

# Managed Care Program Annual Report (MCPAR) for Washington: IMC MCPAR

<b>Due date</b>	<b>Last edited</b>	<b>Edited by</b>	<b>Status</b>
06/29/2023	01/12/2024	Reilly Fairbrother	In progress

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Indicator

Response

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**Exclusion of CHIP from MCPAR**

Not Selected

Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.

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# Point of Contact



Find in the Excel Workbook

**A\_Program\_Info**

Number	Indicator	Response
A1	<b>State name</b> Auto-populated from your account profile.	Washington
A2a	<b>Contact name</b> First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Reilly Fairbrother
A2b	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	<a href="mailto:reilly.fairbrother@hca.wa.gov">reilly.fairbrother@hca.wa.gov</a>
A3a	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Reilly Fairbrother
A3b	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	<a href="mailto:reilly.fairbrother@hca.wa.gov">reilly.fairbrother@hca.wa.gov</a>
A4	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	06/27/2023

# Reporting Period



Find in the Excel Workbook

**A\_Program\_Info**

Number	Indicator	Response
A5a	<b>Reporting period start date</b> Auto-populated from report dashboard.	01/01/2022
A5b	<b>Reporting period end date</b> Auto-populated from report dashboard.	12/31/2022
A6	<b>Program name</b> Auto-populated from report dashboard.	IMC MCPAR

## Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.



Find in the Excel Workbook

**A\_Program\_Info**

Indicator	Response
<b>Plan name</b>	Amerigroup (AMG) Community Health Plan of Washington (CHPW) Coordinated Care of Washington (CCW) Molina Healthcare of Washington, Inc. (MHW) UnitedHealthcare Community Plan (UHC)

## Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at [42 CFR 438.71](#). See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.



Find in the Excel Workbook

**A\_Program\_Info**

Indicator	Response
<b>BSS entity name</b>	Washington Healthplanfinder

# Topic I. Program Characteristics and Enrollment



Find in the Excel Workbook

**B\_State**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>BI.1</b>	<b>Statewide Medicaid enrollment</b>  Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year. Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled.	2,287,769
<b>BI.2</b>	<b>Statewide Medicaid managed care enrollment</b>  Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year. Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan.	1,912,230

# Topic III. Encounter Data Report



Find in the Excel Workbook

**B\_State**

Number	Indicator	Response
<b>BIII.1</b>	<b>Data validation entity</b> Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff  Proprietary system(s)
<b>BIII.2</b>	<b>HIPAA compliance of proprietary system(s) for encounter data validation</b>  Were the system(s) utilized fully HIPAA compliant? Select one.	Yes

# Topic X: Program Integrity



Find in the Excel Workbook

**B\_State**

Number	Indicator	Response
<b>BX.1</b>	<p><b>Payment risks between the state and plans</b></p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities.</p>	<p>Light therapy with diagnosis other than psoriasis; Directive for Timed Psychotherapy/Counseling CPT codes; OIG referral for pharmacy claims written by excluded providers; Tech Assist on Q3014 telemedicine distant site; MC/FFS duplicate audit; MLR audit with focus on reporting of values for lines 1.9, 1.10 &amp; 1.11; Payment of Delivery Case Rate (DCR) for clients with comparable third-party coverage; Timed CPT Code Review/Paid Claims; Claims Paid Timely Audit; TPL – MCO Performance/Recovery/Reporting.</p>
<b>BX.2</b>	<p><b>Contract standard for overpayments</b></p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p>Allow plans to retain overpayments</p>
<b>BX.3</b>	<p><b>Location of contract provision stating overpayment standard</b></p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p>Section 12 (12.1, 12.4 &amp; 12.5) for overpayments made by the plans to their network providers</p>
<b>BX.4</b>	<p><b>Description of overpayment contract standard</b></p> <p>Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.</p>	<p>Plans are allowed to keep overpayments recovered from their network providers. The plans must report the identification and recovery of overpayments to the state and must recover identified overpayments within 60 days. The state may assess liquidated damages if the plans fail to identify and recover overpayments as required.</p>

<b>BX.5</b>	<b>State overpayment reporting monitoring</b>	The state requires the plans to report all program integrity activities on a monthly deliverable that includes audit detail, encounter detail, identified and recovered overpayment amounts. The state reviews and validates overpayment recoveries against submitted encounter data and meets with the plans quarterly to discuss their program integrity performance and clarify any discrepancies between reported program integrity activities and submitted encounter data. In addition, the plans are required to submit an annual report of program integrity activities that rolls up and reports identified and recovered overpayments and cost avoidance amounts for the prior calendar year.	
Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	<b>BX.6</b>	<b>Changes in beneficiary circumstances</b>	The state issues the 834 Benefit and Enrollment Maintenance report to each MCO every day to ensure eligibility files are up-to-date. In addition, the files are audited each month to ensure enrollment files are accurate. The state also requires the plans to report demographic changes through MC-Track using the Newborn Payment Assistance Request Form (NB PARF) for newborn retro-enrollment and the Payment Assistance Request Form (PARF) for all other payment and enrollment inquiries to include but not limited to Service Base Enhancements (DCR, WISE, etc.), regular premium payments and other demographic changes that may impact eligibility (DOD, out-of-state address, etc.).
Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	<b>BX.7a</b>	<b>Changes in provider circumstances: Monitoring plans</b>	Yes
Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	<b>BX.7b</b>	<b>Changes in provider circumstances: Metrics</b>	No
Does the state use a metric or indicator to assess plan reporting performance? Select one.			



<b>BX.8a</b>	<b>Federal database checks: Excluded person or entities</b>	No
	<p>During the state's federal database checks, did the state find any person or entity excluded? Select one.</p> <p>Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.</p>	
<b>BX.9a</b>	<b>Website posting of 5 percent or more ownership control</b>	Yes
	<p>Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).</p>	
<b>BX.9b</b>	<b>Website posting of 5 percent or more ownership control: Link</b>	<a href="https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting">https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting</a>
	<p>What is the link to the website? Refer to 42 CFR 602(g)(3).</p>	
<b>BX.10</b>	<b>Periodic audits</b>	<p><a href="https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting">https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting</a> NOTE: Dispute resolution was completed with all plans in early 2022.</p>
	<p>If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).</p>	

# Topic I: Program Characteristics



Find in the Excel Workbook

**C1\_Program\_Set**

Number	Indicator	Response
C1I.1	<b>Program contract</b> Enter the title and date of the contract between the state and plans participating in the managed care program.	, Apple Hea Apple Health Intergrated Managed Care (IMC 01/01/2022), Apple Health Integrated Managed Care (IMC) behavioral health services wrap around (01/01/2022)
N/A	N/A	01/01/2022
C1I.2	<b>Contract URL</b> Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	<a href="https://www.hca.wa.gov/billers-providers-partners/program-information-providers/model-managed-care-contracts">https://www.hca.wa.gov/billers-providers-partners/program-information-providers/model-managed-care-contracts</a>
C1I.3	<b>Program type</b> What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	<b>Special program benefits</b> Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health
C1I.4b	<b>Variation in special benefits</b> What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	Value added benefits

**C11.5**      **Program enrollment**      1,912,230

Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year.

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**C11.6**      **Changes to enrollment or benefits**

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year.

Washington extended coverage for postpartum individuals from 60 days to 12 months. This added four additional eligibility categories that are eligible for managed care.

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# Topic III: Encounter Data Report



Find in the Excel Workbook

**C1\_Program\_Set**

Number	Indicator	Response
<b>C1III.1</b>	<b>Uses of encounter data</b> For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support
<b>C1III.2</b>	<b>Criteria/measures to evaluate MCP performance</b> What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Timeliness of data certifications Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
<b>C1III.3</b>	<b>Encounter data performance criteria contract language</b> Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	Section 5.15-5.15.9
<b>C1III.4</b>	<b>Financial penalties contract language</b>	5.25

Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.

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**C1III.5 Incentives for encounter data quality** N/A

Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.

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**C1III.6 Barriers to collecting/validating encounter data** N/A

Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting period.

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# Topic IV. Appeals, State Fair Hearings & Grievances



Find in the Excel Workbook

**C1\_Program\_Set**

Number	Indicator	Response
C1IV.1	<p><b>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</b></p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p>	N/A
C1IV.2	<p><b>State definition of "timely" resolution for standard appeals</b></p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	IMC Contract Subsection 13.3.10.1: For standard resolution of Appeals and for Appeals for termination, suspension, or reduction of previously authorized services a decision must be made within fourteen (14) calendar days after receipt of the Appeal, unless the Contractor notifies the Enrollee that an extension is necessary to complete the Appeal; however, the extension cannot delay the decision beyond twenty-eight (28) calendar days of the request for Appeal. For any extension not requested by an Enrollee, the Contractor shall resolve the Appeal as expeditiously as the Enrollee's health condition requires and no later than the date the extension expires.
C1IV.3	<p><b>State definition of "timely" resolution for expedited appeals</b></p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	IMC Contract Subsection 13.4.3.1: For expedited resolution of appeals or appeals of mental health drug authorization decisions, including notice to the affected parties, the Contractor shall make a decision within seventy-two (72) hours after the Contractor receives the appeal. The Contractor shall also make reasonable efforts to provide oral notice of the decision.

**C1V.4 State definition of "timely" resolution for grievances**


Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

IMC Contract Subsection 13.2.6: The Contractor shall complete the resolution of a Grievance and notice to the affected parties as expeditiously as the Enrollee's health condition requires, but no later than forty-five (45) calendar days from receipt of the Grievance. The Contractor may extend the timeframe for processing a grievance by up to fourteen (14) calendar days if the Enrollee requests the extension. For any extension not requested by an Enrollee, the Contractor must document that there is need for additional information and that the delay is in the Enrollee's best interest and give the Enrollee prompt oral notice of the delay.

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## Topic V. Availability, Accessibility and Network Adequacy

### Network Adequacy

 Find in the Excel Workbook  
**C1\_Program\_Set**

Number	Indicator	Response
C1V.1	<b>Gaps/challenges in network adequacy</b>  What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.	The biggest challenges in maintaining adequate networks are workforce shortages, including in rural areas where certain types of providers are not prevalent. This can result in exceptions.
C1V.2	<b>State response to gaps in network adequacy</b>  How does the state work with MCPs to address gaps in network adequacy?	If gaps in the network are caused by a lack of providers or workforce shortages which are unlikely to be resolved, the need for an exception for that county is explored. To date this has happened in a limited capacity and has affected only specialty providers. Most often, the state will research gaps in network adequacy and work with the MCP to resolve via additional contracting in the area: data error resolution; and/or corrective action plans with monetary penalties when issues require escalation.

