# 2014 Performance Measure Comparative Analysis Report

Washington Apple Health
Washington Medicaid Integration Partnership
Medical Care Services

**December 2014**

**HCA Contract No. 0834-34555**

**Presented by**

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Acumentra Health prepared this report under contract with the Washington Health Care Authority (Contract No. 0834-34555).

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# Executive Summary

Apple Health, the Washington Medicaid program administered by the Health Care Authority (HCA), provides managed health care benefits for more than 1.1 million residents. Managed care enrollment has nearly doubled since July 2012 with implementation of the Affordable Care Act and the inclusion in managed care of Medicaid populations who previously received fee-for-service care.

HCA has used Healthcare Effectiveness Data and Information Set (HEDIS®)* measures since 1998 to assess the performance of the managed care organizations (MCOs) that serve Medicaid enrollees. Developed and maintained by the National Committee for Quality Assurance (NCQA), the HEDIS measures allow comparison of the Washington MCOs' performance with national benchmarks for the Medicaid population.

This report presents the 2014 results of HEDIS measures for the five MCOs that serve Apple Health enrollees:

- Amerigroup Washington Inc. (AMG)
- Community Health Plan of Washington (CHP)
- Coordinated Care Corp. (CCC)
- Molina Healthcare of Washington (MHW)
- UnitedHealthcare Community Plan (UHC)

Amerigroup, Coordinated Care, and UnitedHealthcare began contracting with HCA on July 1, 2012, and therefore had only 6 months of service data for enrollees in 2012. Since many HEDIS measures are based on services delivered to enrollees with 12 months of continuous enrollment, HCA required each MCO to report only inpatient and ambulatory care utilization measures in 2013—omitting performance data for childhood immunizations, well-child care, diabetes care, and other measures HCA had required historically. This year, the MCOs returned to reporting a full set of clinical care measures as required by HCA.

This 2014 report presents initial data in terms of analyzing the current MCOs' performance in serving the broad range of enrollees under Apple Health. Compared with the same measures in previous years, the 2014 measures apply to a greatly expanded Medicaid population, including many thousands of enrollees who formerly received fee-for-service care (e.g., disabled/blind SSI recipients and other adult clients). Despite differences in the 2012 and 2014 Medicaid populations, and in the roster of MCO contractors, this report presents formal statistical comparisons of the 2012 and 2014 state averages as an index of system change.

HCA required the MCOs to report certain HEDIS measures for the first time in 2014, as noted below. Also, MHW reported measures for the Washington Medicaid Integration Partnership (WMIP) pilot program in 2014, as in previous years. Because HCA ended the WMIP program on June 30, 2014, this report presents the final performance data for WMIP.

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

## 2014 HEDIS results

The recent changes in Medicaid enrollment affect several aspects of performance measure reporting, and thus the interpretation of HEDIS results, as described below.

- **Continuous enrollment:** Several measures require that members be enrolled with their MCO at least 12 months to qualify for inclusion in the measure's denominator. These measures include immunizations, diabetes, asthma, and some utilization measures. Many members assigned to the new MCOs do not meet the enrollment criteria because the MCOs were newly contracted with HCA in July 2012. Therefore, even though MCO members may have received health care services through their MCOs in 2013, they may not be represented in the measures that require continuous enrollment.
- **Enrollment stability:** HCA required MCOs to meet network adequacy standards during 2012; however, most MCOs continued to add new providers to their networks throughout 2013. As a result, many enrollees may not have established a relationship with a care provider during 2013.
- **Access to data:** The "legacy" MCOs (CHP and MHW) have access to their members' historical administrative data for HEDIS reporting. While HCA supplied some historical data to the new MCOs, the administrative data may not be complete for those members.

### 2014 highlights

Given the caveats noted above, Acumentra Health's analysis of HEDIS results for 2014 revealed the following highlights.

- *Childhood immunization* measures showed different trends depending on how long HCA has required the measures to be reported.
    - For the seven antigens in Combo 3, which the Washington MCOs have reported for many years, the statewide average immunization rates in 2014 were uniformly lower than in 2012, and were significantly below the 2014 U.S. average rates. In Washington, average immunization rates for these antigens peaked most recently in 2010.
    - For the hepatitis A, rotavirus, and influenza vaccines, first reported in 2010, average immunization rates continued to rise from previous years. Although the statewide rates for hepatitis A and rotavirus remained significantly below the U.S. average rates, the statewide influenza immunization rate significantly exceeded the U.S. rate.
- Performance on *diabetes care indicators* showed mixed results.
    - Delivery of screening procedures generally increased from 2012 (except for a significant decline in dilated retinal exams), as did the overall percentage of enrollees with LDL-C levels under control.
    - The percentage of enrollees with acceptable HbA1c levels continued to fall, and the percentage of those with good control of their blood pressure declined markedly.
    - Relative to the U.S. Medicaid averages, the Washington MCOs significantly underperformed on six of the nine diabetes indicators. However, the statewide rate of HbA1c testing significantly exceeded the U.S. average rate.

- *Well-child care (WCC) visit rates* showed little change since the previous measurement in 2012. The Washington MCOs continue to lag behind the national Medicaid performance in providing WCC visits, particularly for older children and adolescents.
- The rate of *emergency room (ER) visits* by Washington MCO enrollees in 2014 rose significantly from 2013 to 2014, reversing a trend of declining ER utilization. However, the Washington Medicaid average remained significantly below the U.S. Medicaid average, as has been the case since 2006.
- *Access to primary care practitioners* for children and adolescents was a bright spot, as the Washington MCOs reported access rates significantly higher than the U.S. average rates for three of four age groups. In years before 2008 when the Washington MCOs were required to report this measure, access rates were similarly high.

Considering measures that HCA required the MCOs to report for the first time in 2014:

- The MCOs performed below the U.S. averages for adolescent meningococcal immunizations, weight assessment and counseling for nutrition and physical activity for children and adolescents, pharyngitis testing for children, and use of appropriate medications for people with asthma.

**Performance by MCO:** CHP remained the top performer for immunizations, followed by MHW and CCC. AMG and UHC reported the poorest results in 2014, often significantly below the state average. On diabetes care indicators, CHP and MHW generally outperformed the statewide average, as did CCC; however, UHC's generally poor performance on these indicators tended to weigh down the overall group performance.

On newer measures of services for children and adolescents, CHP outperformed other MCOs in delivering weight assessment and counseling for nutrition and physical activity, while MHW was the top performer in providing access to primary care practitioners.

**WMIP final performance data:** Acumentra Health analyzed long-term trends in HEDIS measures for the WMIP program, spanning 6 to 9 years, depending on data availability. This analysis revealed:

- Considering *diabetes care*, the delivery of screening measures showed little improvement over time, except for monitoring of diabetic nephropathy. The long-term trends in outcome measures (HBa1c levels and blood pressure and LDL-C control) also were discouraging.
- More encouragingly, the measures of *timely follow-up treatment after hospitalization for mental illness* improved significantly from 2008 to 2014. *Antidepressant medication management* for WMIP enrollees also trended in a positive direction over time.
- Trends in *ambulatory care utilization* showed a significant increase in outpatient visit rates coupled with a significant decrease in ER visit rates, suggesting that the program succeeded in treating enrollees at less intensive levels of care over time.

Appendix B presents detailed historical data on all HEDIS measures reported by the Washington MCOs since 2010.

## Recommendations

Previous reports in this series have outlined recommendations for HCA and the MCOs, aimed at improving access to care and the quality and timeliness of care. Many of those recommendations remain valid, although their current feasibility may be limited by the resource constraints facing the Washington Medicaid program.

To sustain long-term improvement in the delivery of managed care for Medicaid enrollees, Acumentra Health recommends that HCA

- seek to align performance measures with other state and federal reporting requirements to reduce burden on providers and promote efficient use of health system resources
- consider requiring the MCOs to engage in formal activity to share best practices aimed at reducing the performance gaps among health plans for specific measures
- help MCOs overcome barriers to collecting complete member-level encounter data, including race/ethnicity data, so that the MCOs can use these data to assess resources for improving the quality of care and establish appropriate interventions to address health care disparities. In previous years, the EQRO found gaps in immunization and well-child datasets that limit the ability to perform comprehensive analysis.
- set performance expectations for HEDIS measures, such as requiring MCOs to perform a PIP or focused improvement study for measures that fail to meet specific benchmarks
- designate incentive measures for which MCOs can receive quality incentive payments for top performance
- continue to provide supplemental data on Early and Periodic Screening, Diagnosis, and Treatment to assist the MCOs in calculating HEDIS well-child measures
- consider adding a contract requirement for the MCOs to provide HEDIS-specific performance feedback to clinics and providers on a frequent and regular schedule

Acumentra Health recommends that the contracted MCOs

- participate in public health initiatives and partnerships such as the Washington State Collaborative to Improve Care and the DOH's Washington State Immunization Information System (formerly called Child Profile)
- provide dashboard reporting on a routine basis to providers to highlight regional rates, since public reporting may promote more local control and better coordination among providers and other entities providing services
- monitor member-level data to improve the completeness of race and ethnicity information, to aid in establishing appropriate interventions to address health care disparities
- conduct validation studies to improve the quality of encounter data to ensure that enrollees are receiving appropriate interventions
- monitor their HEDIS rates at least quarterly, using administrative data

# Introduction

Traditionally, the Washington Medicaid program provided managed medical care primarily for children, mothers, and pregnant women, and for several thousand adult SSI or SSI-related clients through the WMIP program in Snohomish County. Since July 1, 2012, however, managed care enrollment has nearly doubled with the addition of disabled and blind SSI recipients and other new populations, such as those served by the former Medical Care Services program. The net effect has been a major shift toward adult enrollment.

As of January 1, 2014, all populations served by Washington Medicaid, including many thousands of newly eligible enrollees authorized by the federal Affordable Care Act, were rolled up under Apple Health.

Table 1 shows the name and acronym of each MCO and the number of enrollees by service population in December 2013.

**Table 1. Washington Medicaid managed care plans and enrollees, December 2013.[a]**

| Health plan | Enrollment |
|---|---|
| **Amerigroup Washington Inc. (AMG)** | |
| Healthy Options/Healthy Options Foster Care/CHIP/Basic Health Plus | 34,241 |
| *SSI recipients (included in above)* | *10,503* |
| **Community Health Plan of Washington (CHP)** | |
| Healthy Options/Healthy Options Foster Care/CHIP/Basic Health Plus | 236,404 |
| *SSI recipients (included in above)* | *27,468* |
| Health Home | 61 |
| Medical Care Services (formerly GA-U) | 7,180 |
| CHP total | 243,645 |
| **Coordinated Care Corp. (CCC)** | |
| Healthy Options/Healthy Options Foster Care/CHIP/Basic Health Plus | 80,592 |
| *SSI recipients (included in above)* | *15,759* |
| **Molina Healthcare of Washington (MHW)** | |
| Healthy Options/Healthy Options Foster Care/CHIP/Basic Health Plus | 375,231 |
| *SSI recipients (included in above)* | *29,964* |
| WMIP | 3,055 |
| MHW total | 378,286 |
| **UnitedHealthcare Community Plan (UHC)** | |
| Healthy Options/Healthy Options Foster Care/CHIP/Basic Health Plus | 60,754 |
| *SSI recipients (included in above)* | *14,555* |
| Health Home | 265 |
| UHC total | 61,019 |
| **Total** | **797,783** |

[a] Healthy Options includes SSI recipients in the Blind/Disabled population.

Source: Washington Health Care Authority.

Figure 1 shows the geographical distribution of MCO services as of May 1, 2013. AMG began serving enrollees in Benton and Franklin counties during 2013.

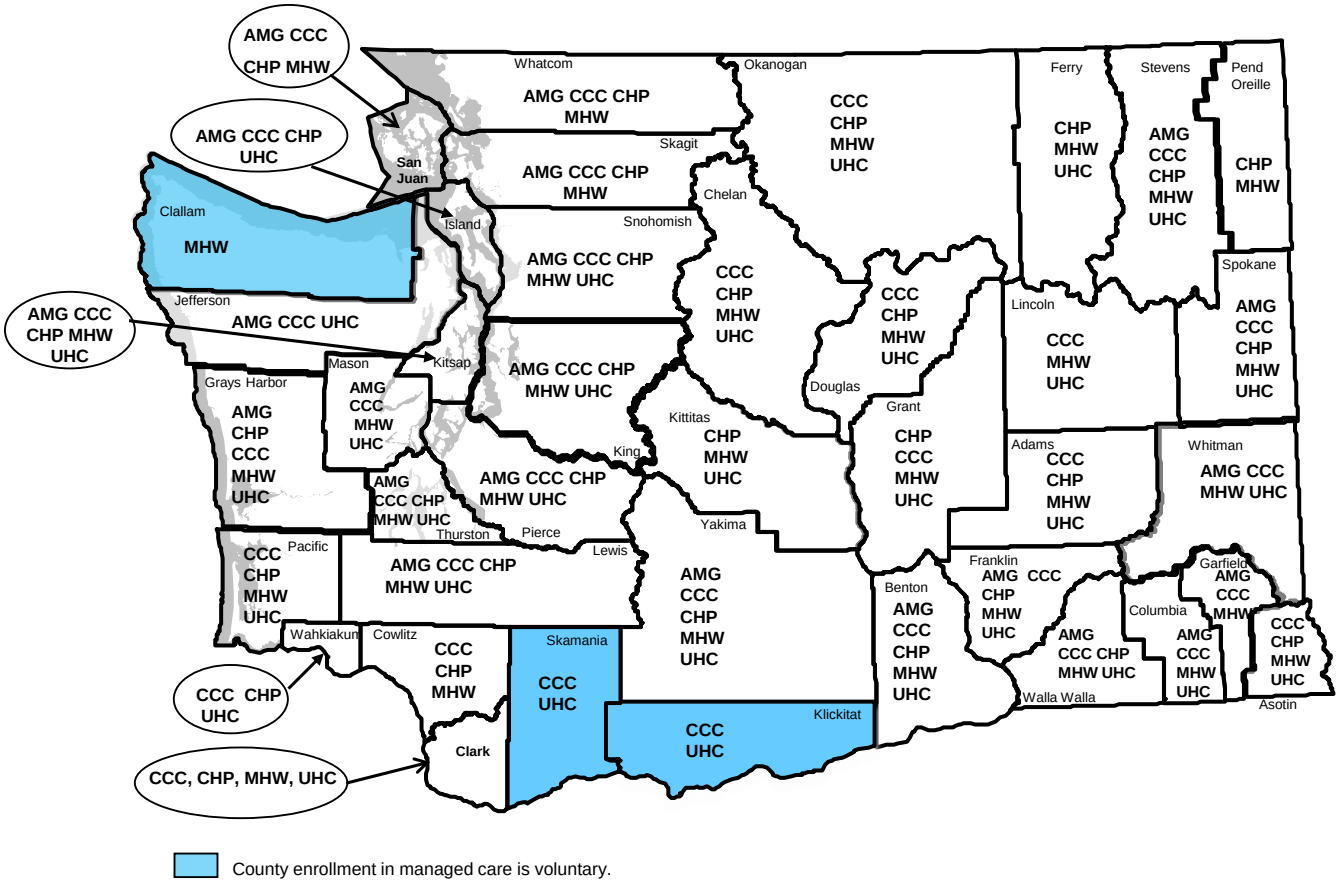


**Figure 1. Geographical coverage of Washington Medicaid enrollees by MCO, May 2013.**

HCA has stated that it will require all five currently contracted MCOs to hold NCQA accreditation by December 31, 2016. Those with current accreditation for the Medicaid product line include CCC, CHP, and MHW.

# Methods

HEDIS results for a measurement year (the year in which care is given) are gathered, audited, and reported the following year, called the reporting year. Results are based on a statistically valid random sample of health plan enrollees. The HEDIS technical specifications set stringent criteria for identifying the eligible population for each measure.[1]

To ensure data integrity, NCQA verifies that a health plan collects data according to the technical specifications. Each plan's data collection process is audited by an NCQA-certified HEDIS auditor. The NCQA HEDIS Compliance Audit™ assures purchasers and health plans of fair and accurate comparisons of plan performance. HCA funds the HEDIS audit for the MCOs to fulfill the federal requirement for validation of state performance measures.

This report presents results for reporting year 2014 (measurement year 2013) for the HEDIS measures that HCA required the Washington MCOs to report. Results for the WMIP program appear in charts that display available data since 2006.

Acumentra Health compiled individual MCO data from the NCQA-audited Interactive Data Submission System (IDSS) results.[2] We derived the state average for each measure by adding individual MCO numerators and denominators, dividing the aggregate numerator by the aggregate denominator, and converting the ratio to the appropriate reporting unit. Most HEDIS measures are reported as percentages; utilization measures are typically reported as counts per 1,000 member months. The 2014 national Medicaid averages came from NCQA's *Quality Compass*® report.[3]

Data graphs show the 95% confidence interval (CI) for each measurement, indicating the upper and lower limits within which each MCO percentage would be expected to fall 95 times if 100 identical studies were conducted. The smaller the CI, the higher the likelihood that the percentage found in the MCO sample reliably estimates the percentage that applies to MCO members overall. A small CI, therefore, indicates greater precision, usually due to adequate sample sizes.

For each measure, Appendix B reports the NCQA national Medicaid average rate and the 90th percentile rate. The latter is NCQA's highest benchmark rate, below which fall 90% of all rates reported nationally.

Note: HEDIS measures are not designed for case-mix adjustment or risk adjustment for existing co-morbidities, physical or mental disabilities, or severity of disease. Therefore, when reviewing and comparing plan performance, it may be difficult to determine whether differences among MCO rates were due to differences in the use of services or quality of care, or to differences in the health of the MCO's population.

## Administrative vs. hybrid data collection

For certain measures, HEDIS technical specifications allow a health plan to collect data by the administrative or the hybrid method. In the administrative method, the health plan defines the eligible population and uses data from its information systems—such as claims and encounter data—to identify enrollees who received the service(s) for the measure. In the hybrid method, the health plan performs supplemental medical chart reviews to identify enrollees who received service(s) that might not be captured in the administrative data. Regardless of the data collection method, eligible enrollees who received services are counted as "numerator events."

A sample of hybrid numerator events is validated as part of the HEDIS audit process. This medical record review validation (MRRV) ensures that chart reviews performed by the health plan, or by its contracted vendor, meet audit standards for sound processes and that abstracted medical data are accurate.

Beginning in 2013, NCQA implemented new audit requirements intended to make the MRRV process "more rigorous." Health plans must meet a deadline of May 15 each year to finish abstracting medical records for all measures and to send the associated data to the HEDIS auditor. No charts are accepted past that date, when auditors began to review records.

The new audit procedure also uses a different, more sensitive statistical test to determine bias in medical record review. This test is intended to reduce the number of errors allowed in the sample of data collected using the hybrid method.

For the past several years, Acumentra Health has analyzed and reported on the difference between HEDIS rates calculated through the administrative vs. the hybrid method. For 2014, MCOs reported five hybrid measures: childhood immunizations, adolescent immunizations, weight assessment and counseling, comprehensive diabetes care, and the well-child measure set. Analysts reviewed data collected for the hybrid measures and found that the amount of data from medical record review varies by measure and by health plan. For some clinical measures, virtually all of the data is collected by medical record review. Since this was the initial year for reporting for three of the five plans, it was difficult to compare data collection methods for the newly contracted plans.

## Supplemental data

For years, many MCOs have used supplemental data to calculate their HEDIS measures. Supplemental data are defined as any health care delivery information that is available outside of the MCO's claims/encounter data system. In 2013, NCQA created a formal structure and processes for supplemental data, and the 2014 HEDIS technical specifications provide guidelines for collection, validation, and use of these data. All supplemental data used by the MCO must meet NCQA specifications as determined by the auditor.

Three distinct categories of supplemental data apply to HEDIS reporting: Standard, Nonstandard, and Member-reported. The auditor must determine which category each supplemental data source belongs to and must communicate that determination to the MCO.

In 2014, all Washington MCOs used auditor-approved supplemental data in calculating their HEDIS measures. Examples of approved supplemental data include lab data, historical medical record data, and fee-for-service data on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provided by HCA. The EPSDT supplemental data file was produced for HEDIS for the first time in 2014. The auditor examined HCA's processes and source data as a component of the MCO audit. All MCOs reported that the state-supplied data had a positive impact on their well-child measures.

## Member-level data analysis

In the past, HCA has required the MCOs to submit de-identified member-level data (including elements for gender, primary language, race/ethnicity, and county) on childhood immunizations. HCA did not require submission of member-level data in 2014.

# Immunization for Children and Adolescents

For 2014, HCA required the MCOs to report 19 indicators of Childhood Immunization Status (10 individual antigens plus 9 combinations of antigens). For the first time, HCA required the MCOs to report Immunization for Adolescents. See measure definitions below.

**Measure definition**

*Childhood Immunization Status* assesses the percentage of enrolled children who turned two years old during the measurement year, who were continuously enrolled for 12 months immediately preceding their second birthday, and who received the following vaccinations:

- four diphtheria, tetanus, and acellular pertussis (DTaP)
- three polio (IPV)
- one measles, mumps, and rubella (MMR)
- three *Haemophilus influenzae* type b (HiB)
- three hepatitis B (Hep B)
- one varicella-zoster virus (VZV)
- four pneumococcal conjugate (PCV)
- one hepatitis A (Hep A)
- two or three rotavirus (RV)
- two influenza (flu)
- Combination #2 (Combo 2) includes all antigens listed above except for PCV, Hep A, RV, flu
- Combination #3 (Combo 3) includes all antigens listed above except for Hep A, RV, flu
- Combination #4 (Combo 4) includes all antigens listed above except for RV, flu
- Combination #5 (Combo 5) includes all antigens listed above except for Hep A, flu
- Combination #6 (Combo 6) includes all antigens listed above except for Hep A, RV
- Combination #7 (Combo 7) includes all antigens listed above except for flu
- Combination #8 (Combo 4) includes all antigens listed above except for RV
- Combination #9 (Combo 9) includes all antigens listed above except for Hep A
- Combination #10 (Combo 10) includes all antigens listed above

*Immunization for Adolescents* assesses the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine or one tetanus, diphtheria toxoids (Td) vaccine by their 13$^{th}$ birthday. The measure calculates a rate for each vaccine and one combination rate.

**Data collection method:** Administrative or hybrid

## Childhood immunization rates

### Diphtheria, Tetanus, and Pertussis (DTaP)

Figure 2 displays the 2014 results for DTaP immunizations by MCO. The statewide average immunization rate (72.25%) was significantly lower than the U.S. average rate and significantly lower than the 2012 statewide rate. CHP's rate (79.81%) was significantly higher than the state average, while the rates for AMG and UHC were significantly below average.

The epidemic of pertussis in Washington during 2012–2013 underscores the importance of delivering the full series of four DTaP vaccinations for infants, as well as Tdap boosters for adolescents and adults. Through mid-October 2014, the Washington Department of Health (DOH) reported 373 pertussis cases, down from 627 in the same period of 2013.[4] The highest incidence rate was among infants under one year of age (57.6 cases per 100,000).

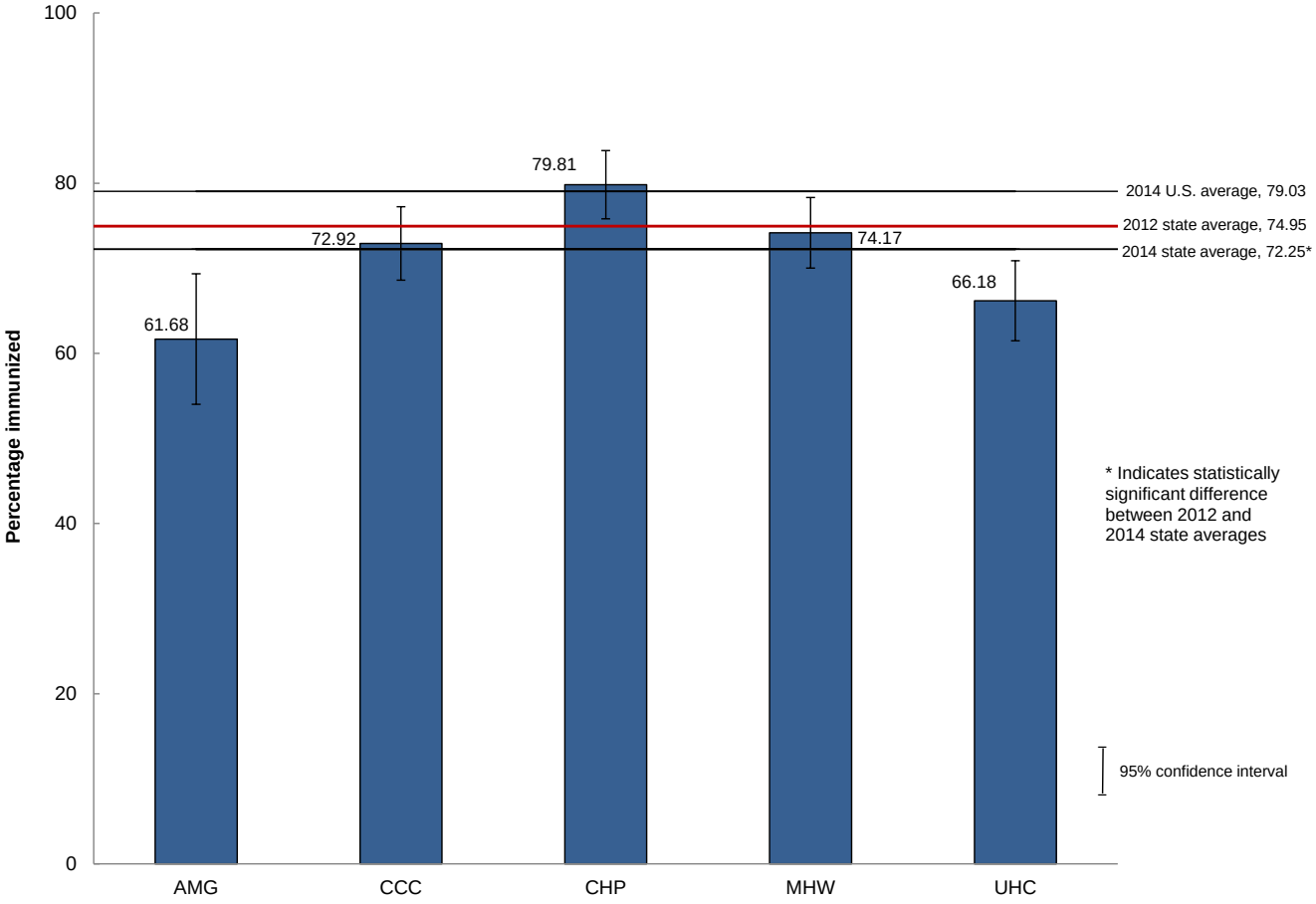


**Figure 2. DTaP immunizations by health plan, reporting year 2014.**

## Inactivated Polio Vaccine (IPV)

Statewide IPV immunization rates in 2014 averaged 85.27%, significantly lower than the U.S. average and significantly lower than the 2012 statewide rate (see Figure 3). The rates for CHP (91.24%) and MHW (89.18%) were significantly higher than the state average, while the rates for AMG and UHC were significantly below average.

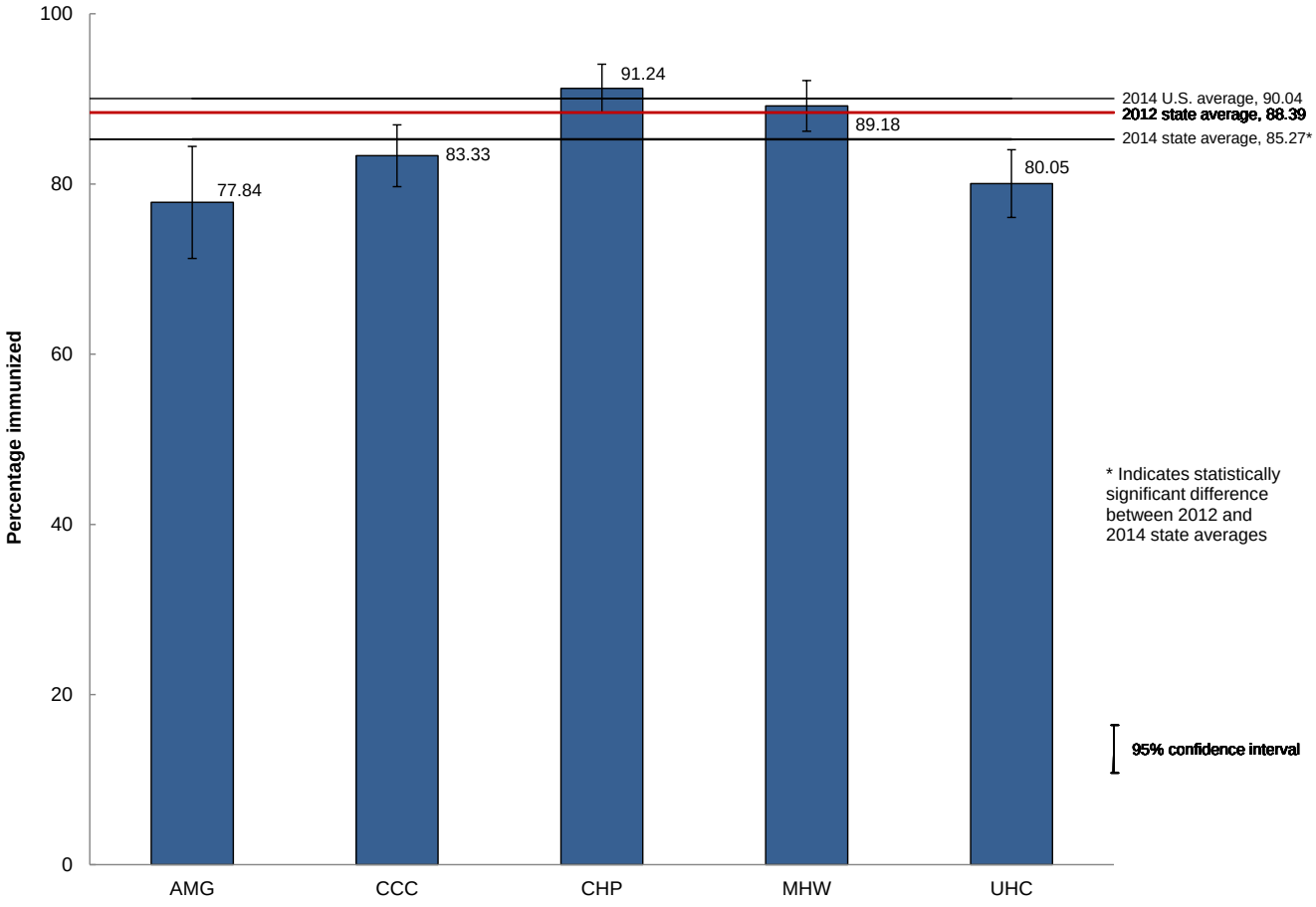


**Figure 3. IPV immunizations by health plan, reporting year 2014.**

## Measles, Mumps, and Rubella (MMR)

Statewide MMR immunization rates in 2014 averaged 86.29%, significantly lower than the U.S. average and significantly lower than the 2012 statewide rate (see Figure 4). CHP significantly outperformed the state average with a rate of 90.51%, while the rates for AMG and UHC were significantly below average.

In mid-July 2014, measles cases in Washington were reported at an 18-year high of 27 cases, compared with only 5 cases in 2013.[5] The recent outbreak comes after a five-year decline in the percentage of Medicaid managed care recipients receiving MMR vaccinations.

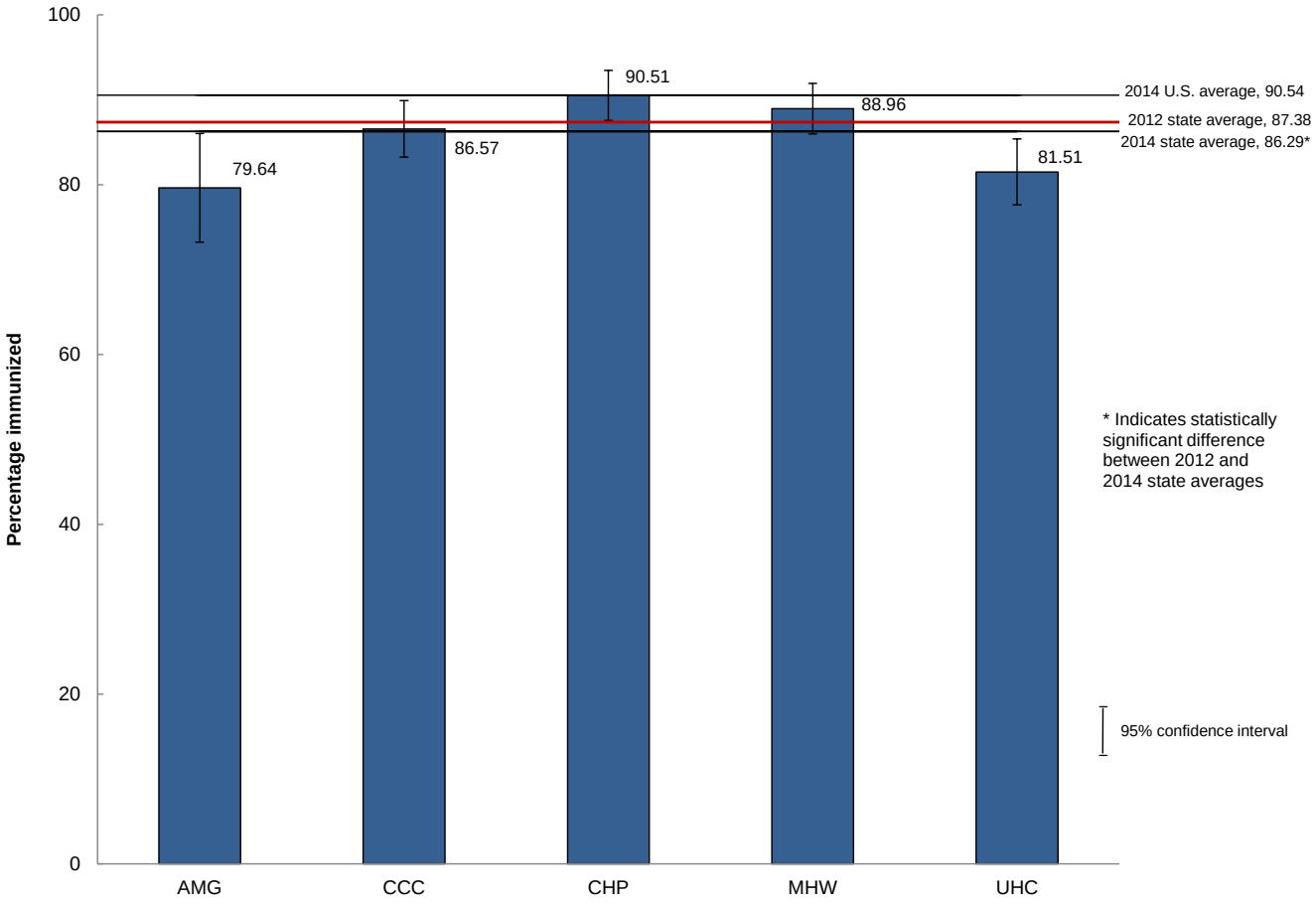


**Figure 4. MMR immunizations by health plan, reporting year 2014.**

## Haemophilus Influenzae Type B (HiB)

Figure 5 displays the 2014 results for HiB immunizations by MCO. The statewide average immunization rate (86.39%) was significantly lower than the U.S. average and significantly lower than the 2012 statewide rate. CHP's rate (91.73%) was significantly higher than the state average, while UHC's rate (80.29%) was significantly below average.

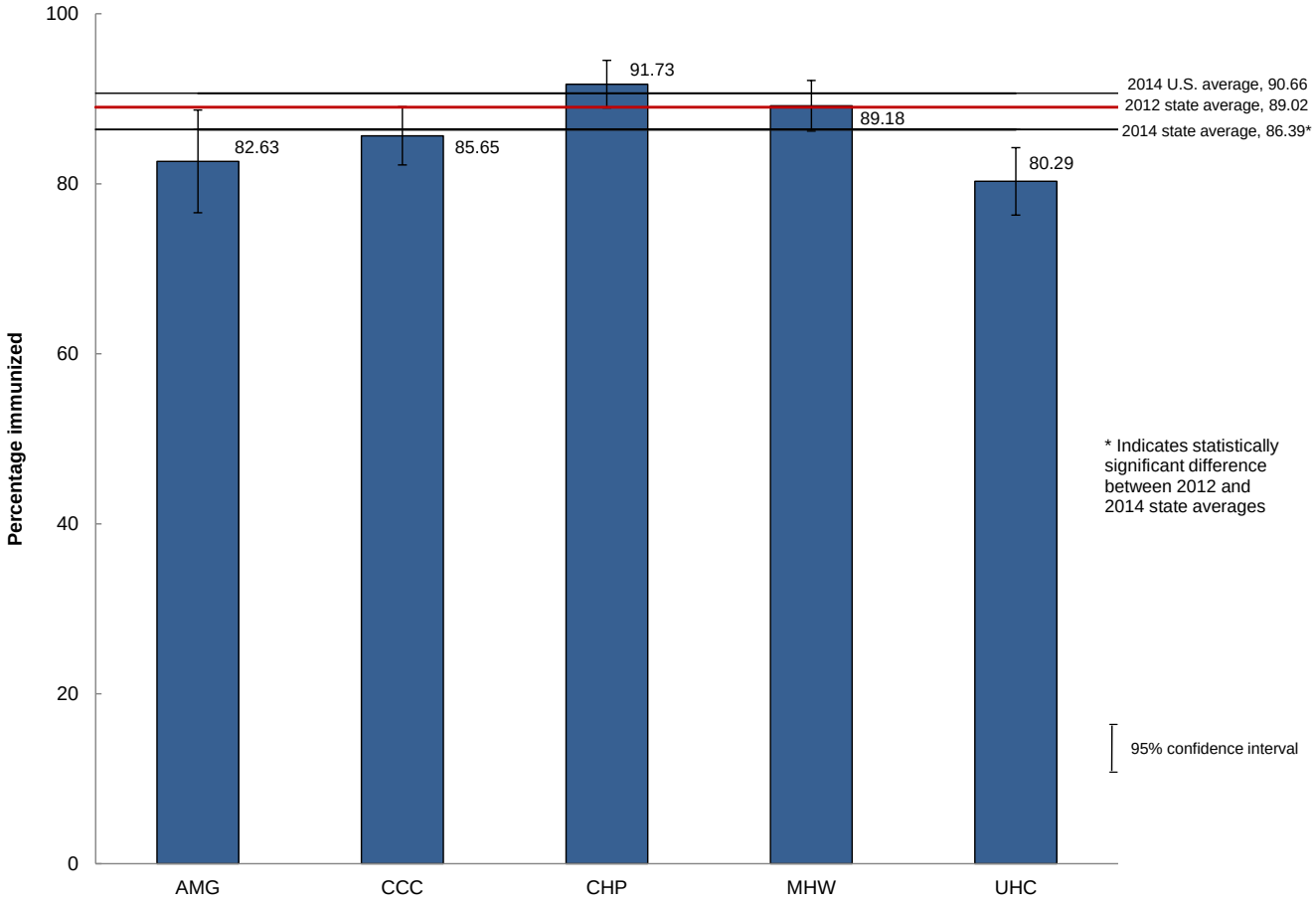


**Figure 5. HiB immunizations by health plan, reporting year 2014.**

## Hepatitis B (Hep B)

Statewide Hep B immunization rates in 2014 averaged 83.88%, significantly lower than the U.S. average and significantly lower than the 2012 statewide rate (see Figure 6). CHP's rate (90.75%) was significantly higher than the state average, while UHC's rate (76.40%) was significantly below average.

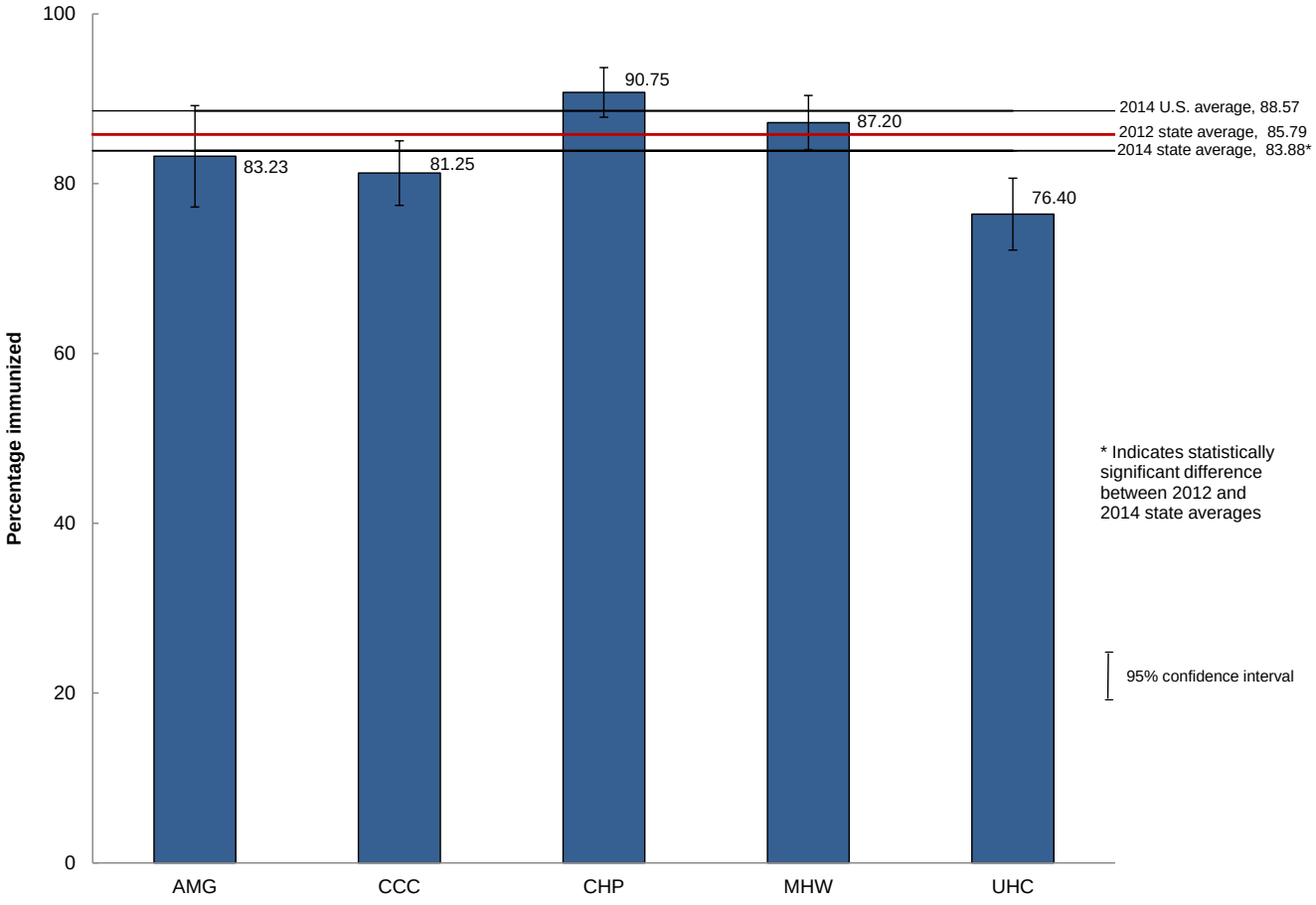


**Figure 6. Hep B immunizations by health plan, reporting year 2014.**

## Varicella-Zoster Virus (VZV)

Statewide VZV immunization rates in 2014 averaged 85.59%, significantly lower than the U.S. average and significantly lower than the 2012 statewide rate (see Figure 7). AMG's immunization rate (77.84%) was significantly lower than the state average.

