3
Total Score	**3/3**	**3/3**
Total Score (%)	**100%**	**100%**
TM-RAs – 0 UHC met all elements within this standard. As a result, no recommendations are being made.		

Table A-71. UHC 2024 Compliance Review Results: Coordination and Continuity of Care.

§438.208 – Coordination and continuity of care	MCO	BHSO
§438.208 Coordination and continuity of care	3	3
§438.208 (b) Primary care and coordination of health care services for all MCP and PIHP enrollees; §438.224 Confidentiality [File review]	2	2
§438.208 (c) Additional services for enrollees with special health care needs (2) Assessment, (3) Treatment/service plans [File review]	2	2
§438.208 (c) Additional services for enrollees with special health care needs (4) Direct access to specialists	3	3
Total Score	**10/12**	**10/12**
Total Score (%)	**83.3%**	**83.3%**

TM-RAs: 2

EQRO Recommendations based on TEAMonitor RAs

To address the Partially Met and Not Met scores, UHC will provide:

§438.208 (b) Primary care and coordination of health care services for all MCP and PIHP enrollees; §438.224 Confidentiality [File review]

1. Evidence the MCO/PIHP completed an Initial Health Assessment (IHA) within sixty (60) calendar days of the Initial Health Screen (IHS) or other event that identified special needs, which would benefit from care coordination.

§438.208 (c) Additional services for enrollees with special health care needs (2) Assessment, (3) Treatment/service plans [File review]

2. Evidence of a documented, individual behavioral health care plan for interventions to promote recovery and resiliency and mitigate risk, including a description of the clinical and social supports needed for enrollees at high risk of re-hospitalization/readmission to Residential Treatment Facilities and/or relapse after substance use disorder treatment, or challenges following the plan of care for behavioral health conditions.

Table A-72. UHC 2024 Compliance Review Results: Coverage and Authorization of Services.

§438.210 – Coverage and authorization of services	MCO	BHSO
§438.210 (b) Authorization of services [File review]	2	2
§438.210 (c) Notice of adverse benefit determination* [File review]	3	3
§438.210 (d) Timeframe for decisions [File review]	3	3
§438.210 (e) Compensation for utilization management decisions	3	3
§438.114 Emergency and post-stabilization services	3	3
Total Score	**14/15**	**14/15**
Total Score (%)	**93.3%**	**93.3%**

TM-RAs: 1
EQRO Recommendations based on TEAMonitor RAs
To address the Partially Met and Not Met scores, UHC will provide:
§438.210 (b) Authorization of services [File review]

1. Documentation of an assessment of the original reviewed files to determine the cause of findings.

Table A-73. UHC 2024 Compliance Review Results: Subcontractual Relationships and Delegation.

§438.230 – Subcontractual relationships and delegation	MCO	BHSO
§438.230 (a) Applicability (b) General rule	3	3
§438.230 (c)(1) Written agreement	3	3
§438.230 (c)(1)(iii) MCP monitors subcontractors' performance	3	3
§438.230 (c)(1)(iii) MCP identifies deficiencies and ensures corrective action is taken	3	3
Total Score	**12/12**	**12/12**
Total Score (%)	**100%**	**100%**

TM-RAs: 0
UHC met all elements within this standard. As a result, no recommendations are being made.

Table A-74. UHC 2024 Compliance Review Results: Health Information Systems.

§438.242 – Health information systems	MCO	BHSO
§438.242 (a) General rule	3	3
§438.242 (b)(1)(2) Basic elements	3	3
§438.242 (b)(3) Basic element	3	3
Total Score	**9/9**	**9/9**
Total Score (%)	**100%**	**100%**

TM-RAs: 0
UHC met all elements within this standard. As a result, no recommendations are being made.

Table A-75. UHC 2024 Compliance Review Results: QAPI.

§438.330 – QAPI	MCO	BHSO
§438.330 (b)(2) and (c) Performance measurement	3	3
§438. 330 (e)(2) Program evaluation	3	3
Total Score	**6/6**	**6/6**
Total Score (%)	**100%**	**100%**

§438.330 – QAPI	MCO	BHSO
TM-RAs: 0 UHC met all elements within this standard. As a result, no recommendations are being made.		

Table A-76. UHC 2024 Compliance Review Results: Grievance and Appeals System.

§438.400 – Grievance and appeals system [File review]	MCO	BHSO
§438.400 Statutory basis and definitions (b)	3	3
§438.402 (c)(1) Filing requirements – Authority to file	3	3
§438.402(c)(2) Filing requirements – Timing	3	3
§438.402 (c)(3) Filing requirements – Procedures	3	3
§438.404 (a) Timely and adequate notice of adverse benefit determination – Language and format	3	3
§438.404 (b) Notice of action – Content of notice	3	3
§438.406 (a) Handling of grievances and appeals – General requirements	3	3
§438.406 (b) Handling of grievances and appeals – Special requirements for appeals	3	3
§438.408 (a) Resolution and notification: Grievances and appeals – Basic rule	3	3
§438.408 (b)(c) Resolution and notification: Grievances and appeals – Specific timeframes and extension of timeframes	3	3
§438.408 (d)€ Resolution and notification: Grievances and appeals – Format of notice and content of notice of appeal resolution	3	3
§438.410 Expedited resolution of appeals	3	3
§438.420 Continuation of benefits while the MCP or PIHP appeal and the State fair hearing are pending	3	3
§438.424 Effectuation of reversed appeal resolutions	3	3
Total Score	**42/42**	**42/42**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 UHC met all elements within this standard. As a result, no recommendations are being made.		

Table A-77. UHC 2024 Compliance Review Results: Program Integrity Requirements Under the Contract.

§438.608 – Program integrity requirements under the contract	MCO	BHSO
§438.608 (a)(b) Program integrity requirements	2	2
§455.104 Disclosure of ownership and control	1	1
§455.23 Provider payment suspension	3	3
§§455.104 Disclosure of ownership and control; 455.106 Disclosure by providers: Information on persons convicted of crimes; 455.23 Provider Payment Suspension; 1001.1901 (b) Program integrity – Medicare and state health care programs; §1903(i)(2) Social Security Act	3	3
Total Score	**9/12**	**9/12**
Total Score (%)	**75.0%**	**75.0%**
TM-RAs: 3 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, UHC will provide: *§438.608 (a)(b) Program integrity requirements*		

§438.608 – Program integrity requirements under the contract	MCO	BHSO
1. Documentation the policy, 05-01-2_UHC_Verification_of_Serv_PnP, identifies the suppression of EOBs directly translates into suppression of all confidential information related to these services if the enrollee is contacted via telephone, email or mail. *§455.104 Disclosure of ownership and control* 2. Documentation to address the specific elements under review (i.e. documentation & recovery of all Overpayments). 3. Actions that will be taken to address the missing elements for the current forms. Additionally, UHC should update internal processes to ensure that the information is collected in the future.		

Summary of UHC 2023 EQRO Recommendations Based on TM-RAs Follow-Up

Table A-78 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- High – All TM-RAs met
- Medium – Less than all TM-RAs met
- Low – No TM-RAs met
- NA – No TM-RAs received

Table A-78. UHC Results of Previous Year (2023) Compliance Recommendations Based on TM-RAs – Count.

Met	Partially Met*	Not Met*	Degree to which plans addressed all EQRO recommendation(s):
10	0	0	High Degree

**Future follow-up required.*

Table A-79 shows the results of the previous year EQRO compliance recommendations based on TM-RAs follow-up.

Table A-79. UHC Results of Previous Year (2023) EQRO Compliance Recommendations Based on TM-RAs – Follow-up.

42 CFR Part 438	MCO and BHSO		
Subpart D – MCO, PIHP and PAHP Standards	**Met**	**Partially Met**	**Not Met**
438.206 (c)(2) Cultural considerations	1	0	0
438.207 (b)(c) Assurances of adequate capacity and services	2	0	0
438.208 (a) General requirement	4	0	0
438.208 (b) Care and coordination of services for all MCO, PIHP, and PAHP enrollees - 438.224 Confidentiality	1	0	0
438.208 (c)(2)(3) Assessment and treatment/service plans-1	1	0	0
Subpart E – Quality Measurement and Improvement; External Review	**Met**	**Partially Met**	**Not Met**
438.330 (e)(2) QAPI Program evaluation	1	0	0

Summary of Results: PIP Validation

PIPs: 2 Met; 2 Not Met

UHC met the criteria for validating one of its individual PIPs by demonstrating an increase in the performance measure rate, while one TM-RA was assigned due to the fact no targeted interventions outside of cares were introduced its second PIP. In addition, UHC, along with other members of the Health Equity Collaborative, received a "No Confidence" rating and "Not Met" score in reported results due to various contributing factors for the Statewide Health Equity Collaborative PIP.

UHC did not receive any TM-RAs during the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of UHC's responses were required during the current 2024 PIP validation activity.

The PIP validation section, starting on page 39 of this report, outlines strengths, weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a required action plan. This language is a synopsis from TEAMonitor PIP Validation Worksheets completed for each PIP.

Tables A-80 through A-87 show the results of UHC's submitted PIPs.

PIP Title: Collaborative MCP Well-Child Visit (WCV) Rate PIP

PIP Aim Statement: In 2023, the workgroup aims to show a one percentage point increase in well-care visits for infants, youth and adolescents through 21 years of age for all five HEDIS® sub measures compared to the 2022 preliminary rates through provider and community partnerships which includes supporting events, outreach, and educational campaigns.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - After hours well-care visit clinic events: 24 events were held throughout 2023. Clinics were coached on outreach tactics, promotion of events and hosting large well-care visit events.
  - A video sharing the value of well-care visits with parents is now available for statewide use to promote well visits after being converted from its original local promotional use.
  - Extended hours clinic event toolkit created and distributed
- **Provider-focused** – The well-established all MCO incentive list for immunizations and well-care visits will be expanded to contain all childhood incentives available. Updates will be managed by DOH after the end of this PIP.
- **MCP-focused interventions/System changes** – MCO Buddy Group: In the past year there has been a large amount of turnover in the workgroup. This has created a deficit of historical knowledge. In order to help alleviate the struggle of absorbing the historical content and processes, a new program has been put in place. The MCO Buddy program's goal is to make the orientation process easier for new members.

Table A-80. UHC: Collaborative WCV Rate PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Low confidence in reported results

Table A-81. UHC: Collaborative WCV Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
W30, 0-15 months	N: 14,982 D: 26,434	56.7%	N: 15,212 D: 26,304	57.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
W30, 15-30 months	N: 21,500 D: 36,948	58.2%	N: 18,889 D: 29,177	64.7% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 3-11 years	N: 185,242 D: 357,697	51.8%	N: 166,583 D: 293,355	56.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 12-17 years	N: 101,484 D: 237,357	42.8%	N: 92,658 D: 193,796	47.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 18-21 years	N: 20,914 D: 120,213	17.4%	N: 17,444 D: 79,939	22% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

▲ *Statistically significant increase from the previous year.*

PIP Title: Statewide Health Equity Collaborative PIP

PIP Aim Statement: By December 31, 2023, the Workgroup aims to close any race/ethnicity disparities amongst children ages 6-17 years greater than or equal to a 3%-point difference from the statewide average of 61.73% for administrative mental health service rate (calendar year 2023 end of Q1 rate). This will be accomplished through targeted communications; provider and community partnerships by promoting educational webinars, videos and campaigns; and completion and analysis of the Youth Mental Health Access Project.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality

Improvement Strategies/Interventions

- **Member-focused**
  - Targeted, linguistically tailored educational public service announcements and Spanish language videos.
  - Mental Health Service Rate gap-in-care lists that enable clinics to encourage members to follow-up on care needed.
- **Provider-focused**
  - Established partnerships with two provider groups to support gap-in-care outreach.