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# Topic V. Availability, Accessibility and Network Adequacy

## Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Find in the Excel Workbook

**C2\_Program\_State**

### Access measure total count: 9



Complete

#### **C2.V.1 General category: General quantitative availability and accessibility standard**

1 / 9

##### **C2.V.2 Measure standard**

2 in 10 miles, travel time not to exceed 90 minutes

##### **C2.V.3 Standard type**

Maximum time or distance

##### **C2.V.4 Provider**

Primary care

##### **C2.V.5 Region**

Urban

##### **C2.V.6 Population**

Adult and pediatric

##### **C2.V.7 Monitoring Methods**

Geomapping

##### **C2.V.8 Frequency of oversight methods**

Quarterly





**C2.V.1 General category: General quantitative availability and accessibility standard**

2 / 9

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 90 minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



**C2.V.1 General category: General quantitative availability and accessibility standard**

3 / 9

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 90 minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Hospital

**C2.V.5 Region**

Urban and rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



**C2.V.1 General category: General quantitative availability and accessibility standard**

4 / 9

**C2.V.2 Measure standard**

1 in 10 miles, travel time not to exceed 90 minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Pharmacy

**C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

5 / 9

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 90 minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Pharmacy

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

6 / 9

**C2.V.2 Measure standard**

2 in 10 miles, travel time not to exceed 90 minutes

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider****C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric

OB/GYN (including  
Delivery Hospitals)

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

7 / 9

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 90 minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

OB/GYN (including  
Delivery Hospitals)

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

8 / 9

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 90 minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health  
(Mental Health  
profession and  
SUDPs)

**C2.V.5 Region**

Urban and rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

9 / 9

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 90 minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health  
(Outpatient)

**C2.V.5 Region**

Urban and rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly

# Topic IX: Beneficiary Support System (BSS)



Find in the Excel Workbook

**C1\_Program\_Set**

Number	Indicator	Response
C1IX.1	<b>BSS website</b>  List the website(s) and/or email address that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	<a href="https://www.hca.wa.gov/about-hca/contact-hca">https://www.hca.wa.gov/about-hca/contact-hca</a> , <a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a> , <a href="https://www.wahealthplanfinder.org/us/en/tools-and-resources/connect-with-us/virtual-help-details.html">https://www.wahealthplanfinder.org/us/en/tools-and-resources/connect-with-us/virtual-help-details.html</a>
C1IX.2	<b>BSS auxiliary aids and services</b>  How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Washington Healthplanfinder (Health Benefit Exchange) and Washington State Health Care Authority: • Provide free aids and services to people with disabilities to communicate effectively, such as: o Qualified sign language interpreters o Written information in other formats (large print, audio, accessible electronic formats, other formats) • Provide free language services to people whose primary language is not English, such as: o Qualified interpreters o Information written in other languages Washington Healthplanfinder provides customers the option to search and partner with a Broker or Navigator based on the assister's service language. Washington Healthplanfinder - Notice of Nondiscrimination website: <a href="https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/policies/nondiscriminationaccessibility/">https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/policies/nondiscriminationaccessibility/</a> Washington Healthplanfinder - How to Get Language Support website: <a href="https://www.wahealthplanfinder.org/us/en/tools-and-resources/how-to/language-support.html">https://www.wahealthplanfinder.org/us/en/tools-and-resources/how-to/language-support.html</a> Washington Healthplanfinder - Accessibility and Inclusion website: <a href="https://www.wahealthplanfinder.org/us/en/about-us/our-organization/accessibility-and-inclusion.html">https://www.wahealthplanfinder.org/us/en/about-us/our-organization/accessibility-and-inclusion.html</a> Washington Health Care Authority - Notice of Nondiscrimination website: <a href="https://www.hca.wa.gov/about-hca/nondiscrimination-statement">https://www.hca.wa.gov/about-hca/nondiscrimination-statement</a> Washington Health Care Authority - ADA Accessibility website: <a href="https://www.hca.wa.gov/about-hca/ada-accessibility">https://www.hca.wa.gov/about-hca/ada-accessibility</a> Washington Health Care Authority - Language Access website:

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**C1IX.3 BSS LTSS program data** N/A

How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).

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**C1IX.4 State evaluation of BSS entity performance**

What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?

The Exchange partners with Navigators and Brokers to perform outreach and enrollment activities. The Exchange supports quality, effectiveness, and efficiency through metrics such as monthly enrollment reports and KPIs.

Navigators:

- Lead Organizations send monthly enrollment and outreach reports to the Exchange.
- Quality, effectiveness, and efficiency is measured by the key performance indicators (KPIs):
  - o Complete outreach plan and report delivered monthly
  - o Monthly outreach activities reach attendance limit
  - o Favorable support and responsiveness ratings from Navigators they support during the yearly Navigator Survey
  - o Navigator background checks are completed timely every two years
  - o Navigators pass certification quizzes within the first three attempts
  - o Partner Organization subcontracts (MOUs) are executed and submitted to the Exchange timely
  - o Minimum standards of Qualified Health Plan re-enrollment of customers partnered with a Navigator

Brokers:

- Brokers must sign a Washington Health Benefit Exchange Producer Participation Agreement confirming:
  - o They will comply with all Exchange policies and procedures including but not limited to those relate to enrollment solicitation, submission of applications, and sales requirements.
  - o They will comply with all applicable federal and state laws and regulations, including those governing data protection, confidentiality, and conflicts of interest, and to abide by all rules, regulations, policies, and procedures established by the Exchange, including, but not limited to, required training, annual update training, and Exchange privacy and security standards.
- Brokers must

present a Scope of Appointment form to prospective customers prior to all sales presentations. o The Exchange requires Brokers to document the scope of the marketing appointment to ensure consumers understand what will be discussed between the Broker and the consumer (or their authorized representative). o Forms are to be maintained by the producer and made available upon the request of the Exchange. Brokers and Navigators:

- Assistors are required to certify with the Exchange to access Washington Healthplanfinder.
- Assistors complete initial onboarding training and security and privacy training annually.
- Navigators also must complete a job shadow requirement.
- Brokers are required to complete a re-certification training plan and Navigators are required to complete quarterly training to retain their Washington Healthplanfinder access.
- Training provided helps keep assistors informed of systems, process, regulations, and updates to the Washington Healthplanfinder application.
- Assistors complete a User Access Agreement when onboarding and during their yearly security refresh training.

## Topic X: Program Integrity



Find in the Excel Workbook

**C1\_Program\_Set**

Number	Indicator	Response
C1X.3	<p><b>Prohibited affiliation disclosure</b></p> <p>Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).</p>	No

# Topic I. Program Characteristics & Enrollment



Find in the Excel Workbook

**D1\_Plan\_Set**

Number	Indicator	Response
<b>D1I.1</b>	<b>Plan enrollment</b> What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year?	<b>Amerigroup (AMG)</b> 227,792
		<b>Community Health Plan of Washington (CHPW)</b> 261,511
		<b>Coordinated Care of Washington (CCW)</b> 191,587
		<b>Molina Healthcare of Washington, Inc. (MHW)</b> 982,367
		<b>UnitedHealthcare Community Plan (UHC)</b> 249,629
<b>D1I.2</b>	<b>Plan share of Medicaid</b> What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"><li>• Numerator: Plan enrollment (D1.I.1)</li><li>• Denominator: Statewide Medicaid enrollment (B.I.1)</li></ul>	<b>Amerigroup (AMG)</b> 9.96%
		<b>Community Health Plan of Washington (CHPW)</b> 11.43%
		<b>Coordinated Care of Washington (CCW)</b> 8.37%
		<b>Molina Healthcare of Washington, Inc. (MHW)</b> 43%
		<b>UnitedHealthcare Community Plan (UHC)</b>



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<b>D11.3</b>	<b>Plan share of any Medicaid managed care</b>	<b>Amerigroup (AMG)</b>
	What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?	11.76%
	• Numerator: Plan enrollment (D1.I.1)	<b>Community Health Plan of Washington (CHPW)</b>
	• Denominator: Statewide Medicaid managed care enrollment (B.I.2)	13.5%
		<b>Coordinated Care of Washington (CCW)</b>
		10.02%
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		51%
		<b>UnitedHealthcare Community Plan (UHC)</b>
		13%

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## Topic II. Financial Performance



Find in the Excel Workbook

**D1\_Plan\_Set**

Number	Indicator	Response
D1II.1a	<b>Medical Loss Ratio (MLR)</b>  What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR.	<b>Amerigroup (AMG)</b>  91.89%
		<b>Community Health Plan of Washington (CHPW)</b>  96.05%
		<b>Coordinated Care of Washington (CCW)</b>  89.6%
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  90.3%
		<b>UnitedHealthcare Community Plan (UHC)</b>  96.81%
D1II.1b	<b>Level of aggregation</b>  What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	<b>Amerigroup (AMG)</b>  Statewide all programs & populations
		<b>Community Health Plan of Washington (CHPW)</b>  Statewide all programs & populations
		<b>Coordinated Care of Washington (CCW)</b>  Program-specific statewide
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  Statewide all programs & populations
		<b>UnitedHealthcare Community Plan (UHC)</b>

<b>D1II.2</b>	<b>Population specific MLR description</b>	<b>Amerigroup (AMG)</b>
	Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.	<p>N/A</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>Integrated Managed Care population only (excludes Integrated Foster Care population)</p> <p><b>Molina Healthcare of Washington, Inc. (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p>
<b>D1II.3</b>	<b>MLR reporting period discrepancies</b>	<b>Amerigroup (AMG)</b>
	Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?	<p>Yes</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>Yes</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>Yes</p> <p><b>Molina Healthcare of Washington, Inc. (MHW)</b></p> <p>Yes</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>Yes</p>
<b>N/A</b>	Enter the start date.	<b>Amerigroup (AMG)</b> 01/01/2021

**Community Health Plan of Washington (CHPW)**

01/01/2021

**Coordinated Care of Washington (CCW)**

01/01/2021

**Molina Healthcare of Washington, Inc. (MHW)**

01/01/2021

**UnitedHealthcare Community Plan (UHC)**

01/01/2021

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**N/A**

Enter the end date.

**Amerigroup (AMG)**

12/31/2021

**Community Health Plan of Washington (CHPW)**

12/31/2021

**Coordinated Care of Washington (CCW)**

12/31/2021

**Molina Healthcare of Washington, Inc. (MHW)**

12/31/2021

**UnitedHealthcare Community Plan (UHC)**

12/31/2021

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## Topic III. Encounter Data



Find in the Excel Workbook

**D1\_Plan\_Set**

Number	Indicator	Response
D1III.1	<p><b>Definition of timely encounter data submissions</b></p> <p>Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p><b>Amerigroup (AMG)</b></p> <p>The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.</p> <p><b>Molina Healthcare of Washington, Inc. (MHW)</b></p> <p>The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.</p>
D1III.2	<p><b>Share of encounter data submissions that met state's timely submission requirements</b></p> <p>What percent of the plan's encounter data file submissions (submitted during the reporting period) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire</p>	<p><b>Amerigroup (AMG)</b></p> <p>96%</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>99%</p> <p><b>Coordinated Care of Washington (CCW)</b></p>

contract period when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting period.

