

# Child Health Services: Provider Performance

Engrossed Substitute House Bill 2128

Chapter 463, Laws of 2009


September 30, 2016



# Child Health Services: Provider Performance

Washington State  
Health Care Authority

Clinical Quality and Care  
Transformation  
P.O. Box 45530  
Olympia, WA 98504-5530  
Phone: (360) 725-1617  
<http://hca.wa.gov/>



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# Executive Summary

Section 3 of Engrossed Substitute House Bill (ESHB) 2128, enacted as Chapter 463, Laws of 2009, RCW 74.09.480, directs the Health Care Authority (HCA) to select a set of explicit performance measures that can indicate whether the overall health of enrolled children is improving. The legislation directs HCA to submit reports biennially, beginning in September 2010.

The aforementioned bill states, “*The department shall provide a report to the governor and the legislature related to provider performance on these measures beginning in September 2010 for 2007 through 2009 and the authority shall provide the report biennially thereafter.*” The statute further defines the types of performance measures to be addressed: “*Such indicators may include, but are not limited to:*”

- Childhood immunization rates;
- Well child care utilization rates;
- Care management for children with chronic illnesses;
- Emergency room utilization;
- Visual acuity and eye health;
- Preventive oral health service utilization; and
- Children’s mental health status.

This report—the third in a series of biennial reports—presents child health performance measures for Medicaid-enrolled children, as required by RCW 74.09.480.

Twelve performance measures were selected for inclusion in this report (see Chart 1, below).

**Chart 1. Reported performance measures**

1 Timeliness of prenatal care
2 Frequency of ongoing prenatal care
3 Low birth weight
4 Cesarean delivery
5 Childhood immunization status
6 Adolescent immunization status
7 Well-child visits
8 Adolescent well-care visits
9 Emergency department visits
10 Children’s and adolescents’ access to primary care practitioners
11 Chlamydia screening in young women
12 Human Papillomavirus vaccine for female adolescents

HCA selected these measures based on those listed in the statute and the Centers for Medicare & Medicaid Services’ (CMS) Core Set of Children’s Health Care Quality Measures for Medicaid and



CHIP (Child Core Set), data availability, and the feasibility of reporting. The measure definitions are those specified for the core measure set in the CMS Technical Specifications and Resource Manual.

The most recent data available is from calendar year 2015. For most measures, data is reported for multiple time periods (five years, from 2011 to 2015), by Medicaid managed care plan, and by race/ethnicity. For selected measures, comparisons to the general population are presented. When national averages are available, current Washington State values are also compared to the averages for Medicaid health maintenance organizations (HMOs) from the National Committee for Quality Assurance (NCQA) and averages reported for all states that submitted data to CMS for the core measure set. While there are differences in time periods for these measures—the most recent data available from NCQA was for the 2014 calendar year and the most recent data available from CMS was for the 2014 federal fiscal year (October 2013–November 2014)—they are the closest national benchmarks available.

The majority of Medicaid beneficiaries in Washington (81%) are enrolled in managed care. In 2015, six managed care organizations (MCOs)—Amerigroup Washington, Inc.; Columbia United Providers; Community Health Plan of Washington; Coordinated Care Corporation; Molina Healthcare of Washington; and United Healthcare Community Plan—served Medicaid clients. In addition, Native Health agencies provided primary care case management (PCCM) services funded through capitation payments<sup>1</sup>. Two MCOs—Community Health Plan and Molina Healthcare—contracted with HCA for the entire five years of this report. Amerigroup, Coordinated Care, and United Healthcare began contracting with HCA on July 1, 2012. Columbia United Providers resumed contracting with HCA on January 1, 2015, and ceased contracting on December 31, 2015.

Measures are based on data from Medicaid claims and encounters and eligibility records from the ProviderOne system, vital records (birth certificates from the Department of Health Center for Health Statistics, individually linked to Medicaid clients in the First Steps Database, Department of Social and Health Services, Research and Data Analysis), and immunization history (records from Department of Health’s Washington Immunization Information System, formerly known as Child Profile, individually linked to Medicaid clients).

CMS’s technical specifications for the children’s health care quality measures with updates for ICD-10<sup>2</sup> were not available at the time this report was prepared. The 2015 reporting periods were adjusted to exclude dates after October 2015 when ICD-10 was implemented. For most but not all measures, this means that the 2015 reporting period was nine months instead of twelve months. Unless otherwise specified, in this report, *2015* refers to the measure-specific appropriate pre-ICD-10 time period.

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<sup>1</sup> A payment arrangement, in which physicians are paid a set amount in advance for each patient or client assigned to them, per period of time, for delivery of health care services.

<sup>2</sup> The International Statistical Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision (ICD-10) is a coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the [World Health Organization](http://www.who.int/classifications/icd/) (WHO),

With the data for twelve measures from CMS's Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, HCA will have the opportunity to review performance with managed care plans and other stakeholders, set specific targets as appropriate, and explore incentives for providers and health plans that demonstrate and sustain improvement on these measures. HCA will expand the number of reported performance measures over time, as resources permit, to include as many of the measures in the core measure set as possible.

The content of this report is responsive to the specifications cited in ESHB 2128. Therefore, it presents child health performance measures for all Medicaid-enrolled children. HCA will also be submitting another child-focused performance measure report as requested by the Legislature. ESHB 2376 "Preventative Services and Vaccinations" focuses on NCQA's required 2013 and 2014 Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) performance measures for delivering preventive care services and vaccinations to Medicaid managed care enrollees only, as validated and reported by HCA's contracted External Quality Review Organization (EQRO).

## Key Findings

- For one measure, **low birth weight**, Washington State's rate (7.2% in 2015) was lower than the national *Healthy People 2020* target of 7.8% and the median rate for all states (9% in 2013) reported by CMS.
- For three additional measures, Washington's values compared favorably with national averages:
  - For **Adolescent Immunization Status**, Washington's Combination rate (including both Tdap/Td and meningococcal vaccines) exceeded the state median rate reported by CMS. Washington's rate for the Tdap/Td component of this measure also exceeded the *Healthy People 2020* target.
  - Washington's rates for **Emergency Department Visits** were lower than the state median rates reported by CMS for all three age groups and for Medicaid-enrolled children overall up to age 19.
  - For the **HPV Vaccine** measure, Washington's 2014 and 2015 rates for female adolescents were higher than those reported by CMS and NCQA.
- Washington's values for two measures were similar to national averages:
  - Washington's value for the **Frequency of Ongoing Prenatal Care** measure was greater than that reported by NCQA for Medicaid HMOs and lower than the state median reported by CMS.
  - For the **Chlamydia Screening** measure, Washington's rate was very close to the state median rate reported by CMS and the rate for Washington MCOs was slightly lower than the rate reported by NCQA.

- Five measures were below national averages:
  - **Timeliness of Prenatal Care;**
  - **Childhood Immunizations** (Combination 3);
  - **Well Child Visits** for both 15-month-olds and children 3 to 6 years old;
  - **Well Care Visits for Adolescents;** and
  - **Access to Primary Care Providers.**
- Among measures reported for more than one year, improving trends over time were noted for the following measures:
  - **HPV Vaccine**, with particular improvement for children in fee-for-service;
  - **Access to Primary Care Providers**, especially for children 7 to 11 and 12 to 19 years old;
  - **Immunization Status for Adolescents**, with particular improvement for youth in fee-for-service; and
  - **Emergency Department Visits** for children 1 to 9 years old.
- For many measures, strong differences were observed for children of different races and/or ethnicities. The patterns of racial and ethnic disparities varied for measures related to prenatal care, delivery, and infant and child health service use.
  - For prenatal care measures, rates for Asian women tended to be most favorable and those for American Indians/Alaska Natives and Hawaiian/Pacific Islanders tended to be least favorable.
  - Low birth weight and Cesarean delivery rates were highest for African American women.
  - For child health services measures, those for Asian and Hispanic children tended to be most favorable; those for American Indian/Alaska Natives and White children tended to be least favorable. For some measures, the differences by race/ethnicity were quite striking, and gains for Asian children over this time period were noteworthy.

## 1 Timeliness of Prenatal Care

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The best time for a pregnant woman to begin prenatal care (PNC) is during her first trimester. Early prenatal care facilitates early detection and treatment of medical and obstetric conditions. Early prenatal care also provides an opportunity to educate women about numerous factors that affect birth outcomes such as nutrition, appropriate weight gain and exercise, as well as risks associated with smoking, alcohol and illicit drugs, and environmental hazards (Lewis, Mathews, and Heuser, 1996). Women enrolled in Medicaid demonstrate a higher prevalence of risk factors for poor birth outcomes and are therefore more likely to benefit from early prenatal care.

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In 2013, Washington adopted a set of performance measures known as Results Washington. *Goal 4: Healthy and Safe Communities* of Results Washington includes a measure to increase the rate of infants whose mothers receive prenatal care in the first trimester from 72.4% in 2011 to 75.5% by 2016.

In 2014 and 2015, the statewide rate of first trimester prenatal care increased modestly to 72.9% in 2014 and 73.7% in 2015. Disparities persist between Medicaid-enrolled women and the general population, with 65.2% of pregnant Medicaid-enrolled women receiving first trimester prenatal care in 2015, compared to 81.9% of pregnant women who are not covered by Medicaid.

The proportion of pregnant women with a prenatal care visit in the first trimester or within 42 days of Medicaid enrollment in Washington (76.5% in 2014) was below the median rate (81%) for the 34 states reporting this measure in federal fiscal year (FFY) 2014 (DHHS 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2016).

**Measure Definition:** Timeliness of Prenatal Care

The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery.

**Data Collection Method:** Birth certificates linked to Medicaid claims and eligibility

For this assessment, timely entry into prenatal care is defined as either first trimester entry or entry within 42 days of Medicaid enrollment. This definition attempts to control for factors that might delay entry into prenatal care such as the timing of enrollment into Medicaid and is thus less stringent than measures based on first trimester entry only. For these reasons, the rate of timeliness of prenatal care for Medicaid-enrolled women in Washington according to this definition, is 77.3%, a higher than the rate for all Medicaid women, 65.2%.

Key findings are highlighted below. Tables 1a and 1b detail findings by plan and population, respectively.

- From 2012 to 2015, the rate of first trimester prenatal care entry for Washington Medicaid-enrolled women fluctuated between 76.5% (2014) and 77.7% (2012). Overall, this measure demonstrates no significant change from 2011, with a rate of 77.1%, to 2015, with a rate of 77.3%.
- The rate of timely PNC entry for managed care plans overall in 2015 was 77%, below the nationwide average in 2014 of 82.4% for Medicaid HMOs (NCQA, 2015). The plans that performed best on this measure were Coordinated Care Corporation (78.5%) and Molina (77.8%).





- The rate of timely PNC entry was essentially the same for all Medicaid-enrolled pregnant women, excluding those who are undocumented, whether they were enrolled in fee-for-service (77.3%) or managed care (77%). This represents a slight decrease in timely PNC entry for women in managed care and a small increase for those enrolled in fee-for-service arrangements.
- Since 2011, timely PNC entry increased modestly for undocumented women, who began this time period with a rate (76.2%) just above that of citizens in fee-for-service (75.3%) and finished with a rate (79.6%) exceeding that of citizens in Medicaid fee-for-service and managed care plans.
- Asian women had the highest rate of timely PNC entry—79.8% in 2015. Before 2013, the rate for white women was consistently higher than that of any other race/ethnic group.
- In all five reported years, Hawaiian/Pacific Islanders and American Indian/Alaska Natives had the lowest rates of receiving timely prenatal care. In 2015, the rate of timely PNC entry was 69.6% for American Indian/Alaska Natives and 56.4% for Hawaiian/Pacific Islanders. The 2015 rate for Black/African American women, at 72.5%, was the third lowest.



HCA has a number of ongoing strategies that address timely entry into prenatal care, including:

- Assuring access to prenatal care early in pregnancy by prompt enrollment in Medicaid/managed care and adequate provider networks;
- Ensuring that Medicaid clients, especially women in their child-bearing years, are connected with a primary care provider;
- Identifying and addressing access-to-care issues, particularly for rural communities and communities of colors; and
- Offering incentives through Medicaid health plans, such as car seats and gift cards, for timely prenatal care.



**Table 1a. Timeliness of Prenatal Care**  
**Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Managed Care Plan**  
**Washington Medicaid Women with Births 2011-2015 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery**

Medicaid Managed Care Plan	2011			2012			2013			2014			2015 (JAN-SEP)		
	Women (N)	PNC (%)	Timely (N)	Women (N)	PNC (%)	Timely (N)	Women (N)	PNC (%)	Timely (N)	Women (N)	PNC (%)	Timely (N)	Women (N)	PNC (%)	Timely (N)
Amerigroup Washington Inc	240	86.3%	207	202	73.2%	1,314	974	74.1%	2,460	1,785	72.6%	2,143	1,605	74.9%	
Asuris NW Health Plan			108	97	89.8%										
Columbia United Providers	2,208	74.5%	994	732	73.6%							953	719	75.4%	
Community Health Plan of WA	9,147	78.3%	8,832	6,906	78.2%	7,009	5,459	77.9%	6,657	5,076	76.3%	4,450	3,424	76.9%	
Coordinated Care of WA			799	638	79.8%	3,159	2,537	80.3%	3,983	3,154	79.2%	2,630	2,065	78.5%	
Group Health Cooperative	652	81.3%	341	261	76.5%										
Kaiser Foundation Health Plan	32	81.3%	31	19	61.3%										
Molina Healthcare of WA	11,673	77.7%	12,588	9,880	78.5%	11,407	8,981	78.7%	10,425	8,055	77.3%	8,262	6,431	77.8%	
Regence Blue Shield	1,236	80.0%	563	452	80.3%										
UnitedHealthcare Community Plan			604	453	75.0%	2,473	1,889	76.4%	3,685	2,774	75.3%	2,954	2,240	75.8%	
Native Health PCCM (multiple agencies)	299	74.2%	298	215	72.1%	351	240	68.4%	340	236	69.4%	243	170	70.0%	
<b>Medicaid Managed Care</b>	<b>25,487</b>	<b>77.9%</b>	<b>25,434</b>	<b>19,855</b>	<b>78.1%</b>	<b>25,713</b>	<b>20,080</b>	<b>78.1%</b>	<b>27,550</b>	<b>21,080</b>	<b>76.5%</b>	<b>21,635</b>	<b>16,654</b>	<b>77.0%</b>	
Medicaid Fee for Service (citizens)	7,067	75.3%	6,871	5,255	76.5%	6,026	4,483	74.4%	5,021	3,841	76.5%	3,668	2,835	77.3%	
Medicaid Fee for Service (undocumented)	6,292	76.2%	5,546	4,311	77.7%	5,264	4,158	79.0%	4,780	3,653	76.4%	3,719	2,959	79.6%	
<b>Total Medicaid</b>	<b>38,846</b>	<b>77.1%</b>	<b>37,851</b>	<b>29,421</b>	<b>77.7%</b>	<b>37,003</b>	<b>28,721</b>	<b>77.6%</b>	<b>37,351</b>	<b>28,574</b>	<b>76.5%</b>	<b>29,022</b>	<b>22,448</b>	<b>77.3%</b>	

**Excludes** records with missing information about when prenatal care began that also had no prenatal care claims within 42 days of Medicaid enrollment.

**Medicaid** refers to women who had Medicaid-paid maternity care.

**Continuous enrollment** refers to Medicaid and is not plan-specific. Enrollment starts the 15th of the first month of eligibility for this analysis. **Plan** listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies. **Medicaid Fee for Service (citizens)** includes citizens and legal residents. -- = not available or not applicable. **Timely PNC** refers to women who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid eligibility.



**Table 1b. Timeliness of Prenatal Care**  
**Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Race/Ethnicity**  
**Washington Medicaid Women with Births 2011-2015 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery**

	2011			2012			2013			2014			2015 (JAN-SEP)		
	Women (N)	PNC (%)	Timely	Women (N)	PNC (%)	Timely	Women (N)	PNC (%)	Timely	Women (N)	PNC (%)	Timely	Women (N)	PNC (%)	Timely
<b>Medicaid</b>	11,781	76.6%	11,346	8,825	77.8%	11,082	8,745	78.9%	10,993	8,574	78.0%	8,623	6,810	79.0%	
Hispanic															
Not Hispanic or Ethnicity Unknown															
White	19,180	79.2%	18,882	15,025	79.6%	18,136	14,269	78.7%	18,383	14,338	78.0%	14,200	11,117	78.3%	
Asian	1,887	75.4%	1,885	1,463	77.6%	1,808	1,416	78.3%	1,844	1,394	75.6%	1,487	1,186	79.8%	
Black	2,139	74.4%	2,287	1,685	73.7%	2,348	1,738	74.0%	2,388	1,730	72.4%	1,805	1,309	72.5%	
American Indian/Alaska Native	960	70.7%	897	620	69.1%	882	604	68.5%	852	585	68.7%	654	455	69.6%	
Hawaiian/Pacific Islander	592	60.0%	663	382	57.6%	656	391	59.6%	717	375	52.3%	539	304	56.4%	
More Than One Race	1,665	76.2%	1,513	1,146	75.7%	1,677	1,246	74.3%	1,746	1,274	73.0%	1,283	957	74.6%	
Other/Unknown	642	69.0%	378	275	72.8%	414	312	75.4%	428	304	71.0%	431	310	71.9%	
<b>Total Medicaid</b>	<b>38,846</b>	<b>77.1%</b>	<b>37,851</b>	<b>29,421</b>	<b>77.7%</b>	<b>37,003</b>	<b>28,721</b>	<b>77.6%</b>	<b>37,351</b>	<b>28,574</b>	<b>76.5%</b>	<b>29,022</b>	<b>22,448</b>	<b>77.3%</b>	

**Excludes** records with missing information about when prenatal care began that also had no prenatal care claims within 42 days of Medicaid enrollment.

**Race/Ethnicity** categories are mutually exclusive. Hispanic women may be of any race.

**Medicaid** refers to women who had Medicaid-paid maternity care. **Continuous enrollment** refers to Medicaid and is not plan-specific. Enrollment starts the 15th of the first month of eligibility for this analysis. **Timely PNC** refers to women who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid eligibility.



## 2 Frequency of Ongoing Prenatal Care

Not only should a pregnant woman begin prenatal care during her first trimester, she also needs an appropriate number of visits throughout her pregnancy and the postpartum period. As pregnancy progresses, obstetric providers monitor for new onset or worsening diabetes, hypertension, and other potential complications. Early, comprehensive, and continuous prenatal care can promote healthier pregnancies and reduce the risk of costly adverse birth outcomes (NCQA, 2013).

The *Healthy People 2020* goal is to increase the proportion of pregnant women who receive early and adequate prenatal care (PNC) to 77.6 percent. For 2014, the NCQA reported that 55.2% of pregnant women in Medicaid HMOs nationwide who met enrollment criteria received at least 81% of the expected number of PNC visits (adjusted for gestational age and entry into prenatal care). In Washington State (2015), 62.4% of Medicaid-enrolled women overall and 61.4% of women enrolled in Medicaid managed care received at least 81% of the expected number of visits; both of these rates are well above the 2014 national average reported by NCQA.

The proportion of pregnant women in Washington who received more than 81% of the expected number of prenatal visits (62.4% in 2015) was below the median rate for FFY 2014 among the 27 states reporting this measure (65.8%) (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2016).