- Incentivized partnerships with funding from DOH.
- Provided Uncovering & Navigating Racism in Mental Health System webinar intended for primary care and mental health providers to educate them on cultural history and how it can play a role in health care.

- **MCP-focused interventions/System changes** – Conducted root cause and deep dive data analysis to understand barriers and facilitators to supporting youth in connecting to needed mental health services.

Table A-82. UHC: Statewide Health Equity Collaborative PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Not Met	Yes	No confidence in reported results	No confidence in reported results

Table A-83. UHC: Statewide Health Equity Collaborative Performance Measures and Results.

Performance Measure (Mental Health Service Rate, WA State Common Measure Set Measure)	Baseline Q2 2022 – Q1 2023		Remeasurement Q2 2023 – Q4 2023	
	Sample Size	Rate	Sample Size	Rate
Asian Disparity	N: 2,922 D: 4,911	59.50%	N: 2,836 D: 4,688	60.49% ▲
Results: Demonstrated performance improvement*; no statistically significant change; p-value .319				
Hispanic/Latino Disparity	N: 23,300 D: 37,698	61.81%	N: 23,443 D: 37,309	62.83% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				
Native Hawaiian Other Pacific Islander Disparity	N: 623 D: 1,220	51.07%	N: 557 D: 1,012	55.04%
Results: Demonstrated performance improvement*; no statistically significant change; p-value .06				
Statewide Rate	N: 79,438 D: 128,690	61.73%	N: 76,697 D: 120,131	63.84% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				

**Although there was improvement, the workgroup could not demonstrate that it resulted from the PIP, as the plan lacked measurable interventions.*

▲ *Statistically significant increase from the previous year.*

PIP Title: Increasing the ADD (Attention-deficit/hyperactivity disorder (ADHD) Medication Adherence) Initiation Phase HEDIS Measure Rate

PIP Aim Statement: The aim of this PIP is to use pharmacist outreach to improve medication adherence for members 6-12 years old who have a diagnosis of ADHD and were prescribed a new ADHD medication by 2.00% over the previous year (MY2022) of 42.39 during the measurement year (MY) 1/1/2023 – 12/31/2023.

PIP Type: IMC

Domain: Access, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - Clinical Practice Consultants (CPCs) routinely meet with provider groups to share best practices based on clinical practice guidelines and provide member level detail lists collected from pharmacy claims to close care gaps.
  - UHC provides an electronic blood pressure cuff to member who prefer or need to use telehealth services due to transportation or access issues to collect readings for medication adherence appointments.
  - Genoa pharmacists provide short-term outreach and support for parents of children ages 6-12 who have been newly prescribed ADHD medication to provide education and support and ensure a follow-up appointment is completed within 30 days of initial fill. Member identification is based on HEDIS ADD acute phase specifications. Current medications include: Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine, Clonidine, Guanfacine and Atomoxetine.
  - Medication Management Handout, which highlights information about newly prescribed ADHD medications, provider contact information, and a reminder for the next appointment within 30 days to follow-up on the new prescription.
- **Provider-focused**
  - CPCs routinely meet with provider groups to share best practices based on clinical practice guidelines and provide member level detail lists collected from pharmacy claims to close care gaps.
  - Medication Management Handout which highlights information about newly prescribed ADHD medications, provider contact information and a reminder for the next appointment within 30 days to follow-up on the new prescription.
- **MCP-focused interventions/system changes** – CPCs routinely meet with provider groups to share best practices based on clinical practice guidelines and provide member level detail lists collected from pharmacy claims to close care gaps.

Table A-84. UHC: Increasing the ADD Initiation Phase HEDIS Measure Rate PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	Moderate confidence in reported results	Low confidence in reported results

Table A-85. UHC: Increasing the ADD Initiation Phase HEDIS Measure Rate Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
FUH 7-day Follow-Up	N: 228 D: 610	37.38%	N: 298 D: 660	45.15%▲
Results: Demonstrated performance; statistically significant change; p-value <.01				

▲ *Statistically significant increase from the previous year.*

PIP Title: Follow-Up After Hospitalization for Mental Illness (FUH)

PIP Aim Statement: The aim of this PIP is to utilize the Transition of Care team to improve attendance of 7-day follow-up appointments after an BH inpatient stay during the MY 2023 by 3.00 percentage points over the previous year (MY 2022) rate of 30.60. interventions will focus on identifying and resolving potential barriers to attending a 7-day follow-up visit prior to discharge.

PIP Type: BHSO

Domain: Access, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - Expanded the tele-mental health provider network to improve access to outpatient services.
  - Improve member knowledge of the need for follow-up care after an inpatient stay and the availability and utilization of telehealth services.
- **Provider-focused**
  - Expanded the tele-mental health provider network to improve access to outpatient services.
  - Improve member knowledge of the need for follow-up care after an inpatient stay and the availability and utilization of telehealth services.
- **MCP-focused interventions/System changes** – Expanded the tele-mental health provider network to improve access to outpatient services.

Table A-86. UHC: FUH PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Not Met	Yes	Low confidence in reported results	Moderate confidence in reported results

Table A-87. UHC: FUH Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
FUH 7-day Follow-Up	N: 55 D: 234	23.5%	N: 80 D: 228	35.09%▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

▲ *Statistically significant increase from the previous year.*

Summary of UHC 2023 EQRO PIP Recommendation Based on TM-RAs

TM-RAs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, the following recommendations may not be indicative of current performance.

Health Equity Collaborative TM-RA: To address the not met score, for the 2023 Health Equity Collaborative PIP, the five MCPs must submit a narrative and supporting documents describing the actions they will take to address the findings related to ensuring:

- Interventions can be linked to outcomes; and
- The implementation of culturally and linguistically appropriate performance improvement strategies.

Individual TM-RA: To address the not met score, the UHC will participate in a research study design training to enhance the MCP's ability to identify appropriate interventions that will affect a measure. Documentation of evidence of attendance, and a detailed outline of the content for HCA review should be provided with the March 2025 TEAMonitor review document submission.

Summary of Previous Year (2023) PIP EQRO Recommendations Based on TM-RAs

UHC did not receive any TM-RAs in the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of UHC's responses were required during the 2024 PIP validation activity.

Summary of Results: Network Adequacy Validation

States are required to ensure that MCPs have provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across all services. States must establish measurable network adequacy standards for MCPs that consider regional factors and the needs of their Medicaid and CHIP populations.

HCA developed travel distance standards, shown in Table 44 in the Validation of Network Adequacy section of this report, that align managed care network adequacy reviews with federal requirements per 42 CFR §§438.68, 438.206, 438.358(b)(1)(iv), 457.1218 and 457.1230. Each standard is reported for UHC at the county level, resulting in 154 network adequacy indicators across 17 counties.

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance (i.e., % Met) in all provider type categories, across both county and regional service areas. HCA may grant statewide exceptions if fewer than 80% of members have access to a provider within 25 miles, and there are not enough providers in a specific county to establish contracts, or no providers are available in the area. The following results represent a snapshot in time and may not reflect UHC's current provider network.

To ensure network adequacy, HCA completed a comprehensive validation process for UHC following the process outlined in *CMS Protocol 4. Validation of Network Adequacy* during the period of July – September 2024. The validation provided a summary of the results from HCA's completed Apple Health network adequacy validation:

- Provider network access results: Overall outcomes for UHC in relation to provider network adequacy indicators by county.
- Validation scores and ratings: Scores and ratings that demonstrate the confidence level in the acceptable methodology used throughout all phases of design, data collection, analysis, and interpretation of the provider network adequacy indicators, by UHC.

The following table provides an overview of NAV findings for UHC including strengths, weaknesses/ opportunities for improvement and recommendations/conclusions. A strength is defined as achieving 90% or higher on provider network adequacy indicators.

Table 88. UHC NAV Findings.

NAV Findings and Recommendations
Strengths
UHC met 152 out of 154 (98.7%) provider network adequacy indicators across 16 out of 17 counties (94.1%).*
Weaknesses/Opportunities for Improvement
The MCP received a "moderate confidence" rating based on worksheet 4.6 for the following reasons: • Prolonged inadequacies in at least one of the critical provider types with resolution reported several times despite the gap persisting • Lack of responsiveness to inquiries related to network reporting activities • Failure to resolve inadequacies in a timely manner and/or provide a timeline for closing the coverage gap(s)
Recommendations/Conclusions
The MCP has been on a corrective action plan and subject to non-performance penalties for the above referenced issues and appears to have revised policies to avoid the noted reporting issues.

** UHC is not contracted with HCA to provide services in all service areas.*

Summary of Previous Year (2023) NAV EQRO Recommendations

In February 2023, CMS introduced revised EQR protocols that include a new protocol for mandatory network adequacy validation. States and EQROs were required to implement the new network adequacy validation protocol by February 2024, marking the first year for reporting on this activity.

Summary of Results: Enrollee Quality Report Card

In the Enrollee Quality Report (2024 Washington Apple Health Plan Report Card), UHC received average ratings for:

- Getting care
- Preventing and managing illness
- Satisfaction of care provided
- Satisfaction with plan

UHC received below average ratings for "Keeping kids healthy," "Keeping women and mothers healthy" and "Ensuring appropriate care." UHC did not receive an above average score in 2024.

Please refer to the *2024 Washington Apple Health Plan Report Card* for additional details.

Summary of Results: Value-Based Payment Report Card

UHC achieved 66.7% of the VBP Quality Performance Measures for 2024, which reflects an increase from the previous year in performance areas identified by HCA as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status.

Please refer to the *2024 Value-Based Payment Report Card* for additional details.

Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the MY2023 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations. UHC was in full compliance with the audit, with measure reporting processes aligned to state specifications. Confidence is high in the UHC's ability to meet technical requirements. No recommendations, strengths or weaknesses were noted during the 2024 PMV.

Table A-89 shows UHC's results for each standard addressed in the FAR.

Table Legend: Met = Compliant Not Met = Not Compliant NA = Not Applicable

Table A-89. Summary of UHC 2023 HEDIS FAR.

Information Standard	Score
IS A – Administrative Data: Claims & encounters, enrollment and provider data	Met
IS A-BH – Behavioral Health Administrative Data: Outsourced or delegated claims processing	Met
IS A-VS – Vision Administrative Data: Outsourced or delegated claims processing	Met
IS A-RX – Pharmacy Administrative Data: Outsourced or delegated claims processing	Met
IS A-DV – Dental Administrative Data: Outsourced or delegated claims processing	NA
IS A-LV – Laboratory Administrative Data: Outsourced or delegated claims processing	NA
IS M – Medical Record Review	Met
IS C – Clinical & Care Delivery Data	Met
IS R – Data Management & Reporting	Met
IS LTSS – Case Management Data-Long Term Services and Support	NA
HD – Outsourced or Delegated Reporting Functions	NA

Summary of Results: Performance Measure Comparative Analysis

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.

VBP Measure Performance

UHC's performance for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure improved statistically significantly between MY2022 and MY2021, and between MY2022 and MY2023. They performed below the national 50th percentile in MY2023.