98.53%

**Molina Healthcare of Washington, Inc. (MHW)**

99%

**UnitedHealthcare Community Plan (UHC)**

98%

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**D1III.3 Share of encounter data submissions that were HIPAA compliant**

What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting period.

**Amerigroup (AMG)**

99%

**Community Health Plan of Washington (CHPW)**

93%

**Coordinated Care of Washington (CCW)**

98.53%

**Molina Healthcare of Washington, Inc. (MHW)**

100%

**UnitedHealthcare Community Plan (UHC)**

96%

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# Topic IV. Appeals, State Fair Hearings & Grievances

## Appeals Overview



Find in the Excel Workbook

**D1\_Plan\_Set**

Number	Indicator	Response
D1IV.1	<b>Appeals resolved (at the plan level)</b>  Enter the total number of appeals resolved as of the first day of the last month of the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	<b>Amerigroup (AMG)</b>  710
		<b>Community Health Plan of Washington (CHPW)</b>  2,484
		<b>Coordinated Care of Washington (CCW)</b>  356
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  1,377
		<b>UnitedHealthcare Community Plan (UHC)</b>  984
D1IV.2	<b>Active appeals</b>  Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	<b>Amerigroup (AMG)</b>  4
		<b>Community Health Plan of Washington (CHPW)</b>  0
		<b>Coordinated Care of Washington (CCW)</b>  0
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  5

<b>D1IV.3</b>	<p><b>Appeals filed on behalf of LTSS users</b></p> <p>Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.</p> <p>An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).</p>	<p><b>Amerigroup (AMG)</b></p> <p>N/A</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>N/A</p> <p><b>Molina Healthcare of Washington, Inc. (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p>
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<b>D1IV.4</b>	<p><b>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal</b></p> <p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".</p> <p>Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".</p> <p>The appeal and critical incident do not have to have been "related" to the same issue -</p>	<p><b>Amerigroup (AMG)</b></p> <p>N/A</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>N/A</p> <p><b>Molina Healthcare of Washington, Inc. (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p>
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they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

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<b>D1IV.5a</b>	<b>Standard appeals for which timely resolution was provided</b>	<b>Amerigroup (AMG)</b>
		581
		<b>Community Health Plan of Washington (CHPW)</b>
		1,729
		<b>Coordinated Care of Washington (CCW)</b>
		287
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		1,162
		<b>UnitedHealthcare Community Plan (UHC)</b>
		510

---

<b>D1IV.5b</b>	<b>Expedited appeals for which timely resolution was provided</b>	<b>Amerigroup (AMG)</b>
		43
		<b>Community Health Plan of Washington (CHPW)</b>
		428
		<b>Coordinated Care of Washington (CCW)</b>
		41

**Molina Healthcare of Washington, Inc. (MHW)**

167

**UnitedHealthcare Community Plan (UHC)**

423

---

**D1IV.6a Resolved appeals related to denial of authorization or limited authorization of a service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.  
(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.6b Resolved appeals related to reduction, suspension, or termination of a previously authorized service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

---

<b>D1IV.6c</b>	<b>Resolved appeals related to payment denial</b>	<b>Amerigroup (AMG)</b>
		N/A
		<b>Community Health Plan of Washington (CHPW)</b>
		N/A
		<b>Coordinated Care of Washington (CCW)</b>
		0
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		N/A
		<b>UnitedHealthcare Community Plan (UHC)</b>
		0

---

<b>D1IV.6d</b>	<b>Resolved appeals related to service timeliness</b>	<b>Amerigroup (AMG)</b>
		3
		<b>Community Health Plan of Washington (CHPW)</b>
		0
		<b>Coordinated Care of Washington (CCW)</b>
		0
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		0
		<b>UnitedHealthcare Community Plan (UHC)</b>
		0

---

<b>D1IV.6e</b>	<b>Resolved appeals related to lack of timely plan response to an appeal or grievance</b>	<b>Amerigroup (AMG)</b>
		0

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

**Community Health Plan of Washington (CHPW)**

0

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

---

**D1IV.6f Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.6g Resolved appeals related to denial of an enrollee's request to dispute financial liability**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

**Amerigroup (AMG)**

0

**Community Health Plan of Washington (CHPW)**

8

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc.  
(MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

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# Topic IV. Appeals, State Fair Hearings & Grievances

## Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

 Find in the Excel Workbook  
**D1\_Plan\_Set**

Number	Indicator	Response
<b>D1IV.7a</b>	<b>Resolved appeals related to general inpatient services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.  Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	<b>Amerigroup (AMG)</b> N/A  <b>Community Health Plan of Washington (CHPW)</b> N/A  <b>Coordinated Care of Washington (CCW)</b> N/A  <b>Molina Healthcare of Washington, Inc. (MHW)</b> N/A  <b>UnitedHealthcare Community Plan (UHC)</b> N/A

<b>D1IV.7b</b>	<b>Resolved appeals related to general outpatient services</b>	<b>Amerigroup (AMG)</b>
		N/A
		<b>Community Health Plan of Washington (CHPW)</b>
		N/A
		<b>Coordinated Care of Washington (CCW)</b>
		N/A
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		N/A
		<b>UnitedHealthcare Community Plan (UHC)</b>
		N/A

---

<b>D1IV.7c</b>	<b>Resolved appeals related to inpatient behavioral health services</b>	<b>Amerigroup (AMG)</b>
		2
		<b>Community Health Plan of Washington (CHPW)</b>
		19
		<b>Coordinated Care of Washington (CCW)</b>
		1
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		6
		<b>UnitedHealthcare Community Plan (UHC)</b>
		0

---

<b>D1IV.7d</b>	<b>Resolved appeals related to outpatient behavioral health services</b>	<b>Amerigroup (AMG)</b>
		1
		<b>Community Health Plan of Washington (CHPW)</b>

mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

11

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

40

**UnitedHealthcare Community Plan (UHC)**

23

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**D1IV.7e**

**Resolved appeals related to covered outpatient prescription drugs**

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

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**D1IV.7f**

**Resolved appeals related to skilled nursing facility (SNF) services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

N/A



**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

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**D1IV.7g Resolved appeals related to long-term services and supports (LTSS)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

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**D1IV.7h Resolved appeals related to dental services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

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<b>D1IV.7i</b>	<b>Resolved appeals related to non-emergency medical transportation (NEMT)</b>	<b>Amerigroup (AMG)</b>
		N/A
	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	<b>Community Health Plan of Washington (CHPW)</b>
		N/A
		<b>Coordinated Care of Washington (CCW)</b>
		N/A
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		N/A
		<b>UnitedHealthcare Community Plan (UHC)</b>
		N/A

---

<b>D1IV.7j</b>	<b>Resolved appeals related to other service types</b>	<b>Amerigroup (AMG)</b>
		707
	Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i, enter "N/A".	<b>Community Health Plan of Washington (CHPW)</b>
		2,454
		<b>Coordinated Care of Washington (CCW)</b>
		355
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		1,331
		<b>UnitedHealthcare Community Plan (UHC)</b>
		961

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# Topic IV. Appeals, State Fair Hearings & Grievances

## State Fair Hearings



Find in the Excel Workbook

**D1\_Plan\_Set**

Number	Indicator	Response
D1IV.8a	<b>State Fair Hearing requests</b> Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination.	<b>Amerigroup (AMG)</b> 41
		<b>Community Health Plan of Washington (CHPW)</b> 28
		<b>Coordinated Care of Washington (CCW)</b> 10
		<b>Molina Healthcare of Washington, Inc. (MHW)</b> 55
		<b>UnitedHealthcare Community Plan (UHC)</b> 25
D1IV.8b	<b>State Fair Hearings resulting in a favorable decision for the enrollee</b> Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	<b>Amerigroup (AMG)</b> 0
		<b>Community Health Plan of Washington (CHPW)</b> 3
		<b>Coordinated Care of Washington (CCW)</b> 0
		<b>Molina Healthcare of Washington, Inc. (MHW)</b> 1

UnitedHealthcare Community Plan (UHC)

0

---

**D1IV.8c**

**State Fair Hearings resulting in an adverse decision for the enrollee**

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

**Amerigroup (AMG)**

13

**Community Health Plan of Washington (CHPW)**

4

**Coordinated Care of Washington (CCW)**

2

**Molina Healthcare of Washington, Inc. (MHW)**

18

**UnitedHealthcare Community Plan (UHC)**

5

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**D1IV.8d**

**State Fair Hearings retracted prior to reaching a decision**

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) prior to reaching a decision.

**Amerigroup (AMG)**

26

**Community Health Plan of Washington (CHPW)**

21

**Coordinated Care of Washington (CCW)**

8

**Molina Healthcare of Washington, Inc. (MHW)**

32

**UnitedHealthcare Community Plan (UHC)**

25

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**D1IV.9a**

**External Medical Reviews resulting in a favorable decision for the enrollee**

**Amerigroup (AMG)**

0

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

**Community Health Plan of Washington (CHPW)**

0

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

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**D1IV.9b**

**External Medical Reviews resulting in an adverse decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

**Amerigroup (AMG)**

0

**Community Health Plan of Washington (CHPW)**

0

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

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# Topic IV. Appeals, State Fair Hearings & Grievances

## Grievances Overview



Find in the Excel Workbook

**D1\_Plan\_Set**

Number	Indicator	Response
<b>D1IV.10</b>	<b>Grievances resolved</b>  Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	<b>Amerigroup (AMG)</b>  766
		<b>Community Health Plan of Washington (CHPW)</b>  1,353
		<b>Coordinated Care of Washington (CCW)</b>  2,929
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  22,948
		<b>UnitedHealthcare Community Plan (UHC)</b>  477
<b>D1IV.11</b>	<b>Active grievances</b>  Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	<b>Amerigroup (AMG)</b>  0
		<b>Community Health Plan of Washington (CHPW)</b>  0
		<b>Coordinated Care of Washington (CCW)</b>  0
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  124

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<b>D1IV.12</b>	<b>Grievances filed on behalf of LTSS users</b>	<b>Amerigroup (AMG)</b>
	Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.	N/A
	An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	<b>Community Health Plan of Washington (CHPW)</b>
		N/A
		<b>Coordinated Care of Washington (CCW)</b>
		N/A
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		N/A
		<b>UnitedHealthcare Community Plan (UHC)</b>
		N/A

---

<b>D1IV.13</b>	<b>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance</b>	<b>Amerigroup (AMG)</b>
	For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.	N/A
		<b>Community Health Plan of Washington (CHPW)</b>
		N/A
		<b>Coordinated Care of Washington (CCW)</b>
		N/A
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		N/A
		<b>UnitedHealthcare Community Plan (UHC)</b>
		N/A