### **Measure Definition:** Frequency of Ongoing Prenatal Care

The percentage of deliveries that received at least 81% of expected visits, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery

**Data Collection Method:** Birth certificates linked to Medicaid claims and eligibility

- Since 2011, the proportion of Medicaid women who received at least 81% of expected visits increased from a low of 61.1% in 2011 to 64.9% in 2014 and subsequently declined slightly to 62.4% in 2015.
- Medicaid women in managed care consistently had the lowest proportion (61.4% in 2015) of at least 81% of expected visits. Undocumented women demonstrated the greatest improvement in frequency of ongoing prenatal care; the proportion with at least 81% of expected visits increased from a low of 62.7% in 2011 to 66.0% in 2015, and their ranking improved from second lowest (2011) to highest (2015), among these three groups of Medicaid women. Medicaid citizens in fee-for-service had the highest proportion of at least 81% of expected visits from 2011 to 2014.
- In 2015, the proportion of clients who had at least 81% of expected visits varied across Medicaid managed care plans, with Coordinated Care having the highest proportion and Native Health PCCM having the lowest proportion. All five health plans with data for 2014



and 2015 demonstrated modest declines in the frequency of ongoing prenatal care. In particular, the proportion of women in Amerigroup with at least 81% of expected visits decreased from 68.6% in 2014 to 63.1% in 2015, and the rate for women in United Healthcare decreased from 66.6% in 2014 to 61.6% in 2015. Other health plans demonstrated smaller declines.

- The highest rates of frequent PNC occurred among Asian women, with a rate of 67.4% in 2015. During the five years reported, Hispanic and Asian women demonstrated the greatest improvement in frequency of ongoing prenatal care. The lowest rates of frequent PNC in 2015 occurred among Hawaiian/Pacific Islanders (44.9%) and American Indian/Alaska Natives (50.2%).



**Measure 2a. Frequency of Ongoing Prenatal Care**  
**Washington Medicaid Women with Births 2011-2015 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery**  
**Women with >=81% of Expected Prenatal Visits by Managed Care Plan**

	2011		2012		2013		2014		2015 (JAN-SEP)	
<b>Medicaid Managed Care Plan</b>	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)
Amerigroup Washington Inc	238	150 63.0%	271	176 64.9%	1287	866 67.3%	2449	1679 68.6%	1354	63.1%
Asuris Northwest Health			108	79 73.1%						
Columbia United Providers	2,213	1,302 58.8%	986	618 62.7%					951	64.9%
Community Health Plan of WA	8,936	5,415 60.6%	8,690	5,409 62.2%	6,941	4,218 60.8%	6,609	4,097 62.0%	4,423	2,637 59.6%
Coordinated Care of Washington			757	486 64.2%	3,053	2,078 68.1%	3,897	2,724 69.9%	2,613	1,728 66.1%
Group Health Cooperative	660	347 52.6%	344	178 51.7%						
Kaiser Foundation Health Plan	32	23 71.9%	30	16 53.3%						
Molina Healthcare of WA	11,566	6,920 59.8%	12,493	7,571 60.6%	11,326	6,879 60.7%	10,388	6,507 62.6%	8,236	4,958 60.2%
Regence Blue Shield	1,141	706 61.9%	522	311 59.6%						
UnitedHealthcare Community Plan			584	377 64.6%	2,424	1,553 64.1%	3,639	2,425 66.6%	2,933	1,808 61.6%
Native Health PCCM (multiple agencies)	299	154 51.5%	298	168 56.4%	347	181 52.2%	346	196 56.6%	242	118 48.8%
<b>Medicaid Managed Care</b>	<b>25,085</b>	<b>15,017 59.9%</b>	<b>25,083</b>	<b>15,389 61.4%</b>	<b>25,378</b>	<b>15,775 62.2%</b>	<b>27,328</b>	<b>17,628 64.5%</b>	<b>21,543</b>	<b>13,220 61.4%</b>
<b>Medicaid Fee for Service (citizens)</b>	<b>7,001</b>	<b>4,496 64.2%</b>	<b>6,830</b>	<b>4,467 65.4%</b>	<b>6,011</b>	<b>3,954 65.8%</b>	<b>5,009</b>	<b>3,362 67.1%</b>	<b>3,663</b>	<b>2,384 65.1%</b>
<b>Medicaid Fee for Service (undocumented)</b>	<b>6,078</b>	<b>3,811 62.7%</b>	<b>5,354</b>	<b>3,432 64.1%</b>	<b>5,104</b>	<b>3,347 65.6%</b>	<b>4,694</b>	<b>3,060 65.2%</b>	<b>3,644</b>	<b>2,404 66.0%</b>
<b>Total Medicaid</b>	<b>38,164</b>	<b>23,324 61.1%</b>	<b>37,267</b>	<b>23,288 62.5%</b>	<b>36,493</b>	<b>23,076 63.2%</b>	<b>37,031</b>	<b>24,050 64.9%</b>	<b>28,850</b>	<b>18,008 62.4%</b>

**Excludes** records with missing birth certificate information for number of prenatal visits . **Medicaid** refers to women who had Medicaid-paid maternity care. **Continuous enrollment** refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis. **Plan** listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies . **Medicaid Fee for Service (citizens)** includes citizens and legal residents.



**2b. Frequency of Ongoing Prenatal Care**  
**Washington Medicaid Women with Births 2011-2015 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery**  
**Women with >=81% of Expected Prenatal Visits by Managed Care Plan**

	2011		2012		2013		2014		2015 (JAN-SEP)	
	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)
<b>Medicaid</b>										
Hispanic	11,441	60.2%	10,976	62.1%	10,775	64.0%	10,839	65.2%	8,512	63.6%
Not Hispanic or Ethnicity Unknown										
White	18,908	63.5%	18,743	65.0%	18,005	64.6%	18,280	67.1%	14,154	63.9%
Asian	1,830	62.0%	1,852	62.8%	1,779	66.1%	1,813	66.2%	1,480	67.4%
Black	2,135	57.0%	2,279	57.6%	2,323	58.0%	2,369	57.5%	1,811	53.5%
American Indian/Alaska Native	963	52.2%	888	52.0%	878	50.9%	867	55.9%	653	50.2%
Hawaiian/Pacific Islander	594	48.0%	658	44.7%	650	48.6%	700	47.0%	532	44.9%
More Than One Race	1,668	59.5%	1,510	57.9%	1,671	61.6%	1,741	63.5%	1,278	59.9%
Other/Unknown	625	48.2%	361	52.9%	412	55.3%	422	56.2%	430	57.2%
<b>Total Medicaid</b>	<b>38,164</b>	<b>61.1%</b>	<b>37,267</b>	<b>62.5%</b>	<b>36,493</b>	<b>63.2%</b>	<b>37,031</b>	<b>64.9%</b>	<b>28,850</b>	<b>62.4%</b>

**Excludes** records with missing birth certificate information for number of prenatal visits. **Medicaid** refers to women who had Medicaid-paid maternity care. **Continuous enrollment** refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis.

**Race/Ethnicity** categories are mutually exclusive. Hispanic women may be of any race.





### 3 Low Birth Weight

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Birth weight is a primary indicator of the health of the newborn infant. Infants with a birth weight of less than 2500 grams (5.5 pounds) are classified as low birth weight. Low birth weight is associated with increased risk of infant death and a wide range of disorders including neuro-developmental conditions, learning disorders, and respiratory tract infections. Low birth weight, especially very low birth weight, is also a key driver of medical care expenditures during the first year of life. Established risk factors for low birth weight include poverty, smoking, medical risks, pregnancy complications, substance abuse, and Black/African American race.

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The *Healthy People 2020* (HP 2020) target for low birth weight is 7.8%. Washington State has exceeded the HP 2020 goal, with an overall rate of low birth weight of 6.4% in each year from 2013 to 2015. In 2014 (the most recent year with rates from 50 states and District of Columbia), Washington was tied with Idaho for the third lowest rate of low birth weight among the 50 states and District of Columbia (Hamilton et al., 2015).

Results Washington's *Goal 4: Healthy and Safe Communities* includes a measure for low birth weight for Blacks/African Americans and American Indian/Alaska Natives: Decrease the percentage of infants born with low birth weight among Blacks/African Americans from 9.6% to 9.3% and American Indian/Alaska Native populations from 8.7% to 8.5% by 2016. Although the low birth weight rate for American Indian/Alaska Native populations in Washington decreased to 7.9% in 2013, the rate subsequently increased to 9.2% in 2015 (9.5% for women who were enrolled in Medicaid and 8.0% for women who were not). The low birth weight rate for Blacks/African Americans increased to 10.6% in 2013 and subsequently declined to 9.0% in 2015 (9.3% for women who were enrolled in Medicaid and 10.5% for women who were not).

Washington's low birth weight rate (7.1% in 2014) was well below the median rate (9%) among the 29 states reporting this measure for FFY 2014 (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2016).

**Measure Definition:** Low Birth Weight

Percentage of live births that weighed less than 2,500 grams (5.5 pounds)

**Data Collection Method:** Birth Certificates (linked to Medicaid claims and eligibility)

- Over the past five years in Washington State, the low birth weight rate for infants born to mothers on Medicaid has been consistently higher than that for infants born to women who are not enrolled in Medicaid: 7.2% versus 5.6% in 2015. Among women with Medicaid-funded maternity care, the lowest rate of low birth weight (5.8% in 2015) occurred among infants born to undocumented women.
- The low birth weight rate for infants born to women in Medicaid managed care (7.1% in 2015) was lower than that for citizens in fee-for-service (8.8%). The rates for both these

groups were higher than the rates for infants born to undocumented women (5.8%) and women (5.6%) who were not enrolled in Medicaid.

- In 2015, the highest low birth weight rates occurred among infants born to Black/African American women (8.8% for those enrolled in Medicaid and 10.2% for those who were not) and those born to Asian women (10.2% for those enrolled in Medicaid and 7.7% for those who were not).

Although risk factors associated with low birth weight, such as poverty, smoking, and substance abuse, have been identified, the ethnic group differences in low birth weight are not wholly explained by differences in the occurrence of various medical conditions, in smoking or use of other licit or illicit drugs, in use of prenatal care, or by other demographic characteristics or lifestyle differences. Among Blacks/African Americans, the increased rate of low birth weight persists, even after controlling for these risk factors (Collins & David, 2009). Yet, in 2014, Washington State had the fifth lowest rate of low birth weight for Blacks/African Americans among the 45 states that reported this information (Hamilton et al., 2015).

Ongoing HCA program activities that support the health of pregnant women to ensure healthy birth outcomes include:

- Continuing Maternity Support Services (MSS) targeted to the women at highest risk of poor birth outcomes;
- Seeking to identify and support the needs of pregnant clients through specialized care management programs such as Molina's High Risk OB Case Management and United Healthcare's Healthy First Steps™ program;
- Supporting the Tacoma Pierce County Health Department's Black Infant Health program which provides education, outreach and referral, and help with basic needs, partnering with 27 African American churches in Pierce County; and
- Improving identification and treatment of pregnant substance abusers, and enrolling pregnant women who need chemical dependency treatment in treatment and comprehensive services as early as possible.

In addition, the Governor's Interagency Council on Health Disparities has developed a State Action Plan to Eliminate Health Disparities with a focus on Adverse Birth Outcomes Disparities. Their December 2015 report included the following recommendations:

- Fund local communities at high risk for adverse birth outcomes to develop and implement community-driven prevention programs;
- Increase funding for First Steps to enhance the Maternity Support Services program;
- Promote equity in state government through cultural humility and Government-to-Government training for state employees, the use of equity assessment tools in agency decision making, and increased capacity for Health Impact Reviews;



- Provide funding to HCA for Medicaid reimbursement for doulas as Community Health Workers or Community Health Representatives; and
- Support the American Indian Health Commission’s Maternal-Infant Health Strategic Plan, released in December 2010.



**Table 3a. Low Birth Weight**  
**Low Birth Weight (<2500 g) by Managed Care Plan**  
**Live Births 2011-2015**

Medicaid Managed Care Plan	2011		2012		2013		2014		2015 (JAN-SEP)						
	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)					
Amerigroup Washington Inc	261	14	312	35	1,455	121	8.3%	2,737	239	8.7%	1,791	179	7.6%		
Asuris NW Health Plan			126	6	4.8%										
Columbia United Providers	2,328	152	1,042	52	5.0%						1,022	60	5.9%		
Community Health Plan of WA	9,916	710	9,568	664	6.9%	7,625	505	6.6%	7,259	509	7.0%	4,857	350	7.2%	
Coordinated Care of Washington			914	83	9.1%	3,578	282	7.9%	4,452	335	7.5%	2,895	214	7.4%	
Group Health Cooperative	702	35	5.0%	365	27	7.4%									
Kaiser Foundation Health Plan	35	3	8.6%	31	2	6.5%									
Molina Healthcare of WA	12,636	872	6.9%	13,663	860	6.3%	12,419	824	6.6%	11,412	771	6.8%	8,996	626	7.0%
Regence Blue Shield	1,399	112	8.0%	663	55	8.3%									
UnitedHealthcare Community Plan			650	59	9.1%	2,748	215	7.8%	4,084	311	7.6%	3,236	234	7.2%	
Native Health PCCM (multiple agencies)	338	36	10.7%	344	19	5.5%	401	38	9.5%	398	35	8.8%	265	20	7.5%
Medicaid Managed Care	27,615	1,934	7.0%	27,678	1,862	6.7%	28,226	1,985	7.0%	30,342	2,200	7.3%	23,633	1,683	7.1%
Medicaid Fee for Service (citizens)	8,720	623	7.1%	8,443	595	7.0%	7,726	556	7.2%	6,593	506	7.7%	4,627	407	8.8%
Medicaid Fee for Service (undocumented)	6,882	355	5.2%	6,193	355	5.7%	5,874	339	5.8%	5,445	320	5.9%	4,136	241	5.8%
<b>Total Medicaid</b>	<b>43,217</b>	<b>2,912</b>	<b>6.7%</b>	<b>42,314</b>	<b>2,812</b>	<b>6.6%</b>	<b>41,826</b>	<b>2,880</b>	<b>6.9%</b>	<b>42,380</b>	<b>3,026</b>	<b>7.1%</b>	<b>32,396</b>	<b>2,331</b>	<b>7.2%</b>
<b>Total Non-Medicaid</b>	<b>43,170</b>	<b>2,386</b>	<b>5.5%</b>	<b>44,558</b>	<b>2,489</b>	<b>5.6%</b>	<b>43,894</b>	<b>2,583</b>	<b>5.9%</b>	<b>44,703</b>	<b>2,550</b>	<b>5.7%</b>	<b>33,561</b>	<b>1,881</b>	<b>5.6%</b>
<b>State Total</b>	<b>86,387</b>	<b>5,298</b>	<b>6.1%</b>	<b>86,872</b>	<b>5,301</b>	<b>6.1%</b>	<b>85,720</b>	<b>5,463</b>	<b>6.4%</b>	<b>87,083</b>	<b>5,576</b>	<b>6.4%</b>	<b>65,957</b>	<b>4,212</b>	<b>6.4%</b>

**Excludes** records with missing or invalid birth weight information. **Medicaid** refers to women who had Medicaid-paid maternity care. Plan listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies. **Medicaid Fee for Service (citizens)** includes citizens and legal residents. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.



**Table 3b. Low Birth Weight**  
**Low Birth Weight (<2500 g) by Maternal Race/Ethnicity**  
**Live Births 2011-2015**

	2011		2012		2013		2014		2015 (JAN-SEP)			
	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)		
<b>Medicaid</b>												
Hispanic	12,952	8.27	12,653	8.11	12,431	7.72	12,420	7.62	9,535	6.1%	595	6.2%
Not Hispanic or Ethnicity Unknown												
White	21,253	1.320	21,035	1.283	20,414	1.339	20,688	1.443	15,811	7.0%	1,109	7.0%
Asian	2,134	1.72	2,082	1.61	2,046	1.73	2,112	1.93	1,678	9.1%	171	10.2%
Black	2,476	2.48	2,586	2.49	2,713	2.86	2,757	2.73	2,057	9.9%	182	8.8%
American Indian/Alaska Native	1,129	1.03	1,022	0.76	1,036	0.83	1,009	0.82	748	8.1%	69	9.2%
Hawaiian/Pacific Islander	676	0.37	767	0.55	780	0.53	874	0.59	645	6.8%	33	5.1%
More Than One Race	1,848	1.37	1,712	1.40	1,897	1.25	1,999	1.65	1,416	8.3%	131	9.3%
Other/Unknown	749	0.68	457	0.37	509	0.49	521	0.49	506	9.4%	41	8.1%
<b>Total Medicaid</b>	<b>43,217</b>	<b>2,912</b>	<b>42,314</b>	<b>2,812</b>	<b>41,826</b>	<b>2,880</b>	<b>42,380</b>	<b>3,026</b>	<b>7.1%</b>	<b>32,396</b>	<b>2,331</b>	<b>7.2%</b>
<b>Non-Medicaid</b>												
Hispanic	2,955	1.67	3,044	1.81	3,076	1.80	3,193	1.79	2,406	5.6%	144	6.0%
Not Hispanic or Ethnicity Unknown												
White	31,915	1.614	32,467	1.662	32,032	1.694	32,136	1.678	23,957	5.2%	1,179	4.9%
Asian	5,293	3.87	5,897	4.17	5,591	4.53	5,981	4.46	4,641	7.5%	357	7.7%
Black	939	0.79	1,082	1.01	1,011	1.09	1,024	0.98	815	9.6%	83	10.2%
American Indian/Alaska Native	269	0.20	271	0.13	256	0.19	286	0.20	204	7.0%	14	6.9%
Hawaiian/Pacific Islander	234	0.14	257	0.18	252	0.15	216	0.14	165	6.5%	13	7.9%
More Than One Race	1,226	0.76	1,278	0.80	1,393	0.91	1,524	0.92	1,132	6.0%	71	6.3%
Other/Unknown	339	0.29	262	0.17	283	0.22	343	0.23	241	6.7%	20	8.3%
<b>Total Non-Medicaid</b>	<b>43,170</b>	<b>2,386</b>	<b>44,558</b>	<b>2,489</b>	<b>43,894</b>	<b>2,583</b>	<b>44,703</b>	<b>2,550</b>	<b>5.7%</b>	<b>33,561</b>	<b>1,881</b>	<b>5.6%</b>
<b>State Total</b>	<b>86,387</b>	<b>5,298</b>	<b>86,872</b>	<b>5,301</b>	<b>85,720</b>	<b>5,463</b>	<b>87,083</b>	<b>5,576</b>	<b>6.4%</b>	<b>65,957</b>	<b>4,212</b>	<b>6.4%</b>

**Excludes** records with missing or invalid birth weight information. **Race/ethnicity** categories are mutually exclusive; Hispanic women may be of any race. **Medicaid** refers to women who had Medicaid-paid maternity care.



## 4 Cesarean Delivery (NTSV)

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Cesarean delivery is now the most common operation in the United States, with rates increasing dramatically since 1970. While Cesarean delivery may be life-saving for mothers and their newborns in certain emergencies, overall the rise in C-section rates in the past forty years has not led to significant improvements in neonatal morbidity or maternal health (Blanchette, 2011).

Rising Cesarean delivery rates in the U.S. are the result of changes in the practice environment, including the widespread use of electronic fetal monitoring, the decrease in both vaginal breech deliveries and operative vaginal deliveries, and reduced availability of vaginal birth after Cesarean (VBAC) (American Congress of Obstetricians and Gynecologists, 2010). Other studies have attributed much of the increase in Cesarean deliveries over the past twenty years to an increase in elective inductions (Caughey, 2009; Martin, 2006). Strategies to reduce unnecessary cesarean delivery include changes in labor management and hospital-based interventions that target physician or maternal behavior (Spong, 2012; Washington State Institute for Public Policy, 2015).