UHC also demonstrated a statistically significant improvement for the Substance Use Disorder Treatment Rate (SUD), 12-64 Years measure between MY2022 and MY2023.

Performance for the remaining VBP measures was mostly flat. There have been scattered historical improvements for other VBP measures but those may be due to random statistical variation.

Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement

Strengths and weaknesses/opportunities for improvement are noted when an MCP scores above or below the state average, respectively.

Table A-90 shows UHC's performance measure comparative analysis strengths and weaknesses/ opportunities for improvement.

Table A-90. UHC's Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.

Performance Measures	
Strengths	**Weaknesses/Opportunities for Improvement**
Diabetes • Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years *Behavioral Health* • Antidepressant Medication Management (AMM)* • Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total • Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total • Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years *Access/Availability of Care*	*Prevention and Screening* • Lead Screening in Children (LSC) *Respiratory Conditions* • Asthma Medication Ratio (AMR), Total* *Behavioral Health* • Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total • Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total *Overuse/Appropriateness* • Use of Opioids at High Dosage (HDO) • Access/Availability of Care • Prenatal and Postpartum Care (PPC), Postpartum Care* *Utilization*

Performance Measures	
Strengths	**Weaknesses/Opportunities for Improvement**
• Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total	• Child and Adolescent Well-Care Visits (WCV), 3-11 Years* • Child and Adolescent Well-Care Visits (WCV), 12-17 Years

**These measures are also required VBP measures.*

UHC Performance Measure Comparative Analysis Scorecard

Comagine Health compared MCP performance on each measure to the statewide simple average for that measure and created a "scorecard" chart for UHC. Comagine Health chose to use the simple average for the scorecard because the Apple Health MCPs are of such different sizes.

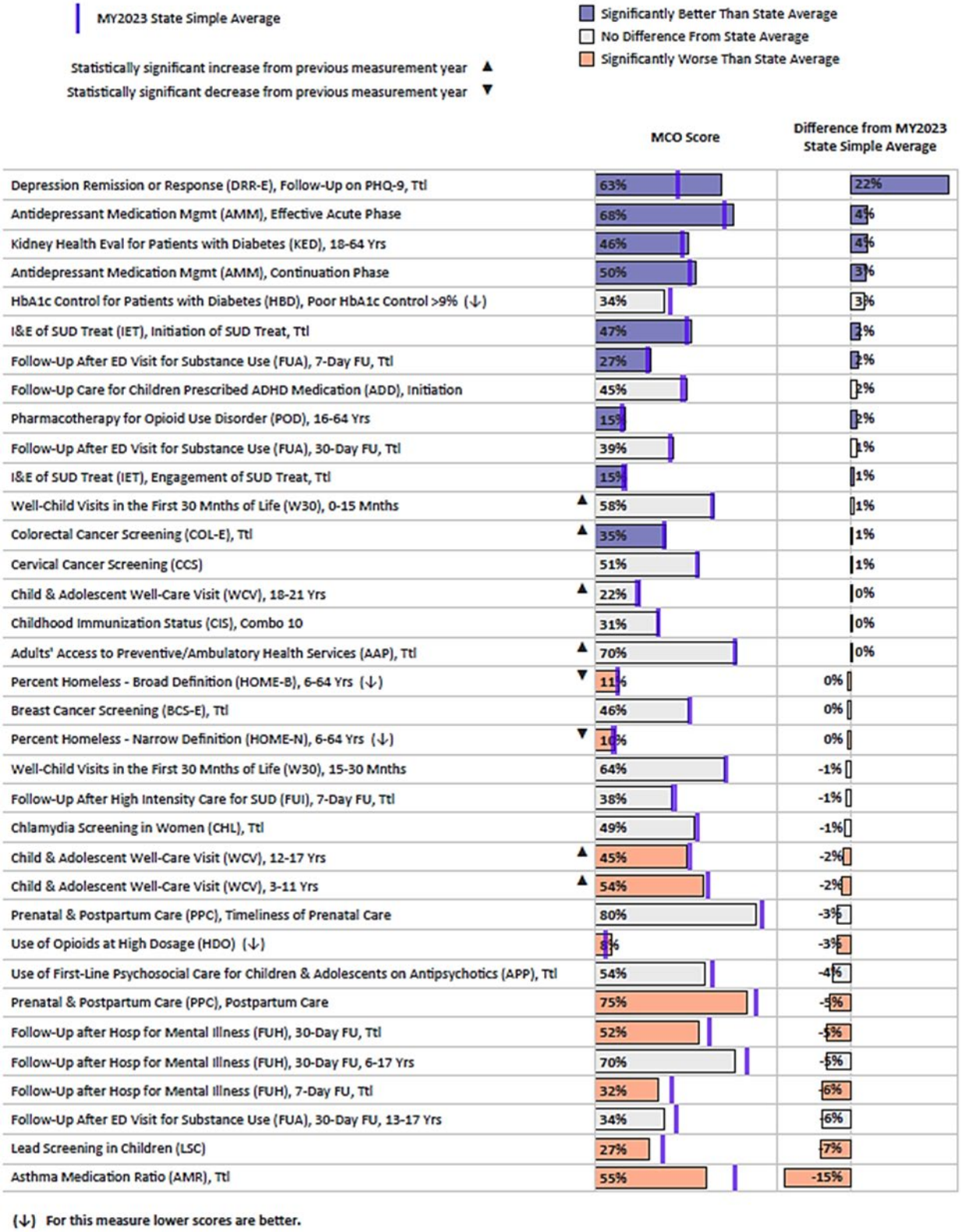
UHC performed at or above the statewide simple average for half of their measures. It performed significantly better than the statewide average for Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total, Antidepressant Medication Management (AMM), Kidney Health 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, Use of Opioids at High Dosage (HDO), and Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care measures.

Figure A-4, on the next page, represents the variance of measures from the simple state average for UHC.

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

Figure A-4. UHC Scorecard, MY2023.



Wellpoint of Washington (WLP) Profile

Summary of Results: Compliance Review

Compliance Standards: **3 Met; 6 Partially Met; 0 Not Met**

TEAMonitor's review assessed activities for the previous calendar year and evaluated WLP's compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the *2025 EQR Annual Technical Report.*

WLP demonstrated strengths in compliance by achieving 100% scores (Met) for the following standards:

- §438.56 – Disenrollment: Requirements and limitations
- §438.230 – Subcontractual relationships and delegation
- §438.208 – Coordination and continuity of care

WLP will need to address the following compliance standards where it did not meet the requirements and received TM-RAs:

- §447.46 – Timely claims payment by MCPs
- §438.210 – Coverage and authorization of services
- §438.242 – Health information systems
- §438.330 – QAPI
- §438.400 – Grievance and appeals system [File review]
- §438.608 – Program integrity requirements under the contract

WLP met 15 of the 17 TM-RAs provided in 2023, demonstrating a medium degree in compliance with its follow-up.

The compliance review section, starting on page 32 of this report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a TM-RA. Comagine Health's recommendations to WLP reflect the TM-RAs provided by TEAMonitor. Please note both the MCO and BHSO received the same EQRO recommendations. This language is a synopsis from TEAMonitor's compliance summary report completed for each standard reviewed in 2024.

Tables A-91 through A-99 show the results of WLP's 2024 TEAMonitor Compliance Review.

Table A-91. WLP 2024 Compliance Review Results: Timely Claims Payment by MCPs.

§447.46 – Timely claims payment by MCPs	MCO	BHSO
§447.46 Timely claims payment	2	2
§438.66 (c)(3) Monitoring Procedures	3	3
Total Score	**5/6**	**5/6**
Total Score (%)	**83.3%**	**83.3%**
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, WLP will provide: *§447.46 Timely claims payment* 1. Documentation supporting continued monitoring of the inpatient claims processing and the resubmission of the Claims payment timeliness report as part of the 2025 TEAMonitor submission.		

Table A-92. WLP 2024 Compliance Review Results: Disenrollment – Requirements and Limitations.

§438.56 – Disenrollment: Requirements and limitations	MCO	BHSO
§ 438.56(b)(1-3) Disenrollment requested by the MCO, PIHP Involuntary Termination Initiated by the Contractor	3	3
Total Score	**3/3**	**3/3**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 WLP met all elements within this standard. As a result, no recommendations are being made.		

Table A-93. WLP 2024 Compliance Review Results: Coordination and Continuity of Care.

§438.208 – Coordination and continuity of care	MCO	BHSO
§438.208 Coordination and continuity of care	3	3
§438.208 (b) Primary care and coordination of health care services for all MCP and PIHP enrollees; §438.224 Confidentiality [File review]	3	3
§438.208 (c) Additional services for enrollees with special health care needs (2) Assessment, (3) Treatment/service plans [File review]	3	3
§438.208 (c) Additional services for enrollees with special health care needs (4) Direct access to specialists	3	3
Total Score	**12/12**	**12/12**
Total Score (%)	**100%**	**100%**
TM-RAs: 0 WLP met all elements within this standard. As a result, no recommendations are being made.		

Table A-94. WLP 2024 Compliance Review Results: Coverage and Authorization of Services.

§438.210 – Coverage and authorization of services	MCO	BHSO
§438.210 (b) Authorization of services [File review]	0	0
§438.210 (c) Notice of adverse benefit determination [File review]	2	2
§438.210 (d) Timeframe for decisions [File review]	3	3

§438.210 – Coverage and authorization of services	MCO	BHSO
§438.210 (e) Compensation for utilization management decisions	3	3
§438.114 Emergency and post-stabilization services	3	3
Total Score	**11/15**	**11/15**
Total Score (%)	**73.3%**	**73.3%**

TM-RAs: 3

EQRO Recommendations based on TEAMonitor RAs

To address the Partially Met and Not Met scores, WLP will provide:

§438.210 (b) Authorization of services [File review]

1. Documentation of a review of the UMP Evaluation to ensure the "An assessment of contractual compliance that services or supplies needed on an ongoing basis shall not require authorization any more frequently than every (6) months." Is included in the 2024 UMP Evaluation.
2. Documentation of:
    a. An assessment of the original reviewed files to determine the cause of findings, and
    b. Requested Technical Assistance to ensure an understanding of Contract expectations.*

§438.210 (c) Notice of adverse benefit determination [File review]

3. Documentation of the process that will be implemented to ensure documentation is submitted correctly as part of the initial submission.

**Repeat finding.*

Table A-95. WLP 2024 Compliance Review Results: Subcontractual Relationships and Delegation.

§438.230 – Subcontractual relationships and delegation	MCO	BHSO
§438.230 (a) Applicability (b) General rule	3	3
§438.230 (c)(1) Written agreement	3	3
§438.230 (c)(1)(iii) MCP monitors subcontractors' performance	3	3
§438.230 (c)(1)(iii) MCP identifies deficiencies and ensures corrective action is taken	3	3
Total Score	**12/12**	**12/12**
Total Score (%)	**100%**	**100%**

TM-RAs: 0

WLP met all elements within this standard. As a result, no recommendations are being made.

Table A-96. WLP: 2024 Compliance Review Results: Health Information Systems.