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

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<b>D1IV.14</b>	<b>Number of grievances for which timely resolution was provided</b>	<p><b>Amerigroup (AMG)</b> 723</p> <p><b>Community Health Plan of Washington (CHPW)</b> 1,308</p> <p><b>Coordinated Care of Washington (CCW)</b> 2,974</p> <p><b>Molina Healthcare of Washington, Inc. (MHW)</b> 23,079</p> <p><b>UnitedHealthcare Community Plan (UHC)</b> 475</p>
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# Topic IV. Appeals, State Fair Hearings & Grievances

## Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

 Find in the Excel Workbook  
**D1\_Plan\_Set**

Number	Indicator	Response
D1IV.15a	<b>Resolved grievances related to general inpatient services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	<b>Amerigroup (AMG)</b> 0  <b>Community Health Plan of Washington (CHPW)</b> 0  <b>Coordinated Care of Washington (CCW)</b> 0  <b>Molina Healthcare of Washington, Inc. (MHW)</b> 1  <b>UnitedHealthcare Community Plan (UHC)</b> 0

<b>D1IV.15b</b>	<b>Resolved grievances related to general outpatient services</b>	<b>Amerigroup (AMG)</b>
		4
		<b>Community Health Plan of Washington (CHPW)</b>
		4
		<b>Coordinated Care of Washington (CCW)</b>
		0
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		11
		<b>UnitedHealthcare Community Plan (UHC)</b>
		4

---

<b>D1IV.15c</b>	<b>Resolved grievances related to inpatient behavioral health services</b>	<b>Amerigroup (AMG)</b>
		N/A
		<b>Community Health Plan of Washington (CHPW)</b>
		N/A
		<b>Coordinated Care of Washington (CCW)</b>
		N/A
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		N/A
		<b>UnitedHealthcare Community Plan (UHC)</b>
		N/A

---

<b>D1IV.15d</b>	<b>Resolved grievances related to outpatient behavioral health services</b>	<b>Amerigroup (AMG)</b>
		N/A
		<b>Community Health Plan of Washington (CHPW)</b>

mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.15e Resolved grievances related to coverage of outpatient prescription drugs**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.15f Resolved grievances related to skilled nursing facility (SNF) services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

**Amerigroup (AMG)**

0

**Community Health Plan of Washington (CHPW)**

0

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

1

**UnitedHealthcare Community Plan (UHC)**

0

---

**D1IV.15g**

**Resolved grievances related to long-term services and supports (LTSS)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.15h**

**Resolved grievances related to dental services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

---

<b>D1IV.15i</b>	<b>Resolved grievances related to non-emergency medical transportation (NEMT)</b>	<b>Amerigroup (AMG)</b>
		0
		<b>Community Health Plan of Washington (CHPW)</b>
		2
		<b>Coordinated Care of Washington (CCW)</b>
4		
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		53
		<b>UnitedHealthcare Community Plan (UHC)</b>
		0

---

<b>D1IV.15j</b>	<b>Resolved grievances related to other service types</b>	<b>Amerigroup (AMG)</b>
		3
		<b>Community Health Plan of Washington (CHPW)</b>
		0
		<b>Coordinated Care of Washington (CCW)</b>
0		
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		0
		<b>UnitedHealthcare Community Plan (UHC)</b>
		1

---

# Topic IV. Appeals, State Fair Hearings & Grievances

## Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

 Find in the Excel Workbook  
**D1\_Plan\_Set**

Number	Indicator	Response
D1IV.16a	<b>Resolved grievances related to plan or provider customer service</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	<b>Amerigroup (AMG)</b> 22
		<b>Community Health Plan of Washington (CHPW)</b> 50
		<b>Coordinated Care of Washington (CCW)</b> 283
		<b>Molina Healthcare of Washington, Inc. (MHW)</b> 925
		<b>UnitedHealthcare Community Plan (UHC)</b> 25
D1IV.16b	<b>Resolved grievances related to plan or provider care management/case management</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the	<b>Amerigroup (AMG)</b> 24
		<b>Community Health Plan of Washington (CHPW)</b> 43
		<b>Coordinated Care of Washington (CCW)</b> 0
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>

timeliness of an assessment or complaints about the plan or provider care or case management process.

29

**UnitedHealthcare Community Plan (UHC)**

64

---

**D1IV.16c Resolved grievances related to access to care/services from plan or provider**

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

**Amerigroup (AMG)**

310

**Community Health Plan of Washington (CHPW)**

14

**Coordinated Care of Washington (CCW)**

200

**Molina Healthcare of Washington, Inc. (MHW)**

9

**UnitedHealthcare Community Plan (UHC)**

18

---

**D1IV.16d Resolved grievances related to quality of care**

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

**Amerigroup (AMG)**

98

**Community Health Plan of Washington (CHPW)**

21

**Coordinated Care of Washington (CCW)**

43

**Molina Healthcare of Washington, Inc. (MHW)**

3,108

**UnitedHealthcare Community Plan (UHC)**

84

---

<b>D1IV.16e</b>	<b>Resolved grievances related to plan communications</b>	Amerigroup (AMG)	7
		Community Health Plan of Washington (CHPW)	2
		Coordinated Care of Washington (CCW)	14
		Molina Healthcare of Washington, Inc. (MHW)	312
		UnitedHealthcare Community Plan (UHC)	0

---

<b>D1IV.16f</b>	<b>Resolved grievances related to payment or billing issues</b>	Amerigroup (AMG)	192
		Community Health Plan of Washington (CHPW)	1,043
		Coordinated Care of Washington (CCW)	513
		Molina Healthcare of Washington, Inc. (MHW)	5,364
		UnitedHealthcare Community Plan (UHC)	193

---

<b>D1IV.16g</b>	<b>Resolved grievances related to suspected fraud</b>	Amerigroup (AMG)	N/A
		Community Health Plan of Washington (CHPW)	



Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

N/A

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.16h Resolved grievances related to abuse, neglect or exploitation**

Enter the total number of grievances resolved during the reporting year that were related to abuse, neglect or exploitation.

Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.16i Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)**

Enter the total number of grievances resolved during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

**Amerigroup (AMG)**

0

**Community Health Plan of Washington (CHPW)**

0

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

---

**D1IV.16j**

**Resolved grievances related to plan denial of expedited appeal**

Enter the total number of grievances resolved during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

**Amerigroup (AMG)**

N/A

**Community Health Plan of Washington (CHPW)**

N/A

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Inc. (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

---

**D1IV.16k**

**Resolved grievances filed for other reasons**

Enter the total number of grievances resolved during the reporting period that were filed for a reason other than the reasons listed above.

**Amerigroup (AMG)**

106

**Community Health Plan of Washington (CHPW)**

40

**Coordinated Care of Washington (CCW)**

2,085

**Molina Healthcare of Washington, Inc. (MHW)**

13,135

**UnitedHealthcare Community Plan (UHC)**



# Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Find in the Excel Workbook

**D2\_Plan\_Measures**

## Quality & performance measure total count: 96

Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI percentile - Total**

1 / 96

### D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

### D2.VII.8 Measure Description

N/A

### Measure results

**Amerigroup (AMG)**

81.5%

**Community Health Plan of Washington (CHPW)**

76.6%

**Coordinated Care of Washington (CCW)**

73%

**Molina Healthcare of Washington, Inc. (MHW)**

74.7%

**UnitedHealthcare Community Plan (UHC)**

78.6%



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling - Total**

2 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

68.9%

**Community Health Plan of Washington (CHPW)**

66.3%

**Coordinated Care of Washington (CCW)**

71.8%

**Molina Healthcare of Washington, Inc. (MHW)**

59.6%

**UnitedHealthcare Community Plan (UHC)**



## D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling - Total

3 / 96

### D2.VII.2 Measure Domain

Primary care access and preventative care

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

### Measure results

#### Amerigroup (AMG)

65%

#### Community Health Plan of Washington (CHPW)

65.1%

#### Coordinated Care of Washington (CCW)

67.9%

#### Molina Healthcare of Washington, Inc. (MHW)

58.6%

#### UnitedHealthcare Community Plan (UHC)

64.5%



**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), DTaP**

4 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

67.6%

**Community Health Plan of Washington (CHPW)**

69.8%

**Coordinated Care of Washington (CCW)**

73%

**Molina Healthcare of Washington, Inc. (MHW)**

68.6%

**UnitedHealthcare Community Plan (UHC)**

68.9%



**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), IPV**

5 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

N/A

**D2.VII.6 Measure Set**  
HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

85.9%

**Community Health Plan of Washington (CHPW)**

83.7%

**Coordinated Care of Washington (CCW)**

89.5%

**Molina Healthcare of Washington, Inc. (MHW)**

82%

**UnitedHealthcare Community Plan (UHC)**

85.2%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), MMR**

6 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A



## Measure results

### Amerigroup (AMG)

83.9%

### Community Health Plan of Washington (CHPW)

84.2%

### Coordinated Care of Washington (CCW)

87.4%

### Molina Healthcare of Washington, Inc. (MHW)

79.8%

### UnitedHealthcare Community Plan (UHC)

85.2%



Complete

## D2.VII.1 Measure Name: Childhood Immunization Status (CIS), HIB

7 / 96

### D2.VII.2 Measure Domain

Primary care access and preventative care

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### Amerigroup (AMG)

81.8%

### Community Health Plan of Washington (CHPW)

84.2%

**Coordinated Care of Washington (CCW)**

89.5%

**Molina Healthcare of Washington, Inc. (MHW)**

82.2%

**UnitedHealthcare Community Plan (UHC)**

83.9%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), Hepatitis B**

8 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

86.6%

**Community Health Plan of Washington (CHPW)**

87.6%

**Coordinated Care of Washington (CCW)**

92%

**Molina Healthcare of Washington, Inc. (MHW)**

83%

**UnitedHealthcare Community Plan (UHC)**

86.9%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),  
Hepatitis B**

9 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

82.2%

**Community Health Plan of Washington (CHPW)**

83.7%

**Coordinated Care of Washington (CCW)**

85.6%

**Molina Healthcare of Washington, Inc. (MHW)**

78.8%

**UnitedHealthcare Community Plan (UHC)**

81.5%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),  
Pneumococcal**

10 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

70.3%

**Community Health Plan of Washington (CHPW)**

68.1%

**Coordinated Care of Washington (CCW)**

75.9%

**Molina Healthcare of Washington, Inc. (MHW)**

67.2%

**UnitedHealthcare Community Plan (UHC)**

70.6%



**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),  
Hepatitis A**

11 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

79.1%

**Community Health Plan of Washington (CHPW)**

81%

**Coordinated Care of Washington (CCW)**

83.2%

**Molina Healthcare of Washington, Inc. (MHW)**

76.2%

**UnitedHealthcare Community Plan (UHC)**

77.9%



**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),  
Rotavirus**

12 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

70.8

**Community Health Plan of Washington (CHPW)**

68.9

**Coordinated Care of Washington (CCW)**

73

**Molina Healthcare of Washington, Inc. (MHW)**

66.4

**UnitedHealthcare Community Plan (UHC)**

69.3



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), Influenza**

13 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

45.7

**Community Health Plan of Washington (CHPW)**

52.6

**Coordinated Care of Washington (CCW)**

57.2

**Molina Healthcare of Washington, Inc. (MHW)**

47.7

**UnitedHealthcare Community Plan (UHC)**

55.5



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), Combo 3** 4 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

