

2018 Regional Analysis Report

Washington Apple Health Washington Health Care Authority

December 2018



As Washington's Medicaid external quality review organization (EQRO), Qualis Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and the State's managed mental health and substance use disorder treatment services.

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Executive Summary

As part of its work as the external quality review organization (EQRO) for the Washington State Health Care Authority (HCA), Qualis Health reviewed Apple Health managed care organization (MCO) performance for the calendar year (CY) 2017. The MCOs were required to report on 57 Healthcare Effectiveness Data and Information Set (HEDIS[®])¹ measure items reflecting the levels of quality, timeliness, and accessibility of healthcare services they furnished to the state's Medicaid enrollees. HEDIS measures are developed and maintained by the National Committee for Quality Assurance (NCQA), whose database of HEDIS results for health plans, the Quality Compass^{®2}, enables benchmarking against other Medicaid managed care health plans nationwide.

During 2017 CY, five MCOs provided care for Apple Health enrollees:

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

To be consistent with NCQA methodology, the 2017 calendar year is referred to as the 2018 reporting year (RY) in this report.

Report Objectives

The goal of this report is to identify and articulate opportunities for improvement in the delivery of Medicaid services in Washington by examining variation and trends in HEDIS measure performance across the state's regions and demographic groups. This report is a companion to the *Comparative Analysis Report*, which provides overall HEDIS measure performance by Apple Health MCOs.

The populations in this report represent Apple Health members enrolled with an MCO in Washington State between January 1, 2017, and December 31, 2017. The HEDIS measures were not risk-adjusted for differences in enrollee demographics.

This report explores variations in performance measure outcomes in the following areas:

- geographic regions
- patient demographics
- Medicaid programs

These analyses identify performance improvements as well as opportunities for improvement. The section below outlines the key regional variations identified in four primary measure domains: Access to Care, Preventive Care, Chronic Care Management, and Medical Care Utilization. Later chapters will explore these variations in greater detail.

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Key Highlights

Access to Care

Health plans are responsible for ensuring care is available for their members. This is achieved by establishing an adequate provider network, providing good customer service and guidance, and educating members on the importance of engaging with providers for their routine care. In this report, the access measures presented are adults' access to preventive/ambulatory health services, children and adolescents' access to primary care practitioners, and select prenatal and postpartum care measures.

- Adults' access to preventive/ambulatory health services: Performance on both submeasures included in this analysis (ages 20–44 and 45–64) increased slightly statewide and in almost every region since 2017 RY. Rates were highest in the North Central region on both measures, and higher generally in the eastern regions of the state, continuing a trend noted the previous year. Analysis of variation by language and program identified higher rates for non-English-speaking enrollees than for English-speaking enrollees, and higher rates for enrollees of Apple Health Family (traditional Medicaid) compared to enrollees of Apple Health Adult Coverage (Medicaid expansion).
- Children and adolescents' access to primary care practitioners: Rates for this measure (also referred to as child/adolescent access to primary care in this report) decreased for every age group at the state level except for the 12–24 months age range. Rates were consistently the highest in the North Central region (except for the 12–24 months group) and, as in 2017 RY, in the eastern part of the state in general. Rates continued to be lowest in Southwest Washington, although rates in this region showed considerable improvement in the 7–11 and 12–19 age groups, where almost every other region showed a decline in performance. Analysis by language showed higher rates for non-English speakers in most regions on all measures.
- Maternal health measures: As reported in the 2018 Comparative Analysis Report, statewide performance on maternal health measures is poor. Timeliness of prenatal care dropped by 5.3 percent statewide between 2017 RY and 2018 RY, and postpartum care did not show improvement; both measures rank below the 33rd national percentile. Further analysis also revealed wide regional variation on the maternal health measures, with 14.7–22 percentage points separating the highest and lowest regional rates for each measure. North Central and Cascade Pacific AA rates were substantially higher than elsewhere, and were the only regional rates (with East King) to show improvement since 2017 RY on both measures. Rates in Southwest Washington remain the lowest in the state, but Better Health Together, Greater Columbia, and Olympic showed dramatic declines in performance on both measures since 2017 RY.

Preventive Care

Effective preventive care is delivered proactively, before the onset of disease. Cancer screenings in particular enable early detection of disease, which in turn may allow for additional treatment options that can lead to better outcomes. This report includes analyses relating to the breast cancer screening measure.

• Breast cancer screenings: Statewide performance on the breast cancer screening measure improved slightly since 2017 RY; rates also improved in every region, most notably in Southwest Washington, where the rate increased 13.5 percentage points. However, the rate for this measure remains below the 50th national percentile. Regional analysis showed similar trends as identified for 2017 RY, with higher rates in the eastern regions of the state than in the west. Analysis of

variation by language and race also continued to show considerably lower screening rates for white women and English speakers than for other races and for those enrollees with a non-English-language preference. These disparities could present opportunities to focus efforts on improving performance on this measure.

Chronic Care Management

Health plans can enhance quality of care and outcomes by helping providers coordinate care so that chronic illness is effectively managed and unnecessary care is avoided. This report includes measures relating to antidepressant medication management and comprehensive diabetes care—HbA1c control (< 8.0%).

- Antidepressant medication management: Performance on this measure (both acute and continuation treatment phases) increased slightly statewide since 2017 RY. Regionally, rates continued to be generally higher in the western part of the state, although the overall performance gap between western and eastern regions narrowed since 2017 RY, with most western regions showing slightly declining rates and eastern regions showing slight increases. Rates in Cascade Pacific AA surpassed those in all other regions on both measures, and North Central showed the lowest rates on both measures. Additional analyses for the continuation phase measure showed higher rates for enrollees ages 40–60 than for enrollees ages 20–40, and higher rates for the Apple Health Adult Coverage population (Medicaid expansion) than for Apple Health Family (traditional Medicaid).
- Comprehensive diabetes care—HbA1c control (< 8.0%): Performance on the HbA1c control measure, which has decreased statewide since 2017 RY, varied widely across the state, with 11.3 percentage points separating the highest (Seattle) and lowest (North Sound) regional rates. Regional rates also showed considerable variation year to year, with rates in several regions increasing or decreasing by 5–10 percentage points. Notably, the rate in Southwest Washington and Better Health Together increased by 7.8 points, the rate in North Central declined by 9.6, and the rate in Cascade Pacific AA and Pierce declined by 6.8 and 5.9, respectively.

Medical Utilization

One important method of controlling costs is to limit the provision of inappropriate or unnecessary care. This report assesses appropriate treatment for children with upper respiratory infection and appropriate testing for children with pharyngitis.

- Appropriate treatment for children with upper respiratory infection: Data for 2018 showed good performance statewide in avoiding inappropriate antibiotics use for children with upper respiratory infection, with little regional variation and little change since 2017 RY.
- Appropriate testing for children with pharyngitis: Rates for this measure varied more widely across the state, with rates above the national average in the western regions of the state, and rates at or below the state average in the eastern regions of Greater Columbia, Better Health Together, and North Central. The highest (Southwest Washington) and lowest (North Central) regional rates differed by 25.6 percent. In several regions, rates for English-speaking enrollees were substantially higher than for enrollees with all other language preferences.

Recommendations

Statewide rates for adult access to care improved slightly in 2018 RY; those for child/adolescent access decreased. Overall, access rates in the eastern regions of the state continued to surpass those in the western regions of the state.

 The State should consider examining root causes of low performance rates on access measures in the western regions of the state. Performance on access to primary care for both adults and children/adolescents were all particularly low in these regions of the state compared to the state average and should be a focus of improvement. HCA should consider requiring underperforming MCOs to have a plan in place, ideally with timelines and deliverables, to improve performance.

Although performance on the antidepressant medication management measures improved slightly in the eastern regions of the state in 2018 RY, rates here (except for Better Health Together) still lag behind those in the western regions of the state.

• The State should consider examining root causes of low performance on these behavioral health measures in the eastern part of the state and determine whether focused improvement efforts may be necessary, including examining the number and types of behavioral health practitioners and provider organizations available in the underperforming regions. Success for some of the measures may require sophisticated and specialized care potentially not readily available in rural areas. Depending on the results of these analyses, HCA should consider maximizing collaboration with the behavioral health integration efforts, priorities, and resources of Healthier Washington to better facilitate behavioral health integration across the state, particularly in the eastern regions.

Numerous measures, including most access measures and the breast cancer screening measure, showed lower performance rates for English-speaking enrollees; on other measures, particularly appropriate treatment for children with pharyngitis, performance was lower for those enrollees with a non-English-language preference.

Language preference plays a critical role in healthcare delivery, yet currently, methods for collecting enrollees' preferred language data vary among the plans and do not collect optimally detailed data. To further understand the specific language challenges present in delivering equitable care and to ensure enrollees are obtaining care and information in language they understand, HCA should consider the following options: asking MCOs to expand options for capturing enrollees' preferred language data beyond "other" to include a variety of languages, standardizing collection of this information among the plans, and evaluating whether the language capture is accurate. Obtaining an enhanced level of enrollee data may assist in identifying regions where additional or specialized outreach may be concentrated.

Introduction

As part of its work as the Washington State EQRO, Qualis Health reviewed Apple Health MCO performance for the calendar year 2017 (reporting year 2018). To enable a reliable measurement of performance, the MCOs were required to report 57 HEDIS measures, representing 141 submeasures. HEDIS measures were developed and are maintained by the NCQA, whose database of HEDIS results for health plans —the Quality Compass[®]—enables benchmarking against other Medicaid managed care health plans nationwide.

The purpose of this report is to identify opportunities for improvement in the delivery of Medicaid services in Washington by examining variation in MCO performance across geographic, Medicaid program, and demographic categories. It draws from MCO performance on selected HEDIS measures Apple Health MCOs reported on in 2017 RY and 2018 RY. It is a companion report to the *Comparative Analysis Report*, which provides overall HEDIS measure performance with comparisons to state and national benchmarks.

HEDIS Performance Measures

HEDIS measures are widely used performance measures reported by health plans. HEDIS results can be used by the public to compare plan performance over six domains of care; they also allow plans to determine where quality improvement efforts may be needed.

The select national benchmarks included in this report are derived from the Quality Compass and represent the national average among all Medicaid plans. The average includes non-managed care plans as well as plans in states that opted not to expand Medicaid. As a result, national comparisons are not always pertinent, but they represent a benchmark of care occurring across the US.

Administrative Versus Hybrid Data Collection

HEDIS measures draw from clinical data sources, utilizing either a fully "administrative" collection method or a "hybrid" collection method. The administrative collection method relies solely on clinical information that is collected from the electronic records generated in the normal course of business, such as claims, registration systems, or encounters, among others. In some delivery models, such as under-capitated models, healthcare providers may not have an incentive to report all patient encounters, so rates based solely on administrative data may be artificially low. For measures that are particularly sensitive to this gap in data availability, the hybrid collection method supplements administrative data with a valid sample of carefully reviewed chart data, allowing MCOs to correct for biases inherent in administrative data by using sample-based adjustments. As a result, hybrid performance scores will nearly always be the same or better than scores based solely on administrative data.

In order to determine regional differences in the quality of care provided to enrollees, selected measures needed to have sufficient volumes in each region to be included in the analyses. Only a few hybrid measures had sufficient volumes in each region to be analyzed at the regional level. As a result, this report focuses on variation in measures collected using the administrative methodology.

Member-Level Data

As part of the HEDIS audit process, each MCO was required to produce a patient-level data (PLD) file based on prior-year NCQA specifications. These files provide member-level information for all HEDIS quality measures.

HCA requested that each MCO's member-level data (MLD) file be submitted to the State for mapping to enrollee demographic information (race/ethnicity, language, and ZIP code of residence). These collective member-level data were provided to Qualis Health for analysis and are a principal data source for this report. Because the statewide rates for this report are derived from member-level data, some statewide results may differ slightly from those presented in the *2018 Comparative Analysis Report*, which are derived from HEDIS data.

The populations underlying each measure in this report represent Apple Health members enrolled with an MCO in Washington State between January 1, 2017, and December 31, 2017. Of note: Only individuals who are in the denominator of at least one HEDIS measure are included in the member-level data. As a result, individuals with short tenures in their plans or individuals with little to no healthcare utilization may not be included in this report. The HEDIS measures were not risk-adjusted for any differences in enrollee demographic characteristics. Prior to performing regional analysis, member-level data were aggregated to the MCO level and validated against the reported HEDIS measures.

Measure Selection

As stated above, this report focuses on variation in measures collected using the administrative methodology. The HEDIS performance measures included in this report are listed in Table 1. Abbreviations for the measure names are included in the table and used throughout the text.

Abbreviation	HEDIS Measure
Access to Care	
AAP	Adults' Access to Preventive/Ambulatory Health Services
CAP	Children and Adolescents' Access to Primary Care Practitioners
Preventive Car	e
BCS	Breast Cancer Screening
Chronic Care I	lanagement
АММ-а	Antidepressant Medication Management (Effective Acute Phase Treatment)
AMM-b	Antidepressant Medication Management (Effective Continuation Phase Treatment)
Medical Care L	Itilization
URI	Appropriate Treatment for Children with Upper Respiratory Infection
CWP	Appropriate Testing for Children With Pharyngitis

Table 1: Select HEDIS Administrative Measures and Abbreviations

While the focus of this report is on administrative measures, it does include limited references to select measures collected through the hybrid methodology, as outlined in Table 2.

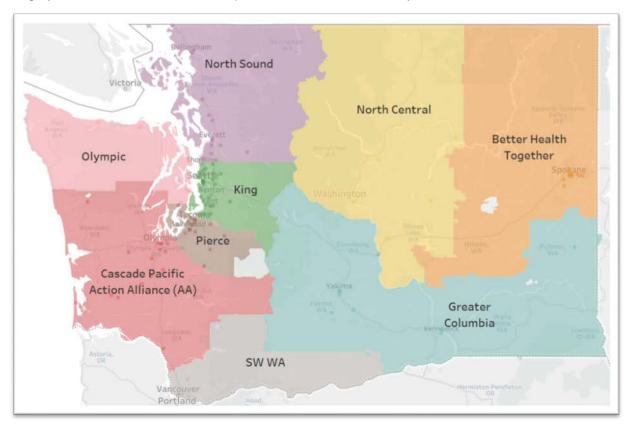
Table 2: Select HEDIS Hybrid Measures and Abbreviations

Abbreviation	HEDIS Measure
Access to Care	9
PPC	Prenatal and Postpartum Care
Chronic Care I	Nanagement
CDC	Comprehensive Diabetes Care—HbA1c Control (< 8.0%)

More information on MCO comparative performance on hybrid measures can be found in the 2018 *Comparative Analysis Report.*

Areas of Analysis for Variation

• **Geographic Regions:** The regions delineated in this report are the Accountable Community of Health (ACH) boundaries for 2018, defined by the HCA as of May 2018.³ Enrollees were assigned to ACHs based on their residence ZIP code and not where care is provided. Note that the grey area near Pierce is a national park and does not contain any beneficiaries.



³ https://www.hca.wa.gov/assets/program/ach-map.pdf

• King County Subdivision: Because of the dense population of King County and the heterogeneous nature of this ACH's population, we subdivided this region into three distinct areas: East King, Seattle, and South King.



- Medicaid Enrollment: Plan enrollment was derived from data submitted by the MCOs. Program enrollment was derived by HCA and submitted to Qualis Health as supplemental information.
 - MCO (AMG, CCW, CHPW, MHW, UHC)
 - o Program
 - Apple Health Family (traditional Medicaid)
 - Apple Health Adult Coverage (Medicaid expansion)
 - Apple Health Blind/Disabled
 - Integrated Managed Care (IMC)
 - State Children's Health Insurance Program (CHIP)
 - Apple Health Foster Care
- **Demographics:** Enrollee demographic information, such as race, sex, ZIP code of residence, and primary language, was derived from data submitted by the MCOs. Where MCO-supplied demographic information was missing, demographic data supplied by HCA were used.
 - o Age
- 20-year age ranges
- o Sex
 - Male/Female
- o Race
 - White
 - Black
 - Asian
 - American Indian/Alaska Native
 - Native Hawaiian/other Pacific Islander
 - Hispanic/Latino other
 - Unknown
- o Preferred language
 - English
 - Non-English

Determination of Statistical Significance

In this report, the words "significant" or "significantly" refer to measure performance in each region or demographic group compared to the overall state-level rate. A Wilson Score Interval Test, with a 95 percent confidence interval, was used to test for statistical significance. The Wilson Score Interval Test yields confidence intervals that have been shown to be accurate for most values (e.g., performance measure scores) and small samples (e.g., numbers of eligible enrollees).

Overview of Apple Health Enrollment

It is important to note that MCOs' members are not homogenous. MCOs serve different populations with a varying mix of demographics and program enrollment.

Most members in the Apple Health Family program (traditional Medicaid) are under the age of 20 (84.1 percent), while the majority of members in the Apple Health Adult Coverage program (Medicaid expansion) are between the ages of 20 and 50 (73.4 percent), and 32 percent of members in that program are between the ages of 20 and 30.

The IMC population served by CHPW and MHW in Southwest Washington accounts for 7.6 percent of all Medicaid enrollees, and the age distribution for this population is relatively evenly distributed, with a higher concentration only of enrollees under the age of 10 (26.96 percent). Eventually all plans and populations will transition to the IMC model, which incorporates administration of physical healthcare, mental health services, and substance use disorder treatment under one health plan.

Tables 3, 4, and 5 show the distribution of Apple Health enrollees by program, age, and both program and age.

