2019 Comparative and Regional Analysis Report

Washington Apple Health

Washington Health Care Authority

As Washington's Medicaid external quality review organization (EQRO), Comagine Health (formerly Qualis Health) provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and managed behavioral healthcare services.

Comagine Health prepared this report under contract K1324(6) with the Washington State Health Care Authority to conduct external quality review and quality improvement activities to meet 42 CFR §462 and 42 CFR §438, Managed Care, Subpart E, External Quality Review.

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

For more information, visit us online at www.QualisHealth.org/WAEQRO.

Table of Contents

Index of Figures

Executive Summary

As part of its work as the external quality review organization (EQRO) for the Washington State Health Care Authority (HCA), Comagine Health reviewed Apple Health managed care organization (MCO) performance on Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measures for the calendar year (CY) 2018. The MCOs are required to report results for 53 HEDIS measures reflecting the levels of quality, timeliness and accessibility of healthcare services MCOs furnished to the state's Medicaid enrollees. HEDIS measures are developed and maintained by the National Committee for Quality Assurance (NCQA), whose database of HEDIS results for health plans—the Quality Compass®[2]—enables benchmarking against other Medicaid managed care health plans nationwide. Comparative tables shown in this report identify the HEDIS measures that are also included in the Washington State Common Measure Set on Health Care Quality and Cost,[3] a set of measures that enables a common way of tracking important elements of health and health care performance intended to inform public and private health care purchasing.

The performance measures used for monitoring the progress of behavioral health integration and access to mental health and substance use disorder treatment services are not included within this report as they are not HEDIS measures. The HCA and Department of Social and Health Services' Research and Data Analysis monitor the progress of these non-HEDIS behavioral health measures.

Specifically, this report provides the following levels of analysis:

- Statewide performance compared to national benchmarks (when available)

- Individual MCO performance compared to national benchmarks (when available)

- Regional performance on select measures (not all measures provide a sufficient volume of data for regional analyses)

Comagine Health thoroughly reviewed each MCO's rates for all 53 HEDIS measures and associated submeasures (see Appendix C for a full assessment of results). A summary of this statewide performance assessment follows, focusing on measures selected by HCA for national benchmarking as well as those measures widely considered of major importance for population health. (Note: NCQA licensing agreement does not allow display of national performance benchmarks for all measures.)

To be consistent with NCQA methodology, the 2018 calendar or measurement year is referred to as the 2019 reporting year (RY) in this report.

During 2018 CY, five MCOs provided care for Apple Health enrollees:

- Amerigroup Washington (AMG)

- Community Health Plan of Washington (CHPW)

- Coordinated Care of Washington (CCW)

- Molina Healthcare of Washington (MHW)

- UnitedHealthcare Community Plan (UHC)

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

[2] Quality Compass® is a registered trademark of NCQA.

[3] Healthier Washington. About the Washington Statewide Common Measure Set for Health Care Quality and Cost. Available at: https://www.hca.wa.gov/assets/measures-fact-sheet.pdf

Background

Under the direction of Senate Bill E2SSB 6312, Washington HCA and the MCOs continue to integrate physical and behavioral health benefits within the Apple Health managed care program. This multi-year integration process, designed so that Medicaid enrollees have access to both physical and behavioral health services through a single managed care program, will be achieved by January 2020. When reviewing the report, it is important to note this integrated system was operational in just two regions of the state, Southwest Washington and North Central, during the 2018 performance measure period.

Alignment with Value-Based Purchasing Efforts

This report illustrates trends in managed care performance across the HEDIS measure set, focused on performance against benchmarks and year-over-year trends. It is intended for review at the state, regional, and MCO level as a description of year-over-year performance. Over the course of 2019, the state has, in a separate and parallel effort, engaged in an extensive effort to align and focus its measurement efforts in response to the budget proviso. Specifically, earlier in 2019, it employed a large-scale data analysis to provide a basis for selecting measures in support of its value-based payment (VBP) efforts. That analysis focused on opportunities for improvement, evaluating and prioritizing measures in terms of their ability to:

- Improve the health of a defined population

- Impact immediate or long-term costs

- Demonstrate substantive and clinically meaningful effects in promoting health

Measures were further evaluated in terms of data fidelity, which is an assessment of how well the data used for the measure reflect underlying clinical concepts. Measures that were closer reflections of clinical care were prioritized over those that are difficult to assess in data. This report provides an overview of all 53 HEDIS measures and suggests opportunities for improvement in selected areas of focus that are aligned with the VBP measures chosen by HCA for 2020.

Summary of Results

Summary results from an analysis of statewide performance compared to national 50th and 75th benchmarks are presented below (for the full list of year-to-year variation and benchmark comparisons, please see Figure 5).

Measures Showing Improvements Statewide

The following measures had statistically significant improvement statewide.

Childhood Immunization Status

Performance on the two Childhood Immunization Status measures, Combo 2 and Combo 10, demonstrated statistically significant improvements in 2019. It is critical to note that these improvements varied significantly by region.

- The best performing regions for the Childhood Immunization Status Combo 10 measure included North Sound and Pierce, with Greater Columbia performing above the state average.

- The regions along the coast performed below the state average, while Southwest Washington and the Better Health Together were well below the state average.

Lead Screening in Children

- This measure showed statistically significant improvement from 2018 to 2019.

Measures of Antibiotic Use

- Three measures assess appropriate antibiotic use, including Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB), Appropriate Testing for Children with Pharyngitis (CWP), and Appropriate Treatment for Children With Upper Respiratory Infection (URI).

- The AAB and CWP measures showed statistically significant improvement for a second year in a row, and URI showed statistically significant improvement from 2018 to 2019.

- Although CWP remains below the national 50th percentile, the AAB and URI are both at the national 75th percentile.

Opioid Use

- The Use of Opioids by Multiple providers measure had statistically significant improvement statewide from 2018 to 2019. These measures are relatively new and the specifications are still being refined, so the data may need to mature. But the improvement is a promising indicator.

Measures with Stagnant or Declining Performance Statewide

The following measures continue to fall under the 50th percentile nationally, and have either remained stable or had a negative trend for most of the MCOs. These measures address prevention and access, including prenatal and postpartum care and access to primary care providers for children and adolescents. These are all measures that are widely considered central to population health.

Children's Access to Primary Care Providers (CAP) (7–11 and 12–19 year age groups)

- These measures had statistically significant decreases in 2018 and 2019, with state performance below the 50th percentile nationally.

Timeliness of Prenatal Care (PPC)

- Performance on this measure decreased significantly between 2017 and 2018 and remained flat between 2018 and 2019.

- While two MCOs saw a significant improvement from 2018 to 2019, all were still at or below the national 50th percentile.

- Regional variation in performance on this measure was significant, ranging from 69.7% to 85.5% in 2019, depending on the region of focus.

Postpartum Care (PPC)

- This has remained flat since 2017.

- All MCOs are at or below the national 50th percentile.

- Regional variation on this measure was significant, with performance ranging from 52.6% to 71.8%.

Adolescent Well-Care Visits (AWC)

- Statewide rates for these measures have remained flat since 2017 and are still at or below the national 50th percentile.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

- Statewide rates for these measures have remained flat since 2017 and are still at or below the national 50th percentile.

Adults' Access to Ambulatory/Preventive Health Services (AAP)

- Rates for this measure have remained flat or decreased between 2018 and 2019.

- All of the MCOs are below the national 50th percentile for this measure.

Breast Cancer Screening (BCS)

- Performance on this measure has stayed flat since 2017, with four MCOs below the national 50th percentile. The exception is CHPW, which performed above the national 75th percentile.

Observations

As the MCOs focus on outcomes improvement efforts over the coming year, Comagine Health encourages the Washington State MCOs to continue to design initiatives with a concurrent goal to reduce provider burden and unintended variation at the practice level.

In Washington State, a single practice often works with multiple MCOs. There is risk that MCOs embarking on different innovations to care delivery, in the same timeframe, will add to variation in care planning approaches and add burden, without a corresponding benefit to quality. Navigating and managing this risk is key to maximize the likelihood of success in improving population quality metrics at the MCO and state level.

The large range of HEDIS measures available in this analysis gives the MCOs a broad picture of performance on quality across MCOs, regions, and the state. In applying these findings to quality improvement initiatives, managed care organizations can mitigate the risk described above by focusing improvement efforts in a given time period on a limited number of clinical outcomes. This maximizes the practice's likelihood of successful transformation. This is not to suggest that individual MCOs will not find a need for a focused area of improvement efforts outside this effort, but in general, intentional alignment on quality improvement efforts across MCOs is an important part of statewide success. Strategies for this are outlined in greater depth below.

There is precedence for and infrastructure to leverage owing to recent work to integrate physical and behavioral health services, performance measure improvement and quality initiatives.

Recommendations

1. **Managed Care Alignment on Quality Improvement Efforts**: In designing initiatives, the MCOs should find ways to minimize the need for providers to navigate variation in MCO processes. The behavioral health integration initiative has necessitated alignments of MCO programs; we recommend using lessons learned from behavioral health integration as a starting point for a similar initiative to improve outcomes on a limited number of high-priority HEDIS measures by aligning MCO quality efforts.

2. **Choose a Subset of Measures for Impacting the Quality of Care**: We recommend the MCOs collectively identify a small number of closely related high-priority HEDIS measures around which to align efforts, with the goal of reducing provider burden and care delivery variation. Measures not showing improvement are listed on the previous page.

   Specifically, Comagine Health sees a particular opportunity for MCOs to impact quality in areas where providers have a limited view of their performance, for example with the Adult Access to Ambulatory/Preventive Health Services (AAP) measure (see the text box on the next page for more). A provider seeking to improve quality on this measure may only see a segment of the patient's care journey, while the MCOs have the opportunity to see the full journey. This creates an opportunity for the MCO to add valuable information to the quality improvement process that would otherwise not exist in the system.

3. **Possible activities MCOs should consider for achieving alignment:**

   - A commitment to identify existing efforts in the domain of focus, understand and report back on the patient and provider perspective, and commit to an approach to reduce clinician burden for the selected measures that engages all MCO programs.

   - Mutual development of a framework for quality improvement on the chosen measure that allows the state to monitor progress across MCOs using:

     o Process measures that are closely linked to an ability to move a HEDIS measure

     o Rapid tests of interventions that move the process measure

     o Statewide spread of successful interventions

   - Monthly working meetings of the MCOs that include input from patients and providers to maintain momentum for the quality improvement initiative.

   - Using the yearly Quality Forum as a venue to review progress from the prior year and set strategic goals for the following year.

Adults' Access to Ambulatory/Preventive Health Services (AAP) – Example Alignment Initiative

Below is a sample process for applying the alignment initiative framework referenced above to the adult ambulatory preventive services measure.

- Within the first meeting, the MCOs meet and decide on one or two measures for alignment and focus.

- For the second meeting, the MCOs return with an assessment of existing tactics in that area, as well as a sampling of patient and provider perspectives on what is working and not. As part of that conversation, this report is used to inform a conversation about differences in demographic trends and outcomes that underlie performance. The MCOs also review communities in need of focused attention and overlap in those communities.

- For a third meeting, the group discusses available data to track performance in closer-to-real-time on the selected measure with the goal of minimizing burden. Examples include:

  o A telephone survey of all federally qualified health centers (FQHC) systems in Washington to determine the percent of clinics that have an internally facing report in active use for population health that shows, in real-time, who are the adults in their population and the date of their most recent preventive visit.

  o A telephone survey of all FQHCs to determine which systems have an internally facing report in active use for population health showing, in real-time, the percent of adults who are up to date on preventive services and which patients have preventive care gaps.

- For the fourth meeting, the MCOs roll out a pilot of the selected initiative and agree to shared messaging to the provider community and a method for tracking.

Subsequent meetings are dedicated to reviewing performance and refining efforts.

Introduction

As part of its work as the EQRO for the Washington State Health Care Authority (HCA), Comagine Health reviewed Apple Health MCO performance on HEDIS measures for the calendar year (CY) 2018. To enable a reliable measurement of performance, the HCA required MCOs to report on 53 HEDIS measures and their specific indicators (for example, rates for specific age groups). HEDIS measures are developed and maintained by the NCQA, whose database of HEDIS results for health plans — the Quality Compass — enables benchmarking against other Medicaid managed care health plans nationwide.

The purpose of this report is to identify strengths and opportunities for improvement in the delivery of Medicaid services in Washington by examining variation in MCO performance across geographic, Medicaid program, and demographic categories.

To be consistent with NCQA methodology, the 2018 calendar year is referred to as the 2019 reporting year (RY) in this report.

Overview of Apple Health Enrollment

Apple Health serves over 1.8 million Washington residents,[4] with nearly 85% of these clients enrolled in managed care.[5]

During 2018 CY, five MCOs provided managed health care services for Apple Health enrollees:

- Amerigroup Washington (AMG)

- Community Health Plan of Washington (CHPW)

- Coordinated Care of Washington (CCW)

- Molina Healthcare of Washington (MHW)

- UnitedHealthcare Community Plan (UHC)

MCO Service Area

The map in Figure 1, provided by HCA, identifies the MCOs and the counties they served throughout 2018. In Clallam County, enrollment was voluntary because only one MCO was providing services in the county due to having a sufficient network for enrollees.

While many regions transitioned to the Apple Health Integrated Managed Care (AH-IMC) model in 2019, this report focuses on performance in 2018 CY. By 2020, all plans and populations will transition to the IMC model, which incorporates administration of physical health care, mental health services and substance use disorder treatment under one plan.

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[4] Apple Health Enrollment September 2018 through September 2019. Available at: https://www.hca.wa.gov/assets/free-or-low-cost/Apple-Health-enrollment-totals.pdf
[5] Washington Apple Health. About Washington Apple Health (Medicaid). Available at: https://www.hca.wa.gov/assets/free-or-low-cost/about-Apple-Health.pdf

Figure 1. Washington Apple Health MCO Coverage by County.
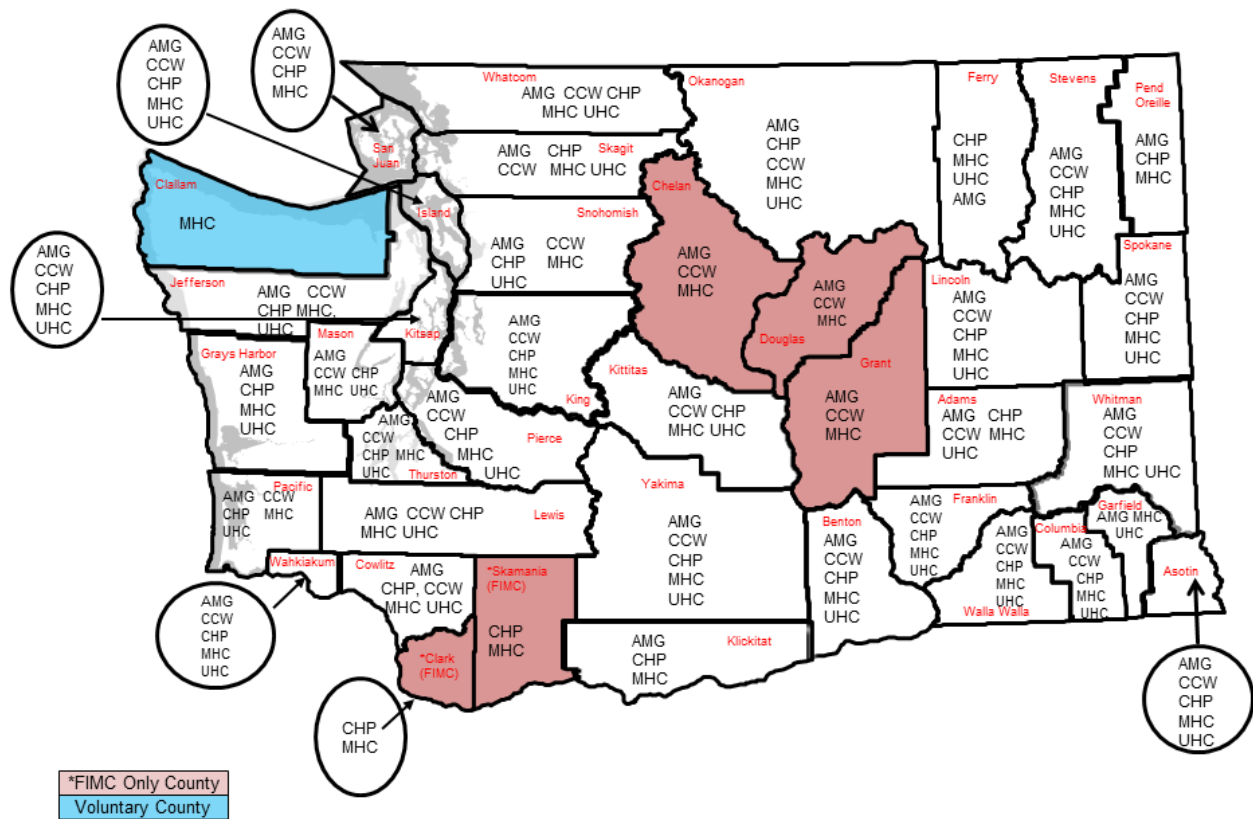
Medicaid enrollees are covered by the five MCOs through the following programs:

- Apple Health Family (traditional Medicaid)

- Apple Health Adult Coverage (Medicaid expansion)

- Apple Health Integrated Managed Care

- Apple Health Blind/Disabled

- Apple Health Foster Care

- State Children's Health Insurance Program (CHIP)

- Apple Health Behavioral Health Services Only[6]

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[6] BHSO enrollees are not represented in this report's performance rates. HEDIS measures are designed to include enrollees with medical coverage, which is not included in the BHSO program.

As of December 2018, the majority of Medicaid enrollees were enrolled in Apple Health Family (traditional Medicaid; 47%) or Apple Health Adult Coverage (Medicaid expansion; 32%). The remaining membership was enrolled in Apple Health Integrated Managed Care (11%), Apple Health Blind/Disabled (5%), CHIP (4%) or Apple Health Foster Care (2%). Figure 2 shows these percentages as well as actual enrollment numbers by program.

CCW serves as the managed care health plan for Apple Health Foster Care, the statewide foster care program. Members covered include 23,930 children and youth in foster care and adoption support, young adults (18–21 years) in extended foster care and young adults (18–26 years) who aged out of foster care. CCW also serves as an Apple Health plan for all of the programs referenced above.

HEDIS performance rates shown in the following pages include the foster care members.

Figure 2. Percent Enrollment by Apple Health Program.

Legend	Program
(gray)	Apple Health (AH) Family (Traditional Medicaid)
(blue)	Apple Health Adult Coverage (AHAC) (Medicaid Expansion)
(orange)	Apple Health Integrated Managed Care (AH-IMC)
(yellow)	Apple Health Blind/Disabled
(green)	Statewide Children's Health Insurance Program (CHIP)
(dark blue)	Apple Health Foster Care (AHFC)
(light yellow)	Behavioral Health Services Only (BHSO)
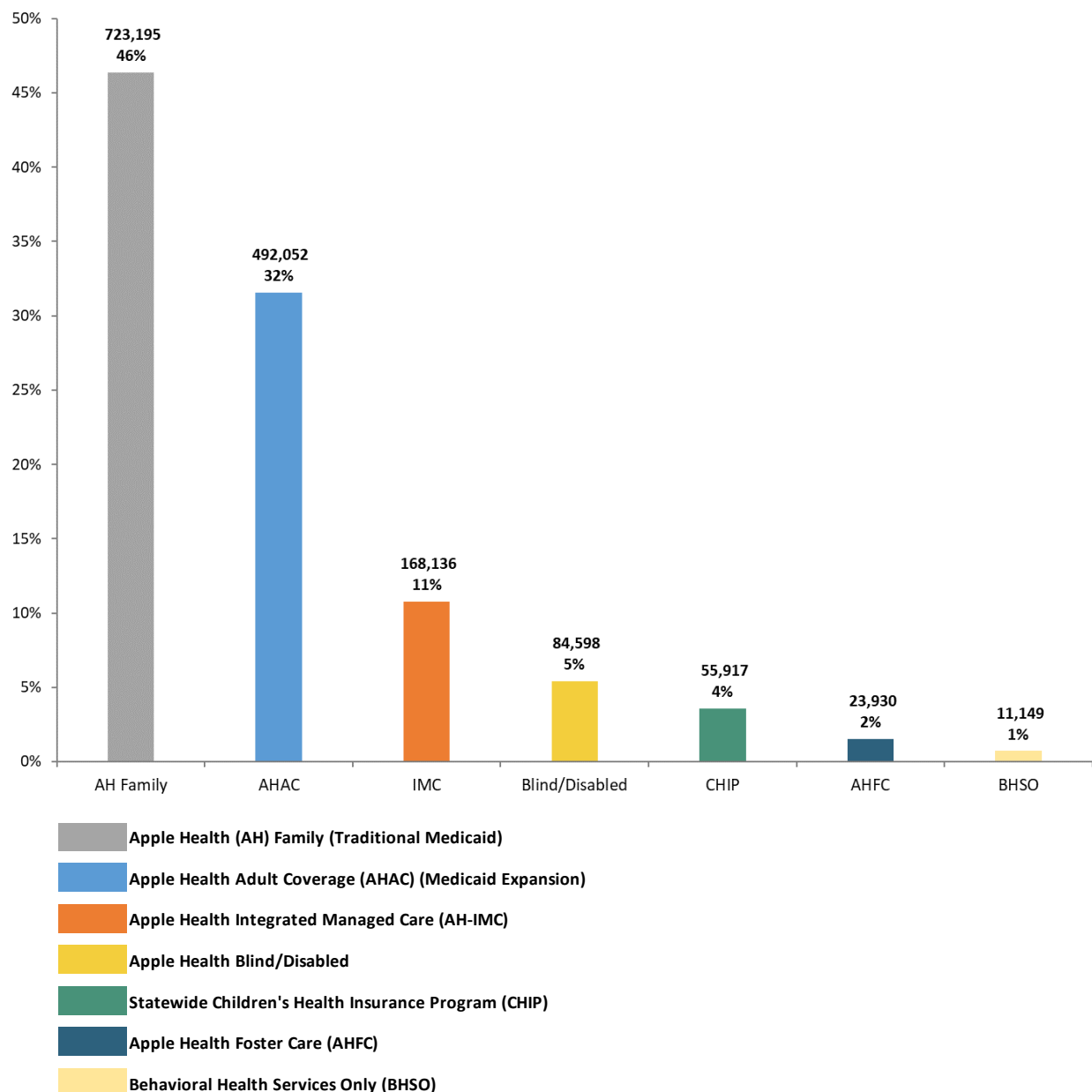
Medicaid enrollment demographics vary across programs. Most members of the Apple Health Family program (traditional Medicaid) are under the age of 20 (85%), while the majority of members in the Apple Health Adult Coverage program (Medicaid expansion) are between the ages of 21 and 44 (61%), and 33% of members in that program are between the ages of 45 and 64.

Figure 3. Percent Enrollment by Program and Age Range.
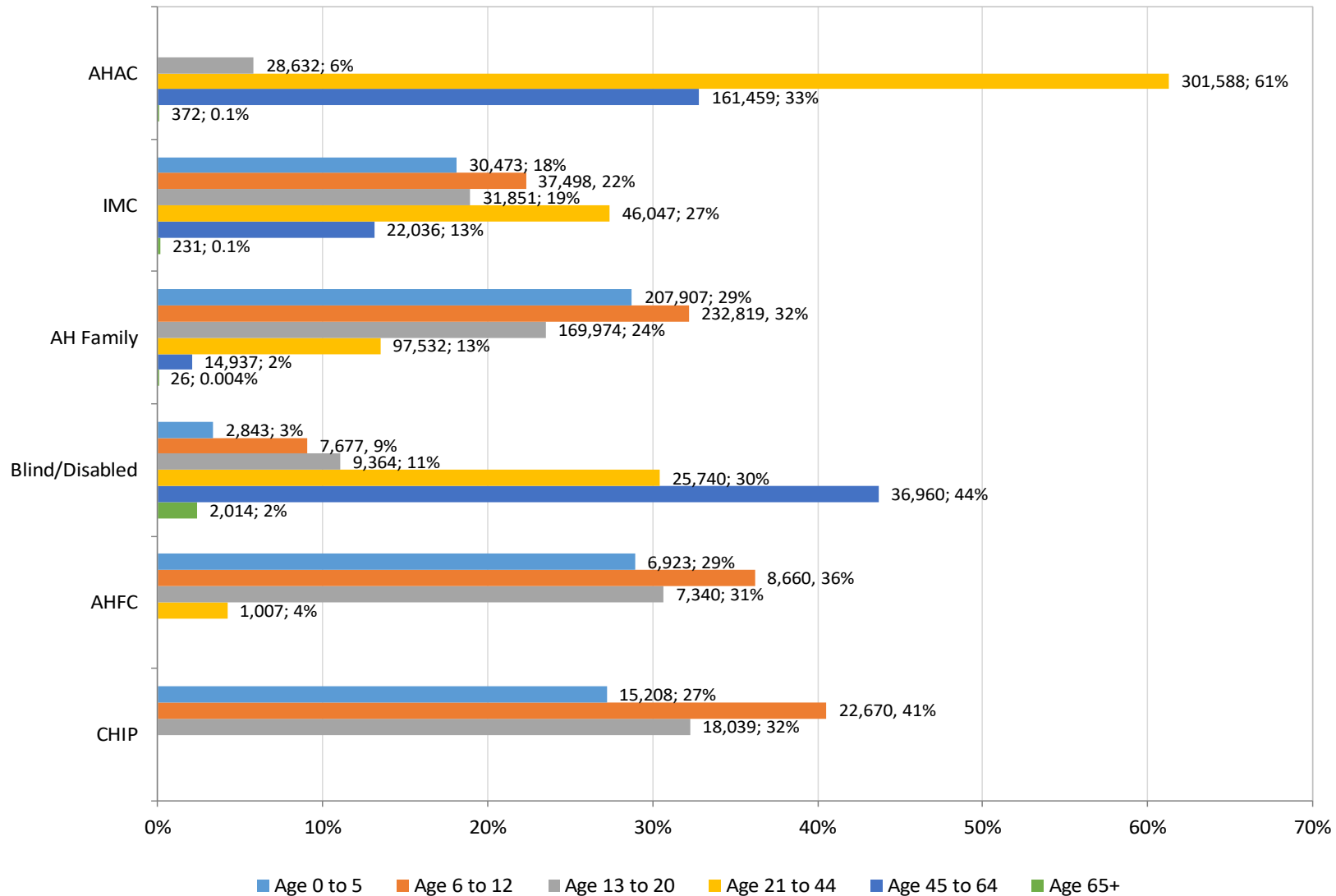
It is important to note that the relative distribution of these members is not uniform across MCOs. For example, 45% of AMG's members are enrolled in Apple Health Adult Coverage (Medicaid expansion), while only 26% of MHW's members are enrolled in that program. Because this variation in Medicaid program mix by MCO can affect HEDIS performance outcomes, it is important to monitor performance at the plan level and at the program level. As MCOs continue to transition to the AH-IMC model, plan and program enrollment will continue to change. The following chart (Figure 4) shows Apple Health enrollee population distribution by program and plan in 2018.

Figure 4. Percent Enrollment by Program and MCO.
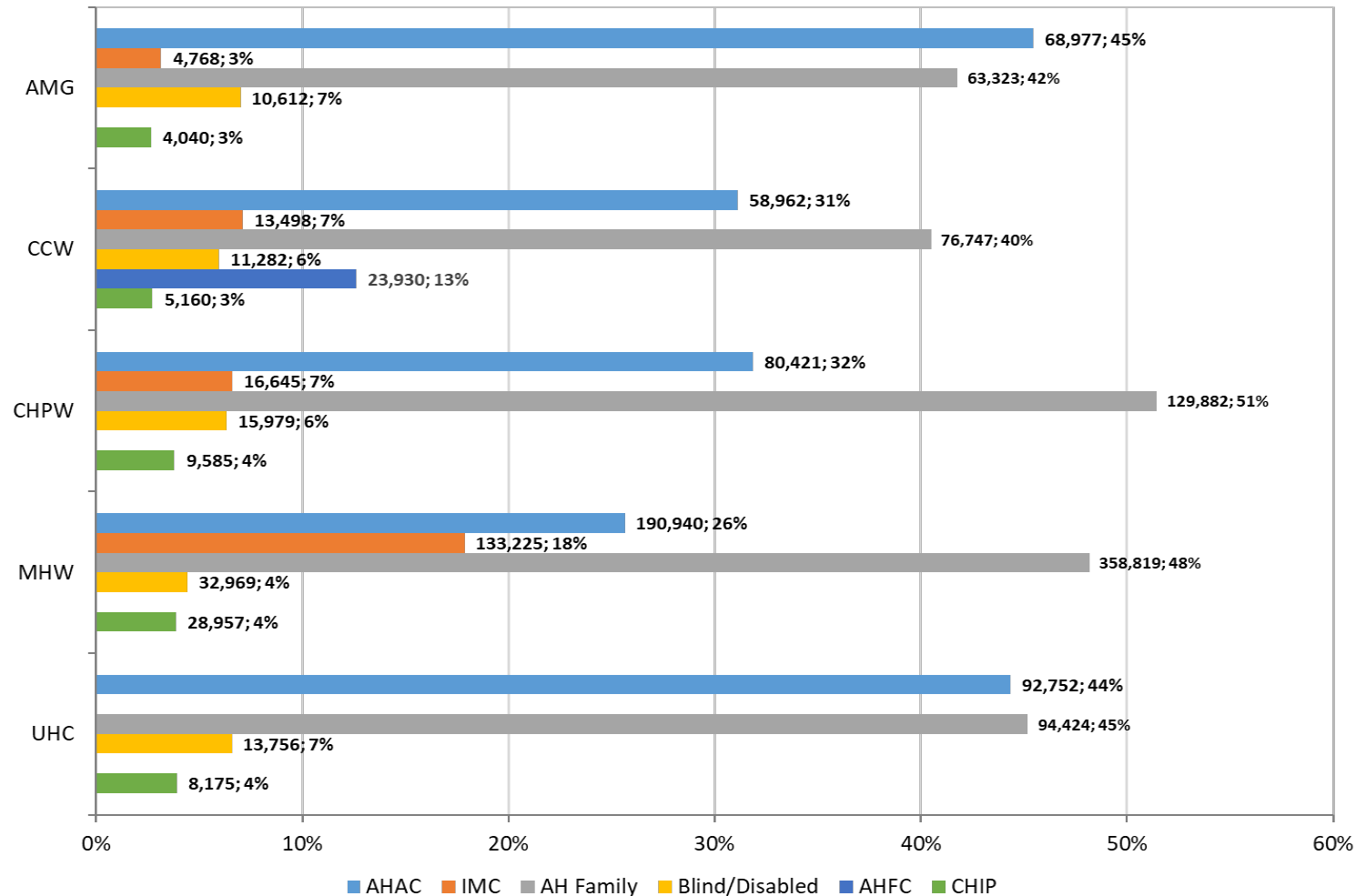
Methodology for Comparing Performance Measures
HEDIS Performance Measures

HEDIS is a widely used set of health care performance measures reported by health plans. HEDIS rates are derived from provider administrative (such as claims) and clinical data. They can be used by the public to compare plan performance over six domains of care, and also allow plans to determine where quality improvement efforts may be needed. In June 2019, Apple Health plans reported 53 measures and their specific indicators (for example, rates for specific age groups).

This report provides a summary of MCO performance at the plan and state levels and compared to national benchmarks of Medicaid plans across the country. Performance on select measures is also presented from a regional perspective.

Calculation of the Washington Apple Health Average

This report provides estimates of the average performance among the five Apple Health MCOs for the three most recent reporting years: 2017 RY, 2018 RY and 2019 RY. The state average for a given measure is calculated as the weighted average among the MCOs that reported the measure (usually five), with the MCOs' shares of the total eligible population used as the weighting factors.

Comparison to National Benchmarks

The national benchmarks included in this report are derived from the Quality Compass, published annually by NCQA, and are used with the permission of NCQA. These benchmarks represent performance of NCQA-accredited Medicaid plans and Medicaid plans that opt to publicly reported their HEDIS rates; these plans represent states with and without Medicaid expansion.

Interpreting Performance

Plan performance rates must be interpreted carefully. HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics, and other factors that may impact interaction with health care providers and systems.

Where data is available, this report attempts to identify true statistical differences between populations. This is done through the comparison of 95 percent confidence interval ranges calculated using a Wilson Score Interval. In layman's terms, this indicates the reader can be 95 percent confident there is a real difference between two numbers, and that the differences are not just due to random chance. The calculation of confidence intervals is dependent on denominator sizes. Confidence interval ranges are narrow when there is a large denominator because we can be more confident in the result with a large sample. When there is a small sample, we are less confident in the result, and the confidence interval range will be much larger.

The confidence interval is expressed as a range from the lower confidence interval value to the upper confidence interval value. A statistically significant improvement is identified if the current performance rate is above the upper confidence interval for the previous year.

For example, if a plan had a performance rate in the previous year of 286/432 (66.20%), the Wilson Score Interval would provide a 95% confidence interval of 61.62% (lower confidence interval value) to 70.50% (upper confidence interval value). The plan's current rate for the measure is then compared to the confidence interval to determine if there is a statistically significant change. If the plan is currently performing at a 72% rate, the new rate is above the upper confidence interval value and would represent a statistically significant improvement. However, if the plan is currently performing at a 63% rate, the new rate is within the confidence interval range and is statistically the same as the previous rate. If the current performance rate is 55%, the new rate is below the lower confidence interval value and would represent a statistically significant decrease in performance.

Note that for measures where a lower score indicates better performance, the current performance rate must be below the lower confidence interval value to show statistically significant improvement.

Some measures have very large denominators (populations of sample sizes), making it more likely to detect significant differences even when the apparent difference between two numbers is very small. Conversely, many HEDIS measures are focused on a small segment of the patient population, which means there may be situations where it appears there are large differences between two numbers, but the confidence interval is too wide to be 95% confident that there is a true difference between two numbers. In such instances, it may be useful to look at patterns among associated measures to interpret overall performance.

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms "significant" or "significantly" are used when describing a statistically significant difference at the 95 percent confidence level.

For further discussion on HEDIS measures and the methodology utilized to report MCO performance, please see Appendix A.

Overview of Performance Measure Variation Statewide

Most of the measures reviewed in this report did not experience statistical variation from RY 2018 to RY 2019; 17 remain below the national 50th percentile, while only 3 are above the national 50th percentile. Those measures with statistically significant movement over the past year include:

- Lead Screening for Children (LSC) demonstrated statistically significant increase for the second year in a row.

- Childhood Immunization Status (CIS) had a statistically significant increase for both Combo 2 and Combo 10.

- The Chlamydia Screening (CH), Total, measure had a statistically significant decrease.

A full assessment of all 2018 HEDIS rates is available in Appendix C.

Figure 5 compares 2019 to 2018 results for measures selected for comparison against national benchmarks. It illustrates the variation in year-to-year performance and identifies how these measures compare to the national 50th percentile. The numbers in parentheses indicate the difference in rate from the prior year. For example, in 2018 the rate for the Adults' Access to Preventive/Ambulatory Health Services (AAP), Total, measure had a rate of 75.4% in 2018, which was 1.2% higher than the rate that was reported in 2017. This is indicated as 75.4% (1.2%) on the figure. The orange bars indicate measures that were significantly below the national 50th percentile; the blue bars indicate measures that were significantly above the national 50th percentile. The red and green arrows identify measures that had a statistically significant year-over-year change.

Figure 5. Measure Variation at State Level, 2018 to 2019.

Category	Measure	2018 Rate	2018 Trend	2019 Rate	2019 Trend
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Total	75.4% (1.2%)	Trending up	75.5% (0.1%)	No change
	Children's Access to Primary Care Practitioners (CAP), 7-11 Years	90.4% (-0.8%)	Trending down	89.9% (-0.5%)	Trending down
	Prenatal and Postpartum Care (PPC), Postpartum Care	58.8% (0.0%)	No change	58.6% (-0.1%)	No change
	Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	72.6% (-5.3%)	Trending down	74.8% (2.1%)	No change
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total	17.4% (-2.9%)	No change	16.6% (-0.8%)	No change
Behavioral Health	Antidepressant Medication Management (AMM), Acute Phase	51.6% (0.7%)	No change	50.9% (-0.7%)	No change
	Antidepressant Medication Management (AMM), Continuation Phase	35.9% (0.5%)	No change	36.0% (0.1%)	No change
Cardiovascular	Controlling High Blood Pressure (CBP)	59.9% (4.0%)	No change	62.9% (3.0%)	No change
Diabetes	Comprehensive Diabetes Care (CDC), Blood Pressure Control < 140/90 mm Hg	67.8% (1.8%)	No change	67.8% (-0.1%)	No change
	Comprehensive Diabetes Care (CDC), Eye Exam	59.7% (0.6%)	No change	58.5% (-1.2%)	No change
	Comprehensive Diabetes Care (CDC), HbA1c Control < 8.0%	50.0% (0.3%)	No change	50.3% (0.3%)	No change
	Comprehensive Diabetes Care (CDC), HbA1c Testing	89.3% (-0.3%)	No change	89.5% (0.3%)	No change
	Comprehensive Diabetes Care (CDC), Medical Attention for Nephropathy	89.4% (-0.7%)	No change	89.6% (0.2%)	No change
	Comprehensive Diabetes Care (CDC), Poor HbA1c Control (Note that a lower score is better for this measure)	37.4% (-1.6%)	No change	37.1% (-0.3%)	No change
Prevention and Screening	Breast Cancer Screening (BCS)	55.3% (1.8%)	Trending up	54.5% (-0.8%)	No change
	Cervical Cancer Screening (CCS)	56.9% (1.1%)	No change	57.7% (0.8%)	No change
	Childhood Immunization Status (CIS), Combo 2	70.5% (0.0%)	No change	73.2% (2.8%)	Trending up
	Childhood Immunization Status (CIS), Combo 10	38.1% (1.3%)	No change	41.6% (3.5%)	Trending up
	Chlamydia Screening (CHL), Total	55.1% (0.7%)	No change	54.2% (-0.9%)	Trending down
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Continuation	49.1% (-4.4%)	No change	50.9% (1.8%)	No change
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	42.4% (-0.6%)	No change	42.8% (0.4%)	No change
	Lead Screening in Children (LSC)	24.2% (3.9%)	Trending up	31.7% (7.4%)	Trending up
	Physical Activity for Children/Adolescents (WCC), BMI Percentile, Total	70.9% (12.9%)	Trending up	72.2% (1.4%)	No change
Respiratory Conditions	Asthma Medication Ratio (AMR), Total	53.2% (2.4%)	Trending up	52.7% (-0.5%)	No change
	Medication Management for People With Asthma (MMA), Medication Compliance 75%, 5-11 Years	25.7% (2.3%)	No change	27.1% (1.4%)	No change
	Medication Management for People With Asthma (MMA), Medication Compliance 75%, 12-18 Years	25.4% (-0.4%)	No change	25.8% (0.4%)	No change
Well Child Visits	Adolescent Well-Care Visits (AWC)	48.0% (2.2%)	No change	46.6% (-1.4%)	No change
	Well-Child Visits in the First 15 Months of Life (W15), 6 or More Visits	67.7% (1.4%)	No change	67.4% (-0.4%)	No change
	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	66.7% (-1.2%)	No change	67.7% (0.9%)	No change

Difference from National Benchmarks

- Below 50th Percentile
- No diff from 50th Percentile
- Above 50th Percentile

Change Over Time

- **Trending down**: Statistically significant decrease from previous year ($p<0.05$)
- **No change**: No statistically significant change from previous year ($p<0.05$)
- **Trending up**: Statistically significant increase from previous year ($p<0.05$)

MCO-Level Comparison

While this section of the report summarizes and compares MCO performance for certain HEDIS measures, it is important to recognize that the differences between the MCOs' member populations may impact MCO performance on different measures (see previous Overview of Enrollment section). Because of this variation, it is important to monitor performance at both the plan level and at the plan and program level.

Figure 6 shows Medicaid enrollment by MCO as of 2018. MHW enrolls 48% of the Medicaid members in Washington; the remaining members are distributed across the remaining four plans.

Figure 6. Percent Enrollment by MCO.
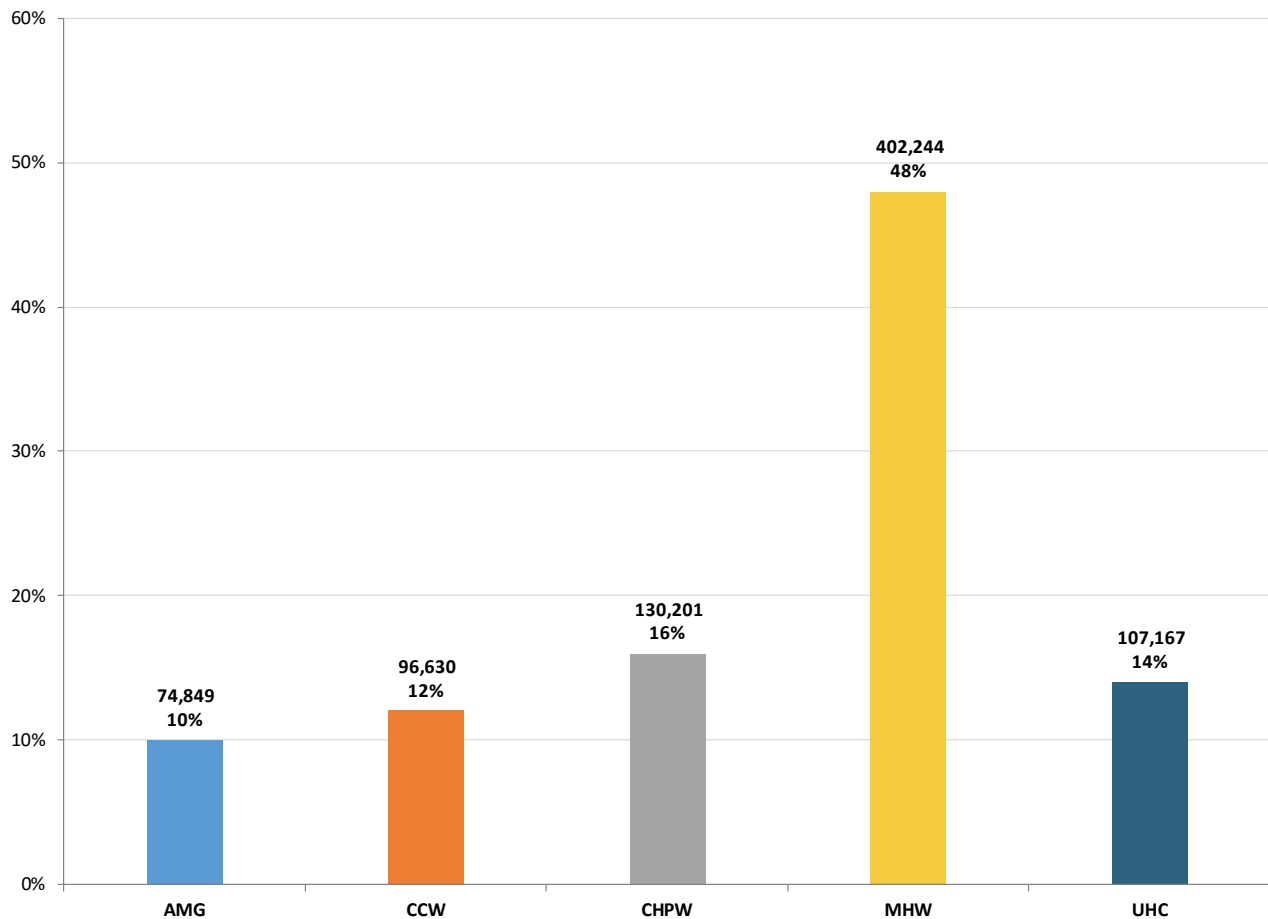
Demographics
Age

The average age of members varies across plans, with an average age of 21.2 for MHW to 27.0 for AMG (Figure 7). These variations in age are a reflection of the difference in plan mix for each MCO, and should be taken into account when assessing HEDIS measurement results.

Figure 7. Average Enrollee Age by MCO.
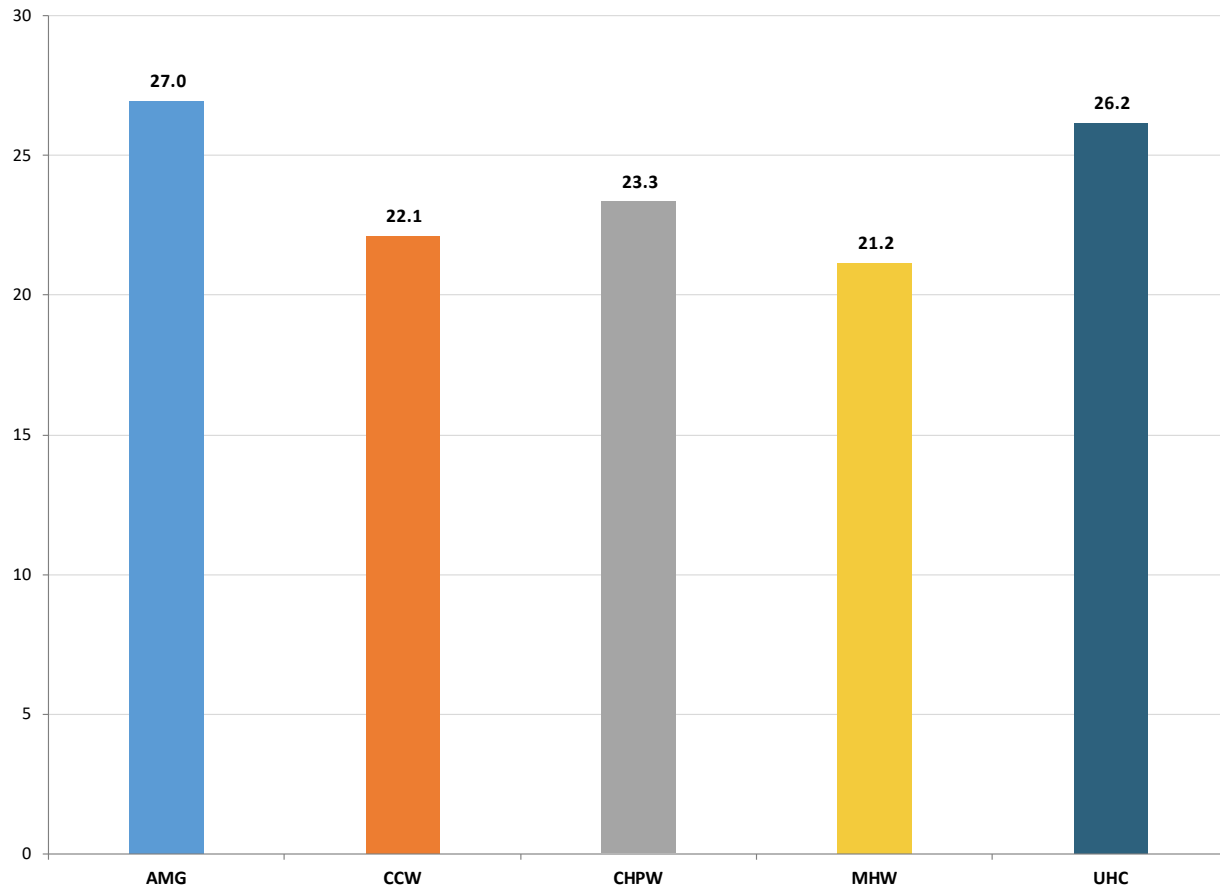
Figure 8 shows the percentage enrollment by age range for each MCO. Actual enrollment numbers are also included in the data labels.