63

**Community Health Plan of Washington (CHPW)**

63.8

**Coordinated Care of Washington (CCW)**

67.6

**Molina Healthcare of Washington, Inc. (MHW)**

60.3

**UnitedHealthcare Community Plan (UHC)**

63.3



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), Combo 7** 5 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

57.4

**Community Health Plan of Washington (CHPW)**

57.2

**Coordinated Care of Washington (CCW)**

57.4



Molina Healthcare of Washington, Inc. (MHW)

53

UnitedHealthcare Community Plan (UHC)

56



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), combo** 16 / 96  
**10**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

36

**Community Health Plan of Washington (CHPW)**

42.3

**Coordinated Care of Washington (CCW)**

43.1

**Molina Healthcare of Washington, Inc. (MHW)**

37



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMA), Meningococcal**

17 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

70.8

**Community Health Plan of Washington (CHPW)**

79.1

**Coordinated Care of Washington (CCW)**

76.9

**Molina Healthcare of Washington, Inc. (MHW)**

71.8

**UnitedHealthcare Community Plan (UHC)**

73.5



**D2.VII.1 Measure Name: Immunizations for Adolescents (IMA), Tdap** 18 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

82.7

**Community Health Plan of Washington (CHPW)**

88.6

**Coordinated Care of Washington (CCW)**

85.9

**Molina Healthcare of Washington, Inc. (MHW)**

83.5

**UnitedHealthcare Community Plan (UHC)**

85.6



**D2.VII.1 Measure Name: Immunizations for Adolescents (IMA), HPV** 19 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

N/A

**D2.VII.6 Measure Set**  
HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

29.4

**Community Health Plan of Washington (CHPW)**

40.2

**Coordinated Care of Washington (CCW)**

37.7

**Molina Healthcare of Washington, Inc. (MHW)**

33.8

**UnitedHealthcare Community Plan (UHC)**

33.6



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMA), Combo 1** 20 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### Amerigroup (AMG)

70.6

### Community Health Plan of Washington (CHPW)

78.6

### Coordinated Care of Washington (CCW)

76.2

### Molina Healthcare of Washington, Inc. (MHW)

71.3

### UnitedHealthcare Community Plan (UHC)

72



Complete

## D2.VII.1 Measure Name: Immunizations for Adolescents (IMA), Combo 21 / 96 2

### D2.VII.2 Measure Domain

Primary care access and preventative care

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### Amerigroup (AMG)

28.2

### Community Health Plan of Washington (CHPW)

39.4

**Coordinated Care of Washington (CCW)**

34.3

**Molina Healthcare of Washington, Inc. (MHW)**

31.1

**UnitedHealthcare Community Plan (UHC)**

30.9



Complete

**D2.VII.1 Measure Name: Lead Screening in Children (LSC)**

22 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

36.3

**Community Health Plan of Washington (CHPW)**

40.6

**Coordinated Care of Washington (CCW)**

31.1

**Molina Healthcare of Washington, Inc. (MHW)**

34.8

**UnitedHealthcare Community Plan (UHC)**

27



Complete

**D2.VII.1 Measure Name: Breast Cancer Screening (BCS)**

23 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

40.7

**Community Health Plan of Washington (CHPW)**

42.3

**Coordinated Care of Washington (CCW)**

44.9

**Molina Healthcare of Washington, Inc. (MHW)**

46.9

**UnitedHealthcare Community Plan (UHC)**

45.2



## D2.VII.1 Measure Name: Breast Cancer Screening (BCS-E), Total

24 / 96

### D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

### D2.VII.8 Measure Description

N/A

#### Measure results

**Amerigroup (AMG)**

40.6

**Community Health Plan of Washington (CHPW)**

42.2

**Coordinated Care of Washington (CCW)**

44.7

**Molina Healthcare of Washington, Inc. (MHW)**

46.8

**UnitedHealthcare Community Plan (UHC)**

45.1



## D2.VII.1 Measure Name: Cervical Care Screening (CCS)

25 / 96

### D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate



N/A

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

44.5

**Community Health Plan of Washington (CHPW)**

55.8

**Coordinated Care of Washington (CCW)**

53.5

**Molina Healthcare of Washington, Inc. (MHW)**

56.7

**UnitedHealthcare Community Plan (UHC)**

53.3



Complete

**D2.VII.1 Measure Name: Chlamydia Screening (CHL), Total**

26 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### Amerigroup (AMG)

49.5

### Community Health Plan of Washington (CHPW)

48.7

### Coordinated Care of Washington (CCW)

52.3

### Molina Healthcare of Washington, Inc. (MHW)

50.6

### UnitedHealthcare Community Plan (UHC)

48.6



Complete

## D2.VII.1 Measure Name: Appropriate Testing for Pharyngitis (CWP), Total

27 / 96

### D2.VII.2 Measure Domain

Care of acute and chronic conditions

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### Amerigroup (AMG)

73.7

### Community Health Plan of Washington (CHPW)

76.6

**Coordinated Care of Washington (CCW)**

79.8

**Molina Healthcare of Washington, Inc. (MHW)**

76.9

**UnitedHealthcare Community Plan (UHC)**

75.9



Complete

**D2.VII.1 Measure Name: Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)** 28 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

17.8

**Community Health Plan of Washington (CHPW)**

14.5

**Coordinated Care of Washington (CCW)**

16.7

Molina Healthcare of Washington, Inc. (MHW)

20.2

UnitedHealthcare Community Plan (UHC)

23.6



Complete

**D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid**

29 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

69.8

**Community Health Plan of Washington (CHPW)**

70.4

**Coordinated Care of Washington (CCW)**

76.8

**Molina Healthcare of Washington, Inc. (MHW)**

75



**D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator**

30 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

84.6

**Community Health Plan of Washington (CHPW)**

85.7

**Coordinated Care of Washington (CCW)**

88.1

**Molina Healthcare of Washington, Inc. (MHW)**

87.1

**UnitedHealthcare Community Plan (UHC)**

86.9



### D2.VII.1 Measure Name: Asthma Medication Ratio (AMR) Total

31 / 96

#### D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

**Amerigroup (AMG)**

63.5

**Community Health Plan of Washington (CHPW)**

56.6

**Coordinated Care of Washington (CCW)**

69.7

**Molina Healthcare of Washington, Inc. (MHW)**

68.9

**UnitedHealthcare Community Plan (UHC)**

57.4



### D2.VII.1 Measure Name: Controlling High Blood Pressure (CBP)

32 / 96

#### D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

N/A

**D2.VII.6 Measure Set**  
HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

61.3

**Community Health Plan of Washington (CHPW)**

64.6

**Coordinated Care of Washington (CCW)**

60.1

**Molina Healthcare of Washington, Inc. (MHW)**

65.5

**UnitedHealthcare Community Plan (UHC)**

68.1



Complete

**D2.VII.1 Measure Name: Persistence of Beta-Blocker Treatment after Heart Attack (PBH)** A33 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### Amerigroup (AMG)

78.5

### Community Health Plan of Washington (CHPW)

86.1

### Coordinated Care of Washington (CCW)

85.9

### Molina Healthcare of Washington, Inc. (MHW)

85.8

### UnitedHealthcare Community Plan (UHC)

86



Complete

## D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Received Statin Therapy - Total

34 / 96

### D2.VII.2 Measure Domain

Care of acute and chronic conditions

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### Amerigroup (AMG)

82.6

### Community Health Plan of Washington (CHPW)



84.2

**Coordinated Care of Washington (CCW)**

81.7

**Molina Healthcare of Washington, Inc. (MHW)**

83

**UnitedHealthcare Community Plan (UHC)**

83.4



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Adherence 80% - Total**

35 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

67

**Community Health Plan of Washington (CHPW)**

70

**Coordinated Care of Washington (CCW)**

71.2

**Molina Healthcare of Washington, Inc. (MHW)**

68.7

**UnitedHealthcare Community Plan (UHC)**

71.8



Complete

**D2.VII.1 Measure Name: Cardiac Rehabilitation (CDE), Initiation - Total** 36 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

2.7

**Community Health Plan of Washington (CHPW)**

2.9

**Coordinated Care of Washington (CCW)**

4.3

**Molina Healthcare of Washington, Inc. (MHW)**

5.9



Complete

**D2.VII.1 Measure Name: Cardiac Rehabilitation (CDE), Engagement 1 - 37 / 96 Total**

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

3.8

**Community Health Plan of Washington (CHPW)**

4.2

**Coordinated Care of Washington (CCW)**

4.6

**Molina Healthcare of Washington, Inc. (MHW)**

5.8

**UnitedHealthcare Community Plan (UHC)**

4.3



**D2.VII.1 Measure Name: Cardiac Rehabilitation (CDE), Engagement 2 - 38 / 96**  
**Total**

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

2.3

**Community Health Plan of Washington (CHPW)**

4.2

**Coordinated Care of Washington (CCW)**

4.3

**Molina Healthcare of Washington, Inc. (MHW)**

3.7

**UnitedHealthcare Community Plan (UHC)**

2.9



**D2.VII.1 Measure Name: Cardiac Rehabilitation (CDE), Achievement - 39 / 96**  
**Total**

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

.5

**Community Health Plan of Washington (CHPW)**

.6

**Coordinated Care of Washington (CCW)**

1.4

**Molina Healthcare of Washington, Inc. (MHW)**

.4

**UnitedHealthcare Community Plan (UHC)**

.9



Complete

**D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC), Poor HbA1c Control (Note lower score is better)**

40 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

38

**Community Health Plan of Washington (CHPW)**

37.7

**Coordinated Care of Washington (CCW)**

44.8

**Molina Healthcare of Washington, Inc. (MHW)**

35.5

**UnitedHealthcare Community Plan (UHC)**

31.9



Complete

**D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC), &lt;8.0%** 41 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

50.6

**Community Health Plan of Washington (CHPW)**

50.6

**Coordinated Care of Washington (CCW)**

42.1

**Molina Healthcare of Washington, Inc. (MHW)**

51.6

**UnitedHealthcare Community Plan (UHC)**

57.9



Complete

**D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC), Eye Exam** 42 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