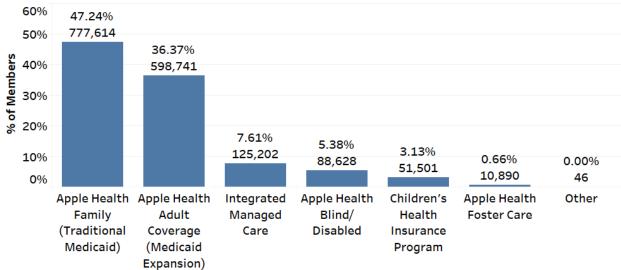


Table 3: 2018 RY Enrollee Population by Apple Health Program1,646,117 Enrollees in Total

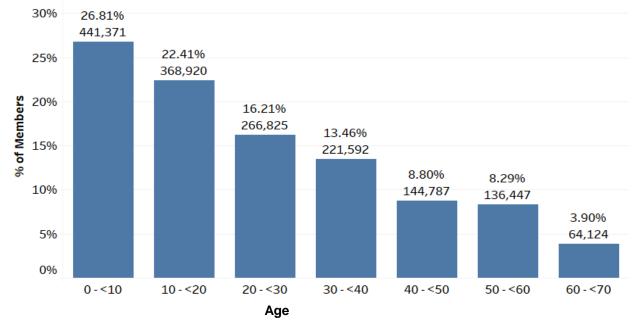


Table 4: 2018 RY Enrollee Population by Age

Table 5: 2018 RY Enrollee Population by A	Apple Health Program and Age
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Apple Health Family	% of	100%	47.06%	37.09%	5.54%	6.29%	2.89%	0.95%	0.16%
(Traditional Medicaid)	Members	50%	365,981	288,448	43,081	48,882	22,494	7,350	1,245
Apple Health Adult Coverage	% of	100%	0.79%	1.87%	32.08%	24.48%	16.81%	16.38%	7.59%
(Medicaid Expansion)	Members	50%	4,712	11,174	192,101	146,548	100,660	98,098	45,453
Apple Health Blind/Disabled	% of	100%	7.82%	12.47%	13.68%	12.08%	12.39%	24.48%	15.08%
	Members	50%	6,932	11,052	12,122	10,707	10,980	21,695	13,365
Children's Health Insurance	% of	100%	48.46%	51.53%	0.00%	0.00%	0.00%	0.00%	0.00%
Program	Members	50%	24,955	26,539	2	1	2	1	1
Apple Health Foster Care	% of Members	100% 50%	61.05% 6,648	27.32% 2,975	11.63% 1,267				
Integrated Managed Care	% of	100%	26.96%	23.89%	15.72%	13.36%	8.94%	7.66%	3.33%
	Members	50%	33,759	29,911	19,687	16,723	11,199	9,588	4,175
			0-<10	10-<20	20 - <30	30 - <40	40 - <50	50 - <60	60 - <70

The relative distribution of these members is not uniform across MCOs. For example, 62.2 percent of AMG's members are enrolled in Apple Health Adult Coverage (Medicaid expansion), while only 28.6 percent of MHW's members are enrolled in that program. Additionally, only CHPW and MHW administered IMC in 2017. This variation in Medicaid program mix by MCO can affect HEDIS performance outcomes, so it is important to monitor performance at both the plan level and at the plan and program level. Table 6 shows Apple Health enrollee population distribution by program and plan.

Grand Total	% of Members	100% 50%	47.24% 777,614	36.37% 598,741	7.61% 125,202	5.38% 88,628	3.13% 51,501	0.66% 10,890
AMG	% of Members	100% 50%	29.33% 57,612	62.20% 122,173		6.11% 12,008	2.35% 4,619	0.00% 2
ccw	% of Members	100% 50%	49.50% 75,051	36.26% 54,975		7.05% 10,692		7.18% 10,888
СНРШ	% of Members	100% 50%	49.57% 181,479	34.16% 125,078	7.44% 27,253	5.71% 20,904	3.12% 11,424	
MHW	% of Members	100% 50%	50.93% 422,362	28.61% 237,294	12.30% 101,973	4.24% 35,165	3.92% 32,501	
UHC	% of Members	100% 50%	42.34% 64,208	47.29% 71,718		7.78% 11,792	2.56% 3,889	
			Apple Health Family (Traditional Medicaid)	Apple Health Adult Coverage (Medicaid Expansion)	Integrated Managed Care	Apple Health Blind/Disabled	Children's Health Insurance Program	Apple Health Foster Care

Table 6: 2018 RY Member Population by Apple Health Program and Plan

Overall, Apple Health MCOs experienced a total growth rate of 0.10 percent from December 2016 to December 2017 CY. MHW grew by 4.54 percent during this time, while all other plans decreased in total published enrollment from 2016 to 2017 CY. Table 7 shows Apple Health enrollment by plan for the 2014, 2015, 2016, and 2017 calendar years.

Table 7: Apple Health Enrollment,	December 2014, De	ecember 2015, December	2017 CY⁴

	December	December	December	December	Percent	Change
	2014 CY Enrollment	2015 CY Enrollment	2016 CY Enrollment	2017 CY Enrollment	Dec 2015 to Dec 2016 CY	Dec 2016 to Dec 2017 CY
AMG	128,369	141,571	149,314	145,135	5.19%	-2.88%
CHPW	332,456	294,141	297,725	277,185	1.20%	-7.41%
CCW	175,353	181,801	207,342	201,006	12.31%	-3.15%
мнพ	486,524	566,201	697,392	730,571	18.81%	4.54%
UHC	180,225	204,078	224,973	224,450	9.29%	-0.23%
Total	1,302,927	1,445,093	1,576,746	1,578,347	8.35%	0.10%

MCOs are also represented to varying degrees in the regions throughout Washington, as detailed in the following section.

⁴ www.hca.wa.gov/about-hca/apple-health-medicaid-reports

Apple Health Enrollment by Region

Program Enrollment

% of Members

The distribution of enrollees among different Medicaid programs differs by region. For example, Southwest Washington's members are almost exclusively enrolled in IMC, while the majority of enrollees in the Seattle region are in Apple Health Adult Coverage (Medicaid expansion). East King and Olympic regions also have higher levels of Apple Health Adult Coverage enrollees compared to other regions. North Central, South King, and Greater Columbia have the highest percentages of traditional Medicaid enrollees, at greater than 59 percent.

Table 8: Apple Health Program Enrollment by Region

100.0% 0.0% Better Greater Cascade North North Grand Health King Olympic Pierce SW WA Pacific AA Columbia Central Sound Total Together Members 100% 48.65% 49.00% 45.63% 36.35% 55.00% 49.85% 45.11% 52.05% 47.24% Apple Health Family % of 777,614 84,985 23,827 105,382 121,777 28,484 103,915 82,469 43,560 (Traditional 50% 2.49% 59.86% 59.38% Medicaid) 3,270 129,607 49,357 0% Members 100% 41.19% 40.79% 44.84% 53.78% 40.15% 44.58% 37.66% 35.82% 36.37% 32.08% 32.38% **Apple Health Adult** % of 71,961 68,650 23,416 64,435 98,082 28,152 75,178 68,635 598,741 Coverage (Medicaid 50% 69,447 26,912 2.57% Expansion) 3,376 0% Members 100% % of Apple Health 50% 6.61% 7.30% 5.06% 4.48% 6.82% 5.07% 4.39% 5.08% 6.71% 6.35% 5.38% 0.38% Blind/Disabled 12,282 11,540 10,950 8,166 9,715 12,400 4,240 12,678 2,339 3,653 88,628 0% 494 Members 100% ę Apple Health Foster 50% 0.90% 0.79% 0.62% 0.57% 0.66% 0.99% 0.75% 0.50% 0.49% 0.48% 0.51% 0.66% % Care 1,574 1,331 1,341 259 586 915 476 1,613 623 1,502 670 10,890 0% Members 100% Children's Health ę 50% 3.05% 4.80% 2.74% 3.95% 3.64% 4.54% 2.89% 3.48% 2.43% 2.58% 0.16% 3.13% % Insurance Program 5,337 4,091 5,596 2,506 3,284 7,576 3,025 11,095 1,822 6,953 51,501 0% 211 Members 100% of Integrated Managed 7.61% 50% 0.02% 0.41% 0.05% 0.04% 0.04% 0.02% 0.03% 0.03% 0.04% 0.03% % Care 125,202 682 69 26 38 109 20 46 42 24 55 0% Seattle South East King Total King

Enrollee Age Distribution

Similar to the regional variation in member distribution by Medicaid program, variations also exist by age group. In the Seattle region, 36.38 percent of enrollees are between the ages of 20 and 40, while in South King, only 27.32 percent of members are in that age group, and 53.08 percent of members are younger than 20. North Central and Greater Columbia have the highest percentages of members under 20 at 58.06 percent and 57.75 percent, respectively.

Table 9: Enrollee Age Distribution by Region

0.0%	% of Me	mbers	100.0%										
		Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	SW WA	Grand Total
0-<20	100% 50% 0%	46.91% 81,949	45.68% 76,871	57.75% 125,040	44.68% 23,331	34.71% 41,591	53.08% 101,705	58.06% 48,265	48.80% 119,208	42.62% 26,914	49.10% 98,028	50.86% 66,774	49.22% 810,288
	50% 50% 6% 0%	31.82% 55,582	30.94% 52,072	26.57% 57,532	29.29% 15,297	36.38% 43,596	27.32% 52,356	24.26% 20,169	29.50% 72,070	32.69% 20,641	30.36% 60,609	28.87% 37,909	29.67% 488,415
40 - <60	100% 50% 0%	17.48% 30,535	19.10% 32,151	12.90% 27,937	20.15% 10,523	22.98% 27,538	15.79% 30,257	13.94% 11,589	17.25% 42,151	19.87% 12,548	16.95% 33,838	16.73% 21,972	17.08% 281,233
60 + 40	50% 50% 0%	3.80% 6,638	4.28% 7,206	2.77% 6,005	5.88% 3,068 East King	5.92% 7,096 Seattle	3.81% 7,302 South King	3.73% 3,101	4.45% 10,866	4.81% 3,040	3.59% 7,157	3.53% 4,640	4.02% 66,194 Total
					East Killy	Sedille	South King						TULAI

Language and Race

North Central and Greater Columbia stand out in an analysis of enrollee variation by language and race. Both regions have higher percentages of members who prefer a non-English language, and in both regions, more than 20 percent of enrollees identify as Hispanic or Latino. In Seattle, 24.19 percent of members identify as black, higher than in all other regions.

Table 10: Enrollee Language Preference and Race by Region

	9	% of N	Members		_									
0.00%					30.00%									
Language														
			Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	SW WA	Grand Total
Non-English	o و f Aember	0% 0% 0%	4.86% 8,491	5.51% 9,266	24.19% 52,370	12.34% 6,442	12.63% 15,138	20.19% 38,693	26.13% 21,719	11.36% 27,742	2.75% 1,736	7.09% 14,158	9.98% 13,105	12.69% 208,973
						East King	Seattle	South King						Total

Race

			Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	SW WA	Grand Total
Hispanic	% of Me	100%	5.58%	5.97%	34.19%	5.56%	5.80%	8.71%	21.96%	9.10%	4.64%	4.50%	3.42%	10.78%
	mbers	0%	9,749	10,051	74,016	2,902	6,953	16,693	18,253	22,233	2,931	8,991	4,489	177,455
Black	% of Me	100%	4.05%	2.95%	1.82%	5.93%	24.19%	16.53%	0.90%	4.56%	4.71%	13.11%	3.71%	7.64%
	mbers	0%	7,077	4,960	3,943	3,098	28,985	31,684	747	11,137	2,971	26,175	4,873	125,750
Asian	% of Me	100%	2.24%	2.75%	1.27%	14.56%	14.09%	13.36%	0.67%	5.80%	3.62%	7.94%	4.32%	6.07%
	mbers	0%	3,917	4,625	2,740	7,604	16,877	25,599	559	14,180	2,285	15,849	5,670	99,954
American Indian	% of Me	100%	1.85%	1.65%	0.87%	0.62%	0.87%	0.80%	1.34%	1.39%	1.53%	1.09%	0.86%	1.19%
and Alaska Native	mbers	0%	3,238	2,770	1,893	325	1,037	1,527	1,110	3,400	966	2,179	1,128	19,600
Native Hawaiian/Pacific Islander	% of Me mbers	100% 0%	0.81% 1,414	0.94% 1,585	0.39% 840	1.15% 602	1.86% 2,229	3.04% 5,827	0.16% 133	1.20% 2,932	2.53% 1,600	2.24%	0.89% 1,166	1.39% 22,813
Unknown	% of Me	100%	12.04%	15.73%	21.73%	23.24%	14.08%	22.81%	36.50%	17.81%	12.03%	19.72%	23.08%	19.38%
	mbers	0%	21,028	26,480	47,056	12,133	16,871	43,706	30,340	43,512	7,593	39,374	30,298	319,087
Other	% of Me	100%	1.39%	1.43%	3.48%	2.69%	3.02%	4.42%	1.31%	2.64%	1.58%	2.07%	0.61%	2.39%
	mbers	0%	2,427	2,406	7,532	1,404	3,624	8,472	1,088	6,447	1,000	4,140	803	39,369
						East King	Seattle	South King						Total

Regional Comparison

The following sections—Access to Care, Preventive Care, Chronic Care Management, and Medical Care Utilization—offer a comparison of regional performance on select HEDIS measures, broken out additionally by race, language, and Apple Health program.

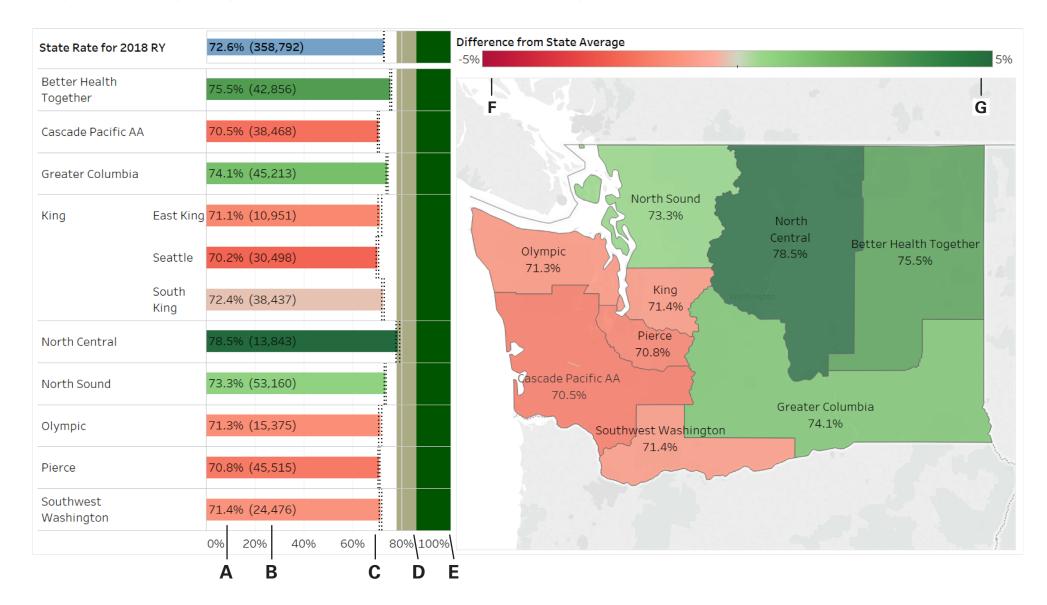
NOTE: Because the statewide rates for this report are derived from member-level data, some statewide results may differ slightly from those presented in the 2018 Comparative Analysis Report, which are derived from HEDIS data.

How to Read the Regional Analysis Report Charts

The following pages illustrate how to read and interpret the maps and charts within the Regional Comparison section. In each of three sample charts (featuring analyses appearing in the Access to Care section), core elements are annotated, and a corresponding key provides an explanation of each element. The concepts described here can be translated to any of the charts appearing in the Regional Comparison section.

Table 11: Adults' Access to Preventive/Ambulatory Health Services (20–44), Performance by Region

This map and chart compare regional rates for the adult AAP measure for 20–44-year-olds with the state rate for this measure.



- A Rate of Apple Health enrollees ages 20 44 residing in the Southwest Washington region having a primary care appointment in 2018 RY
- **B** Number of people who fell into the denominator in this region for this measure in 2018 RY (Apple Health enrollees ages 20 44 who resided in Southwest Washington during the reporting year)
- **C** Confidence interval, which varies depending on sample size (number of people eligible for inclusion in the measure)
- **D** 50th 90th national percentile
- **E** Above the 90th national percentile
- **F** Red indicates that the regional rate is below the state rate for this measure (the darker the color, the greater the difference between the regional rate and the state rate)
- **G** Green indicates that the regional rate is above the state rate for this measure (the darker the color, the greater the difference between the regional rate and the state rate)

С

Δ

Table 12: AAP (20–44) Performance Statewide and by Region, 2016 RY to 2018 RY

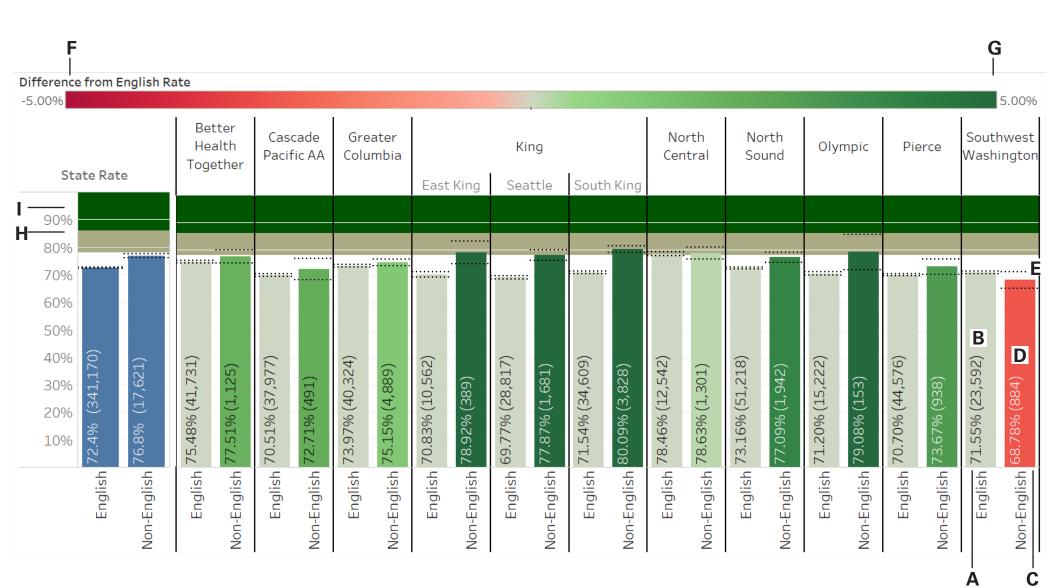
This chart compares regional rates to prior-year regional rates; i.e., the rate for a given region in 2018 RY in comparison to the rate for the same region for 2017 RY, and each rate for 2017 RY in comparison to the rate for 2016 RY.