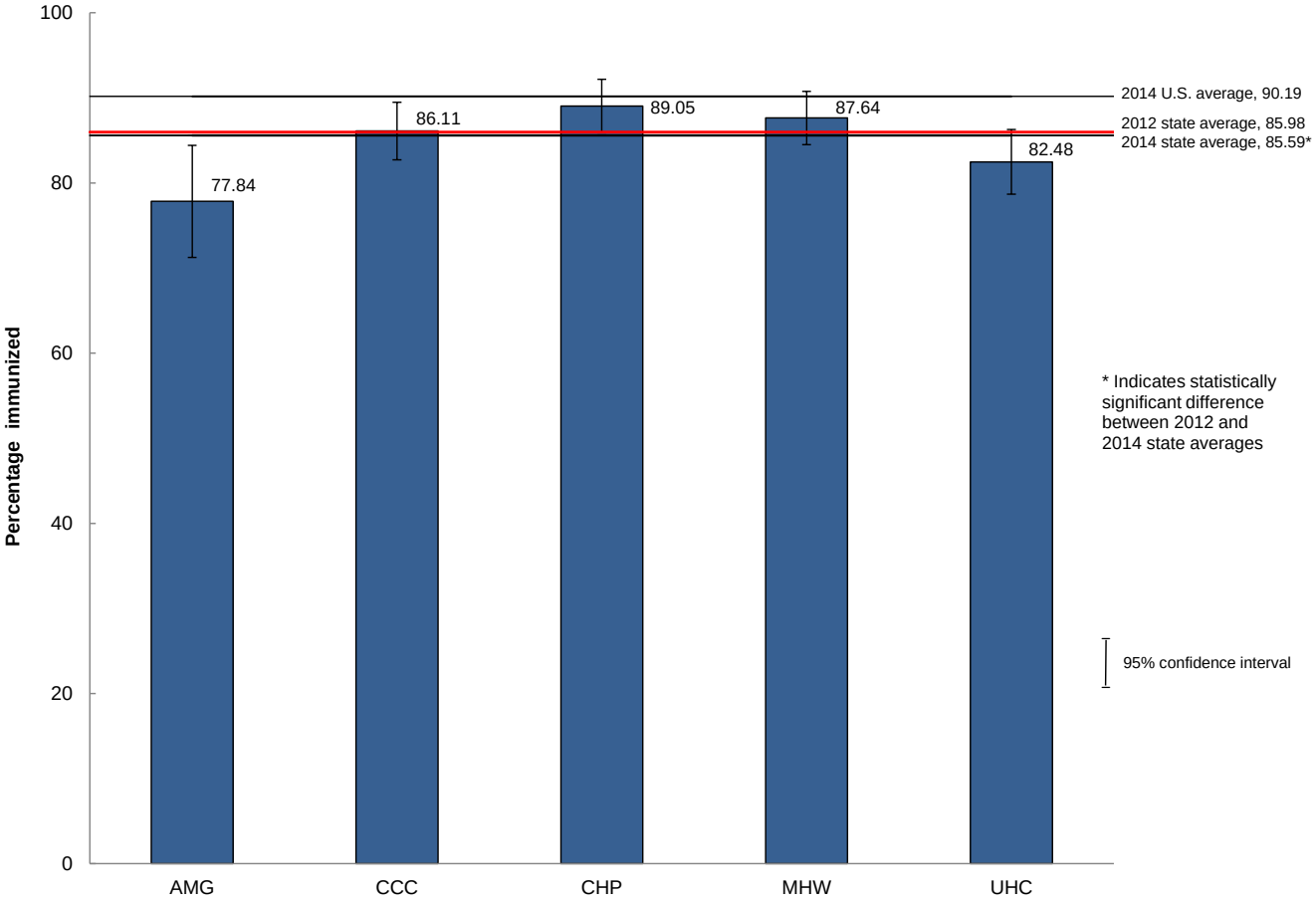


**Figure 7. VZV immunizations by health plan, reporting year 2014.**

## Pneumococcal Conjugate (PCV)

Figure 8 displays the 2014 results for PCV immunizations by MCO. The statewide average immunization rate (73.64%) was significantly lower than the U.S. average and significantly lower than the 2012 statewide rate. CHP's rate (79.32%) was significantly higher than the state average, while AMG's rate (62.87%) was significantly below average.

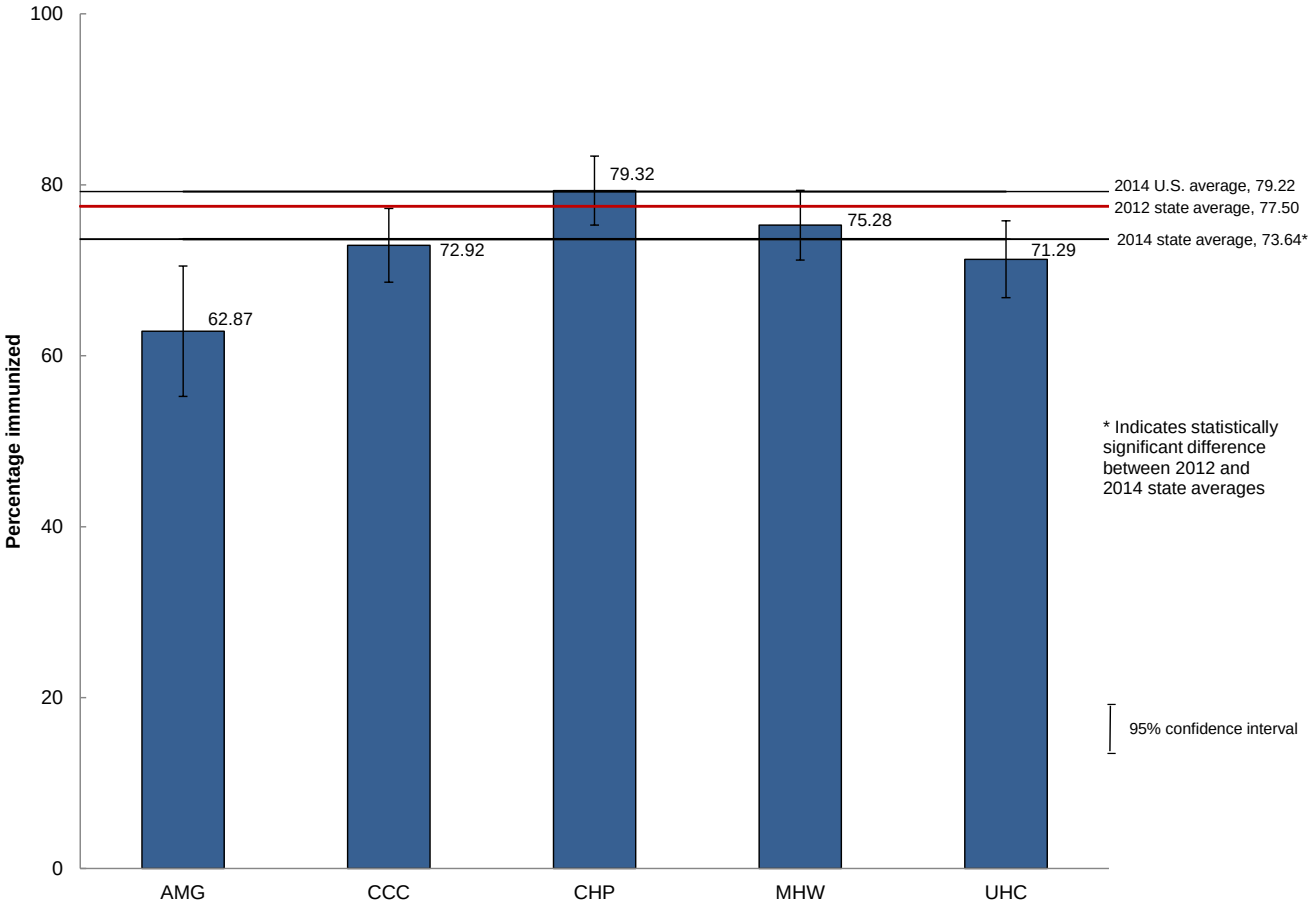


**Figure 8. PCV immunizations by health plan, reporting year 2014.**

## Hepatitis A (Hep A)

The statewide average Hep A immunization rate climbed to 77.21% in 2014, a significant improvement over the 2012 statewide rate, yet still significantly below the U.S. average (see Figure 9). CCC and CHP significantly outperformed the state average, while the rates for AMG and UHC were significantly below average. Note: In 2014, this measure required only one dose of the vaccine for compliance; in 2012, two doses were required.

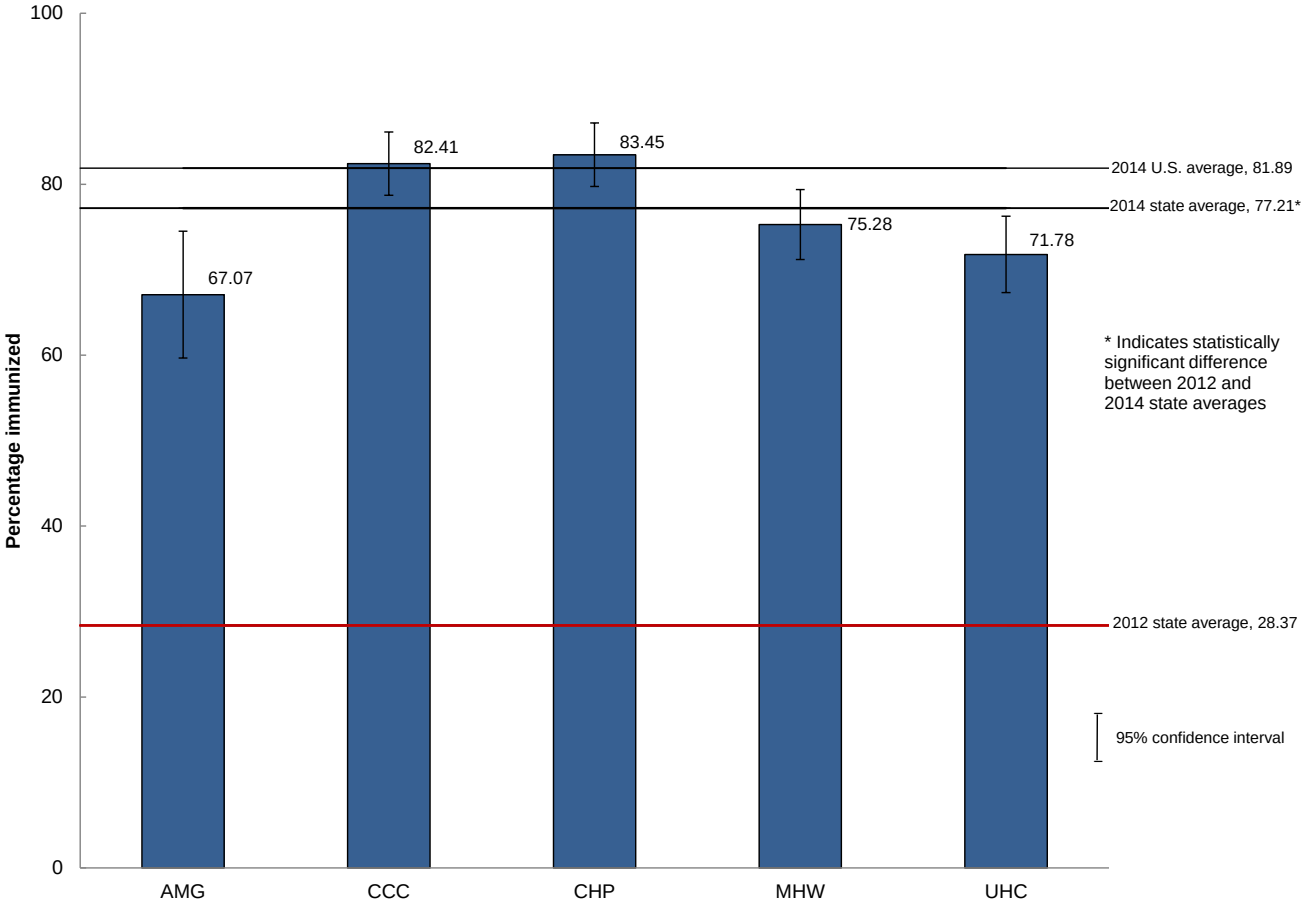


**Figure 9. Hep A immunizations by health plan, reporting year 2014.**

## Rotavirus

Similar to the trend for Hep A, the 2014 statewide average rotavirus immunization rate (65.37%) was significantly higher than the 2012 statewide rate, yet significantly below the U.S. average (see Figure 10). CHP's rate (70.80%) was significantly higher than the state average, while AMG's rate (53.89%) was significantly below average.

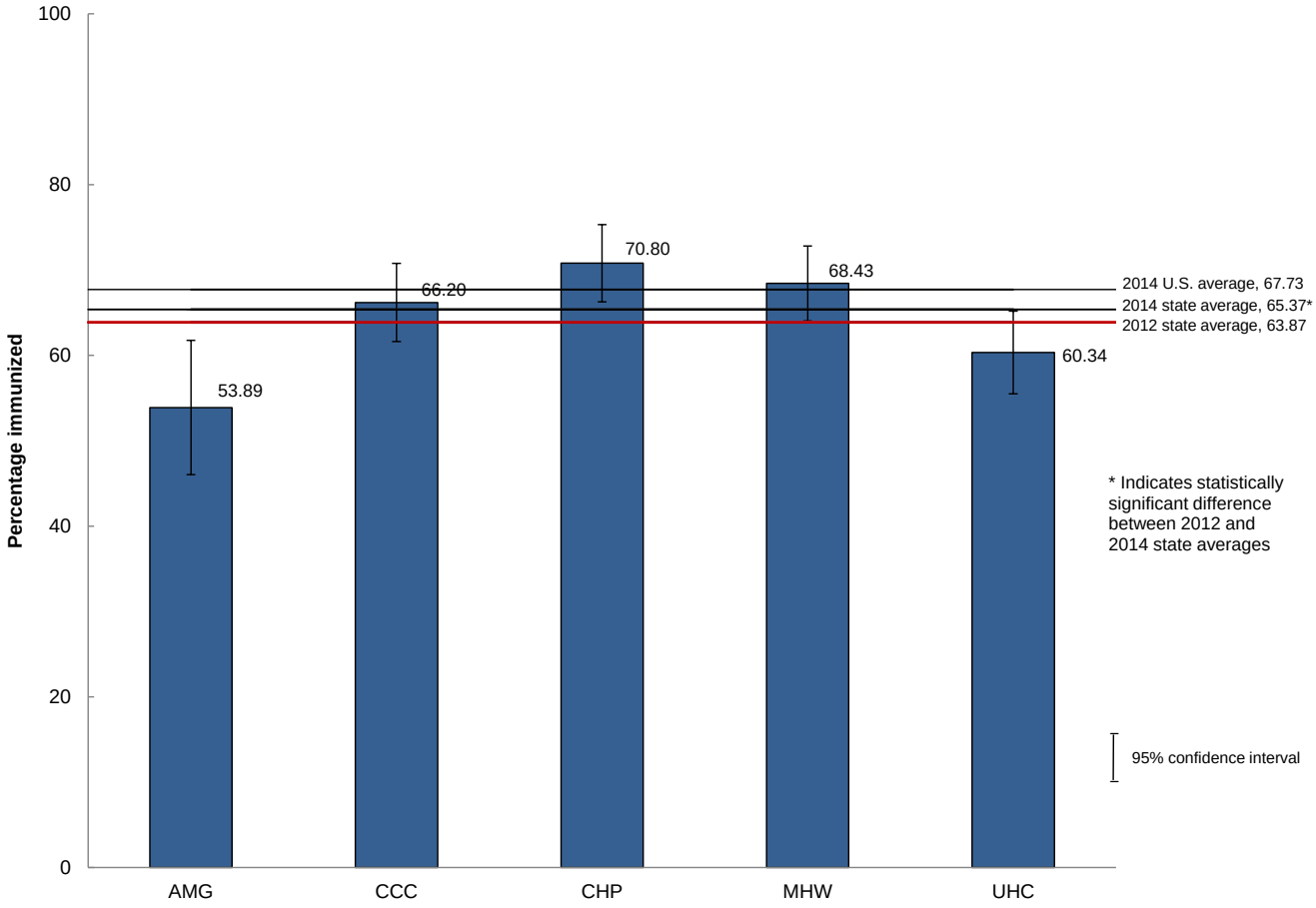


**Figure 10. Rotavirus immunizations by health plan, reporting year 2014.**

## Influenza

The 2014 statewide average influenza immunization rate rose significantly from 2012 to 2014, reaching 53.84% (see Figure 11) and significantly outperforming the U.S. average of 50.00%. AMG's rate (38.92%) was significantly lower than the state average.

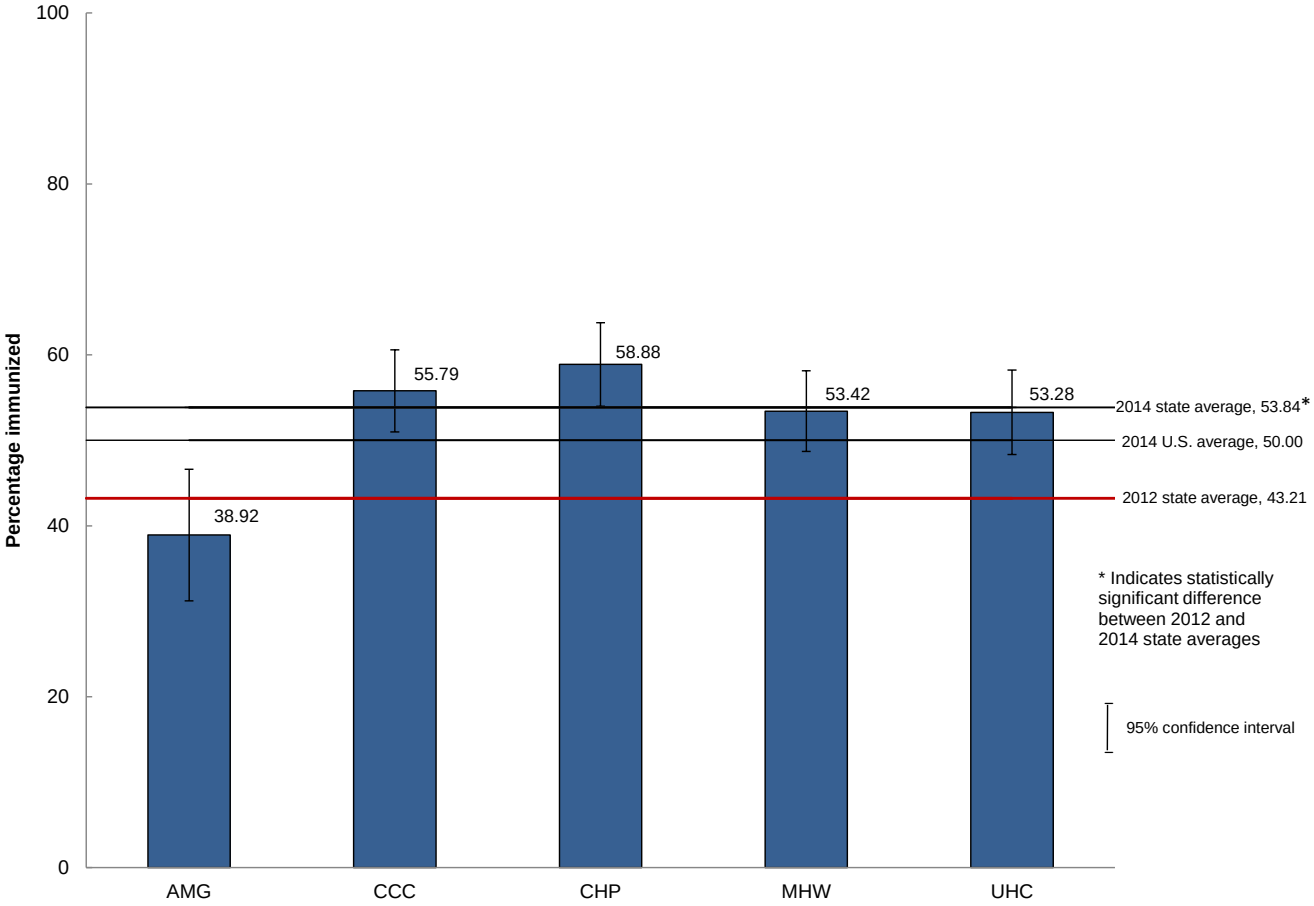


**Figure 11. Influenza immunizations by health plan, reporting year 2014.**

### Childhood Combination #2 (Combo 2)

The Combo 2 indicator measures the percentage of children who received the following numbers of specific vaccinations on schedule:

- four DTaP
- three IPV
- one MMR
- three HiB
- three Hep B
- one VZV

As shown in Figure 12, Combo 2 rates among the Washington MCOs averaged 65.96% in 2014, significantly lower than the 2012 state average and significantly lower than the U.S. average. CHP significantly outperformed the state average with a rate of 76.89%, while the rates for AMG and UHC were significantly below average.

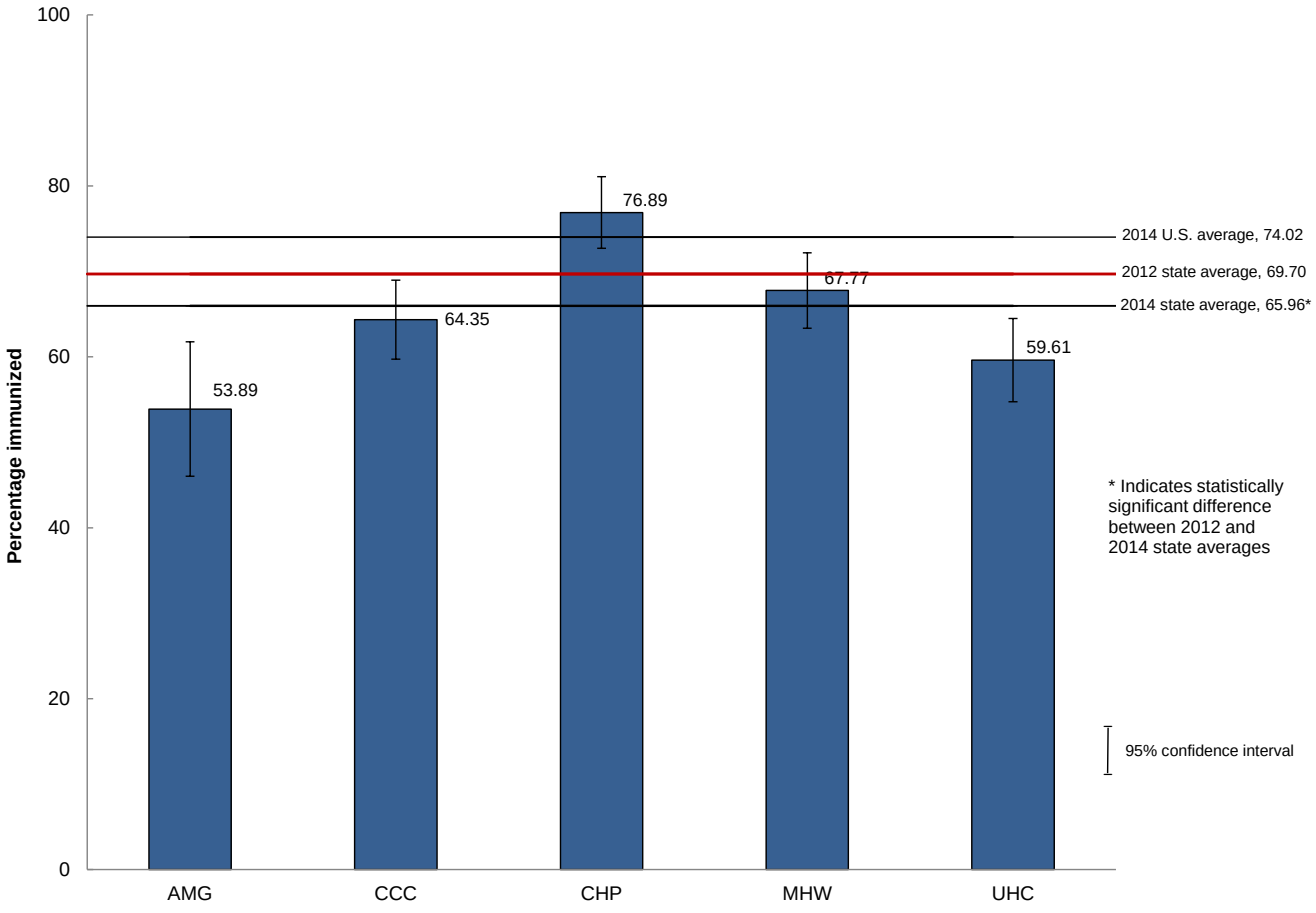


**Figure 12. Combo 2 immunizations by health plan, reporting year 2014.**

### Childhood Combination #3 (Combo 3)

Figure 13 displays 2014 results for the Combo 3 indicator, which measures the percentage of children who received the following numbers of specific vaccinations on schedule:

- four DTaP
- three IPV
- one MMR
- three HiB
- three Hep B
- one VZV
- four PCV

The 2014 state average (62.59%) was down significantly from 2012, and significantly lower than the 2014 U.S. average. CHP significantly outperformed the state average, while AMG's rate was significantly below average.

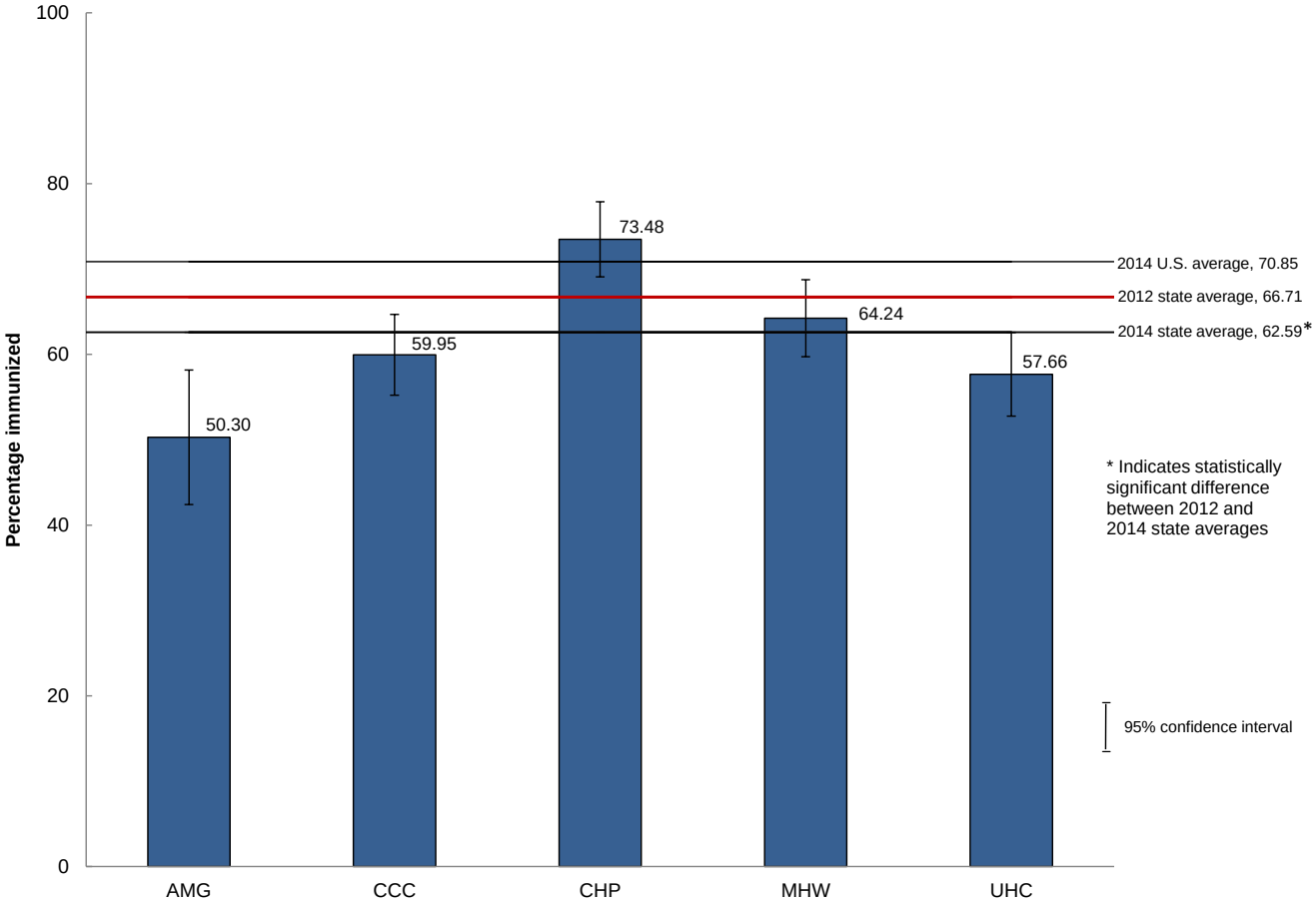


**Figure 13. Combo 3 immunizations by health plan, reporting year 2014.**

## Adolescent immunization rates

HCA required the Washington MCOs to report three measures of immunization for adolescents for the first time in 2014. Results are displayed on this page and the following two pages.

### Meningococcal Conjugate Vaccine

This vaccine protects against some of the bacteria that cause meningococcal disease, which can cause brain damage, hearing loss, learning disabilities, and even death. The Centers for Disease Control and Prevention (CDC) recommends vaccination for all preteens at age 11 or 12 and a booster shot for teens at age 16. Teens who received the vaccine for the first time at age 13–15 need a one-time booster dose at 16–18 years of age.[6]

As shown in Figure 14, the 2014 immunization rates among Washington MCOs averaged 67.41%, significantly below the national average. CCC and CHP significantly outperformed the statewide average with rates above 72%, while AMG's rate of 55.38% was significantly below average.

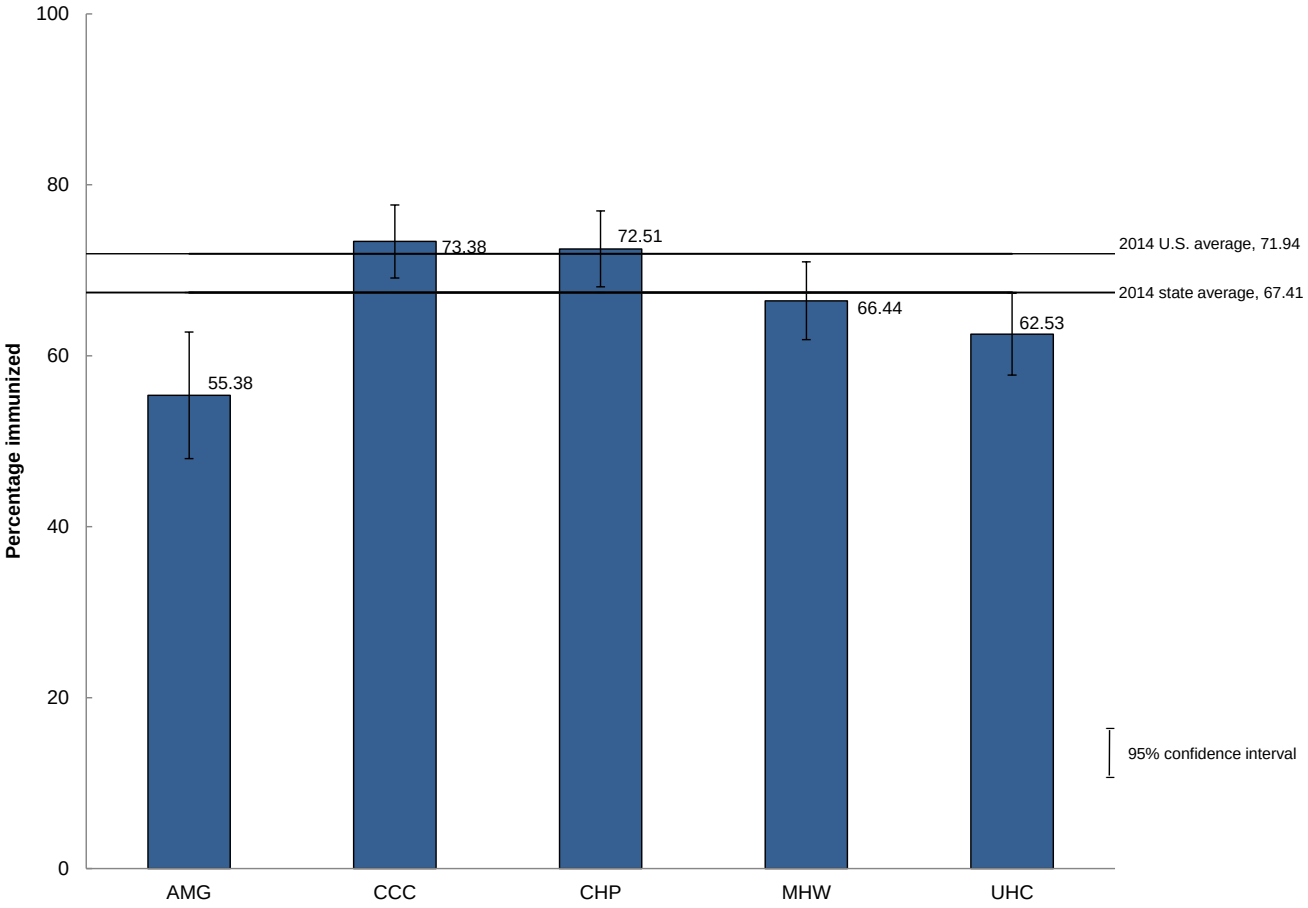


**Figure 14. Adolescent meningococcal immunizations by health plan, reporting year 2014.**

### Tetanus, Diphtheria, and Pertussis (Tdap)

The Tdap booster shot helps protect preteens and teens from the same diseases that DTaP shots protect younger children from. The CDC recommends that all preteens receive one Tdap shot when they are 11 or 12 years old.[7]

Figure 15 shows the 2014 immunization rates by MCO, averaging 83.97%, nearly identical to the U.S. average. CCC and CHP significantly outperformed the statewide average with rates between 88% and 89%, while UHC's rate of 74.21% was significantly below average.

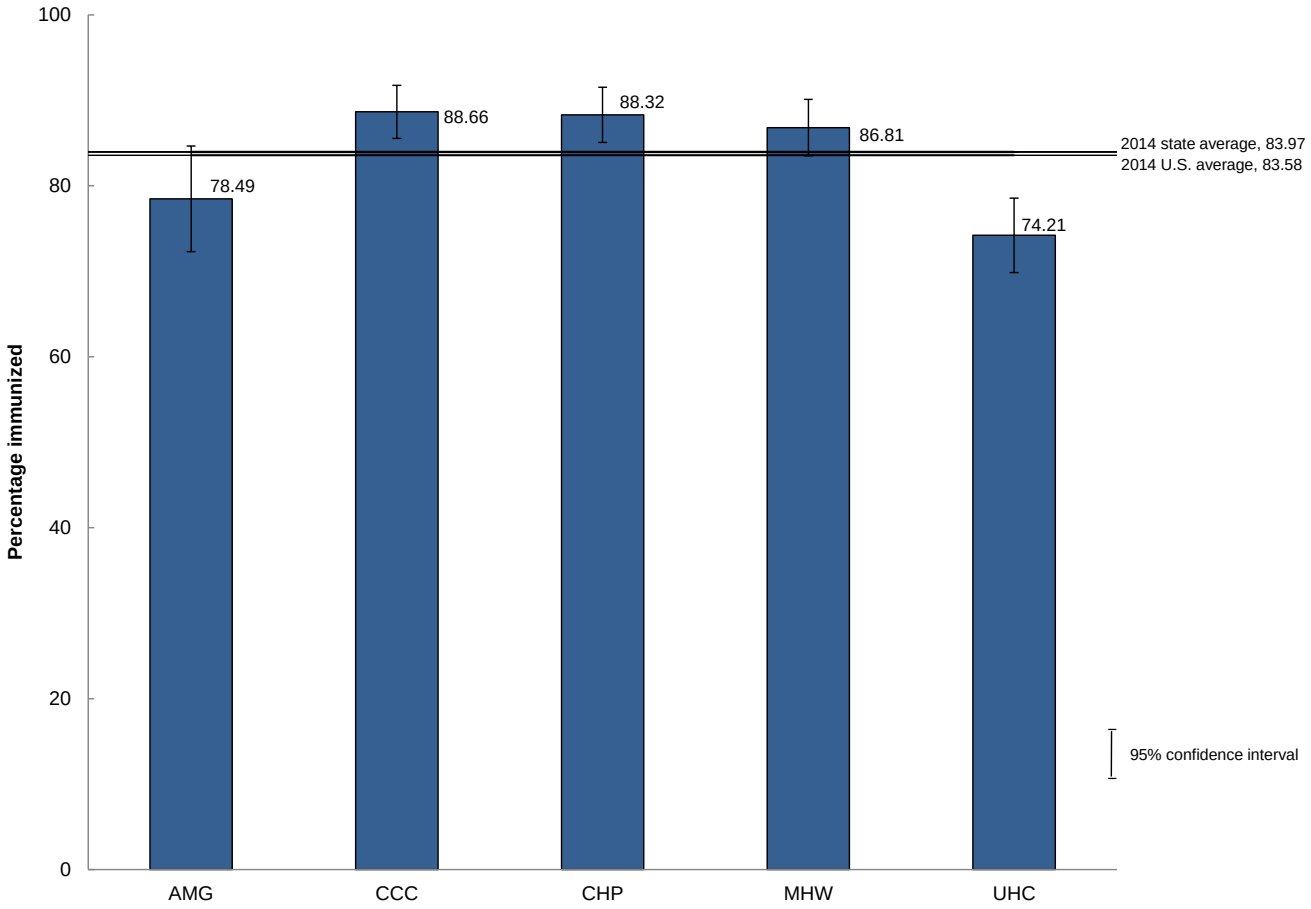


**Figure 15. Adolescent Tdap immunizations by health plan, reporting year 2014.**

## Adolescent Combination #1 (Combo 1)

The Combo 1 measure represents the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine *and* one Tdap vaccine or one tetanus, diphtheria toxoids (Td) vaccine by their 13th birthday.

Figure 16 shows the 2014 immunization rates by MCO, averaging 65.44%, significantly lower than the U.S. average. CHP's rate (71.29%) was significantly higher than the statewide average, while AMG's rate (54.84%) was significantly below average.

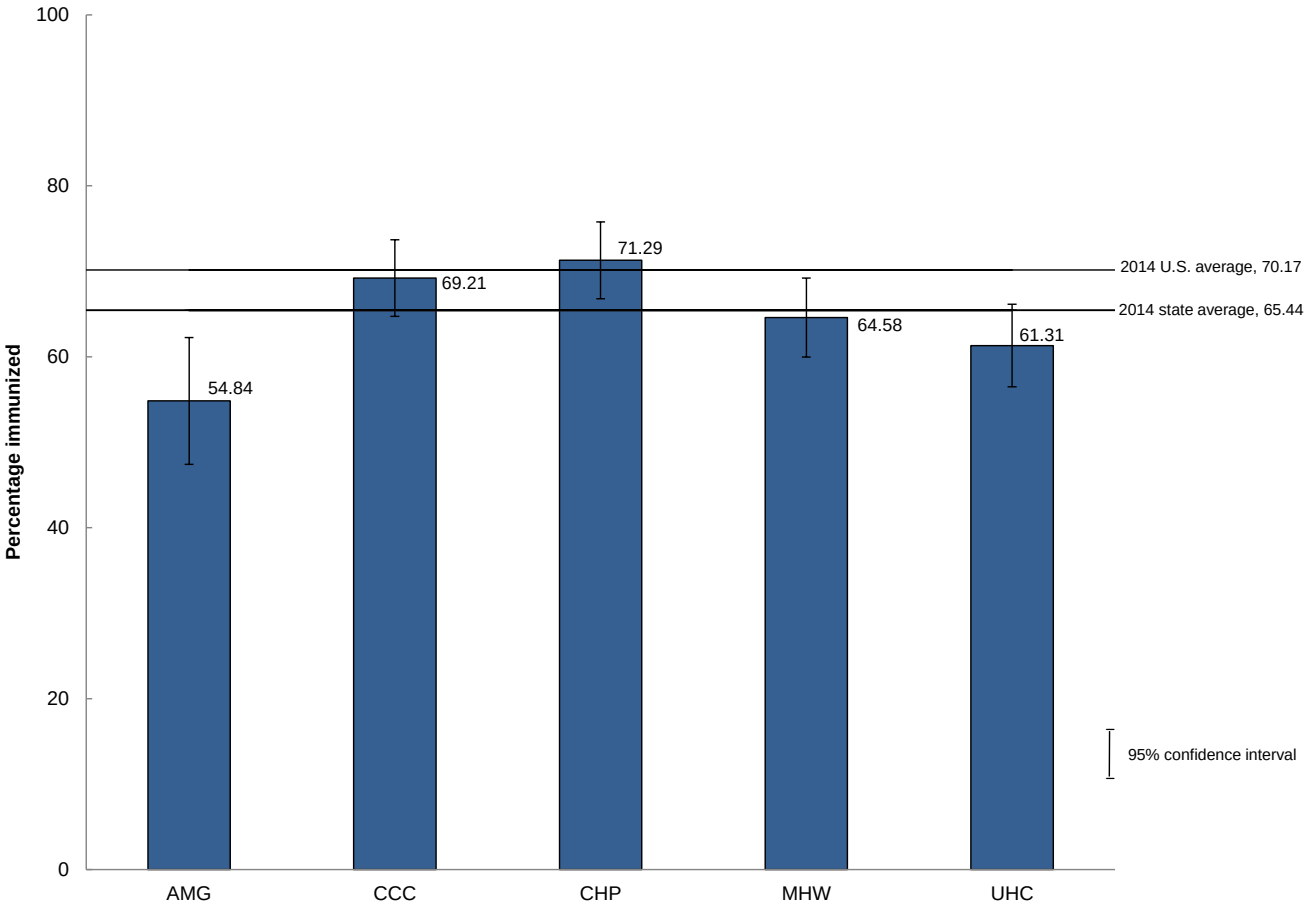


**Figure 16. Adolescent Combo 1 immunizations by health plan, reporting year 2014.**

## Discussion

Childhood immunization measures show different trends depending on how long HCA has required the measures to be reported.

- For the seven antigens in Combo 3, which the MCOs have reported for many years, the statewide average immunization rates in 2014 are uniformly lower than in 2012, and significantly below the U.S. average rates. Statewide average immunization rates for these antigens peaked most recently in 2010.
- For the Hep A, rotavirus, and influenza vaccines, first reported in 2010, statewide average immunization rates continue to rise. (The marked increase for Hep A, from an average 28% in 2012 to an average 77% in 2014, appears to be due in large part to a change in the dosing requirements, from two doses to one.) Although the statewide rates for Hep A and rotavirus are still significantly below the U.S. average rates, the statewide influenza immunization rate significantly exceeded the U.S. rate.
- The Washington MCOs reported three measures of adolescent immunizations for the first time in 2014. The statewide average immunization rates for the meningococcal conjugate vaccine and for Combo 1 were significantly lower than the U.S. average rates. However, the average Tdap immunization rate for the Washington MCOs was nearly identical to the U.S. average rate.

Among MCOs, CHP remains the top performer for immunizations, followed by MHW and CCC. AMG and UHC reported the poorest results in 2014, often significantly below the state average.

"Herd immunity" exists when a group resists attack by a disease because a large percentage of individuals are immune, though outbreaks of disease can and do occur even when a high level of herd immunity is reached.[8] Given that the statewide average immunization rates for Medicaid managed care enrollees are below 90% for all vaccines—and below 80% for many—the MCOs need to continue to seek ways to improve their immunization rates.

The CDC has ranked Washington among states with the highest percentage of exemptions from school vaccination requirements.[9] State law (ESB 5005, enacted in 2011) now requires a parent or guardian who seeks an exemption to obtain a note from a health care practitioner, stating that the parent or guardian has been informed of the benefits and risks of immunization. DOH has worked closely with schools, preschools, and child care staff to inform parents about the change to the exemption law and to provide support for parents to make informed decisions about immunizations. Exemption rates for kindergarteners dropped after the law went into effect, from 6.0% in the 2010–2011 school year to 4.5% in the 2011–2012 school year. The rate remained steady at 4.6% in school year 2013–2014.

DOH's Washington State Immunization Information System (formerly called Child Profile) remains a highly positive force for improving immunization rates. About 99% of all vaccination providers in the state participate in the registry, which now contains 8.1 million active patient records and 86 million immunizations.

# Comprehensive Diabetes Care

HCA requires the MCOs to report nine indicators of comprehensive diabetes care, as defined below. NCQA introduced a new indicator of blood pressure control <140/80 mm Hg in 2011, and the MCOs reported this new indicator to HCA for the second year in 2012.