Figure 8. Percent Enrollment by MCO and Age Range.
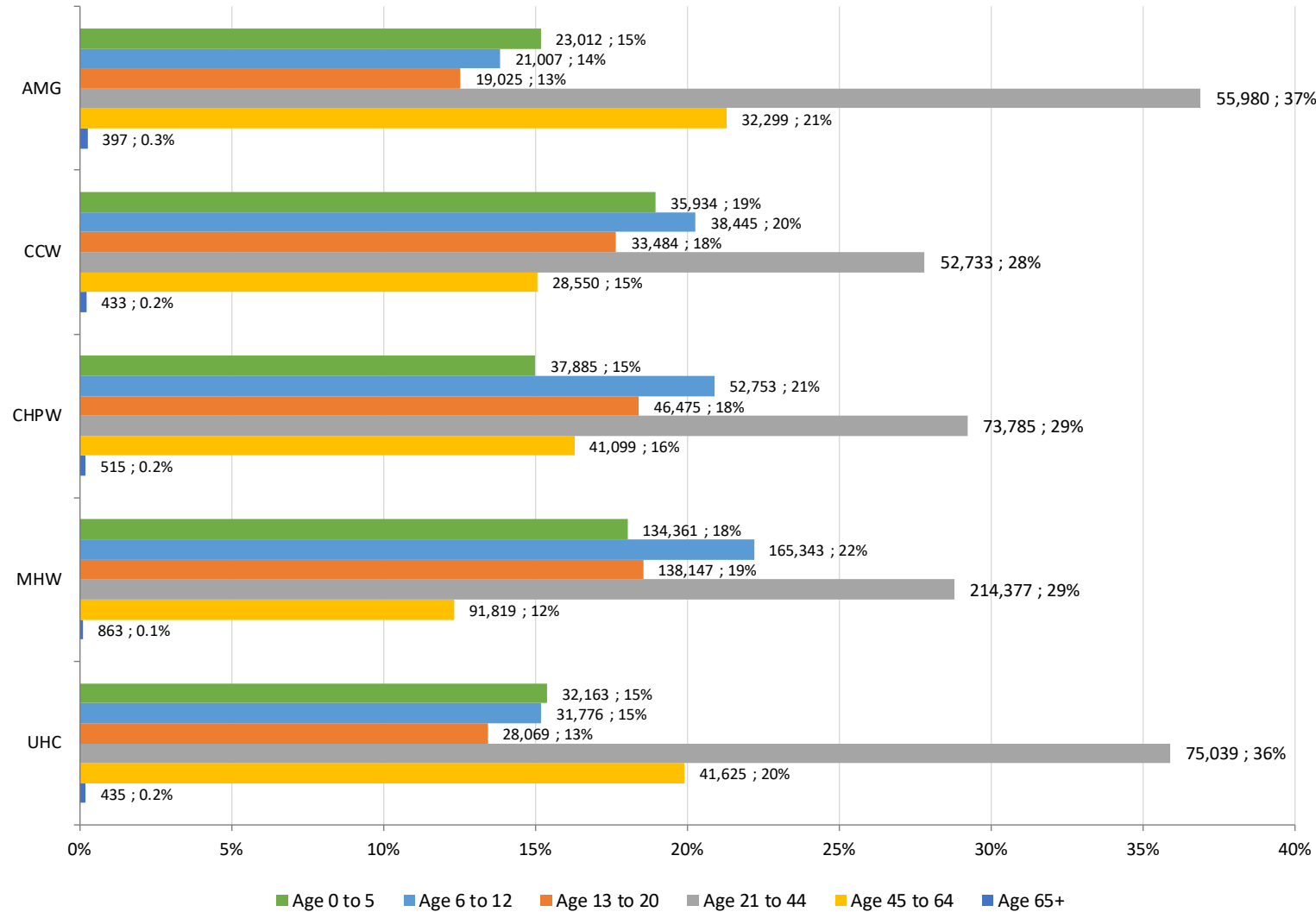
Race by MCO

The race data presented in this report was provided by the enrollees upon their enrollment. Race is another demographic category where there is variation between the MCOs. As shown in Figure 9, CHPW has the highest percentage of non-white enrollees (37%), while AMG has the lowest percentage (30%). For this assessment, data received was not large enough to perform statistical analysis by race group and, therefore, was aggregated into one category – non-white – as shown below. Note that approximately 9% of enrollees did not provide race information.

Figure 9. Percent Enrollment by MCO and Race.

AMG
- 93,642 ; 62%
- 45,774 ; 30%
- 12,304 ; 8%

CCW
- 101,510 ; 54%
- 69,018 ; 36%
- 19,051 ; 10%

CHPW
- 135,723 ; 54%
- 94,257 ; 37%
- 22,532 ; 9%

MHW
- 449,420 ; 60%
- 230,049 ; 31%
- 65,441 ; 9%

UHC
- 126,168 ; 60%
- 64,368 ; 31%
- 18,571 ; 9%

■ White   ■ Non-White   ■ Not provided by enrollee
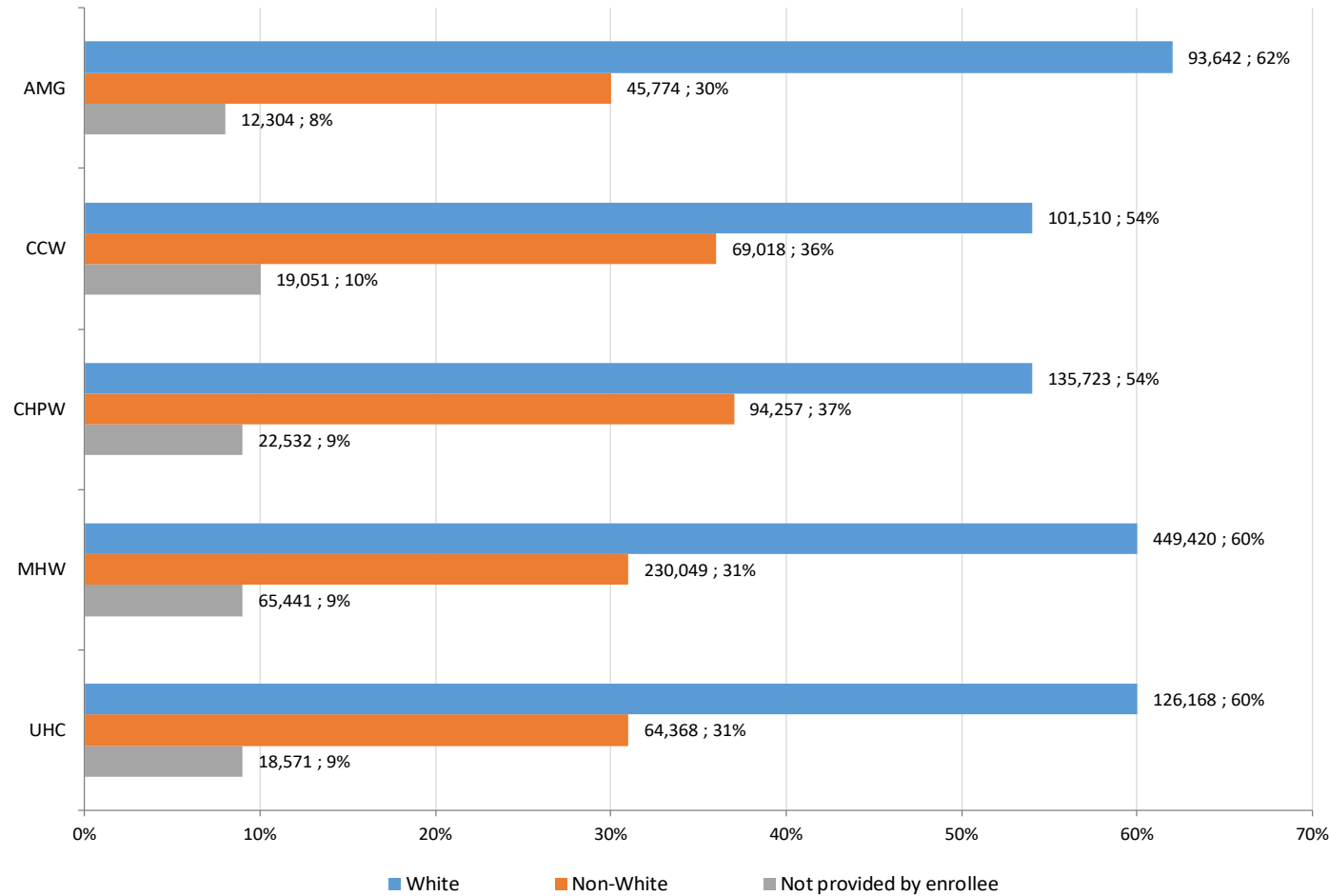
Primary Spoken Language by MCO

Enrollees also provide information on primary spoken language; HCA has captured 81 separate spoken languages. For the purposes of this analysis, languages other than English and Spanish have been aggregated into an "Other language" category.

Figure 10 shows the variation in primary spoken language by MCO. CCW and CHPW have the highest percentage of non-English speakers (17% and 19% respectively). UHC has the lowest percentage, with only 6% of their membership who do not speak English as a primary language.

Figure 10. Percent Enrollment by MCO and Primary Spoken Language.
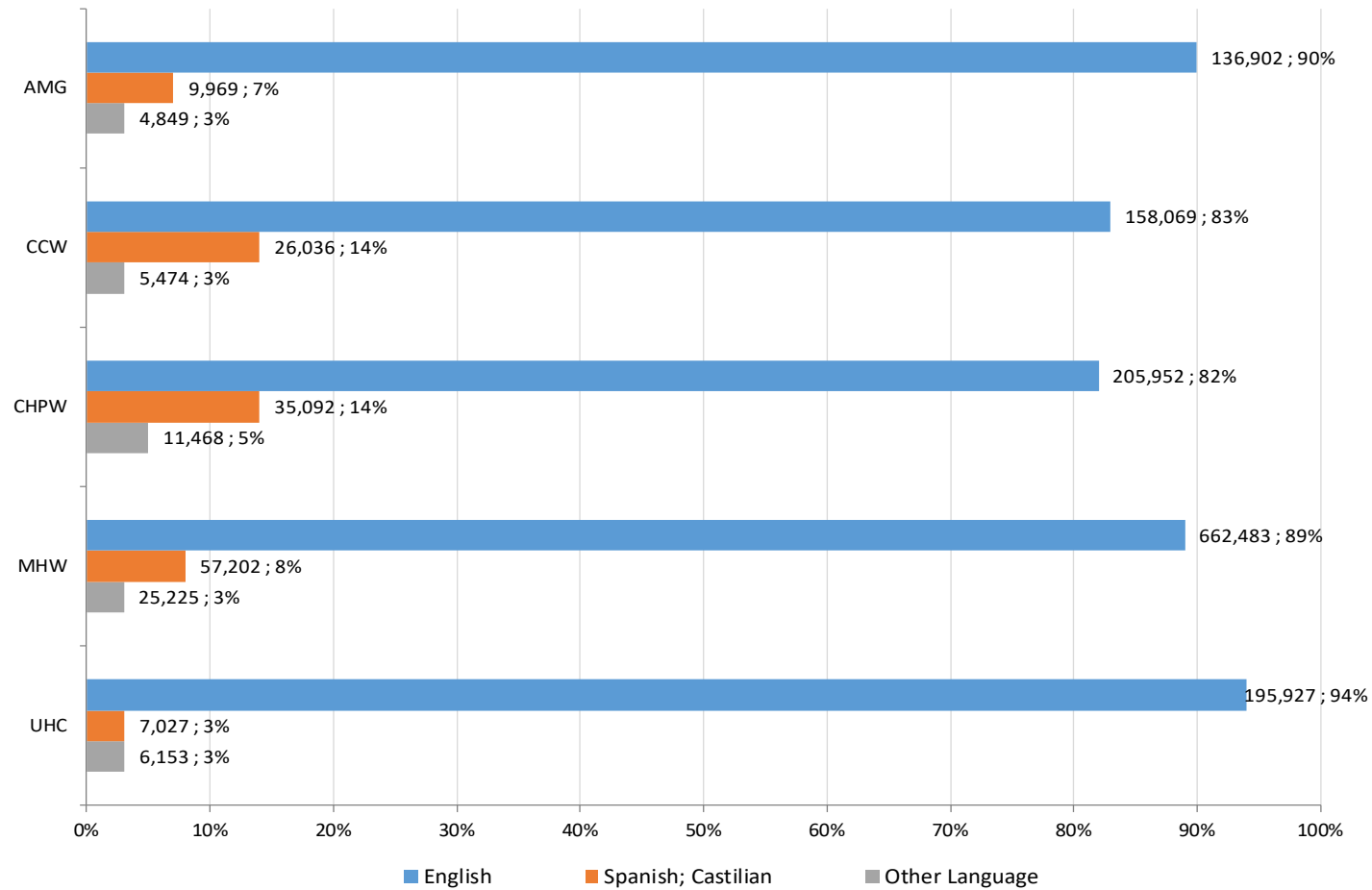
Comparison of MCO Performance on Select Measures – 2019 RY

This section presents comparisons of MCO performance by select measures in the following categories:

- Access to care
- Preventive care
- Chronic care management
  - Asthma
  - Blood pressure
- Behavioral health medication management
- Value-based payment measures

The measures selected for comparison represent a subset from the full list of HEDIS measures. In addition to reflecting current HCA priorities and inclusion in the Statewide Common Measure Set, they represent measures with a broad population base or a population of specific or prioritized interest as well as those used in other assessments, suggesting a degree of consensus regarding importance.

Access to Care Measures

Access to primary care depends on the ability of consumers to locate health care providers and receive services. Primary care visits are important for preventing or improving the management of chronic conditions.

Figures 11–16 present statewide and MCO comparisons for selected access measures.

Appendix C contains results of all measures.

Children's Access to Primary Care Practitioners (CAP)

The CAP measure reports the percentage of children who saw a primary care practitioner during the reporting period. The measure includes four age groups, as listed below.

Highlights

- **Age 12 to 24 months:** statewide, the rate was statistically above the 50th percentile, but below the 75th percentile (Figure 11). Variation in MCO performance for this measure showed:
  - CCW performed above the 75th percentile.
  - CHPW and MHW performed above the 50th percentile and were not statistically different from the 75th percentile.
  - AMG and UHC were not statistically different from the 50th percentile.

- **Age 25 months to 6 years:** There was a statistically significant increase in performance from 2018 to 2019. Interestingly, this year-over-year increase followed a statistically significant decrease between 2017 and 2018. In other words, the rate decreased one year, increased the next, and the 2019 rate is very close to 2017. CCW's rate is not statistically different than the national 50th percentile; the remaining MCOs are all below the 50th percentile (Figure 12).

- **Age 7 to 11 years:** The statewide rate was below the national 50th percentile (Figure 13). UHC saw a statistically significant decrease for two years in a row while CCW had a decrease from 2018 to 2019. MHW is not statistically different from the national benchmark; the remaining MCOs are below the 50th percentile.

- **Age 12 to 19 years:** There was a statistically significant decrease for two years in a row. MHW experienced a decrease for two years in a row; CCW and UHC experienced a decrease from 2018 to 2019 (Figure 14). The statewide and individual MCO rates are all below the national 50th percentile.

Figure 11. Children's Access to Primary Care Practitioners (CAP), 12 to 24 Months.
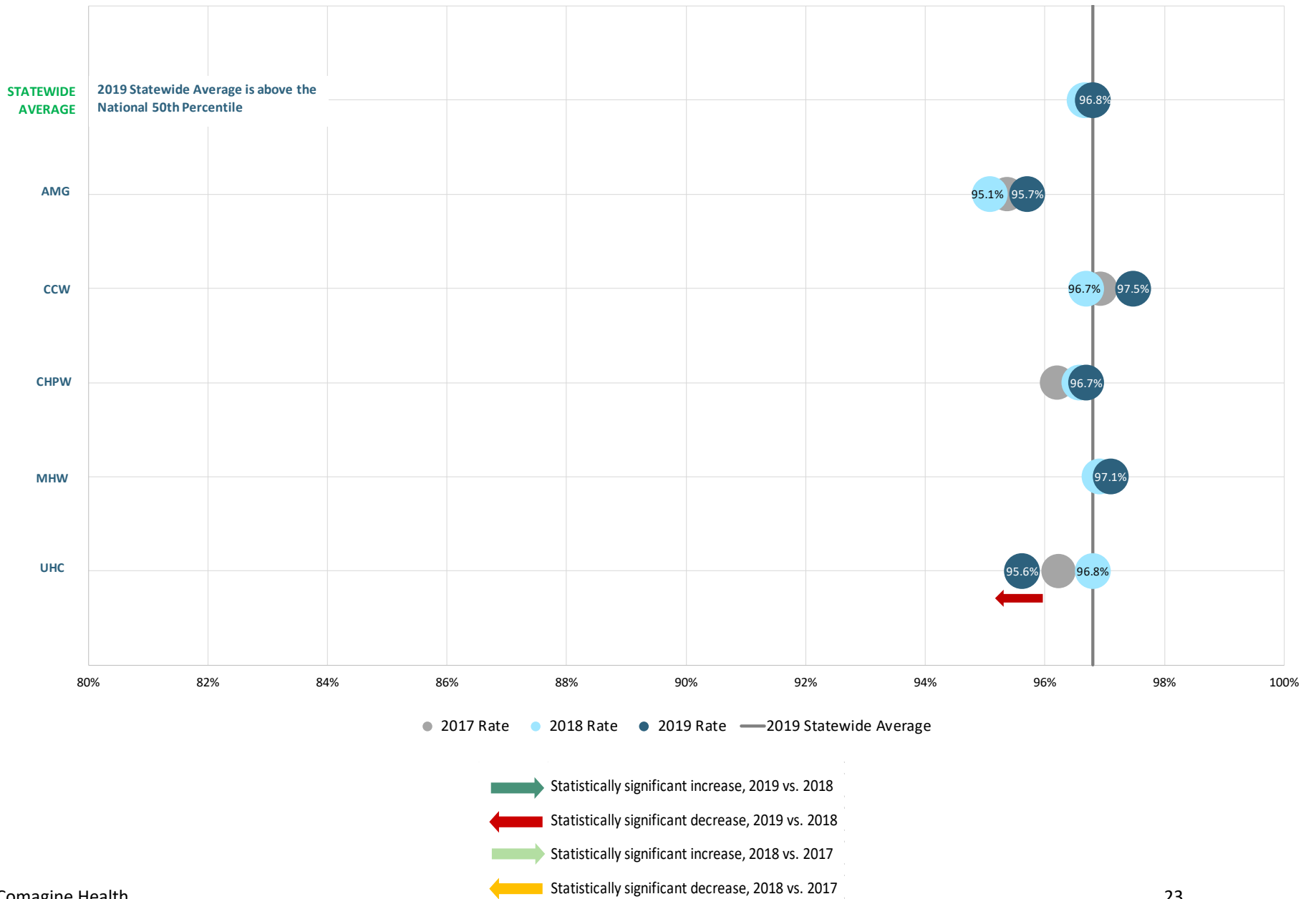
Figure 12. Children's Access to Primary Care Practitioners (CAP), 25 Months to 6 Years.
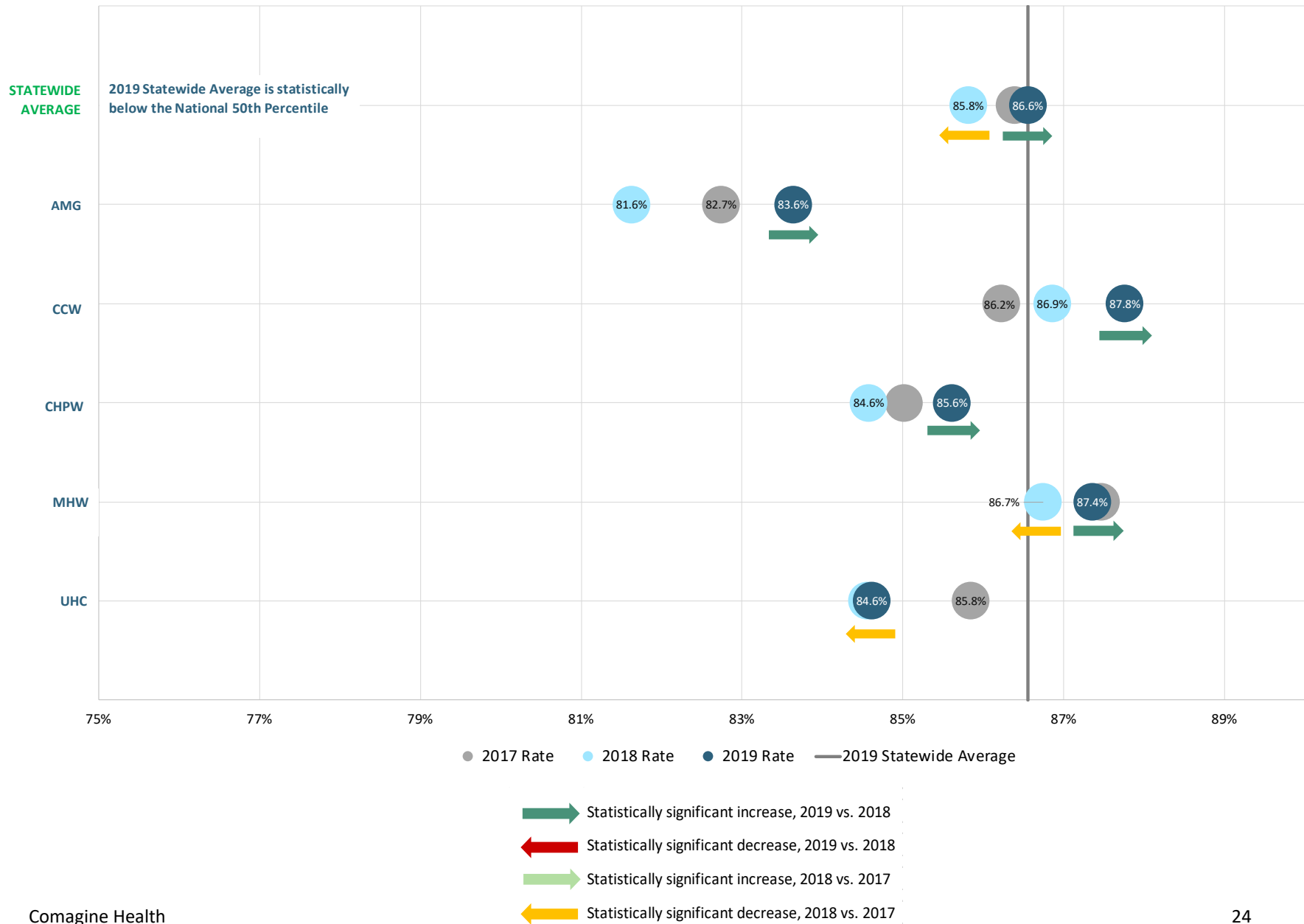
Figure 13. Children's Access to Primary Care Practitioners (CAP), 7 to 11 Years.

STATEWIDE AVERAGE — 2019 Statewide Average is statistically below the National 50th Percentile — 89.9% / 91.2%

AMG — 84.4% / 85.9%

CCW — 89.3% / 90.6%

CHPW — 90.1%

MHW — 90.9% / 92.2%

UHC — 87.5% / 89.1% / 90.3%

Legend: ● 2017 Rate ● 2018 Rate ● 2019 Rate — 2019 Statewide Average

→ Statistically significant increase, 2019 vs. 2018
→ Statistically significant decrease, 2019 vs. 2018
→ Statistically significant increase, 2018 vs. 2017
→ Statistically significant decrease, 2018 vs. 2017

Figure 14. Children's Access to Primary Care Practitioners (CAP), 12 to 19 Years.
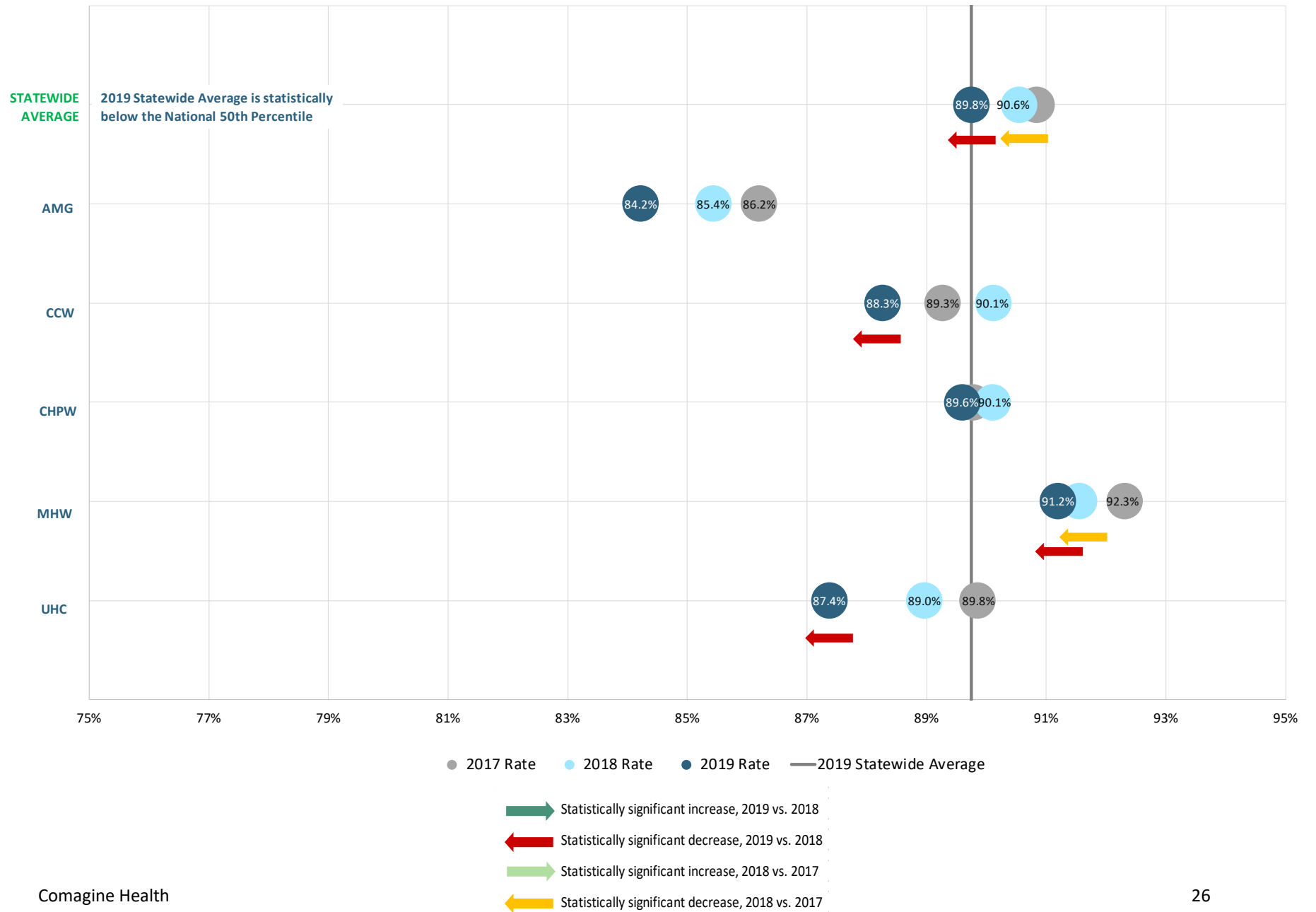
Prenatal and Postpartum Care (PPC)

Timely and adequate prenatal and postpartum care is critical for helping prevent poor birth outcomes and for the overall health and well-being of both mother and baby.

Highlights

- **Timeliness of Prenatal Care**: On a statewide basis, there were no significant changes to this rate between 2018 and 2019. The 2019 statewide rate is below the national 50th percentile (Figure 15). CCW was the only MCO with a rate not significantly different than the national 50th percentile, while all others were below.

- **Postpartum Care:** The 2019 statewide rate was below the national 50th percentile (Figure 16). CHPW's rate was not significantly different than the national 50th percentile, while all others were below.

Figure 15. Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care.
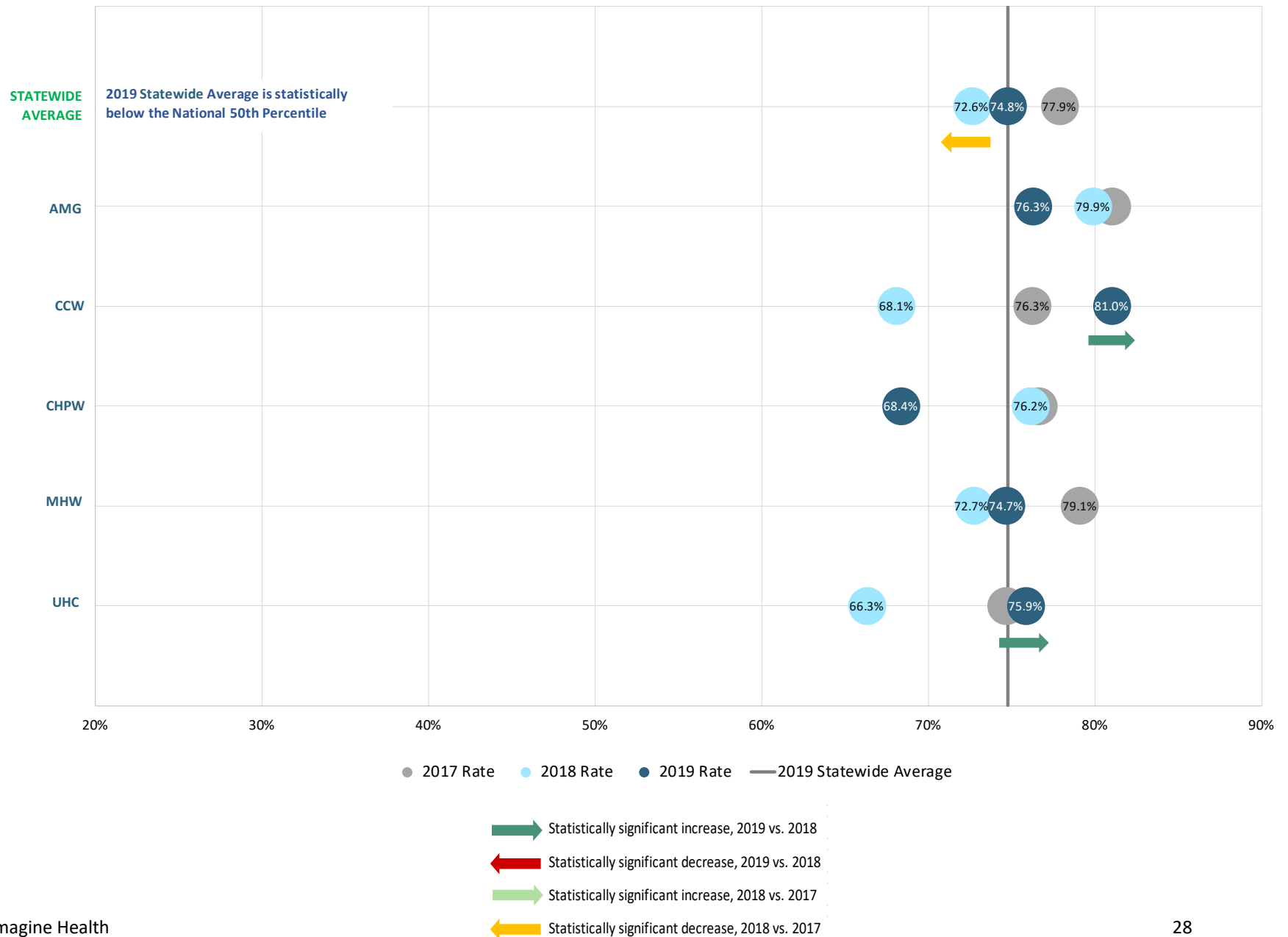
Figure 16. Prenatal and Postpartum Care (PPC), Postpartum Care.
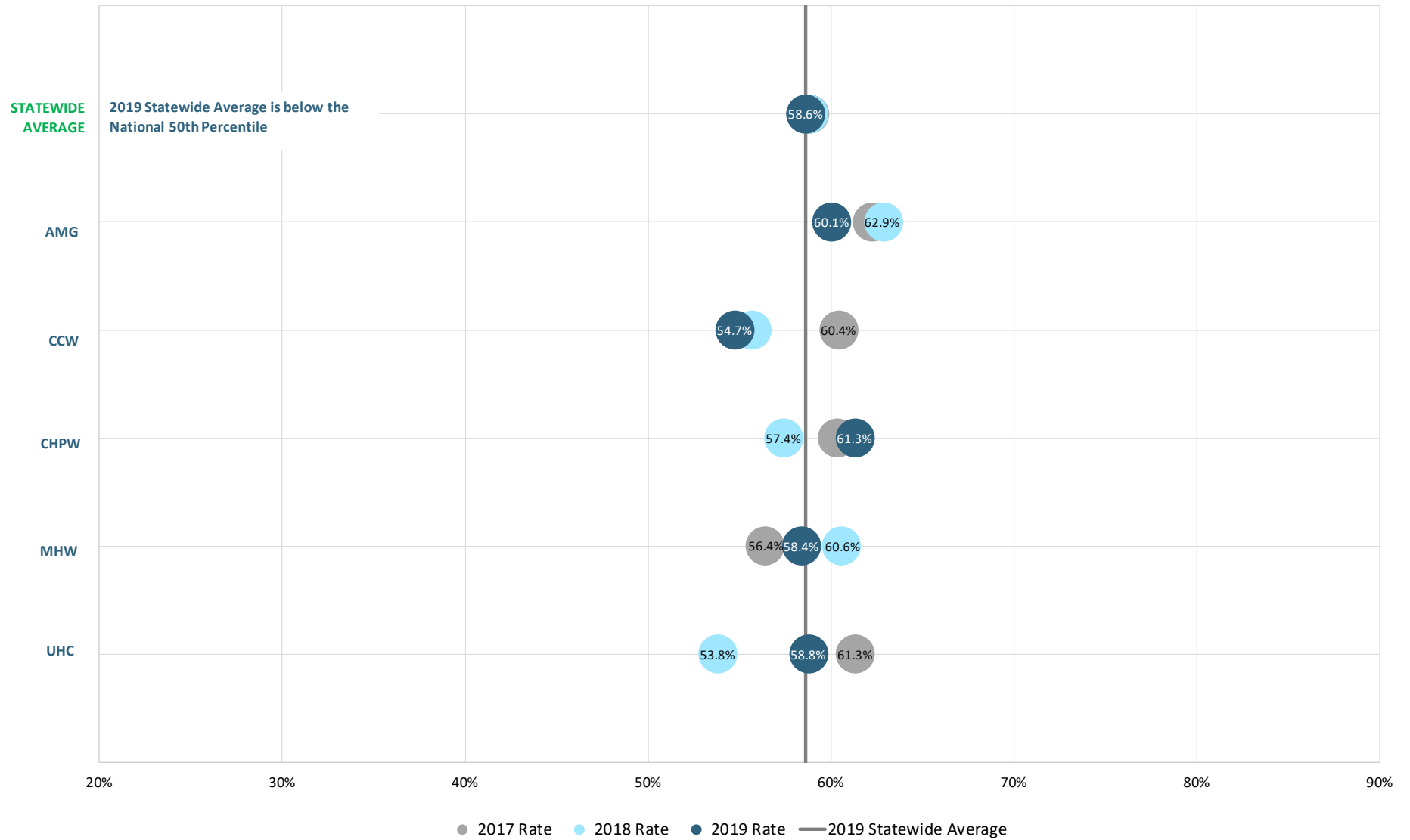
Preventative Measures

Access to care is only the first step toward establishing a healthy population. Enrollees must also receive proactive preventive services delivered within an appropriate timeframe.

Effective preventive care is delivered proactively, before the onset of illness. Perhaps the best example of primary preventive care is immunization from disease, which must be administered at the right ages for highest effectiveness. Other types of preventive care and screenings, such as cancer screenings and weight and nutrition counseling, should also be delivered at the right times to be effective.

Figures 17–19 present statewide and MCO comparisons of three of these measures. Appendix C contains results for all measures.

Highlights

- **Childhood Immunization, Combo 10:** As noted in the section describing the statewide results, there was a statistically significant increase from 2018 to 2019. When comparing the 2019 data to the national benchmarks, the overall statewide rate is not statistically different than the national 75th percentile. There was some variation by MCOs:
  - Both CCW and CHPW were statistically above the national 75th percentile.
  - UHC's 2019 rate was similar to the statewide rate and was not statistically different than the national 75th percentile.
  - AMG and MHW demonstrated a lower performance than the other MCOs, and were not statistically different than the national 50th percentile.

- **Chlamydia Screening:** There was a statistically significant decrease from 2018 to 2019. The 2019 statewide average for this measure was below the national 50th percentile, as were all of the MCOs. AMG experienced a statistically significant decrease during this time period.

- **Lead Screening in Children:** On a statewide basis, this measure has demonstrated statistically significant improvement two years in a row. However, on both a 2019 statewide and individual MCO basis, the rates for this measure are well below national benchmarks, which are above 60%. The screening rates reported for 2019 ranged between 24% and 46%. Lead Screening in Children is a relatively new measure being reported by Apple Health MCOs and has shown considerable improvement over time; however, it is still below the national 50th percentile.

Figure 17. Childhood Immunization Status (CIS), Combo 10.
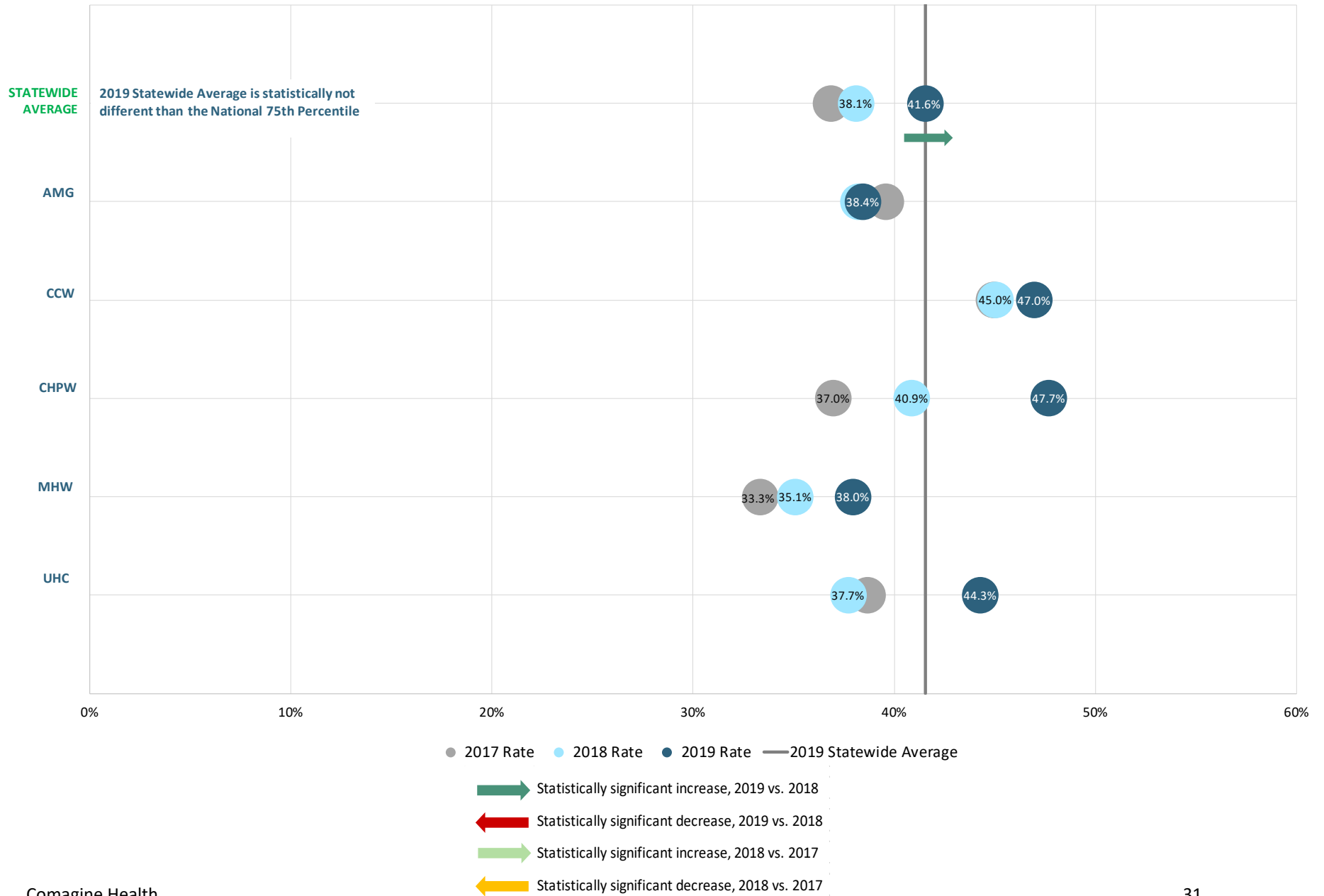
Figure 18. Chlamydia Screenings (CHL), Total Trend.
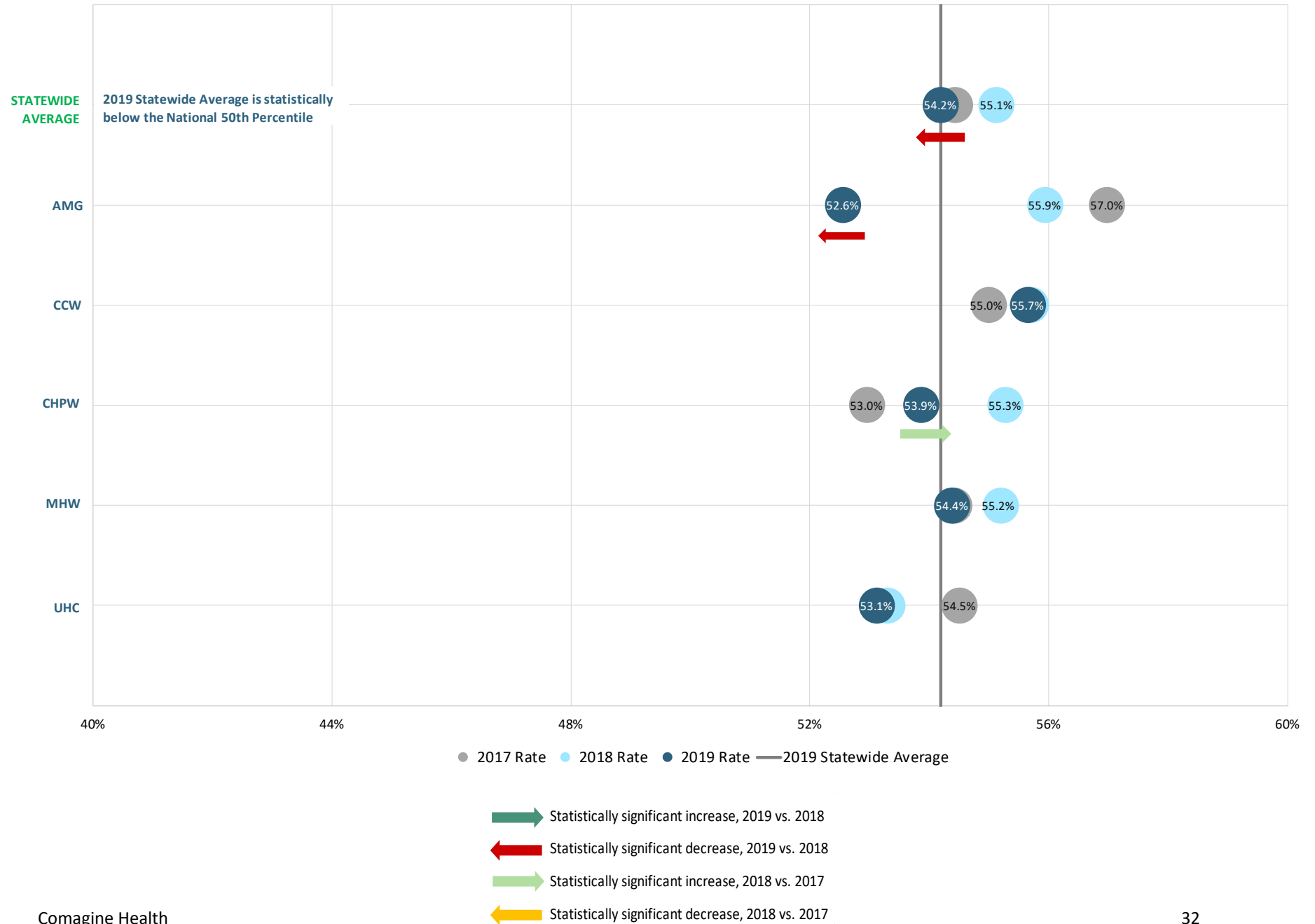
Figure 19. Lead Screening in Children (LSC).
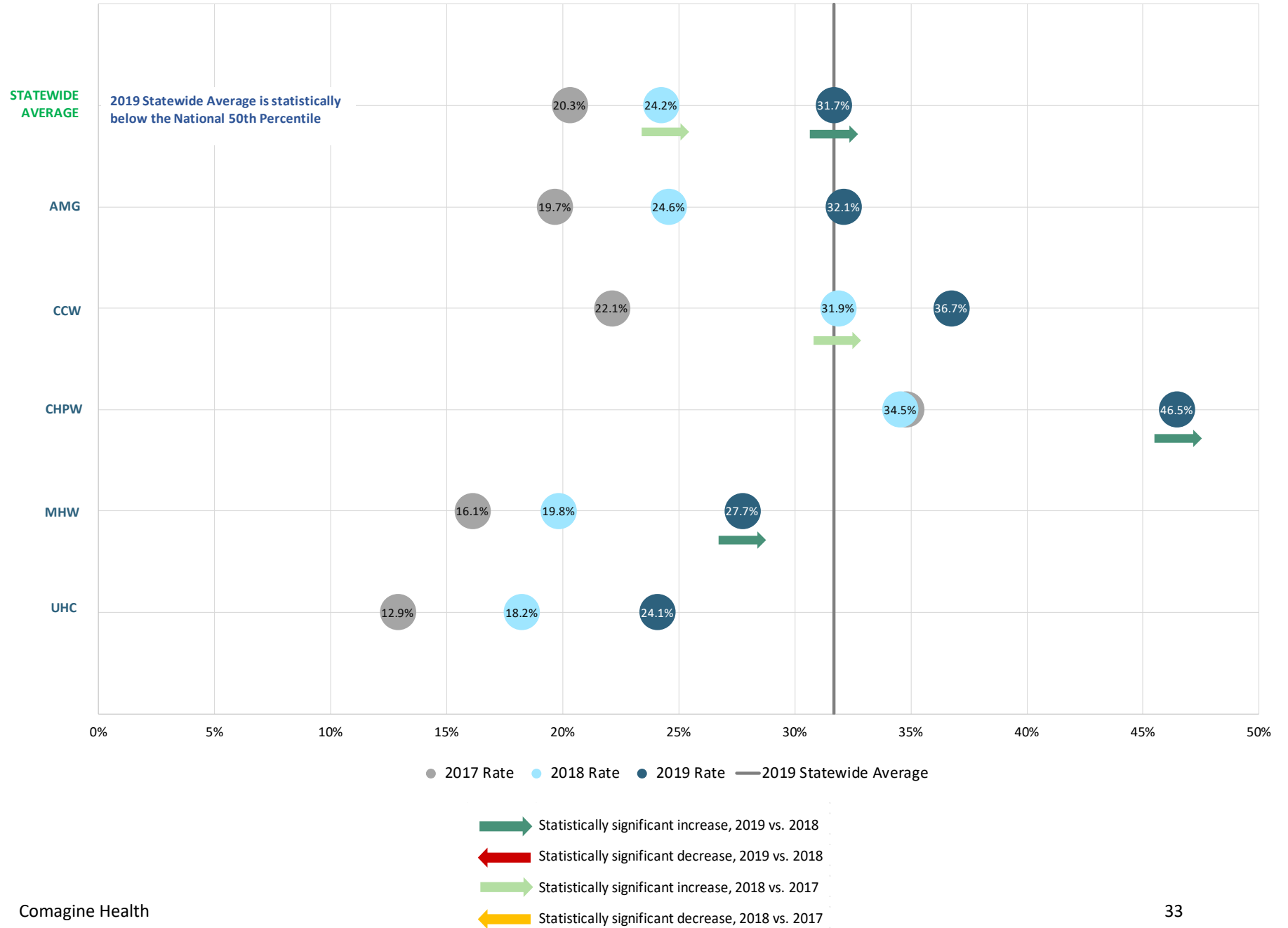
Chronic Care Management Measures

Health plans can greatly enhance quality of care and outcomes by helping providers coordinate care in order to effectively manage chronic illness and avoid unnecessary or inappropriate care. Figures 20–21 present statewide and MCO comparisons of two important chronic care-related measures. Appendix C contains results for all other chronic care-related measures.