		Bett	er He	alth	C	ascad	le	G	reate	er																						Sou	5. thw
		1	ogeth			cific			lum						King					Nort	:h Cei	ntral	Nor	th So	ound	0	lymp	oic		Pierc	e	Was	
State Rat	te										Ea	ast Ki	ng	5	Seatt	le	So	uth K	ing														
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0%																																-	В
434	792	772)	,353)	856)	311)	940)	(38,468)	906)	076)	213)	67)	070)	951)	984)	149)	498)	655)	110)	437)	847)	054)	843)	942)	460)	160)	641)	021)	375)	824)	104)	515)	85)	23,459)
(296,434)	(355,796) (358,792)	(35,772)	(41,	(42,	(32, 311)	(37,940)	(38,	3.90% (37,906)	72.76% (44,076)	(45,21	(9,567)	(11,070)	(10,	(28,984)	(32,149)	(30,	1.90% (33,655)	(38,110)	(38,437)	77.95% (11,847)	(14,054)	(13,	(43,	(52,460)	(53,	(12,641)	(15,021	(15,375	71.19% (39,824)	(46, 104)	(45,	(9,985)	(23,
		4.51%	7%	3%	3%		54%	%0	6%	%0	4%	45%	2%		%6	1%	%0	3%		5%	5%	7%	.81%	33%	31%	5%	4%	28%	%6	%0	6%	.4%	6%
.0% 	71.1% 72.6%	74.5	73.1	75.5	71.03%	69.25%	70.5	73.9	72.7	74.10%	69.94%	68.4	71.1	68.69%	68.09%	70.2	71.9	70.93%	72.40%	77.9	76.85% (78.4	72.8	72.3	73.3	71.05%	69.14%	71.2	71.1	69.60% (70.7	55.7	70.46%
ž	γ γ	Σ	R	RY	Ϋ́	R	Ϋ́	Ϋ́	Γ	Ϋ́		R	R	Ϋ́	R	R	Γ Σ	R	R		R	Ϋ́	۲. ۲	R	R	Å	R	R		R	R	RY	Σ
2016 RY	2017 2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016 RY	2017	2018	2016	2017	2018	2016	2017	2018	2016 RY	2017	2018	2016	2017	2018	2016	2017	2018	2016 RY	2017	2018	2016	2017

- A Rate of Apple Health enrollees ages 20 44 residing in the Southwest Washington region having a primary care appointment in 2017 RY
- **B** Number of people who fell into the denominator in this region for this measure in 2017 RY (Apple Health enrollees ages 20 44 who resided in Southwest Washington during the reporting year)
- C Rate of Apple Health enrollees ages 20 44 residing in the Southwest Washington region having a primary care appointment in 2018 RY
- **D** Number of people who fell into the denominator in this region for this measure in 2018 RY (Apple Health enrollees ages 20 44 who resided in Southwest Washington during the reporting year)
- **E** Confidence interval, which varies depending on sample size (number of people eligible for inclusion in the measure)
- **F** Red indicates that the rate for a given region and reporting year is below the rate for the same region in the previous reporting year (the darker the color, the greater the difference between the rate and the previous-year rate)
- **G** Green indicates that the rate for a given region and reporting year is above the rate for the same region in the previous reporting year (the darker the color, the greater the difference between the rate and the previous-year rate)
- H 50th 90th national percentile
- I Above the 90th national percentile

Table 13: AAP (20–44) Performance Variation by Region and Language

This chart compares the rate for non-English-speaking enrollees in each region to the rate for English-speaking enrollees in the same region.



- A Rate of Apple Health enrollees with an English-language preference residing in the Southwest Washington region having a primary care appointment in 2018 RY
- **B** Number of people who fell into the denominator in this region for this measure in 2018 RY (Apple Health enrollees ages 20 44 who identified an English-language preference and resided in Southwest Washington during the reporting year)
- **C** Rate of Apple Health enrollees with a non-English-language preference residing in the Southwest Washington region having a primary care appointment in 2018 RY
- **D** Number of people who fell into the denominator in this region for this measure in 2018 RY (Apple Health enrollees ages 20 44 who identified a non-English-language preference and resided in Southwest Washington during the reporting year)
- **E** Confidence interval, which varies depending on sample size (number of people eligible for inclusion in the measure)
- F Red indicates that the rate for enrollees with a non-English-language preference in a given region is below the rate for enrollees with an English-language preference in the same region (the darker the color, the greater the difference between the rate for non-English-speaking enrollees and English-speaking enrollees)
- **G** Green indicates that the rate for enrollees with a non-English-language preference in a given region is above the rate for enrollees with an English-language preference in the same region (the darker the color, the greater the difference between the rate for non-English-speaking enrollees and English-speaking enrollees)
- H 50th 90th national percentile
- I Above the 90th national percentile

Access to Care

Access to primary care depends on the ability of consumers to locate healthcare providers and receive services. Therefore, it is important that MCOs establish sufficient provider networks to ensure adequate access to care. The reported measures in this section include:

- Adults' access to preventive/ambulatory health services
- Children and adolescents' access to primary care practitioners
- Prenatal and postpartum care

A higher score indicates better performance.

In this section, the following key applies:

- 50th to 90th national percentile
- 90th+ national percentile
- Confidence interval around measure outcome

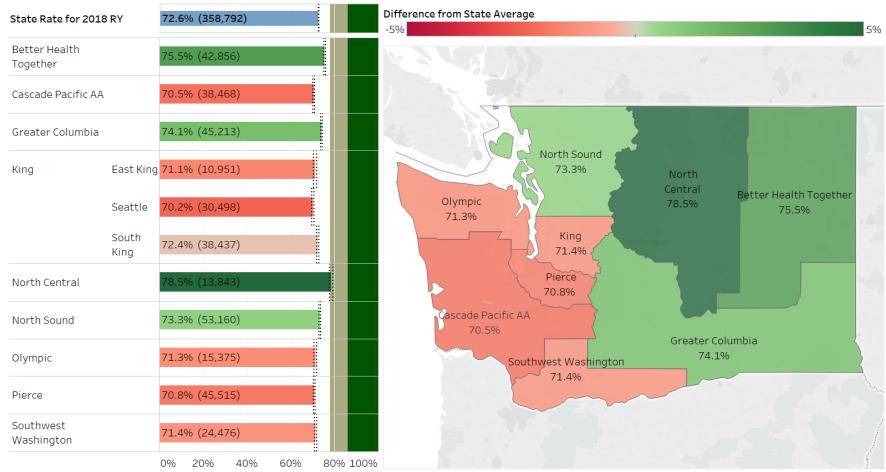
Adults' Access to Preventive/Ambulatory Health Services

Adults' access to preventive/ambulatory health services (AAP) is defined as the percentage of enrollees age 20 years and older who had an ambulatory or preventive care visit in the last year. This measure excludes acute inpatient encounters and emergency department (ED) visits. This section includes results for two submeasures: enrollees ages 20–44 and enrollees ages 45–64.

Adults' Access to Preventive/Ambulatory Health Services (20-44)

Performance on this measure was highest in the North Central region, as shown in Table 11, with the western regions showing a rate more than 7 percent lower. Performance was the lowest in Seattle, with only 70.2 percent of members having an ambulatory or preventive care visit in the last year. Performance on this measure varied widely, suggesting improvement opportunities in regions with lower performance.

Table 11: Adults' Access to Preventive/Ambulatory Health Services (20-44), Performance by Region



Year-to-Year Performance

Since 2017 RY, statewide performance on the AAP measure increased slightly yet significantly (because of the large population size, even a small shift may be a statistically significant change). Performance increased in every region for this measure.

Table 12: AAP (20–44) Performance Statewide and by Region, 2016 RY to 2018 RY

fference from Previous	Year										5.00%
	Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	Southwest Washington
State Rate				East King	Seattle S	outh King					
100%											
90%											
80%								•			
70%	······		,							anna a san a s	
60%-											
50%											
40% (7) (2)	72) <mark>53)</mark> 56)	() () () () () () () () () () () () () (9) 3) (6)		() () () () () () () () () () () () () (3 (1)		$\frac{1}{1}$	5) 4)	(6)
(296,434) (355,796) (358,792)		(32,311) (37,940) (38,468)	(37,906) (44,076) (45,213)	(9,567) (11,070) (10,951)	(28,984) (32,149) (30,498)	(38,110) (38,437)	(11,847) (14,054) (13,843)	3,942) 2,460) 3,160)	2,641) 5,021) 5,375)	(39,824) (46,104) (45,515)	985
(358, ⁷)		$\overline{}$	(4 ¹) (3 ¹)	(1) (9, (9,			(1 ²) (1 ²) (1 ²)	(5 (4	(1)	6 (39, (46,	
5 1.1 % %01 5.6% % 3.00	51% 17% 53%	03% 25% 54%	73.90% 72.76% 74.10%	69.94% 68.45% 71.12%	68.69% 68.09% 70.21%	70.93%	77.95% 76.85% 78.47%	'2.81% '2.33% '3.31%	71.05% 69.14% 71.28%	71.19% 69.60% 70.76%	55.74% 70.46%
71. 72.	74. 73. 75.	71. 69. 70.	73. 72. 74.	69. <mark>68.</mark> 71.	68. <mark>68.</mark> 70.	72.	77. <mark>76.</mark> 78.	72. 73.	71. <mark>69.</mark> 71.	71. <mark>69.</mark> 70.	55. 70.
RY RY	R X X	R R Y	R R X	RY RY	RY RY RY		R RY	R R Y	RY RY	RY RY	Ϋ́Υ Ϋ́Υ
2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018 2016	2017 2018 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017

Variation by Language

Most regions showed higher rates on this measure for enrollees with a non-English-language preference compared to those enrollees who prefer English.

Table 13: AAP (20–44) Performance Variation by Region and Language

Difference from English Rate -5.00% 5.00% Better Cascade Greater North North Southwest Health Kina Olympic Pierce Pacific AA Columbia Central Sound Washington Together State Rate East King Seattle South King 90% 80% 70% 60% 50% 40% 02 English 75.48% (41,731) English 70.51% (37,977) English 78.46% (12,542) 73.97% (40,324) 70.83% (10,562) English 71.54% (34,609) English 73.16% (51,218) English 70.70% (44,576) English 71.55% (23,592) English 69.77% (28,817) 71.20% (15,222) (17,621)77.87% (1,681) 80.09% (3,828) Non-English 75.15% (4,889) 78.63% (1,301) 77.51% (1,125) 77.09% (1,942) 1,178.92% (389) 79.08% (153) 68.78% (884) 30% 72.71% (491) (34 20% 10% English English English Non-English Non-English Non-English Non-English English Non-English Non-English Non-English Non-English Non-English Non-English Non-English

Variation by Race

The AAP (20–44) rate for those enrollees who identified as American Indian or Alaska Native were also higher than the combined rate for all other races in every region except North Central and Olympic.

Table 15: AAP (20–44) Performance Variation by Region and Race

Diff -5%		from Al	l Other R	aces																					59
	Cha		_		[.] Health ether		cade fic AA	Grea Colur					ing			North	Central	North	Sound	Oly	mpic	Pie	erce	South Washii	
	Sta	ite Rate	e							East	King	Sea	attle	Sout	h King										
	90%																								
	80%				:				-																
	70%						•	•						1	·						:		÷		
кате	60% 50%																								
ř	40%	t27)	()	76)		(8)		(22)		(20		56)		38)		96))5)		51)	_	34)		(67	
	30%	(356,427)	(2,365)	(42,376)	(480)	(38,178)	(290)	(45,057)	(156)	(10,907)	(44)	(30,356)	(142)	(38,238)	(199)	(13,696)	(147)	(52,805)	(355)	(15,251)	(124)	(45,234)	(281)	(24,329)	(147)
	20%				_											50% (19% (72% (_		
	10%	72.58%	77.80%	75.46%	82.29%	70.52%	73.45%	74.08%	77.56%	71.07%	81.82%	70.18%	76.76%	72.38%	75.88%	78.50	76.19	73.26%	79.72	71.29%	70.16%	70.73%	75.44%	71.38%	82.31%
		ther	and itive	Other	and tive	ther	and tive	ther	and Itive	Other		ther		ther	and itive	Other	and itive	ther	and itive	ther		ther	and itive	ther	
		All Other	an Indian and: Alaska Native	All O	ndian Ka Na	All Other	an Indian and Alaska Native	All Other	an Indian and Alaska Native	All O	an Indian and Alaska Native	All Other	an Indian and Alaska Native	All Other	n Indian and aska Native	All O	an Indian and Alaska Native	All Other	an Indian and Alaska Native	All Other	ו Indian and aska Native	All Other	an Indian and Alaska Native	All Other	an Indian and Alaska Native
			can Ir Alasl		can Indi Alaska		can Ir Alasł		can Ir Alasł		can Ir Alasl		can Ir Alasł		can Ir Alasł		can Ir Alasł		can Ir Alasł		can Ir Alasł		can Ir Alasl		can Ir Alasł
			American Indian Alaska Na		American Indian Alaska Na		American Indian Alaska Na		American Indian and Alaska Native		American Indian and Alaska Native		American Indian and Alaska Native		American Indian and Alaska Native		American Indian and Alaska Native		American Ala		American Indian and Alaska Native		American Indian and Alaska Native		American Indian and Alaska Native
			Am		Am		Am		Аш		Am		Am		Am		Am		Аш		АШ		Am		

5 00%

Apple Health Family (Traditional Medicaid) vs Apple Health Adult Coverage (Medicaid Expansion)

In a comparison of access rates by program enrollment, enrollees in Apple Health Family (traditional Medicaid) appear to be more likely to have a preventative visit than those in Apple Health Adult Coverage (Medicaid expansion). All regions in the state showed lower rates for enrollees in AHAC, who comprise the majority of eligible enrollees for this measure.

Table 16: AAP (20–44) Performance Variation by Region and Program



-5.00%

-5.	00%																															5.00%
				Hea	tter alth ether		ascade cific AA		Grea olur	ater nbia					Kir	ng					No Cen		Ν	lorth	ı Soı	und	0	lym	pic	I	Pier	ce
	Sta	ate Rate									Ea	ast I	King		Seat	tle	Sc	buth	King													
	100% 90%																															
	80%					_		-						-			-			_			+									
	70%					<u> </u>		-						-			-			-			+									
	60%							_						-						_			+									
Rate	50%								_			_			_			_			_	_		_	_	_		_	_			
	40%	:			•							·····																				
	30%	66	5,601	57)	960)	36)	; 034)		· · · ·	788)	20)		55)	02)	·····	(1,476)	2)		503)		n N	02)	•••••	(86	647)		(8))2)	31)		040)
	20%	74% (4,	(1)	% (5(% (1,	% (6	% (2,	% (7(% (1,	% (1	· · · ·	% (5(% (2(% (1,	% (4		% (1,	10, 10	2 0	% (7(% (79	0%	/0 / C/	% (2:	Н	% (8(% (731)		% (2,
	10%	30.749	37.46%	34.04% (567)	38.37% (1,960)	33.18% (636	40.17% (2,034)	28.39% (701		35.40% (1,788)	32.50% (120)		35.93% (565)	28.71% (202)		38.75%	27.43% (452)		33.539	000/ 7001 00	SULLE	33.48% (702)		32.71% (798)	37 70% (2 647)		31.65% (218)	l	38.15% (802)	28.45%		38.38% (2,040)
		Apple Health Family	Apple Health Adult Coverage	Apple Health Family	Apple Health Adult Coverage	<u> </u>	Apple Health Adult Coverade	Apple Health	Family	Apple Health Adult Coverage	Apple Health	Family	Apple Health Adult Coverage	Apple Health	Family	Apple Health Adult Coverage	Apple Health	Family	Apple Health Adult Coverage	Apple Health	Family	Apple Health	Adult Loverage	Apple Health Family	Apple Health	Adult Coverage	Apple Health	Family	Apple Health Adult Coverage	Apple Health	Family	Apple Health Adult Coverage

Apple Health Adult Coverage (Medicaid Expansion) Rates by Plan

A comparison of MCO performance on this measure for the Apple Health Adult Coverage (Medicaid expansion) population shows MHW performing higher than the other MCOs in most regions statewide.

Table 17: AAP (20–44) Performance Variation for Apple Health Adult Coverage (Medicaid Expansion), by Region and MCO

Better Health Together Cascade Pacific AA Greater Columbia King North Central North Sound Olympic Pierce 100% State Rate South King South King South King South King South King North Central North Sound Olympic Pierce 100% State Rate South King	Difference from Regional Rate -5.00%								5.00%
State Rate Sudth King Seattle South King 100%			Greater Columbia		King	North Central	North Sound	Olympic	Pierce
	State Rate	5		East King	Seattle South King				
	100%								
	90%								
	80%					······			
Statistical (S1232) Statistical (S1232) Statistical (S1333) 14666 (R1612) (R1613) (R1613) 156768 (R1613) (R1613) (R1613) 156768 (R1613) (R1613) (R1613) 156768 (R1221) (R1613) (R1613) 156768 (R1221) (R1613) (R1613) 15770 (R1613) (R1613) (R1613) 15770	70%					·····			
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24 25 25 26 26 27 27 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	% (42 33 % (40 % (40 % (40 % % % % % % % % % % % % % % % % % % %						7% (3 2% (8 9% (1 5% (7		
	%0 65.76 65.43 69.49 66.34	71. 66. 71. 71. 63.	0 0 0 0 0 0 0	64.7 63.6 68.0 76.2 66.8	65.55 63.65 69.57 74.34 66.05 65.25 69.70 69.70 66.14	66. 71. 78. 62.	62.17 68.82 74.35 70.95		62.70% 61.41% 62.82% 73.29% 64.85%
AMG CCW CHPW MHW MHW MHW MHW MHW MHW MHW MHW MHW MH			CCW HPW HHW MHC CCW HPW HPW HHW	AMG CCW HPW HHW UHC		AMG CCW HPW HHW UHC		AMG CCW HPW HHW UHC	AMG CCW HPW AHW UHC

Adults' Access to Preventive/Ambulatory Health Services (45-64)

For the AAP measure for enrollees ages 45–64, North Central had the highest performance, at 82.9 percent. Several regions in the western part of the state showed comparatively lower rates, around 78–79 percent. Note that the variation for this measure was not as wide as for the AAP measure for enrollees ages 20–44.

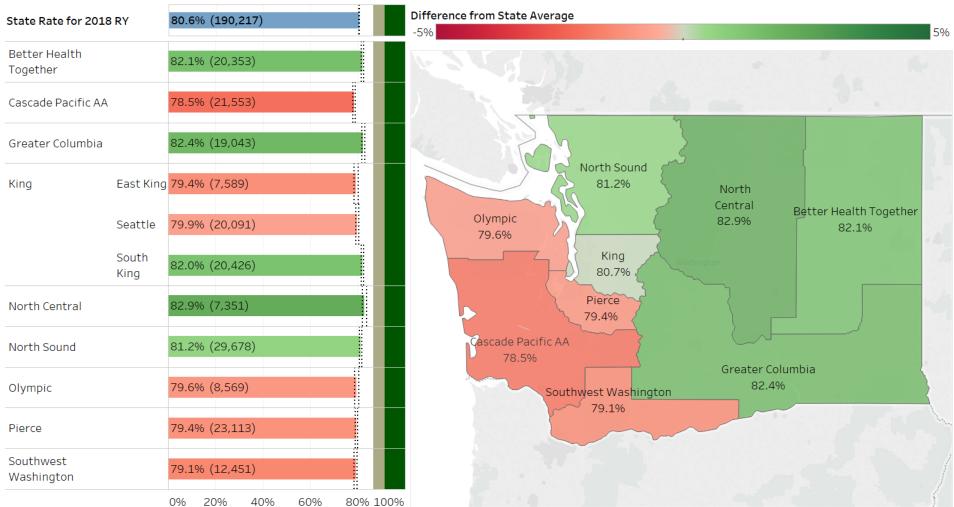


Table 18: Adults' Access to Preventive/Ambulatory Health Services (45–64), Performance by Region

Year-to-Year Performance

Over time, rates for this measure have increased slightly yet significantly (a result of the large population size). Almost every region showed an increase on this measure in 2018 RY.