40.4

**Community Health Plan of Washington (CHPW)**

49.6

**Coordinated Care of Washington (CCW)**

46.7

**Molina Healthcare of Washington, Inc. (MHW)**

54.5

**UnitedHealthcare Community Plan (UHC)**

52.8



Complete

**D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC), BP control &lt;140/90 mmHg**

43 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

69.8

**Community Health Plan of Washington (CHPW)**

71.5

**Coordinated Care of Washington (CCW)**

65.5

**Molina Healthcare of Washington, Inc. (MHW)**

72.8





Complete

**D2.VII.1 Measure Name: Kidney Health Evaluation for Patients with Diabetes (KED), Total**

44 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

42.2

**Community Health Plan of Washington (CHPW)**

45.7

**Coordinated Care of Washington (CCW)**

44.8

**Molina Healthcare of Washington, Inc. (MHW)**

43.2

**UnitedHealthcare Community Plan (UHC)**

42.7



**D2.VII.1 Measure Name: Statin Therapy for Patients with Diabetes (SPD), Received Statin Therapy**

45 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

64.6

**Community Health Plan of Washington (CHPW)**

65.8

**Coordinated Care of Washington (CCW)**

66.4

**Molina Healthcare of Washington, Inc. (MHW)**

65.9

**UnitedHealthcare Community Plan (UHC)**

68



**D2.VII.1 Measure Name: Statin Therapy for Patients with Diabetes (SPD),Statin Adherence 80%**

46 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

65.3

**Community Health Plan of Washington (CHPW)**

68.5

**Coordinated Care of Washington (CCW)**

70.5

**Molina Healthcare of Washington, Inc. (MHW)**

66.8

**UnitedHealthcare Community Plan (UHC)**

71.1



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management (AMM), Effective Acute Phase**

47 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

60.6

**Community Health Plan of Washington (CHPW)**

56.5

**Coordinated Care of Washington (CCW)**

59.5

**Molina Healthcare of Washington, Inc. (MHW)**

62.1

**UnitedHealthcare Community Plan (UHC)**

63.8



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management (AMM), Conituation Phase**

48 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

43.4

**Community Health Plan of Washington (CHPW)**

39.8

**Coordinated Care of Washington (CCW)**

42.1

**Molina Healthcare of Washington, Inc. (MHW)**

44.4

**UnitedHealthcare Community Plan (UHC)**

48.4



Complete

**D2.VII.1 Measure Name: Follow-up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase** 49 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

39.6

**Community Health Plan of Washington (CHPW)**

42.2

**Coordinated Care of Washington (CCW)**

43.9

**Molina Healthcare of Washington, Inc. (MHW)**

42.8

**UnitedHealthcare Community Plan (UHC)**

44.5



Complete

**D2.VII.1 Measure Name: Follow-up Care for Children Prescribed ADHD Mediation (ADD), Continuation Phase** 50 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

49.6

**Community Health Plan of Washington (CHPW)**

54

**Coordinated Care of Washington (CCW)**

53.3

**Molina Healthcare of Washington, Inc. (MHW)**

55.2

**UnitedHealthcare Community Plan (UHC)**

61.4



Complete

**D2.VII.1 Measure Name: Follow-up after Hospitalization for Mental Illness (FUH), 30-day, Total**

51 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

44.6

**Community Health Plan of Washington (CHPW)**

56.4

**Coordinated Care of Washington (CCW)**

40.8

**Molina Healthcare of Washington, Inc. (MHW)**

64.9

**UnitedHealthcare Community Plan (UHC)**

43.6



Complete

**D2.VII.1 Measure Name: Follow-up after Hospitalization for Mental Illness (FUH), 7-day, Total**

52 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

28

**Community Health Plan of Washington (CHPW)**

36.3

**Coordinated Care of Washington (CCW)**

27.3

**Molina Healthcare of Washington, Inc. (MHW)**

43.3





**D2.VII.1 Measure Name: Follow-up after Emergency Department Visit for Mental Illness (FUM), 30-day, Total** 53 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

45.2

**Community Health Plan of Washington (CHPW)**

62

**Coordinated Care of Washington (CCW)**

50

**Molina Healthcare of Washington, Inc. (MHW)**

65.7

**UnitedHealthcare Community Plan (UHC)**

55.6



**D2.VII.1 Measure Name: Follow-up after Emergency Department Visit for Mental Illness (FUM), 7-day, Total** 54 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

33

**Community Health Plan of Washington (CHPW)**

47.9

**Coordinated Care of Washington (CCW)**

35.7

**Molina Healthcare of Washington, Inc. (MHW)**

52.5

**UnitedHealthcare Community Plan (UHC)**

42.6



**D2.VII.1 Measure Name: Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA) 30-day, Total** 55 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

23.4

**Community Health Plan of Washington (CHPW)**

33.8

**Coordinated Care of Washington (CCW)**

24

**Molina Healthcare of Washington, Inc. (MHW)**

31.4

**UnitedHealthcare Community Plan (UHC)**

25.4



Complete

**D2.VII.1 Measure Name: Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA) 7-day, Total** 56 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

15.4

**Community Health Plan of Washington (CHPW)**

23

**Coordinated Care of Washington (CCW)**

14.3

**Molina Healthcare of Washington, Inc. (MHW)**

22

**UnitedHealthcare Community Plan (UHC)**

16



Complete

**D2.VII.1 Measure Name: Follow-up after High Intensity Care for Substance Use Disorder (FUI), 30-day, Total**

57 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

55.2

**Community Health Plan of Washington (CHPW)**

60.7

**Coordinated Care of Washington (CCW)**

54.7

**Molina Healthcare of Washington, Inc. (MHW)**

58.3

**UnitedHealthcare Community Plan (UHC)**

56.4



Complete

**D2.VII.1 Measure Name: Follow-up after High Intensity Care for Substance Use Disorder (FUI), 7-day, Total**

58 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

35.1

**Community Health Plan of Washington (CHPW)**

40.7

**Coordinated Care of Washington (CCW)**

35.4

**Molina Healthcare of Washington, Inc. (MHW)**

38

**UnitedHealthcare Community Plan (UHC)**

36.4



Complete

**D2.VII.1 Measure Name: Pharmacotherapy for Opioid Use Disorder (POD), Total**

59 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

13.3

**Community Health Plan of Washington (CHPW)**

11.2

**Coordinated Care of Washington (CCW)**

11.7

**Molina Healthcare of Washington, Inc. (MHW)**

13

**UnitedHealthcare Community Plan (UHC)**

14



Complete

**D2.VII.1 Measure Name: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD)**

60 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

79.5

**Community Health Plan of Washington (CHPW)**

76.4

**Coordinated Care of Washington (CCW)**

80.5

**Molina Healthcare of Washington, Inc. (MHW)**

79.5

**UnitedHealthcare Community Plan (UHC)**

78.3



Complete

**D2.VII.1 Measure Name: Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)** 61 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

59.8

**Community Health Plan of Washington (CHPW)**

58.8

**Coordinated Care of Washington (CCW)**

65.2

**Molina Healthcare of Washington, Inc. (MHW)**

63.4

**UnitedHealthcare Community Plan (UHC)**

61





**D2.VII.1 Measure Name: Adherence to Antipsychotic Mediations for Individuals with Schizophrenia (SAA)** 62 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

61.5

**Community Health Plan of Washington (CHPW)**

64.5

**Coordinated Care of Washington (CCW)**

64.1

**Molina Healthcare of Washington, Inc. (MHW)**

64.1

**UnitedHealthcare Community Plan (UHC)**

65



**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Testing, Total** 63 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

30.9

**Community Health Plan of Washington (CHPW)**

24.4

**Coordinated Care of Washington (CCW)**

33.9

**Molina Healthcare of Washington, Inc. (MHW)**

28.7

**UnitedHealthcare Community Plan (UHC)**

26.1



Complete

**D2.VII.1 Measure Name: Nonrecommended Cervical Cancer Screening in Adolescent Females (NCS) (lower score is better)** 64 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

.1

**Community Health Plan of Washington (CHPW)**

.2

**Coordinated Care of Washington (CCW)**

.2

**Molina Healthcare of Washington, Inc. (MHW)**

.3

**UnitedHealthcare Community Plan (UHC)**

.2



Complete

**D2.VII.1 Measure Name: Appropriate Treatment for Upper Respiratory Infection (URI), Total** <sup>65 / 96</sup>

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

95.8

**Community Health Plan of Washington (CHPW)**

95.8

**Coordinated Care of Washington (CCW)**

96.3

**Molina Healthcare of Washington, Inc. (MHW)**

96

**UnitedHealthcare Community Plan (UHC)**

95.8



Complete

**D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total** 66 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

64.3

**Community Health Plan of Washington (CHPW)**

63.7

**Coordinated Care of Washington (CCW)**

74.8

**Molina Healthcare of Washington, Inc. (MHW)**

65.1

**UnitedHealthcare Community Plan (UHC)**

65.7



Complete

**D2.VII.1 Measure Name: Use of Imaging for Low back pain (LBP)**

67 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

74.8

**Community Health Plan of Washington (CHPW)**

78.7

**Coordinated Care of Washington (CCW)**

75.1

**Molina Healthcare of Washington, Inc. (MHW)**

74.1

**UnitedHealthcare Community Plan (UHC)**

75.8



Complete

**D2.VII.1 Measure Name: Use of Opioids at High Dose (HDO) (lower score is better)**

68 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

5.3

**Community Health Plan of Washington (CHPW)**

5.1

**Coordinated Care of Washington (CCW)**

5.7

**Molina Healthcare of Washington, Inc. (MHW)**

4.9



**D2.VII.1 Measure Name: Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP) (lower is better)** 69 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

1.6

**Community Health Plan of Washington (CHPW)**

2.9

**Coordinated Care of Washington (CCW)**

2.1

**Molina Healthcare of Washington, Inc. (MHW)**

2.5

**UnitedHealthcare Community Plan (UHC)**

2.6



**D2.VII.1 Measure Name: Risk of Continued Opioid Use (COU), At least 30 days, Total** 70 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

2.7

**Community Health Plan of Washington (CHPW)**

2.3

**Coordinated Care of Washington (CCW)**

2

**Molina Healthcare of Washington, Inc. (MHW)**

2

**UnitedHealthcare Community Plan (UHC)**

2.7



**D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services (AAP), Total** 71 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care



**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

67.2

**Community Health Plan of Washington (CHPW)**

71.5

**Coordinated Care of Washington (CCW)**

69.7

**Molina Healthcare of Washington, Inc. (MHW)**

74.6

**UnitedHealthcare Community Plan (UHC)**

69.6



Complete

**D2.VII.1 Measure Name: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), Total: Initiation of AOD treatment, Total**

72 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

48.6

**Community Health Plan of Washington (CHPW)**

41.9

**Coordinated Care of Washington (CCW)**

42.3

**Molina Healthcare of Washington, Inc. (MHW)**

46.8

**UnitedHealthcare Community Plan (UHC)**

44.4



Complete

**D2.VII.1 Measure Name: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), Total: Engagement of AOD Treatment, Total**