Highlights

- **Controlling High Blood Pressure:** On a statewide basis in 2019, performance is not statistically different from the national 50th percentile. CCW is statistically below the 50th percentile; the remaining MCOs are not statistically different than the national 50th percentile.

- **Asthma Medication Ratio, Total:** There was statistically significant improvement from 2018 to 2017 statewide, but no significant change between 2018 and 2019. CCW had a statistically significant increase for two years in a row, while MHW saw a statistically significant decrease between 2018 and 2019.

  The 2019 performance for this measure is below the national 50th percentile for the statewide and individual MCO measures.

Figure 20. Controlling High Blood Pressure (CBP).

2019 Statewide Average is statistically not
different than the National 50th Percentile.

STATEWIDE AVERAGE	56.0% 59.9% 62.9%
AMG	57.2% 64.5%
CCW	53.8%
CHPW	63.3% 67.8%
MHW	56.9% 62.5% 66.9%
UHC	46.2% 52.3% 59.1%

● 2017 Rate   ● 2018 Rate   ● 2019 Rate   — 2019 Statewide Average
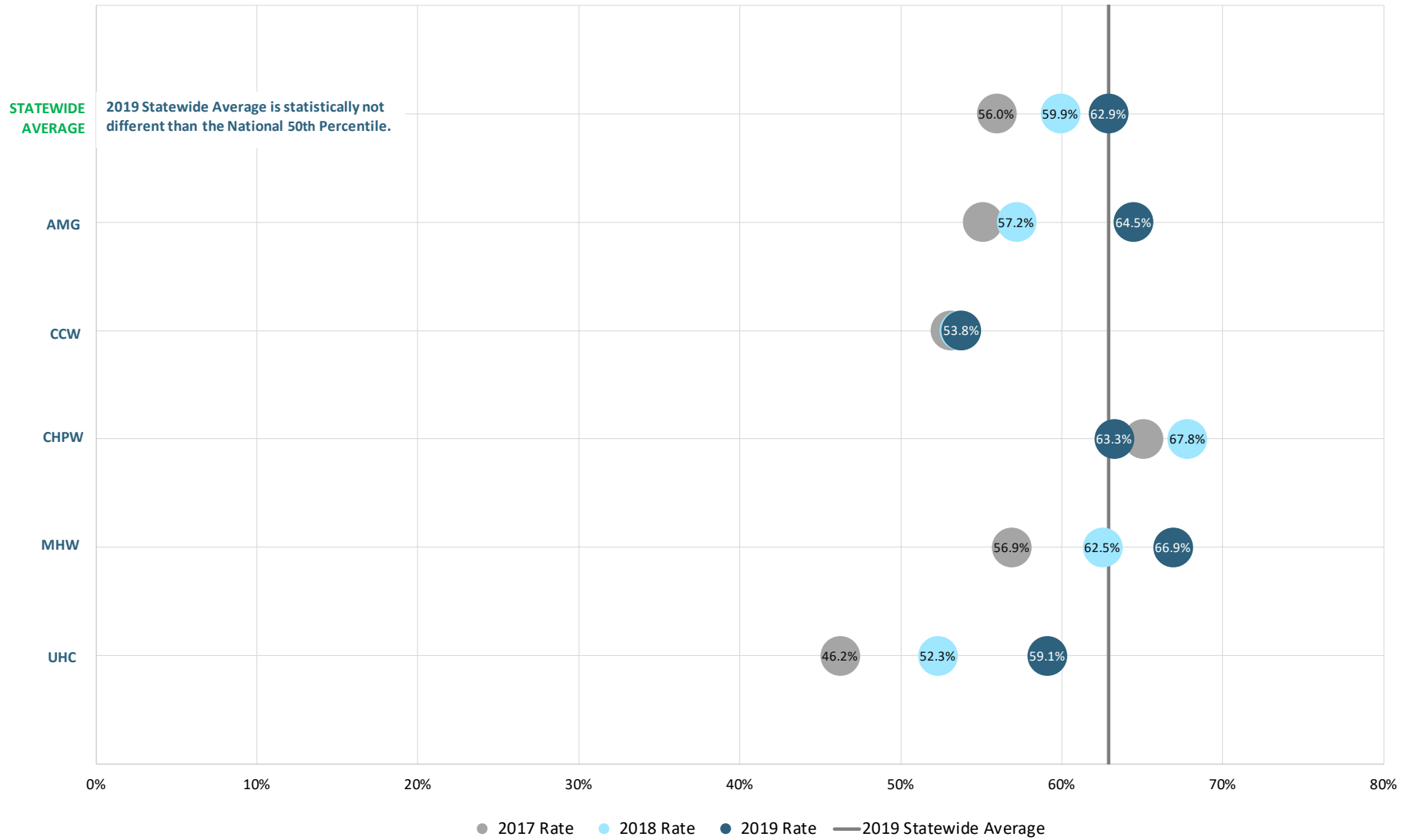
Figure 21. Asthma Medication Ratio (AMR), Total.
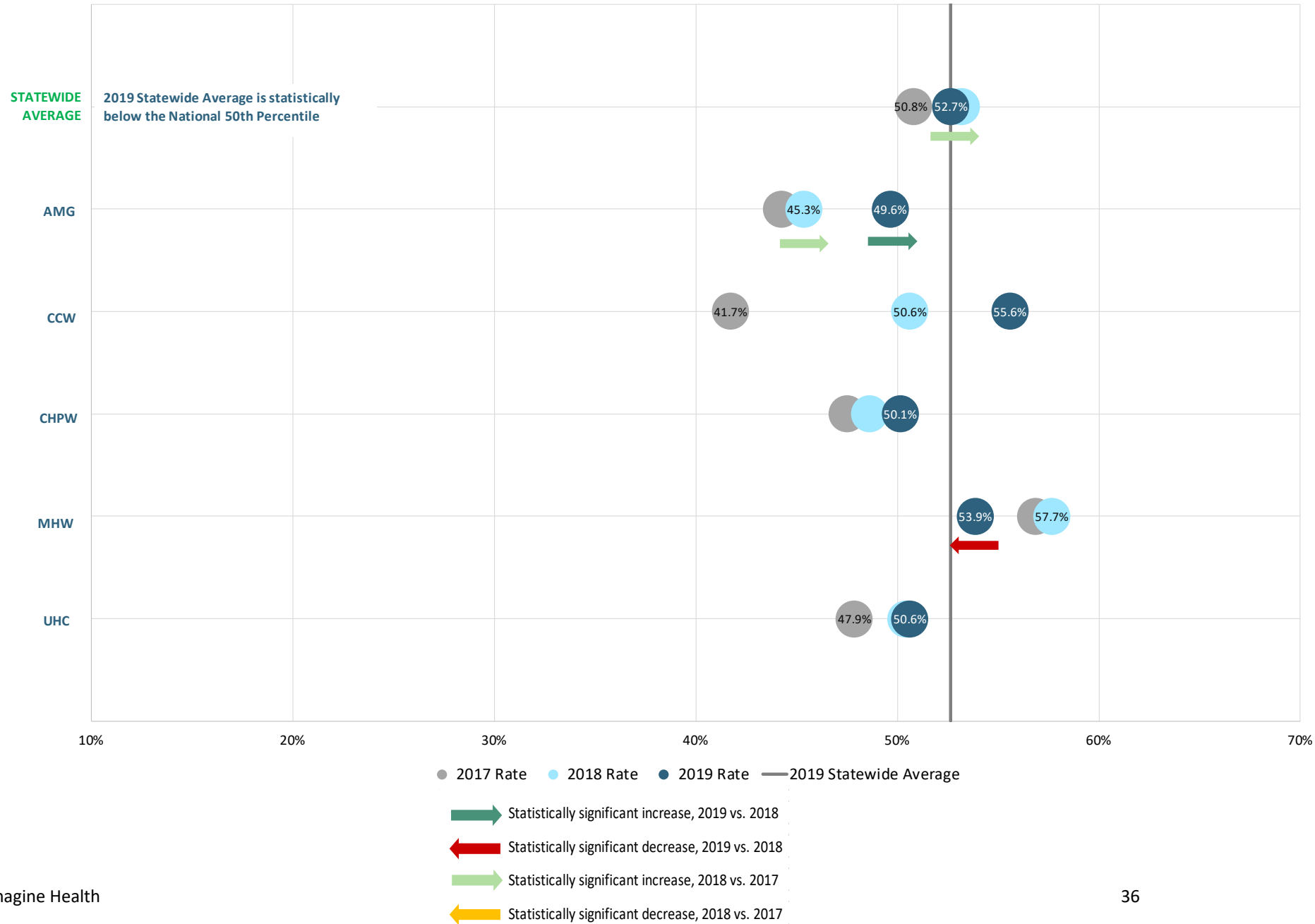
Behavioral Health Medication Management Measures

Effective medication treatment of major depression can improve well-being in adults. For children, medication for attention-deficit/hyperactivity disorder (ADHD) can control symptoms when monitored carefully by the prescribing clinician.

Figures 22–24 present statewide and MCO comparisons of three of these measures. See Appendix C for results of all the behavioral health measures.

Highlights

- **Antidepressant Medication Management, Acute Phase:** On a statewide basis, 2019 performance was not statistically different than the national 50th percentile. CCW performed better than the 50th percentile, but was not statistically different from the 75th percentile. AMG, CHPW and UHC were not statistically different from the 50th percentile. MHW was statistically below the national 50th percentile.

- **Antidepressant Medication Management, Continuation Phase:** On a statewide basis, 2019 performance was not statistically different than the 50th percentile. MHW was below the 50th percentile.

- **Follow-Up Care for Children Prescribed ADHD Medication, Initiation Phase:** The 2019 statewide rate was not statistically different than the national 50th percentile. In 2019, MHW was statistically above the national 50th percentile but below the 75th percentile. CHPW was not statistically different than the 50th percentile; AMG, CCW and UHC were below the 50th percentile.

Figure 22. Antidepressant Medication Management (AMM), Acute Phase.
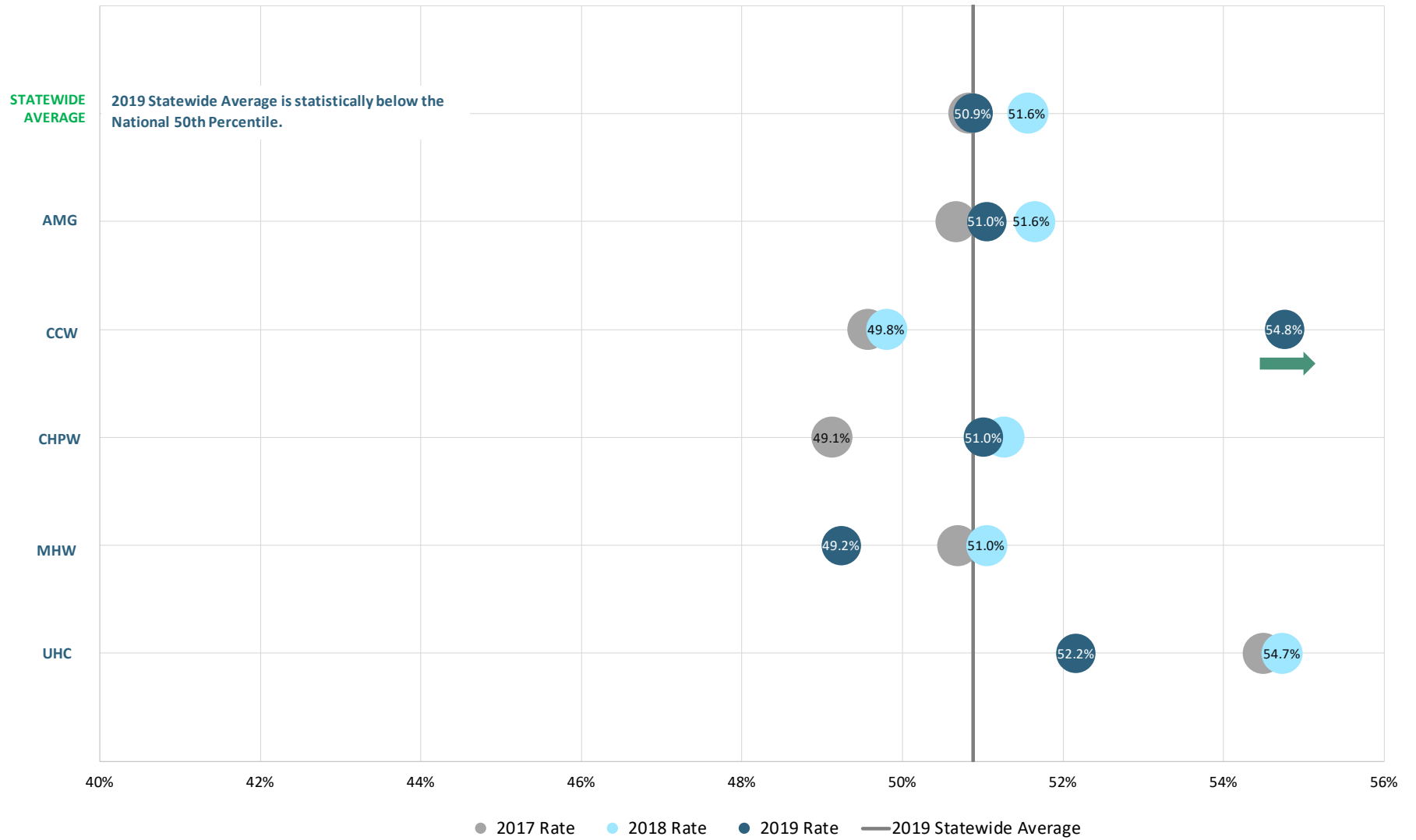
Figure 23. Antidepressant Medication Management (AMM), Continuation Phase.
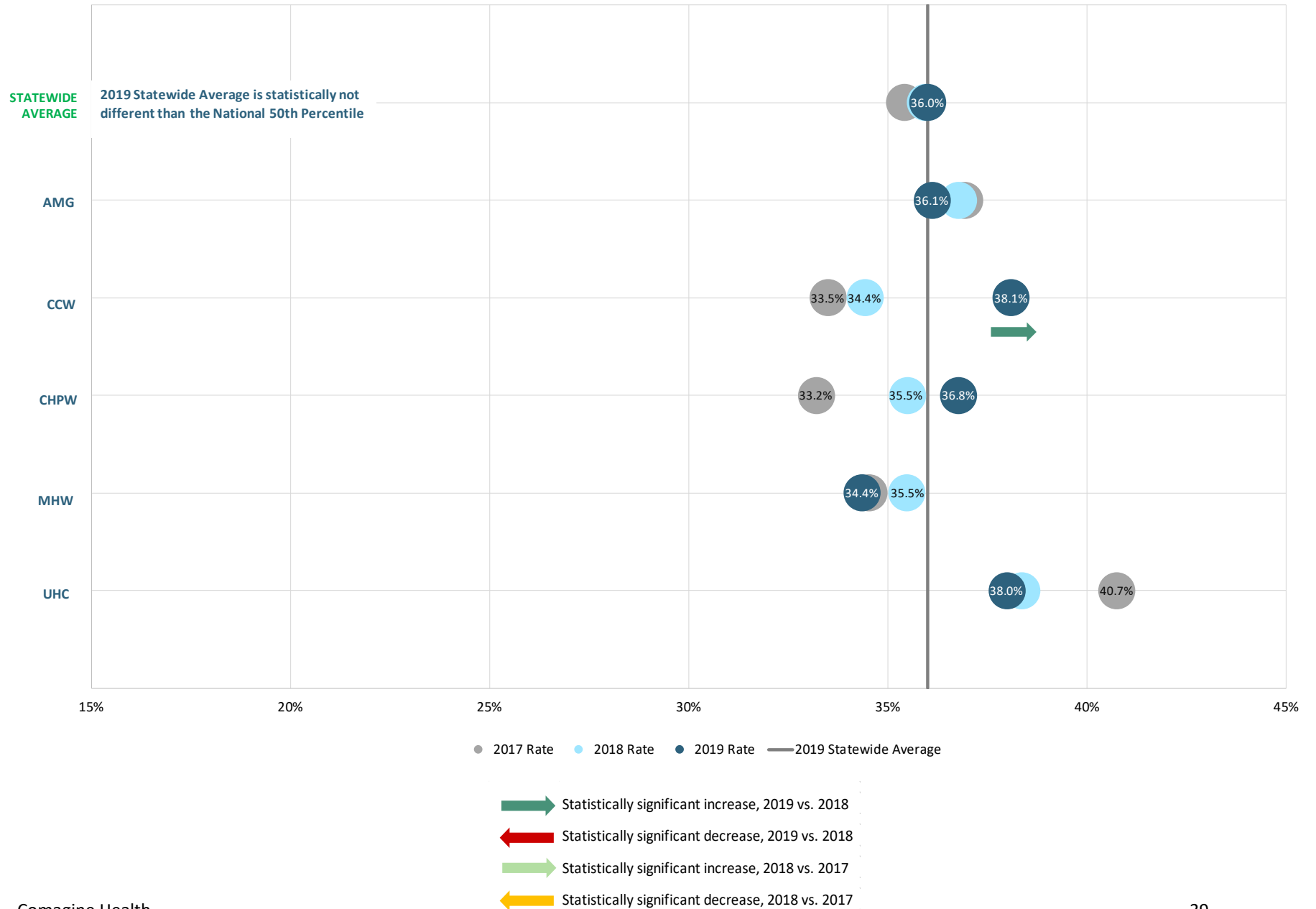
Figure 24. Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase.
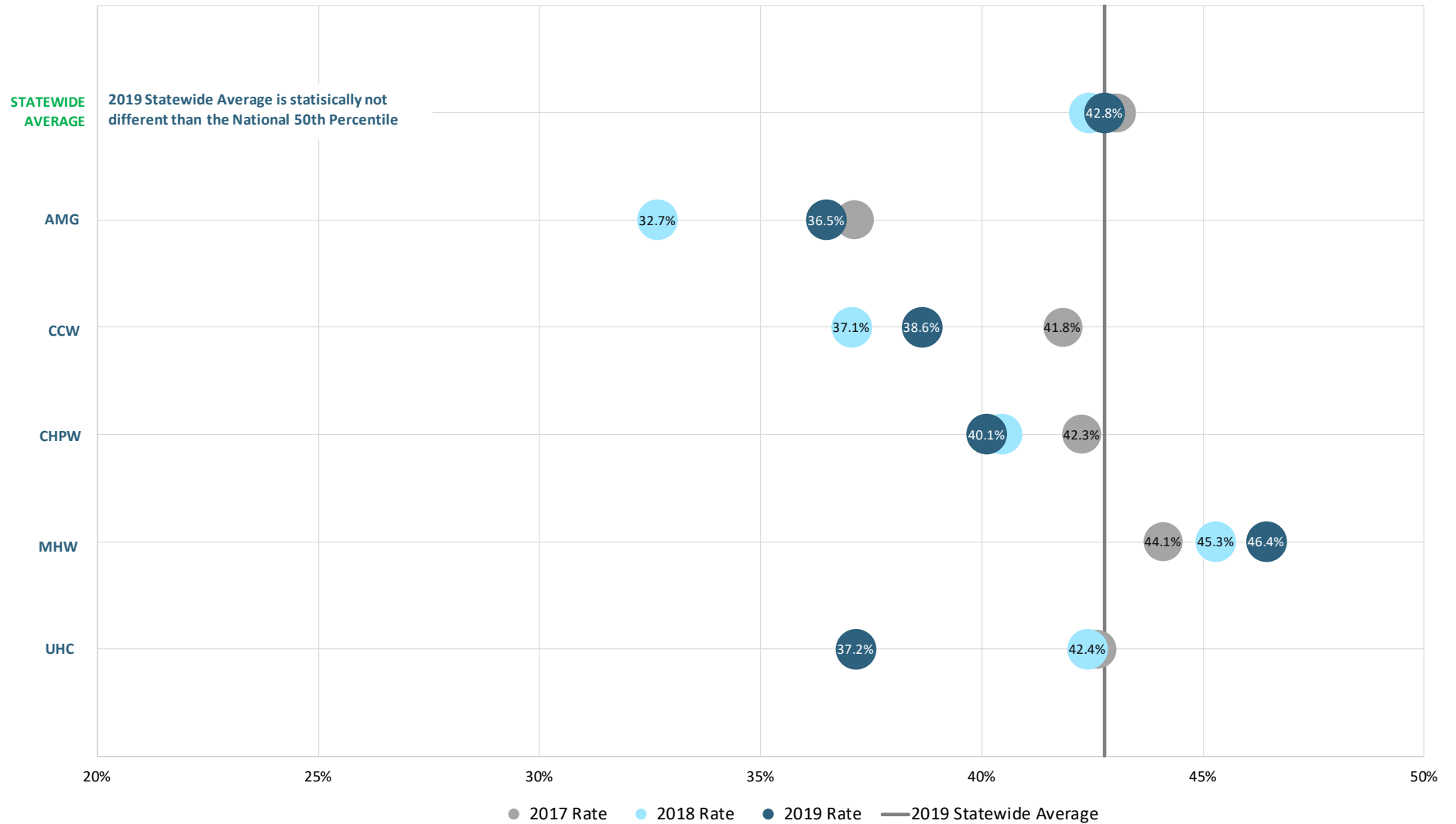
Value-Based Quality Measures Performance

HCA's value-based payment model connects payment to quality of care and value, rewarding plans for both improvement and achievement on their performance for seven quality measures. Below are the state's designated value-based payment measures for 2018:

- Well-child visits in the third, fourth, fifth and sixth years
- Childhood immunizations—a combination of 10 vaccines before age 2
- Controlling high blood pressure
- Comprehensive diabetes outcome measures
    - Blood pressure control
    - HbA1c poor control (>9.0%)
- Antidepressant medication management
    - Acute phase
    - Continuation phase
- Medication management for Asthma
    - 75% medication compliance (5–11 years)
    - 75% medication compliance (12–18 years)

These measures, also included in the access, preventive care, chronic care and behavioral health medication management sections of this report, are combined in Figure 25, to offer a comparative presentation of overall performance. This figure shows the statewide results for these selected measures compared to individual MCO performance.

Figure 25. State-Designated Value-Based Quality Measure Performance.

	Statewide Average	AMG	CCW	CHPW	MHW	UHC
Antidepressant Medication Management (AMM), Acute Phase	50.88%	51.05%	54.76%	51.01%	49.24%	52.16%
Antidepressant Medication Management (AMM), Continuation Phase	36.00%	36.11%	38.10%	36.78%	34.35%	37.98%
Childhood Immunization Status (CIS), Combo 10	41.55%	38.44%	46.96%	47.69%	37.96%	44.28%
Comprehensive Diabetes Care (CDC), Blood Pressure Control < 140/90 mm Hg	67.79%	63.02%	58.39%	70.80%	73.24%	61.80%
Comprehensive Diabetes Care (CDC), Poor HbA1c Control (Note that a lower score is better for this measur..	37.09%	39.66%	46.96%	43.07%	32.60%	31.87%
Controlling High Blood Pressure (CBP)	62.91%	64.48%	53.77%	63.26%	66.91%	59.12%
Medication Management for People With Asthma (MMA), Medication Compliance 75%, 5-11 Years	27.08%	22.43%	26.94%	29.67%	25.87%	31.75%
Medication Management for People With Asthma (MMA), Medication Compliance 75%, 12-18 Years	25.77%	17.02%	29.55%	24.02%	25.69%	28.07%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	67.67%	65.56%	71.29%	68.33%	66.42%	69.01%

Difference from National Benchmarks

- Below 50th Percentile
- No diff from 50th Percentile
- Above 50th Percentile

Change Over Time

Trending down: Statistically significant decrease from previous year (*p*<0.05)

No change: No statistically significant change from previous year (*p*<0.05)

Trending up: Statistically significant increase from previous year (*p*<0.05)

MCO Performance Scorecards for RY 2019

The MCO performance scorecards (Figures 26–30) highlight the variance of measures from the weighted state average. For each MCO, the measures are sorted—from top to bottom—in order from those above the state average to those below the state average.

The dark red in the charts indicates the lowest difference from the state average, while the darker green indicates the highest difference. The lighter shades of red, pink and green indicates smaller differences from the state average.

Note the charts display the raw differences from the state average, which may not be statistically different.

AMG was not markedly above the state average for any measures. The biggest margin was 2% for the Well-Child Visits in the First 15 Months of Life measure. Several more measures were below the state average.

Figure 26. Amerigroup Washington (AMG) Scorecard.
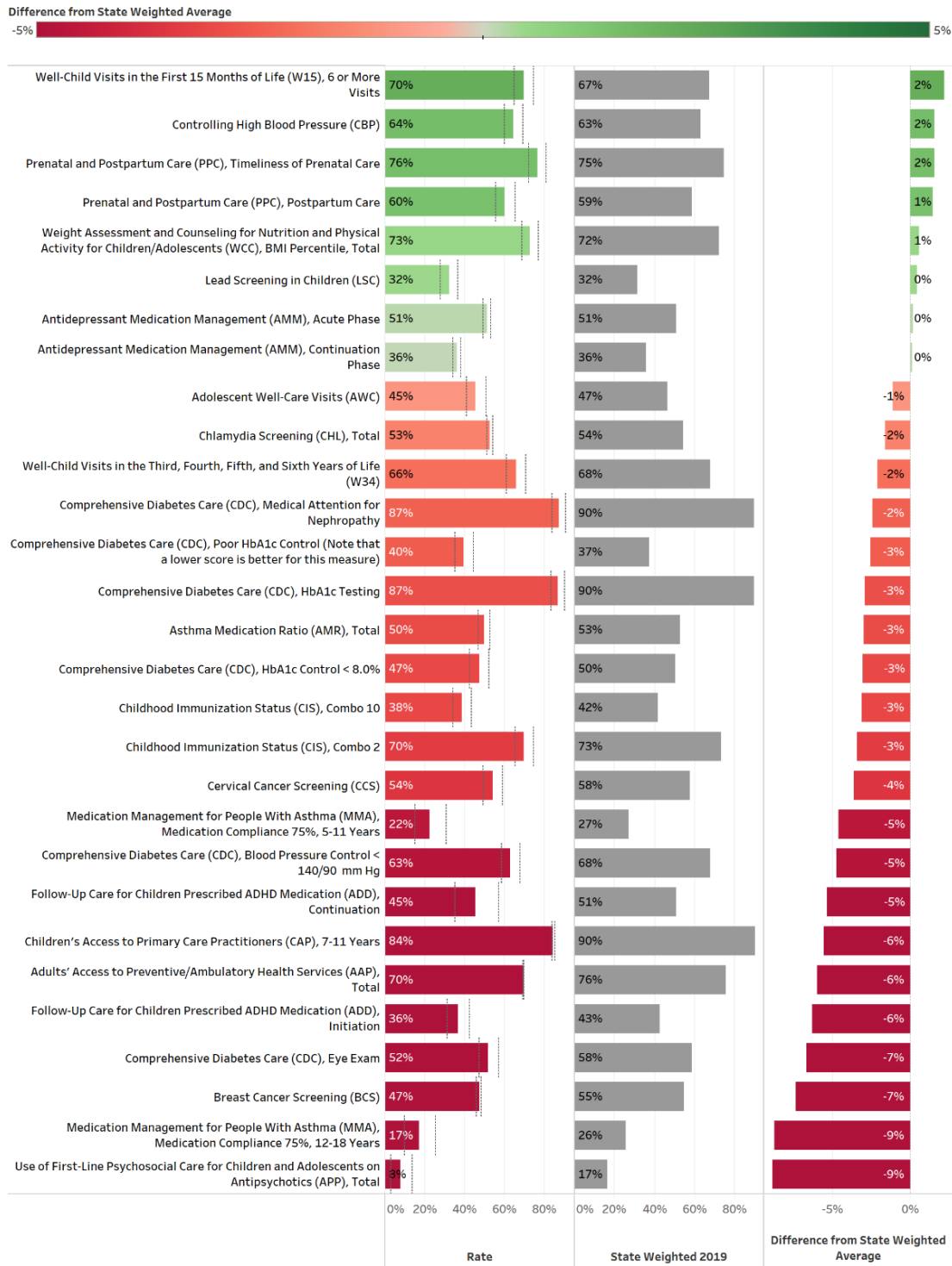
CCW performed 6% above the state average for the Prenatal Care measure. CCW performed above the state average for many of the pediatric measures except for Weight Assessment and Counseling for Nutrition and Physical Activity for Children, where they fall 12% below the state average. They performed 10% below the state average for the Comprehensive Diabetes Care, Poor HbA1c measure.

Figure 27. Coordinated Care of Washington (CCW) Scorecard.
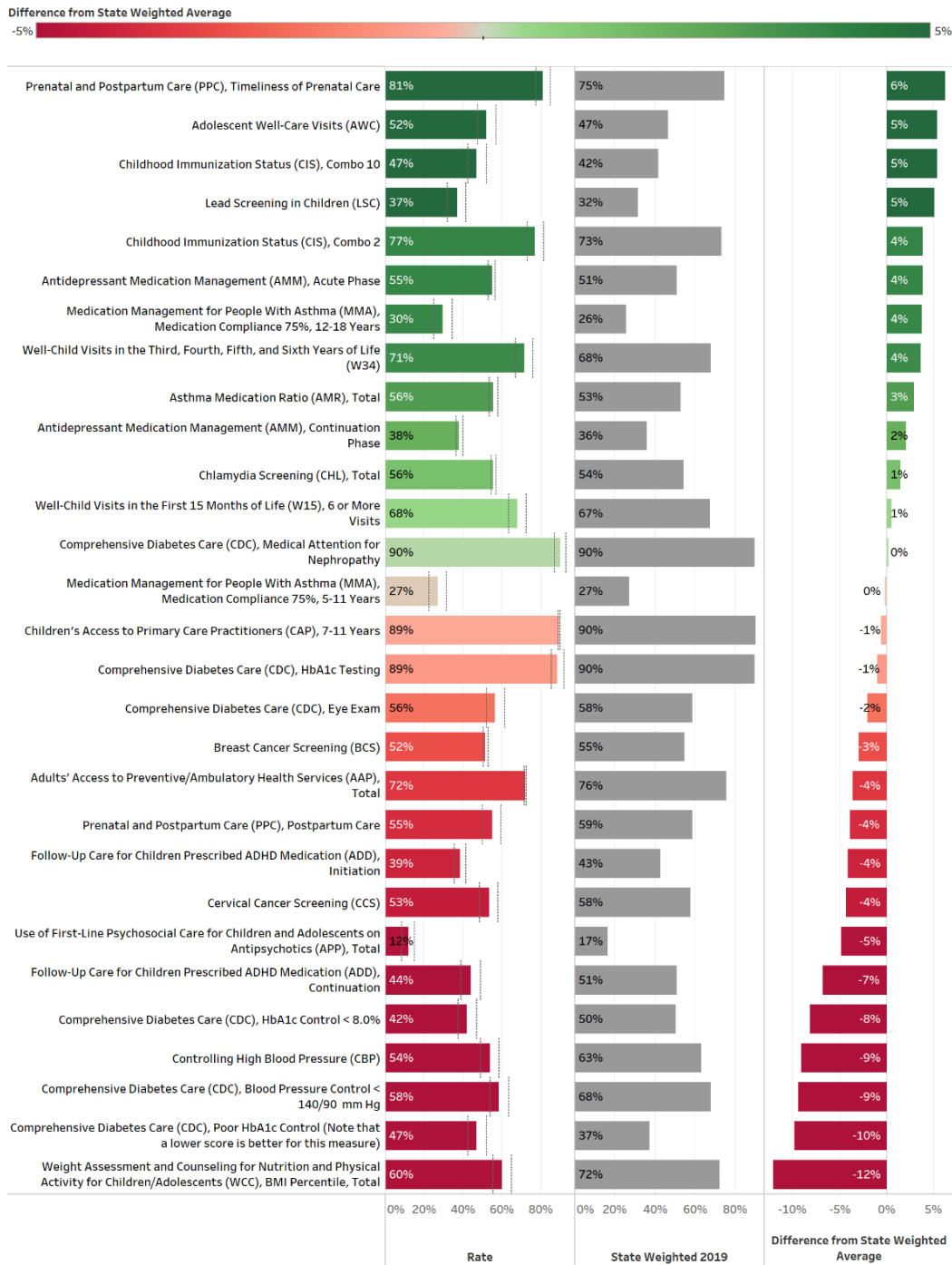
CHPW had a rate 15% higher than the weighted state average for the Lead Screening in Children measure, while the Breast Cancer Screening rate was 12% higher. The Timeliness of Prenatal Care and Comprehensive Diabetes Care HbA1c < 8% measure were both 6% below the state average.

Figure 28. Community Health Plan of Washington (CHPW) Scorecard.
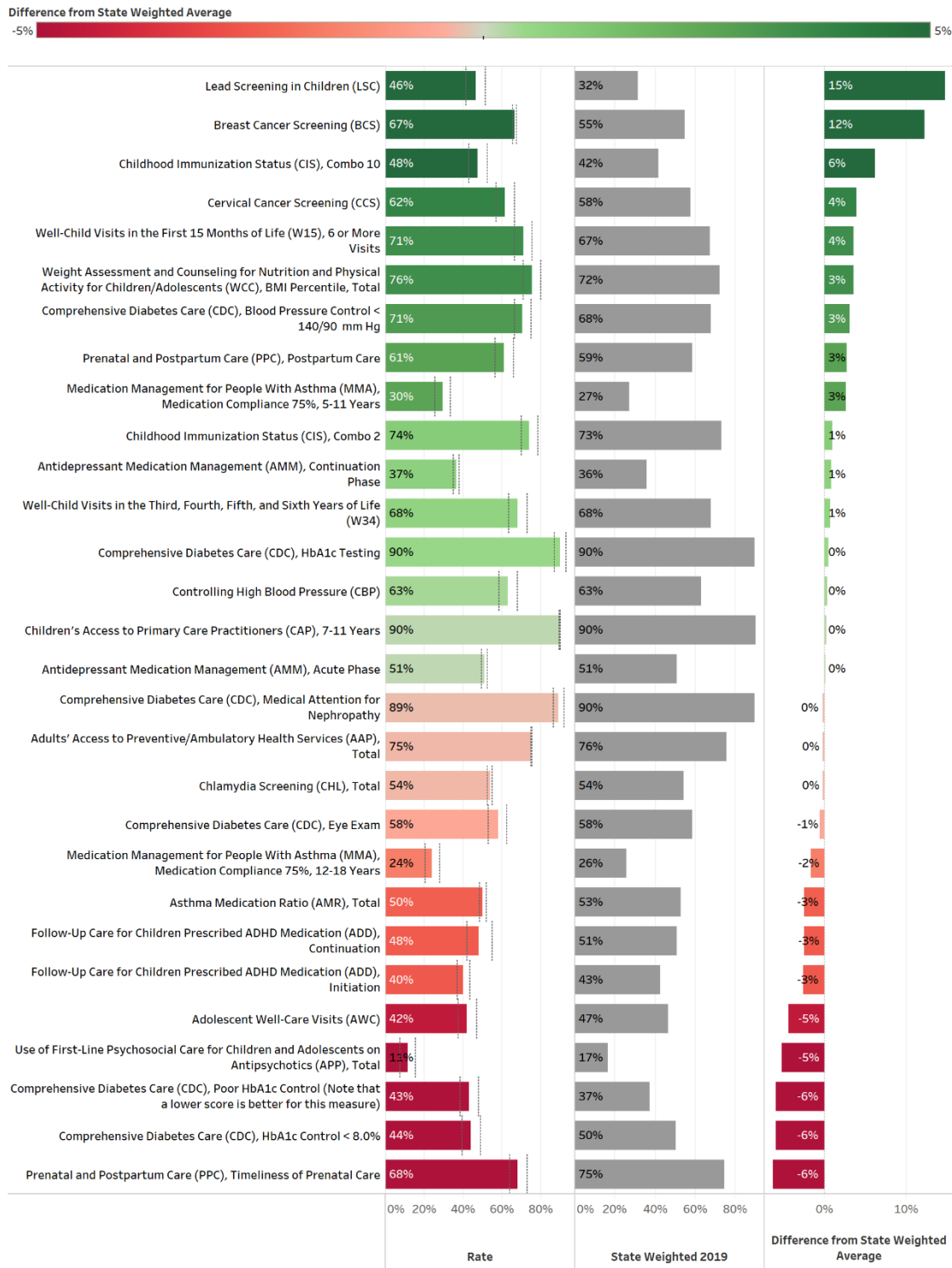
Because MHW is the largest MCO, it tends to drive the state weighted average; therefore, the state average generally varies little from MHW's performance. One exception is the rate for Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measure, which was 44% higher than the state average.

Figure 29. Molina Healthcare of Washington (MHW) Scorecard.
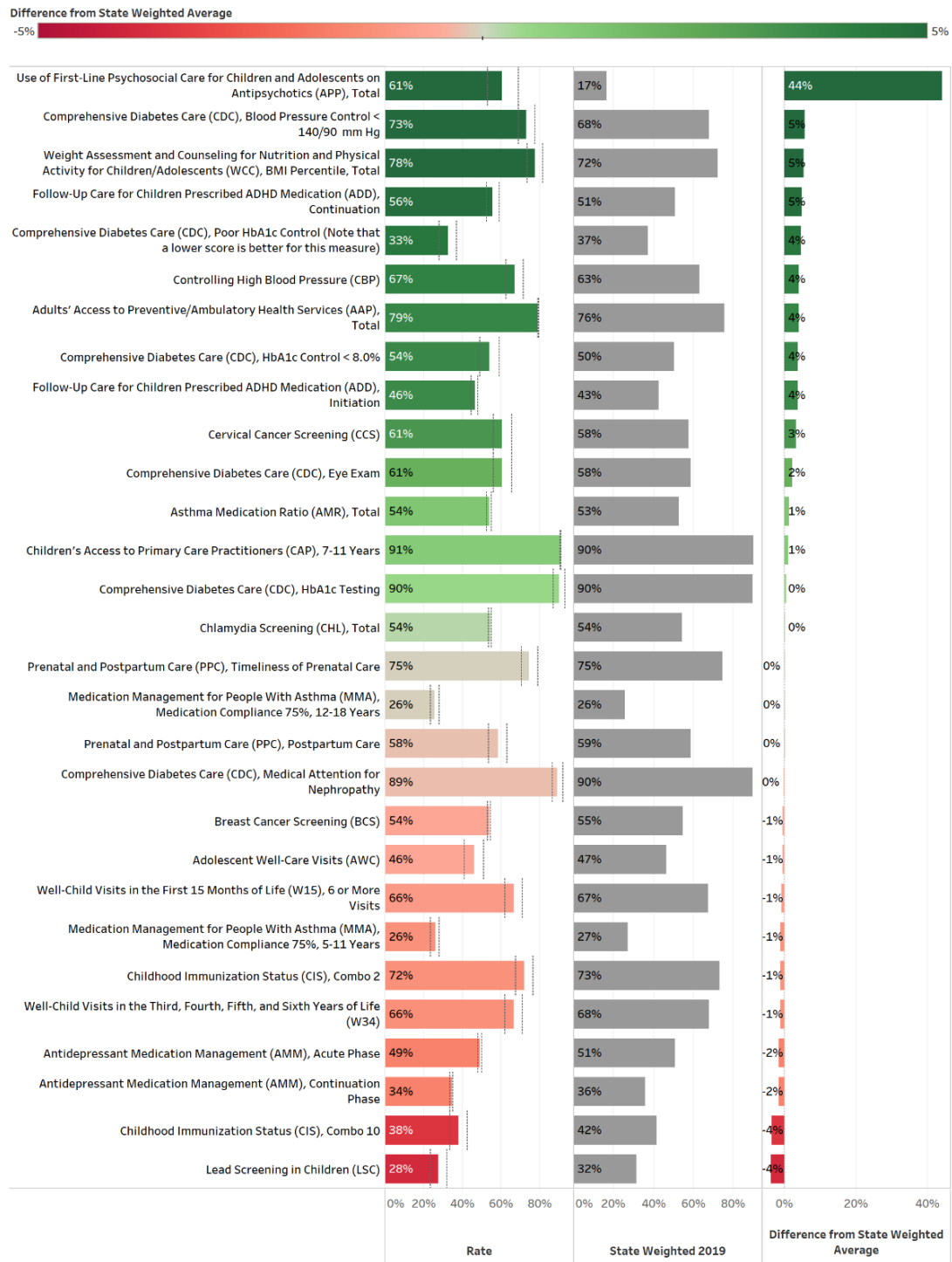
UHC had a rate 6% higher than the state average for Comprehensive Diabetes Care HbA1c < 8% measure. The MCO's Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics was 11% below the state average and the Weight Assessment and Counseling for Nutrition and Physical Activity for Children measures was 17% below the state average.

Figure 30. United Healthcare Community Plan (UHC) Scorecard.
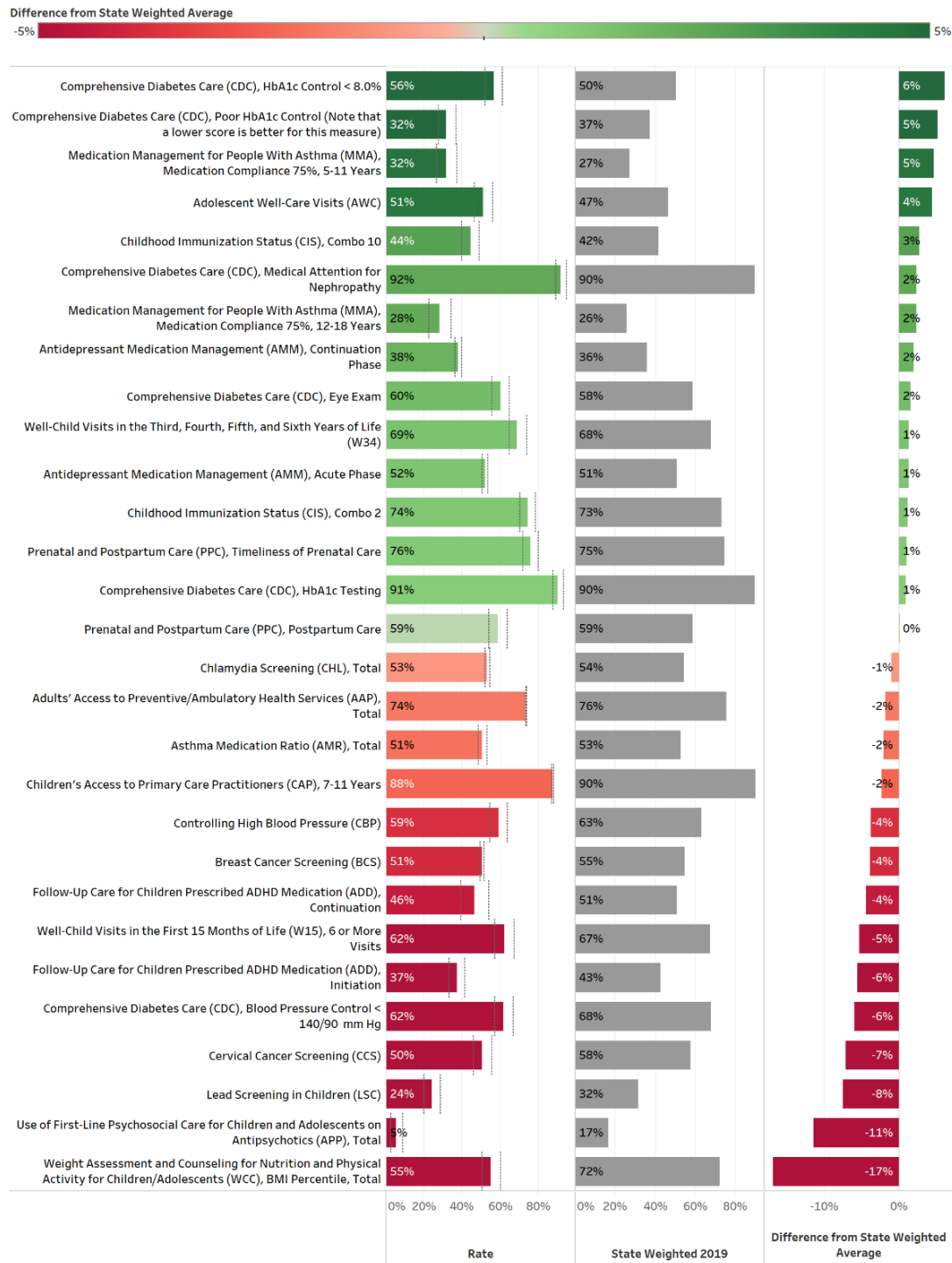
Regional Comparison

The following sections—access to care, preventive care, chronic care management and behavioral health—offer a comparison of regional performance on select HEDIS measures, broken out additionally by race, language and Apple Health program.