**Measure definition**

This measure assesses the percentage of enrollees with diabetes (type 1 or type 2), ages 18–75, who were continuously enrolled during the measurement year and who had:

- Hemoglobin A1c (HbA1c) level tested
- poor control of HbA1c levels (HbA1c > 9.0%)
- good control of HbA1c levels (HbA1c < 8.0%)
- lipid profile (LDL-C screening) performed during the measurement year
- LDL-C levels controlled (<100 mg/dL)
- dilated retinal exam during, or prior to, the measurement year*
- monitoring for nephropathy (kidney disease) through screening for microalbuminuria, medical attention for nephropathy, a visit to a nephrologist, a positive macroalbuminuria test, or evidence of ACE inhibitor/ARB therapy
- blood pressure control (<140/90 mm Hg) for the most recent blood pressure reading
- blood pressure control (<140/80 mm Hg) for the most recent blood pressure reading

**Data collection method:** Administrative or hybrid

*Dilated retinal exams performed prior to the measurement year must meet the following criteria for inclusion:

- the dilated retinal exam had a negative outcome (no evidence of retinopathy)
- the enrollee was not prescribed or dispensed insulin during the measurement year

## Annual HbA1c test

Blood sugar testing showed significant improvement in 2014, as 86.27% of eligible MCO enrollees across the state received HbA1c tests (see Figure 17). The statewide testing rate in 2014 was significantly higher than the U.S. average rate. CHP's rate (91.79%) significantly exceeded the statewide average and was within the NCQA 90th percentile, while AMG's rate (81.64%) was significantly below average.

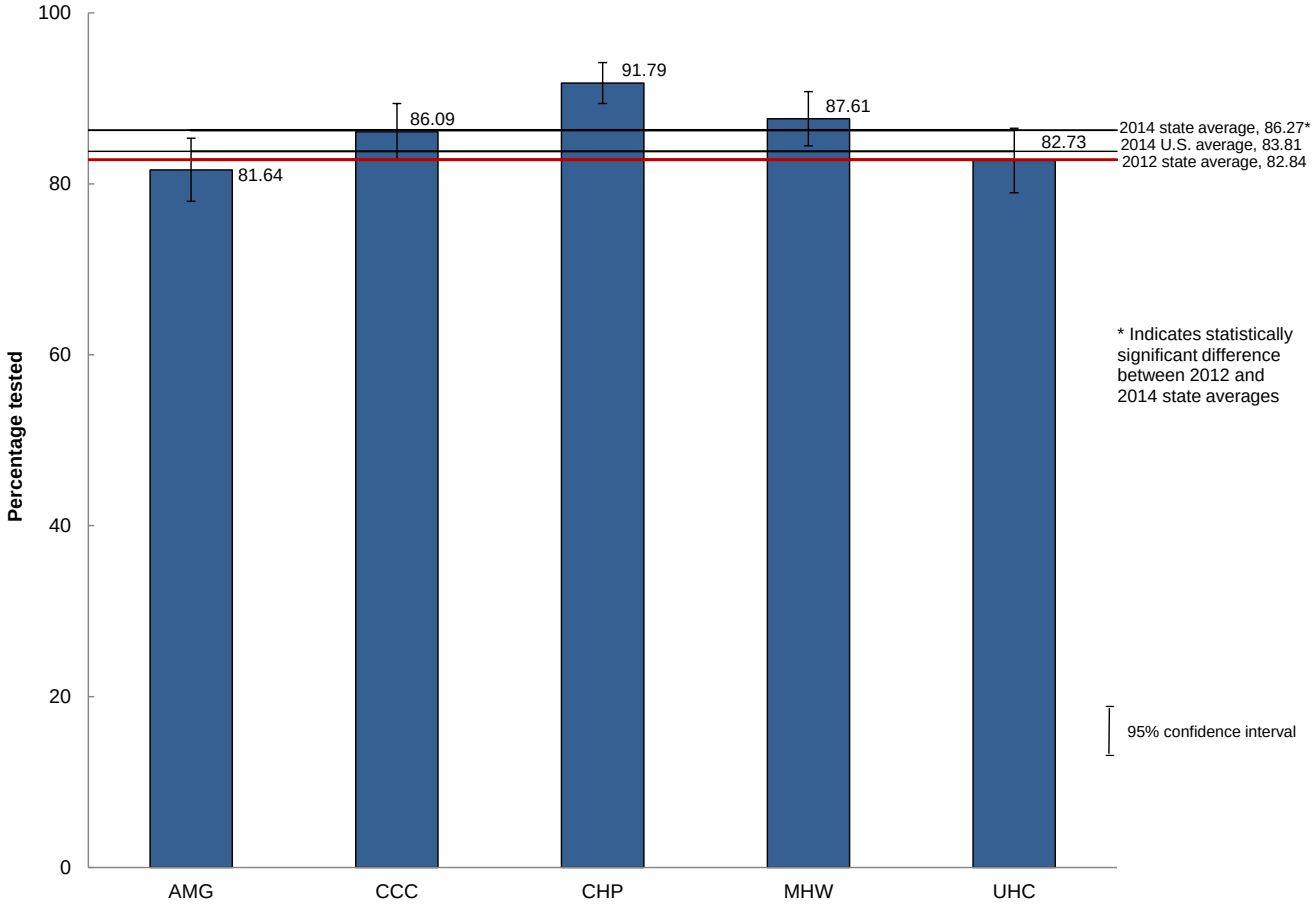


**Figure 17. Annual HbA1c tests by health plan, reporting year 2014.**

**Poor HbA1c control (> 9.0%)**
**Good HbA1c control (< 8.0%)**

HbA1c control levels (Figures 18 and 19) varied widely among MCOs in 2014, as in previous years. The statewide trends are discouraging, as the percentage of enrollees with poor control continues to increase while the percentage of those with good control declines. In 2014, the statewide average of enrollees with poor control (53.25%) was significantly higher than in 2012, and significantly higher than the U.S. average.

Among MCOs, almost 88% of UHC enrollees had poor control of HbA1c levels—significantly higher (i.e., worse) than the statewide average. In contrast, CHP and MHW enrollees fared significantly better than average on this indicator.

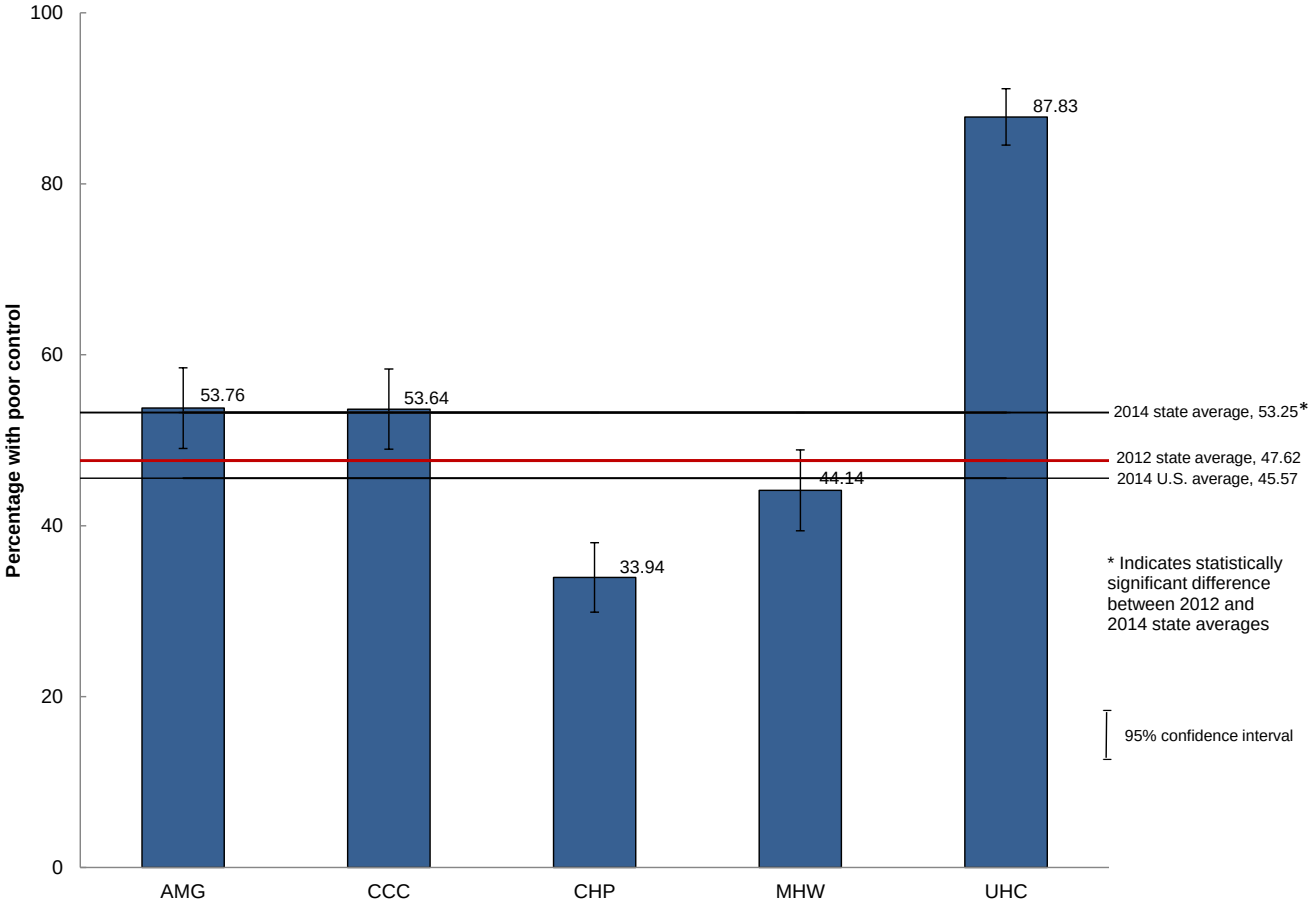


**Figure 18. Enrollees with poor control of HbA1c levels by health plan, reporting year 2014.**

Only about 11% of UHC enrollees had good control of their HbA1c levels, significantly below the statewide average, while CHP and MHW enrollees were significantly above average. The 2014 statewide average of enrollees with good control (39.64%) was significantly lower than the U.S. average.

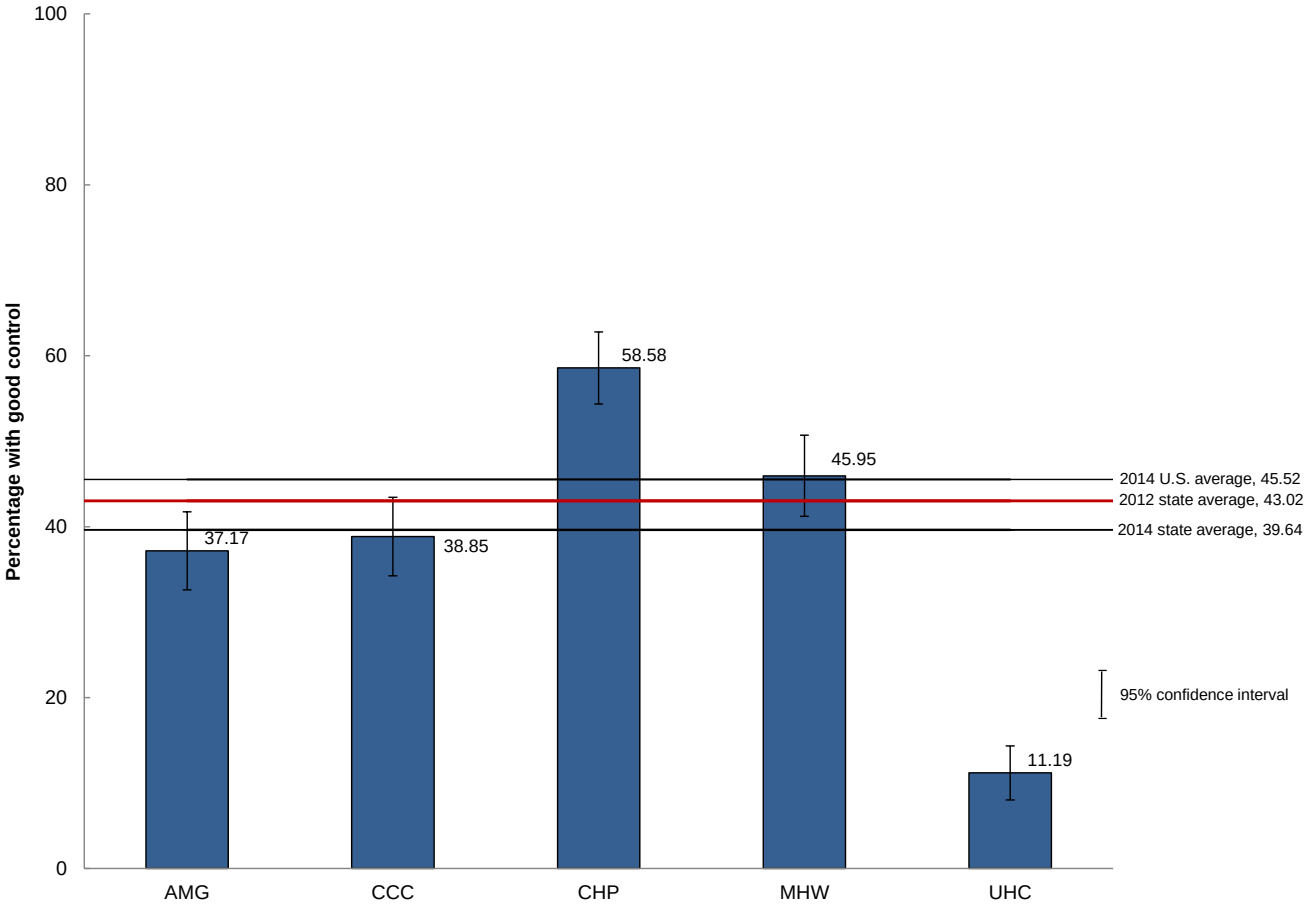


**Figure 19. Enrollees with good control of HbA1c levels by health plan, reporting year 2014.**

## Eye exam

Delivery of dilated retinal exams (Figure 20) followed a trend of significant decline in 2014. Only 46.06% of MCO enrollees across the state received these exams, although CHP and MHW reported significantly better results. The statewide rate was significantly lower than the U.S. average rate. Exam rates for AMG and UHC were significantly below the state average.

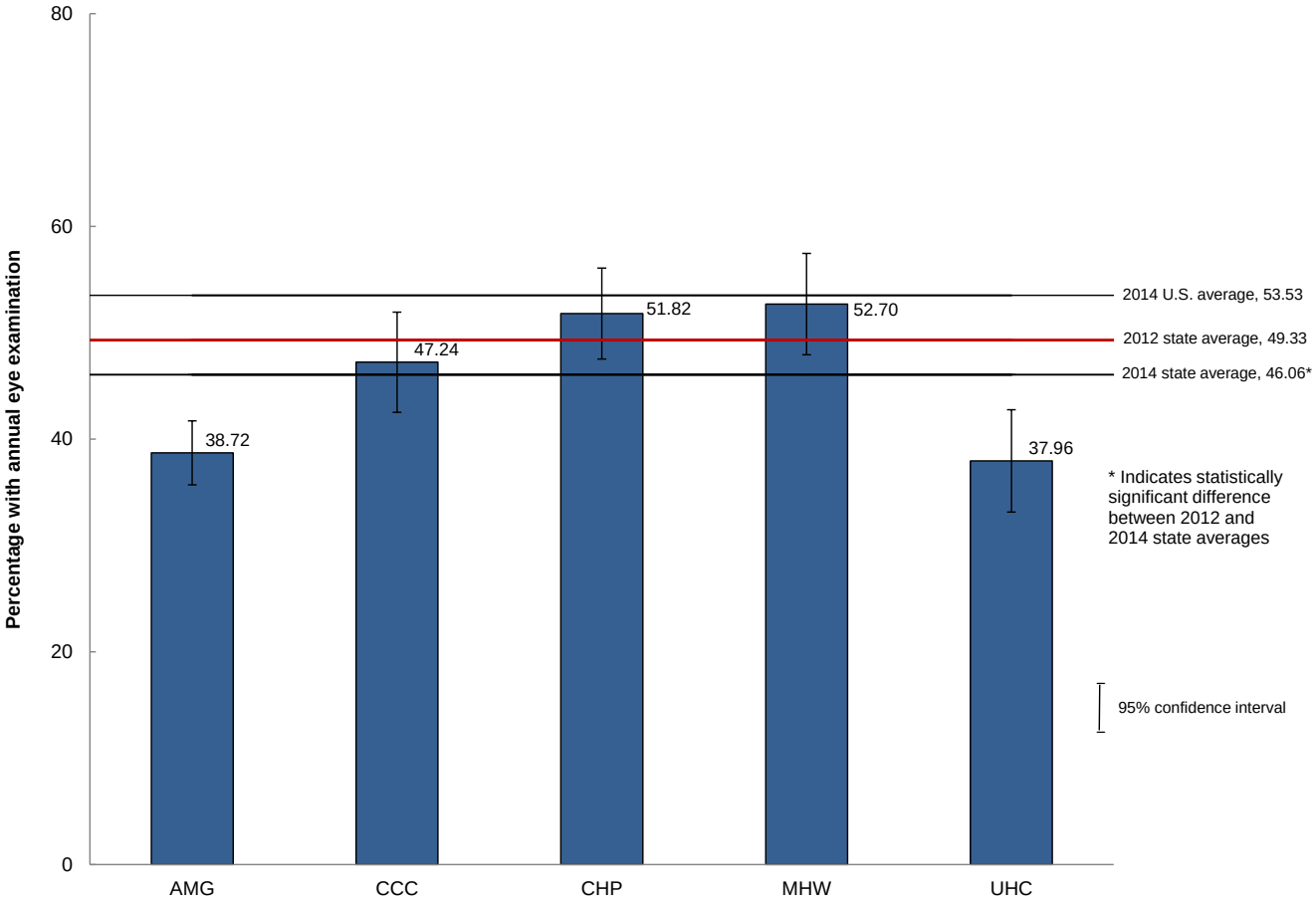


**Figure 20. Dilated retinal exams by health plan, reporting year 2014.**

## LDL-C screening

LDL-C screening (Figure 21) occurred for 71.97% of MCO enrollees in the measurement year, with relatively little variation among health plans. The statewide average showed significant improvement from 2012, yet remained significantly below the U.S. average rate.

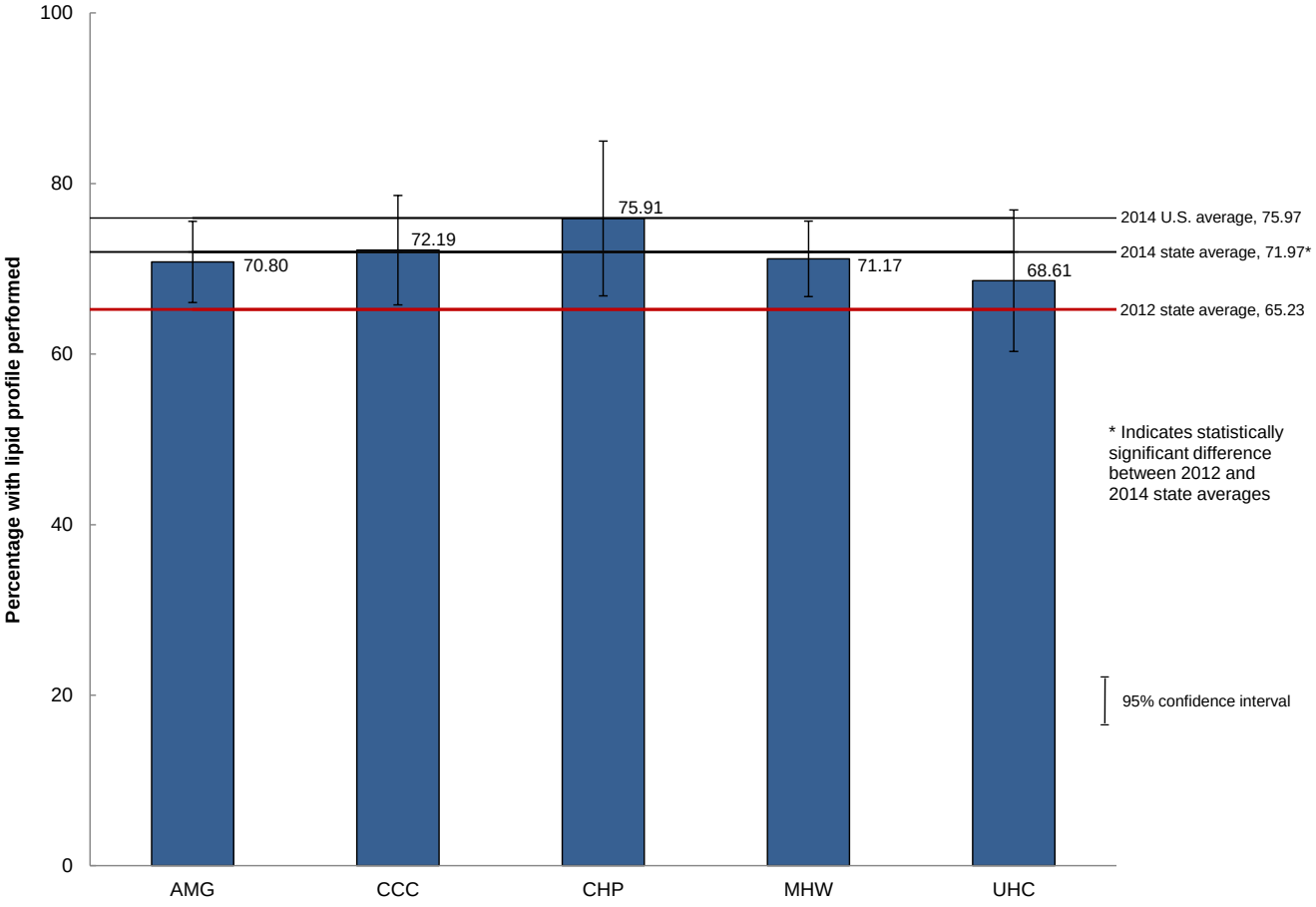


**Figure 21. Lipid profile (LDL-C screening) performed by health plan, reporting year 2014.**

## LDL-C level <100 mg/dL

As shown in Figure 22, about 26% of eligible enrollees had their lipids under control in 2014, a significant improvement over 2012, yet still well below the U.S. average. The rate for CHP enrollees (34.31%) significantly exceeded the statewide average. In contrast, only about 10% of UHC enrollees met the standard.

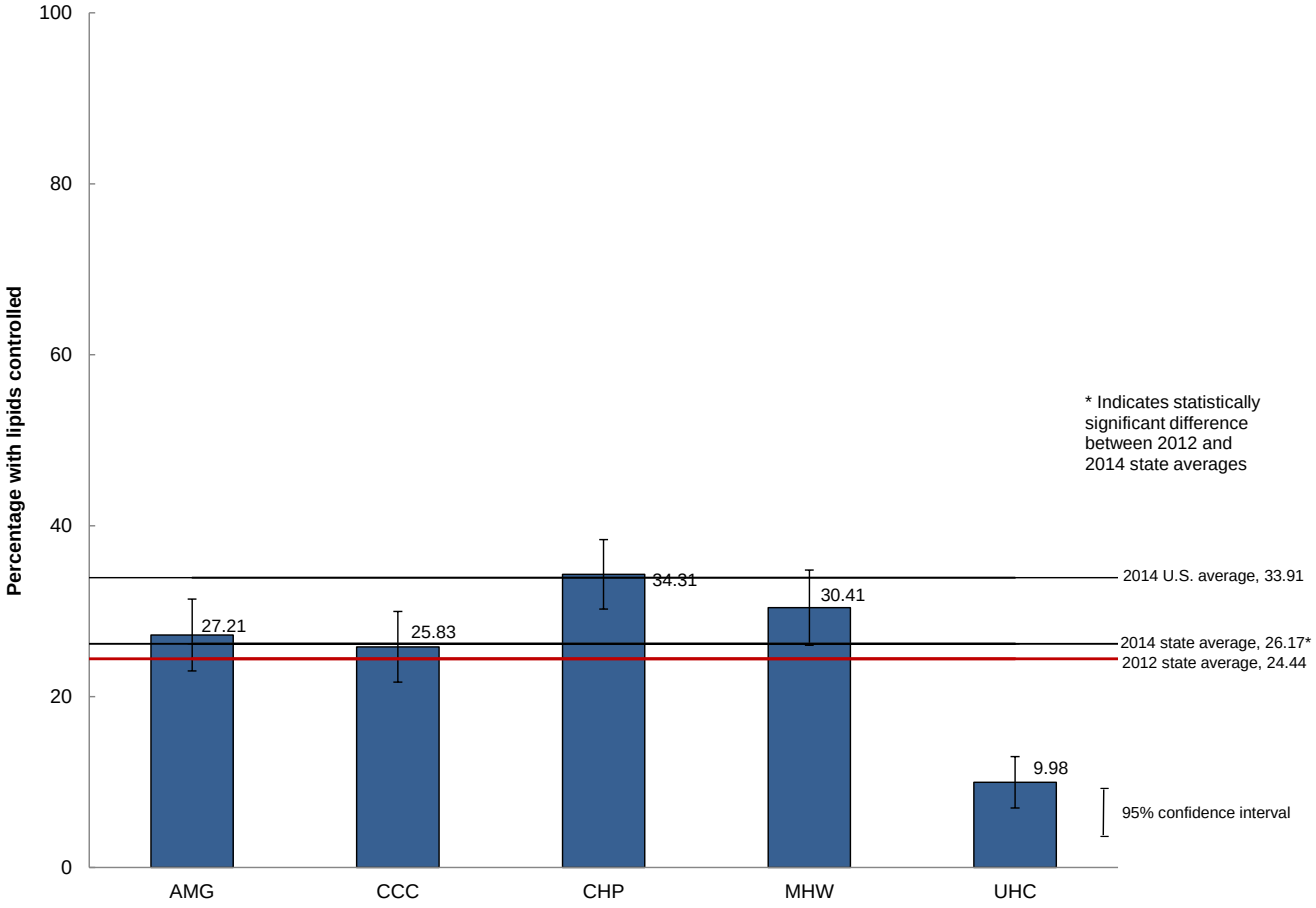


**Figure 22. Lipids controlled (<100mg/dL) by health plan, reporting year 2014.**

## Monitoring for diabetic nephropathy

Nephropathy monitoring (Figure 23) occurred for almost 80% of MCO enrollees in the measurement year, with little variation among health plans. The 2014 statewide average showed significant improvement from 2012, and was nearly identical to the U.S. average.

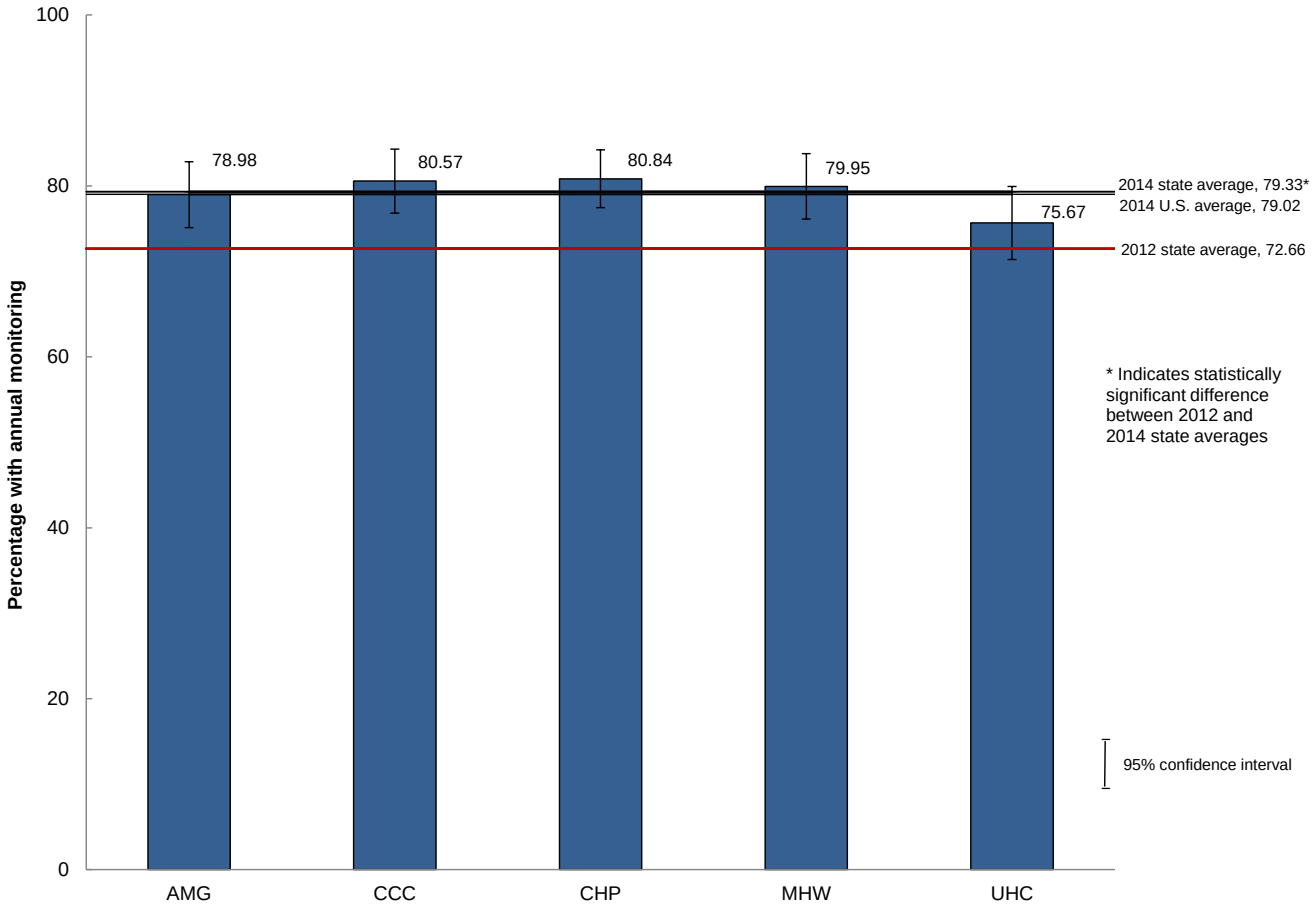


**Figure 23. Nephropathy monitored annually by health plan, reporting year 2014.**

### Blood pressure control (<140/90 mm Hg)

The percentage of MCO enrollees with blood pressure controlled at this level fell significantly in 2014, to 53.25%, significantly below the U.S. average (Figure 24). In 2012 and previous years, the Washington MCOs outperformed the U.S. Medicaid average for this indicator. Individual MCO results varied substantially in 2014, with CHP, MHW, and CCC significantly exceeding the state average while only 11% of UHC enrollees met the standard.

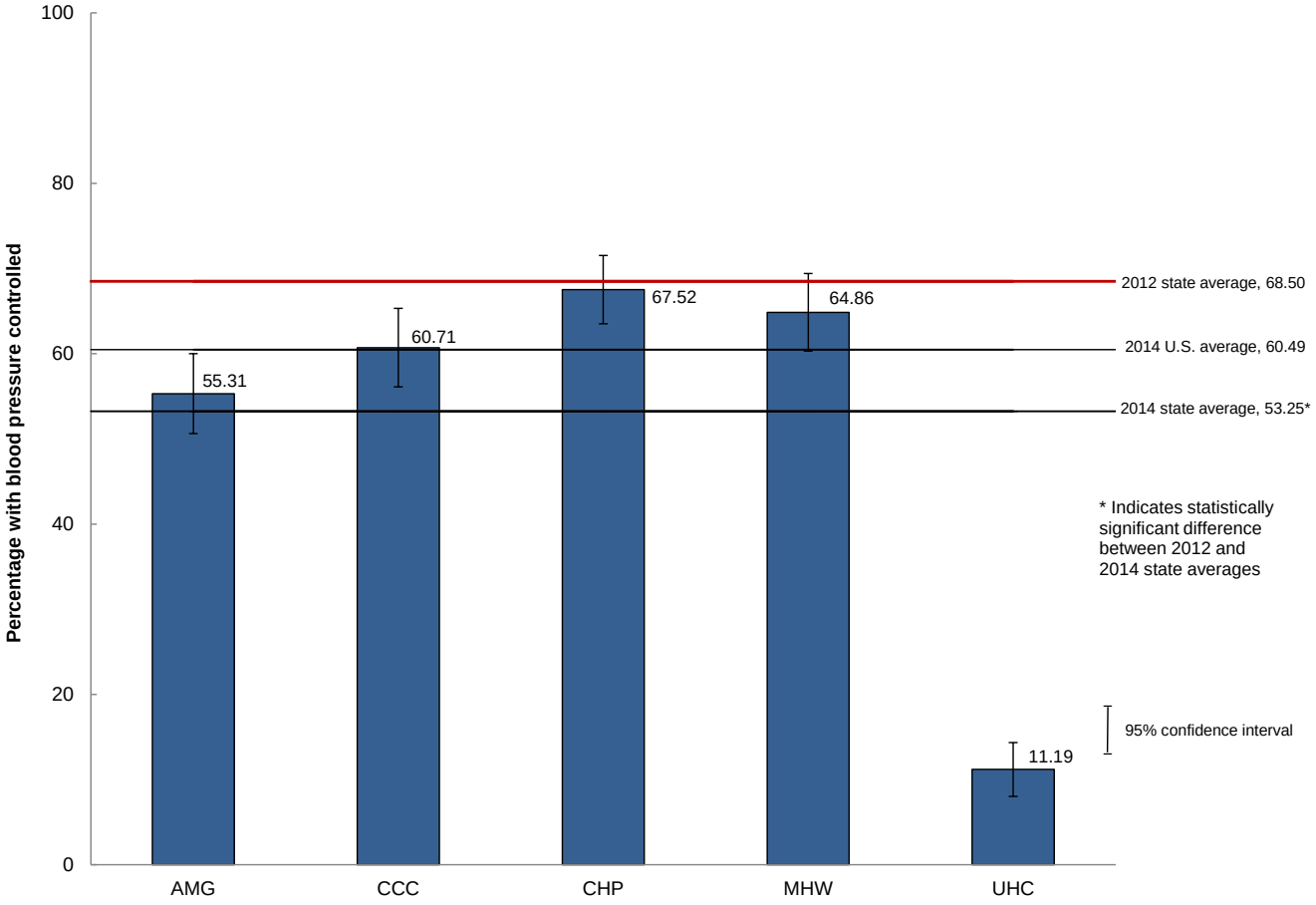


**Figure 24. Blood pressure controlled (<140/90 mm Hg) by health plan, reporting year 2014.**

## Blood pressure control (<140/80 mm Hg)

On average, only 35.49% of Washington MCO enrollees had their blood pressure controlled at this level, a significant decline from 2012 and significantly below the U.S. average (Figure 25). The magnitude of the overall decline was due mainly to UHC's reported rate of 6.57%, as CHP and MHW significantly exceeded the statewide average.

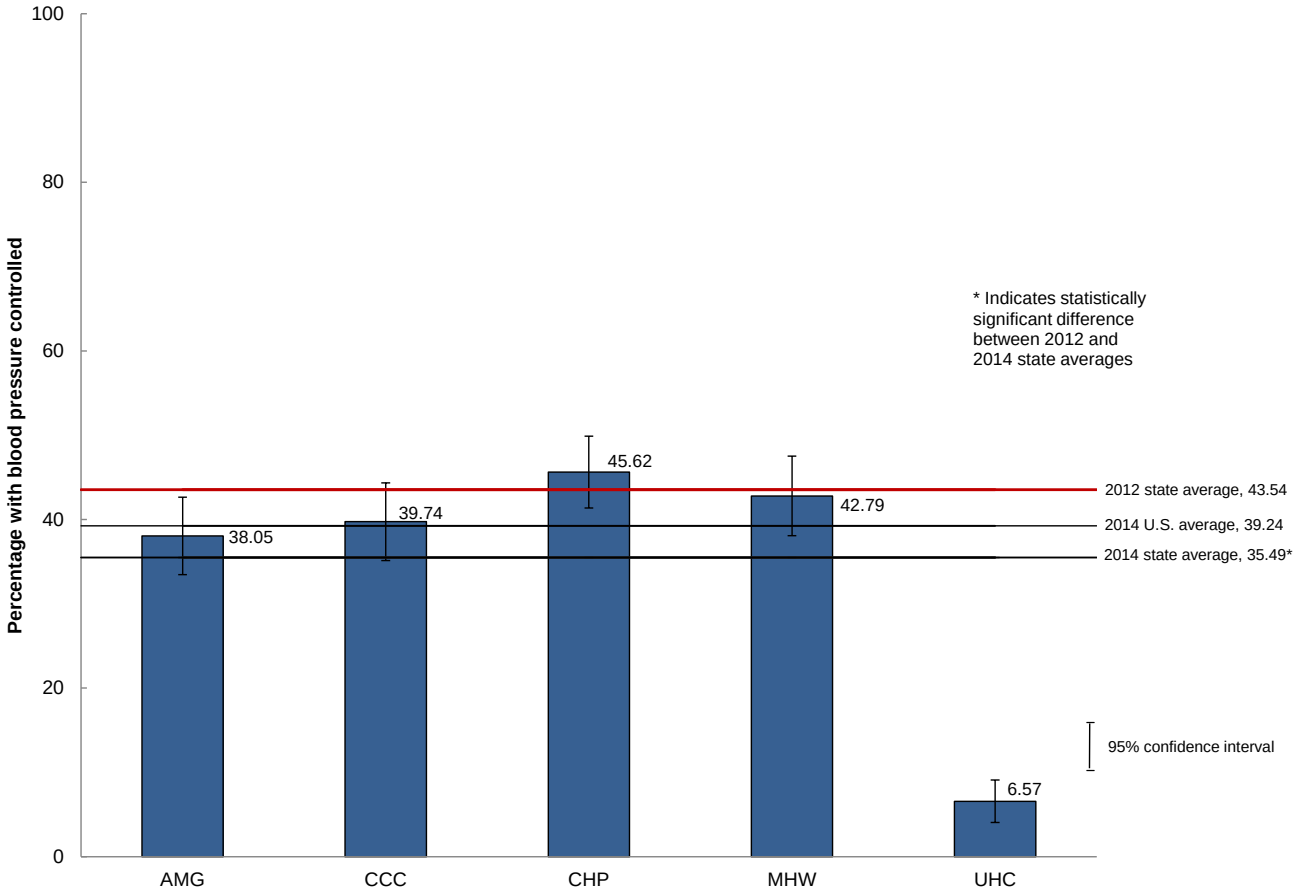


**Figure 25. Blood pressure controlled (<140/80 mm Hg) by health plan, reporting year 2014.**

## Discussion

Performance on the diabetes care indicators showed mixed results in 2014, the first year of reporting by three new MCO contractors. Delivery of preventive screening generally increased from 2012 (except for a significant decline in delivery of dilated retinal exams), as did the overall percentage of enrollees with LDL-C levels under control. At the same time, the percentage of enrollees with acceptable HbA1c levels continued to fall, and the percentage of those with good control of their blood pressure declined markedly.

The current roster of MCOs significantly underperformed relative to the national Medicaid averages on six of the nine indicators. Notably, fewer than 40% of Washington's managed care enrollees with diabetes have good control of their blood-sugar levels. More positively, the statewide rate of HbA1c testing was significantly higher than the U.S. average rate, and the statewide rate of monitoring for diabetic nephropathy improved significantly from 2012.

CHP and MHW, the more established MCOs, generally outperformed the statewide average, as did CCC. However, UHC's generally poor performance on these indicators tended to weigh down the overall group performance.

Some of the variability in MCO performance may reflect disparate levels of data completeness for various indicators, limiting the ability to make valid comparisons among health plans. Individual MCOs need to conduct drill-down analyses of patient-level data, and review their systems for recording and collecting data used to report performance measures, to determine whether their reported rates reflect actual performance or data completeness.

# Well-Child Care Visits

HCA requires the MCOs to report WCC visit rates for young Medicaid enrollees in three age brackets, as defined below. For the infant category, Acumentra Health breaks out rates according to the number of visits in the first 15 months, from 0 to 6+.

**Measure definitions**

HEDIS measures evaluate the success of health plans in providing well-child services by assessing the percentage of Medicaid children with the recommended number of

- well-child visits in the first 15 months of life: the percentage of enrolled children who turned 15 months old during the measurement year, were continuously enrolled in the plan from 31 days and received between zero and six or more well-child visits with a PCP in their first 15 months of life
- well-child visits in the 3rd, 4th, 5th, and 6th years of life: the percentage of enrolled children who were between three and six years old during the measurement year, were continuously enrolled for 12 months, and received one or more well-child visits with a PCP during the measurement year
- adolescent well-care visits: the percentage of enrolled adolescents ages 12–21 years during the measurement year who were continuously enrolled for 12 months and had at least one comprehensive well-care visit with a PCP or an obstetrics/gynecology practitioner during the measurement year

**Data collection method:** Administrative or hybrid

## Well-child care in the first 15 months of life

In 2014, 56.25% of infants enrolled with the Washington MCOs received six or more WCC visits, down slightly from 58.09% in 2012, and significantly lower than the U.S. average rate (see Figure 26). MHW outperformed all other MCOs at 67.77%, significantly above the state average, while the rates for AMG and CCC enrollees were significantly below average.

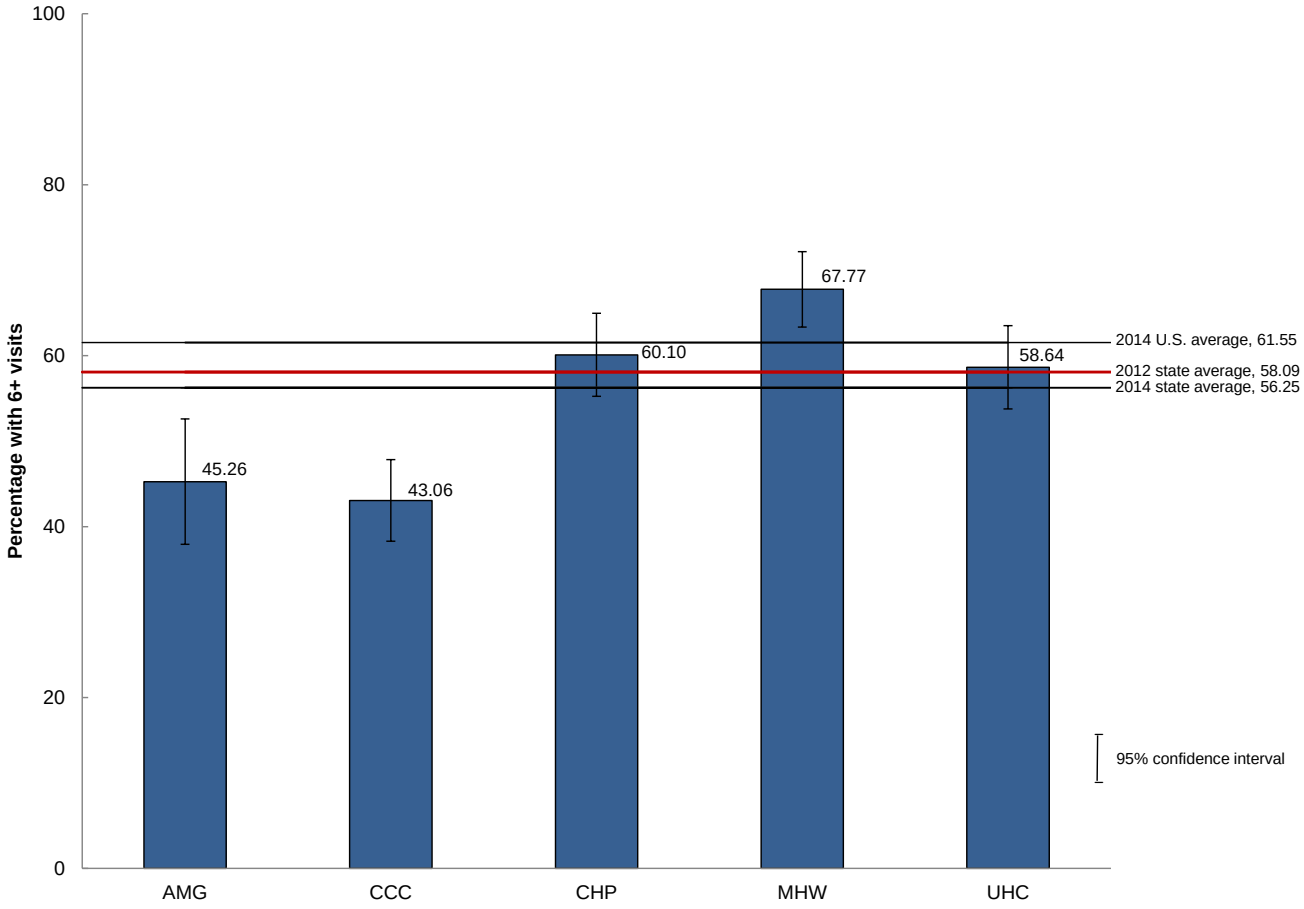


**Figure 26. Six or more well-child visits in the first 15 months of life by health plan, reporting year 2014.**

### Well-child care for children in the 3rd, 4th, 5th, and 6th years of life

The 2014 statewide average visit rate for this age group, 63.84%, was marginally higher than the 2012 average, yet still significantly below the U.S. average (Figure 27). MCOs' performance rates fell within a relatively narrow range, except that AMG's rate of 58.33% was significantly lower than the state average.