§438.242 – Health information systems	MCO	BHSO
§438.242 (a) General rule	2	2
§438.242 (b)(1)(2) Basic elements	3	3
§438.242 (b)(3) Basic element	3	3
Total Score	**8/9**	**8/9**
Total Score (%)	**88.9%**	**88.9%**

TM-RAs: 1

EQRO Recommendations based on TEAMonitor RAs

To address the Partially Met and Not Met scores, WLP will provide:

§438.242 – Health information systems	MCO	BHSO
§438.242 (a) General rule 1. A narrative document of the active plan detailing the steps implemented to fully address each of the concerns to the extent that they are not repeated in the HEDIS audit report produced in 2025.		

Table A-97. WLP: 2024 Compliance Review Results: QAPI.

§438.330 – QAPI	MCO	BHSO
§438.330 (b)(2) and (c) Performance measurement	2	2
§438. 330 (e)(2) Program evaluation	3	3
Total Score	**5/6**	**5/6**
Total Score (%)	**83.3%**	**83.3%**
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, WLP will provide: *§438.330 (b)(2) and (c) Performance measurement* 1. Documentation of the active plan detailing the steps implemented to fully address each of the concerns to the extent that they are not repeated in the HEDIS audit report produced in 2025.		

Table A-98. WLP 2024 Compliance Review Results: Grievance and Appeals System.

§438.400 – Grievance and appeals system [File review]	MCO	BHSO
§438.400 Statutory basis and definitions (b)	3	3
§438.402 (c)(1) Filing requirements – Authority to file	3	3
§438.402(c)(2) Filing requirements – Timing	3	3
§438.402 (c)(3) Filing requirements – Procedures	3	3
§438.404 (a) Timely and adequate notice of adverse benefit determination – Language and format	3	3
§438.404 (b) Notice of action – Content of notice	3	3
§438.406 (a) Handling of grievances and appeals – General requirements	3	3
§438.406 (b) Handling of grievances and appeals – Special requirements for appeals	3	3
§438.408 (a) Resolution and notification: Grievances and appeals – Basic rule	0	0
§438.408 (b)(c) Resolution and notification: Grievances and appeals – Specific timeframes and extension of timeframes	3	3
§438.408 (d)€ Resolution and notification: Grievances and appeals – Format of notice and content of notice of appeal resolution	3	3
§438.410 Expedited resolution of appeals	3	3
§438.420 Continuation of benefits while the MCP or PIHP appeal and the State fair hearing are pending	3	3
§438.424 Effectuation of reversed appeal resolutions	3	3
Total Score	**39/42**	**39/42**
Total Score (%)	**92.9%**	**92.9%**

§438.400 – Grievance and appeals system [File review]	MCO	BHSO
TM-RAs: 1 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, WLP will provide: ***§438.408 (a) Resolution and notification: Grievances and appeals – Basic rule*** 1. Documentation of: a. An assessment of the original reviewed files to determine the cause of findings, and b. Requested Technical Assistance to ensure an understanding of contract expectations.		

Table A-99. WLP 2024 Compliance Review Results: Program Integrity Requirements Under the Contract.

§438.608 – Program integrity requirements under the contract	MCO	BHSO
§438.608 (a)(b) Program integrity requirements	2	2
§455.104 Disclosure of ownership and control	1	1
§455.23 Provider payment suspension	3	3
§§455.104 Disclosure of ownership and control; 455.106 Disclosure by providers: Information on persons convicted of crimes; 455.23 Provider Payment Suspension; 1001.1901 (b) Program integrity – Medicare and state health care programs; §1903(i)(2) Social Security Act	1	1
Total Score	**7/12**	**7/12**
Total Score (%)	**58.3%**	**58.3%**
TM-RAs: 3 **EQRO Recommendations based on TEAMonitor RAs** To address the Partially Met and Not Met scores, WLP will provide: *§438.608 (a)(b) Program integrity requirements* *1.* Documentation that demonstrates adequate staffing resources in Contractor's Program Integrity (PI) and Special Investigative Units (SIUs). Actions to address the finding should include the provision of an updated organizational chart that identifies the staff dedicated to WA market to demonstrate adequate staffing resources in WLP's PI and SIUs. *§455.104 Disclosure of ownership and control* *2.* Submission of the missing elements for the form HCA 09-048. Additionally, WLP should update internal processes to ensure that the information is collected in the future. *§§455.104 Disclosure of ownership and control; 455.106 Disclosure by providers: Information on persons convicted of crimes; 455.23 Provider Payment Suspension; 1001.1901 (b) Program integrity – Medicare and state health care programs; §1903(i)(2) Social Security Act* 3. A sample report with actual data demonstrating monthly screening for MCO/PIHP employees, owners, persons with a controlling interest, and subcontractors for individual and entities excluded from federal financial participation in accord with the contract during the contract period under review. Additionally, WLP should update internal processes to ensure the data is collected in the future.		

Summary of WLP 2023 EQRO Recommendations Based on TM-RAs Follow-Up

Table A-100 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- High – All TM-RAs met
- Medium – Less than all TM-RAs met
- Low – No TM-RAs s met
- NA – No TM-RAs received

Table A-100. WLP Results of Previous Year (2023) Compliance Recommendations Based on TM-RAs – Count.

Met	Partially Met*	Not Met*	Degree to which plans addressed all EQRO recommendation(s):
15	1	1	Medium Degree

**Future follow-up required.*

Table A-101 shows the results of the previous year EQRO compliance recommendations based on TM-RAs follow-up.

Table A-101. WLP Results of Previous Year (2023) EQRO Compliance Recommendations Based on TM-RAs – Follow-up.

42 CFR Part 438	MCO and BHSO		
Subpart C – Enrollee Rights and Protections	**Met**	**Partially Met**	**Not Met**
438.100 (b)(2)(i) Specific rights - 438.10 (f)(2) General requirements	1	0	0
Subpart D – MCO, PIHP and PAHP Standards	**Met**	**Partially Met**	**Not Met**
438.206 (b)(1)(i-v) & (c) Delivery network, 438.10 (h) Information for all enrollees – Provider directory	3	0	0
438.206 (b)(5) Out-of-network payment	1	0	0
438.206 (c) Furnishing of services (1)(i) through (vi) Timely access	1	0	0
438.207 (b)(c) Assurances of adequate capacity and services	1	0	0
438.208 (a) General requirement	3	0	0
438.208 (c)(2)(3) Assessment and treatment/service plans	3	0	0
438.208 (c)(4) Direct access to specialists	1	0	0
438.236(c) Dissemination of [practice] guidelines	0	1	0
Subpart E – Quality Measurement and Improvement; External Review	**Met**	**Partially Met**	**Not Met**
438.330 (e)(2) QAPI Program evaluation	0	1	0
Subpart F – Grievance and Appeal System	**Met**	**Partially Met**	**Not Met**

42 CFR Part 438	MCO and BHSO		
438.408 (a) Resolution and notification: Grievances and appeals – Basic rule [File review]*	0	0	1
438.408 (d)(e) Format of notice and content of notice of appeal resolution [File review]	1	0	0

**Includes a repeat finding – plans are reviewed on elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.*

Summary of Results: PIP Validation

PIPs: 3 Met; 1 Not Met

WLP met the criteria for validating its individual PIPs, by demonstrating good use of the PDSA cycle throughout the year to evaluate the effectiveness of the interventions and making adjustments as needed. No TM-RAs were assigned to these PIPs. However, despite not receiving any TM-RAs for the individual PIPs, WLP, along with other members of the Health Equity Collaborative, received a "No Confidence" rating and "Not Met" score in reported results due to various contributing factors for the Statewide Health Equity Collaborative PIP.

WLP did not receive any TM-RAs during the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of WLP's responses were required during the current 2024 PIP validation activity.

The PIP validation section, starting on page 39 of this report, outlines strengths, weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "Not Met" or "Partially Met," requiring a required action plan. This language is a synopsis from TEAMonitor PIP Validation Worksheets completed for each PIP.

Tables A-102 through A-109 show the results of WLP's submitted PIPs.

PIP Title: Collaborative MCP Well-Child Visit (WCV) Rate PIP

PIP Aim Statement: In 2023, the workgroup aims to show a one percentage point increase in well-care visits for infants, youth and adolescents through 21 years of age for all five HEDIS® sub measures compared to the 2022 preliminary rates through provider and community partnerships which includes supporting events, outreach, and educational campaigns.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - After hours well-care visit clinic events: 24 events were held throughout 2023. Clinics were coached on outreach tactics, promotion of events and hosting large well-care visit events.
  - A video sharing the value of well-care visits with parents is now available for statewide use to promote well-care visits after being converted from its original local promotional use.
  - Extended hours clinic event toolkit created and distributed.

- **Provider-focused** – The well-established all MCO incentive list for immunizations and well-care visits will be expanded to contain all childhood incentives available. Updates will be managed by DOH after the end of this PIP.
- **MCP-focused interventions/System changes** – MCO Buddy Group: In the past year there has been a large amount of turnover in the workgroup. This has created a deficit of historical knowledge. In order to help alleviate the struggle of absorbing the historical content and processes, a new program has been put in place. The MCO Buddy program's goal is to make the orientation process easier for new members.

Table A-102. WLP: Collaborative WCV Rate PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	Low confidence in reported results

Table A-103. WLP: Collaborative WCV Performance Measures and Results.

Performance Measure (NCQA HEDIS)	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
W30, 0-15 months	N: 14,982 D: 26,434	56.7%	N: 15,212 D: 26,304	57.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
W30, 15-30 months	N: 21,500 D: 36,948	58.2%	N: 18,889 D: 29,177	64.7% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 3-11 years	N: 185,242 D: 357,697	51.8%	N: 166,583 D: 293,355	56.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 12-17 years	N: 101,484 D: 237,357	42.8%	N: 92,658 D: 193,796	47.8% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				
WCV, 18-21 years	N: 20,914 D: 120,213	17.4%	N: 17,444 D: 79,939	22% ▲
Results: Demonstrated performance improvement; statistically significant change; p-value <.05				

▲ *Statistically significant increase from the previous year.*

PIP Title: Statewide Health Equity Collaborative PIP

PIP Aim Statement: By December 31, 2023, the Workgroup aims to close any race/ethnicity disparities amongst children ages 6-17 years greater than or equal to a 3%-point difference from the statewide average of 61.73% for administrative mental health service rate (calendar year 2023 end of Q1 rate). This will be accomplished through targeted communications, provider, and community partnerships by promoting educational webinars, videos, campaigns and completion and analysis of the Youth Mental Health Access Project.

PIP Type: AH-IMC, AH-IFC

Domain: Access, Quality

Improvement Strategies/Interventions

- **Member-focused**
  - Targeted, linguistically tailored educational public service announcements and Spanish language videos.
  - Mental Health Service Rate gap-in-care lists that enable clinics to encourage members to follow-up on care needed.
- **Provider-focused**
  - Established partnerships with two provider groups to support gap-in-care outreach.
  - Incentivized partnerships with funding from DOH.
  - Provided Uncovering & Navigating Racism in Mental Health System webinar intended for primary care and mental health providers to educate them on cultural history and how it can play a role in health care.
- **MCP-focused interventions/System changes** – Conducted root cause and deep dive data analysis to understand barriers and facilitators to supporting youth in connecting to needed mental health services.

Table A-104. WLP: Statewide Health Equity Collaborative PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Not Met	Yes	No confidence in reported results	No confidence in reported results

Table A-105. WLP: Statewide Health Equity Collaborative Performance Measures and Results.