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Results Washington's *Goal 4: Healthy and Safe Communities* includes a measure that addresses rates of Cesarean delivery in Washington. The measure definition for Results Washington, Primary Term Single Vertex (TSV) Cesarean deliveries, is different from the measure presented here, which is based on CMS core measures. The CMS Cesarean delivery measure calculates Cesarean births among low risk (full term, singleton, vertex presentation<sup>3</sup>) women giving birth for the first time. The Primary TSV rate calculates Cesarean births among low risk (full term, singleton, vertex presentation) women who have not had a prior Cesarean delivery. The baseline rate for the Results Washington measure was 15.4% (SFY2013). A target of 14.7% was set for 2016; the 2016 target was exceeded in 2014, when a rate of 14.4% was achieved. The Primary C-section rate in Washington peaked in 2008 with a rate of 16.5% and has decreased steadily since then, with the largest decreases in 2013 and 2014. Since 2014, the rate of decline has slowed. Comparing cesarean rates for low risk women in 2009 and 2015, Hamilton et al. (2016) found that Washington was among 18 states with declines in the range of 10% to 19%. Three additional states had declines of 20% or more.

Women in Washington State with Medicaid-financed maternity care had a Cesarean delivery (NTSV) rate of 21.6% in 2015. The 2015 rate represents a slight increase from the 2014 rate (21.1%), but is lower than the rates in 2012 (22.7%) and 2013 (22.1%). NTSV C-section rates for women who were not covered by Medicaid followed a similar pattern, with relatively large decreases in 2012, 2013, and 2014. One reason for higher C-section rates among women who were not covered by Medicaid and were giving birth for the first time was their average age—29.6 years; the average age for women enrolled in Medicaid was 24.0.

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<sup>3</sup> Head-down position of the fetus' for childbirth so the head enters the pelvis first.

**Measure Definition:** Cesarean Delivery (NTSV)

Percentage of women that had a cesarean delivery among women with first live singleton births in a vertex position at 37 weeks gestation or later, also known as Nulliparous<sup>4</sup>, Term, Singleton, Vertex (NTSV)

**Data Collection Method:** Birth certificates (linked to Medicaid claims and eligibility)

- Of the six managed care plans with more than 200 NTSV deliveries in 2015, Community Health Plan had the lowest NTSV C-section rate (19.8%), while Amerigroup and United Healthcare had the highest rates, 24.3% and 24.2%, respectively.
- Overall, comparing fee-for-service and managed care in 2015, women (citizens) covered by Medicaid fee-for-service had the lowest C-section rate (19.7%; women in Medicaid managed care plans had an intermediate rate (21.8%; and undocumented pregnant women covered by Medicaid fee-for-service had the highest C-section rate (22.4%).
- In 2015, the C-section rate in Washington State for women who were not covered by Medicaid was 23.8%, higher than that for women covered by Medicaid, 21.6%. The highest C-section rates occurred among Black/African American women covered by Medicaid, with a rate of 34.8%. Four groups of women who were not covered by Medicaid had rates close to or greater than 30%: Hawaiian/Pacific Islanders (31%), Blacks/African Americans (30.1%), Asians (29.8%), and American Indians/Alaska Natives (29.5%).

In Washington State, change activities related to cesarean delivery began as early as 2008, with the recognition of unexplained geographic variation in Cesarean rates across the state (Starzyk and Campo, 2008). In 2009, HCA implemented payment reform to align financial incentives by paying hospitals the same amount for an uncomplicated C-section as for a complicated vaginal birth. By 2010, a state perinatal collaborative (initially known as the Cesarean Section Workgroup) had been formed, strategies to reduce elective deliveries at one Washington hospital had been identified and published, and early elective deliveries had been selected as one of five Medicaid quality measures as part of the Safety Net Assessment (House Bill 2956). The first measurement year for the Early Elective Deliveries Medicaid quality incentive was 2011. The quality measures were subsequently expanded to include appropriate documentation for induction of labor in 2013; C-section rates and a more refined measure related to labor induction were added in 2014.

Other Washington State strategies included the 2013 publication of a [toolkit for reducing Cesarean delivery](#)<sup>5</sup>. The toolkit aims to make maternal and infant care more evidence-based, transparent, consistent, and measured to reduce variation in care across Washington State (King et al., 2013). In addition, the Washington State Perinatal Advisory Committee, the Department of Health (DOH), the

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<sup>4</sup> Nulliparous applies to women who have never given birth before; in this case it describes a first delivery.

<sup>5</sup> Available at available at [http://hca.wa.gov/assets/program/toolkit\\_for\\_reducing\\_caeserean\\_sections.pdf](http://hca.wa.gov/assets/program/toolkit_for_reducing_caeserean_sections.pdf).

Department of Social and Health Services (DSHS), HCA, and the Robert Bree Collaborative are monitoring obstetric outcomes. Hospital-level reports of NTSV C-section rates have been distributed to hospitals with obstetric services across the state, and hospital-level reports have been posted on the HCA website since 2011. These feedback reports have been pivotal for current efforts to optimize C-section rates in Washington State. Since 2014, the Washington State Perinatal Collaborative (<http://www.waperinatal.org/>), Washington State Hospital Association (<http://www.wsha.org/>), and HCA have focused their efforts on reducing unsupported variation in the primary C-section rate through the [Safe Deliveries Roadmap](#). The RoadMap emphasizes best practice recommendations bundled for pre-pregnancy care, pregnancy care, labor management, and postpartum care.<sup>6</sup>

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<sup>6</sup> Please see <http://www.wsha.org/quality-safety/projects/safe-deliveries/> for more information about the Safe Deliveries Roadmap.





**Table 4a. Cesarean Delivery Rate (NTSV)**  
**Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Managed Care Plan 2011-2015**

	2011		2012		2013		2014		2015 (JAN-SEP)	
	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)
<b>Medicaid Managed Care Plan</b>										
Amerigroup Washington Inc	131	23 17.6%	54	9 16.7%	773	178 23.0%	1,282	282 22.0%	957	233 24.3%
Asuris NW Health Plan	668	158 23.7%	300	66 22.0%					269	54 20.1%
Columbia United Providers	3,816	832 21.8%	3,382	759 22.4%	2,039	464 22.8%	1,921	417 21.7%	1,417	280 19.8%
Community Health Plan of WA			346	69 19.9%	1,622	357 22.0%	1,911	406 21.2%	1,002	212 21.2%
Coordinated Care of WA										
Group Health Cooperative	206	44 21.4%	83	16 19.3%						
Kaiser Foundation Health Plan	12	5 41.7%	10	2 20.0%						
Molina Healthcare of WA	3,973	798 20.1%	4,057	962 23.7%	3,003	650 21.6%	2,350	438 18.6%	2,102	454 21.6%
Regence Blue Shield	434	94 21.7%	221	56 25.3%						
UnitedHealthcare Community Plan			258	71 0 19.8%	1,345	294 0 19.7%	1,719	360 20.9%	1,193	289 24.2%
Native Health PCCM (multiple agencies)	114	17 0 19.8%	106	21 19.8%	117	23 19.7%	90	12 13.3%	68	9 13.2%
<b>Medicaid Managed Care</b>	<b>9,354</b>	<b>1,971 21.1%</b>	<b>8,962</b>	<b>2,066 23.1%</b>	<b>8,899</b>	<b>1,966 22.1%</b>	<b>9,273</b>	<b>1,915 20.7%</b>	<b>7,008</b>	<b>1,531 21.8%</b>
<b>Medicaid Fee for Service (citizens)</b>	<b>2,772</b>	<b>610 22.0%</b>	<b>2,872</b>	<b>627 21.8%</b>	<b>2,591</b>	<b>564 21.8%</b>	<b>1,955</b>	<b>412 21.1%</b>	<b>1,342</b>	<b>264 19.7%</b>
<b>Medicaid Fee for Service (undocumented)</b>	<b>1,338</b>	<b>336 25.1%</b>	<b>1,129</b>	<b>253 22.4%</b>	<b>1,004</b>	<b>234 23.3%</b>	<b>938</b>	<b>243 25.9%</b>	<b>697</b>	<b>156 22.4%</b>
<b>Total Medicaid</b>	<b>13,464</b>	<b>2,917 21.7%</b>	<b>12,963</b>	<b>2,946 22.7%</b>	<b>12,494</b>	<b>2,764 22.1%</b>	<b>12,166</b>	<b>2,570 21.1%</b>	<b>9,047</b>	<b>1,951 21.6%</b>
<b>Total Non-Medicaid</b>	<b>15,890</b>	<b>4,250 26.7%</b>	<b>16,447</b>	<b>4,203 25.6%</b>	<b>16,218</b>	<b>3,988 24.6%</b>	<b>16,880</b>	<b>3,996 23.7%</b>	<b>12,504</b>	<b>2,979 23.8%</b>
<b>State Total</b>	<b>29,354</b>	<b>7,167 24.4%</b>	<b>29,410</b>	<b>7,149 24.3%</b>	<b>28,712</b>	<b>6,752 23.5%</b>	<b>29,046</b>	<b>6,566 22.6%</b>	<b>21,551</b>	<b>4,930 22.9%</b>

**Excludes** records with missing or invalid birth weight information, cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital. Limited to in-state births. **Medicaid** refers to women who had Medicaid-paid maternity care. Plan listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies. **Medicaid Fee for Service (citizens)** includes citizens and legal residents. **C-Sec** = C-Section. **NTSV**=nulliparous, term, single, vertex. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.



**Table 4b. Cesarean Delivery Rate (NTSV)**  
**Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Maternal Race/Ethnicity**

	2011		2012		2013		2014		2015 (JAN-SEP)	
	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)
<b>Medicaid</b>										
Hispanic	3,384	682 20.2%	3,389	671 19.8%	3,251	655 20.1%	3,114	671 21.5%	2,404	462 19.2%
Not Hispanic or Ethnicity Unknown										
White	7,168	1,500 20.9%	6,950	1,559 22.4%	6,501	1,398 21.5%	6,361	1,237 19.4%	4,674	974 20.8%
Asian	760	201 26.4%	715	193 27.0%	690	192 27.8%	712	197 27.7%	504	130 25.8%
Black	763	234 30.7%	711	229 32.2%	761	238 31.3%	762	238 31.2%	552	192 34.8%
American Indian/Alaska Native	288	50 17.4%	262	62 23.7%	255	49 19.2%	217	37 17.1%	199	31 15.6%
Hawaiian/Pacific Islander	192	53 27.6%	200	59 29.5%	218	56 25.7%	176	39 22.2%	153	40 26.1%
More Than One Race	689	130 18.9%	625	149 23.8%	683	134 19.6%	719	129 17.9%	453	102 22.5%
Other/Unknown	220	67 30.5%	111	24 21.6%	135	42 31.1%	105	22 21.0%	108	20 18.5%
<b>Total Medicaid</b>	<b>13,464</b>	<b>2,917 21.7%</b>	<b>12,963</b>	<b>2,946 22.7%</b>	<b>12,494</b>	<b>2,764 22.1%</b>	<b>12,166</b>	<b>2,570 21.1%</b>	<b>9,047</b>	<b>1,951 21.6%</b>
<b>Non-Medicaid</b>										
Hispanic	1,058	275 26.0%	1,065	305 28.6%	1,080	281 26.0%	1,176	270 23.0%	877	231 26.3%
Not Hispanic or Ethnicity Unknown										
White	11,562	2,919 25.2%	11,729	2,782 23.7%	11,638	2,631 22.6%	11,864	2,593 21.9%	8,801	1,925 21.9%
Asian	2,180	741 34.0%	2,527	802 31.7%	2,347	767 32.7%	2,552	798 31.3%	1,971	588 29.8%
Black	346	111 32.1%	378	107 28.3%	357	123 34.5%	371	123 33.2%	266	80 30.1%
American Indian/Alaska Native	91	27 29.7%	83	14 16.9%	71	15 21.1%	84	23 27.4%	61	18 29.5%
Hawaiian/Pacific Islander	68	17 25.0%	64	15 23.4%	69	19 27.5%	63	17 27.0%	42	13 31.0%
More Than One Race	466	129 27.7%	510	148 29.0%	554	125 22.6%	647	137 21.2%	403	96 23.8%
Other/Unknown	119	31 26.1%	91	30 33.0%	102	27 26.5%	123	35 28.5%	83	28 33.7%
<b>Total Non-Medicaid</b>	<b>15,890</b>	<b>4,250 26.7%</b>	<b>16,447</b>	<b>4,203 25.6%</b>	<b>16,218</b>	<b>3,988 24.6%</b>	<b>16,880</b>	<b>3,996 23.7%</b>	<b>12,504</b>	<b>2,979 23.8%</b>
<b>State Total</b>	<b>29,354</b>	<b>7,167 24.4%</b>	<b>29,410</b>	<b>7,149 24.3%</b>	<b>28,712</b>	<b>6,752 23.5%</b>	<b>29,046</b>	<b>6,566 22.6%</b>	<b>21,551</b>	<b>4,930 22.9%</b>

**Excludes** records with missing or invalid birth weight information. **Race/ethnicity** categories are mutually exclusive; Hispanic women may be of any race. **Medicaid** refers to women who had Medicaid-paid maternity care.



## 5 Childhood Immunization Status

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Widespread administration of immunizations during early childhood has resulted in dramatic declines in vaccine-preventable diseases in the United States, when compared with the pre-vaccine era. Immunizing one child not only protects the individual child's health but also the health of the community. Childhood immunizations are one of the most cost-effective prevention strategies in use today, and the success of immunization protocols for specific diseases is reflected in the expanding number of vaccine-preventable diseases for which immunizations are available. Immunization recommendations in the U.S. currently target 17 vaccine-preventable diseases across the lifespan. Universally recommended vaccines for young children target 15 diseases.

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*Healthy People 2020* has established targets for vaccination coverage of two-year-old children (19 to 35 months of age) at 90% for established vaccines and progressive increases to 90% coverage for vaccines within the first five years of any newly recommended vaccine. Immunizations for Hepatitis A, Rotavirus, and Influenza were reported to NCQA for the first time in 2010.

In both HEDIS® (Healthcare Effectiveness Data and Information Set) and CHIPRA (Children's Health Insurance Program Reauthorization Act), this measure is reported as 10 separate immunization rates and 9 combination rates. The most common combination rate reported by states is "Combination 3," which includes all of the vaccines except Hepatitis A, Rotavirus, and influenza. The CHIPRA median immunization rate (Combination 3) for children turning 2 was 66.9% for 35 states using Core Set Specifications to report the measure for FFY 2014 (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2016), compared to 70.4% (Combination 3) reported by NCQA for Medicaid HMOs (NCQA, 2015).

Results Washington's *Goal 4: Healthy and Safe Communities* includes a measure for recommended immunizations for children 19 to 35 months old: Increase the proportion of children (19 to 35 months of age) receiving all recommended vaccinations from 65.2% in 2012 to 72.9% in 2016. For children who turned 2 years of age in 2014, the immunization rate was 67.4%, a statistically insignificant change from the 2013 rate of 70.8%.

**Measure Definition:** Childhood Immunization Status

Percentage of children that turned 2 years of age during the measurement year and had specific vaccines by their second birthday

**Data Collection Method:** Administrative data linked to immunization registry data (Washington State Immunization Information System)

- The *Healthy People 2020* targets for children aged 19–35 months for individual vaccines are 90%, with the exception of Rotavirus (RV) vaccine (80%),  $\geq 2$  doses of Hepatitis A (HepA) (85%), and three doses of Hepatitis B (85%). Medicaid-enrolled children in Washington

State who turned 2 years old in 2015 fell short of *Healthy People 2020* targets of 90% vaccine coverage. For five vaccines, the Washington rate for Medicaid-enrolled children was between 80 and 90%: Polio (IPV), Measles, Mumps, and Rubella (MMR), Hemophilus influenzae Type B (HiB), Hepatitis B (Hep B), and Varicella zoster (VZV). For two vaccines, the Washington rate for Medicaid-enrolled children was between 70 and 80%: Diphtheria, tetanus, and pertussis (DTaP) with a rate of 72.2% and pneumococcal conjugate (PCV) with a rate of 74.5%. The vaccination rates for two vaccines with targets less than 90% did not meet *Healthy People 2020* goal: Rotavirus (targeted at 80%), with a rate of 65.8%, and Hepatitis A (targeted at 85%), with a rate of 79.0%. Children had to receive the full number of doses in order to meet multiple dose targets; some children not meeting the criteria may have had some, but not all, doses.

- Vaccines with more recent recommendations—Rotavirus (RV) and Influenza—showed lower rates: 65.8%, and 55.0% respectively. For Rotavirus and Influenza, NCQA reported rates of 68.1% and 51.1%, respectively, for Medicaid HMOs, compared to 66.3% and 55.0% for Washington State’s Medicaid managed care enrollees.
- Overall for Combination 3 (DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV), the rate for Washington State’s Medicaid-enrolled children was 64.1% in 2015. This rate was somewhat lower than the rates reported by NCQA (70.4% in 2014) and for the 35 states that reported on the CHIPRA core measure set (67%).
- The highest immunization rates for Washington State’s Medicaid-enrolled children occurred among children whose mothers were undocumented at the time of their babies’ birth, with a rate of 80.7% on Combination 3. The lowest rates occurred among children enrolled in Medicaid fee-for-service, with a rate of 59.9% on Combination 3. The rate for children enrolled in Medicaid managed care (64.4% on Combination 3) was intermediate.
- Immunization rates varied widely across different Medicaid managed care plans. For Combination 3, only Coordinated Care demonstrated rates above 70% (72.2%). The rates for all other managed care plans were between 30 and 70%, with the majority between 60% and 70%.
- Coordinated Care exceeded other managed care plans in all 10 individual vaccination rates. For MMR, HiB, and VZV, rates for children enrolled in Coordinated Care equaled or exceeded 90%. The vaccination rates for IPV and Hep B were 89.9% and 88.9%, respectively. For DTaP, Coordinated Care had the highest rate (78.6%), while Columbia United Providers had the lowest rate (50%). Coordinated Care also had the highest rate for PCV (80.5%), and Columbia United Providers, again, had the lowest rate (50%).
- Medicaid-enrolled Asian children, as a group, had the highest immunization rates for 8 of 10 individual vaccines and were tied with Hispanic children for one vaccine (HiB). Children of Hispanic ethnicity had the highest immunization rates for the Hep B vaccine (74.0%). For Combination 3, the rate for Asian children was 77.8%, while the rate for Hispanic children



was 74.0%. The Combination 3 rates were the lowest for white children (57.7%) and children of Other/Unknown race/ethnicity (46.6%).