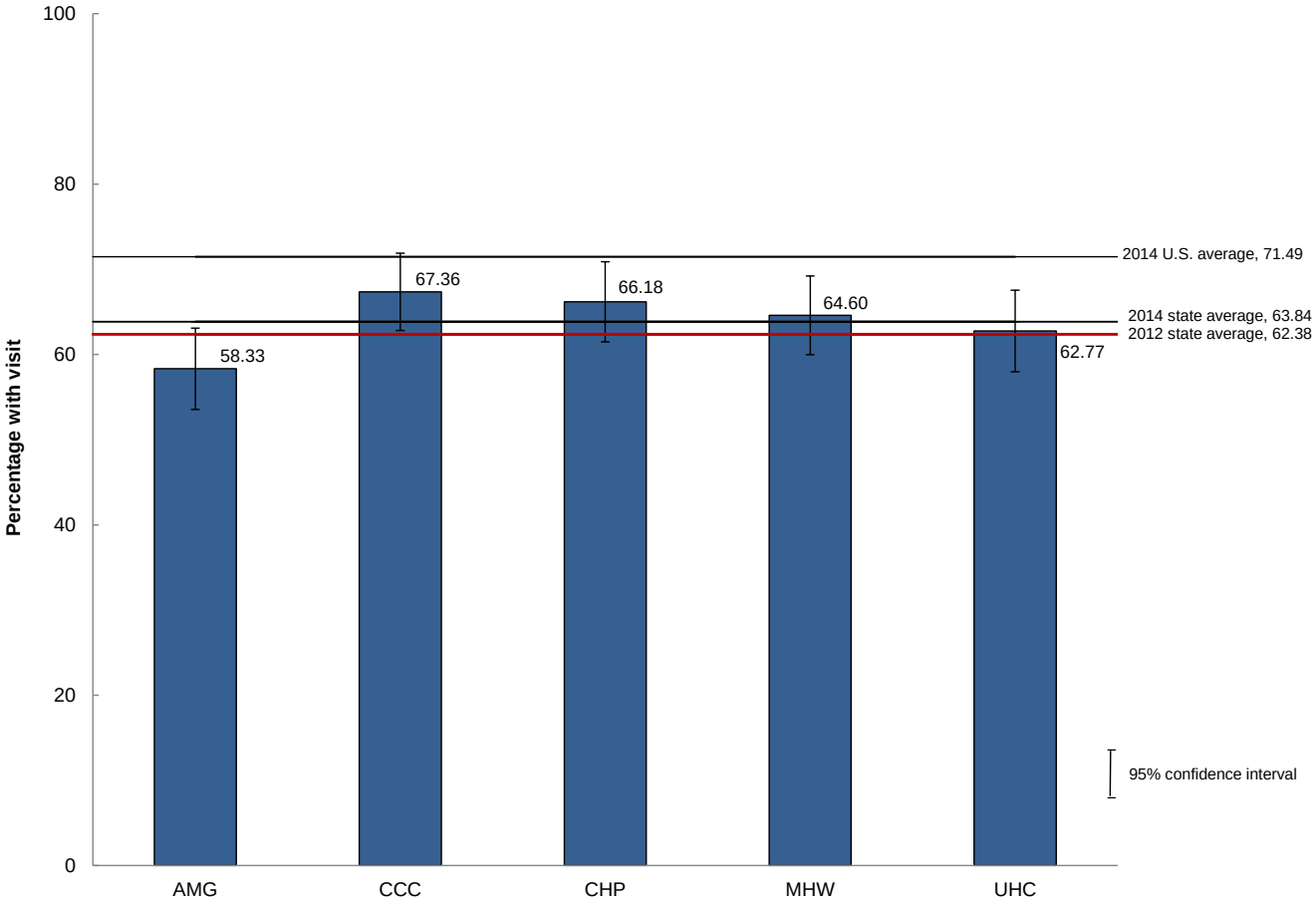


**Figure 27. Well-child visits in the 3rd, 4th, 5th, and 6th years of life by health plan, reporting year 2014.**

## Adolescent well-child care

The statewide average visit rate for adolescents in 2014 (39.13%) was almost identical to the 2012 average, and remained significantly below the U.S. average (Figure 28). MHW significantly outperformed the state average with a rate of 44.37%.

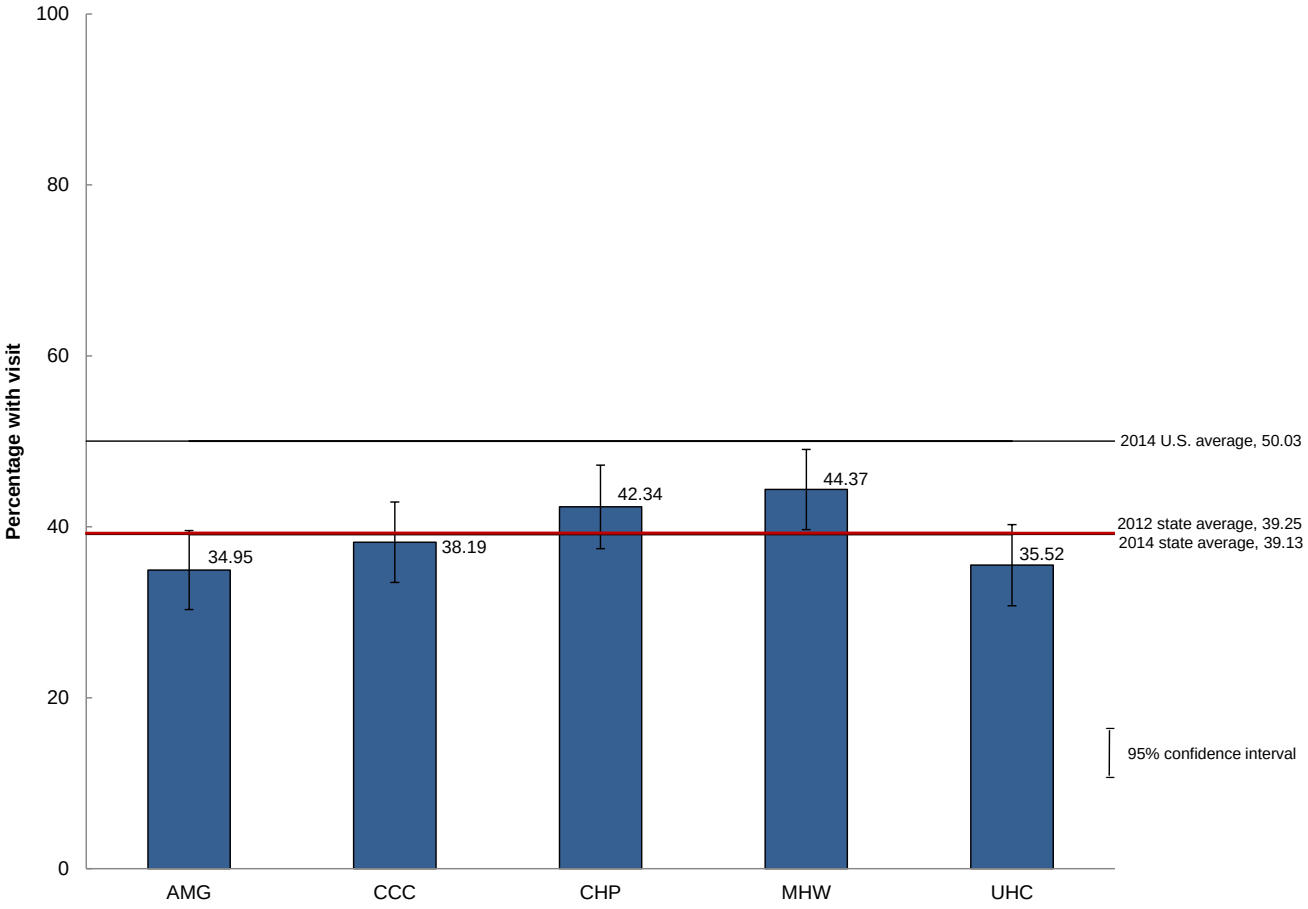


**Figure 28. Adolescents ages 12–21 with one or more well-care visits by health plan, reporting year 2014.**

## Discussion

WCC visit rates reported in 2014 showed little change since the previous measurement in 2012. The Washington MCOs continue to lag behind the national Medicaid performance in providing WCC visits, particularly for older children and adolescents.

If an MCO's WCC visit rates fall below certain NCQA national benchmarks, HCA requires the MCO to conduct a clinical performance improvement project (PIP) designed to increase rates. The benchmarks are:

- WCC visits in the first 15 months, five or more visits: NCQA 75th percentile
- WCC visits in the 3rd, 4th, 5th, and 6th years of life: NCQA 75th percentile
- adolescent well-care visits: NCQA 50th percentile

All MCOs reported that the EPSDT supplemental data file supplied by HCA in 2014 had a positive impact on their well-child measures. Acumentra Health recommends that HCA continue to provide EPSDT supplemental data to aid the MCOs in calculating these measures.

# Emergency Room Visits

**Measure definition**

This measure summarizes emergency room utilization by MCOs during the measurement year, expressed in ER visits per 1000 member months. The numerator includes all ER visits by enrollees that do not result in inpatient encounters, regardless of the intensity or duration of the visit.

In 2014, Medicaid managed care enrollees in Washington averaged 51.64 ER visits per 1000 member months (see Figure 29). This visit rate was significantly higher than in 2013, reversing a trend of declining ER utilization. However, the Washington MCO average remained significantly below the U.S. Medicaid average, as has been the case since 2006.

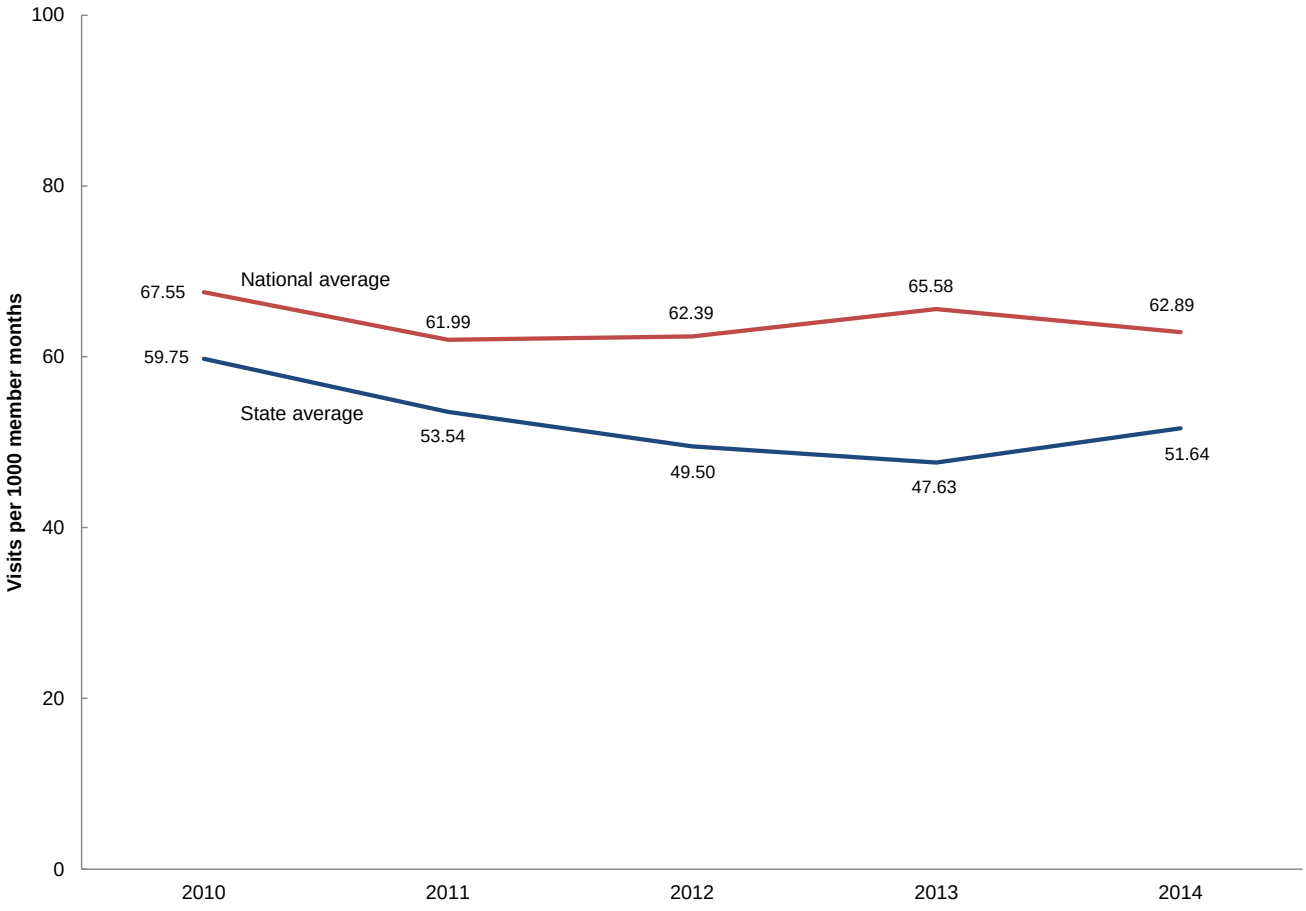


**Figure 29. State and national averages for emergency room utilization, reporting years 2010–2014.**

As shown in Figure 30 on the next page, ER visit rates varied considerably among the Washington MCOs in 2014. CHP and MHW reported visit rates significantly below the statewide average, while visit rates for AMG, CCC, and UHC were significantly above average. All MCOs' visit rates, however, were significantly higher than in 2013—perhaps because many new enrollees sought care from the ER before they had established relationships with primary care providers in the MCOs' expanding networks.

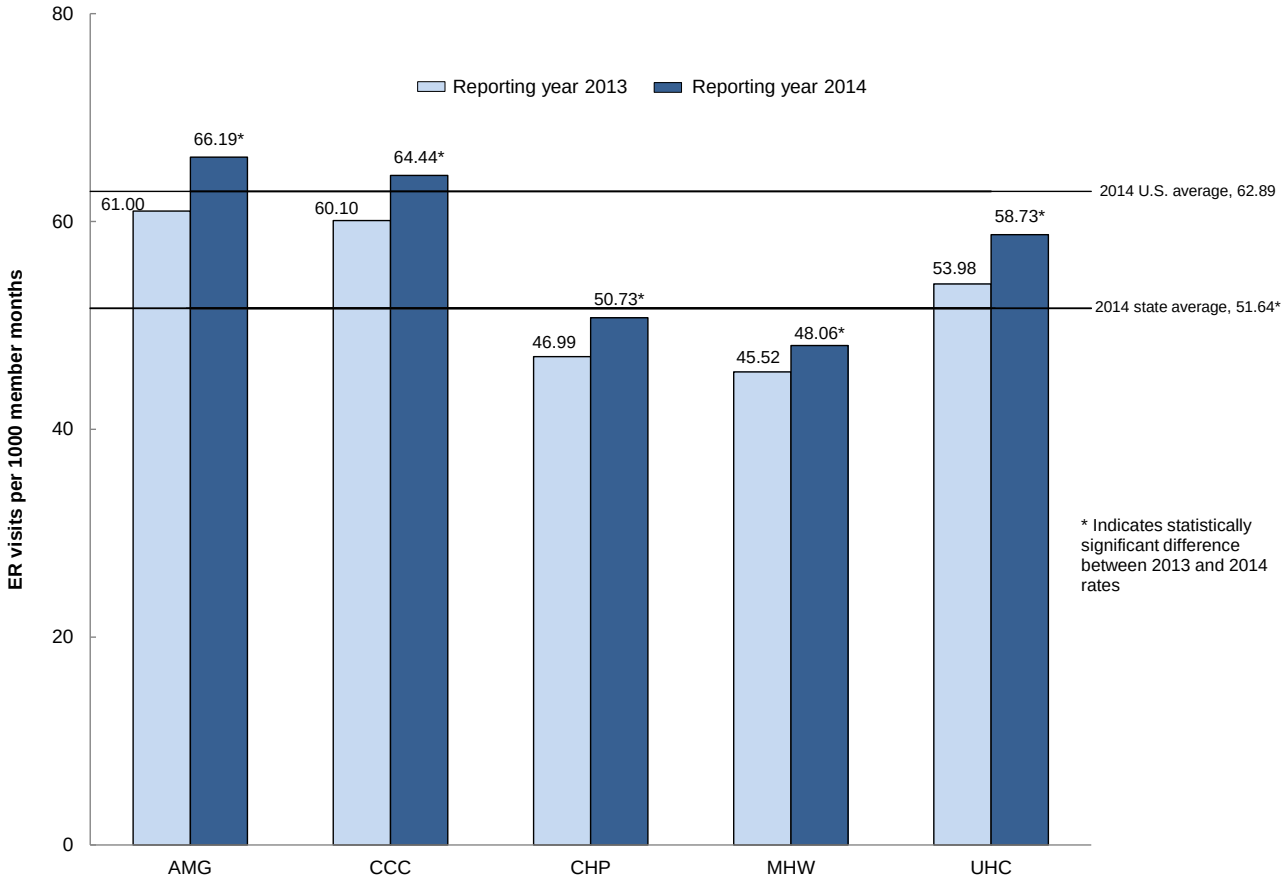


**Figure 30. Emergency room visits per 1000 member months by health plan, reporting years 2013–2014.**

## Discussion

HCA has noted that a relatively small number of clients are responsible for the majority of ER visits, many for conditions that would be treated more appropriately in primary care. In 2012, the state legislature directed HCA to work with stakeholders to develop best practices aimed at reducing non-emergency use of the ER and overutilization of emergency services. The initiative established procedures and systems to refer non-emergency patients to PCPs and to educate all enrollees about appropriate use of the ER.[10] HCA continues to collaborate with the Washington State Hospital Association, the Washington Chapter of the American College of Emergency Room Physicians, and the Washington State Medical Association to expand and enhance the seven best practices for emergency departments. These best practices include patient education, appropriate opioid prescribing, and monthly hospital feedback reports.

As part of a 2010 legislative mandate to design a system of hospital quality incentive payments, HCA developed improvement measures to reduce preventable ER visits by Medicaid enrollees. Qualifying hospitals received incentive payments from July 1, 2012, until June 2013. Twenty-three hospitals currently qualify for incentive payments, which began again on July 1, 2014, with additional measures aimed at preventing excessive ER use by high-utilizing patients.

# New Measures for 2014

HCA required the MCOs to report additional measures in 2014 that were not reported in previous years, with one exception.

**Prevention and Screening:**

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

**Respiratory Conditions:**

- Appropriate Testing for Children with Pharyngitis
- Use of Appropriate Medications for People with Asthma

**Access/Availability of Care:**

- Children's and Adolescents' Access to Primary Care Practitioners (last reported in 2007)

**Utilization:**

- Mental Health Utilization
- Plan All-Cause Readmissions (Medicare HEDIS measure)

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

This measure expresses the percentage of enrollees 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- body mass index (BMI) percentile documentation
- counseling for nutrition
- counseling for physical activity

Figure 31 shows the 2014 rates of BMI documentation for enrollees ages 3–11 by MCO. Figure 32 on the next page shows the equivalent rates for enrollees ages 12–17. For both indicators, the average rate reported by the MCOs was significantly below the U.S. average. CHP's BMI documentation rates significantly outperformed the state averages, while the rates for CCC and UHC were significantly below average.

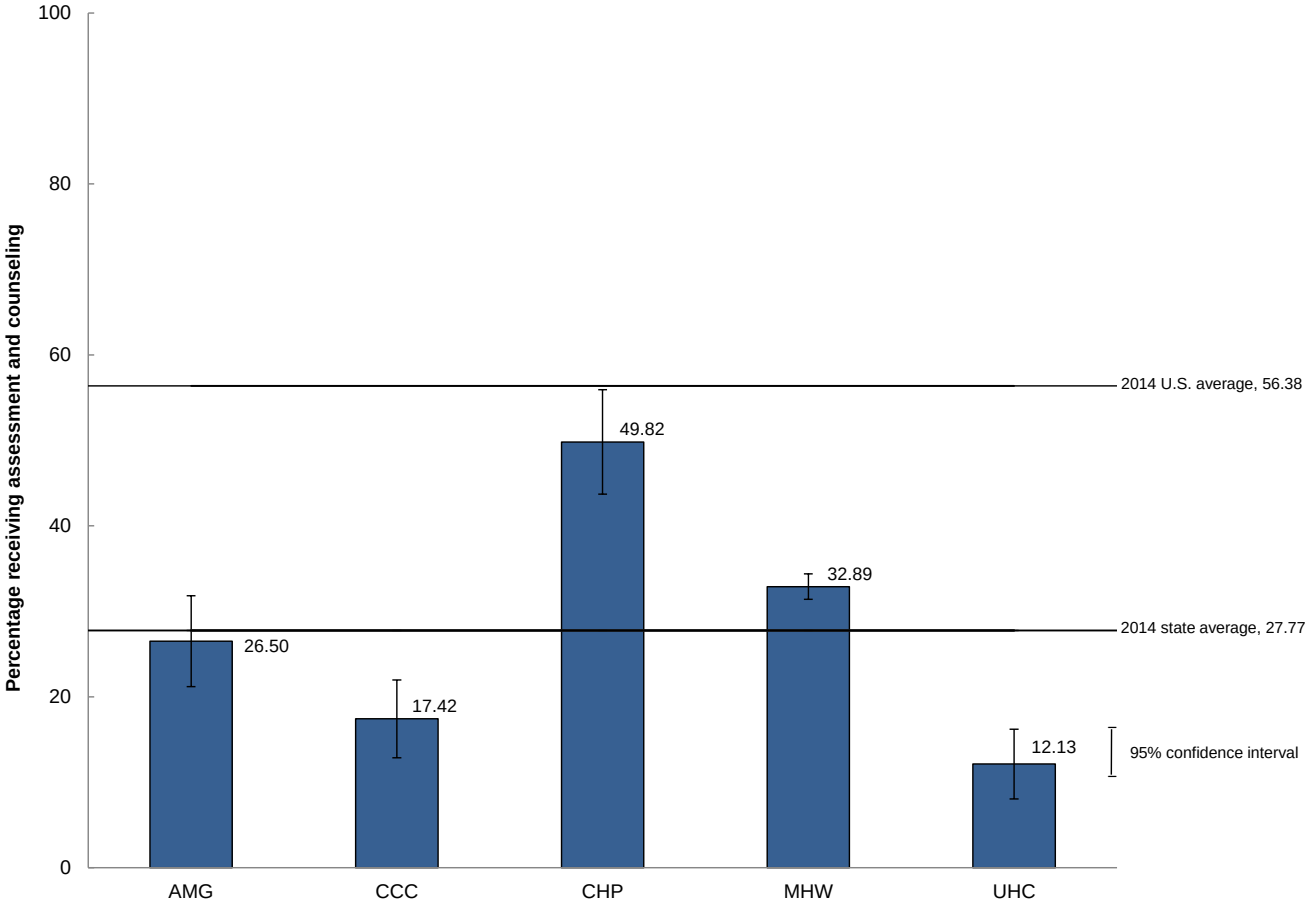


**Figure 31. BMI documentation for enrollees ages 3–11 by health plan, reporting year 2014.**

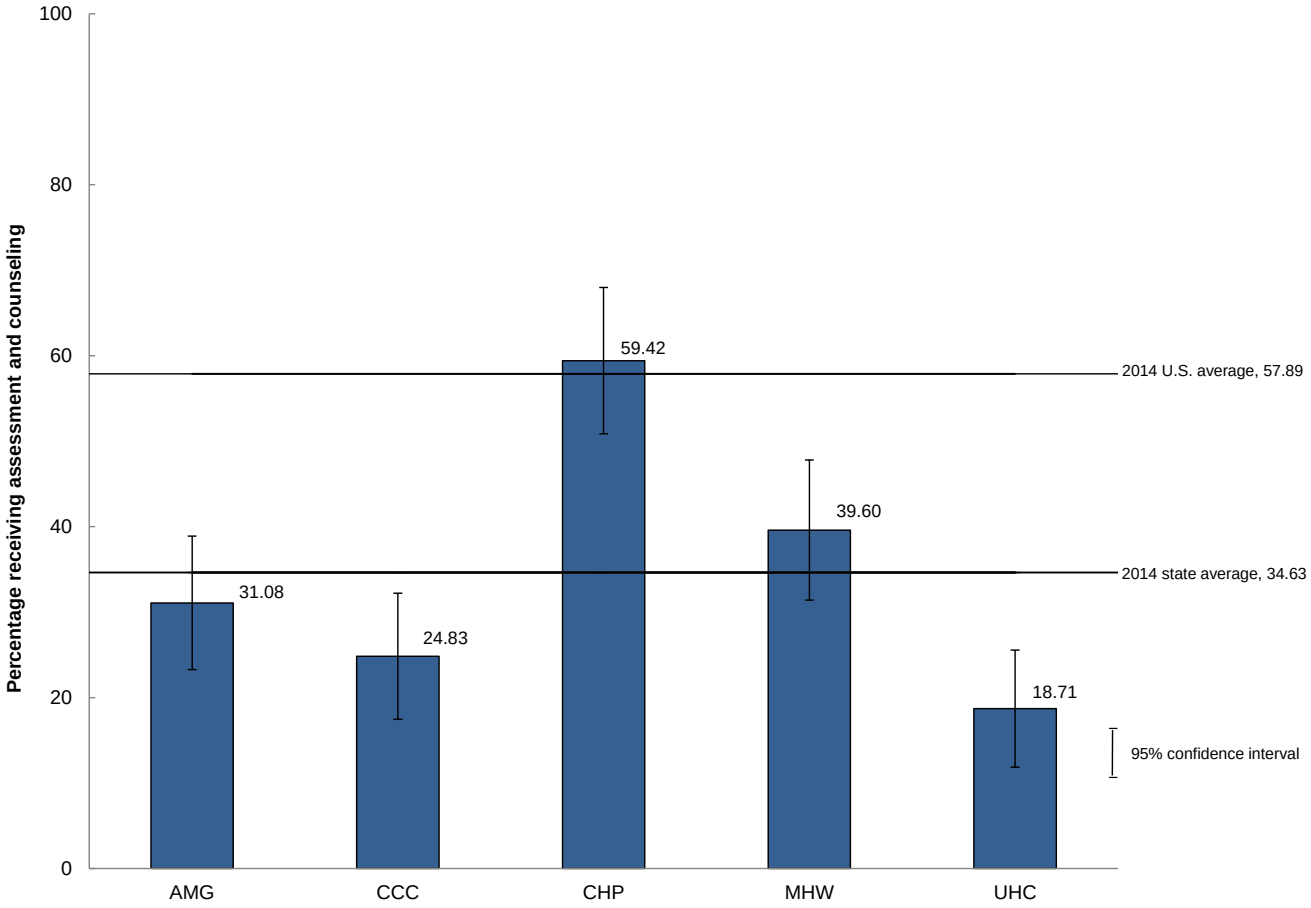


**Figure 32. BMI documentation for enrollees ages 12–17 by health plan, reporting year 2014.**

Figure 33 shows the 2014 rate of nutrition counseling for enrollees ages 3–11 by MCO. Figure 34 on the next page shows the equivalent rates for enrollees ages 12–17. For both indicators, the average rate reported by the MCOs was significantly lower than the U.S. average.

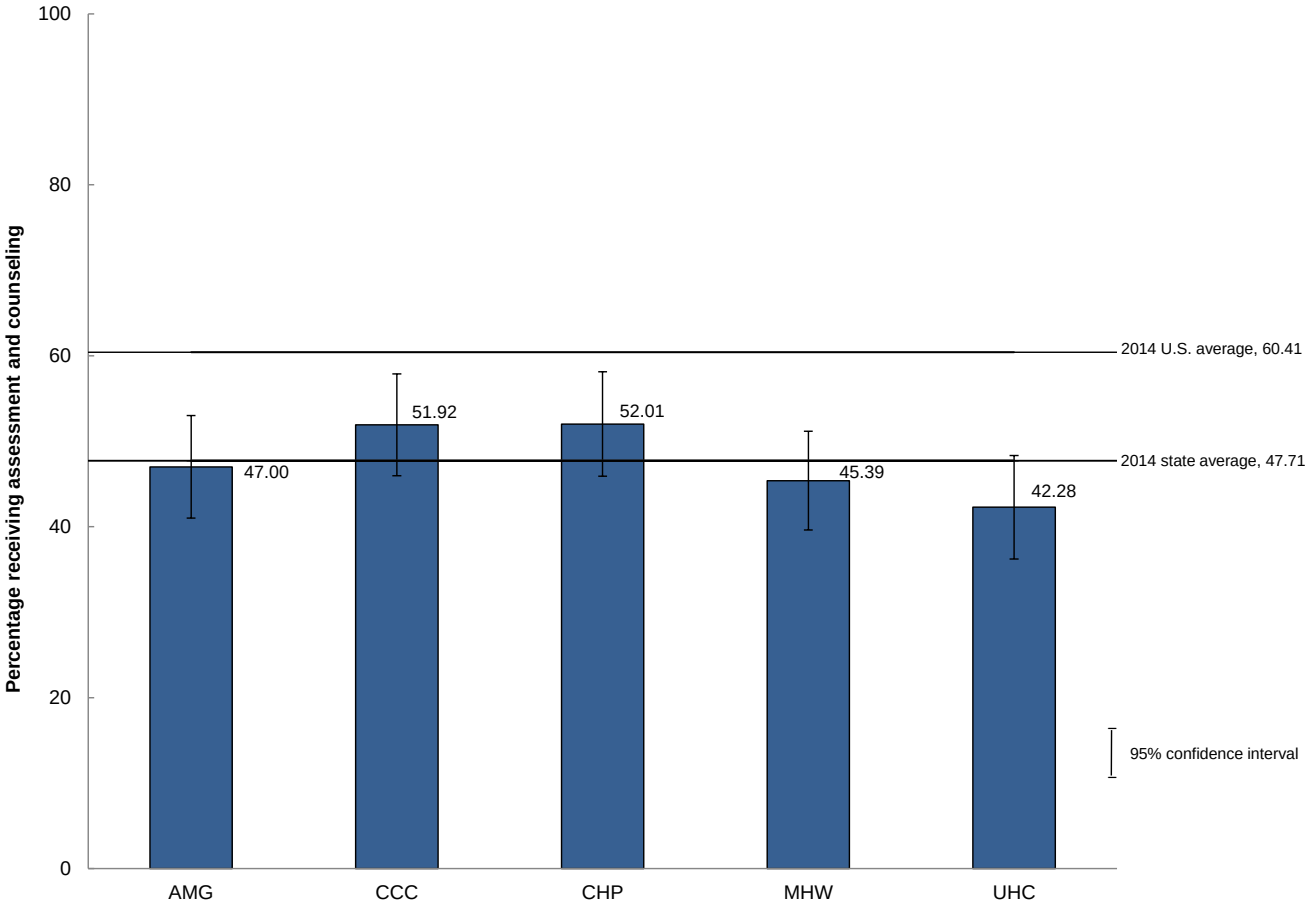


**Figure 33. Nutrition counseling for enrollees ages 3–11 by health plan, reporting year 2014.**

CHP delivered nutrition counseling for 54.35% of enrollees ages 12–17, significantly exceeding the state average for this indicator.

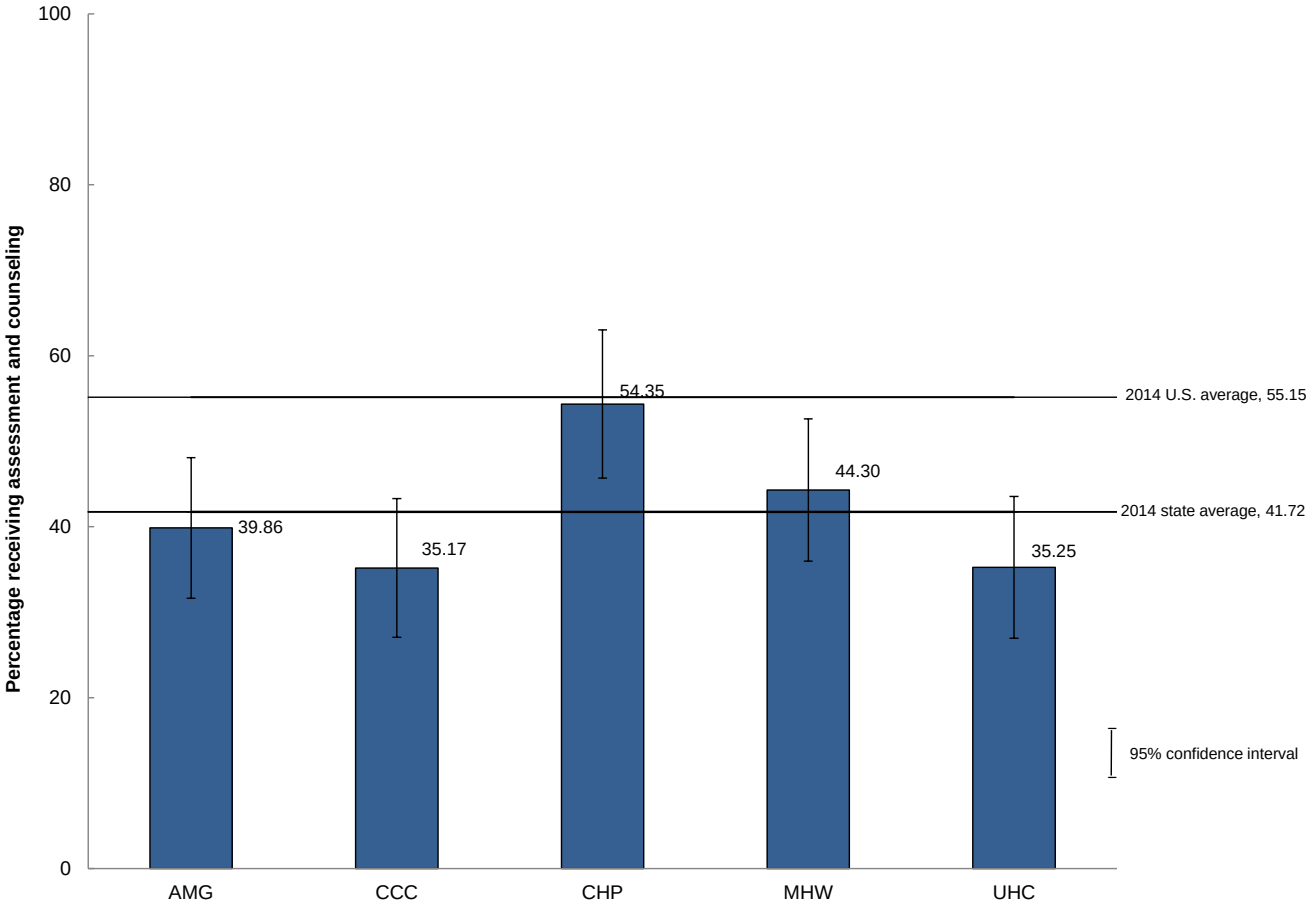


**Figure 34. Nutrition counseling for enrollees ages 12–17 by health plan, reporting year 2014.**

Figure 35 shows the 2014 rate of physical activity counseling for enrollees ages 3–11 by MCO. Figure 36 on the next page shows the equivalent rates for enrollees ages 12–17. For both indicators, the average rate reported by the MCOs was significantly lower than the U.S. average. CHP significantly outperformed the state average for both indicators.

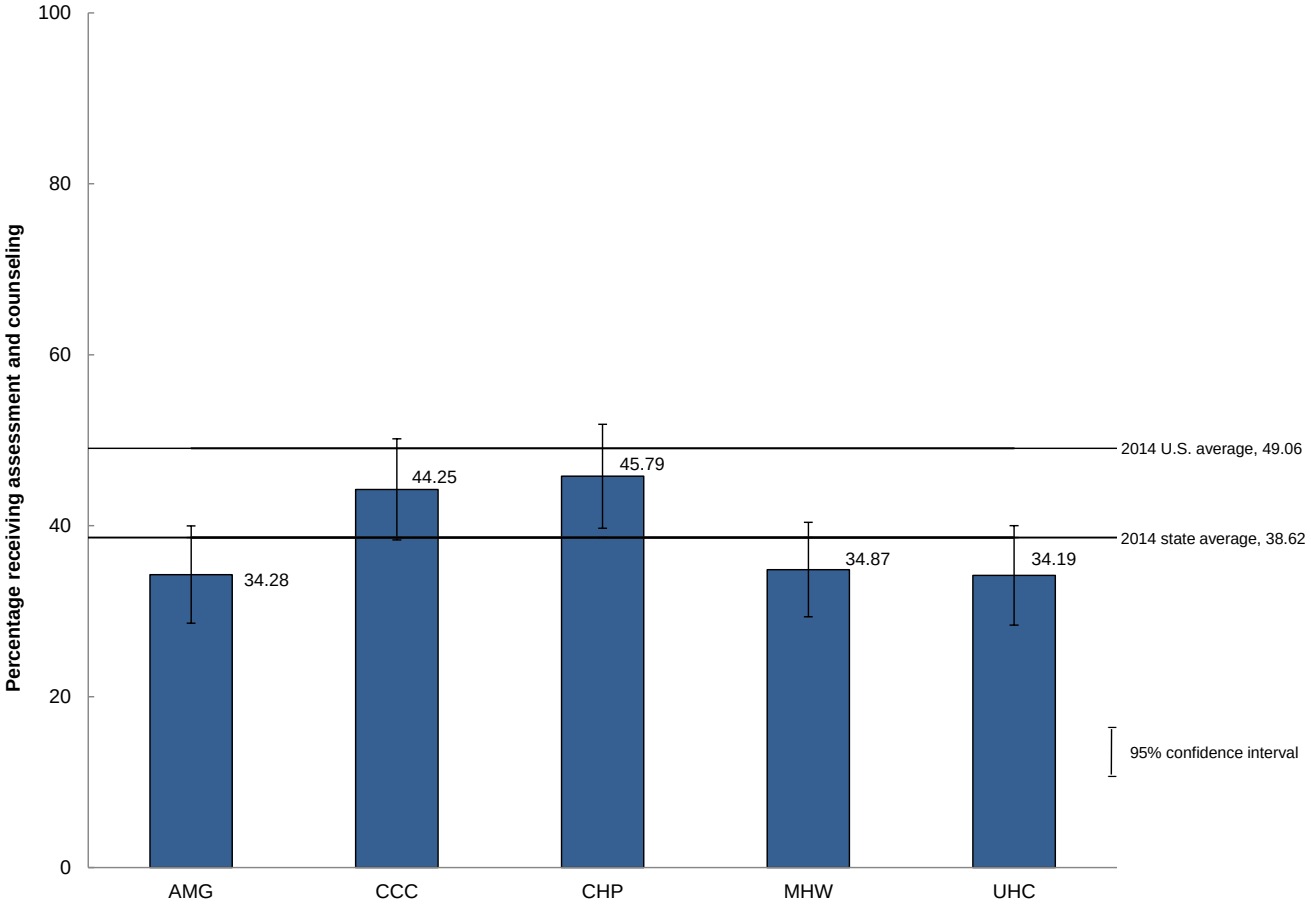


**Figure 35. Physical activity counseling for enrollees ages 3–11 by health plan, reporting year 2014.**

UHC's delivery of physical activity counseling for enrollees ages 12–17 was significantly lower than the state average.

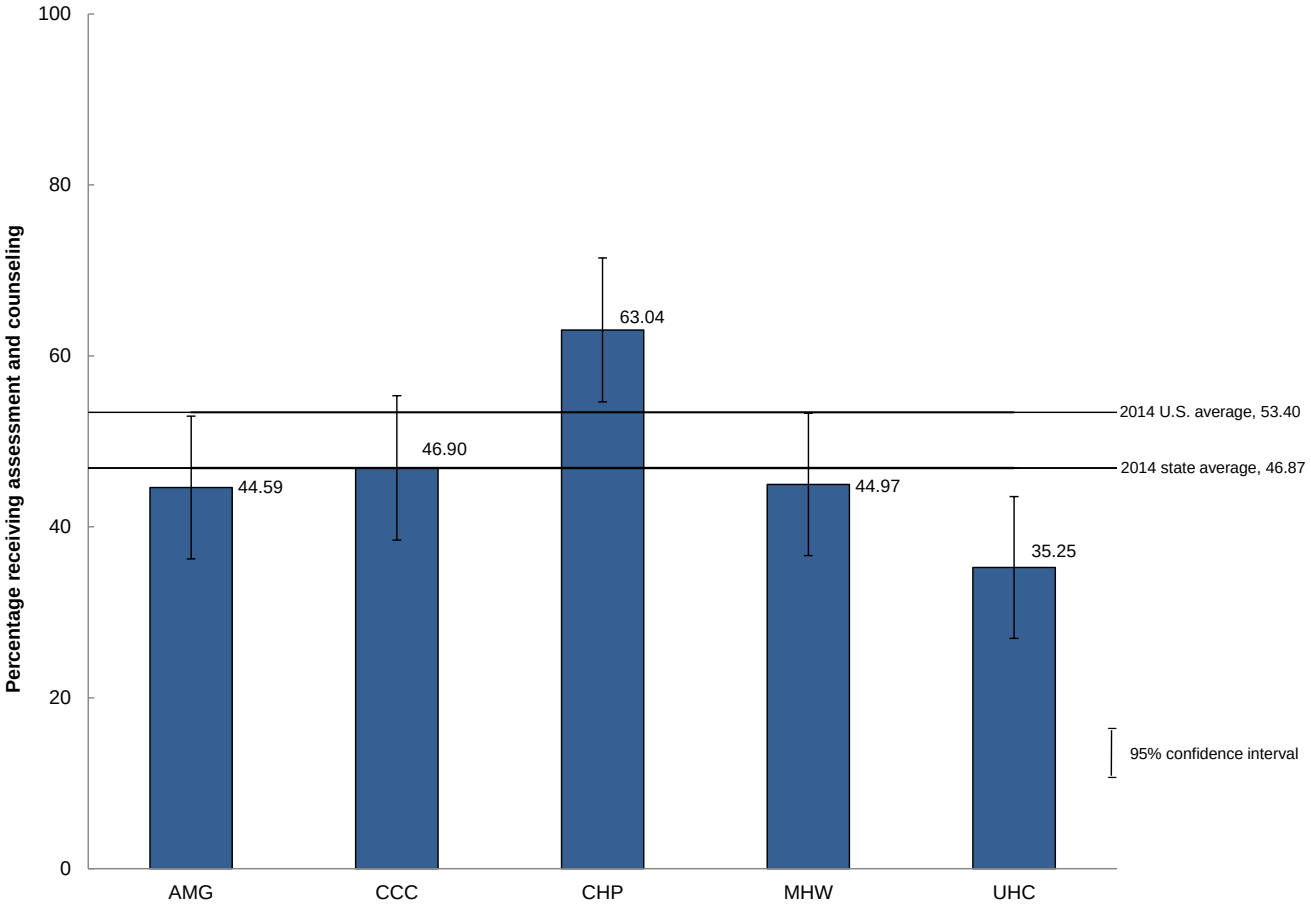


**Figure 36. Physical activity counseling for enrollees ages 12–17 by health plan, reporting year 2014.**

## Appropriate Testing for Children with Pharyngitis

This measure expresses the percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Figure 37 shows the 2014 rate of pharyngitis testing by MCO. Statewide, 63.74% of enrollees in this age group received testing, significantly below the nationwide rate. MHW significantly outperformed the state average with a rate of 67.38%, while the rates for CCC and CHP were significantly below average.