Performance Measure (Mental Health Service Rate, WA State Common Measure Set Measure)	Baseline Q2 2022 – Q1 2023		Remeasurement Q2 2023 – Q4 2023	
	Sample Size	Rate	Sample Size	Rate
Asian Disparity	N: 2,922 D: 4,911	59.50%	N: 2,836 D: 4,688	60.49% ▲
Results: Demonstrated performance improvement*; no statistically significant change; p-value .319				
Hispanic/Latino Disparity	N: 23,300 D: 37,698	61.81%	N: 23,443 D: 37,309	62.83% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				
Native Hawaiian Other Pacific Islander Disparity	N: 623 D: 1,220	51.07%	N: 557 D: 1,012	55.04%
Results: Demonstrated performance improvement*; no statistically significant change; p-value .06				
Statewide Rate	N: 79,438 D: 128,690	61.73%	N: 76,697 D: 120,131	63.84% ▲
Results: Demonstrated performance improvement*; statistically significant change; p-value <.01				

**Although there was improvement, the workgroup could not demonstrate that it resulted from the PIP, as the plan lacked measurable interventions.*

▲ *Statistically significant increase from the previous year.*

PIP Title: Reducing Potentially Avoidable Emergency Department (ED) Visits for Chronic Obstructive Pulmonary Disease (COPD) Among Adult IMC Members

PIP Aim Statement: By December 31, 2023, WLP will reduce by 3% potentially avoidable ED visits among WLP's adult IMC members diagnosed with COPD by implementing a Low Intensity Emergency Redirect (LIER) initiative utilizing predictive modeling and behavioral science to anticipate the probability that a member will have a potentially avoidable ED visit in the next 3 months: WLP's 2022 baseline data indicate 301 avoidable COPD ED visits occurred that did not result in hospitalization and were categorized as "avoidable."

PIP Type: IMC

Domain: Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - LIER program predicting preventable ED visits with proactive messaging to 78 members from March 2023 through December 2023.
  - Educational letters re: COPD management sent to 79 members from January 2023 through December 2023.
  - An email campaign promoting WLP's tobacco cessation program was launched in September 2023.
- **Provider-focused**
  - Reminding providers that WLP offers members a 24/7 nurse line for consultation regarding avoiding unnecessary ED visits when alternatives exist for managing conditions. During monthly provider engagement meetings in 2023, Quality Management reinforced WLP's 24/7 nurse line allowing members a consultative resource regarding COPD symptoms.
  - During monthly provider engagement meetings, WLP encouraged providers to access their daily ED discharge reports and follow-up with members (ED discharges are incorporated into monthly provider scorecards).
- **MCP-focused interventions/System changes** – In 2023, WLP introduced a new intervention LIER SMS messaging. Utilizing predictive modeling based upon an individual's ED utilization pattern, a LIER text is sent in advance of the anticipated ED visit outlining alternative treatment options, including case management, Primary Care Physician consultation, urgent care, disease management, medication refill, and 24/7 nurse line that contribute to better care, improved health outcomes and reduced costs. Between March 1, 2023, LIER launch date and December 31, 2023, 78 members were messaged.

Table A-106. WLP: Reducing Potentially Avoidable ED Visits for COPD Among Adult IMC Members PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	Moderate confidence in reported results	Moderate confidence in reported results

Table A-107. WLP: Reducing Potentially Avoidable ED Visits for COPD Among Adult IMC Members Performance Measures and Results.

Performance Measure	Baseline MY2022		Remeasurement MY2023	
	Sample Size	Rate	Sample Size	Rate
LIER	N: 301 D: 5330	5.64%	N: 311 D: 5409	5.74%
Results: No demonstrated performance; no statistically significant change; no p-value available				

PIP Title: Improving 7-day Follow-Up After Hospitalizations for Members with Mental Illness and Emergency Department Visits for Members with Mental Illness and/or Alcohol and Other Drug Abuse or Dependence

PIP Aim Statement: By December 31, 2023, WLP will achieve a 5% aggregate increase in IMC and BHSO members' 7-Day Follow-Up After Hospitalization for Mental Illness (FUH), Follow-Up within 7 Days After Emergency Department Visit for Mental Illness (FUM), and Follow-Up within 7 Days After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) by providing smartphones to select members enabling them to receive follow-up appointment reminders, medication adherence information, stay in contact with case managers, and access WLP's apps/resources; WLP's 2022 benchmark rates are 27.89% for FUH, 28.34% for FUM and 26.67% for FUA.

PIP Type: BHSO

Domain: Access, Timeliness

Improvement Strategies/Interventions

- **Member-focused**
  - Provide select members with a smartphone (at no cost to members) that includes unlimited data, text and talk, and is configured with relevant health applications and deep links directly to valuable resources on the home screen, as well as notifications to keep members engaged with their health. Smartphone distribution began in December 2023.
  - WLP's qualified, licensed BH clinical providers outreached to members to conduct a 7-day follow-up assessment for the FUH measure from February 2023 through December 2023.
  - Promote telehealth to minimize barriers to treatment access.
- **Provider-focused**
  - Provide select members with a smartphone (at no cost to members) that includes unlimited data, text and talk, and is configured with relevant health applications and deep links directly to valuable resources on the home screen, as well as notifications to keep members engaged with their health. WLP partnered with four BH facilities and their discharge planners to distribute smartphones to members prior to discharge.
  - WLP partnered with four BH facilities to enhance education on NCQA technical specifications associated with 7-day follow-up for FUA, FUH and FUM and provide resources such as PointClick reports and BH case management contact information.
- **MCP-focused interventions/System changes** – Provide select members with a smartphone (at no cost to members) that includes unlimited data, text and talk, and is configured with relevant health applications and deep links directly to valuable resources on the home screen, as well as notifications to keep members engaged with their health. Smartphone distribution began in December 2023.

Table A-108. WLP: Improving 7-day FUH, FUM and FUA PIP Score and Validation.

Score	Validation Status	Methodology & Implementation Validation Rating 1	Improvement Strategies Validation Rating 2
Met	Yes	High confidence in reported results	No confidence in reported results

Table A-109. WLP: Improving 7-day FUH, FUM and FUA Performance Measures and Results.

Performance Measure (Mental Health Service Rate, WA State Common Measure Set Measure)	Baseline Q2 2022 – Q1 2023		Remeasurement Q2 2023 – Q4 2023	
	Sample Size	Rate	Sample Size	Rate
FUH 7-day Follow-Up	N: 425 D: 1524	27.89%	N: 373 D: 1440	25.9%
Results: No demonstrated performance; no statistically significant change; no p-value available				
FUM 7-day Follow-Up	N: 371 D: 1309	28.34%	N: 328 D: 1191	27.54%
Results: No demonstrated performance; no statistically significant change; no p-value available				
FUA 7-day Follow-Up	N: 666 D: 2497	26.67%	N: 622 D: 2522	24.66%
Results: No demonstrated performance; no statistically significant change; no p-value available				

Summary of WLP 2023 EQRO PIP Recommendation Based on TM-RAs

TM-RAs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented TM-RAs since that time to address specific issues, the following recommendations may not be indicative of current performance.

WLP did not receive an individual TM-RA as part of the 2024 PIP validation activity.

Health Equity Collaborative TM-RA: To address the not met score, for the 2023 Health Equity Collaborative PIP, the five MCPs must submit a narrative and supporting documents describing the actions they will take to address the findings related to ensuring:

- Interventions can be linked to outcomes; and
- The implementation of culturally and linguistically appropriate performance improvement strategies.

Summary of Previous Year (2023) PIP EQRO Recommendations Based on TM-RAs

WLP did not receive any TM-RAs in the 2023 PIP validation activity and, as a result, did not receive any EQRO recommendations. Consequently, no follow-up review or assessment of the effectiveness of WLP's responses were required during the 2024 PIP validation activity.

Summary of Results: Network Adequacy Validation

States are required to ensure that MCPs have provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across all services. States must establish measurable network adequacy standards for MCPs that consider regional factors and the needs of their Medicaid and CHIP populations.

HCA developed travel distance standards, shown in Table 44 in the Validation of Network Adequacy section of this report, that align managed care network adequacy reviews with federal requirements per 42 CFR §§438.68, 438.206, 438.358(b)(1)(iv), 457.1218 and 457.1230. Each standard is reported for WLP at the county level, resulting in 429 network adequacy indicators across 39 counties.

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance (i.e., % Met) in all provider type categories, across both county and regional service areas. HCA may grant statewide exceptions if fewer than 80% of members have access to a provider within 25 miles, and there are not enough providers in a specific county to establish contracts or no providers are available in the area. The following results represent a snapshot in time and may not reflect WLP's current provider network.

To ensure network adequacy, HCA completed a comprehensive validation process for WLP following the process outlined in *CMS Protocol 4. Validation of Network Adequacy* during the period of July – September 2024. The validation provided a summary of the results from HCA's completed Apple Health network adequacy validation:

- Provider network access results: Overall outcomes for WLP in relation to provider network adequacy indicators by county.
- Validation scores and ratings: Scores and ratings that demonstrate the confidence level in the acceptable methodology used throughout all phases of design, data collection, analysis, and interpretation of the provider network adequacy indicators, by WLP.

The following table provides an overview of NAV findings for WLP including strengths, weaknesses/opportunities for improvement and recommendations/conclusions. A strength is defined as achieving 90% or higher on provider network adequacy indicators.

Table A-110. WLP NAV Findings.

NAV Findings
Strengths
WLP met 408 out of 429 (95.1%) provider network adequacy indicators across 32 out of 39 counties (82.1%).
Weaknesses/Opportunities for Improvement
Although WLP met 95.1% of the indicators, the MCP did not meet indicators across 7 out of 39 counties (82.1%). The MCP received a "low confidence" rating based on worksheet yes/no questions in worksheet 4.6 for the following reasons: • Errors that drive inadequacies in quarterly reports throughout the reporting year • System and filtering issues causing inadequacies reported as fixed but persisting in the following quarters

NAV Findings
Recommendations/Conclusions
The MCP has reached out for technical assistance and put together a plan to better address these issues before the reports are analyzed.

Summary of Previous Year (2023) NAV EQRO Recommendations

In February 2023, CMS introduced revised EQR protocols that include a new protocol for mandatory network adequacy validation. States and EQROs were required to implement the new network adequacy validation protocol by February 2024, marking the first year for reporting on this activity.

Summary of Results: Enrollee Quality Report Card

In the Enrollee Quality Report (2024 Washington Apple Health Plan Report Card), WLP received average ratings for:

- Preventing and managing illness
- Satisfaction of care provided
- Satisfaction with plan

WLP received below average ratings for

- Getting care
- Keeping kids healthy
- Keeping women and mothers healthy
- Ensuring appropriate care

WLP did not receive an above average score in 2024.

Please refer to the *2024 Washington Apple Health Plan Report Card* for additional details.

Summary of Results: Value-Based Payment Report Card

WLP achieved 66.7% of the VBP Quality Performance Measures for 2024, which reflects an increase from the previous year in performance areas identified by HCA as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status.

Please refer to the *2024 Value-Based Payment Report Card* for additional details

Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the MY2023 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations. WLP was in full compliance with the audit, with measure reporting processes aligned to state specifications. Confidence is high in the WLP's ability

to meet technical requirements. No recommendations, strengths or weaknesses were noted during the 2024 PMV.

Table A-111 shows WLP's results for each standard addressed in the FAR.

Table Legend: Met = Compliant Not Met = Not Compliant NA = Not Applicable

Table A-111. Summary of WLP 2023 HEDIS FAR.