**Table 5a. Childhood Immunizations by Age Two for Children Who Turned Two in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday**

Medicaid Managed Care Plan	TOTAL ELIGIBLE CHILDREN	Four DTaP		Three IPV		One MMR		Three HiB		Three Hep B		One VZV		Four PCV	
		N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Amerigroup Washington Inc	1559	1,074	68.9%	1,264	81.1%	1,311	84.1%	1,280	82.1%	1,265	81.1%	1,290	82.7%	1,092	70.0%
Columbia United Providers	28	14	50.0%	19	67.9%	22	78.6%	20	71.4%	18	64.3%	22	78.6%	14	50.0%
Community Health Plan of WA	6580	4,658	70.8%	5,658	86.0%	5,572	84.7%	5,610	85.3%	5,759	87.5%	5,520	83.9%	4,845	73.6%
Coordinated Care of Washington	3777	2,969	78.6%	3,397	89.9%	3,453	91.4%	3,415	90.4%	3,356	88.9%	3,400	90.0%	3,039	80.5%
Molina Healthcare of WA	12257	8,853	72.2%	10,548	86.1%	10,543	86.0%	10,692	87.2%	10,553	86.1%	10,329	84.3%	9,176	74.9%
UnitedHealthcare Community Plan	3042	2,151	70.7%	2,500	82.2%	2,555	84.0%	2,530	83.2%	2,478	81.5%	2,537	83.4%	2,203	72.4%
Native Health PCCM (multiple agencies)	284	203	71.5%	252	88.7%	248	87.3%	247	87.0%	258	90.8%	243	85.6%	200	70.4%
<b>Medicaid Managed Care</b>	<b>27,527</b>	<b>19,922</b>	<b>72.4%</b>	<b>23,638</b>	<b>85.9%</b>	<b>23,704</b>	<b>86.1%</b>	<b>23,794</b>	<b>86.4%</b>	<b>23,687</b>	<b>86.1%</b>	<b>23,341</b>	<b>84.8%</b>	<b>20,569</b>	<b>74.7%</b>
Medicaid Fee for Service	1,879	1,299	69.1%	1,536	81.7%	1,616	86.0%	1,571	83.6%	1,506	80.1%	1,568	83.4%	1,331	70.8%
Mother Undocumented at Delivery	3,859	3,290	85.3%	3,753	97.3%	3,698	95.8%	3,753	97.3%	3,741	96.9%	3,703	96.0%	3,441	89.2%
<b>Total</b>	<b>29,406</b>	<b>21,221</b>	<b>72.2%</b>	<b>25,174</b>	<b>85.6%</b>	<b>25,320</b>	<b>86.1%</b>	<b>25,365</b>	<b>86.3%</b>	<b>25,193</b>	<b>85.7%</b>	<b>24,909</b>	<b>84.7%</b>	<b>21,900</b>	<b>74.5%</b>

Child may have been enrolled in more than one plan over the two year period. **Plan** listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Mother Undocumented at Delivery** identified for children with matching Medicaid ID in First Steps Database. **Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **DTaP** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HiB** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+HiB+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations.



**Table 5b. Childhood Immunizations by Age Two for Children Who Turned Two in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday**

Medicaid Managed Care Plan	TOTAL ELIGIBLE CHILDREN	One Hep A		Two/Three RV		Two Influenza		Combination 2		Combination 3		Combination 4		Combination 5	
		N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Amerigroup Washington Inc	1559	1,174	75.3%	936	60.0%	807	51.8%	989	63.4%	941	60.4%	882	56.6%	759	48.7%
Columbia United Providers	28	18	64.3%	13	46.4%	8	28.6%	12	42.9%	10	35.7%	9	32.1%	8	28.6%
Community Health Plan of WA	6580	5,202	79.1%	4,223	64.2%	3,461	52.6%	4,396	66.8%	4,184	63.6%	4,046	61.5%	3,520	53.5%
Coordinated Care of Washington	3777	3,261	86.3%	2,710	71.8%	2,277	60.3%	2,821	74.7%	2,728	72.2%	2,648	70.1%	2,345	62.1%
Molina Healthcare of WA	12257	9,538	77.8%	8,258	67.4%	6,731	54.9%	8,197	66.9%	7,837	63.9%	7,443	60.7%	6,652	54.3%
UnitedHealthcare Community Plan	3042	2,361	77.6%	1,953	64.2%	1,711	56.2%	1,944	63.9%	1,855	61.0%	1,765	58.0%	1,568	51.5%
Native Health PCCM (multiple agencies)	284	223	78.5%	153	53.9%	157	55.3%	191	67.3%	179	63.0%	162	57.0%	122	43.0%
Medicaid Managed Care	27,527	21,777	79.1%	18,246	66.3%	15,152	55.0%	18,550	67.4%	17,734	64.4%	16,955	61.6%	14,974	54.4%
Medicaid Fee for Service	1,879	1,445	76.9%	1,099	58.5%	1,017	54.1%	1,181	62.9%	1,125	59.9%	1,046	55.7%	875	46.6%
Mother Undocumented at Delivery	3,859	3,576	92.7%	3,157	81.8%	2,731	70.8%	3,211	83.2%	3,116	80.7%	3,055	79.2%	2,763	71.6%
<b>Total</b>	<b>29,406</b>	<b>23,222</b>	<b>79.0%</b>	<b>19,345</b>	<b>65.8%</b>	<b>16,169</b>	<b>55.0%</b>	<b>19,731</b>	<b>67.1%</b>	<b>18,859</b>	<b>64.1%</b>	<b>18,001</b>	<b>61.2%</b>	<b>15,849</b>	<b>53.9%</b>

Child may have been enrolled in more than one plan over the two year period. **Plan** listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Mother Undocumented at Delivery** identified for children with matching Medicaid ID in First Steps Database. **Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **DTap** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HIB** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = Dtap+IPV+MMR+HIB+Hep B+VZV. **Combination 3** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV. **Combination 4** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A. **Combination 5** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV+RV. **Combination 6** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV+Flu. **Combination 7** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV+RV+Flu. **Combination 10** = Dtap+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations.





**Table 5c. Childhood Immunizations by Age Two for Children Who Turned Two in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday**

Medicaid Managed Care Plan	TOTAL ELIGIBLE CHILDREN	Combination 6		Combination 7		Combination 8		Combination 9		Combination 10	
		N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Amerigroup Washington Inc	1559	629	40.3%	720	46.2%	597	38.3%	532	34.1%	513	32.9%
Columbia United Providers	28	6	21.4%	7	25.0%	5	17.9%	6	21.4%	5	17.9%
Community Health Plan of WA	6580	2,871	43.6%	3,427	52.1%	2,817	42.8%	2,489	37.8%	2,451	37.2%
Coordinated Care of Washington	3777	1,976	52.3%	2,294	60.7%	1,940	51.4%	1,740	46.1%	1,713	45.4%
Molina Healthcare of WA	12257	5,437	44.4%	6,388	52.1%	5,259	42.9%	4,764	38.9%	4,624	37.7%
UnitedHealthcare Community Plan	3042	1,334	43.9%	1,507	49.5%	1,287	42.3%	1,167	38.4%	1,131	37.2%
Native Health PCCM (multiple agencies)	284	119	41.9%	111	39.1%	113	39.8%	82	28.9%	79	27.8%
<b>Medicaid Managed Care</b>	<b>27,527</b>	<b>12,372</b>	<b>44.9%</b>	<b>14,454</b>	<b>52.5%</b>	<b>12,018</b>	<b>43.7%</b>	<b>10,780</b>	<b>39.2%</b>	<b>10,516</b>	<b>38.2%</b>
Medicaid Fee for Service	1,879	796	42.4%	818	43.5%	762	40.6%	653	34.8%	625	33.3%
Mother Undocumented at Delivery	3,859	2,425	62.8%	2,714	70.3%	2,394	62.0%	2,172	56.3%	2,145	55.6%
<b>Total</b>	<b>29,406</b>	<b>13,168</b>	<b>44.8%</b>	<b>15,272</b>	<b>51.9%</b>	<b>12,780</b>	<b>43.5%</b>	<b>11,433</b>	<b>38.9%</b>	<b>11,141</b>	<b>37.9%</b>

Child may have been enrolled in more than one plan over the two year period. Plan listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. **Mother Undocumented at Delivery** identified for children with matching Medicaid ID in First Steps Database. **Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **DTap** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HIB** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+HIB+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations.





**Table 5d. Childhood Immunizations by Age Two for Children Who Turned Two in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday  
By Race/Ethnicity**

	Four DTap		Three IPV		One MMR		Three Hib		Three Hep B		One VZV		Four PCV	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
<b>TOTAL ELIGIBLE CHILDREN</b>														
Hispanic	9,621	79.9%	8,976	93.3%	8,944	93.0%	9,008	93.6%	8,992	93.5%	8,905	92.6%	8,019	83.3%
Not Hispanic or Ethnicity Unknown														
White	13,341	86.9%	10,565	79.2%	10,797	80.9%	10,740	80.5%	10,510	78.8%	10,415	78.1%	9,139	68.5%
Asian	1,046	84.1%	981	93.8%	991	94.7%	979	93.6%	974	93.1%	976	93.3%	903	86.3%
Black	1,814	68.2%	1,585	87.4%	1,487	82.0%	1,564	86.2%	1,617	89.1%	1,539	84.8%	1,289	71.1%
American Indian/Alaska Native	563	67.1%	490	87.0%	490	87.0%	486	86.3%	509	90.4%	486	86.3%	384	68.2%
Hawaiian/Pacific Islander	598	64.7%	526	88.0%	525	87.8%	526	88.0%	530	88.6%	523	87.5%	429	71.7%
More Than One Race	2,050	73.7%	1,788	87.2%	1,790	87.3%	1,796	87.6%	1,807	88.1%	1,774	86.5%	1,532	74.7%
Other/Unknown	373	56.3%	263	70.5%	296	79.4%	266	71.3%	254	68.1%	291	78.0%	205	55.0%
<b>Total</b>	<b>29,406</b>	<b>72.2%</b>	<b>25,174</b>	<b>85.6%</b>	<b>25,320</b>	<b>86.1%</b>	<b>25,365</b>	<b>86.3%</b>	<b>25,193</b>	<b>85.7%</b>	<b>24,909</b>	<b>84.7%</b>	<b>21,900</b>	<b>74.5%</b>

**Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **Race/ethnicity** categories are mutually exclusive.

Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **DTap** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **Hib** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included.

**Combination 2** = DtaP+IPV+MMR+Hib+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV.

**Combination 6** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV. **Combination 8** =

DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Flu. **Combination 9** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations.



**Table 5e. Childhood Immunizations by Age Two for Children Who Turned Two in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday  
By Race/Ethnicity**

	One Hep A		Two/Three RV		Two Influenza		Combination 2		Combination 3		Combination 4		Combination 5	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
<b>TOTAL ELIGIBLE CHILDREN</b>														
Hispanic	9,621	88.0%	7,223	75.1%	6,107	63.5%	7,382	76.7%	7,116	74.0%	6,907	71.8%	6,166	64.1%
Not Hispanic or Ethnicity Unknown														
White	13,341	9,528	8,018	60.1%	6,337	47.5%	8,068	60.5%	7,693	57.7%	7,226	54.2%	6,379	47.8%
Asian	1,046	944	799	76.4%	754	72.1%	843	80.6%	814	77.8%	792	75.7%	712	68.1%
Black	1,814	1,457	1,102	60.7%	989	54.5%	1,115	61.5%	1,057	58.3%	1,009	55.6%	848	46.7%
American Indian/Alaska Native	563	439	298	52.9%	297	52.8%	356	63.2%	330	58.6%	306	54.4%	237	42.1%
Hawaiian/Pacific Islander	598	494	393	65.7%	372	62.2%	367	61.4%	349	58.4%	336	56.2%	297	49.7%
More Than One Race	2,050	1,627	1,345	65.6%	1,130	55.1%	1,407	68.6%	1,326	64.7%	1,258	61.4%	1,087	53.0%
Other/Unknown	373	267	167	44.8%	183	49.1%	193	51.7%	174	46.6%	167	44.8%	123	33.0%
<b>Total</b>	<b>29,406</b>	<b>23,222</b>	<b>19,345</b>	<b>65.8%</b>	<b>16,169</b>	<b>55.0%</b>	<b>19,731</b>	<b>67.1%</b>	<b>18,859</b>	<b>64.1%</b>	<b>18,001</b>	<b>61.2%</b>	<b>15,849</b>	<b>53.9%</b>

**Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **DtaP** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **Hib** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+Hib+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations.



**Table 5f. Childhood Immunizations by Age Two for Children Who Turned Two in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday  
By Race/Ethnicity**

	Combination 6		Combination 7		Combination 8		Combination 9		Combination 10		
	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	
<b>TOTAL ELIGIBLE CHILDREN</b>											
Hispanic	9,621	54.1%	6,011	62.5%	5,102	53.0%	4,593	47.7%	4,510	46.9%	
Not Hispanic or Ethnicity Unknown											
White	13,341	5,046	37.8%	6,079	45.6%	4,843	36.3%	4,348	32.6%	4,199	31.5%
Asian	1,046	645	61.7%	698	66.7%	633	60.5%	578	55.3%	569	54.4%
Black	1,814	746	41.1%	816	45.0%	731	40.3%	627	34.6%	614	33.8%
American Indian/Alaska Native	563	223	39.6%	223	39.6%	213	37.8%	167	29.7%	163	29.0%
Hawaiian/Pacific Islander	598	263	44.0%	284	47.5%	255	42.6%	230	38.5%	222	37.1%
More Than One Race	2,050	912	44.5%	1,039	50.7%	883	43.1%	799	39.0%	774	37.8%
Other/Unknown	373	126	33.8%	122	32.7%	120	32.2%	91	24.4%	90	24.1%
<b>Total</b>	<b>29,406</b>	<b>13,168</b>	<b>44.8%</b>	<b>15,272</b>	<b>51.9%</b>	<b>12,780</b>	<b>43.5%</b>	<b>11,433</b>	<b>38.9%</b>	<b>11,141</b>	<b>37.9%</b>

**Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **DtaP** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HIB** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. **Combination** measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+HIB+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations.



## 6 Adolescent Immunization Status

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Vaccines for adolescents are important because as children get older, protection from some childhood vaccines begins to wane. In addition, the risk of getting certain diseases like meningitis increases among adolescents and young adults. Recommended well care for adolescents includes reviewing their immunization history to ensure they are up to date on their vaccines. Between their eleventh and thirteenth birthdays, adolescents should receive one dose of meningococcal vaccine and one tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine or one tetanus and diphtheria toxoids (Td) vaccine. Adolescents should also receive the 3-dose human papillomavirus (HPV) series. (The HPV vaccine is reported in a different chapter of this report.)

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*Healthy People 2020* goals for vaccination coverage of adolescents by age 13 to 15 years are 80% for tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine and meningococcal conjugate vaccine.

In FFY 2014, CMS received reports for Combination 1 rates which identify the number of adolescents who received the recommended doses of both the meningococcal vaccine and Tdap/Td from 35 states. The median rate among the states reporting this measure was 67.1%. (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2016). The Combination 1 rate for Washington adolescents was 70.8% in 2014 and 2015—above the median rate for states reporting this measure. NCQA reported a Combination 1 rate of 71.4% for Medicaid HMOs in 2014, very close to the Washington managed care rates of 71.8% in 2014 and 71.6% in 2015.

### **Measure Definition:** Immunization Status for Adolescents

Percentage of adolescents that turned 13 years old during the measurement year and had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

**Data Collection Method:** Administrative data linked to immunization registry data (Washington State Immunization Information System)

- Medicaid-enrolled children in Washington State who turned 13 years old in 2015 exceeded the *Healthy People 2020* target of 80% vaccine coverage for Tdap/Td with a rate of 88.4%. For meningococcal vaccine, they fell short of the 80% *Healthy People 2020* target with a rate of 72.2%. Rates for managed care enrollees were comparable to, or exceeded, the national averages for Medicaid HMOs reported by NCQA (73.4% for meningococcal and 83.7% for Tdap/Td).

- Immunization rates for Meningococcal, Tdap/Td, and their combination rate for Medicaid children enrolled in fee-for-service were just 10% less than those for Medicaid children enrolled in managed care. This represents a substantial improvement for adolescents in fee-for-service from 2013 when these immunization rates were less than half those for Medicaid children in managed care.
- Four managed care plans and the Native Health PCCM agencies had Combination rates above 70%: Coordinated Care (74.9%), Community Health Plan (72.4%), Molina (72%), United Healthcare (71.0%), Native Health PCCM (78.1%).
- Hispanic children demonstrated the highest immunization rates for Meningococcal (81.5%), Tdap/Td (93.8%), and their combination (Meningococcal, Tdap/Td, 80.5%). Asian adolescents also had an immunization rate of greater than 90% (90.3%) for Tdap/Td. White adolescents and those of other or unknown race had the lowest immunization rates: 64.7% and 67.9%, respectively, for Meningococcal, and 85% for Tdap/Td for both White and Other/Unknown.



**Table 6a. Immunization Status for Adolescents Who Turned Thirteen in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Thirteenth Birthday  
By Managed Care Plan**

Medicaid Managed Care Plan	Meningococcal (Age 11-13)		Tdap/Td (Age 10-13)		Combination 1 (Meningococcal + Tdap/Td)	
	N	% of Total	N	% of Total	N	% of Total
<b>TOTAL ELIGIBLE CHILDREN</b>						
Amerigroup Washington Inc	995	61.2%	816	82.0%	588	59.1%
Columbia United Providers	510	61.6%	427	83.7%	308	60.4%
Community Health Plan of Washington	6045	74.0%	5,393	89.2%	4,379	72.4%
Coordinated Care of Washington	2334	76.3%	2,108	90.3%	1,748	74.9%
Molina Healthcare of Washington Inc	10611	73.3%	9,553	90.0%	7,645	72.0%
UnitedHealthcare Community Plan	1890	72.7%	1,651	87.4%	1,342	71.0%
Native Health PCCM (multiple agencies)	169	78.1%	151	89.3%	132	78.1%
<b>Medicaid Managed Care</b>	<b>22,554</b>	<b>73.0%</b>	<b>20,099</b>	<b>89.1%</b>	<b>16,142</b>	<b>71.6%</b>
<b>Medicaid Fee for Service</b>	<b>3,065</b>	<b>66.5%</b>	<b>2,558</b>	<b>83.5%</b>	<b>1,985</b>	<b>64.8%</b>
<b>Total</b>	<b>25,619</b>	<b>72.2%</b>	<b>22,657</b>	<b>88.4%</b>	<b>18,127</b>	<b>70.8%</b>

Child may have been enrolled in more than one plan over the two year period. **Plan** listed is the plan that the child was enrolled in for the greatest amount of time during the 12 months before her/his 13th birthday, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Excludes** children with eligibility for programs using state funds only. **Tdap/Td** = one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays. **Meningococcal** = one meningococcal conjugate or meningococcal polysaccharide vaccine on or between the child's 11th and 13th birthdays. **Combination 1** (Meningococcal, Tdap/Td) = Children who received one meningococcal vaccine on or between their 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays.



**Table 6b. Immunization Status for Adolescents Who Turned Thirteen in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Thirteenth Birthday  
By Race/Ethnicity**

	Meningococcal (Age 11-13)		Tdap/Td (Age 10-13)		Combination 1 (Meningococcal + Tdap/Td)	
	N	% of Total	N	% of Total	N	% of Total
<b>TOTAL ELIGIBLE CHILDREN</b>						
Hispanic	8,041	81.5%	7,541	93.8%	6,474	80.5%
Not Hispanic or Ethnicity Unknown						
White	11,875	64.7%	10,097	85.0%	7,533	63.4%
Asian	1,049	78.1%	947	90.3%	790	75.3%
Black	1,617	76.8%	1,445	89.4%	1,207	74.6%
American Indian/Alaska Native	581	76.8%	513	88.3%	433	74.5%
Hawaiian/Pacific Islander	546	77.1%	477	87.4%	404	74.0%
More Than One Race	614	73.0%	536	87.3%	439	71.5%
Other/Unknown	1,296	67.9%	1,101	85.0%	847	65.4%
<b>Total</b>	<b>25,619</b>	<b>72.2%</b>	<b>22,657</b>	<b>88.4%</b>	<b>18,127</b>	<b>70.8%</b>

**Excludes** children with eligibility for programs using state funds only. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator (5.3% of children). **Tdap/Td** = one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays. **Meningococcal** = one meningococcal conjugate or meningococcal polysaccharide vaccine on or between the child's 11th and 13th birthdays. **Combination 1** (Meningococcal, Tdap/Td) = Children who received one meningococcal vaccine on or between their 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays.