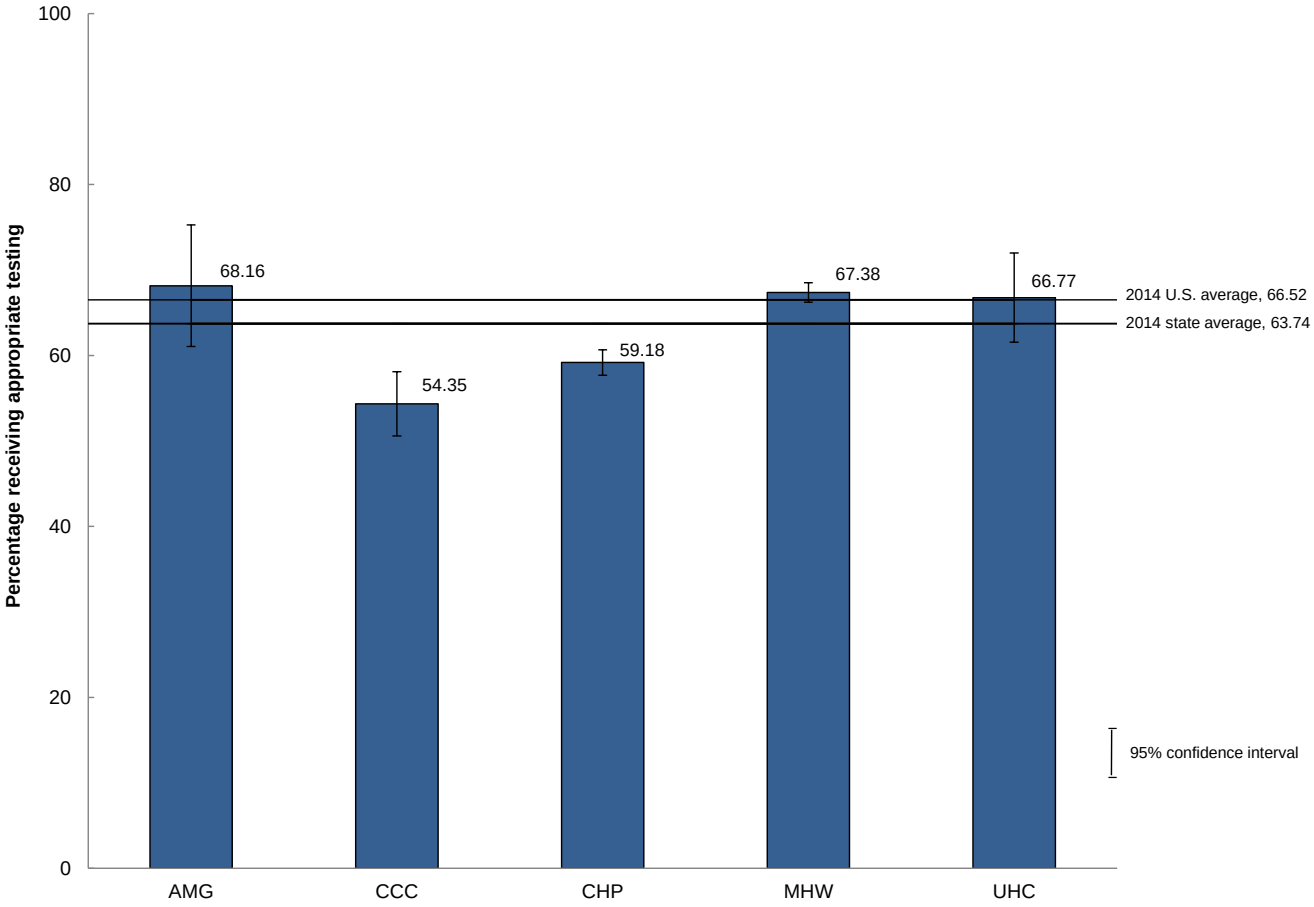


**Figure 37. Pharyngitis testing for enrollees age 2–18, by health plan, reporting year 2014.**

## Use of Appropriate Medications for People with Asthma

This measure expresses the percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication (oral medication, inhaler, or injection).

Asthma-related suffering, costs, and death can be greatly reduced through effective treatment with long-term controller medications. In addition, patient education regarding medication use, symptom management, and avoidance of asthma attack triggers can greatly reduce the impact of the disease. The list of acceptable medications is derived from the National Heart, Lung, and Blood Institute's National Asthma Education Prevention Program guidelines.

Table 2 displays appropriate asthma medication rates by MCO for each of four age groups in 2014. Only CHP and MHW had reportable data in this reporting year; therefore, the reported state averages represent only those two MCOs. For each age group, the state average was significantly below the U.S. average.

**Table 2. Enrollees appropriately prescribed asthma medication by health plan, reporting year 2014.**

| | Number and percentage prescribed by age group | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 5–11 | | 12–18 | | 19–50 | | 51–64 | | Total | |
| Health plan | n | % | n | % | n | % | n | % | n | % |
| AMG | 0 | NA | 0 | NA | 0 | NA | 0 | NA | 0 | NA |
| CCC | 0 | NA | 0 | NA | 0 | NA | 0 | NA | 0 | NA |
| CHP | 768 | 89.19 | 576 | 83.16 | 324 | 75.31 | 84 | 77.38 | 1,752 | 84.08 |
| MHW | 1,441 | 87.79 | 1,141 | 81.95 | 513 | 72.71 | 60 | 83.33 | 3,155 | 83.14 |
| UHC | 0 | NA | 0 | NA | 0 | NA | 0 | NA | 0 | NA |
| State average | – | 88.28 | – | 82.35 | – | 73.72 | – | 79.86 | – | 83.47 |
| U.S. average | – | 90.18 | – | 86.93 | – | 74.36 | – | 70.20 | – | 84.07 |

NA: Sample size was smaller than the minimum required during the reporting year; eligible population was zero.

## Children's and Adolescents' Access to Primary Care Practitioners

This measure expresses the percentage of members 12 months to 19 years of age who had a visit with a PCP. The health plan reports separate percentages for:

- children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year
- children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year before the measurement year

As shown in Table 3, access rates by MCO ranged between 93% and 98% for children age 12–24 months, and between 77% and 89% for children age 25 months–6 years. For older children served by AMG, CCC, and UHC, sample sizes were not large enough for meaningful analysis. The statewide average access rates were significantly higher than the U.S. average rates for all age groups except 25 months–6 years.

**Table 3. Access to primary care practitioners by health plan, reporting year 2014.**

| | Number and percentage who had a PCP visit by age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 12–24 months | | 25 months–6 years | | 7–11 years | | 12–19 years | |
| Health plan | n | % | n | % | n | % | n | % |
| AMG | 626 | 93.45 | 1,873 | 77.52 | 0 | NA | 0 | NA |
| CCC | 2,204 | 97.19 | 7,619 | 86.13 | 0 | NA | 0 | NA |
| CHP | 8,647 | 97.14 | 46,878 | 86.22 | 27,547 | 89.39 | 31,243 | 88.49 |
| MHW | 15,654 | 97.78 | 77,081 | 89.04 | 49,347 | 92.24 | 51,848 | 92.12 |
| UHC | 1,468 | 93.94 | 4,838 | 82.20 | 0 | NA | 0 | NA |
| State average | – | 97.25 | – | 87.53 | – | 91.22 | – | 90.75 |
| U.S. average | – | 96.14 | – | 88.25 | – | 90.02 | – | 88.52 |

NA: Sample size was smaller than the minimum required during the reporting year; eligible population was zero.

## Mental Health Utilization

Table 4 reports the frequency of mental health outpatient and ED services for enrollees of each MCO in 2014, broken out by enrollee age. Comparisons with the national NCQA averages are available only for total enrollees, not by age.

**Table 4. Frequency of mental health outpatient and ED services by health plan, reporting year 2014.**

| | Service frequency by age group[a] | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 0–12 years | | 13–17 years | | 18–64 years | | Total | |
| Health plan | n | % | n | % | n | % | n | % |
| AMG | 116 | 1.01 | 55 | 1.54 | 339 | 2.35 | 510 | 1.73 |
| CCC | 274 | 0.78 | 153 | 1.57 | 740 | 2.99 | 1,167 | 1.67 |
| CHP | 1,956 | 1.33 | 1,156 | 2.64 | 2,913 | 3.93 | 6,025 | 2.27 |
| MHW | 261 | 2.91 | 229 | 6.15 | 727 | 5.19 | 1,217 | 4.56 |
| UHC | 168 | 0.75 | 119 | 1.82 | 546 | 2.61 | 833 | 1.67 |
| State average | — | 1.23 | — | 2.54 | — | 3.55 | — | 2.21 |
| U.S. average | — | NA | — | NA | — | NA | — | 12.27 |

NA: Not available in 2014 NCQA *Quality Compass*.
[a] Percentages are calculated using member years to standardize counts of members enrolled for fewer than 12 months.

## Plan All-Cause Readmissions

This is a Medicare HEDIS measure that HCA has required the MCOs to report for the Medicaid population in Washington. For members 18 years of age and older, this measure expresses the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days. NCQA also specifies that plans calculate the predicted probability of an acute readmission in order to account for the prior and current health of the member and other risk factors. Plans average the predicted readmission probabilities to obtain risk-adjusted, or expected, readmission rates. Table 5 reports:

1. the Observed readmission ratio, equal to the percentage of index hospital stays that had a subsequent 30-day readmission
2. the Observed/Expected readmission ratio, equal to the observed readmission rate divided by the average risk-adjusted probability of readmission

A lower observed rate of readmission is considered better performance. The "expected" rate of readmission is the health plan's predicted readmission rate, given its case mix and how health plans across the nation treat similar cases. The observed/expected ratio shows the adjusted readmission rate relative to the national average. A ratio less than 1 indicates that the health plan has a lower than expected readmission rate based on its patient case mix.

**Table 5. Plan all-cause readmissions by health plan[a], reporting year 2014.**

| | Observed[b] and Observed/Expected[c] readmission ratios by age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 18–44 years | | 45–54 years | | 55–64 years | | Total | |
| Health plan | Observed | Observed/ Expected | Observed | Observed/ Expected | Observed | Observed/ Expected | Observed | Observed/ Expected |
| AMG | 17.07 | 1.23 | 8.77 | 0.69 | 11.67 | 0.88 | 12.03 | 0.91 |
| CCC | 11.76 | 0.84 | 16.38 | 0.93 | 8.43 | 0.61 | 11.72 | 0.78 |
| CHP | 10.45 | 0.96 | 10.92 | 0.87 | 10.68 | 0.73 | 10.67 | 0.85 |
| MHW | 8.41 | 0.63 | 12.02 | 0.81 | 10.51 | 0.71 | 9.66 | 0.69 |
| UHC | 16.67 | 0.80 | 10.29 | 0.66 | 11.70 | 0.65 | 12.56 | 0.70 |
| State average | — | 0.81 | — | 0.85 | — | 0.72 | — | 0.79 |
| U.S. average | — | NA | — | NA | — | NA | — | NA |

[a] Medicare HEDIS measure that HCA requires as a reported measure for the Washington Medicaid population.

[b] Observed proportion of Index Hospital Stays that had a subsequent 30-day readmission.

[c] Ratio of the MCO's observed rate of readmission to its expected rate of readmission (average adjusted probability).

NA: Not available in 2014 NCQA *Quality Compass*.

# Medical Care Services Measures

The Medical Care Services (MCS) program, previously called Disability Lifeline/GA-U, operated in all 39 Washington counties during 2013. HCA contracted with CHP to provide managed medical and mental health services for MCS recipients, including primary care, referral coordination, other medically necessary services, and pharmaceutical drugs.

MCS provided limited medical benefits to incapacitated eligible adults and to those eligible for state-funded alcohol and drug addiction treatment. Incapacitated adults are people between ages 18 and 65 who cannot work for short-term physical or mental reasons. Income and resource limits are more restrictive than for the family Categorically Needy medical program.

As of January 1, 2014, MCS recipients were rolled up into the larger Apple Health population. HCA required CHP to report three HEDIS measures for the MCS population in 2014, reflecting services provided during 2013:

- ambulatory care visits—outpatient and ER
- antidepressant medication management (AMM)
- race/ethnicity diversity of membership

The AMM measure examines

- the percentage of newly diagnosed and treated patients who remained on an antidepressant medication for the treatment of major depression for at least 12 weeks (effective acute phase treatment)
- the percentage of newly diagnosed and treated patients who remained on an antidepressant medication for the treatment of major depression for at least six months (effective continuation phase treatment)

Figures 38 and 39 depict the changes in these measures in the past two reporting years. The ambulatory care measures showed a positive trend, with ER visit rates declining significantly while outpatient visit rates increased significantly. AMM measures for this population also improved slightly in 2014 (not statistically significant).

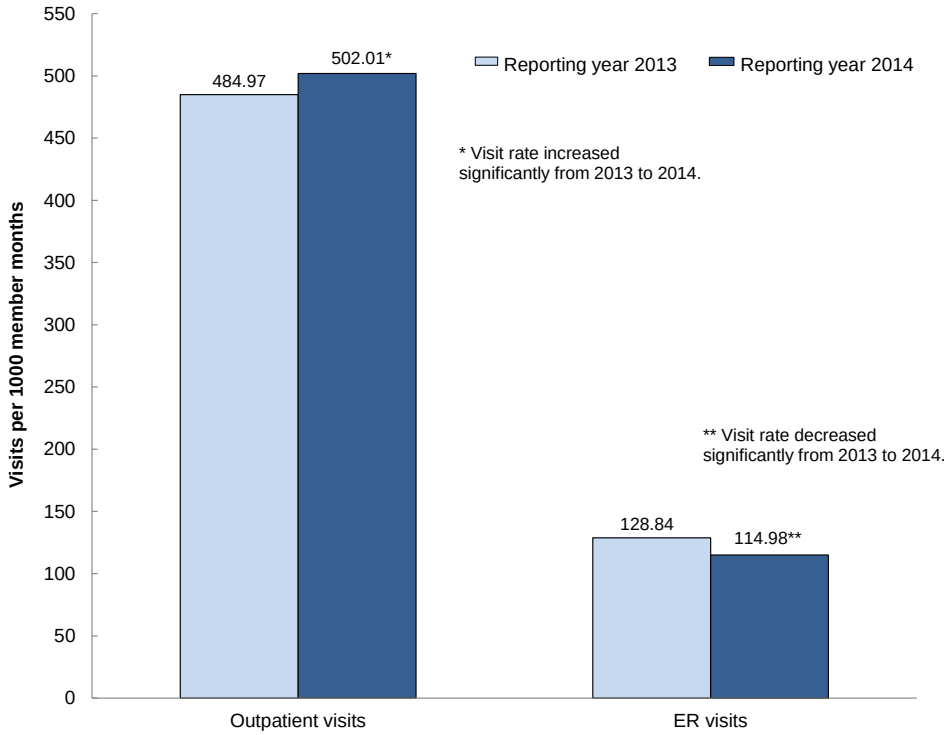


**Figure 38. Ambulatory care visits for MCS enrollees, reporting years 2013–2014.**

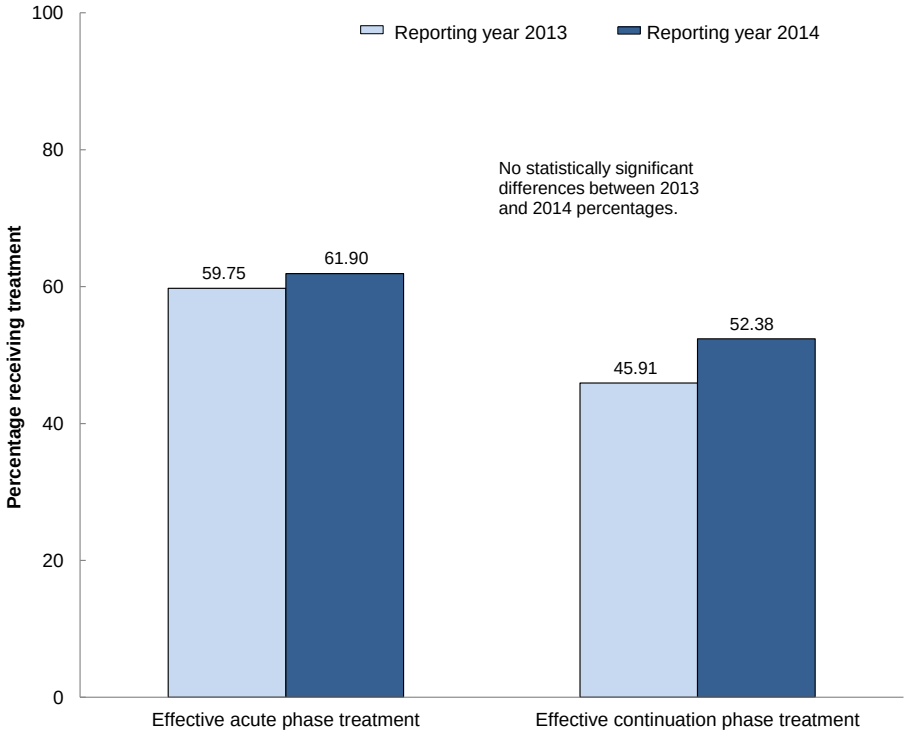


**Figure 39. Antidepressant medication management for MCS enrollees, reporting years 2013–2014.**

Table 6 presents race and ethnicity data reported for MCS enrollees in 2014. As shown, about 69% of the 19,184 enrollees were identified as White, with smaller percentages identified for other racial groups. Race was unknown for nearly 14% of MCS enrollees, and ethnicity was unknown for 93% of enrollees.

**Table 6. Race/ethnicity diversity of MCS enrollees, reporting year 2014.**

| | Hispanic/Latino | | Not Hispanic/Latino | | Unknown Ethnicity | | Total | |
|---|---|---|---|---|---|---|---|---|
| **Race** | **Number** | **Percent** | **Number** | **Percent** | **Number** | **Percent** | **Number** | **Percent** |
| White | 22 | 1.58% | 0 | NR | 13,232 | 74.38% | 13,254 | 69.09% |
| Black/African American | 2 | 0.14% | 0 | NR | 1,974 | 11.10% | 1,976 | 10.30% |
| American-Indian and Alaska Native | 0 | 0.00% | 0 | NR | 183 | 1.03% | 183 | 0.95% |
| Asian | 0 | 0.00% | 0 | NR | 285 | 1.60% | 285 | 1.49% |
| Native Hawaiian/Other Pacific Islander | 2 | 0.14% | 0 | NR | 236 | 1.33% | 238 | 1.24% |
| Some other race | 13 | 0.93% | 0 | NR | 623 | 3.50% | 636 | 3.32% |
| Two or more races | 0 | 0.00% | 0 | NR | 0 | 0.00% | 0 | 0.00% |
| Unknown | 1,356 | 97.20% | 0 | NR | 1,256 | 7.06% | 2,612 | 13.62% |
| Declined | 0 | 0.00% | 0 | NR | 0 | 0.00% | 0 | 0.00% |
| **Total** | **1,395** | **100.00%** | **0** | **NR** | **17,789** | **100.00%** | **19,184** | **100.00%** |

NR = Not reported.

# Washington Medicaid Integration Partnership (WMIP)

HCA ended the WMIP as of June 30, 2014, after more than 9 years of operation. This pilot program sought to integrate medical, mental health, substance abuse, and long-term care services for categorically needy aged, blind, and disabled Medicaid beneficiaries with complex health conditions—the fastest growing and most expensive segment of the Medicaid client base. The program targeted improvements in diabetes care and in mental health and substance abuse services for this population, aimed at reducing ER visits and overall health care costs.

The state contracted with MHW to conduct the WMIP in Snohomish County. The WMIP target population was Medicaid enrollees age 21 or older who were aged, blind, or disabled, including Medicaid-only enrollees and those dually eligible for Medicare and Medicaid. WMIP excluded children under 21, Healthy Options enrollees, and recipients of Temporary Assistance for Needy Families. During 2013, about 3,000 individuals were enrolled.

In 2014, MHW reported nine HEDIS measures for the WMIP population:

- comprehensive diabetes care
- inpatient care utilization—general hospital/acute care
- ambulatory care utilization
- mental health utilization
- follow-up after hospitalization for mental illness
- antidepression medication management
- use of high-risk medications for the elderly
- identification of alcohol and other drug services
- initiation and engagement of alcohol and other drug dependence treatment

Because the WMIP population differs categorically from the Medicaid managed care population, it has not been feasible to compare the WMIP data meaningfully with the data reported by the MCOs or with national data for health plans serving traditional Medicaid recipients.

This final analysis of WMIP performance measures looks at long-term trends in diabetes care, antidepression medication management, follow-up after hospitalization for mental illness, and ambulatory care utilization (outpatient and ER visits) spanning the program's existence. Additional charts depict 5-year data for the remaining measures.

## Long-term performance trends

Figure 40 presents the trends in HbA1c testing and control for the WMIP population since 2006. As shown, the percentage of enrollees with diabetes who received HbA1c testing remained flat during this period, fluctuating between 82% and 88%, while the trends in enrollees' HbA1c control moved in a negative direction (good control declining, poor control increasing). By the end of the program, only about 42% of enrollees had good control of HbA1c.

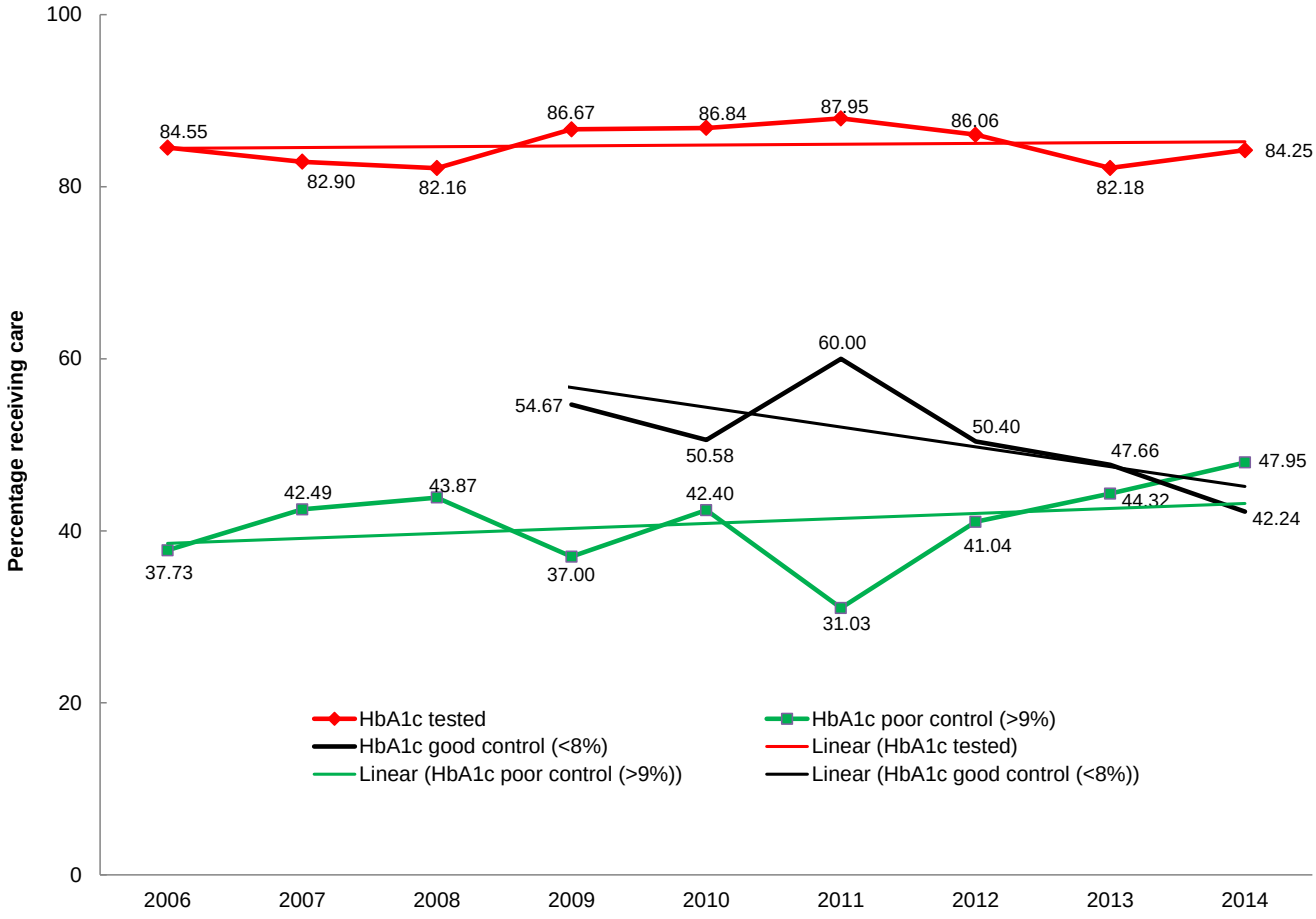


**Figure 40. HbA1c testing and control for WMIP enrollees, reporting years 2006–2014.**

Figure 41 shows the trends in screening measures (dilated retinal exams and monitoring for diabetic nephropathy) for WMIP enrollees with diabetes since 2006. Nephropathy monitoring improved significantly following the onset of the program, despite some fluctuation in recent years, while the percentage of enrollees receiving eye exams trended downward.

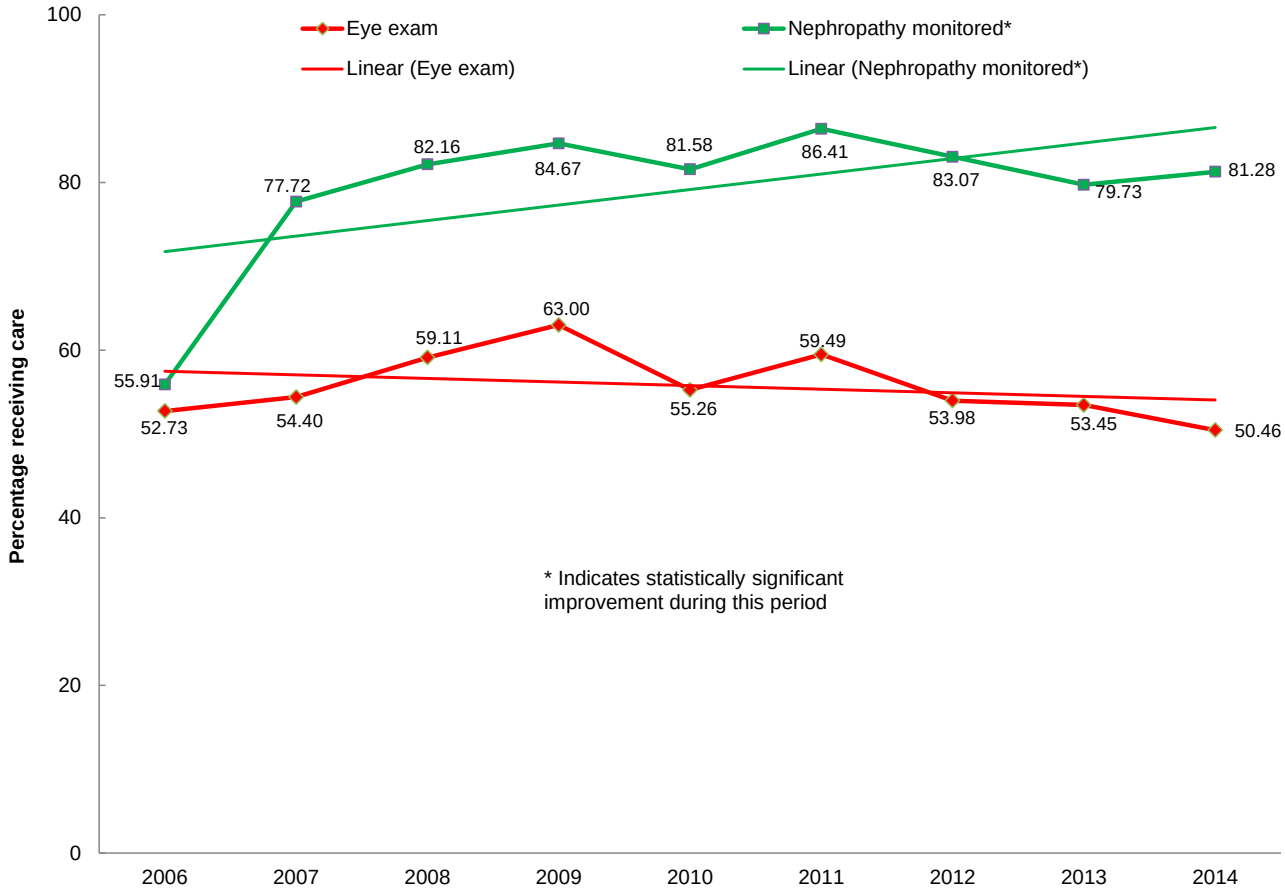


**Figure 41. Diabetes screening measures for WMIP enrollees, reporting years 2006–2014.**

Figure 42 shows the long-term trends in LDL-C screening, LDL-C control, and blood pressure control for WMIP enrollees. LDL-C screening trended gradually downward throughout the program, and the percentage of enrollees with good control of their LDL-C levels remained essentially flat despite year-to-year fluctuations. Blood pressure control dropped sharply in the program's final year, when only about 41% of enrollees had good control. None of these long-term changes were statistically significant.

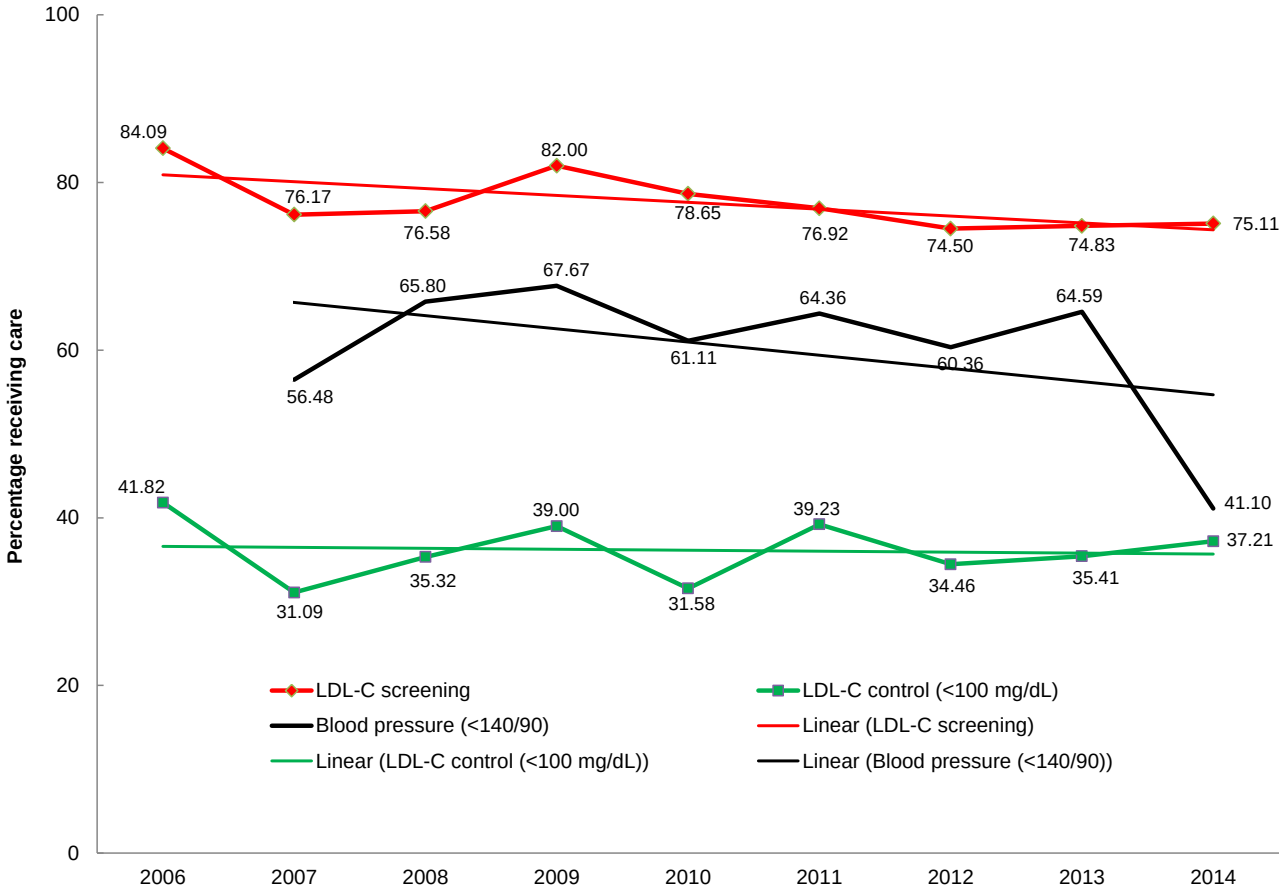


**Figure 42. LDL-C screening, LDL-C control, and blood pressure control for WMIP enrollees, reporting years 2006–2014.**

Figure 43 shows the trends in antidepressant medication management for WMIP enrollees since 2008. Both acute phase and continuation phase treatment moved in a positive direction during this period, though the improvement was not statistically significant.

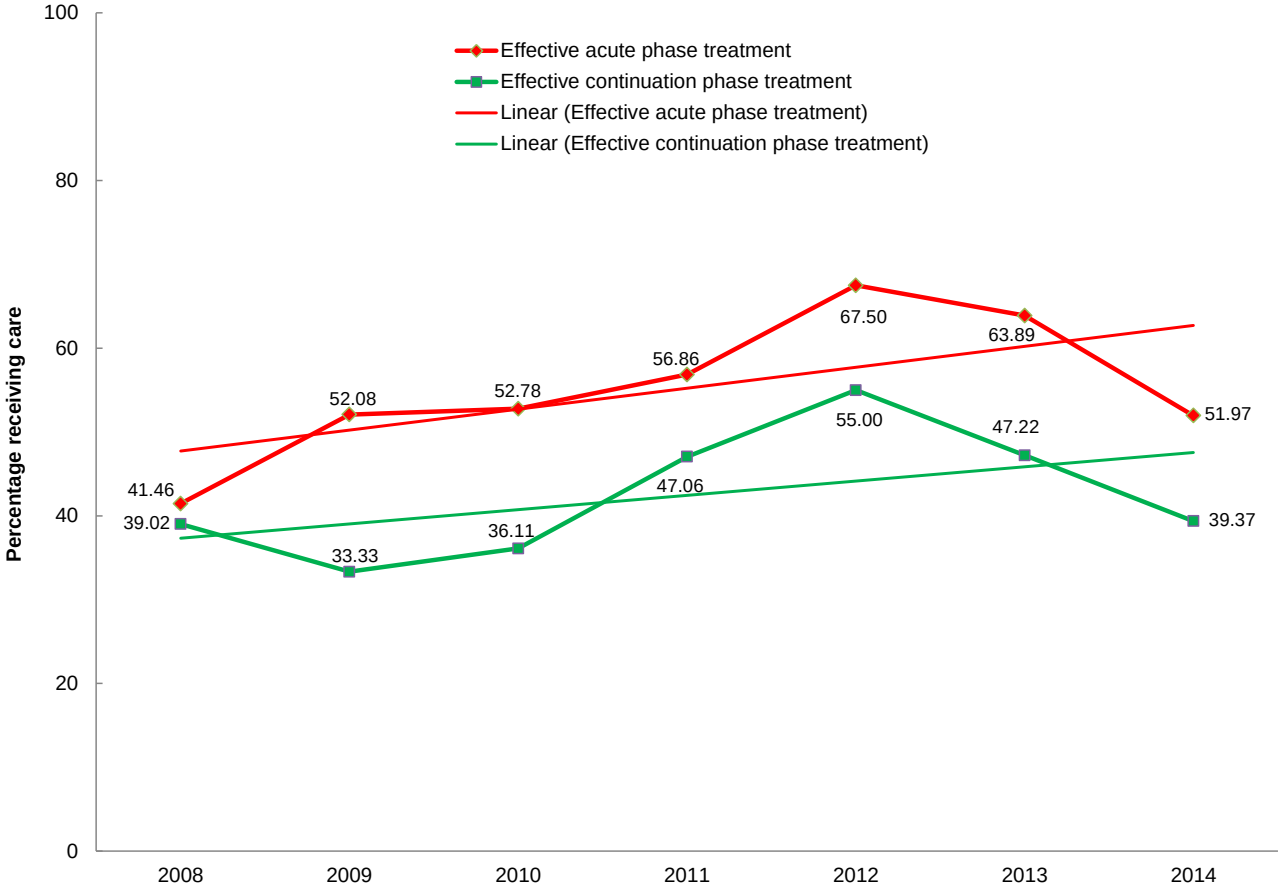


**Figure 43. Antidepressant medication management for WMIP enrollees, reporting years 2008–2014.**

As shown in Figure 44, the measures of timely follow-up treatment for WMIP enrollees after hospitalization for mental illness improved significantly from 2008 to 2013. (Sample sizes for these measures in 2014 were not large enough to support analysis.) Improvement in these measures has represented a notable success of the WMIP program.

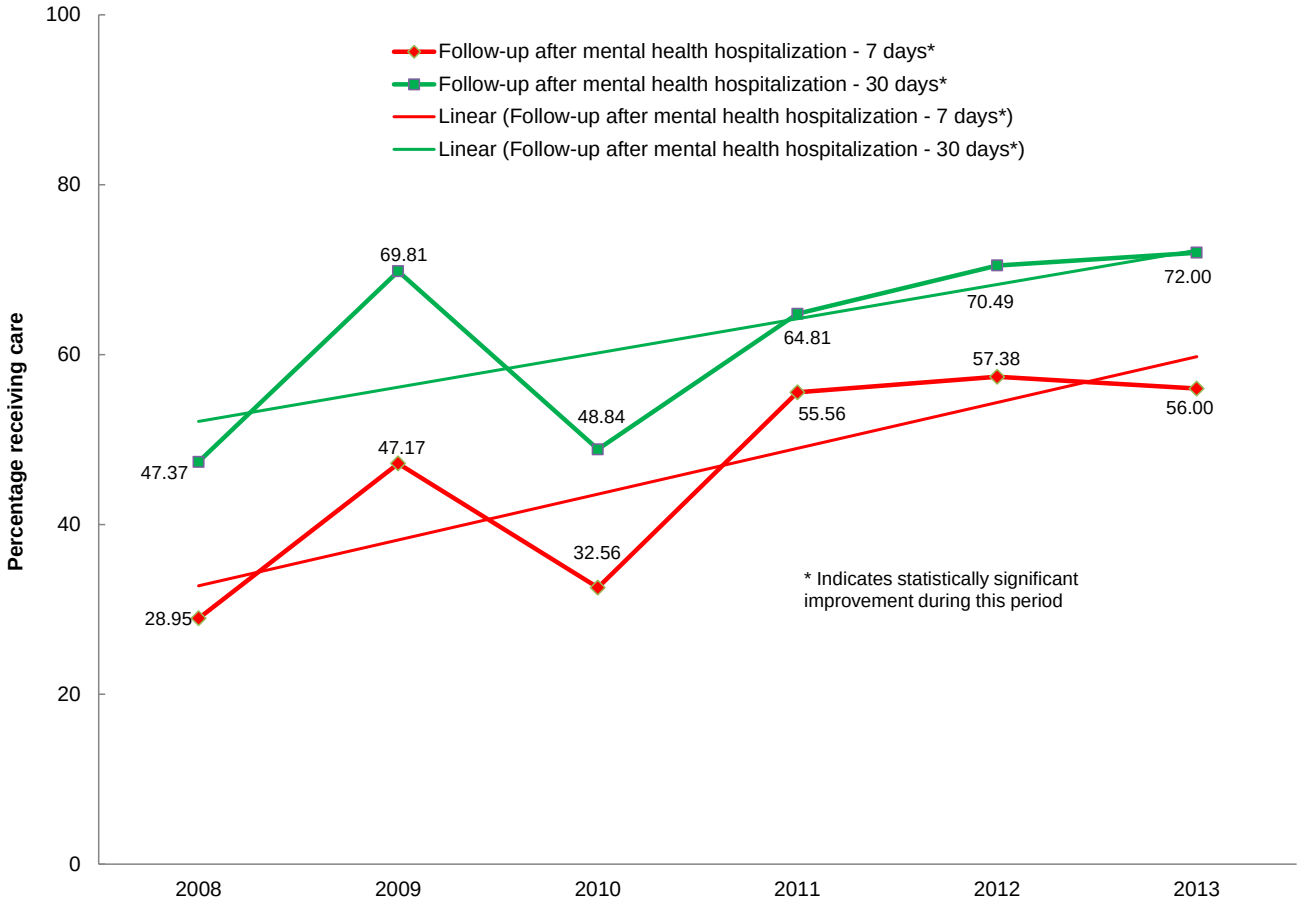


**Figure 44. Follow-up after mental health hospitalization for WMIP enrollees, reporting years 2008–2013.**

Figures 45 and 46 show the long-term trends in ambulatory care utilization for WMIP enrollees. As shown below, outpatient visit rates increased significantly during the program's existence.

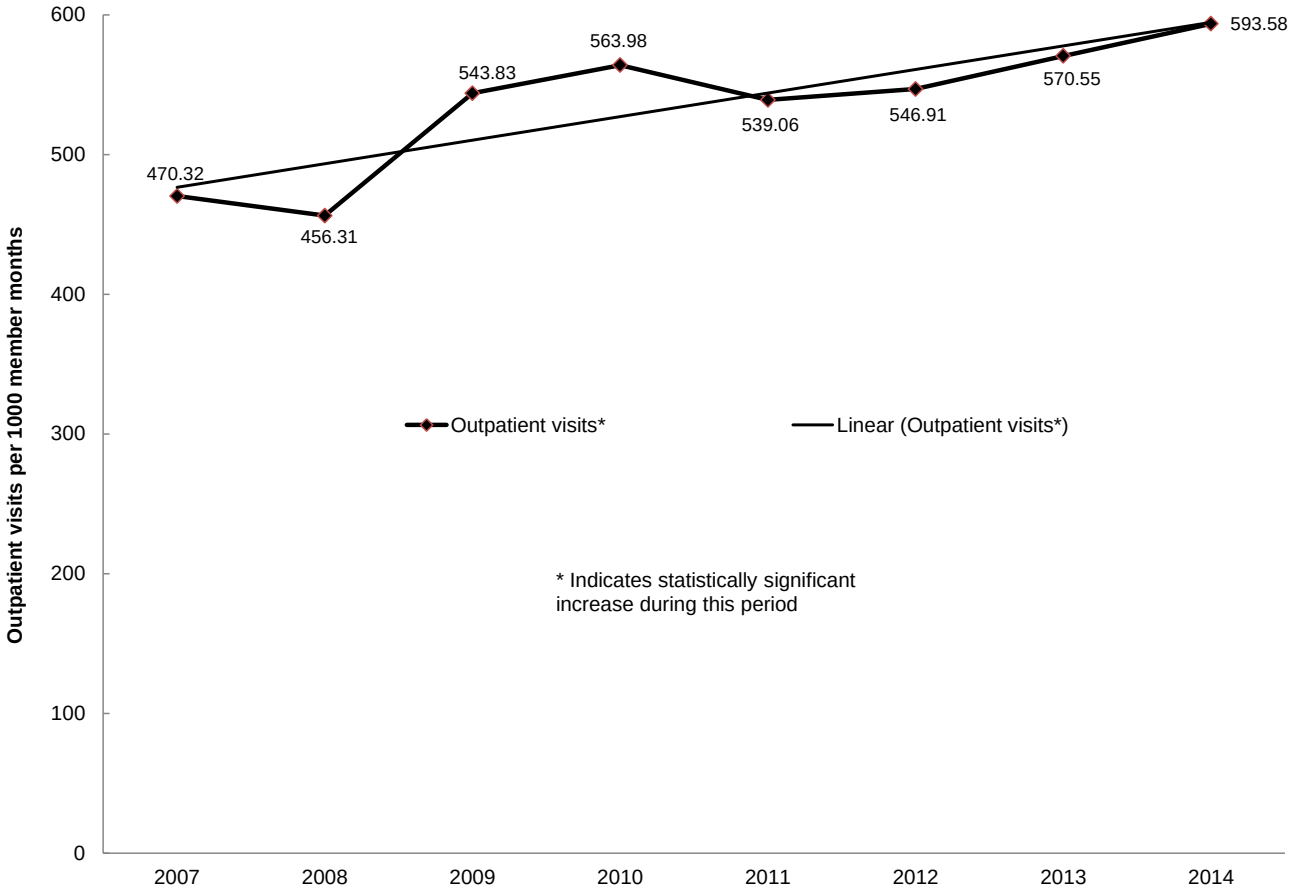


**Figure 45. Outpatient visit rates for WMIP enrollees, reporting years 2007–2014.**

As shown in Figure 46, ER visit rates for WMIP enrollees declined significantly during 2007–2014. Coupled with the long-term trend in outpatient visit rates, this suggests that the program succeeded in treating enrollees at less intensive levels of care over time.