73 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

14.3

**Community Health Plan of Washington (CHPW)**

16.3

**Coordinated Care of Washington (CCW)**

13.3

**Molina Healthcare of Washington, Inc. (MHW)**

16.1

**UnitedHealthcare Community Plan (UHC)**

15



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC),  
Timeliness of Prenatal Care**

74 / 96

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

83.5

**Community Health Plan of Washington (CHPW)**

89.8

**Coordinated Care of Washington (CCW)**

80.3

**Molina Healthcare of Washington, Inc. (MHW)**

88.8

**UnitedHealthcare Community Plan (UHC)**

90



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC),  
Postpartum Care**

75 / 96

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

76.4

**Community Health Plan of Washington (CHPW)**

86.1

**Coordinated Care of Washington (CCW)**

74.9

**Molina Healthcare of Washington, Inc. (MHW)**

79.1

**UnitedHealthcare Community Plan (UHC)**

80.1



Complete

**D2.VII.1 Measure Name: Use of First line Psychosocial Care for Children and Adolescent on Antipsychotics (APP), Total** 76 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

58.7

**Community Health Plan of Washington (CHPW)**

65.6

**Coordinated Care of Washington (CCW)**

62.2

**Molina Healthcare of Washington, Inc. (MHW)**

63.6

**UnitedHealthcare Community Plan (UHC)**

61.6



Complete

**D2.VII.1 Measure Name: Well-child Visits in the first 30 months of life (W30), First 15 months** 77 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

51.1

**Community Health Plan of Washington (CHPW)**

61

**Coordinated Care of Washington (CCW)**

52

**Molina Healthcare of Washington, Inc. (MHW)**

55



Complete

**D2.VII.1 Measure Name: Well-child Visits in the first 30 months of life (W30), 15-30 months** 78 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

61.5

**Community Health Plan of Washington (CHPW)**

65.2

**Coordinated Care of Washington (CCW)**

65.8

**Molina Healthcare of Washington, Inc. (MHW)**

64.4

**UnitedHealthcare Community Plan (UHC)**

64



**D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV), Total** 79 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

42.8

**Community Health Plan of Washington (CHPW)**

46.1

**Coordinated Care of Washington (CCW)**

47.4

**Molina Healthcare of Washington, Inc. (MHW)**

47.3

**UnitedHealthcare Community Plan (UHC)**

42.8



**D2.VII.1 Measure Name: Ambulatory Care (AMB), Outpatient** 80 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**



N/A

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

226.3

**Community Health Plan of Washington (CHPW)**

226.3

**Coordinated Care of Washington (CCW)**

270.4

**Molina Healthcare of Washington, Inc. (MHW)**

276.5

**UnitedHealthcare Community Plan (UHC)**

259.9



Complete

**D2.VII.1 Measure Name: Ambulatory Care (AMB), Emergency Department**

81 / 96

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### Amerigroup (AMG)

41.6

### Community Health Plan of Washington (CHPW)

37.2

### Coordinated Care of Washington (CCW)

40.5

### Molina Healthcare of Washington, Inc. (MHW)

36.9

### UnitedHealthcare Community Plan (UHC)

38



Complete

## D2.VII.1 Measure Name: Identification of Alcohol and Other Drug Services (IAD), Total Any Services

82 / 96

### D2.VII.2 Measure Domain

Behavioral health care

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

HEDIS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### Amerigroup (AMG)

9.7

### Community Health Plan of Washington (CHPW)

7.6

**Coordinated Care of Washington (CCW)**

7

**Molina Healthcare of Washington, Inc. (MHW)**

7.2

**UnitedHealthcare Community Plan (UHC)**

9.3



Complete

**D2.VII.1 Measure Name: Identification of Alcohol and Other Drug Services (IAD), Total Outpatient/MAT**

83 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

7.1

**Community Health Plan of Washington (CHPW)**

5.7

**Coordinated Care of Washington (CCW)**

5.2

Molina Healthcare of Washington, Inc. (MHW)

5.5

UnitedHealthcare Community Plan (UHC)

7



Complete

**D2.VII.1 Measure Name: Mental Health Utilization (MPT), Total Outpatient**

84 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

6.8

**Community Health Plan of Washington (CHPW)**

7.7

**Coordinated Care of Washington (CCW)**

9.2

**Molina Healthcare of Washington, Inc. (MHW)**

10.6



Complete

**D2.VII.1 Measure Name: Mental Health Utilization (MPT), Total ED**

85 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

.1

**Community Health Plan of Washington (CHPW)**

.1

**Coordinated Care of Washington (CCW)**

.1

**Molina Healthcare of Washington, Inc. (MHW)**

.8

**UnitedHealthcare Community Plan (UHC)**

.1



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR), Total**

86 / 96

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

9.4

**Community Health Plan of Washington (CHPW)**

9.2

**Coordinated Care of Washington (CCW)**

9.9

**Molina Healthcare of Washington, Inc. (MHW)**

8

**UnitedHealthcare Community Plan (UHC)**

9.4



**D2.VII.1 Measure Name: Substance Use Disorder Treatment Rate (SUD) 12-64 years**

87 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

N/A

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

37

**Community Health Plan of Washington (CHPW)**

39.5

**Coordinated Care of Washington (CCW)**

35.9

**Molina Healthcare of Washington, Inc. (MHW)**

37.7

**UnitedHealthcare Community Plan (UHC)**

38.7



Complete

**D2.VII.1 Measure Name: Mental Health Service Rate, Broad Definition (MH-B), 6-64 years** 88 / 96

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### Amerigroup (AMG)

52.7

### Community Health Plan of Washington (CHPW)

54.6

### Coordinated Care of Washington (CCW)

54

### Molina Healthcare of Washington, Inc. (MHW)

55.4

### UnitedHealthcare Community Plan (UHC)

50.6



Complete

## D2.VII.1 Measure Name: Getting Needed Care (Composite), Adult

89 / 96

### D2.VII.2 Measure Domain

Health plan enrollee experience of care

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

CAHPS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### Amerigroup (AMG)

74.8

### Community Health Plan of Washington (CHPW)



78.2

**Coordinated Care of Washington (CCW)**

73.6

**Molina Healthcare of Washington, Inc. (MHW)**

71.2

**UnitedHealthcare Community Plan (UHC)**

74.4



Complete

**D2.VII.1 Measure Name: Getting Care Quickly (Composite), Adult**

90 / 96

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

77.8

**Community Health Plan of Washington (CHPW)**

72.4

**Coordinated Care of Washington (CCW)**

76.7

**Molina Healthcare of Washington, Inc. (MHW)**

69.3

**UnitedHealthcare Community Plan (UHC)**

75.6



Complete

**D2.VII.1 Measure Name: How Well Doctors Communicate (Composite), 91 / 96 Adult**

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

90.6

**Community Health Plan of Washington (CHPW)**

90.6

**Coordinated Care of Washington (CCW)**

92

**Molina Healthcare of Washington, Inc. (MHW)**

92.9

**UnitedHealthcare Community Plan (UHC)**

91.2



**D2.VII.1 Measure Name: Customer Service (Composite), Adult**

92 / 96

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

85.3

**Community Health Plan of Washington (CHPW)**

89.7

**Coordinated Care of Washington (CCW)**

82.6

**Molina Healthcare of Washington, Inc. (MHW)**

88.4

**UnitedHealthcare Community Plan (UHC)**

88.1



**D2.VII.1 Measure Name: Getting Need Care (Composite), Child**

93 / 96

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

N/A

**D2.VII.6 Measure Set**  
CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

82.8

**Community Health Plan of Washington (CHPW)**

77.3

**Coordinated Care of Washington (CCW)**

87.1

**Molina Healthcare of Washington, Inc. (MHW)**

83.4

**UnitedHealthcare Community Plan (UHC)**

84.2



Complete

**D2.VII.1 Measure Name: Getting Care Quickly (Composite), Child**

94 / 96

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### Amerigroup (AMG)

83.7

### Community Health Plan of Washington (CHPW)

81.9

### Coordinated Care of Washington (CCW)

91.3

### Molina Healthcare of Washington, Inc. (MHW)

84.5

### UnitedHealthcare Community Plan (UHC)

81.8



Complete

## D2.VII.1 Measure Name: How Well Doctors Communicate (Composite), 95 / 96 Child

### D2.VII.2 Measure Domain

Health plan enrollee experience of care

### D2.VII.3 National Quality Forum (NQF) number

N/A

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

CAHPS

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### Amerigroup (AMG)

92.6

### Community Health Plan of Washington (CHPW)

90

**Coordinated Care of Washington (CCW)**

94.4

**Molina Healthcare of Washington, Inc. (MHW)**

93.9

**UnitedHealthcare Community Plan (UHC)**

94.7



Complete

**D2.VII.1 Measure Name: Customer Service (Composite), Child**

96 / 96

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Amerigroup (AMG)**

84.1

**Community Health Plan of Washington (CHPW)**

80.3

**Coordinated Care of Washington (CCW)**

88.3

**Molina Healthcare of Washington, Inc. (MHW)**

89.8

**UnitedHealthcare Community Plan (UHC)**

88.9

## Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Find in the Excel Workbook

**D3\_Plan\_Sanctions**

### Sanction total count: 10



Complete

#### D3.VIII.1 Intervention type: Liquidated damages

1 / 10

#### D3.VIII.2 Intervention topic    D3.VIII.3 Plan name

Excess charges                      Community Health Plan of Washington (CHPW)

#### D3.VIII.4 Reason for intervention

MCO Network Provider Audit - Psoriasis Coding Review for Services  
Delivered in 2021

#### Sanction details

#### D3.VIII.5 Instances of non-compliance

798

#### D3.VIII.6 Sanction amount

\$83,895.72

#### D3.VIII.7 Date assessed

03/09/2022

#### D3.VIII.8 Remediation date non-compliance was corrected

Yes 06/07/2022

#### D3.VIII.9 Corrective action plan

Yes



Complete

#### D3.VIII.1 Intervention type: Liquidated damages

2 / 10

#### D3.VIII.2 Intervention topic    D3.VIII.3 Plan name

Excess charges                      Molina Healthcare of Washington, Inc. (MHW)



**D3.VIII.4 Reason for intervention**

MCO Network Provider Audit - Psoriasis Coding Review for Services  
Delivered in 2021 HCA identified 343 claims paid by MHW where applicable  
CPT coding guidelines were not applied correctly, and which resulted in  
MHW making overpayments to its providers totaling \$21,067.65.