Note: Because the statewide rates for this report are derived from member-level data, some statewide results may differ slightly from those presented in the preceding charts, which are derived solely from HEDIS data. For the purpose of the following analysis, Comagine Health utilized enrollee residence ZIP code, not where care is provided, to determine regional performance.

The following map (Figure 31) reflects the state's Accountable Communities of Health regions[7] and their respective names as of May 2018.

Figure 31. Accountable Community of Health Boundaries, 2018 CY.
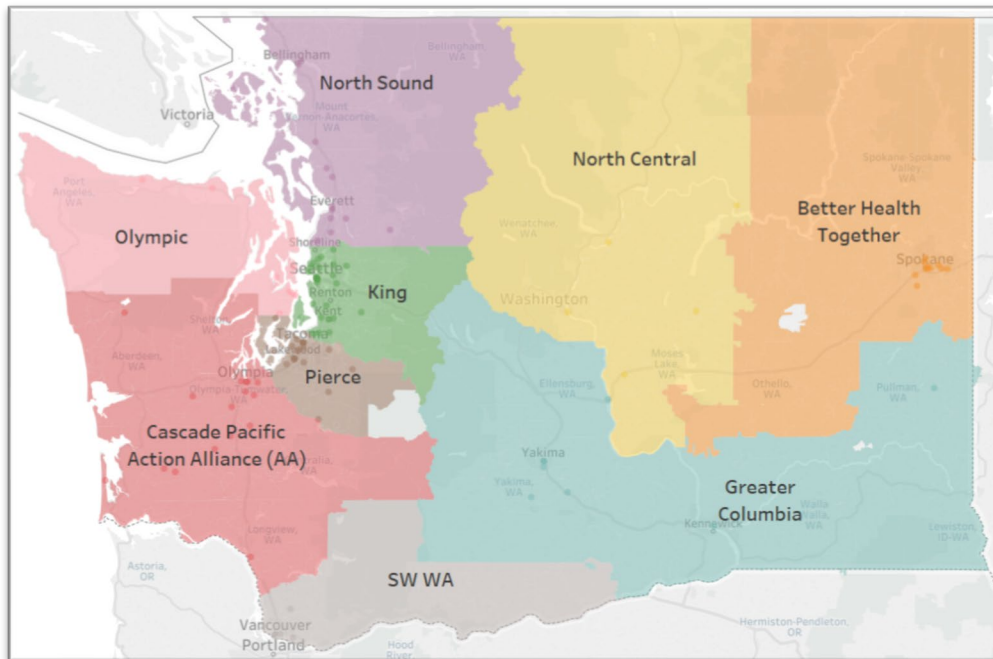
Note that the grey area near Pierce is a national park and does not contain any beneficiaries.

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[7] Washington State Health Care Authority. Accountable Communities of Health. https://www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach

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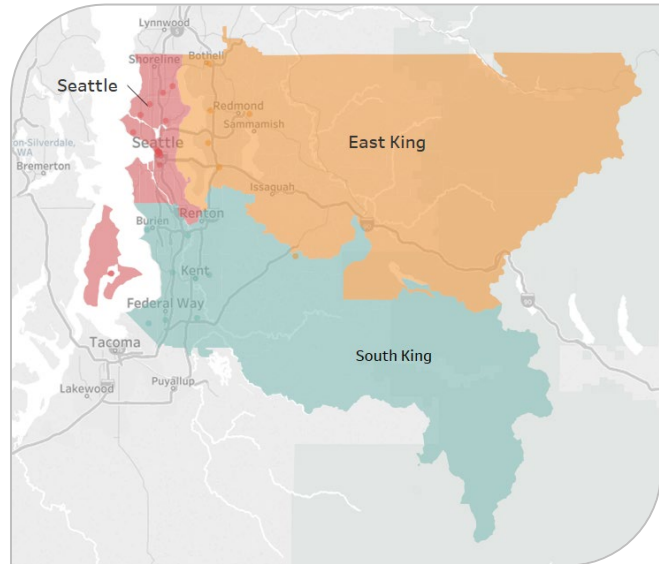
Demographics by Region

Similar to the section of the report that summarizes and compares MCO performance, differences between the member populations of each region may impact regional performance on different measures.

Figure 32 shows Medicaid enrollment by region. Not surprisingly, the regions that include the Seattle metropolitan area have the largest enrollment, and the sparsely populated Olympic and North Central regions have the smallest Medicaid enrollment.

Figure 32. Percent Enrollment by Region.

Age
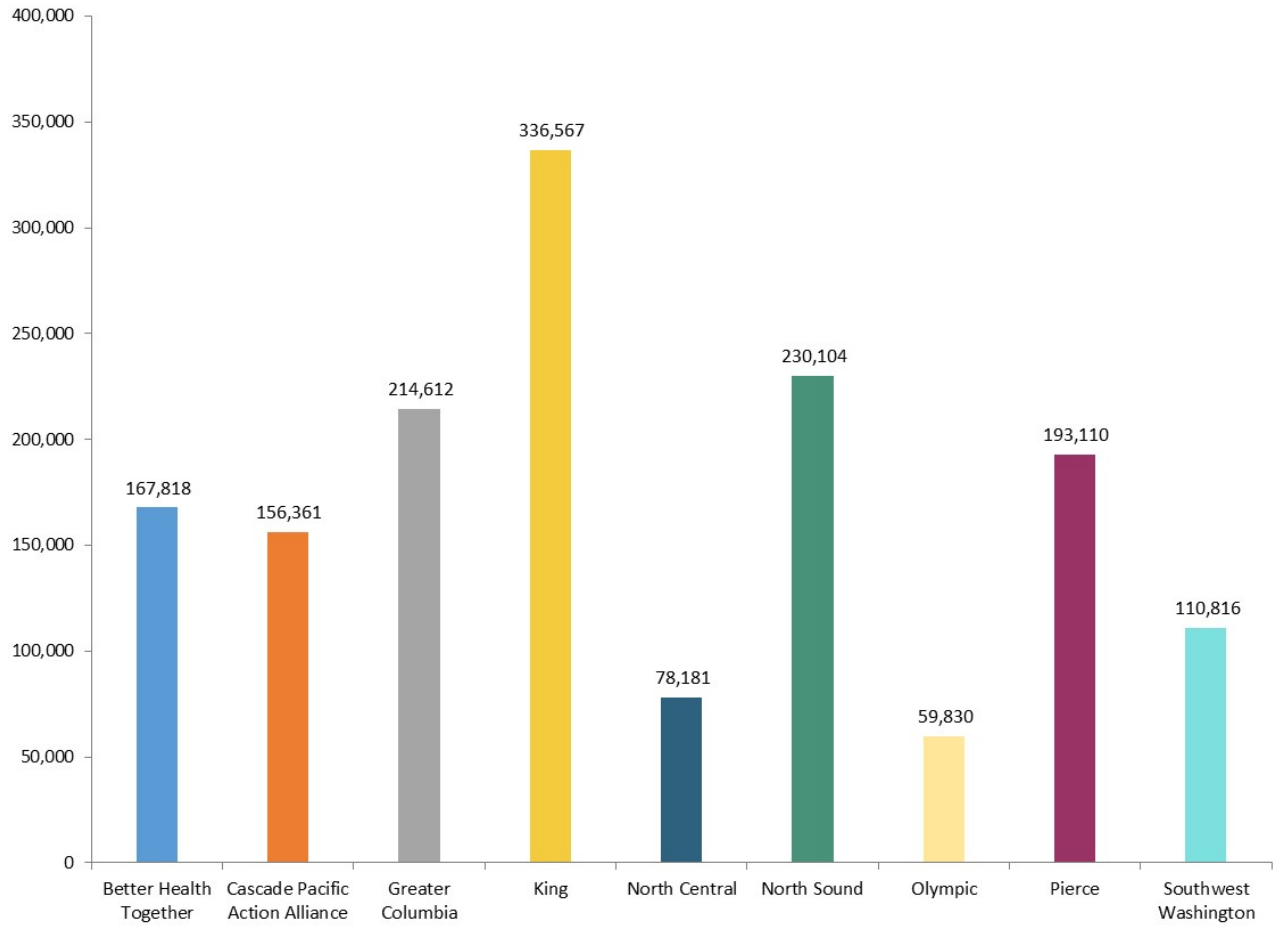
The average age of members varies across regions, with an average age of 19.9 for Greater Columbia to 25.0 for Olympic (Figure 33).

Figure 33. Average Enrollee Age by Region.
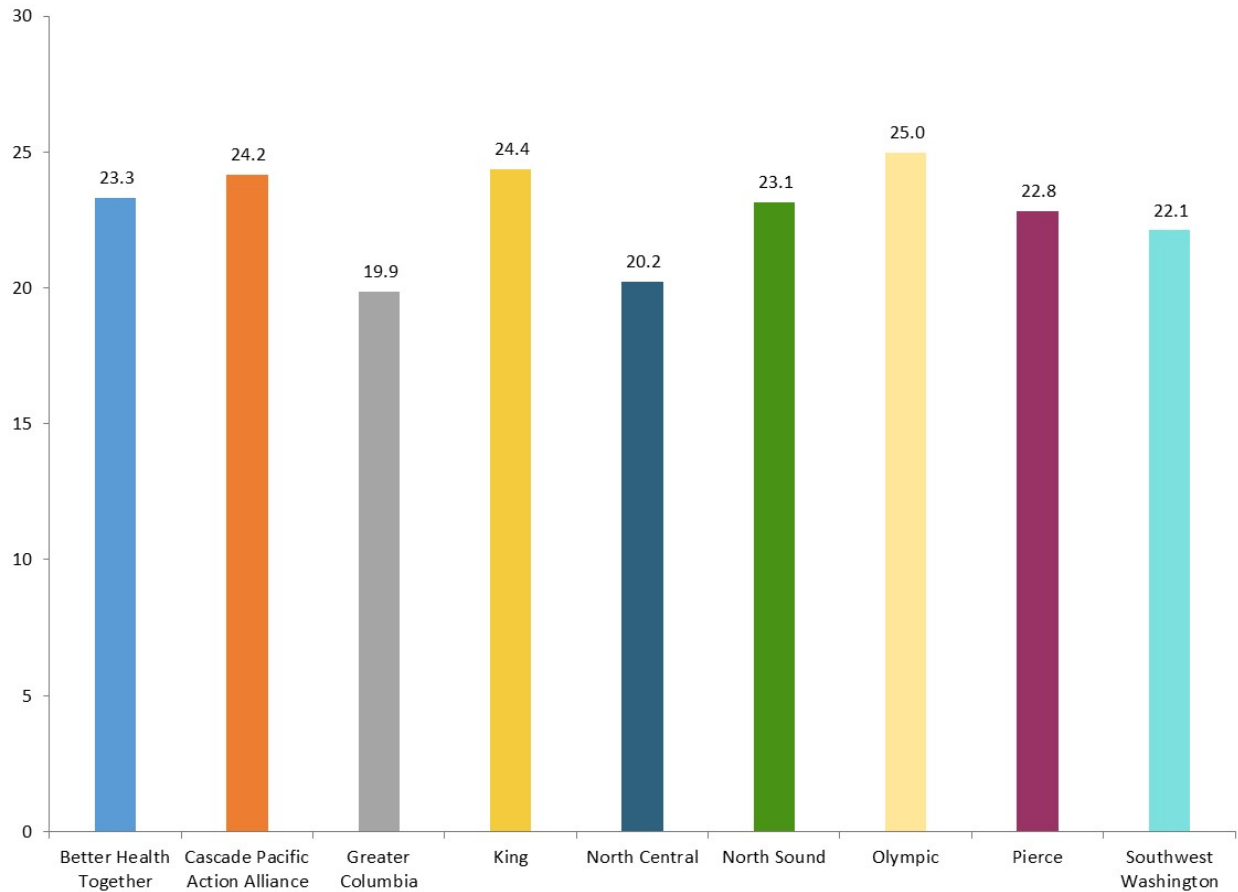
Figure 34 gives more detail on the enrollment by age range for each region.

Figure 34. Percent Enrollment by Region and Age Range.

Figure 34. Percent Enrollment by Region and Age Range.

Legend: ■ Age 0 to 5 ■ Age 6 to 12 ■ Age 13 to 20 ■ Age 21 to 44 ■ Age 45 to 64 ■ Age 65+

Better Health Together
- 27,569 ; 16%
- 31,851 ; 19%
- 27,799 ; 17%
- 55,227 ; 33%
- 25,182 ; 15%
- 190 ; 0.1%

Cascade Pacific Action Alliance
- 24,865 ; 16%
- 28,976 ; 19%
- 25,158 ; 16%
- 50,364 ; 32%
- 26,857 ; 17%
- 141 ; 0.1%

Greater Columbia
- 40,924 ; 19%
- 50,115 ; 23%
- 43,109 ; 20%
- 56,844 ; 26%
- 23,374 ; 11%
- 246 ; 0.1%

King
- 53,417 ; 16%
- 62,232 ; 18%
- 53,431 ; 16%
- 107,699 ; 32%
- 58,700 ; 17%
- 1,088 ; 0.3%

North Central
- 14,841 ; 19%
- 18,959 ; 24%
- 15,736 ; 20%
- 18,704 ; 24%
- 9,843 ; 13%
- 98 ; 0.1%

North Sound
- 39,691 ; 17%
- 45,323 ; 20%
- 38,629 ; 17%
- 69,576 ; 30%
- 36,482 ; 16%
- 403 ; 0.2%

Olympic
- 9,198 ; 15%
- 10,274 ; 17%
- 9,139 ; 15%
- 20,485 ; 34%
- 10,678 ; 18%
- 56 ; 0.1%

Pierce
- 33,480 ; 17%
- 38,214 ; 20%
- 31,985 ; 17%
- 60,508 ; 31%
- 28,657 ; 15%
- 266 ; 0.1%

Southwest Washington
- 19,275 ; 17%
- 23,294 ; 21%
- 20,154 ; 18%
- 32,359 ; 29%
- 15,579 ; 14%
- 155 ; 0.1%

Race

As can be seen in Figure 35, King is the one region where there are more non-white enrollees (50%) than white enrollees (39%). The regions with the fewest non-white enrollees were Better Health Together (17%) and Cascade Pacific Action Alliance (18%).

Figure 35. Percent Enrollment by Region and Race.
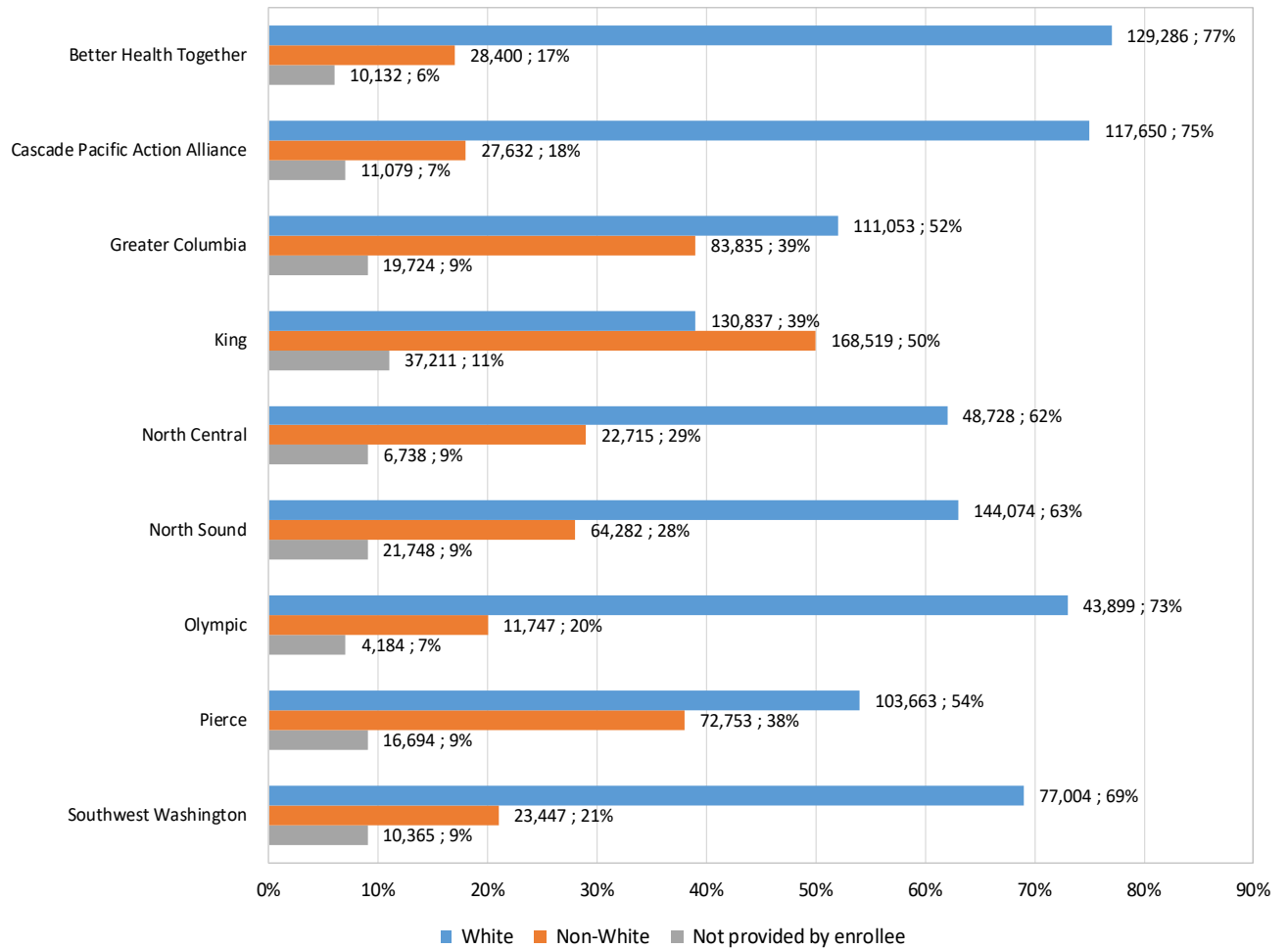
Primary Spoken Language

Figure 36 shows the variation in primary spoken language by region. The farming regions of Greater Columbia and North Central have the largest percentages of Spanish speakers (21% and 25% respectively). King has the highest percentage of residents who speak another language (not English or Spanish) at 8%.

Figure 36. Percent Enrollment by Region and Primary Spoken Language.
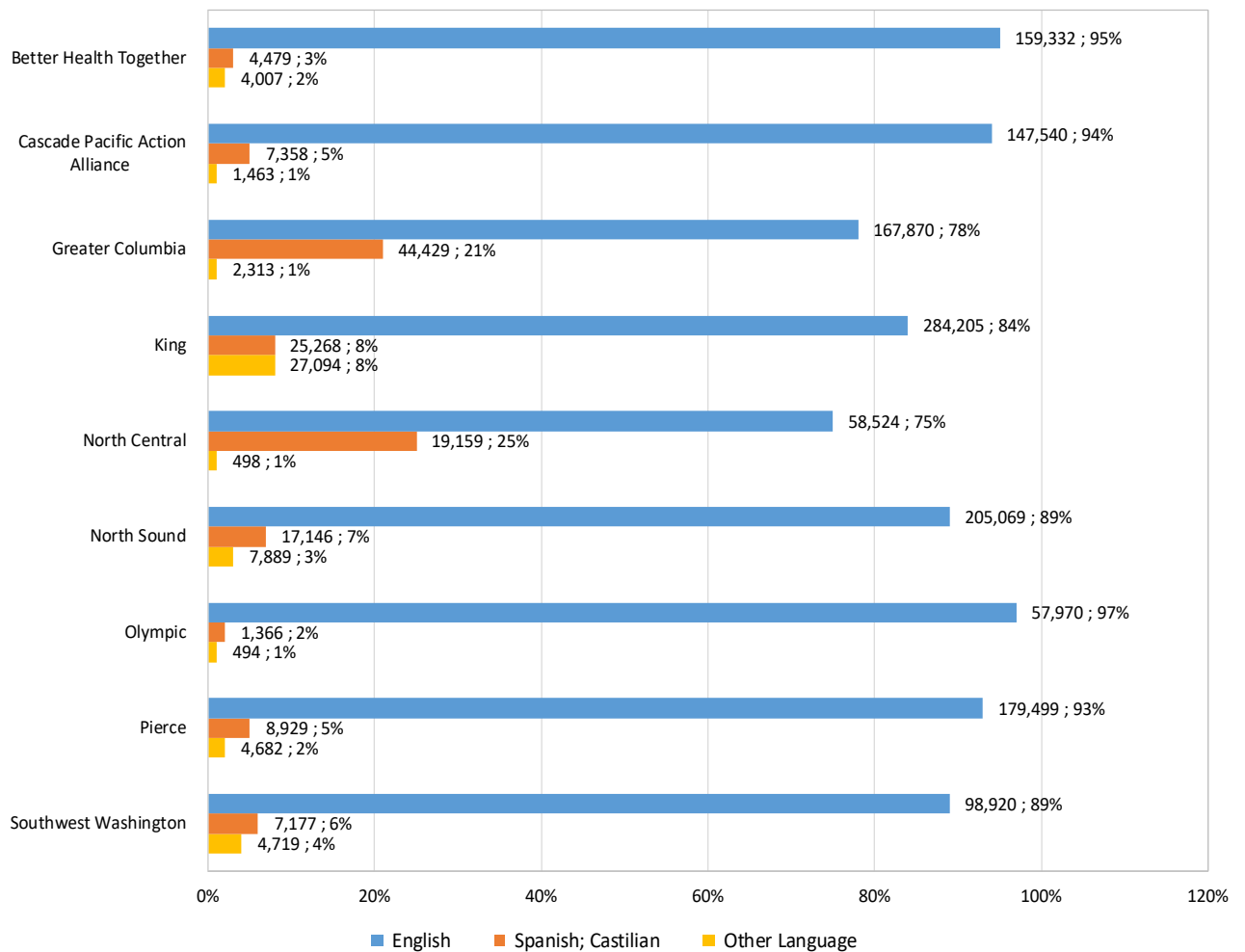
Region-Specific Performance

This section shows results, by region, for 24 measures, namely those collected administratively, with the exception of prenatal/postpartum care and one diabetes measure (not all measures can be analyzed at the regional level; please see Appendix A, Member-Level Data and Regional Analysis, for further information).

Figures 37–48 present the regional scorecards. Similar to the MCO performance scorecards, the region-specific performance scorecards highlight the variance of measures from the overall state average. For each region, the measures are sorted in order — from top to bottom — from those above the respective state average to those below the state average. Note the chart displays the raw differences from the state average, which may not be statistically different.

**Better Health Together**: Results for the Asthma Medication Ratio measure were above the state average for most age groups. Both the Prenatal Care and Postpartum Care measures were also above the state average. The Childhood Immunization Status Combo 10 was 11% below the statewide average; the Lead Screening for Children measure was also notably below the statewide average.

Figure 37. Regional Scorecard for Better Health Together.
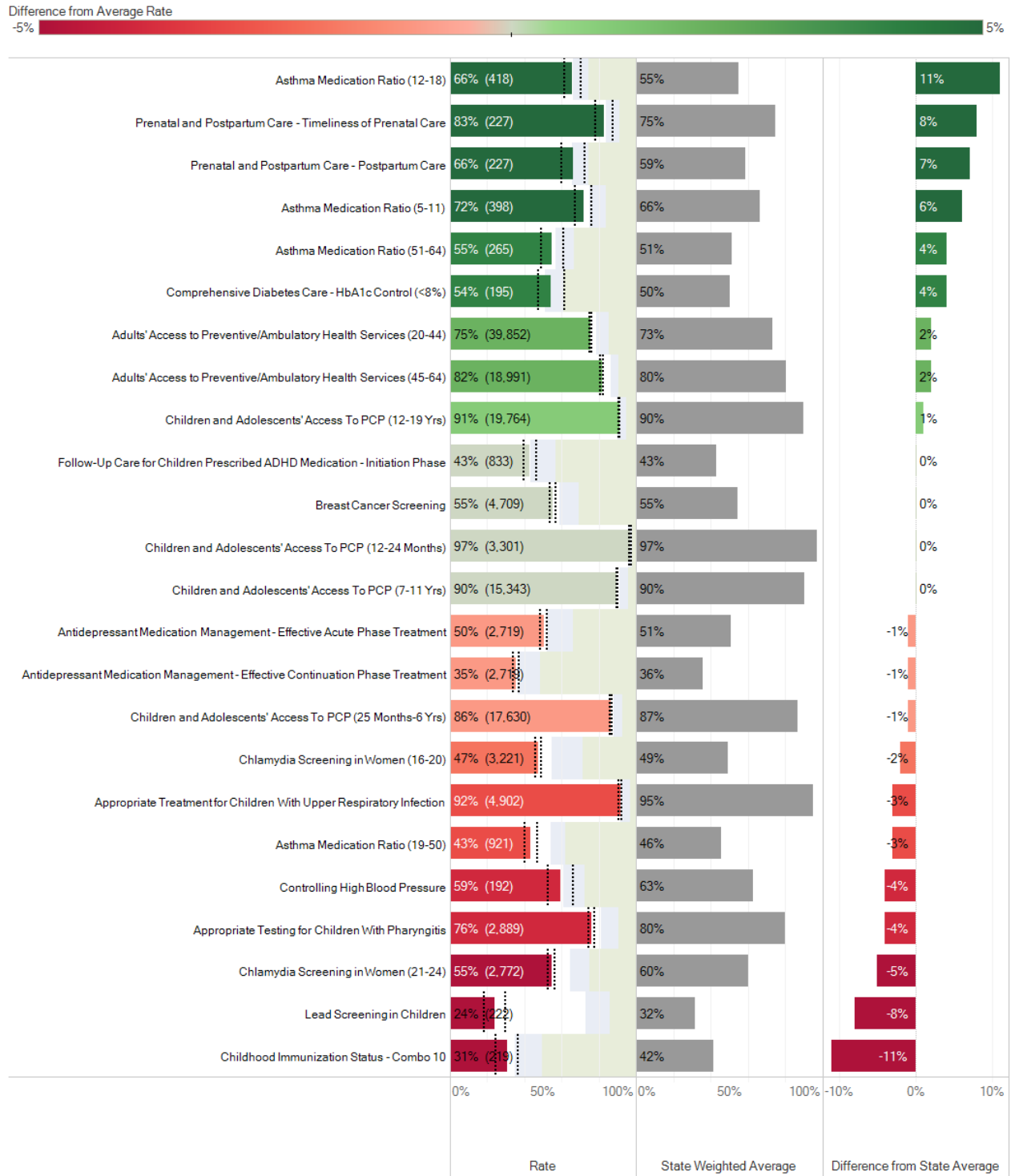
Cascade Pacific Action Alliance: The Lead Screening for Children measure was 11% above the state average for this region. The Asthma Medication Ratio measure was also above the state average for most age groups. The Postpartum Care measure was approximately 6% below the statewide average.

Figure 38. Regional Scorecard for Cascade Pacific Action Alliance.

Measure	Rate	State Weighted Average	Difference from State Average
Lead Screening in Children	43% (202)	32%	11%
Asthma Medication Ratio (5-11)	71% (348)	66%	5%
Asthma Medication Ratio (12-18)	60% (344)	55%	5%
Antidepressant Medication Management - Effective Acute Phase Treatment	55% (2,923)	51%	4%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	46% (719)	43%	3%
Antidepressant Medication Management - Effective Continuation Phase Treatment	39% (2,923)	36%	3%
Chlamydia Screening in Women (16-20)	51% (3,222)	49%	2%
Appropriate Treatment for Children With Upper Respiratory Infection	97% (4,387)	95%	2%
Chlamydia Screening in Women (21-24)	61% (2,550)	60%	1%
Adults' Access to Preventive/Ambulatory Health Services (20-44)	73% (38,376)	73%	0%
Asthma Medication Ratio (19-50)	46% (891)	46%	0%
Children and Adolescents' Access To PCP (12-24 Months)	97% (3,372)	97%	0%
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	87% (17,175)	87%	0%
Children and Adolescents' Access To PCP (7-11 Yrs)	90% (14,363)	90%	0%
Children and Adolescents' Access To PCP (12-19 Yrs)	90% (18,108)	90%	0%
Adults' Access to Preventive/Ambulatory Health Services (45-64)	79% (21,828)	80%	-1%
Controlling High Blood Pressure	61% (246)	63%	-2%
Appropriate Testing for Children With Pharyngitis	78% (1,633)	80%	-2%
Childhood Immunization Status - Combo 10	39% (203)	42%	-3%
Asthma Medication Ratio (51-64)	48% (333)	51%	-3%
Breast Cancer Screening	52% (5,340)	55%	-3%
Comprehensive Diabetes Care - HbA1c Control (<8%)	45% (237)	50%	-5%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	70% (211)	75%	-5%
Prenatal and Postpartum Care - Postpartum Care	53% (211)	59%	-6%

Greater Columbia: The Lead Screening for Children, Timeliness of Prenatal Care and Postpartum Care measures were well above the state average.

Figure 39. Regional Scorecard for Greater Columbia.
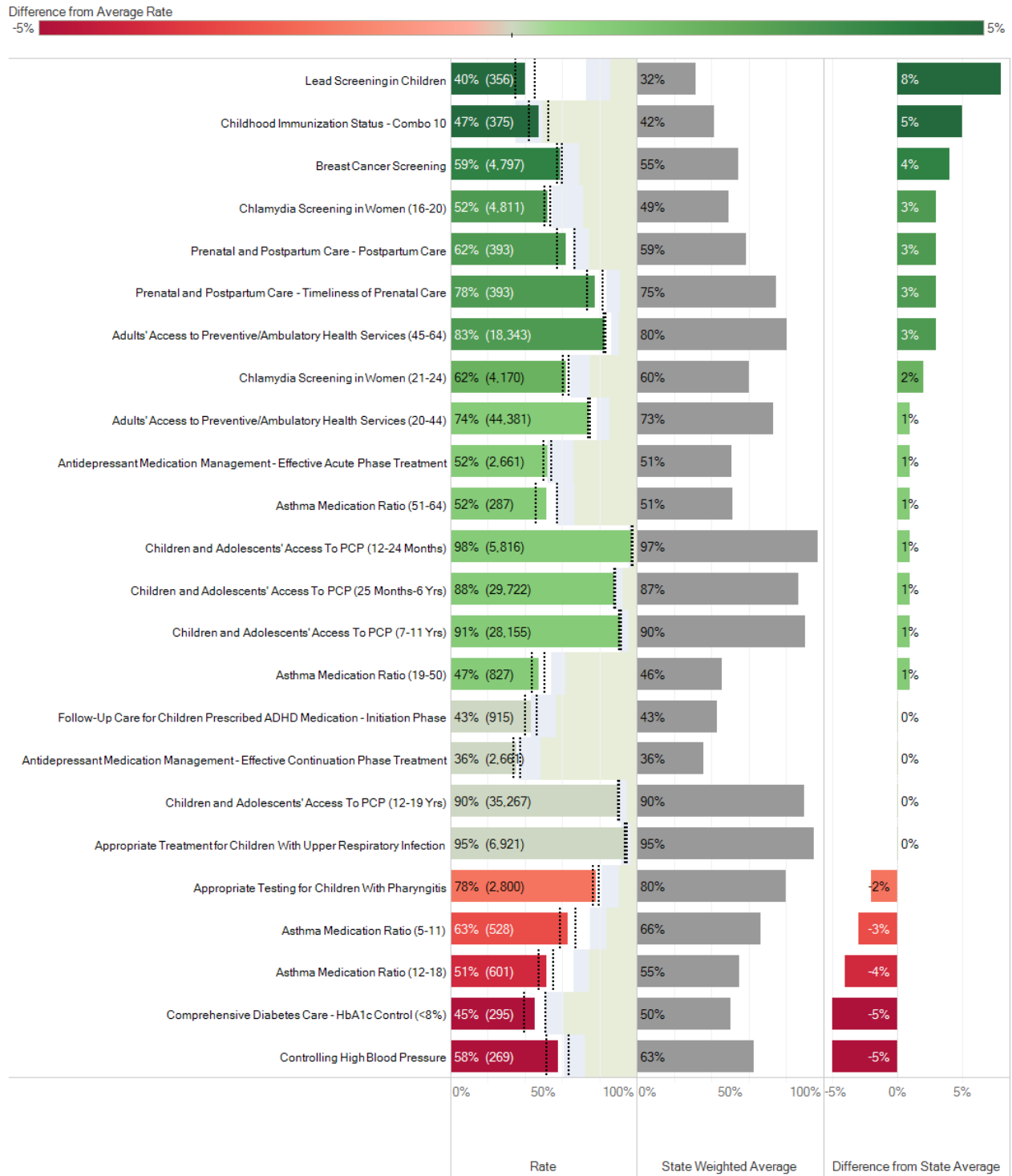
King County: The Lead Screening for Children measure was 9% higher than the state average. The Asthma Medication Ratio (ages 5-11) was 6% below the state average; the Asthma Medication Ratio (ages 12-18) was 7% below the state average.

Figure 40. Regional Scorecard for King County.
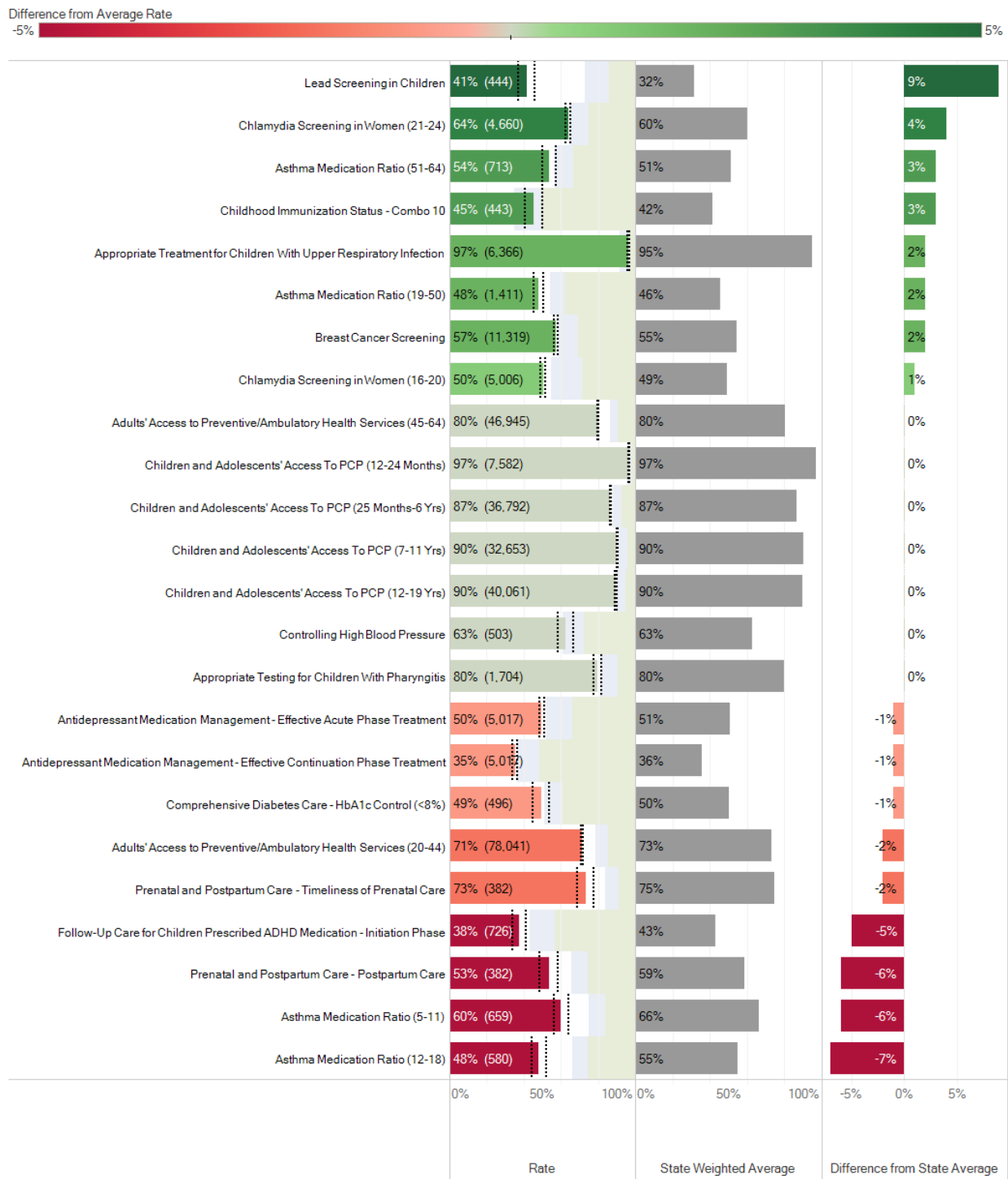
However, there was a difference in performance when viewing the results for the three King subdivisions. While King County was 9% higher than the state average for the Lead Screening measure, **East King** reported a rate 10% lower than the state average. East King also performed better for the pediatric Asthma Medication Ratio measures than King County as a whole.

Figure 41. Regional Scorecard for King County: East King.
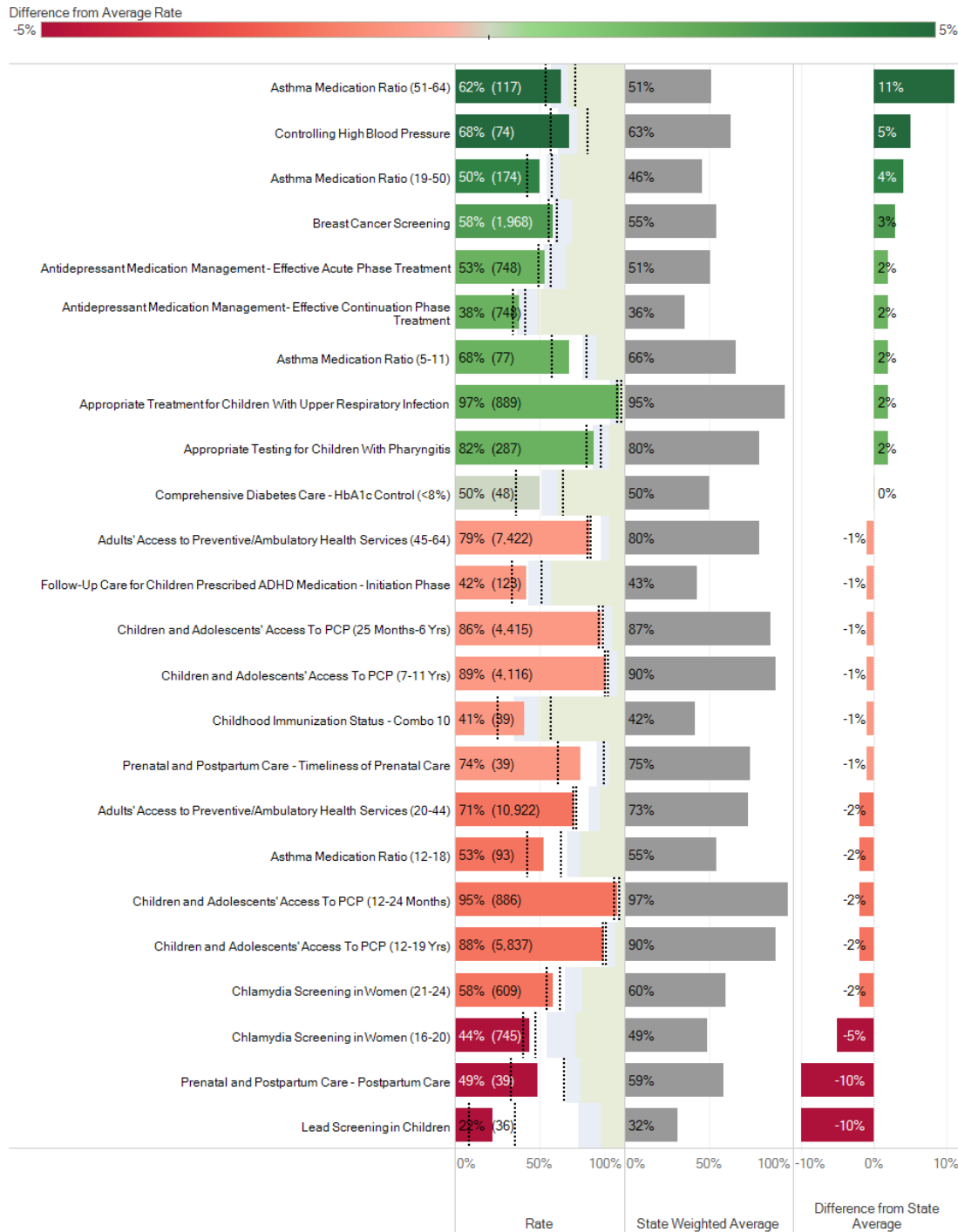
Seattle performed 6% above the state average for the Lead Screening for Children measure, compared to the 9% for the King County region. The performance for the two pediatric Asthma Medication Ratio measures for Seattle was similar to the King County region.

Figure 42. Regional Scorecard for King County: Seattle.
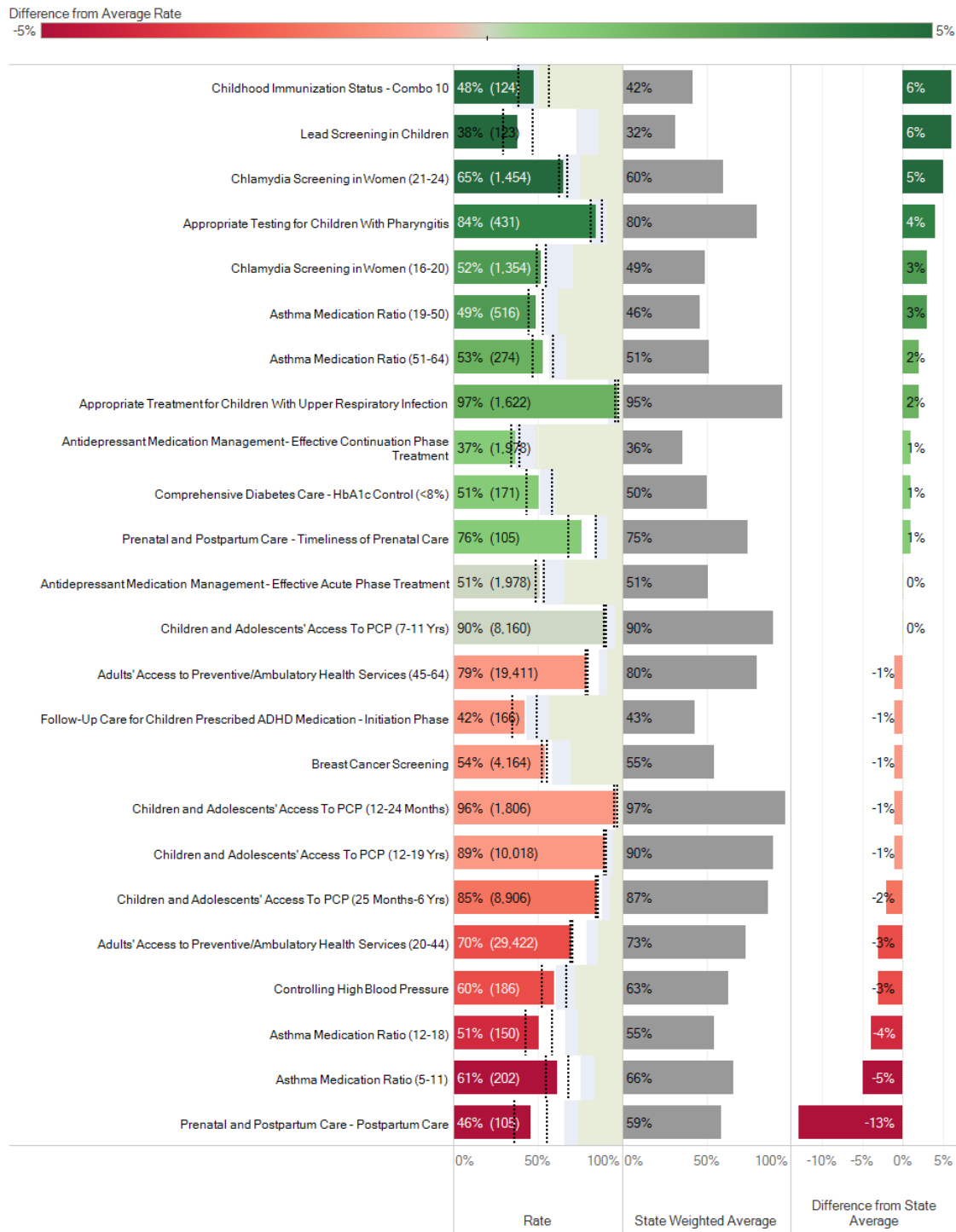
South King reported a rate of 13% above the state average for the Lead Screening for Children measure, compared to the almost 9% for the King County region. The performance for the two pediatric Asthma Medication Ratio measures for South King was similar to the King County region.

Figure 43. Regional Scorecard for King County, South King.

Difference from Average Rate
-5% ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬ 5%

Measure	Rate	State Weighted Average	Difference from State Average
Lead Screening in Children	45% (285)	32%	13%
Chlamydia Screening in Women (21-24)	65% (2,597)	60%	5%
Breast Cancer Screening	60% (5,187)	55%	5%
Childhood Immunization Status - Combo 10	45% (280)	42%	3%
Chlamydia Screening in Women (16-20)	51% (2,907)	49%	2%
Adults' Access to Preventive/Ambulatory Health Services (45-64)	82% (20,112)	80%	2%
Children and Adolescents' Access To PCP (7-11 Yrs)	91% (20,377)	90%	1%
Appropriate Treatment for Children With Upper Respiratory Infection	96% (3,855)	95%	1%
Asthma Medication Ratio (19-50)	47% (721)	46%	1%
Asthma Medication Ratio (51-64)	51% (322)	51%	0%
Children and Adolescents' Access To PCP (12-24 Months)	97% (4,890)	97%	0%
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	87% (23,471)	87%	0%
Children and Adolescents' Access To PCP (12-19 Yrs)	90% (24,206)	90%	0%
Controlling High Blood Pressure	63% (243)	63%	0%
Adults' Access to Preventive/Ambulatory Health Services (20-44)	72% (37,697)	73%	-1%
Prenatal and Postpartum Care - Postpartum Care	58% (238)	59%	-1%
Comprehensive Diabetes Care - HbA1c Control (<8%)	48% (277)	50%	-2%
Antidepressant Medication Management - Effective Continuation Phase Treatment	33% (2,291)	36%	-3%
Appropriate Testing for Children With Pharyngitis	77% (986)	80%	-3%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	72% (238)	75%	-3%
Antidepressant Medication Management - Effective Acute Phase Treatment	47% (2,291)	51%	-4%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	35% (487)	43%	-8%
Asthma Medication Ratio (5-11)	58% (380)	66%	-8%
Asthma Medication Ratio (12-18)	46% (337)	55%	-9%

North Central: Both the Timeliness of Prenatal Care and Postpartum Care rates were more than 10% above the state average for this region. Several measures were at least 10% lower than the state average: Controlling High Blood Pressure, Asthma Medication Ratio 12-18 Years, and Appropriate

Treatment for Children with Pharyngitis.