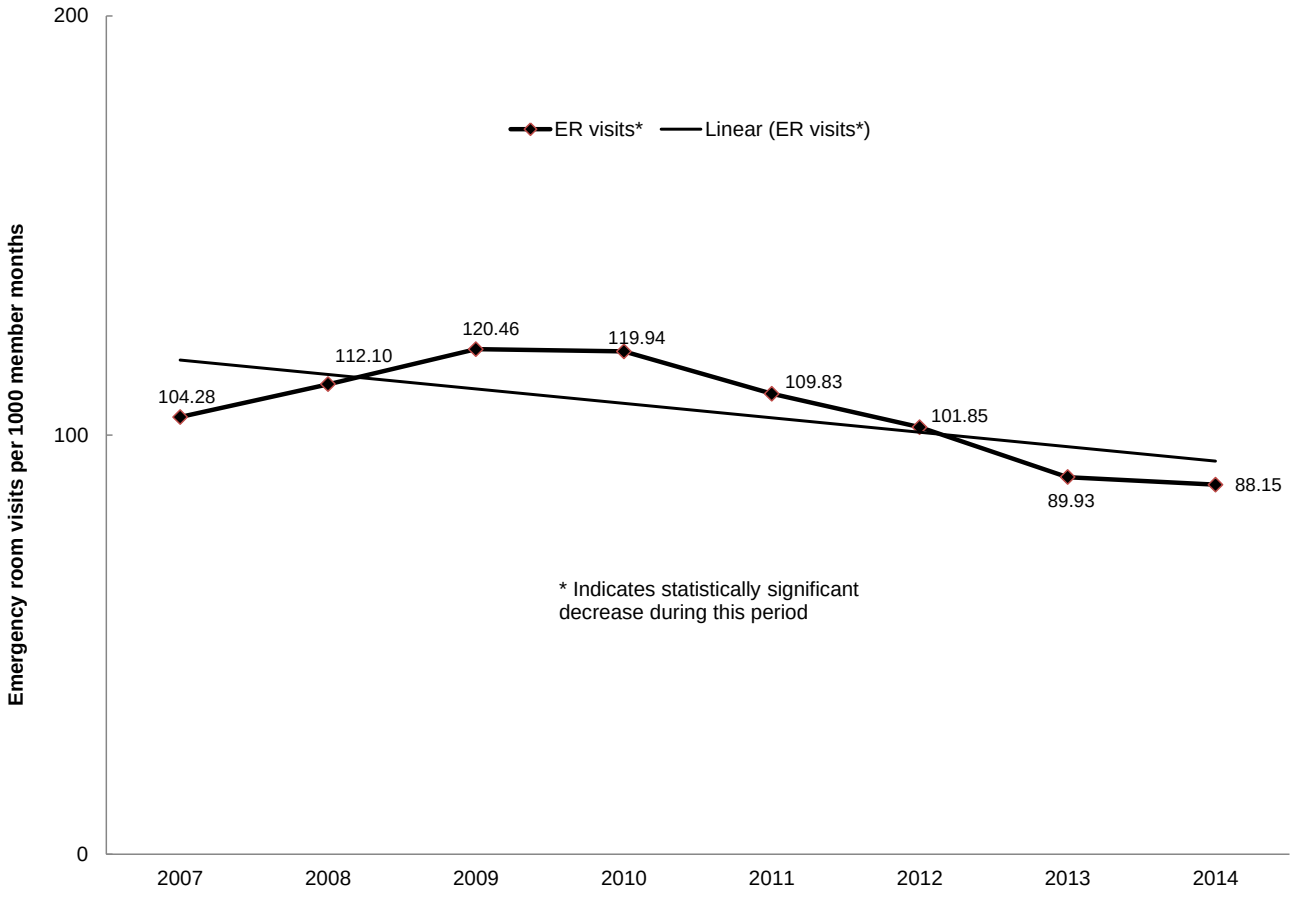


**Figure 46. Emergency room visit rates for WMIP enrollees, reporting years 2007–2014.**

## Physical health care utilization

Figures 47–49 present the results of WMIP inpatient utilization measures (discharges, days, and average length of stay) since 2010.

Compared with the 2013 rates, discharge rates rose slightly in 2014 for medical care and for total inpatient care, but neither change was statistically significant (Figure 47).

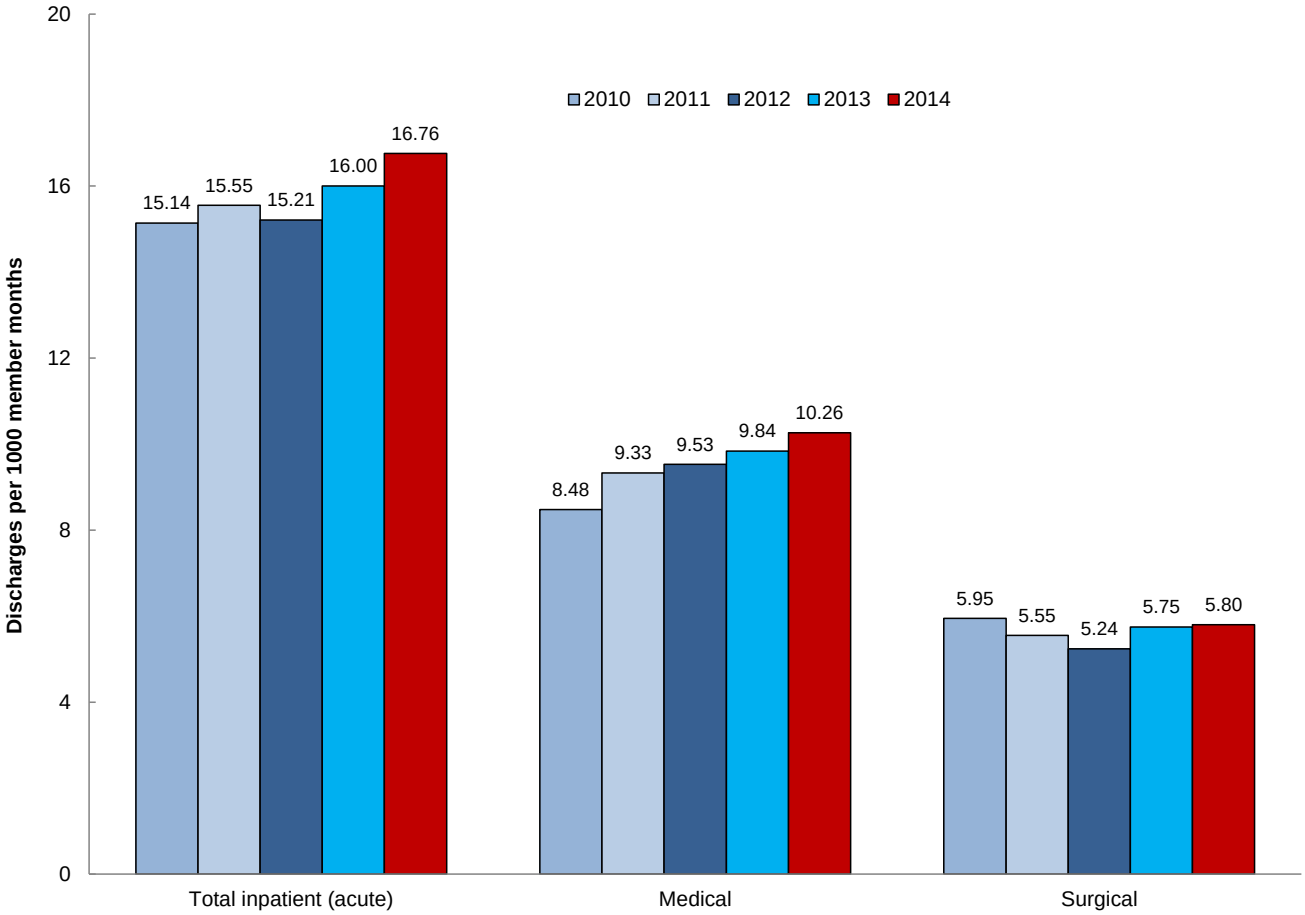


**Figure 47. WMIP inpatient utilization discharges, reporting years 2010–2014.**

From 2013 to 2014, medical inpatient days for WMIP enrollees rose significantly, while surgical inpatient days fell significantly (Figure 48).

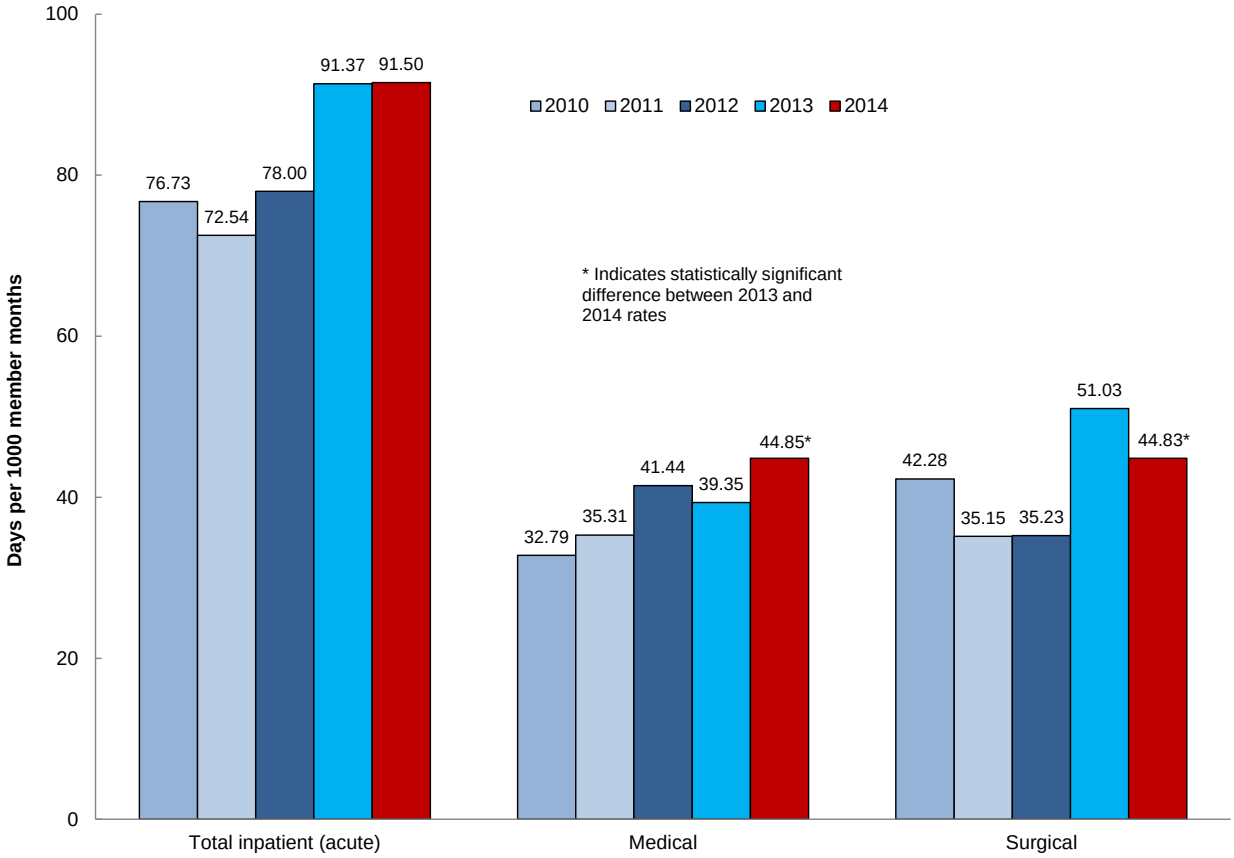


**Figure 48. WMIP inpatient utilization days, reporting years 2010–2014.**

WMIP enrollees' average length of stay (ALOS) for medical care rose slightly in 2014, while the ALOS for surgical care declined, but neither change was statistically significant (Figure 49).

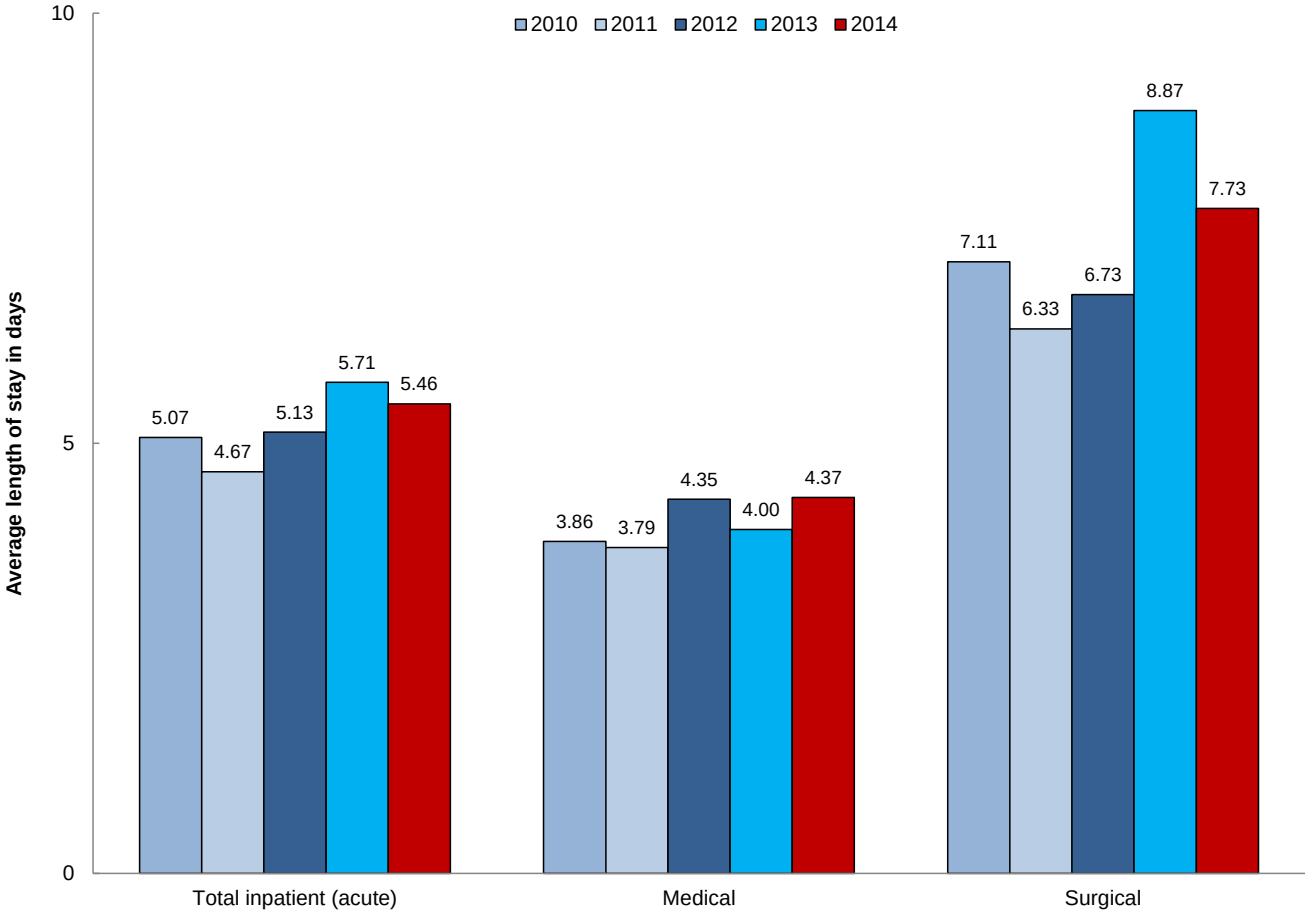


**Figure 49. WMIP inpatient utilization average length of stay, reporting years 2010–2014.**

## Mental health care utilization

Figure 50 shows mental health care utilization for WMIP enrollees age 18 and older for the past three reporting years. "Any service" includes at least one of the following, and some enrollees received services in multiple categories:

- inpatient
- intensive outpatient (OP) or partial hospitalization
- outpatient or ER

Note: "Any" service is person-based; the other categories are visit-based.

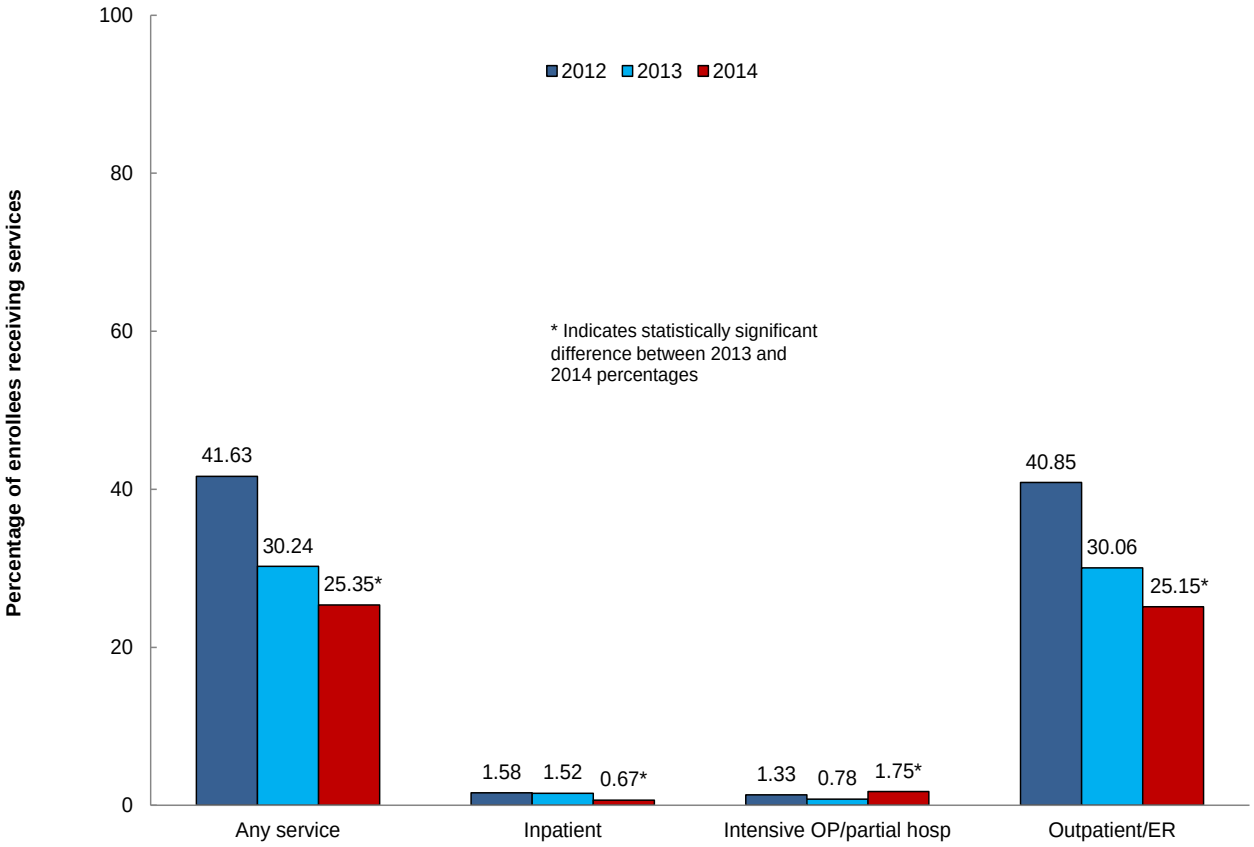


**Figure 50. WMIP mental health utilization, reporting years 2012–2014.**

## Use of high-risk medications in the elderly

This measure expresses the percentage of elderly enrollees who received at least one high-risk prescription, or at least two different prescriptions. From 2008 through 2012, MHW reported increasingly positive results on this measure, pointing to better management of these medications for WMIP enrollees. In 2013, NCQA revised the methodology for calculating this measure, so that the 2013 and 2014 results are not comparable with data from previous years.

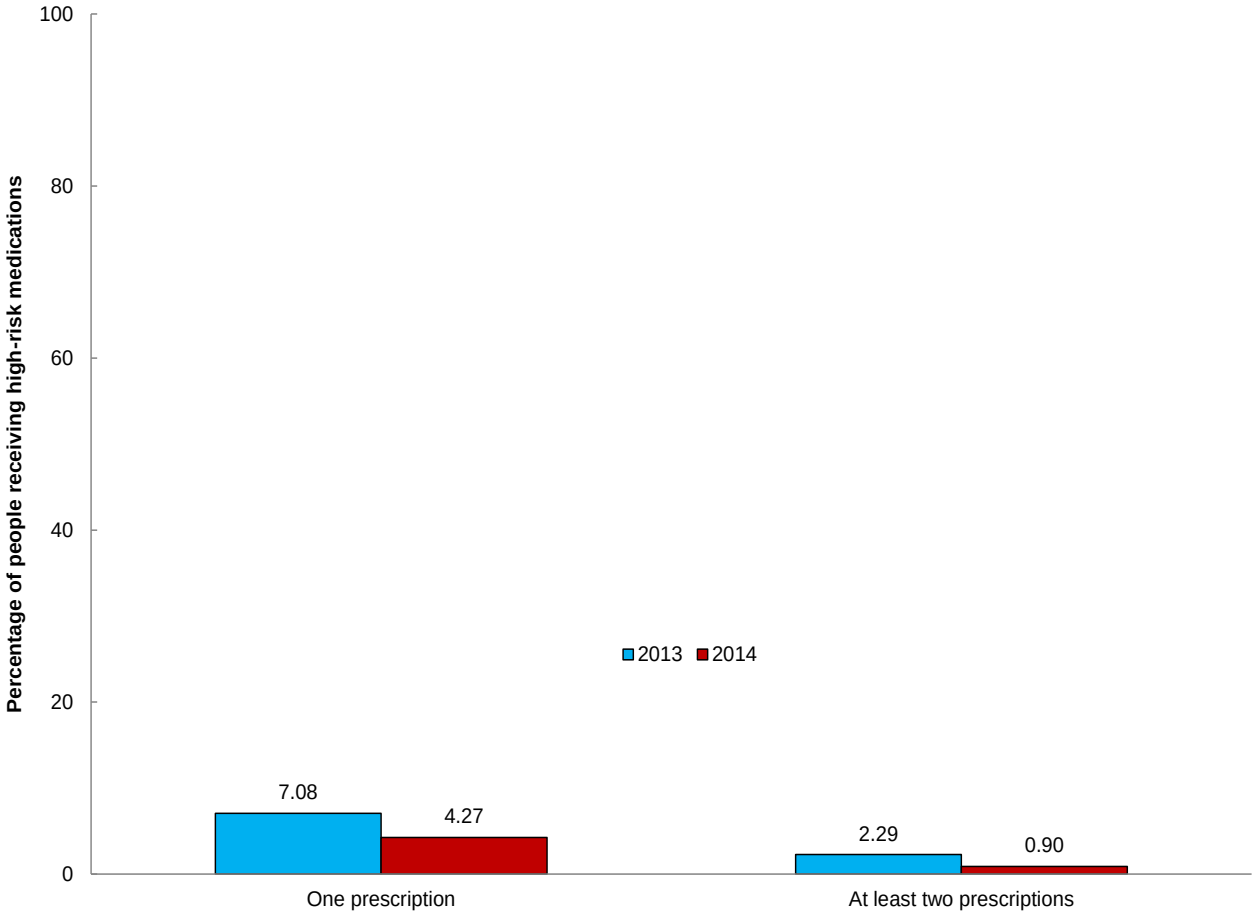


**Figure 51. WMIP use of high-risk medications in the elderly, reporting years 2013–2014.**

## Dependence treatment

Figure 52 displays three years of data on identification of alcohol and other drug (AOD) services for WMIP enrollees. This utilization measure summarizes the percentage of enrollees with an AOD claim who received various types of chemical dependency services during the measurement year. An AOD claim contains a diagnosis of AOD abuse or dependence and a specific AOD-related service.

"Any service" includes at least one of the following, and some enrollees received services in multiple categories:

- Inpatient
- Intensive outpatient (OP) or partial hospitalization
- Outpatient or ER

Note: "Any" service is person-based; the other categories are visit-based.

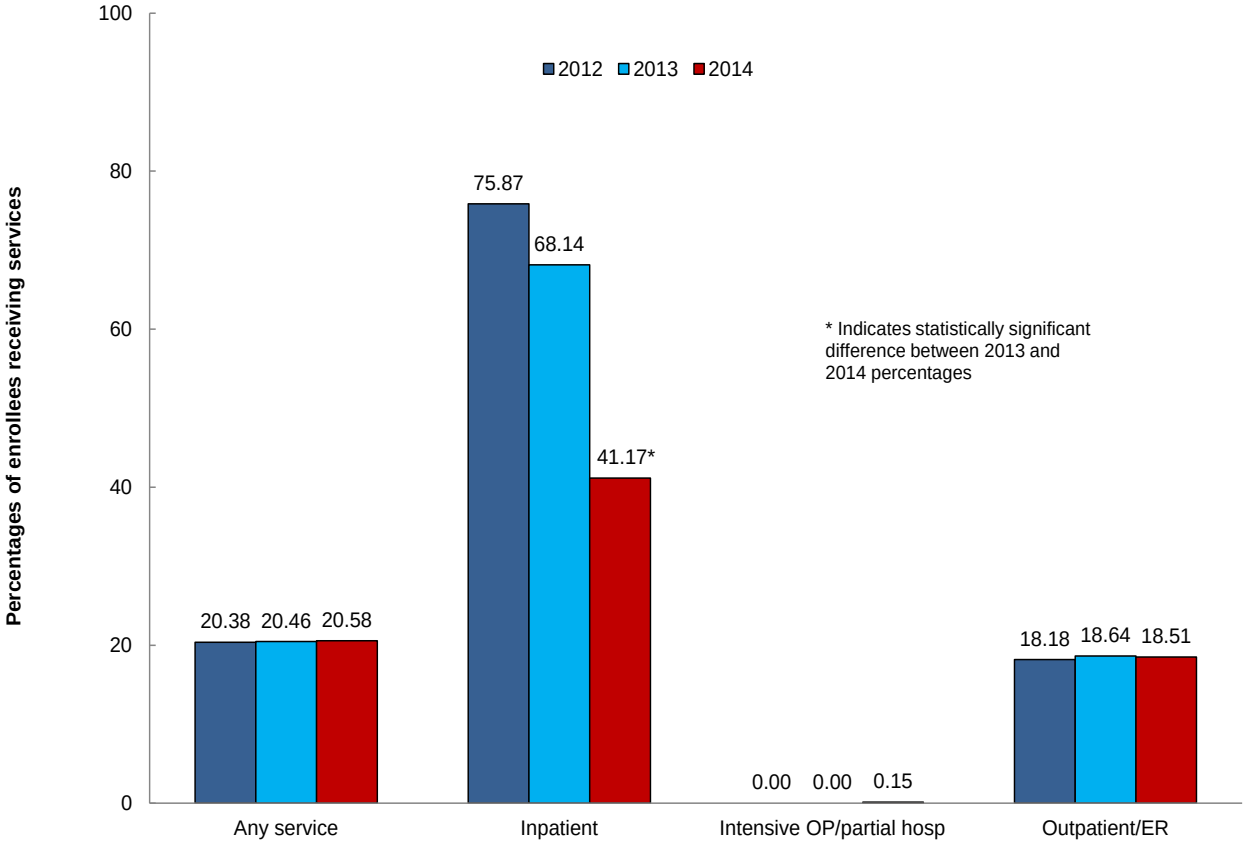


**Figure 52. WMIP identification of alcohol and other drug services, reporting years 2012–2014.**

## Discussion

The WMIP program has pioneered the integration of primary, acute, behavioral, and long-term care for dual-eligible (Medicare and Medicaid) patients. As such, this program has served as a prototype for the future delivery of integrated care for Medicaid enrollees.

HCA has expanded the Medicaid benefit for WMIP enrollees over time, and has expanded the list of required performance measures accordingly. Although the results for this specific population in a single Washington county are not comparable with state or national Medicaid benchmarks for the same measures, the program's long-term performance trends point to issues that will apply to the expanded Medicaid population.

Considering *diabetes care*, our analysis shows little or no improvement in the required screening measures over time, except that monitoring of diabetic nephropathy improved significantly. Overall, the long-term trends in outcome measures have been discouraging. At the end of this program, only 42% of enrollees had good control of their HbA1c levels; 41% had good control of their blood pressure; and 37% had good control of their LDL-C levels.

More encouragingly, the measures of *timely follow-up treatment* after hospitalization for mental illness improved significantly from 2008 to 2014, representing a notable program success. *Antidepressant medication management* for WMIP enrollees also trended in a positive direction over time, though not significantly so.

Long-term trends in *ambulatory care utilization* for WMIP enrollees showed a significant increase in outpatient visit rates coupled with a significant decrease in ER visit rates, suggesting that the program succeeded in treating enrollees at less intensive levels of care over time.

With the inclusion of the blind and disabled population into managed care and mental health parity, the WMIP program ended June 30, 2014.

# Conclusions

This report presents initial data in terms of analyzing the current MCOs' performance in serving the expanded range of enrollees under Apple Health. The measures reported in 2014 for measurement year 2013 likely reflect considerable "churn" in the state Medicaid program, as existing enrollees switched health plans and many enrollees entered managed care for the first time. Nevertheless, many of the statewide results are similar to those reported in 2012 and previous years.

As a group, the Washington MCOs continued to perform below the national benchmarks for many HEDIS measures. Scattered indicators such as influenza immunizations, HbA1c testing in diabetes care, and emergency room utilization showed more positive comparisons.

Considering measures that HCA required the MCOs to report for the first time in 2014, the MCOs performed below the U.S. averages for adolescent meningococcal immunizations, weight assessment and counseling for nutrition and physical activity for children and adolescents, pharyngitis testing for children, and use of appropriate asthma medications.

In contrast, access to primary care practitioners for children and adolescents was a bright spot for the Washington MCOs. The reported statewide access rates significantly exceeded the U.S. average rates for three of four age groups. In years before 2008 when the Washington MCOs were required to report this measure, access rates were similarly high.

As observed in previous years, service utilization rates for Washington Medicaid enrollees remain well below the U.S. average rates for both inpatient and ambulatory care.

CHP and MHW, the MCOs with most experience in serving Medicaid managed care enrollees in Washington, reported better performance than other MCOs on most HEDIS measures in 2014. This might have been expected, as the newer MCOs may not have fully established their delivery networks during the 2013 measurement year, and as a consequence, enrollee access issues may have contributed to low rates for these MCOs.

Previous years' reports have noted that the Apple Health MCOs would benefit from improving the accuracy and completeness of their encounter data. Health plans can minimize the cost of reporting many HEDIS measures by relying primarily on administrative data as opposed to chart extraction. However, reliance on administrative data can also result in lower HEDIS rates, if the encounter records in the administrative data do not capture all services provided.

# Recommendations

To sustain long-term improvement in the delivery of managed care for Medicaid enrollees, Acumentra Health recommends that HCA

- seek to align performance measures with other state and federal reporting requirements to reduce burden on providers and promote efficient use of health system resources
- consider requiring the MCOs to engage in formal activity to share best practices aimed at reducing the performance gaps among health plans for specific measures
- help MCOs overcome barriers to collecting complete member-level encounter data, including race/ethnicity data, so that the MCOs can use these data to assess resources for improving the quality of care and establish appropriate interventions to address health care disparities. In previous years, the EQRO found gaps in immunization and well-child datasets that limit the ability to perform comprehensive analysis.
- set performance expectations for HEDIS measures, such as requiring MCOs to perform a PIP or focused improvement study for measures that fail to meet specific benchmarks
- designate incentive measures for which MCOs can receive quality incentive payments for top performance
- continue to provide EPSDT supplemental data to assist the MCOs in calculating HEDIS measures
- consider adding a contract requirement for the MCOs to provide HEDIS-specific performance feedback to clinics and providers on a frequent and regular schedule

Acumentra Health recommends that the contracted MCOs

- participate in public health initiatives and partnerships such as the Washington State Collaborative to Improve Care and the DOH's Washington State Immunization Information System (formerly called Child Profile)
- provide dashboard reporting on a routine basis to providers to highlight regional rates, since public reporting may promote more local control and better coordination among providers and other entities providing services
- monitor member-level data to improve the completeness of race and ethnicity information, to aid in establishing appropriate interventions to address health care disparities
- conduct validation studies to improve the quality of encounter data to ensure that enrollees are receiving appropriate interventions
- monitor their HEDIS rates at least quarterly, using administrative data

# References

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[5] Measles cases hit 18-year high in Washington state. See www.reuters.com/article/2014/07/11/us-usa-washington-measles-idUSKBN0FG03720140711. Accessed August 20, 2014.
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[9] Centers for Disease Control and Prevention. Vaccination coverage among children in kindergarten, United States, 2009–2010 school year. *MMWR* 60(21);700–704.
[10] Washington Health Care Authority. Washington State Medicaid, hospitals, doctors developing plan to reduce inappropriate use of Emergency Departments. News release, April 20, 2012.

# Appendix A. Washington MCO Summaries

# Amerigroup Washington—AMG

## Effectiveness of Care

| Childhood immunization status | % | |
|---|---|---|
| Combo 2 [a] | 53.89 | ▼ |
| Combo 3 [b] | 50.30 | ▼ |

| Adolescent immunization | | |
|---|---|---|
| Combo 1 [c] | 54.84 | ▼ |

| Weight assessment/counseling for children/adolescents | |
|---|---|
| BMI total, (ages 3–17 years) | 28.07 |
| Nutrition total, (ages 3–17 years) | 44.55 |
| Physical activity total, (ages 3–17 years) | 37.82 |

| Appropriate testing for children with pharyngitis | |
|---|---|
| Children ages 2–18 diagnosed and treated | 68.16 |

| Comprehensive diabetes care | % | |
|---|---|---|
| HbA1c testing | 81.64 | ▼ |
| Poor HbA1c control [§] | 53.76 | |
| Good HbA1c control | 37.17 | |
| Eye exam | 38.72 | ▼ |
| LDL-C screening | 70.80 | |
| LDL-C level <100 mg/dL | 27.21 | |
| Monitoring for diabetic nephropathy | 78.98 | |
| Blood pressure <140/90 mm Hg | 55.31 | |
| Blood pressure <140/80 mm Hg | 38.05 | |

| Appropriate medications for people with asthma | |
|---|---|
| Total appropriately prescribed, (ages 5–64) | NA |

## Access/Availability of Care

| Access to primary care practitioners | % | | % |
|---|---|---|---|
| Ages 12–24 months | 93.45 ▼ | Ages 7–11 years | NA |
| Ages 25 months–6 years | 77.52 ▼ | Ages 12–19 years | NA |

## Utilization

| Inpatient—general hospital/acute care | Per 1000 MM[d] | | ALOS[e] | |
|---|---|---|---|---|
| Total inpatient discharges | 9.17 ▲ | Total inpatient | 3.94 | ▲ |
| Medical discharges | 3.21 ▲ | Medical | 4.02 | ▲ |
| Surgical discharges | 1.81 ▲ | Surgical | 7.29 | ▲ |
| Maternity discharges | 6.04 ▲ | Maternity | 2.43 | |

| Adolescent well-care visits | % |
|---|---|
| One or more visits during the year | 34.95 |

| Well-child visits in 3rd, 4th, 5th, and 6th years of life | | |
|---|---|---|
| One or more visits during the year | 58.33 | ▼ |

| Well-child visits in the first 15 months of life | | |
|---|---|---|
| Six visits or more | 45.26 | ▼ |

| Ambulatory care | Per 1000 MM[d] | |
|---|---|---|
| Outpatient visits | 331.57 | ▼ |
| Emergency room visits | 66.19 | ▲ |

| Frequency of mental health outpatient/ED services | | |
|---|---|---|
| Ages 0–12 years | 1.01 | ▼ |
| Ages 13–17 years | 1.54 | ▼ |
| Ages 18–64 years | 2.35 | ▼ |

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p$ <0.05).

[§] Lower percentages indicate better performance for this measure.

[a] Combo 2 includes DTaP, IPV, MMR, HiB, Hep B, and VZV immunizations.

[b] Combo 3 includes DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV immunizations.

[c] Adolescent Combo 1 includes Meningococcal conjugate vaccine and Tetanus, Diphtheria, and Pertussis (Tdap) vaccine.

[d] Per 1000 MM indicates the number of procedures, discharges, visits, etc. per 1000 member months.

[e] ALOS = average length of stay in days.

Amerigroup Washington works to improve health care access and quality for more than 114,000 Washingtonians through innovative care management programs and services. Through ongoing outreach and education, we encourage healthy behaviors that can reduce illness and improve quality of life. Amerigroup Washington believes that solutions to the health care challenges facing our members begin when we put our care and compassion to work, one individual at a time.

# Community Health Plan of Washington—CHP

## Effectiveness of Care

| Childhood immunization status | % | |
|---|---|---|
| Combo 2 [a] | 76.89 | ▲ |
| Combo 3 [b] | 73.48 | ▲ |

| Adolescent immunization | | |
|---|---|---|
| Combo 1 [c] | 71.29 | ▲ |

| Weight assessment/counseling for children/adolescents | | |
|---|---|---|
| BMI total, (ages 3–17 years) | 53.04 | ▲ |
| Nutrition total, (ages 3–17 years) | 52.80 | ▲ |
| Physical activity total, (ages 3–17 years) | 51.58 | ▲ |

| Appropriate testing for children with pharyngitis | | |
|---|---|---|
| Children ages 2–18 diagnosed and treated | 59.18 | ▼ |

| Comprehensive diabetes care | % | |
|---|---|---|
| HbA1c testing | 91.79 | ▲ |
| Poor HbA1c control [§] | 33.94 | ▼ |
| Good HbA1c control | 58.58 | ▲ |
| Eye exam | 51.82 | ▲ |
| LDL-C screening | 75.91 | |
| LDL-C level <100 mg/dL | 34.31 | ▲ |
| Monitoring for diabetic nephropathy | 80.84 | |
| Blood pressure <140/90 mm Hg | 67.52 | ▲ |
| Blood pressure <140/80 mm Hg | 45.62 | ▲ |

| Appropriate medications for people with asthma | | |
|---|---|---|
| Total appropriately prescribed, (ages 5–64) | 84.08 | |

## Access/Availability of Care

| Access to primary care practitioners | % | | % | |
|---|---|---|---|---|
| Ages 12–24 months | 97.14 | Ages 7–11 years | 89.39 | ▼ |
| Ages 25 months–6 years | 86.22 | ▼ Ages 12–19 years | 88.49 | ▼ |

## Utilization

| Inpatient—general hospital/acute care | Per 1000 MM[d] | | ALOS[e] | |
|---|---|---|---|---|
| Total inpatient discharges | 5.59 | ▼ Total inpatient | 3.29 | ▼ |
| Medical discharges | 1.96 | ▲ Medical | 3.15 | ▼ |
| Surgical discharges | 1.13 | Surgical | 5.56 | ▼ |
| Maternity discharges | 4.48 | ▼ Maternity | 2.36 | |

| Adolescent well-care visits | % | |
|---|---|---|
| One or more visits during the year | 42.34 | |

| Well-child visits in 3rd, 4th, 5th, and 6th years of life | | |
|---|---|---|
| One or more visits during the year | 66.18 | |

| Well-child visits in the first 15 months of life | | |
|---|---|---|
| Six visits or more | 60.10 | |

| Ambulatory care | Per 1000 MM[d] | |
|---|---|---|
| Outpatient visits | 319.95 | ▼ |
| Emergency room visits | 50.73 | ▼ |

| Frequency of mental health outpatient/ED services | | |
|---|---|---|
| Ages 0–12 years | 1.33 | ▼ |
| Ages 13–17 years | 2.64 | |
| Ages 18–64 years | 3.93 | ▲ |

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p<0.05$).

[§] Lower percentages indicate better performance for this measure.

[a] Combo 2 includes DTaP, IPV, MMR, HiB, Hep B, and VZV immunizations.

[b] Combo 3 includes DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV immunizations.

[c] Adolescent Combo 1 includes Meningococcal conjugate vaccine and Tetanus, Diphtheria, and Pertussis (Tdap) vaccine.

[d] Per 1000 MM indicates the number of procedures, discharges, visits, etc. per 1000 member months.

[e] ALOS = average length of stay in days.

Founded over 20 years ago by the state's community health centers, CHP is the state's only local, nonprofit health plan. Since 2011, the plan has been accredited by NCQA for Medicaid and Medicare products. CHP now provides managed care for more than 335,000 individuals throughout Washington. The plan's network includes more than 516 primary care clinics, 2,418 primary care providers, 13,827 specialists, and over 100 hospitals. CHP's innovative practices include programs that reward members for taking care of themselves, pay-for-performance models for network providers, and integrating clinical information across the care continuum.

# Coordinated Care Corp.—CCC

## Effectiveness of Care

| Childhood immunization status | % |
|---|---|
| Combo 2 [a] | 64.35 |
| Combo 3 [b] | 59.95 |

| Adolescent immunization | |
|---|---|
| Combo 1 [c] | 69.21 |

| Weight assessment/counseling for children/adolescents | | |
|---|---|---|
| BMI total, (ages 3–17 years) | 19.91 | ▼ |
| Nutrition total, (ages 3–17 years) | 46.30 | |
| Physical activity total, (ages 3–17 years) | 45.14 | |

| Appropriate testing for children with pharyngitis | | |
|---|---|---|
| Children ages 2–18 diagnosed and treated | 54.35 | ▼ |

| Comprehensive diabetes care | % | |
|---|---|---|
| HbA1c testing | 86.09 | |
| Poor HbA1c control [§] | 53.64 | |
| Good HbA1c control | 38.85 | |
| Eye exam | 47.24 | |
| LDL-C screening | 72.19 | |
| LDL-C level <100 mg/dL | 25.83 | |
| Monitoring for diabetic nephropathy | 80.57 | |
| Blood pressure <140/90 mm Hg | 60.71 | ▲ |
| Blood pressure <140/80 mm Hg | 39.74 | |

| Appropriate medications for people with asthma | |
|---|---|
| Total appropriately prescribed, (ages 5–64) | NA |

## Access/Availability of Care

| Access to primary care practitioners | % | | % |
|---|---|---|---|
| Ages 12–24 months | 97.19 | Ages 7–11 years | NA |
| Ages 25 months–6 years | 86.13 ▼ | Ages 12–19 years | NA |

## Utilization

| Inpatient—general hospital/acute care | Per 1000 MM[d] | | ALOS[e] | |
|---|---|---|---|---|
| Total inpatient discharges | 7.63 | ▲ | Total inpatient | 3.52 |
| Medical discharges | 2.67 | ▲ | Medical | 3.38 |
| Surgical discharges | 1.44 | ▲ | Surgical | 6.73 ▲ |
| Maternity discharges | 6.00 | ▲ | Maternity | 2.31 |

| Adolescent well-care visits | % |
|---|---|
| One or more visits during the year | 38.19 |

| Well-child visits in 3rd, 4th, 5th, and 6th years | |
|---|---|
| One or more visits during the year | 67.36 |

| Well-child visits in the first 15 months of life | | |
|---|---|---|
| Six visits or more | 43.06 | ▼ |

| Ambulatory care | Per 1000 MM[d] | |
|---|---|---|
| Outpatient visits | 345.94 | ▲ |
| Emergency room visits | 64.44 | ▲ |

| Frequency of mental health outpatient/ED services | | |
|---|---|---|
| Ages 0–12 years | 0.78 | ▼ |
| Ages 13–17 years | 1.57 | ▼ |
| Ages 18–64 years | 2.99 | ▼ |

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p<0.05$).