Information Standard	Score
IS A – Administrative Data: Claims & encounters, enrollment and provider data	Met
IS A-BH – Behavioral Health Administrative Data: Outsourced or delegated claims processing	NA
IS A-VS – Vision Administrative Data: Outsourced or delegated claims processing	Met
IS A-RX – Pharmacy Administrative Data: Outsourced or delegated claims processing	Met
IS A-DV – Dental Administrative Data: Outsourced or delegated claims processing	NA
IS A-LV – Laboratory Administrative Data: Outsourced or delegated claims processing	NA
IS M – Medical Record Review	Met
IS C – Clinical & Care Delivery Data	Met
IS R – Data Management & Reporting	Met
IS LTSS – Case Management Data-Long Term Services and Support	NA
HD – Outsourced or Delegated Reporting Functions	NA

Summary of Results: Performance Measure Comparative Analysis

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.

VBP Measure Performance

WLP's performance for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure improved statistically significantly between MY2022 and MY2021, and between MY2022 and MY2023. They performed below the national 50th percentile in MY2023.

There was a statistically significant decline in performance for the Prenatal and Postpartum Care, Postpartum Care between MY2022 and MY2023. WLP performed between the national 50th and 75th percentile in MY2023.

WLP also demonstrated a statistically significant improvement for the Asthma Medication Ratio (AMR), Total measure between MY2020 and MY2021, and between MY2021 and MY2022. There was no statistically significant change detected between MY2022 and MY2023. They are still slightly above the national 75th percentile for this measure in MY2023.

WLP also demonstrated a statistically significant improvement in the Substance Use Disorder Treatment Rate (SUD), 12-64 Years measure between MY2022 and MY2023.

Performance for the remaining VBP measures was mostly flat. There have been scattered historical improvements for other VBP measures but those may be due to random statistical variation.

Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement

Strengths and weaknesses/opportunities for improvement are noted when an MCP scores above or below the state average, respectively.

Table A-112 shows WLP's performance measure comparative analysis strengths and weaknesses/ opportunities for improvement.

Table A-112. WLP's Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.

Performance Measures	
Strengths	**Weaknesses/Opportunities for Improvement**
Respiratory Conditions • Asthma Medication Ratio (AMR), Total* *Behavioral Health* • Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years *Overuse/Appropriateness* • Use of Opioids at High Dosage (HDO) *Access/Availability of Care* • Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total	*Prevention and Screening* • Breast Cancer Screening (BCS-E)* • Cervical Cancer Screening (CCS) • Colorectal Cancer Screening (COL-E) *Behavioral Health* • Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total • Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, Total • Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total • Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total • Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total • Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total *Access/Availability of Care* • Adults' Access to Preventive/Ambulatory Health Services (AAP), Total • Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care*

Performance Measures	
Strengths	**Weaknesses/Opportunities for Improvement**
	• Prenatal and Postpartum Care (PPC), Postpartum Care* *Social Needs* • Percent Homeless - Narrow Definition (HOME-N), 6-64 Years • Percent Homeless - Broad Definition (HOME-B), 6-64 Years *Utilization* • Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months

**These measures are also required VBP measures.*

WLP Performance Measure Comparative Analysis Scorecard

Comagine Health compared MCP performance on each measure to the statewide simple average for that measure and created a "scorecard" chart for WLP. Comagine Health chose to use the simple average for the scorecard because the Apple Health MCPs are of such different sizes.

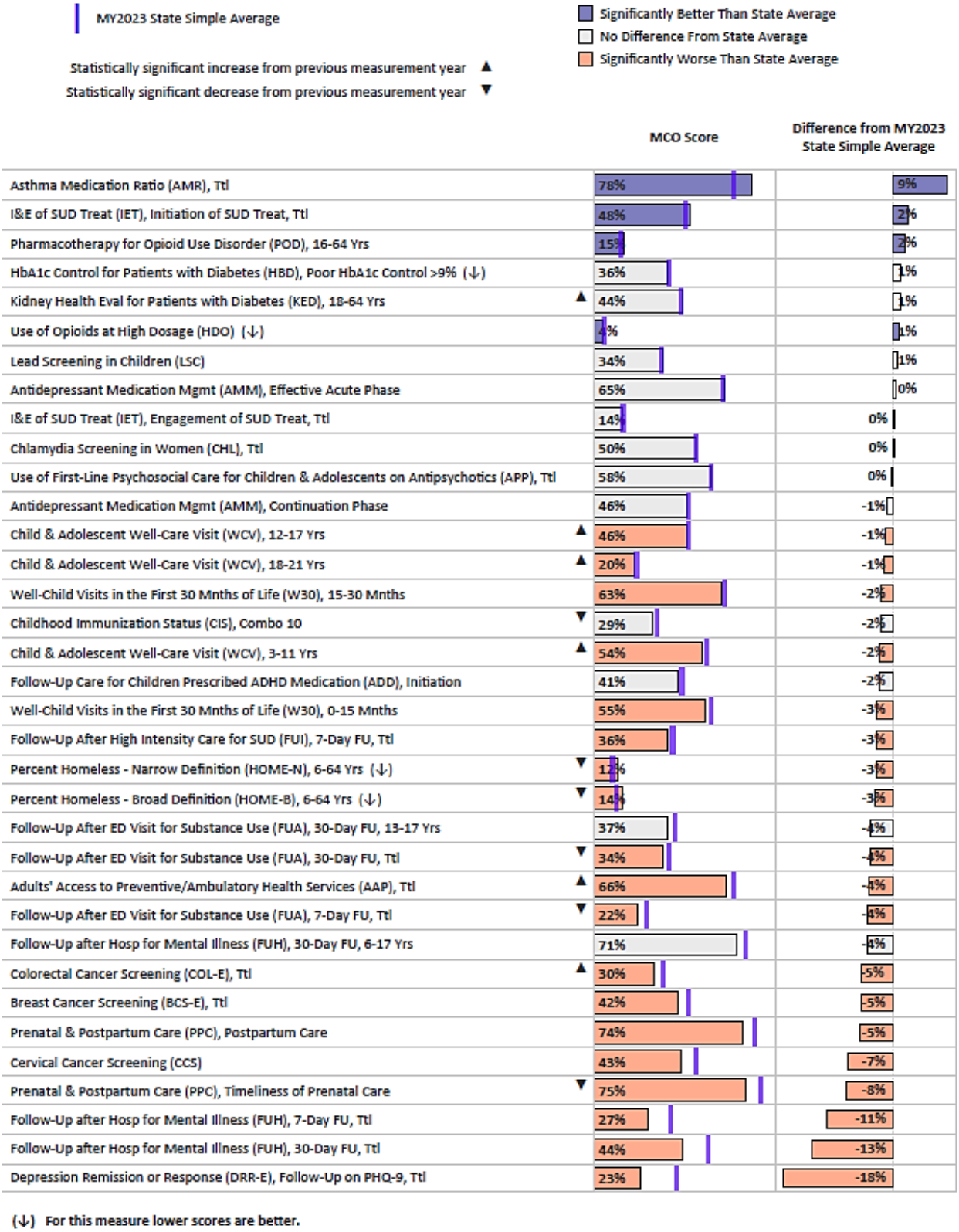
WLP performed significantly above the statewide simple average for a few measures, including Asthma Medication Ratio (AMR), Initiation and Engagement of Substance Use Disorder Treatment (IET), Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs, and Use of Opioids at High Dosage (HDO).

WLP performed significantly below the statewide simple average on several measures, 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 A-5, on the next page, represents the variance of measures from the simple state average for WLP.

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

Figure A-5. WLP Scorecard, MY2023.



(↓) For this measure lower scores are better.

Appendix B: Compliance Regulatory and Contractual Requirements

Appendix B: Compliance Review and Manner of Reporting

Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state. States may choose to review all applicable standards at once or may spread the review over a three-year cycle in any manner they choose (for example, fully reviewing a third of plans each year or conducting a third of the review on all plans each year). In Washington, the MCPs are reviewed on a three-year cycle where HCA rotates different areas of the review to ensure all areas are reviewed within this time.

Objectives

The purpose of the compliance review is to determine whether Medicaid MCPs are in compliance with federal standards. The U.S. Department of Health & Human Services developed standards for MCPs, including 42 CFR §§438 and 457.[38,39]

Technical Methods of Data Collection

TEAMonitor provides detailed instructions to MCPs regarding the document submission and review process. These instructions include the electronic submission process, file review submission/ instructions and timelines. Required documentation is submitted to TEAMonitor for review.

Description of Data Obtained

Documents obtained and reviewed include those for monitoring of a wide variety of programmatic documents depending on the area of focus, such as program descriptions, program evaluations, policies and procedures, meeting minutes, desk manuals, data submissions, narrative reflection on progress, reports, MCP internal tracking tools or other MCP records.

The file review documentation for EQR purposes includes, the categories listed below, as appropriate:

- Denials – adverse benefit determinations/actions
- Appeals including the denial portion of the file
- Grievances
- Care coordination
- Provider credentialing

Data Aggregation and Analysis

Washington's MCPs are evaluated by TEAMonitor, an interagency team, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards. The TEAMonitor reviews consist of a document review, file review and an onsite/virtual visit. The TEAMonitor process includes:

[38] Electronic Code of Federal Regulations. Title 42, part 438 – Managed Care. Available here: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438?toc=1

[39] Electronic Code of Federal Regulations. Title 42, part 457 Allotments and Grants to States. Available here: https://www.ecfr.gov/cgi-bin/text-idx?SID=60f9f0f14136be95a1cee250074ae00d&mc=true&node=pt42.4.457&rgn=div5

- Document Request/Document Submission
- Desk Review/File Review
    - The desk review includes review of documentation provided (see Description of Data Obtained, above).
    - The file review is incorporated into the relevant area of review. Each category has a checklist with 12-40 questions for each file reviewed. Five to ten files are reviewed per category per MCP. Files are reviewed in-depth to ensure key elements are handled appropriately, required timeframes were met, and identify whether there are opportunities the MCP can improve upon.
- Any findings are supported by evidence and provided to MCPs to prepare a response
- Onsite/virtual visit: TEAMonitor staff conduct a virtual visit with each MCP, and/or may visit each MCP's in-state headquarters (when appropriate). The agenda is to verbally report on the findings from the document and file review, provide feedback on trends or changes in MCP performance from the previous year, discuss any themes within the findings, and listen to MCP responses to HCA interview questions. The interview questions are developed to obtain information on emerging issues, key areas of interest, or MCP activities not included in the document review.
- Formal written reports and scores are provided to the MCP after completion of the document review, file review and onsite visit. This report provides detail on findings and sets written expectations on what corrective action is required. Each section within each area of focus is scored and tracked from year to year. Also, HCA identifies MCP best practices to be shared with permission to improve performance of other MCPs.

Contractual and Regulatory Requirements

The following is a list of the access, quality and timeliness elements cited in 42 CFR 438, Parts 56, 100 and 114, Subparts D and QAPI, comprising the three-year review cycle of Apple Health MCPs.

In addition, plans are reviewed on elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.