## 7 Well-Child Visits

Regular visits for screening and examinations by medical providers are recommended during early childhood and throughout the adolescent years to support healthy growth and development, as well as for counseling on nutrition, physical activity, injury prevention, and other age-appropriate topics. The American Academy of Pediatrics and Bright Futures recommend 9 well-child visits in the first 15 months of life and annual well-child visits for children ages 3 and older.<sup>7</sup>

For the 46 states that reported CHIPRA measures for FFY 2014, performance on the well-child visit measure was highest, on average, for children ages 3 to 6, with a median of 67.4% receiving the recommended annual well-child visit.

Performance on the well-child visit measure for children age 0 to 15 months (with at least six visits) is typically lower than that for 3- to 6-year-olds (annual visits). For the 40 states that reported CHIPRA measures for 15-month-olds, the median rate was 62.1 % in FFY 2014.

### **Measure Definition:** Well-Child Visits (WCVs)

Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner during their first 15 months of life.

Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.

### **Data Collection Method:** Administrative

- For 3- to 6-year-olds, the 2014 and 2015 rates of one or more well-child visits reported here for children in Medicaid managed care were 63.3% and 61.3%, respectively. For children that turned 15 months old during the measurement year, the proportion of children in Medicaid managed care who had six or more well-child visits was 50.0% in 2014 and 48.7% in 2015.
- In both 2014 and 2015, the rates of well-child visits among children enrolled in Medicaid managed care plans exceeded those for children in fee-for-service, for both 15-month-old children and those ages 3 to 6. In 2015, 48.7% of 15-month-olds enrolled in Medicaid managed care received at least six visits; the rate was just 26.6% for 15-month-olds in Medicaid fee-for-service. For 3- to 6-year-olds, overall rates were comparable, with 61.3% of children in managed care receiving at least one visit, compared to 33.9% of children in fee-for-service.

<sup>7</sup> See <http://pediatrics.aappublications.org/content/136/3/e727> for a detailed schedule of recommended visits.



- Rates of recommended well-child visits for both 3- to 6-year-olds and 15-month-olds were essentially unchanged between 2014 and 2015: 60.7% in 2014 and 59.0% in 2015 for 3- to 6-year-olds, and 48.3% in 2014 and 47.0% in 2015 for 15-month-olds.
- The proportion of 15-month-old children who had at least six well-child visits was highest for Asian and Hispanic children in 2015 (55.1 and 54.5, respectively). Similarly, the proportion of 3- to 6-year-olds with at least one annual visit was highest for Asian and Hispanic children (65.0% and 64.4%, respectively).

**Table 7a. Well-Child Visits  
Children With Continuous Medicaid/CHIP Eligibility During the Year (Ages 3-6  
or 31 Days to 15 Months of Age (15 Months Old) by Managed Care Plan**

	2014						OCT 2014 - SEP 2015					
	15 Months Old			Age 3-6			15 Months Old			Age 3-6		
	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)
<b>Medicaid Managed Care Plan</b>												
Amerigroup Washington Inc	1,564	773	49.4%	4,685	2,796	59.7%	2,575	1,309	50.8%	7,085	3,915	55.3%
Columbia United Providers							292	101	34.6%	7,145	4,260	59.6%
Community Health Plan of WA	9,259	4,297	46.4%	40,983	25,666	62.6%	8,090	3,710	45.9%	34,731	21,378	61.6%
Coordinated Care of Washington	4,761	2,649	55.6%	13,985	9,149	65.4%	5,118	2,735	53.4%	15,383	9,181	59.7%
Molina Healthcare of WA	17,013	8,882	52.2%	69,998	44,853	64.1%	15,185	7,685	50.6%	73,105	45,776	62.6%
UnitedHealthcare Community Plan	3,322	1,420	42.7%	10,434	6,431	61.6%	4,338	1,849	42.6%	13,479	8,157	60.5%
Native Health PCCM (multiple agencies)	397	134	33.8%	1,016	460	45.3%	350	114	32.6%	1,262	568	45.0%
<b>Medicaid Managed Care</b>	<b>36,316</b>	<b>18,155</b>	<b>50.0%</b>	<b>141,101</b>	<b>89,355</b>	<b>63.3%</b>	<b>35,948</b>	<b>17,503</b>	<b>48.7%</b>	<b>152,190</b>	<b>93,235</b>	<b>61.3%</b>
<b>Medicaid Fee for Service</b>	<b>2,644</b>	<b>660</b>	<b>25.0%</b>	<b>13,461</b>	<b>4,533</b>	<b>33.7%</b>	<b>2,943</b>	<b>784</b>	<b>26.6%</b>	<b>13,646</b>	<b>4,620</b>	<b>33.9%</b>
<b>Total</b>	<b>38,960</b>	<b>18,815</b>	<b>48.3%</b>	<b>154,562</b>	<b>93,888</b>	<b>60.7%</b>	<b>38,891</b>	<b>18,287</b>	<b>47.0%</b>	<b>165,836</b>	<b>97,855</b>	<b>59.0%</b>

**Age** refers to the age of the child as of the end of the measurement year. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with state-only Medicaid/CHIP eligibility. Child may have been enrolled in more than one **plan** over the specified period. **Plan** listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Recommended screening schedule** is five screenings in the first year of life, three screenings ages 1-2, and one screening per 12-month period for 3-6 year olds.



**Table 7b. Well-Child Visits  
Children With Continuous Medicaid/CHIP Eligibility During the Year (Ages 3-6  
or 31 Days to 15 Months of Age (15 Months Old) by Race/Ethnicity**

	2014						OCT 2014 - SEP 2015					
	15 Months Old			Age 3-6			15 Months Old			Age 3-6		
	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)
<b>Race/Ethnicity</b>												
Hispanic	12,721	7,197	56.6%	53,993	35,993	66.7%	12,828	7,063	55.1%	55,958	36,029	64.4%
Not Hispanic or Ethnicity Unknown												
White	17,797	7,775	43.7%	66,625	37,836	56.8%	17,614	7,487	42.5%	73,682	41,024	55.7%
Asian	1,439	819	56.9%	5,494	3,678	66.9%	1,452	792	54.5%	6,245	4,059	65.0%
Black	2,457	1,084	44.1%	9,167	5,619	61.3%	2,694	1,186	44.0%	10,851	6,481	59.7%
American Indian/Alaska Native	793	253	31.9%	3,147	1,592	50.6%	843	250	29.7%	3,935	1,909	48.5%
Hawaiian/Pacific Islander	809	345	42.6%	2,873	1,600	55.7%	964	389	40.4%	3,857	2,094	54.3%
More Than One Race	2,638	1,220	46.2%	7,830	4,611	58.9%	2,076	958	46.1%	5,620	3,184	56.7%
Other/Unknown	140	64	45.7%	521	333	63.9%	420	162	38.6%	5,688	3,075	54.1%
<b>Total</b>	<b>38,960</b>	<b>18,815</b>	<b>48.3%</b>	<b>154,562</b>	<b>93,888</b>	<b>60.7%</b>	<b>38,891</b>	<b>18,287</b>	<b>47.0%</b>	<b>165,836</b>	<b>97,855</b>	<b>59.0%</b>

**Age** refers to the age of the child as of December 31. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with state-only Medicaid/CHIP eligibility. Child may have been enrolled in more than one **plan** over the specified period. **Plan** listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **Recommended screening schedule** is five screenings in the first year of life, three screenings ages 1-2, and one screening per 12-month period for 3-6 year olds.



## 8 Adolescent Well-Care Visits

Well-care visits during the adolescent years provide opportunities for counseling about risk-taking behaviors, interventions and treatment for chronic diseases, and timely and relevant health promotion advice. The American Academy of Pediatrics recommends an annual visit for adolescents<sup>8</sup>); however, in Washington, the state-specific recommendation is for one visit every two years (children 7 through 20 years of age).

As reported for CHIPRA, adolescents had the lowest rate of well-child visits compared to younger children, with a median of 43.5% of adolescents ages 12 to 21 receiving at least one well-child visit.

### **Measure Definition:** Adolescent Well-Care Visit

Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrics-gynecology (OB-GYN) practitioner during the measurement year

### **Data Collection Method:** Administrative

- In both 2014 and 2015, the rates of well-care visits for adolescents enrolled in Medicaid managed care plans exceeded those for adolescents in Medicaid fee-for-service. In 2015, 35.2% of 12- to 21-year-olds enrolled in managed care received at least one visit; the rate was just 16.1% for 12- to 21-year-olds in fee-for-service.
- The overall rate of well-care visits decreased slightly from 2014 to 2015, from 34.4% to 32.9%. The rate for adolescents enrolled in managed care plans decreased from 37.0% to 35.2%, and the rate for those in fee-for-service also decreased from 17.9% to 16.1%.
- The proportion of 12- to 21-year-olds with at least one well-care visit was highest for Asians in both 2014 and 2015 (42.8% and 40.7%, respectively). Hispanic and Black/African American adolescents had the next highest rates. In 2015, 37.3% of Hispanic adolescents and 35.2% of Black/African American adolescents had at least one comprehensive well-care visit. The lowest rates occurred among American Indian/Alaska Native and White youth: 26.4% and 29.6%, respectively.

<sup>8</sup> See <http://pediatrics.aappublications.org/content/136/3/e727> for a detailed schedule of recommended visits.



**Table 8a. Adolescent Well-Care Visits  
Children 12-21 With Continuous Medicaid/CHIP Eligibility During the Year**

	2014			OCT 2014 - SEP 2015		
	Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Had Visit (N)	Had Visit (%)
<b>Medicaid Managed Care Plan</b>						
Amerigroup Washington Inc	10,805	3,395	31.4%	15,434	4,621	29.9%
Columbia United Providers				11,973	3,413	28.5%
Community Health Plan of WA	63,723	21,988	34.5%	58,806	20,043	34.1%
Coordinated Care of Washington	23,751	8,343	35.1%	26,444	8,355	31.6%
Molina Healthcare of WA	97,495	39,391	40.4%	109,831	42,359	38.6%
UnitedHealthcare Community Plan	19,218	6,657	34.6%	24,846	8,462	34.1%
Native Health PCCM (multiple agencies)	1,642	418	25.5%	2,101	504	24.0%
Medicaid Managed Care	216,634	80,192	37.0%	249,435	87,757	35.2%
Medicaid Fee for Service	34,307	6,146	17.9%	33,541	5,402	16.1%
<b>Total</b>	<b>250,941</b>	<b>86,338</b>	<b>34.4%</b>	<b>282,976</b>	<b>93,159</b>	<b>32.9%</b>

**Age** refers to the age of the child as of the end of the measurement year. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with state-only Medicaid/CHIP eligibility. Child may have been enrolled in more than one **plan** over the specified period. **Plan** listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **The recommended screening interval** is one screening per 24-month period for 7-20 year olds. **Adolescents who did not have a visit during the year may still be within screening interval recommendations.**



**Table 8b. Adolescent Well-Care Visits  
Children 12-21 With Continuous Medicaid/CHIP Eligibility During the Year**

2014			OCT 2014 - SEP 2015		
Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Had Visit (N)	Had Visit (%)

<b>Race/Ethnicity</b>						
Hispanic	70,492	27,640	39.2%	81,039	30,240	37.3%
Not Hispanic or Ethnicity Unknown						
White	121,608	37,610	30.9%	135,905	40,244	29.6%
Asian	10,584	4,527	42.8%	12,731	5,177	40.7%
Black	16,245	6,108	37.6%	19,398	6,829	35.2%
American Indian/Alaska Native	5,658	1,575	27.8%	7,260	1,918	26.4%
Hawaiian/Pacific Islander	4,879	1,676	34.4%	6,615	2,263	34.2%
More Than One Race	9,265	3,304	35.7%	6,098	2,048	33.6%
Other/Unknown	12,210	3,898	31.9%	13,930	4,440	31.9%
<b>Total</b>	<b>250,941</b>	<b>86,338</b>	<b>34.4%</b>	<b>282,976</b>	<b>93,159</b>	<b>32.9%</b>

**Age** refers to the age of the child as of the end of the measurement year. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with state-only Medicaid/CHIP eligibility. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. The **recommended screening interval** is one screening per 24-month period for 7-20 year olds. Adolescents who did not have a visit during the year may still be within screening interval recommendations.



## 9 Emergency Department Visits

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Although visits to the emergency department (ED) do not indicate poor quality of care, unnecessary use of emergency care may signal a lack of access to more appropriate sources of medical attention.

While the reasons that patients decide to visit an ED instead of a clinic or medical provider's office are complex, unnecessary and non-urgent ED visits are costly, result in ED over-crowding, and contribute to long wait times. Access to sources of ambulatory care other than the ED can improve patient outcomes and maintain a high quality of care.

HCA continues to focus on implementation of best practices to reduce medically unnecessary ED visits, in consultation with the Washington State Hospital Association, the Washington State Medical Association, and the Washington Chapter of the American Chapter of Emergency Physicians (HCA Report to the Legislature, 2014). While these efforts are not specifically targeted to children's use of ED services, Medicaid children may benefit from improved access to and coordination of medical care which the HCA is promoting through best practices recommendations.

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CMS reported ED visits for the first time in their 2016 report. Washington State's 2014 Medicaid rates compare favorably with the medians for the 37 states that reported this measure. For the overall rate, and for each age group, Washington State's reported rate was below CMS' state median. The smallest difference was seen for infants (children less than one year old): 86.4 per 1,000 for Washington State infants, compared to CMS' state median of 88.9 per 1,000. Overall, for children from birth to age 19, Washington State's rate of 39.6 per 1,000 was 87% of CMS' state median rate of 45.7 per 1000.

### **Measure Definition:** Emergency Department (ED) Visits

Rate of ED visits per 1,000 member months among children up to age 19. This measure is calculated for three age groups: less than 1, 1 to 9, and 10 to 19.

### **Data Collection Method:** Administrative

- In 2015, ED visits varied greatly by age: the highest visit rates (79.7 visits per 1,000 member months) occurred among infants (less than one year old); the rate for children 1 to 9, 41.6 visits per 1,000 member months, was intermediate; and the rate for youth 10 to 19 was the lowest, 34.0 per 1,000 member months.
- ED visit rates among plans also varied widely. The differences in ED visit rates were largest for children under one year of age. Native Health PCCM had the highest rate (126.0 per 1,000 member months) and Columbia United Providers had the lowest rate (63.0 per 1,000 member months). Compared to the six managed care plans, Native Health PCCM consistently demonstrated the highest rates of ED visits for all three age groups.

- ED visit rates for children in fee-for-service were consistently lower than those for managed care enrollees. This was true for all three age groups, though most pronounced for children less than one year old.
- Between 2011 and 2015, ED visit rates decreased slightly for infants (children less than one year old) and increased very slightly for children ages 1 to 9 and those ages 10 to 19. The direction of change differed for children in fee-for-service and those in managed care; since the number of children in managed care greatly exceeded that in fee-for-service, changes for managed care were the driver for overall changes.
- For infants and for children 10 to 19 years old, the highest rates of ED visits generally occurred among American Indians/Alaska Natives. For children 1 to 9 years old, the highest rates of ED visits occurred among Blacks/African Americans for all time periods, with American Indian/Alaska Native children generally having the second highest rates. In 2013, for infants, the rate of ED visits for Hawaiian/Pacific Islanders (110.2 per 1,000 member months) exceeded that for American Indian/Alaska Natives (106.6 per 1,000 member months). In 2015, for children 1 to 9 years old, children of Hispanic ethnicity had the second highest rate of ED visits (47.3 per 1,000 member months).
- The lowest rates of ED visits occurred among Asians. This was true for all time periods and all age groups. The ED visit rate for Asians ranged from about one-third to two-thirds of the overall rate for all races. In 2015, the Asian rate for infants (47.0 per 1,000 member months) was 59.0% of the overall rate. For children 1 to 9 years old, the rate for Asians (26.4 per 1,000 member months) was 63.0% of the overall rate. For youth 10-18, the rate for Asians (11.0 per 1,000 member months) was 32.0% of the overall rate.

HCA's focus on implementing best practices to reduce medically unnecessary ED visits includes the following strategies:

- Continue activities related to the ER is for Emergencies/7 Best Practices initiative, in collaboration with Washington State Hospital Association, American College of Emergency Physicians WA Chapter, Washington State Medical Association;
- Monthly reporting by HCA to hospitals regarding Medicaid utilization and prescribing;
- Efforts to increase after-hours medical care access; and
- Increased interoperability and communication through Emergency Department Information Exchange (EDIE) in emergency departments throughout the state.



**Table 9a. Ambulatory Care -- Emergency Department Visits  
Emergency Visits During the Year for Children Under Age One Enrolled in Medicaid or CHIP for at least One Month  
Emergency Visits per 1,000 Months of Eligibility 2011-2015**

Medicaid Managed Care Plan	2011			2012			2013			2014			2015 (JAN-SEP)		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Amerigroup Washington Inc				383	5,662	67.6	1,545	21,039	73.4	2,629	36,493	72.0	2,438	32,884	74.1
Asuris NW Health Plan	311	4,328	71.9	148	1,896	78.1									
Columbia United Providers	2,854	41,000	69.6	1,261	19,917	63.3							1,036	16,446	63.0
Community Health Plan of WA	16,924	170,743	99.1	15,016	170,144	88.3	12,199	135,803	89.8	9,074	111,266	81.6	6,444	72,526	88.9
Coordinated Care of Washington				1,291	14,483	89.1	5,143	56,422	91.2	6,539	69,664	93.9	4,814	49,507	97.2
Group Health Cooperative	495	12,177	40.7	112	5,892	19.0									
Kaiser Foundation Health Plan	31	623	49.8	31	725	42.8									
Molina Healthcare of WA	18,637	237,584	78.4	18,762	249,669	75.1	18,278	236,095	77.4	14,728	194,228	75.8	12,432	155,746	79.8
Regence Blue Shield	2,899	25,303	114.6	1,084	11,262	96.3									
UnitedHealthcare Community Plan				801	11,197	71.5	3,022	40,647	74.3	4,329	61,211	70.7	3,637	49,881	72.9
Native Health PCCM (mult. agencies)	578	4,305	134.3	691	5,255	131.5	636	5,754	110.5	517	4,801	107.7	439	3,483	126.0
<b>Medicaid Managed Care</b>	<b>42,729</b>	<b>496,063</b>	<b>86.1</b>	<b>39,580</b>	<b>496,102</b>	<b>79.8</b>	<b>40,823</b>	<b>495,760</b>	<b>82.3</b>	<b>37,816</b>	<b>477,663</b>	<b>79.2</b>	<b>31,240</b>	<b>380,473</b>	<b>82.1</b>
<b>Medicaid Fee for Service</b>	<b>6,818</b>	<b>108,390</b>	<b>62.9</b>	<b>5,602</b>	<b>98,081</b>	<b>57.1</b>	<b>4,994</b>	<b>92,905</b>	<b>53.8</b>	<b>7,254</b>	<b>114,828</b>	<b>63.2</b>	<b>5,261</b>	<b>77,631</b>	<b>67.8</b>
<b>Total</b>	<b>49,547</b>	<b>604,453</b>	<b>82.0</b>	<b>45,182</b>	<b>594,183</b>	<b>76.0</b>	<b>45,817</b>	<b>588,665</b>	<b>77.8</b>	<b>45,070</b>	<b>592,491</b>	<b>76.1</b>	<b>36,501</b>	<b>458,104</b>	<b>79.7</b>

**Excludes** children with eligibility for programs using state funds only. Child may have been enrolled in more than one plan over time. PCCM is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.