Table 19: AAP (45–64) Performance Statewide and by Region, 2016 RY to 2018 RY

erence from Previous	fedi									5.00
	Better Health Together	n Cascade Pacific AA	Greater Columbia		King	North Centra	I North Sound	Olympic	Pierce	Southwest Washingto
State Rate				East King	Seattle South Kin					
100%										
90%			·····							
80%			1				· ::::::::::::::::::::::::::::::::::::		· · · · · · · · · · · · · · · · · · ·	
70%										
50%										
50%										
40%										
217) 896) 896) 217) 896	918) <mark>830)</mark> 353)	601) 517) 553)	369) 526) 043)	,605) ,540) ,589)	18,844) 20,488) 20,091) 18,154) 20,569)	79) 29)	599) 625) 678)	443) <mark>468)</mark> 569)	741) 405) 113)	43) 384)
(190,681) (190,681) (190,217)	(17,918) (19,830) (20,353)	(18,601) (21,517) (21,553)	(16,869) (19,526) (19,043)	(6,605) (7,540) (7,589)	(18,844) (20,488) (20,488) (20,589) (18,154) (20,569)	(6,579) (7,829) (7,351)	(25,599) (29,625) (29,678)	(7,443) (8,468) (8,569)	(20,741) (23,405) (23,113)	(5,543) (11,884)
						9% 5%	41% 78% 23%	9% 2%	6% 3%	2%
10% 80.4% 80.6% 80.4%	81.67% 80.89% 82.10%	79.41% 78.55% 78.52%	82.17% <mark>81.54%</mark> 82.38%	79.12% 78.41% 79.36%		2.2	81.41% 80.78% 81.23%	79.69% 78.42% 79.60%	79.86% 78.80% 79.43%	68.6 ⁹ 78.52
RY RY	<u>x</u> x x	<u>x</u> x x	Ϋ́ΥΫ́Υ	ΥΥΥΥ	Y Y Y Y	K X X X	RY RY	X X X	RY RY	RY RY
2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	01 01 01 01 01 01 01 01 01 01 01 01 01 0	2016 2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017

Variation by Language

Similar to AAP measure results for enrollees ages 20–44, access rates were higher for non-English speakers ages 45–64 than for English speakers of that age range in all but one region (Southwest).

Table 20: AAP (45–64) Performance Variation by Region and Language

Difference from English Rate -5.00% 5.00% Better Cascade Greater North North Southwest Health King Olympic Pierce Pacific AA Columbia Central Sound Washingtor Together State Rate South King East King Seattle 90% :::::::::::: 80% ••••••• 70% 60% 50% (1,816)40% 82.09% (19,520) English 79.21% (11,599) 78.48% (20,939) 81.79% (14,644) English 80.91% (17,069) 80.94% (27,354) 79.23% (21,846) 79.05% (17,565) (18,401)87.28% (3,357) 82.59% (6,004) Non-English 84.60% (2,324) Non-English 84.36% (4,399) 78.94% (6,848) 85.43% (2,526) 79.59% (8,428) 84.11% (1,347) 82.23% (833) 79.80% (614) 83.27% (741) 80.14% (141) Non-English 77.82% (852) 30% Ē 20% 84.3% 80.2% 10% English Non-English Non-English Non-English Non-English Non-English Non-English Non-English Non-English Non-English

Apple Health Family (Traditional Medicaid) vs Apple Health Adult Coverage (Medicaid Expansion)

Additionally, as with the 20–44 years age group, all regions showed lower access rates for Apple Health Adult Coverage enrollees ages 45–64 than for Apple Health Family enrollees of that age range.

Table 21: AAP (45–64) Performance Variation by Region and Program

Difference from Apple Health Family (Traditional Medicaid)

	00%	Trom Ap	ople Hea	ith Fa	mity	(Tra	artior	anivied	cald)																		5.00%
				Н	ette ealtl geth	n		scade ific AA		eater umbi				k	(ing					rth Itral	North	Sound	Oly	mpic		Pier	ce
	Sta	ite Rate)									East	King	Se	attle	S	outh	King									
	100%																										
	90%				•••										 	_											
	80%													1											ii l	::	
	70%																										
te	60%																										
Rate	50%																										
	40%	(80	342)	(9	(10	(TC	4)	66)	5)	11)			(0	(6	14)	ά	0	61)		5)	4)	80)		2)	4)		(66
	30%	(12,208)	2% (132,342)	1,29	80 09% (17 701)	T+'/	1,27	76.38% (15,266)	1,52	80.65% (14,211)		702)	7.69% (6,180)	1,15	77.77% (14,814)	156	DC ' T	79.92% (15,161)	516)	81.72% (5,575)	2,08	79.42% (22,780)	473)	7.50% (6,382)	1.58		76.76% (16,499)
	20%	8% (2% (4% (000	1040) %6	8% (3% (5% (4% () %6	1%(7% (606 (1070	2% (7% (2% (1%(2% (2% (0% (2% (6% (
	10%	85.38%	78.7.	86.34% (1,296)	008	00.00	83.59% (1,274)	76.3	86.03% (1,525)	80.6		85.04% (702)	77.6	84.81% (1,159)	77.7	85 16% (1 568)	t. 	79.9	85.47% (516)	81.7	86.71% (2,084)	79.4	87.32% (473)	77.5	83.52% (1.584))	76.7
		Apple Health Family	Apple Health Adult Coverage	Apple Health			Apple Health Eamily	Apple Health ult Coverage	1	Apple Health		Apple Health Family	Apple Health Adult Coverage	Apple Health Family	Apple Health			Apple Health ult Coverage		Apple Health ult Coverage	1	Apple Health Adult Coverage	1	Apple Health	Apple Health		Apple Health Adult Coverage
		le He Fa	le He Covei	le He	le He	Соvе	le He	le He Cove	le He	le He	Cove	le He Fa	le He Cove	le He	le He	le He	ЦЭ	le He Cove	le He Fa	le He Cove	le He Fa	le He Cove	le He	le He	le He	Ц	le He Cove
		App	App dult (App	App	Adult	App	App Adult	App	App	dult	Арр	App dult	App	App 4.1+	App		App Adult	App	App Adult (App	App dult	App	App 4.1+	App		App dult
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Apple Health Adult Coverage (Medicaid Expansion) by Plan

In an analysis of AAP measure performance isolated to Apple Health Adult Coverage enrollees in the 45–64 years age group, MHW showed higher rates in most regions. CCW also showed comparatively high rates for this group in North Central and Greater Columbia. CHPW showed high rates in Greater Columbia, Olympic, and King (Seattle and South King). UHC showed high rates in North Sound, and AMG showed relatively high rates in North Central.

Table 22: AAP (45–64) Performance Variation for Apple Health Adult Coverage (Medicaid Expansion), by Region and MCO

erence from Regional Rate										5.00%
	Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce
State Rate				East King	Seattle	South King				
996										
96										
196	······		······································	······	·····	······	······	·····	······	······
	······································	· · · · · · · · · · · · · · · · · · ·		······	······	······	· · · · · · · · · · · · · · · · · · ·		······	······
%		······					· · · · · · · · · · · · · · · · · · ·			······
6										
6										
6										
%										
۵ ۵ ۵ ۱ [%]	81) 25) 65) 97) 23)	8) (5) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	26) 79) 39)	6) 4) 6)	71) 57) 03) 24) 59)	9) 9) 9)		228) 745) 958) 220) 629)	32) 05) 52)	e 5 7 7
% (21,67 (23,94 (23,94 (26,44 (26,44	(2,981) (1,525) (2,065) (5,497) (2,723)	(2,532) (1,199) (3,715) (4,737) (3,083)	(1,42 (4,01) (3,1) (3,23 (2,34	(1,046) (1,034) (867) (1,817) (1,416)	(2,871) (2,257) (2,803) (3,524) (3,359)	(2,609) (2,087) (2,662) (4,457) (3,346)	(159) (1,020) (1,080) (2,951) (365)	(3,228) (2,745) (4,958) (7,220) (4,629)	(1,432) (1,205) (953) (1,652) (1,140)	(2,984) (2,521) (1,512) (5,446)
.76% .87% .96%	3.93% 5.92% 3.74% 3.59%	2.12% 9.81% 9.14% 8.81% 5.38%	3.35% 2.25% 1.28% 3.61% 7.39%	2.75% 5.24% 3.55% 1.95%	5.03% 3.28% 1.91% 1.81% 5.44%	5.20% 5.08% 2.23% 3.44%	1.13% 1.31% 9.26% 2.68% 1.25%	5.06% 4.06% 3.70% 2.47% L.68%	4.86% 5.44% 2.79% 3.51% 7.11%	72.12% 72.87% 75.79% 81.00%
% × × ∞ ×	AMG 78 CCW 76 CHPW 78 MHW 83 UHC 77	7777	AMG 73 CCW 82 CHPW 81 MHW 88 UHC 77	AMG 7 CCW 7 CHPW 78 MHW 81 UHC 7	AMG 79 CCW 73 CHPW 81 MHW 81 UHC 75	AMG 76 CCW 75 HPW 82 MHW 83 UHC 79	AMG 81 CCW 84 CHPW 75 MHW 87 UHC 74	AMG 73 CCW 72 CHPW 78 MHW 82 UHC 81	AMG Z CCW Z CHPW 82 MHW Z UHC Z	
AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW UHC	AMG CCW CHPW MHW

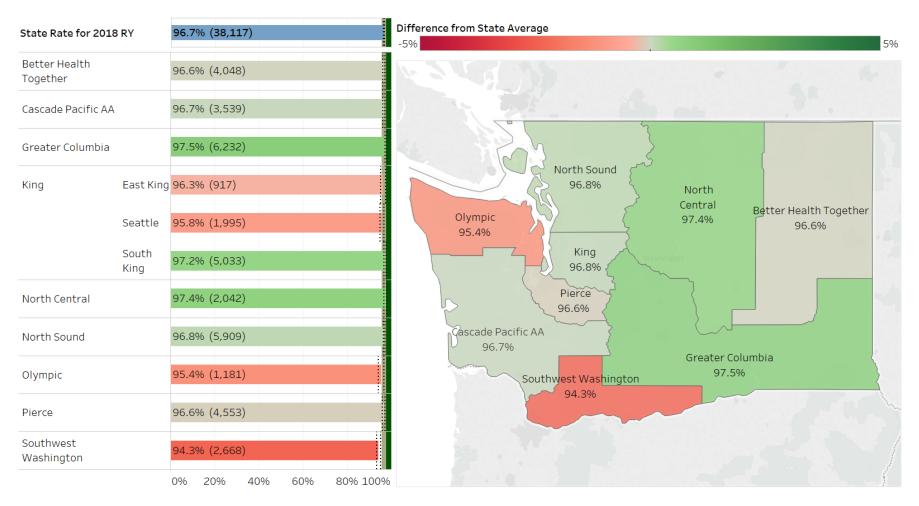
Children and Adolescents' Access to Primary Care Practitioners

Children and adolescents' access to primary care practitioners (CAP) is defined as the percentage of children ages 12 months–19 years who had a visit with a primary care practitioner in the last year (or the year prior for 7–19-year-olds). A higher score indicates better performance. This section includes results for four submeasures: enrollees ages 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years.

Children and Adolescents' Access to Primary Care Practitioners (12-24 months)

Regional analysis of this measure showed narrow variation in performance. The difference in highest and lowest rates among regions was less than 3 percent, with Southwest Washington at 94.3 percent and North Central and Greater Columbia at 97.4 and 97.5 percent, respectively.

Table 23: Children and Adolescents' Access to Primary Care Practitioners (12–24 months), Performance by Region



Over time, performance on this measure has remained steady or trended up in most regions.

Table 24: CAP (12–24 months) Performance Statewide and by Region, 2016 RY to 2018 RY

%		r Health Iether		ascac cific /			eater umbia						King					Nort	:h Cer	ntral	Nor	th So	ound	0	lymp	oic	[Pierce	e		5. uthw shing
State Rate									Eas	st Kir	ng	S	eattl	е	Sou	ith K	ing														
0%	•								•••••																						
0%																															
0%																												-			
0%					-		- 1						-	-				-			-	-	-	-		_		_		-	
0%																												_			
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.0%																															
468) 781) 117)	(3,137)	(3,568) (4,048)	35)	(3,069)	539)	(5,263)	(6,107)	(6,232)	8	0		(67,	31)	995)	(4,204)	667)	(5,033)	(1,748)	(2, 110)	(2,042)	(4, 405)	(5,353)	(606'5)	74)	072)	(1, 181)	384)	(4,556)	53)	1	(2,388)
(35,1 (35,1 (38,1)	(3,1	(3,5	(2,7	\sim	(3,	(5,2	(6,1	(6,2	(758)	(096)	(91	(1,7	(1,9	(1,		(4)	(5,0	(1,7		(2,0	(4,4	(5,3	\sim	8	(1)		(3,884)	(4,5	(4,553)	(681)	(2,3
0% 2 2 2	1%	39% 54%)2%	7%	96.72%	92.68%	97.54%	.54%	95.25%	94.48%	%6	37%	86%	79%	13%	6%	23%	.1%	54%	.36%	%06)1%	80%)2%	24%	95.43%	95.78% (96.64% (96.60%	79.59%	76%
92.7 96.7 96.7	94.71	96.89% 96.64%	84.0	96.7	96.7	92.6	97.5	97.5	95.2	94.4	96.2	93.87%	95.8	95.7	95.4	97.2	97.2	96.1	97.5	97.3	91.9	97.01%	96.8	89.0	95.2	95.4	95.7	96.6	96.6	79.5	93.7
RY RY		<u>x</u> x	Ϋ́	R	RY			2	Ϋ́	Ϋ́	Ϋ́	R	R	RY	RY	R	R	RY	R	R	R	R	RY	RY	Z	R	R	R	R	R	R
2016 2017 2018	2016	2017 2018	2016	2017	2018		2017	018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017

Variation by Language

As with the adult access measures, analysis of variation by language for this measure indicated no barriers for non-English speakers in accessing child and adolescent care. In all regions, rates were slightly higher for non-English speakers than for English speakers.

Table 25: CAP (12–24 months) Performance Variation by Region and Language

Difference from Eng	iglish Ra	ate																					
-5.00%		1		•		1								1									5.00%
			tter alth		cade		ater			Ki	ng				orth		orth	Olv	mpic	Pie	erce		nwest
State Rate		Toge	ether	Pacif	fic AA	Colu	imbia					1 -		Cen	ntral	So	und					Washi	ington
	••••••								: King		attle	Sout	h King		a				•••				
90%																							
80%				_		-			_	-		-		-		_		-		-			
70%										-													
60%																							
50%																							
40%	~																			\sim			
40% 30% - 7,426)	(5,661)	96.51% (3,811)	37)	.216)	(323)	.30% (4,813)	98.38% (1,419)	44)	(173)	.663)	(332)	96.74% (3,982)	99.05% (1,051)	484)	(558)	.123)	(786)	95.23% (1,112)	(6	166)	(387)	94.24% (2,342)	26)
20%		% (3,	3% (237	% (3,	% (3;	% (4,	% (1,	% (7,	% (1	% (1,	% (3.	% (3,	% (1,	% (1,	% (5)	% (5,	% (7	% (1,	% (6	% (4,	% (3	% (2,	% (3;
10% 4.96	98.1%	.519	98.739	96.67%	97.21%	.309	380	96.24% (744)	96.53% (95.49% (1,	97.29% (.749	.059	96.97%	98.39% (96.58% (5,	98.22%	.239	98.55% (69)	96.45% (4,	98.19% (1.249	94.79% (326)
						97					97												
English	Non-English	English	Non-English	English	Non-English	nglish	-English	English	-English	English	-English	English	Non-English	English	Non-English	English	Non-English	English	ı-English	English	-English	English	Non-English
E	ו-En	Еп	ו-En	ЕЛ	ŋ-En	Ц	ŋ-En	En	ŋ-En	Eu	л-Еп	Ел	ŋ-En	En	ŋ-En	En	ŋ-En	Ш	ŋ-En	Ш	ŋ-En	Ш	-E
	Nor		Nor		Nor		Non-		Non-		Non-		Nor		Nor		Nor		Non-		Non-		Nor

Children and Adolescents' Access to Primary Care Practitioners (25 Months-6 Years)

As with most other access measures, North Central showed the highest rates of access in the state for this measure in the 25 months–6 years age group, with 89.9 percent. In contrast, Southwest Washington and Olympic showed the lowest rates. The regional variation for this measure was slightly greater than for the 12–24 months age group.

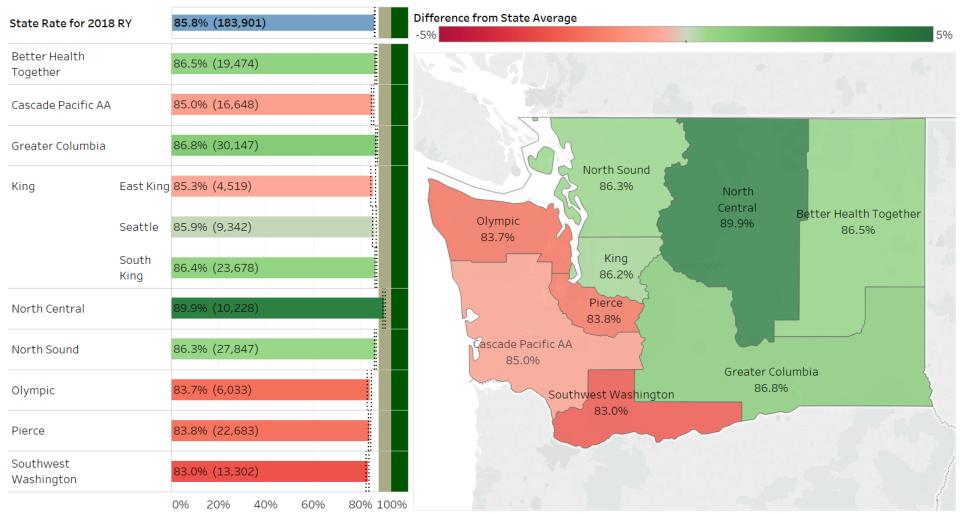


Table 26: Children and Adolescents' Access to Primary Care Practitioners (25 months–6 years), Performance by Region

Year to year, this measure trended down in every region but Olympic, where the rate did not change since 2017 RY. This was a trend reversal from 2017 RY, when rates in most regions improved from 2016 RY.