[§] Lower percentages indicate better performance for this measure.

[a] Combo 2 includes DTaP, IPV, MMR, HiB, Hep B, and VZV immunizations.

[b] Combo 3 includes DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV immunizations.

[c] Adolescent Combo 1 includes Meningococcal conjugate vaccine and Tetanus, Diphtheria, and Pertussis (Tdap) vaccine.

[d] Per 1000 MM indicates the number of procedures, discharges, visits, etc. per 1000 member months.

[e] ALOS = average length of stay in days.

Coordinated Care, a subsidiary of Centene Corporation, serves more than 170,000 members across Washington. The plan is NCQA-accredited for both its Medicaid and Ambetter products. Our mission is to improve the health of our beneficiaries through focused, compassionate, and coordinated care. This is based on the core belief that quality health care is best delivered locally.

# Molina Healthcare of Washington—MHW

## Effectiveness of Care

| Childhood immunization status | % | |
|---|---|---|
| Combo 2 [a] | 67.77 | |
| Combo 3 [b] | 64.24 | |

| Adolescent immunization | | |
|---|---|---|
| Combo 1 [c] | 64.58 | |

| Weight assessment/counseling for children/adolescents | | |
|---|---|---|
| BMI total, (ages 3–17 years) | 35.10 | ▲ |
| Nutrition total, (ages 3–17 years) | 45.03 | |
| Physical activity total, (ages 3–17 years) | 38.19 | |

| Appropriate testing for children with pharyngitis | | |
|---|---|---|
| Children ages 2–18 diagnosed and treated | 67.38 | ▲ |

| Comprehensive diabetes care | % | |
|---|---|---|
| HbA1c testing | 87.61 | |
| Poor HbA1c control [§] | 44.14 | ▼ |
| Good HbA1c control | 45.95 | ▲ |
| Eye exam | 52.70 | ▲ |
| LDL-C screening | 71.17 | |
| LDL-C level <100 mg/dL | 30.41 | |
| Monitoring for diabetic nephropathy | 79.95 | |
| Blood pressure <140/90 mm Hg | 64.86 | ▲ |
| Blood pressure <140/80 mm Hg | 42.79 | ▲ |

| Appropriate medications for people with asthma | | |
|---|---|---|
| Total appropriately prescribed, (ages 5–64) | 83.14 | |

## Access/Availability of Care

| Access to primary care practitioners | % | | | % | |
|---|---|---|---|---|---|
| Ages 12–24 months | 97.78 | ▲ | Ages 7–11 years | 92.24 | ▲ |
| Ages 25 months–6 years | 89.04 | ▲ | Ages 12–19 years | 92.12 | ▲ |

## Utilization

| Inpatient—general hospital/acute care | Per 1000 MM[d] | | | ALOS[e] | |
|---|---|---|---|---|---|
| Total inpatient discharges | 5.25 | ▼ | Total inpatient | 3.35 | ▼ |
| Medical discharges | 1.54 | ▼ | Medical | 3.27 | ▼ |
| Surgical discharges | 0.99 | ▼ | Surgical | 6.41 | |
| Maternity discharges | 5.15 | | Maternity | 2.27 | ▼ |

| Adolescent well-care visits | % | |
|---|---|---|
| One or more visits during the year | 44.37 | ▲ |

| Well-child visits in 3rd, 4th, 5th, and 6th years of life | | |
|---|---|---|
| One or more visits during the year | 64.60 | |

| Well-child visits in the first 15 months of life | | |
|---|---|---|
| Six visits or more | 67.77 | ▲ |

| Ambulatory care | Per 1000 MM[d] | |
|---|---|---|
| Outpatient visits | 345.83 | ▲ |
| Emergency room visits | 48.06 | ▼ |

| Frequency of mental health outpatient/ED services | | |
|---|---|---|
| Ages 0–12 years | 2.91 | ▲ |
| Ages 13–17 years | 6.15 | ▲ |
| Ages 18–64 years | 5.19 | ▲ |

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p<0.05$).

[§] Lower percentages indicate better performance for this measure.

[a] Combo 2 includes DTaP, IPV, MMR, HiB, Hep B, and VZV immunizations.

[b] Combo 3 includes DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV immunizations.

[c] Adolescent Combo 1 includes Meningococcal conjugate vaccine and Tetanus, Diphtheria, and Pertussis (Tdap) vaccine.

[d] Per 1000 MM indicates the number of procedures, discharges, visits, etc. per 1000 member months.

[e] ALOS = average length of stay in days.

Established in 1995, Molina Healthcare of Washington (MHW) provides coverage for Medicaid enrollees in 34 counties across Washington. MHW insures approximately 483,000 lives, 98% of whom are covered by Medicaid. About 64% of Medicaid clients are 18 years of age or younger. MHW is accredited by NCQA for its Medicaid product lines.

# Molina Healthcare of Washington—MHW—WMIP

## Effectiveness of Care

| Comprehensive diabetes care | % | | % |
|---|---|---|---|
| HbA1c testing | 84.25 | LDL-C screening | 75.11 |
| Poor HbA1c control [§] | 47.95 | LDL-C level <100 mg/dL | 37.21 |
| Good HbA1c control | 42.24 | Blood pressure <140/90 mm Hg | 58.90 |
| Eye exam | 50.46 | Blood pressure <140/80 mm Hg | 41.10 |
| Monitoring for diabetic nephropathy | 81.28 | | |

## Utilization

| Inpatient—general hospital/acute care | Per 1000 MM[a] | | ALOS[b] | |
|---|---|---|---|---|
| Total inpatient discharges | 16.76 | Total inpatient | 5.46 | |
| Medical discharges | 10.26 | Medical | 4.37 | |
| Surgical discharges | 5.80 | Surgical | 7.73 | |

| Ambulatory care | Per 1000 MM[a] | |
|---|---|---|
| Outpatient visits | 593.58 | ↑ |
| Emergency room visits | 88.15 | |

| Medication measures | % |
|---|---|
| **Antidepressant medication management** | |
| Effective acute-phase treatment | 51.97 |
| Effective continuation-phase treatment | 39.37 |
| **Use of high-risk medications in the elderly** | |
| One prescription | 4.27 |
| At least two prescriptions | 0.90 |

| Mental health care follow-up and utilization | % | |
|---|---|---|
| 30-day follow-up | NA | |
| 7-day follow-up | NA | |
| Any services total | 25.35 | ↓ |
| Inpatient total | 0.67 | ↓ |
| Intensive outpatient/partial hospitilization total | 1.75 | ↑ |
| Outpatient/ER total | 25.15 | ↓ |

| Dependence treatment measures | % | | % | |
|---|---|---|---|---|
| **Initiation/engagement of AOD dependence treatment** | | **Identification of alcohol and other drug services** | | |
| Total initiation | NA | Any services total | 20.58 | |
| Total engagement | NA | Inpatient total | 41.17 | ↓ |
| | | Outpatient/ER total | 18.51 | |

NA: Sample size was smaller than the minimum required during the reporting year.

↑↓ Indicates statistically significant difference in rates from 2013 to 2014 ($p < 0.05$).

[§] Lower percentages indicate better performance for this measure.

[a] Per 1000 MM indicates the number of procedures, discharges, visits, etc. per 1000 member months.

[b] ALOS = average length of stay in days.

Established in 1995, Molina Healthcare of Washington (MHW) provides coverage for Medicaid enrollees in 34 counties across Washington. MHW insures approximately 483,000 lives, 98% of whom are covered by Medicaid. About 64% of Medicaid clients are 18 years of age or younger. MHW is accredited by NCQA for its Medicaid product lines.

# UnitedHealthcare Community Plan—UHC

## Effectiveness of Care

| Childhood immunization status | % | |
|---|---|---|
| Combo 2 [a] | 59.61 | ▼ |
| Combo 3 [b] | 57.66 | |

| Adolescent immunization | | |
|---|---|---|
| Combo 1 [c] | 61.31 | |

| Weight assessment/counseling for children/adolescents | | |
|---|---|---|
| BMI total, (ages 3–17 years) | 14.36 | ▼ |
| Nutrition total, (ages 3–17 years) | 39.90 | ▼ |
| Physical activity total, (ages 3–17 years) | 34.55 | ▼ |

| Appropriate testing for children with pharyngitis | | |
|---|---|---|
| Children ages 2–18 diagnosed and treated | 66.77 | |

| Comprehensive diabetes care | % | |
|---|---|---|
| HbA1c testing | 82.73 | |
| Poor HbA1c control [§] | 87.83 | ▲ |
| Good HbA1c control | 11.19 | ▼ |
| Eye exam | 37.96 | ▼ |
| LDL-C screening | 68.61 | |
| LDL-C level <100 mg/dL | 9.98 | ▼ |
| Monitoring for diabetic nephropathy | 75.67 | |
| Blood pressure <140/90 mm Hg | 11.19 | ▼ |
| Blood pressure <140/80 mm Hg | 6.57 | ▼ |

| Appropriate medications for people with asthma | | |
|---|---|---|
| Total appropriately prescribed, (ages 5–64) | NA | |

## Access/Availability of Care

| Access to primary care practitioners | % | | | % | |
|---|---|---|---|---|---|
| Ages 12–24 months | 93.94 | ▼ | Ages 7–11 years | NA | |
| Ages 25 months–6 years | 82.20 | ▼ | Ages 12–19 years | NA | |

## Utilization

| Inpatient—general hospital/acute care | Per 1000 MM[d] | | | ALOS[e] | |
|---|---|---|---|---|---|
| Total inpatient discharges | 7.30 | ▲ | Total inpatient | 4.03 | ▲ |
| Medical discharges | 2.49 | ▲ | Medical | 4.12 | ▲ |
| Surgical discharges | 1.48 | ▲ | Surgical | 7.32 | ▲ |
| Maternity discharges | 5.24 | | Maternity | 2.51 | ▲ |

| Adolescent well-care visits | % | |
|---|---|---|
| One or more visits during the year | 35.52 | |

| Well-child visits in 3rd, 4th, 5th, and 6th years of life | | |
|---|---|---|
| One or more visits during the year | 62.77 | |

| Well-child visits in the first 15 months of life | | |
|---|---|---|
| Six visits or more | 58.64 | |

| Ambulatory care | Per 1000 MM[d] | |
|---|---|---|
| Outpatient visits | 347.88 | ▲ |
| Emergency room visits | 58.73 | ▲ |

| Frequency of mental health outpatient/ED services | | |
|---|---|---|
| Ages 0–12 years | 0.75 | ▼ |
| Ages 13–17 years | 1.82 | ▼ |
| Ages 18–64 years | 2.61 | ▼ |

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p<0.05$).

[§] Lower percentages indicate better performance for this measure.

[a] Combo 2 includes DTaP, IPV, MMR, HiB, Hep B, and VZV immunizations.

[b] Combo 3 includes DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV immunizations.

[c] Adolescent Combo 1 includes Meningococcal conjugate vaccine and Tetanus, Diphtheria, and Pertussis (Tdap) vaccine.

[d] Per 1000 MM indicates the number of procedures, discharges, visits, etc. per 1000 member months.

[e] ALOS = average length of stay in days.

UHC is the largest Medicaid managed care plan in the United States, with more than 25 years of experience helping low-income adults and children and people with disabilities get access to personalized health care benefits and services. In Washington, UHC provides Medicaid coverage through Apple Health for more than 170,000 enrollees in 32 counties. UHC is also a lead entity for the Washington State Health Home Initiative and for the state's Medicare-Medicaid Eligible (MME) Demonstration Project in King and Snohomish counties.

# Comparison of Washington Medicaid and NCQA National Medicaid Averages

## Effectiveness of Care

| Childhood immunization status | State % | | NCQA % |
|---|---|---|---|
| Combo 2 [a] | 65.96 | ▼ | 74.02 |
| Combo 3 [b] | 62.59 | ▼ | 70.85 |
| **Adolescent immunization** | | | |
| Combo 1 [c] | 65.44 | ▼ | 70.17 |
| **Weight assessment/counseling** | | | |
| BMI total, (ages 3–17 years) | 30.07 | ▼ | 56.92 |
| Nutrition total, (ages 3–17 years) | 45.70 | ▼ | 58.70 |
| Physical activity total, (ages 3–17 years) | 41.39 | ▼ | 50.50 |
| **Appropriate testing for pharyngitis** | | | |
| Children ages 2–18 diagnosed/treated | 63.74 | ▼ | 66.52 |

| Comprehensive diabetes care | State % | | NCQA % |
|---|---|---|---|
| HbA1c testing | 86.27 | ▲ | 83.81 |
| Poor HbA1c control [§] | 53.25 | ▲ | 45.57 |
| Good HbA1c control | 39.64 | ▼ | 45.52 |
| Eye exam | 46.06 | ▼ | 53.53 |
| LDL-C screening | 71.97 | ▼ | 75.97 |
| LDL-C level <100 mg/dL | 26.17 | ▼ | 33.91 |
| Monitoring for diabetic nephropathy | 79.33 | | 79.02 |
| Blood pressure <140/90 mm Hg | 53.25 | ▼ | 60.49 |
| Blood pressure <140/80 mm Hg | 35.49 | ▼ | 39.24 |
| **Appropriate asthma medications** | | | |
| Total, (ages 5–64) | 83.47 | | 84.07 |

## Access/Availability of Care

| Access to primary care practitioners | State % | | NCQA % |
|---|---|---|---|
| Ages 12–24 months | 97.25 | ▲ | 96.14 |
| Ages 25 months–6 years | 87.53 | ▼ | 88.25 |
| Ages 7–11 years | 91.22 | ▲ | 90.02 |
| Ages 12–19 years | 90.75 | ▲ | 88.52 |

## Utilization

| Inpatient—general hospital/acute care | State Per 1000 MM[d] | | NCQA Per 1000 MM[d] |
|---|---|---|---|
| Total inpatient discharges | 5.83 | ▼ | 8.88 |
| Medical discharges | 1.89 | ▼ | 4.51 |
| Surgical discharges | 1.14 | ▼ | 1.60 |
| Maternity discharges | 5.05 | ▲ | 4.80 |

| | State ALOS[e] | | NCQA ALOS[e] |
|---|---|---|---|
| Total inpatient | 3.43 | ▼ | 3.81 |
| Medical | 3.36 | ▼ | 3.67 |
| Surgical | 6.29 | ▼ | 6.41 |
| Maternity | 2.33 | ▼ | 2.61 |

| Adolescent well-care visits | State % | | NCQA % |
|---|---|---|---|
| One or more visits during the year | 39.13 | ▼ | 50.03 |
| **Well-child visits in 3rd, 4th, 5th, and 6th years** | | | |
| One or more visits during the year | 63.84 | ▼ | 71.49 |
| **Well-child visits in the first 15 months of life** | | | |
| Six visits or more | 56.25 | ▼ | 61.55 |

| Ambulatory care | State Per 1000 MM[d] | | NCQA Per 1000 MM[d] |
|---|---|---|---|
| Outpatient visits | 337.04 | ▼ | 364.38 |
| Emergency room visits | 51.64 | ▼ | 62.89 |
| **Frequency of mental health outpatient/ED services** | | | |
| Ages 0–12 years | 1.23 | | NA |
| Ages 13–17 years | 2.54 | | NA |
| Ages 18–64 years | 3.55 | | NA |

▲▼ State average is significantly higher or lower than NCQA *Quality Compass* average ($p$ <0.05).

[§] Lower percentages indicate better performance for this measure.

[a] Combo 2 includes DTaP, IPV, MMR, HiB, Hep B, and VZV immunizations.

[b] Combo 3 includes DTaP, MMR, IPV, HiB, Hep B, VZV, and PCV immunizations.

[c] Adolescent Combo 1 includes Meningococcal conjugate vaccine and Tetanus, Diphtheria, and Pertussis (Tdap) vaccine.

[d] Per 1000 MM indicates the number of procedures, discharges, visits, etc. per 1000 member months.

[e] ALOS = average length of stay in days.

NA: not available from the NCQA *Quality Compass* for Medicaid in the reporting year.

# Appendix B. HEDIS Data Tables for All Measures

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**Table B-1. DTaP immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 61.68 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 72.92 | |
| CHP | 411 | 82.24 | 411 | 83.70 | 411 | 80.54 | NR | | 411 | 79.81 | ▲ |
| MHW | 432 | 81.25 | 432 | 75.23 | 432 | 77.08 | NR | | 453 | 74.17 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 66.18 | ▼ |
| State average | | 80.74 | | 74.76 | | 74.95 | | | | 72.25 | *↓ |
| NCQA average | | | | | | | | | | 79.03 | |
| NCQA 90th percentile[a] | | | | | | | | | | 87.90 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA *Quality Compass* for Medicaid in the reporting year.

**Table B-2. IPV immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 77.84 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 83.33 | |
| CHP | 411 | 92.21 | 411 | 93.67 | 411 | 92.21 | NR | | 411 | 91.24 | ▲ |
| MHW | 432 | 91.67 | 432 | 90.51 | 432 | 88.89 | NR | | 453 | 89.18 | ▲ |
| UHC | — | — | — | — | — | — | NR | | 411 | 80.05 | ▼ |
| State average | | 90.68 | | 89.45 | | 88.39 | | | | 85.27 | *↓ |
| NCQA average | | | | | | | | | | 90.04 | |
| NCQA 90th percentile[a] | | | | | | | | | | 95.38 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-3. MMR immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 79.64 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 86.57 | |
| CHP | 411 | 91.97 | 411 | 92.70 | 411 | 91.48 | NR | | 411 | 90.51 | ▲ |
| MHW | 432 | 90.97 | 432 | 88.43 | 432 | 87.73 | NR | | 453 | 88.96 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 81.51 | ▼ |
| State average | | 90.39 | | 88.49 | | 87.38 | | | | 86.29 | *↓ |
| NCQA average | | | | | | | | | | 90.54 | |
| NCQA 90th percentile[a] | | | | | | | | | | 94.89 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-4. HiB immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 82.63 | |
| CCC | — | — | — | — | — | — | NR | | 432 | 85.65 | |
| CHP | 411 | 95.62 | 411 | 91.48 | 411 | 92.21 | NR | | 411 | 91.73 | ▲ |
| MHW | 432 | 95.60 | 432 | 87.96 | 432 | 89.81 | NR | | 453 | 89.18 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 80.29 | ▼ |
| State average | | 94.37 | | 87.48 | | 89.02 | | | | 86.39 | *↓ |
| NCQA average | | | | | | | | | | 90.66 | |
| NCQA 90th percentile[a] | | | | | | | | | | 95.60 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-5. HepB immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 83.23 | |
| CCC | — | — | — | — | — | — | NR | | 432 | 81.25 | |
| CHP | 411 | 93.67 | 411 | 94.65 | 411 | 91.73 | NR | | 411 | 90.75 | ▲ |
| MHW | 432 | 91.90 | 432 | 89.81 | 432 | 88.19 | NR | | 453 | 87.20 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 76.40 | ▼ |
| State average | | 92.24 | | 89.79 | | 85.79 | | | | 83.88 | *↓ |
| NCQA average | | | | | | | | | | 88.57 | |
| NCQA 90th percentile[a] | | | | | | | | | | 94.91 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-6. VZV immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 77.84 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 86.11 | |
| CHP | 411 | 90.27 | 411 | 92.21 | 411 | 90.02 | NR | | 411 | 89.05 | |
| MHW | 432 | 89.58 | 432 | 86.11 | 432 | 86.81 | NR | | 453 | 87.64 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 82.48 | |
| State average | | 89.21 | | 86.51 | | 85.98 | | | | 85.59 | *↓ |
| NCQA average | | | | | | | | | | 90.19 | |
| NCQA 90th percentile[a] | | | | | | | | | | 94.68 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-7. PCV immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 62.87 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 72.92 | |
| CHP | 411 | 82.24 | 411 | 81.75 | 411 | 82.24 | NR | | 411 | 79.32 | ▲ |
| MHW | 432 | 82.41 | 432 | 79.40 | 432 | 78.01 | NR | | 453 | 75.28 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 71.29 | |
| State average | | 79.46 | | 77.12 | | 77.50 | | | | 73.64 | *↓ |
| NCQA average | | | | | | | | | | 79.22 | |
| NCQA 90th percentile[a] | | | | | | | | | | 88.19 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-8. Hepatitis A immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized[a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 167 | 67.07 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 82.41 | | ▲ |
| CHP | 411 | 42.09 | 411 | 39.42 | 411 | 36.50 | NR | | 411 | 83.45 | ↑ | ▲ |
| MHW | 432 | 34.03 | 432 | 26.39 | 432 | 32.87 | NR | | 453 | 75.28 | ↑ | |
| UHC | — | — | — | — | — | — | NR | | 411 | 71.78 | | ▼ |
| State average | | 39.96 | | 26.30 | | 28.37 | | | | 77.21 | *↑ | |
| NCQA average | | | | | | | | | | 81.89 | | |
| NCQA 90th percentile[b] | | | | | | | | | | 91.73 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a]Hepatitis A – 2014 measure required one dose for compliance; 2012 measure required two doses.

[b] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-9. Rotavirus immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 53.89 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 66.20 | |
| CHP | 411 | 31.14 | 411 | 60.58 | 411 | 71.78 | NR | | 411 | 70.80 | ▲ |
| MHW | 432 | 29.63 | 432 | 55.79 | 432 | 61.34 | NR | | 453 | 68.43 | ↑ |
| UHC | — | — | — | — | — | — | NR | | 411 | 60.34 | |
| State average | | 26.03 | | 53.28 | | 63.87 | | | | 65.37 | *↑ |
| NCQA average | | | | | | | | | | 67.73 | |
| NCQA 90th percentile[a] | | | | | | | | | | 79.90 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-10. Influenza immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 38.92 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 55.79 | |
| CHP | 411 | 45.01 | 411 | 47.45 | 411 | 45.50 | NR | | 411 | 58.88 | ↑ |
| MHW | 432 | 44.21 | 432 | 51.39 | 432 | 44.91 | NR | | 453 | 53.42 | ↑ |
| UHC | — | — | — | — | — | — | NR | | 411 | 53.28 | |
| State average | | 40.51 | | 42.34 | | 43.21 | | | | 53.84 | *↑ |
| NCQA average | | | | | | | | | | 50.00 | |
| NCQA 90th percentile[a] | | | | | | | | | | 65.97 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-11. Combo 2 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 53.89 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 64.35 | |
| CHP | 411 | 78.10 | 411 | 78.35 | 411 | 77.37 | NR | | 411 | 76.89 | ▲ |
| MHW | 432 | 77.31 | 432 | 70.60 | 432 | 72.22 | NR | | 453 | 67.77 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 59.61 | ▼ |
| State average | | 76.72 | | 69.27 | | 69.70 | | | | 65.96 | *↓ |
| NCQA average | | | | | | | | | | 74.02 | |
| NCQA 90th percentile[a] | | | | | | | | | | 83.33 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-12. Combo 3 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 50.30 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 59.95 | |
| CHP | 411 | 74.70 | 411 | 73.72 | 411 | 72.75 | NR | | 411 | 73.48 | ▲ |
| MHW | 432 | 73.61 | 432 | 68.29 | 432 | 68.98 | NR | | 453 | 64.24 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 57.66 | |
| State average | | 71.60 | | 65.94 | | 66.71 | | | | 62.59 | *↓ |
| NCQA average | | | | | | | | | | 70.85 | |
| NCQA 90th percentile[a] | | | | | | | | | | 80.86 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-13. Combo 4 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 167 | 48.50 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 57.87 | | |
| CHP | 411 | 38.44 | 411 | 36.50 | 411 | 33.82 | NR | | 411 | 71.53 | ↑ | ▲ |
| MHW | 432 | 31.71 | 432 | 24.07 | 432 | 30.32 | NR | | 453 | 59.60 | ↑ | |
| UHC | — | — | — | — | — | — | NR | | 411 | 50.61 | | ▼ |
| State average | | 33.36 | | 23.55 | | 26.01 | | | | 58.86 | *↑ | |
| NCQA average | | | | | | | | | | 64.87 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 77.04 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-14. Combo 5 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 40.72 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 48.84 | |
| CHP | 411 | 27.01 | 411 | 51.34 | 411 | 61.56 | NR | | 411 | 62.77 | ▲ |
| MHW | 432 | 26.39 | 432 | 46.76 | 432 | 52.78 | NR | | 453 | 54.53 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 45.74 | ▼ |
| State average | | 22.76 | | 43.26 | | 53.18 | | | | 51.87 | *↓ |
| NCQA average | | | | | | | | | | 56.38 | |
| NCQA 90th percentile[a] | | | | | | | | | | 70.61 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-15. Combo 6 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 167 | 28.74 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 42.82 | | |
| CHP | 411 | 39.17 | 411 | 39.42 | 411 | 40.88 | NR | | 411 | 52.55 | ↑ | ▲ |
| MHW | 432 | 40.51 | 432 | 43.75 | 432 | 39.58 | NR | | 453 | 42.60 | | |
| UHC | — | — | — | — | — | — | NR | | 411 | 40.15 | | |
| State average | | 35.68 | | 34.20 | | 37.09 | | | | 43.06 | | |
| NCQA average | | | | | | | | | | 42.21 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 59.37 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-16. Combo 7 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 167 | 39.52 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 47.69 | | |
| CHP | 411 | 14.84 | 411 | 26.52 | 411 | 29.68 | NR | | 411 | 61.80 | ↑ | ▲ |
| MHW | 432 | 12.73 | 432 | 17.36 | 432 | 24.54 | NR | | 453 | 51.66 | ↑ | |
| UHC | — | — | — | — | — | — | NR | | 411 | 42.34 | | ▼ |
| State average | | 11.45 | | 16.28 | | 21.72 | | | | 49.84 | *↑ | |
| NCQA average | | | | | | | | | | 53.41 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 67.36 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-17. Combo 8 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 167 | 28.14 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 42.13 | | |
| CHP | 411 | 20.68 | 411 | 22.14 | 411 | 21.17 | NR | | 411 | 51.34 | ↑ | ▲ |
| MHW | 432 | 19.44 | 432 | 15.51 | 432 | 19.68 | NR | | 453 | 41.72 | ↑ | |
| UHC | — | — | — | — | — | — | NR | | 411 | 36.74 | | |
| State average | | 19.21 | | 13.82 | | 16.38 | | | | 41.62 | ↑ | |
| NCQA average | | | | | | | | | | 40.34 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 57.02 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-18. Combo 9 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 167 | 25.15 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 36.57 | |
| CHP | 411 | 14.60 | 411 | 30.17 | 411 | 36.98 | NR | | 411 | 46.23 | ↑ ▲ |
| MHW | 432 | 16.44 | 432 | 33.10 | 432 | 32.18 | NR | | 453 | 36.87 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 34.31 | |
| State average | | 12.97 | | 25.19 | | 31.02 | | | | 37.25 | |
| NCQA average | | | | | | | | | | 35.90 | |
| NCQA 90th percentile[a] | | | | | | | | | | 51.34 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-19. Combo 10 immunizations by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 167 | 24.55 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 36.11 | | |
| CHP | 411 | 7.79 | 411 | 17.03 | 411 | 19.71 | NR | | 411 | 45.50 | ↑ | ▲ |
| MHW | 432 | 8.10 | 432 | 11.57 | 432 | 16.44 | NR | | 453 | 36.20 | ↑ | |
| UHC | — | — | — | — | — | — | NR | | 411 | 32.36 | | |
| State average | | 7.05 | | 10.40 | | 14.16 | | | | 36.34 | ↑ | |
| NCQA average | | | | | | | | | | 34.67 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 49.67 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-20. HbA1c tests by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage tested | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 452 | 81.64 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 453 | 86.09 | | |
| CHP | 411 | 83.45 | 411 | 87.10 | 411 | 82.97 | NR | | 548 | 91.79 | ↑ | ▲ |
| MHW | 429 | 82.05 | 430 | 83.49 | 447 | 83.45 | NR | | 444 | 87.61 | | |
| UHC | — | — | — | — | — | — | NR | | 411 | 82.73 | | |
| State average | | 83.67 | | 83.61 | | 82.84 | | | | 86.27 | *↑ | |
| NCQA average | | | | | | | | | | 83.81 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 91.73 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-21. Enrollees with poor control of HbA1c levels by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with HbA1c level at >9.0 percent [a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 452 | 53.76 | | |
| CCC | — | — | — | — | — | — | NR | | 453 | 53.64 | | |
| CHP | 411 | 47.93 | 411 | 50.61 | 411 | 46.47 | NR | | 548 | 33.94 | ↓ | ▼ |
| MHW | 429 | 46.39 | 430 | 41.16 | 447 | 45.86 | NR | | 444 | 44.14 | | ▼ |
| UHC | — | — | — | — | — | — | NR | | 411 | 87.83 | | ▲ |
| State average | | 45.77 | | 47.92 | | 47.62 | | | | 53.25 | *↑ | |
| NCQA average | | | | | | | | | | 45.57 | | |
| NCQA 90th percentile[b] | | | | | | | | | | 30.28 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Lower percentages indicate better performance for this measure.

[b] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-22. Enrollees with good control of HbA1c levels by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with HbA1c level at <8.0 percent | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 452 | 37.17 | | |
| CCC | — | — | — | — | — | — | NR | | 453 | 38.85 | | |
| CHP | 411 | 41.12 | 411 | 39.66 | 411 | 41.36 | NR | | 548 | 58.58 | ↑ | ▲ |
| MHW | 429 | 44.76 | 430 | 47.44 | 447 | 44.07 | NR | | 444 | 45.95 | | ▲ |
| UHC | — | — | — | — | — | — | NR | | 411 | 11.19 | | ▼ |
| State average | | 44.33 | | 42.51 | | 43.02 | | | | 39.64 | * | |
| NCQA average | | | | | | | | | | 45.52 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 59.37 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-23. Dilated retinal exams by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage examined | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 452 | 38.72 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 453 | 47.24 | |
| CHP | 411 | 54.01 | 411 | 57.18 | 411 | 50.12 | NR | | 548 | 51.82 | ▲ |
| MHW | 429 | 60.37 | 430 | 60.93 | 447 | 51.68 | NR | | 444 | 52.70 | ▲ |
| UHC | — | — | — | — | — | — | NR | | 411 | 37.96 | ▼ |
| State average | | 58.21 | | 58.67 | | 49.33 | | | | 46.06 | *↓ |
| NCQA average | | | | | | | | | | 53.53 | |
| NCQA 90th percentile[a] | | | | | | | | | | 68.04 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-24. Lipid profile (LDL-C screening) performed by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage profiled | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 452 | 70.80 | |
| CCC | — | — | — | — | — | — | NR | | 453 | 72.19 | |
| CHP | 411 | 68.37 | 411 | 66.67 | 411 | 63.99 | NR | | 548 | 75.91 | ↑ |
| MHW | 429 | 66.67 | 430 | 67.21 | 447 | 68.01 | NR | | 444 | 71.17 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 68.61 | |
| State average | | 68.78 | | 65.41 | | 65.23 | | | | 71.97 | *↑ |
| NCQA average | | | | | | | | | | 75.97 | |
| NCQA 90th percentile[a] | | | | | | | | | | 83.71 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-25. Lipids controlled (<100 mg/dL) by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with LDL level <100 mg/dL | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 452 | 27.21 | | |
| CCC | — | — | — | — | — | — | NR | | 453 | 25.83 | | |
| CHP | 411 | 21.90 | 411 | 24.09 | 411 | 22.14 | NR | | 548 | 34.31 | ↑ | ▲ |
| MHW | 429 | 25.41 | 430 | 26.74 | 447 | 27.29 | NR | | 444 | 30.41 | | |
| UHC | — | — | — | — | — | — | NR | | 411 | 9.98 | | ▼ |
| State average | | 23.86 | | 22.59 | | 24.44 | | | | 26.17 | *↑ | |
| NCQA average | | | | | | | | | | 33.91 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 45.59 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-26. Nephropathy monitored annually by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage monitored for nephropathy | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 452 | 78.98 | |
| CCC | — | — | — | — | — | — | NR | | 453 | 80.57 | |
| CHP | 411 | 70.32 | 411 | 71.78 | 411 | 70.80 | NR | | 548 | 80.84 | ↑ |
| MHW | 429 | 73.66 | 430 | 73.49 | 447 | 71.81 | NR | | 444 | 79.95 | ↑ |
| UHC | — | — | — | — | — | — | NR | | 411 | 75.67 | |
| State average | | 72.42 | | 72.08 | | 72.66 | | | | 79.33 | ↑ |
| NCQA average | | | | | | | | | | 79.02 | |
| NCQA 90th percentile[a] | | | | | | | | | | 86.86 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-27. Blood pressure controlled (<140/80 mm Hg), by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with blood pressure <140/80 mm Hg[a] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | NR | | — | — | — | — | NR | | 452 | 38.05 | |
| CCC | NR | | — | — | — | — | NR | | 453 | 39.74 | |
| CHP | NR | | 411 | 36.98 | 411 | 42.58 | NR | | 548 | 45.62 | ▲ |
| MHW | NR | | 430 | 44.19 | 447 | 44.74 | NR | | 444 | 42.79 | ▲ |
| UHC | NR | | — | — | — | — | NR | | 411 | 6.57 | ▼ |
| State average | | | | 41.02 | | 43.54 | | | | 35.49 | *↓ |
| NCQA average | | | | | | | | | | 39.24 | |
| NCQA 90th percentile[a] | | | | | | | | | | 53.20 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-28. Blood pressure controlled (<140/90 mm Hg), by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with blood pressure <140/90 mm Hg | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 452 | 55.31 | |
| CCC | — | — | — | — | — | — | NR | | 453 | 60.71 | ▲ |
| CHP | 411 | 67.64 | 411 | 64.72 | 411 | 69.34 | NR | | 548 | 67.52 | ▲ |
| MHW | 429 | 69.93 | 430 | 70.93 | 447 | 70.25 | NR | | 444 | 64.86 | ▲ |
| UHC | — | — | — | — | — | — | NR | | 411 | 11.19 | ▼ |
| State average | | 69.97 | | 67.92 | | 68.50 | | | | 53.25 | *↓ |
| NCQA average | | | | | | | | | | 60.49 | |
| NCQA 90th percentile[a] | | | | | | | | | | 75.18 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-29. Six or more well-child visits in the first 15 months of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with six or more visits | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | — | — | — | — | — | — | NR | | 190 | 45.26 | | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 43.06 | | ▼ |
| CHP | 411 | 47.93 | 411 | 51.09 | 411 | 54.26 | NR | | 411 | 60.10 | | |
| MHW | 432 | 59.95 | 431 | 61.25 | 432 | 59.03 | NR | | 453 | 67.77 | ↑ | ▲ |
| UHC | — | — | — | — | — | — | NR | | 411 | 58.64 | | |
| State average | | 52.57 | | 53.73 | | 58.09 | | | | 56.25 | * | |
| NCQA average | | | | | | | | | | 61.55 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 76.92 | | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-30. Five well-child visits in the first 15 months of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with five visits | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 190 | 19.47 | |
| CCC | — | — | — | — | — | — | NR | | 432 | 28.24 | ▲ |
| CHP | 411 | 21.41 | 411 | 21.65 | 411 | 22.14 | NR | | 411 | 19.95 | |
| MHW | 432 | 18.06 | 431 | 20.42 | 432 | 20.37 | NR | | 453 | 16.34 | ▼ |
| UHC | — | — | — | — | — | — | NR | | 411 | 19.95 | |
| State average | | 21.36 | | 18.94 | | 18.55 | | | | 20.93 | * |
| NCQA average | | | | | | | | | | 16.01 | |
| NCQA 90th percentile[a] | | | | | | | | | | 22.22 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-31. Four well-child visits in the first 15 months of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with four visits | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 190 | 14.21 | |
| CCC | — | — | — | — | — | — | NR | | 432 | 15.05 | |
| CHP | 411 | 16.79 | 411 | 14.11 | 411 | 12.17 | NR | | 411 | 10.71 | |
| MHW | 432 | 12.50 | 431 | 9.98 | 432 | 11.34 | NR | | 453 | 9.27 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 10.71 | |
| State average | | 13.23 | | 13.45 | | 11.51 | | | | 11.70 | * |
| NCQA average | | | | | | | | | | 9.75 | |
| NCQA 90th percentile[a] | | | | | | | | | | 15.00 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-32. Three well-child visits in the first 15 months of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with three visits | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 190 | 5.26 | |
| CCC | — | — | — | — | — | — | NR | | 432 | 6.48 | |
| CHP | 411 | 6.33 | 411 | 5.11 | 411 | 6.08 | NR | | 411 | 4.38 | |
| MHW | 432 | 5.09 | 431 | 2.78 | 432 | 5.32 | NR | | 453 | 3.09 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 2.92 | |
| State average | | 7.61 | | 6.07 | | 6.02 | | | | 4.32 | ↓ |
| NCQA average | | | | | | | | | | 5.30 | |
| NCQA 90th percentile[a] | | | | | | | | | | 8.99 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-33. Two well-child visits in the first 15 months of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with two visits | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
| | n | % | n | % | n | % | n | % | n | % |
| AMG | — | — | — | — | — | — | NR | | 190 | 5.26 |
| CCC | — | — | — | — | — | — | NR | | 432 | 3.24 |
| CHP | 411 | 3.41 | 411 | 4.14 | 411 | 2.43 | NR | | 411 | 2.43 |
| MHW | 432 | 2.78 | 431 | 3.71 | 432 | 2.08 | NR | | 453 | 2.65 |
| UHC | — | — | — | — | — | — | NR | | 411 | 1.95 |
| State average | | 2.95 | | 4.19 | | 3.42 | | | | 2.85 |
| NCQA average | | | | | | | | | | 2.94 |
| NCQA 90th percentile[a] | | | | | | | | | | 5.20 |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-34. One well-child visit in the first 15 months of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with one visit | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 190 | 2.63 | |
| CCC | — | — | — | — | — | — | NR | | 432 | 2.31 | |
| CHP | 411 | 3.16 | 411 | 1.70 | 411 | 1.70 | NR | | 411 | 1.46 | |
| MHW | 432 | 1.16 | 431 | 0.93 | 432 | 1.39 | NR | | 453 | 0.00 | ↓ ▼ |
| UHC | — | — | — | — | — | — | NR | | 411 | 1.46 | |
| State average | | 1.67 | | 2.22 | | 1.64 | | | | 1.42 | |
| NCQA average | | | | | | | | | | 1.80 | |
| NCQA 90th percentile[a] | | | | | | | | | | 3.42 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-35. Zero well-child visits in the first 15 months of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with zero visits | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 190 | 7.89 | ▲ |
| CCC | — | — | — | — | — | — | NR | | 432 | 1.62 | |
| CHP | 411 | 0.97 | 411 | 2.19 | 411 | 1.22 | NR | | 411 | 0.97 | |
| MHW | 432 | 0.46 | 431 | 0.93 | 432 | 0.46 | NR | | 453 | 0.88 | ▼ |
| UHC | — | — | — | — | — | — | NR | | 411 | 4.38 | ▲ |
| State average | | 0.62 | | 1.40 | | 0.77 | | | | 2.53 | ↑ |
| NCQA average | | | | | | | | | | 2.65 | |
| NCQA 90th percentile[a] | | | | | | | | | | 4.12 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

↑↓ Indicates statistically significant difference in percentages from 2012 to 2014 ($p < 0.05$); measures are not directly comparable due to changes in the Medicaid program.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-36. Well-child visits in the 3rd, 4th, 5th, and 6th years of life by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with visits | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 432 | 58.33 | ▼ |
| CCC | — | — | — | — | — | — | NR | | 432 | 67.36 | |
| CHP | 411 | 66.42 | 411 | 64.23 | 411 | 63.75 | NR | | 411 | 66.18 | |
| MHW | 432 | 67.36 | 432 | 68.75 | 432 | 65.51 | NR | | 435 | 64.60 | |
| UHC | — | — | — | — | — | — | NR | | 411 | 62.77 | |
| State average | | 62.15 | | 61.50 | | 62.38 | | | | 63.84 | * |
| NCQA average | | | | | | | | | | 71.49 | |
| NCQA 90th percentile[a] | | | | | | | | | | 82.69 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-37. Adolescents, 12–21 years, one or more well-care visits by health plan, reporting years 2010–2014.**

| Health plan | Number and percentage with visits | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | — | — | — | — | — | — | NR | | 432 | 34.95 | |
| CCC | — | — | — | — | — | — | NR | | 432 | 38.19 | |
| CHP | 411 | 32.60 | 411 | 39.42 | 411 | 39.90 | NR | | 411 | 42.34 | |
| MHW | 432 | 38.19 | 432 | 43.98 | 432 | 45.83 | NR | | 453 | 44.37 | ▲ |
| UHC | — | — | — | — | — | — | NR | | 411 | 35.52 | |
| State average | | 36.62 | | 36.51 | | 39.25 | | | | 39.13 | * |
| NCQA average | | | | | | | | | | 50.03 | |
| NCQA 90th percentile[a] | | | | | | | | | | 65.56 | |

— MCO was not under contract with HCA in this reporting year.