Figure 44. Regional Scorecard for North Central.

Difference from Average Rate
-5% ——————————————— 5%

Measure	Rate	State Weighted Average	Difference from State Average
Prenatal and Postpartum Care - Postpartum Care	71% (69)	59%	12%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	86% (69)	75%	11%
Adults' Access to Preventive/Ambulatory Health Services (20-44)	78% (13,928)	73%	5%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	48% (278)	43%	5%
Asthma Medication Ratio (5-11)	71% (163)	66%	5%
Children and Adolescents' Access To PCP (12-19 Yrs)	95% (10,092)	90%	5%
Children and Adolescents' Access To PCP (7-11 Yrs)	94% (8,171)	90%	4%
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	90% (10,374)	87%	3%
Childhood Immunization Status - Combo 10	44% (61)	42%	2%
Adults' Access to Preventive/Ambulatory Health Services (45-64)	81% (7,564)	80%	1%
Breast Cancer Screening	56% (1,459)	55%	1%
Children and Adolescents' Access To PCP (12-24 Months)	98% (2,002)	97%	1%
Comprehensive Diabetes Care - HbA1c Control (<8%)	50% (46)	50%	0%
Appropriate Treatment for Children With Upper Respiratory Infection	93% (3,758)	95%	-2%
Chlamydia Screening in Women (21-24)	55% (1,276)	60%	-5%
Chlamydia Screening in Women (16-20)	43% (1,728)	49%	-6%
Antidepressant Medication Management - Effective Continuation Phase Treatment	28% (951)	36%	-8%
Antidepressant Medication Management - Effective Acute Phase Treatment	43% (981)	51%	-8%
Asthma Medication Ratio (51-64)	43% (99)	51%	-8%
Lead Screening in Children	23% (71)	32%	-9%
Asthma Medication Ratio (19-50)	37% (227)	46%	-9%
Controlling High Blood Pressure	52% (75)	63%	-11%
Asthma Medication Ratio (12-18)	43% (169)	55%	-12%
Appropriate Testing for Children With Pharyngitis	65% (1,279)	80%	-15%

Rate   State Weighted Average   Difference from State Average

North Sound: The measure rates for North Sound did not vary greatly from the state averages. The Childhood Immunization Status Combo 10 measure had the largest positive variation at 6% above the

state average. Conversely, the Lead Screening for Children measure had the largest negative variation at 8% below the state average.

Figure 45. Regional Scorecard for North Sound.
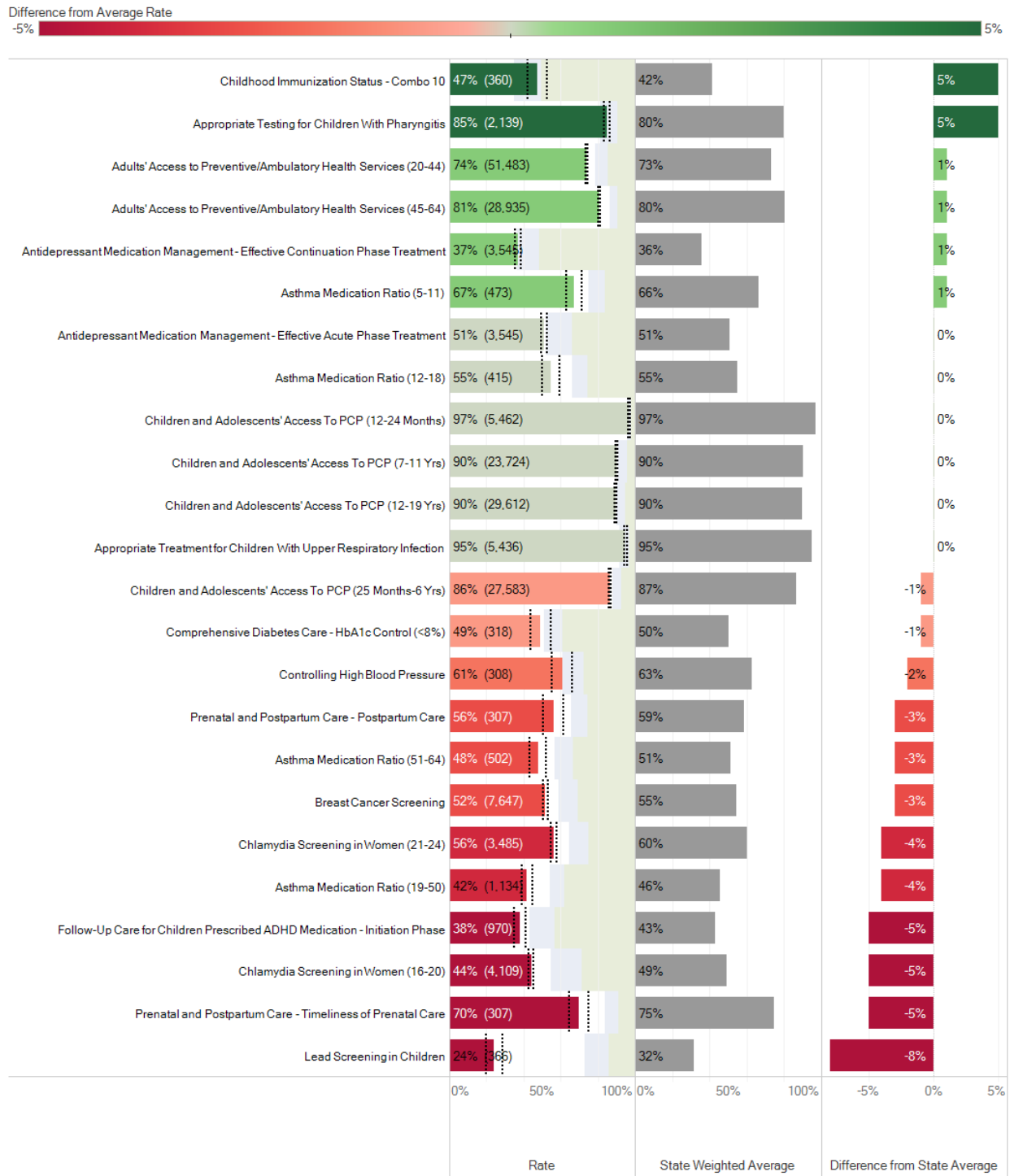
Olympic: The Controlling High Blood Pressure measure was 13% above the state average. The Asthma Medication Ratio measure was also above the state average for many of the age groups. The Lead Screening for Asthma Medication Ratio (12-18) demonstrated the largest variation below the state average.

Figure 46. Regional Scorecard for Olympic.
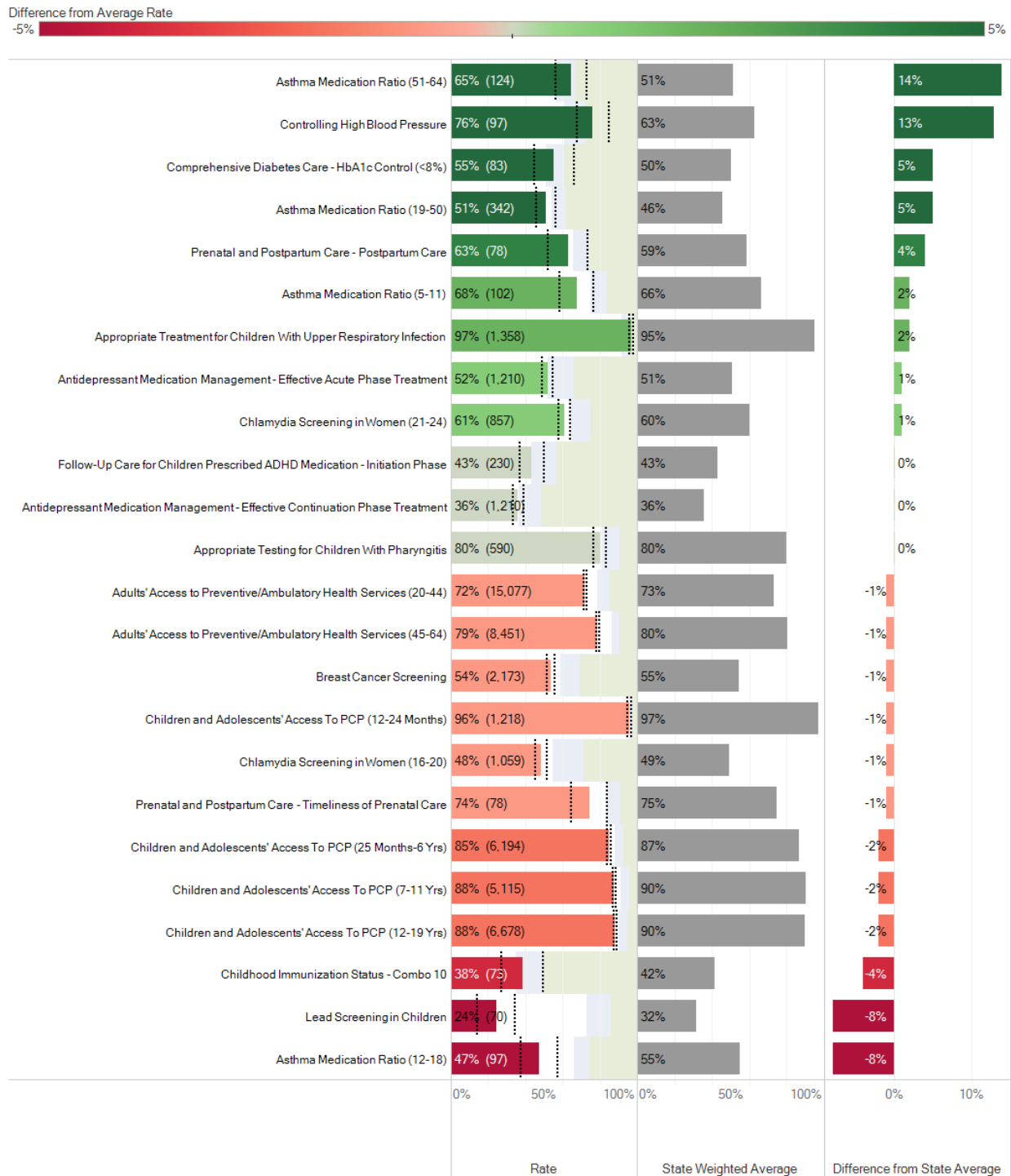
Pierce: With a few exceptions, this region's rates did not vary much from the state averages. The Appropriate Treatment for Children with Pharyngitis measure was 10% above the state average. The Chlamydia Screening measure was above the state average for both age groups reported. The Breast Cancer Screening measure was 7% below the state average.

Figure 47. Regional Scorecard for Pierce.
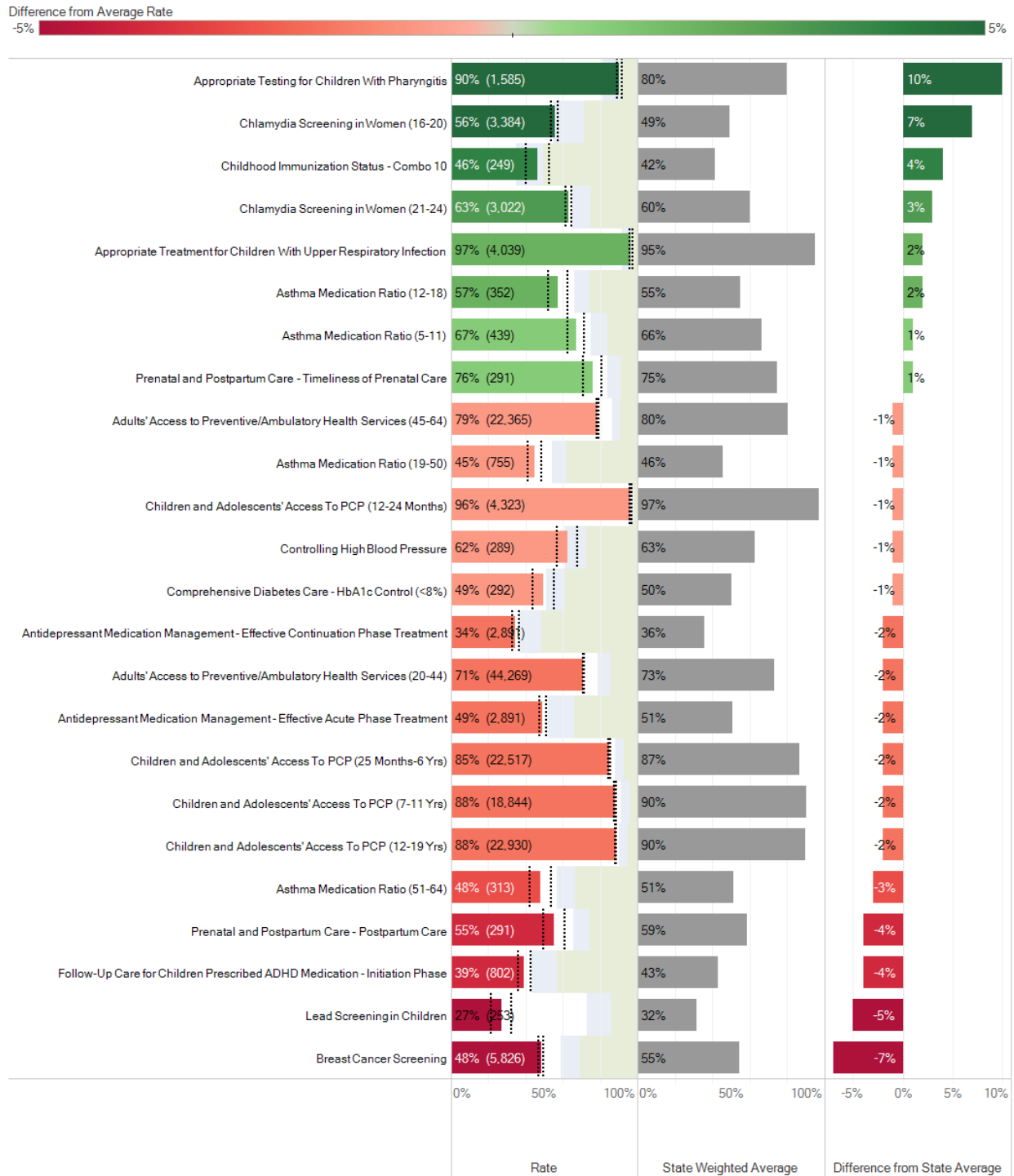
Southwest Washington: There were several rates that were more than 10% above the state average: Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase, Lead Screening for Children, Postpartum Care, and Appropriate Treatment for Children with Pharyngitis. The Childhood Immunization Status Combo 10 was 12% below the state average.

Figure 48. Regional Scorecard for Southwest Washington.
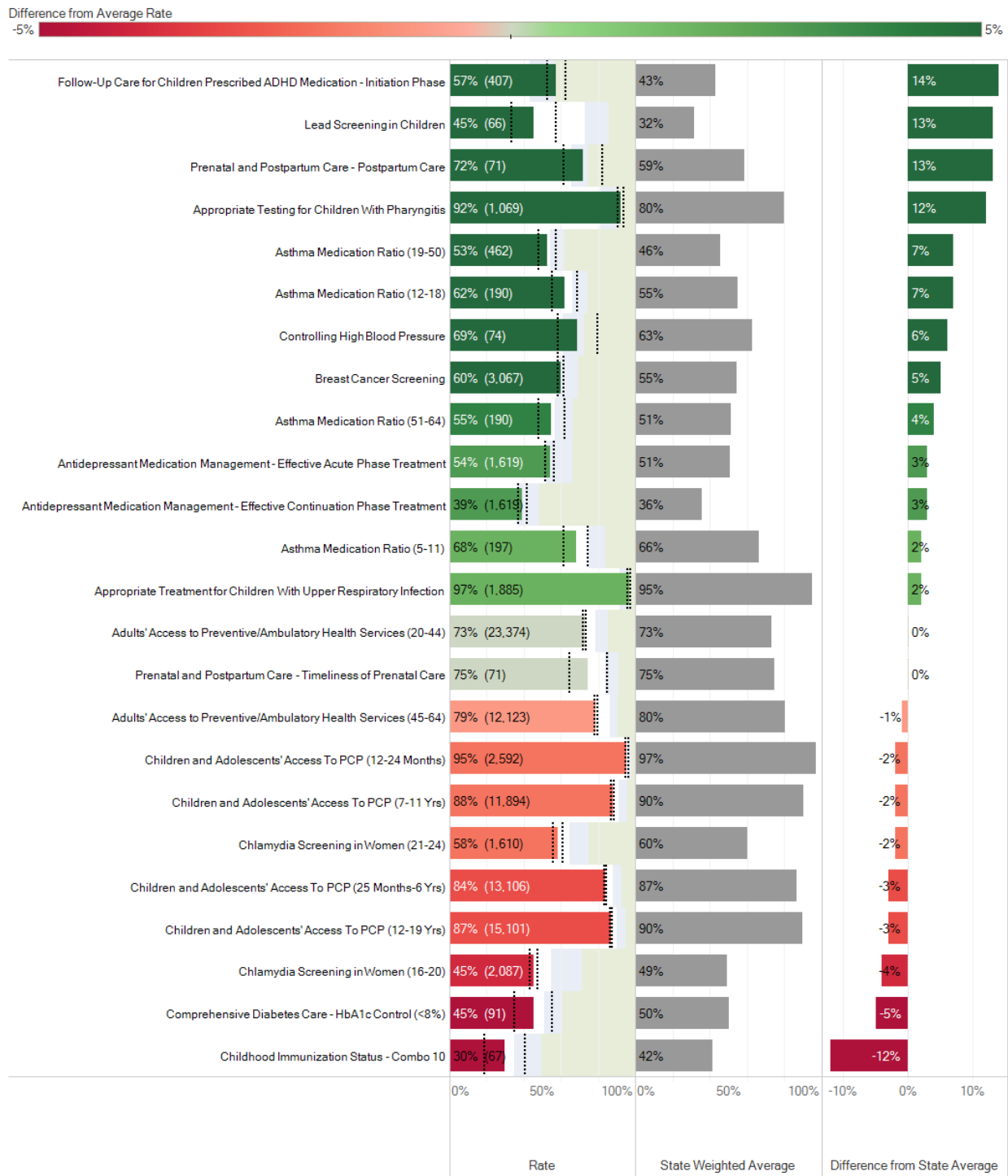
Regional Comparison of Measures

The following sections – Access to Care, Preventive Care, Chronic Care Management and Behavioral Health – offer a comparison of regional performance on select HEDIS measures. These measures were selected based on which had sufficient volume to allow for comparison at a regional level; meaning a sufficient number of enrollees who met the criteria to be included in the measure. (See Appendix A, Methodology, for further explanation.)

These charts show performance rates by region – in column form on the left side and on the State of Washington map on the right. In some cases, measures are further broken out by language when the language variation was notable. The difference between each region's performance and the statewide average is shown by color, indicated in the bar above each map: dark red indicates lower than the statewide average, while dark green indicates higher. The shades of pink and light green indicate performance that is closer to the statewide average.

The tan column on the bar graph indicates the region between the national 50th percentile and the national 90th percentile; the dark green column indicates the region above the national 90th percentile.

Confidence intervals for each region are shown with the dotted vertical lines. Highlights are noted above the corresponding charts.

Access to Care Measures

Figures 49–56 presents regional comparisons of eight selected measures related to access to care.

Adults' Access to Preventive/Ambulatory Health Services

For the 20-to-44 years age group, rates were highest in North Central (see below). Rates were consistently the highest in North Central and the eastern part of the state in general. Rates continued to be lowest in Southwest Washington. For all age groups, the South King County subdivision performed better than the other subdivisions.

Figure 49. Adults' Access to Preventive/Ambulatory Health Services (20–44 Years), Difference from State Rate.
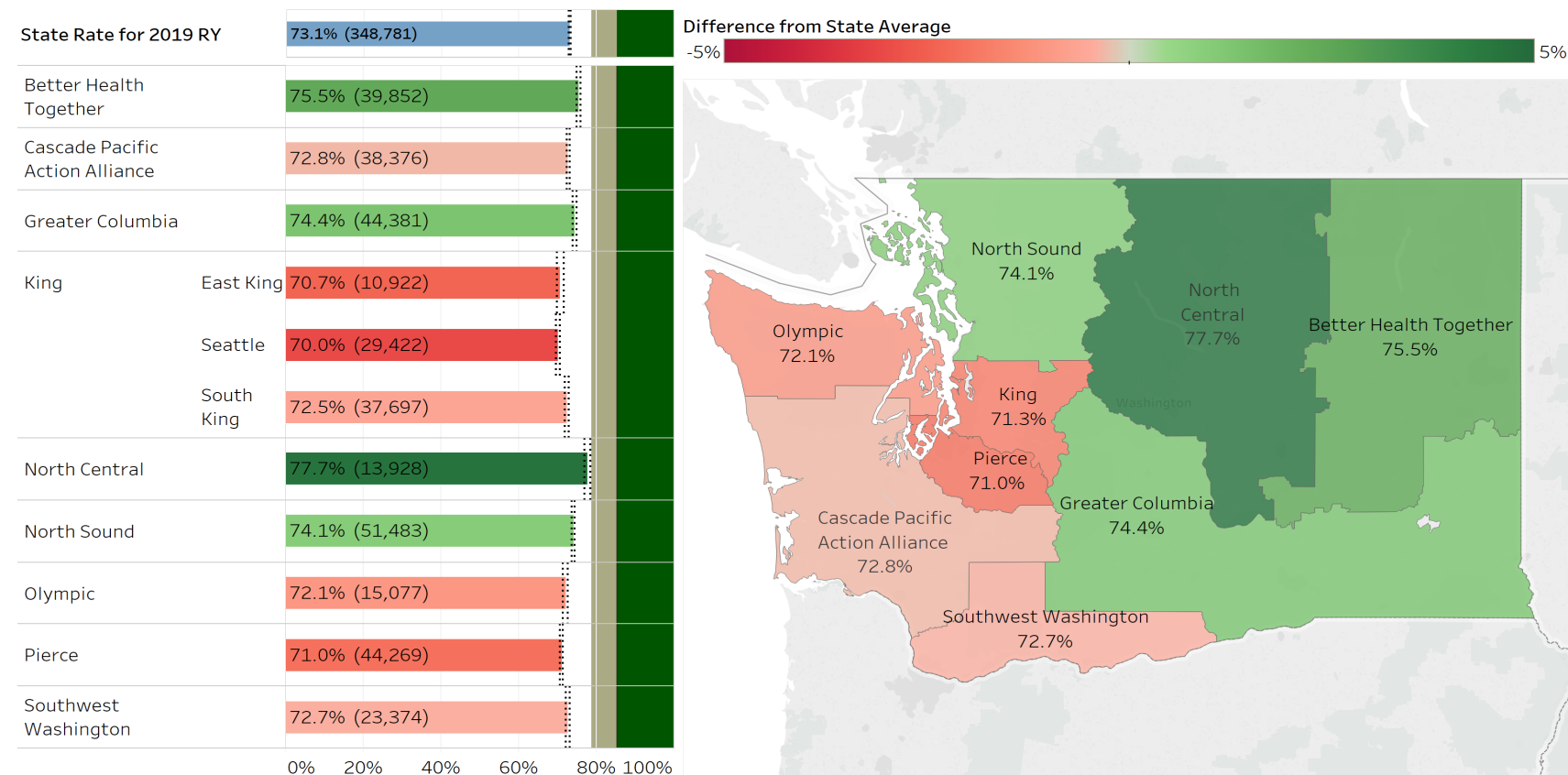
For the 45-to-64 age group, rates were higher for Greater Columbia. Note that for King, the South King subdivision performed better than the other subdivisions for this age group.

Figure 50. Adults' Access to Preventive/Ambulatory Health Services (45–64 Years), Difference from State Rate.
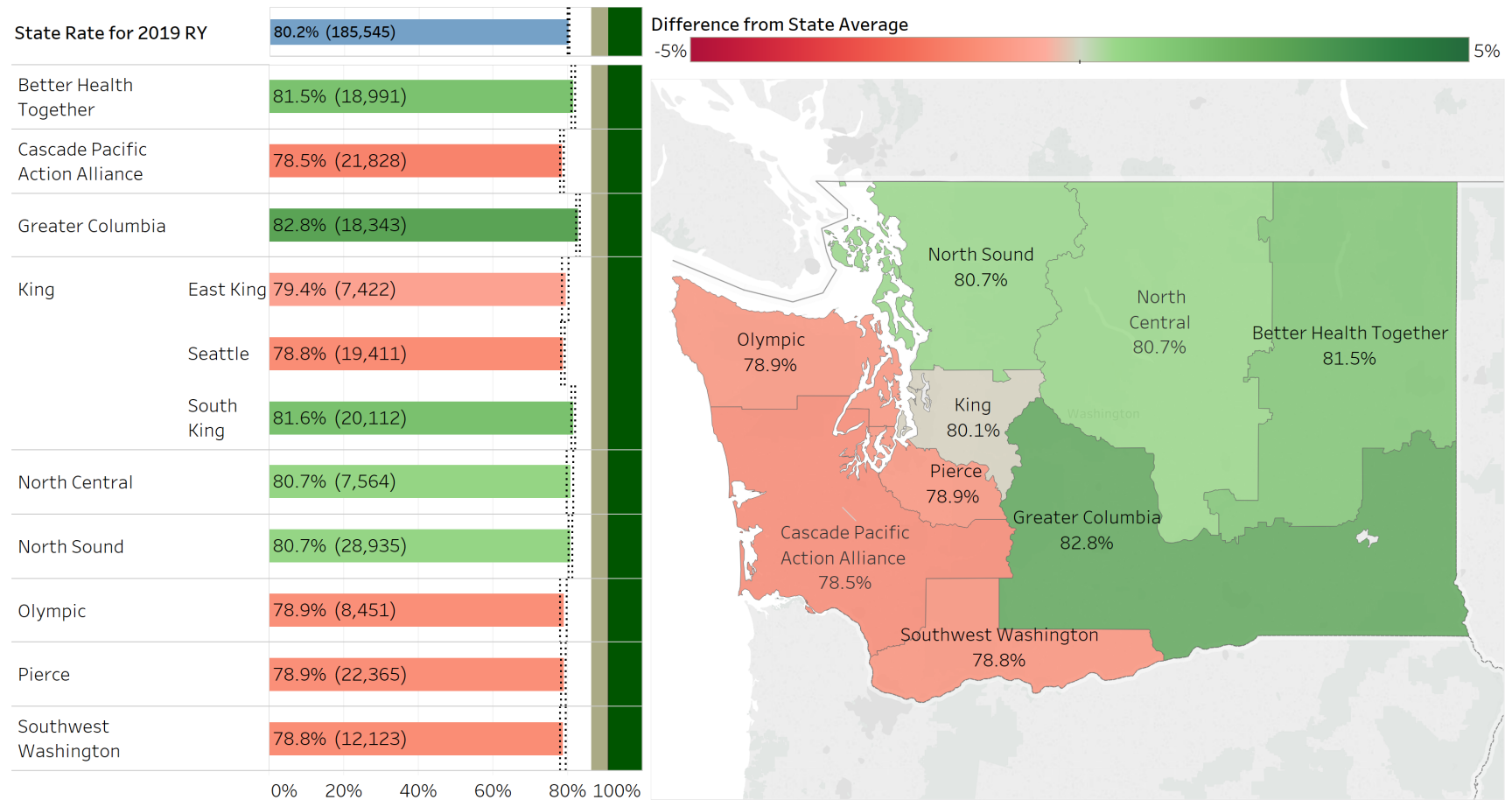
Comagine Health performed additional analysis of language by region and language for the measures. The children's access to PCP (12-24 Months) measure demonstrated a higher rate for the non-English-speaking population than the English-speaking population.

Figure 51. Children and Adolescents' Access to PCP (12–24 Months), Difference from State Rate.
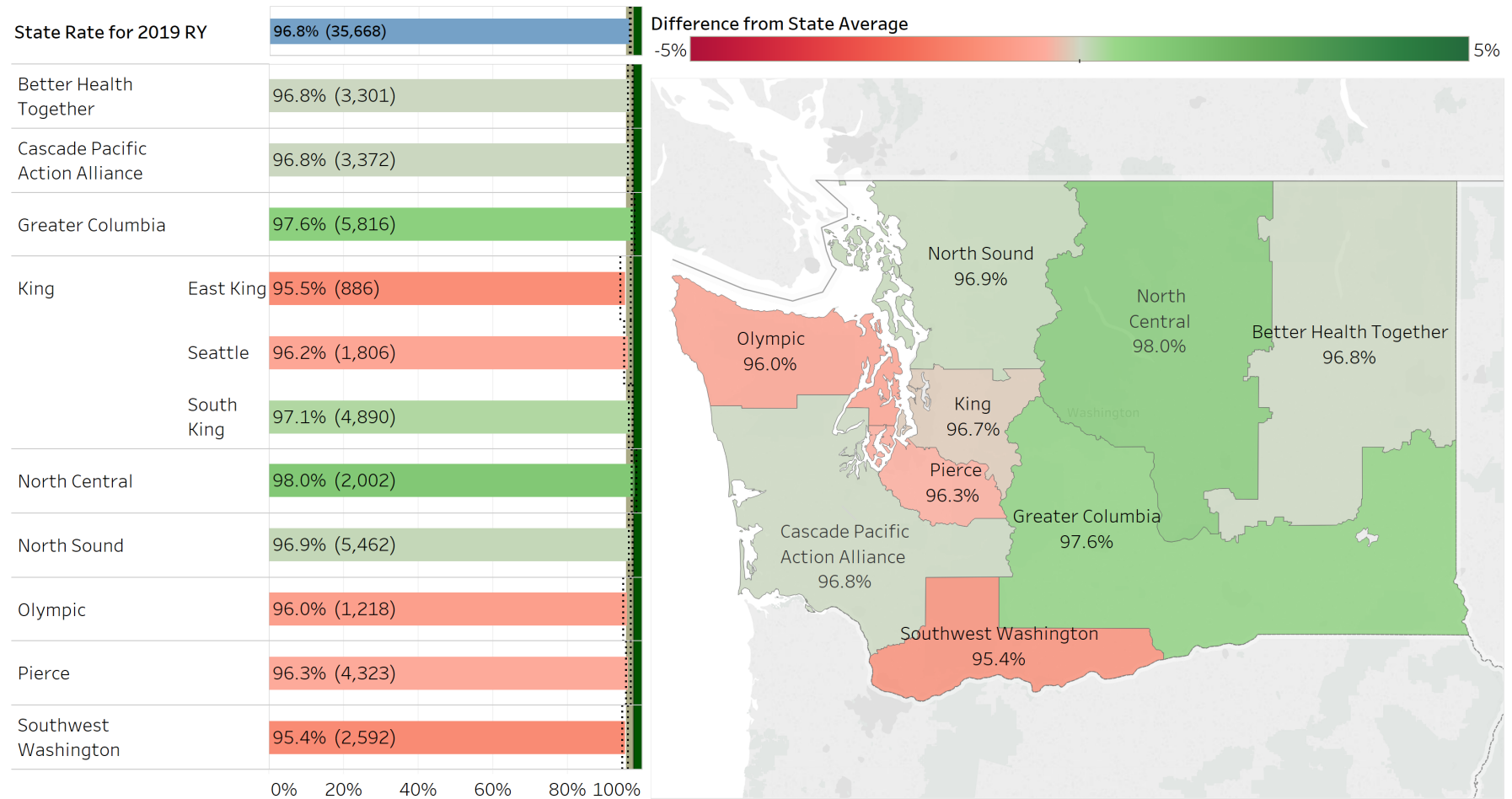
Figure 52. Children and Adolescents' Access to PCP (25 Months–6 Years), Difference from State Rate.
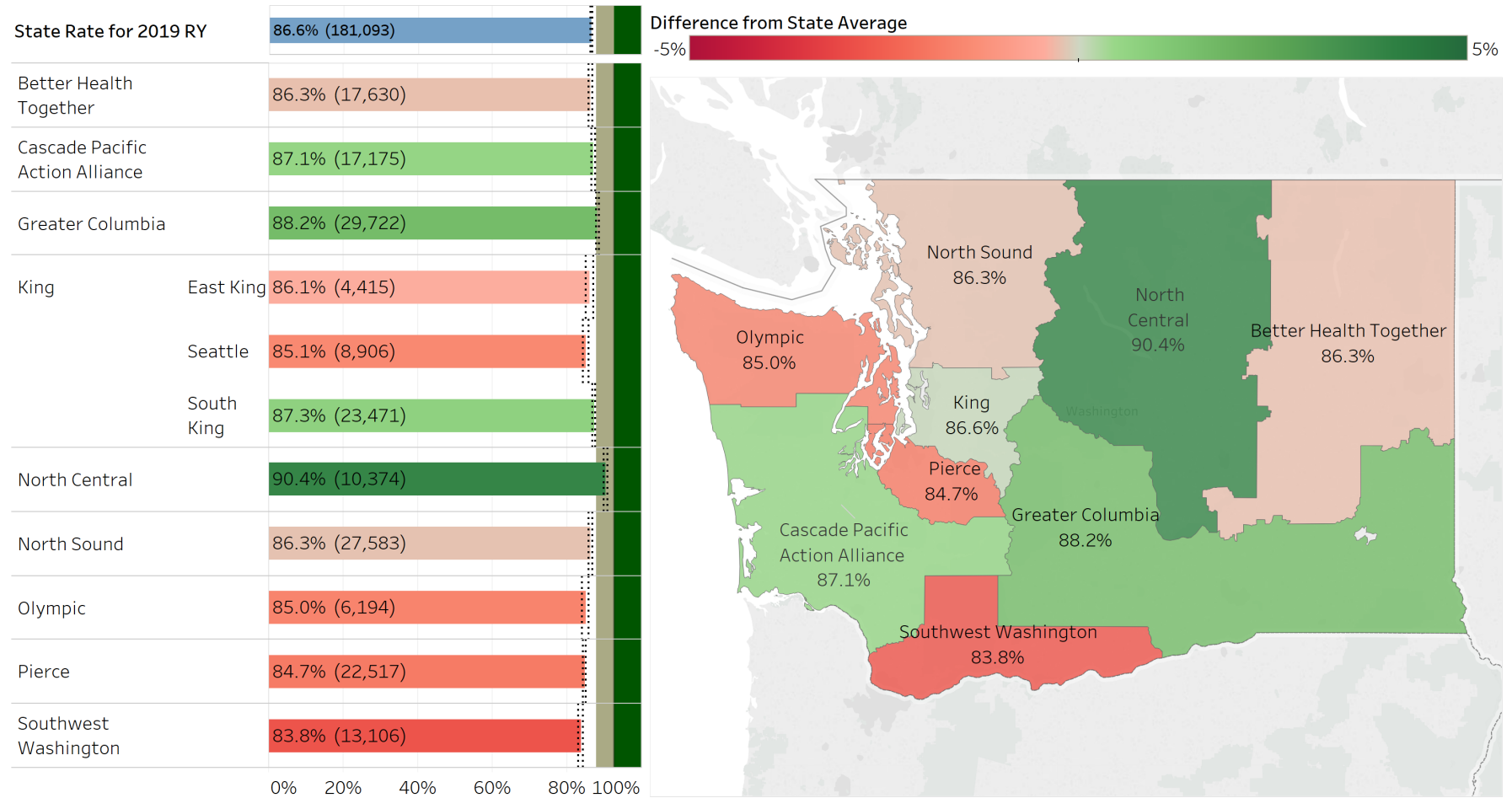
Figure 53. Children and Adolescents' Access To PCP (7–11 Years).

State Rate for 2019 RY	89.9% (158,262)	
Better Health Together	89.8% (15,343)	
Cascade Pacific Action Alliance	89.7% (14,363)	
Greater Columbia	91.1% (28,155)	
King	East King	89.4% (4,116)
	Seattle	89.8% (8,160)
	South King	90.6% (20,377)
North Central	93.6% (8,171)	
North Sound	90.0% (23,724)	
Olympic	87.7% (5,115)	
Pierce	88.0% (18,844)	
Southwest Washington	87.8% (11,894)	

Difference from State Average
-5%   5%

North Sound 90.0%
North Central 93.6%
Olympic 87.7%
Better Health Together 89.8%
King 90.2%
Pierce 88.0%
Cascade Pacific Action Alliance 89.7%
Greater Columbia 91.1%
Southwest Washington 87.8%

Figure 54. Children and Adolescents' Access To PCP (12–19 Years).

State Rate for 2019 RY	89.8% (197,613)	
Better Health Together	90.9% (19,764)	
Cascade Pacific Action Alliance	89.8% (18,108)	
Greater Columbia	90.3% (35,267)	
King	East King	88.1% (5,837)
	Seattle	89.5% (10,018)
	South King	90.0% (24,206)
North Central	94.8% (10,092)	
North Sound	89.6% (29,612)	
Olympic	88.1% (6,678)	
Pierce	88.4% (22,930)	
Southwest Washington	87.0% (15,101)	

Difference from State Average
-5% ... 5%

Map labels:
- North Sound 89.6%
- North Central 94.8%
- Better Health Together 90.9%
- Olympic 88.1%
- King 89.6%
- Pierce 88.4%
- Cascade Pacific Action Alliance 89.8%
- Greater Columbia 90.3%
- Southwest Washington 87.0%

Prenatal and Postpartum Care

There was a wide variation in regional performance for these two measures: Timeliness of Prenatal Care rate ranged from 69.7% to 85.5% and the Postpartum Care rate ranged from 52.6% to 71.8%. North Central and Better Health Together performed well for both measures.

Cascade Pacific Action Alliance was the lowest performer for both measures. Southwest Washington did not perform well for the Timeliness of Prenatal Care measure, but was one of the highest performers for the Postpartum Care measure.

Figure 55. Prenatal and Postpartum Care - Timeliness of Prenatal Care.
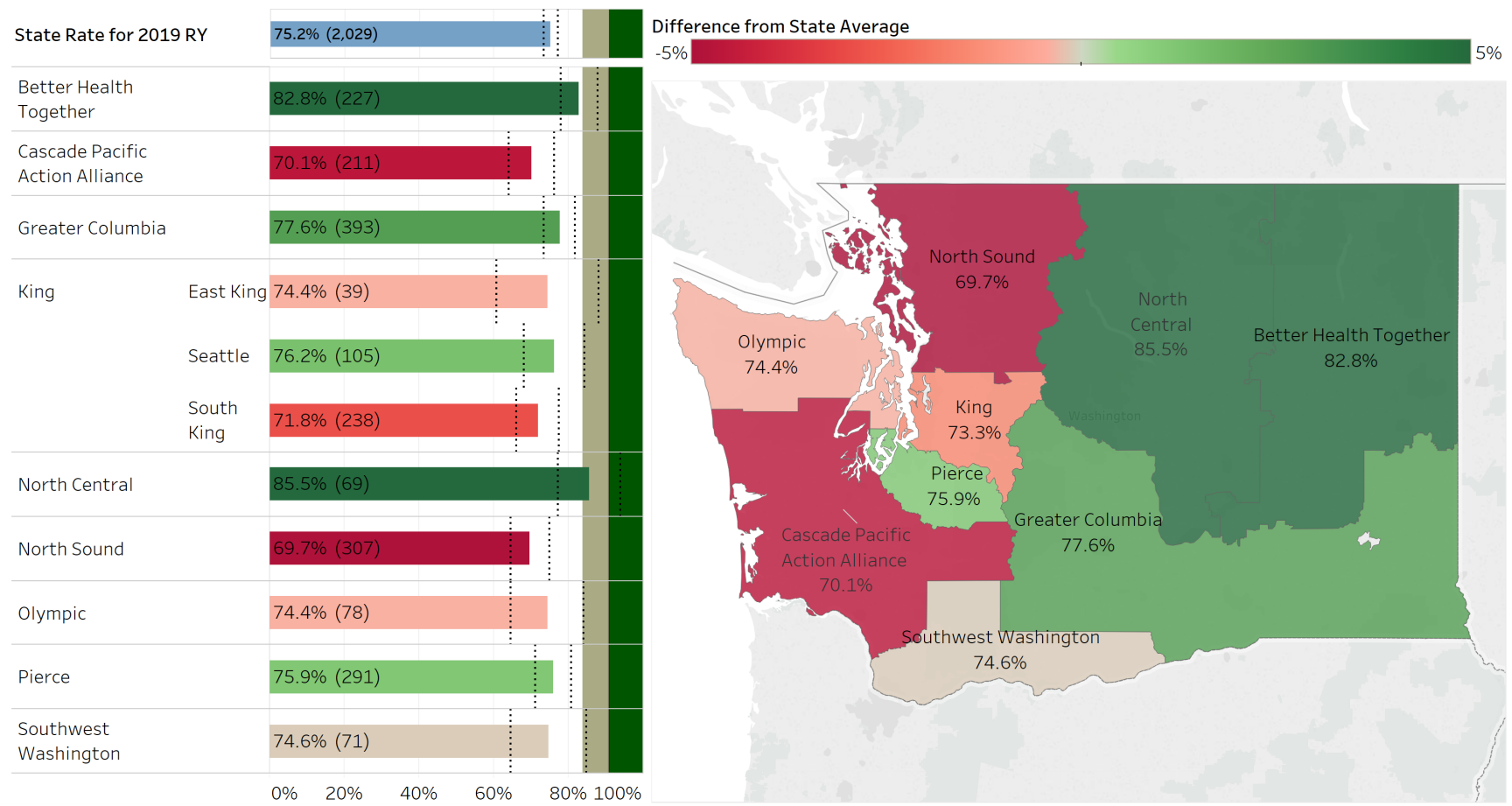
Figure 56. Prenatal and Postpartum Care - Postpartum Care.
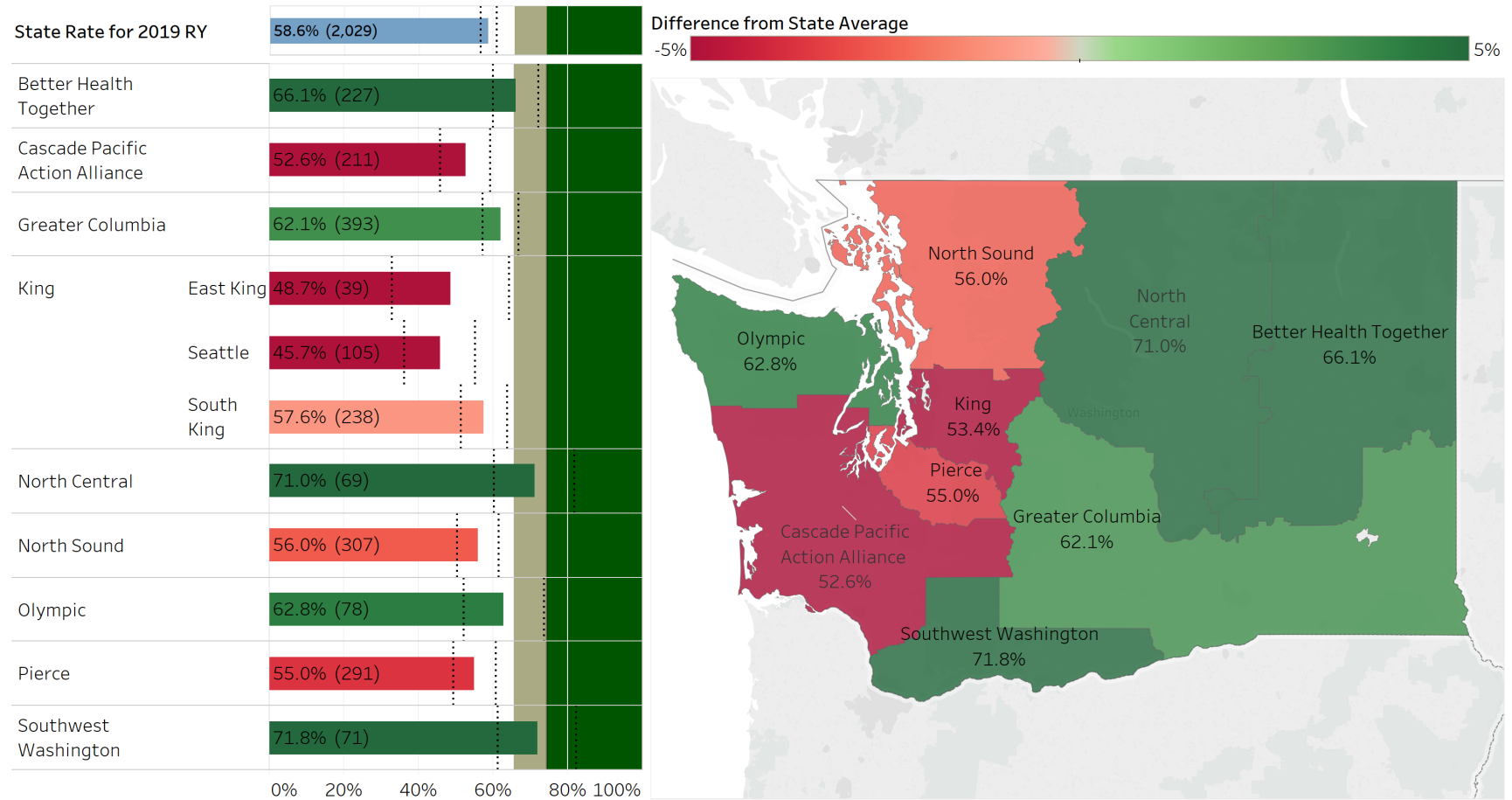
Preventive Care Measures

Figures 57–61 presents regional comparisons of the four selected preventive care measures.

Breast cancer screenings: The highest rates were found in Southwest Washington and the Greater Columbia ACHs. In general, eastern Washington performed well. Pierce had the lowest screening rate in the state. Comagine Health performed additional analysis by region and race for all of the measures included in the report. The results for Breast Cancer Screening showed that non-white enrollees had higher screening rates across all regions.