Table 27: CAP (25 months-6 years) Performance Statewide and by Region, 2016 RY to 2018 RY

0%																																5.
	Bett To	er He geth			ascao cific			reate lumb						King					Nort	h Cei	ntral	Nor	th So	und	0	lymp	ic		Pierc	e		uthwe shing
State Rate										Ea	ast Ki	ng	S	eattl	е	Soι	uth Ki	ing														
00%																																
90%							•																		•					·		
30%																			-													
70%															_				-													
0%									_			_	-		_				_											_		
0%										-																						
0%																																
	88)	33)	474)	24)	93)	48)	25)	67)	47)		(8)	6	65)	54)	2)	75)	3,143)	78)		48)	28)	44)	32)	847)	4)	4)	3	65)	82)	83)	()	2,008)
33.	(16,388)	17,7	19,4	(14,324)	(15, 293)	(16,648)	(27,425)	(29,267)	(30,147)	(4,187)	(4,408)	4,51	9,16	9,35	(9,342)	(21,675)	23,1	(23,678)	(9,947)	(10, 748)	(10,228)	(23,544)	26,23	(27,8	(4,854)	(5,274)	(6,033)	(19,565)	(21,482)	(22,683	(3,270)	12,0
	0	60% (46% (59% () %) %) %		6% (\sim) %6		1% (94% () %		92% (4% (5% (30% () %		1% () %/.) %			08% (
85.8% 81.9% %0 86.4% %0 85.8%	85.31%	86.60		72.59	85.27%	85.03%	81.00%	87.08%	86.82%	84.64% (86.86%	5.26	85.00%	86.89	85.89%	84.71	86.94	86.43%	88.91%	90.04%	9.92	79.74	86.75	86.30	78.76%	83.71%		84.77	85.26%	83.82%	61.65%	83.08
			γ 86.			_						00									γ 89.			_	1	_	√ 83				1	
L6 RY L7 RY		17 RY	18 RY	16 RY	17 RY	18 RY	l6 RY	17 RY	18 RY	2016 RY	17 RY	18 RY	l6 RY	17 RY	18 RY	16 RY	17 RY	18 RY	16 RY	17 RY	18 RY	l6 RY	17 RY	18 RY	16 RY	l7 RY	18 RY	l6 RY	17 RY	18 RY	l6 RY	17 RY
2016 2017 2018	2016	203	201	201	203	201	2016	201	2018	201	2017	201	2016	203	2018	201	2017	203	2016	2017	201	2016	203	201	203	2017	201	2016	2017	2018	2016	203

Variation by Language

In all regions, rates for the 25 months–6 years age group were higher for those enrollees with a non-English language preference than for those who prefer English.

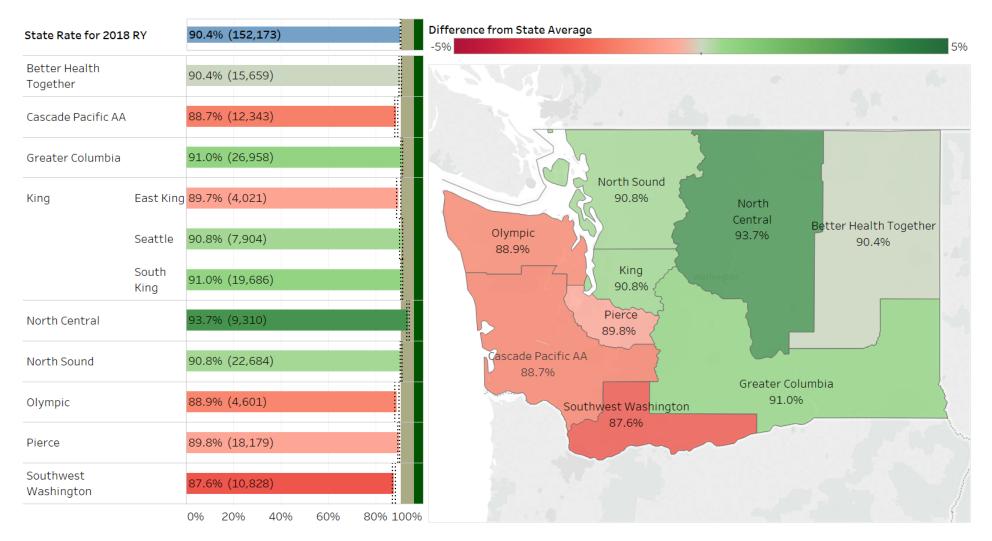
Table 28: CAP (25 months-6 years) Performance Variation by Region and Language

Difference from English Rate -5.00% 5.00% Better Cascade Greater North North Southwest Health King Olympic Pierce Pacific AA Columbia Central Sound Washingtor Together State Rate South King East King Seattle 90% 80% 70% 60% 50% 40% (153,401)86.08% (18,089) 84.74% (15,165) 85.80% (22,162) English 84.94% (18,062) 85.79% (23,754) 83.29% (20,643) English 82.19% (11,442) (30,500) 91.41%(1,385)91.24% (5,616) 88.52% (7,213) 89.12% (2,040) Non-English 87.90% (1,860) 88.00% (1,483) Non-English 89.66% (7,985) 84.44% (3,714) 84.85% (7,463) 90.05% (1,879) 93.27% (3,015) Non-English 89.23% (4,093) 83.37% (5,694) 89.07% (805) 89.38% (339) 30% 20% 90.1% 10% English Non-English Non-English Non-English Non-English Non-English Non-English Non-English Non-English Non-English

Children and Adolescents' Access to Primary Care Practitioners (7–11 Years)

Rates for the 7–11 years age group, as with other age groups, continued to be highest in North Central. The rate in Southwest Washington remained the lowest in the state; however, as shown on the next page, it was the only region to show improvement since 2017 RY.

Table 29: Children and Adolescents' Access to Primary Care Practitioners (7–11 years), Performance by Region



Reversing the trend seen in 2017 RY, performance on this measure decreased statewide and in every region except for Southwest Washington, where the rate climbed by more than 6 percentage points.

Table 30: CAP (7–11 years) Performance Statewide and by Region, 2016 RY to 2018 RY

erence from Pre																																	5.0	.00
			er He geth			asca cific			reat						King					Nort	ch Cer	ntral	Nor	th Sc	ound	0	lymp	oic		Pierce	е		uthwe shing	
State Rate											Ea	ast Ki	ng	S	Seatt	е	Sou	uth K	ing															
90%	······									4 .																		;						
80%																													1			<u> </u>	:: 	
70%																																		
60%																																		
50%																																į		
40%																																i –		
	173)	020)	(608	(629))22)	,150)	343)	251)	347)	958)	33)	75)	21)	504)	(04)	(904)	326)	766)	586)	92)	33)	(0)	371)	972)	2,684)	,395)	24))1))76)	L15)	(6/1	(0)	31)	Í
(112,090) (136,566) (136,566)	(152,17	(12,020)	(14,309)	(15,6	(10,022)	(12,1	(12,3	(21,251)	(25,847)	(26,958)	(3,283)	(3,875)	(4,02	(6,50	(7,70)6'()	(15,326)	(18,766)	(19,686)	(7,892)	(9,023)	(9,310)	(16,871)	(20,97	(22,6	(3,39	(4, 224)	(4,601)	(14,076)	(17,115)	(18,179)	(1, 450)	(2,581)	1000 001
10% % %		90.03%	91.29%	43%	39%	89.83%	71%	.13%	.47%	91.03%	%6	.15%	73%	05%	64%	90.78%	90.12%	78%	91.02%	94.53%	94.79%	3.69%	84.87%	79%	76%	84.39%	90.44%	88.89%	89.80%	90.64%	89.80%	70.00%	80.98%	
91.2 91.2	90.4%	90.0	91.2	90.4	78.3	89.8	88.7	87.2	91.4	91.(89.1	92.2	89.7	89.(91.(90.7	90.0	91.7	91.(94.5	94.7	93.6	84.8	90.7	90.7	84.3	90.4	88.8	89.8	90.6	89.8	70.0	80.9	
5 RY 7 RY	8 R√	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	8 RY	6 RY	7 RY	
2016 2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	201	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	201	

Variation by Language

As seen on the other CAP measures, a non-English-language preference does not appear to be a barrier to accessing child and adolescent care in the 7–11 years age group. All regions showed better access rates for non-English than English speakers.

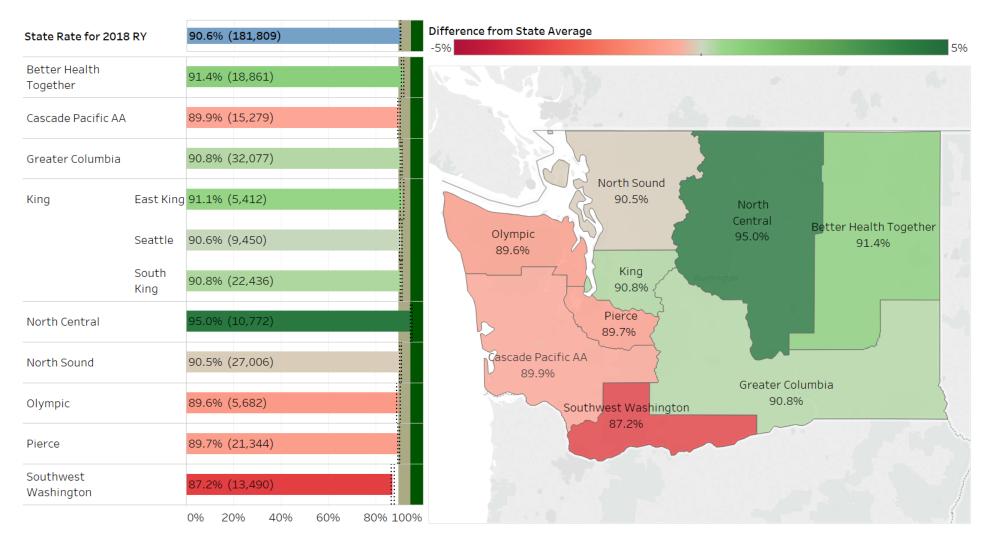
Table 31: CAP (7–11 years) Performance Variation by Region and Language

Difference from English Ra	ate										
-5.00%											5.00%
State Date	Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	Southwest Washington
State Rate				East King	Seattle Sou	uth King					
90%					:::::::::::::::::::::::::::::::::::::::						•••••••
80%											
70%											
60%											
50%											
15)	(191) 58)	(8)	324) 134)	51) 50))3))1) 194)	92)	72) 38)	539) 15)		593) 36)	56) 52)
(36,415) (36,415)	90.08% (14,191) 93.80% (1,468)	(10,595) (1,748)	89.67% (16,824) 93.30% (10,134)	88.86% (2,961) 92.17% (1,060)	89.57% (5,803) 94.10% (2,101) 89.45% (13,494)	94.44% (6,192)	(5,5 (3,7	90.08% (17,639) 93.12% (5,045)	88.56% (4,320) 93.95% (281)	89.16% (15,593) 93.70% (2,586)	86.94% (8,766) 90.64% (2,062)
20%)8% 30%	88.29% 91.30%	57% 80%	36%	15%	14%	92.21% (95.91% ()8% L2%	56% 95%	10%)4% 54%
<u>ග</u>											
English English	English English	English English	English English	English English	English English	glish	English English	English English	English English	English English	English English
English Non-English	English Non-English	English Non-English	English Non-English	English Non-English	English Non-English English	Non-English	English Non-English	English Non-English	English Non-English	English Non-English	English Non-English
Nor	Non	Nor	Nor	Nor	Nor	Nor	Nor	Nor	Nor	Nor	Nor

Children and Adolescents' Access to Primary Care Practitioners (12–19 years)

Again, the rate in North Central for the 12–19 years age group surpassed those in all other regions.

Table 32: Children and Adolescents' Access to Primary Care Practitioners (12–19 years), Performance by Region



Performance on this measure decreased slightly statewide since 2017 RY after an uptick the previous year. As for the CAP measure for the 7–11 years age group, Southwest Washington was one of only two regions to show improvement. The rate in Greater Columbia increased slightly.

Table 33: CAP (12–19 years) Performance Statewide and by Region, 2016 RY to 2018 RY

%										1									1			1			1			1				5.
		ter He ogeth			ascao cific			reate lumb						King					Nort	:h Cer	ntral	Nor	th So	ound	0	lymp	oic	F	Pierce	е		uthwe shing
State Rate		0								Ea	ast Ki	ng	S	eattl	е	Sou	ith Ki	ng														0
0%																																
0%			••••••	:				•••••								••••••				11	T											:
0%			_					-	-	-		_							-			-			-		_	-				
0%																																
9%																																
0%																																
)%																																
959 959 809 %	264)	,063)	18,861)	(060'	725)	279)	340)	778)	077)	16)	30)	12)	553)	,044)	20)	853)	912)	436)	89)	032)	772)	980)	247)	006)	39)	30)	32)	938)	778)	344)	(86	,220)
% % (128,060) (158,959) (181,809)	(14,264)	(17,((18,8	(12,((14,725)	(15,279)	(23,840)	(29,778)	(32,077)	(4,016)	(5,030)	(5,41)	(7,5!	0,6	(9,450)	(16,853)	(20,912)	(22,436)	(8,589)	(10,032)	(10,772)	(18,980)	(24,247)	(27,006)	(4,039)	(5, 130)	(5,682)	(15,938)	(19,778)	(21,344	(1,898)	(3,2)
		06% (39% (3% (1% (9% (3% () %6	2% () %(3% (3% (2% (5% (38% (2% () %(2% (
87.5% 90.6% 90.8%	90.33%	\sim		80.99%	90.31%	89.95%	85.84%	90.21%	90.78%	90.01%	92.19	- <u>-</u>	7.9	90.77	90.61%	89.41%	91.00%	90.83%	95.08%	95.07% (94.99%	85.55	90.84%	90.45%	86.38	90.08%	89.62%	89.92%	90.54%	89.71%	70.50%	8.4
		RY 9	RY <mark>91</mark>	RY 8	RY 9	RY 8	RY 8	RY 9	RY 9	RY 9	RY 9	RY 91	RY 8.	RY 9	RY 9	RY 8	RY 9	RY 9	RY 9	RY 9	RY 9	RY 8	RY 9	RY 9	RY 8	RY 9	RY 8	RY 8	RY 9	RY 8	RY 7	RY 7
			18 R						18 R	16 R			0				17 R		l6 R	17 R					16 R			16 R	17 R	18 R	16 R	
2016 2017 2018	2016	201	201	2016	2017	2018	2016	2017	2018	2016	2017	2018	201(2017	2018	2016	2017	2018	2016	2017	2018	2016	201	2018	2016	2017	2018	2016	2017	2018	2016	2017

Variation by Language

Continuing a trend noted on most other access measures, analysis of variation by language showed better rates of access for non-English-speaking enrollees than for English-speaking enrollees in all but two regions (Olympic and Southwest Washington).

Table 33: CAP (12–19 years) Performance Variation by Region and Language

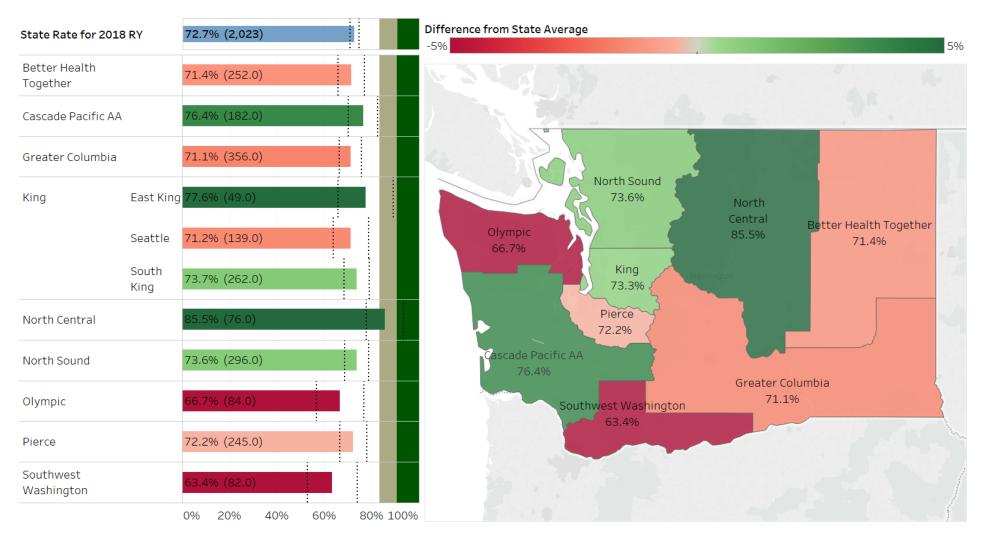
Difference from English R -5.00%	ate									5.00%
State Rate	Better Health Together	Cascade Pacific AA	Greater Columbia	East King	King Seattle South Ki	North Central	North Sound	Olympic	Pierce	Southwest Washington
English B2.2% (44,287) English	English 91.22% (17,114) English 93.07% (1,747)	89.73% (13,516) 91.61% (1,763)	English 90.09% (18,650) English 91.75% (13,427)	90.51% (4,108) 93.10% (1,304)	90.03% (6,951) 92.24% (2,499) 89.87% (15,285) 92.90% (7 151)	93.87% (6,283) 96.55% (4,489)	English 90.16% (20,925) English 91.45% (6,081)	89.69% (5,431) 88.05% (251)	English 89.23% (18,340) English 92.68% (3,004)	English 87.32% (10,919) English <mark>86.74% (2,571)</mark>
English Non-English	English Non-English	English Non-English	English Non-English	English Non-English	English Non-English English	Non-English English Non-English	English Non-English	English Non-English	English Non-English	English Non-English

Prenatal and Postpartum Care—Timeliness of Prenatal Care

Timeliness of prenatal care measures the percentage of eligible enrollees who received their first prenatal visit during the first trimester or within 45 days of enrollment in Apple Health. A higher score indicates better performance. The Apple Health rate for this measure is still significantly below the national average (below the 33rd national percentile). Analysis did not identify any statistically significant differences in MCO performance for this measure by race.

Regional variation was fairly wide, with more than 22 percentage points separating the highest rate (North Central) from the lowest (Southwest Washington).

Table 34: Timeliness of Prenatal Care, Performance by Region



Performance on this measure decreased in most regions since 2017 RY, by as much as 11 percentage points. Cascade Pacific AA, North Central, and East King were the only regions to show improvement. The statewide rate also decreased, after an improvement the previous year.