- **§438.56 – Disenrollment: requirements and limitations**
- **§438.100 – Enrollee rights**
- **§438.114 – Emergency and post stabilization services:** TEAMonitor reviews this standard in conjunction with §438.210 Coverage and authorization of services
- **§438.206 – Availability of services**
- **§438.207 – Assurances of adequate capacity and services**
- **§438.208 – Coordination and continuity of care**
- **§438.210 – Coverage and authorization of services**
    - §438.114 Emergency and post–stabilization services: TEAMonitor reviews this standard in conjunction with §438.210 Coverage and authorization of services
- **§438.214 – Provider selection**
- **§438.224 – Confidentiality**
- **§438.228 – Grievance and appeal systems:** TEAMonitor reviews this standard in conjunction with 42 CFR 438 Subpart F Grievance and Appeal System

- **§438.230 – Subcontractual relationships and delegation**
- **§438.236 – Practice guidelines**
- **§438.242 – Health information systems**
- **§438.330 – Quality assessment and performance improvement program (QAPI)**
  - §438.66(c)(3) **–** Monitoring Procedures Claims payment monitoring: TEAMonitor reviews this standard in conjunction with §438.330 QAPI
- **§438.608 – Program integrity requirements under the contract**

  TEAMonitor reviews the following standards in conjunction with §438.608 – Program integrity requirements under the contract:
  - §455.104 – Disclosure of ownership and control
  - §455.106 – Disclosure by providers: Information on persons convicted of crimes
  - §455.23 – Provider Payment Suspension
  - §1001.1901(b) – Scope and effect of exclusion
  - Social Security Act section 1903(i)(2) of the Act

Appendix C: PIP Validation Procedures

Appendix C: PIP Validation Procedure

Objectives

Washington's MCPs are contractually required to have an ongoing program of clinical and non-clinical PIPs that are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction for all Apple Health programs, including AH-IMC, AH-IFC and BHSO.

As a component of its EQR review, TEAMonitor conducted an assessment and validation of the MCPs' PIPs to ensure they met state and federal guidelines; included all Apple Health enrollees; and were designed, implemented, analyzed and reported in a methodologically sound manner.

Technical Methods of Data Collection

The TEAMonitor evaluations are based on *Worksheets for Protocol 1. PIP Validation Tools and Reporting Framework*, a set of worksheets used to guide and record answers for the validation of PIPs and reporting of summary PIP information, developed by CMS to determine whether a PIP was designed, conducted and reported in a methodologically sound manner.

Protocol 1 specifies procedures in assessing the validity and reliability of a PIP and how to conduct the following three activities:

- Activity 1: Assess the PIP methodology
- Activity 2: Perform overall validation and reporting of PIP results
- Activity 3: Verify PIP findings (optional)

Activity 1: Assess the PIP Methodology

- Review the selected PIP topic to assess the appropriateness of the selected topic
- Review the PIP Aim Statement to assess the appropriateness and adequacy of the aim statement
- Review the identified PIP population
- Review the sampling method
- Review the selected PIP variables and performance measures
- Review the data collection procedures
- Review data analysis and interpretation of PIP results
- Assess the improvement strategies
- Assess the likelihood that significant and sustained improvement occurred

Activity 2: Perform Overall Validation and Reporting of PIP Results

Following the completion of Activity 1 and Activity 2, the EQRO will provide two validation ratings of the PIP results:

- **Methodology & Implementation** – The first rating refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results.

- **Improvement Strategies** – The second rating refers to the EQRO's overall confidence that the PIP produced evidence of significant improvement.

TEAMonitor utilizes one of the following validation ratings in reporting the results of the MCPs' PIPs:

- High confidence in reported results
- Moderate confidence in reported results
- Low confidence in reported results
- No confidence in reported results
- Enough time has not elapsed to assess meaningful change

Activity 3: Verify PIP Findings (Optional)

A state may request that the EQRO verify the data produced by the MCP to determine if the baseline and repeated measurements are accurate. Comagine Health does not verify the data produced by the MCPs.

Description of Data Obtained

TEAMonitor validates each PIP using data gathered and submitted by the MCP using *Worksheets for Protocol 1. PIP Validation Tools and Reporting Framework*.

Data Aggregation and Analysis

As the MCPs submit their PIP data directly within the protocol worksheets, all elements necessary for the validation of the PIP are submitted and readily available for TEAMonitor to validate.

The TEAMonitor scoring method for evaluating PIPs is outlined below.

PIP Scoring

TEAMonitor scored the MCPs' PIPs as Met, Partially Met or Not Met according to how well they performed against a checklist of elements designed to measure success in meeting the standards specified by CMS. The elements associated with the respective scores follow:

To achieve a score of Met, the PIP must demonstrate all the following 12 elements:

- A problem or need for Medicaid enrollees reflected in the topic of the PIP
- The aim statement is stated in writing
- Relevant quantitative or qualitative measurable indicators documented
- Descriptions of the eligible population to whom the aim statements and identified indicators apply
- A sampling method documented and determined prior to data collection
- The study design and data analysis plan proactively defined
- Specific interventions undertaken to address causes/barriers identified through data analysis and QI processes (e.g., barrier analysis, focus groups, etc.)
- Numerical results reported (e.g., numerator and denominator data)

- Interpretation and analysis of the reported results
- Consistent measurement methods used over time or, if changed, documentation of the rationale for the change
- Sustained improvement demonstrated through repeat measurements over time (baseline and at least two follow-up measurements required)
- Linkage or alignment between the following: data analysis documenting need for improvement, aim statements, selected clinical or nonclinical measures or indicators, results

To achieve a score of Partially Met, the PIP must demonstrate all the following seven elements. If the PIP fails to demonstrate any one of the elements, the PIP will receive a score of Not Met.

- A problem or need for Medicaid enrollees reflected in the topic of the PIP
- The aim statements stated in writing
- Relevant quantitative or qualitative measurable indicators documented
- A sampling method documented and determined prior to data collection
- The study design and data analysis plan proactively defined
- Numerical results reported (e.g., numerator and denominator data)
- Consistent measurement methods used over time or, if changed, documentation of the rationale for the change

Appendix D: Validation of Network Adequacy Methodology

Appendix D: NAV Methodology

NAV is a required EQR activity described at 42 CFR §438.68. The purpose of NAV is to determine the extent to which Medicaid and CHIP MCPs comply with network adequacy requirements during the preceding 12 months. HCA performed the validation of network adequacy July – September 2024. The review was based on member enrollment and provider network data files as of July 2024. The review assessed activity requirements set forth in 42 CFR §438.68 and HCA's contract with the MCPs.

The HCA defined standard is for 80% of the total Medicaid population in a given county to have access to a provider within the specific travel distance (i.e., % Met) in all provider type categories, across both county and regional service areas. HCA may grant statewide exceptions if fewer than 80% of members have access to a provider within 25 miles, and there are not enough providers in a specific county to establish contracts or no providers are available in the area.

Comagine Health reviewed and validated HCA's process, which is described below, including an analysis of the worksheets and reported results provided by HCA.

Technical Methods of Data Collection

To ensure network adequacy, HCA completed a comprehensive validation process for each MCP following the process outlined in *CMS Protocol 4: Validation of Network Adequacy*. This protocol involves six distinct activities, which are categorized into three phases:

- **Planning Phase**:
  - **Activity 1: Scope Definition** – During this initial step, Comagine Health and HCA agreed upon the standards to be validated, specifically what is included and excluded in the scope and validation process.
  - **Activity 2: Data Source Identification** – Comagine Health and HCA confirmed that all relevant data sources needed for validation were identified and utilized, specifically enrollee and provider data.
- **Analysis Phase**:
  - **Activity 3: Information Systems Review** – This evaluation focuses on the information systems utilized to generate, capture and report accurate data for each network indicator, specifically reviewing the ISCA as well as any items not addressed in the ISCA. In addition, the MCP's membership, enrollment and provider information systems were reviewed as part of their HEDIS® Compliance Audits. Comagine Health reviewed the HEDIS compliance audit final audit reports for the membership, enrollment and provider systems. The HEDIS compliance audit includes an overall assessment of the capability of the MCP's information systems to capture and process the information required for reporting data. All standards were met with no adverse impacts identified. In addition, Comagine Health reviewed ISCA attestation forms submitted by the MCPs confirming compliance with information system requirements.
  - **Activity 4: Data, Methods and Results Validation** – HCA completed an assessment of the information, data and methods utilized by the MCP to produce the network adequacy results.
- **Reporting Phase**:
  - **Activity 5: Preliminary Findings Communication to MCPs** – HCA provided findings to the MCPs and provided an opportunity for correcting omissions and errors.

- **Activity 6: Submission of Final Findings** – HCA submitted the final validation results and report to Comagine Health.

Description of Data Obtained

On a quarterly basis, MCPs submit provider network files to HCA using specified file formats. HCA reviews the provider data submitted by the MCPs to ensure correct formatting as well as the appropriate provider types and counts of providers within each specialty prior to loading the data for analysis and reporting. The MCP has the opportunity to correct data file errors in the next quarterly submission. HCA then uploads managed care enrollment and MCP provider network files into the Quest Analytics' Quest Enterprise Services (QES) system, which generates provider network access reports. Using QES network adequacy analysis software, HCA compiles and analyzes this data, including mapping provider locations relative to the Medicaid population.

The validation process also involved completing the worksheets from *CMS Protocol 4: Validation of Network Adequacy*.

- 4.1 – Outlines the network adequacy standards as defined by the Medicaid contract and CFR including applicable provider types, regions, MPCs and documentation.
- 4.2 – Provides a crosswalk from Quest Analytics showing the numerator, denominator, and standards as programmed in the system which align with contract and CFR standards, including the provider types defined in both.
- 4.3 – Details the provider network adequacy indicators and data sources.
- 4.4 and 4.5 – Describes the MCP network staff who participate in the network review process and data systems involved.
- 4.6 – Documents the assessment of MCP network adequacy data, methods and results.
- 4.7 – Outlines issues throughout the year as they pertain to each individual MCP that could not be provided in a yes/no question style format, as in worksheet 4.6.

Data Aggregation and Analysis

HCA generates separate quarterly files for each MCP, detailing statewide enrollment by ZIP code. Using member addresses, HCA utilizes geocoding to create a proximity file based on latitude and longitude to approximate locations. This geographic awareness is based on actual road layouts, including bodies of water, but it does not consider public transportation routes. The enrollment and provider files submitted by the MCPs are uploaded in QES.

HCA utilizes QES network adequacy analysis software to calculate the distance between the members and addresses of their nearest providers for all provider categories. The results are stratified by MCP, as well as by regional service areas. HCA's review focuses on:

- **Accuracy and completeness –** Ensuring the quarterly provider submission template is submitted correctly, as per data definition instructions.
- **Technical assistance needs –** Identifying if HCA needs to provide support.
- **Provider removal –** Excluding providers who no longer have contracts with the MCP.
- **Network compliance impact –** Assessing how changes in the provider network affect compliance with provider network requirements.

- **Encounter validation –** Verifying MCP's compliance with encounter validation against network submissions.

HCA's monitoring efforts include reviewing access in counties below the 80% threshold, comparing networks across quarters, identifying discrepancies between MCPs, comparing networks to online provider directories, ensuring only active Medicaid providers are listed, and determining if exceptions should be granted based on the exception process.

If a provider type does not meet the access standard, HCA has the discretion to grant exceptions to the distance requirements. These exceptions must be approved in writing by HCA. The MCP must submit a written request for an exception using the HCA-approved form and provide supporting evidence. If the nearest provider of the required type is beyond the applicable distance standard for the ZIP code, the distance standard will default to the distance to that provider, even if the provider is not participating with the MCP.