**Table 9b. Ambulatory Care -- Emergency Department Visits  
Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month  
Emergency Visits per 1,000 Months of Eligibility 2011-2015**

	2011		2012		2013		2014		2015 (JAN-SEP)						
	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths					
<b>Medicaid Managed Care Plan</b>															
Amerigroup Washington Inc			1,143	33,274	34.4	3,168	89,911	35.2	6,146	170,505	36.0	7,722	182,098	42.4	
Asuris NW Health Plan	662	19,714	33.6	363	10,707	33.9									
Columbia United Providers	10,111	311,015	32.5	5,205	157,865	33.0						4,542	148,206	30.6	
Community Health Plan of WA	56,388	1,223,088	46.1	56,171	1,329,785	42.2	54,183	1,283,481	42.2	46,901	1,156,099	40.6	33,564	726,772	46.2
Coordinated Care of Washington			3,981	89,224	44.6	13,170	290,213	45.4	19,749	423,838	46.6	17,854	353,582	50.5	
Group Health Cooperative	2,449	102,173	24.0	497	49,255	10.1									
Kaiser Foundation Health Plan	95	3,718	25.6	75	3,170	23.7									
Molina Healthcare of WA	74,072	1,856,392	39.9	75,802	1,979,412	38.3	81,517	2,055,985	39.6	77,206	1,937,272	39.9	62,872	1,520,868	41.3
Regence Blue Shield	11,162	213,129	52.4	5,310	100,994	52.6									
UnitedHealthcare Community Plan			2,364	62,128	38.1	7,074	180,659	39.2	12,645	335,780	37.7	12,902	320,708	40.2	
Native Health PCCM (mult. agencies)	1,219	25,174	48.4	1,446	28,261	51.2	1,581	32,085	49.3	1,709	33,729	50.7	1,445	27,529	52.5
<b>Medicaid Managed Care</b>	156,158	3,754,403	41.6	152,357	3,844,075	39.6	160,693	3,932,334	40.9	164,356	4,057,223	40.5	140,901	3,279,763	43.0
<b>Medicaid Fee for Service</b>	25,157	788,998	31.9	21,066	729,263	28.9	17,216	645,828	26.7	20,214	648,104	31.2	13,443	426,480	31.5
<b>Total</b>	<b>181,315</b>	<b>4,543,401</b>	<b>39.9</b>	<b>173,423</b>	<b>4,573,338</b>	<b>37.9</b>	<b>177,909</b>	<b>4,578,162</b>	<b>38.9</b>	<b>184,570</b>	<b>4,705,327</b>	<b>39.2</b>	<b>154,344</b>	<b>3,706,243</b>	<b>41.6</b>

**Excludes** children with eligibility for programs using state funds only. Child may have been enrolled in more than one plan over time. PCCM is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



**Table 9c. Ambulatory Care -- Emergency Department Visits  
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month  
Emergency Visits per 1,000 Months of Eligibility 2011-2015**

Medicaid Managed Care Plan	2011			2012			2013			2014			2015 (JAN-SEP)		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Amerigroup Washington Inc				1,032	30,220	34.1	2,620	83,063	31.5	5,207	167,074	31.2	5,699	164,612	34.6
Asuris NW Health Plan	462	14,778	31.3	269	7,723	34.8									
Columbia United Providers	5,767	228,310	25.3	3,110	118,530	26.2									
Community Health Plan of WA	31,841	901,669	35.3	32,429	989,491	32.8	30,496	987,355	30.9	31,643	974,141	32.5	23,613	643,629	36.7
Coordinated Care of Washington				3,002	75,545	39.7	8,269	223,156	37.1	12,489	347,112	36.0	10,683	284,616	37.5
Group Health Cooperative	2,007	99,141	20.2	384	47,828	8.0									
Kaiser Foundation Health Plan	80	3,315	24.1	39	2,607	15.0									
Molina Healthcare of WA	40,768	1,237,027	33.0	43,205	1,362,689	31.7	45,299	1,456,664	31.1	48,821	1,477,238	33.0	41,949	1,221,172	34.4
Regence Blue Shield	6,900	167,635	41.2	3,459	80,791	42.8									
UnitedHealthcare Community Plan				1,693	54,159	31.3	4,751	149,934	31.7	8,589	291,088	29.5	8,326	270,596	30.8
Native Health PCCM (mult. agencies)	903	19,929	45.3	902	21,921	41.1	1,019	24,709	41.2	999	26,495	37.7	954	21,782	43.8
<b>Medicaid Managed Care</b>	<b>88,728</b>	<b>2,671,804</b>	<b>33.2</b>	<b>89,524</b>	<b>2,791,504</b>	<b>32.1</b>	<b>92,454</b>	<b>2,924,881</b>	<b>31.6</b>	<b>107,748</b>	<b>3,283,148</b>	<b>32.8</b>	<b>94,370</b>	<b>2,735,656</b>	<b>34.5</b>
<b>Medicaid Fee for Service</b>	<b>27,360</b>	<b>825,743</b>	<b>33.1</b>	<b>22,760</b>	<b>766,272</b>	<b>29.7</b>	<b>16,663</b>	<b>664,203</b>	<b>25.1</b>	<b>20,987</b>	<b>694,816</b>	<b>30.2</b>	<b>14,854</b>	<b>475,003</b>	<b>31.3</b>
<b>Total</b>	<b>116,088</b>	<b>3,497,547</b>	<b>33.2</b>	<b>112,284</b>	<b>3,557,776</b>	<b>31.6</b>	<b>109,117</b>	<b>3,589,084</b>	<b>30.4</b>	<b>128,735</b>	<b>3,977,964</b>	<b>32.4</b>	<b>109,224</b>	<b>3,210,659</b>	<b>34.0</b>

**Excludes** children with eligibility for programs using state funds only. Child may have been enrolled in more than one plan over time. **PCCM** is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



**Table 9d. Ambulatory Care --- Emergency Department Visits  
Emergency Visits During the Year for Children Under Age One Enrolled in Medicaid or CHIP for at least One Month  
Emergency Visits per 1,000 Months of Eligibility 2011-2015**

	2011		2012		2013		2014		2015 (JAN-SEP)						
	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths					
Hispanic	17,346	168,500	15,008	162,698	92.2	15,070	155,101	97.2	14,154	149,307	94.8	10,718	103,899	103.2	
Not Hispanic or Ethnicity Unknown	14,055	202,953	13,178	205,348	64.2	13,636	210,319	64.8	13,365	212,233	63.0	10,266	157,098	65.3	
White	517	11,543	44.8	557	13,965	39.9	646	14,256	45.3	669	14,010	47.8	477	10,156	47.0
Asian	11,891	157,879	75.3	10,949	149,121	73.4	7,461	89,755	83.1	8,118	107,083	75.8	12,063	154,081	78.3
Black	1,076	9,653	111.5	1,214	10,423	116.5	1,111	10,421	106.6	1,065	10,689	99.6	853	7,875	108.3
American Indian/Alaska Native	811	7,760	104.5	801	7,886	101.6	1,010	9,165	110.2	1,191	12,205	97.6	1,030	10,211	100.9
Hawaiian/Pacific Islander	3,281	39,211	83.7	3,137	39,970	78.5	2,795	36,917	75.7	1,953	22,609	86.4	743	8,773	84.7
More Than One Race	585	7,013	83.4	343	4,783	71.7	4,090	62,737	65.2	4,583	64,372	71.2	351	6,013	58.4
Other/Unknown															
<b>Total</b>	<b>49,547</b>	<b>604,453</b>	<b>82.0</b>	<b>45,182</b>	<b>594,183</b>	<b>76.0</b>	<b>45,817</b>	<b>588,665</b>	<b>77.8</b>	<b>45,070</b>	<b>592,491</b>	<b>76.1</b>	<b>36,501</b>	<b>458,104</b>	<b>79.7</b>

**Excludes** children with eligibility for programs using state funds only. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Data base, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one **visit**. Visits do not include fee-for-service claims with no Medicaid-paid amount.



**Table 9e. Ambulatory Care -- Emergency Department Visits  
Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month  
Emergency Visits per 1,000 Months of Eligibility 2011-2015**

	2011			2012			2013			2014			2015 (JAN-SEP)		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	63,716	1,414,335	45.1	58,720	1,432,361	41.0	61,162	1,433,994	42.7	63,627	1,447,886	43.9	52,887	1,117,847	47.3
Not Hispanic or Ethnicity Unknown	79,390	2,133,693	37.2	70,900	2,052,627	34.5	68,195	1,978,452	34.5	68,100	1,995,089	34.1	55,730	1,543,641	36.1
White	2,204	103,763	21.2	2,189	103,229	21.2	2,443	104,547	23.4	2,782	120,772	23.0	2,515	95,243	26.4
Asian	13,090	259,310	50.5	18,624	351,211	53.0	23,006	428,235	53.7	22,814	460,430	49.5	19,488	379,251	51.4
Black	3,926	84,212	46.6	3,795	83,153	45.6	3,673	81,777	44.9	3,676	81,186	45.3	3,133	66,957	46.8
American Indian/Alaska Native	2,511	68,333	36.7	2,675	70,304	38.0	2,922	72,252	40.4	3,201	77,591	41.3	2,774	67,634	41.0
Hawaiian/Pacific Islander	11,047	281,246	39.3	11,875	302,196	39.3	12,146	315,811	38.5	12,456	319,790	39.0	9,537	239,012	39.9
More Than One Race	5,457	198,577	27.5	4,660	178,308	26.1	4,363	163,098	26.8	7,923	202,583	39.1	8,284	196,658	42.1
Other/Unknown															
<b>Total</b>	<b>181,315</b>	<b>4,543,401</b>	<b>39.9</b>	<b>173,423</b>	<b>4,573,338</b>	<b>37.9</b>	<b>177,909</b>	<b>4,578,162</b>	<b>38.9</b>	<b>184,570</b>	<b>4,705,327</b>	<b>39.2</b>	<b>154,344</b>	<b>3,706,243</b>	<b>41.6</b>

**Excludes** children with eligibility for programs using state funds only. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one **visit**. Visits do not include fee-for-service claims with no Medicaid-paid amount.



**Table 9f. Ambulatory Care -- Emergency Department Visits  
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month  
Emergency Visits per 1,000 Months of Eligibility 2011-2015**

	2011			2012			2013			2014			2015 (JAN-SEP)		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	28,737	882,225	32.6	29,556	941,965	31.4	31,152	996,459	31.3	38,855	1,139,925	34.1	33,883	937,503	36.1
Not Hispanic or Ethnicity Unknown															
White	62,767	1,767,832	35.5	58,544	1,758,671	33.3	54,124	1,731,912	31.3	62,274	1,879,443	33.1	51,886	1,496,969	34.7
Asian	1,189	114,486	10.4	1,202	114,805	10.5	1,114	114,990	9.7	1,527	145,166	10.5	1,284	116,268	11.0
Black	8,172	221,161	37.0	7,925	219,269	36.1	7,707	215,043	35.8	8,535	227,024	37.6	7,139	177,862	40.1
American Indian/Alaska Native	3,994	84,845	47.1	3,509	80,904	43.4	3,087	76,879	40.2	3,168	79,431	39.9	2,835	66,208	42.8
Hawaiian/Pacific Islander	1,483	68,070	21.8	1,493	67,462	22.1	1,491	66,837	22.3	1,838	73,341	25.1	1,625	61,871	26.3
More Than One Race	4,978	167,357	29.7	5,925	199,074	29.8	6,840	223,210	30.6	8,552	254,546	33.6	6,874	203,001	33.9
Other/Unknown	4,794	191,586	25.0	4,148	175,644	23.6	3,620	163,760	22.1	4,012	179,088	22.4	3,702	150,984	24.5
<b>Total</b>	<b>116,088</b>	<b>3,497,547</b>	<b>33.2</b>	<b>112,284</b>	<b>3,557,776</b>	<b>31.6</b>	<b>109,117</b>	<b>3,589,084</b>	<b>30.4</b>	<b>128,735</b>	<b>3,977,964</b>	<b>32.4</b>	<b>109,224</b>	<b>3,210,659</b>	<b>34.0</b>

**Excludes** children with with eligibility for programs using state funds only. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the FirstSteps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one **visit**. Visits do not include fee-for-service claims with no Medicaid-paid amount.



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

Access to primary care practitioners (PCPs) is essential for the health and wellness of children and adolescents. Primary care visits can best serve the need for immunizations, screenings for common chronic and infectious diseases, assessing health conditions, and providing appropriate treatment and counseling. Improving access to primary care services can lead to reduced expenses for hospitalizations and non-urgent emergency department (ED) visits. Access to a primary care setting also leads to improved health outcomes for children and adolescents. A basic measure of access to PCPs is whether children ages 1 to 6 had a visit in the past year and children ages 7 to 19 had a visit in the past two years.

The *Healthy People 2020* targets for the proportion of children and youth aged 17 years and younger who have a specific source of ongoing care and for the proportion of adults aged 18 to 64 years who have a specific source of ongoing care were set at 100% and 89.4% respectively.

For the 43 states that reported on the CHIPRA core measure set for FFY 2014, the median rate was highest for the 12-24 months age group, with a median of 96.4%. Median rates for other age groups were slightly lower, but still quite high: 88.6% for the 25 months to 6 years age group; 91.2% for the 7-11 years age group; and 90.6% for the 12-19 years age group (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2016). NCQA reported that in 2014, 95.5% of children enrolled in Medicaid HMOs (12 to 24 months old) had a visit with a PCP. The rates for other age groups were similar: 87.8% for children ages 25 months to 6 years; 91% for children ages 7 to 11; and 89.3% for children ages 12 to 19 (NCQA, 2015).

### **Measure Definition:** Children and Adolescent Access to Primary Care Practitioners (PCPs)

Percentage of children and adolescents ages 12 months to 19 years that had a visit with a PCP. The measure is reported for four separate age groups: 12 months to 24 months, 25 months to 6 years, 7 years to 11 years, 12 years to 19 years.

### **Data Collection Method:** Administrative

- The proportion of Medicaid-enrolled children with a PCP visit was highest for children ages 12 to 24 months (93.1% in 2015) and lowest for children ages 25 months to 6 years (81.7% in 2015).
- From 2011 to 2015, children and adolescents in Medicaid fee-for-service consistently had lower proportions of visits to PCPs, compared with children and adolescents enrolled in managed care plans. This was true for all four age groups.
- From 2011 to 2015, access to PCPs has increased somewhat for children in all four age groups, with the most pronounced increases for children 7 to 11 and 12 to 19 years of age.



In 2011, 80.2% of Medicaid-enrolled children ages 12 to 19 years had a visit with a PCP, while in 2015 the proportion increased to 85.0%. Similarly, in 2011, 81.2% of Medicaid-enrolled children ages 7 to 11 years had a visit with a PCP, while in 2015 the proportion increased to 86.4%. These increases may, in part, be a result of managed care plans submitting more complete encounter data in recent years may contribute to this increase. Data for children enrolled in managed care plans showed improved access to PCPs while the group in fee-for-service showed small net declines from 2011 to 2015 for all four age groups.

- Access to PCPs varied across different managed care plans. In 2015, Molina outperformed the other five managed care plans for all four age groups, with rates ranging from 96.8% for children aged 12 to 24 months to 87.7% for children aged 25 months to 6 years. In 2015, Coordinated Care had the lowest rates of access to PCPs for all age groups, with rates ranging from 67.6% for children aged 25 months to 6 years to 84.3% for 12 to 14 month old children.
- Prior to 2014, children of Hispanic ethnicity, with few exceptions, had the highest rates of access to PCPs. In 2015, for 12 to 24 month olds, the rates of access to PCPs for Asian and Black/African American children—94.6% and 93.8%, respectively— exceeded those for Hispanic children (93.2%). In 2013-2015 for children age 25 months to 6 years, Asian children demonstrated the highest rates (from 85.0% in 2015 to 85.7% in 2013). In 2015 for children aged 7 to 11 years, Asian children had the highest rate (89.1%). For 12 to 19 year olds, American Indian/Alaska Natives had the highest rates of PCP access in 2011 and 2015 (85.5% and 87.5%, respectively) and were tied with Hispanic children in 2014 (87.1%).
- Children age 12 to 24 months had the highest rates of access and the smallest differences between race/ethnicity groups. In 2015 rates for children age 12 to 24 with identified race/ethnicity ranged from 90.8% to 94.6%.





**Table 10a. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Managed Care Plan 2011-2015  
For Children Age 12 - 24 Months Enrolled in Medicaid/CHIP**

Medicaid Managed Care Plan	2011		2012		2013		2014		2015 (OCT 2014-SEP 2015)	
	Eligible Children PCP Visit 2011 (N)	Eligible Children n with PCP Visit (%)	Eligible Children PCP Visit 2012 (N)	Eligible Children n with PCP Visit (%)	Eligible Children PCP Visit 2013 (N)	Eligible Children n with PCP Visit (%)	Eligible Children PCP Visit 2014 (N)	Eligible Children n with PCP Visit (%)	Eligible Children PCP Visit 2015 (N)	Eligible Children n with PCP Visit (%)
Amerigroup Washington Inc	302	281 93.0%	254	207 81.5%	965	862 89.3%	2,273	2,138 94.1%	3,315	3,121 94.1%
Asuriz Northwest Health	3,190	3,022 94.7%	526	496 94.3%	11,274	10,726 95.1%	9,341	8,922 95.5%	1,828	1,744 95.4%
Columbia United Providers	13,026	12,356 94.9%	15,135	14,602 96.5%	11,274	10,726 95.1%	9,341	8,922 95.5%	7,645	7,205 94.2%
Community Health Plan of WA			971	885 91.1%	3,602	3,015 83.7%	5,454	4,188 76.8%	5,477	4,616 84.3%
Coordinated Care of Washington	997	407 40.8%	296	228 77.0%						
Group Health Cooperative	31	25 80.6%	27	24 88.9%						
Kaiser Foundation Health Plan	19,671	18,513 94.1%	20,768	20,086 96.7%	20,145	19,501 96.8%	17,266	16,781 97.2%	17,373	16,820 96.8%
Molina Healthcare of Washington Inc	2,108	2,010 95.4%	457	427 93.4%						
Regence Blueshield			752	691 91.9%	2,141	1,920 89.7%	4,524	4,206 93.0%	5,241	4,901 93.5%
UnitedHealthcare Community Plan	254	235 92.5%	417	373 89.4%	410	376 91.7%	400	369 92.3%	435	413 94.9%
Native Health PCCM (multiple agencies)										
<b>Medicaid Managed Care</b>	<b>39,579</b>	<b>36,849 93.1%</b>	<b>39,707</b>	<b>38,121 96.0%</b>	<b>38,537</b>	<b>36,400 94.5%</b>	<b>39,258</b>	<b>36,604 93.2%</b>	<b>41,314</b>	<b>38,820 94.0%</b>
<b>Medicaid Fee for Service</b>	<b>3,783</b>	<b>3,104 82.1%</b>	<b>2,985</b>	<b>2,330 78.1%</b>	<b>2,754</b>	<b>2,116 76.8%</b>	<b>2,978</b>	<b>2,396 80.5%</b>	<b>3,036</b>	<b>2,460 81.0%</b>
<b>Total Medicaid</b>	<b>43,362</b>	<b>39,953 92.1%</b>	<b>42,692</b>	<b>40,451 94.8%</b>	<b>41,291</b>	<b>38,516 93.3%</b>	<b>42,236</b>	<b>39,000 92.3%</b>	<b>44,350</b>	<b>41,280 93.1%</b>

Child may have been enrolled in more than one plan over the 12- or 24-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes claims for programs using state funds only. Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating a primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating a non-office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.