**Sanction details****D3.VIII.5 Instances of non-compliance**

343

**D3.VIII.6 Sanction amount**

\$21,067.65

**D3.VIII.7 Date assessed**

03/09/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes 05/22/2022

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

3 / 10

**D3.VIII.2 Intervention topic**

Excess charges

**D3.VIII.3 Plan name**

UnitedHealthcare Community Plan (UHC)

**D3.VIII.4 Reason for intervention**

MCO Network Provider Audit - Psoriasis Coding Review for Services  
Delivered in 2021. HCA identified 174 claims paid by UHC where applicable  
CPT coding guidelines were not applied correctly, and which resulted in  
UHC making overpayments to its providers totally \$16, 947.60.

**Sanction details****D3.VIII.5 Instances of non-compliance**

174

**D3.VIII.6 Sanction amount**

\$16,947.60

**D3.VIII.7 Date assessed**

03/09/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes 03/11/2022

**D3.VIII.9 Corrective action plan**

Yes



Complete

### D3.VIII.1 Intervention type: Civil monetary penalty

4 / 10

#### D3.VIII.2 Intervention topic    D3.VIII.3 Plan name

False information                      Molina Healthcare of Washington, Inc. (MHW)

#### D3.VIII.4 Reason for intervention

Reporting of Administrative Costs for Calendar Year 2020 Molina violated Section 5.22 of the Integrated Managed Care contract that was in effect during the calendar year 2021 by misrepresenting information it submitted regarding its administrative costs.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

\$500,000

**D3.VIII.7 Date assessed**

07/29/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes 09/27/2022

**D3.VIII.9 Corrective action plan**

Yes



Complete

### D3.VIII.1 Intervention type: Corrective action plan

5 / 10

#### D3.VIII.2 Intervention topic    D3.VIII.3 Plan name

False Information,                      Molina Healthcare of Washington, Inc. (MHW)  
Inaccurate Payments,  
Failed Performance

#### D3.VIII.4 Reason for intervention

Molina was non-compliant with several of its obligations under the Intergrated Managed Care contract. The issues pertain to (1) enrollment of network providers with HCA; (2) payment of services to Indian Health Care Providers; and (3) submission of incorrect encounter data.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

3

**D3.VIII.6 Sanction amount**

\$100,000

**D3.VIII.7 Date assessed**

06/01/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

6 / 10

**D3.VIII.2 Intervention topic**    **D3.VIII.3 Plan name**Performance  
Improvement

Molina Healthcare of Washington, Inc. (MHW)

**D3.VIII.4 Reason for intervention**

Follow-up to the corrective action concerning the Wraparound with Intensive Services performance Measures that the Health Care Authority issued to Molina Healthcare of Washington, Incorporated, dated January 13, 2021.

**Sanction details****D3.VIII.5 Instances of non-compliance**

0

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/08/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

No

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

7 / 10

**D3.VIII.2 Intervention topic**    **D3.VIII.3 Plan name**False Information,  
Inaccurate Payments,  
Failed Performance

Amerigroup (AMG)

**D3.VIII.4 Reason for intervention**

AMG was non-compliant with several of its obligations under the Integrated Managed Care contract. The issues pertain to (1) enrollment of network providers with HCA; (2) payment for Behavioral and Physical services to Indian Health Care Providers; (3) delays in updating AMG's

claims processing systems to ensure clean claims are paid in a timely manner.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

6

**D3.VIII.6 Sanction amount**

\$100,000

**D3.VIII.7 Date assessed**

06/28/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes 08/01/2022

**D3.VIII.9 Corrective action plan**

No



Complete

#### D3.VIII.1 Intervention type: Corrective action plan

8 / 10

**D3.VIII.2 Intervention topic**    **D3.VIII.3 Plan name**

False Information, Under payments    Amerigroup (AMG)

**D3.VIII.4 Reason for intervention**

To prevent further issues related to AMG's untimely and incorrect roster submissions, enhancements payments, and encounter payments.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

6

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/05/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

No

**D3.VIII.9 Corrective action plan**

No



Complete

#### D3.VIII.1 Intervention type: Corrective action plan

9 / 10

**D3.VIII.2 Intervention topic**    **D3.VIII.3 Plan name**

Performance  
Improvement, False  
Information

Amerigroup (AMG)

#### D3.VIII.4 Reason for intervention

AMG violated contract obligations related to proper categorization, certification, requirements of information, and timely submission of information required in Exhibit D-4, pertaining to Value-Based Purchasing and the Health Care Payment Learning and Action Network Alternative Payment Model Framework.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

3

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

03/10/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

No

**D3.VIII.9 Corrective action plan**

No



Complete

#### D3.VIII.1 Intervention type: Imposition of Sanctions

10 / 10

**D3.VIII.2 Intervention topic**

False information

**D3.VIII.3 Plan name**

Molina Healthcare of Washington, Inc. (MHW)

#### D3.VIII.4 Reason for intervention

Molina violated Section 5.22 of the Integrated Managed Care contract that was in effect during the calendar year 2021 by misrepresenting information it submitted regarding its administrative costs.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

\$500,000

**D3.VIII.7 Date assessed**

07/29/2022

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes 09/27/2022

**D3.VIII.9 Corrective action plan**

No

# Topic X. Program Integrity



Find in the Excel Workbook

**D1\_Plan\_Set**

Number	Indicator	Response
D1X.1	<b>Dedicated program integrity staff</b>  Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	<b>Amerigroup (AMG)</b>  5
		<b>Community Health Plan of Washington (CHPW)</b>  14
		<b>Coordinated Care of Washington (CCW)</b>  4.5
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  27
		<b>UnitedHealthcare Community Plan (UHC)</b>  5
D1X.2	<b>Count of opened program integrity investigations</b>  How many program integrity investigations have been opened by the plan in the past year?	<b>Amerigroup (AMG)</b>  883
		<b>Community Health Plan of Washington (CHPW)</b>  50
		<b>Coordinated Care of Washington (CCW)</b>  3,254
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>  88
		<b>UnitedHealthcare Community Plan (UHC)</b>

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<b>D1X.3</b>	<b>Ratio of opened program integrity investigations to enrollees</b>	<b>Amerigroup (AMG)</b>
		883:232
	What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?	<b>Community Health Plan of Washington (CHPW)</b>
		50:265
		<b>Coordinated Care of Washington (CCW)</b>
		3,254:194
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		88:996
		<b>UnitedHealthcare Community Plan (UHC)</b>
		121:253

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<b>D1X.4</b>	<b>Count of resolved program integrity investigations</b>	<b>Amerigroup (AMG)</b>
		371
	How many program integrity investigations have been resolved by the plan in the past year?	<b>Community Health Plan of Washington (CHPW)</b>
		41
		<b>Coordinated Care of Washington (CCW)</b>
		2,833
		<b>Molina Healthcare of Washington, Inc. (MHW)</b>
		64
		<b>UnitedHealthcare Community Plan (UHC)</b>
		255

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<b>D1X.5</b>	<b>Ratio of resolved program integrity investigations to enrollees</b>	<b>Amerigroup (AMG)</b>
		371:232



What is the ratio of program integrity investigations resolved by the plan in the past year per 1,000 beneficiaries enrolled in the plan at the beginning of the reporting year?

**Community Health Plan of Washington (CHPW)**

41:268

**Coordinated Care of Washington (CCW)**

2,833:195

**Molina Healthcare of Washington, Inc. (MHW)**

66:999

**UnitedHealthcare Community Plan (UHC)**

255:255

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**D1X.6**

**Referral path for program integrity referrals to the state**

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

**Amerigroup (AMG)**

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

**Community Health Plan of Washington (CHPW)**

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

**Coordinated Care of Washington (CCW)**

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

**Molina Healthcare of Washington, Inc. (MHW)**

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

**UnitedHealthcare Community Plan (UHC)**

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

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<b>D1X.7</b>	<b>Count of program integrity referrals to the state</b>  Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals	<b>Amerigroup (AMG)</b> 1
		<b>Community Health Plan of Washington (CHPW)</b> 4
		<b>Coordinated Care of Washington (CCW)</b> 2
		<b>Molina Healthcare of Washington, Inc. (MHW)</b> 21
		<b>UnitedHealthcare Community Plan (UHC)</b> 14

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<b>D1X.8</b>	<b>Ratio of program integrity referral to the state</b>  What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.2) as the denominator.	<b>Amerigroup (AMG)</b> 1:232
		<b>Community Health Plan of Washington (CHPW)</b> 4:265
		<b>Coordinated Care of Washington (CCW)</b> 2:194
		<b>Molina Healthcare of Washington, Inc. (MHW)</b> 21:996
		<b>UnitedHealthcare Community Plan (UHC)</b> 14:253

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<b>D1X.9</b>	<b>Plan overpayment reporting to the state</b>  Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, for example, the	<b>Amerigroup (AMG)</b>  Reporting Period: 2022; Overpayment Recoveries: \$6,964,257.26; Total Premium Revenue: \$1,172,525,123.43; Ratio of Recoveries to Premium Revenue: 0.59%
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following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 438.8(f)(2).

**Community Health Plan of Washington (CHPW)**

Reporting Period: 2022; Overpayment Recoveries: \$901,722.50; Total Premium Revenue: \$1,157,553,906.88; Ratio of Recoveries to Premium Revenue: 0.08%

**Coordinated Care of Washington (CCW)**

Reporting Period: 2022; Overpayment Recoveries: \$8,412,509.64; Total Premium Revenue: \$851,084,446.26; Ratio of Recoveries to Premium Revenue: 0.99%

**Molina Healthcare of Washington, Inc. (MHW)**

Reporting Period: 2022; Overpayment Recoveries: \$67,547,236.94; Total Premium Revenue: \$4,309,001,518.71; Ratio of Recoveries to Premium Revenue: 1.57%

**UnitedHealthcare Community Plan (UHC)**

Reporting Period: 2022; Overpayment Recoveries: \$21,094,304.71; Total Premium Revenue: \$1,253,656,507.97; Ratio of Recoveries to Premium Revenue: 1.68%

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**D1X.10**

**Changes in beneficiary circumstances**

Select the frequency the plan reports changes in beneficiary circumstances to the state.

**Amerigroup (AMG)**

Daily

**Community Health Plan of Washington (CHPW)**

Daily

**Coordinated Care of Washington (CCW)**

Daily

**Molina Healthcare of Washington, Inc. (MHW)**

Daily

**UnitedHealthcare Community Plan (UHC)**

Daily

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## Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.



Find in the Excel Workbook

**E\_BSS\_Entities**

Number	Indicator	Response
<b>EIX.1</b>	<b>BSS entity type</b> What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Washington Healthplanfinder</b> State Government Entity Other Community-Based Organization Enrollment Broker Other, specify – Navigator, Tribal Assister, Certified Application Counselor, Certified Volunteer Assister
<b>EIX.2</b>	<b>BSS entity role</b> What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Washington Healthplanfinder</b> Enrollment Broker/Choice Counseling Beneficiary Outreach