Figure 57. Breast Cancer Screening.
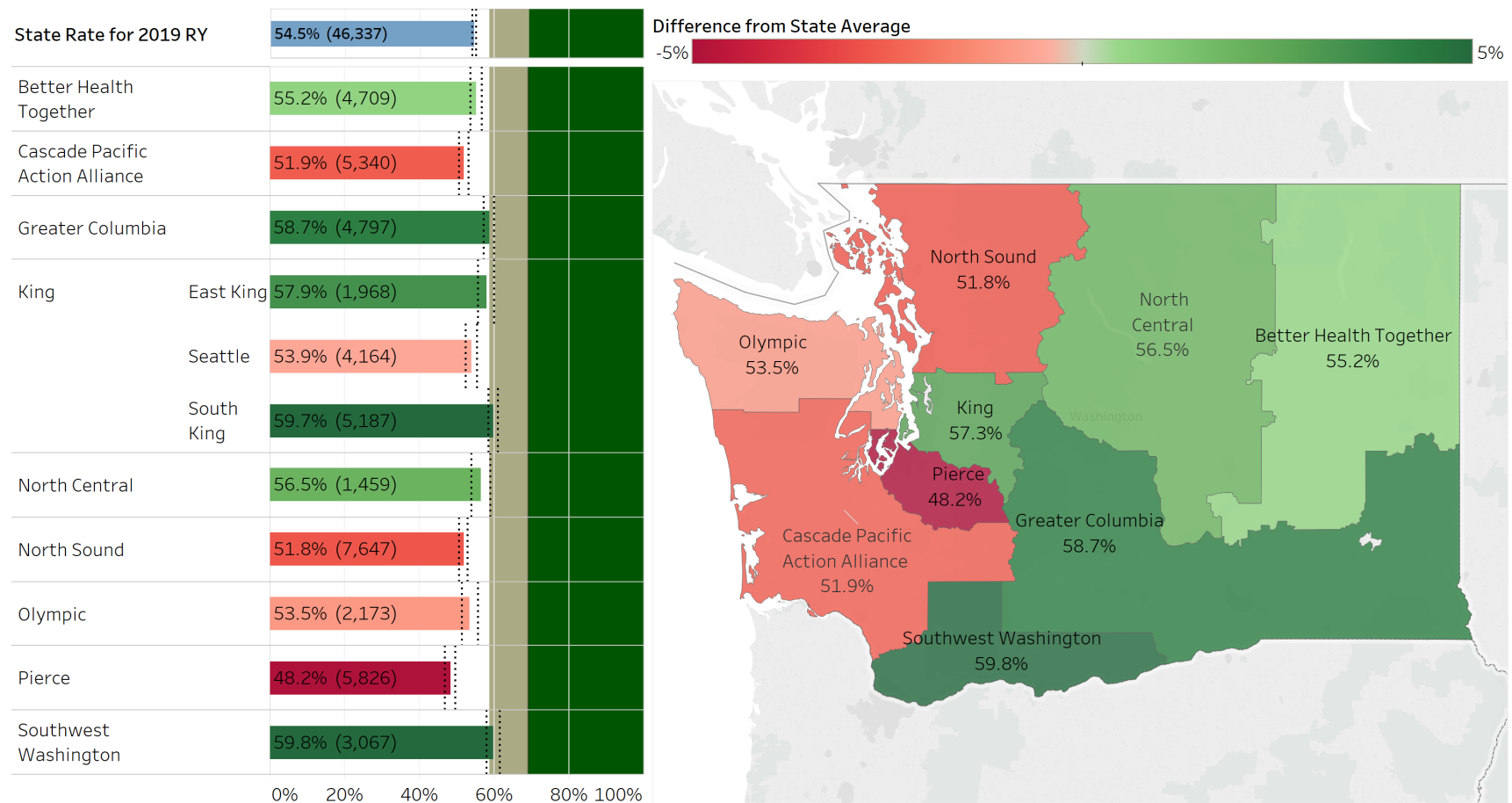
Chlamydia screenings: As shown in the following charts, the results for this measure were very similar for both age groups (16-to-20 years and 21-to-24 years). Cascade Pacific Action Alliance, Pierce, King and the Greater Columbia performed above the state average, while North Sound, North Central, Better Health Together and Southwest Washington performed below the state average. The Olympic region, which performed below than the state average for the younger age group, was above the state average for the older age group. Note that although King as a whole has a rate above the state average, the East King subdivision had the lowest rate in the state.

Figure 58. Chlamydia Screening in Women (Ages 16–20 Years).
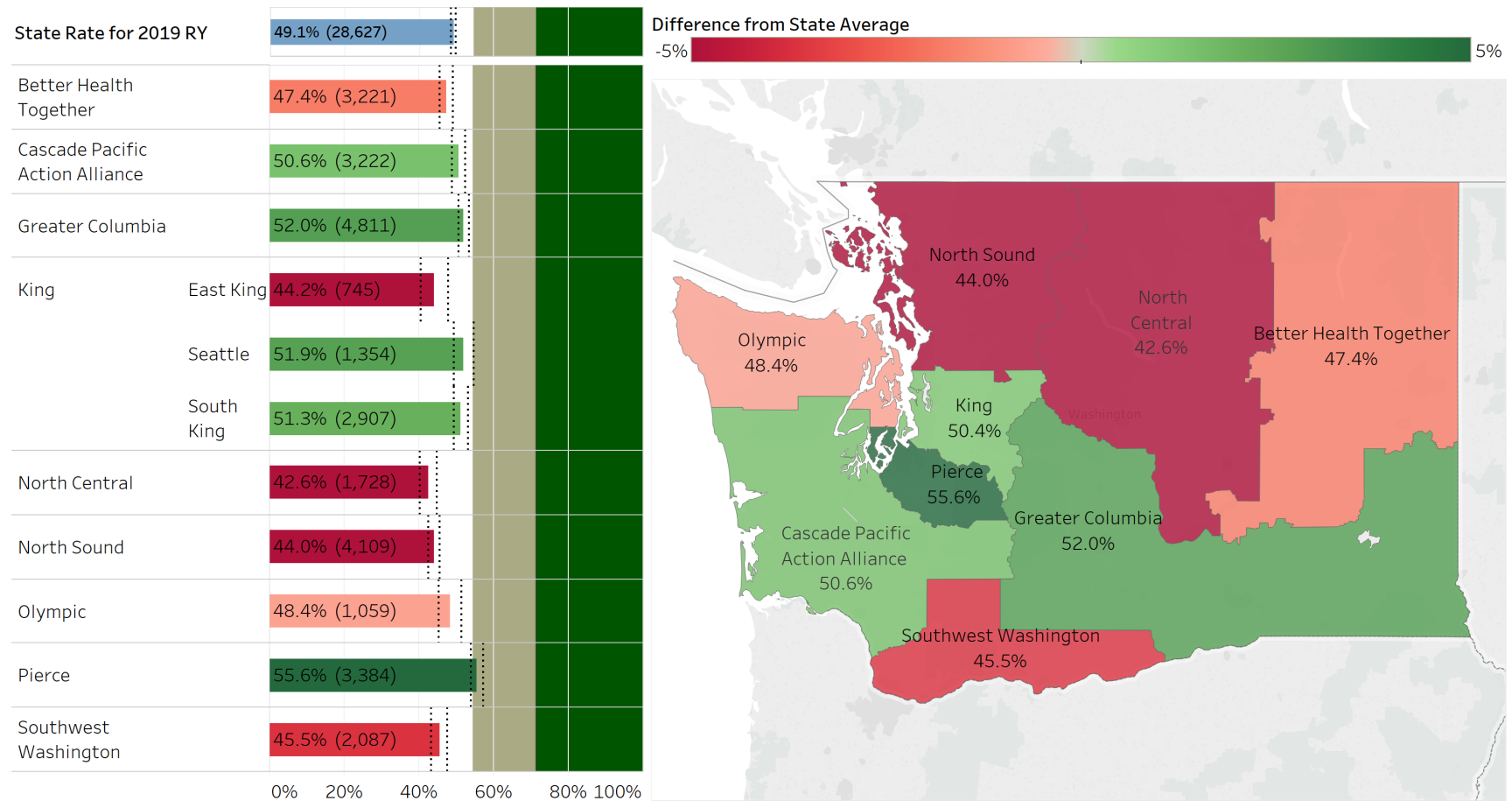
Figure 59. Chlamydia Screening in Women (Ages 21–24 Years).
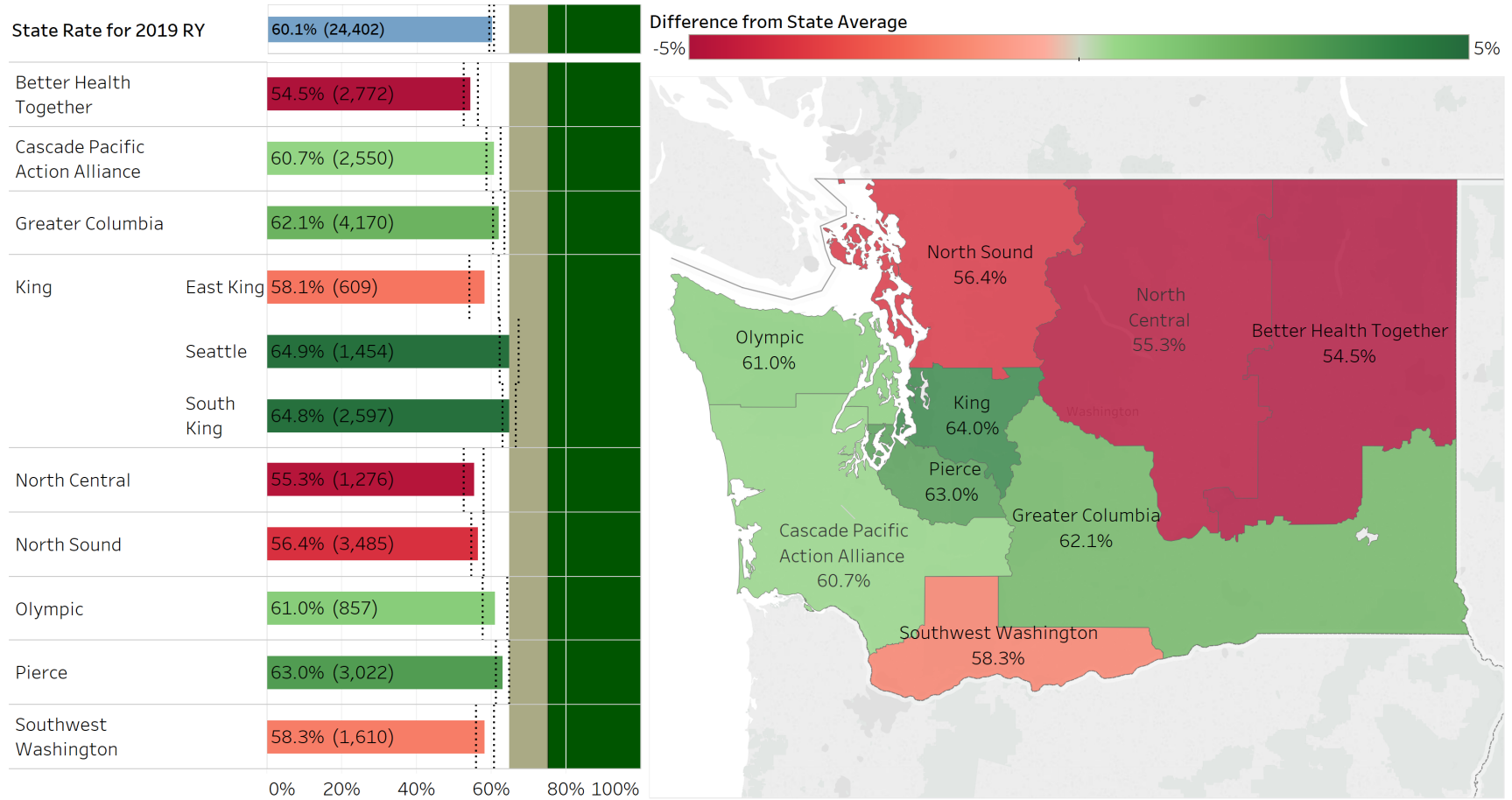
Childhood immunization status, combo 10: This measure had a great deal of variation by region. The best performing regions ranged from the North Sound through Pierce. Greater Columbia also performed above the state average. The coastal regions performed below the state average. Southwest Washington and the Better Health Together were well below the state averages.

Figure 60. Childhood Immunization Status - Combo 10.
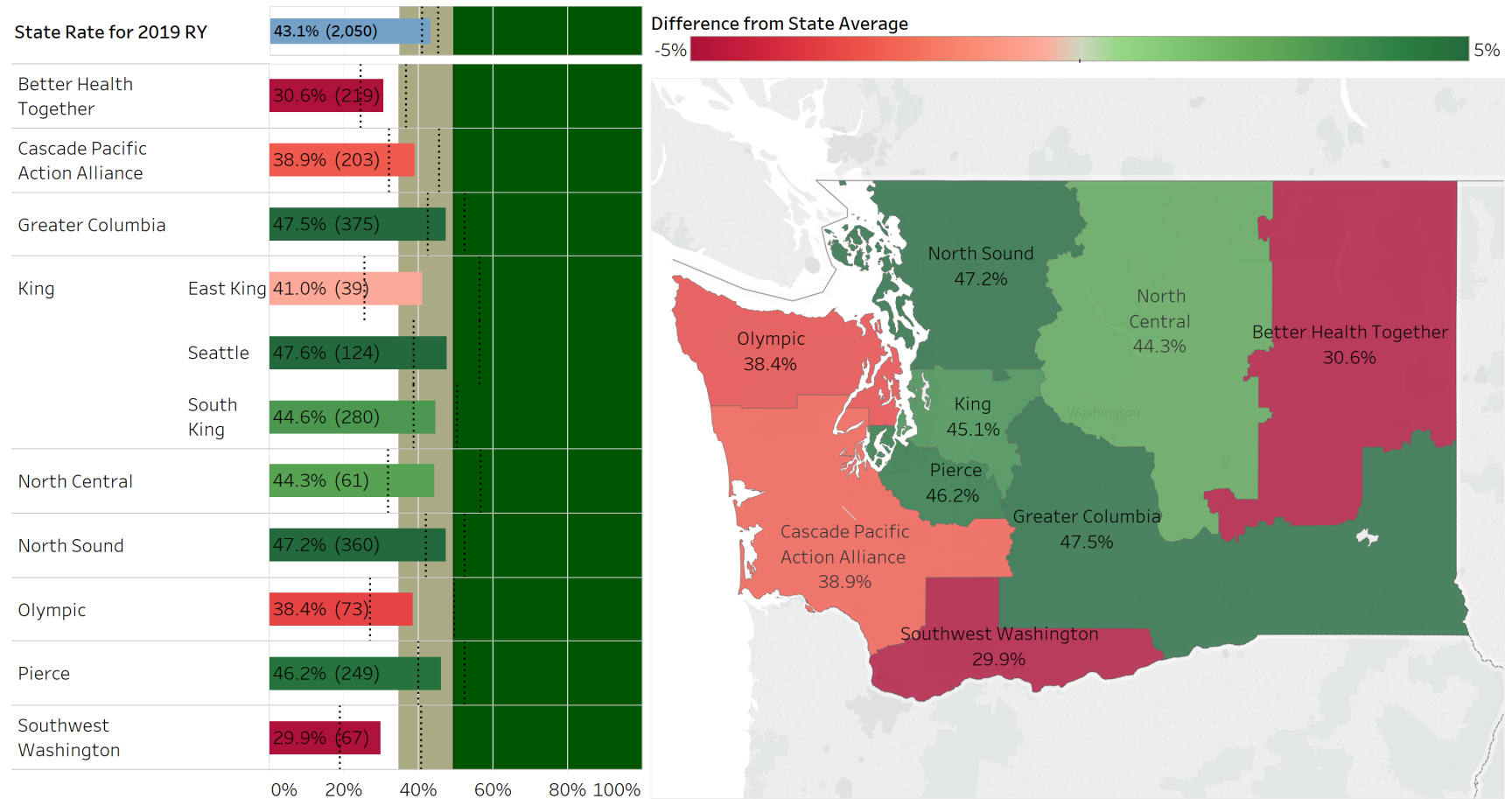
Lead screening in children: This measure had an interesting north-south geographic split, with the southern part of the state performing better than the state average, and the northern part of the state performing worse.

Figure 61. Lead Screening in Children.
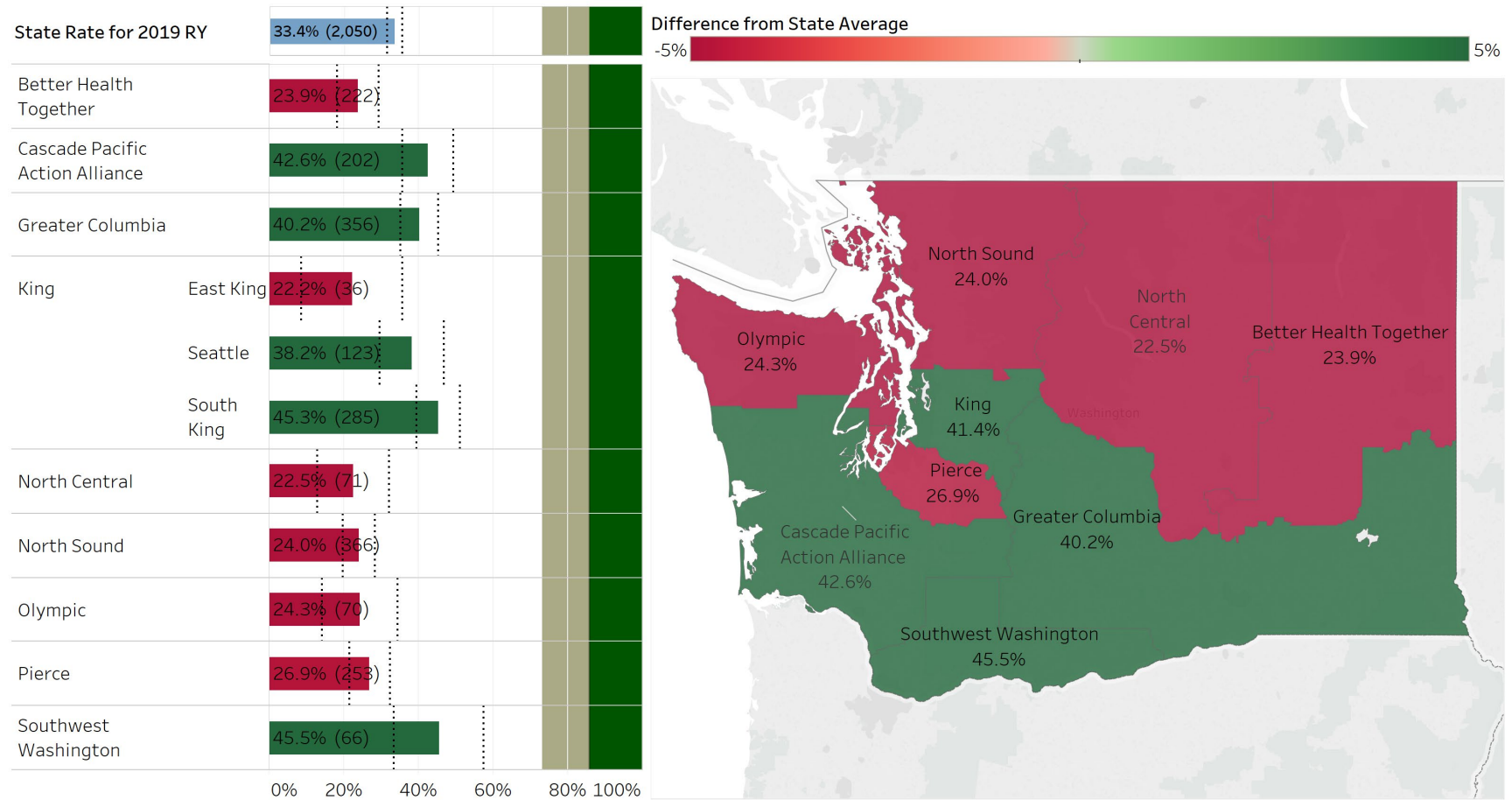
Chronic Care Management

Figures 62–67 presents regional comparisons of six selected measures.

Comprehensive Diabetes Care - HbA1c Control (<8%): Olympic and Better Health Together were the only regions with rates above the state average. The southern regions of Cascade Pacific Action Alliance, Southwest Washington and Greater Columbia had the lowest performance.

Figure 62. Comprehensive Diabetes Care - HbA1c Control (<8%).
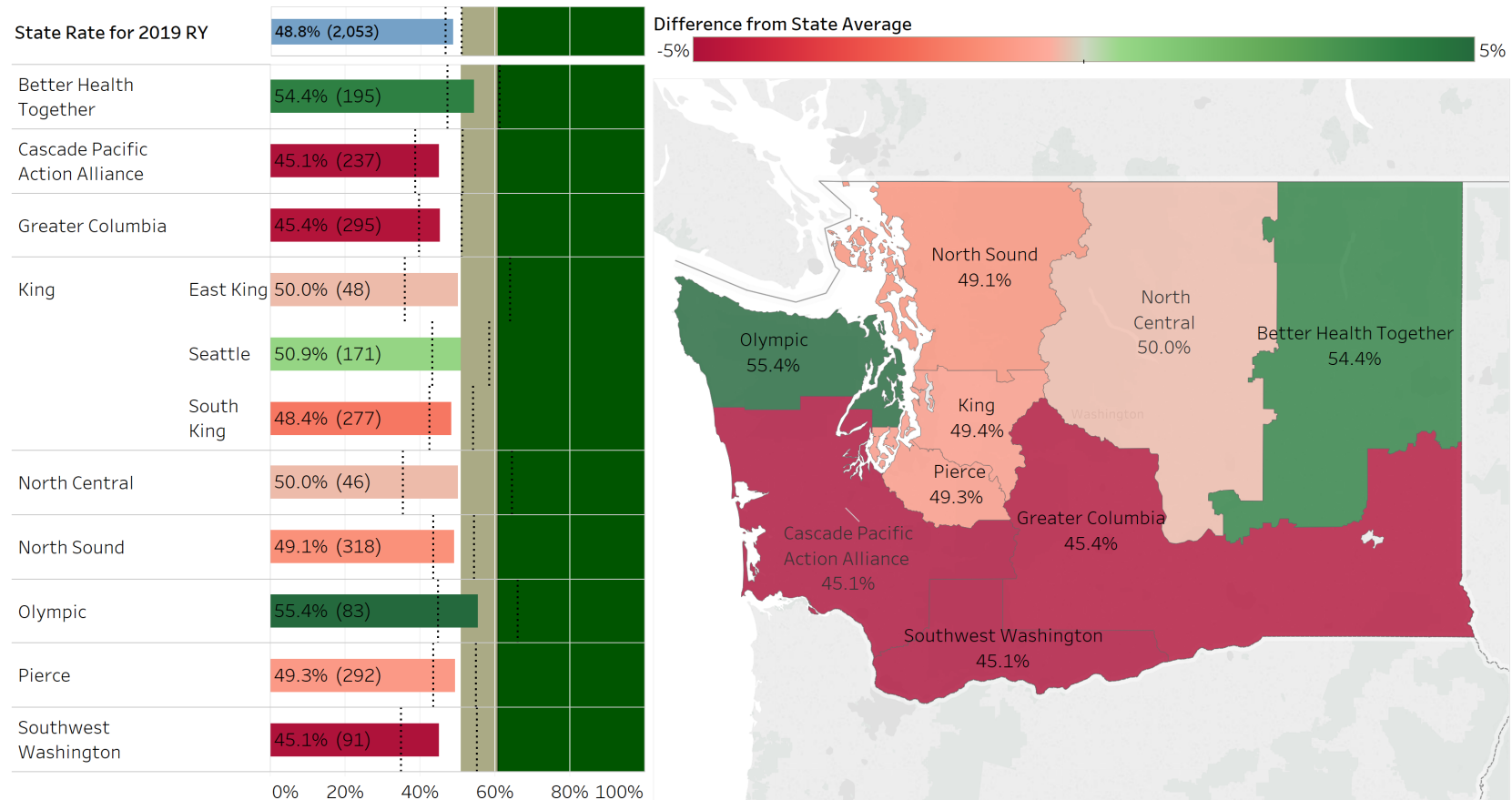
Controlling High Blood Pressure: There is significant variation in the rates for this measure, from 52% in the North Central region to 76% in the Olympic region. Olympic and Southwest Washington have rates above the state average; the remaining regions are below the state average.

Figure 63. Controlling High Blood Pressure.
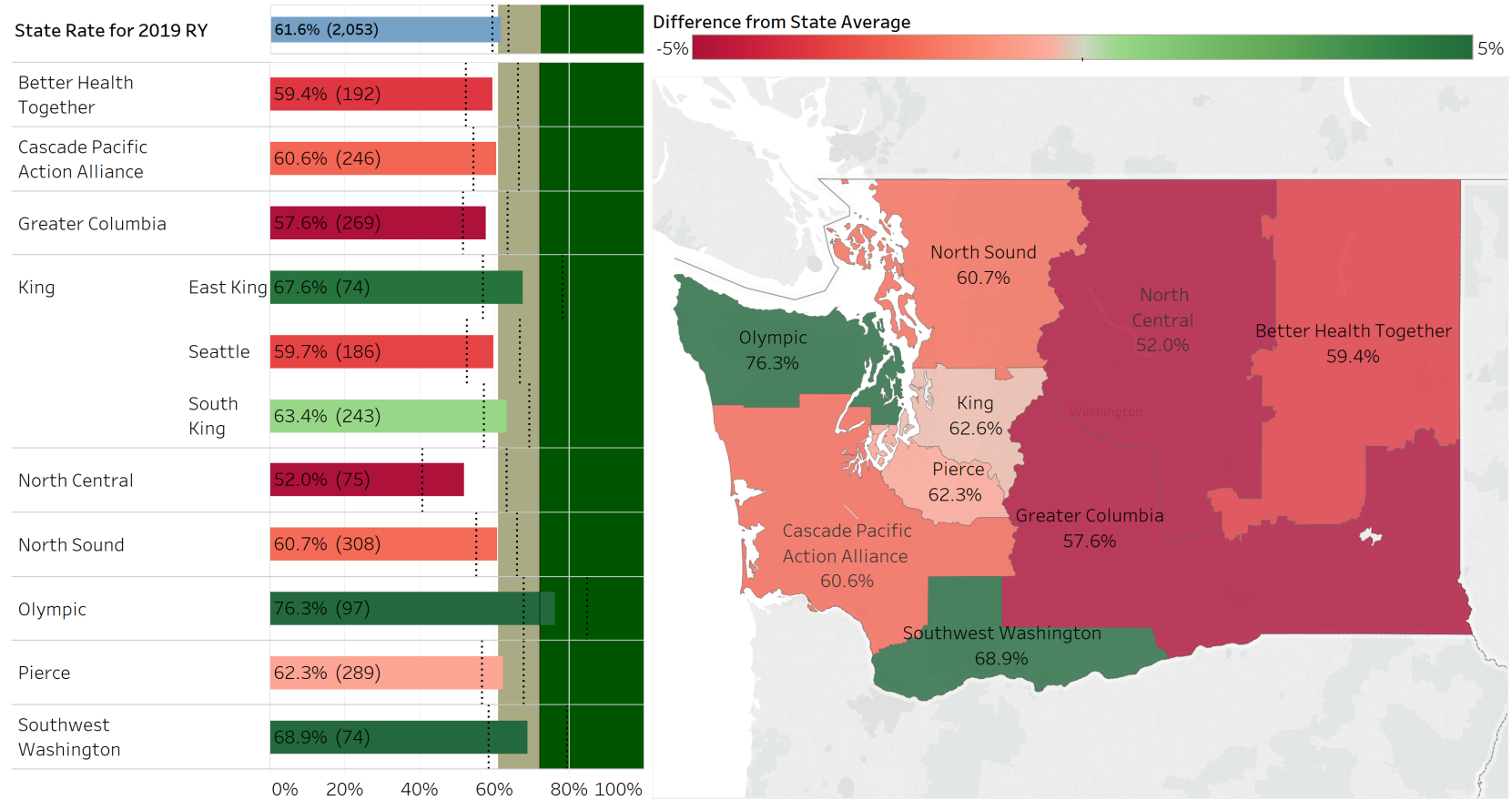
Asthma Medication Ratio: Figures 64–67 show performance for this measure for the four age groups.

There is regional variation for each age group within the measure, with some regions performing above the state average and some regions performing below. However, these regional differences are not consistent across the age groups. For example, Cascade Pacific Action Alliance performs better than the state average for all of the age groups except 51 to 64. King performs lower than the state average for the pediatric age groups, but performs above the state average for adults.

Figure 64. Asthma Medication Ratio (Ages 5–11).
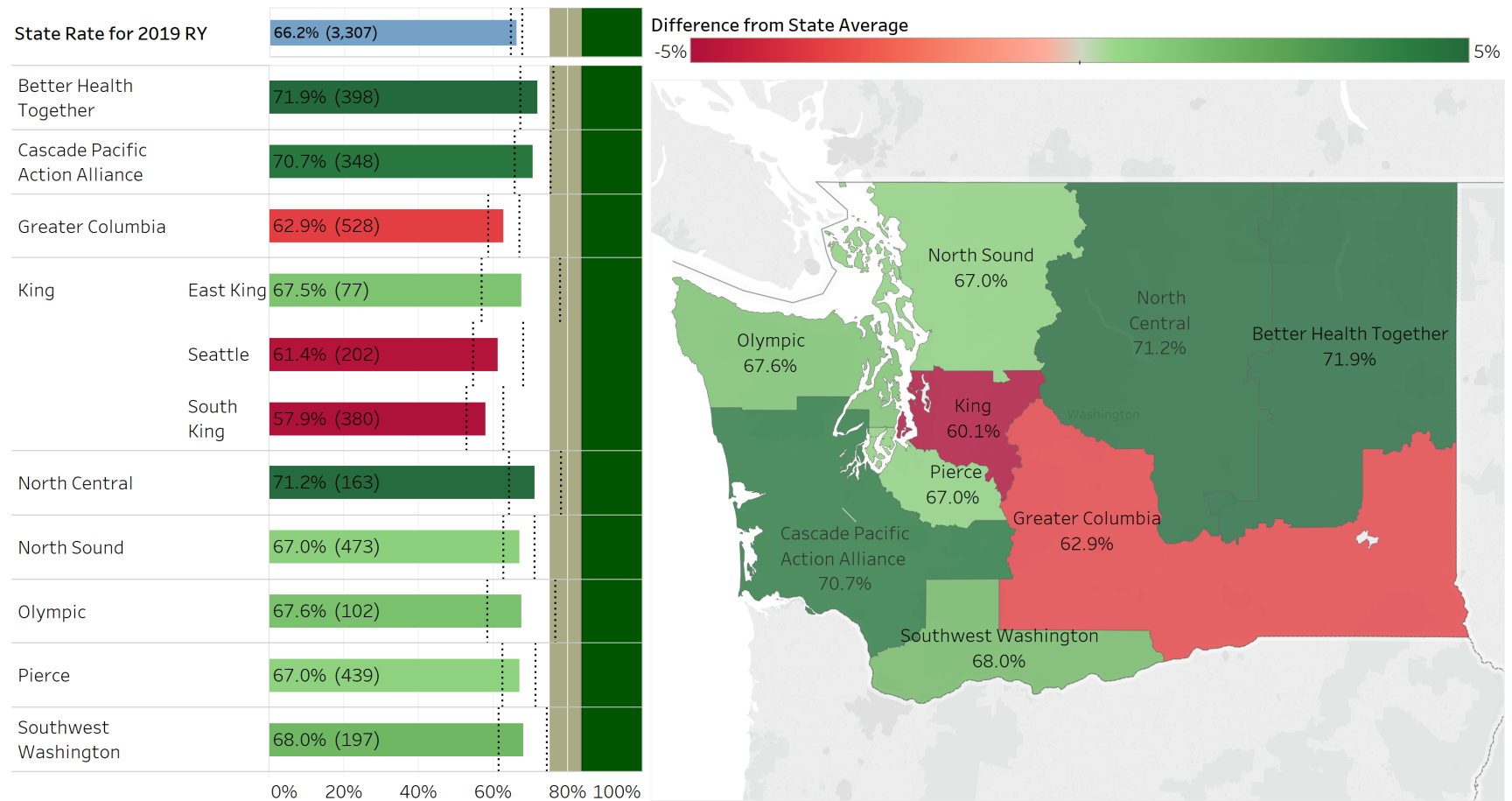
Figure 65. Asthma Medication Ratio (Ages 12–18).

State Rate for 2019 RY	54.8% (3,166)	
Better Health Together	65.8% (418)	
Cascade Pacific Action Alliance	60.5% (344)	
Greater Columbia	51.4% (601)	
King — East King	52.7% (93)	
King — Seattle	50.7% (150)	
King — South King	45.7% (337)	
North Central	42.6% (169)	
North Sound	54.7% (415)	
Olympic	47.4% (97)	
Pierce	57.1% (352)	
Southwest Washington	62.1% (190)	

Difference from State Average
-5% ... 5%

North Sound 54.7%
Olympic 47.4%
North Central 42.6%
Better Health Together 65.8%
King 48.1%
Pierce 57.1%
Cascade Pacific Action Alliance 60.5%
Greater Columbia 51.4%
Southwest Washington 62.1%

Figure 66. Asthma Medication Ratio (Ages 19–50).

State Rate for 2019 RY	45.8% (6,970)	
Better Health Together	43.4% (921)	
Cascade Pacific Action Alliance	46.2% (891)	
Greater Columbia	47.3% (827)	
King	East King	50.0% (174)
	Seattle	48.8% (516)
	South King	46.6% (721)
North Central	37.4% (227)	
North Sound	41.7% (1,134)	
Olympic	51.2% (342)	
Pierce	44.8% (755)	
Southwest Washington	52.6% (462)	

Difference from State Average
-5%   5%

North Sound 41.7%
North Central 37.4%
Better Health Together 43.4%
Olympic 51.2%
King 47.8%
Pierce 44.8%
Greater Columbia 47.3%
Cascade Pacific Action Alliance 46.2%
Southwest Washington 52.6%

Figure 67. Asthma Medication Ratio (Ages 51–64).

State Rate for 2019 RY	51.3% (2,826)	
Better Health Together	54.7% (265)	
Cascade Pacific Action Alliance	47.7% (333)	
Greater Columbia	51.6% (287)	
King — East King	62.4% (117)	
King — Seattle	52.9% (274)	
King — South King	50.9% (322)	
North Central	43.4% (99)	
North Sound	47.8% (502)	
Olympic	64.5% (124)	
Pierce	47.9% (313)	
Southwest Washington	54.7% (190)	

Difference from State Average: -5% to 5%

Map labels:
- North Sound 47.8%
- North Central 43.4%
- Better Health Together 54.7%
- Olympic 64.5%
- King 53.6%
- Pierce 47.9%
- Cascade Pacific Action Alliance 47.7%
- Greater Columbia 51.6%
- Southwest Washington 54.7%

Behavioral Health Medication Management

Figures 68–72 presents regional comparisons of selected measures.

Antidepressant Medication Management: In general, the regional variation is the same for both the effective and continuation phases of this measure. The exception is Greater Columbia, which performed above the state average for the acute phase, and below the state average for the continuation phase. The North Sound, Olympic, Cascade Pacific Action Alliance and Southwest Washington regions had rates above the state average for both the acute and continuation phases. Note the South King subdivision performed lower than the state average, while the Seattle and East King subdivisions had higher rates.

Figure 68. Antidepressant Medication Management - Effective Acute Phase Treatment.
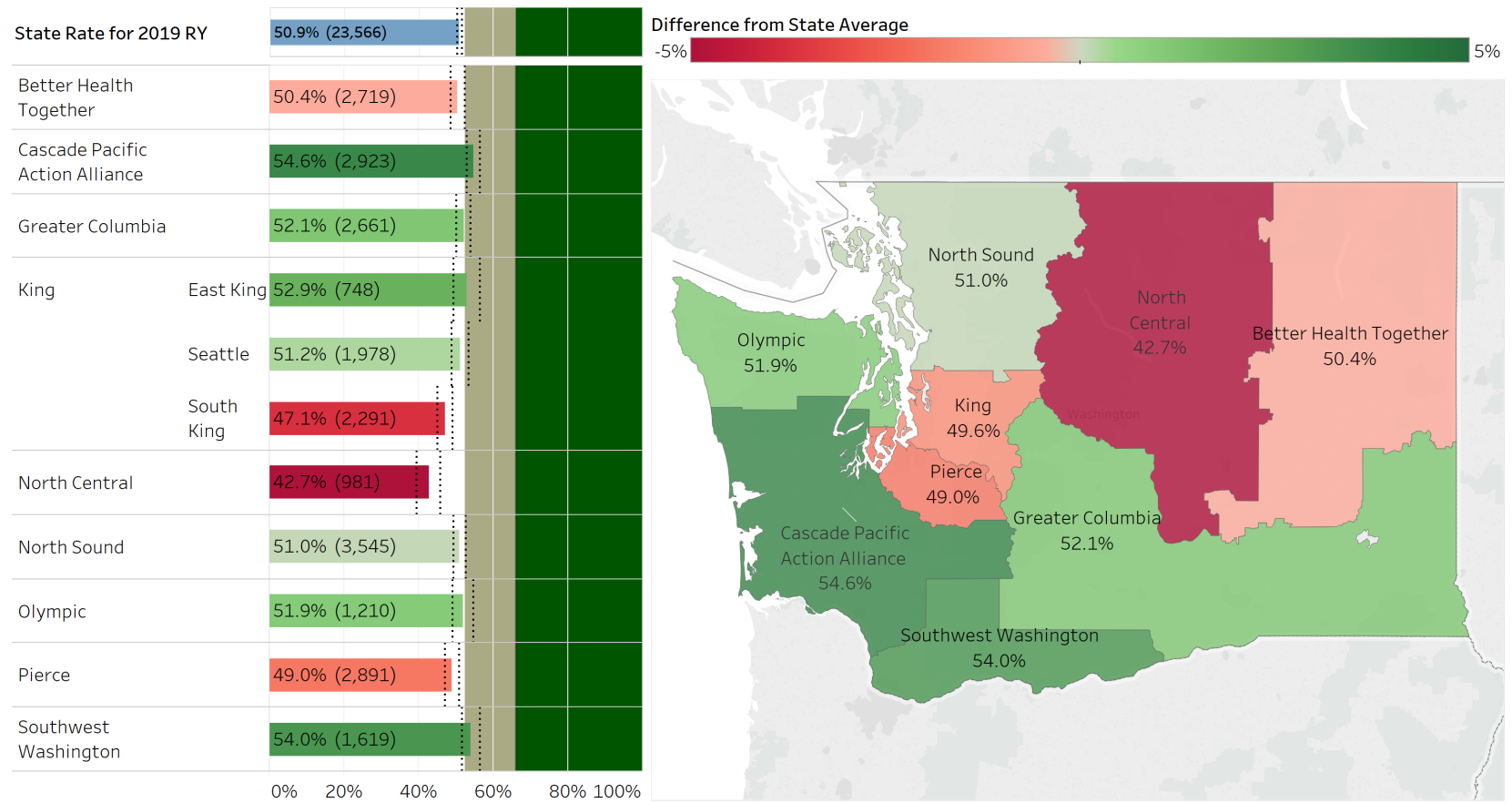
Figure 69. Antidepressant Medication Management - Effective Continuation Phase Treatment.
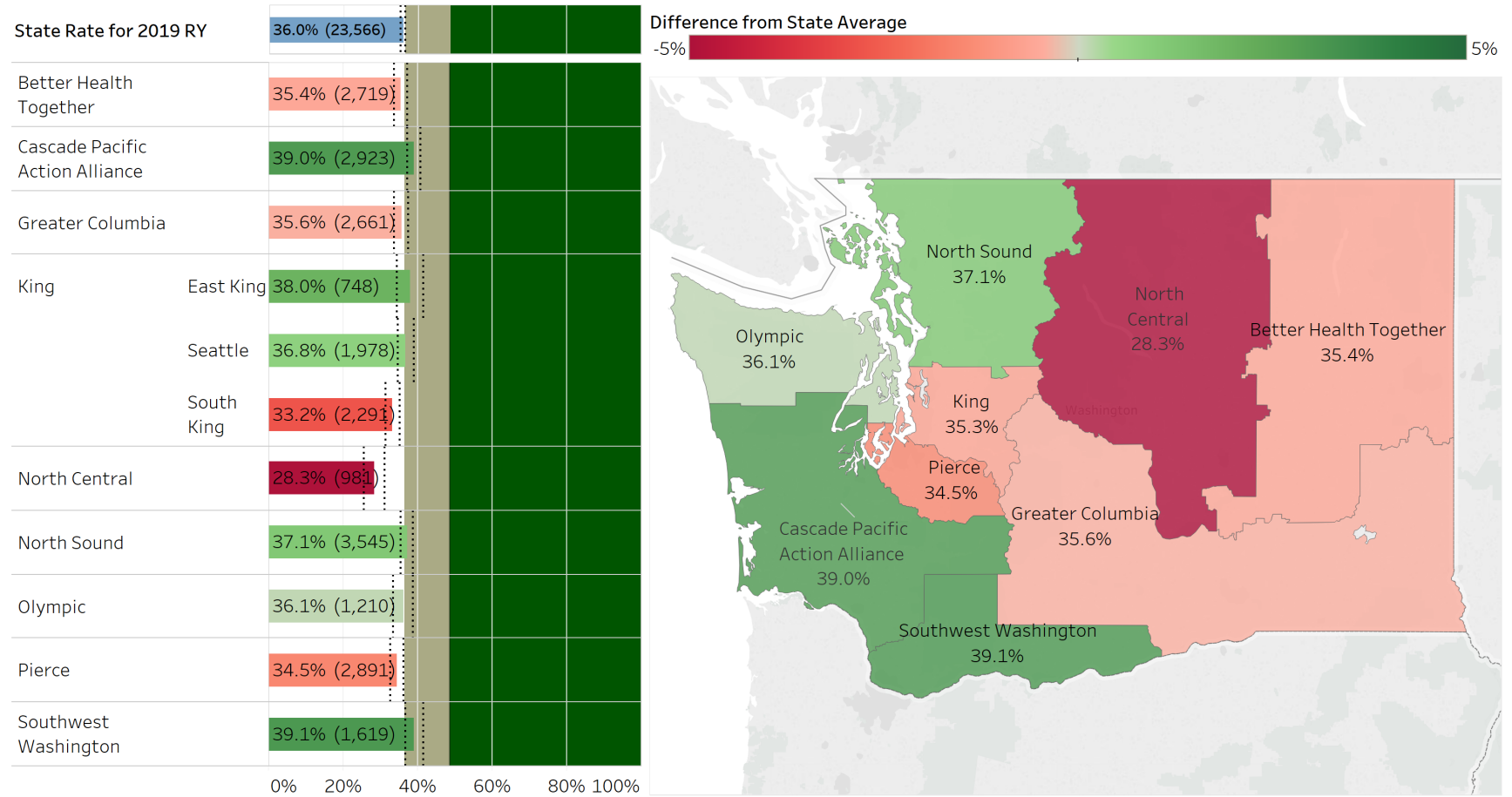
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase: North Sound, King and Pierce performed below the state average. The remaining regions performed above the state average.

Figure 70. Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase.
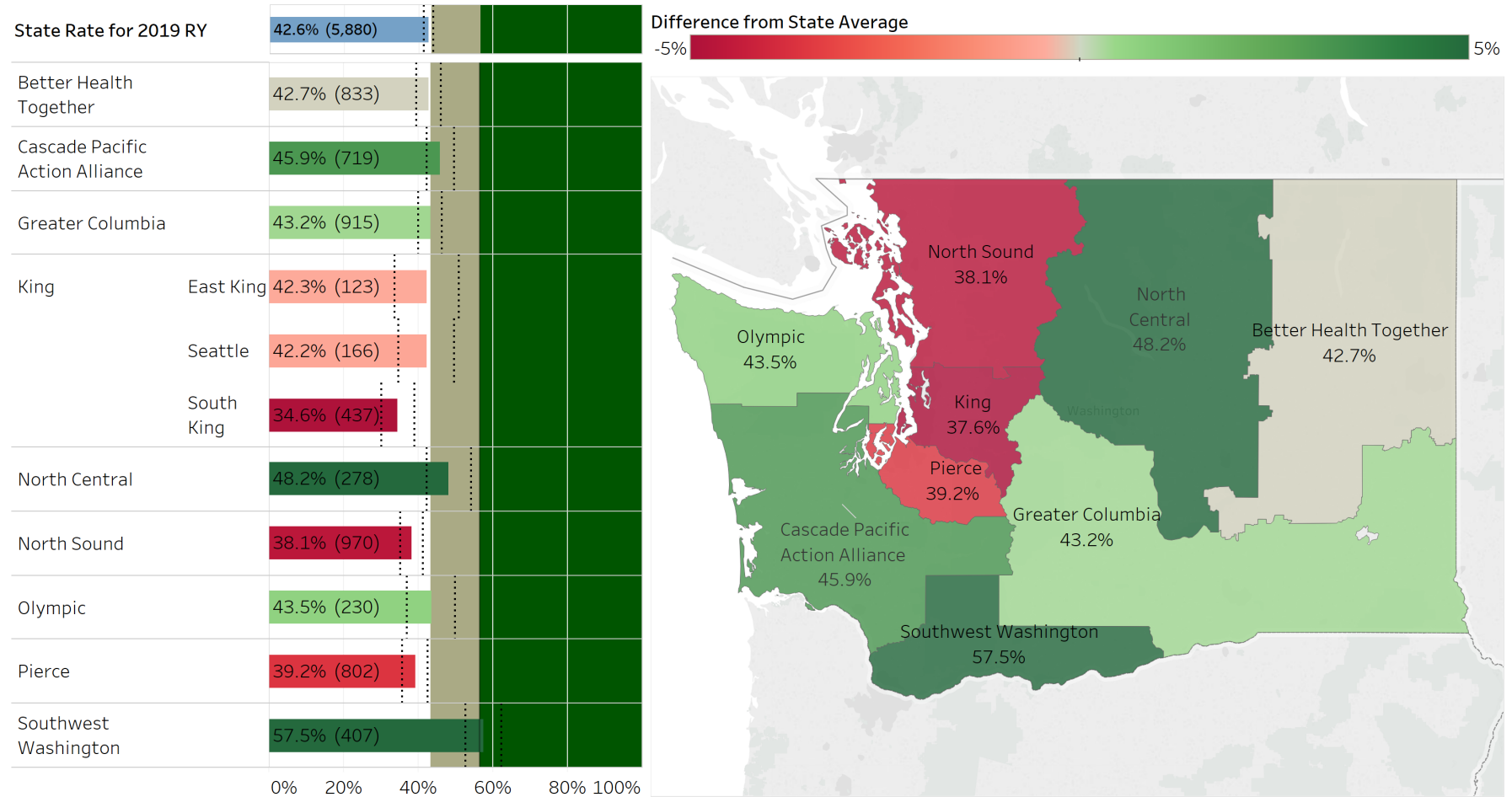
Utilization

Figures 71–72 presents regional comparisons of two selected utilization measures.

Appropriate Testing for Children With Pharyngitis: There was a great deal of regional variation for this measure with rates ranging from 65% to 92%. North Sound, Pierce and Southwest Washington had rates above the state average, while Olympic had a similar rate. All of the other regions had rates below the state average.