**Table 10b. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Managed Care Plan 2011-2015  
For Children Age 25 Months to 6 Years Enrolled in Medicaid/CHIP**

Medicaid Managed Care Plan	2011		2012		2013		2014		2015 (OCT 2014-SEP 2015)	
	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)
Amerigroup Washington Inc	885	708 80.0%	1,414	945 66.8%	2,932	2,157 73.6%	6,006	4,761 79.3%	9,246	7,224 78.1%
Asuriz Northwest Health	14,206	12,038 84.7%	2,206	1,785 80.9%	57,534	48,020 83.5%	49,604	41,741 84.1%	41,261	34,539 83.7%
Columbia United Providers	55,566	45,802 82.4%	65,506	56,321 86.0%	12,567	9,168 73.0%	17,651	11,292 64.0%	19,753	13,348 67.6%
Community Health Plan of WA	4,513	1,133 25.1%	1,202	694 57.7%						
Coordinated Care of Washington	153	110 71.9%	50	34 68.0%						
Group Health Cooperative	86,685	72,153 83.2%	94,623	82,414 87.1%	94,000	82,051 87.3%	85,767	75,546 88.1%	88,353	77,487 87.7%
Kaiser Foundation Health Plan	9,630	7,506 77.9%	2,250	1,733 77.0%						
Molina Healthcare of Washington Inc	1,063	843 79.3%	1,217	968 79.5%	1,315	1,025 77.9%	1,289	1,041 80.8%	1,614	1,308 81.0%
Regence BlueShield										
UnitedHealthcare Community Plan										
Native Health PCCM (multiple agencies)										
Medicaid Managed Care	172,701	140,293 81.2%	176,724	151,252 85.6%	175,226	147,728 84.3%	173,580	145,105 83.6%	186,523	155,458 83.3%
Medicaid Fee for Service	23,965	15,701 65.5%	18,814	11,452 60.9%	17,132	10,388 60.6%	15,961	10,083 63.2%	17,071	10,893 63.8%
<b>Total Medicaid</b>	<b>196,666</b>	<b>155,994 79.3%</b>	<b>195,538</b>	<b>162,704 83.2%</b>	<b>192,358</b>	<b>158,116 82.2%</b>	<b>189,541</b>	<b>155,188 81.9%</b>	<b>203,594</b>	<b>166,351 81.7%</b>

Child may have been enrolled in more than one plan over the 12- or 24-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes claims for programs using state funds only. Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating a primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.



**Table 10c. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Managed Care Plan 2011-2015**

**For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP**

Medicaid Managed Care Plan	2011		2012		2013		2014		2015 (OCT 2014-SEP 2015)	
	Eligible Children (N)	PCP Visit (N)	Eligible Children (N)	PCP Visit (N)	Eligible Children (N)	PCP Visit (N)	Eligible Children (N)	PCP Visit (N)	Eligible Children (N)	PCP Visit (N)
Amerigroup Washington Inc	498	425	1,215	897	1,523	1,209	2,963	2,517	4,697	3,986
Asuriz Northwest Health			162	144						
Columbia United Providers	10,266	8,999	1,631	1,453					7,924	6,832
Community Health Plan of WA	39,000	33,373	49,736	43,869	48,038	42,549	44,325	39,415	37,047	33,195
Coordinated Care of Washington			3,995	3,291	8,450	7,387	12,195	9,638	13,799	10,035
Group Health Cooperative	3,661	1,191	937	535						
Kaiser Foundation Health Plan	111	83	45	39						
Molina Healthcare of Washington Inc	60,048	51,029	69,859	62,259	75,031	68,010	72,581	66,188	76,353	69,879
Regence Blueshield	7,999	6,057	1,788	1,507						
UnitedHealthcare Community Plan			2,476	2,118	4,217	3,610	8,324	7,273	10,830	9,438
Native Health PCCM (multiple agencies)	736	557	856	687	992	804	913	751	1,039	863
<b>Medicaid Managed Care</b>	<b>122,319</b>	<b>101,714</b>	<b>132,700</b>	<b>116,799</b>	<b>138,251</b>	<b>123,569</b>	<b>141,301</b>	<b>125,782</b>	<b>151,689</b>	<b>134,228</b>
<b>Medicaid Fee for Service</b>	<b>25,011</b>	<b>17,985</b>	<b>20,106</b>	<b>13,601</b>	<b>18,176</b>	<b>12,056</b>	<b>17,475</b>	<b>11,874</b>	<b>18,427</b>	<b>12,710</b>
<b>Total Medicaid</b>	<b>147,330</b>	<b>119,699</b>	<b>152,806</b>	<b>130,400</b>	<b>156,427</b>	<b>135,625</b>	<b>158,776</b>	<b>137,656</b>	<b>170,116</b>	<b>146,938</b>

Child may have been enrolled in more than one plan over the 12- or 24-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes claims for programs using state funds only. Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed each year) during the measurement year and the year prior.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating a primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the prior year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.



**Table 10d. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Managed Care Plan 2011-2015**

**For Children Age 12 to 19 Years Enrolled in Medicaid/CHIP**

Medicaid Managed Care Plan	2011		2012		2013		2014		2015 (OCT 2014-SEP 2015)	
	Eligible Children (N)	Child Had PCP Visit 2011 or n with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2012 or n with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2013 or n with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2014 or n with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2015 or n with PCP Visit (%)
Amerigroup Washington Inc	609	538 88.3%	1,464	1,134 77.5%	2,013	1,626 80.8%	4,019	3,340 83.1%	6,336	5,354 84.5%
Asuriz Northwest Health			256	226 88.3%						
Columbia United Providers	11,532	10,007 86.8%	1,903	1,647 86.5%					9,776	8,296 84.9%
Community Health Plan of WA	44,920	37,885 84.3%	56,944	49,740 87.3%	56,054	49,294 87.9%	53,221	46,434 87.2%	44,346	39,054 88.1%
Coordinated Care of Washington			4,905	3,995 81.4%	9,726	8,442 86.8%	14,237	11,116 78.1%	16,124	11,756 72.9%
Group Health Cooperative	5,309	1,808 34.1%	1,380	792 57.4%						
Kaiser Foundation Health Plan	151	107 70.9%	48	34 70.8%						
Molina Healthcare of Washington Inc	64,060	54,201 84.6%	76,065	67,302 88.5%	82,374	74,353 90.3%	82,321	74,846 90.9%	86,718	78,841 90.9%
Regence Blueshield	9,153	7,122 77.8%	2,297	1,927 83.9%						
UnitedHealthcare Community Plan			3,053	2,530 82.9%	5,119	4,269 83.4%	10,193	8,723 85.6%	13,162	11,238 85.4%
Native Health PCCM (multiple agencies)	829	660 79.6%	1,016	806 79.3%	1,134	937 82.6%	1,120	943 84.2%	1,255	1,070 85.3%
<b>Medicaid Managed Care</b>	<b>136,563</b>	<b>112,328 82.3%</b>	<b>149,331</b>	<b>130,133 87.1%</b>	<b>156,420</b>	<b>138,921 88.8%</b>	<b>165,111</b>	<b>145,402 88.1%</b>	<b>177,717</b>	<b>155,609 87.6%</b>
<b>Medicaid Fee for Service</b>	<b>34,499</b>	<b>24,915 72.2%</b>	<b>29,052</b>	<b>19,672 67.7%</b>	<b>26,207</b>	<b>17,416 66.5%</b>	<b>25,293</b>	<b>16,976 67.1%</b>	<b>26,663</b>	<b>18,022 67.6%</b>
<b>Total Medicaid</b>	<b>171,062</b>	<b>137,243 80.2%</b>	<b>178,383</b>	<b>149,805 84.0%</b>	<b>182,627</b>	<b>156,337 85.6%</b>	<b>190,404</b>	<b>162,378 85.3%</b>	<b>204,380</b>	<b>173,631 85.0%</b>

Child may have been enrolled in more than one plan over the 12- or 24-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes claims for programs using state funds only. Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed each year) during the measurement year and the year prior.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating of primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the prior year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.



**Table 10e. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Race/Ethnicity 2011-2015  
For Children Age 12 - 24 Months Enrolled in Medicaid/CHIP**

	2011		2012		2013		2014		2015 (OCT 2014-SEP 2015)	
	Eligible Children (N)	Child Had PCP Visit 2011 (%)	Eligible Children (N)	Child Had PCP Visit 2012 (%)	Eligible Children (N)	Child Had PCP Visit 2013 (%)	Eligible Children (N)	Child Had PCP Visit 2014 (%)	Eligible Children (N)	Child Had PCP Visit 2015 (%)
Hispanic	8,710	94.7%	13,079	97.3%	12,669	94.5%	13,562	91.4%	14,329	93.2%
Not Hispanic or Ethnicity Unknown										
White	11,869	90.8%	20,104	93.5%	20,070	92.6%	19,556	92.4%	20,332	92.9%
Asian	673	91.1%	1,660	95.4%	1,713	93.6%	1,625	94.8%	1,757	94.6%
Black	1,295	90.4%	2,319	95.3%	2,417	93.9%	2,717	94.2%	3,112	93.8%
American Indian/Alaska Native	601	93.3%	916	93.0%	937	93.1%	839	92.7%	982	93.9%
Hawaiian/Pacific Islander	484	88.6%	750	92.5%	852	784	92.0%	926	1,185	1,076
More Than One Race	628	91.4%	1,778	92.9%	2,016	1,868	92.7%	2,491	1,969	1,856
Other/Unknown	19,102	92.1%	2,086	1,943	617	560	90.8%	520	441	609
<b>Total Medicaid</b>	<b>43,362</b>	<b>92.1%</b>	<b>42,692</b>	<b>94.8%</b>	<b>41,291</b>	<b>93.3%</b>	<b>42,236</b>	<b>92.3%</b>	<b>44,350</b>	<b>93.1%</b>

Excludes claims for programs using state funds only.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

PCP Visit refers to a claim with a taxonomy code indicating of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year.



**Table 10f. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Race/Ethnicity 2011-2015  
For Children Age 25 Months to 6 Years Enrolled in Medicaid/CHIP**

	2011		2012		2013		2014		2015 (OCT 2014-SEP 2015)	
	Eligible Children (N)	Child Had PCP Visit 2011 (%)	Eligible Children (N)	Child Had PCP Visit 2012 (%)	Eligible Children (N)	Child Had PCP Visit 2013 (%)	Eligible Children (N)	Child Had PCP Visit 2014 (%)	Eligible Children (N)	Child Had PCP Visit 2015 (%)
<b>Medicaid Managed Care Plan</b>										
Hispanic	65,103	83.5%	60,548	86.7%	60,594	85.2%	64,236	82.5%	69,375	82.9%
Not Hispanic or Ethnicity Unknown										
White	87,925	77.7%	80,639	80.9%	78,950	80.8%	77,687	81.5%	87,719	81.0%
Asian	6,417	80.7%	5,745	85.4%	5,797	85.7%	6,039	85.6%	6,934	85.0%
Black	10,703	76.4%	9,852	81.1%	9,986	82.0%	10,252	82.7%	11,884	82.3%
American Indian/Alaska Native	4,464	81.1%	4,103	81.4%	3,938	79.8%	3,407	82.5%	4,213	81.8%
Hawaiian/Pacific Islander	3,677	69.9%	3,362	76.1%	3,322	75.0%	3,194	77.5%	4,022	75.0%
More Than One Race	5,324	77.9%	6,119	81.0%	8,554	81.5%	12,604	83.1%	13,307	82.6%
Other/Unknown	13,053	73.9%	25,170	84.3%	21,217	80.0%	12,122	78.2%	6,140	75.4%
<b>Total Medicaid</b>	<b>196,666</b>	<b>79.3%</b>	<b>195,538</b>	<b>83.2%</b>	<b>192,358</b>	<b>82.2%</b>	<b>189,541</b>	<b>81.9%</b>	<b>203,594</b>	<b>81.7%</b>

Excludes claims for programs using state funds only.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

PCP Visit refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year.



**Table 10g. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Race/Ethnicity 2011-2015**

**For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP**

Medicaid Managed Care Plan	2011			2012			2013			2014			2015 (OCT 2014-SEP 2015)		
	Eligible Children (N)	Child Had PCP Visit 2010 or 2011 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2011 or 2012 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2012 or 2013 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2013 or 2014 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2014 or 2015 (N)	Eligible Children with PCP Visit (%)
Hispanic	44,944	37,864	84.2%	48,420	43,043	88.9%	52,066	47,003	90.3%	58,349	51,885	88.9%	62,914	55,225	87.8%
Not Hispanic or Ethnicity Unknown															
White	70,016	56,167	80.2%	69,757	58,485	83.8%	68,448	58,157	85.0%	64,747	55,250	85.3%	68,954	58,915	85.4%
Asian	4,810	3,873	80.5%	4,910	4,239	86.3%	4,933	4,348	88.1%	5,035	4,459	88.6%	5,479	4,883	89.1%
Black	8,971	7,147	79.7%	8,973	7,505	83.6%	9,087	7,754	85.3%	8,909	7,682	86.2%	9,439	8,184	86.7%
American Indian/Alaska Native	3,398	2,825	83.1%	3,422	2,921	85.4%	3,442	2,945	85.6%	3,070	2,623	85.4%	3,371	2,884	85.6%
Hawaiian/Pacific Islander	2,486	1,872	75.3%	2,773	2,195	79.2%	2,813	2,280	81.1%	2,690	2,182	81.1%	2,867	2,355	82.1%
More Than One Race	2,324	1,874	80.6%	3,454	2,922	84.6%	5,410	4,690	86.7%	9,375	8,120	86.6%	10,463	9,052	86.5%
Other/Unknown	10,381	8,077	77.8%	11,097	9,090	81.9%	10,228	8,448	82.6%	6,601	5,455	82.6%	6,629	5,440	82.1%
<b>Total Medicaid</b>	<b>147,330</b>	<b>119,699</b>	<b>81.2%</b>	<b>152,806</b>	<b>130,400</b>	<b>85.3%</b>	<b>156,427</b>	<b>135,625</b>	<b>86.7%</b>	<b>158,776</b>	<b>137,656</b>	<b>86.7%</b>	<b>170,116</b>	<b>146,938</b>	<b>86.4%</b>

Excludes claims for programs using state funds only.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed in each year) during the measurement year and the year prior.

PCP Visit refers to a claim with a taxonomy code indicating of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the year prior.





**Table 10h. Children and Adolescent Access to Primary Care Practitioners (PCP)  
By Race/Ethnicity 2011-2015  
For Children Age 12 to 19 Years Enrolled in Medicaid/CHIP**

Medicaid Managed Care Plan	2011		2012		2013		2014		2015 (OCT 2014-SEP 2015)	
	Child Had PCP Visit 2010 or 2011 (N)	Eligible Children with PCP Visit (%)	Child Had PCP Visit 2011 or 2012 (N)	Eligible Children with PCP Visit (%)	Child Had PCP Visit 2012 or 2013 (N)	Eligible Children with PCP Visit (%)	Child Had PCP Visit 2013 or 2014 (N)	Eligible Children with PCP Visit (%)	Child Had PCP Visit 2014 or 2015 (N)	Eligible Children with PCP Visit (%)
Hispanic	42,490	82.7%	45,818	87.2%	49,540	88.7%	57,838	87.1%	63,415	85.8%
Not Hispanic or Ethnicity Unknown										
White	89,158	80.0%	90,653	83.4%	90,230	84.6%	88,402	84.5%	93,662	84.5%
Asian	6,387	75.3%	6,635	81.8%	6,806	85.4%	7,152	85.5%	7,696	86.3%
Black	12,099	78.8%	12,314	83.0%	12,286	85.3%	11,906	85.8%	12,243	85.9%
American Indian/Alaska Native	4,762	85.5%	4,694	85.7%	4,461	86.6%	3,928	87.1%	4,257	87.5%
Hawaiian/Pacific Islander	3,300	73.1%	3,517	76.0%	3,475	78.9%	3,291	80.6%	3,468	81.3%
More Than One Race	1,635	82.3%	2,606	85.1%	4,588	87.8%	10,255	86.7%	11,536	86.6%
Other/Unknown	11,231	76.9%	12,146	80.1%	11,241	81.2%	7,632	79.0%	8,103	79.4%
<b>Total Medicaid</b>	<b>171,062</b>	<b>80.2%</b>	<b>178,383</b>	<b>84.0%</b>	<b>182,627</b>	<b>85.6%</b>	<b>190,404</b>	<b>85.3%</b>	<b>204,380</b>	<b>85.0%</b>

Excludes claims for programs using state funds only.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed in each year) during the measurement year and the year prior.

PCP Visit refers to a claim with a taxonomy code indicating primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the year prior.



# 11 Chlamydia Screening in Young Women

Chlamydia is the most commonly reported bacterial sexually transmitted infection in the United States and is most common among sexually active young people. Chlamydia is readily treated with antibiotics. Because many people with chlamydial infection do not develop any symptoms, chlamydial infection often goes unnoticed. In women, untreated chlamydial infections can lead to serious health problems including pelvic inflammatory disease (PID), tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Screening asymptomatic individuals is necessary to identify infections and prevent the complications resulting from chlamydial infection.

*Healthy People 2020* goals include increased chlamydia screening among sexually active females aged 16 to 20 years and 21 to 24 years enrolled in Medicaid plans to 70.9% and 80.0%, respectively. According to the annual report on the quality of care for children in Medicaid and CHIP, the median rate of yearly chlamydia screening was 48.3% for women ages 16 to 20 years in FFY 2014 for the 37 states that reported this measure. NCQA reported that screening rates for women enrolled in Medicaid HMOs were 51.2% (16–20 year olds), 60.1% (21–24 year olds), and 54.6% (16–24 year olds). Possible barriers to achieving targets for annual screening rates include lack of patient awareness and social stigma about seeking or discussing screening (National Chlamydia Coalition 2010, Centers for Disease Control and Prevention 2011).

## **Measure Definition:** Chlamydia Screening in Women

The percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

## **Data Collection Method:** Administrative

- In 2015, less than half (47.0%) of Medicaid-enrolled women ages 16 to 20 identified as sexually active had a chlamydia test. This rate was very close to the median rate of 48.3% among the 37 states reporting the measure to CMS.
- Compared to women enrolled in managed care plans, women in fee-for-service had lower screening rates during 2011 to 2015. The screening rates for women in both managed care and fee-for-service fluctuated over the five-year period, with a small net increase for managed care and a net increase of approximately 10% for women in fee-for-service.
- The screening rate for the six managed care plans ranged from 40.4% to 49.5%. Molina and Coordinated Care had the highest rate of screening (49.5%). Columbia United Providers had the lowest rate: In 2015, 40.4% of sexually active women ages 16-20 enrolled in Columbia United Providers had a Chlamydia screening test.
- Black/African American women had the highest screening rate, 54.9%. Among women with specified race/ethnicity, the lowest rate of Chlamydia screening occurred among Asian





women: 43.6% in 2015; however, the 2015 rate for Asian women represents an increase of 45% compared to 2011. More than 45% (45.3%) of sexually active White women (16-20 years old) had at least one test for Chlamydia.