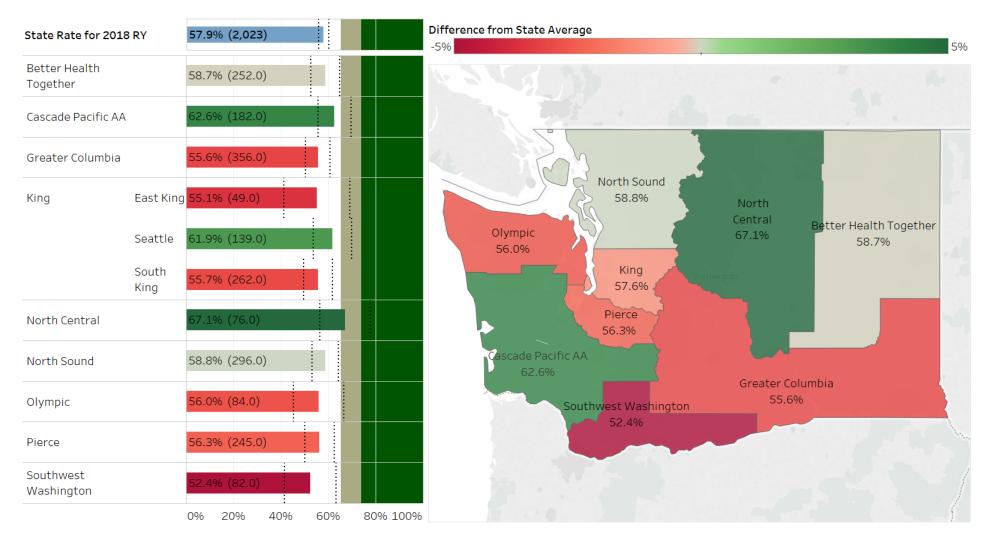
Table 35: Timeliness of Prenatal Care Performance Statewide and by Region, 2016 RY to 2018 RY

	Bett	er He	alth	Ca	ascad	de	G	reat	er					King					Nort	h Cor	ntral	Nor	th Sc	und		lym			Pierc	0		uthw
	Тс	ogeth	er	Pa	cific	AA	Co	lum	oia				I	Ring					Nore		ici ui	NOT	ch Se	Junu			JIC	'	riere	C	Was	shing
State Rate										Ea	ast Ki	ing	S	eattl	e	Soι	ith Ki	ng														
0%																																
0%-		·						•••••	•				1							_												
0%																								·								
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			••••••	_						1			 																			
)%																												•				
0%																																-
0%																																
3.0) 7.0) %($\widehat{\mathbf{O}}$	0	(0	0	(0	(0	0	0	(0				6	()	(0	0	(0	(0	(0			0	()	0				0	0	0		
03 17 02	(233.0)	55.0)	52.	(173.0)	(192.0)	(182.0)	(354.0)	(400.0)	(356.0)	(50.0)	(49.0)	(49.0)	29.0)	(130.0)	39.0)	(277.0)	(268.0)	(262.0)	(105.0)	(94.0)	(0.9)	(320.0)	(347.0)	296.0)	(0.76)	(0.86)	(84.0)	(269.0)	(268.0)	(245.0)	(30.0)	5.0)
		% (2)	% (2				() %	5% (2	() %		~ %		% (1		% (1	2) %	%	% (2	% (]	5) %	% (]	\sim	\sim	\sim	5) %	5) %	3) %/	2) %	() %	\sim		<u> </u>
66.8% 65.8% 77.3%	80.26%	9.22%	439	.85%	72.40%	.37%	70.06%		.07%	56.00%	.47%	.55%	36%	4.62%	229	58.12%	8.36%	3.66%	66.67%	84.04%	53%	.25%	.22%	.65%	76.29%	.55%	679	.66%	.12%	.24%	60.00%	%00.
77. <mark>7</mark> 7.	80.	79.	71.	61.	72.	76.		82.	71.		73.	77.	57.	74.	71.	58.	78.	73.	66.	84.	85.	66.	75.	73.		77.	66.67	67.	76.	72.	60.	64.
RY RY	R	RY	RY	RY	RY	RY	RY	RY	RY	2016 RY	RY	R	R	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	R	R	RY	RY	RY	RY	RY	R	RY
2016 2017 2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017

Prenatal and Postpartum Care—Postpartum Visit

The postpartum visit measure reflects whether women received at least one visit during the postpartum period. A higher score indicates better performance. The 2018 RY Apple Health average is still significantly lower than the national average (below the 33rd national percentile). Qualis Health's analysis did not provide evidence of racial disparities in the receipt of adequate postpartum care.

Table 38: Postpartum Visit, Performance by Region



Regionally, rates declined in several regions on this measure: in Better Health Together, Greater Columbia, East King, and Olympic. However, Pierce, Southwest Washington, Seattle, Cascade Pacific AA, and North Central showed improvement. *Note that because of variations in MCO-submitted member-level data from HEDIS data, the state rates reflected here differ slightly from the rate presented in the *2018 Comparative Analysis Report* (the rates presented there remained steady from 2017 to 2018 RY).

Table 39: Postpartum Visit, Performance Statewide and by Region, 2016 RY to 2018 RY

Difference from Previous Year

-5.00%					I.						5.00%
	Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	Southwest Washington
State Rate				East King	Seattle	South King					
100%											
90%											
80%											
70%											
60%											
	···	•				······	······	•	· · · · · · · · · · · · · · · · · · ·		······
50%										······	
40%											••••••
2,023.0) (2,176.0) (2,023.0)	(233.0) (255.0) (252.0)	(173.0) (192.0) (182.0)	(354.0) (400.0) (356.0)	(50.0) (49.0) (49.0)	29.0) 30.0) 39.0)	(277.0) (268.0) (262.0)	(105.0) (94.0) (76.0)	(320.0) (347.0) (296.0)	(97.0) (98.0) (84.0)	(269.0) (268.0) (245.0)	<mark>(</mark> 30.0) (75.0) (82.0)
20%-(2),0(2)	(25 (23	(1 ⁵ (1 ⁹	53.95% (354.0) 67.00% (400.0) 55.62% (356.0)	(50 (49	$\begin{array}{c c} (1 \\ (1 \\ \end{array}) \end{array}$	(27 (26	(10 (94	(32 (34 (29		49.81% (269.0) 54.85% (268.0) 56.33% (245.0)	
10% % % %	56.65% 65.49% 58.73%	49.13% (51.04% (62.64% (53.95% 67.00% 55.62%	56.00% 59.18% 55.10%	56.59% 60.00% 61.87%	50.18% 57.09% 55.73%	58.10% 63.83% 67.11%	53.13% 58.79% 58.78%	59.79% 66.33% 55.95%	49.81% (54.85% (56.33% (36.67% 49.33% 52.44%
57.9% %0 57.9%	56.(58.]	49.3 51.(62.6	53.9 67.0	56.(59.	56. ⁹ 60.0	50.3 57.6	58.1 63.8	53 58	59. ⁷ 66.3	49.8 54.8 56.3	36.(49.3
X X X	RY RY	R K K	RY RY Y	RY RY	R X X	RY RY	RY RY	RY RY	RY RY	RY RY	RY RY
2016 RY 2017 RY 2018 RY	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 2017 2018	2016 RY 2017 RY 2018 RY

Preventive Care

Access to care is only the first step toward establishing a healthy population. Enrollees must also receive proactive preventive services delivered within an appropriate timeframe, such as well-care visits that promote healthy behaviors in areas such as weight management, immunizations to prevent disease, and adult screenings for early detection of cancer and other serious illness. This section includes several analyses related to the breast cancer screening measure.

In this section, the following key applies:

50th to 90th national percentile

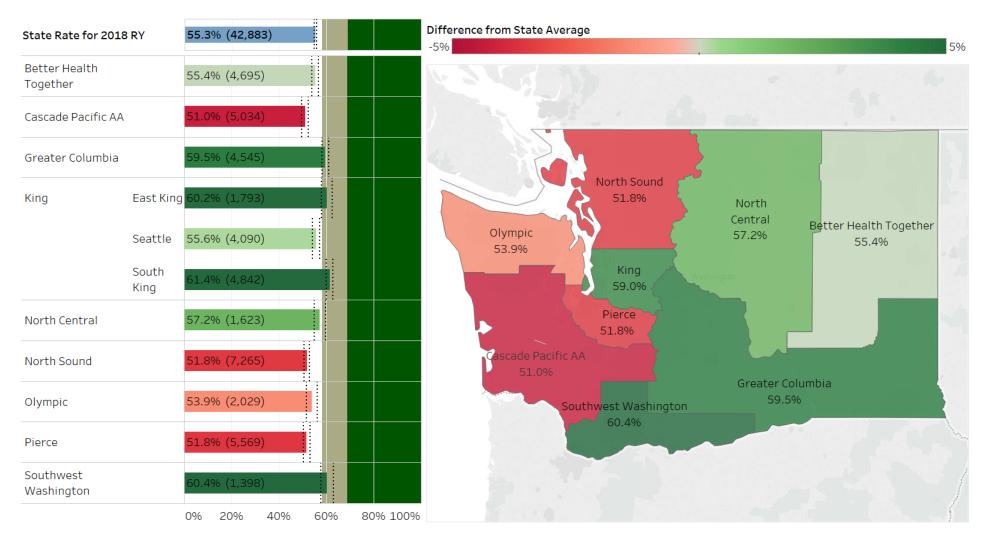
90th+ national percentile

Confidence interval around measure outcome

Breast Cancer Screening

The breast cancer screening measure is defined as the percentage of women ages 50–74 who had a mammogram within the last two years. A higher score indicates better performance. Regional performance was stronger in the eastern regions of the state, as noted in 2017 RY.

Table 40: Breast Cancer Screening, Performance by Region



Performance on this measure improved slightly in every region since 2017 RY, most notably in Southwest Washington, where the rate increase by more than 13 points.

Table 41: Breast Cancer Screening, Performance Statewide and by Region, 2016 RY to 2018 RY

Difference from Previous	Year										5 000/
-5.00% State Rate	Better Health Together	Cascade Pacific AA	Greater Columbia	East King	King Seattle	South King	North Central	North Sound	Olympic	Pierce	5.00% Southwest Washington
100%				East King	Seattle	South King					
80%											
70% 60%								•			
50%					······································			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
40% 30% (15,145) (39,224) (42,883)	(1,898) (4,233) (4,695)	(1,936) (4,535) (5,034)	(1,396) (4,239) (4,545)	(455) (1,654) (1,793)	737) 993) 090)	(1,694) (4,446) (4,842)	(615) (1,561) (1,623)	(2,253) (6,458) (7,265)	30) 865) 029)	(2,153) (5,208) (5,569)	(278) (1,032) (1,398)
	54.06% (1, 53.04% (4, 55.38% (4,	49.28% (1, 49.92% (4, 51.01% (5,	54.23% (1,396) 57.75% (4,239) 59.54% (4,545)	6%	1% (1, 7% (3, 0% (4,	.38% (1, .31% (4, .40% (4,	56.42% (615) 55.48% (1,561) 57.24% (1,623)	50.47% (2, 50.39% (6, 51.82% (7,	0% (73 3% (1, 2% (2,	50.02% (2, 51.15% (5, 51.77% (5,	47.84% (278) 46.90% (1,03 60.37% (1,39
55. 53.	RY 54.0 RY <mark>53.0</mark> RY 55.3	RY <mark>49.2</mark> RY <mark>49.5</mark> RY 51. 0	RY 54.2 RY 57.7 RY 59.5	61. 60.	RY 49.9 RY 54.5 RY 55.6	RY <mark>57.3</mark> RY <mark>59.3</mark> RY 61. 4	RY 56.4 RY <mark>55.4</mark> RY 57.2	RY 50.4 RY 50.3 RY 51.8	RY 50.0 RY 51.5 RY 53.9	RY 50.0 RY 51.1 RY 51.7	RY 47.8 RY <mark>46.9</mark> RY 60.3
2016 RY 2017 RY 2018 RY	2016 F 2017 F 2018 F	2016 F 2017 F 2018 F	2016 F 2017 F 2018 F	2016 RY 2017 RY 2018 RY	2016 F 2017 F 2018 F	2016 F 2017 F 2018 F	2016 F 2017 F 2018 F	2016 2017 2018	2016 F 2017 F 2018 F	2016 F 2017 F 2018 F	2016 F 2017 F 2018 F

Variation by Language

Analysis of variation by language for this measure indicated that, as in 2017 RY, non-English speakers are more likely to get breast cancer screenings than English-speaking women.

Table 42: Breast Cancer Screening, Performance Variation by Region and Language

Difference from English Rate -5.00% 5.00% Better Cascade North North Southwest Greater Health King Olympic Pierce Pacific AA Washington Columbia Central Sound Together State Rate Seattle South Kina East King 90% 80% 70% 60% 50% 40% (38,331) English 55.37% (4,504) English 50.74% (4,876) English 58.96% (3,933) English 54.85% (3,548) 58.79% (1,553) English 53.12% (3,430) English 54.20% (1,417) 51.01% (5,179) English 60.12% (1,289) (4, 552)English 50.33% (6,611) 53.79% (1,991) 71.95% (909) 61.79% (390) 55.50% (191) 59.49% (158) 76.23% (997) 69.58% (240) 68.48% (660) 78.16% (206) Non-English 66.97% (654) 63.30% (109) 30% Non-English 60.53% (38) 20% 10% English English English English Non-English Non-English Non-English Non-English Non-English Non-English Non-English Non-English Non-English Non-English

Variation by Race

Performance on this measure also showed variation by race. In all regions, white women were less likely to complete a breast cancer screening than all other groups, as identified in the previous year.

Table 43: Breast Cancer Screening, Performance Variation by Region and Race

State Rate	Better H Toget			cade ic AA		eater umbia	Fast	: King		ng nttle	South	n King	North	Central	North	Sound	Olyr	mpic	Pie	erce	South Washi	
90%																						
70% 60%						••																
50% (602) 40% (72) 30% (73) 20% (73)	(623)	(4,072)	(728)	(4,306)	(1,773)	(2,772)	(765)	(1,028)	(2,241)	(1,849)	(2,455)	(2,387)	. (435)	(1,188)	(1,878)	(5,387)	(351)	(1,678)	(1,835)	(3,734)	(062)	(1 108)
22.09% 52.09%	58.75%	54.86%	53.57%	50.58%	69.04%	53.46%	64.18%	57.30%	59.84%	50.46%	67.01%	55.63%	70.11%	52.53%	60.92%	48.65%	58.40%	52.98%	57.38%	49.01%	62.07%	
All Other White	All Other	White	All Other	White	All Other	White	All Other	White	All Other	White	All Other	White	All Other	White	All Other	White	All Other	White	All Other	White	All Other	101

Chronic Care Management

Adequate management of chronic conditions can delay morbidity and mortality and improve enrollee quality of life. It may also prevent more costly emergency department visits and inpatient stays. Measures reported in this section include:

- Antidepressant medication management—acute treatment phase
- Antidepressant medication management—continuation treatment phase
- Comprehensive diabetes care—HbA1c control (< 8.0%)

In this section, the following key applies:

50th to 90th national percentile

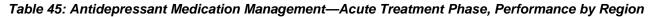
90th+ national percentile

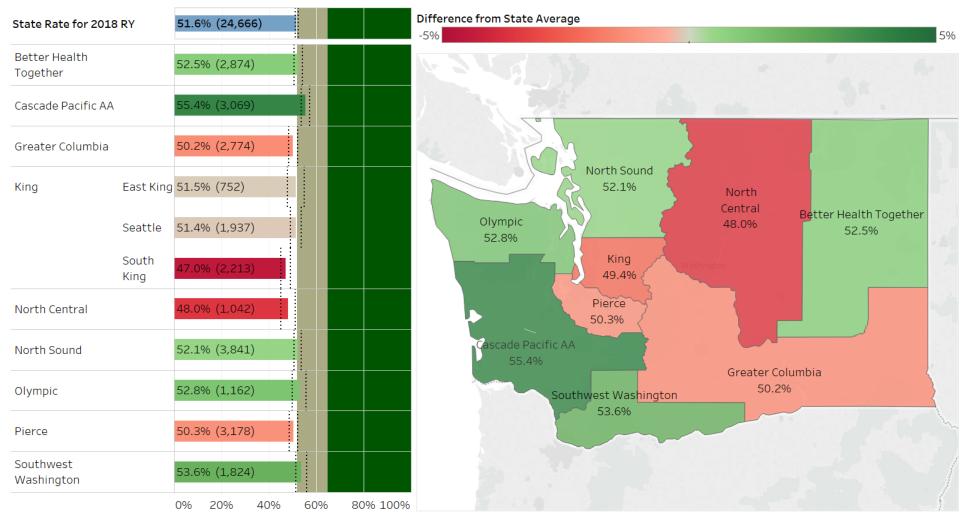
Confidence interval around measure outcome

Antidepressant Medication Management—Acute Treatment Phase

Antidepressant medication management (AMM)—acute treatment phase is defined as the percentage of enrollees newly diagnosed with major depression who remained on an antidepressant medication during the entire 84-day acute treatment phase. A higher score indicates better performance.

For this measure, the western regions show higher rates than central and eastern regions (except for Better Health Together), with Cascade Pacific AA having the highest rate of 55.4 percent. The rate was lowest in South King at 47 percent, more than 4 percent below the state average.





Performance on this measure increased slightly statewide, with a number of regions showing some, if slight, improvement.

Table 46: AMM–Acute Treatment Phase, Performance Statewide and by Region, 2016 RY to 2018 RY

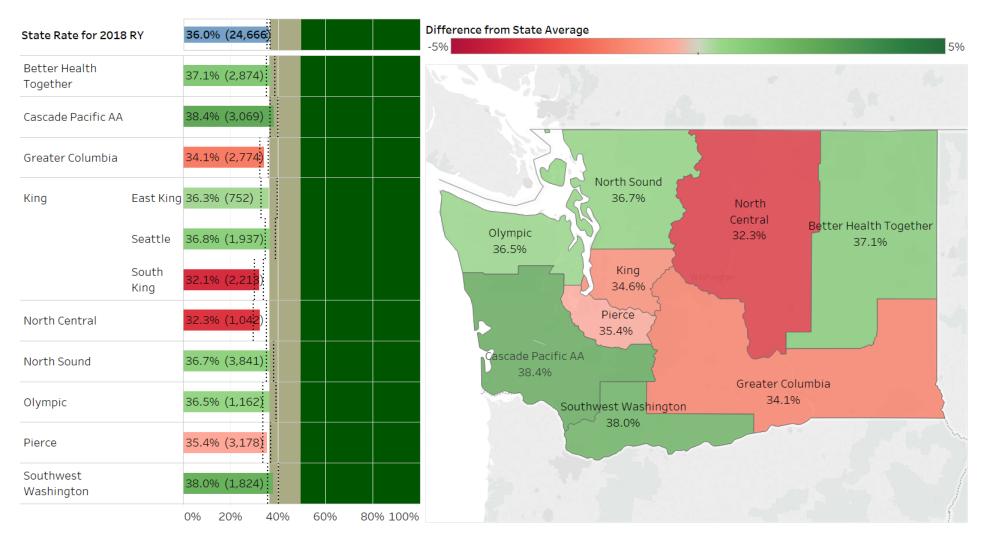
ifference from Previou	ıs Year										5.00%
	Better Health Together	n Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	Southwest Washington
State Rate				East King	Seattle	South King					
100%											
90%											
80%											
70%											
60%											
		······			 				••••••		
50%		· · · · · · · ·	······	•	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1		
40%											
30% (24) %0E	57) 74)	428) 899) 069)	95) 42) 74)	() () () () () () () () () () () () () (.688) 814) 937)	39) 23) 13)	42)	903) 594) 841)	³⁾ 62)	34) 46) 78)	
(21,943) (21,943) (24,666)	(2,357) (2,640) (2,874)	(2,428) (2,899) (3,069)	(2,295) (2,642) (2,774)	(590) (636) (752)	(1,6 (1,9 (1,9	(1,739) (2,023) (2,213)	(884) (909) (1,042)	(2,903) (3,594) (3,841)	(953) (1,097) (1,162)	(2,534) (2,846) (3,178)	57.84% (453) 56.11% (843) 53.62% (1.82
		6.47% 2.29% 5.43%	50.15% 49.66% 50.22%		.86% .67% .42%	93% 15%	48.76% 46.75% 47.98%		8 8 8		4% 1%
54.2% %0 51.6% %0 51.6%	55.20% 50.49% 52.47%	56.4 52.2 55.4	50.15% 49.66% 50.22%	63.05% 56.92% 51.46%	54.8 49.6 51.4	51.9 48.1 47.0	48.7 46.7 47.9	54.63% 51.64% 52.12%	59.29 52.51 52.84	53.00% 50.53% 50.35%	57.84% 56.11% 53.62%
RY S S S S S S S S S S S S S S S S S S S		RY 5 RY 5			RY 5 RY 4 RY 5	RY 5 RY 4 RY 4	RY 4 RY 4 RY 4	RY 5	RY 5 RY 5 RY 5	RY 5 RY 5	
2016 F 2017 F 2018 F	2016 2017 2018 2018	16 17 18	2016 RY 2017 RY 2018 RY	2016 RY 2017 RY 2018 RY	2016 2017 2018	2016 F 2017 F 2018 F	2016 2017 2018 2018	16 17 18	2016 P 2017 P 2018 P	2016 2017 2018	16 17 18
20 20	5 5 5 5	20 20	50 SC	20 20	2C 2C 2C	20 20	20 20 20	20.20	20	20	20.20

Antidepressant Medication Management—Continuation Treatment Phase

Antidepressant medication management—continuation treatment phase is defined as the percentage of enrollees newly diagnosed with major depression who remained on an antidepressant medication for the 180-day continuation phase. A higher score indicates better performance for this measure.