Figure 71. Appropriate Testing for Children With Pharyngitis.
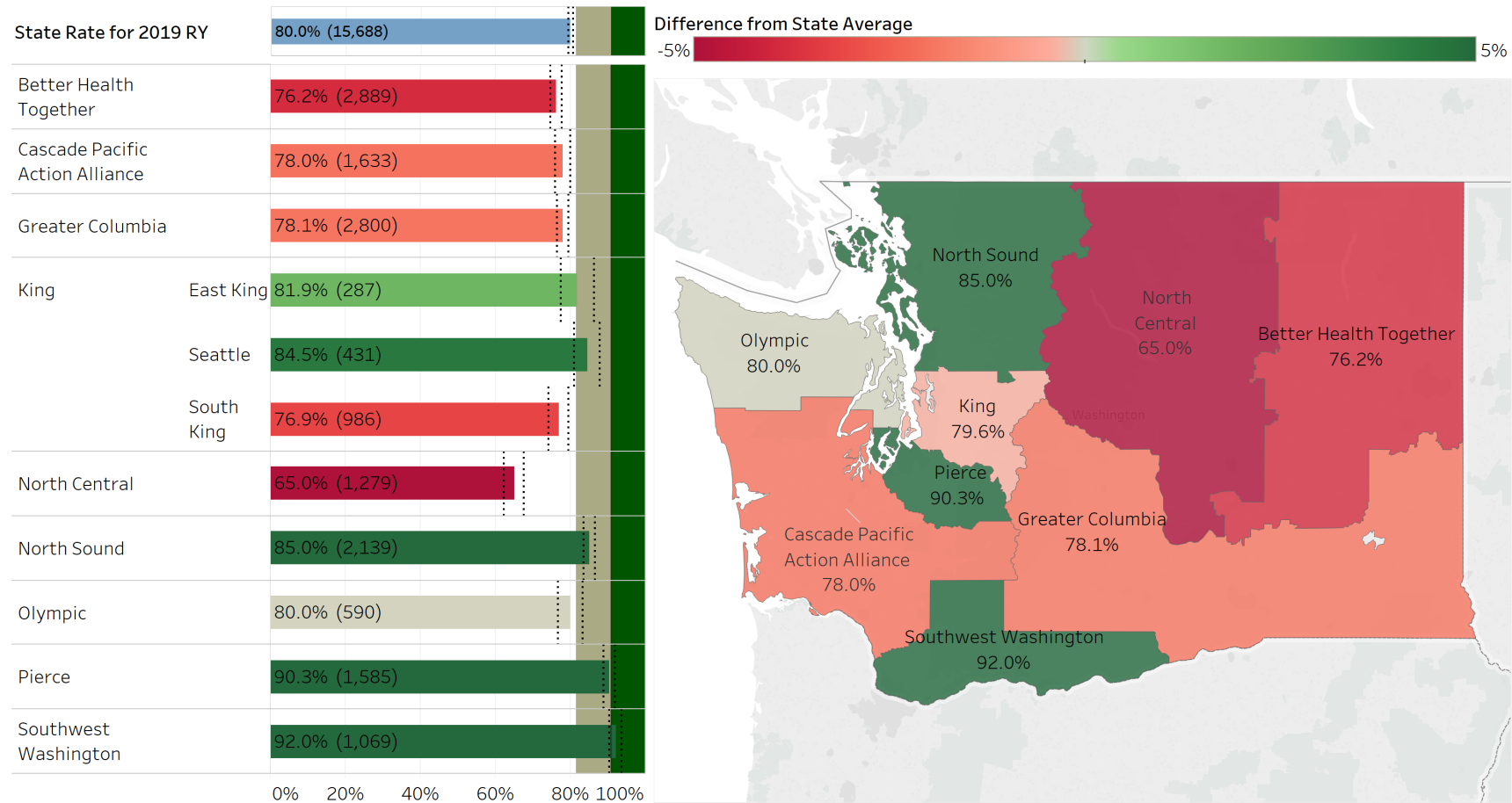
Appropriate Treatment for Children With Upper Respiratory Infection: The range is much tighter for this measure, with regional rates ranging from 92% to 97%. In general, the western region of the state performed higher than the eastern region.

Figure 72. Appropriate Treatment for Children With Upper Respiratory Infection.
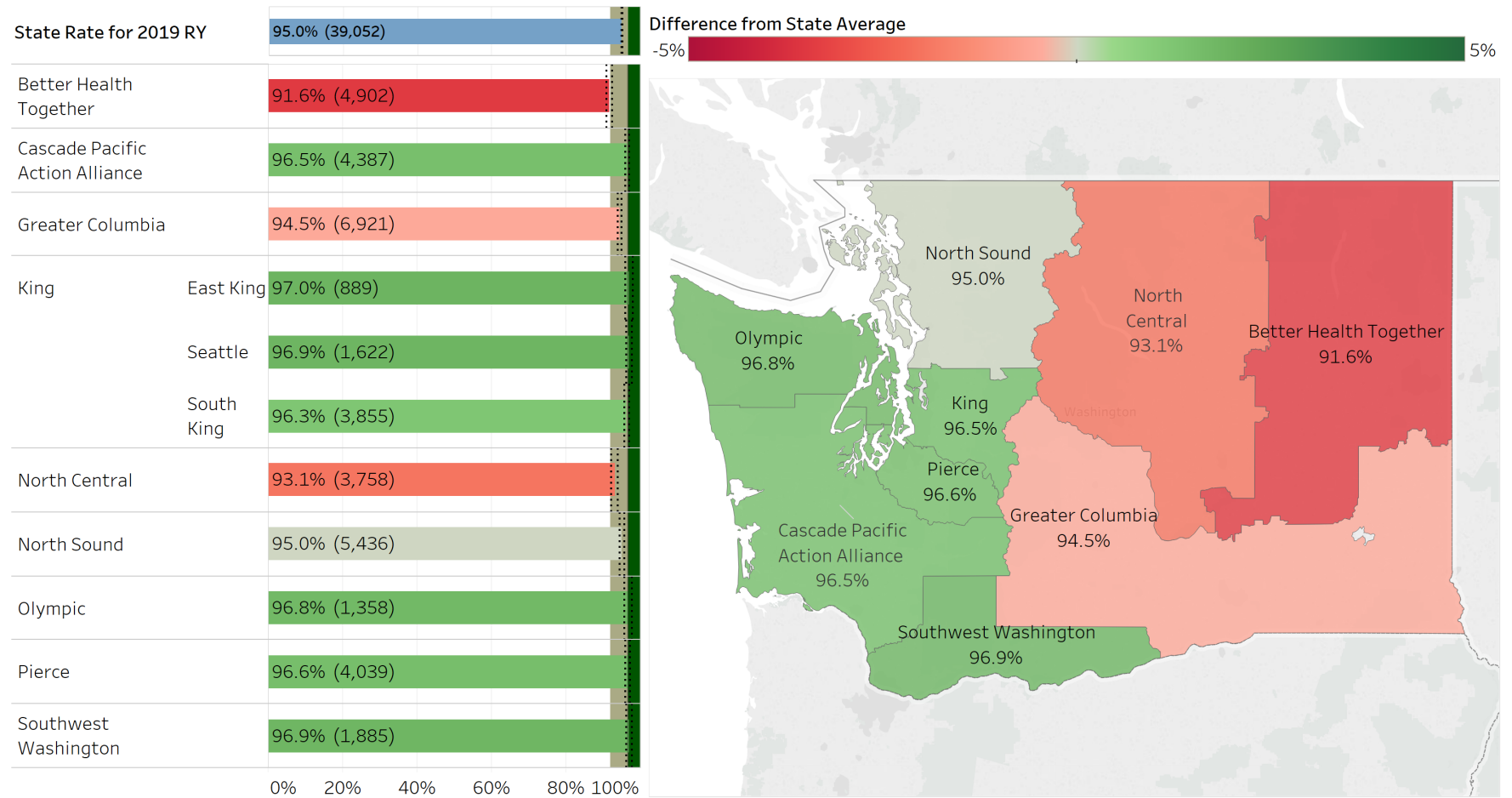
Appendix A: Methodology

Comagine Health assessed Apple Health MCO-level HEDIS data for the 2019 reporting year (calendar year 2018), including 53 measures and their specific indicators (for example, rates for specific age groups or specific populations). HEDIS is a widely used set of healthcare performance measures reported by health plans.

Administrative Versus Hybrid Data Collection

HEDIS measures draw from clinical data sources, utilizing either a fully "administrative" or a "hybrid" collection method, explained below:

- The administrative collection method relies solely on clinical information collected from electronic records generated through claims, registration systems or encounters, among others.
- The hybrid collection method supplements administrative data with a valid sample of carefully reviewed chart data.

Because hybrid measures are supplemented with sample-based data, scores for these measures will always the be the same or better than scores based solely on administrative data.[8]

For example, the following table outlines the difference between state rates for select measures comparing the administrative rate (before chart reviews) versus the hybrid rate (after chart reviews).

Table A-1. Administrative versus Hybrid Rates for Select Measures, 2019 RY.

Measure	Administrative Rate	Hybrid Rate	Difference
Childhood Immunizations—Combination 2	66.4%	73.5%	+7.1%
Comprehensive Diabetes Care— HbA1c Poor Control (>9.0%)	27.9%	38.8%	+10.9%
Prenatal and Postpartum Care— Timeliness of Prenatal Care	40.6%	75.2%	+ 34.6%
Prenatal and Postpartum Care— Postpartum Care	34.5%	58.6%	+ 24.1%

Supplemental Data

In calculating HEDIS rates, the Apple Health MCOs used auditor-approved supplemental data, which is generated outside of a health plan's claims or encounter data system. This supplemental information includes historical medical records, lab data, immunization registry data, and fee-for-service data on Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provided to MCOs by HCA. Supplemental data were used in determining performance rates for both administrative and hybrid measures. For hybrid measures, supplemental data provided by the State reduced the number of necessary chart reviews for MCOs, as plans were not required to review charts for individuals who, according to HCA's supplemental data, had already received the service.

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[8] Tang et al. HEDIS measures vary in how completely the corresponding data are captured in course of clinical encounters and the degree to which administrative data correspond to the actual quality parameter they are designed to measure.

Member-Level Data and Regional Analysis

For this report, HCA required MCOs to submit member-level data (MLD) files for analyses relating to demographic and geographic disparities. These files provide member-level information for each HEDIS quality measure. Each plan's MLD file was submitted to HCA for mapping to enrollee demographic information (race/ethnicity, language, ZIP code of residence). These collective data sets were then provided to Comagine Health for analysis. Because the statewide rates for the regional analysis are derived from this member-level data, statewide results for some measures may differ slightly from those presented in the Performance Measure section of the report, which are derived from HEDIS data.

The populations underlying each measure in this report represent Apple Health members enrolled with an MCO in Washington State between January 1, 2018, and December 31, 2018. Of note: Only individuals who are in the denominator of at least one HEDIS measure are included in the member-level data. As a result, individuals with short tenures in their plans or individuals with little to no healthcare utilization may not be included in the regional assessment. The HEDIS measures were not risk-adjusted for any differences in enrollee demographic characteristics. Prior to performing regional analysis, member-level data were aggregated to the MCO level and validated against the reported HEDIS measures.

Determining Regional Performance

In order to determine regional differences in the quality of care provided to enrollees, selected measures needed to have sufficient volumes in each region to be included in the analyses. Volume typically refers to the denominator, or number of enrollees who meet the criteria for inclusion in the measure. Only a few hybrid measures had sufficient volumes in each region to be analyzed at the regional level. As a result, this assessment focuses on variation in measures collected using the administrative methodology, with the exception of prenatal/postpartum care and one diabetes measure.

Calculations and Comparisons

Calculation of the Washington Apple Health Average

This report provides estimates of the average performance among the five Apple Health MCOs for the three most recent reporting years: 2016 RY, 2017 RY and 2018 RY. The state average for a given measure is calculated as the weighted average among the MCOs that reported the measure (usually five MCOs), with MCOs' shares of the total eligible population used as the weighting factors.

Statistical Significance

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms "significant" or "significantly" are used when describing a statistically significant difference at the 95 percent confidence level. A Wilson Score Interval test was applied to calculate the 95 percent confidence intervals.

For individual MCO performance scores, a chi-square test was used to compare the MCO against the remaining MCOs as a group (i.e., the state average not including the MCO score being tested). The results of this test are included in Appendix B tables for all measures, when applicable. Occasionally a

test may be significant even when the confidence interval crosses the state average line shown in the bar charts, because the state averages on the charts reflect the weighted average of all MCOs, not the average excluding the MCO being tested.

Other tests of statistical significance are generally made by comparing confidence interval boundaries calculated using a Wilson Score Interval test, for example, comparing the MCO performance scores or state averages from year to year. These results are indicated in Appendix B tables by upward and downward arrows and table notes.

Comparison to National Benchmarks

This report provides national benchmarks for select measures from the 2019 NCQA Quality Compass. These benchmarks represent the national average and 90th percentile performance among all NCQA-accredited Medicaid plans and non-accredited Medicaid plans that opted to publicly report their HEDIS rates. These plans represent states both with and without Medicaid expansion. The number of plans reporting on each measure varies, depending on each state's requirement (not all states require reporting; they also vary on the number of measures they require their plans to report).

The license agreement with NCQA for publishing HEDIS benchmarks in this report limits the number of individual indicators to 30, with no more than two benchmarks reported for each selected indicator. Therefore, a number of charts and tables do not include a direct comparison with national benchmarks but may instead include a narrative comparison with national benchmarks, for example, noting that a specific indicator or the state average is lower or higher than the national average.

Interpreting Performance

Potential Sources of Variation in Performance

The adoption, accuracy and completeness of electronic health records (EHRs) have improved over recent years as new standards and systems have been introduced and enhanced. However, HEDIS performance measures are specifically defined; occasionally, patient records may not include the specific notes or values required for a visit or action to count as a numerator event. Therefore, it is important to keep in mind that a low performance score can be the result of an actual need for quality improvement, or it may reflect a need to improve electronic documentation and diligence in recording notes. For example, in order for an outpatient visit to be counted as counseling for nutrition, a note with evidence of the counseling must be attached to the medical record, with demonstration of one of several specific examples from a list of possible types of counseling, such as discussion of behaviors, a checklist, distribution of educational materials, etc. Even if such discussion did occur during the visit, if it was not noted in the patient record, it cannot be counted as a numerator event for weight assessment and counseling for nutrition and physical activity for children/adolescents. For low observed scores, health plans and other stakeholders should examine (and strive to improve) both of these potential sources of low measure performance.

Additional Notes Regarding Interpretation

Plan performance rates must be interpreted carefully. HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS

measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics, and other factors that may impact interaction with health care providers and systems.

Some measures have very large denominators (populations of sample sizes), making it more likely to detect significant differences even for very small differences. Conversely, many HEDIS measures are focused on a narrow eligible patient population and in the final calculation, can differ markedly from a benchmark due to a relatively wide confidence interval. In such instances, it may be useful to look at patterns among associated measures to interpret overall performance.

Appendix B: 2019 HEDIS® Performance Measure Tables

The data included in Appendix B includes specific NCQA benchmarks which, due to licensing agreement limitations, are available to HCA staff for internal use only. For a full set of performance measure overall results, please see Appendix C.

Appendix C: MCO Comparison Results

See next page for a list of all measures with statewide and MCO performance from 2017 to 2019.

* 2019 performance indicates whether a measure is statistically different than national benchmarks.

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
Adult BMI Assessment (ABA)	Statewide	90.2%	89.0%	90.9%	No difference from 50th
	AMG	91.4%	92.2% ▼	97.0%	Above 75th
	CCW	90.1%	83.0%	85.2%	Below 50th
	CHPW	88.2%	91.3%	88.4%	No difference from 50th
	MHW	92.6%	92.9%	93.2%	No difference from 75th
	UHC	86.7%	78.7%	87.5%	No difference from 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile, 3-11 Years	Statewide	58.0%	71.4% ▲	72.8%	Below 50th
	AMG	63.1%	65.9%	73.4%	Below 50th
	CCW	51.3%	61.6%	64.3%	Below 50th
	CHPW	72.2%	78.5%	79.4%	No difference from 50th
	MHW	55.1%	74.3% ▲	76.6%	No difference from 50th
	UHC	48.7%	60.1%	54.9%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile, 12-17 Years	Statewide	57.8%	70.1% ▲	71.2%	Below 50th
	AMG	54.0%	54.0%	71.3% ▲	No difference from 50th
	CCW	41.8%	61.4% ▲	52.1%	Below 50th
	CHPW	66.9%	80.5%	69.5%	Below 50th
	MHW	58.4%	72.1%	79.7%	No difference from 50th
	UHC	54.4%	58.5%	55.8%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile, Total	Statewide	58.0%	70.9% ▲	72.2%	Below 50th
	AMG	59.7%	61.6%	72.7% ▲	Below 50th
	CCW	48.1%	61.6% ▲	60.1%	Below 50th
	CHPW	70.3%	79.2% ▲	75.7%	No difference from 50th
	MHW	56.3%	73.5% ▲	77.6%	No difference from 50th
	UHC	50.6%	59.6%	55.2%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Nutrition Counseling, 3-11 Years	Statewide	61.1%	65.6%	62.8%	Below 50th
	AMG	58.7%	66.3%	62.8%	Below 50th
	CCW	66.5%	66.3%	70.3%	No difference from 50th
	CHPW	69.2%	73.3%	69.5%	No difference from 50th
	MHW	57.9%	63.4%	60.1%	Below 50th
	UHC	56.4%	61.2%	56.0%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Nutrition Counseling, 12-17 Years	Statewide	54.4%	58.1%	60.0%	Below 50th
	AMG	59.0%	48.7%	55.8%	Below 50th
	CCW	56.7%	60.6%	62.0%	No difference from 50th
	CHPW	65.5%	68.4%	64.9%	No difference from 50th
	MHW	49.1%	55.8%	58.6%	Below 50th
	UHC	54.4%	50.4%	57.2%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Nutrition Counseling, Total	Statewide	58.7%	62.9%	61.8%	Below 50th
	AMG	58.8%	59.9%	60.6%	Below 50th
	CCW	63.2%	64.5%	67.4%	No difference from 50th
	CHPW	67.9%	71.6%	67.8%	No difference from 50th
	MHW	54.7%	60.6%	59.6%	Below 50th
	UHC	55.7%	57.7%	56.4%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Physical Activity Counseling, 3-11 Years	Statewide	50.0%	56.2% ▲	55.3%	Below 50th
	AMG	51.7%	54.4%	52.8%	Below 50th
	CCW	52.7%	58.1%	64.3%	No difference from 50th
	CHPW	60.8%	67.3%	66.4%	No difference from 50th
	MHW	46.2%	54.1%	52.2%	Below 50th
	UHC	43.6%	45.3%	43.2%	Below 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Physical Activity Counseling, 12-17 Years	Statewide	59.1%	60.9%	61.9%	Below 50th
	AMG	64.0%	56.0%	57.4%	Below 50th
	CCW	58.2%	66.7%	65.5%	No difference from 50th
	CHPW	68.9%	74.4%	68.7%	No difference from 50th
	MHW	55.9%	56.5%	59.4%	No difference from 50th
	UHC	53.7%	50.4%	60.1%	No difference from 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Physical Activity Counseling, Total	Statewide	53.2%	57.8% ▲	57.5%	Below 50th
	AMG	56.3%	55.0%	54.3%	Below 50th
	CCW	54.6%	60.8%	64.7%	No difference from 50th
	CHPW	63.7%	69.8%	67.2%	No difference from 50th
	MHW	49.7%	55.0%	54.5%	Below 50th
	UHC	47.0%	47.0%	48.9%	Below 50th
Childhood Immunization Status (CIS), DTaP	Statewide	74.5%	73.9%	76.9% ▲	No difference from 50th
	AMG	75.9%	75.7%	73.5%	No difference from 50th
	CCW	79.8%	82.7%	78.8%	No difference from 50th
	CHPW	73.7%	73.7%	76.9%	No difference from 50th
	MHW	72.6%	70.6%	76.6% ▲	No difference Perform 50th
	UHC	75.9%	74.9%	77.6%	No difference from 50th
Childhood Immunization Status (CIS), IPV	Statewide	88.6%	86.6% ▼	88.9% ▲	No difference from 50th
	AMG	88.4%	86.6%	87.8%	No difference from 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	CCW	94.5%	93.4%	91.7%	No difference from 50th
	CHPW	88.1%	88.6%	89.1%	No difference from 50th
	MHW	88.1%	84.3% ▼	88.1% ▲	No difference from 50th
	UHC	85.2%	84.4%	89.5%	No difference from 50th
Childhood Immunization Status (CIS), MMR	Statewide	87.3%	85.7%	87.3%	No difference from 50th
	AMG	85.4%	86.9%	85.6%	No difference from 50th
	CCW	93.5%	92.0%	91.0%	No difference from 50th
	CHPW	88.3%	86.4%	88.1%	No difference from 50th
	MHW	85.9%	83.5%	85.6%	No difference from 50th
	UHC	85.2%	84.9%	89.3%	No difference from 50th
Childhood Immunization Status (CIS), HIB	Statewide	88.6%	86.3% ▼	88.2%	No difference from 50th
	AMG	88.0%	86.4%	86.6%	No difference from 50th
	CCW	93.8%	92.7%	91.0%	No difference from 75th
	CHPW	87.8%	88.1%	87.8%	No difference from 50th
	MHW	88.3%	84.1% ▼	87.6%	No difference from 50th
	UHC	85.9%	84.2%	88.3%	No difference from 50th
Childhood Immunization Status (CIS), Hepatitis B	Statewide	89.4%	86.9% ▼	88.3%	Below 50th
	AMG	87.3%	88.6%	88.3%	No difference from 50th
	CCW	93.0%	93.4%	92.7%	No difference from 75th
	CHPW	91.5%	89.5%	90.3%	No difference from 50th
	MHW	89.0%	84.0% ▼	86.6%	No difference from 50th
	UHC	85.2%	85.6%	87.8%	No difference from 50th
Childhood Immunization Status (CIS), VZV	Statewide	85.8%	84.8%	86.5%	Below 50th
	AMG	84.3%	85.9%	84.2%	Below 50th
	CCW	92.3%	91.0%	89.8%	No difference from 50th
	CHPW	88.6%	85.9%	87.6%	No difference from 50th
	MHW	83.7%	82.4%	85.2%	No difference from 50th
	UHC	83.7%	84.4%	88.3%	No difference from 50th
Childhood Immunization Status (CIS), Pneumococcal	Statewide	76.7%	74.3%	76.8% ▲	No difference from 50th
	AMG	75.2%	75.9%	74.5%	No difference from 50th
	CCW	81.7%	80.8%	80.3%	No difference from 50th
	CHPW	75.7%	75.9%	76.4%	No difference from 50th
	MHW	76.4%	71.5% ▼	75.7%	No difference from 50th
	UHC	74.9%	74.2%	79.3%	No difference from 50th
Childhood Immunization Status (CIS), Hepatitis A	Statewide	80.7%	79.9%	83.1% ▲	Below 50th
	AMG	80.3%	79.6%	82.0%	No difference from 50th
	CCW	89.9%	87.8%	88.1%	No difference from 75th
	CHPW	85.6%	82.7%	84.4%	No difference from 50th
	MHW	76.2%	76.9%	80.8%	No difference from 50th
	UHC	79.8%	78.6%	85.4%	No difference from 50th
Childhood Immunization Status (CIS), Rotavirus	Statewide	69.9%	67.7%	68.5%	Below 50th
	AMG	70.6%	72.7%	69.8%	No difference from 50th
	CCW	78.1%	71.3%	72.5%	No difference from 50th
	CHPW	65.9%	67.6%	72.7%	No difference from 50th
	MHW	69.1%	65.7%	65.0%	Below 50th
	UHC	69.3%	68.1%	72.5%	No difference from 50th
Childhood Immunization Status (CIS), Influenza	Statewide	48.4%	50.7%	55.4% ▲	No difference from 75th
	AMG	48.6%	50.4%	53.3%	No difference from 75th
	CCW	53.4%	59.6%	60.6%	Above 75th
	CHPW	49.6%	52.8%	62.3%	Above 75th
	MHW	45.7%	47.1%	52.1%	No difference from 50th
	UHC	50.4%	50.9%	55.7%	No difference from 75th
Childhood Immunization Status (CIS), Combo 2	Statewide	70.5%	70.5%	73.2% ▲	No difference from 50th
	AMG	72.9%	71.8%	69.8%	No difference from 50th
	CCW	76.0%	81.0%	77.1%	No difference from 50th
	CHPW	70.6%	72.3%	74.2%	No difference from 50th
	MHW	68.2%	65.9%	72.0% ▲	No difference from 50th
	UHC	71.0%	72.3%	74.5%	No difference from 50th
Childhood Immunization Status (CIS), Combo 3	Statewide	67.0%	66.9%	70.0% ▲	No difference from 50th
	AMG	70.1%	69.1%	66.7%	No difference from 50th
	CCW	72.8%	75.9%	75.2%	No difference from 75th
	CHPW	67.4%	69.6%	70.6%	No difference from 50th
	MHW	64.2%	62.5%	68.6% ▲	No difference from 50th
	UHC	67.9%	68.6%	71.0%	No difference from 50th
Childhood Immunization Status (CIS), Combo 4	Statewide	64.7%	65.1%	67.8% ▲	No difference Perform 50th*
	AMG	66.7%	65.9%	64.7%	No difference from 50th
	CCW	72.1%	74.9%	73.7%	No difference from 75th
	CHPW	66.4%	68.1%	69.3%	No difference from 50th
	MHW	61.4%	60.5%	65.7% ▲	No difference from 50th
	UHC	64.7%	66.4%	69.6%	No difference from 50th
Childhood Immunization Status (CIS), Combo 5	Statewide	57.6%	57.2%	59.6%	No difference from 50th
	AMG	62.7%	60.6%	58.4%	No difference from 50th
	CCW	66.3%	63.5%	63.5%	No difference from 50th
	CHPW	55.0%	59.1%	62.8%	No difference from 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	MHW	54.5%	53.8%	56.7%	No difference from 50th
	UHC	59.1%	57.9%	63.5%	No difference from 50th
Childhood Immunization Status (CIS), Combo 6	Statewide	41.8%	43.9%	47.7% ▲	No difference from 75th
	AMG	43.8%	44.5%	44.5%	No difference from 50th
	CCW	46.4%	53.5%	54.0%	Above 75th
	CHPW	42.3%	45.7%	53.5%	Above 75th
	MHW	39.3%	39.9%	44.5%	No difference from 50th
	UHC	43.8%	45.3%	48.4%	No difference from 75th
Childhood Immunization Status (CIS), Combo 7	Statewide	56.0%	56.1%	58.3%	No difference from 50th
	AMG	60.0%	59.1%	57.2%	No difference from 50th
	CCW	65.6%	62.8%	62.5%	No difference from 50th
	CHPW	54.7%	58.9%	61.6%	No difference from 50th
	MHW	52.8%	52.5%	55.2%	No difference from 50th
	UHC	56.4%	56.2%	62.3%	No difference from 50th
Childhood Immunization Status (CIS), Combo 8	Statewide	41.0%	43.3%	47.2% ▲	No difference from 75th
	AMG	42.8%	43.3%	43.3%	No difference from 50th
	CCW	46.2%	53.0%	53.8%	Above 75th
	CHPW	41.8%	45.7%	52.8%	Above 75th
	MHW	38.4%	39.1%	44.0%	No difference from 50th
	UHC	42.1%	44.0%	47.9%	No difference from 75th
Childhood Immunization Status (CIS), Combo 9	Statewide	37.4%	38.6%	42.1% ▲	No difference from 75th
	AMG	40.5%	39.2%	39.4%	No difference from 50th
	CCW	45.2%	45.3%	47.2%	Above 75th
	CHPW	37.2%	40.9%	48.4%	Above 75th
	MHW	33.8%	35.6%	38.4%	No difference from 50th
	UHC	40.1%	38.7%	44.8%	No difference from 75th
Childhood Immunization Status (CIS), Combo 10	Statewide	36.9%	38.1%	41.6% ▲	No difference from 75th
	AMG	39.6%	38.2%	38.4%	No difference from 50th
	CCW	45.0%	45.0%	47.0%	Above 75th
	CHPW	37.0%	40.9%	47.7%	Above 75th
	MHW	33.3%	35.1%	38.0%	No difference from 50th
	UHC	38.7%	37.7%	44.3%	No difference from 75th
Immunizations for Adolescents (IMA), Meningococcal	Statewide	78.1%	77.6%	79.0%	Below 50th
	AMG	68.1%	69.1%	70.6%	Below 50th
	CCW	82.9%	84.7%	82.7%	No difference from 50th
	CHPW	80.5%	82.0%	83.0%	No difference from 50th
	MHW	79.2%	75.2%	79.3%	Below 50th
	UHC	69.8%	75.9%	69.6%	Below 50th
Immunizations for Adolescents (IMA), Tdap	Statewide	89.2%	89.1%	86.0% ▼	Below 50th
	AMG	85.9%	82.7%	85.9%	No difference from 50th
	CCW	91.6%	92.5%	88.1%	No difference from 50th
	CHPW	89.3%	90.3%	88.3%	No difference from 50th
	MHW	90.3%	89.3%	86.9%	No difference from 50th
	UHC	84.9%	84.4%	74.2% ▼	Below 50th
Immunizations for Adolescents (IMA), HPV	Statewide	22.3%	40.6% ▲	39.0%	Above 50th, Below 75th
	AMG	18.1%	28.6% ▲	34.5%	No difference from 50th
	CCW	32.7%	48.4% ▲	45.5%	No difference from 75th
	CHPW	24.8%	46.7% ▲	48.2%	Above 75th
	MHW	19.7%	38.0% ▲	35.5%	No difference from 50th
	UHC	20.0%	36.5% ▲	32.4%	No difference from 50th
Immunizations for Adolescents (IMA), Combo 1	Statewide	76.6%	76.0%	76.0%	Below 50th
	AMG	66.0%	66.5%	68.4%	Below 50th
	CCW	81.7%	83.0%	79.3%	No difference from 50th
	CHPW	78.3%	80.3%	79.6%	No difference from 50th
	MHW	78.1%	73.7%	76.6%	Below 50th
	UHC	67.9%	73.7%	65.2%	Below 50th
Immunizations for Adolescents (IMA), Combo 2	Statewide	20.9%	42.3% ▲	36.7% ▼	Above 50th, Below 75th
	AMG	16.7%	26.4% ▲	32.4%	No difference from 50th
	CCW	31.7%	44.5% ▲	42.6%	No difference from 75th
	CHPW	23.1%	45.3% ▲	44.8%	No difference from 75th
	MHW	18.5%	34.6% ▲	33.8%	No difference from 50th
	UHC	18.0%	34.6% ▲	30.2%	No difference from 50th
Lead Screening in Children (LSC)	Statewide	20.3%	24.2% ▲	31.7% ▲	Below 50th
	AMG	19.7%	24.6%	32.1%	Below 50th
	CCW	22.1%	31.9% ▲	36.7%	Below 50th
	CHPW	34.8%	34.5%	46.5% ▲	Below 50th
	MHW	16.1%	19.8%	27.7% ▲	Below 50th
	UHC	12.9%	18.2%	24.1%	Below 50th
Breast Cancer Screening (BCS)	Statewide	53.5%	55.3% ▲	54.5%	Below 50th
	AMG	48.0%	47.9%	47.2%	Below 50th
	CCW	53.1%	52.8%	51.6%	Below 50th
	CHPW	58.4%	68.2% ▲	66.7%	Above 75th
	MHW	56.1%	54.4%	53.9%	Below 50th
	UHC	48.7%	49.8%	50.6%	Below 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
Cervical Cancer Screening (CCS)	Statewide	55.8%	56.9%	57.7%	Below 50th
	AMG	53.5%	55.5%	54.1%	Below 50th
	CCW	52.8%	56.6%	53.3%	Below 50th
	CHPW	57.9%	62.0%	61.6%	No difference from 50th
	MHW	58.7%	56.4%	60.8%	No difference from 50th
	UHC	50.1%	53.5%	50.5%	Below 50th
Chlamydia Screening (CHL), 16-20 Years	Statewide	49.8%	50.2%	49.2%	Below 50th
	AMG	52.4%	51.6%	46.5% ▼	Below 50th
	CCW	49.1%	51.3%	52.0%	Below 50th
	CHPW	48.7%	49.9%	48.4%	Below 50th
	MHW	50.3%	50.4%	49.2%	Below 50th
	UHC	48.8%	47.9%	47.6%	Below 50th
Chlamydia Screening (CHL), 21-24 Years	Statewide	59.2%	60.6% ▲	60.1%	Below 50th
	AMG	59.6%	59.0%	57.4%	Below 50th
	CCW	59.3%	60.5%	60.2%	Below 50th
	CHPW	57.7%	61.6% ▲	60.3%	Below 50th
	MHW	59.9%	61.4%	61.0%	Below 50th
	UHC	58.7%	57.9%	58.3%	Below 50th
Chlamydia Screening (CHL), Total	Statewide	54.4%	55.1%	54.2% ▼	Below 50th
	AMG	57.0%	55.9%	52.6% ▼	Below 50th
	CCW	55.0%	55.7%	55.7%	Below 50th
	CHPW	53.0%	55.3% ▲	53.9%	Below 50th
	MHW	54.4%	55.2%	54.4%	Below 50th
	UHC	54.5%	53.3%	53.1%	Below 50th
Appropriate Testing for Children with Pharyngitis (CWP)	Statewide	73.9%	78.3% ▲	80.0% ▲	Below 50th
	AMG	74.8%	83.0% ▲	84.6%	No difference from 75th
	CCW	62.0%	67.4% ▲	69.6%	Below 50th
	CHPW	75.3%	78.0%	79.2%	Below 50th
	MHW	75.0%	80.5% ▲	82.6% ▲	Above 50th, Below 75th
	UHC	78.9%	79.5%	81.4%	No difference from 50th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Statewide	23.7%	26.9%	27.3%	Below 50th
	AMG	23.0%	25.9%	27.7%	No difference from 50th
	CCW	24.7%	27.2%	24.5%	Below 50th
	CHPW	20.6%	28.7% ▲	29.0%	No difference from 50th
	MHW	25.2%	24.5%	28.5%	No difference from 50th
	UHC	25.6%	28.9%	24.6%	Below 50th
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid	Statewide	72.3%	73.4%	74.2%	No difference from 75th
	AMG	68.8%	70.9%	70.8%	No difference from 50th
	CCW	73.8%	73.3%	72.2%	No difference from 50th
	CHPW	67.9%	75.2% ▲	76.7%	No difference from 75th
	MHW	76.5%	73.7%	75.2%	No difference from 75th
	UHC	72.4%	72.7%	73.6%	No difference from 50th
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator	Statewide	83.6%	85.3%	85.8%	Above 50th, Below 75th
	AMG	82.9%	81.9%	84.1%	No difference from 50th
	CCW	84.1%	85.3%	83.8%	No difference from 50th
	CHPW	83.6%	87.8%	87.7%	No difference from 75th
	MHW	84.5%	86.0%	86.1%	No difference from 50th
	UHC	82.2%	83.5%	85.7%	No difference from 50th
Medication Management for People With Asthma (MMA), Medication Compliance 50%, 5-11 Years	Statewide	46.5%	49.4%	50.9%	No Benchmark
	AMG	48.7%	33.7%	49.5%	No Benchmark
	CCW	44.4%	52.7%	52.1%	No Benchmark
	CHPW	43.9%	52.6% ▲	50.6%	No Benchmark
	MHW	46.2%	48.0%	50.4%	No Benchmark
	UHC	58.1%	53.3%	52.9%	No Benchmark
Medication Management for People With Asthma (MMA), Medication Compliance 75%, 5-11 Years	Statewide	23.4%	25.7%	27.1%	Below 50th
	AMG	17.1%	12.8%	22.4%	No difference from 50th
	CCW	21.6%	28.0%	26.9%	No difference from 50th
	CHPW	23.8%	27.2%	29.7%	No difference from 50th
	MHW	22.1%	25.1%	25.9%	Below 50th
	UHC	36.4%	28.0%	31.8%	No difference from 50th
Medication Management for People With Asthma (MMA), Medication Compliance 50%, 12-18 Years	Statewide	49.7%	48.6%	49.5%	No Benchmark
	AMG	52.9%	55.1%	51.1%	No Benchmark
	CCW	45.7%	53.0%	50.4%	No Benchmark
	CHPW	48.6%	46.5%	48.0%	No Benchmark
	MHW	49.5%	47.4%	49.0%	No Benchmark
	UHC	59.7%	57.0%	53.9%	No Benchmark
Medication Management for People With Asthma (MMA), Medication Compliance 75%, 12-18 Years	Statewide	25.7%	25.4%	25.8%	Below 50th
	AMG	22.1%	19.2%	17.0%	Below 50th
	CCW	21.0%	25.8%	29.6%	No difference from 50th
	CHPW	25.2%	24.4%	24.0%	Below 50th
	MHW	26.1%	25.0%	25.7%	Below 50th
	UHC	33.6%	33.9%	28.1%	No difference from 50th
Medication Management for People With Asthma (MMA),	Statewide	58.9%	61.1%	61.0%	No Benchmark