NR: HCA did not require public reporting of this measure in 2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-38. Adolescent meningococcal immunizations by health plan, reporting year 2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 186 | 55.38 | | ▼ |
| CCC | NR | | NR | | NR | | NR | | 432 | 73.38 | | ▲ |
| CHP | NR | | NR | | NR | | NR | | 411 | 72.51 | | ▲ |
| MHW | NR | | NR | | NR | | NR | | 432 | 66.44 | | |
| UHC | NR | | NR | | NR | | NR | | 411 | 62.53 | | |
| State average | | | | | | | | | | 67.41 | * | |
| NCQA average | | | | | | | | | | 71.94 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 88.27 | | |

NR: HCA did not require public reporting of this measure during this year.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-39. Adolescent Tdap immunizations by health plan, reporting year 2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 186 | 78.49 | | |
| CCC | NR | | NR | | NR | | NR | | 432 | 88.66 | ▲ | |
| CHP | NR | | NR | | NR | | NR | | 411 | 88.32 | ▲ | |
| MHW | NR | | NR | | NR | | NR | | 432 | 86.81 | | |
| UHC | NR | | NR | | NR | | NR | | 411 | 74.21 | ▼ | |
| State average | | | | | | | | | | 83.97 | | |
| NCQA average | | | | | | | | | | 83.58 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 92.94 | | |

NR: HCA did not require public reporting of this measure during this year.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-40. Adolescent Combo 1 immunizations by health plan, reporting year 2014.**

| Health plan | Number and percentage immunized | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 186 | 54.84 | ▼ | |
| CCC | NR | | NR | | NR | | NR | | 432 | 69.21 | | |
| CHP | NR | | NR | | NR | | NR | | 411 | 71.29 | ▲ | |
| MHW | NR | | NR | | NR | | NR | | 432 | 64.58 | | |
| UHC | NR | | NR | | NR | | NR | | 411 | 61.31 | | |
| State average | | | | | | | | | | 65.44 | * | |
| NCQA average | | | | | | | | | | 70.17 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 86.46 | | |

NR: HCA did not require public reporting of this measure during this year.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-41. Weight assessment and counseling for nutrition and physical activity for children and adolescents, BMI total, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | | |
| | n | % | n | % | n | % | n | % | n | % | | | |
| AMG | NR | | NR | | NR | | NR | | 431 | 28.07 | | | |
| CCC | NR | | NR | | NR | | NR | | 432 | 19.91 | ▼ | | |
| CHP | NR | | NR | | NR | | NR | | 200 | 53.04 | ▲ | | |
| MHW | NR | | NR | | NR | | NR | | 453 | 35.10 | ▲ | | |
| UHC | NR | | NR | | NR | | NR | | 411 | 14.36 | ▼ | | |
| State average | | | | | | | | | | 30.07 | * | | |
| NCQA average | | | | | | | | | | 56.92 | | | |
| NCQA 90th percentile[a] | | | | | | | | | | 82.46 | | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-42. Weight assessment and counseling for nutrition and physical activity for children and adolescents, BMI, age 3–11 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | | |
| | n | % | n | % | n | % | n | % | n | % | | | |
| AMG | NR | | NR | | NR | | NR | | 283 | 26.50 | | | |
| CCC | NR | | NR | | NR | | NR | | 287 | 17.42 | ▼ | | |
| CHP | NR | | NR | | NR | | NR | | 273 | 49.82 | ▲ | | |
| MHW | NR | | NR | | NR | | NR | | 304 | 32.89 | | | |
| UHC | NR | | NR | | NR | | NR | | 272 | 12.13 | ▼ | | |
| State average | | | | | | | | | | 27.77 | * | | |
| NCQA average | | | | | | | | | | 56.38 | | | |
| NCQA 90th percentile[a] | | | | | | | | | | 83.39 | | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-43. Weight assessment and counseling for nutrition and physical activity for children and adolescents, BMI, age 12–17 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 148 | 31.08 | | |
| CCC | NR | | NR | | NR | | NR | | 145 | 24.83 | | ▼ |
| CHP | NR | | NR | | NR | | NR | | 138 | 59.42 | | ▲ |
| MHW | NR | | NR | | NR | | NR | | 149 | 39.60 | | |
| UHC | NR | | NR | | NR | | NR | | 139 | 18.71 | | ▼ |
| State average | | | | | | | | | | 34.63 | * | |
| NCQA average | | | | | | | | | | 57.89 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 82.73 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-44. Weight assessment and counseling for nutrition and physical activity for children and adolescents, nutrition total, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 431 | 44.55 | | |
| CCC | NR | | NR | | NR | | NR | | 432 | 46.30 | | |
| CHP | NR | | NR | | NR | | NR | | 411 | 52.80 | | ▲ |
| MHW | NR | | NR | | NR | | NR | | 453 | 45.03 | | |
| UHC | NR | | NR | | NR | | NR | | 411 | 39.90 | | ▼ |
| State average | | | | | | | | | | 45.70 | * | |
| NCQA average | | | | | | | | | | 58.70 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 77.47 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-45. Weight assessment and counseling for nutrition and physical activity for children and adolescents, nutrition, age 3–11 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 283 | 47.00 | | |
| CCC | NR | | NR | | NR | | NR | | 287 | 51.92 | | |
| CHP | NR | | NR | | NR | | NR | | 273 | 52.01 | | |
| MHW | NR | | NR | | NR | | NR | | 304 | 45.39 | | |
| UHC | NR | | NR | | NR | | NR | | 272 | 42.28 | | |
| State average | | | | | | | | | | 47.71 | * | |
| NCQA average | | | | | | | | | | 60.41 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 79.42 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-46. Weight assessment and counseling for nutrition and physical activity for children and adolescents, nutrition, age 12–17 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 148 | 39.86 | | |
| CCC | NR | | NR | | NR | | NR | | 145 | 35.17 | | |
| CHP | NR | | NR | | NR | | NR | | 138 | 54.35 | ▲ | |
| MHW | NR | | NR | | NR | | NR | | 149 | 44.30 | | |
| UHC | NR | | NR | | NR | | NR | | 139 | 35.25 | | |
| State average | | | | | | | | | | 41.72 | * | |
| NCQA average | | | | | | | | | | 55.15 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 74.68 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-47. Weight assessment and counseling for nutrition and physical activity for children and adolescents, physical activity total, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | | |
| | n | % | n | % | n | % | n | % | n | % | | | |
| AMG | NR | | NR | | NR | | NR | | 431 | 37.82 | | | |
| CCC | NR | | NR | | NR | | NR | | 432 | 45.14 | | | |
| CHP | NR | | NR | | NR | | NR | | 411 | 51.58 | ▲ | | |
| MHW | NR | | NR | | NR | | NR | | 453 | 38.19 | | | |
| UHC | NR | | NR | | NR | | NR | | 411 | 34.55 | ▼ | | |
| State average | | | | | | | | | | 41.39 | * | | |
| NCQA average | | | | | | | | | | 50.50 | | | |
| NCQA 90th percentile[a] | | | | | | | | | | 69.76 | | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-48. Weight assessment and counseling for nutrition and physical activity for children and adolescents, physical activity age 3–11 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 283 | 34.28 | | |
| CCC | NR | | NR | | NR | | NR | | 287 | 44.25 | | |
| CHP | NR | | NR | | NR | | NR | | 273 | 45.79 | | ▲ |
| MHW | NR | | NR | | NR | | NR | | 304 | 34.87 | | |
| UHC | NR | | NR | | NR | | NR | | 272 | 34.19 | | |
| State average | | | | | | | | | | 38.62 | * | |
| NCQA average | | | | | | | | | | 49.06 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 67.65 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-49. Weight assessment and counseling for nutrition and physical activity for children and adolescents, physical activity age 12–17 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage counseled | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 148 | 44.59 | | |
| CCC | NR | | NR | | NR | | NR | | 145 | 46.90 | | |
| CHP | NR | | NR | | NR | | NR | | 138 | 63.04 | ▲ | |
| MHW | NR | | NR | | NR | | NR | | 149 | 44.97 | | |
| UHC | NR | | NR | | NR | | NR | | 139 | 35.25 | ▼ | |
| State average | | | | | | | | | | 46.87 | * | |
| NCQA average | | | | | | | | | | 53.40 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 72.79 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-50. Access to primary care practitioners, 12–24 months, by health plan, reporting year 2014.**

| Health plan | Number and percentage who had a visit with a PCP | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 626 | 93.45 | ▼ | |
| CCC | NR | | NR | | NR | | NR | | 2,204 | 97.19 | | |
| CHP | NR | | NR | | NR | | NR | | 8,647 | 97.14 | | |
| MHW | NR | | NR | | NR | | NR | | 15,654 | 97.78 | ▲ | |
| UHC | NR | | NR | | NR | | NR | | 1,468 | 93.94 | ▼ | |
| State average | | | | | | | | | | 97.25 | * | |
| NCQA average | | | | | | | | | | 96.14 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 98.53 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-51. Access to primary care practitioners, 25 months to 6 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage who had a visit with a PCP | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 1,873 | 77.52 | | ▼ |
| CCC | NR | | NR | | NR | | NR | | 7,619 | 86.13 | | ▼ |
| CHP | NR | | NR | | NR | | NR | | 46,878 | 86.22 | | ▼ |
| MHW | NR | | NR | | NR | | NR | | 77,081 | 89.04 | | ▲ |
| UHC | NR | | NR | | NR | | NR | | 4,838 | 82.20 | | ▼ |
| State average | | | | | | | | | | 87.53 | * | |
| NCQA average | | | | | | | | | | 88.25 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 93.58 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-52. Access to primary care practitioners, 7–11 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage who had a visit with a PCP | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | NA | NA | | |
| CCC | NR | | NR | | NR | | NR | | NA | NA | | |
| CHP | NR | | NR | | NR | | NR | | 27,547 | 89.39 | ▼ | |
| MHW | NR | | NR | | NR | | NR | | 49,347 | 92.24 | ▲ | |
| UHC | NR | | NR | | NR | | NR | | NA | NA | | |
| State average | | | | | | | | | | 91.22 | * | |
| NCQA average | | | | | | | | | | 90.02 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 95.19 | | |

NA: Sample size was smaller than the minimum required during the reporting year.

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-53. Access to primary care practitioners, 12–19 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage who had a visit with a PCP | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | NA | NA | | |
| CCC | NR | | NR | | NR | | NR | | NA | NA | | |
| CHP | NR | | NR | | NR | | NR | | 31,243 | 88.49 | ▼ | |
| MHW | NR | | NR | | NR | | NR | | 51,848 | 92.12 | ▲ | |
| UHC | NR | | NR | | NR | | NR | | NA | NA | | |
| State average | | | | | | | | | | 90.75 | * | |
| NCQA average | | | | | | | | | | 88.52 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 94.42 | | |

NA: Sample size was smaller than the minimum required during the reporting year.

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-54. Children 2–18 diagnosed and treated for pharyngitis, by health plan, reporting year 2014.**

| Health plan | Number and percentage tested[a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 179 | 68.16 | | |
| CCC | NR | | NR | | NR | | NR | | 701 | 54.35 | ▼ | |
| CHP | NR | | NR | | NR | | NR | | 4,258 | 59.18 | ▼ | |
| MHW | NR | | NR | | NR | | NR | | 6,664 | 67.38 | ▲ | |
| UHC | NR | | NR | | NR | | NR | | 331 | 66.77 | | |
| State average | | | | | | | | | | 63.74 | * | |
| NCQA average | | | | | | | | | | 66.52 | | |
| NCQA 90th percentile[b] | | | | | | | | | | 83.66 | | |

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Higher rates represent better performance (i.e., appropriate testing).

[b] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-55. Total appropriately prescribed asthma medication, by health plan, reporting year 2014.**

| Health plan | Number and percentage prescribed | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
| | n | % | n | % | n | % | n | % | n | % |
| AMG | NR | | NR | | NR | | NR | | 0 | NA |
| CCC | NR | | NR | | NR | | NR | | 0 | NA |
| CHP | NR | | NR | | NR | | NR | | 1,752 | 84.08 |
| MHW | NR | | NR | | NR | | NR | | 3,155 | 83.14 |
| UHC | NR | | NR | | NR | | NR | | 0 | NA |
| State average | | | | | | | | | | 83.47 |
| NCQA average | | | | | | | | | | 84.07 |
| NCQA 90th percentile[a] | | | | | | | | | | 91.47 |

NA: Sample size was smaller than the minimum required during the reporting year and the eligible population was zero.

NR: HCA did not require public reporting of this measure in 2013.

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-56. Age 5–11 years, prescribed asthma medication, by health plan, reporting year 2014.**

| Health plan | Number and percentage prescribed | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | NR | | NR | | NR | | NR | | 0 | NA | |
| CCC | NR | | NR | | NR | | NR | | 0 | NA | |
| CHP | NR | | NR | | NR | | NR | | 768 | 89.19 | |
| MHW | NR | | NR | | NR | | NR | | 1,441 | 87.79 | |
| UHC | NR | | NR | | NR | | NR | | 0 | NA | |
| State average | | | | | | | | | | 88.28 | * |
| NCQA average | | | | | | | | | | 90.18 | |
| NCQA 90th percentile[a] | | | | | | | | | | 95.16 | |

NA: Sample size was smaller than the minimum required during the reporting year and the eligible population was zero.

NR: HCA did not require public reporting of this measure in 2010–2013.

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-57. Age 12–18 years, prescribed asthma medication, by health plan, reporting year 2014.**

| Health plan | Number and percentage prescribed | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 0 | NA | | |
| CCC | NR | | NR | | NR | | NR | | 0 | NA | | |
| CHP | NR | | NR | | NR | | NR | | 576 | 83.16 | | |
| MHW | NR | | NR | | NR | | NR | | 1,141 | 81.95 | | |
| UHC | NR | | NR | | NR | | NR | | 0 | NA | | |
| State average | | | | | | | | | | 82.35 | * | |
| NCQA average | | | | | | | | | | 86.93 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 92.99 | | |

NA: Sample size was smaller than the minimum required during the reporting year and the eligible population was zero.

NR: HCA did not require public reporting of this measure in 2010–2013.

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-58. Age 19–50 years, prescribed asthma medication, by health plan, reporting year 2014.**

| Health plan | Number and percentage prescribed | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
| | n | % | n | % | n | % | n | % | n | % |
| AMG | NR | | NR | | NR | | NR | | 0 | NA |
| CCC | NR | | NR | | NR | | NR | | 0 | NA |
| CHP | NR | | NR | | NR | | NR | | 324 | 75.31 |
| MHW | NR | | NR | | NR | | NR | | 513 | 72.71 |
| UHC | NR | | NR | | NR | | NR | | 0 | NA |
| State average | | | | | | | | | | 73.72 |
| NCQA average | | | | | | | | | | 74.36 |
| NCQA 90th percentile[a] | | | | | | | | | | 84.49 |

NA: Sample size was smaller than the minimum required during the reporting year and the eligible population was zero.

NR: HCA did not require public reporting of this measure in 2010–2013.

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-59. Age 51–64 years, prescribed asthma medication, by health plan, reporting year 2014.**

| Health plan | Number and percentage prescribed | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | | |
| | n | % | n | % | n | % | n | % | n | % | | |
| AMG | NR | | NR | | NR | | NR | | 0 | NA | | |
| CCC | NR | | NR | | NR | | NR | | 0 | NA | | |
| CHP | NR | | NR | | NR | | NR | | 84 | 77.38 | | |
| MHW | NR | | NR | | NR | | NR | | 60 | 83.33 | | |
| UHC | NR | | NR | | NR | | NR | | 0 | NA | | |
| State average | | | | | | | | | | 79.86 | * | |
| NCQA average | | | | | | | | | | 70.20 | | |
| NCQA 90th percentile[a] | | | | | | | | | | 80.00 | | |

NA: Sample size was smaller than the minimum required during the reporting year and the eligible population was zero.

NR: HCA did not require public reporting of this measure in 2010-2013.

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-60. Frequency of mental health outpatient and ED services, total, by health plan, reporting year 2014.**

| Health plan | Number and percentage of members receiving services[a] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | NR | | NR | | NR | | NR | | 510 | 1.73 | ▼ |
| CCC | NR | | NR | | NR | | NR | | 1,167 | 1.67 | ▼ |
| CHP | NR | | NR | | NR | | NR | | 6,025 | 2.27 | |
| MHW | NR | | NR | | NR | | NR | | 1,217 | 4.56 | ▲ |
| UHC | NR | | NR | | NR | | NR | | 833 | 1.67 | ▼ |
| State average | | | | | | | | | | 2.21 | * |
| NCQA average | | | | | | | | | | 12.27 | |
| NCQA 90th percentile[b] | | | | | | | | | | 21.77 | |

NR: HCA did not require public reporting of this measure in 2010–2013.
▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).
* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).
[a]Percentages are calculated using member years to standardize counts of members enrolled for fewer than 12 months.
[b]90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-61. Frequency of mental health outpatient and ED services, 0–12 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage of members receiving services[a] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | NR | | NR | | NR | | NR | | 116 | 1.01 | ▼ |
| CCC | NR | | NR | | NR | | NR | | 274 | 0.78 | ▼ |
| CHP | NR | | NR | | NR | | NR | | 1,956 | 1.33 | ▼ |
| MHW | NR | | NR | | NR | | NR | | 261 | 2.91 | ▲ |
| UHC | NR | | NR | | NR | | NR | | 168 | 0.75 | ▼ |
| State average | | | | | | | | | | 1.23 | |
| NCQA average | | | | | | | | | | NA | |
| NCQA 90th percentile | | | | | | | | | | NA | |

NA: not available from the NCQA Quality Compass for Medicaid in the reporting year.

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a]Percentages are calculated using member years to standardize counts of members enrolled for fewer than 12 months.

**Table B-62. Frequency of mental health outpatient and ED services, 13–17 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage of members receiving services[a] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | NR | | NR | | NR | | NR | | 55 | 1.54 | ▼ |
| CCC | NR | | NR | | NR | | NR | | 153 | 1.57 | ▼ |
| CHP | NR | | NR | | NR | | NR | | 1,156 | 2.64 | |
| MHW | NR | | NR | | NR | | NR | | 229 | 6.15 | ▲ |
| UHC | NR | | NR | | NR | | NR | | 119 | 1.82 | ▼ |
| State average | | | | | | | | | | 2.54 | |
| NCQA average | | | | | | | | | | NA | |
| NCQA 90th percentile | | | | | | | | | | NA | |

NA: not available from the NCQA Quality Compass for Medicaid in the reporting year.

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a]Percentages are calculated using member years to standardize counts of members enrolled for fewer than 12 months.

**Table B-63. Frequency of mental health outpatient and ED services, 18–64 years, by health plan, reporting year 2014.**

| Health plan | Number and percentage of members receiving services[a] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | |
| | n | % | n | % | n | % | n | % | n | % | |
| AMG | NR | | NR | | NR | | NR | | 339 | 2.35 | ▼ |
| CCC | NR | | NR | | NR | | NR | | 740 | 2.99 | ▼ |
| CHP | NR | | NR | | NR | | NR | | 2,913 | 3.93 | ▲ |
| MHW | NR | | NR | | NR | | NR | | 727 | 5.19 | ▲ |
| UHC | NR | | NR | | NR | | NR | | 546 | 2.61 | ▼ |
| State average | | | | | | | | | | 3.55 | |
| NCQA average | | | | | | | | | | NA | |
| NCQA 90th percentile | | | | | | | | | | NA | |

NA: not available from the NCQA Quality Compass for Medicaid in the reporting year.

NR: HCA did not require public reporting of this measure in 2010–2013.

▲▼ Indicates statistically significant difference in plan vs. state percentage in 2014 ($p < 0.05$).

[a]Percentages are calculated using member years to standardize counts of members enrolled for fewer than 12 months.

**Table B-64. General hospital/acute care total inpatient discharges by health plan, reporting years 2010–2014.**

| Health plan | Number of discharges and discharges/1000 member months[a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013[b] | | 2014[c] | | | |
| | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | | |
| AMG | — | — | — | — | — | — | 813 | 6.97 | 3,247 | 9.17 | ↑ | ▲ |
| CCC | — | — | — | — | — | — | 1,836 | 6.82 | 6,399 | 7.63 | ↑ | ▲ |
| CHP | 12,604 | 5.72 | 22,701 | 8.97 | 28,375 | 10.59 | 9,523 | 5.52 | 17,787 | 5.59 | | ▼ |
| MHW | 21,754 | 6.20 | 22,697 | 5.76 | 21,637 | 5.46 | 12,882 | 5.37 | 25,249 | 5.25 | ↓ | ▼ |
| UHC | — | — | — | — | — | — | 1,256 | 6.47 | 4,378 | 7.30 | ↑ | ▲ |
| State average | | 6.05 | | 6.85 | | 7.12 | | 5.59 | | 5.83 | *↑ | |
| NCQA average | | | | | | | | | | 8.88 | | |
| NCQA 90th percentile[d] | | | | | | | | | | 10.92 | | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in rates from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Discharges/MM is discharges per 1000 member months.

[b] 2013 data set contained 6 months worth of data.

[c] 2014 data set contained 12 months worth of data.

[d] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-65. General hospital/acute care total inpatient days by health plan, reporting years 2010–2014.**

| Health plan | Number of days and days/1000 member months, and average length of stay[a,b] | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | | 2011 | | | 2012 | | | 2013[c] | | | 2014[d] | | | | |
| | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | | |
| AMG | — | — | — | — | — | — | — | — | — | 3,022 | 25.89 | 3.72 | 12,806 | 36.17 | 3.94 | | ▲ |
| CCC | — | — | — | — | — | — | — | — | — | 5,955 | 22.12 | 3.24 | 22,511 | 26.85 | 3.52 | ↑ | |
| CHP | 34,993 | 15.88 | 2.78 | 48,932 | 19.33 | 2.16 | 61,233 | 22.85 | 2.16 | 30,694 | 17.80 | 3.22 | 58,450 | 18.38 | 3.29 | | ▼ |
| MHW | 61,420 | 17.50 | 2.82 | 63,587 | 16.14 | 2.80 | 60,465 | 15.27 | 2.79 | 39,528 | 16.47 | 3.07 | 84,546 | 17.56 | 3.35 | ↑ | ▼ |
| UHC | — | — | — | — | — | — | — | — | — | 4,204 | 21.66 | 3.35 | 17,658 | 29.43 | 4.03 | ↑ | ▲ |
| State average | | 16.74 | 2.77 | | 17.09 | 2.50 | | 17.43 | 2.45 | | 17.73 | 3.17 | | 20.03 * | 3.43 | *↑ | |
| NCQA average | | | | | | | | | | | | | | 34.10 | 3.81 | | |
| NCQA 90th percentile[e] | | | | | | | | | | | | | | 48.15 | 4.57 | | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in ALOS from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan vs. state ALOS in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Days/MM is the number of days per 1000 member months.

[b] ALOS is the average length of stay.

[c] 2013 data set contained 6 months worth of data.

[d] 2014 data set contained 12 months worth of data.

[e] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-66. General hospital/acute care medical discharges by health plan, reporting years 2010–2014.**

| Health plan | Number of discharges and discharges/1000 member months[a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013[b] | | 2014[c] | | | |
| | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | | |
| AMG | — | — | — | — | — | — | 325 | 2.78 | 1135 | 3.21 | ↑ | ▲ |
| CCC | — | — | — | — | — | — | 675 | 2.51 | 2236 | 2.67 | | ▲ |
| CHP | 2,915 | 1.32 | 2,917 | 1.15 | 3,363 | 1.25 | 2,785 | 1.62 | 6,245 | 1.96 | ↑ | ▲ |
| MHW | 5,207 | 1.48 | 5,554 | 1.41 | 5,211 | 1.32 | 3,284 | 1.37 | 7,392 | 1.54 | ↑ | ▼ |
| UHC | — | — | — | — | — | — | 458 | 2.36 | 1492 | 2.49 | | ▲ |
| State average | | 1.48 | | 1.37 | | 1.37 | | 1.60 | | 1.89 | *↑ | |
| NCQA average | | | | | | | | | | 4.51 | | |
| NCQA 90th percentile[d] | | | | | | | | | | 6.16 | | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in rates from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Discharges/MM is the number of discharges per 1000 member months.

[b] 2013 data set contained 6 months worth of data.

[c] 2014 data set contained 12 months worth of data.

[d] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-67. General hospital/acute care medical days by health plan, reporting years 2010–2014.**

| Health plan | Number of days and days/1000 member months, and average length of stay[a,b] | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | | 2011 | | | 2012 | | | 2013[c] | | | 2014[d] | | | | |
| | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | | |
| AMG | — | — | — | — | — | — | — | — | — | 1,192 | 10.21 | 3.67 | 4,558 | 12.87 | 4.02 | | ▲ |
| CCC | — | — | — | — | — | — | — | — | — | 2,142 | 7.95 | 3.17 | 7,560 | 9.02 | 3.38 | | |
| CHP | 7,478 | 3.39 | 2.57 | 7,685 | 3.04 | 2.63 | 8,979 | 3.35 | 2.67 | 9,875 | 5.73 | 3.55 | 19,699 | 6.19 | 3.15 | ↓ | ▼ |
| MHW | 13,793 | 3.93 | 2.65 | 15,080 | 3.83 | 2.72 | 15,054 | 3.80 | 2.89 | 10,460 | 4.36 | 3.19 | 24,149 | 5.02 | 3.27 | | ▼ |
| UHC | — | — | — | — | — | — | — | — | — | 1,512 | 7.79 | 3.30 | 6,142 | 10.24 | 4.12 | ↑ | ▲ |
| State average | | 3.87 | 2.61 | | 3.66 | 2.68 | | 3.75 | 2.75 | | 5.35 | 3.35 | | 6.35 * | 3.36 | * | |
| NCQA average | | | | | | | | | | | | | | 16.01 | 3.67 | | |
| NCQA 90th percentile[e] | | | | | | | | | | | | | | 23.17 | 4.41 | | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in ALOS from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan vs. state ALOS in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Days/MM is the number of days per 1000 member months.

[b] ALOS is the average length of stay.

[c] 2013 data set contained 6 months worth of data.

[d] 2014 data set contained 12 months worth of data.

[e] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-68. General hospital/acute care surgical discharges by health plan, reporting years 2010–2014.**

| Health plan | Number of discharges and discharges/1000 member months[a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013[b] | | 2014[c] | | | |
| | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | | |
| AMG | — | — | — | — | — | — | 177 | 1.52 | 640 | 1.81 | ↑ | ▲ |
| CCC | — | — | — | — | — | — | 363 | 1.35 | 1,208 | 1.44 | | ▲ |
| CHP | 1,718 | 0.78 | 6,679 | 2.64 | 9,016 | 3.36 | 1,653 | 0.96 | 3,604 | 1.13 | ↑ | |
| MHW | 2,806 | 0.80 | 3,084 | 0.78 | 2,970 | 0.75 | 2,129 | 0.89 | 4,787 | 0.99 | ↑ | ▼ |
| UHC | — | — | — | — | — | — | 261 | 1.34 | 890 | 1.48 | | ▲ |
| State average | | 0.79 | | 1.39 | | 1.61 | | 0.97 | | 1.14 | *↑ | |
| NCQA average | | | | | | | | | | 1.60 | | |
| NCQA 90th percentile[d] | | | | | | | | | | 2.47 | | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in rates from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Discharges/MM is the number of discharges per 1000 member months.

[b] 2013 data set contained 6 months worth of data.

[c] 2014 data set contained 12 months worth of data.

[d] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-69. General hospital/acute care surgical days by health plan, reporting years 2010–2014.**

| Health plan | Number of days and days/1000 member months, and average length of stay[a,b] | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | | 2011 | | | 2012 | | | 2013[c] | | | 2014[d] | | | |
| | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | |
| AMG | — | — | — | — | — | — | — | — | — | 992 | 8.50 | 5.60 | 4,667 | 13.18 | 7.29 | ↑ ▲ |
| CCC | — | — | — | — | — | — | — | — | — | 1,886 | 7.00 | 5.20 | 8,130 | 9.70 | 6.73 | ↑ ▲ |
| CHP | 8,551 | 3.88 | 4.98 | 13,194 | 5.21 | 1.98 | 19,774 | 7.38 | 2.19 | 8,601 | 4.99 | 5.20 | 20,045 | 6.30 | 5.56 | ↑ ▼ |
| MHW | 14,354 | 4.09 | 5.12 | 14,010 | 3.56 | 4.54 | 13,866 | 3.50 | 4.67 | 12,128 | 5.05 | 5.70 | 30,678 | 6.37 | 6.41 | ↑ |
| UHC | — | — | — | — | — | — | — | — | — | 1,364 | 7.03 | 5.23 | 6,515 | 10.86 | 7.32 | ↑ ▲ |
| State average | | 3.82 | 4.81 | | 3.99 | 2.86 | | 4.55 | 2.83 | | 5.31 | 5.45 | | 7.16 * | 6.29 | *↑ |
| NCQA average | | | | | | | | | | | | | | 10.98 | 6.41 | |
| NCQA 90th percentile[e] | | | | | | | | | | | | | | 18.02 | 8.58 | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in ALOS from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan vs. state ALOS in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Days/MM is the number of days/1000 member months.

[b] ALOS is the average length of stay.

[c] 2013 data set contained 6 months worth of data.

[d] 2014 data set contained 12 months worth of data.

[e] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-70. General hospital/acute care maternity discharges by health plan, reporting years 2010–2014.**

| Health plan | Number of discharges and discharges/1000 member months[a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013[b] | | 2014[c] | | | |
| | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | Discharges | Discharges/MM | | |
| AMG | — | — | — | — | — | — | 311 | 3.99 | 1,472 | 6.04 | ↑ | ▲ |
| CCC | — | — | — | — | — | — | 798 | 4.85 | 2,955 | 6.00 | ↑ | ▲ |
| CHP | 7,967 | 7.70 | 13,097 | 10.84 | 15,943 | 12.33 | 5,084 | 5.50 | 7,935 | 4.48 | ↓ | ▼ |
| MHW | 13,741 | 8.50 | 14,059 | 7.63 | 13,456 | 7.16 | 7,469 | 6.00 | 13,070 | 5.15 | ↓ | |
| UHC | — | — | — | — | — | — | 537 | 4.42 | 1,996 | 5.24 | ↑ | |
| State average | | 8.00 | | 8.54 | | 8.58 | | 3.02 | | 5.05 | *↑ | |
| NCQA average | | | | | | | | | | 4.80 | | |
| NCQA 90th percentile[d] | | | | | | | | | | 8.29 | | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in rates from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Discharges/MM is the number of discharges per 1000 member months.

[b] 2013 data set contained 6 months worth of data.

[c] 2014 data set contained 12 months worth of data.

[d] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-71. General hospital/acute care maternity days by health plan, reporting years 2010–2014.**

| Health plan | Number of days and days/1000 member months, and average length of stay[a,b] | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | | 2011 | | | 2012 | | | 2013[c] | | | 2014[d] | | | |
| | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | Days | Days/MM | ALOS | |
| AMG | — | — | — | — | — | — | — | — | — | 838 | 10.75 | 2.69 | 3,581 | 14.70 | 2.43 | |
| CCC | — | — | — | — | — | — | — | — | — | 1,927 | 11.71 | 2.41 | 6,821 | 13.85 | 2.31 | |
| CHP | 18,958 | 18.33 | 2.38 | 28,040 | 23.21 | 2.14 | 32,284 | 24.98 | 2.02 | 12,217 | 13.21 | 2.40 | 18,701 | 10.55 | 2.36 | |
| MHW | 33,273 | 20.58 | 2.42 | 34,497 | 18.71 | 2.45 | 31,545 | 16.80 | 2.34 | 16,940 | 13.61 | 2.27 | 29,719 | 11.71 | 2.27 | ▼ |
| UHC | — | — | — | — | — | — | — | — | — | 1,328 | 10.94 | 2.47 | 5,001 | 13.14 | 2.51 | ▲ |
| State average | | 19.22 | 2.40 | | 19.73 | 2.31 | | 18.85 | 2.20 | | 7.07 | 2.34 | | 11.76 * | 2.33 * | |
| NCQA average | | | | | | | | | | | | | | 12.22 | 2.61 | |
| NCQA 90th percentile[e] | | | | | | | | | | | | | | 20.36 | 2.93 | |

— MCO was not under contract with HCA in this reporting year.

▲▼ Indicates statistically significant difference in plan vs. state ALOS in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Days/MM is the number of days/1000 member months.

[b] ALOS is the average length of stay.

[c] 2013 data set contained 6 months worth of data.

[d] 2014 data set contained 12 months worth of data.

[e] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-72. Ambulatory care, outpatient visits provided by health plan, reporting years 2010–2014.**

| Health plan | Number of outpatient visits and outpatient visits/1000 member months[a] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013[b] | | 2014[c] | | | |
| | Visits | Visits/MM | Visits | Visits/MM | Visits | Visits/MM | Visits | Visits/MM | Visits | Visits/MM | | |
| AMG | — | — | — | — | — | — | 29,004 | 248.50 | 117,404 | 331.57 | ↑ | ▼ |
| CCC | — | — | — | — | — | — | 76,243 | 283.15 | 290,045 | 345.94 | ↑ | ▲ |
| CHP | 644,813 | 292.65 | 670,534 | 264.93 | 734,776 | 274.20 | 581,348 | 337.16 | 1,017,513 | 319.95 | ↓ | ▼ |
| MHW | 1,223,373 | 348.49 | 1,355,139 | 344.04 | 1,343,689 | 339.38 | 833,307 | 347.27 | 1,664,681 | 345.83 | ↓ | ▲ |
| UHC | — | — | — | — | — | — | 49,118 | 253.06 | 208,710 | 347.88 | ↑ | ▲ |
| State average | | 325.37 | | 313.72 | | 314.32 | | 333.55 | | 337.04 | *↑ | |
| NCQA average | | | | | | | | | | 364.38 | | |
| NCQA 90th percentile[d] | | | | | | | | | | 461.19 | | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in rates from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Visits/MM is visits per 1000 member months.

[b] 2013 data set contained 6 months worth of data.

[c] 2014 data set contained 12 months worth of data.

[d] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-73. Ambulatory care, emergency department visits by health plan, reporting years 2010–2014.**

| Health plan | Number of ED visits and ED visits/1000 member months[a] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013[b] | | 2014[c] | | |
| | Visits | Visits/MM | Visits | Visits/MM | Visits | Visits/MM | Visits | Visits/MM | Visits | Visits/MM | |
| AMG | — | — | — | — | — | — | 7,120 | 61.00 | 23,436 | 66.19 | ↑ ▲ |
| CCC | — | — | — | — | — | — | 16,182 | 60.10 | 54,024 | 64.44 | ↑ ▲ |
| CHP | 145,359 | 65.97 | 146,859 | 58.03 | 142,079 | 53.02 | 81,030 | 46.99 | 161,324 | 50.73 | ↑ ▼ |
| MHW | 201,923 | 57.52 | 205,904 | 52.28 | 193,499 | 48.87 | 109,224 | 45.52 | 231,318 | 48.06 | ↑ ▼ |
| UHC | — | — | — | — | — | — | 10,478 | 53.98 | 35,232 | 58.73 | ↑ ▲ |
| State average | | 59.75 | | 53.54 | | 49.50 | | 47.63 | | 51.64 | *↑ |
| NCQA average | | | | | | | | | | 62.89 | |
| NCQA 90th percentile[d] | | | | | | | | | | 81.24 | |

— MCO was not under contract with HCA in this reporting year.

↑↓ Indicates statistically significant difference in rates from 2013 to 2014 ($p < 0.05$).

▲▼ Indicates statistically significant difference in plan rate vs. state average in 2014 ($p < 0.05$).

* Indicates statistically significant difference in state vs. NCQA average in 2014 ($p < 0.05$).

[a] Visits/MM is visits per 1000 member months.

[b] 2013 data set contained 6 months worth of data.

[c] 2014 data set contained 12 months worth of data.

[d] 90th percentile statistics are from the NCQA Quality Compass for Medicaid in the reporting year.

**Table B-74. Plan all-cause readmissions[a] total, by health plan, reporting year 2014.**

| Health plan | Observed Readmission[b] and Observed/Expected Readmission Ratio[c] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
| | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio |
| AMG | | NR | | NR | | NR | | NR | 12.03 | 0.91 |
| CCC | | NR | | NR | | NR | | NR | 11.72 | 0.78 |
| CHP | | NR | | NR | | NR | | NR | 10.67 | 0.85 |
| MHW | | NR | | NR | | NR | | NR | 9.66 | 0.69 |
| UHC | | NR | | NR | | NR | | NR | 12.56 | 0.70 |
| State average | | | | | | | | | | 0.79 |

NR: HCA did not require public reporting of this measure in 2010–2013.

[a] This is a Medicare HEDIS measure which HCA has elected as a required reported measure for the Medicaid population in WA.

[b] The observed proportion of Index Hospital Stays that had a subsequent 30-day readmission. A lower observed rate of readmission is considered better performance.

[c] The ratio of the MCO's observed rate of readmission to its expected rate of readmission (average adjusted probability).

**Table B-75. Plan all-cause readmissions[a] age 18–44 years, by health plan, reporting year 2014.**

| Health plan | Observed Readmission[b] and Observed/Expected Readmission Ratio[c] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
| | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio |
| AMG | NR | | NR | | NR | | NR | | 17.07 | 1.23 |
| CCC | NR | | NR | | NR | | NR | | 11.76 | 0.84 |
| CHP | NR | | NR | | NR | | NR | | 10.45 | 0.96 |
| MHW | NR | | NR | | NR | | NR | | 8.41 | 0.63 |
| UHC | NR | | NR | | NR | | NR | | 16.67 | 0.80 |
| State average | | | | | | | | | | 0.81 |

NR: HCA did not require public reporting of this measure in 2010–2013.

[a] This is a Medicare HEDIS measure which HCA has elected as a required reported measure for the Medicaid population in WA.

[b] The observed proportion of Index Hospital Stays that had a subsequent 30-day readmission. A lower observed rate of readmission is considered better performance.

[c] The ratio of the MCO's observed rate of readmission to its expected rate of readmission (average adjusted probability).

**Table B-76. Plan all-cause readmissions[a] age 45–54 years, by health plan, reporting year 2014.**

| Health plan | Observed Readmission[b] and Observed/Expected Readmission Ratio[c] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
| | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio |
| AMG | NR | | NR | | NR | | NR | | 8.77 | 0.69 |
| CCC | NR | | NR | | NR | | NR | | 16.38 | 0.93 |
| CHP | NR | | NR | | NR | | NR | | 10.92 | 0.87 |
| MHW | NR | | NR | | NR | | NR | | 12.02 | 0.81 |
| UHC | NR | | NR | | NR | | NR | | 10.29 | 0.66 |
| State average | | | | | | | | | | 0.85 |

NR: HCA did not require public reporting of this measure in 2010–2013.

[a] This is a Medicare HEDIS measure which HCA has elected as a required reported measure for the Medicaid population in WA.

[b] The observed proportion of Index Hospital Stays that had a subsequent 30-day readmission. A lower observed rate of readmission is considered better performance.

[c] The ratio of the MCO's observed rate of readmission to its expected rate of readmission (average adjusted probability).

**Table B-77. Plan all–cause readmissions[a] age 55–64 years, by health plan, reporting year 2014.**

| Health plan | Observed Readmission[b] and Observed/Expected Readmission Ratio[c] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
| | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio | Observed Readmission | Observed/Expected Ratio |
| AMG | NR | | NR | | NR | | NR | | 11.67 | 0.88 |
| CCC | NR | | NR | | NR | | NR | | 8.43 | 0.61 |
| CHP | NR | | NR | | NR | | NR | | 10.68 | 0.73 |
| MHW | NR | | NR | | NR | | NR | | 10.51 | 0.71 |
| UHC | NR | | NR | | NR | | NR | | 11.70 | 0.65 |
| State average | | | | | | | | | | 0.72 |

NR: HCA did not require public reporting of this measure in 2010–2013.

[a] This is a Medicare HEDIS measure which HCA has elected as a required reported measure for the Medicaid population in WA.

[b] The observed proportion of Index Hospital Stays that had a subsequent 30-day readmission. A lower observed rate of readmission is considered better performance.

[c] The ratio of the MCO's observed rate of readmission to its expected rate of readmission (average adjusted probability).

**Table B-78. WMIP comprehensive diabetes care measures, reporting years 2010–2014.**

| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Measure** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| HbA1c tests | 342 | 86.84 | 390 | 87.95 | 502 | 86.06 | 449 | 82.18 | 438 | 84.25 |
| Enrollees with HbA1c levels poor control (>9.0%) | 342 | 42.40 | 390 | 31.03 | 502 | 41.04 | 449 | 44.32 | 438 | 47.95 |
| Enrollees with HbA1c levels good control (<8.0%)[a] | 342 | 50.58 | 390 | 60.00 | 502 | 50.40 | 449 | 47.66 | 438 | 42.24 |
| Enrollees with HbA1c levels good control (<7.0%) | 191 | 35.60 | 225 | 46.22 | 286 | 37.41 | + | + | + | + |
| Dilated retinal exams | 342 | 55.26 | 390 | 59.49 | 502 | 53.98 | 449 | 53.45 | 438 | 50.46 |
| Lipid profile (LDL-C) performed | 342 | 78.65 | 390 | 76.92 | 502 | 74.50 | 449 | 74.83 | 438 | 75.11 |
| Lipids controlled (<100mg/dL) | 342 | 31.58 | 390 | 39.23 | 502 | 34.46 | 449 | 35.41 | 438 | 37.21 |
| Nephropathy monitored annually | 342 | 81.58 | 390 | 86.41 | 502 | 83.07 | 449 | 79.73 | 438 | 81.28 |
| Blood pressure control (<130/80 mm Hg) | 342 | 32.46 | + | + | + | + | + | + | + | + |
| Blood pressure control (<140/80 mm Hg) | | — | 390 | 43.59 | 502 | 38.84 | 449 | 41.43 | 438 | 41.10 |
| Blood pressure control (<140/90 mm Hg) | 342 | 61.11 | 390 | 64.36 | 502 | 60.36 | 449 | 64.59 | 438 | 58.90 |

[a] HCA required reporting for this indicator for the first time in 2010.
— Definition and methodology changed in 2007, 2010; therefore, data from previous years are not comparable.
+ Measure not conducted in this reporting year.

**Table B-79. WMIP inpatient utilization measures, reporting years 2010–2014.**

| Measure | 2010 | 2011 | 2012 | 2013 | 2014 | |
|---|---|---|---|---|---|---|
| **General hospital/acute care** | | | | | | |
| Total inpatient discharges and days | | | | | | |
| Discharges/1000MM[a] | 15.14 | 15.55 | 15.21 | 16.00 | 16.76 | |
| Days/1000MM[a] | 76.73 | 72.54 | 78.00 | 91.37 | 91.50 | |
| Average length of stay (days) | 5.07 | 4.67 | 5.13 | 5.71 | 5.46 | |
| Medical discharges and days | | | | | | |
| Discharges/1000MM[a] | 8.48 | 9.33 | 9.53 | 9.84 | 10.26 | |
| Days/1000MM[a] | 32.79 | 35.31 | 41.44 | 39.35 | 44.85 | ↑ |
| Average length of stay (days) | 3.86 | 3.79 | 4.35 | 4.00 | 4.37 | |
| Surgical discharges and days | | | | | | |
| Discharges/1000MM[a] | 5.95 | 5.55 | 5.24 | 5.75 | 5.80 | |
| Days/1000MM[a] | 42.28 | 35.15 | 35.23 | 51.03 | 44.83 | ↓ |
| Average length of stay (days) | 7.11 | 6.33 | 6.73 | 8.87 | 7.73 | |
| **Nonacute care** | | | | | | |
| Inpatient discharges and days | | | | | | |
| Discharges/1000MM[a] | 0.76 | + | + | + | + | |
| Days/1000MM[a] | 14.78 | + | + | + | + | |
| Average length of stay (days) | 19.36 | + | + | + | + | |

[a] 1000 MM = 1000 member months.
↓↑ Indicates statistically significant difference in rates from previous year ($p < 0.05$).
+ Measure not conducted in this reporting year.

**Table B-80. WMIP ambulatory care measures, reporting years 2010–2014.**

| Measure | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|
| Outpatient visits/1000MM[a] | 563.98 | 539.06 | 546.91 | 570.55 | 593.58 ↑ |
| Emergency room visits/1000MM[a] | 119.94 | 109.83 | 101.85 | 89.93 | 88.15 |
| Surgery or procedures performed/1000MM[a] | 24.09 | + | 35.23 | + | + |
| Observation room stays/1000MM[a] | 0.46 | + | + | + | + |

[a] 1000 MM = 1000 member months.
↓↑ Indicates statistically significant difference in rates from previous year ($p < 0.05$).
+ Measure not conducted in this reporting year.

**Table B-81. WMIP mental health care follow-up and utilization measures, reporting years 2010–2014.**

| Measure | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|
| **Follow-up after hospitalization for mental illness** | | | | | |
| 30-day follow-up | 48.84 | 64.81 | 70.49 | 72.00 | NA |
| 7-day follow-up | 32.56 | 55.56 | 57.38 | 56.00 | NA |
| **Mental health utilization: total** [a,b] | | | | | |
| Any services total | + | + | 41.63 | 30.24 | 25.35 ↓ |
| Inpatient total | + | + | 1.58 | 1.52 | 0.67 ↓ |
| Intensive outpatient/partial hospitalization total | + | + | 1.33 | 0.78 | 1.75 ↑ |
| Outpatient/ER total | + | + | 40.85 | 30.06 | 25.15 ↓ |

NA: Sample size was smaller than the minimum required during the reporting year.
↓↑ Indicates statistically significant difference in percentages from previous year ($p < 0.05$).

[a] HCA required reporting for this indicator for the first time in 2012.
[b] Aggregate includes ages 18–64 and 65+.
+ Measure not conducted in this reporting year.

**Table B-82. WMIP medication measures, reporting years 2010–2014.**

| Measure | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|
| **Antidepressant medication management** | | | | | |
| Effective acute-phase treatment | 52.78 | 56.86 | 67.50 | 63.89 | 51.97 |
| Effective continuation-phase treatment | 36.11 | 47.06 | 55.00 | 47.22 | 39.37 |
| **Use of high-risk medications in the elderly** | | | | | |
| One prescription | 12.81 | 11.94 | 10.94 | 7.08 | 4.27 |
| At least two prescriptions | 2.23 | 2.11 | 1.72 | 2.29 | 0.90 |

**Table B-83. WMIP identification and initiation of dependence treatment, reporting years 2010–2014.**

| Measure | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|
| **Initiation and engagement of AOD dependence treatment** [a] | | | | | |
| Total initiation | + | + | 26.32 | NA | NA |
| Total engagement | + | + | 2.63 | NA | NA |
| **Identification of alcohol and other drug services** [a,b] | | | | | |
| Any services total | + | + | 20.38 | 20.46 | 20.58 |
| Inpatient total | + | + | 75.87 | 68.14 | 41.17 ↓ |
| Intensive outpatient/partial hospitalization total | + | + | 0.00 | 0.0 | 0.15 |
| Outpatient/ER total | + | + | 18.18 | 18.64 | 18.51 |

NA: Sample size was smaller than the minimum required during the reporting year.
↓↑ Indicates statistically significant difference in percentages from previous year ($p < 0.05$).

[a] HCA required reporting for this indicator for the first time in 2012.
[b] Aggregate includes ages 18–24, 25–34, 35–64, and 65+.
+ Measure not conducted in this reporting year.