Regional variation for this measure was similar to that of the acute treatment phase measure, with Cascade Pacific AA and South King at high and low ends of the performance spectrum, respectively.

Table 48: Antidepressant Medication Management—Continuation Treatment Phase, Performance by Region



Similar to the acute treatment phase measure, performance on this measure increased statewide but varied by region.

Table 49: AMM—Continuation Treatment Phase, Performance Statewide and by Region, 2016 RY to 2018 RY

%			er Hea gether			scade			reate						King)				Nort	ch Cer	ntral	Nor	th So	und	0	lymp	pic	r	Pierce	e		5.0 thwe hingt
State Rate											Ea	ast K	ing	9	Seatt	le	So	uth K	ing														
0%																																	
0%-																																	
0%				_																													
0%																																	
0%																																	
0%-																																	
0%					••••									.	·																	••••••	
43) 43)	(99) (99)	57)	40)	(4)	478)	(66	(690)	95)	642)	74)		6	2)	688)	14)	937)	39)	23)	. <u>.</u>		6	042)	03)	594)	41)	3)	97)	162)	34)	(2,846)	78)	((
(18,824) (1943)	(24,666)	(2,3			+,∠	(2,899)	(3,0	(2,2	(2,6	(2,7	(200)	(636)	(752	(1,6	(1,8	(1,9	(1,7	(2,0	(2,2	(88	606)	(1,0	(2,903)	(3,5	(3,841)	(953	(1,097)	(1,1	(2,5	(2,8	(3,1	(453)	(843)
		40.90% (2,357)	7%	%9		2%	35%	35.08% (2,295	2%	4%		7%	30%	.2.06%	1%	76%	38%	2%	32.08% (2,21	26% (884)	7%	34%	8%	6%	66%	92%	.92%	49%	.88% (2,534)	26%	40%	4%	2%
35.4% %0	36.0%	6.0t	35.27	0.7	40.5	36.7	38.3	35.0	31.8	34.1	46.10%	40.5	36.3	42.0	35.61	36.7	37.3	33.2	32.0	33.2	30.47	32.3	40.58%	37.2	36.6	42.9	37.9	36.4	37.8	34.2	35.4	46.14%	41.5
		RY 4		_		Ϋ́	₹ Z	R	R	R	RY	RY	₹ N	RY	₹ Z	Ϋ́	₹ 	R	R	R	R<	R Z	RY 4	₹.	R	RY 4	₹ Z	R	₹	₹	RY	RY 4	RY
2016 F		2016	11	2018	9	2017 F	2018 F	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016 F	2017	2018	2016	2017	2018	2016	2017 F	2018	2016	2017 F	2018	2016	2017 F	2018	2016	2017 F

Variation by Age

In contrast with the acute treatment phase measure, which did not show any significant difference in performance rates by age, rates for this measure for enrollees 20–40 were lower than for those enrollees ages 40–60.

Table 51: AMM–Continuation Treatment Phase, Variation by Region and Age

Difference from 20 - <40 Age Range Rate

-5.00%											5.00%
	Better Health Together	Cascade Pacific AA	Greater Columbia		King		North Central	North Sound	Olympic	Pierce	Southwest Washington
State Rate				East King	Seattle	South King					
100% 90%									į į	į į	
90%											
80%											
70%											
60%											
50%											
40%		· · · · · · · ·			·····						·
611) 05)		4)	···					(6			
30% 505) (8,505)	34.16% (1,736) 42.01% (876)	35.41% (1,714) 43.33% (1,064)	31.91% (1,614) 39.58% (864)	35.98% (353) 36.33% (289)	37.34% (948) 36.30% (774)	29.92% (1,133) 33.78% (826)	29.08% (595) 37.58% (330)	33.66% (2,139) 41.16% (1,290)	32.04% (668) 41.73% (393)	32.42% (1,712) 39.01% (1,156)	34.23% (999) 44.63% (643)
10% % %	16%	41% 33%	91% 58%	33%	34%	92% 78%	08% 58%	56% 	73%	42%	23%
0% C. 33.0										32.4	
<40 <60	<40 <60	<40 <60	<40 <60	<40 <60	<40 <60	<40 <60	<40 <60	<40 <60	<40 <60	<40 <60	<40 <60
- 20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -	20 - 40 -
	1							1	1	1	

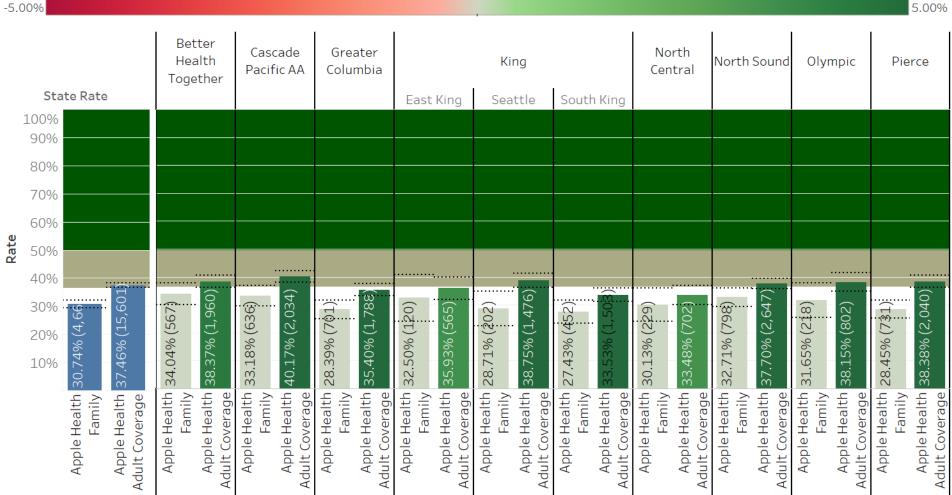
Apple Health Family (Traditional Medicaid) vs Apple Health Adult Coverage (Medicaid Expansion)

The AMM—continuation phase measure also showed higher rates for enrollees of Apple Health Adult Coverage than for Apple Health Family.

Table 52: AMM–Continuation Treatment Phase, Variation by Region and Program

Difference from Apple Health Family (Traditional Medicaid)

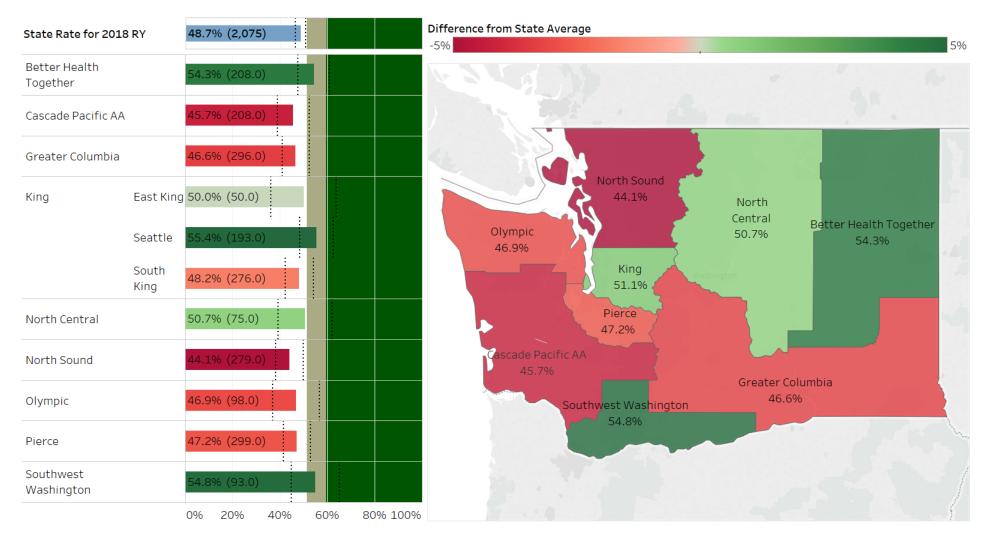
-5.00%



Comprehensive Diabetes Care—HbA1c Control (< 8.0%)

The HbA1c control measure assesses the rate of adults ages 18–75 with diabetes (type 1 and type 2) whose HbA1c level was less than 8.0% (in other words, whose HbA1c was "in control"). This measure is one component of a set of measures evaluating the care of individuals with diabetes. Regional analysis showed wide variation on this measure, with more than 11 percentage points separating the highest (Seattle) and lowest (North Sound) regional rates.

Table 53: Comprehensive Diabetes Care—HbA1c Control (< 8.0%), Performance by Region



Performance on this measure varied by region: rates in Better Health Together, Greater Columbia, Seattle, South King, and Southwest Washington showed improvement, but the rates in Cascade Pacific AA, East King, North Central, North Sound, Olympic, and Pierce declined. *Note that because of variations in MCO-submitted member-level data from HEDIS data, the state rates reflected here differ slightly from the rates presented in the *2018 Comparative Analysis Report* (the rates presented there remained steady from 2017 to 2018 RY).

Table 54: Comprehensive Diabetes Care—HbA1c Control (< 8.0%), Performance Statewide and by Region, 2016 RY to 2018 RY

Difference from Previous Year -5.00% 5.00% Better Health Southwest Cascade Greater King North Central North Sound Olympic Pierce Together Pacific AA Columbia Washington State Rate East King Seattle South King 100% 90% 80% 70% 60% 50% 40% 2.142.00 (214.0) (203.0) 40.19% (311.0) (307.0) 34.78% (2530) (208.0) (208.0) (193.0)(279.0) (276.0) (262.0) (287.0) 42.16% (102.0) (108.0)38.00% (300.0) 46.46% (198.0) (221.0)44.04% (327.0) (213.0)0 53.14% (303.0) 30% 145.(0 662 54.24% (59.0) (50.0)45.92% (98.0) (73.0)25.00% (36.0) 50.0) 5.0) 46.99% (83.0) 54.84% (93.0) <u></u>. 20% 31.92% 54.33% 60.27% 94% 38.32% 52.49% 53.99% 48.03% 48.19% 38.55% 45.99% 50.93% 45.67% 56.00% 42.86% 55.44% 48.7% 10% C 46. 0% 2016 RY 2018 RY 2016 RY 2017 RY 2016 RY 2018 RY 2018 RY 2016 RY R R 2016 RY 2018 RY R 2018 RY 2016 RY 2017 RY 2018 RY 2016 RY 2017 RY 2016 RY 2017 RY 2018 RY 2017 RY 2018 RY 2016 RY 2017 RY 2018 RY 2016 RY 2017 RY 2017 RY 2018 RY 2017 RY 2016 RY Z Υ 2016 RY 2018 F 2017 2017 2017 2018

Medical Care Utilization

Limiting cost growth while maximizing health coverage is essential for the Medicaid program to be sustainable. One method of doing so is to limit waste and unnecessary care provided in the healthcare system. Measures in this analysis included:

- Appropriate treatment for children with upper respiratory infection
- Appropriate testing for children with pharyngitis

Note: In the 2017 Regional Analysis Report, data for utilization measures related to ambulatory utilization (outpatient and emergency department visits), inpatient utilization, and readmissions were gathered independently and included in this section. However, this information was not included in the MLD submitted by the MCOs and therefore was not available for regional analysis. MCO and overall statewide performance on these measures may be viewed in the 2018 Comparative Analysis Report.

In this section, the following key applies:

- 50th to 90th national percentile
- 90th+ national percentile

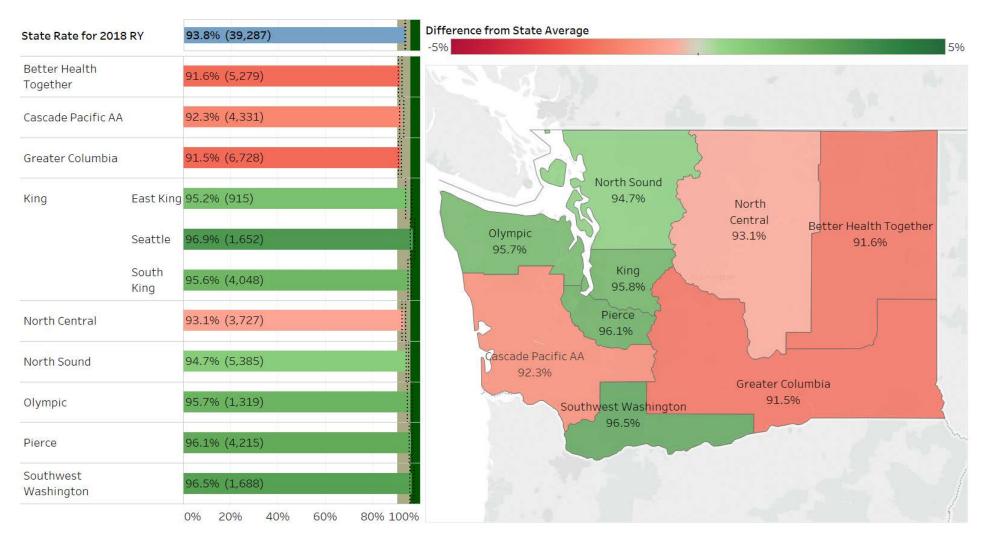
Confidence interval around measure outcome

Appropriate Treatment for Children with Upper Respiratory Infection

Appropriate treatment for children with upper respiratory infection is defined as the percentage of children ages 3 months–18 years with a diagnosis of upper respiratory infection who were *not* dispensed an antibiotic within three days of diagnosis. Specifically, this measure reports the proportion of eligible children for whom antibiotics were not prescribed. A higher score indicates better performance.

Regional variation for this measure was low, with rates in all regions above the national average. The rate was highest in Seattle.

Table 55: Appropriate Treatment for Children with Upper Respiratory Infection, Performance by Region



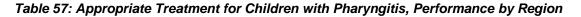
Statewide performance on this measure has remained steady since 2017 RY, without any significant rate changes by region.

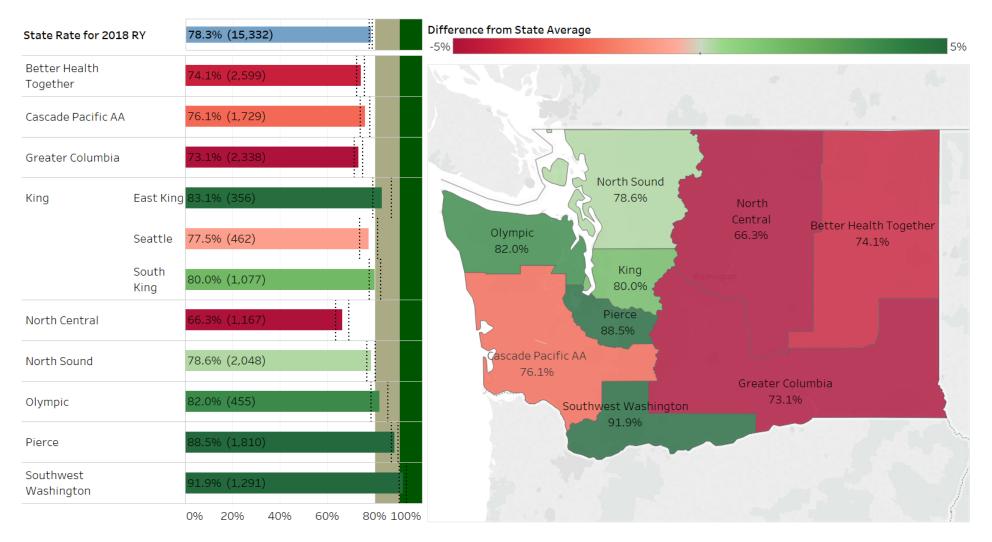
Table 56: Appropriate Treatment for Children with Upper Respiratory Infection, Performance Statewide and by Region, 2016 RY to 2018 RY

Difference from Previous	Year						5.00%
	Better Health Cascade Together Pacific AA	Greater Columbia	King		al North Sound Olym	pic Pierce	Southwest Washington
State Rate		Eas	t King Seattle	South King			
100%							
90%							
80%							
70%							
60%							
50%							
40%							
¹⁷⁶ 287) 287)	60) 79) 75) 31)	(10,458) (9,482) (6,728) (1,298)	86) 5) 32) 52)	62) 48) 91) 12)	272) 85) 31)	9) 3) 5)	8)
(51,176) (39,287) (39,287)	O O O O O	(10,458 (9,482) (6,728) (1,298)		(6,062) (5,548) (4,048) (4,048) (4,048) (4,612)	(6,972) (6,972) (6,517) (5,385) (5,385) (1,837) (1,631)	<pre>(1,319) (5,353) (5,137) (5,137)</pre>	(630) (1,115) (1,688)
	% (5, % (5, % (5, % (4, % (4,	(1) % (1) %	% (1) % (91 % (2) % (1,	(5) % (5) %	(1) % (1) %	% (5 % (5 % (4	9) 8 8
10% 23.5% 10% 23.5% 0% 6 6 8.6 0% 6 8.6	91.21% 91.99% 91.59% 92.06% 92.92%	90.62% 91.94% 91.54% 95.07%	94.01% 95.19% 98.07% 96.95% 96.85%	96.11% 96.21% 95.55% 93.57% 92.48%	95.09% 94.57% 94.69% 92.76% 92.76%	95.68% (94.86% (94.94% (96.09% (96.67% 95.70% 96.50%
RY RY	RY RY RY		RY RY RY	RY RY V		R KY	RY RY
2016 2017 2018	2016 2017 2018 2018 2016 2017 2018	2016 2017 2018 2018 2016	2017 2018 2016 2017 2017 2018	2016 2017 2018 2016 2017 2017	2016 2017 2018 2018 2016 2016 2017	2018 2016 2017 2018	2016 2017 2018
		Ñ Ñ Ñ	N N N N				

Appropriate Testing for Children with Pharyngitis

Appropriate testing for children with pharyngitis measures the percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A strep test for the episode. A higher rate indicates better performance. Rates on this measure varied widely by region, with 25.6 percentage points separating the highest (Southwest Washington) and lowest (North Central) performance rates.