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
Medication Compliance 50%, 19-50 Years	AMG	56.2%	58.9%	62.0%	No Benchmark
	CCW	58.2%	63.8%	63.2%	No Benchmark
	CHPW	58.9%	61.5%	61.2%	No Benchmark
	MHW	57.1%	59.2%	59.2%	No Benchmark
	UHC	66.9%	65.7%	63.6%	No Benchmark
Medication Management for People With Asthma (MMA), Medication Compliance 75%, 19-50 Years	Statewide	36.0%	38.5%	38.2%	Below 50th
	AMG	31.7%	34.5%	37.0%	Below 50th
	CCW	32.6%	37.8%	40.6%	No difference from 50th
	CHPW	36.5%	42.4%	40.2%	No difference from 50th
	MHW	34.6%	36.3%	36.1%	Below 50th
	UHC	45.9%	43.3%	41.3%	No difference from 50th
Medication Management for People With Asthma (MMA), Medication Compliance 50%, 51-64 Years	Statewide	71.9%	72.2%	70.9%	No Benchmark
	AMG	64.2%	73.3%	72.0%	No Benchmark
	CCW	74.8%	74.7%	76.2%	No Benchmark
	CHPW	69.8%	70.3%	68.5%	No Benchmark
	MHW	71.1%	71.1%	68.5%	No Benchmark
	UHC	80.9%	74.7%	74.9%	No Benchmark
Medication Management for People With Asthma (MMA), Medication Compliance 75%, 51-64 Years	Statewide	48.8%	49.5%	49.5%	Below 50th
	AMG	42.4%	50.4%	50.2%	No difference from 50th
	CCW	53.1%	53.0%	52.9%	No difference from 50th
	CHPW	44.7%	46.0%	47.5%	Below 50th
	MHW	48.5%	49.3%	47.7%	Below 50th
	UHC	57.7%	51.4%	53.3%	No difference from 50th
Medication Management for People With Asthma (MMA), Medication Compliance 50%, Total (5-64 Years)	Statewide	55.9%	57.6%	57.9%	No Benchmark
	AMG	57.6%	59.9%	61.9%	No Benchmark
	CCW	56.8%	61.7%	60.0%	No Benchmark
	CHPW	54.6%	57.8%	57.5%	No Benchmark
	MHW	53.3%	54.7%	55.8%	No Benchmark
	UHC	67.5%	64.3%	62.6%	No Benchmark
Medication Management for People With Asthma (MMA), Medication Compliance 75%, Total (5-64 Years)	Statewide	32.7%	34.6% ▲	34.9%	Below 50th
	AMG	32.7%	35.2%	36.5%	No difference from 50th
	CCW	32.6%	36.5%	37.1%	No difference from 50th
	CHPW	32.2%	35.8%	35.8%	No difference from 50th
	MHW	30.0%	32.1%	32.5%	Below 50th
	UHC	45.3%	41.2%	40.1%	Above 50th, Below 75th
Asthma Medication Ratio (AMR), 5-11 Years	Statewide	65.4%	65.5%	66.2%	Below 50th
	AMG	56.7%	53.5%	65.6%	Below 50th
	CCW	53.1%	65.8% ▲	70.1%	Below 50th
	CHPW	59.7%	57.2%	59.8%	Below 50th
	MHW	71.0%	69.8%	67.1%	Below 50th
	UHC	59.4%	60.5%	67.7%	Below 50th
Asthma Medication Ratio (AMR), 12-18 Years	Statewide	52.1%	55.6%	54.8%	Below 50th
	AMG	42.5%	47.0% ▲	52.8%	Below 50th
	CCW	37.4%	54.0% ▲	55.9%	Below 50th
	CHPW	46.3%	48.5% ▲	49.7%	Below 50th
	MHW	57.6%	59.2% ▲	56.0%	Below 50th
	UHC	51.7%	54.9% ▲	57.1%	Below 50th
Asthma Medication Ratio (AMR), 19-50 Years	Statewide	42.6%	46.1% ▲	45.8%	Below 50th
	AMG	41.2%	41.2%	44.0%	Below 50th
	CCW	36.8%	44.0% ▲	49.1%	Below 50th
	CHPW	40.1%	43.4%	44.6%	Below 50th
	MHW	46.8%	49.4%	46.3%	Below 50th
	UHC	41.7%	45.1%	44.3%	Below 50th
Asthma Medication Ratio (AMR), 51-64 Years	Statewide	49.9%	53.3%	51.3%	Below 50th
	AMG	46.7%	50.5%	54.1%	No difference from 50th
	CCW	47.0%	49.9%	53.1%	No difference from 50th
	CHPW	49.6%	51.0%	52.4%	No difference from 50th
	MHW	51.7%	56.8%	50.3% ▼	Below 50th
	UHC	52.6%	53.5%	49.4%	Below 50th
Asthma Medication Ratio (AMR), Total	Statewide	50.8%	53.2% ▲	52.7%	Below 50th
	AMG	44.3%	45.3%	49.6%	Below 50th
	CCW	41.7%	50.6% ▲	55.6% ▲	Below 50th
	CHPW	47.5%	48.6%	50.1%	Below 50th
	MHW	56.8%	57.7%	53.9% ▼	Below 50th
	UHC	47.9%	50.4%	50.6%	Below 50th
Controlling High Blood Pressure (CBP)	Statewide	56.0%	59.9%	62.9%	No difference from 50th
	AMG	55.1%	57.2%	64.5%	No difference from 50th
	CCW	53.1%	53.7%	53.8%	Below 50th
	CHPW	65.1%	67.8%	63.3%	No difference from 50th
	MHW	56.9%	62.5%	66.9%	No difference from 75th
	UHC	46.2%	52.3%	59.1%	No difference from 50th
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Statewide	79.4%	77.3%	77.5%	No difference from 50th
	AMG	74.4%	76.1%	67.3%	Below 50th
	CCW	80.0%	75.9%	79.8%	No difference from 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	CHPW	81.0%	79.7%	79.6%	No difference from 50th
	MHW	80.0%	77.1%	79.3%	No difference from 50th
	UHC	79.7%	76.8%	76.4%	No difference from 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total	Statewide	80.1%	82.4% ▲	82.8%	Above 75th
	AMG	81.0%	82.9%	83.4%	No difference from 75th
	CCW	78.2%	80.5%	82.6%	No difference from 75th
	CHPW	81.2%	83.4%	81.4%	No difference from 75th
	MHW	79.5%	82.2%	84.0%	Above 75th
	UHC	81.0%	82.9%	81.8%	No difference from 75th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy 21-75 years (Male)	Statewide	81.3%	83.0%	83.3%	No difference from 75th
	AMG	83.2%	84.1%	83.8%	Above 75th
	CCW	78.9%	79.1%	82.3%	Above 75th
	CHPW	80.3%	83.4%	81.0%	No difference from 50th
	MHW	81.7%	84.0%	85.6%	No difference from 75th
	UHC	82.2%	84.0%	81.6%	No difference from 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy 40-75 years (Female)	Statewide	78.0%	81.8%	82.0%	Above 75th
	AMG	75.8%	80.2%	82.5%	No difference from 75th
	CCW	76.9%	83.2%	83.2%	No difference from 75th
	CHPW	83.0%	83.6%	82.1%	No difference from 75th
	MHW	76.0%	80.7%	81.5%	No difference from 75th
	UHC	78.4%	80.7%	82.1%	No difference from 75th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total	Statewide	61.2%	64.8% ▲	66.6%	No difference from 50th
	AMG	61.1%	59.3%	65.2%	No difference from 50th
	CCW	57.0%	66.7% ▲	68.9%	No difference from 50th
	CHPW	59.5%	63.8%	67.6%	No difference from 50th
	MHW	64.6%	66.8%	66.5%	No difference from 50th
	UHC	61.6%	64.5%	64.8%	No difference from 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80% 21-75 years (Male)	Statewide	60.4%	62.7%	65.7%	No difference from 50th
	AMG	63.9%	61.7%	64.8%	No difference from 50th
	CCW	56.2%	65.2%	67.6%	No difference from 50th
	CHPW	58.6%	63.6%	68.3%	No difference from 50th
	MHW	64.3%	61.7%	65.7%	No difference from 50th
	UHC	56.8%	61.7%	62.5%	No difference from 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80% 40-75 years (Female)	Statewide	63.0%	66.1%	68.2%	No difference from 75th
	AMG	53.8%	54.0%	66.2%	No difference from 50th
	CCW	58.4%	69.4%	71.3%	No difference from 75th
	CHPW	61.1%	64.2%	66.5%	No difference from 50th
	MHW	65.2%	70.9%	67.9%	No difference from 50th
	UHC	71.9%	70.9%	69.7%	No difference from 50th
Comprehensive Diabetes Care (CDC), HbA1c Testing	Statewide	89.6%	89.3%	89.5%	No difference from 50th
	AMG	90.0%	87.8%	86.6%	No difference from 50th
	CCW	91.5%	87.8%	88.6%	No difference from 50th
	CHPW	90.5%	90.0%	90.0%	No difference from 50th
	MHW	88.7%	89.5%	90.0%	No difference from 50th
	UHC	88.3%	89.8%	90.5%	No difference from 50th
Comprehensive Diabetes Care (CDC), Poor HbA1c Control (Note that a lower score is better for this measure)	Statewide	39.0%	37.4%	37.1%	Above 50th, Below 75th
	AMG	33.8%	37.5%	39.7%	Above 50th, Below 75th
	CCW	43.4%	51.3%	47.0%	Below 50th
	CHPW	37.2%	38.0%	43.1%	Above 50th, Below 75th
	MHW	37.3%	33.1%	32.6%	Above 75th
	UHC	44.5%	34.8% ▲	31.9%	Above 75th
Comprehensive Diabetes Care (CDC), HbA1c Control < 8.0%	Statewide	49.6%	50.0%	50.3%	No difference from 50th
	AMG	54.6%	49.9%	47.2%	No difference from 50th
	CCW	45.7%	37.7%	42.1%	Below 50th
	CHPW	51.8%	51.6%	44.3%	Below 50th
	MHW	50.3%	53.0%	54.0%	No difference from 50th
	UHC	45.3%	51.1%	56.4%	No difference from 75th
Comprehensive Diabetes Care (CDC), Eye Exam	Statewide	59.1%	59.7%	58.5%	No difference from 50th
	AMG	54.2%	52.3%	51.8%	Below 50th
	CCW	66.6%	59.4%	56.4%	No difference from 50th
	CHPW	63.5%	63.5%	57.9%	No difference from 50th
	MHW	57.2%	61.3%	60.6%	No difference from 50th
	UHC	54.5%	56.4%	60.1%	No difference from 50th
Comprehensive Diabetes Care (CDC), Medical Attention for Nephropathy	Statewide	90.1%	89.4 Rate	89.6 Rate	No difference from 50th*
	AMG	88.9%	87.3%	87.1%	No difference from 50th
	CCW	91.0%	87.3%	89.8%	No difference from 50th
	CHPW	87.3%	91.0%	89.3%	No difference from 50th
	MHW	91.8%	89.5%	89.3%	No difference from 50th
	UHC	90.0%	90.3%	92.0%	No difference from 50th
Comprehensive Diabetes Care (CDC), Blood Pressure Control < 140/90 mm Hg	Statewide	66.0%	67.8%	67.8%	Above 50th, Below 75th
	AMG	63.7%	64.7%	63.0%	No difference from 50th
	CCW	58.5%	60.3%	58.4%	Below 50th
	CHPW	73.7%	68.9%	70.8%	No difference from 75th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	MHW	66.7%	72.0%	73.2%	No difference from 75th
	UHC	62.5%	65.2%	61.8%	No difference from 50th
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	Statewide	64.3%	64.7%	64.4%	Above 50th, Below 75th
	AMG	63.0%	63.7%	63.5%	Below 50th
	CCW	64.9%	64.6%	64.0%	Below 50th
	CHPW	65.7%	66.0%	65.3%	Above 50th, Below 75th
	MHW	64.1%	64.4%	64.2%	Below 50th
	UHC	63.2%	64.6%	64.9%	Below 50th
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	Statewide	60.4%	59.3%	63.9% ▲	Above 50th, Below 75th
	AMG	60.3%	57.4%	61.4%	Below 50th
	CCW	56.0%	60.3% ▲	65.4% ▲	Above 50th, Below 75th
	CHPW	61.0%	59.6%	67.4% ▲	Above 50th, Below 75th
	MHW	61.2%	58.4%	63.1% ▲	Above 50th, Below 75th
	UHC	62.3%	61.5%	62.2%	Below 50th
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)	Statewide	82.2%	82.0%	82.7%	No difference from 75th
	AMG	83.8%	81.2%	88.3%	Above 75th
	CCW	82.7%	79.4%	81.4%	No difference from 75th
	CHPW	82.4%	82.8%	83.4%	No difference from 75th
	MHW	82.7%	82.4%	82.6%	No difference from 75th
	UHC	79.2%	82.3%	79.7%	No difference from 50th
Antidepressant Medication Management (AMM), Acute Phase	Statewide	50.8%	51.6%	50.9%	Below 50th
	AMG	50.7%	51.6%	51.0%	No difference from 50th
	CCW	49.6%	49.8%	54.8% ▲	No difference from 75th
	CHPW	49.1%	51.3%	51.0%	No difference from 50th
	MHW	50.7%	51.0%	49.2%	Below 50th
	UHC	54.5%	54.7%	52.2%	No difference from 50th
Antidepressant Medication Management (AMM), Continuation Phase	Statewide	35.4%	35.9%	36.0%	No difference from 50th
	AMG	36.9%	36.8%	36.1%	No difference from 50th
	CCW	33.5%	34.4%	38.1% ▲	No difference from 50th
	CHPW	33.2%	35.5%	36.8%	No difference from 50th
	MHW	34.5%	35.5%	34.4%	Below 50th
	UHC	40.7%	38.4%	38.0%	No difference from 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	Statewide	43.1%	42.4%	42.8%	No difference from 50th
	AMG	37.1%	32.7%	36.5%	Below 50th
	CCW	41.8%	37.1%	38.6%	Below 50th
	CHPW	42.3%	40.4%	40.1%	No difference from 50th
	MHW	44.1%	45.3%	46.4%	Above 50th, Below 75th
	UHC	42.6%	42.4%	37.2%	Below 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Continuation	Statewide	53.5%	49.1%	50.9%	Below 50th
	AMG	50.0%	39.1%	45.5%	No difference from 50th
	CCW	53.1%	38.5%	44.1%	Below 50th
	CHPW	50.8%	46.8%	48.2%	Below 50th
	MHW	54.0%	54.0%	55.7%	No difference from 50th
	UHC	56.8%	48.1%	46.4%	Below 50th
Follow-Up After Hospitalization for Mental Illness (FUH), Total, 30-Day Follow-Up	Statewide	NR	51.0%	52.1%	Below 50th
	AMG	NR	NR	61.1%	No difference from 50th
	CCW	NR	NR	63.0%	No difference from 50th
	CHPW	NR	51.1%	49.1%	No difference from 50th
	MHW	NR	51.0%	52.0%	Below 50th
Follow-up after Hospitalization for Mental Illness (FUH), 6-17 years, 30-Day Follow-Up	Statewide	NR	NR	88.2%	No difference from 50th
	AMG	NR	NR	NR	NR
	CCW	NR	NR	50.0%	No difference from 50th
	CHPW	NR	NR	87.5%	No difference from 75th
	MHW	NR	NR	89.4%	Above 75th
Follow-up after Hospitalization for Mental Illness (FUH), 18-64 years, 30-Day Follow-Up	Statewide	NR	NR	48.5%	No difference from 50th
	AMG	NR	NR	61.1%	No difference from 50th
	CCW	NR	NR	64.0%	No difference from 50th
	CHPW	NR	NR	46.2%	No difference from 50th
	MHW	NR	NR	47.8%	No difference from 50th
Follow-Up After Hospitalization for Mental Illness (FUH), Total, 7-Day Follow-Up	Statewide	NR	43.0%	35.1% ▼	No difference from 50th
	AMG	NR	NR	50.0%	No difference from 50th
	CCW	NR	NR	44.4%	No difference from 50th
	CHPW	NR	39.4%	33.9%	No difference from 50th
	MHW	NR	33.9%	34.5%	No difference from 50th
Follow-up after Hospitalization for Mental Illness (FUH), 6-17 years, 7-Day Follow-Up	Statewide	NR	NR	69.7%	Above 75th
	AMG	NR	NR	NR	Above 75th
	CCW	NR	NR	0.0%	Below 50th
	CHPW	NR	NR	75.0%	No difference from 75th
	MHW	NR	NR	71.2%	Above 75th
Follow-up after Hospitalization for Mental Illness (FUH), 18-64 years, 7-Day Follow-Up	Statewide	NR	NR	31.5%	No difference from 50th
	AMG	NR	NR	50.0%	No difference from 50th
	CCW	NR	NR	48.0%	No difference from 50th
	CHPW	NR	NR	30.8%	No difference from 50th
	MHW	NR	NR	30.4%	No difference from 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
Follow-Up After Emergency Department Visit for Mental Illness (FUM), Total, 30-Day Follow-Up	Statewide	NR	14.7%	31.9% ▲	Below 50th
	AMG	NR	12.5%	22.1%	Below 50th
	CCW	NR	11.6%	63.5% ▲	Above 75th
	CHPW	NR	14.4%	55.8% ▲	No difference from 75th
	MHW	NR	20.8%	35.5%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 6-17 years, 30-Day Follow-Up	Statewide	NR	NR	56.4%	Below 50th
	AMG	NR	NR	33.7%	Below 50th
	CCW	NR	NR	77.3%	No difference from 50th
	CHPW	NR	NR	52.0%	No difference from 50th
	MHW	NR	NR	68.6%	No difference from 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 18-64 years, 30-Day Follow-Up	Statewide	NR	NR	29.3%	Below 50th
	AMG	NR	NR	20.9%	Below 50th
	CCW	NR	NR	57.7%	No difference from 50th
	CHPW	NR	NR	56.4%	No difference from 50th
	MHW	NR	NR	32.2%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), Total, 7-Day Follow-Up	Statewide	NR	26.1%	19.6% ▲	Below 50th
	AMG	NR	22.9%	12.3%	Below 50th
	CCW	NR	21.9%	52.7% ▲	No difference from 50th
	CHPW	NR	25.8%	35.0% ▲	Below 50th
	MHW	NR	34.6%	22.2%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 6-17 years, 7-Day Follow-Up	Statewide	NR	NR	42.7%	Above 50th, Below 75th
	AMG	NR	NR	19.2%	Below 50th
	CCW	NR	NR	63.6%	No difference from 75th
	CHPW	NR	NR	40.0%	No difference from 50th
	MHW	NR	NR	55.2%	Above 75th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 18-64 years, 7-Day Follow-Up	Statewide	NR	NR	17.2%	Below 50th
	AMG	NR	NR	11.5%	Below 50th
	CCW	NR	NR	48.1%	No difference from 50th
	CHPW	NR	NR	34.3%	Below 50th
	MHW	NR	NR	19.0%	Below 50th
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Total, 30 Day Follow-Ups	Statewide	NR	NR	15.0%	Below 50th
	AMG	NR	NR	19.5%	No difference from 50th
	CCW	NR	NR	30.8%	No difference from 75th
	CHPW	NR	NR	29.5%	No difference from 75th
	MHW	NR	NR	13.9%	Below 50th
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), 13-17 years, 30 Day Follow-Ups	Statewide	NR	NR	20.0%	No difference from 75th
	AMG	NR	NR	0.0%	Above 75th
	CCW	NR	NR	0.0%	Above 75th
	CHPW	NR	NR	25.0%	No difference from 50th
	MHW	NR	NR	20.5%	No difference from 75th
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), 18+ years, 30 Day Follow-Ups	Statewide	NR	NR	14.9%	Below 50th
	AMG	NR	NR	20.0%	No difference from 50th
	CCW	NR	NR	32.3%	No difference from 75th
	CHPW	NR	NR	29.6%	No difference from 75th
	MHW	NR	NR	13.8%	Below 50th
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Total, 7 Day Follow-Ups	Statewide	NR	NR	8.6%	Below 50th
	AMG	NR	NR	12.2%	No difference from 50th
	CCW	NR	NR	15.4%	No difference from 50th
	CHPW	NR	NR	18.7%	No difference from 75th
	MHW	NR	NR	7.9%	Below 50th
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), 13-17 years, 7 Day Follow-Ups	Statewide	NR	NR	12.9%	No difference from 75th
	AMG	NR	NR	0.0%	Above 75th
	CCW	NR	NR	0.0%	Above 75th
	CHPW	NR	NR	12.5%	No difference from 50th
	MHW	NR	NR	13.7%	No difference from 75th
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), 18+ years, 7 Day Follow-Ups	Statewide	NR	NR	8.5%	Below 50th
	AMG	NR	NR	12.5%	No difference from 50th
	CCW	NR	NR	16.1%	No difference from 50th
	CHPW	NR	NR	18.9%	No difference from 75th
	MHW	NR	NR	7.8%	Below 50th
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	Statewide	85.0%	85.2%	84.6%	No difference from 75th
	AMG	84.3%	85.7%	86.8%	Above 75th
	CCW	84.6%	86.4%	84.2%	No difference from 75th
	CHPW	86.2%	86.7%	85.6%	No difference from 75th
	MHW	84.1%	83.8%	83.4%	No difference Perform 75th*
	UHC	86.4%	85.6%	85.0%	No difference from 75th
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Statewide	69.7%	67.5%	65.4%	Below 50th
	AMG	56.8%	65.3%	67.6%	No difference from 50th
	CCW	69.2%	66.3%	65.3%	No difference from 50th
	CHPW	73.5%	71.2%	63.8%	Below 50th
	MHW	73.4%	65.8%	64.9%	Below 50th
	UHC	66.9%	69.3%	66.9%	No difference from 50th
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	Statewide	60.6%	56.4%	59.5%	Below 50th
	AMG	25.0%	50.0% ▲	50.0%	No difference from 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	CCW	66.7%	53.8% ▲	55.6%	No difference from 50th
	CHPW	56.3%	71.4% ▲	33.3%	Below 50th
	MHW	69.6%	51.4% ▲	68.4%	No difference from 50th
	UHC	71.4%	60.0% ▲	61.5%	No difference from 50th
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Statewide	61.8%	64.2%	63.8%	Above 50th, Below 75th
	AMG	58.3%	59.3%	60.7%	No difference from 50th
	CCW	60.1%	61.9%	60.8%	No difference from 50th
	CHPW	64.0%	67.2%	64.1%	No difference from 50th
	MHW	62.3%	64.5%	64.4%	Above 50th, Below 75th
	UHC	61.9%	65.3%	67.1%	No difference from 75th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), 1-5 Years	Statewide	28.6%	23.2%	20.7%	No difference from 50th
	AMG	NR	33.3%	NR	Below 50th
	CCW	57.1%	33.3%	33.3%	No difference from 50th
	CHPW	0.0%	20.0%	16.7%	No difference from 50th
	MHW	30.8%	16.7%	18.8%	No difference from 50th
	UHC	0.0%	33.3%	0.0%	Above 75th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), 6-11 Years	Statewide	30.4%	28.1%	27.1%	No difference from 50th
	AMG	45.5%	16.7% ▼	16.7%	Below 50th
	CCW	43.9%	35.8%	34.5%	No difference from 75th
	CHPW	25.8%	19.7%	23.0%	No difference from 50th
	MHW	30.3%	28.5%	26.1%	No difference from 50th
	UHC	20.3%	20.5%	22.8%	No difference from 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), 12-17 Years	Statewide	31.6%	31.2%	30.2%	Below 50th
	AMG	33.3%	27.2%	29.0%	No difference from 50th
	CCW	36.0%	31.8%	35.2%	No difference from 50th
	CHPW	27.5%	27.7%	27.3%	Below 50th
	MHW	32.8%	32.9%	29.3%	Below 50th
	UHC	27.0%	28.7%	27.2%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Total	Statewide	31.1%	30.0%	29.1%	Below 50th
	AMG	37.7%	23.7%	24.7%	Below 50th
	CCW	39.2%	33.3%	34.9%	No difference from 50th
	CHPW	26.5%	25.1%	25.9%	Below 50th
	MHW	31.8%	31.0%	28.0%	Below 50th
	UHC	24.3%	25.9%	25.8%	Below 50th
Annual Monitoring for Patients on Persistent Medications (MPM), ACE Inhibitors or ARBs	Statewide	86.8%	86.9%	87.0%	Below 50th
	AMG	86.8%	86.2%	86.5%	Below 50th
	CCW	86.3%	86.8%	86.7%	Below 50th
	CHPW	86.1%	87.0%	87.0%	Below 50th
	MHW	87.3%	87.0%	87.4%	Below 50th
	UHC	86.8%	87.1%	86.9%	Below 50th
Annual Monitoring for Patients on Persistent Medications (MPM), Diuretics	Statewide	87.2%	87.5%	87.7%	Below 50th
	AMG	87.1%	88.5%	88.2%	No difference from 50th
	CCW	86.9%	87.5%	86.9%	Below 50th
	CHPW	87.1%	88.3%	88.2%	No difference from 50th
	MHW	87.4%	87.4%	87.8%	Below 50th
	UHC	87.1%	86.5%	87.2%	Below 50th
Annual Monitoring for Patients on Persistent Medications (MPM), Total	Statewide	NR	87.1%	87.3%	Below 50th
	AMG	NR	87.1%	87.1%	Below 50th
	CCW	NR	87.1%	86.8%	Below 50th
	CHPW	NR	87.5%	87.4%	Below 50th
	MHW	NR	87.1%	87.5%	Below 50th
	UHC	NR	86.9%	87.0%	Below 50th
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) (Note that a lower score is better for this measure)	Statewide	0.9%	0.8%	0.5% ▲	Above 75th
	AMG	0.7%	0.2% ▲	0.1%	Above 75th
	CCW	0.5%	0.5%	0.4%	Above 75th
	CHPW	0.9%	1.4% ▼	0.4% ▲	Above 75th
	MHW	1.0%	0.8%	0.6% ▲	Above 50th, Below 75th
	UHC	0.6%	0.4%	0.4%	Above 75th
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	Statewide	93.7%	93.8%	95.0% ▲	No difference from 75th
	AMG	94.0%	93.1%	95.2% ▲	No difference from 75th
	CCW	93.0%	93.1%	93.0%	Above 50th, Below 75th
	CHPW	94.6%	94.3%	95.0%	No difference from 75th
	MHW	93.7%	94.2%	95.8% ▲	Above 75th
	UHC	92.8%	92.6%	95.1% ▲	No difference from 75th
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	Statewide	36.1%	40.4% ▲	43.5% ▲	Above 75th
	AMG	39.9%	42.0%	43.7%	No difference from 75th
	CCW	39.1%	43.1%	47.9%	Above 75th
	CHPW	38.2%	39.9%	44.6%	Above 75th
	MHW	34.4%	40.1% ▲	41.9%	No difference from 75th
	UHC	33.0%	38.4% ▲	43.6% ▲	No difference from 75th
Use of Imaging Studies for Low Back Pain (LBP)	Statewide	74.3%	75.6% ▲	74.9%	Above 50th, Below 75th
	AMG	75.5%	78.4%	74.1% ▼	No difference from 75th
	CCW	75.7%	76.3%	75.1%	No difference from 75th
	CHPW	71.6%	76.0% ▲	76.1%	No difference from 75th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	MHW	75.8%	74.8%	74.3%	Above 50th, Below 75th
	UHC	72.0%	74.6%	75.3%	No difference from 75th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC), Total (Note that a lower score is better for this measure)	Statewide	3.1%	2.7%	2.4%	Above 50th, Below 75th
	AMG	2.0%	3.0%	2.2%	Above 75th
	CCW	4.2%	4.2% ▲	2.8% ▼	Above 50th, Below 75th
	CHPW	2.4%	1.3%	2.1%	Above 75th
	MHW	3.3%	2.3%	2.4%	Above 50th, Below 75th
	UHC	2.3%	1.6%	1.2%	Above 75th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC), 1-5 Years (Note that a lower score is better for this measure)	Statewide	0.0%	0.0%	0.0%	Below 50th
	AMG	NR	0.0%	0.0%	Below 50th
	CCW	0.0%	NR	NR	Below 50th
	CHPW	0.0%	0.0%	NR	Below 50th
	MHW	NR	NR	0.0%	Below 50th
	UHC	0.0%	0.0%	0.0%	Below 50th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC), 6-11 Years (Note that a lower score is better for this measure)	Statewide	2.2%	1.3%	1.6%	Above 50th, Below 75th
	AMG	2.8%	2.2%	NR	Above 50th, Below 75th
	CCW	2.3%	1.7%	2.0% ▼	Above 50th, Below 75th
	CHPW	1.8%	NR	3.8%	Above 50th, Below 75th
	MHW	2.6%	1.3%	1.3%	Above 50th, Below 75th
	UHC	0.0%	1.5%	NR	Above 50th, Below 75th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC), 12-17 Years (Note that a lower score is better for this measure)	Statewide	3.7%	3.5%	2.8%	Above 50th, Below 75th
	AMG	1.6%	3.4%	3.1%	Above 75th
	CCW	5.2%	5.9% ▲	3.3% ▼	Above 50th, Below 75th
	CHPW	2.8%	1.9%	1.4%	Above 75th
	MHW	3.9%	3.0%	3.1%	Above 50th, Below 75th
	UHC	3.7%	1.8%	1.9%	Above 75th
Use of Opioids at High Dosage (UOD) (Note that a lower score is better for this measure)	Statewide	NR	5.3%	5.0%	Below 50th
	AMG	NR	4.9%	4.3%	Above 50th, Below 75th
	CCW	NR	5.3%	4.6%	Above 50th, Below 75th
	CHPW	NR	5.6%	5.5%	Below 50th
	MHW	NR	4.6%	4.5%	Above 50th, Below 75th
	UHC	NR	7.3%	6.5%	Below 50th
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers (Note that a lower score is better for this measure)	Statewide	NR	26.1%	24.2% ▲	Below 50th
	AMG	NR	25.0%	23.0%	Below 50th
	CCW	NR	25.0%	22.1% ▲	Above 50th, Below 75th
	CHPW	NR	27.3%	25.5%	Below 50th
	MHW	NR	27.3%	25.0% ▲	Below 50th
	UHC	NR	23.4%	22.8%	Below 50th
Use of Opioids from Multiple Providers (UOP), Multiple Pharmacies (Note that a lower score is better for this measure)	Statewide	NR	7.7%	6.5% ▲	Below 50th
	AMG	NR	8.4%	4.8% ▲	Above 75th
	CCW	NR	7.0%	6.6%	Above 50th, Below 75th
	CHPW	NR	7.6%	5.9% ▲	Above 50th, Below 75th
	MHW	NR	7.1%	5.9% ▲	Above 50th, Below 75th
	UHC	NR	9.4%	9.3%	Below 50th
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies (Note that a lower score is better for this measure)	Statewide	NR	4.8%	3.9% ▲	Below 50th
	AMG	NR	4.7%	3.1% ▲	Above 50th, Below 75th
	CCW	NR	4.3%	3.6%	Above 50th, Below 75th
	CHPW	NR	5.2%	3.8% ▲	Above 50th, Below 75th
	MHW	NR	4.6%	3.8% ▲	Below 50th
	UHC	NR	5.3%	5.0%	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 Years	Statewide	71.1%	72.6% ▲	73.1% ▲	Below 50th
	AMG	63.8%	66.2% ▲	66.8%	Below 50th
	CCW	65.7%	68.6% ▲	69.0%	Below 50th
	CHPW	71.1%	71.8% ▲	72.0%	Below 50th
	MHW	77.2%	77.3%	77.5%	Below 50th
	UHC	67.0%	69.5% ▲	70.1%	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 Years	Statewide	79.9%	80.6% ▲	80.2% ▼	Below 50th
	AMG	75.8%	76.2%	75.1%	Below 50th
	CCW	76.5%	77.9% ▲	77.0%	Below 50th
	CHPW	81.1%	81.4%	80.5% ▼	Below 50th
	MHW	83.5%	83.6%	83.3%	Below 50th
	UHC	78.1%	79.5% ▲	79.4%	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), Total	Statewide	74.2%	75.4% ▲	75.5%	Below 50th
	AMG	68.2%	70.0% ▲	69.5%	Below 50th
	CCW	69.6%	71.9% ▲	71.9%	Below 50th
	CHPW	74.8%	75.4% ▲	75.2%	Below 50th
	MHW	79.2%	79.3%	79.3%	Below 50th
	UHC	71.2%	73.3% ▲	73.6%	Below 50th
Children's Access to Primary Care Practitioners (CAP), 12-24 Months	Statewide	96.7%	96.7%	96.8%	Above 50th, Below 75th
	AMG	95.4%	95.1%	95.7%	No difference from 50th
	CCW	96.9%	96.7%	97.5%	Above 75th
	CHPW	96.2%	96.6%	96.7%	No difference from 75th
	MHW	97.1%	96.9%	97.1%	No difference from 75th
	UHC	96.2%	96.8%	95.6% ▼	No difference from 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
Children's Access to Primary Care Practitioners (CAP), 25 Months-6 Years	Statewide	86.4%	85.8% ▼	86.6% ▲	Below 50th
	AMG	82.7%	81.6%	83.6% ▲	Below 50th
	CCW	86.2%	86.9%	87.8% ▲	No difference from 50th
	CHPW	85.0%	84.6%	85.6% ▲	Below 50th
	MHW	87.5%	86.7% ▼	87.4% ▲	Below 50th
	UHC	85.8%	84.6% ▼	84.6%	Below 50th
Children's Access to Primary Care Practitioners (CAP), 7-11 Years	Statewide	91.2%	90.4% ▼	89.9% ▼	Below 50th
	AMG	85.9%	84.9%	84.4%	Below 50th
	CCW	90.0%	90.6%	89.3% ▼	Below 50th
	CHPW	90.8%	90.5%	90.1%	Below 50th
	MHW	92.2%	91.0% ▼	90.9%	No difference from 50th
	UHC	90.3%	89.1% ▼	87.5% ▼	Below 50th
Children's Access to Primary Care Practitioners (CAP), 12-19 Years	Statewide	90.8%	90.6% ▼	89.8% ▼	Below 50th
	AMG	86.2%	85.4%	84.2%	Below 50th
	CCW	89.3%	90.1%	88.3% ▼	Below 50th
	CHPW	89.8%	90.1%	89.6%	Below 50th
	MHW	92.3%	91.6% ▼	91.2% ▼	Above 50th, Below 75th
	UHC	89.8%	89.0%	87.4% ▼	Below 50th
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Alcohol Abuse or Dependence Initiation of AOD Treatment: 13-17 Years	Statewide	NR	25.4%	21.0%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	NR	NR
	CHPW	NR	40.0%	35.7%	NR
	MHW	NR	24.1%	30.5%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Alcohol Abuse or Dependence Engagement of AOD Treatment: 13-17 Years	Statewide	NR	6.4%	12.8%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	12.5%	NR
	CHPW	NR	20.0%	NR	NR
	MHW	NR	5.2%	14.7%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Opioid Abuse or Dependence: Initiation of AOD Treatment: 13-17 Years	Statewide	NR	NR	50.0%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	NR	NR
	CHPW	NR	NR	NR	NR
	MHW	NR	0.0%	50.0%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Opioid Abuse or Dependence: Engagement of AOD Treatment: 13-17 Years	Statewide	NR	NR	NR	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	NR	NR
	CHPW	NR	NR	NR	NR
	MHW	NR	0.0%	NR	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Other Drug Abuse or Dependence: Initiation of AOD Treatment: 13-17 Years	Statewide	NR	26.7%	31.7%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	10.7%	NR
	CHPW	NR	23.8%	33.3%	NR
	MHW	NR	27.1%	34.8%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Other Drug Abuse or Dependence: Engagement of AOD Treatment: 13-17 Years	Statewide	NR	10.9%	17.4%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	7.1%	NR
	CHPW	NR	9.5%	6.7%	NR
	MHW	NR	11.1%	19.9%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Total: Initiation of AOD Treatment: 13-17 Years	Statewide	NR	26.3%	28.3%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	12.5%	NR
	CHPW	NR	25.0%	33.3%	NR
	MHW	NR	26.4%	30.0%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Total: Engagement of AOD Treatment: 13-17 Years	Statewide	NR	9.7%	14.0%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	6.3%	NR
	CHPW	NR	8.3%	4.8%	NR
	MHW	NR	9.8%	15.9%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Alcohol Abuse or Dependence Initiation of AOD Treatment: 18+ Years	Statewide	NR	29.4%	31.9%	NR
	AMG	NR	NR	48.0%	NR
	CCW	NR	NR	36.3%	NR
	CHPW	NR	30.5%	37.5%	NR
	MHW	NR	29.3%	31.1%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Alcohol Abuse or Dependence Engagement of AOD Treatment: 18+ Years	Statewide	NR	4.7%	7.0%	NR
	AMG	NR	NR	22.0%	NR
	CCW	NR	NR	12.3%	NR
	CHPW	NR	5.8%	11.0%	NR
	MHW	NR	4.6%	6.4% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Opioid Abuse or Dependence: Initiation of AOD Treatment: 18+ Years	Statewide	NR	47.1%	59.4%	NR
	AMG	NR	NR	57.1%	NR
	CCW	NR	NR	24.4%	NR
	CHPW	NR	42.0%	70.2%	NR
	MHW	NR	47.3%	59.8% ▲	NR
Initiation and Engagement of Alcohol and Other Drug	Statewide	NR	19.5%	35.2%	NR

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
Abuse or Dependence Treatment (IET), Opioid Abuse or Dependence: Engagement of AOD Treatment: 18+ Years	AMG	NR	NR	35.7%	NR
	CCW	NR	NR	51.2%	NR
	CHPW	NR	11.7%	37.6%	NR
	MHW	NR	19.9%	34.8% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Other Drug Abuse or Dependence: Initiation of AOD Treatment: 18+ Years	Statewide	NR	27.0%	31.9%	NR
	AMG	NR	NR	31.8%	NR
	CCW	NR	NR	8.7%	NR
	CHPW	NR	26.0%	41.1%	NR
	MHW	NR	27.0%	32.1% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Other Drug Abuse or Dependence: Engagement of AOD Treatment: 18+ Years	Statewide	NR	3.7%	8.2%	NR
	AMG	NR	NR	9.1%	NR
	CCW	NR	NR	8.7%	NR
	CHPW	NR	3.6%	12.6%	NR
	MHW	NR	3.7%	8.0% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Total: Initiation of AOD Treatment: 18+ Years	Statewide	NR	32.1%	38.8%	NR
	AMG	NR	NR	40.5%	NR
	CCW	NR	NR	36.8%	NR
	CHPW	NR	31.1%	46.5%	NR
	MHW	NR	32.2%	38.5% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Total: Engagement of AOD Treatment: 18+ Years	Statewide	NR	8.0%	14.6%	NR
	AMG	NR	NR	17.6%	NR
	CCW	NR	NR	13.7%	NR
	CHPW	NR	6.4%	16.6%	NR
	MHW	NR	8.1%	14.5% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Alcohol Abuse or Dependence Initiation of AOD Treatment: Total	Statewide	NR	29.3%	31.8%	NR
	AMG	NR	NR	47.1%	NR
	CCW	NR	NR	35.1%	NR
	CHPW	NR	30.6%	37.4%	NR
	MHW	NR	29.2%	31.1%	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Alcohol Abuse or Dependence Engagement of AOD Treatment: Total	Statewide	NR	4.7%	7.1%	NR
	AMG	NR	NR	21.6%	NR
	CCW	NR	NR	11.7%	NR
	CHPW	NR	6.0%	10.5%	NR
	MHW	NR	4.6%	6.6% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Opioid Abuse or Dependence: Initiation of AOD Treatment: Total	Statewide	NR	47.0%	60.0%	NR
	AMG	NR	NR	57.1%	NR
	CCW	NR	NR	51.2%	NR
	CHPW	NR	42.0%	70.2%	NR
	MHW	NR	47.3%	59.8% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Opioid Abuse or Dependence: Engagement of AOD Treatment: Total	Statewide	NR	19.5%	34.6%	NR
	AMG	NR	NR	35.7%	NR
	CCW	NR	NR	24.4%	NR
	CHPW	NR	11.7%	37.6%	NR
	MHW	NR	19.9%	34.8% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Other Drug Abuse or Dependence: Initiation of AOD Treatment: Total	Statewide	NR	27.0%	32.5%	NR
	AMG	NR	NR	30.4%	NR
	CCW	NR	NR	28.5%	NR
	CHPW	NR	25.8%	40.7%	NR
	MHW	NR	27.0%	32.2% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Other Drug Abuse or Dependence: Engagement of AOD Treatment: Total	Statewide	NR	3.9%	7.7%	NR
	AMG	NR	NR	8.7%	NR
	CCW	NR	NR	8.5%	NR
	CHPW	NR	3.9%	12.3%	NR
	MHW	NR	3.9%	8.3% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Total: Initiation of AOD Treatment: Total	Statewide	NR	32.0%	38.6%	NR
	AMG	NR	NR	39.6%	NR
	CCW	NR	NR	34.9%	NR
	CHPW	NR	30.9%	46.0%	NR
	MHW	NR	32.1%	38.3% ▲	NR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Total: Engagement of AOD Treatment: Total	Statewide	NR	8.1%	14.6%	NR
	AMG	NR	NR	17.2%	NR
	CCW	NR	NR	13.1%	NR
	CHPW	NR	6.4%	16.2%	NR
	MHW	NR	8.2%	14.5% ▲	NR
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	Statewide	77.9%	72.6% ▼	74.8% ▼	Below 50th
	AMG	81.0%	79.9%	76.3%	Below 50th
	CCW	76.3%	68.1%	81.0% ▲	No difference from 50th
	CHPW	76.6%	76.2%	68.4%	Below 50th
	MHW	79.1%	72.7%	74.7%	Below 50th
	UHC	74.7%	66.3%	75.9% ▲	Below 50th
Prenatal and Postpartum Care (PPC), Postpartum Care	Statewide	58.8%	58.8%	58.6%	Below 50th
	AMG	62.3%	62.9%	60.1%	Below 50th
	CCW	60.4%	55.7%	54.7%	Below 50th
	CHPW	60.3%	57.4%	61.3%	No difference from 50th

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	MHW	56.4%	60.6%	58.4%	Below 50th
	UHC	61.3%	53.8%	58.8%	Below 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 1-5 Years	Statewide	20.0%	7.5%	4.0%	Below 50th
	AMG	0.0%	NR	0.0%	Above 50th, Below 75th
	CCW	NR	0.0%	NR	Below 50th
	CHPW	25.0%	NR	0.0%	Below 50th
	MHW	NR	40.0%	50.0%	No difference from 50th
	UHC	NR	0.0%	0.0%	Below 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 6-11 Years	Statewide	21.4%	11.1%	13.4%	Below 50th
	AMG	9.5%	4.0%	4.0%	Below 50th
	CCW	NR	15.0%	10.0%	Below 50th
	CHPW	11.1%	19.0%	7.2%	Below 50th
	MHW	78.6%	37.5%	58.3%	No difference from 50th
	UHC	NR	13.3%	2.1%	Below 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 12-17 Years	Statewide	19.8%	23.9%	18.3%	Below 50th
	AMG	0.0%	10.0%	9.1%	Below 50th
	CCW	NR	8.0%	13.2%	Below 50th
	CHPW	14.0%	21.0%	13.2%	Below 50th
	MHW	62.1%	35.4%	61.7%	No difference from 50th
	UHC	NR	5.8%	6.3%	Below 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total	Statewide	20.3%	17.4%	16.6%	Below 50th
	AMG	4.4%	8.0%	7.8%	Below 50th
	CCW	NR	10.0%	11.7%	Below 50th
	CHPW	13.4%	20.0%	11.3%	Below 50th
	MHW	67.4%	40.3%	60.7%	No difference from 50th
	UHC	NR	7.6%	5.2%	Below 50th
Well-Child Visits in the First 15 Months of Life (W15), 4 Visits	Statewide	8.5%	8.6%	8.3%	No difference from 50th
	AMG	6.3%	6.1%	7.2%	No difference from 50th
	CCW	9.9%	5.7%	8.0%	No difference from 50th
	CHPW	7.1%	12.6%	7.8%	No difference from 50th
	MHW	9.6%	8.8%	9.0%	No difference from 50th
	UHC	6.8%	7.5%	9.0%	No difference from 50th
Well-Child Visits in the First 15 Months of Life (W15), 5 Visits	Statewide	16.6%	15.1%	16.2%	No difference from 75th
	AMG	11.6%	14.3%	15.5%	No difference from 50th
	CCW	21.2%	13.2% ▼	17.5%	No difference from 50th
	CHPW	12.4%	12.1%	13.7%	No difference from 50th
	MHW	18.3%	16.3%	15.6%	No difference from 50th
	UHC	15.3%	16.9%	19.1%	No difference from 75th
Well-Child Visits in the First 15 Months of Life (W15), 6 or More Visits	Statewide	66.3%	67.7%	67.4%	No difference from 50th
	AMG	72.0%	72.2%	69.6%	No difference from 50th
	CCW	58.2%	72.8% ▲	67.9%	No difference from 50th
	CHPW	70.1%	67.0%	70.9%	No difference from 75th
	MHW	65.6%	65.7%	66.4%	No difference from 50th
	UHC	68.9%	67.8%	62.0%	No difference from 50th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	Statewide	67.9%	66.7%	67.7%	Below 50th
	AMG	65.3%	68.6%	65.6%	Below 50th
	CCW	70.9%	75.0%	71.3%	No difference from 50th
	CHPW	69.6%	68.1%	68.3%	No difference from 50th
	MHW	67.2%	64.2%	66.4%	Below 50th
	UHC	66.1%	63.9%	69.0%	No difference from 50th
Adolescent Well-Care Visits (AWC)	Statewide	45.8%	48.0%	46.6%	Below 50th
	AMG	48.8%	50.6%	45.5%	Below 50th
	CCW	44.5%	51.1%	52.1%	No difference from 50th
	CHPW	44.3%	49.9%	42.1%	Below 50th
	MHW	45.9%	46.2%	46.0%	Below 50th
	UHC	47.7%	46.7%	51.1%	No difference from 50th
Ambulatory Care (AMB), Outpatient	Statewide	310.48	304.40 ▼	301.09 ▼	Below 50th
	AMG	271.75	262.77	252.63	Below 50th
	CCW	298.55	299.62	304.14	Below 50th
	CHPW	297.93	282.84	279.88	Below 50th
	MHW	327.73	321.86	320.78	Below 50th
	UHC	306.72	302.28	294.22	Below 50th
Ambulatory Care (AMB), Emergency Department	Statewide	51.25	48.76 ▼	48.06 ▼	Below 50th
	AMG	53.82	51.39	50.89	Below 50th
	CCW	54.62	52.95	53.02	Below 50th
	CHPW	52.67	49.30	49.69	Below 50th
	MHW	48.84	46.99	45.96	Below 50th
	UHC	50.86	47.13	46.25	Below 50th
Identification of Alcohol and Other Drug Services (IAD), Total Any Services	Statewide	8.3%	9.0%	10.0%	NR
	AMG	NR	NR	8.7%	NR
	CCW	NR	NR	6.4%	NR
	CHPW	10.2%	9.3%	11.0%	NR

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	MHW	8.2%	9.0%	6.5%	NR
Identification of Alcohol and Other Drug Services (IAD), Total Inpatient	Statewide	1.7%	1.2%	2.0%	NR
	AMG	NR	NR	1.2%	NR
	CCW	NR	NR	1.2%	NR
	CHPW	2.1%	1.1%	2.2%	NR
	MHW	1.6%	1.2%	1.6%	NR
Identification of Alcohol and Other Drug Services (IAD), Total Intensive Outpatient/Partial Hospitalization	Statewide	NR	NR	0.1%	NR
	AMG	NR	NR	NR	NR
	CCW	NR	NR	NR	NR
	CHPW	NR	NR	0.1%	NR
	MHW	NR	NR	0.5%	NR
Identification of Alcohol and Other Drug Services (IAD), Total Outpatient/MAT	Statewide	NR	5.3%	8.0%	NR
	AMG	NR	NR	6.8%	NR
	CCW	NR	NR	5.3%	NR
	CHPW	NR	6.2%	8.8%	NR
	MHW	NR	5.2%	5.2%	NR
Identification of Alcohol and Other Drug Services (IAD), Total ED	Statewide	NR	2.8%	2.7%	NR
	AMG	NR	NR	2.6%	NR
	CCW	NR	NR	1.8%	NR
	CHPW	NR	2.2%	2.9%	NR
	MHW	NR	2.8%	2.1%	NR
Identification of Alcohol and Other Drug Services (IAD), Total Telehealth	Statewide	NR	NR	0.9%	NR
	AMG	NR	NR	0.1%	NR
	CCW	NR	NR	NR	NR
	CHPW	NR	NR	1.1%	NR
	MHW	NR	NR	0.4%	NR
Mental Health Utilization (MPT), Total Outpatient	Statewide	NR	5.9%	7.3%	NR
	AMG	NR	3.8%	4.6%	NR
	CCW	NR	4.1%	6.6%	NR
	CHPW	NR	4.4%	5.2%	NR
	MHW	NR	8.5%	9.9%	NR
	UHC	NR	4.1%	4.2%	NR
Mental Health Utilization (MPT), Total ED	Statewide	NR	0.8%	1.6%	NR
	AMG	NR	0.1%	0.2%	NR
	CCW	NR	0.1%	0.1%	NR
	CHPW	NR	0.1%	0.1%	NR
	MHW	NR	0.4%	1.8%	NR
	UHC	NR	0.1%	0.2%	NR
Plan All-Cause Readmissions (PCR), 1-3 Index Stays per Year: 18-44 Years	Statewide	NR	7.2%	7.0%	NR
	AMG	NR	7.6%	6.6%	NR
	CCW	NR	7.7%	5.9%	NR
	CHPW	NR	7.4%	6.8%	NR
	MHW	NR	6.9%	7.0%	NR
	UHC	NR	6.7%	7.0%	NR
Plan All-Cause Readmissions (PCR), 1-3 Index Stays per Year: 45-54 Years	Statewide	NR	7.9%	9.0%	NR
	AMG	NR	7.5%	9.2%	NR
	CCW	NR	9.0%	9.0%	NR
	CHPW	NR	7.9%	9.1%	NR
	MHW	NR	7.5%	8.6%	NR
	UHC	NR	8.1%	8.2%	NR
Plan All-Cause Readmissions (PCR), 1-3 Index Stays per Year: 55-64 Years	Statewide	NR	8.7%	8.0%	NR
	AMG	NR	8.2%	7.9%	NR
	CCW	NR	9.3%	9.2%	NR
	CHPW	NR	8.9%	9.5%	NR
	MHW	NR	8.3%	8.0%	NR
	UHC	NR	9.4%	7.8%	NR
Plan All-Cause Readmissions (PCR), 1-3 Index Stays per Year: Total	Statewide	NR	7.8%	8.0%	NR
	AMG	NR	7.8%	7.8%	NR
	CCW	NR	8.6%	7.8%	NR
	CHPW	NR	8.0%	8.4%	NR
	MHW	NR	7.5%	7.7%	NR
	UHC	NR	8.0%	7.6%	NR
Plan All-Cause Readmissions (PCR), 4+ Index Stays per Year: 18-44 Years	Statewide	NR	49.3%	47.4%	NR
	AMG	NR	48.3%	46.4%	NR
	CCW	NR	52.1%	44.5%	NR
	CHPW	NR	51.0%	48.4%	NR
	MHW	NR	47.6%	48.1%	NR
	UHC	NR	48.7%	48.4%	NR
Plan All-Cause Readmissions (PCR), 4+ Index Stays per Year: 45-54 Years	Statewide	NR	45.7%	46.2%	NR
	AMG	NR	42.1%	50.2%	NR
	CCW	NR	38.7%	53.6%	NR
	CHPW	NR	44.4%	41.0%	NR
	MHW	NR	46.3%	43.6%	NR

Measure Description	MCO	2017 Rate	2018 Rate	2019 Rate	2019 Performance*
	UHC	NR	53.4%	41.0%	NR
Plan All-Cause Readmissions (PCR), 4+ Index Stays per Year: 55-64 Years	Statewide	NR	45.2%	46.1%	NR
	AMG	NR	49.2%	48.5%	NR
	CCW	NR	46.6%	48.5%	NR
	CHPW	NR	42.6%	48.4%	NR
	MHW	NR	42.1%	43.6%	NR
	UHC	NR	52.6%	48.4%	NR
Plan All-Cause Readmissions (PCR), 4+ Index Stays per Year: Total	Statewide	NR	47.1%	46.7%	NR
	AMG	NR	46.2%	48.4%	NR
	CCW	NR	47.2%	48.6%	NR
	CHPW	NR	46.7%	46.3%	NR
	MHW	NR	45.7%	45.6%	NR
	UHC	NR	51.5%	46.3%	NR
Plan All-Cause Readmissions (PCR), Total: 18-44 Years	Statewide	NR	13.0%	13.0%	NR
	AMG	NR	11.6%	12.1% ▲	NR
	CCW	NR	15.3%	11.9%	NR
	CHPW	NR	14.8%	13.7%	NR
	MHW	NR	12.4%	12.6%	NR
	UHC	NR	11.6%	12.2%	NR
Plan All-Cause Readmissions (PCR), Total: 45-54 Years	Statewide	NR	13.2%	15.0%	NR
	AMG	NR	12.7%	17.0% ▼	NR
	CCW	NR	13.0%	17.2%	NR
	CHPW	NR	13.3%	15.0%	NR
	MHW	NR	12.7%	14.0%	NR
	UHC	NR	15.0%	12.7%	NR
Plan All-Cause Readmissions (PCR), Total: 55-64 Years	Statewide	NR	13.7%	13.0%	NR
	AMG	NR	12.3%	13.2%	NR
	CCW	NR	14.3%	14.1%	NR
	CHPW	NR	14.2%	14.1%	NR
	MHW	NR	13.1%	12.8%	NR
	UHC	NR	14.6%	12.4%	NR
Plan All-Cause Readmissions (PCR), Total	Statewide	NR	13.3%	13.0%	NR
	AMG	NR	12.1%	13.9%	NR
	CCW	NR	14.3%	14.1%	NR
	CHPW	NR	14.2%	14.2%	NR
	MHW	NR	12.7%	13.0%	NR
	UHC	NR	13.6%	12.4%	NR
Risk of Continued Opioid Use (COU), At least 15 days, Total (Note that a lower score is better for this measure) (New Measure for 2019RY)	Statewide	NR	NR	7.3%	No Benchmark
	AMG	NR	NR	8.2%	No Benchmark
	CCW	NR	NR	6.1%	No Benchmark
	CHPW	NR	NR	7.3%	No Benchmark
	MHW	NR	NR	7.6%	No Benchmark
	UHC	NR	NR	7.0%	No Benchmark
Risk of Continued Opioid Use (COU), At least 15 days, 18-64 Years (Note that a lower score is better for this measure) (New Measure for 2019RY)	Statewide	NR	NR	7.3%	No Benchmark
	AMG	NR	NR	8.2%	No Benchmark
	CCW	NR	NR	6.1%	No Benchmark
	CHPW	NR	NR	7.3%	No Benchmark
	MHW	NR	NR	7.6%	No Benchmark
	UHC	NR	NR	7.0%	No Benchmark
Risk of Continued Opioid Use (COU), At least 15 days, 65+ Years (Note that a lower score is better for this measure) (New Measure for 2019RY)	Statewide	NR	NR	13.1%	No Benchmark
	AMG	NR	NR	7.7%	No Benchmark
	CCW	NR	NR	22.2%	No Benchmark
	CHPW	NR	NR	4.2%	No Benchmark
	MHW	NR	NR	14.6%	No Benchmark
	UHC	NR	NR	15.4%	No Benchmark
Risk of Continued Opioid Use (COU), At least 30 days, Total (Note that a lower score is better for this measure) (New Measure for 2019RY)	Statewide	NR	NR	2.7%	No Benchmark
	AMG	NR	NR	3.3%	No Benchmark
	CCW	NR	NR	2.1%	No Benchmark
	CHPW	NR	NR	2.6%	No Benchmark
	MHW	NR	NR	2.9%	No Benchmark
	UHC	NR	NR	2.6%	No Benchmark
Risk of Continued Opioid Use (COU), At least 30 days, 18-64 Years (Note that a lower score is better for this measure) (New Measure for 2019RY)	Statewide	NR	NR	2.7%	No Benchmark
	AMG	NR	NR	3.3%	No Benchmark
	CCW	NR	NR	2.1%	No Benchmark
	CHPW	NR	NR	2.6%	No Benchmark
	MHW	NR	NR	2.9%	No Benchmark
	UHC	NR	NR	2.6%	No Benchmark
Risk of Continued Opioid Use (COU), At least 30 days, 65+ Years (Note that a lower score is better for this measure) (New Measure for 2019RY)	Statewide	NR	NR	2.5%	No Benchmark
	AMG	NR	NR	15.4%	No Benchmark
	CCW	NR	NR	NR	No Benchmark
	CHPW	NR	NR	0.0%	No Benchmark
	MHW	NR	NR	2.4%	No Benchmark
	UHC	NR	NR	NR	No Benchmark