HCA employs a range of strategies to monitor and enhance provider networks. Depending on the issue, actions are taken through a structured process ranging from informal conversations to terminating MCP contracts in certain regions.

Scoring

The validation score was derived by completing protocol worksheet 4.6. Assessment of MCP Network Adequacy Data, Methods and Results. Specifically, worksheet 4.6 was completed for each MCP to evaluate and assess the data and methodologies used in calculating the network adequacy indicators. This worksheet also supported the assignment of a validation rating, reflecting the overall confidence that acceptable methodology was used by the MCP across all phases: design, data collection, analysis and interpretation of the network adequacy indicators. HCA reviewed 17 applicable elements in the worksheet, assigning either "Yes," "No" or "Not Applicable (NA)" to each. Standard scores were then calculated as the number of "Yes" elements out of the total number of scoring elements excluding elements scored as "NA" to determine the validation rating.

Calculate Validation Score

For each MCP, the responses to the elements and questions in worksheet 4.6 were counted and entered in Table D-1 below.

Table D-1. Calculation of Validation Score Legend.

Validation Score	
A – Total number of "Y" responses	#
B – Total number of scoring elements excluding elements scored as "NA"	#
Score = (A / B) x 100	%

Determine Validation Rating

The validation rating reflects the overall confidence that acceptable methodology was used during all phases of design, data collection, analysis and interpretation of the network adequacy indicators.

The table below shows the scoring legend including the validation score, which correlates with the validation rating in reporting the MCP validation ratings.

Table D-2. Determination Validation Ratings Legend.

Validation Score	Validation Rating
≥ 80%	High confidence
60% – 79.9%	Moderate confidence
30% – 59.9%	Low confidence
≤ 29.9%	No confidence

Appendix E: TEAMonitor Review Schedule

Appendix E: TEAMonitor Review Schedule

Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state. Washington's MCPs are evaluated by TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory, and contractual standards. TEAMonitor has chosen to spread the review over a three-year cycle. In 2024, TEAMonitor ended the three-year review cycle.

Current Review Cycle Schedule and Scores

HCA has incorporated the use of nonduplication regulations outlined in 42 CFR §438.360 within the Washington State Managed Care Quality Strategy. This implementation specifically pertains to Apple Health MCPs, which include PIHPs (BHSO programs), which serve Medicaid and CHIP enrollees in the state of Washington. The Quality Strategy outlines the accreditation standards that either fully met the non-duplication regulations and are deemed (in place of compliance review) or partially met, requiring some review within scheduled EQR activities.

Deemed standards will rely on NCQA accreditation compliance and will not be reviewed in scheduled EQR activities. To be eligible for deeming, MCPs must adhere to NCQA accreditation standards. As part of Apple Health contracts, they are required to submit all relevant accreditation materials to HCA for thorough review. See the Washington State Managed Care Quality Strategy for details.

During the current review cycle (2022-2024), TEAMonitor reviewed the following standards (Table E-1). Please note that TEAMonitor may review standards in conjunction with standards falling under other subparts.

Table Legend: ● = Desk and File (if applicable) ◑ = File Review Only

Table E-1. Current Review Cycle Standards.

Current Review Cycle Standards		2022	2023	2024
42 CFR Part 438 Subpart C – Enrollee Rights and Protections				
§438.100	Enrollee rights	—	●	—
42 CFR Part 438 Subpart D – MCO, PHIP and PAHP Standards				
§447.46	Timely claims payment by MCOs	—	—	●
§438.56	Disenrollment: requirements and limitation	—	—	●
§438.206	Availability of services*	—	●	—
§438.207	Assurances of adequate capacity and services	—	●	—
§438.208	Coordination and continuity of care	◑	●	◑
§438.210	Coverage and authorization of services	◑	◑	●
§438.214	Provider Selection (Credentialing)*	●	—	—
$438.224	Confidentiality	●	—	—
§438.230	Subcontractual relationships and delegation	—	—	●
§438.236	Practice guidelines*	—	●	—
§438.242	Health Information Systems*	●	●	●
42 CFR Part 438 Subpart E – Quality Measurement and Improvement; External Review				

Current Review Cycle Standards		2022	2023	2024
§438.66	Monitoring Procedures - Claims payment monitoring	●	—	—
§438.330	Quality Assessment and Performance Improvement Program (QAPI)	●	—	—
§438.330	Quality Assessment and Performance Improvement Program (QAPI) (b)(2)(c) Performance measurement	●	●	●
§438.330	Quality Assessment and Performance Improvement Program (QAPI) (b)(2)(c)(e)(2) Program review**	●	●	●
42 CFR Part 438 Subpart F – Grievance and Appeal Systems				
§438.228	Grievance and Appeals Systems	●	◑	◑
§438.400	Statutory basis, definitions, and applicability (b)	●	◑	◑
§438.402	Filing requirements (c)(1-3)	●	◑	◑
§438.404	Timely and adequate notice of adverse benefit determination (a-c)	●	◑	◑
§438.406	Handling of grievances and appeals (a)(b)	●	◑	◑
§438.408	Resolution and notification: Grievances and appeals (a-e)	●	◑	◑
§438.410	Expedited resolution of appeals	●	◑	◑
§438.414	Information about the grievance and appeal system to providers and subcontractors	●	◑	◑
§438.416	Recordkeeping and reporting requirement	●	◑	◑
§438.420	Continuation of benefits while the MCO, PIHP or PAHP appeal and the State fair hearing are pending	●	◑	◑
§438.424	Effectuation of reversed appeal resolutions	●	◑	◑
42 CFR Part 438 Subpart H – Additional Program Integrity Safeguards				
§438.608	Program integrity requirements under the contract	—	—	●

** Accreditation standard that either fully met the non-duplication regulations and is deemed (in place of compliance review) or partially met, requiring some review within scheduled EQR activities.*

*** TEAMonitor reviews Social Security Act (SSA) section 1903(i)(2) of the Act; §438.66 – State monitoring requirements; §455.104 - Disclosure of ownership and control; §455.106 - Disclosure by providers: Information on persons convicted of crimes; §455.23 - Provider Payment Suspension; and §1001.1901(b) - Scope and effect of exclusion in conjunction with this standard.*

Scoring

Final scores for each section are denoted the corresponding percentage. For example, in a section consisting of four elements in which the MCP scored a 3, or Met, in three categories and a 1, or Not Met, in one category, the total number of possible points would be 12, and the MCP's total points would be 10, yielding a score of 10 out of 12 with a corresponding 83%.

In addition, plans were reviewed on elements that received Partially Met or Not Met scores to validate improvement or need for further corrective action. If an MCP receives a corrective action plan or recommendations based on an element, that element will be re-reviewed the following year or until the finding is satisfied.

Table E-2 provides a summary of the aggregate results for the MCPs within Apple Health (program level) by compliance standard in Years 1 and 2 of the current three-year cycle.

Table E-2. Summary of the Program Level Review Cycle Compliance Scores.

Compliance Standards Reviewed	Score*
Standard – Year 1 (2022)	
§438.208 – Coordination and continuity of care	95%
§438.210 – Coverage and authorization of services	53%
§438.214 – Provider selection (Credentialing)	96%
§438.228 – Grievance and appeals systems	97%
§438.242 – Health information systems	100%
§438.330 – QAPI	83%
Standard – Year 2 (2023)	
§438.100 – Enrollee rights	99%
§438.206 – Availability of services	90%
§438.208 – Coordination and continuity of care	85%
§438.236 – Practice guidelines	91%
§438.242 – Health information systems	100%
§438.330 – QAPI	83%
§438.400 – Grievance System	99%
Standard – Year 3 (2024)	
§447.46 – Timely claims payment by MCOs	96.7%
§438.56 – Disenrollment: Requirements and limitations	100%
§438.208 – Coordination and continuity of care	95.8%
§438.210 – Coverage and authorization of services	76%
§438.230 – Subcontractual relationships and delegation	96.7%
§438.242 – Health information systems	95.6%
§438.330 – QAPI	93.3%
§438.400 – Grievance and appeals system	96.7%
§438.608 – Program integrity requirements under the contract	83.3%

**Aggregate MCP point values were totaled and the sum was divided by the aggregate number of applicable elements in the standard to derive percentage scores.*

Tables E-3 through E-5 summarize the individual MCP scores for the current review cycle (2022–2024).

Table E-3. Summary of the Current Review Cycle Compliance Scores (Year 1 – 2022).

Year 1 (2022)										
Compliance Area and CFR Citation	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§438.208 – Coordination and continuity of care	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%
§438.210 – Coverage and authorization of services	78%	78%	78%	78%	11%	11%	100%	100%	0%	0%

Year 1 (2022)										
Compliance Area and CFR Citation	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§438.214 – Provider Selection (Credentialing)	100%	100%	100%	100%	89%	89%	100%	100%	89%	89%
§438.228 – Grievance and Appeals Systems	98%	98%	100%	100%	91%	91%	100%	100%	94%	94%
§438.242 – Health Information Systems	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
§438.330 – QAPI	80%	80%	100%	100%	67%	67%	73%	73%	93%	93%

Table E-4. Summary of the Current Review Cycle Compliance Scores (Year 2 – 2023).

Year 2 (2023)										
Compliance Area and CFR Citation	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§438.100 – Enrollee rights	97%	97%	100%	100%	100%	100%	100%	100%	97%	97%
§438.206 – Availability of services	92%	90%	92%	90%	96%	95%	92%	90%	83%	81%
§438.208 – Coordination and continuity of care	87%	93%	80%	93%	73%	87%	80%	87%	80%	87%
§438.236 – Practice guidelines	89%	89%	89%	89%	89%	89%	100%	100%	89%	89%
§438.242 – Health Information Systems	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
§438.330 – QAPI	83%	83%	100%	100%	100%	100%	83%	83%	50%	50%
§438.400 Grievance System	100%	100%	100%	100%	98%	100%	100%	100%	95%	100%

Table E-5. Summary of the Current Review Cycle Compliance Scores (Year 3 – 2024).

Year 3 (2024)										
Compliance Area and CFR Citation	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§447.46 – Timely claims payment by MCOs	100%	100%	100%	100%	100%	100%	100%	100%	83.3%	83.3%
§438.56 – Disenrollment: Requirements and limitations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Year 3 (2024)										
Compliance Area and CFR Citation	CCW		CHPW		MHW		UHC		WLP	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§438.208 – Coordination and continuity of care	100%	100%	100%	100%	91.7%	100%	83.3%	83.3%	100%	100%
§438.210 – Coverage and authorization of services	73.3%	73.3%	80%	80%	60%	60%	93.3%	93.3%	73.3%	73.3%
§438.230 – Subcontractual relationships and delegation	100%	100%	91.7%	91.7%	91.7%	91.7%	100%	100%	100%	100%
§438.242 – Health information systems	100%	100%	100%	100%	88.9%	88.9%	100%	100%	88.9%	88.9%
§438.330 – QAPI	83.3%	83.3%	100%	100%	100%	100%	100%	100%	83.3%	83.3%
§438.400 – Grievance and appeals system	97.6%	97.6%	95.2%	95.2%	97.6%	97.6%	100%	100%	92.9%	92.9%
§438.608 – Program integrity requirements	91.7%	91.7%	100%	100%	91.7%	91.7%	75%	75%	58.3%	58.3%

Appendix F: Index of Tables and Figures

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