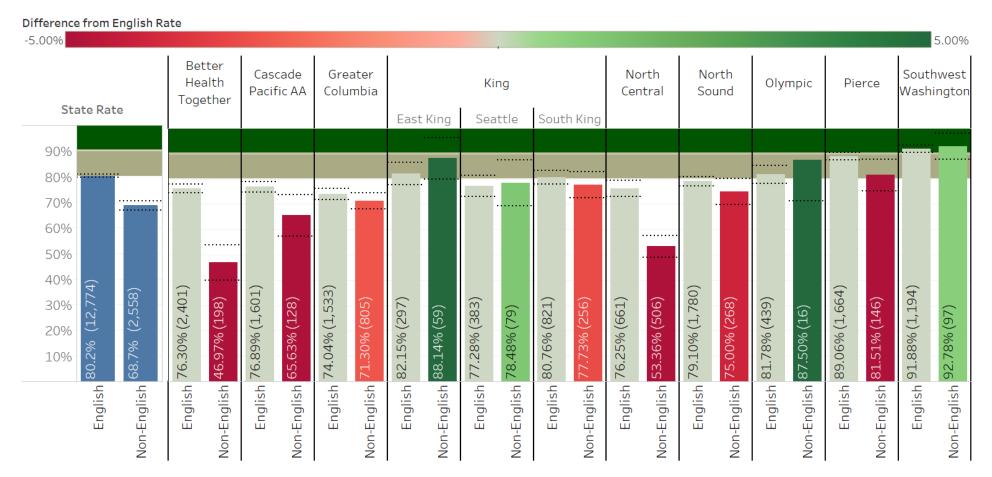




Variation by Language

Unlike most other analyses of variation by language, rates for this measure were much higher for English speakers than for non-English speakers. Only in Seattle, East King, Seattle, Olympic, and Southwest Washington were rates better for non-English-speaking enrollees.

Table 58: Appropriate Treatment for Children with Pharyngitis, Variation by Language

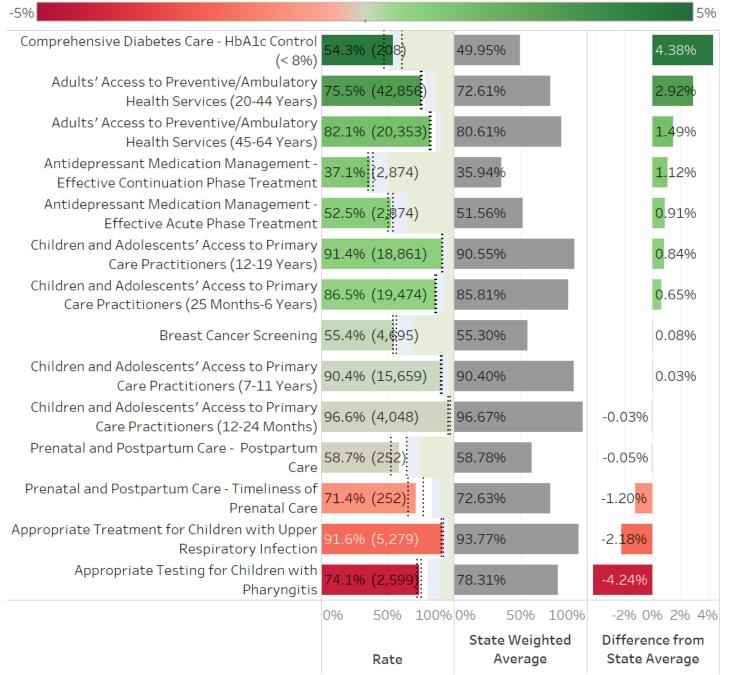


Appendix A: Regional Scorecards

Better Health Together	A-2
Cascade Pacific AA	A-3
Greater Columbia	A-4
King	A-5
East King	A-6
Seattle	A-7
South King	A-8
North Central	A-9
North Sound	A-10
Olympic	A-11
Pierce	A-12
Southwest Washington	A-13

Regional Scorecard: Better Health Together

Difference from Average Rate



Regional Scorecard: Cascade Pacific AA

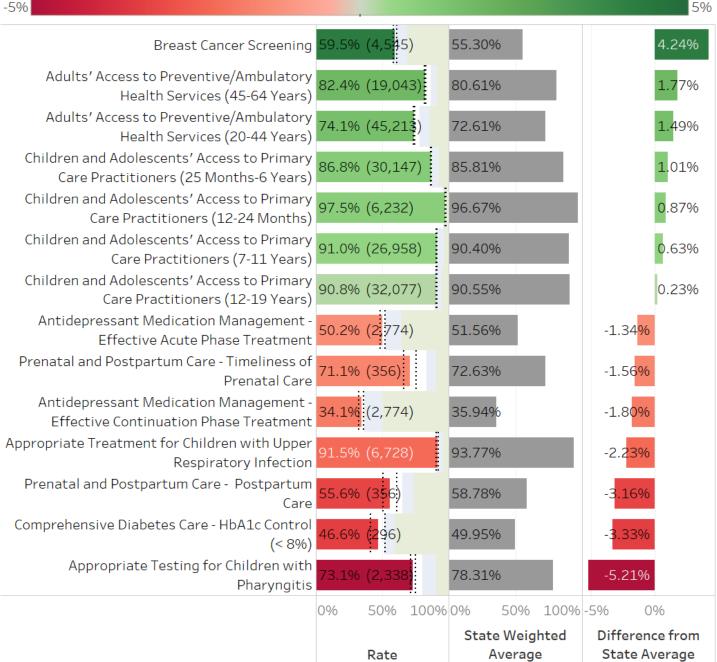
Difference from Average Rate



Regional Scorecard: Greater Columbia

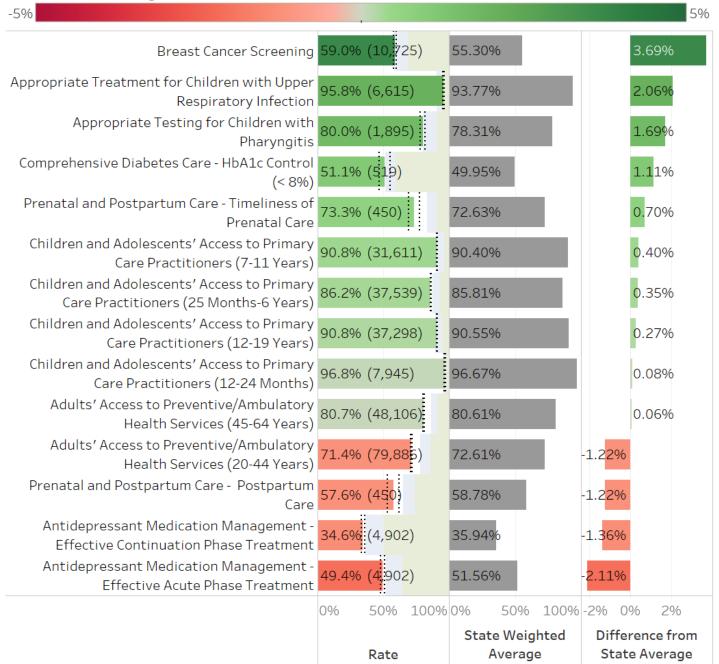
Difference from Average Rate





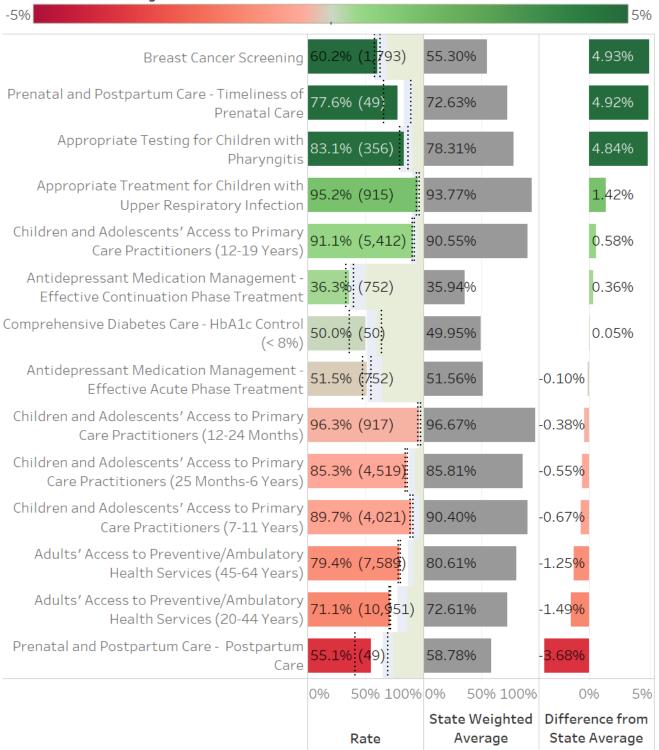
Regional Scorecard: King

Difference from Average Rate



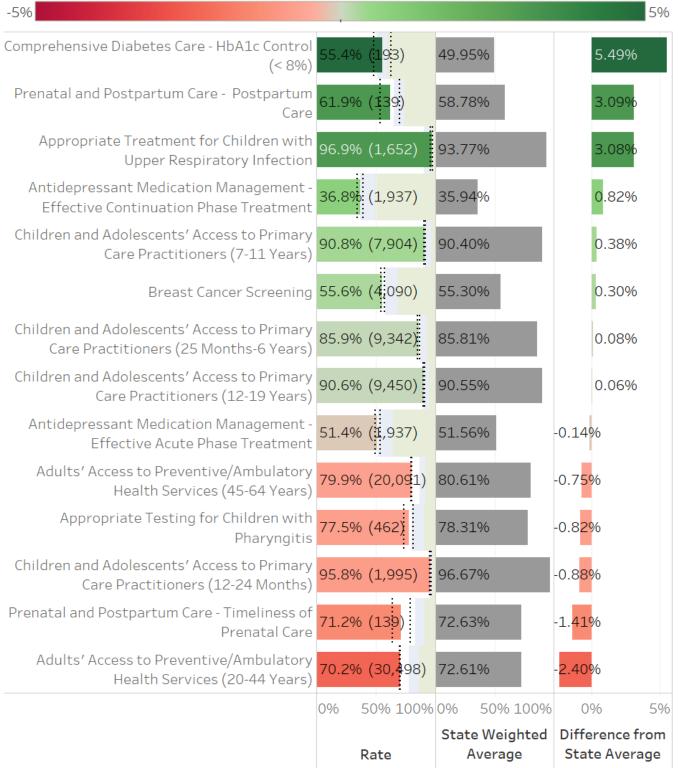
Regional Scorecard: East King

Difference from Average Rate



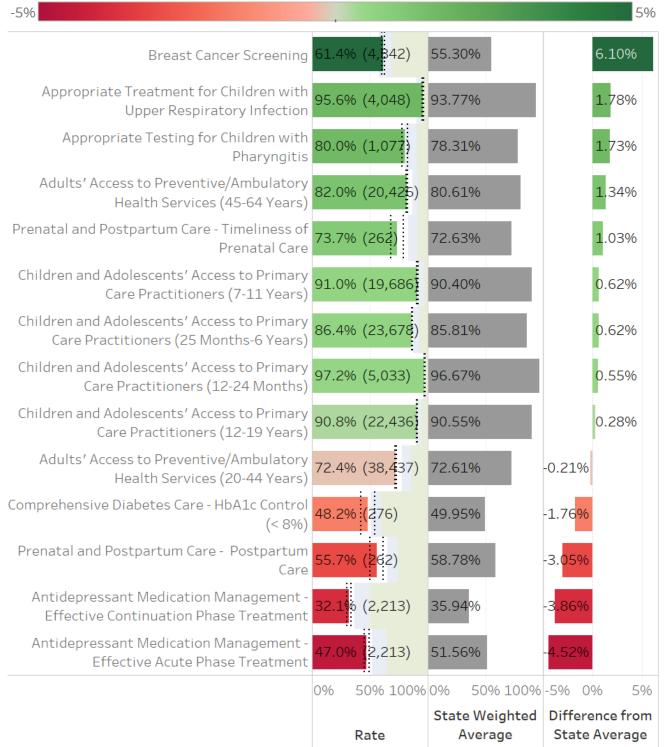
Regional Scorecard: Seattle

Difference from Average Rate



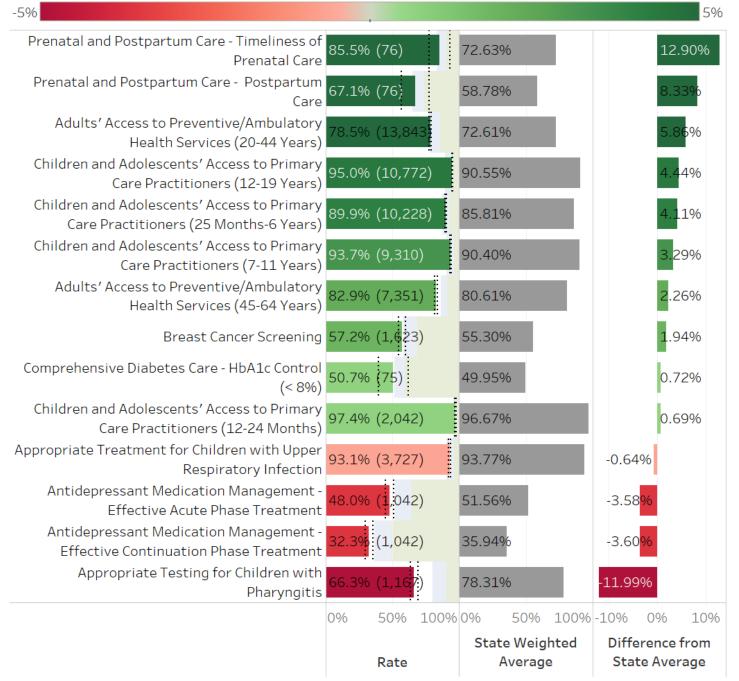
Regional Scorecard: South King

Difference from Average Rate



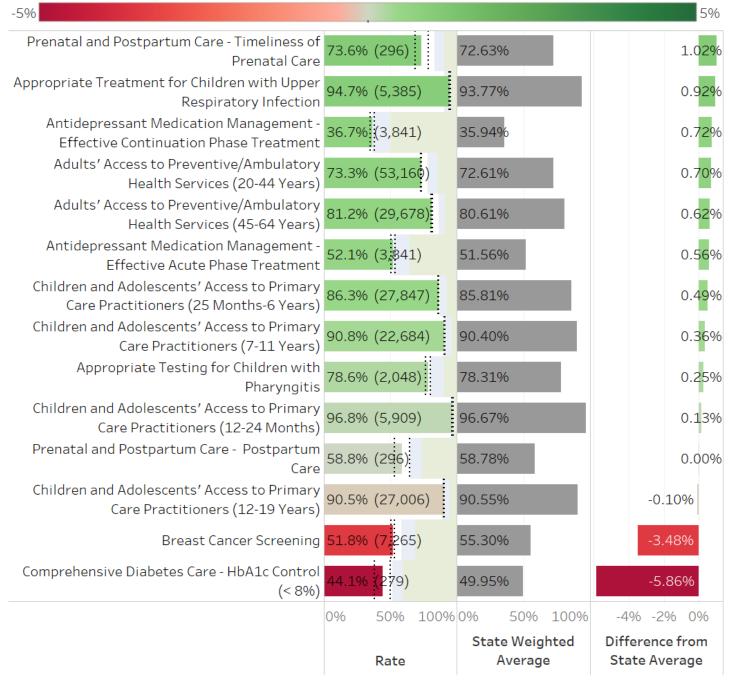
Regional Scorecard: North Central

Difference from Average Rate



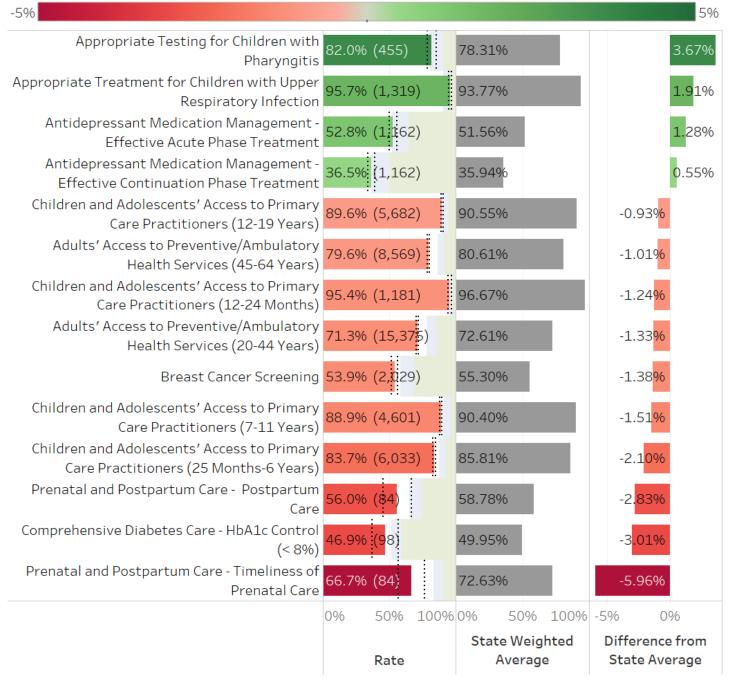
Regional Scorecard: North Sound

Difference from Average Rate



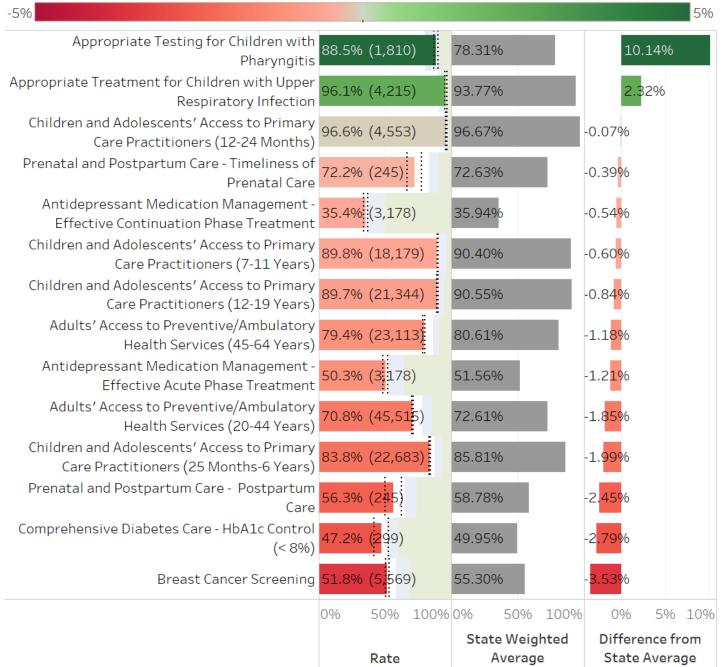
Regional Scorecard: Olympic

Difference from Average Rate



Regional Scorecard: Pierce

Difference from Average Rate



Regional Scorecard: Southwest Washington

Difference from Average Rate