Considering the substantial racial/ethnic disparities in rates of chlamydial infection, with non-Hispanic Blacks/African Americans registering approximately five times the prevalence of non-Hispanic whites (Weinstock et al., 2000), the challenge remains to reduce the disease burden in the highest risk race/ethnicity group.



**Table 11a. Chlamydia Screening for Washington State Women Ages 16 to 20  
Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active  
By Managed Care Plan, 2011 to 2015**

Medicaid Managed Care Plan	2011			2012			2013			2014			2015 (OCT 2014-SEP 2015)		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Amerigroup Washington Inc				143	59	41.3%	546	220	40.3%	1,424	621	43.6%	2,019	983	48.7%
Asurix NW Health Plan	146	66	45.2%	85	34	40.0%									
Columbia United Providers	1,495	684	45.8%	722	311	43.1%							1,309	529	40.4%
Community Health Plan of WA	6,777	3,264	48.2%	6,841	3,297	48.2%	6,328	2,857	45.1%	7,096	3,269	46.1%	6,765	3,247	48.0%
Coordinated Care of Washington				442	195	44.1%	1,579	719	45.5%	2,885	1,462	50.7%	3,062	1,515	49.5%
Group Health Cooperative	693	163	23.5%	366	107	29.2%									
Kaiser Foundation Health Plan	18	12	66.7%	19	10	52.6%									
Molina Healthcare of WA	9,358	4,657	49.8%	10,123	4,574	45.2%	10,098	4,593	45.5%	11,488	5,677	49.4%	13,020	6,446	49.5%
Regence Blue Shield	1,416	658	46.5%	695	303	43.6%									
UnitedHealthcare Community Plan				256	100	39.1%	919	314	34.2%	2,378	909	38.2%	2,961	1,295	43.7%
Native Health PCCM (mult. agencies)	185	95	51.4%	188	80	42.6%	207	91	44.0%	233	109	46.8%	303	137	45.2%
<b>Medicaid Managed Care</b>	<b>20,088</b>	<b>9,599</b>	<b>47.8%</b>	<b>19,880</b>	<b>9,070</b>	<b>45.6%</b>	<b>19,677</b>	<b>8,794</b>	<b>44.7%</b>	<b>25,504</b>	<b>12,047</b>	<b>47.2%</b>	<b>29,439</b>	<b>14,152</b>	<b>48.1%</b>
<b>Medicaid Fee for Service</b>	<b>10,352</b>	<b>3,611</b>	<b>34.9%</b>	<b>8,237</b>	<b>2,693</b>	<b>32.7%</b>	<b>7,406</b>	<b>2,625</b>	<b>35.4%</b>	<b>4,626</b>	<b>1,653</b>	<b>35.7%</b>	<b>3,314</b>	<b>1,257</b>	<b>37.9%</b>
<b>Total</b>	<b>30,440</b>	<b>13,210</b>	<b>43.4%</b>	<b>28,117</b>	<b>11,763</b>	<b>41.8%</b>	<b>27,083</b>	<b>11,419</b>	<b>42.2%</b>	<b>30,130</b>	<b>13,700</b>	<b>45.5%</b>	<b>32,753</b>	<b>15,409</b>	<b>47.0%</b>

Women may have been enrolled in more than one plan over the 12-month period. **Plan** listed is the plan that the woman was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Excludes** claims for programs using state funds only, and women identified as sexually active solely due to a pregnancy test and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.



**Table 11b. Chlamydia Screening for Washington State Women Ages 16 to 20 Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active By Race/Ethnicity, 2011 to 2015**

Medicaid Managed Care Plan	2011			2012			2013			2014			2015 (OCT 2014-SEP 2015)		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Hispanic	5,561	2,705	48.6%	5,557	2,555	46.0%	5,578	2,520	45.2%	7,440	3,648	49.0%	8,353	4,109	49.2%
Not Hispanic or Ethnicity Unknown	18,838	8,010	42.5%	17,033	6,891	40.5%	15,852	6,547	41.3%	16,323	7,103	43.5%	17,776	8,058	45.3%
White	635	191	30.1%	572	200	35.0%	535	161	30.1%	687	275	40.0%	808	352	43.6%
Asian	1,953	920	47.1%	1,787	895	50.1%	1,687	836	49.6%	1,820	971	53.4%	2,180	1,196	54.9%
Black	1,008	457	45.3%	891	376	42.2%	850	371	43.6%	826	382	46.2%	1,062	524	49.3%
American Indian/Alaska Native	460	185	40.2%	444	166	37.4%	446	174	39.0%	457	212	46.4%	588	270	45.9%
Hawaiian/Pacific Islander	598	253	42.3%	792	349	44.1%	1,248	519	41.6%	1,822	862	47.3%	1,066	541	50.8%
More Than One Race	1,387	489	35.3%	1,041	331	31.8%	887	291	32.8%	755	247	32.7%	920	359	39.0%
Other/Unknown															
<b>Total</b>	<b>30,440</b>	<b>13,210</b>	<b>43.4%</b>	<b>28,117</b>	<b>11,763</b>	<b>41.8%</b>	<b>27,083</b>	<b>11,419</b>	<b>42.2%</b>	<b>30,130</b>	<b>13,700</b>	<b>45.5%</b>	<b>32,753</b>	<b>15,409</b>	<b>47.0%</b>

**Excludes** children with eligibility for programs using state funds only. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



## 12 Human Papillomavirus Vaccine for Female Adolescents

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Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States and can be spread even when the infected person does not show signs of infection. Certain types of HPV can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, throat cancer, and genital warts in both men and women. To prevent cancers caused by HPV infection, the American Academy of Pediatrics, the American Academy of Family Physicians, other medical societies, and the Centers for Disease Control and Prevention recommend the HPV vaccine for preteen boys and girls (11-12 years) so they are protected before being exposed to the virus. In addition, HPV vaccine administered to preteens produces a higher immune response compared to older adolescents.

In adult women, despite decreases in the incidence of and death rates from cervical cancer due to cervical cancer screening (Pap smear), no screening for other HPV-related cancers is routinely performed. HPV vaccination can prevent not only cervical cancer but most other types of cancer related to HPV as well.

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The *Healthy People 2020* goal is to increase the vaccination coverage level of three doses of HPV vaccine for females by age 13 to 15 years to 80.0%. According to a CDC report, since 2007, vaccination coverage with at least one dose of any HPV vaccine for adolescent girls (13-17 years) increased significantly: from 25.1% in 2007 to 56.7% in 2013 and 60.0% in 2014. In 2014, 39.7% of adolescent girls (13-17 years) received three doses of HPV vaccine (Reagan-Steiner, 2015).

HPV vaccination lags behind other immunizations recommended for preteens and teens. In 2014, less than 40% (39.7%) of teenage girls in the U.S. received all three doses of HPV vaccine, compared to the nearly 80% (79.3%) who received the meningococcal vaccine and the nearly 90% (87.6%) who received the Tdap vaccine (CDC, 2015). The top five reasons for not vaccinating adolescent girls have been identified as: lack of knowledge, perceived as not needed or necessary, safety concern/side effects, not recommended, and not sexually active (CDC, 2014).

According to the annual report on the quality of care for children in Medicaid and CHIP, the median rate of receipt of three doses of HPV vaccine was 17.6% for females who turned 13 years of age for the 32 states that reported this measure in FFY 2014. The three-dose HPV immunization rate for Washington females was 25.6% in 2014 and 25.1% in 2015. NCQA reported a three-dose HPV rate of 22.2% for Medicaid HMOs in 2014; the Washington managed care rates were 26.0% in 2014 and 25.5% in 2015.

### **Measure Definition:** Human Papillomavirus (HPV) Vaccine for Female Adolescents

Percentage of female adolescents that turned 13 years of age during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th

birthday.

**Data Collection Method:** Administrative data linked to immunization registry data (Washington State Immunization Information System)

- Although 60.7% of Medicaid-enrolled female adolescents received at least the first of the recommended three shots for HPV virus, only 25.1% received all three doses, well below the *Healthy People 2020* target. On the other hand, rates for Washington compare more favorably to the national rates reported by DHHS and NCQA, with Washington rates just below the national averages for 2014 and above the 2014 national averages in 2015.
- The HPV vaccination rate for female adolescents in Medicaid fee-for-service (22.4%) was nearly 90% of that for female adolescents enrolled in managed care plans (25.5%). This represents a substantial improvement in the rates for fee-for-service compared to 2013, when the fee-for-service rate was less than half that for managed care.
- HPV vaccination rates varied widely across managed care plans. Vaccination coverage rates for at least one dose of HPV were highest for those enrolled in Coordinated Care (69.5%), Native Health PCCM (67.6%), and Community Health Plan (65.2%) and lowest for those enrolled in Columbia United Providers (45.7%). The highest vaccination coverage with all three recommended doses (33.3%) occurred in Coordinated Care, and the lowest vaccination coverage occurred in Columbia United Providers (14.8%).
- Three groups of female adolescents demonstrated rates of greater than 70% for at least one HPV immunization: Hispanic, 74%; Hawaiian/Pacific Islander, 71.4%; and Asian, 70.5%. Asian and Hispanic female adolescents also had the highest rates for receiving all three HPV doses: 39.4% and 33.9%, respectively.
- The lowest rate for receipt of at least one HPV immunization (49.7%) occurred among white female adolescents; this was the only group with a one-dose immunization rate of less than 60.0%. The lowest rates for receipt of three HPV immunizations occurred among white female adolescents (18.7%) and American Indian/Alaska Natives (18.9%).



**Table 12a. Human Papillomavirus (HPV) Vaccine for Female Adolescents Who Turned Thirteen in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's 13th Birthday  
By Managed Care Plan**

	TOTAL ELIGIBLE CHILDREN	Had at Least Three Vaccinations Age 9-13		Had at Least One Vaccination Age 9-13	
		N	% of Total	N	% of Total
<b>Medicaid Managed Care Plan</b>					
Amerigroup Washington Inc	476	72	15.1%	247	51.9%
Columbia United Providers	256	38	14.8%	117	45.7%
Community Health Plan of Washington	2893	803	27.8%	1,887	65.2%
Coordinated Care of Washington	1113	371	33.3%	774	69.5%
Molina Healthcare of Washington Inc	5171	1,273	24.6%	3,070	59.4%
UnitedHealthcare Community Plan	954	220	23.1%	569	59.6%
Native Health PCCM (multiple agencies)	74	11	14.9%	50	67.6%
<b>Medicaid Managed Care</b>	<b>10,937</b>	<b>2,788</b>	<b>25.5%</b>	<b>6,714</b>	<b>61.4%</b>
<b>Medicaid Fee for Service</b>	<b>1,450</b>	<b>325</b>	<b>22.4%</b>	<b>802</b>	<b>55.3%</b>
<b>Total</b>	<b>12,387</b>	<b>3,113</b>	<b>25.1%</b>	<b>7,516</b>	<b>60.7%</b>

**Table 12b. Human Papillomavirus (HPV) Vaccine for Female Adolescents Who Turned Thirteen in 2015 (JAN-SEP)  
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's 13th Birthday  
By Race/Ethnicity**

	TOTAL ELIGIBLE CHILDREN	Had at Least Three Vaccinations Age 9-13		Had at Least One Vaccination Age 9-13	
		N	% of Total	N	% of Total
Hispanic	3,893	1,321	33.9%	2,879	74.0%
Not Hispanic or Ethnicity Unknown					
White	5,721	1,069	18.7%	2,842	49.7%
Asian	498	196	39.4%	351	70.5%
Black	761	183	24.0%	506	66.5%
American Indian/Alaska Native	280	53	18.9%	188	67.1%
Hawaiian/Pacific Islander	276	61	22.1%	197	71.4%
More Than One Race	294	68	23.1%	183	62.2%
Other/Unknown	664	162	24.4%	370	55.7%
<b>Total</b>	<b>12,387</b>	<b>3,113</b>	<b>25.1%</b>	<b>7,516</b>	<b>60.7%</b>

Child may have been enrolled in more than one plan over the four year period. Plan listed is the plan that the child was enrolled in for the greatest amount of time during the 12 months before her 13th birthday, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only.

HPV vaccinations that may have occurred before age nine or after the 13th birthday are not included.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator.



## References

- Acumentra Health. 2010 Performance Measure Comparative Analysis Report. Portland, OR: Acumentra Health (November 2010). Available at: <http://hrsa.dshs.wa.gov/healthyoptions/newwho/reports/2010HEDIS.pdf>
- Acumentra Health. 2013 Performance Measure Comparative Analysis Report. Portland, OR: Acumentra Health (December 2013). Available at: <https://www.acumentra.org/assets/2013-Report-HEDIS-2013-12-10.pdf>
- American Congress of Obstetricians and Gynecologists. ACOG Practice bulletin no. 115: Vaginal birth after previous cesarean delivery. *Obstet Gynecol.* 2010; 116(2 pt 1): 450-463.
- Bauer J, Barch M, Kay N, Lemon M, Aos S, Burly M, Hirsch M, Lee S. Interventions to Promote Health and Increase Health Care Efficiency: December 2015 Update. Washington State Institute for Public Policy. Available at: [http://www.wsipp.wa.gov/ReportFile/1622/Wsipp\\_Interventions-to-Promote-Health-and-Increase-Health-Care-Efficiency-December-2015-Update\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1622/Wsipp_Interventions-to-Promote-Health-and-Increase-Health-Care-Efficiency-December-2015-Update_Report.pdf)
- Blanchette H. The rising cesarean delivery rate in America: What are the consequences? *Obstet Gynecol.* 2011; 118: 687-690.
- Caughey AB. Reducing primary cesarean delivery: Can we prevent current and future morbidity and mortality? *J Perinatol* 2009 29(11): 717-8.
- Cawthon L, Woodcox P, Lyons D. County Profiles: Birth and unintended pregnancy statistics 1990 to 2006. Olympia, WA: Washington Department of Social and Health Services (RDA Report 9.91) (February 2008). Available at: <http://publications.rda.dshs.wa.gov/1269/>
- Centers for Disease Control and Prevention. 2011. CDC Grand Rounds: Chlamydia Prevention: Challenges and Strategies for Reducing Disease Burden and Sequellae. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6012a2.htm>
- Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report: Human Papillomavirus Vaccination Coverage Among Adolescents, 2007–2013, and Postlicensure Vaccine Safety Monitoring, 2006–2014 — United States. July 25, 2014 / 63(29);620-4
- Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set): Technical Specifications and Resource Manual for Federal Fiscal Year 2015 Reporting. March 2015. Available at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>
- Collins JW, David RJ. Racial disparity in low birth weight and infant mortality. *Clinics in Perinatology.* 2009 36(1):63-73.
- Governor’s Interagency Council on Health Disparities. State Action Plan to Eliminate Health Disparities December 2015 Update. Olympia, WA: Governor’s Interagency Council on Health Disparities. 2015. Available at: <http://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/ActionPlan-December2015-Final.pdf>





Hamilton BE, Martin JA, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2014. National vital statistics reports. 64(12). Hyattsville, MD: National Center for Health Statistics. 2015. Available at: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf)

Hamilton BE, Martin JA, Osterman MJK. Births: Preliminary data for 2015. National vital statistics reports. 65(3). Hyattsville, MD: National Center for Health Statistics. 2016. Available at: [http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_03.pdf)

King V, Slaughter-Mason S, King A, Frew P, Thompson J, Evans R & Donsbach L. Improving Maternal & Neonatal Outcomes: Toolkit for Reducing Cesarean Deliveries (prepared for the Washington State Health Care Authority). 2013. Portland, OR: Center for Evidence-based Policy, Oregon Health & Science University. Available at: <http://www.hca.wa.gov/medicaid/ebm/Pages/aboutcomes.aspx>

Lewis CT, Mathews TJ, and Heuser RL. Prenatal care in the United States, 1980-94. Vital and Health Statistics 21(54): 1-17. Hyattsville, MD: National Center for Health Statistics. 1996. Available at: [http://www.cdc.gov/nchs/data/series/sr\\_21/sr21\\_054.pdf](http://www.cdc.gov/nchs/data/series/sr_21/sr21_054.pdf)

Martin JA, Hamilton BE, Sutton PD, Venture SJ, Menacker F, Kimeyer S. Births: Final data for 2004. National Vital Statistics Reports; 55(1): 1-101. Hyattsville, MD: National Center for Health Statistics. 2006. Available at: [http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf)

Martin JA, Hamilton BE, Osterman MJ, Curtin SC, Mathews TJ. Births: Final data for 2012. National Vital Statistics Reports; 62(9). Hyattsville, MD: National Center for Health Statistics. 2013. Available at: [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf)

National Chlamydia Coalition. 2010. Research Briefs: Developments in STD Screening: Chlamydia Testing. 2010 Series, No.1. Available at: <http://www.prevent.org/data/files/ncc/research%20brief%201%20std%20testing.pdf>

National Committee for Quality Assurance. Improving Quality and Patient Experience: The state of health care quality 2013. Washington, DC: National Committee for Quality Assurance. Available at: [http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web\\_version\\_report.pdf](http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web_version_report.pdf)

National Committee for Quality Assurance. Continuous improvement and the expansion of quality measurement: The state of health care quality 2011. Washington, DC: National Committee for Quality Assurance. Available at: <http://www.ncqa.org/Portals/0/SOHC-web1.pdf>

National Committee for Quality Assurance. The State of Health Care Quality Report 2015. Washington, DC: National Committee for Quality Assurance. Available online at: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents>

Reagan-Steiner S, et al. National, regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years—United States, 2014. MMWR Morbidity and Mortality Weekly report 2015, 64:784-792.

Spong CY, Berghella V, Wenstrom KD, Mercer BM, Saade GR. Preventing the First Cesarean Delivery: Summary of a Joint *Eunice Kennedy Shriver* National Institute of Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologists Workshop. *Obstetrics and Gynecology*. 120(5):1181-1193, 2012.





Starzyk P and Campo J. Cesarean Sections in Washington State: Trends and Geographic Variations. Washington Department of Health Center for Health Statistics. 2008. Available at: <http://www.doh.wa.gov/Portals/1/Documents/5300/CSectionsInWA.pdf>

Stobbe M. Teen vaccinations against cervical cancer lagging. 2011. Available at <http://www.nbcnews.com/id/44277353/ns/health-cancer/t/teen-vaccinations-against-cervical-cancer-lagging/#.U-vyRvldV2o>

U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26>

U.S. Department of Health and Human Services. 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP. February 2016. Available at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-child-sec-rept.pdf>

Washington Department of Health. Perinatal Indicators Report for Washington Residents: 2011 Data. Olympia, WA: Washington Department of Health. (DOH 950-153). 2013. Available at: [http://www.doh.wa.gov/portals/1/Documents/Pubs/950-153\\_PerinatalIndicatorsforWashingtonResidents.pdf](http://www.doh.wa.gov/portals/1/Documents/Pubs/950-153_PerinatalIndicatorsforWashingtonResidents.pdf)

Washington Health Care Authority 2014. Report to the Legislature: Emergency Department Utilization: Update on Assumed Savings from Best Practices Implementation. Olympia, WA: Washington State Health Care Authority (March 20, 2014). Available at: <http://www.hca.wa.gov/Documents/EmergencyDeptUtilization.pdf>

Weinstock H, Berman S, Cates W, Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. Perspectives on sexual and reproductive health 2004;36:6-10.

